



Related MLN Matters Article #: SE0643

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Submitting Home Health Requests for Anticipated Payment Under Revised Outcomes and Assessment Information Set (OASIS) Reporting Requirements

Key Words

SE0643, OASIS, reporting, requirements, requests, payment

Provider Types Affected

Home health agencies (HHAs) billing Medicare Regional Home Health Intermediaries (RHHIs)

Key Points

- HHAs are required to collect OASIS data on all Medicare and Medicaid patients for submission to state agencies for quality and outcomes reporting and for generation of the payment group code the HHA submits on its requests for anticipated payment (RAPs) to the RHHIs.
- In the past, OASIS regulations required HHAs to lock OASIS data for transmission to the state agency within 7 days of completion, which allows HHAs to finalize the data for payment without transmitting it to the state system.
- On December 23, 2005, the Centers for Medicare & Medicaid Services (CMS) published new OASIS regulations that removed the locking requirement effective June 21, 2006. New HAVEN software (Version 7.0) based on new OASIS data specifications (Version 1.50) has been developed.
- This reporting also informed HHAs that the lock date requirement would be removed from the OASIS data specifications and HAVEN software many agencies use to transmit to the states.
- This change in regulations does not alter Medicare's need to ensure that data submitted for payment and quality is consistent. Believing that HHAs could no longer finalize OASIS data through locking it, CMS announced via an Open Door Forum that it intended to require HHAs to transmit their OASIS data to the state prior to submitting RAPs.
- CMS has learned recently that while the lock date and requirement has been removed from the OASIS data specifications, the ability to lock an OASIS assessment has been retained in the new OASIS software – HAVEN 7.0 (OASIS data specifications version 1.50).
- Once data entry for an assessment is completed, the HAVEN Management Screen shows that the assessment is "Locked (Export Ready)" and a payment group code is available for use on the RAP. As

a result, HHAs can still comply with the *Medicare Claims Processing Manual* requirement to lock assessments prior to submitting RAPs. That billing requirement will not be changed.

Guidance for Compliance with New Regulations Changes Effective June 21, 2006

- HHAs have three options that are fully compliant with current billing instructions. Discs containing the HAVEN 7.0 (data specifications version 1.50) software, which removes the lock date but retains the “Locked (Export Ready)” status, will be mailed in the next few days. HHAs should review the options below before choosing whether to install this new software immediately.
 - **Option One – Continue to Use Software other than HAVEN that Locks Assessments**
 - If the HHA billing software is integrated with OASIS data and contains an internal locking feature, that locking feature may continue to be used. RAPs may continue to be submitted when the data is locked. If the HHA software has not been changed in anticipation of OASIS changes, this option will mean no change to the current process is necessary.
 - **Option Two – Continue Using HAVEN 6.2 (Version 1.40) Software to Lock Assessments**
 - When the HHA receives HAVEN 7.0 (version 1.50), it may choose not to install this new software.
 - It may continue to lock and transmit data using HAVEN 6.2 (version 1.40), submitting RAPs when the data is locked.
 - There will be a small number of records that were previously accepted that will now be rejected due to inconsistencies among the pressure ulcer, stasis ulcer, or surgical wound items. These records can be corrected by the user and re-submitted.
 - New warnings will be issued if the record is submitted more than 30 days after the completion date or if there is an inconsistency between the primary diagnosis code and severity code.
 - Otherwise, these HHAs will be unaffected by not implementing HAVEN 7.0 (version 1.50) in the short term.
 - **Agencies that continue to use HAVEN 6.2 in the short term must be aware that this software does not support the submission of a National Provider Identifier (NPI). Therefore, it cannot be used on or after the NPI effective date of May 23, 2007.**
 - Those HHAs should migrate to HAVEN 7.0 or begin to use other software that includes a lock feature by May 22, 2007.

Important Note: Medicare fee-for-service (FFS) has instituted a contingency plan for NPI implementation that delays the requirement for the NPI beyond May 23, 2007. For details regarding this delay, please see MLN Matters article MM5595 at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5595.pdf> on the CMS website.

- **Option Three – Migrate to HAVEN 7.0 (Version 1.50)**
 - Upon receipt of HAVEN 7.0 (version 1.50) software, a HHA may choose to install that software. If it does so, it will need an agency procedure to ensure that all assessments are in a “Locked (Export Ready)” status before submitting the corresponding RAP.

- **HHAs That Have Already Made Changes Regarding Locking OASIS Data**
 - If a HHA has already made changes to its software to remove the OASIS lock date and the locking function, it should temporarily develop internal procedures for establishing that OASIS data is finalized for transmission to the state, equivalent to the prior state of being locked, before submitting its RAPs.
 - This internal procedure should include a date the OASIS data was finalized, which could be compared to the dates of submission of RAPs in any future audit of its records.
 - As soon as possible it should revise its processes to use one of the compliant options described above.
- **Timing and Frequency**
 - Under all three options described above, the requirements of the December 23, 2005 OASIS regulation remain in effect.
 - There is no mandatory timeframe for assessments to be locked. They simply need to be locked before the corresponding RAP is submitted.
 - HHAs may submit OASIS data to the state as frequently or infrequently as they choose to, so long as assessments are submitted within 30 days of the date reported in OASIS item M0090 (Date Assessment Completed), as required by the regulation.
 - HHAs can assess whether smaller, more frequent batches of submissions have the advantage of reducing transmission time.
 - CMS intends these policies to give HHAs greater flexibility in defining their business, financial and quality control policies, and procedures.
 - Once an assessment record is submitted to the OASIS state system, both version 1.40 and version 1.50 can be accepted. Records submitted using version 1.50 will have the new edits in place including removal of the locking of data requirement and the inclusion of the 30-day function.

Important Links

The related MLN Matters article can be found at <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0643.pdf> on the CMS website.

If affected providers have any questions, they should contact their RHHI at their toll-free number, which may be found at <http://www.cms.hhs.gov/MLNProducts/downloads/CallCenterTollNumDirectory.zip> on the CMS website.