

OASIS Alert

Industry Notes

Get the Latest OASIS-C Update

The next set of revisions to OASIS-C are scheduled to take effect in October 2014, when ICD-10 diagnosis coding changes also begin. But the **Centers for Medicare & Medicaid Services** (CMS) hopes to reveal the assessment tool changes much sooner than that. CMS has submitted the updated version of OASIS-C and is waiting for it to be posted on the Paperwork Reduction Act package website. "We would like it to be any day now," said CMS's **Robin Dowell** during the agency's May 8 Open Door Forum.

Until the new OASIS-C incarnation does take effect in 17 months, HHAs can download a newly **Office of Management and Budget**-approved form for current OASIS-C, Dowell noted in the forum. The last form contained a July 31, 2012 expiration date but was still in effect until the OMB-approved the new form, which had no updates. The new form has an expiration date of Dec. 31, 2014 and is online at www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/OASISC.html in the "Downloads" section.

Take Advantage of Free OASIS Training

Use CMS's new educational tools to help get your staff up to speed on OASIS requirements. CMS recently posted new surveyor training modules on a range of topics including ADLs, therapy needs, and care management, noted CMS's **Pat Sevast** in the May 8 Open Door Forum. "Use these modules for training new staff and remedial training of existing staff who need information related to the OASIS items," Sevast recommended in the forum.

The training modules are at <http://surveyortraining.cms.hhs.gov/index.aspx> □ click on "I Am A Provider," then "Web-Based Training," then "Outcome and Assessment Information Set (OASIS) Training (OASIS)," then "Launch the Course" to see the 15 training modules offered.

Keep F2F in Check

Don't compound your face-to-face requirement burden by collecting unnecessary documentation. "The face-to-face encounter is only required for the initial episode of home health services," HHH Medicare Administrative Contractor **National Government Services** reminds providers. Medicare doesn't require F2F for subsequent episodes. "An additional face-to-face document would not be required unless the patient was discharged from home health and then readmitted with 60 days or more between episodes," NGS explains.

That includes when the patient's diagnosis changed for a recert or resumption of care, NGS says in a question-and-answer document from its April 24 webinar on "Understanding the Medicare Home Health Coverage Guidelines."

"It would not be necessary to get another face-to-face encounter," NGS clarifies. "It is only required for the initial episode of care."