

CATEGORY 6 - DATA SUBMISSION

Q1. Are HHAs allowed to correct the Reason for Assessment (RFA) as a non-key field correction?

A1. No, the HHA must submit an inactivation request for the erroneous assessment and re-submit a corrected assessment, containing the correct RFA.

Q2. An OASIS Transfer assessment (RFA 6) was collected, encoded, and submitted to the State. The Resumption of Care assessment (RFA 3) was also collected, encoded and submitted. (Both assessments were submitted successfully as production assessments). Later it was determined that the assessments were submitted for the wrong patient. Will the submission of an inactivation request for the Transfer assessment (RFA 6) also serve to inactivate the incorrect Resumption of Care assessment (RFA 3), or is it necessary to submit a separate inactivation record for both incorrect assessments?

A2. The submission of an inactivation record for the OASIS transfer assessment (RFA 6) will not inactivate the ROC assessment (RFA 3). It is necessary to submit an inactivation record for both erroneously submitted assessments. It is important to note that an inactivation inactivates only a single record.

Q3. If an HHA makes a correction to a key field after having previously submitted 3 non-key field corrections on the same assessment, will the corrected assessment reflect that the HHA has made 4 changes or 1 change?

A3. Corrected assessments are maintained on the State server on a history table. Each time the assessment is corrected an entry is made on the history table to reflect that an update has been made to the assessment. In the example you provided, the history table would reflect three non-key field corrections and an inactivation for the specific assessment.

Q4. If the HHA identifies that an error was made in a patient's social security number after having submitted several assessments containing that error, will the inactivation process retroactively correct all erroneous submissions?

A4. No. Each assessment submitted to the State system containing the error must be individually inactivated and a corrected original assessment submitted in its place. It is important to note that an inactivation request inactivates only a single record.

Q5. An HHA has an assessment with a key field error and will submit a request for inactivation. The HHA will need to submit a new corrected assessment to replace the erroneous record. Can it submit both records in the same submission batch?

A5. Both the inactivation request and the replacement record may be included in the same submission batch.

Q6. Can an HHA submit non-key field corrections, inactivation requests, and new assessments in the same batch?

A6. Yes. An HHA can submit all of these record types in a single batch, if it chooses. The State system follows a sorting algorithm that processes all of the inactivations first, then processes all other records (both originals and corrections).

Q7. Nonsense information (test data) was inadvertently submitted as production data. What should the HHA do?

A7. Inactivation will not solve this problem. The HHA should contact the State OASIS Automation Coordinator (OAC) and request that the erroneous data be deleted from the State system. A list of State OACs along with their contact information is available at <http://www.cms.hhs.gov/oasis/hhoac.pdf>.

Q8. Do we need to transmit OASIS data on the non-Medicare/non-Medicaid, i.e., private pay patients?

A8. The OASIS regulations and CMS policies currently in effect require that HHAs transmit data only on the Medicare/Medicaid patients who are receiving skilled care services, with the exception of maternity patients, patients under age 18, and those patients receiving aide care only or chore services. Currently, HHAs may submit OASIS data collected on their non-Medicare and non-Medicaid patients receiving skilled services but only if it is in an unidentifiable (masked) format. Current versions of the HAVEN software (i.e., HAVEN 6.2) will automatically mask the patient identifiers on those assessments where the pay source is identified as other than 1, 2, 3 or 4 at OASIS item M0150. **Note:** Effective December 2003, there is a temporary suspension of the requirement to collect OASIS data for non-Medicare/non-Medicaid (i.e., private pay) patients. Since the inception of OASIS agencies have not been required to submit OASIS data for non-Medicare/non-Medicaid patients. (This notice can be read at <http://www.cms.hhs.gov/oasis/hhregs.asp>.) The requirement to submit OASIS data on non-Medicare/non-Medicaid patients will be effective only when CMS publishes a Federal Register notice to this effect. When it becomes effective, it will not be retroactive, therefore, it will not be expected that agencies would need to encode and transmit OASIS data on assessments completed prior to the effective date.

Q9. Is OASIS data submission specific to each State or is it standardized?

A9. OASIS data submission is standardized for all States. Although, based on laws passed within each State, there may be items that cannot be submitted (i.e., HIV or STD ICD-9 codes).

Q10. Please describe how an HHA should transmit OASIS data to the State?

A10. The submission process is described in Section 3 of the *OASIS Home Health Agency System User's Guide* located at <http://www.qtso.com/guides/hha/user/section3.pdf>. This manual provides the user with step-by-step directions for submitting OASIS assessments.

Q11. I understand that we should be submitting our OASIS data on a monthly basis and that there is a 7-day 'lock and load' requirement. Does that mean that data for all patients admitted, recertified, and/or discharged in an agency must be encoded within 7 days of the respective date and that all the data locked for that

month are then transmitted all at once? Please clarify at what points OASIS data must be submitted to the State agency.

A11. Once the OASIS data is collected, agencies have 7 days to encode (enter into a computer) their OASIS data, check the data for errors and make the assessments export ready. At least once a month, agencies should retrieve all of the locked (export ready) assessments waiting for submission and create a file to send to the State agency. The required time frame for submission of assessments is by the last day of the month following the month in which the assessment was locked (export ready). For example, if a record is locked (export ready) on February 1, 2004, the record must be successfully submitted as a production submission by March 31, 2004. If the record is not successfully submitted by March 31, 2004 then warning message +234 will be returned on the final validation report.

Q12. I am a branch HHA in Delaware, and my parent office is in Pennsylvania. Do I submit OASIS files to Delaware or Pennsylvania?

A12. The data for the branch agency must be sent to the State in which the parent agency is certified. In this case, the submission files for the Delaware branch will be sent to the State of Pennsylvania using the parent agency's Facility ID. When an HHA provides services across State lines, it must be certified in the State in which its parent office is based. Section 2184 of the State Operations Manual located at http://www.cms.hhs.gov/manuals/pm_trans/R25SOM.pdf, provides requirements for providing services across State lines.

Q13. Can OASIS data be entered for different HHA branches on separate personal computers? Can the branch data be submitted separately? Is there a way to merge the data prior to submission?

A13. OASIS data may be entered for different HHA branches on separate personal computers by each branch if the HHA chooses to operate in this manner. The branch can encode the data, run the edits, make any corrections to the record, and lock it in a format ready for submission. At that point, the branch can send its file to the parent agency using a system designed by the agency for submission to the State or the branch may submit its OASIS data directly to the State in which the parent agency is certified, based on the parent agency's policies.

Q14. How frequently must we transmit OASIS data to the State?

A14. The OASIS reporting regulation requires transmission at least monthly, and further specifies that assessments completed, encoded, and locked by the end of one calendar month should be transmitted by the end of the next calendar month. We recommend more frequent submission of data, particularly in the case of high volume agencies for which monthly data batches may be quite large. Agencies are encouraged to contact the State OASIS Automation Coordinator (OAC) or OASIS Education Coordinator (OEC) to determine the best days of the month and times of day to transmit, and whether there are specific days or times when the State system will be unavailable. A list of State OACs and OECs along with their contact information is available at <http://www.cms.hhs.gov/oasis/hhoac.pdf> and <http://www.cms.hhs.gov/oasis/hhoec.pdf>, respectively.

Q15. I am a subcontractor located some distance from the HHA with which we have contracted. Can OASIS data be entered at our site on separate computers from the parent HHA? Can we submit OASIS data directly to the State?

A15. OASIS data may be entered at different locations on separate personal computers by the subcontractor if the HHA and subcontractor choose to operate in this manner. The subcontractor can encode the data, run the edits, make any corrections to the file, and lock the file in a format ready for submission. At that point, the subcontractor can send the file to the parent HHA on a schedule determined by the subcontractor and the prime HHA (e.g., you may choose to send data weekly to the HHA). Data from all subcontractors can be submitted in one file by the parent HHA or data from each subcontractor can be submitted separately by the parent agency. Please note that subcontractors are not assigned user names and passwords required for transmission of data to the State.

Q16. I am a subcontractor completing data entry for a home health agency. The OASIS assessment at M0200 offers a skip pattern if you answer NO with directions to go to M0220. However, the next question, M0210 was also answered. How does the data entry clerk determine which response is correct?

A16. The 7-day period after the completion of the assessment is to allow the data entry clerk time to resolve any problems with the assessment. You need to contact the clinician who conducted the assessment, or the OASIS coordinator at the home health agency to clarify which response is correct.

Q17. Regarding the timeframe for OASIS data entry, the Federal Register Stated that the Start of Care assessment must be completed within 5 days and the Encoding and Finalizing of the Data Entry (lock) within 7 days of completing the OASIS data set. Does the 7 days start from the date that is recorded in OASIS question M0090 (Date assessment completed)? Is the date assessment completed the day of that initial visit when the service provider obtains their info (start of care date) or is it the day the clerical staff complete the ICD codes which could be a day or two later?

A17. For all types of assessments (Start of Care, Recertification, Discharge, etc.), the time frame during which encoding, editing, and locking must occur is seven calendar days from the completion of the assessment (i.e., M0090: Date assessment completed + 7 days). The comprehensive assessment must be conducted by a qualified clinician in conjunction with a home visit. M0090 reflects the final date the qualified clinician completed the actual patient assessment. This is usually the date of the last home visit made to complete the assessment but may reflect a date subsequent to the onsite visit when the qualified clinician needs to follow up, offsite, with the patient's family or physician in order to complete an OASIS clinical data item. When a patient is transferred to an inpatient facility or discharged without advance notice, M0090 should reflect the date the agency learns of the inpatient admission or discharge. The encoding and editing of data (which must be completed within seven days) includes ICD coding, data entry, review of data for completeness and consistency, and resolution of any data problems prior to locking the data record in preparation for transmission. A record is locked when it is considered final and ready for transmission to the State.

Q18. How should a rejection that occurs as a result of submitting a reason for assessment (RFA) 2 to a State, be corrected?

A18. You do not need to do anything to correct this rejection, as it merely indicates that this record did not need to be submitted. If this patient were a Medicare PPS patient, however, an RFA 2 assessment was not the correct one to be done. In the case of a one-visit-only Medicare patient (where the visit would be billed), the response to M0100 should be RFA 1. This would allow the generation of the health insurance prospective payment system (HIPPS) code necessary for billing. This assessment must be encoded and submitted to the State.

Q19. There are some States that do not allow transmission of STD/HIV diagnoses. If we submit an assessment with one of those diagnoses, our record is rejected. What should we do?

A19. Several States have a law that prohibits the collection and storage of STD/HIV diagnosis information. The States have the right to accept or reject such diagnoses when submitted in OASIS data. We suggest that the agencies contact the State OEC for advice or use a symptom, such as "wasting syndrome" or "pneumonia" (if the patient has that symptom of the disease) on the OASIS, Plan of Treatment, and billing documents.