

OASIS Alert

Face To Face: OASIS Guidance Brings Troubling F2F News

Confusion persists over how to handle a missed encounter and the start of care.

A recent OASIS-related face-to-face requirement update could cut your Medicare payments even further.

In the most recent set of CMS OASIS OCCB Q&As, the **Centers for Medicare & Medicaid Services** address what to do when the F2F encounter doesn't occur until the 35th day.

"The previous 34 days of skilled care are not reimbursable by a Medicare payer which means OASIS data collection/submission for that previous episode of care was not required," says the Q&A issued in July.

In a F2F question-and-answer set updated Aug. 10 on the CMS website, the agency tells home health agencies how to handle amending start of care dates when the F2F encounter is missed. "Once the encounter has occurred, the agency would delete the original OASIS submission (Medicare was not the payer when that OASIS was done), establish a new start of care date, and complete a new OASIS," CMS directs.

The implications of these Q&As is troubling, **Mary St. Pierre** of the **National Association for Home Care & Hospice** said in the August home health Open Door Forum. CMS had previously issued informal guidance telling agencies that if a F2F encounter occurred on day 35, the new SOC could begin on day 5, causing the agency to lose reimbursement for only a handful of days in the episode. (F2F regulations require the encounter occur within 30 days of the SOC.) If the new SOC due to the missed encounter must occur when the new OASIS SOC is filled out, that will cause agencies to take a much steeper payment hit for the F2F delay.

The Q&As aim to tell HHAs that their OASIS requirements haven't changed under the F2F rule, said CMS's **Lori Anderson** in the forum held Aug. 17. "Existing OASIS completion requirements remain the same," Anderson told attendees. "OASIS has to be completed within a certain timeframe of the SOC date."

But the policy would be a change, since agencies have always been able to complete a new SOC OASIS if they found out later that the patient has Medicare as a payer, St. Pierre maintained.

CMS will look into the matter and provide clarification, Anderson said.

Note: The OCCB July Q&A set is at www.oasisanswers.com/downloads/PPP-CMS-OCCB-2nd-Qtr-2011-QAs-07-20-11.pdf. A link to the CMS Q&A updated in August is under the "Home Health Face-to-Face" heading at www.cms.gov/center/hha.asp.