

## OASIS Alert

### Prospective Payment System TO OASIS OR NOT TO OASIS?

Doubt no more ☐ prepare to set your agency straight on the twisty topic of OASIS data collection.

With reams of regs to wade through, many agencies still are confused about which patients must be OASIS-ed. But "the Centers for Medicare & Medicaid Services has indicated that all patients receiving skilled care from a certified home health agency must receive a comprehensive assessment, including OASIS," declares Judy Adams, a Chapel Hill, NC-based consultant with LarsonAllen Health Care Group.

This means OASIS data "have to be collected for every Medicare, Medicaid and private insurance patient" who meets CMS' collection requirements, says Chicago-based consultant Rebecca Friedman Zuber.

But not every patient fits CMS' criteria for OASIS data collection. The following patient types should not receive OASIS assessments, Adams and Zuber note:

- patients younger than 18 years of age;
- prepartum and postpartum patients receiving maternity services (unless these patients are receiving services under the Medicare home health benefit); and
- patients receiving only non-skilled services such as personal care, homemaker, chore or companion services.

While private insurance patients are not exempt from OASIS assessments, "agencies that aren't Medicare- or Medicaid-certified don't have to do OASIS," reports consultant Pam Warmack with Clinic Connections in Ruston, LA. These agencies ☐ which generally have a state license to provide home care and take only private insurance patients ☐ would not transmit patient assessments, she explains

"I think the primary confusion for home health agencies has been not so much whether to collect the OASIS information, but whether to transmit the OASIS information," opines Adams.

Since the comprehensive assessment ☐ including the OASIS set ☐ was part of the Medicare Conditions of Participation, the assessment information needs to be collected regardless of payer, "but is only transmitted through the state agency to CMS for Medicare and Medicaid skilled home health patients," she notes.

When transmitting OASIS information via HAVEN or other software packages, M0150 is "the traffic cop that tells the computer whether to accept or reject that OASIS data set," informs Zuber.

OASIS item M0150 asks clinicians to identify all current payment sources for the home care patient. If the clinician selects 1, 2, 3 or 4 on this item ☐ indicating a Medicare or Medicaid payment source ☐ then the data will be sent through to state agencies and CMS for reimbursement, she explains.

If 1 thru 4 are not checked off on M0150, then the software may collect the patient's non-identifiable health information for statistical purposes, but it will not transmit the data for reimbursement purposes, states Warmack.