



# OASIS Quarterly Forum

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WISCONSIN DEPARTMENT  
*of* HEALTH SERVICES

# Welcome

If you have any questions during the presentation, please put them in the Q&A box and not the chat.

# Replacing Home Health Requests for Anticipated Payment (RAPs) with a Notice of Admission (NOA) – Manual Instructions

- Starts January 1, 2022
- Patients receiving home health (HH) services in 2021 whose services will continue in 2022, should submit an NOA.
- Home health agencies (HHA) must submit an NOA to their MAC within 5 calendar days from the start of care date.
- 1 NOA for any series of HH POCs beginning with admission to home care and ending with discharge.

# OASIS Updates

- Assessment Version: E-012022 is available for viewing
- Continues to be delayed due to the public health emergency (PHE)

# Q&A's

April 2021, CMS noted that OASIS Q&A's are available in the OASIS Quarterly Q&A's section of the CMS QTSO webpage.

<https://qtso.cms.gov/providers/home-health-agency-hha-providers/reference-manuals>

# HH Quality Reporting Program (QRP) Quick Reference Guide – CY 2022

Frequently asked questions

<https://www.cms.gov/files/document/pac-hh-cy2022-quickreferenceguide-v11.pdf>

# Quality Assessment Only (QAO) Performance Reports

<b>Type of Performance Report</b>	<b>Available in iQIES folders:</b>	<b>Includes OASIS Assessments COMPLETED During the period:</b>	<b>Includes OASIS Assessments SUBMITTED by:</b>
Interim	July 20, 2021	April 01, 2020- March 31, 2021	April 30, 2021

# Federal 1135 Waivers

CMS continues to provide relief to HHAs on the timeframes related to OASIS transmissions through the following actions below:

- Extending the 5-day completion requirement for the comprehensive assessment to 30 days,
- Waiving the 30-day OASIS submission requirement. Delayed submission is permitted during the PHE.



# Initial Assessments

CMS is waiving the requirements at 42 CFR §484.55(a) to allow HHAs to perform Medicare-covered initial assessments and determine patients' homebound status remotely or by record review.

# Detailed Information Sharing for Discharge Planning for HHAs

CMS is waiving the requirements of 42 CFR §484.58(a) to provide detailed information regarding discharge planning, to patients and their caregivers, or the patient's representative in selecting a post-acute care provider by using and sharing data that includes, but is not limited to...

# Sharing of Discharge Planning

... (another) home health agency (HHA), skilled nursing facility (SNF), inpatient rehabilitation facility (IRF), and long-term care hospital (LTCH) quality measures and resource use measures. This temporary waiver provides facilities the ability to expedite discharge and movement of residents among care settings. CMS is maintaining all other discharge planning requirements.

# Performing of Initial and Comprehensive Assessment

CMS is waiving the requirements in 42 CFR § 484.55(a)(2) and § 484.55(b)(3) that rehabilitation skilled professionals may only perform the initial and comprehensive assessment when only therapy services are ordered.

# Questions



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# References

- Federal 1135 Waivers - <https://www.cms.gov/files/document/covid-19-emergency-declaration-waivers.pdf>
- RAPs with NOA - <https://www.cms.gov/files/document/mm12256.pdf>
- QAO - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HomeHealthQualityInits/Home-Health-Quality-Reporting-Data-Submission-Deadlines>
- HH Grouper - <https://www.cms.gov/files/document/mm12303.pdf>
- Proposed HH PPS Rate Update – <https://www.cms.gov/newsroom/fact-sheets/cms-proposes-calendar-year-2022-home-health-prospective-payment-system-rate-update>