OASIS MATTERS
August 2017

News From The Texas OASIS Help Desk

Table of Contents

Weathering a Storm of Claim Denials due to No OASIS Found?

Has your agency got swept up in a storm of claim denials due to no OASIS found? Can't figure out why your claim was denied? The key to weathering any storm is to understand, prepare and take action.

Assess Your Agency's Risks!

Do you understand the regulatory requirements for submitting OASIS data? Are the assessments submitted according to CMS OASIS reporting regulations? Do you know where to obtain the final validation reports (FVRs)? Are FVRs reviewed? Do you review the error messages that are found on the FVR? Do you know how to correct assessments once the assessment has been submitted and accepted to the OASIS database? Are you aware that submission of OASIS assessments has been a condition for payment since 2010? Are you submitting claims before the OASIS is transmitted and accepted in the national Quality Information and Evaluation System (QIES) Assessment Submission and Processing (ASAP) System? Is there coordination between the agency billing department and those responsible for submission of OASIS data?

If you have stay informed and compliant with regulations, you are better prepared to weather the enforcement of this payment condition!

Plan and Take Action

In this edition of OASIS Matters, we will help you put together a basic claim denial survival kit.

Survival Kit

Understanding the OASIS-C2 Denial

Enforcement Leads to Better Compliance
Linking Medicare payment to submission of an OASIS assessment is definitely one way to improve compliance with OASIS data collection and reporting requirements.

Final Claim with a Matching OASIS Assessment ⟶ *Claim Processes for Payment*

As of April 1, 2017, Medicare began automatically denying final (end of episode) claims if no corresponding OASIS assessment was found. Not just any assessment, the assessment that drove the payment for the end of episode that was billed.

What OASIS Items are used to match the Assessment to the Claim?

M0010: Centers for Medicare & Medicaid Services (CMS) Certification Number (CCN)

M0063: Patient's Medicare Number

M0090: Assessment Completion Date

M0100: Reason for Assessment equal to: 01 (SOC-Start of Care), 03 (ROC-Resumption of Care), or 04 (Recert)

M0010 and M0063 on the OASIS assessment must match what was submitted on the claim. M0090 and M0100 are actually embedded in the OASIS claims matching key (treatment authorization code) per the grouper software.

Final Claim with No Matching OASIS Assessment ⟶ What is the receipt date of the claim? More than 40 days from the M0090 date?

No Matching OASIS Assessment and greater than 40 days since M0090 ⟶ *Claim Denied*

Palmetto GBA provided home health agencies with a job aid entitled *"Understanding Claim Denials with Reason Code 37253"*. This job aid provides detail information on how these OASIS items are used to match a claim to a corresponding OASIS assessment, how to prevent claim denials and appeal information. This job aid can be accessed on the following link: Understanding Claim Denials with Reason Code 37253.

Survival Kit:

CMS OASIS COP §484.20 "Reporting OASIS Information"

"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."

What does this mean?
The OASIS assessment must be submitted and accepted into the QIES ASAP system within 30 days of the assessment's completion date reported in data item M0090. **And** within this same 30 day time frame all error/warning messages received on the FVR must be addressed; and any corrected assessments must be re-submitted & accepted to be in compliance.

Accuracy of the assessment is important!

Review Final Validation Reports

The only way to ensure that an OASIS transmission has been absolutely and successfully transmitted to the QIES ASAP system is to review your Final Validation Reports (FVRs). FVRs **MUST** be reviewed for rejections, errors, and warnings. Do not overlook warnings that occur just because the assessment was accepted! Review the FVRs before the final claim is submitted, not after!

How do I Find the Final Validation Reports for my Submission?

Final Validation Reports are found in CASPER Reporting. From the Welcome to the CMS QIES Systems for Providers welcome page, select the CASPER Reporting link to log into the CASPER Reporting application to retrieve FVRs. The CASPER log in box will appear (Use the same user ID/password that you used to access the OASIS Submission System and upload your assessments).
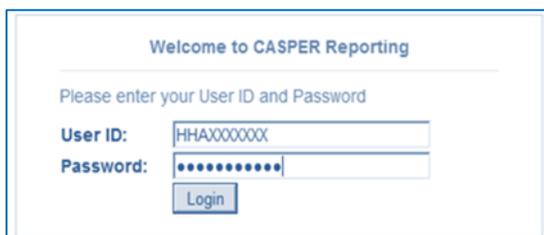

CASPER Reporting log in box

System Generated and On-Demand Final Validation Reports

System Generated in the agency's Validation Report (VR)

When your OASIS submission is successful a system-generated OASIS Agency FVR is returned in the agency's shared validation report (VR) folder.

The naming structure of the folder is as follows: [State Code] HHA [Facility ID] VR: Example: TX HHA XXXXX12 VR. System-generated OASIS Agency FVRs are available for 60 days in your agency's shared VR folder, after which time they are purged.
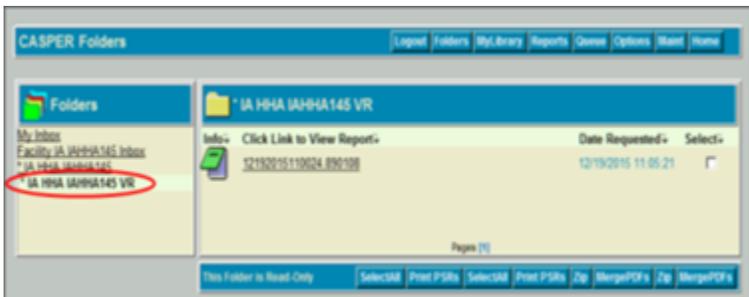

Example of agency agency's shared VR folder

On-Demand Final Validation Reports

On Demand FVRs can be used to obtain Validation Reports by Submission date or time period, and also by Submission Batch ID. Users can also rebuild FVRs for OASIS-C submitted prior to 01/01/2015.

The On Demand FVR is found in the "Reports" tab in the upper right corner of your screen. You would then select "HHA Provider" in the Report Categories in the left box and scroll through the pages until you find the "OASIS Agency Final Validation Report". A selection is made for a time period or Submission ID, and the submit button is clicked. The report is returned in the agency "In Box" which is located in the Folders tab.
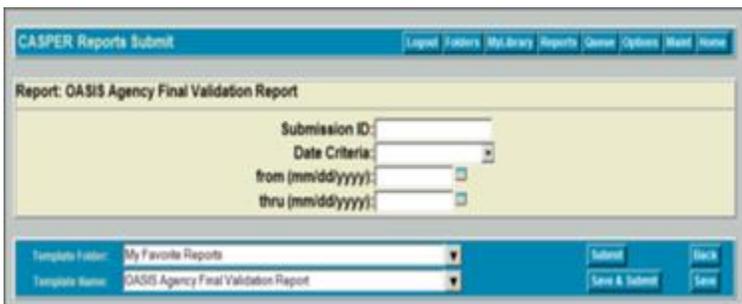
On Demand OASIS Agency Final Validation Report screen

For more detailed information on all CASPER reports utilize the CASPER Reporting User's Guide For HHA Providers that can be found on the "Welcome to the CMS QIES Systems for Providers" welcome page and on the qtso.com website under OASIS/User guides and training.

Survival Kit

Don't By-Pass the Warnings!

M0063 is used to match the OASIS assessment to the claim.

Warning message -915 will appear on the FVR if the patient's Medicare beneficiary number (M0063) transmitted on the OASIS does not match the number stored in the QIES ASAP system. This warning from QIES ASAP system does not indicate if M0063 is right or wrong, only that it is different from what was previously stored on the QIES ASAP system. ***Action to Take:*** Verify the M0063 transmitted on the OASIS is correct. If not, submit a corrected OASIS assessment to address the error before submitting the final claim.

M0010 is used to match the OASIS assessment to the claim.

Warning message -3170 will appear on the FVR if the CMS Certification Number (CCN) in M0010 of the record differs from the CCN that is currently in the QIES ASAP system for the home health agency. How does this occur? Here's an example: The CCN was entered incorrectly in the agency's software used to create the submission file. ***Action to Take:*** Verify the CCN in the encoding software is correct. Submit a corrected OASIS assessment to address this warning before submitting a final claim.

Remember, all rejections and warnings need to be reviewed and corrected as applicable. Not just the warnings impacting billing. The submitted OASIS assessments must be accurate.

Errors Happen! CMS OASIS Correction Policy

HHAs are required to collect and transmit OASIS data in accordance with CoPs §484.20, Reporting OASIS Information and §484.55 Comprehensive Assessment of Patients.

HHAs can electronically correct key field errors and non-key errors on assessments found in their accepted OASIS assessment records. Besides describing the different types of corrections an agency can make, the CMS OASIS Correction Policy covers these additional topics:

- Documentation of Corrected Assessments
- Clinical Implications of Corrected Assessments
- Regarding Corrections in Lieu of Required assessments and
- Timeliness of Corrections

The CMS OASIS Correction Policy can be found in Survey and Certification Letter: 15-18
Survey and Certification Letter: 15-18.

In Other News!

New CMS Regulations (CoPs) Effective 1/13/18

CMS has extended the effective date of the final HHA Conditions of Participation (CoPs) rules by an additional 6 months beyond the original effective date of 7/13/17. **The new HHA CoPs are now effective on 1/13/18.** This extension does not make any changes to the policies that were set forth in the final HHA CoP rule posted 1/13/17.

The final rule to extend the effective date (CMS-3819-F2) is available on the Federal Register website.

"CMS-3819-F2" is hyperlink to: New HHA Rules Effective 1/13/18

"Federal Register" is hyperlink to: Final HHA Rules posted 1/13/17

Any questions may be sent to NewHHACoPs@cms.hhs.gov.

Teleconference Scheduled 8/17/17: IMPACT Act - OASIS DRR Quality Measure Overview

Thursday, August 17 from 12:30-2 pm CST

Register for Medicare Learning Network (MLN) events & find past events.

The Improving Medicare Post-Acute Care Transformation of 2014 (IMPACT Act) requires reporting of standardized patient assessment data by post-acute care (PAC) providers (including HHAs) for specified domains. During this call, CMS and measure developers will present the Drug Regimen Review (DRR) quality measure which was adopted to fulfill the medication reconciliation domain requirement of the IMPACT Act. This call will focus on the home health measure. Topics include:

- Review the goals of the DRR measure
- Review guidance and walk through scenarios for coding the Outcome and Assessment Information Set (OASIS) items used to calculate the measure

You may email questions in advance of the call to PACQualityInitiative@cms.hhs.gov.

DRR Measure Overview for the Home Health Quality Reporting Program Call

The video recordings and the presentation materials from the CMS Home Health Quality Reporting Program Provider Training which took place on Wednesday and Thursday, May 3 and 4, 2017, are available on YouTube and presentation materials are hyperlink to: CMS Home Health Quality Reporting Training.

Technically Speaking

Information and Tips

HELP My Password Doesn't Work and I can't Log in!

Effective as of June 26, 2017 QIES security **requires** each user to successfully login every 60 days or the account will be disabled and **can only be re-enabled by contacting the QTSO Help Desk at (888) 477-7876.**

Accounts without activity for more than 365 days will be **deleted**. You will not be able to use or re-enable disabled accounts and you will need to request access through CMS as you did originally. You will be assigned a new User ID and password when the access is granted.

How do I update my password now?
QIES users will continue to use QUMA (QIES User Maintenance Application) to update passwords as required every 60 days, and will continue to use security questions to unlock accounts if the password is forgotten, or the account is **locked due to the password being input incorrectly 3 times.**

If you have any questions, are unable to reset your password, or find your account has been deleted please contact the QTSO Help Desk at 1 (888) 477-7876.

OASIS C2 Software Developer/Vendor Call Minutes (posted 07/07/2017)

Want to know when the QIES ASAP system will include the Medicare Beneficiary ID (MBI) edit, when can the MBI can be submitted in M0063 (Patient Medicare Number) or when your assessment will be rejected when something other than the MBI is submitted in M0063? If you want to know this plus other upcoming changes, then you want to read the minutes CMS OASIS C2 Software Developer/Vendor Call held on June 29, 2017.

The minutes from are available for download on qtso.com, OASIS Vendor Call Minutes.

Resources and Important Links (CTRL+ Click)

OASIS Resource Page: OASIS Resource page

Contact Information
OASIS Helpdesk 512-438-4122
OASIS Helpdesk Email: oasis.help@dads.state.tx.us

TEXAS
Health and Human Services