

4

HHA PROVIDER REPORTS

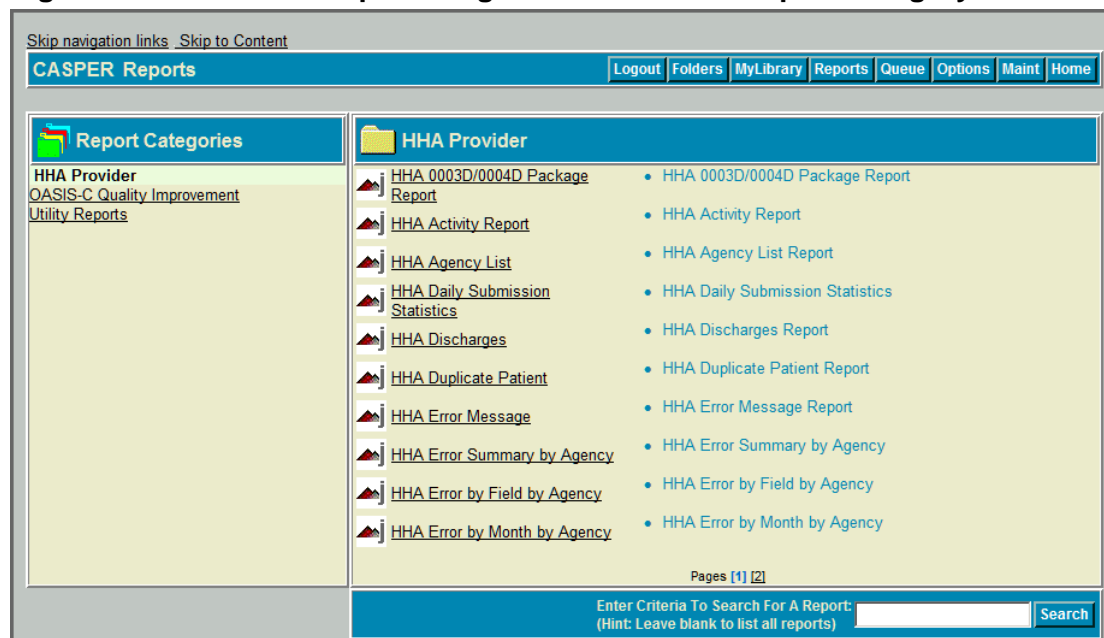
GENERAL INFORMATION.....	3
HHA 0003D/0004D PACKAGE REPORT	5
PROVIDER HISTORY PROFILE	5
PROVIDER FULL PROFILE	7
HHA ACTIVITY REPORT	11
HHA AGENCY LIST	13
HHA DAILY SUBMISSION STATISTICS	14
HHA DISCHARGES	16
HHA DUPLICATE PATIENT	18
HHA ERROR BY FIELD BY AGENCY	20
HHA ERROR BY MONTH BY AGENCY	22
HHA ERROR MESSAGE.....	24
HHA ERROR SUMMARY BY AGENCY	25
HHA ROSTER	27
HHA START RESUME CARE	29
HHA SUBMISSION STATISTICS BY AGENCY	31
HHA SUBMISSION STATISTICS MONTHLY	33
HHA VENDOR LIST	35
OASIS AGENCY FINAL VALIDATION REPORT	37
OASIS ASSESSMENT PRINT	42
OASIS ASSESSMENTS WITH ERROR NUMBER XXXX.....	44
OASIS ERROR DETAIL BY AGENCY	46
OASIS RFA STATISTICS BY AGENCY	48
OASIS SUBMITTER FINAL VALIDATION REPORT	50

NOTE: Unless otherwise noted, PDF is the recommended output format for the reports described herein. Excel and CSV output formats may result in a report that is not visually aesthetic.

GENERAL INFORMATION

HHA Provider reports are requested on the **CASPER Reports** page (Figure 4-1).

Figure 4-1. CASPER Reports Page – HHA Provider Report Category



1. Select the HHA Provider link from the *Report Categories* frame on the left. A list of the individual HHA Provider reports you may request displays in the right-hand frame.

NOTE: Only those report categories to which you have access are listed in the *Report Categories* frame.

2. Select the desired underlined report name link from the right-hand frame. One or more **CASPER Reports Submit** pages are presented providing criteria options with which you specify the information to include in your report. These options may differ for each report.
3. Choose the desired criteria and select the **Submit** or **Next** button.

NOTE: HHA reports access detailed information and may require a significant amount of time to process. Once you submit your report request(s), you may consider exiting the CASPER Reporting application, and viewing the completed report(s) at a later time.

4. Refer to Section 2, Functionality, of the CASPER Reporting User's Guide for assistance in viewing, printing, saving and exporting the reports you request.

Some HHA Provider reports are queried by submission date and others are queried by effective dates. The submission date is the date on which the file was submitted (sent) to the ASAP system. Effective date is based on the reason for assessment (RFA) type. The following identifies the effective date used for each RFA:

- Effective date when RFA = 06, 07, 08 or 09 is the Discharge/Transfer/Death (M0906) date
- Effective date when RFA = 04 or 05 is the Information Completion (M0090) date
- Effective date when RFA = 03 is the Resumption of Care (M0032) date
- Effective date when RFA = 01 is the Start of Care (M0030) date

HHA 0003D/0004D PACKAGE REPORT

The HHA 0003D/0004D Package Report provides agency, corporate, and third-party users access to the CASPER Standard reports 0003D Provider History Profile and 0004D Provider Full Profile.

NOTE: State Agency and CMS Central and Regional Office users must submit reports 0003D and 0004D from the Standard report category rather than use the HHA 0003D/0004D Package Report.

The criteria selection page (Figure 4-2) for the HHA 0003D/0004D Package Report presents a *Reports* option to agency users.

Figure 4-2. CASPER Reports Submit Page – HHA 0003D/0004D Package Report – Agency Users

The screenshot shows the 'CASPER Reports Submit' page. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the page title is 'Report: HHA 0003D/0004D Package Report'. Under the title, there is a section labeled 'Reports:' with two checkboxes: '0003D Provider History Profile' and '0004D Provider Full Profile'. At the bottom, there are two dropdown menus: 'Template Folder:' with 'My Favorite Reports' selected, and 'Template Name:' with 'HHA 0003D/0004D Package Report' selected. To the right of these dropdowns are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

Reports options include *0003D Provider History Profile* and *0004D Provider Full Profile*. You must select (check) at least one of these report options.

NOTE: The **CASPER Reports Submit** criteria pages presented to corporate and third-party users offer State and Agency Lookup filter options with which they may select a maximum of 25 agencies. Corporate and third-party users may generate reports for only those agencies to which they are authorized.

Provider History Profile

The CASPER Report 0003D Provider History Profile (Figure 4-3) is a multi-page report that presents Current survey information, including all deficiencies, for the current year in the following groupings:

- General Provider Information
- Program Requirements
- Deficiency Summary
- Status of Deficient COPs
- Complaint Survey Information

Figure 4-3. CASPER Report 0003D – Provider History Profile (Page 1)

Run Date: 11/18/2014 Job # 18382768		CASPER Report 0003D Provider History Profile District of Columbia		Last Update: 11/10/2014 Page 1 of 2	
MEDSTAR HEALTH VNA 4301 CONNECTICUT AVENUE 441 WASHINGTON, DC 20008 State's Region Code: 001 Compliance Status: Provider meets requirements		CCN: 097000 Phone Number: (202)882-6988 Participation Date: 07/01/1966 Deemed By: JC		Provider Category: HHA Subtype: Visiting Nurse Association Type Action: RECERTIFICATION Type Ownership: VOLUNTARY NON-PROFIT -	

Program Requirements					
Current Survey/Revisit Dates - None					
Prior 3 Survey	Prior 2 Survey	Prior 1 Survey	Current Survey	Plan/Date of Correction	Requirement
09/2006	09/2008	09/2008	07/29/2011		
X	X				STD G0108-RIGHT TO BE INFORMED IN ADVANCE ABOUT
X					STD G0109-RIGHT TO PARTICIPATE IN PLANNING OF CARE
X					STD G0121-COMPLIANCE WITH ACCEPTED PROFESSIONAL
X					STD G0141-PERSONNEL POLICIES
	X				COP * G0156-ACCEPTANCE OF PATIENTS, PLAN OF CARE, &
X	X				STD G0157-PATIENTS ACCEPTED ON EXPECTATION THAT NEEDS
X	X				STD G0158-WRITTEN PLAN OF CARE ESTABLISHED &
	X				STD G0159-PLAN OF CARE COVERS DIAGNOSES, REQUIRED
	X				STD G0163-PLAN REVIEWED BY PHYSICIAN/HHA PERSONNEL AT
X					STD G0164-ALERT PHYSICIAN TO CHANGES THAT SUGGEST NEED
	X				STD G0165-DRUGS & TREATMENT ADMINISTERED ONLY AS
X	X				STD G0166-NURSE RECORDS/SIGNS ALL ORAL ORDERS
	X				STD G0176-RN PREPARES NOTES, COORDINATES, INFORMS MD,
X					STD G0224-WRITTEN INSTRUCTIONS FOR HOME CARE PREPARED

I = Past Non-compliance C = Date of Correction N = No Date Given P = Plan of Correction R = Refused to Correct W = Waived F = FSES X = Deficient
 * = Regional Office Flag (Includes COPs) ELE = Element STD = Standard COP = Condition REQ = Requirement

The information provided in each section of the report includes:

General Provider Information

- Provider Name and Address
- State's Region Code
- Compliance Status
- CMS Certification Number (CCN)
- Phone Number
- Participation Date
- Deemed By
- Provider Category
- Subtype
- Type Action
- Type Ownership

Program Requirements

- Current Survey/Revisit Dates
- Prior 3 Survey Date
- Prior 2 Survey Date
- Prior 1 Survey Date
- Current Survey
- Requirement
 - Plan/Date of Correction
 - Deficiency Prefix Code

- Deficiency Tag Number and Description

Deficiency Summary

- Totals by Type of Deficiency for each of the 4 most-recent surveys

Status of Deficient COPs

- Deficiency Not Corrected
- Deficiency Corrected After Approval
- Repeat COP Deficiency

Complaint Survey Information

- Survey Date
- Status

A legend defines the following notations on the report:

- ! = Past Non-compliance
- * = Regional Office Flag (Includes COPs)
- C = Date of Correction
- N = No Date Given
- P = Plan of Correction
- R = Refused to Correct
- W = Waived
- F = FSES
- X = Deficient
- ELE = Element
- STD = Standard
- COP = Condition
- REQ = Requirement

Provider Full Profile

The CASPER Report 0004D Provider Full Profile (Figure 4-4) is a multi-page report that presents provider profile and Current survey information, including all deficiencies, for the current year in the following groupings:

- General Provider Information
- HHA Services
- Program Requirements
- Deficiency Summary
- Status of Deficient COPs

Figure 4-4. CASPER Report 0004D – Provider Full Profile (Page 1)

Run Date: 11/18/2014 Job # 18382770	CASPER Report 0004D Provider Full Profile Current Survey from 01/01/2014 thru 11/18/2014 Nevada	Last Update: 11/10/2014 Page 1 of 3																																												
FAMILY HEALTH CARE SERVICES INC 8655 S EASTERN AVE LAS VEGAS, NV 89123 State's Region Code: LV Compliance Status: Provider meets requirements based on an acceptable plan of correction	CCN: 297030 Phone Number: (702)383-0887 Participation Date: 03/24/1987 Deemed By: None	Provider Category: HHA Subtype: Other Type Action: RECERTIFICATION Type Ownership: PROPRIETARY																																												
HHA Services																																														
Certified Hospice CCN: NONE Number of Subunits: NONE Parent Agency CCN: NONE Number of Branches: NONE																																														
<table border="0"> <thead> <tr> <th>Services</th> <th>Provided by</th> <th>Staffing</th> <th>FTEs</th> </tr> </thead> <tbody> <tr> <td>Nursing</td> <td>PROVIDED BY STAFF</td> <td>Registered Nurse</td> <td>85.50</td> </tr> <tr> <td>Physical Therapy</td> <td>PROVIDED BY STAFF</td> <td>Licensed Practical Nurse</td> <td>17.00</td> </tr> <tr> <td>Occupational Therapy</td> <td>COMBINATION</td> <td>Physical Therapist</td> <td>16.80</td> </tr> <tr> <td>Speech Therapy</td> <td>COMBINATION</td> <td>Occupational Therapist</td> <td>4.30</td> </tr> <tr> <td>Medical Social Worker</td> <td>PROVIDED BY STAFF</td> <td>Speech Pathologist/Audiologist</td> <td>0.10</td> </tr> <tr> <td>Home Health Aide</td> <td>PROVIDED BY STAFF</td> <td>Social Worker</td> <td>5.10</td> </tr> <tr> <td>Nutritional Guidance</td> <td>COMBINATION</td> <td>Home Health Aide</td> <td>11.00</td> </tr> <tr> <td>Pharmaceutical Services</td> <td>NOT PROVIDED</td> <td>Nutritionist</td> <td>0.50</td> </tr> <tr> <td>Other</td> <td>COMBINATION</td> <td>Pharmacist</td> <td>0.00</td> </tr> <tr> <td></td> <td></td> <td>All Others</td> <td>0.10</td> </tr> </tbody> </table>	Services	Provided by	Staffing	FTEs	Nursing	PROVIDED BY STAFF	Registered Nurse	85.50	Physical Therapy	PROVIDED BY STAFF	Licensed Practical Nurse	17.00	Occupational Therapy	COMBINATION	Physical Therapist	16.80	Speech Therapy	COMBINATION	Occupational Therapist	4.30	Medical Social Worker	PROVIDED BY STAFF	Speech Pathologist/Audiologist	0.10	Home Health Aide	PROVIDED BY STAFF	Social Worker	5.10	Nutritional Guidance	COMBINATION	Home Health Aide	11.00	Pharmaceutical Services	NOT PROVIDED	Nutritionist	0.50	Other	COMBINATION	Pharmacist	0.00			All Others	0.10		
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Pharmaceutical Services	NOT PROVIDED	Nutritionist	0.50																																											
Other	COMBINATION	Pharmacist	0.00																																											
		All Others	0.10																																											
Service Provided Directly: Neither Number Records Reviewed with Home Visits: 10 Number Records Reviewed with no Home Visits: 10 Number Home Visits with no Record Reviewed: 0 Total Records Reviewed: 20 Total Home Visits: 10																																														
Survey Summary: No Need for Partial Extended or Extended Survey																																														
* = Regional Office Flag (Includes COPs) ELE = Element STD = Standard COP = Condition																																														

The information provided in each section of the report includes:

General Provider Information

- o Provider Name and Address
- o State's Region Code
- o Compliance Status
- o CMS Certification Number (CCN)
- o Phone Number
- o Participation Date
- o Deemed By
- o Provider Category
- o Subtype
- o Type Action
- o Type Ownership

HHA Services

- o Certified Hospice CCN
- o Number of Subunits
- o Parent Agency CCN

- o Number of Branches
- o Services Offered/Provided by:
 - Nursing
 - Physical Therapy
 - Occupational Therapy
 - Speech Therapy
 - Medical Social Worker
 - Home Health Aide
 - Nutritional Guidance
 - Pharmaceutical Services
 - Other
- o Staffing/FTEs:
 - Registered Nurse
 - Licensed Practical Nurse
 - Physical Therapist
 - Occupational Therapist
 - Speech Pathologist/Audiologist
 - Social Worker
 - Home Health Aide
 - Nutritionist
 - Pharmacist
 - All Others
- o Service Provided Directly
- o Number of Records Reviewed with Home Visits
- o Number of Records Reviewed with no Home Visits
- o Number of Home Visits with no Record Reviewed
- o Total Records Reviewed
- o Total Home Visits
- o Survey Summary

Program Requirements

- o Survey Dates
- o Date Provider Signed POC
- o Revisit Dates
- o Details
 - Level of Requirement
 - Tag Number
 - Requirement
 - Plan/Date of Correction
 - Status of Deficiency
 - Number and Percentage of Providers Not Meeting the Requirement in the State, Region and Nation

Deficiency Summary

- Type of Deficiency
 - Provider Total
 - Average Number of Deficiencies per Provider for the State, Region, and Nation

Status of Deficient COPs

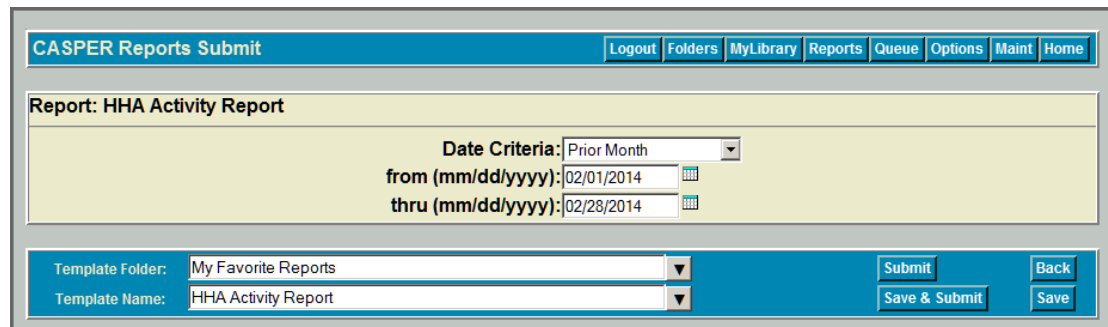
- Deficiency Not Corrected
- Deficiency Corrected After Approval
- Repeat COP Deficiency

HHA ACTIVITY REPORT

The HHA Activity Report lists the accepted assessments and inactivations submitted by or on behalf of an agency during a specified period.

The criteria selection page (Figure 4-5) for the HHA Activity Report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 4-5. CASPER Reports Submit Page – HHA Activity Report



Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:


- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The HHA Activity report (Figure 4-6) details the following data from assessments and inactivation requests submitted within the specified period:

- Patient Internal ID
- Social Security Number (SSN)
- Patient Name (last name and first name)
- Medicare Number
- Date of Birth
- Gender
- M0100 Reason for Assessment (RFA)
- Effective Date
- Submission Date
- Recalculated HIPPS Value
- Transaction Type Code

Figure 4-6. HHA Activity*

		<div>Run Date: 06/24/2015 Page 10 of 15</div> <div> CASPER Report (IA) HHA Activity from 01/01/2015 thru 10/31/2015 </div>							
Agency ID: IA-HHA002 Agency Name: UNITYPOINT AT HOME Agency City: DUBUQUE									
Patient Intrnl ID/ SSN	Patient Name	Medicare Num	DOB	Gender	M0100 RFA	Effective Date	Subm Date	CALC HIPPS	Trans Type Code
32776490	[REDACTED]	[REDACTED]	[REDACTED]	F	01	10/01/2015	10/04/2015		1
32776562	[REDACTED]	[REDACTED]	[REDACTED]	F	01	10/01/2015	10/04/2015	1CFKW	1
32776587	[REDACTED]	[REDACTED]	[REDACTED]	F	01	10/01/2015	10/04/2015	1CFKW	1
32776588	[REDACTED]	[REDACTED]	[REDACTED]	F	01	10/01/2015	10/04/2015		1
This report may contain privacy protected data and should not be released to the public.									

* Sample data are depicted.

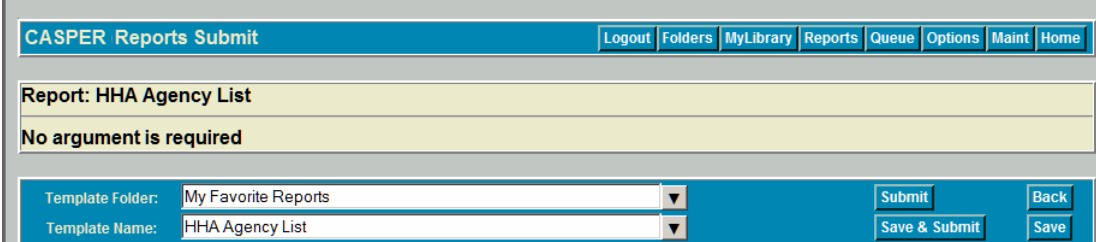
The report is sorted in ascending order by Last Name, First Name, Patient Internal ID, RFA, Submission Date, and Transaction Type Code.

NOTE: The HHA Activity report contains privacy information.

HHA AGENCY LIST

The HHA Agency List report provides an agency's basic profile information. The criteria selection page (Figure 4-7) for the HHA Agency List report presents no options (arguments) for the generation of this report. None is required.

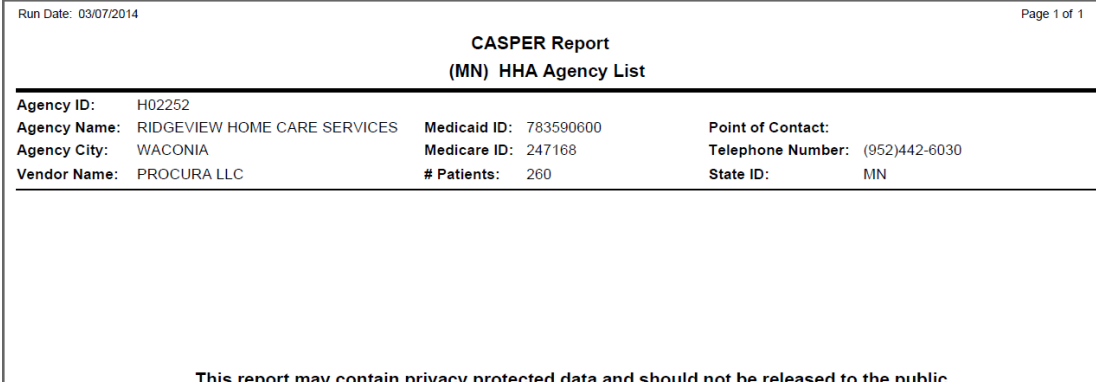
Figure 4-7. CASPER Reports Submit Page – HHA Agency List



The HHA Agency List (Figure 4-8) details the following:

- Agency ID
- Agency Name
- Agency City
- Vendor Name
- Medicaid ID
- Medicare ID
- Number of Patients
- Point of Contact
- Telephone Number
- State ID

Figure 4-8. HHA Agency List



Run Date: 03/07/2014				Page 1 of 1	
CASPER Report (MN) HHA Agency List					
Agency ID:	H02252				
Agency Name:	RIDGEVIEW HOME CARE SERVICES	Medicaid ID:	783590600	Point of Contact:	
Agency City:	WACONIA	Medicare ID:	247168	Telephone Number:	(952)442-6030
Vendor Name:	PROCURA LLC	# Patients:	260	State ID:	MN
This report may contain privacy protected data and should not be released to the public.					

HHA DAILY SUBMISSION STATISTICS

The HHA Daily Submission Statistics report summarizes, by processing day, an agency's production submissions within a specified period.

The criteria selection page (Figure 4-9) for the HHA Daily Submission Statistics report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 4-9. CASPER Reports Submit Page – HHA Daily Submission Statistics

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: HHA Daily Submission Statistics

Date Criteria: Prior Month

from (mm/dd/yyyy): 02/01/2014

thru (mm/dd/yyyy): 02/28/2014

Template Folder: My Favorite Reports

Template Name: HHA Daily Submission Statistics

Submit Back

Save & Submit Save

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The HHA Daily Submission Statistics report (Figure 4-10) summarizes the following for the days on which submissions were processed for the specified period:

- Day of Processing
- Number of Batches
- Number of Records Processed
- Number of Records Rejected
- Number of Records Accepted
- Rejection Percentage

Figure 4-10. HHA Daily Submission Statistics

Run Date: 02/20/2014

Page 1 of 1

CASPER Report
(NV) HHA Daily Submission Statistics
from 01/01/2013 thru 12/31/2014

Agency ID: NVN550HHA

Agency Name: HOME HEALTH SERVICES OF NEVADA

Agency City: ELKO

Day of Processing	Batches	Records Processed	Records Rejected	Records Accepted	Reject %
01/31/2013	6	6	6	0	100.00%
02/05/2013	2	2	2	0	100.00%
08/30/2013	6	6	6	0	100.00%
09/05/2013	2	2	2	0	100.00%
02/03/2014	16	16	16	0	100.00%
Agency Totals:	32	32	32	0	100.00%

This report may contain privacy protected data and should not be released to the public.

Totals are provided by agency for the following:

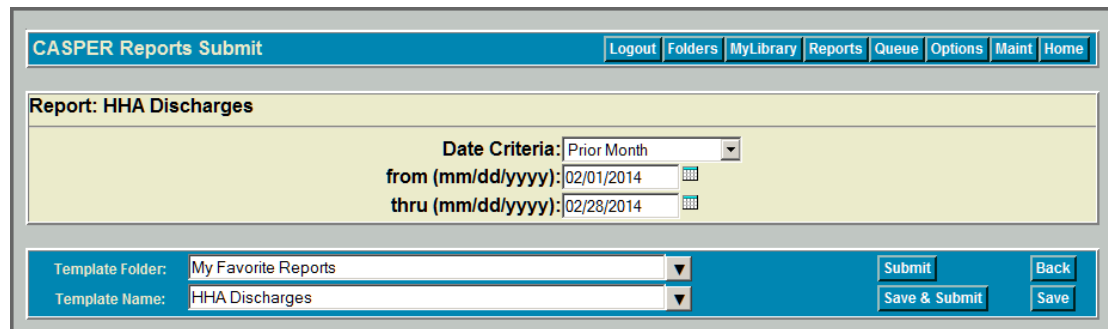
- Number of Batches
- Number of Records Processed
- Number of Records Rejected
- Number of Records Accepted
- Overall Reject Percentage

HHA DISCHARGES

The HHA Discharges report provides information about the patients discharged from an agency during a specified period.

The criteria selection page (Figure 4-11) for the HHA Discharges report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 4-11. CASPER Reports Submit Page - HHA Discharges



Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The HHA Discharges report (Figure 4-12) details the following for the patients discharged during the specified period:

- Patient ID
- Social Security Number (SSN)
- Last Name
- First Name
- Reason for Assessment (RFA)
- Effective Date
- Discharge Date
- Submission Date

Figure 4-12. HHA Discharges*

Run Date: 02/03/2014

Page 2 of 2

CASPER Report
(NV) HHA Discharges
from 01/01/2013 thru 01/31/2014

Agency ID: NVS4702HHA

Agency Name: CAREPRO HOME HEALTHCARE SERVICES

Agency City: LAS VEGAS

Patient ID	SSN	Last Name	First Name	RFA	Effective Date	Discharge Date	Submission Date
17127298				09	01/18/2013	01/18/2013	02/15/2013
77079				09	05/23/2013	05/23/2013	06/06/2013
25717003				09	01/03/2013	01/03/2013	01/11/2013
10824134				09	01/03/2013	01/03/2013	02/15/2013

Total number of discharges: 31

This report may contain privacy protected data and should not be released to the public.

* Sample data are depicted.

Patients are listed in ascending order by Reason for Assessment, Last Name, First Name, and Discharge Date.

The total number of discharges is provided.

NOTE: The HHA Discharges report contains privacy information.

HHA DUPLICATE PATIENT

The HHA Duplicate Patient report lists all patients who are or have received services from an agency. Agency personnel should review this report to determine if duplicate patients exist.

The criteria selection page (Figure 4-13) for the HHA Duplicate Patient report presents no options (arguments) for the generation of this report. None is required.

Figure 4-13. CASPER Reports Submit Page - HHA Duplicate Patient

The screenshot shows a web interface for submitting reports. At the top, there is a blue navigation bar with the title 'CASPER Reports Submit' and several links: 'Logout', 'Folders', 'MyLibrary', 'Reports', 'Queue', 'Options', 'Maint', and 'Home'. Below the navigation bar, there is a yellow box containing the text 'Report: HHA Duplicate Patient' and 'No argument is required'. At the bottom, there is a blue box with two dropdown menus: 'Template Folder:' with the value 'My Favorite Reports' and 'Template Name:' with the value 'HHA Duplicate Patient'. To the right of these dropdowns are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

The HHA Duplicate Patient report (Figure 4-14) details the following for each patient (past or present) of the agency:

- Agency ID
- Agency Name
- Patient ID
- Social Security Number (SSN)
- Last Name
- First Name
- Middle Initial
- Birth Date
- Gender

Figure 4-14. HHA Duplicate Patient*

Run Date: 02/03/2014

Page 4 of 4

CASPER Report
(NV) HHA Duplicate Patient

Agency ID	Agency Name	Patient ID	SSN	Last Name	First Name	M.I.	Birth Date	Gender
NVS4702HHA	CAREPRO HOME HEALTHCARE	14925056				C		Female
NVS4702HHA	CAREPRO HOME HEALTHCARE	26300984						Female
NVS4702HHA	CAREPRO HOME HEALTHCARE	27454723						Female
NVS4702HHA	CAREPRO HOME HEALTHCARE	27207522				L		Male
NVS4702HHA	CAREPRO HOME HEALTHCARE	24768793				G		Male
NVS4702HHA	CAREPRO HOME HEALTHCARE	21517879				E		Male
NVS4702HHA	CAREPRO HOME HEALTHCARE	20190347						Female

This report may contain privacy protected data and should not be released to the public.

*Sample data are depicted.

The reported records are sorted by State ID, Agency ID, Patient Last Name, First Name, and SSN in ascending order.

NOTE: The HHA Duplicate Patient report contains privacy information.

HHA ERROR BY FIELD BY AGENCY

The HHA Error by Field by Agency report lists warning errors encountered in successful assessment submissions during a specified period for an agency.

The criteria selection page (Figure 4-15) for the HHA Error by Field by Agency report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 4-15. CASPER Reports Submit Page - HHA Error by Field by Agency

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the report title 'Report: HHA Error by Field by Agency' is displayed. The main form area contains three fields: 'Date Criteria' with a dropdown menu set to 'Prior Month', 'from (mm/dd/yyyy)' with a date field set to '02/01/2014' and a calendar icon, and 'thru (mm/dd/yyyy)' with a date field set to '02/28/2014' and a calendar icon. At the bottom, there are two dropdown menus: 'Template Folder' set to 'My Favorite Reports' and 'Template Name' set to 'HHA Error by Field by Agency'. To the right of these are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The HHA Error by Field by Agency report (Figure 4-16) summarizes the following about assessments submitted successfully during the specified period:

- Field In Error
- Number of assessments with errors in the field
- Total number of assessments successfully processed
- Percentage of assessments with errors in the field

Figure 4-16. HHA Error by Field by Agency

Run Date: 02/03/2014

Page 1 of 1

CASPER Report
(NV) HHA Error by Field by Agency
from 01/01/2013 thru 01/31/2014

Agency ID: NVS4702HHA

Agency Name: CAREPRO HOME HEALTHCARE SERVICES

Agency City: LAS VEGAS

Field In Error	Number of Assessments with Field In Error	Total Number of Assessments Successfully Processed	% of Assessments with Field In Error
DOB	3	192	1.56%
GENDER	2	192	1.04%
MIDDLE_NAME	3	192	1.56%
RES_MEDICAID_NBR	2	192	1.04%
RES_MEDICARE_NBR	1	192	0.52%
SSN	3	192	1.56%
Submission Date, M0090_ASMT_CPLT_DT	51	192	26.56%

This report may contain privacy protected data and should not be released to the public.

The reported records are sorted by State Code, Agency ID, and Field in Error in ascending order.

HHA ERROR BY MONTH BY AGENCY

The HHA Error by Month by Agency report summarizes the occurrence of a select error by month during a specified period.

The criteria selection page (Figure 4-17) for the HHA Error by Month by Agency report presents *Error Number*, *Date Criteria*, *from (mm/yyyy)*, and *thru (mm/yyyy)* options.

Figure 4-17. CASPER Reports Submit Page - HHA Error by Month by Agency

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the report title 'Report: HHA Error by Month by Agency' is displayed. The main form area contains several input fields: 'Error Number' with a dropdown menu showing '-3010', 'Date Criteria' with a dropdown menu showing 'Prior Month', 'from (mm/yyyy)' with a text box containing '02/2014', and 'thru (mm/yyyy)' with a text box containing '02/2014'. A note below these fields states '- The Begin Month and End Month must have the same calendar year.' At the bottom of the form, there are two more fields: 'Template Folder' with a dropdown menu showing 'My Favorite Reports' and 'Template Name' with a dropdown menu showing 'HHA Error by Month by Agency'. To the right of these fields are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

Select the Error Number of interest from the *Error Number* drop-down list.

Date Criteria defines the date range of data to report. You may select from drop-down listing choices of: *Current Year*, *Prior Month* (the default), *Prior Quarter*, and *Prior Year*.

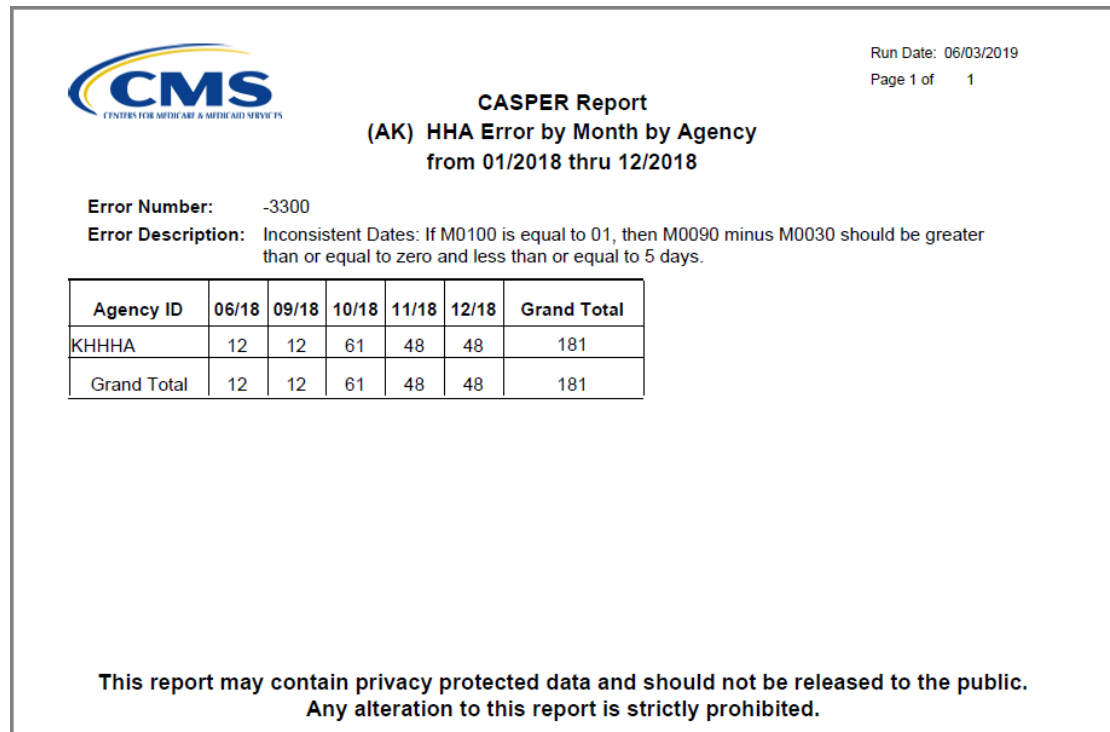
from (mm/yyyy) and *thru (mm/yyyy)* are pre-filled based upon the *Date Criteria* option you selected. You can enter different dates in mm/yyyy format. Error messages appear if the date criteria are invalid. Examples include the *from* date being after the *thru* date the use of alpha characters, or an incorrect date format. The *from* and *thru* dates must occur in the same year.

The HHA Error by Month by Agency report (Figure 4-18) summarizes the following about a specific error encountered in assessments submitted by the agency during the specified period:

- Error Number
- Error Description
- Agency ID
- Number of occurrences of the error for each month by agency
- Total Number of occurrences of the error for each agency for the reporting period
- Total number of occurrences of the error by month and reporting period

NOTE: The HHA Error by Month by Agency report contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited. Any alteration to the report is strictly prohibited.

Figure 4-18. HHA Error by Month by Agency



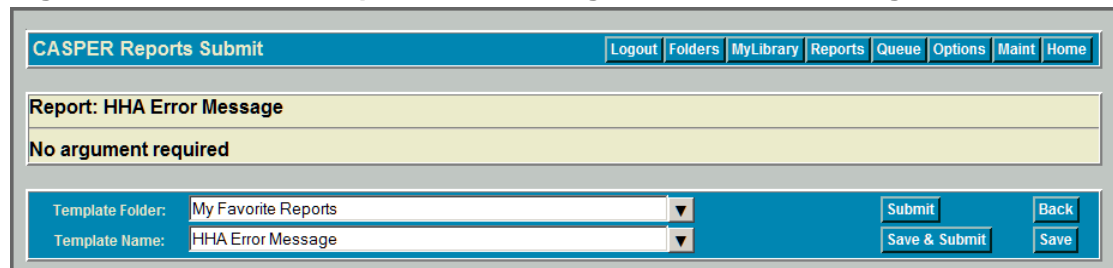
The reported records are sorted by Agency ID in ascending order.

HHA ERROR MESSAGE

The HHA Error Message report provides a current listing of the error messages, fatal and warning, that may occur during the validation of a submitted assessment.

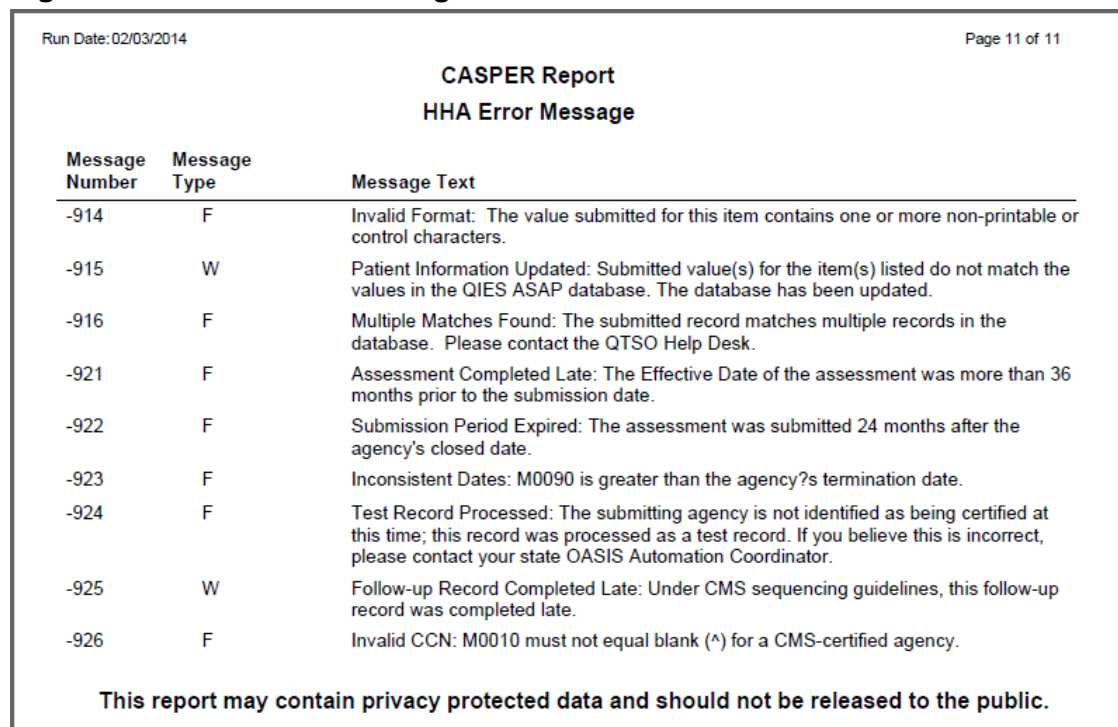
The criteria selection page (Figure 4-19) for the HHA Error Message report presents no options (arguments) for the generation of this report. None is required.

Figure 4-19. CASPER Reports Submit Page - HHA Error Message



The HHA Error Message report (Figure 4-20) lists the errors that may be associated with assessment submissions. It details the Message Type (Fatal or Warning) and Message Text of each.

Figure 4-20. HHA Error Message



Message Number	Message Type	Message Text
-914	F	Invalid Format: The value submitted for this item contains one or more non-printable or control characters.
-915	W	Patient Information Updated: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. The database has been updated.
-916	F	Multiple Matches Found: The submitted record matches multiple records in the database. Please contact the QTSO Help Desk.
-921	F	Assessment Completed Late: The Effective Date of the assessment was more than 36 months prior to the submission date.
-922	F	Submission Period Expired: The assessment was submitted 24 months after the agency's closed date.
-923	F	Inconsistent Dates: M0090 is greater than the agency's termination date.
-924	F	Test Record Processed: The submitting agency is not identified as being certified at this time; this record was processed as a test record. If you believe this is incorrect, please contact your state OASIS Automation Coordinator.
-925	W	Follow-up Record Completed Late: Under CMS sequencing guidelines, this follow-up record was completed late.
-926	F	Invalid CCN: M0010 must not equal blank (^) for a CMS-certified agency.

This report may contain privacy protected data and should not be released to the public.

The reported records are sorted by Message Number in ascending order.

HHA ERROR SUMMARY BY AGENCY

The HHA Error Summary by Agency report summarizes the errors an agency encountered in submissions during a specified period.

The criteria selection page (Figure 4-21) for the HHA Error Summary by Agency report presents *Date Criteria*, *from (mm/yyyy)*, and *thru (mm/yyyy)* options.

Figure 4-21. CASPER Reports Submit Page - HHA Error Summary by Agency

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the report title 'Report: HHA Error Summary by Agency' is displayed. The main form area contains three fields: 'Date Criteria' with a dropdown menu set to 'Prior Month', 'from (mm/yyyy)' with the value '02/2014', and 'thru (mm/yyyy)' with the value '02/2014'. At the bottom, there are two dropdown menus: 'Template Folder' set to 'My Favorite Reports' and 'Template Name' set to 'HHA Error Summary by Agency'. To the right of these dropdowns are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.


Date Criteria defines the date range of data to report. You may select from drop-down listing choices of: *Current Year*, *Fiscal Year*, *Prior Fiscal Year*, *Prior Month* (the default), *Prior Quarter*, and *Prior Year*.

from (mm/yyyy), and *thru (mm/yyyy)* are pre-filled based upon the *Date Criteria* option you selected. You can enter different dates in mm/yyyy format. Error messages appear if the date criteria are invalid. Examples include the *from* date being after the *thru* date, the use of alpha characters, or an incorrect date format. The *from* date and the *thru* date must occur in the same year.

The HHA Error Summary by Agency report (Figure 4-22) lists the errors encountered by the agency during the specified period. It details the following:

- Agency ID
- Agency Name
- Agency City
- Error Number
- Error Description
- Number of Assessments Processed
- Number of Assessments with the Error
- Percentage of Assessments with the Error

Figure 4-22. HHA Error Summary by Agency

		CASPER Report (IA) HHA Error Summary by Agency from 10/2014 thru 09/2015		Run Date: 09/08/2016 Page 4 of 8
Agency ID: IAHHA145 Agency Name: MERCY HOME CARE - DUBUQUE Agency City: DUBUQUE				
Error #	Error Description	# of Assessments Processed	# of Assessments with the Error	% of Assessments with the Error
-3060	Invalid Value: The value submitted for this item is not an acceptable value.	15	14	93.33%
-3240	Invalid ISC: The submitted ITM_SBST_CD does not match the ISC calculated by the QIES ASAP System.	15	1	6.67%
-903	Required Item Missing or Invalid: Based on the OASIS Data Specifications in effect on the effective date of this record, this item is required.	15	11	73.33%
			Total:	26
<p>This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.</p>				

The reported records are sorted by State Code, Agency ID, and Error Message Number in ascending order.

The total number of submitted assessments with fields in error is provided.

HHA ROSTER

The HHA Roster report lists an agency's patients for whom the last submitted RFA is 01, 03, 04, or 05, and M0090 is prior to the current date by no more than 180 days.

The criteria selection page (Figure 4-23) for the HHA Roster report presents no options (arguments) for the generation of this report. None is required.

Figure 4-23. CASPER Reports Submit Page - HHA Roster


The screenshot shows a web interface for submitting reports. At the top, there is a blue navigation bar with the title 'CASPER Reports Submit' and several links: 'Logout', 'Folders', 'MyLibrary', 'Reports', 'Queue', 'Options', 'Maint', and 'Home'. Below the navigation bar, there is a yellow box containing the text 'Report: HHA Roster' and 'No argument is required'. At the bottom, there is a blue box with two dropdown menus: 'Template Folder:' with the value 'My Favorite Reports' and 'Template Name:' with the value 'HHA Roster'. To the right of these dropdowns are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

The HHA Roster report (Figure 4-24) details the following for active patients of the agency:

- Patient ID
- Social Security Number (SSN)
- Patient Name
- Reason for Assessment (RFA)
- Effective Date (of the assessment record)
- Submission Date
- Date of Last Admission

NOTE: The HHA Roster report contain protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited. Any alteration to the report is strictly prohibited.

Figure 4-24. HHA Roster*



CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

**CASPER Report
(AK) HHA Roster**

Run Date: 11/02/2017
Page 1 of 1

Agency ID: [REDACTED]
Agency Name: [REDACTED]
Agency City: [REDACTED]

Date Of Last HHA Submissions: 06/23/2017

Patient ID	SSN	Patient Name	RFA	Effective Date	Submission Date	Date of Last Admission
37731737	[REDACTED]	[REDACTED]	01	05/15/2017	06/02/2017	05/15/2017
28034098	[REDACTED]	[REDACTED]	01	05/19/2017	06/06/2017	05/19/2017
40857454	[REDACTED]	[REDACTED]	01	05/26/2017	06/09/2017	05/26/2017
40857453	[REDACTED]	[REDACTED]	01	05/25/2017	06/09/2017	05/25/2017
40900750	[REDACTED]	[REDACTED]	01	05/18/2017	06/15/2017	05/18/2017
10709642	[REDACTED]	[REDACTED]	01	06/07/2017	06/23/2017	06/07/2017
10709645	[REDACTED]	[REDACTED]	04	05/09/2017	06/09/2017	01/11/2017
40820716	[REDACTED]	[REDACTED]	01	05/16/2017	06/06/2017	05/16/2017
40673477	[REDACTED]	[REDACTED]	01	05/09/2017	05/19/2017	05/09/2017
40673468	[REDACTED]	[REDACTED]	04	06/09/2017	06/21/2017	04/13/2017
40820715	[REDACTED]	[REDACTED]	01	05/13/2017	06/06/2017	05/13/2017
40857452	[REDACTED]	[REDACTED]	01	05/12/2017	06/09/2017	05/12/2017
22373087	[REDACTED]	[REDACTED]	01	06/08/2017	06/23/2017	06/08/2017
31674102	[REDACTED]	[REDACTED]	01	06/09/2017	06/23/2017	06/09/2017
40820717	[REDACTED]	[REDACTED]	01	05/26/2017	06/06/2017	05/26/2017
40857451	[REDACTED]	[REDACTED]	01	05/06/2017	06/09/2017	05/06/2017
13505256	[REDACTED]	[REDACTED]	01	05/12/2017	06/09/2017	05/12/2017

**This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.**

* Sample data are depicted.

The reported records are sorted by State Code, Agency ID, patient last name, and first name in ascending order.

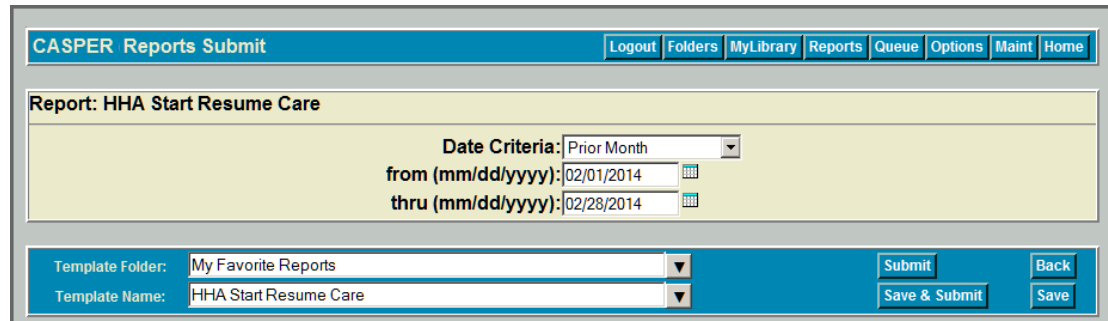
The accuracy of the report is dependent upon the date of the last submission by the agency.

HHA START RESUME CARE

The HHA Start Resume Care report lists an agency's patients for whom assessments were submitted with RFA = 01 or 03 during a specified period.

The criteria selection page (Figure 4-25) for the HHA Start Resume Care report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 4-25. CASPER Reports Submit Page – HHA Start Resume Care



Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The HHA Start/Resumption of Care report (Figure 4-26) details the following for the patients for whom care was started or resumed by the agency during the specified period:

- Patient ID
- Social Security Number (SSN)
- Last Name
- First Name
- RFA

- Effective Date
- Start of Care Date
- Resumption of Care Date
- Submission Date

Figure 4-26. HHA Start/Resumption of Care*

Run Date: 02/03/2014 Page 3 of 3

CASPER Report
(NV) HHA Start/Resumption of Care
 from 01/01/2013 thru 12/31/2013

Agency ID: NVS4702HHA
Agency Name: CAREPRO HOME HEALTHCARE SERVICES
Agency City: LAS VEGAS

Patient ID	SSN	Last Name	First Name	RFA	Effective Date	Start of Care Date	Resumption of Care Date	Submission Date
22245106				01	04/16/2013	04/16/2013		05/15/2013
28244069				01	04/17/2013	04/17/2013		05/15/2013
28426039				01	04/26/2013	04/26/2013		05/15/2013
20035900				01	05/01/2013	05/01/2013		05/15/2013
12677088				01	05/06/2013	05/06/2013		05/15/2013
92622				01	05/08/2013	05/08/2013		05/15/2013
71903				03	03/25/2013	03/18/2013	03/25/2013	05/15/2013
71903				03	05/10/2013	03/18/2013	05/10/2013	05/31/2013
21043012				03	03/13/2013	08/30/2012	03/13/2013	04/09/2013
3533774				03	04/02/2013	03/21/2013	04/02/2013	04/09/2013
42137				03	04/06/2013	03/01/2013	04/06/2013	05/15/2013
9915800				03	04/02/2013	01/19/2013	04/02/2013	05/15/2013
21043012				03	02/13/2013	08/30/2012	02/13/2013	03/05/2013

Total number of Starts / Resumptions: 61

This report may contain privacy protected data and should not be released to the public.

* Sample data are depicted.

The report is sorted in ascending order by Agency ID, RFA, Last Name, First Name, Start of Care Date, and Resumption of Care Date.

The total number of starts/resumptions is provided.

NOTE: The HHA Start/Resumption of Care report contains privacy information.

HHa SUBMISSION STATISTICS BY AGENCY

The HHA Submission Statistics by Agency report lists the submissions made by or on behalf of an agency during a specified period.

The criteria selection page (Figure 4-27) for the HHA Submission Statistics by Agency report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 4-27. CASPER Reports Submit Page – HHA Submission Statistics by Agency

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: HHA Submission Statistics by Agency

Date Criteria: Prior Month

from (mm/dd/yyyy): 02/01/2014

thru (mm/dd/yyyy): 02/28/2014

Template Folder: My Favorite Reports

Template Name: HHA Submission Statistics by Agency

Submit Back Save & Submit Save

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The HHA Submission Statistics by Agency report (Figure 4-28) summarizes the following about files submitted during the specified period:

- Submission Date/Time
- Submission ID
- Number of Records Processed
- Number of Records Rejected
- Number of Records Accepted
- Percentage of Records Rejected

Figure 4-28. HHA Submission Statistics by Agency

Run Date: 02/20/2014

Page 1 of 1

CASPER Report
(AZ) HHA Submission Statistics by Agency
from 01/01/2014 thru 02/15/2015

Agency ID: AZ037037

Agency Name: GENTIVA HEALTH SERVICES

Agency City: PHOENIX

Submission Date/Time	Submission ID	Records Processed	Records Rejected	Records Accepted	Reject %
02/03/2015 17:18:25	2950054	2	2	0	100.00%
02/03/2015 17:17:23	2950053	2	1	1	50.00%
02/03/2015 17:15:23	2950052	1	0	1	0.00%
02/03/2015 17:12:40	2950051	1	1	0	100.00%
02/03/2015 17:08:52	2950050	1	1	0	100.00%
02/03/2015 17:08:41	2950049	1	1	0	100.00%
02/03/2015 17:01:01	2950048	2	2	0	100.00%
02/03/2015 17:00:45	2950047	2	2	0	100.00%
02/03/2015 17:00:35	2950046	1	1	0	100.00%
Agency Totals:		13	11	2	84.62%

This report may contain privacy protected data and should not be released to the public.

Totals are provided by agency for the following:

- Number of Records Processed
- Number of Records Rejected
- Number of Records Accepted
- Overall Reject Percentage

HHA SUBMISSION STATISTICS MONTHLY

The HHA Submission Statistics Monthly report summarizes by month an agency's production submissions during a specified period.

The criteria selection page (Figure 4-29) for the HHA Submission Statistics Monthly report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 4-29. CASPER Reports Submit Page – HHA Submission Statistics Monthly

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: HHA Submission Statistics Monthly

Date Criteria: Prior Month

from (mm/dd/yyyy): 02/01/2014

thru (mm/dd/yyyy): 02/28/2014

Template Folder: My Favorite Reports

Template Name: HHA Submission Statistics Monthly

Submit Back Save & Submit Save

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The HHA Submission Statistics Monthly report (Figure 4-30) summarizes the following for the months in which submissions were processed during the specified period:

- Month of Processing
- Number of Batches
- Number of Agencies
- Number of Records Processed
- Number of Records Rejected
- Number of Records Accepted
- Rejection Percentage

Figure 4-30. HHA Submission Statistics Monthly

Run Date: 11/13/2014

Page 1 of 1

CASPER Report
(IA) HHA Submission Statistics Monthly
from 01/01/2014 thru 11/13/2014

Agency ID: IAHHA403

Agency Name: NURSE IN THE HOUSE, INC

Agency City: FAIRFIELD

Month of Processing	Batches	Agency	Records Processed	Records Rejected	Records Accepted	Reject %
01/2014	47	1	292	1	291	0.34%
02/2014	50	1	229	33	196	14.41%
03/2014	52	1	229	15	214	6.55%
04/2014	37	1	171	1	170	0.58%
05/2014	52	1	256	0	256	0.00%
06/2014	24	1	126	13	113	10.32%
Totals:	262		1,303	63	1,240	4.83%

This report may contain privacy protected data and should not be released to the public.

Totals are provided for the following:

- Number of Submissions
- Number of Records Processed
- Number of Records Rejected
- Number of Records Accepted
- Overall Reject Percentage

Reported records are sorted by State Code, Agency ID, and Month of Processing.

HHA VENDOR LIST

The HHA Vendor List identifies the vendors utilized by agencies in the state associated with the requesting agency.

The criteria selection page (Figure 4-31) for the HHA Vendor List report presents a no options. None is required.

Figure 4-31. CASPER Reports Submit Page – HHA Vendor List

The screenshot shows a web interface for submitting reports. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the page title is "CASPER Reports Submit". A yellow box displays "Report: HHA Vendor List" and "No argument is required". At the bottom, there are two dropdown menus: "Template Folder:" with "My Favorite Reports" selected, and "Template Name:" with "HHA Vendor List" selected. To the right of these dropdowns are four buttons: "Submit", "Back", "Save & Submit", and "Save".

The HHA Vendor List report (Figure 4-32) details the following for each vendor:

- Vendor Name
- Vendor Address
- Contact
- Telephone Number
- Extension
- E-mail Address

Figure 4-32. HHA Vendor List

Run Date: 11/27/2013	Page 39 of 39
CASPER Report (IN) HHA Vendor List	
<hr/>	
Vendor Name:	██████████
Vendor Address:	P.O. BOX ██████████ MEDFORD, OR 97501
Contact:	██████████
Telephone Number:	541-773-██████
E-mail address:	J
Extension:	
<hr/>	
Vendor Name:	████████████████████
Vendor Address:	25416 ██████████ ELKHART, IN 46514
Contact:	██████████
Telephone Number:	219-266-██████
E-mail address:	0
Extension:	
<hr/>	
This report may contain privacy protected data and should not be released to the public.	

The reported records are sorted in ascending order by State Code, Vendor Name, and Vendor EIN.

OASIS AGENCY FINAL VALIDATION REPORT

The ASAP system automatically generates an OASIS Agency Final Validation Report within 24 hours of the submission of a file. These automatically-generated reports are placed in the provider's final validation reports folder, which is named:

[State Code] HHA [Facility ID] VR

If necessary, you may request another final validation report for a specific submission file or date range by selecting the OASIS Agency Final Validation Report in the CASPER Reporting *HHA Provider* report category.

NOTE: The records included in an automatically-generated OASIS Agency Final Validation report for a particular submission are identical to the records included in a user-requested OASIS Agency Final Validation report for the same submission. However, differences in the order in which the records are presented may exist.

The OASIS Agency Final Validation Report provides detailed information about the status of select submission files. The report indicates if the records submitted in each were accepted or rejected and details the warning and fatal errors, if any, encountered.

The criteria selection page (Figure 4-33) for the user-requested OASIS Agency Final Validation Report presents *Submission ID*, *Date Criteria*, *from* (mm/dd/yyyy), and *thru* (mm/dd/yyyy) options.

Figure 4-33. CASPER Reports Submit Page – OASIS Agency Final Validation Report

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the page title is 'Report: OASIS Agency Final Validation Report'. The main form area contains the following fields: 'Submission ID:' with a text input, 'Date Criteria:' with a dropdown menu, 'from (mm/dd/yyyy):' with a text input and a calendar icon, and 'thru (mm/dd/yyyy):' with a text input and a calendar icon. At the bottom, there are two dropdown menus: 'Template Folder:' set to 'My Favorite Reports' and 'Template Name:' set to 'OASIS Agency Final Validation Report'. To the right of these are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

You must enter either a valid *Submission ID* or submission date criteria.

NOTE: An error results if you enter both a Submission ID and date criteria. Because of this, there is no default value for the *Date Criteria* field.

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The OASIS Agency Final Validation Report (Figure 4-34) details the following for the specified submission file.


- *CMS Submission Report* – The title of the report.
- *OASIS Agency Final Validation Report* – The sub-title of the report.
- *Submission Date/Time* – The date and time the submission file was received by the ASAP system. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss
- *Submission ID* – The unique identifier assigned to the submission file when it was received by the system.
- *Submitter User ID* – The user ID of the submitter.
- *Submission File Name* – The name of the .zip file submitted.
- *Submission File Status* – The status of the submitted file – Completed.
- *Processing Completion Date/Time* – The date and time the file processing was complete. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss
- *Agency ID (FAC_ID)* – The unique identifier assigned to the agency for identifying submissions.

- *Agency Name* – The name of the Agency that created the assessment record.
- *State Code* – The Agency's two-character state code.
- *# Records Processed* – The total number of records that were processed in the submission file: Production Records Accepted + Production Records Rejected + Test Records Passed + Test Records Failed.
- *# Production Records Accepted* – The total number of records from the submission file that processed without fatal errors and were saved to the database.
- *# Production Records Rejected* – The total number of records from the submission file that were not saved to the database because of fatal errors in the record.
- *# Production Duplicate Records* – The total number of records from the submission file that were not saved into the database because they were duplicate records.
- *# Production Records Submitted Without Agency Authority* – The total number of records from the submission file that were not saved into the database because the user submitting the record(s) did not have authority to submit for the Agency.
- *# Test Records Passed* – The total number of records from the submission file that passed as a test record. Test records are not saved to the database.
- *# Test Records Failed* – The total number of records from the submission file that failed as a test record.
- *Total # of Messages* – The total number of errors (fatal errors and warnings) for all processed records in the submission file.
- *Record* – The record identifier.
- *Status* – The status of the individual record. Accepted or Rejected displays when the record was accepted or rejected. Test-Passed displays when a test record encounters no fatal edits. Test-Failed displays when a test record encounters one or more fatal edits. NOTE: Records with an Invalid status are available only on the OASIS Submitter Final Validation report.
- *Asmt_ID* – The unique identifier assigned to the assessment by the ASAP system.
- *Name* – The patient's last name and first name (M0040).

- *Res_Int_ID* – The unique number assigned to the patient by the QIES system. The combination of state code and resident internal ID uniquely identifies the resident in the national repository. This field is populated if the patient exists on the resident table (new patients created by an accepted record are on the table). The field is displayed as 0 if the patient is new and the record is rejected.
- *SSN* – The patient's Social Security Number (M0064).
- *RFA, BRANCH_ID* – The Reason for Assessment (M0100) and Branch ID.
- *Medicare Num (M0063)* – The patient's Medicare Number (M0063).
- *M0090 Date* – The date the assessment was completed.
- *Effective Date* – Effective Date is defined based on M0100 (RFA) as follows:
 - a) If M0100 = 01, Effective Date is M0030 (SOC Date)
 - b) If M0100 = 03, Effective Date is M0032 (ROC Date)
 - c) If M0100 = 04 or 05, Effective Date is M0090 (Completion Date)
 - d) If M0100 = 06, 07, 08, or 09, Effective Date is M0906 (Discharge/Transfer/Death Date)
- *Type of Transaction* – The type of transaction: New Record, Modification or Inactivation. If = 1, this record is a new original assessment. If = 2, the current record is a request to modify an existing record. If = 3, the current record is a request to inactivate an existing record.
- *Correction Num* – The modification/inactivation identifier.
- *XML File Name* – The name of the submitted XML file.
- *OASIS Item(s)* – The OASIS item identifier(s) of the items in error (either fatal or warning). NOTE: If values are compared for more than one field at a time, both item identifiers display.
- *Data Submitted* – The submitted data value and the recalculated data value, if applicable, that caused the error or warning condition.
- *Message Number/Severity* – The number used to identify the error that was encountered for the corresponding field. The severity of the error is identified as either Warning or Fatal.
- *Message* – The description of the error that was encountered for the corresponding item.

The reported records are sorted by submission ID, last name, first name, submission processing order number, assessment ID, error type description, item in error, and value in error.

Figure 4-34. OASIS Agency Final Validation Report*

 <div style="text-align: right;">Run Date: 09/28/2016 Page 1 of 22</div>	
CMS Submission Report OASIS Agency Final Validation Report	
Submission Date/Time:	03/17/2015 10:26:22
Submission ID:	50229140
Submitter User ID:	[REDACTED]
Submission File Name:	OASISC20150317085704090.Zip
Submission File Status:	Completed
Processing Completion Date/Time:	03/17/2015 10:27:56
Agency ID (FAC_ID):	[REDACTED]
Agency Name:	[REDACTED]
State Code:	[REDACTED]
# Records Processed:	90
# Production Records Accepted:	86
# Production Records Rejected:	4
# Production Duplicate Records:	0
# Production Records Submitted Without Agency Authority:	0
# Test Records Passed:	0
# Test Records Failed:	0
Total # of Messages:	20
Record: 1	Accepted
Asmt_ID: 70004518666	Name (M0040): [REDACTED]
Res_Int_ID: 33634407	SSN (M0064): [REDACTED]
RFA, BRANCH_ID: 09 P	Medicare Num (M0063):
M0090 Date: 03/06/2015	Eff Date: 03/06/2015
Type of Transaction: NEW RECORD	Correction Num: 0
XML File Name:	1501205902_1.Xml
Record: 2	Rejected
Asmt_ID: 70004518667	Name (M0040): [REDACTED]
Res_Int_ID: 0	SSN (M0064): ^
RFA, BRANCH_ID: 09 P	Medicare Num (M0063):
M0090 Date: 08/27/2012	Eff Date: 08/27/2012
Type of Transaction: NEW RECORD	Correction Num: 0
XML File Name:	2077102452_1.Xml
OASIS Item(s):	M0016_BRANCH_ID, M0014_BRANCH_STATE
Data Submitted:	P, IA
Message Number/Severity:	-3420 FATAL
Message:	Inconsistent Branch Items: If M0016 is equal to N or P, then M0014 must equal blank (^).
This report may contain privacy protected data and should not be released to the public.	

* Sample data are depicted.

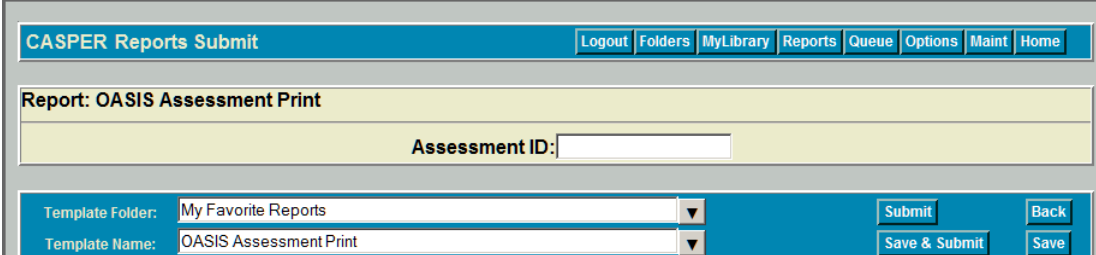
NOTE: The number of errors (messages) listed on the report for each record (assessment) included in the submission file is limited to a number defined by the State agency.

OASIS ASSESSMENT PRINT

The OASIS Assessment Print report details the assessment items submitted for a select Assessment ID.

The criteria selection page (Figure 4-35) for the OASIS Assessment Print report presents an *Assessment ID* option.

Figure 4-35. CASPER Reports Submit Page – OASIS Assessment Print



You must enter the identifier of one assessment in the *Assessment ID* field. Only those assessments submitted by or on behalf of the agency to which your User ID is authorized are allowed.

The OASIS Assessment Print report (Figure 4-36) details the following for the specified Assessment ID:

- State ID
- Agency ID
- Agency Name
- Patient Name (last name and first name)
- Assessment ID
- Assessment Section
 - Assessment Item ID
 - Assessment Item Description
 - Assessment Item Value

Figure 4-36. OASIS Assessment Print*

Run Date: 03/10/2014
Page 1 of 9

CASPER Report
OASIS Assessment Print

State: AZ
Agency ID: 859
Agency Name: Provider Name: GENTIVA HEALTH SERVICES
Patient Name: [REDACTED]
Assessment ID: 460800274

SECTION 01: Patient Tracking Information

M0010 CCN	FACILITY CMS CERTIFICATION NUMBER (CCN)	037037
M0014 BRANCH STATE	BRANCH STATE	^ - Blank (not available or unknown)
M0016 BRANCH ID	BRANCH ID	P
M0018 PHYSICIAN ID	ATTENDING PHYSICIAN NATIONAL PROVIDER ID (NPI)	^
M0018 PHYSICIAN UK	ATTENDING PHYSICIAN NPI: UNKNOWN	1 - Checked (Yes)
M0020 PAT ID	PATIENT ID NUMBER	[REDACTED]
M0030 START CARE DT	START OF CARE DATE	12/12/2013
M0030 START CARE DT	START OF CARE DATE	20131212
M0032 ROC DT	RESUMPTION OF CARE DATE	^
M0032 ROC DT NA	NO RESUMPTION OF CARE DATE	1 - Checked (Yes)
M0040 PAT FNAME	PATIENT'S FIRST NAME	[REDACTED]
M0040 PAT MI	PATIENT'S MIDDLE INITIAL	[REDACTED]
M0040 PAT LNAME	PATIENT'S LAST NAME	[REDACTED]
M0040 PAT SUFFIX	PATIENT'S SUFFIX	MRS
M0050 PAT ST	PATIENT STATE OF RESIDENCE	AZ - Arizona
M0060 PAT ZIP	PATIENT ZIP CODE	85032
M0063 MEDICARE NUM	MEDICARE NUMBER, INCLUDING SUFFIX	[REDACTED]
M0063 MEDICARE NA	NO MEDICARE NUMBER	0 - Not checked (No)
M0064 SSN	PATIENT'S SOCIAL SECURITY NUMBER	[REDACTED]
M0064 SSN UK	NO SOCIAL SECURITY NUMBER	0 - Not checked (No)
M0065 MEDICAID NUM	MEDICAID NUMBER	^
M0065 MEDICAID NA	NO MEDICAID NUMBER	1 - Checked (Yes)
M0066 PAT BIRTH DT	DATE OF BIRTH	[REDACTED]

This report may contain privacy protected data and should not be released to the public.

* Sample data are depicted.

Only those items that are active for the Reason for Assessment associated with the record are included in the report.

The value of an active item for which a blank was submitted is shown as a caret (^).

The value of a check box item that was checked is shown as Yes; the value of a check box item that was unchecked is shown as No.

NOTE: The OASIS Assessment Print report contains privacy information.

OASIS ASSESSMENTS WITH ERROR NUMBER XXXX

The OASIS Assessments with Error Number XXXX report lists for up to 5 specified Error Numbers the OASIS records submitted with those errors by select agencies during a specified period.

The criteria selection page (Figure 4-37) for the OASIS Assessments with Error Number XXXX report presents *Date Criteria*, *from (mm/dd/yyyy)*, *thru (mm/dd/yyyy)*, and *Error Number* options.

Figure 4-37. CASPER Reports Submit Page – OASIS Assessments with Error Number XXXX

Skip navigation links

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: OASIS Assessments With Error Number XXXX

Date Criteria: Prior Month

from (mm/dd/yyyy): 03/01/2015

thru (mm/dd/yyyy): 03/31/2015

Error Number: -901 -902 -903 -904 -905 -907 -909 -914

Template Folder: My Favorite Reports

Template Name: OASIS Assessments With Error Number XXXX

Submit Save & Submit Back Save

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month (the default)
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday


from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

Select at least one and as many as 5 error numbers from the *Error Number* list box. To select more than one error number, press and hold the Ctrl key as you highlight error numbers from the list box.

The OASIS Assessments with Error Number XXXX report (Figure 4-38) details the following regarding specified Error Numbers encountered in OASIS records submitted by select agencies during the specified timeframe.

- Agency ID
- Agency Name
- Agency City
- Error Number
- Error Description
- Submission Date
- Last Name
- First Name
- Assessment ID
- OASIS Item(s)
- Data Submitted

Figure 4-38. OASIS Assessments with Error Number XXXX*



CASPER Report
(IA) OASIS Assessments with Error Number
-902, -904, -907, -914
from 01/01/2015 thru 10/31/2015

Run Date: 06/24/2015
Page 7 of 8

Agency ID: IAHH133
Agency Name: MERCY HOME CARE - DES MOINES
Agency City: DES MOINES

Error Number: -907 FATAL
Error Description: Duplicate Assessment: The submitted record is a duplicate of a previously accepted record.

Submission Date	Last Name	First Name	Assessment ID	OASIS Item(s)	Data Submitted
03/19/2015	PROCTOR, JILL	JOHN	70000000304	TRANS_TYPE_CD, Existing record HHA_ASMT_ID, HHA_SUBMSN_ID	1, 70000000301, 50000280
03/19/2015	PROCTOR, JILL	JOHN	70000000305	TRANS_TYPE_CD, Existing record HHA_ASMT_ID, HHA_SUBMSN_ID	1, 70000000302, 50000280
03/19/2015	PROCTOR, JILL	JOHN	70000000303	TRANS_TYPE_CD, Existing record HHA_ASMT_ID, HHA_SUBMSN_ID	1, 70000000300, 50000280
03/19/2015	COOPER, JILL	JOHN	70000000307	TRANS_TYPE_CD, Existing record HHA_ASMT_ID, HHA_SUBMSN_ID	1, 70000000301, 50000280
03/19/2015	COOPER, JILL	JOHN	70000000308	TRANS_TYPE_CD, Existing record HHA_ASMT_ID, HHA_SUBMSN_ID	1, 70000000302, 50000280
03/19/2015	COOPER, JILL	JOHN	70000000306	TRANS_TYPE_CD, Existing record HHA_ASMT_ID, HHA_SUBMSN_ID	1, 70000000300, 50000280

This report may contain privacy protected data and should not be released to the public.

* Sample data are depicted.

OASIS ERROR DETAIL BY AGENCY

The OASIS Error Detail by Agency report lists the error messages encountered in submitted records by an agency during a specified period.

The criteria selection page (Figure 4-39) for the OASIS Error Detail by Agency report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 4-39. CASPER Reports Submit Page – OASIS Error Detail by Agency

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the report title 'Report: OASIS Error Detail by Agency' is displayed. The main form area contains a 'Date Criteria' dropdown menu set to 'Prior Month'. Below it are two date input fields: 'from (mm/dd/yyyy): 02/01/2014' and 'thru (mm/dd/yyyy): 02/28/2014', each with a calendar icon. At the bottom, there are two dropdown menus: 'Template Folder: My Favorite Reports' and 'Template Name: OASIS Error Detail by Agency'. To the right of these are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The OASIS Error Detail by Agency report (Figure 4-40) details the following information about errors identified in assessments submitted by the agency during the specified period.

- Agency ID
- Agency Name
- Agency City
- Assessment ID
- M0100 Reason for Assessment
- Submission Date
- Error Number
- Error Description
- Error Type
- Field In Error
- Value In Error

Figure 4-40. OASIS Error Detail by Agency

Run Date: 11/13/2014

Page 2 of 84

CASPER Report
(IA) OASIS Error Detail by Agency
from 01/01/2014 thru 11/13/2014

Agency ID: IAHH403

Agency Name: NURSE IN THE HOUSE, INC

Agency City: FAIRFIELD

Assessment ID: 26021336380

(M0100) RFA: 04

Submission Date: 01/14/2014

Error Number	Error Description	Error Type	Field In Error	Value In Error
-909	Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.	WARNING	assessment sequence	current m0100 =04 previous m0100 =06

Assessment ID: 26021336730

(M0100) RFA: 01

Submission Date: 01/14/2014

Error Number	Error Description	Error Type	Field In Error	Value In Error
+82	Patient provider updated: This patient was previously cared for by the prior provider identified above.	WARNING	facid	Old: IAHH4011 New: IAHH403
-3330	Record Submitted Late: The submission date is more than 30 days after M0090 on this new record.	WARNING	Submission Date, M0090_ASMT_CPLT_DT	20140114, 20131213

This report may contain privacy protected data and should not be released to the public.

The reported records are sorted in ascending order by State Code, Agency ID, Submission Date, and Assessment ID.

OASIS RFA STATISTICS BY AGENCY

The OASIS RFA Statistics by Agency report summarizes the reasons for assessment (M0100) for accepted assessments submitted during a select period.

The criteria selection page (Figure 4-41) for the OASIS RFA Statistics by Agency report presents *Date Criteria*, *from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

Figure 4-41. CASPER Reports Submit Page – OASIS RFA Statistics by Agency

The screenshot shows the 'CASPER Reports Submit' interface. At the top, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, the report title 'Report: OASIS RFA Statistics by Agency' is displayed. The 'Date Criteria' is set to 'Prior Month'. The 'from (mm/dd/yyyy)' date is '02/01/2014' and the 'thru (mm/dd/yyyy)' date is '02/28/2014'. At the bottom, there are two dropdown menus: 'Template Folder' set to 'My Favorite Reports' and 'Template Name' set to 'OASIS RFA Statistics by Agency'. To the right of these are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and *thru (mm/dd/yyyy)* dates are automatically populated based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include the *from* date being after the *thru* date and the use of future dates, alpha characters, or an incorrect date format.

The OASIS RFA Statistics by Agency report (Figure 4-42) summarizes by Assessment Reason (M0100) the following about the assessments submitted by an agency during the specified period.

- M0100 Assessment Reason
- Number of Accepted Records

Figure 4-42. OASIS RFA Statistics by Agency

Run Date: 04/03/2014

Page 1 of 1

CASPER Report
(NV) OASIS RFA Statistics by Agency
from 01/01/2013 thru 12/31/2013

Agency ID: NVS3829HHA
Agency Name: FIRST CHOICE HOME HEALTHCARE LLC
Agency City: LAS VEGAS

M0100 Reason for Assessment	RFA Description	Accepted Records
01	Start of care - further visits planned	117
03	Resumption of care (after inpatient stay)	21
04	Recertification (follow-up) reassessment	97
06	Transferred to an inpatient facility - patient not discharged from agency	38
07	Transferred to an inpatient facility - patient discharged from agency	5
09	Discharge from agency	66

Agency Total: 344

This report may contain privacy protected data and should not be released to the public.

The report summarizes the number of accepted records by assessment reason and totals accepted records for the agency.

Reported records are sorted by M0100 Reason for Assessment in ascending order.

OASIS SUBMITTER FINAL VALIDATION REPORT

The OASIS Submitter Final Validation Report provides detailed information about the status of a select submission file. The report indicates if the records submitted were accepted or rejected and details the warning and fatal errors, if any, encountered.

The criteria selection page (Figure 4-43) for the OASIS Submitter Final Validation Report presents a *Submission ID* option.

Figure 4-43. CASPER Reports Submit Page – OASIS Submitter Final Validation Report

The screenshot shows a web interface titled "CASPER Reports Submit". At the top right, there is a navigation bar with links: Logout, Folders, MyLibrary, Reports, Queue, Options, Maint, and Home. Below this, a yellow banner displays "Report: OASIS Submitter Final Validation Report". Underneath the banner is a text input field labeled "Submission ID:". At the bottom of the form, there are two dropdown menus: "Template Folder:" with "My Favorite Reports" selected, and "Template Name:" with "OASIS Submitter Final Validation Report" selected. To the right of these dropdowns are four buttons: "Submit", "Back", "Save & Submit", and "Save".

You must enter a valid Submission ID. Only those submissions you submitted for agencies to which your User ID is authorized are allowed.

NOTE: You may request an OASIS Submitter Final Validation report only for those files submitted on or after 01/01/2015.

The OASIS Submitter Final Validation Report (Figure 4-44) details the following for the specified submission file.


- *CMS Submission Report* – The title of the report.
- *OASIS Submitter Final Validation Report* – The sub-title of the report.
- *Submission Date/Time* – The date and time the submission file was received by the ASAP system. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss
- *Submission ID* – The unique identifier assigned to the submission file when it was received by the system.
- *Submitter User ID* – The user ID of the submitter.
- *Submission File Name* – The name of the .zip file submitted.
- *Submission File Status* – The status of the submitted file – Completed.
- *Processing Completion Date/Time* – The date and time the file processing was complete. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss

- *# Records Processed* – The total number of records that were processed in the submission file: Production Records Accepted + Production Records Rejected + Invalid Records + Test Records Passed + Test Records Failed.
- *# Production Records Accepted* – The total number of records from the submission file that were processed without fatal errors and were saved to the database.
- *# Production Records Rejected* – The total number of records from the submission file where the agency could be identified but were not saved to the database because of fatal errors in the record.
- *# Production Duplicate Records* – The total number of records from the submission file that were not saved into the database because they were duplicate records.
- *# Production Records Submitted Without Agency Authority* – The total number of records from the submission file that were not saved into the database because the user submitting the record(s) did not have authority to submit for the Agency.
- *# Test Records Passed* – The total number of records from the submission file that passed as a test record. Test records are not saved to the database.
- *# Test Records Failed* – The total number of records from the submission file that failed as a test record.
- *# Invalid Records* – The number of files from the submission file that could not be processed due to a file defect. For these records, the Agency could not be identified. Examples of invalid files are not an XML files (i.e. Word document, .jpg picture) or XML files that are not well-formed. These records are not included in the # Production Records Rejected or # Test Records Failed.
- *Total # of Messages* – The total number of errors (fatal errors and warnings) for all processed records in the submission file.
- *Record* – The record identifier.
- *Status* – The status of the individual record. Accepted or Rejected displays when the record was accepted or rejected. Invalid displays when the record could not be validated because of an invalid XML or unexpected type of file. Test-Passed displays when a test record encounters no fatal edits. Test-Failed displays when a test record encounters one or more fatal edits. NOTE: Records with an Invalid status are available only on the OASIS Submitter Final Validation report.
- *Agency ID* – The unique identifier assigned to the agency for identifying submissions.

- *Agency Name* – The name of the Agency that created the assessment record.
- *State Code* – The Agency's two-character state code.
- *RFA, BRANCH_ID* – The Reason for Assessment (M0100) and Branch ID.
- *Name* – The patient's last name and first name (M0040).
- *SSN* – The patient's Social Security Number (M0064).
- *Medicare Num (M0063)* – The patient's Medicare Number (M0063).
- *Res_Int_ID* – The unique number assigned to the patient by the QIES system. The combination of state code and resident internal ID uniquely identifies the resident in the national repository. This field is populated if the patient exists on the resident table (new patients created by an accepted record are on the table). The field is displayed as 0 if the patient is new and the record is rejected.
- *Asmt_ID* – The unique identifier assigned to the assessment by the ASAP system.
- *Correction Num* – The sequential number assigned to the submitted record based on the number of times the assessment was modified or inactivated.
- *M0090 Date* – The assessment completion date.
- *Effective Date* – Effective Date is defined based on M0100 (RFA) as follows:
 - a) If M0100 = 01, Effective Date is M0030 (SOC Date)
 - b) If M0100 = 03, Effective Date is M0032 (ROC Date)
 - c) If M0100 = 04 or 05, Effective Date is M0090 (Completion Date)
 - d) If M0100 = 06, 07, 08, or 09, Effective Date is M0906 (Discharge/Transfer/Death Date)
- *Type of Transaction* – The type of transaction: New Record, Modification or Inactivation. If = 1, this record is a new original assessment. If = 2, the current record is a request to modify an existing record. If = 3, the current record is a request to inactivate an existing record.
- *XML File Name* – The name of the submitted XML file.
- *OASIS Item(s)* – The OASIS item identifier(s) of the items in error (either fatal or warning). NOTE: If values are compared for more than one field at a time, both item identifiers display.
- *Data Submitted* – The submitted data value and the recalculated data value, if applicable, that caused the error or warning condition.

- **Message Number/Severity** – The number used to identify the error that was encountered for the corresponding field. The severity of the error is identified as either Warning or Fatal.
- **Message** – The description of the error that was encountered for the corresponding item.

Figure 4-44. OASIS Submitter Final Validation Report*

		CMS Submission Report OASIS Submitter Final Validation Report		Run Date: 06/25/2015 Page 1 of 2
Submission Date/Time:	10/23/2015 10:34:33			
Submission ID:	200000448			
Submitter User ID:	[REDACTED]			
Submission File Name:	OASIS_20151015.zip			
Submission File Status:	Completed			
Processing Completion Date/Time:	10/23/2015 10:35:21			
# Records Processed:	1			
# Production Records Accepted:	0			
# Production Records Rejected:	1			
# Production Duplicate Records:	0			
# Production Records Submitted Without Provider Authority:	0			
# Test Records Passed:	0			
# Test Records Failed:	0			
# Invalid Records:	0			
Total # of Messages:	2			
<hr/>				
Record: 1	Rejected			
Agency ID (FAC_ID):	H02252		State Code: MN	
Agency Name:	RIDGEVIEW HOME CARE SERVICES			
RFA, BRANCH_ID:	01,			
Name (M0040):	TEST435098, FNAME-001			
SSN (M0064):	[REDACTED]			
Medicare Num (M0063):	[REDACTED]			
Res_Int_ID:	0			
Asmt_ID:	70001000209		Correction Num: 01	
M0090 Date:	04/30/2015		Eff Date: 10/05/2014	
Type of Transaction:	Inactivate			
XML File Name:	OASIS_20150501.xml			
OASIS Item(s):	M0030_START_CARE_DT, M0032_ROC_DT, M0032_ROC_DT_NA, M0040_PAT_FNAME, M0040_PAT_LNAME, M0064_SSN, M0064_SSN_UK, M0066_PAT_BIRTH_DT, M0069_PAT_GENDER, M0090_INFO_COMPLETED_DT, M0100_ASSMT_REASON			
Data Submitted:	10/05/2014, , 1, FNAME-001, TEST435098, [REDACTED], 0, [REDACTED], 1, 04/30/2015, 01			
Message Number/Severity:	-3190 FATAL			
Message:	No Match Found: This modification/inactivation record does not match a previously accepted record in the QIES ASAP System. One or more of the items of this record did not match the corresponding items of an existing record in the database.			
This report may contain privacy protected data and should not be released to the public.				

* Sample data are depicted.

For the specified Submission ID, the report is sorted by record number, error type description, and item in error.

NOTE: The number of errors (messages) listed on the report for each record (assessment) included in the submission file is limited to a number defined by the State agency.

The report is sorted by State, Agency ID, Submission ID, patient last name, first name, submission processing order number, Assessment ID, error type description, item in error, and value in error.