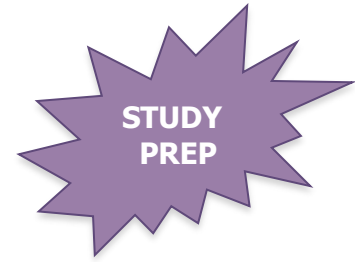


Application Scenarios for Quarterly OASIS Update – January 2025

COS-C Exam Candidates - Simulate exam conditions by:

- answering the following 5 questions in 7 ½ minutes,
- accessing any paper resource you choose for references, &
- recording your response in the corresponding lettered bubble.



Scenario 1: Mr. Burr, a 54-year-old worker’s compensation patient was admitted to our home care agency on August 24, 2025 and is going to be due for a recertification on October 22, 2025. Because Mr. Burr was admitted to the agency after July 1, 2025, we completed the SOC OASIS.

Q1: Since the instructions state that under all-payer, the OASIS requirement applies to an assessment with a “SOC OASIS M0090 date on or after July 1, 2025”, do we need to collect and submit all subsequent assessments after the SOC for this patient as well?

- A. No, only the SOC OASIS needs to be collected and submitted under the transition to all-payer.
- B. No, after the SOC, subsequent OASIS data should NOT be collected or submitted on non-Medicare/non-Medicaid patients.
- C. Yes, the transition to all-payer did not change the OASIS data collection time points.
- D. Since recertification OASIS assessments are not required for non-Medicare/non-Medicaid patients, only the SOC OASIS would be required.

1. A B C D

Scenario 2: Mrs. Carter was admitted to home care services on May 3, 2025 after a fall. Her care is being covered by a collective church fund. During her stay, she developed a respiratory infection and had to be hospitalized as an inpatient for 3 days (June 25-June 28, 2025). After this inpatient stay, she resumed home care services and was later discharged on August 1, 2025.

Q2: Based on the information in this scenario, if the agency chooses to complete a voluntary SOC OASIS for Mrs. Carter on May 3, 2025, which one of the following statements is TRUE regarding the subsequent OASIS assessments for this patient?

- A. OASIS data collection and submission for Mrs. Carter is required at all time points (SOC, ROC, Follow-up, Other follow-up, TRN, DC and DAH) regardless of payer starting January 1, 2025.
- B. Because Mrs. Carter’s care began with a voluntary SOC OASIS (SOC OASIS M0090 date between 1/1/25 and 6/30/25 for a non-Medicare/non-Medicaid patient), the SOC, TRN and ROC OASIS are NOT required but the DC OASIS IS required because this occurred after 7/1/25.
- C. Because Mrs. Carter’s care began with a SOC OASIS M0090 date between 1/1/25 and 6/30/25 for a non-Medicare/non-Medicaid patient, the SOC OASIS is required but all other OASIS timepoints (SOC, ROC, TRN and DC in this scenario) are voluntary.

- D. Because Mrs. Carter's care began with a voluntary SOC OASIS (SOC OASIS M0090 date between 1/1/25 and 6/30/25 for a non-Medicare/non-Medicaid patient), all subsequent OASIS timepoints (TRN, ROC and DC in this scenario) are also voluntary.

2. (A) (B) (C) (D)

Scenario 3: A small home care agency with a census of less than 50 patients is planning on collecting and submitting OASIS on all their non-Medicare/non-Medicaid patients beginning in January of 2025. Which of the following statements is TRUE?

Q3: Which of the following statements is TRUE?

- A. The all-payer rules do not require that non-Medicare and non-Medicaid patients with a M0090 SOC date prior to January 1, 2025 be discharged and readmitted with a new SOC.
- B. Regardless of payer, all patients need to have a discharge and new SOC completed if they remain on service on or after January 1, 2025.
- C. Non-Medicare/non-Medicaid patients that are planned to remain on service beyond July 1, 2025 will need to be discharged and readmitted with a new SOC.
- D. For non-Medicare/non-Medicaid patients starting January 1, 2025, only the Discharge OASIS is required to be collected and submitted.

3. (A) (B) (C) (D)

Scenario 4: Mr. Luther is being admitted to your home care agency after a lengthy stay in a skilled nursing facility. The RN completing the SOC OASIS identifies a pressure ulcer with a non-removable dressing in place on his right hip. Mr. Luther is reluctant to get out of bed for the SOC comprehensive assessment and is declining to complete many functional activities or be weighed during the visit. Review of the discharge paperwork reveals extensive documentation from the SNF including daily weights, detailed therapy progress notes and wound description with staging and photographs.

Q4: Which of the following statements is TRUE?

- A. Because the information provided by the SNF is detailed and comprehensive, this data can be used exclusively to inform the SOC OASIS responses for the pressure ulcer stage, weight and functional status.
- B. While detailed information from the prior care setting may be beneficial for the comprehensive patient assessment, OASIS coding for clinical/patient assessment items should be based on an assessment by the agency staff.
- C. Information from the previous care setting may be used to directly code the height/weight OASIS items, but not pressure ulcers or functional status items.
- D. Clinical/patient assessment OASIS items should be completed by patient/caregiver interview only.

4. (A) (B) (C) (D)

Scenario 5: The PT is admitting a 61-year-old patient for home care services and requests to view the patient's health insurance card. The patient's health insurance card states that their employer provided medical plan is an HMO with in-network and out-of-network provider deductibles.

Q5: How would M0150 - Current Payment Source for Home Care be coded?

- A. M0150 - Current Payment Source for Home Care would be coded as response 2 – Medicare (HMO/managed care/Advantage plan) since the insurance utilizes a network of providers
- B. M0150 - Current Payment Source for Home Care would be coded as response 8 - Private Insurance because this coverage is provided by an employer
- C. M0150 - Current Payment Source for Home Care would be coded as response 9 - Private HMO/Managed Care as this is a private insurance that utilizes a network of providers
- D. M0150 - Current Payment Source for Home Care would be coded as responses 8 - Private Insurance and 9 - Private HMO/Managed Care as this is a check all that apply item and this patient has both types of coverage.

5. (A) (B) (C) (D)

All-Payer Scenarios – January 2025

Scenario 1: On July 2, 2025, a 54-year-old patient was admitted to a Medicare-certified home health agency for nursing services related to wound care. This patient was a referral from a clinic that provides care to the homeless population. The home care services will not be billed externally, as this care will be funded by the charitable arm of the home care agency. The patient has received 6 nursing visits over the last 3 weeks, and discharge from HH is planned for this Friday.

Q1: Based on the information provided in this scenario, which statement is TRUE?

- A. OASIS collection and submission are not required for this patient due to the patient's age (under 65 years of age)
- B. OASIS collection and submission are not required, as no payer source is being billed.
- C. OASIS data collection and submission is only required for skilled Medicare and Medicaid patients.
- D. Because the patient does not meet an OASIS exclusion, OASIS data collection and submission is required for this patient even though their care is expected to be covered by a charitable source.

1. A B C D

Scenario 2: A Medicare-certified home health agency admitted a 36-year-old woman referred after an extensive injury at work. Her home care services are being covered under her worker's compensation. The SOC OASIS was completed on August 15, 2025 and on August 16th she notified the agency that she was relocating out of the HHA's service area to stay with her sister, as it was too difficult for her to remain home alone. There were no other visits made by the agency following the SOC visit.

Q2: Based on the information provided in this scenario, which of the following statements is TRUE?

- A. Since the care began on or after July 1, 2025, the HHA must collect and submit the SOC OASIS. No Discharge OASIS is required.
- B. Regardless of payer, OASIS data collection and submission is not required for this patient because only one visit was made in the quality episode (SOC/ROC to TRF/DC/DAH).
- C. Since care began on or after July 1, 2025, the HHA must collect and submit both a SOC and Discharge OASIS.
- D. Since care began on or after July 1, 2025, the HHA must place this patient on hold until she returns home or the current certification period ends.

2. A B C D

Scenario 3: A pediatric patient with a private insurance payer was admitted to your home health agency on January 15, 2025. The patient turns 18 on February 1, 2025, and will continue to receive home health services under the private insurance.

Q3: What are the OASIS instructions for this patient if your home health agency is choosing to participate in the voluntary OASIS collection and submission for all OASIS eligible patients during the all-payer phase-in?

- A. The agency should do an internal agency discharge on January 31, 2025, and a new voluntary Start of Care (SOC) OASIS (RFA-1) on February 1, 2025.
- B. The agency must begin OASIS data collection and submission at the next OASIS time point after the patient turns 18.
- C. Data collection between January 1 and June 30, 2025 is voluntary for this patient, but the agency must begin OASIS data collection and submission at the first OASIS time point that occurs for this patient on or after July 1, 2025.
- D. If the agency chooses to collect and submit an OASIS at the next time point after the patient turns 18, all subsequent OASIS assessments are also voluntary.

3. (A) (B) (C) (D)