OASIS Alert

Education: Master Late F2F Encounters

4 scenarios to help clear up your questions.

Question 1: True or False? When you generate a new Start Of Care (SOC) assessment due to a late F2F encounter, the correct answer to M0102 -- Date of Physician-ordered SOC is "NA."

Question 1 Answer: True. A late F2F is treated as a payer change, the **Centers for Medicare & Medicaid Services** says in the April 2012 Quarterly OASIS Q&As. When you generate a new SOC comprehensive assessment for the sole purpose of changing the payer to Medicare, answer M0102 "NA." And for M0104 -- Date of Referral, enter the day prior to the new Start of Care date.

Question 2: True or False? When you generate a new SOC OASIS assessment due to a late F2F encounter, it must be generated by the same clinician who completed the original OASIS.

Question 2 Answer: False. Any clinician qualified to perform comprehensive assessments can generate the new SOC comprehensive assessment from existing OASIS data, CMS says. "Clinical documentation should include the details of the late F2F as well as how and who generated the new SOC assessment."

Question 3: True or False? When you generate a new SOC OASIS assessment due to a late F2F encounter, you must delete and resubmit any additional OASIS assessments that were submitted after the original SOC assessment.

Question 3 Answer: True. Once you submit them to the state, the SOC and all subsequent OASIS assessments including Transfers, ROCs, Recerts, Other Follow-up, and Discharge are linked together. And when dealing with a late F2F, you must delete the original SOC assessment before you transmit the newly "generated" SOC assessment to the state, CMS says. So, all of the linked assessments must also be deleted.

Once you have established the new SOC, you'll need to generate and transmit all new assessments that occurred after the new SOC date. When generating these new assessments, you can copy the OASIS data from the original assessments except for any necessary updates for OASIS items such as M0030 -- Start of care date, M0090 -- Date Assessment Completed, M0110 -- Episode Timing, M2200 --- Therapy Need. When you resubmit these assessments, they will be linked to the new SOC assessment.

Question 4: True or False? When you generate a new SOC OASIS due to a late F2F encounter, you can still use the Plan of Care for the original episode, rather than generating a new POC.

Question 4 Answer: False. You must develop a new POC based on the new SOC date with specific orders for services, CMS says. The begin date/SOC date for the new POC for this (Medicare-covered) episode is the date of the first billable service provided -- on or after the day the patient became eligible for the Medicare home health benefit. (30 days prior to the F2F encounter).

The new POC must include all existing orders beginning with the new SOC date as well as any additional orders obtained to cover the nine-week cert period, CMS says. The orders may have changed over time, and the new POC should reflect all orders relevant to the certification period of the new Medicare-covered episode.

Keep the original POC in the clinical record for reference and include documentation that explains the late F2F and all related actions.

Editor's note: Read the April 2012 Quarterly OASIS Q&As here:
https://www.qtso.com/download/hha/CMS_OAI_1stQtr2012_QAs_04_18_2012.pdf.