

HOME HEALTH DENIAL FACT SHEET

Denial Reason 5HS01: No OASIS Assessment in the Medical Record

<p>What is an OASIS?</p>	<p>The Outcome and Assessment Information Set (OASIS) is a group of data elements that:</p> <ul style="list-style-type: none"> • Represent core items, to be integrated into a comprehensive assessment for an adult home care patient. • Form the basis for measuring patient outcomes for purposes of outcome-based quality improvement (OBQI). • Provide quality data for consumer's use on Home Health Compare. • Provide information on the patient's conditions and needs to formulate the proper reimbursement.
<p>Why is the OASIS important?</p>	<p>Under the Home Health Prospective Payment System (HHPPS), Medicare pays home health agencies (HHAs) a 60-day episode rate, which is adjusted based on data elements and responses from the OASIS assessment. The home health agency must include their OASIS when documentation is requested for medical review (i.e. additional development request (ADR)).</p> <p>It is a CMS requirement that the OASIS, effective January 1, 2015, be submitted to CMS via the national OASIS Assessment Submission and Processing (ASAP) system prior to submitting the final claim to Medicare for that episode. If, upon documentation review (ADR), it is determined that the OASIS was not submitted prior to submission of the claim, the claim will be denied.</p>
<p>What is important to remember?</p>	<ul style="list-style-type: none"> • OASIS assessments generate information that determines payment for your claim. • OASIS must be submitted to the state prior to billing of the claim. • The OASIS must be submitted with your medical records to CGS when a claim has been selected for medical review (i.e. ADR). • Claims which are submitted to Medicare before the OASIS is submitted to the state may be denied.
<p>Where do I find more information?</p>	<ul style="list-style-type: none"> • CMS <i>Medicare Benefit Policy Manual</i> (Pub. 100-02), Ch. 7 section 20.1.2, http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/bp102c07.pdf • CMS <i>Program Integrity Manual</i> (Pub. 100-08) Ch. 3 section 3.2.3.1, http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/pim83c03.pdf • CMS "Outcome and Assessment Information Set (OASIS)" Web page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/index.html • QIES Technical Support Office (QTSO): http://www.qtso.com • 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