

OASIS CONSIDERATIONS FOR MEDICARE PPS PATIENTS revised August, 2004

Type of Episode or Adjustment	OASIS Assessment: M0100 & M0825* Response Selection	Comments
<p>1. PPS Start-up for new home health patients</p>	<p>Start of Care: (M0100) RFA 1 and (M0825) select 0-No, 1-Yes, or NA</p> <p>All new Medicare patients after October 1, 2000: All applicable Medicare patients accepted for care on or after October 1 will be assessed according to the established time points at 42 CFR 484.55, i.e., a patient whose start of care date is October 15 would be re-assessed for the need to continue services for another certification period during the last 5 days of the current 60-day certification period. In this example, the follow-up assessment would be conducted during the period 12/9/04 through 12/13/04.</p>	<p>OASIS data elements are not required for Private Pay individuals effective December 2003.</p> <p>Requirements for non-Medicare patients are found in S&C Memorandum 04-26.</p>
<p>2. a) First 60-day episode. b) New 60-day episode resulting from discharge with <u>all goals met</u> and return to same HHA during the 60-day episode. (PEP Adjustment) c) New 60-day episode resulting from transfer to HHA with no common ownership. (PEP Adjustment to original HHA)</p>	<p>Start of Care: (M0100) RFA 1 and (M0825) select 0-No or 1-Yes</p> <p>PEP Adjustment does not apply if patient transfers to HHA with common ownership during a 60-day episode. Receiving HHA completes OASIS on behalf of transferring HHA. Transferring HHA serves as the billing agent for the receiving HHA. Transferring HHA may continue to serve as the billing agent for receiving HHA or conduct a discharge assessment at end of episode. Receiving HHA starts new episode with Start of Care (if original HHA discharges at end of episode) (M0100) RFA 1 and (M0825) select 0-No or 1-Yes</p>	

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<p>3. SCIC <u>with</u> intervening Hospital Stay during (but not at the end of) current episode.</p>	<p>Resumption of Care: (M0100) RFA 3 and (M0825) is 0-No or 1-Yes (or NA if no SCIC)</p> <p>Patient was transferred to the hospital and returns during the current episode. HHA completes the Resumption of Care assessment (RFA 3) within 48 hours of the patient's return, as required. <i>The Resumption of Care assessment (RFA 3) also serves to determine the appropriate new case mix assignment for the SCIC adjustment.</i></p>	<p>Recommend that for Medicare PPS patients, complete transfer without discharge assessment at the time of transfer.</p>
<p>4. SCIC with intervening Hospital Stay and return home during the last 5 days of an episode (days 56-60).</p>	<p>Resumption of Care: (M0100) RFA 3 and (M0825) is 0-No or 1-Yes</p> <p>Patient was transferred to the hospital and returns home during the last 5 days of the current episode (days 56-60). HHA completes the Resumption of Care assessment (RFA 3) within 48 hours of the patient's return, as required. At (M0825) select 0-No or 1-Yes, based on therapy need for the <u>subsequent</u> certification period. For payment purposes, this assessment serves to determine the case mix assignment for the subsequent 60-day period. A new Plan of Care is required for the subsequent 60-day episode.</p> <p>This will be effective October 1, 2004.</p> <p>----- Currently this is required. Resumption of Care: (M0100) RFA 3 and (M0825) is 0-No or 1-Yes and Follow-Up (M0100) RFA4 and (M0825) is 0-No or 1-Yes</p>	<p>Effective October 1, 2004: For Medicare PPS patients, only a Resumption of Care assessment is necessary.</p> <p>Remember that M0825 will be used to predict therapy need for the <u>next</u> 60 days and should be completed with this in mind. If answer to M0825 for the current episode was "yes" and answer for the subsequent episode is "no", consult HIPPS "downcoding" table for correct Billing of SCIC portion of the current episode.</p> <p>----- Currently required: For non-Medicare patients, only a Resumption of Care assessment is necessary if the two time periods overlap. If no change in case-mix or HHA chooses not to claim a</p>

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	<p>Patient was transferred to the hospital and returns home during the last 5 days of the current episode (days 56-60). HHA completes the Resumption of Care assessment (RFA 3) within 48 hours of the patient's return, as required. At (M0825) select 0-No or 1-Yes, based on therapy need for the <u>current</u> certification period.</p> <p>The Follow-up comprehensive assessment (RFA 4) is required during the last five days of the certification period. For payment purposes, this assessment serves to determine the case mix assignment for the subsequent 60-day period. A new Plan of Care is required for the subsequent 60-day episode.</p>	<p>SCIC adjustment, only a ROC assessment is needed, as above. Remember that M0825 will be used to predict therapy need for the next 60 days and should be completed with this in mind</p>
<p>5. SCIC <u>without</u> intervening Hospital Stay.</p>	<p>Other Follow-Up Assessment: (M0100) RFA 5 and (M0825) select 0-No or 1-Yes</p>	
<p>6. Subsequent 60-day episode due to the need for continuous home health care after an initial 60 day episode.</p>	<p>Recertification (Follow-up): (M0100) RFA 4 and (M0825) select 0-No or 1-Yes</p>	
<p>7. Patient's inpatient stay extends beyond the end of the current certification period. (Patient returns to agency after day 61 of the previous certification period.)</p> <p>Note: If a patient receives a recertification assessment during days 56-60, is hospitalized and then returns to the agency on days 60 or 61, special instructions apply. See Medicare Claims Processing Manual, chapter 10,</p>	<p>Start of Care: (M0100) RFA 1 and (M0825) select 0-No or 1-Yes</p> <p>When patient returns home, new orders and plan of care are necessary.</p>	<p>At time of transfer to inpatient facility, HHA completes transfer. If transferred without discharging, HHA will need to complete agency discharge paperwork (not OASIS data) before doing a new SOC. HHA starts new episode and completes a new start of care assessment when patient returns home.</p>

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section 80, available at www.cms.hhs.gov/manuals/104_claims/clm104c10.pdf .		
8. Patient is admitted with Medicare Advantage (formerly known as Medicare Plus Choice (M+C) or Medicare HMO) then returns to Medicare FFS under the PPS system.	<p>Discharge is recommended but not required: (M0100) RFA 9 for current episode Start of Care: (M0100) RFA 1 for new episode under PPS is required.</p> <p>It is recommended that the patient have an OASIS discharge to close out the prior Medicare Advantage pay source. A <u>new</u> SOC date is required for Medicare FFS for PPS, as well as, a new Plan of Treatment. At the first visit <u>after</u> the Medicare FFS is effective, a new SOC assessment should be performed.</p>	<p>There are several advantages for an agency that chooses to create a discharge assessment: (1) the discharge assessment “closes out” the initial episode; (2) the episode is eligible to be included in the OBQI/OBQM reports; and (3) the patient is removed from the data management roster report</p> <p>It is recommended that payer source changes be monitored weekly by clinicians to avoid billing challenges due to lacking assessments and missing HHRGs.</p>

*** (M0825) = NA is applicable for non-Medicare patients and Medicare patients where a SCIC adjustment is not indicated (for example, patient returns to home care from the hospital within the current episode and ROC indicates no change in current case mix.)**