OASIS Matters

News From The Texas OASIS Help Desk

April 2017

April 1, 2017 -- Denial of Home Health Payments When Required Patient Assessment Is Not Received

Per the Code of Federal Regulations (CFR) at 42 CFR 484.210(e), submission of an Outcome and Assessment Information Set (OASIS) assessment for all Home Health (HH) episodes of care is a condition of payment.

OASIS reporting regulations at 42 CFR 484.20(a) require the OASIS to be transmitted **within 30 days** of completing the assessment (M0090) of the beneficiary.

EFFECTIVE DATE: April 1, 2017 Medicare systems will **deny the HH claim** if the OASIS assessment is not found in the QIES system (Quality Information and Evaluation System) upon receipt of a final claim for an HH episode, and the receipt date of the claim is more than 30 days after the assessment completion date.

Need more information on matching claims and assessments? You may find the following information helpful:

MLN Matters Number: SE17009 - *Denial of Home Health Payments When Required Patient Assessment Is Not Received-Additional Information:* https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/Downloads/SE17009.pdf

MLN Matters® Article Number: MM9985 - *Denial of Home Health Payments When Required Patient Assessment Is Not Received:* https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNMattersArticles/DownloadsMM9585.pdf

The official instruction, **CR9585,** issued to your MAC regarding this change: https://www.cms.gov/Regulations-and-Guidance/Guidance/Transmittals/Downloads/R3629CP.pdf

Medicare Claims Processing Manual, Chapter 10 – Home Health Agency Billing, section *10.1.19.3 - Adjustments of Episode Payment – Validation of HIPPS Codes* https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs-Items/CMS018912.html?DLPage=1&DLEntries=10&DLSort=0&DLSortDir=ascending

Always check the Final Validation Reports! Refer to *Technically Speaking* for more info.

CMS Provides Update to Home Health Quality Reporting Program

Have you noticed CMS is focusing their efforts on home health quality? In 2015 and 2016, CMS undertook a comprehensive reevaluation of all 81 HH quality measures, some of which are used only in the Home Health Quality Initiative (HHQI) and others which are also used in the HH Quality Reporting Program (QRP). *(Article continued on page 2.)*

CMS Provides Update to Home Health Quality Reporting Program *(Continued from page 1)*

Updates to the HH QRP were finalized through the CY 2017 HH PPS Final Rule. This rule also provides a peek into the future with *Table 28—HH QRP Quality Measures Under Consideration For Future Years.* Measures affecting the FY 2018 payment determination can be found in the Measures Specification for Measures in the CY 2017 HH QRP Final Rule.

CMS provided in-person provider training on the HH QRP in Dallas (November 2016) and will offer training again on May 3 and 4, 2017 in Baltimore, MD. The Baltimore training is being offered in-person only and will not be webcast. Video recordings of presentations made in Dallas are available via YouTube and the post-training presentation documents are posted on the CMS HH Quality Reporting Training page.

The Question and Answer document contains participant questions from the in-person provider training in Dallas.

The OASIS-C2 Process, Outcome and Potentially-Avoidable Event (PAE) measures tables, were updated for OASIS C-2.

CMS also published a Quick Reference Guide for the HH QRP that includes frequently asked questions, information on QRP help desks, and helpful links to additional resources for the HH QRP.

OASIS Item Review

M0090 specifies the actual date the assessment is completed. If the agency policy allows assessments to be performed over more than one visit date, the last date (when the final assessment data are collected) is the appropriate date to record.

For example, the SOC comprehensive assessment must be completed within 5

(M0090) Date Assessment Completed:
month / day / year

days after the SOC date (M0030). If the clinician needs to follow-up, off site, with the patient's family or physician in order to complete an OASIS or non-OASIS portion of the comprehensive

assessment, M0090 should reflect the date that last needed information is collected.

Refer to Chapter 3, Section B—Clinical Record Items for M0090 item-specific guidance.

https://www.cms.gov/medicare/quality-initiatives-patient-assessment-instruments/homehealthqualityinits/hhqioasisusermanual.html

OASIS PRACTICE — Applying the Guidance

Answers page 3

A. The RN conducted the SOC comprehensive assessment on Monday and established the SOC date. The RN waited to complete the assessment until she could confer with the therapist after the therapist completed the therapy evaluation. This communication occurred on Tuesday and included a discussion of the Plan of Care and therapist's input on the number of therapy visits for M2200 Therapy Need. (CMS M2200 item specific guidance allows for Nursing and Therapy to collaborate to answer M2200 correctly.)

*What would be the M0090, the Monday or Tuesday date?*

B. SOC date is Wednesday. During the SOC comprehensive assessment on Wednesday, the RN called the physician to obtain orders for monitoring and mitigating pain. The RN obtained the orders on Friday and completes the assessment after answering "1-Yes" for M2250 Plan of Care, row e - Intervention(s) to monitor and mitigate pain.

What would be the M0090, the Wednesday or Friday date?

C. During the SOC assessment on Tuesday, the RN identified a potential clinically significant medication issue & reported to the physician. The next day (Wed), the RN returns to the home to complete the SOC assessment & again contacts the physician from the patient's home. The MD provides new orders. The RN completes the prescribed actions during her visit & answers "1-Yes" for M2003 Medication Follow-up.

What would be the M0090, the Tuesday or Wednesday date?

Focusing on QUALITY– OASIS Reporting!
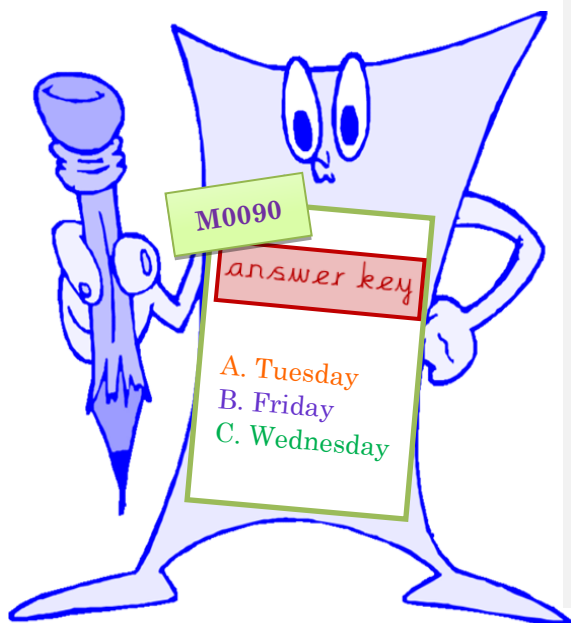
What's the quality of your OASIS Reporting?

Are you collecting OASIS data as part of a comprehensive assessment & submitting OASIS on all skilled patients 18 & over that are:

- ◆ Medicare (traditional fee-for-service)
- ◆ Medicare (HMO/managed care/Advantage plan)
- ◆ Medicaid (traditional fee-for-service)
- ◆ Medicaid (HMO/managed care)

Are you submitting OASIS?

Your answer should be YES!

M0090

answer key

A. Tuesday
B. Friday
C. Wednesday

That -3330 Final Validation Warning and How to Prevent It!

-3330 WARNING

Record Submitted Late: The submission date is more than 30 days after M0090 on this new record.

Regulation 42 CFR§484.20(a) tells us that: "An HHA must encode and electronically transmit each completed OASIS assessment to the State agency or the CMS OASIS contractor, regarding each beneficiary with respect to which such information is required to be transmitted (as determined by the Secretary) within 30 days of completing the assessment of the beneficiary."

After the completion date of the assessment (the M0090 date), you have 30 days to submit and make sure the assessment is in the QIES system.

The bad news is that this error cannot be corrected.

If the assessment isn't submitted in this 30 day timeframe you will get a "-3330 WARNING" that tells you the record was submitted late, and that the submission date is more than 30 days after M0090.

The good news is that it CAN be prevented with an agency back-up plan to ensure it is able to submit OASIS assessments within 30 days of

completing the assessment, and as long as the 30 day submission timeframe is met, agencies are free to develop transmission schedules that meet the agency's needs.

So, does your agency have a back-up plan or policy in place to ensure OASIS assessments are submitted within the 30 day timeframe?

Corrections should also be completed within the 30 day timeframe. *Waiting to make corrections can result in late OASIS assessments.*

Hint! It's never a good idea to wait until day 30 to submit. Waiting may result in the assessment being late if the assessment is rejected and needs corrections.

Resources and Important Links (CTRL+ Click)

DADS OASIS Resource page: https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/home-community-support-services-agencies-hcssa/oasis-resources

OASIS-C2 Guidance Manual: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/HHQIOASISUserManual.html

OASIS Submission Users Guide & OASIS Questions and Answers available: https://www.qtso.com/hhatrain.html

Information and Tips from the Texas OASIS Automation Coordinators

Final Validation Reports are IMPORTANT!

How Important?

In the article on page 1, you learned that payments will be denied on final episode billing if the OASIS assessment is missing and past due!

How do you make sure that an OASIS assessment has processed and been accepted?

How do you make sure it is error free and that warnings have been addressed?

There is a way!

Final Validation Reports

Final Validation Reports & Where to Find Them

From the **Welcome to the CMS QIES Systems for Providers Welcome** page select the CASPER Reporting link. When the log-in box for CASPER Reports appears, use the same ID/password used to access the OASIS Submission System.

There are 2 types of Final Validation Reports, "System Generated" and "On Demand"

System Generated Validation Report

The **"System Generated" Validation Report** is returned to the agency's shared validation (VR) folder. Remember it may take up to 24 hours for files to process, so be patient. Reports in this folder are purged after 60 days.

On Demand Validation Report

The **"On Demand" Final Validation Report** is available by selecting the "reports" in the menu bar on the top of your screen and selecting Agency Final Validation Report. After submitting the report is returned in "My Inbox".

More detailed information can be found in the CASPER Reporting User's Guide located on the Welcome to the CMS QIES System for Providers OASIS page, and on qtso.com at the following link:
https://www.qtso.com/hhatrain.html.

Thank You from the Texas OECs…
because OASIS Matters