OASIS Considerations for Medicare PPS Patients (Revised November 2010)

Type of Episode or Adjustment	OASIS Assessment: M0100 & M2200 Response Selection & Comments
1. Initiation of home care for new Medicare PPS patient.	**Start of Care:** **(M0100) RFA 1** and **(M2200)** enter number of therapy visits indicated for the upcoming 60-day episode, or enter 000 if no therapy visits indicated. • OASIS data elements are not required for Private Pay individuals effective December 2003. • Requirements for non-Medicare patients are found at: http://www.cms.hhs.gov/SurveyCertificationGenInfo/PMSR/list.asp Select fiscal year 2004 memorandum 04-26.
2. a) New 60-day episode resulting from discharge with all goals met and return to same HHA during the 60-day episode. (PEP Adjustment applies) 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)	**Start of Care:** **(M0100) RFA 1** and **(M2200)** enter number of therapy visits indicated for the upcoming 60-day episode, or enter 000 if no therapy visits indicated.
3. New 60-day episode resulting from transfer during the 60-day episode to HHA with common ownership.	For the remainder of the current episode: • Receiving HHA completes any required OASIS collection on behalf of the Transferring HHA. • PEP Adjustment does not apply if patient transfers to HHA with common ownership during a 60-day episode. • The Transferring HHA will serve as the billing agent through the end of the episode in which the transfer occurred. At the end of the episode: OPTION 1: NEW PAYMENT EPISODE (RECOMMENDED) Receiving HHA completes a **Discharge assessment (M0100) RFA 9** on behalf of the Transferring HHA Then Receiving HHA conducts a **Start of Care assessment (M0100) RFA 1**, establishing a new episode and certification, and completing all required admission paperwork. OPTION 2: CONTINUATION OF CURRENT PAYMENT EPISODE Receiving HHA continues to complete OASIS assessments at required Timepoints on behalf of the Transferring HHA. Transferring HHA remains the billing agent.
4. Qualifying Inpatient Stay with return to	*at admission to hospital:* Transfer with/without HHA discharge **(M0100) RFA 6 or 7,** dependent upon plan for

<table>
<tr><th colspan="2">OASIS Considerations for Medicare PPS Patients (Revised November 2010)</th></tr>
<tr><th>Type of Episode or Adjustment</th><th>OASIS Assessment: M0100 & M2200 Response Selection & Comments</th></tr>
<tr><td>agency during (but not in last 5 days of) the current episode.</td><td>patient return to agency or plan for discharge (RFA 6 - Transfer without discharge is RECOMMENDED)

<u>RFA 6 – Transfer without discharge</u> (RECOMMENDED)
• If the patient return to the HHA is expected, or unknown, use RFA 6

at return to home care: Resumption of Care (M0100) RFA 3 and (M2200) enter number of therapy visits indicated for current episode, or enter 000 if no therapy visits indicated.

<u>RFA 7 – Transfer with discharge</u>
• If there is no expectation of the patient return to the HHA, in circumstances such as discharge for cause, goals met, or expected need for higher level of care, use RFA 7
at return to home care: If (M0100) RFA 7 was completed, a new Start of Care (M0100) RFA 1 could be completed to start a new episode of care. However, due to new billing regulations* requiring services being provided during a 60-day payment episode to be included on one claim, a preferred option (which would allow the agency to keep the OASIS time points and billing cycle congruent) would be for the agency to change the RFA 7 Transfer WITH discharge to an RFA 6 – Transfer WITHOUT discharge, and complete a Resumption of Care (M0100) RFA 3 upon the patient's return to home care during the current payment episode.

*NOTE: Per the Claims Processing Manual, Chapter 10 at:
http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf all services provided during a 60 day payment episode should be included on one claim</td></tr>
<tr><td>5. Qualifying Inpatient Stay with return to agency during the last 5 days of an episode (days 56-60).</td><td>at admission to hospital: Transfer with/without HHA discharge (M0100) RFA 6 or 7, dependent upon plan for patient return to agency or plan for discharge. (RFA 6 - Transfer without discharge is RECOMMENDED)

<u>RFA 6 – Transfer without discharge</u> (RECOMMENDED)
• If the patient return to the HHA is expected, or unknown, use RFA 6
at return to home care: Resumption of Care: (M0100) RFA 3
• 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.
• 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.
• For payment purposes, this assessment serves to determine the case mix assignment for the <u>subsequent</u> certification period
• At (M2200) 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>.
• A new Plan of Care is required for the subsequent 60-day episode.

<u>RFA 7 – Transfer with discharge</u></td></tr>
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	• If there is no expectation of the patient return to the HHA, in circumstances such as discharge for cause, goals met, or expected need for higher level of care, use RFA 7 *at return to home care: If* **(M0100) RFA 7** *was completed, a new* **Start of Care (M0100) RFA 1** *could be completed to start a new episode of care. However, due to new billing regulations* requiring services being provided during a 60-day payment episode to be included on one claim, a preferred option (which would allow the agency to keep the OASIS time points and billing cycle congruent) would be for the agency to change the* **RFA 7 Transfer WITH discharge** *to* **an RFA 6 – Transfer WITHOUT discharge***, and complete a* **Resumption of Care (M0100) RFA 3** *upon the patient's return to home care during the current payment episode, which in this case would serve to determine the case mix assignment for the subsequent certification period.* • At **(M2200)** enter number of therapy visits indicated, or enter 000 if no therapy visits indicated, based on therapy need for the subsequent certification period beginning after the end of the current payment episode. ***NOTE: Per the Claims Processing Manual, Chapter 10 at:** http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf all services provided during a 60 day payment episode should be included on one claim
6. Patient experiences a major decline or improvement (as defined by agency) without qualifying inpatient admission.	**Other Follow-Up Assessment:** **(M0100) RFA 5** and **(M2200)** enter number of therapy visits indicated for the current episode, or enter 000 if no therapy visits indicated. • 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.
7. Subsequent 60-day episode due to the need for continuous home health care after an initial 60 day episode.	**Recertification (Follow-up):** Conduct **(M0100)** RFA 4 assessment during days 56-60 of current payment episode. At **(M2200)** enter number of therapy visits indicated for the subsequent payment episode (60 days), or enter 000 if no therapy visits indicated.
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.	*at admission to hospital:* Transfer with/without HHA discharge **(M0100) RFA 6 or 7,** dependent upon plan for patient return to agency or plan for discharge. (**RFA 6 - Transfer without discharge** is RECOMMENDED) *at return to home care:* • HHA will need to complete agency discharge paperwork (not OASIS) before doing a new SOC. • When patient returns home, new orders and plan of care are necessary. • HHA starts new episode and completes a new start of care assessment **(M0100) RFA 1.** • At **(M2200)** enter number of therapy visits indicated for the next 60 days, or enter 000 if no therapy visits indicated.
9. Patient receives a Recertification assessment during days 56-60, and then is hospitalized before the end of the	*at recertification:* **Recertification (M0100) RFA 4** and **(M2200)** enter number of therapy visits indicated for the subsequent 60-day payment episode, or enter 000 if no therapy visits indicated. *at admission to hospital:* Transfer with/without HHA discharge **(M0100) RFA 6 or 7,** dependent upon plan for

Type of Episode or Adjustment	OASIS Assessment: M0100 & M2200 Response Selection & Comments
certification period. Returns home from inpatient stay during days **57-60**.	patient return to agency or plan for discharge. (**RFA 6 - Transfer without discharge** is RECOMMENDED) **RFA 6 – Transfer without discharge** (RECOMMENDED) • If the patient return to the HHA is expected, or unknown, use RFA 6 *at return to home care:* **Resumption of Care: (M0100) RFA 3** • 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. • 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. • For payment purposes, this assessment MAY serve to determine the case mix assignment for the subsequent certification period • At **(M2200)** enter number of therapy visits indicated, or enter 000 if no therapy visits indicated, based on therapy need for the subsequent certification period beginning after the end of the current payment episode. • A new Plan of Care is required for the subsequent 60-day episode. • If the new HHRG is not exactly the same as the recertification HHRG, the agency will use the ROC HHRG for the upcoming episode payment **RFA 7 – Transfer with discharge** • If there is no expectation of the patient return to the HHA, in circumstances such as discharge for cause, goals met, or expected need for higher level of care, use RFA 7 *at return to home care: If* **(M0100) RFA 7** *was completed, a new* **Start of Care (M0100) RFA 1** *could be completed to start a new episode of care, However, due to new billing regulations* requiring services being provided during a 60-day payment episode to be included on one claim, a preferred option (which would allow the agency to keep the OASIS time points and billing cycle congruent) would be for the agency to change the* **RFA 7 Transfer WITH discharge** *to* **an RFA 6 – Transfer WITHOUT discharge***, and complete a* **Resumption of Care (M0100) RFA 3** *upon the patient's return to home care during days 57-60.* • For payment purposes, this assessment MAY serve to determine the case mix assignment for the subsequent certification period • At **(M2200)** enter number of therapy visits indicated, or enter 000 if no therapy visits indicated, based on therapy need for the subsequent certification period beginning after the end of the current payment episode. • A new Plan of Care is required for the subsequent 60-day episode. • If the new HHRG is not exactly the same as the recertification HHRG, the agency will use the ROC HHRG for the upcoming episode payment ***NOTE: Per the Claims Processing Manual, Chapter 10 at:** http://www.cms.hhs.gov/manuals/downloads/clm104c10.pdf all services provided during a 60 day payment episode should be included on one claim
	at recertification: **Recertification (M0100) RFA 4** and **(M2200)** enter number of therapy visits indicated for the

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10. Patient receives a Recertification assessment during days 56-60, and then is hospitalized before the end of the certification period. Returns home from inpatient stay on day **61**.	subsequent 60-day payment episode, or enter 000 if no therapy visits indicated. *at admission to hospital:* Transfer with/without HHA discharge **(M0100) RFA 6 or 7,** dependent upon plan for patient return to agency or plan for discharge. (**RFA 6 - Transfer without discharge** is RECOMMENDED) **RFA 6 – Transfer without discharge** (RECOMMENDED) • If the patient return to the HHA is expected, or unknown, use RFA 6 *at return to home care:* **Start of Care/Resumption of Care: (M0100) RFA 1/RFA 3** and **(M2200)** enter number of therapy visits indicated, or enter 000 if no therapy visits indicated. • The **SOC/ROC** comprehensive assessment is completed. (The HHA will not know if it is a SOC or ROC until the HHRG is calculated). • If the new HHRG is exactly the same as the recertification HHRG, the care is considered continuous. **M0100** should be reported as **RFA 3** and the assessment is a **Resumption of Care**. • If the new HHRG is not 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). **M0100** should be reported as **RFA 1** and the assessment is a **Start of Care**, starting a new episode/certification period. New admission paperwork is not necessary, except as required by the payer or agency policy. **RFA 7 – Transfer with discharge** • If there is no expectation of the patient return to the HHA, in circumstances such as discharge for cause, goals met, or expected need for higher level of care, use RFA 7 *at return to home care:* **Start of Care: (M0100) RFA 1** and **(M2200)** enter number of therapy visits indicated for the upcoming 60-day episode, or enter 000 if no therapy visits indicated.
11. Patient receives a recertification assessment during days 56-60, and then experiences a qualifying inpatient admission before the end of the certification period. Returns home from inpatient stay after day 61 (or after the 1st day of the next certification period)	*at recertification* **: (M0100) RFA 4.** At **(M2200),** enter number of therapy visits indicated for subsequent 60-day payment episode, or enter 000 if no therapy visits indicated. *at admission to hospital:* Transfer with/without HHA discharge **(M0100) RFA 6 or 7,** dependent upon plan for patient return to agency or plan for discharge. (**RFA 6 - Transfer without discharge** is RECOMMENDED) *at return to home care:* **Start of Care (M0100) RFA 1** and **(M2200)** enter number of therapy visits indicated for the new payment episode, or enter 000 if no therapy visits indicated. • 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. • The TRF remains as the last OASIS submission under the previous episode.
12. Patient receives a recertification assessment during days 56-60, and then experiences a qualifying inpatient admission in the new episode. o No visits made in the new	*at recertification***: (M0100) RFA 4.** At **(M2200)** enter number of therapy visits indicated for the subsequent 60-day episode, or enter 000 if no therapy visits indicated. *at admission to hospital:* Transfer with/without HHA discharge **(M0100) RFA 6 or 7,** dependent upon plan for patient return to agency or plan for discharge. (**RFA 6 - Transfer without discharge** is RECOMMENDED) • If **RFA 6** was completed, a **SOC/ROC** comprehensive assessment is completed. (The HHA will not

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episode prior to inpatient admission.	know if it is a SOC or ROC until the HHRG is calculated). • If the new HHRG is exactly the same as the recertification HHRG, the care is considered continuous. **M0100** should be reported as **RFA 3** and the assessment is a **Resumption of Care**. (This is an example of when the first visit in the new certification period is a ROC visit.) • 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). **M0100** should be reported as **RFA 1** and the assessment is a **Start of Care**, starting a new episode/certification period. New admission paperwork is not necessary, except as required by the payer or agency policy. • If **RFA 7** was completed, a new **Start of Care (M0100) RFA 1** is completed upon patient's return home.
13. Pay source changes from any payer to Medicare FFS/PPS	*at discontinuation of previous pay source:* **(M0100) RFA 9** for episode under old pay source (Optional) • Discharge from old pay source is not required but is recommended. *at initiation of Medicare FFS payment:* **Start of Care: (M0100) RFA 1** for new episode under PPS. • A <u>new</u> SOC date is required for Medicare FFS/PPS, as well as a new Plan of Treatment. • 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. • 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. • 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.