COMPREHENSIVE ASSESSMENT REQUIREMENTS FOR MEDICARE-APPROVED HHAS

PATIENT CLASSIFICATION/PAYOR	Does OASIS Apply?	Comprehensive Assessments Only Excluding OASIS	Timing of Follow-up Comprehensive Assessment
SKILLED Medicare (traditional fee-for-service) Medicare (HMO/Managed Care) Medicaid (traditional fee-for-service) Medicaid (HMO/Managed Care)	Yes	NA	Day 56-60[2]
SKILLED Non-Medicare/Non-Medicaid: Workers' Compensation Title Programs Other Government Private Insurance Private HMO/Managed Care Self-pay; other; unknown	No[3]	Yes	Anytime after SOC assessment up to day 60; subsequent Followup assessment must be within 60 days 4
PERSONAL CARE ONLY Medicaid (traditional fee-for-service) Medicaid (HMO/Managed Care) Waiver service or HH aide services Without skilled services Non-Medicaid: Workers' Compensation Title Programs Other Government Private Insurance Private HMO/Managed Care Self-pay; other; unknown	No	Yes	Anytime after SOC assessment up to day 60; subsequent Followup assessment must be within 60 days
OASIS EXCLUDED Patients under age 18; regardless of payor source Patients receiving pre & postpartum maternity services; regardless of payor source	No – 5	Yes	Anytime after SOC assessment up to day 60; subsequent Followup assessment must be within 60 days
OASIS EXCLUDED Patients receiving only chore and housekeeping services – 6	No	No	NA

1 – HHAs may develop own comprehensive assessment for each time point, excluding OASIS.
2 – 42 CFR 484.55(d)
3 – HHAs may collect OASIS information for their own use.
4 – S&C Memo 04-45, published 9/9/04
5 – HHAs expecting payment for a pediatric or maternity Medicare patient must collect payment items to provide a HIPPS code.
6 – S&C Memo 05-06, published 11/12/04