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INTERPRETING INITIAL FEEDBACK AND FINAL VALIDATION REPORTS

REPORT FORMATS

The Initial Feedback Report and the Final Validation Report follow the same format. Each report begins with a header that displays general information. The Final Validation header is followed by a report detail section that describes each message encountered in any of the body record(s). The items on each line are tab delimited.

OASIS Initial Feedback Report Layout

CMS State Report

OASIS Initial Feedback Report

[Report Date/Time]   mm/dd/yyyy hh:mm:ss
[Submission Method]   upload
[Batch Status]   xxxxxxxxx
[Submission Date/Time]   mm/dd/yyyy hh:mm:ss
[Submission Batch ID]   99999
[Batch Submission Type]   xxxxxxxxxx
[Agency ID]   xxxxxx
[Agency Name]   xxxxxxxxxxx
[# Data Records Processed]   999999

BE SURE TO RETRIEVE YOUR FINAL VALIDATION REPORT FOR WARNING AND/OR REJECTIONS

Record: Header
[Field or OASIS Items]   xxxxxxxxx
[Invalid Data Submitted]   [Submitted: xxxxxxxxxx Database: xxxxxxx]
[Message Number]   99
[Message]

                                                      xxxxxxxxxxxxxxxxxxxxxxxx
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Record: Trailer

OASIS Final Validation Report Layout

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CMS State Report
                           OASIS Final Validation Report


[Report Date/Time]                          06/22/2001 13:21:33
[Batch Status]                              Received
[Submission Date/Time]                      06/22/2001 13:21:29
[Submission Batch ID]                       999999
[Batch Submission Type]                     Production
[Agency ID]                                 HHA
[Agency Name]                               HHA
[# Records Processed]                       3
[# Records Rejected]                        0
[# Duplicate Records]                       0
[# Records with Messages]                   0
[Total # of Messages]                       0
--------------------------------------------------------------------------------------------
Record: Header
--------------------------------------------------------------------------------------------
Record: 1[                                  Accepted
Assmt_Int_ID = #######                      Name            = LNAME,  FNAME
Res_Int_ID = #######                        SSN             = ###-###-###
RFA, Branch_ID = 06 1111111111              Eff Date        = 06/19/2001
Correction Num =   00                       M0090           = 06/19/2001
--------------------------------------------------------------------------------------------
Record: 2                                   Accepted
Assmt_Int_ID = #######                      Name            = LNAME,  FNAME
Res_Int_ID = #######                        SSN             = ###-###-###
RFA, Branch_ID = 01 1111111111              Eff Date        = 06/19/2001
Correction Num =   Inactivation             M0090 Date      = 06/19/2001
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Record: 3                                   Accepted
Assmt_Int_ID = #######                      Name            = LNAME,  FNAME
Res_Int_ID = #######                        SSN             = ###-###-###
RFA, Branch_ID = 04 1111111111              Eff Date        = 06/19/2001
Correction Num =   01                       M0090           = 06/19/2001
--------------------------------------------------------------------------------------------
Record: Trailer
```

REASON FOR ASSESSMENT TYPES

RFA* Type	RFA Description	Assessment Completed	Locked Date (Effective 6/21/2006)	Submission Timing (Effective 6/21/2006)
01	SOC - further visits planned	Within 5 calendar days of the SOC Date	No required lock date	Transmission required within 30 calendar days of completing the assessment (M0090)
03	ROC - after inpatient stay	Within 2 calendar days of the ROC Date	No required lock date	Transmission required within 30 calendar days of completing the assessment (M0090)
04	Recertification - F/U	The last 5 days of every 60 days, i.e., days 56-60 of the current 60-day period.	No required lock date	Transmission required within 30 calendar days of completing the assessment (M0090)
05	Other F/U	Complete assessment within 2 calendar days of identification of significant change of patient's condition	No required lock date	Transmission required within 30 calendar days of completing the assessment (M0090)
06	Transferred to Inpatient Facility - not discharged from agency	Within 2 calendar days of the disch/trans/death date or knowledge of transfer	No required lock date	Transmission required within 30 calendar days of completing the assessment (M0090)
07	Transferred to Inpatient Facility - discharged from agency	Within 2 calendar days of the disch/trans/death date or knowledge of transfer	No required lock date	Transmission required within 30 calendar days of completing the assessment (M0090)
08	Died at home	Within 2 calendar days of the disch/trans/death date or knowledge of death	No required lock date	Transmission required within 30 calendar days of completing the assessment (M0090)
09	Discharged from agency: Not to Inpatient Facility	Within 2 calendar days of the disch/trans/death date or knowledge of discharge	No required lock date	Transmission required within 30 calendar days of completing the assessment (M0090)

* RFA= Reason for Assessment

NOTE: RFA 02 and RFA 10 are no longer required records and are rejected by the state system

REPORT FIELD DESCRIPTIONS AND VALUES

Report Field	Description	Values
[Report Date/Time]	The date and time the report was generated by the OASIS System.	Date and time to the nearest second
[Submission Method]	The application which was used to submit a home health agency's files into the OASIS system. If the home health agency uses a browser to connect to the state agency to submit files, then the submission method would be "Upload." However, if the home health agency sends the submission files to the state agency on a disk, then the submission method would be "Disk Upload."	"Upload" or "Disk Upload"
[Batch Status]	Indication of whether the submitted batch was received successfully or rejected. While most records with errors are accepted and stored in the OASIS database, any *fatal file* errors encountered by the OASIS System will result in the rejection of the entire batch of records. A list of *fatal file* errors is provided following this table.	"Received" or "Rejected"
[Submission Date/Time]	The date and time the OASIS submission was uploaded to the State server by the home health agency.	Date and time to the nearest second
[Submission Batch ID]	A unique identification number assigned for this submission.	Integer
[Batch Submission Type]	Indication of whether this submission is a test or production submission.	"Test" or "Production"
[Agency ID]	A unique identifier for the home health agency that created the OASIS records in the submission.	Alphanumeric
[Agency Name]	The name of the home health agency that created the OASIS records in the submission.	Text
[# Data Records Processed]	Total number of data records processed in this submission.	Integer (zero or greater)
[# Records Rejected]	Total number of records that were not loaded into the database because of data record messages(s) in the file.	Integer (zero or greater)
[# Duplicate Records]	Total number of records that were not loaded into the database because they were duplicate records.	Integer (zero or greater)
[# Records with Messages]	The number of records that had messages.	Integer (zero or greater)
[Total # of Messages]	Number of messages in all records for that submission file.	Integer (zero or greater)
Record: XX	The record in the OASIS file that the messages below are being reported.	Header, Trailer, or a number (indicating the record number)
[SSN]	Social Security Number	xxx-xx-xxxx
[Name]	Last name, first name, and middle initial of the patient for the identified assessment record.	Text
[Res_Int_ID]	The state system assigned patient internal ID.	Integer
Assessment Internal ID	The State System assigned assessment internal ID.	Integer
[RFA]	The Reason for Assessment that was submitted. (RFA 02 and 10 will no longer be accepted on or	01, 02, 03, 04, 05, 06, 07, 08, 09, 10

Report Field	Description	Values
	after 12/16/2002).	
[Corr Num]	The correction number of the submitted record. Also identifies inactivation records.	Alphanumeric
[Effective Date]	The effective date of the record (M0030 for RFA 01 & 02; M0032 for RFA 03; M0090 for RFA 04 & 05; M0906 for RFA 06, 07, 08, 09 & 10). (Note effective 12/16/2002: RFA 02 and 10 will no longer be accepted).	Date value
[Branch_ID]	Branch ID is an optional field and defined by the HHA.	Text
[Field or OASIS Items]	The code for the field or OASIS item in error.	Form location code
[Invalid Data Submitted]	Actual value submitted.	(varies)
[Message Number]	The number used to identify the message which was encountered for the corresponding record. This number and the message text associated with it can be found following this table.	Positive integer
[Message]	Text information about the error that was encountered for the corresponding record.	Text