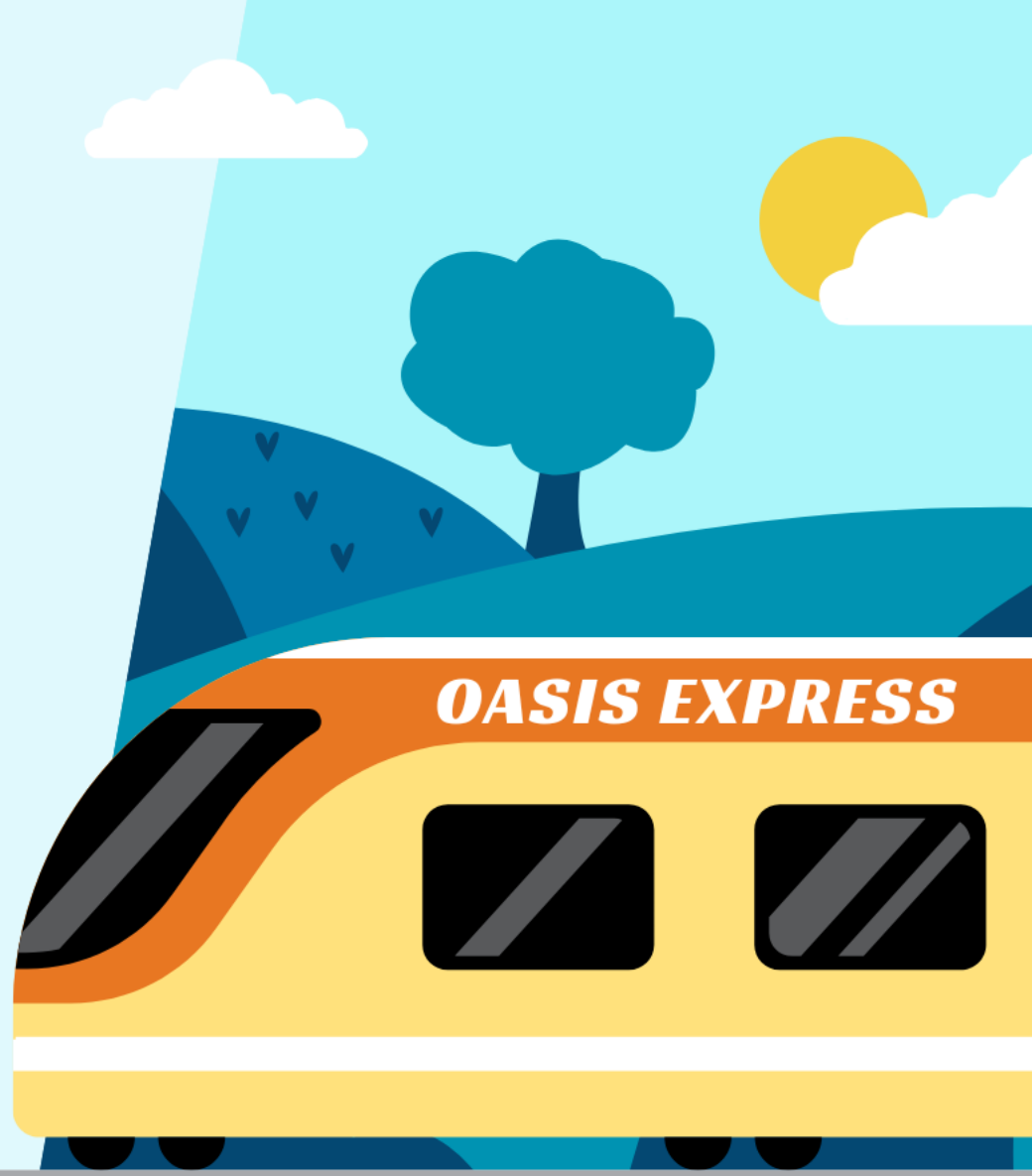
FREE WEBINAR

All Aboard for OASIS All-Payer!

How to prepare for mandatory OASIS submission starting July 1

THU, MAY 15 | 2:00 PM CT



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HOME HEALTH

TODAY'S SPEAKER

LISA SELMAN-HOLMAN

JD, BSN, RN, HCS-D, COS-C

VP Clinical Services | McBee

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TODAY'S AGENDA

01 Identify the key administrative & workflow challenges of implementing all-payer OASIS submissions.

02 Learn strategies to streamline OASIS submissions through iQIES while avoiding common pitfalls.

03 Understand the importance of staff training & engagement to ensure compliance with new mandates on July 1.

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Issues to Ponder

- Staffing for completion of OASIS
  - Completing only when required
- Training of staff
- Review of that OASIS (scrubbing)
- How much more effort will it take to submit the OASIS for all payors?
  - Who is submitting, and how does that happen in your agency?

IMPORTANT QUESTIONS:
How many more OASIS will that be for your payor mix?
What is the staffing requirement now?

What is iQIES?

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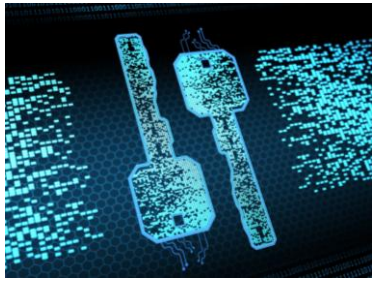
iQIES



internet Quality Improvement and Evaluation System

Details:

- Replaced QIES, CASPER, and ASPEN
- OASIS is submitted to iQIES
- Functional scores are captured by the claims system from iQIES for payment purposes
- Surveyors check for compliance
- Timeframes for submission (30 days)
- Potentially Avoidable Events

- Reporting: QRP, Star and VBP
- Problem: Limited access

All-Payer OASIS

Current Status

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Transmission (Current Required)

Patients requiring OASIS are identified on M0150

1 – Medicare
(Traditional fee for service)

2 – Medicare
(HMO/managed care/Advantage plan)

3 – Medicaid
(Traditional fee for service)

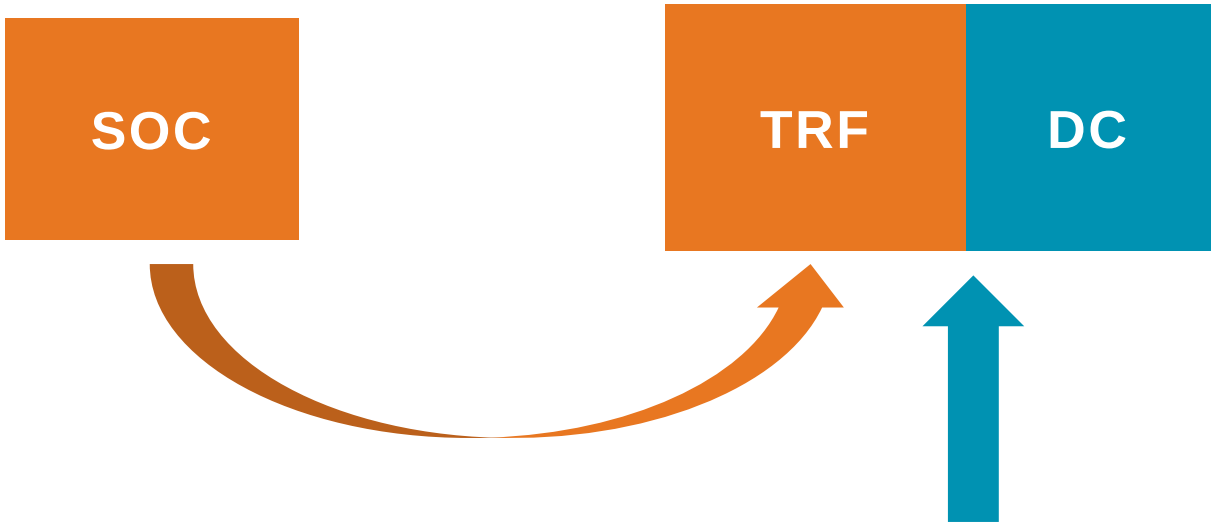
4 – Medicaid
(HMO/managed care)

The patients with these payors must have OASIS collected and transmitted.

There is a 90% threshold and a 2% reduction in payment for falling below the threshold.

Example

No matching assessment



What's missing?

Beginning Timepoints:
SOC
ROC

End Timepoints:
TRF
DC
DAH

Example of Notice

January 1, 2024 to December 31, 2024 Quality Assessments Only (QAO)
Interim Performance Report for Quarter 2

This QAO Interim Performance Report is based on OASIS assessments completed by your HHA with effective dates during the period from January 1, 2024 to December 31, 2024

QAO Interim Performance Score for ABCD HH Dallas, Texas
97.6% (Your HHA would pass the Annual QAO performance requirement because your QAO score was greater than or equal to the 90% criterion.)

OASIS Patient Populations NOW mandatory (with exceptions)

- A comprehensive assessment including the OASIS items is required for:
  - Medicare and Medicaid patients, 18 years and older, receiving skilled services
  - Includes Medicare Advantage plans, Medicaid managed care plans

- Does not include patients receiving maternity services, or care for pre- or postnatal conditions
- Does not include patients receiving only personal care, homemaker, or chore services (not skilled services)

All Payor OASIS Data Submission - Timeline

CURRENTLY

Medicare FFS | Medicare Advantage | Medicaid | Medicaid Managed

Exemptions: Under 18 | Maternity Services | Only personal, housekeeping or chore services

VOLUNTARY (Jan 1 – Jun 30)

All payors including commercial insurance, VA Tricare, self-pay, no pay

Exemptions: Under 18 | Maternity Services | Only personal, housekeeping or chore services

MANDATORY (Jul 1)

All payors including commercial insurance, VA Tricare, self-pay, no pay

Exemptions: Under 18 | Maternity Services | Only personal, housekeeping or chore services

All Payor OASIS Data Submission—Where We Are Now

Voluntary

Beginning with SOC M0090 date of **January 1, 2025**

Mandatory

Beginning with SOC M0090 date of **July 1, 2025**

Will not affect 2% reduction until 2027.

M0090 Date Assessment Completed

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Transmission

M0150: Current Payment Sources for Home Care

M0150. Current Payment Sources for Home Care	
↓	Check all that apply
☐	0. None: no charge for current services
☐	1. Medicare (traditional fee-for-service)
☐	2. Medicare (HMO/managed care/Advantage plan)
☐	3. Medicaid (traditional fee-for-service)
☐	4. Medicaid (HMO/managed care)
☐	5. Workers' compensation
☐	6. Title programs (for example, Title III, V, or XX)
☐	7. Other government (for example, TriCare, VA)
☐	8. Private insurance
☐	9. Private HMO/managed care
☐	10. Self-pay
☐	11. Other (specify)
☐	UK. Unknown

Transmit Now

Voluntary

Starting Jan 1, 2025

Mandatory

Starting Jul 1, 2025

EXCLUSIONS

Patients under the age of 18

Patients receiving pre- & post-partum maternity services

Patients receiving only personal care, housekeeping services, or chore services

Is it skilled care?

Does not include patients receiving only personal care, homemaker, or chore services (not skilled services)

- Regardless of payer, to identify if a patient requires OASIS data collection and submission under all-payer, home health agencies (HHAs) should follow the Medicare home health benefit definition of “skilled services”. Skilled services covered by the Medicare home health benefit are discussed in Chapter 7 of the Medicare Benefit Policy Manual.

This publication can be found at: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS012673

CMS April Quarterly Q&A

POLL | OASIS SUBMISSION REQUIRED?

A VA patient is receiving med box fills and monthly supervision of Home Health Aide. Is OASIS submission required?

A. Yes, because the payer is VA.

B. Yes, because the care does not meet an exclusion.

C. No, because the care being provided does not meet the requirements of skilled care.

D. No, because the payer is not Medicare or Medicaid.

Remember this?

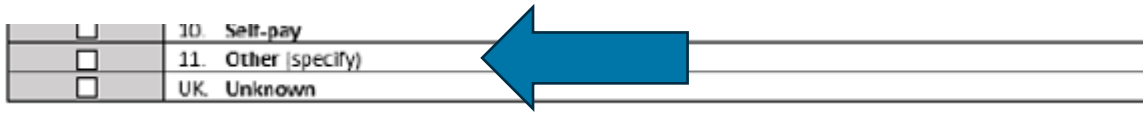
M0150: Current Payment Sources for Home Care

M0150. Current Payment Sources for Home Care		
↓	Check all that apply	
☐	0.	**None:** no charge for current services
☐	1.	**Medicare** (traditional fee-for-service)
☐	2.	**Medicare** (HMO/managed care/Advantage plan)
☐	3.	**Medicaid** (traditional fee-for-service)
☐	4.	**Medicaid** (HMO/managed care)
☐	5.	**Workers' compensation**
☐	6.	**Title programs** (for example, Title III, V, or XX)
☐	7.	**Other government** (for example, TriCare, VA)
☐	8.	**Private insurance**
☐	9.	**Private HMO/managed care**
☐	10.	**Self-pay**
☐	11.	**Other** (specify)
☐	UK.	**Unknown**

Your software may identify VA as payor and automatically expect an OASIS.

What about these?

- Our RN is managing the PICC line for the pharmacy providing the IVT. We are subcontracted to the pharmacy.
- No OASIS required.



- Patient with Medicaid coverage residing in an Assisted Living Program (ALP) or involved with a PACE program. Home care services are reimbursed directly from the ALP or from the PACE program and our agency is not billing Medicaid for these services.
- No OASIS required.

CMS April 2025 Quarterly Q&A

Common Questions

- We have a BCBS patient on service that was admitted April 2025. Do we need to do an OASIS on him and transmit by July 1?
  - No, the change is effective with SOC July 1.
  - You will not need to collect and submit OASIS on this patient unless you have to readmit them *on or after* July 1.
- My agency is hospital-based and occasionally we have patients that don’t have a payer. Do we have to complete and transmit an OASIS?
  - If providing more than one visit, you must complete and transmit OASIS.
  - If a single visit, an OASIS is not required.

During transition

During the phase-in for the transition to mandatory OASIS data collection and submission for all patients regardless of payer, will we be able to submit just the voluntary Start of Care (SOC) OASIS for a patient with a M0090 date between January 1, 2025, and June 30th, 2025? Or would we be required to submit all subsequent OASIS assessments for that patient as well?

For HHAs choosing to collect and submit a Start of Care (SOC) OASIS during the 1/1/25 - 6/30/25 voluntary phase-in period, any subsequent assessments (i.e., transfer, resumption, recert, other follow up, discharge and death at home) for this patient are also voluntary, including those assessments for time points occurring on or after 7/1/2025.

CMS Quarterly OASIS Q&As – January 2025

- Example: My agency would like to “practice” by submitting a SOC when we have a new admission from different payers. If we have a new Tricare admission and we collect and submit the OASIS, do we then need to transmit all the subsequent assessments for that patient?
- NO.

All-Payer OASIS – What time points are required?

- The transition to all-payer will not change the OASIS data collection time points.
- OASIS data collection time points are described in OASIS Guidance Manual Coding Instructions for M0100 - Reason for Assessment, and include:
  - (1) Start of care (SOC)
  - (3) Resumption of care (ROC)
  - (4) Recertification (Follow-up)
  - (5) Major decline or improvement in patient's health status (Other Follow-up)
  - (6) Transferred to an inpatient facility (TRN) – not D/C from agency
  - (7) Transferred to an inpatient facility (TRN) – D/C from agency
  - (8) Death at Home (DAH)
  - (9) Discharge from agency (DC)

CMS Quarterly OASIS Q&As – January 2025

All time points apply?

Prior to M0090 of July 1

- No OASIS required.
- If SOC is submitted, further OASIS are not required.

M0090 of July 1 and Later

- Beginning with SOC July 1
- If patient was admitted prior to July 1, then no OASIS is required for rest of stay.
- Once admitted July 1 or later, all subsequent timepoints are required.

Another Issue/Concern

- The requirement for additional visits to complete OASIS
- Who is paying for that visit to complete the DC OASIS? What about the Unexpected or Unplanned DC?
  - Last qualified clinician
  - Based on their last visit
  - Supplement with visits in the last 5 days
  - “Last 5 days that the patient received visits” are defined as the date of the last patient visit, plus the four preceding calendar days.
  - Review guidance manual and Q&As for item-specific guidance

NONCOMPLIANCE

Discharge & Readmit?

- **For the transition to all-payer, do we need to discharge and readmit non-Medicare/non-Medicaid patients who were on service in December 2024 and remained on service on or after January 1, 2025? Would this also apply to non-Medicare/non-Medicaid patients who remain on services on or after July 1, 2025, when OASIS data collection is mandatory for all patients regardless of payer?**
- No, agencies do not need to discharge and complete a new SOC for non-Medicare/non-Medicaid patients who are on service prior to 2025 and who remain on service on or after January 1, 2025.
- The same concept applies for patients who are on service during the voluntary phase and remain on service on or after July 1, 2025.

CMS Quarterly OASIS Q&As – January 2025

What if we have been voluntarily submitting assessments?

- The SOC should be the first mandatory assessment that is submitted for a non-Medicare/non-Medicaid patient, on or after July 1, 2025.
- CMS will use SOC data from M0090 - Date Assessment Completed and from M0150 - Current Payment Sources to identify voluntary patient assessments in the phase-in and mandatory periods.
- Voluntary assessments can be identified as any assessment (including any timepoint) collected on a patient who has a M0090 date for their SOC on or between 1/1/2025 and 6/30/2025, AND the SOC M0150 coding does not include response 1, 2, 3, or 4 (i.e., patient's home health care is not expected to be billed to a Medicare or Medicaid payer).
- Note that collection and submission of voluntary assessments could include all subsequent time points for a non-Medicare/non-Medicaid patient with a SOC M0090 date in the phase-in period, including those assessments occurring on or after 7/1/2025.

Charity care, self-pay, no payer

- If the home care services are provided by the Medicare-certified home health agency, for ***more than one visit*** in the quality episode, then yes, OASIS is required regardless of who, if anyone, pays the agency for the care.
- OASIS is required for all Medicare-certified home health agencies, and for all patients, regardless of payer, excluding patients under the age of 18, patients receiving only maternity services, and patients receiving only chore, housekeeping or personal care services.

POLL | OASIS SUBMISSION REQUIRED?

Which patients should be transmitted?

1) A patient with a C-section wound infection 2 months after birth.
2) A patient receiving outpatient therapy at home.
3) A patient receiving skilled private duty services by RNs and LPNs paid for by liability insurance (after a plane crash).
4) A patient receiving personal care by RNs and LPNs paid for by liability insurance (after a plane crash).

Answers:

A. All of the above
B. 1, 2, and 3
C. 2 and 3
D. 3 only

Single Visit Quality Episode

How does it apply?

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Single Visit Quality Episode exemption unchanged under all-payer

- OASIS data collection and submission is not required when only one visit is made in a quality episode (SOC/ROC to TRF/DC/DAH).
- Effective January 1, 2025, this guidance will apply to all patients, regardless of payer.
- If a home health agency collects OASIS data on a single-visit-quality episode patient to meet the requirement of a payer, submission of the SOC/ROC OASIS to iQIES is *not* expected.
- Discharge OASIS data collection/submission at discharge should not be completed in these situations of single visits in a quality episode.

Key Guidance for Single-Visit Episodes

- CMS explicitly states that OASIS data collection and submission are not required for single-visit quality episodes. This includes scenarios where a Start of Care (SOC) or Resumption of Care (ROC) visit leads to no further billable services.
- Clarification from CMS: If only one visit occurs during the quality episode, agencies are not required to submit any OASIS assessments. This rule applies across all payer sources.

Examples from CMS Q&As

- **Scenario 1:** A patient returns home from the hospital but declines further services after the initial visit. In such cases, completing an internal discharge is sufficient; no OASIS data is required. (You completed a transfer when the patient had been admitted for 24 hours or more).

- **Scenario 2:** A patient receiving only one visit during a quality episode doesn't necessitate discharge OASIS submission, even if the agency mistakenly collects the data during the visit. (A patient dies, transfers, or refuses further services after the one SOC visit).

Impact on Billing

A typical scenario involving a Medicare patient

The agency completes the SOC visit and provides a billable service. Before seeing the patient for a second visit, the patient dies, refuses further services or is admitted to the hospital.

Option 1: The agency determines that since the OASIS has been completed and a billable service has been provided, the agency will bill for the visit (a low utilization payment adjustment “LUPA”). In that case, the OASIS has to be submitted so that the functional score can be used to calculate the HIPPS code. In addition, all billing criteria would need to be met including a signed POC.

Option 2: If the agency decides not to bill, the completed OASIS should not be submitted;

A DC OASIS should never be collected and submitted in the case of a single visit quality episode with either option.

Impact on Billing

Non-Medicare Patient with All-Payor

The agency completes the SOC visit and provides a billable service. Before seeing the patient for a second visit, the patient dies, refuses further services or is admitted to the hospital.

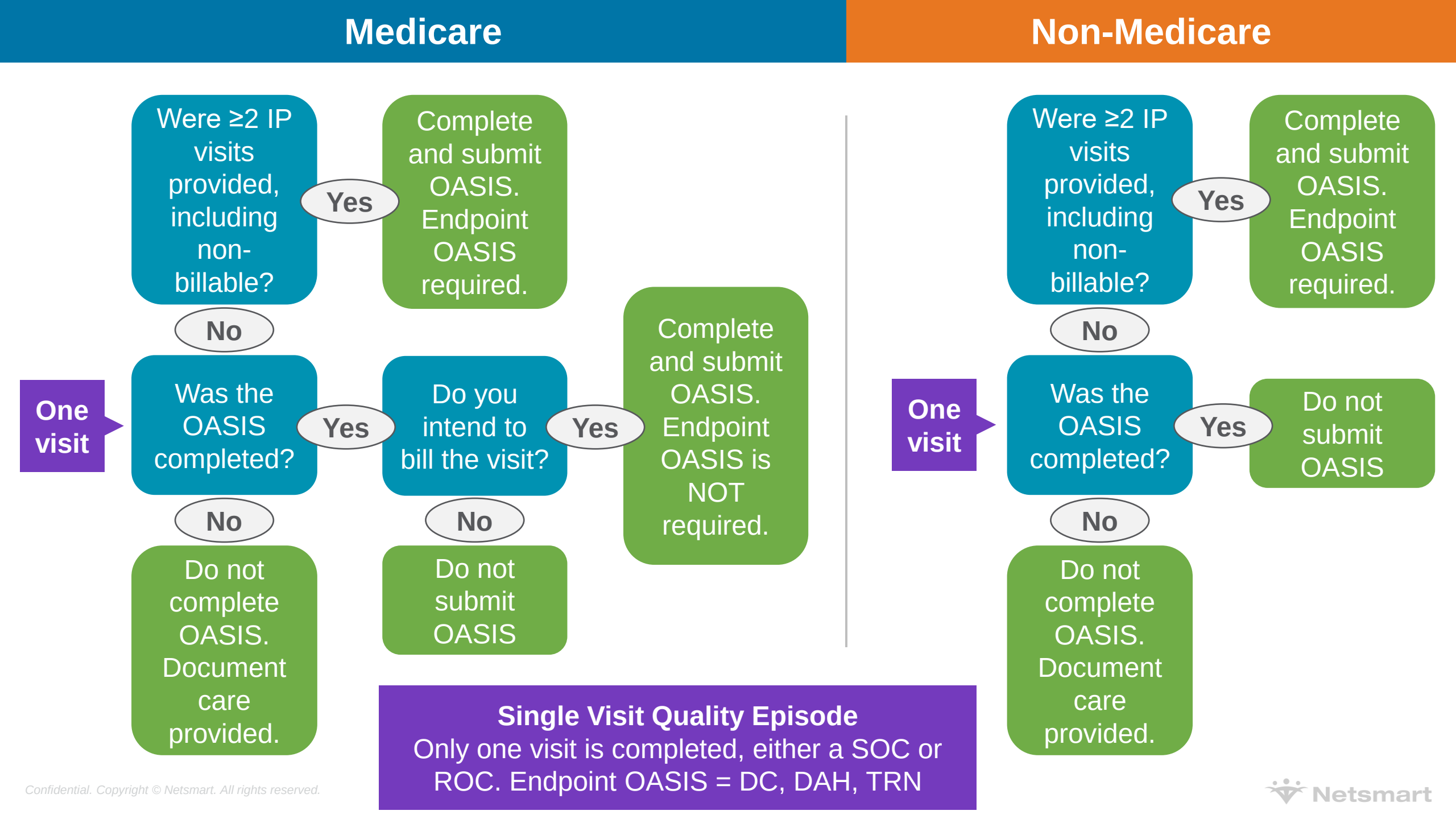
The agency determines that since the OASIS has been completed and a billable service has been provided, the agency will bill for the visit.

No submission of the OASIS is required.

The only reason for the submission with the Medicare patient was for the claims system to obtain the HIPPS code, which is not necessary for the non-Medicare patient.

Single Visit Quality Episode

- My question relates to the guidance regarding single visit quality episodes. Guidance indicates that if an unbillable visit is performed in addition to the billable visit, the single visit quality episode guidance does not apply and a DC OASIS has to be completed. Would performing a telehealth visit in addition to a billable SOC visit mean that a DC OASIS needs to be completed, and the single visit quality episode guidance would not apply?
- OASIS is not required when only a single **in-person** visit is made in a quality episode. OASIS data collection at discharge should not be collected or submitted in situations of a single **in-person** visit in a quality episode. Email 7/19/2024



What is CMS going to do with all this data?

CMS use of all-payer data

- CMS expects to use this all-payer data to gain a better understanding of the overall quality of care provided by Medicare-certified providers to the patients they serve, regardless of the patient's payer source.
- CMS will monitor the all-payer OASIS data and will notify providers when decisions are made for future uses for quality or payment purposes.
  - Any additional uses will be announced via the HHQRP Spotlight and Announcement webpage, the expanded HHVBP Model webpage, and/or through future rulemaking.

CMS use of all-payer data

- CMS plans to update the following non-QRP iQIES reports to include all-payer OASIS data. This update is planned to occur in late 2025-early 2026 as mandatory all-payer data is available for these reports:
  - Agency Patient-Related Characteristics (Case Mix) Report
  - Agency Patient-Related Characteristics (Case Mix) Tally Report
  - Potentially Avoidable Events (PAE) Report
  - Potentially Avoidable Events Patient (PAE) Listing Report
- Non-quality measures reports (including the HHA Activity Report, HHA Roster Report, HHA Discharge Report, OASIS Agency Final Validation Report, OASIS Submitter Final Validation Report, HHA Error Summary by Agency, and OASIS Error Detail Report) will include any relevant, voluntary OASIS data.

OASIS Privacy Notice

- As required by the HH Conditions Of Participation (COP), an OASIS privacy notice must be provided to all patients for whom the OASIS data is collected.
- Effective January 1, 2025, all patients for whom the HHA collects OASIS, regardless of payer, should be provided Attachment A – Statement of Patient Privacy Rights, and the Privacy Act Statement – Health Care Records. (*Both documents are available in English and Spanish)*
- https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/home-healthagency-center
- Beginning January 1, 2025 and until further notice, Attachment C – Notice About Privacy for Patients Who Don't Have Medicare or Medicaid should ***not*** be provided to patients.

Strategies for OASIS All-Payer

- **Staffing for completion of OASIS.**
  - All timepoints
- **Education of the staff**
- **Review of the OASIS (scrubbing)**
  - Impact of the data submitted on:
    - Potentially avoidable events (surveyor)
    - OASIS practices
    - Risk adjustment (future)
    - Star and VBP
    - Penalties for non-compliance
- **How much more effort will it take to submit the OASIS for all payors?**
- **Check validation reports to ensure that assessments have been accepted.**

Meet with us

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We would love to meet with you! Set up a free consultation to learn about…

Lisa Selman-Holman
VP Clinical Services
LisaSelman-Holman@McBeeAssociates.com

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- Improve documentation submitted to CMS
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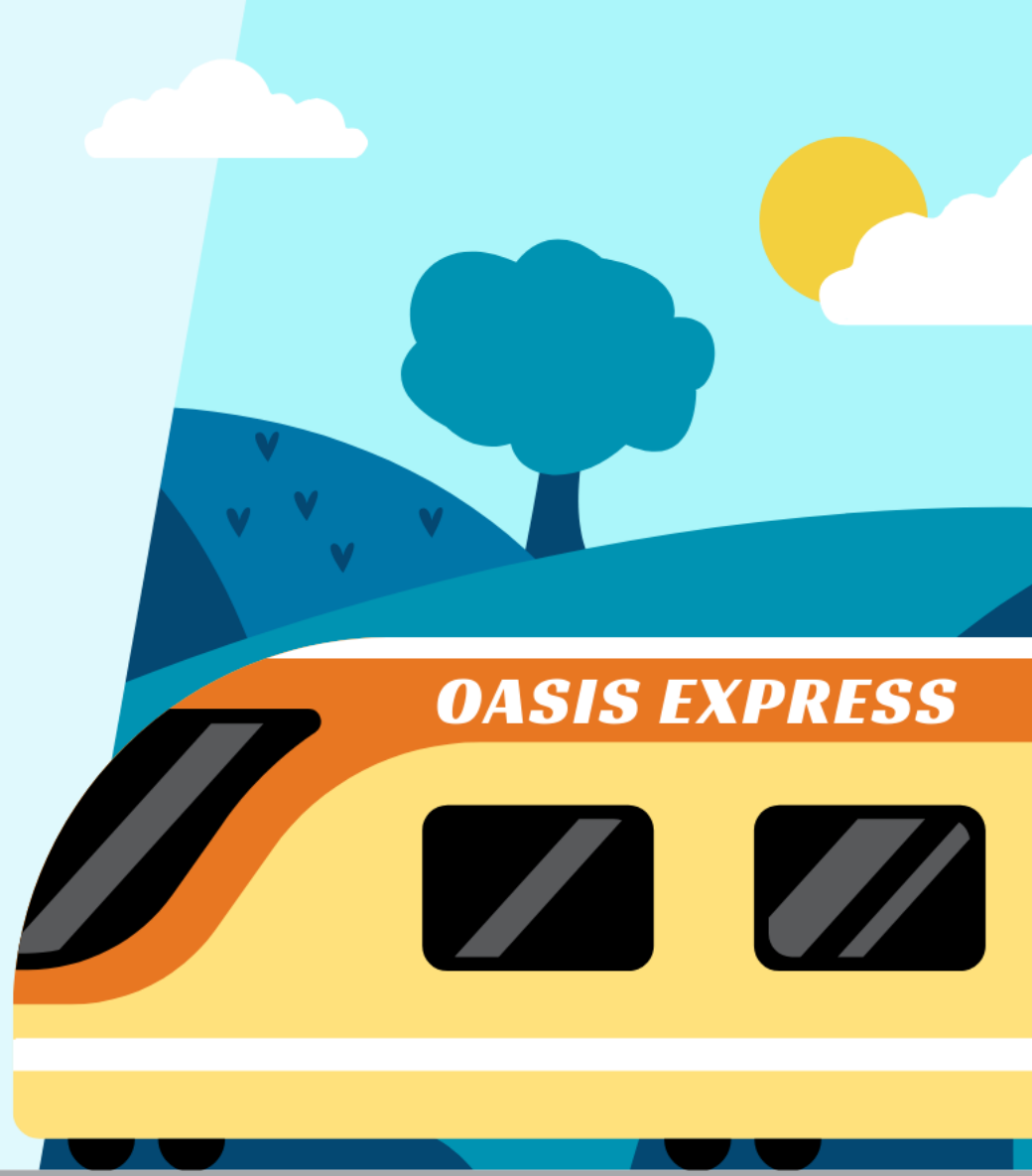
QUESTIONS

Thanks for attending!

Recording & slides available here:
simple.health/oasis-express



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HOME HEALTH

Resources

- https://qtso.cms.gov/reference-and-manuals/oasis-quarterly-q
- https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals
- https://www.cms.gov/files/document/oasis-e1-manualfinal12-9-2024.pdf-0
- https://www.cms.gov/files/document/home-health-oasis-all-payer-qa-november-2024.pdf
- https://www.cms.gov/files/document/oasisall-payer-transition-fact-sheetdec-2024.pdf