

Center for Medicaid and State Operations/Survey and Certification Group

Ref: S&C-04-12

DATE: December 11, 2003

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Home Health Agencies (HHAs): The Collection and Transmission of the Outcome and Assessment Information Set (OASIS) Data for Private Pay Patients (non-Medicare/non-Medicaid)

Letter Summary

- Effective December 8, 2003, and until further notice, State Survey Agencies (SAs) must not cite any deficiency for an HHA's failure to include the OASIS data set as part of the patient-specific, comprehensive assessment for **private pay patients** as required by 42 CFR 484.55.
- Any pending survey findings related to an HHA's omission to collect OASIS data on private pay patients will be suspended.

The purpose of this memorandum is to inform you of the provisions of the Medicare Prescription Drug, Improvement and Modernization Act of 2003 (MPDIMA) with regard to the collection of OASIS data for non-Medicare/non-Medicaid (private pay) patients. Specifically, section 704 of this Act temporarily suspends the requirement that Medicare-approved HHAs collect OASIS data on non-Medicare/non-Medicaid patients.

Background

The Medicare Conditions of Participation at 42 CFR sections 484.20 and 484.55 require that HHAs:

- Complete a comprehensive assessment for all patients
- Use a standard core assessment data set (OASIS) when evaluating all patients
- Electronically transmit all patients' OASIS assessment data to CMS

Discussion

On December 8, 2003, the President of the United States signed into law the MPDIMA, which temporarily suspends the collection of OASIS data on non-Medicare/non-Medicaid patients of an HHA. During this temporary suspension, CMS will conduct a study on how OASIS information on non-Medicare/non-Medicaid patients is and can be used by large HHAs. The study will also examine whether there are unique benefits for the analysis of this information that cannot be derived from other information available to, or conducted by, these HHAs. In addition, the study will address the value of collecting such information by small HHAs compared to the administrative burden of doing so. CMS will obtain recommendations from quality assessment experts in the use of the OASIS data and examine the necessity of small as well as large HHAs collecting this information. CMS is committed to thoroughly examining how all OASIS data may be used in future refinements of the Home Health Quality Initiative and oversight activities. At the conclusion of this study, CMS will submit a report to Congress. The results of the study will determine future CMS requirements regarding the collection of OASIS data as part of each patient's comprehensive assessment.

Until that time, SA and Regional Office (RO) surveyors should adhere to the following guidance when conducting HHA surveys:

- HHAs must continue to comply with the aspects of the regulation at 42 CFR 484.55 regarding the comprehensive assessment of patients. HHAs must provide **each** agency patient, regardless of payment source, with a patient-specific comprehensive assessment that accurately reflects the patient's current health status and includes information that may be used to demonstrate the patient's progress toward the achievement of desired outcomes. The comprehensive assessment must also identify the patient's continuing need for home care, medical, nursing, rehabilitative, social, and discharge planning needs.
- HHAs may continue to collect OASIS data on their non-Medicare/non-Medicaid patients for their own use.
- Surveyors must continue to examine the completeness of the comprehensive assessment for all patients during a survey. However, surveyors must not investigate whether the HHA included the specific OASIS items in its patient-specific comprehensive assessments of non-Medicare/non-Medicaid patients, nor cite deficiencies based solely on this finding.
- HHAs must continue to collect, encode, and transmit OASIS data for their non-maternity Medicare and Medicaid patients that are age 18 and over and receiving skilled services.

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HHAs are not required to collect OASIS data on non-Medicare/non-Medicaid patients after December 8, 2003, until such time as the Secretary publishes final regulations regarding the collection of OASIS data on these patients as a part of their comprehensive assessment. Any pending survey findings related to an HHA's omission to collect OASIS data on private pay patients will be suspended, because the remedy which is imposed on an HHA with deficiency citations is to develop a plan of correction that looks prospectively at the HHA's actions. Any plans of correction submitted after December 8, 2003, would not require HHAs to collect OASIS data on private pay patients.

Action: SAs must not cite a deficiency based solely on an HHA's failure to include the OASIS data set as part of the patient-specific, comprehensive assessment for **private pay patients** and should suspend any pending survey findings related to an HHA's omission to collect OASIS data on private pay patients.

For questions regarding this memo, please contact Mavis Connolly at 410-786-6707 or via email at MConnolly@cms.hhs.gov.

Effective Date: December 8, 2003

Training: The information contained in this announcement should be shared with all survey and certification staff, their managers, the state/RO training coordinator, and all OASIS coordinators.

/s/

Thomas E. Hamilton

cc: Survey and Certification Regional Office Management (G-5)