

POLICY: OASIS data will be collected, encoded and transmitted according to federal regulations.

PURPOSE: To ensure OASIS data is accurate and complete so that outcome and case mix reports may be used to improve quality, evaluate effectiveness of practice, and better manage care to enhance outcomes, control costs, and ensure appropriate utilization.

PERSONNEL: RNs, Therapists, QAPI personnel

PROCEDURE:

- I. Each patient must receive a patient-specific, comprehensive assessment. The comprehensive assessment must accurately reflect the patient's status, and must include, at a minimum, the following information:
 - A. The patient's current health, psychosocial, functional, and cognitive status;
 - B. The patient's strengths, goals, and care preferences, including information that may be used to demonstrate the patient's progress toward achievement of the goals identified by the patient and measurable outcomes identified by the HHA;
 - C. The patient's continuing need for home care;
 - D. The patient's medical, nursing, rehabilitative, social, and discharge planning needs;
 - E. A review of all medications the patient is currently using in order to identify any potential adverse effects and drug reactions, including ineffective drug therapy, significant side effects, significant drug interactions, duplicate drug therapy, and noncompliance with drug therapy;
 - F. The patient's primary caregiver(s), if any, and other available supports, including their:
 - a. Willingness and ability to provide care, and
 - b. Availability and schedules;
 - G. The patient's representative (if any);
 - H. Incorporation of the current version of the OASIS items, using the language and groupings of the OASIS items.
- II. For Medicare beneficiaries, the agency must verify the patient's eligibility for the Medicare home health benefit including homebound status, both at the time of the initial assessment visit and at the time of the comprehensive assessment.
- III. A registered nurse (or therapist, as described in IV below), will conduct an initial assessment visit to determine the immediate care and support needs of the patient. The initial assessment visit must be held either within 48 hours of referral, within 48 hours of the patient's return home from an inpatient stay of 24 hours or longer for reasons other than diagnostic testing, or on the physician-ordered start of care date.

- IV. The appropriate rehabilitation skilled professional may make the initial assessment visit if no skilled nursing is ordered, if the need for that therapy service establishes program eligibility.
- V. The comprehensive assessment must be completed in a timely manner, consistent with the patient's immediate needs, but no later than 5 calendar days after the start of care. Per agency policy, exceptions to the agency's established timely paperwork submission (e.g. 24 hours after the completion of the comprehensive assessment) must be approved by the Clinical Manager/Agency Director (Supervising Nurse).
- VI. The comprehensive assessment must be updated and revised (including the administration of the OASIS) according to the time points and as frequently as the patient's condition warrants due to a major decline or improvement in the patient's health status, but not less frequently than:
- A. The last 5 days of every 60 days beginning with the start of care date. For each month in which a follow-up assessment is due, it must be completed within days 56 through 60.
 - B. Whenever there is a significant change in condition. A significant change in condition is defined as: a "major decline or improvement in the patient's health status" that was not envisioned in the original plan of care. The significant change in condition offers the opportunity to update the plan of care and obtain physician orders for new treatment, diagnoses, etc as may be applicable.
 - C. Within 48 hours of (or knowledge of) the patient's return to home from a hospital admission of 24 hours or more for any reason other than diagnostic tests.
 - D. At discharge.
 - E. In addition to the above-described comprehensive assessment time points, specific OASIS data collection is required to be completed within 48 hours of (or knowledge) of transfer to an inpatient facility or death at home.
- IX. According to the comprehensive assessment regulation, the following disciplines would perform the assessments in these situations.
- A. When nursing and therapy are ordered at SOC, the RN must perform the SOC comprehensive assessment. Either discipline may perform subsequent assessments.
 - B. If the RN's entry into the case is known at SOC (i.e., nursing is scheduled, even if only for one visit), then the case is NOT therapy-only, and the RN must conduct the SOC comprehensive assessment. If the order for the RN is not known at SOC and originates from a verbal order after SOC, then the case is considered therapy-only at SOC, and the therapist can perform the SOC comprehensive assessment. Either discipline may perform subsequent assessments.
 - C. In therapy-only care (i.e., therapy is the only ordered skilled service), the therapist, with the exception of OT, could perform the initial comprehensive assessment. Any therapist can perform subsequent assessments.
 - D. A comprehensive assessment performed BEFORE the SOC date (the date the first billable service is provided) cannot be entered into the OASIS system. If an RN conducts the comprehensive assessment on a therapy-only case, the RN

- could perform an assessment on or after the therapist's SOC date (within 5 days to be compliant with the regulation), but not before the therapist's first billable visit.
- E. For Medicare, the OT does not establish program eligibility and cannot perform the initial assessment nor complete the SOC comprehensive assessment. OT may perform subsequent comprehensive assessment visits. Some non-Medicare payers may allow OT to establish eligibility – in that situation, OT could perform the SOC comprehensive assessment visit (unless nursing is also ordered).
 - F. Any skilled discipline, with the exception of LVN, MSW, LMSW, PTAs, and COTAs, can perform OASIS assessments at any other time points.
 - G. While only the assessing clinician is responsible for accurately completing and signing a comprehensive assessment, s/he may collaborate to collect data for all OASIS items, Collaboration may consider information from others such as the patient, caregivers, and other health care personnel, including the physician, pharmacist, and/or other agency staff who have had direct contact with the patient or had some other means of gathering information to contribute to the OASIS data collection. When collaboration is utilized, the M0090 Date assessment completed should reflect the last date the assessing clinician gathered or received any input used to complete the comprehensive assessment, including the OASIS items. When used, collaboration must occur within the appropriate timeframe and consistent with data collection guidance.**
 - X. The agency has a written contract with the transmitting contractor to safeguard confidentiality, therefore, the agency and agent acting on behalf of the agency, in accordance with a written contract, must ensure the confidentiality of all patient identifiable information contained in the clinical record, including OASIS data, and may not release patient identifiable OASIS information to the public
 - XI. Within 30 days of completion (M0090), OASIS data elements will be encoded and electronically transmitted to the national OASIS system.
 - XII. The encoded OASIS data must accurately reflect the patient's status at the time of assessment.
 - XIII. The agency must:
 - A. Encode and transmit OASIS data using the software available from CMS or software that conforms to CMS standard electronic record layout, edit specifications, and data dictionary, and that includes the required OASIS data set.
 - B. For all completed assessments, transmit OASIS data in a format specified by CMS.
 - C. Successfully transmit test data to the QIES ASAP system or CMS OASIS contractor.

- D. Transmit data using electronic communications software that complies with the Federal Information Processing Standard (FIPS 140-2, issued May 25, 2001) from the agency or contracted vendor to the QIES ASAP system or CMS OASIS contractor.
 - E. Transmit data that includes the CMS-assigned branch identification number, as applicable.
- XIV. The OASIS assessment that supports the billed case-mix classification has to be encoded, transmitted by the agency, and accepted by the national OASIS system prior to billing the end-of-episode claim on Medicare patients. For example:
- A. On a Start of Care episode, the SOC assessment OASIS data elements will be encoded and transmitted to the national OASIS system within 30 days of completion (M0090).
 - B. For a recertification assessment, the OASIS data elements will be encoded and transmitted to the national OASIS system within 30 days of completion (M0090).
- XV. OASIS Integrity - Appropriate coding practices will ensure the integrity of the home health diagnoses assigned to the OASIS. Employees are expected to report any indication of fraudulent coding directly to the administrator of the Agency.