



Home Health Guidance Related to Pay Source Changes

October 2026

Based on the expansion of OASIS data collection and submission to include all patients receiving skilled care regardless of payer (a.k.a. all-payer) who are not exempt from OASIS data collection and helpdesk inquiries from home health providers regarding pay source changes, CMS has developed this resource document to assist home health agencies (HHAs) in determining appropriate steps to take when there is a change in payer during a home health quality episode.

Different states, different payers and different agencies have varying responses to payer change situations, so it may be helpful to determine, “Does the new payer require a new SOC?” HHAs can usually work their way through what they need to do if they answer this question.

Pay Source Changes for a home health patient who will still be receiving skilled services under the new payer:

If the new payer source DOES require a new SOC, then, effective October 20, 2026, a discharge OASIS is required, and a new SOC comprehensive assessment would be completed under the new pay source. Medicare FFS is one that DOES require a new SOC.

The agency does not have to re-admit the patient in the sense that it would normally admit a new patient (and all the paperwork that entails a new admission).

Pay Source Changes for a home health patient who will not be receiving skilled services under the new payer:

When a patient’s skilled services under any payer ends, a discharge OASIS is required. This is true whether or not they continue on as an OASIS exempt patient, receiving non-skilled services (e.g., moving from skilled Medicare to personal care only). This provides a clear endpoint to the patient’s episode of care for purposes of the agency’s quality initiatives.

Please note that this response supersedes the guidance found in the OASIS Guidance Manual and in the CMS OASIS Q&As that recommends but does not require the patient to be discharged from the previous pay source. At times CMS provides new or refined instruction that supersedes previously published guidance. In such cases use the most recent guidance.

Table 1. SOC Requirements with Pay Source Changes

HHA Patient has a Payer Change	Is a new SOC <u>required at time of pay source change</u> ?
<u>Any</u> payer to Medicare Fee-for-Service (FFS)	Yes, new SOC required
Medicare FFS to skilled care under any Medicare Advantage (MA)	No new SOC required
Medicare FFS/Medicare Advantage (MA) to skilled care under any non-Medicare/non-Medicaid payer	Dependent on if new payer requires a new SOC OASIS
Medicare FFS as secondary payer to Medicare FFS as primary payer	No new SOC required
Skilled care under any payer to skilled care under a Medicaid/managed Medicaid payer	Dependent on if new payer requires a new SOC OASIS
Skilled care under Medicaid/managed Medicaid to skilled care under any non-Medicare/non-Medicaid payer	Dependent on if new payer requires a new SOC OASIS
Skilled care under any payer (excluding Medicare FFS) to skilled care under MA	Dependent on if new payer requires a new SOC OASIS
Skilled care under any non-Medicare/non-Medicaid payer to skilled care under a new non-Medicare/non-Medicaid payer	Dependent on if new payer requires a new SOC OASIS
Skilled care under any payer to non-skilled care under any payer	No SOC OASIS required
Non-skilled care under any payer to skilled care under any payer	A SOC is required