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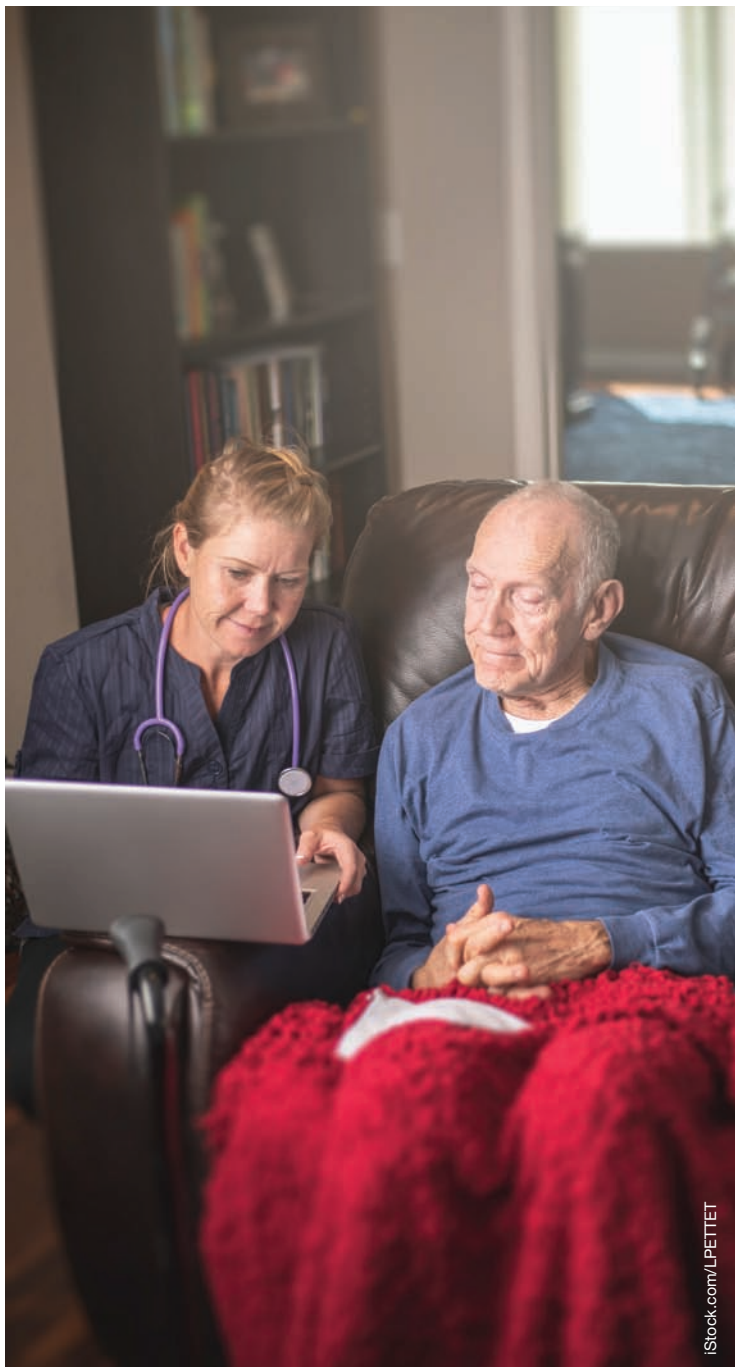
A New Era of OASIS Auditing:
Harnessing AI, Honoring OASIS Expertise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As the home health industry faces growing patient volumes, surging clinician shortages, and heightened regulatory scrutiny, the accuracy of OASIS data has never been more consequential. With over 18 million OASIS assessments conducted annually, this standardized tool directly influences Medicare reimbursement, public quality ratings, and compliance outcomes. Yet despite decades of educational initiatives, achieving reliable OASIS accuracy remains elusive, especially as assessing clinicians balance complex documentation tasks with patient care. This article explores the use of artificial intelligence (AI) as a strategy for agencies to leverage in achieving OASIS data quality. The shift toward AI-augmented OASIS auditing represents a significant inflection point. When implemented responsibly, AI offers not just efficiency, but a path to clinician education, reduced administrative burden, and sustainable quality gains. However, the benefits of AI are countered by the risks of misuse. Overreliance on automated recommendations without sufficient clinician expertise threatens to erode accuracy. The implications are clear—AI must enhance, not replace, clinician judgment. Agencies should carefully assess tools, train clinicians in their use, and preserve accuracy. AI can help clinicians work smarter, not just faster, but success hinges on principled implementation that centers on clinician ownership of the assessment. AI in OASIS auditing is not a shortcut, but a catalyst. When used well, it can drive data accuracy and clinician support. When misused, it risks undermining the very outcomes it seeks to improve.

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The Outcome and Assessment Information Set (OASIS) is the standardized patient assessment tool required for all Medicare-certified home health agencies under the Home Health Conditions of Participation (Centers for Medicare & Medicaid Services, 2023). First introduced in 1999, OASIS data support critical home health functions such as measuring quality outcomes, determining payment, and driving public reporting. The Centers for Medicare and Medicaid Services (CMS) regulations mandate that agencies collect and electronically submit accurate OASIS data for eligible patients at specific time points during a patient's home health stay.

Given the importance of OASIS to both quality measurement and agency reimbursement, CMS has always emphasized the need for accurate and comprehensive data (Centers for Medicare & Medicaid Services, 2024c). As OASIS has evolved through multiple revisions (OASIS-B1, C, C1, C2, D, D1, E, and now E1 with E2 on the horizon), so too have the efforts to achieve "clean" OASIS data. The success of training nurses and therapists to select accurate OASIS responses remains heavily dependent on a number of factors including:

- the quality, content, and recency of OASIS education,
- resources available to support training (money and time), and
- the buy-in, motivation, and accountability expectations of clinician learners.

About 18 million OASIS assessments are completed annually (Office of Management and Budget, 2024) by an estimated 150,000 assessing clinicians (Centers for Medicare & Medicaid Services, 2022). The unique and nuanced OASIS coding rules are not always clinically intuitive. Even for nurses and therapists with years of clinical experience, intentional effort is needed to gain a solid comprehensive foundation and stay up to date with OASIS conventions and coding guidance in order to adequately assess the patient, document findings, and select accurate OASIS responses. In pursuit of achieving the required OASIS accuracy, home health providers have implemented a variety of auditing strategies over the years to enhance clinician accuracy and efficiency.

Clinical Audit Supervisory Visits

The CMS OASIS Guidance Manual offers OASIS data auditing recommendations, including the suggestion that agencies conduct clinical record audits and clinical audit visits (Centers for Medicare & Medicaid Services, 2024c). Audit visits are described as a supervisor or peer auditor attending an assessing clinician's Start of Care (SOC) home visit, with both clinicians independently completing the OASIS scoring before later comparing, discussing, and resolving any discrepancies. Although intended to reinforce assessment skills and coding accuracy, this process is highly resource-intensive, requiring careful coordination, significant time investment, and the active participation of two skilled clinicians per assessment visit. Critically, it also presumes that between the supervisor and the assessing clinician, there exists a sufficient level of OASIS knowledge and coding competency to accurately identify errors, correct discrepancies, and model best practices. Without this foundational expertise on both sides, the audit process risks reinforcing inaccurate practices rather than strengthening OASIS data quality.

Manual and Automated OASIS Scrubbing

As supervisory joint audit visits revealed discrepancies between clinician and supervisor scoring (Centers for Medicare & Medicaid Services, 2002), agencies sought additional ways to support OASIS accuracy. This led to the development of OASIS edit checkers, or "scrubbers"—rules-based lists of potential inconsistencies designed to flag logically inconsistent OASIS responses.

Scrubbers are designed to detect potential or absolute OASIS errors, such as a patient coded as bedfast for transferring (M1850) yet also coded as walking with supervision for ambulation (M1860). The effectiveness of a scrubber depends heavily on both the sophistication and accuracy of the edit logic and the assessment skills and clinical judgment of the assessing clinician evaluating the scrubber recommendation and determining how to respond.

By the early 2000 s, agencies manually scrubbed OASIS responses against patient records using developed checklists of common edit rules. Around 2001, the first commercially available electronic scrubbers emerged as extensions to electronic medical record software.

Although scrubbers highlight inconsistencies, overreliance on them without strong critical thinking by the clinician can lead to critical errors, misrepresentations of the patient's status, and risks to compliance and appropriate reimbursement (Lowe et al., 2020). "Overdependence on technology" is

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among the top unintended adverse consequences of Clinical Decision Support Systems (CDSS), particularly the risk of clinicians overrelying on technology without sufficient critical evaluation (Campbell et al., 2007). As a national OASIS educator for over 25 years, this author has heard many firsthand accounts by clinicians describing their interaction with OASIS scrubbers. In some cases, the clinicians appear to lack the confidence or knowledge to "question" the scrubber recommendation. In other situations, clinicians share that they feel pressured by their agency to accept the scrubber recommendations, making them question their own OASIS knowledge and their role in the decision-making process. When the practical application shows that providers are beginning to trust support systems without question or relying on them as a replacement for foundational learning and staying current with the OASIS guidance, the established framework is destined for noncompliance and inaccuracy. A good rule of thumb may be to consider that scrubbers are intended to be a second review of a competent assessing clinician's OASIS coding. Scrubbers should not be viewed as a substitute or replacement for OASIS knowledge and competency by assessing clinicians, but rather an opportunity to "catch" legitimate coding errors, offering opportunities for OASIS correction and for targeted learning by an engaged assessing clinician.

The Rise of In-House Quality Assurance (QA) Departments

As CMS increasingly tied OASIS data to payment and public reporting through initiatives including Home Health Prospective Payment System (PPS), Home Health Quality Reporting Program (HH QRP), Care Compare, Quality of Patient Care Star Ratings, Patient Driven Groupings Model (PDGM), and Home Health Value-Based Purchasing (HHVBP), the accuracy stakes grew higher. Agencies responded by creating formal internal QA departments. These QA teams are typically responsible for:

- standardizing clinician education around comprehensive patient assessment and OASIS scoring,
- developing internal audit templates and checklists, and
- providing real-time feedback and coaching to field staff (assessing clinicians).

QA approaches and staffing models vary widely. Some agencies assign one QA nurse for every 20–30 assessing clinicians; others have developed larger, integrated QA teams, incorporating more comprehensive interdisciplinary clinical and compliance auditing. Agencies should be cautious about shifting the primary expectation for OASIS competency from the assessing clinician conducting the patient assessments in the home to the QA auditor. Doing so can unintentionally create a self-perpetuating cycle in which frontline assessment skills and confidence diminish, increasing reliance on downstream corrections. Over time, this approach may compromise the accuracy and integrity of initial assessments, strain QA resources, increase operational costs, and put overall documentation quality and regulatory compliance at risk.

Outsourcing OASIS Audits: A Strategic Shift

In the mid-2000s, CMS intensified scrutiny of OASIS data due to concerns about data accuracy and its impact on reimbursement (Davitt & Kaye, 2010). Many agencies began outsourcing OASIS and coding reviews to third-party vendors staffed by certified ICD-9 coders and Certified OASIS Specialists - Clinical (COS-Cs); (Healthcare Financial Management Association, 2007).

Outsourcing accelerated as agencies prepared for ICD-10 and early PDGM payment reforms, seeking specialized expertise without the need for the agency to expand and maintain highly trained internal teams. However, challenges arose, including:

- lack of sufficient detail in the clinical record to definitively determine coding accuracy versus error,
- communication gaps between agency and coding consultants,
- provision of "canned" recommendations by consultants without support of clinical documentation in the specific patient record,
- inconsistencies between the feedback provided by various consultants from the same outsourced vendor,
- delays in feedback cycles,

- loss of adequate in-house coding expertise to react to recommendations, and
- higher costs as former in-house/staff auditors transitioned to take on outsource/consultant roles (Home Health News, 2010).

Similar to that discussed with OASIS scrubbers, the expected actions by the assessing clinician in response to OASIS coding recommendations vary widely by agency. Some agencies have clear roles and expectations holding the assessing clinician accountable for ensuring ultimate accuracy. However, some assessing clinicians share that their role in decision-making for OASIS coding is unclear, and some stated that they had not considered that they could (or should) override a coding recommendation. Other clinicians have shared that they feel pressured to accept coding recommendations made by outsourced coders. Although there are also agencies where the insights offered by outsourced coding consultants serve to support the assessing clinician in catching errors, or confirming their original response, it is clear that the practices across agencies are highly variable.

The New Frontier: Artificial Intelligence (AI)-Augmented OASIS Auditing

Agencies are increasingly reshifting OASIS QA back in-house, fueled by feelings of wanting to regain control of their OASIS accuracy, and enticed by the emerging promise of AI-driven efficiency.

AI enhances a human's work by improving speed, depth, and accuracy, while keeping the human as the primary decision-maker (National Association for Home Care & Hospice, 2023). Early studies show AI-augmented OASIS auditing can cut review times by 30% to 50% (Famakinwa, 2025) and increase consistency and accuracy. Although clinicians are expected to play a critical role in analyzing all AI-generated recommendations, the extent to which they are engaged, empowered, and prepared to interpret these recommendations to support OASIS accuracy will likely vary widely. This variability depends largely on how the AI product's capabilities are communicated—whether by the vendor to the client agency, or by agency leadership to the assessing clinician. Two key forms of AI support are currently in use within the home health industry: AI-Assisted and AI-Augmented.

- **AI-Assisted**: Helps complete tasks faster but relies heavily on human thinking. Traditional OASIS scrubbers that flag inconsistencies from a set list of rules and logic checks can be a form of AI-assisted support.
- **AI-Augmented**: Uses machine learning to recognize patterns in OASIS coding and clinical documentation, identify trends that a manual (human) review might overlook.
  - An AI-augmented tool enhances human decision-making by offering insights, predictions, and pattern recognition for the clinician to consider, as they apply their OASIS knowledge and clinical judgment to finalize OASIS code selection.

The difference between AI-assisted and AI-augmented approaches to supporting OASIS accuracy are evidenced in a simple example.

Patient Scenario: A patient's OASIS assessment reports they are independent in managing their oral medications, but unable to walk 10 feet. The clinical record clarifies that the patient is currently non-weight bearing/non-ambulatory as a physician-prescribed post-op activity restriction.

AI-Assisted (traditional scrubber)

A typical OASIS scrubber will flag the combination of responses for M2020 Management of Oral Medications and GG0170I Walk 10 feet as shown below as an inconsistency because the independent coding for managing oral medications would require the patient to be able to independently get to the location in the home where the medications are routinely stored and the patient being unable to walk might be interpreted to represent that such mobility could not happen.

- ***M2020—Management of Oral Medications***
  - Response 0—Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times
- ***GG0170I—Walk 10 Feet***
  - Response 88—Not attempted due to medical condition or safety concerns

The expectation would be that the assessing clinician would review this flag and determine if each item (M2020 and GG0170I) is coded accurately based on the CMS guidance provided for coding each individual item. If both are deemed accurate, the clinician should override the scrubber flag and leave the original coding, and if appropriate, add narrative to the clinical documentation to explain the apparent inconsistency. If either or both are determined inaccurate by the assessing clinician and it is still within the assessment time frame and allowed by agency policy, the clinician should

update the item code(s). If the error is identified after the assessment timeframe has ended, the clinician should correct the OASIS item response(s) following agency correction policies and procedures.

AI-Augmented Tool

An AI-augmented tool might identify the same potential inconsistency between M2020 and GG0170I:

- ***M2020—Management of Oral Medications***
  - Response 0—Able to independently take the correct oral medication(s) and proper dosage(s) at the correct times
- ***GG0170I—Walk 10 Feet***
  - Response 88—Not attempted due to medical condition or safety concerns

but then predict what might be possible scenarios in which these two codes could both be accurate.

One possible scenario might be that the patient independently accesses the location where medications are routinely stored by using a wheelchair, because the patient is non-ambulatory. The AI tool might then look at the codes for *GG0170R Wheel 50 feet with two turns*, and/or *GG0170S Wheel 150 feet*, then search the narrative documentation for details indicating how far the patient must go to access medications. This combined OASIS and non-OASIS data may indicate that the patient is able to independently navigate in a wheelchair the distance needed to get to the location of the medications.

If the wheelchair codes show that the patient is not independent in wheelchair use, the AI tool may look for other possible explanations that could support the accuracy of the M2020 and GG0170I codes, such as documentation that the routine storage location for the medication and accessible water are at the patient's bedside.

This example highlights how in addition to simply comparing and flagging two possibly incompatible OASIS codes from a set list of logic checks, as is accomplished by the AI-assisted tool, the AI-augmented approach enhances the clinician's thinking by offering possible insights for the clinician to consider before determining whether or not coding modifications are warranted.

Whether using AI-assisted or AI-augmented support, the intention is that a skilled clinician serves as the human decision-maker, after considering the flags and insights provided. Both AI approaches also provide an opportunity for learning by the clinician as a result of the interaction with the AI recommendations. The flags by the scrubber may indicate to the clinician that more detailed documentation in this patient's clinical record is needed to clarify that the patient accesses their medications independently using a wheelchair. Additionally, after repeated interactions with an AI tool, over time the clinician may recognize that providing more narrative detail, especially around subtle nuances that impact OASIS coding, will minimize the identification of future recommended coding revisions, resulting in overall proficiency in the clinician's documentation behaviors.

At this pivotal stage of AI-augmented support in the OASIS auditing space, it is important to recognize that the models learn from user behavior. When agencies or assessing clinicians passively accept AI-generated recommendations, the model's confidence in those suggestions increases, influencing future recommendations for similar assessments. Therefore, to ensure the accuracy and efficiency for which everyone aims, strong and early engagement from assessing clinicians who essentially train the models through review of AI recommendations is critical.

Key AI Takeaways

1. AI-assisted support makes work faster. AI-augmented support makes work smarter.
2. AI auditing is not about replacing a human with a machine as the primary OASIS coder. Rather, when used responsibly, AI can supercharge the assessing clinician's efficiency while simultaneously coaching them to increase future competency and proficiency.

Ambient AI and Scribe Support for OASIS Assessments

A specific type of support that is being utilized in home health incorporates ambient AI, such as scribe tools (Journal Medical Systems, 2023). These tools reduce manual data entry burden by:

- recording clinician–patient interactions in real-time (with patient consent)
- automatically generating structured OASIS assessment drafts, and
- flagging gaps in required OASIS responses based on the conversation.

Clinicians can and should review, edit, and validate AI-generated assessment codes, ensuring that the final assessment is a true and accurate representation of the comprehensive assessment they conducted. Ambient recording can enhance clinician efficiency but does require intentional and unique clinician training to:

- elicit and verbalize necessary information during the patient assessment,
- validate and/or correct AI-captured observations,
- select responses for OASIS items that were not able to be coded based only on the content available from the ambient recording and other source documents, and
- ensure documentation and OASIS codes reflect the clinical reality of the comprehensive assessment, not just conversational artifacts.

In addition to supporting efficiency, the use of AI-based ambient listening documentation support may promote staff retention, as use has been associated with positive impact on the clinician's documentation experience, and on the clinician's overall well-being (Galloway et al., 2024). Additionally, use of ambient AI scribe tools was found to be acceptable among clinicians and patients, improving the healthcare encounter experience for both (Tierney et al., 2024; Tierney et al., 2025).

CMS Position on use of AI support for OASIS

At the time of this writing, CMS has not issued any formal regulations or broad prohibitions specifically authorizing or banning the use of AI tools in OASIS coding or auditing processes. However, CMS has issued clear guidance and reminders about the ultimate responsibility for assessments remaining solely with the assessing clinician, and this will clearly have compliance implications related to the use of AI.

Clinician Accountability

Per the Home Health Conditions of Participation 42 CFR §484.55 – Comprehensive Assessment of Patients (Centers for Medicare & Medicaid Services, 2023), each patient must receive, and a registered nurse, physical therapist, speech-language pathologist, or occupational therapist must complete, a comprehensive patient assessment, including OASIS.

In the CMS 2017 Home Health Final Rule Commentary on the CoPs Update (Centers for Medicare & Medicaid Services, 2017), CMS emphasized that the skilled professional must personally conduct and be responsible for the comprehensive assessment, specifically noting that *"completion of the assessment may not be delegated to clerical staff, templates, or other individuals or tools outside of the assessing clinician."* [Source: 82 Fed. Reg. 4504 (Jan 13, 2017), *Medicare and Medicaid Programs: Conditions of Participation for Home Health Agencies*]

A response provided by CMS to OASIS Q&As Category 2, Question 37.3 demonstrates the degree to which CMS expects the assessing clinician to be the single individual who makes the final determination for OASIS coding decisions, and highlights their legal responsibility in signing the related comprehensive assessment:

> *"The comprehensive assessment, including OASIS, is a legal document and when signed by a clinician, the signature is an attestation that all information contained in the document is truthful and accurate. Suppose an error is discovered upon review by a supervisor or other auditing staff and it can be validated that it is a true error and not just a discrepancy (a difference between two data items without knowledge of which data item is correct). In that case, the error should be corrected according to the agency's correction policy and established professional medical record documentation standards. When a potential inconsistency is identified within the assessment timeframe and the assessing clinician is not available to approve the suggested edits then the original OASIS responses selected by the assessing clinician on the completed OASIS would be submitted." [CMS OASIS Q&As, Cat 2, Q 37.3]* (Centers for Medicare & Medicaid Services, 2024a)

Accuracy and Source Integrity

CMS Survey Guidance includes specific instructions for surveyors to verify that assessments are individualized, clinically accurate, and derived from direct assessment, not templated or imported (Centers for Medicare & Medicaid Services, 2024b). "The comprehensive assessment must be based on the patient's own reporting and the clinician's direct observation and assessment, not on secondhand reports, prior documentation, or prepopulated templates."

CMS HHA Survey Protocols specifically instruct surveyors to "Review the clinical record to determine if comprehensive assessments are patient-specific, reflect an accurate clinical picture, and have been documented through direct clinician assessment rather than standardized templates or non-clinical input."

Also, the CMS OASIS Guidance Manual states that "each response must represent the clinical

assessment of the patient based on current findings, not assumptions, copied information, or prefilled information."

In the absence of more specific regulations or policies from CMS related to the use of AI in OASIS data collection, coding, and auditing, agencies might consider creating policies and practices that ensure compliance with the known requirements, specifically:

- clarifying the assessing clinician's role and responsibility related to the comprehensive assessment and OASIS,
- ensuring data submitted to CMS is accurate, and
- ensuring patient rights and privacy protections are met.

Challenges and Cautions

Despite the vast potential, AI-assisted and AI-augmented QA tools are not magic bullets. Their effective and compliant use will require responsible development by software vendors, and thoughtful implementation and use by providers. Such provider efforts may include:

- Vetting AI tools and resulting recommendations carefully for clinical appropriateness and regulatory alignment
- Training clinicians on how to interpret, investigate, and respond to AI findings
- Maintaining robust human oversight to avoid blind spots, hallucinations, or systemic errors in AI-generated recommendations
- Ensuring clinicians understand mandatory data collection triggers (Start of Care, Resumption of Care, Recertification, Transfer, Death at Home, Discharge)
- Protecting patient data privacy in compliance with HIPAA and CMS standards (Office of the National Coordinator for Health Information Technology [ONC] and Centers for Medicare & Medicaid Services [CMS], 2024)
- Ensuring assessing clinicians are competent in completing and documenting a truly comprehensive assessment of the patient—capturing sufficient clinical detail, observations, and objective findings so that OASIS scoring is clearly supported and not open to question by auditors, payers, or surveyors.

As CMS policy and AI capabilities continue to evolve, frequent review and modification of AI tools and agency policies and practices may be required to keep both technology, reviewers and clinicians agile and compliant.

Conclusion

With CMS estimating a 30% increase in OASIS assessments resulting from the July 2025 transition to all-payer OASIS data collection (Office of Management and Budget, 2024), and home health agencies reporting turning away over 25% of referred patients specifically due to clinician staffing shortages (Home Care Association of America & National Association for Home Care & Hospice, 2023), the timing is prime for the home health industry to leverage AI support tools. Responsible AI implementation requires an intentional and coordinated effort between AI tool developers, home health agency leadership, QA managers, auditors, and assessing clinicians. The degree to which government regulation and oversight directly addresses the use of AI in OASIS auditing is yet to be seen, but likely will include ensuring compliance related to standards preserving patient care quality, protecting patient privacy, maintaining OASIS data integrity, and upholding the clinician accountability for final OASIS scoring.

The integration of AI into OASIS auditing offers home health agencies a powerful opportunity to enhance accuracy, efficiency, and clinician support. Yet with this opportunity comes a clear mandate: AI must remain a tool to *assist* the assessing clinician, not be seen or used as a *replacement* for clinical judgment and assessing clinician's accountability. Responsible development by AI vendors, including insuring clinical appropriateness, transparency, and regulatory alignment, is just as critical as thoughtful adoption by agencies. A shared commitment to principled AI governance between vendor and provider organizations, grounded in the engagement and empowerment of clinician accountability, offers the strongest potential to fully realizing the benefits of AI adoption in advancing OASIS accuracy and efficiency. ☗

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