

## OASIS Considerations for Medicare PPS Patients (Revised October 2007)

Type of Episode or Adjustment	OASIS Assessment: M0100 & M0826 Response Selection & Comments
<p>1. Initiation of home care for new Medicare PPS patient.</p>	<p><b>Start of Care:</b>  <b>(M0100) RFA 1</b> and <b>(M0826)</b> enter number of therapy visits indicated for the upcoming 60-day episode, or enter 000 if no therapy visits indicated.</p> <ul style="list-style-type: none"> <li>○ OASIS data elements are not required for Private Pay individuals effective December 2003.</li> <li>○ Requirements for non-Medicare patients are found at:  <a href="http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp">http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp</a> Select fiscal year 2004 memorandum 04-26.</li> </ul>
<p>2. a) New 60-day episode resulting from discharge with <u>all goals met</u> and return to same HHA during the 60-day episode. (PEP Adjustment applies)</p> <p>b) New 60-day episode resulting from transfer during the 60-day episode to HHA with no common ownership. (PEP Adjustment applies to original HHA)</p>	<p><b>Start of Care:</b>  <b>(M0100) RFA 1</b> and <b>(M0826)</b> enter number of therapy visits indicated for the upcoming 60-day episode, or enter 000 if no therapy visits indicated.</p>
<p>3. New 60-day episode resulting from transfer during the 60-day episode to HHA with common ownership.</p>	<p>For the remainder of the current episode:</p> <ul style="list-style-type: none"> <li>○ Receiving HHA completes any required OASIS collection on behalf of the Transferring HHA.</li> <li>○ PEP Adjustment does not apply if patient transfers to HHA with common ownership during a 60-day episode.</li> <li>○ The Transferring HHA will serve as the billing agent through the end of the episode in which the transfer occurred.</li> </ul> <p>At the end of the episode:</p> <p><u>OPTION 1: NEW PAYMENT EPISODE</u> (Recommended)  Receiving HHA completes a <b>Discharge assessment (M0100) RFA 9</b> on behalf of the Transferring HHA  Then Receiving HHA conducts a <b>Start of Care assessment (M0100) RFA 1</b>, establishing a new episode and certification, and completing all required admission paperwork.</p> <p><u>OPTION 2: CONTINUATION OF CURRENT PAYMENT EPISODE</u>  Receiving HHA continues to complete OASIS assessments at required Timepoints on behalf of the Transferring HHA. Transferring HHA remains the billing agent.</p>

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<p>4. Qualifying Inpatient Stay with return to agency during (but not in last 5 days of) the current episode.</p>	<p><u>OPTION 1: CONTINUATION OF CURRENT PAYMENT EPISODE (RECOMMENDED)</u>  <i>at admission to hospital: Transfer without HHA discharge (M0100) RFA 6</i></p> <p><i>at return to home care: Resumption of Care (M0100) RFA 3 and (M0826) enter number of therapy visits indicated for current episode, or enter 000 if no therapy visits indicated.</i></p> <p><u>OPTION 2: NEW PAYMENT EPISODE UPON RESUMPTION OF CARE</u>  <i>at admission to hospital: Transfer with HHA discharge (M0100) RFA 7</i></p> <p><i>at return to home care Start of Care (M0100) RFA 1 and (M0826) enter number of therapy visits indicated for upcoming 60-day episode, or enter 000 if no therapy visits indicated.</i></p> <ul style="list-style-type: none"> <li>○ PEP adjustment applies to original payment episode</li> </ul>
<p>5. Qualifying Inpatient Stay with return to agency during the last 5 days of an episode (days 56-60).</p>	<p><u>OPTION 1: CONTINUATION OF CURRENT PAYMENT EPISODE (RECOMMENDED)</u>  <i>at admission to hospital: Transfer without HHA discharge (M0100) RFA 6</i></p> <p><i>at return to home care: Resumption of Care: (M0100) RFA 3 and (M0826) enter number of therapy visits indicated, or enter 000 if no therapy visits indicated.</i></p> <ul style="list-style-type: none"> <li>○ When the requirement to complete a Resumption of Care assessment overlaps with the time period requiring completion of a Recertification assessment, only the Resumption of Care assessment is necessary.</li> <li>○ Patient was transferred to an inpatient facility and returns home during the last 5 days of the current episode (days 56-60). HHA completes the Resumption of Care assessment (RFA 3) within 48 hours of the patient's return, as required.</li> <li>○ For payment purposes, this assessment serves to determine the case mix assignment for the <u>subsequent certification period</u></li> <li>○ At <b>(M0826)</b> enter number of therapy visits indicated, or enter 000 if no therapy visits indicated, based on therapy need for the subsequent certification period beginning <u>after the end of the current payment episode.</u></li> <li>○ A new Plan of Care is required for the subsequent 60-day episode.</li> </ul> <p><u>OPTION 2: NEW PAYMENT EPISODE UPON RESUMPTION OF CARE</u>  <i>at admission to hospital: Transfer with HHA discharge (M0100) RFA 7</i></p> <p><i>at return to home care: Start of Care (M0100) RFA 1 and (M0826) enter number of therapy visits indicated for the 60 days starting with the resumption of care, or enter 000 if no therapy visits indicated.</i></p> <ul style="list-style-type: none"> <li>○ PEP adjustment applies to original payment episode.</li> </ul>
<p>6. Patient experiences a major decline or improvement (as defined by agency) without qualifying inpatient admission.</p>	<p><b>Other Follow-Up Assessment:</b>  <b>(M0100) RFA 5 and (M0826)</b> enter number of therapy visits indicated for the current episode, or enter 000 if no therapy visits indicated.</p> <ul style="list-style-type: none"> <li>○ Although Significant Change in Condition (SCIC) adjustments are no longer available after 01/01/2008, regulatory requirements continue to mandate a comprehensive assessment update when the patient experiences a major decline or improvement in health status, as defined by the agency.</li> </ul>

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7. Subsequent 60-day episode due to the need for continuous home health care after an initial 60 day episode.	<p><b>Recertification (Follow-up):</b> Conduct <b>(M0100)</b> RFA 4 assessment during days 56-60 of current payment episode. At <b>(M0826)</b> enter number of therapy visits indicated for the subsequent payment episode (60 days), or enter 000 if no therapy visits indicated.</p>
8. Patient's inpatient stay extends beyond the end of the current certification period. (Patient returns to agency after day 60 of the certification period.) - No Recertification assessment has been completed.	<p><i>at admission to hospital:</i> <b>Transfer with/without HHA discharge (M0100) RFA 6 or 7</b></p> <p><i>at return to home care:</i></p> <ul style="list-style-type: none"> <li>○ HHA will need to complete agency discharge paperwork (not OASIS) before doing a new SOC.</li> <li>○ When patient returns home, new orders and plan of care are necessary.</li> <li>○ HHA starts new episode and completes a new start of care assessment <b>(M0100) RFA 1.</b></li> <li>○ At <b>(M0826)</b> enter number of therapy visits indicated for the next 60 days, or enter 000 if no therapy visits indicated.</li> </ul>
9. Patient receives a Recertification assessment during days 56-60, then is hospitalized before the end of the certification period. Returns home from inpatient stay on days 60 or 61.	<p><i>at recertification:</i> <b>Recertification (M0100) RFA 4</b> and <b>(M0826)</b> enter number of therapy visits indicated for the subsequent 60-day payment episode, or enter 000 if no therapy visits indicated.</p> <p><i>at admission to hospital:</i> <b>Transfer with/without HHA discharge (M0100) RFA 6 or 7</b></p> <p><i>at return to home care: Start of Care/Resumption of Care:</i>  <b>(M0100) RFA 1/RFA 3</b> and <b>(M0826)</b> enter number of therapy visits indicated, or enter 000 if no therapy visits indicated.</p> <ul style="list-style-type: none"> <li>○ If <b>RFA 7</b> was completed, a new <b>Start of Care (M0100) RFA 1</b> is completed upon patient's return home.</li> <li>○ If <b>RFA 6</b> was completed, a <b>SOC/ROC</b> comprehensive assessment is completed. (The HHA will not know if it is a SOC or ROC until the HHRG is calculated). <ul style="list-style-type: none"> <li>○ If the new HHRG is exactly the same as the recertification HHRG, the care is considered continuous. <b>M0100</b> should be reported as <b>RFA 3</b> and the assessment is a <b>Resumption of Care.</b></li> <li>○ If the new HHRG is <u>not</u> exactly the same as the recertification HHRG, the care is not considered continuous and the agency must complete an internal agency discharge (no D/C OASIS required). <b>M0100</b> should be reported as <b>RFA 1</b> and the assessment is a <b>Start of Care</b>, starting a new episode/certification period. New admission paperwork is not necessary, except as required by the payer or agency policy.</li> </ul> </li> <li>○ See Medicare Claims Processing manual, Chapter 10, Section 80, available at <a href="http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf">http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf</a></li> </ul>

## OASIS Considerations for Medicare PPS Patients (Revised October 2007)

Type of Episode or Adjustment	OASIS Assessment: M0100 & M0826 Response Selection & Comments
<p>10. Patient receives a recertification assessment during days 56-60, then experiences a qualifying inpatient admission before the end of the certification period. Returns home from inpatient stay after day 61 (or after the 1<sup>st</sup> day of the next certification period)</p>	<p><i>at recertification</i> : <b>(M0100) RFA 4</b>. At <b>(M0826)</b>, enter number of therapy visits indicated for subsequent 60-day payment episode, or enter 000 if no therapy visits indicated.</p> <p><i>at admission to hospital</i>: <b>Transfer with/without HHA discharge (M0100) RFA 6 or 7</b></p> <p><i>at return to home care</i>: <b>Start of Care (M0100) RFA 1</b> and <b>(M0826)</b> enter number of therapy visits indicated for the new payment episode, or enter 000 if no therapy visits indicated.</p> <ul style="list-style-type: none"> <li>○ The episodes are not considered continuous for billing purposes and the agency must complete an internal agency discharge (no D/C OASIS required). A new episode and certification are established, requiring completion of all required admission paperwork.</li> <li>○ The RFA 6 or 7 remains as the last OASIS submission under the previous episode.</li> </ul>
<p>11. Patient receives a recertification assessment during days 56-60, and then experiences a qualifying inpatient admission in the new episode.</p> <ul style="list-style-type: none"> <li>○ No visits made in the new episode prior to inpatient admission.</li> </ul>	<p><i>at recertification</i>: <b>(M0100) RFA 4</b>. At <b>(M0826)</b> enter number of therapy visits indicated for the subsequent 60-day episode, or enter 000 if no therapy visits indicated.</p> <p><i>at admission to hospital</i>: <b>Transfer with/without HHA discharge (M0100) RFA 6 or 7</b></p> <ul style="list-style-type: none"> <li>○ If <b>RFA 7</b> was completed, a new <b>Start of Care (M0100) RFA 1</b> is completed upon patient's return home.</li> <li>○ If <b>RFA 6</b> was completed, a <b>SOC/ROC</b> comprehensive assessment is completed. (The HHA will not know if it is a SOC or ROC until the HHRG is calculated). <ul style="list-style-type: none"> <li>○ If the new HHRG is exactly the same as the recertification HHRG, the care is considered continuous. <b>M0100</b> should be reported as <b>RFA 3</b> and the assessment is a <b>Resumption of Care</b>. (This is an example of when the first visit in the new certification period is a ROC visit.)</li> <li>○ If the new HHRG is <u>not</u> exactly the same as the recertification HHRG, the care is not considered continuous and the agency must complete an internal agency discharge (no D/C OASIS required). <b>M0100</b> should be reported as <b>RFA 1</b> and the assessment is a <b>Start of Care</b>, starting a new episode/certification period. New admission paperwork is not necessary, except as required by the payer or agency policy.</li> </ul> </li> </ul>
<p>12. Pay source changes from any payer to Medicare FFS/PPS</p>	<p><i>at discontinuation of previous pay source</i>: <b>(M0100) RFA 9</b> for episode under old pay source (Optional)</p> <ul style="list-style-type: none"> <li>○ Discharge from old pay source is not required but is recommended.</li> </ul> <p><i>at initiation of Medicare FFS payment</i>: <b>Start of Care: (M0100) RFA 1</b> for new episode under PPS.</p> <ul style="list-style-type: none"> <li>○ A <u>new</u> SOC date is required for Medicare FFS/PPS, as well as a new Plan of Treatment.</li> <li>○ The first covered visit <u>after</u> the Medicare FFS is effective establishes the new start of care, and a new SOC assessment should be performed on or within 5 days after this date.</li> <li>○ When the old pay source required OASIS data collection, optional completion of the Discharge assessment allows outcomes from eligible episodes to be captured, and for Medicare/Medicaid patients, to contribute to outcome calculations for OBQI and OBQM reports.</li> <li>○ It is highly recommended that payer source status be regularly monitored by clinicians to avoid compliance and billing challenges that will result from lacking assessments and missing HHRGs.</li> </ul>

## OASIS Considerations for Medicare PPS Patients (Revised October 2007)

### SPECIAL ISSUES RELATED TO THE TRANSITION TO PPS 2008 – December 27-31, 2007

Type of Episode or Adjustment	OASIS Assessment: M0100, M0090 & M0825/6 Response Selection & Comments
<p><b>13. SOC IN 2007 FOR A 2007 EPISODE</b>                      Patient admitted to home care during the period December 27, 2007 – December 31, 2007 for an initial 60-day episode that begins prior to January 1, 2008.</p>	<p><b>Start of Care: (M0100) RFA 1</b></p> <ul style="list-style-type: none"> <li>○ This assessment must be conducted with OASIS-B1 12/2002.</li> <li>○ Note that the HHA has 5 days to complete the SOC assessment.</li> </ul> <p>If the assessment is completed on 12/27/2007-12/31/2007, at <b>(M0090)</b> enter the actual date the assessment is completed.</p> <p>If the assessment is completed in 2008, at <b>(M0090)</b> enter the artificial date “12/31/2007”.</p> <p>At <b>(M0825)</b> enter “0-No” or “1-Yes” to indicate if the need for therapy for the upcoming 60-day episode meets the 10-visit therapy threshold.</p> <p><b><u>CRITERIA FOR TEMPORARY WAIVER ALLOWING USE OF ARTIFICIAL DATE “12/31/2007” FOR M0090:</u></b></p> <ul style="list-style-type: none"> <li>○ <b><u>RFA 1:</u></b></li> <li>○ <b><u>WHERE THE REQUIRED ASSESSMENT TIME FRAME BEGINS IN 2007 AND ENDS IN 2008; AND</u></b></li> <li>○ <b><u>THE ACTUAL ASSESSMENT COMPLETION DATE IS IN 2008; AND</u></b></li> <li>○ <b><u>THE RELATED PAYMENT EPISODE BEGINS IN 2007.</u></b></li> </ul>
<p><b>14. RECERT in 2007 for a 2008 EPISODE</b>                      Patient to be recertified during the period of December 27, 2007 – December 31, 2007 for an subsequent 60-day episode beginning on or after January 1, 2008, due to the need for continuous home health care after an initial 60-day episode.</p>	<p><b>Recertification (Follow-up): (M0100) RFA 4</b></p> <ul style="list-style-type: none"> <li>○ This assessment must be conducted with OASIS-B1 1/2008.</li> </ul> <p>At <b>(M0090)</b> enter the actual date (12/27/2007 – 12/31/2007) the Recertification assessment was completed.</p> <p>At <b>(M0826)</b> enter the number of therapy visits indicated for the next 60-day episode, or enter 000 if no therapy visits indicated</p>
<p><b>15. RECERT (or OTHER FOLLOW-UP) in 2007 for a 2007 EPISODE</b>                      Patient to be recertified during the period of December 27, 2007 – December 31, 2007 for a subsequent 60-day episode beginning prior to January 1, 2008, due to the need for continuous home health care after an initial 60-day episode;                      OR                      Patient experienced a major decline or improvement/significant change in condition requiring a Follow-up assessment during the period of December 27, 2007 – December 31, 2007.</p>	<p><b>Recertification (Follow-up) or Other Follow-up: (M0100) RFA 4 or RFA 5</b></p> <ul style="list-style-type: none"> <li>○ This assessment must be conducted with OASIS-B1 12/2002.</li> </ul> <p>If the actual assessment completion date is 12/27/2007-12/31/2007, at <b>(M0090)</b> enter artificial date “12/26/2007.”</p> <p>At <b>(M0825)</b> enter “0-No” or “1-Yes” to indicate if the need for therapy for the 60-day episode meets the 10-visit therapy threshold.</p> <ul style="list-style-type: none"> <li>○ This guidance may generate a warning error message indicating the assessment date is not in compliance with the 5-day window, even though the actual data collection may have occurred in a timely and compliant manner. The HHA need not address this warning message in this special case.</li> <li>○ The clinical record should include notation of application of this special scoring guidance in reporting the assessment date, which is required to facilitate appropriate payment during the transition to PPS 2008.</li> </ul> <p><b><u>CRITERIA FOR TEMPORARY WAIVER ALLOWING USE OF ARTIFICIAL DATE “12/26/2007” FOR M0090:</u></b></p> <ul style="list-style-type: none"> <li>○ <b><u>ONLY ON RFA 4 OR RFA 5;</u></b></li> <li>○ <b><u>WHERE THE ACTUAL ASSESSMENT COMPLETION DATE IS 12/27/2007-12/31/2007; AND</u></b></li> <li>○ <b><u>THE RELATED PAYMENT EPISODE BEGINS IN 2007.</u></b></li> </ul>

## OASIS Considerations for Medicare PPS Patients (Revised October 2007)

### SPECIAL ISSUES RELATED TO THE TRANSITION TO PPS 2008 – December 27-31, 2007

#### 16. ROC in 2007 for a 2008 EPISODE

Qualifying Inpatient Stay with return to agency during the last 5 days of an episode (days 56-60), when

- the 5 day recertification window includes at least one day within the December 27-31, 2007 period;

AND

- the patient needs continuous home health care into a subsequent episode;

AND

- the 1<sup>st</sup> day of the new cert period will be on or after January 1, 2008.

#### OPTION 1: (RECOMMENDED)

*at hospital admission: Transfer without HHA discharge (M0100) RFA 6*

*at return to home care: Resumption of Care assessment (M0100) RFA 3.*

For **(M0090)**: If the date the assessment is completed is December 27-31, 2007, enter artificial date “1/1/2008.” If the date the assessment is completed is January 1, 2008 or later, enter the actual date the ROC assessment was completed.

- When the requirement to complete a Resumption of Care assessment overlaps with the time period requiring completion of a Recertification assessment, only the Resumption of Care assessment is necessary. (Effective October 1, 2004)
- For payment purposes, this assessment serves to determine the case mix assignment for the subsequent 60-day period.
- Patient was transferred to an inpatient facility and returns home during the last 5 days of the current episode (days 56-60). The HHA will continue to be required to conduct the Resumption of Care assessment (RFA 3) within 48 hours of the patient’s return.
- Following this temporary guidance to enter an artificial date may generate a warning error message indicating the assessment date is not compliant with the 2 calendar day time frame for completion of a ROC assessment. The HHA need not address this warning message in this special case.
- The reporting of the assessment date will need to follow the above guidance in order to facilitate appropriate payment during the transition to PPS 2008.
- The clinical record should include notation of application of this special scoring guidance in reporting the assessment date, which is required to facilitate appropriate payment during the transition to PPS 2008.

At **(M0826)** enter the number of therapy visits indicated for the upcoming 60-day episode, or enter 000 if no therapy visits indicated.

#### CRITERIA FOR TEMPORARY WAIVER ALLOWING USE OF ARTIFICIAL DATE “1/1/2008” FOR M0090:

- ONLY ON RFA 3;
- WHERE THE 48 HOUR ROC ASSESSMENT TIMEFRAME BEGINS ON OR AFTER 12/27/2007 AND ENDS PRIOR TO 1/1/2008; AND
- THE RELATED PAYMENT EPISODE BEGINS IN 2008.

*NOTE: Some data systems may not allow entry of a M0090 date later than the current date; in this situation, entry would need to be deferred until 1/1/2008 or later.*

#### OPTION 2:

*at hospital admission: Transfer with HHA discharge (M0100) RFA 7*

*at return to home care during days 56-60 of payment episode: new Start of Care assessment: (M0100) RFA 1.*

- For episodes starting on/after 1/1/2008, at **(M0090)** enter the actual date the assessment is completed.
- For episodes starting on/before 12/31/2007, follow the guidance in Scenario #13 above. PEP adjustment applies to previous episode.

## OASIS Considerations for Medicare PPS Patients (Revised October 2007)

### SPECIAL ISSUES RELATED TO THE TRANSITION TO PPS 2008 – December 27-31, 2007

#### 17. ROC in 2007 for a 2007 EPISODE

Qualifying Inpatient Stay with return to agency during the last 5 days of an episode (days 56-60), when

- the 5 day recertification window includes at least one day within the December 27-31<sup>st</sup> period;

AND

- the patient needs continuous home health care into a subsequent episode;

AND

- the 1<sup>st</sup> day of the new cert period will be on or before December 31, 2007.

#### OPTION 1: (RECOMMENDED)

*at hospital admission: Transfer without HHA discharge (M0100) RFA 6*

*at return to home care: Resumption of Care assessment (M0100) RFA 3.*

- This assessment must be conducted with OASIS-B1 12/2002..
- Note that the HHA has 48 hours to complete the ROC assessment

For **(M0090)**: If the date the assessment is completed is on or before 12/31/2007, enter the actual date the assessment is completed.

If the date the assessment is completed is 1/1/2008 or later, enter artificial date “**12/31/2007.**”

- When the requirement to complete a Resumption of Care assessment overlaps with the time period requiring completion of a Recertification assessment, only the Resumption of Care assessment is necessary. (Effective October 1, 2004)
- For payment purposes, this assessment serves to determine the case mix assignment for the subsequent 60-day period.
- Patient was transferred to an inpatient facility and returns home during the last 5 days of the current episode (days 56-60). The HHA will continue to be required to conduct the Resumption of Care assessment (RFA 3) within 48 hours of the patient’s return.
- The reporting of the assessment date will need to follow the above guidance in order to facilitate appropriate payment during the transition to PPS 2008.
- The clinical record should include notation of application of this special scoring guidance in reporting the assessment date, which is required to facilitate appropriate payment during the transition to PPS 2008.

At **(M0825)** enter “0-No” or “1-Yes” to indicate if the need for therapy for the upcoming 60-day episode meets the 10-visit therapy threshold.

#### CRITERIA FOR TEMPORARY WAIVER ALLOWING USE OF ARTIFICIAL DATE 12/31/2007 FOR M0090:

- RFA 3:
- WHERE THE REQUIRED ASSESSMENT TIME FRAME BEGINS IN 2007 AND ENDS IN 2008; AND
- THE ACTUAL ASSESSMENT COMPLETION DATE IS IN 2008; AND
- THE RELATED PAYMENT EPISODE BEGINS IN 2007.

#### OPTION 2:

*at hospital admission: Transfer with HHA discharge (M0100) RFA 7*

*at return to home care: new Start of Care assessment: (M0100) RFA 1.*

- PEP adjustment applies to previous episode.

Follow guidance in Scenario #13 above.

For additional guidance describing steps required to create the proper payment group code for claims related to the transition to the refined HH PPS January 1, 2008 please reference: “**Questions and Answers Regarding Home Health Episodes and the Transition into HH PPS Refinement**” accessible at [http://www.cms.hhs.gov/HomeHealthPPS/03\\_coding&billing.asp](http://www.cms.hhs.gov/HomeHealthPPS/03_coding&billing.asp)