HHA PROVIDER REPORTS
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 **C ASPER 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
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**

*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
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
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

**HHA Services**
- Certified Hospice CCN
- Number of Subunits
- 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**

- Survey Dates
- Date Provider Signed POC
- Revisit Dates
- 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**

![CMS Report](image)

- 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

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

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

<table>
<thead>
<tr>
<th>Day of Processing</th>
<th>Batches</th>
<th>Records Processed</th>
<th>Records Rejected</th>
<th>Records Accepted</th>
<th>Reject %</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/31/2013</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>02/01/2013</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>08/30/2013</td>
<td>6</td>
<td>6</td>
<td>6</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>09/05/2013</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>02/03/2014</td>
<td>16</td>
<td>16</td>
<td>16</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>Agency Totals:</td>
<td>32</td>
<td>32</td>
<td>32</td>
<td>0</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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**

<table>
<thead>
<tr>
<th>Patient ID</th>
<th>SSN</th>
<th>Last Name</th>
<th>First Name</th>
<th>RFA</th>
<th>Effective Date</th>
<th>Discharge Date</th>
<th>Submission Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1727258</td>
<td>77379</td>
<td></td>
<td></td>
<td>09</td>
<td>01/03/2013</td>
<td>01/03/2013</td>
<td>02/10/2013</td>
</tr>
<tr>
<td>2517003</td>
<td>1030154</td>
<td></td>
<td></td>
<td>09</td>
<td>01/03/2013</td>
<td>01/03/2013</td>
<td>02/10/2013</td>
</tr>
</tbody>
</table>

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.
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 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*

*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.
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**

*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

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

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**

![Screenshot of the CASPER Reports Submit Page for 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**

![Table displaying HHA Error Messages]

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

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

*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

<table>
<thead>
<tr>
<th>Error #</th>
<th>Error Description</th>
<th># of Assessments Processed</th>
<th># of Assessments with the Error</th>
<th>% of Assessments with the Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>1090</td>
<td>Invalid Value: The value submitted for this item is not an acceptable value.</td>
<td>15</td>
<td>14</td>
<td>90.33%</td>
</tr>
<tr>
<td>3240</td>
<td>Invalid ISC: The submitted ITM_SBST_CD does not match the ISC calculated by the GIS ASAP system.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>503</td>
<td>Required item Missing or Invalid: Based on the OASIS Data Specifications in effect on the effective date of this record, this item is required.</td>
<td>15</td>
<td>11</td>
<td>73.33%</td>
</tr>
</tbody>
</table>

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

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 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.
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.

* Sample data are depicted.
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*

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.
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**

*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

<table>
<thead>
<tr>
<th>Submission Date/Time</th>
<th>Submission ID</th>
<th>Records Processed</th>
<th>Records Rejected</th>
<th>Records Accepted</th>
<th>Reject %</th>
</tr>
</thead>
<tbody>
<tr>
<td>02/03/2015 17:18:25</td>
<td>2950054</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>02/03/2015 17:17:23</td>
<td>2950053</td>
<td>2</td>
<td>1</td>
<td>1</td>
<td>50.00%</td>
</tr>
<tr>
<td>02/03/2015 17:15:02</td>
<td>2950052</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.00%</td>
</tr>
<tr>
<td>02/03/2015 17:12:40</td>
<td>2950051</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>02/03/2015 17:08:52</td>
<td>2950050</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>02/03/2015 17:06:41</td>
<td>2950049</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>02/03/2015 17:01:51</td>
<td>2950048</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>02/03/2015 17:00:45</td>
<td>2950047</td>
<td>2</td>
<td>2</td>
<td>0</td>
<td>100.00%</td>
</tr>
<tr>
<td>02/03/2015 17:00:35</td>
<td>2950046</td>
<td>1</td>
<td>1</td>
<td>0</td>
<td>100.00%</td>
</tr>
</tbody>
</table>

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**

*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

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

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 no options. None is required.

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

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
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**

![Image](image.png)

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.

- 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*

---

**CMS Submission Report**

**OASIS Agency Final Validation Report**

<table>
<thead>
<tr>
<th>Submission Date/Time:</th>
<th>03/17/2015 10:26:22</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submission ID:</td>
<td>50229140</td>
</tr>
<tr>
<td>Submitter User ID:</td>
<td></td>
</tr>
<tr>
<td>Submission File Name:</td>
<td>OASIS20150317085704090.Zip</td>
</tr>
<tr>
<td>Submission File Status:</td>
<td>Completed</td>
</tr>
<tr>
<td>Processing Completion Date/Time:</td>
<td>03/17/2015 10:27:56</td>
</tr>
</tbody>
</table>

**Agency ID (FAC_ID):**

- Agency Name:
- State Code:

**# 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**

- **Asmt_ID:** 700645186667
- **Res_Int_ID:** 33634407
- **RFA, BRANCH_ID:** 09 P
- **M0090 Date:** 03/06/2015
- **Type of Transaction:** NEW RECORD
- **XML File Name:**

**Record: 2**

- **Asmt_ID:** 700645186667
- **Res_Int_ID:** 0
- **RFA, BRANCH_ID:** 09 P
- **M0090 Date:** 08/27/2012
- **Type of Transaction:** NEW RECORD
- **XML File Name:**

**OASIS Item(s):**

- **Data Submitted:**
- **Message Number/Severity:**
- **Message:**

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

---

**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.

---

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CASPHER Reporting HHA Provider User’s Guide
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**

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

* 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**

*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*

* 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

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

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

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

*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**

![OASIS RFA Statistics by Agency Report](image)

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

![Image of CASPER Reports Submit Page]

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*

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

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* 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.

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.