

MEMORANDUM

Texas Department of Human Services * Long Term Care/Policy

TO: LTC-R Regional Directors
Section/Unit Managers

FROM: Marc Gold
Section Manager
Long Term Care-Policy
State Office MC: W-519

SUBJECT: Regional Survey & Certification Letter #99-28

DATE: October 4, 1999

The attached RS&C Letter is being provided to you for information purposes and should be shared with all professional staff.

- RS&C Letter No. 99-28 -- Monitoring Activities For Outcome and Assessment Information Set (OASIS) - INFORMATION; Call Geri Bischoff, OASIS Coordinator, at (512) 834-6647.

If you have any questions, please direct inquiries to the individuals or sections listed above.

~Original Signature on File~

Marc Gold

Attachment

DEPARTMENT OF HEALTH & HUMAN SERVICES
Health Care Financing Administration

Region VI
1301 Young Street, Room 833
Dallas, Texas 75202

September 2, 1999

REGIONAL SURVEY AND CERTIFICATION LETTER NO: 99-28

To: All State Survey Agencies(Action)
All Title XIX Single State Agencies (Information)

Subject: Monitoring Activities For Outcome and Assessment Information Set (OASIS) -
INFORMATION

The purpose of this memorandum is to provide oversight guidance for OASIS implementation. On April 27, 1999, we notified the home health community and the general public through the OASIS website, that the mandatory use, collection, encoding and transmission of OASIS were delayed, due to lack of Paperwork Reduction Act (PRA) and privacy clearances. A notice to this effect was published in the Federal Register on May 4, 1999 (64 FR 23847). Due to the lack of PRA and privacy clearances at that time, compliance with the OASIS regulations, as published in the Federal Register on January 25, 1999 (64 FR 3748 and 64 FR 3764) was not required.

Since that time, the appropriate clearances have been obtained and privacy procedures established. Specifically, the PRA clearances for the final rule establishing OASIS collection and use, and the interim final rule for encoding and transmission have been obtained from the Office of Management and Budget (OMB) and approval numbers assigned. In addition, the Privacy Act System of Records (SOR) Notice which establishes criteria governing the collection and use of OASIS data has been approved. Based on these clearances, on June 18, 1999, we published another notice in the Federal Register re-establishing the effective dates for OASIS collection, encoding and transmission (64 FR 32984). In that same Federal Register, we published notice of a system of records for OASIS (64 FR 32992).

Effective Dates

Collection and Encoding - The effective date for OASIS collection and encoding is July 19, 1999. On that date, home health agencies (HHAs) are required to meet the Medicare conditions of participation as described in the regulations published on January 25, 1999, and modified in the June 18, 1999 notice. Specifically, HHAs must collect and encode OASIS data as part of their comprehensive assessment process on admission and at specific time points during the period of home health care.

Transmission - The effective date for OASIS transmission is August 24, 1999. On that date, HHAs are required to electronically submit OASIS data to the State survey agency as described in the same January 25 and June 18, 1999, Federal Register publications described above.

Monitoring of OASIS compliance is divided into offsite monitoring and onsite monitoring. HHAs must be monitored for compliance with OASIS requirements on or after the applicable effective dates. As per the June 18, 1999, Federal Register publication, the new comprehensive assessment and OASIS reporting requirements apply as follows:

SUMMARY OF MANDATORY COLLECTION, ENCODING, AND TRANSMISSION DATES FOR OASIS			
PATIENT CLASSIFICATION	COLLECTION EFFECTIVE DATE	ENCODING EFFECTIVE DATE	TRANSMISSION EFFECTIVE DATE
Medicare ¹ /Medicaid ² - Skilled	July 19, 1999	July 19, 1999	August 24, 1999
Non-Medicare/Non-Medicaid ³ - Skilled	July 19, 1999	Spring 2000	Spring 2000 ⁴
Medicaid ⁵ - Personal Care Only	Spring 2000	Spring 2000	Spring 2000 ⁴
Non-Medicaid ³ - Personal Care Only	Spring 2000	Spring 2000	Spring 2000 ⁴
<ul style="list-style-type: none"> • Patients under age 18; • Patients receiving pre & post partum maternity services; • Patients receiving only chore and housekeeping services 	Excluded	Excluded	Excluded
<p>¹OASIS item (M0150) Current Payment Sources for Home Care: response 1 or 2. ²OASIS item (M0150) Current Payment Sources for Home Care: response 3 or 4. ³OASIS item (M0150) Current Payment Sources for Home Care: response 0, 5, 6, 7, 8, 9, 10, 11, or UK. ⁴Data transmitted with masked identifiers. ⁵OASIS item (M0150) Current Payment Sources for Home Care: response 3.</p>			

Phase-in of OASIS Monitoring Activities

For both collection and reporting of OASIS data items, HCFA encourages State survey agencies and regions to take a graduated approach to monitoring activities related to OASIS implementation during OASIS start-up, as described below. For the purposes of OASIS enforcement, start-up is now until the end of this year.

Offsite Monitoring

Offsite monitoring involves the requirements at 42 CFR 484.20(c) Transmittal of OASIS data which states that the --

(1) HHA must electronically transmit accurate, completed, encoded and locked OASIS data for each (applicable*) patient to the State agency or HCFA OASIS contractor at least monthly (G323).

An onsite visit to the HHA is not necessary to determine if it has electronically transmitted the required OASIS data. Management reports will be available for offsite monitoring of OASIS reporting in the near future and relevant training provided. Reports should be reviewed for compliance with the requirement to transmit OASIS data at least monthly. Noncompliance with the transmission requirements should trigger the following activities during OASIS start-up.

Outreach - First, the State survey agency should send a letter or telephone the HHA requesting the reason OASIS data is not being transmitted. This is an outreach step and involves educating the HHA on the requirements of OASIS collection, encoding, and transmission, where applicable. The HHA is expected to respond to this notice by indicating its plans for OASIS implementation within two weeks of the contact. The State survey agency should document the HHA's plan to implement OASIS requirements in a timely fashion, acknowledging the HHA's good faith attempt to comply with the OASIS requirements. See Attachment A for a sample letter.

Citation of Standard Level Deficiencies - Second, if a letter or telephone call to the HHA has not resulted in successful transmission of OASIS data, the State survey agency may issue the appropriate standard level deficiency citation and solicit the HHA's plan of correction. In this case, the appropriate deficiency tag is G323. The State survey agency sends a HCFA-2567 that includes citation of the deficiency. The notification is sent to the facility via facsimile, electronic mail, or regular mail. The State survey agency follows the existing procedures for standard level noncompliance found in the State Operations Manual (SOM, HCFA Pub. 7) for non-long term care providers at §2728, Statement of Deficiencies and Plan of Correction, Form HCFA-2567. See Attachment B for a sample of a cover letter for citation of standard level deficiencies. Suggested language for the citation is below:

This requirement is not met as evidenced by:

Based on record review, the agency failed to transmit completed, encoded and locked OASIS data for each (appropriate*) patient by the last day of the month following the lock date.

The findings include:

On (insert date), our records indicate that your agency has not transmitted the required OASIS data.

Citation of Condition Level Deficiencies - Third, if the HHA has not successfully transmitted OASIS data after the State survey agency's initial outreach attempt and issuance of standard level deficiency citation(2), the State survey agency may issue condition level deficiencies, as appropriate. In this case, the appropriate deficiency tag is G320. The State survey agency sends a HCFA-2567 that includes citation of the deficiency. The notification is sent to the HHA via facsimile, electronic mail, or regular mail. The State survey agency follows the existing procedures for condition level noncompliance found in the SOM for non-long term care providers at §3012, Termination Procedures - Noncompliance with One or More COPs. See Attachment C or sample cover letter for citation of the condition level deficiency. Suggested language for the citation is below:

This requirement is not met as evidenced by:

Based on record review, the agency failed to transmit completed, encoded and locked OASIS data for each (appropriate*) patient by the last day of the month following the lock date in accordance with §484.55.

The findings include:

On (insert date), our records indicate that your agency has not transmitted the required OASIS data.

After the OASIS start-up period, offsite monitoring may begin with the citation of standard level deficiencies and progress to the citation of condition level deficiencies, as appropriate. Noncompliance with OASIS requirements is handled in the same manner as any standard or condition level noncompliance as described in the SOM.

*See above table summarizing the mandatory collection, encoding, and transmission dates for OASIS.

Onsite Monitoring

A requirement is enforceable on or after its effective date. Given the newness of OASIS to the home health community and the difficulties in effecting the new requirements, HCFA encourages State survey agencies to assist HHAs during their onsite surveys in correctly implementing the OASIS requirements. HHAs must have a system in place for collecting and reporting OASIS data as part of the comprehensive assessment process. During OASIS start-up, the State survey agency should avoid citing deficiencies if, as a result of the survey, the surveyor determines HHAs are making a good faith effort towards integrating the OASIS data items into their assessment process and reporting them to the State survey agency. Unless HHAs have no process in place to implement and apply OASIS, citing deficiencies during OASIS start-up is discouraged. In the case where HHAs have no system in place to implement and apply OASIS, standard level deficiencies are recommended. The following illustrates suggested citations for lack of a system to incorporate and report OASIS data items during OASIS start-up.

No System in Place for Incorporation of OASIS Data Items - Deficiency Tag G342, Standard: Incorporation of OASIS data items.

No System in Place for Reporting OASIS Information - Deficiency Tag G323, Standard: Transmittal of OASIS data.

After the OASIS start-up period, noncompliance with OASIS requirements is handled in the same manner as any standard or condition level noncompliance as described in the SOM.

Additional Information for New HHAs and HHAs Undergoing Change of Ownership

New HHAs requesting Medicare approval must demonstrate compliance with the new OASIS requirements prior to approval. HHAs pending Medicare approval may solicit and receive an OASIS transmission identification number from the State survey agency, prior to the scheduling of the initial certification survey. State survey agencies are encouraged to provide HHAs pending Medicare approval with an OASIS transmission identification number for this purpose. Compliance must include the State survey agency's determination that the HHA is transmitting OASIS data on all applicable patients prior to certification.

As per §3210 of the SOM, when an HHA undergoes a change of ownership, the provider agreement is automatically assigned to the new owner unless the new owner rejects assignment of the provider agreement. If the new owner rejects this assignment, the new HHA owner will not be able to participate in the Medicare program without going through the same process as any new provider, which includes an initial survey. In this case, the State survey agency must determine that the new HHA owner is transmitting OASIS data on all applicable patients prior to assignment of certification. If the new HHA owner accepts assignment of the existing provider agreement, the new owner is subject to all the terms and conditions under which the existing agreement was issued, including the correction of any OASIS related deficiencies.

If you have any questions about these instructions, please contact Dodjie B. Guioa of my staff. at 214-767-6179.

Sincerely,

~Signature on File~

Molly Crawshaw, Chief
Professional Health Advocacy and Analysis Branch
Division of Medicaid and State Operations

EXAMPLE A

Suggested Format for Outreach Letter Informing Home Health Agencies of the Requirement to Collect and Transmit OASIS Data

Date:

Provider Name:

Provider Number:

Provider Address:

The purpose of this letter is to inform you that on July 19, 1999, all home health agencies (HHAs) approved or seeking approval under the Medicare conditions of participation are required to collect and encode (that is, data enter), as part of the comprehensive assessment of patients, a standardized set of data items known as the Outcome and Assessment Information Set (OASIS). In addition, beginning August 24, 1999, all agencies must transmit all collected OASIS information at least monthly. Details of these requirements are published in the Federal Register on January 25, 1999, (64 FR 3748 and 64 FR 3764) and updated in the June 18, 1999, Federal Register (64 FR 32984).

The following chart outlines the applicability of the comprehensive assessment and OASIS reporting requirements to the patients in your agency at this time:

SUMMARY OF MANDATORY COLLECTION, ENCODING, AND TRANSMISSION DATES FOR OASIS			
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<p>¹OASIS item (M0150) Current Payment Sources for Home Care: response 1 or 2. ²OASIS item (M0150) Current Payment Sources for Home Care: response 3 or 4. ³OASIS item (M0150) Current Payment Sources for Home Care: response 0, 5, 6, 7, 8, 9, 10, 11, or</p>			

UK.

⁴Data transmitted with masked identifiers.

⁵OASIS item (M0150) Current Payment Sources for Home Care: response 3.

We have determined that your agency has failed to transmit any electronic OASIS information by the last day of the month following the lock date of the record.

This is a reminder that as a Medicare approved HHA or an agency seeking approval under Medicare that you are responsible for complying with the new OASIS requirements.

Information concerning the requirements and other implementation materials are available from the OASIS website at:

<http://www.hcfa.gov/medicare/hsqb/oasis/oasishmp.htm>

In addition, you may contact (insert name and telephone number of State OASIS contact) for information concerning the OASIS requirements.

In lieu of issuing citations for non-compliance at this time, we are asking that you describe, on a separate piece of paper, your agency's plan to implement the OASIS requirements that includes:

- the steps your facility will take to collect, encode, and transmit the data; and
- the date(s) of completion.

Please return your response to:

Name:

State Agency Name:

Address:

Telephone, Fax, Electronic mail:

If we do not receive your response by (insert two weeks from date of this letter), we must proceed with our formal compliance process. Failure to comply with the Medicare conditions of participation may jeopardize your Medicare approval.

Sincerely,

State Agency Official

EXAMPLE B

Suggested Format for Citing Standard Level Noncompliance for OASIS Transmission via Offsite Monitoring

Date:

Provider Name:

Provider Number:

Provider Address:

RE: Notice of Standard Level Deficiencies

To participate in the Medicare program, a home health agency (HHA) must meet the requirements established under title XVIII of the Social Security Act (the Act) and the regulations established under the authority of sections 1861(o), 1871, and 1891 of the Act.

On (insert date), we determined that your HHA failed to transmit any electronic Outcome and Assessment Information Set (OASIS) records by the last day of the month following the lock date of the record. You are required as stated at 42 Code of Federal Regulations (CFR) 484.20(c) to encode, lock and transmit OASIS data to the State.

The enclosed Form HCFA-2567 indicates that your agency is out of compliance at the standard level. Although your agency is in substantial compliance with the Conditions of Participation at 42 CFR 484, you are required to submit an acceptable plan of correction (PoC) within ten calendar days of this notice of standard level deficiency. This notice of findings is an administrative action, not an initial determination by the Secretary of the Department of Health and Human Services, and therefore formal reconsideration and hearing procedures do not apply.

Document your PoC in the right hand column of the HCFA-2567 which must be received by this office no later than (insert date). Any finding regarding a cited deficiency with which you disagree should be documented on the HCFA-2567, in statutory and regulatory terms, specifying why you believe the citation(s) is/are not valid. If you have transmitted the required OASIS data, please indicate this in your PoC.

To be acceptable, your PoC must include:

- the steps your facility will take to encode and transmit the data;
- when any data that is late will be submitted;
- the steps your facility will take to accomplish permanent corrective action; and
- the date(s) of completion.

The requirement to submit a PoC does not affect your accreditation status, Medicare payment status, or your status as a participating provider in the Medicare program.

Compliance may be determined at this Office. However, an unannounced visit may be conducted to determine compliance on or after your documented date(s) of completion.

If there are any questions regarding the above please call:

Name:

State Agency Name:

Address:

Telephone, Fax, Electronic mail:

Sincerely,

State Agency Official

EXAMPLE C

Suggested Format for Citing Condition Level Noncompliance for OASIS Transmission via Offsite Monitoring

Date:

Provider Name:

Provider Number:

Provider Address:

RE: Notice of Condition Level Deficiencies

To participate in the Medicare program, a home health agency (HHA) must meet the requirements established under title XVIII of the Social Security Act (the Act) and the regulations established under the authority of sections 1861(o), 1871, and 1891 of the Act.

On (insert date), this Office determined that your HHA failed to transmit any electronic Outcome and Assessment Information Set (OASIS) records by the last day of the month following the lock date of the record. After careful review, we have determined that you have violated the requirements stated at 42 Code of Federal Regulations (CFR) 484.20 which require you to electronically report all OASIS data collected in accordance with §484.55 (Condition of Participation: Comprehensive Assessment of Patients).

The enclosed Form HCFA-2567 indicates that your agency is out of compliance at the condition level. Under the provisions of 42 CFR 489.53, an HHA that violates the provisions of 42 CFR 484 (that is, the Medicare conditions of participation for HHAs is subject to termination of its Medicare provider agreement. In light of these provisions, we are planning on terminating your HHA from participation in the Medicare program.

The projected date on which your agreement will terminate is (insert 90th day from the day of this letter). You will receive a "notice of termination letter" on (insert 75th day from the date of this letter). This final notice will be sent to you concurrently with a notice to the public about your termination, in accordance with regulations at 42 CFR 489.53(c).

You may submit the allegation of compliance either on the HCFA-2567 in the right hand column or on a separate document which must be received by this office no later than (insert date). An unannounced visit may be conducted no later than (insert date) to verify compliance.

When evidence of correction is provided by the HHA, this office must decide whether the evidence of correction is sufficient to halt the termination action. If the evidence is not sufficient in itself to establish that the HHA is in compliance, a resurvey is required for verification of correction. If we verify your corrective action or determine that you successfully refuted the findings contained in this letter by proving the allegations were in error, your termination from the Medicare program will be rescinded.

If you have any questions concerning this determination letter, please contact (name of contact) at (phone number).

Sincerely,

Associate Regional Administrator
(or its equivalent)