



CMS Home Health OASIS All Payer Q&As

November 2024

CMS use of all-payer data

Question 1. How will providers know what CMS is using all-payer OASIS data for?

Answer: CMS expects to use this all-payer data to gain a better understanding of the overall quality of care provided by Medicare-certified providers to the patients they serve, regardless of the patient’s payer source.

CMS will monitor the all-payer OASIS data and will notify providers when decisions are made for future uses for quality or payment purposes.

CMS plans to update the following non-QRP iQIES reports to include all-payer OASIS data. This update is planned to occur in late 2025-early 2026 as mandatory all-payer data is available for these reports:

- Agency Patient-Related Characteristics (Case Mix) Report
- Agency Patient-Related Characteristics (Case Mix) Tally Report
- Potentially Avoidable Events (PAE) Report
- Potentially Avoidable Events Patient (PAE) Listing Report

Any additional uses will be announced via the [HHQRP Spotlight and Announcement](#) webpage, the expanded [HHVBP Model](#) webpage, and/or through future rulemaking.

Use of all-payer data in the expanded HHVBP Model

Question 2. Will the collected all-payer OASIS data be used in the expanded HHVBP Model measure calculations?

Answer: At this time, CMS has not announced if, when or how non-Medicare/non-Medicaid OASIS data will be used for the expanded HHVBP Model.

Any changes will be announced on the expanded HHVBP Model webpage and/or through future rule making.

OASIS Privacy Notice

Question 3. Will the OASIS privacy notice continue to be required once all-payer OASIS data collection becomes mandatory?

Answer: As required by the HH Conditions Of Participation (COP), an OASIS privacy notice must be provided to all patients for whom the OASIS data is collected. Effective January 1, 2025, all patients for whom the HHA collects OASIS, regardless of payer, should be provided Attachment A – Statement of Patient Privacy Rights, and the Privacy Act Statement – Health Care Records.

These documents are available on the Home Health Agency (HHA) Center page at <https://www.cms.gov/medicare/enrollment-renewal/providers-suppliers/home-health-agency-center>. Both documents are available in English and Spanish.

Beginning January 1, 2025 and until further notice, Attachment C – Notice About Privacy for Patients Who Don’t Have Medicare or Medicaid should not be provided to patients.



Collect and submit OASIS

Question 4. When the all-payer OASIS data collection requirement starts, will we also be required to submit those OASIS assessments?

Answer: As finalized in the CY 2023 Home Health Final Rule found at <https://www.govinfo.gov/content/pkg/FR-2022-11-04/pdf/2022-23722.pdf>. Yes, beginning on July 1, 2025, HHAs will be required to collect **and submit OASIS data** on all patients, regardless of payer. The policy would not change the current patient exemptions for OASIS, which are as follows: patients under the age of 18; patients receiving only maternity services; and patients receiving only personal care, housekeeping, or chore services.

Charity care, self-pay, no payer

Question 5. Will OASIS data collection be required under all-payer in the case of self-pay? A charity-based payer? No payer?

Answer: If the home care services are provided by the Medicare-certified home health agency, for more than one visit in the quality episode, then yes, OASIS is required regardless of who, if anyone, pays the agency for the care. OASIS is required for all Medicare-certified home health agencies, and for all patients, regardless of payer, excluding patients under the age of 18, patients receiving only maternity services, and patients receiving only chore, housekeeping or personal care services.

Home & Community-Based Waiver care

Question 6. Will patients receiving care under a Home & Community-Based Care waiver program require OASIS data collection/submission under the all-payer requirement?

Answer: The OASIS data collection and submission requirements apply to Medicare certified home health agencies (HHAs) and to Medicaid home health providers in states where those agencies are required to meet the Medicare Home Health Conditions of Participation. If you are solely a Medicaid home health provider and not a Medicare certified home health provider, you would only be required to collect and submit OASIS if your state requires you to meet the Medicare Home Health Conditions of Participation. If, as an organization, you are required to collect and submit OASIS because you are a Medicare certified HHA or because your state requires you to meet the Medicare Home Health Conditions of Participation, you must do so on all patients except patients under the age of 18, patients receiving only maternity services, patients receiving only personal care, housekeeping or chore services.

Patient turns 18 during care

Question 7. If a patient turns 18 in April of 2025 and will continue to receive home health services under private insurance, will OASIS data collection and submission remain voluntary up until the patient's discharge?

Answer: Yes, for HHAs choosing to collect and submit a voluntary Start of Care (SOC) OASIS during the 1/1/25 – 6/30/25 phase-in period, any subsequent assessments (i.e., transfer, resumption, recert, other follow up, discharge and death at home) for this patient are also voluntary, including those assessments for time points occurring on or after 7/1/2025.



Patient's care straddles 12/31/24 - 1/1/25

Question 8. If a non-Medicare/non-Medicaid patient is on services with our home health agency prior to January 1, 2025, and then experiences a hospitalization after January 1, 2025, will we be required to complete a transfer OASIS or a ROC OASIS when the patient returns to the agency?

Answer: Prior to January 1st, 2025, only Medicare and Medicaid patient OASIS assessments are required, and accepted in iQIES. If at least one of the first four responses for M0150 - Current Payment Sources for Home Care is not selected, any attempted submission to iQIES prior to 1/1/2025 will be rejected. While an HHA may decide to complete OASIS assessments on this patient, no OASIS SOC or subsequent OASIS should be submitted to iQIES for a non-Medicare/non-Medicaid patient with an OASIS Start of Care (SOC) M0090 prior to January 1, 2025, including any completed in 2025.

Single Visit Episode exemption unchanged under all-payer

Question 9. Does the single visit quality episode guidance apply to all patients regardless of payer when all-payer OASIS data collection is mandatory?

Answer: OASIS data collection and submission is not required when only one visit is made in a quality episode (SOC/ROC to TRF/DC/DAH). Effective January 1, 2025, this guidance will apply to all patients, regardless of payer.

If a home health agency collects OASIS data on a single-visit-quality episode patient to meet the requirement of a payer, submission of the SOC/ROC OASIS to iQIES is not expected. Discharge OASIS data collection/submission at discharge should not be completed in these situations of single visits in a quality episode.