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## OUTCOME AND ASSESSMENT INFORMATION SET (OASIS) CLARIFICATION OF APPLICABILITY REQUIREMENTS

Florida home health agencies participating in the Medicare and/or Medicaid programs are required to submit OASIS under 42 CFR §484.20 (G320), a federal condition of participation.

### **Step One: Evaluate your Home Health Agency's Participation Level – Mark all that Apply**

- If you are a **Medicare certified home health agency**, then you are required to meet Medicare Conditions of Participation for HHAs. Therefore, you must complete, record, encode and transmit the OASIS for all Medicare patients receiving skilled care under your certified agency.
- If you are **enrolled in the Medicaid Home Health Program**, then you are required to meet Medicare Conditions of Participation for HHAs. Therefore, you must complete, record, encode and transmit the OASIS for all Medicaid patients receiving skilled care under this enrollment. This includes Medicare fee-for-service, Medicare HMO/managed care, Medicaid fee-for-service, and Medicaid HMO/managed care -- which includes Provider Service Networks (PSNs).
- If you **provide skilled services under a home and community based waiver program, and are required to participate in Medicaid's Home Health Program (which is subject to the Medicare conditions of participation)**, then you are required to complete, record, encode and transmit OASIS for all Medicaid patients receiving skilled care under this enrollment. Refer to your Medicaid Coverage and Limitations Handbook for specific qualifications.
- If you **provide NON-skilled services only under a home and community based waiver program**, then OASIS does not apply.
- If you are a **licensed-only home health agency**, then you are not required to meet the Medicare Conditions of Participation. Therefore, OASIS does not apply.

**Step Two: Evaluate each Patient's Participation Level** OASIS requirements apply to **all** home health agency Medicare fee-for-service, Medicare HMO/managed care, Medicaid fee-for-service, and Medicaid HMO/managed care patients receiving skilled services, except:

- 1) patients under the age of 18;
- 2) patients receiving pre and post partum maternity services; and
- 3) patients receiving only housekeeping/chore services.

**Note:** Once the patient turns 18, OASIS applies.

**Step Three: Code OASIS M0150 Accurately Exclude "pending" payment sources. Mark all current pay sources, whether considered primary or secondary.** If a patient has private pay insurance **and** Medicare fee-for-service, Medicare HMO/managed care, Medicaid fee-for-service, or Medicaid HMO/managed care, then OASIS applies. Select:

- **Response 1** if the payment source is Medicare (traditional fee-for-service).
- **Response 2** if the payment source is a Medicare HMO, another Medicare Advantage Plan (formerly known as Medicare+Choice plans), or Medicare Part C and Medicare PPO plans.
- **Response 3** if the payment source is Medicaid Fee-For-Service or if the patient is receiving services provided as part of a Medicaid waiver or home and community-based waiver (HCBS) program.
- **Response 4** if the payment source is Medicaid Provider Service Network (PSN), a Medicaid HMO, or MediPass.

### **Step Four: Transmit all OASIS assessments where M0150 = 1, 2, 3 or 4**

Email questions to [FLQIES\\_HELP@ahca.myflorida.com](mailto:FLQIES_HELP@ahca.myflorida.com) or call the Florida QIES Help Desk at [\(850\) 412-4501](tel:850-412-4501).

