

## OASIS Alert

### Industry Notes

Have you been puzzling over how to collect and submit OASIS data with a missed Face-to-Face deadline? A new F2F Q&A from the **Centers for Medicare & Medicaid Services** spells it out for you.

In response to the question "If the face-to-face does not occur within 30 days after the start of care (SOC), but it does occur, for example, on the 35th day, how should OASIS data be collected and submitted?" CMS points out that the problem lies with establishing eligibility.

"If the face-to-face encounter does not occur within the 90 days prior to the SOC, or within 30 days after the SOC, then the Medicare home health eligibility criteria have not been met and the episode is not covered or billable as a Medicare home health episode," CMS says.

A late face-to-face encounter is a situation which justifies OASIS completion flexibility, CMS says. Specifically, when a face-to-face encounter did not occur within the 90 days prior to the SOC or within 30 days after the SOC, you can use an existing OASIS assessment to generate another OASIS. But the SOC date on that new OASIS must be the date of the first visit that took place after all Medicare Home Health eligibility criteria was met.

If multiple OASIS assessments exist, use the data from the assessment conducted closest to the date of Medicare eligibility, CMS says.

Example scenario: Your agency provides the first skilled visit to your patient on January 1st. The face-to-face encounter doesn't occur until February 4th (Day 35). This makes Jan. 6 the date when all Medicare eligibility was established (30 days prior to the F2F encounter, with F2F encounter date counted as "day 1.")

This leaves you with a non-covered visit period from Jan. 1-5, CMS says. The M0030 -- Start of care date response on the newly-generated OASIS is the date of the first visit on or after January 6. And the M0090 "Date Assessment Completed" on the newly generated OASIS is the actual date new assessment was generated -- on or after the Feb. 4 F2F encounter.

Read the entire Q&A and other answers on the F2F encounter here:

[www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Downloads/QandAsFull-5-4-12.pdf](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HomeHealthPPS/Downloads/QandAsFull-5-4-12.pdf).

Home health agencies that fail to submit OASIS data for every episode they furnish will face a 2-percent reduction to Medicare payment rates, according to new instructions from the **Centers for Medicare & Medicaid Services** that takes effect in August.

"If a home health agency does not submit required quality data, their payment rates for the year are reduced by 2 percentage points," says May 11 Transmittal No. 2466 (CR 7833). "Original Medicare considers the following data as meeting the reporting requirement:

- OASIS data submitted by HHAs for all episodes beginning on or after July 1 of the previous year, and before July 1, of the current year, and
- Home Health Care Consumer Assessment of Health Providers and Systems (HHCCHPS) monthly data collection."

The transmittal revises data submission requirements that have been in effect since 2007. As expected, it adds HHCCHPS data for the first time. But the revision also changes the Medicare Claims Processing Manual (Pub. 100-04), chapter 10, section 120 to reflect the new definition of what satisfies the requirement that HHAs submit OASIS data.

Background: In 2009, 6 percent of Medicare home health agency claims did not have OASIS data for the same period, the

**HHS Office of Inspector General** noted in a recent report, "Limited Oversight of Home Health Agency OASIS Data." About 85 percent of HHAs did not submit OASIS data for at least one claim that year, the report adds. And more than half of those HHAs did not submit OASIS data for at least 10 claims that year.

CMS told the OIG at the time that it was working on the problem and planned to have necessary system upgrades to correct it in place by October. Now it looks like that plan is on schedule, since the transmittal takes effect in August and will base reductions on a July-to-July calendar year.

Note: The transmittal and a related MLN Matters article are at [www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2012-Transmittals-Items/R2466CP.html](http://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/2012-Transmittals-Items/R2466CP.html).

It seems to be a regular occurrence, but can still be a hassle. It's time to reset your bookmarks for CMS's website.

"Bookmarked URLs are redirected to the index webpage for that topic," CMS says in a message to providers. Items posted under "Downloads" section should be unaffected.

Do this: "On the index page, select the webpage you'd like to view from the left-hand side. Once you open the correct page, you can create a new bookmark," CMS instructs.