

§484.45(a) Standard: Encoding and transmitting OASIS data. An HHA must encode and electronically transmit each completed OASIS assessment to the CMS system, regarding each beneficiary with respect to which information is required to be transmitted (as determined by the Secretary), within 30 days of completing the assessment of the beneficiary.

Interpretive Guidelines §484.45(a)

“CMS system” means the national *internet* Quality Improvement Evaluation System (*i*QIES).

“Encode” means to enter OASIS information into a computer.

“Transmit” means electronically send OASIS information, from the HHA directly to the CMS system.

An HHA must transmit a completed OASIS to the CMS system for all Medicare patients, Medicaid patients, and patients utilizing any federally funded health plan options that are part of the Medicare program (e.g., Medicare Advantage (MA) plans). An HHA must also transmit an OASIS assessment for all Medicaid patients receiving services under a waiver program receiving services subject to the Medicare Conditions of Participation as determined by the State.

Exceptions to the transmittal requirements are patients:

- Under age 18;
- Receiving maternity services;
- Receiving housekeeping or chore services only;

- Receiving only personal care services; and
- Patients for whom Medicare or Medicaid insurance is not billed.

The OASIS reporting regulations are not applicable to patients receiving personal care only services, regardless of payor source.

As long as the submission time frame is met, HHAs are free to develop schedules for transmission of the OASIS assessments that best suit their needs.