Center for Clinical Standards and Quality/Survey & Certification Group

Ref: S&C: 15-18-HHA

DATE: **January 9, 2015**

TO: State Survey Agency Directors

FROM: Director
Survey and Certification Group

SUBJECT: Outcome and Assessment Information Set (OASIS) transition to the Automated Submission and Processing System (ASAP) and OASIS Correction policy

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Memorandum Summary

- **On January 1, 2015, the Centers for Medicare & Medicaid Services (CMS) implemented the newest version of OASIS, OASIS-C1/ICD-9 and convert OASIS transmission to the ASAP system**
- **Guidance to surveyors and Home Health Agencies (HHAs) –** This memorandum outlines the changes to the OASIS transmission system and transition to the ASAP system, effective January 1, 2015.
- **CMS will publish a new OASIS Correction policy for OASIS.**

On January 1, 2015, the CMS implemented the newest version of OASIS, OASIS-C1/ICD-9. In addition, the CMS converted the OASIS transmission system to ASAP, the same system used for Minimum Data Set (MDS) transmission since October 2010. HHAs will no longer transmit to the State Agency systems.

With the passage of the Protecting Access to Medicare Act of 2014 (PAMA) (Pub. L. No. 113-93), the CMS finalized the newest iteration of OASIS, OASIS-C1/ICD-9, for implementation on January 1, 2015. HHAs are required to collect and transmit OASIS data in accordance with the HHA Conditions of Participation, §484.20, Reporting OASIS Information and §484.55, Comprehensive Assessment of Patients.

HHA providers will submit OASIS assessments to the ASAP System effective, January 1, 2015. It is important to note that OASIS submissions to the State system were discontinued starting at 6:00 p.m. ET on 12/26/2014. With the implementation of the OASIS ASAP system, HHAs will no longer submit OASIS assessment data to CMS via their State databases.

The HHA State submission system will no longer be used for OASIS submissions. New, modification, or inactivation records in the current flat file format must have been submitted prior to 6:00 p.m. Eastern Time (ET) on 12/26/2014. Transmissions were resumed on January 1, 2015 in the ASAP system. Providers who have late submissions during that period from December 26, 2014 through January 1, 2015, should not be cited for non-compliance for that time period.

Effective January 1, 2015, HHAs will use java-based Home Assessment and Evaluation Entry (jHAVEN) provided by CMS or jHAVEN-like software provided by vendors.

The jHAVEN Version 1.0.0 is a java-based application and is a replacement to HAVEN 10.8 for the support of OASIS C and will include OASIS-C1. As with HAVEN, the jHAVEN software application will be provided free from CMS for HHAs to use for submission of their OASIS data.

Users who have previously used the HAVEN software will be able to migrate their OASIS-C data from their current database(s) into a new jHAVEN database via the Migration Tool. The Migration Tool was included with the initial release of jHAVEN. In order to allow users the necessary time to complete this Migration step, jHAVEN 1.0.0 was anticipated to be available for download and installation in early to mid-December 2014.

The jHAVEN will not support older OASIS B1 assessments. In order to maintain an electronic copy of OASIS-B1 assessments (M0090 completion date prior to 01/01/2010) it will be necessary for users to continue to maintain HAVEN Version 10.8. Please note that exported submission files generated via HAVEN 10.8 must have been submitted prior to December 26, 2014 at 6:00 PM EST.

Submissions were again available on January 1, 2015 to the new ASAP system. Submission files generated using HAVEN 10.8 will not be accepted by the ASAP System as all files submitted to ASAP must be in proper XML format.

The CMS is publishing a new Correction policy and description of the new ASAP system as a revision to the State Operations Manual, sections 2202.11, Correction Policy and 2202.12, QIES ASAP System, attached to this memorandum. The revision reflects new terminology and CMS policy.

Due to the change in the OASIS transmission system, error codes will change. Surveyors will not be able to use the **Error Summary Report for HHAs** section of the HHA surveyor pre-survey worksheet, Exhibit 285, of the State Operations Manual (SOM) until further investigation has been completed and new or replacement error messages are identified.

Contact: For questions related to OASIS data submission, contact your State OASIS Automation or Education Coordinator. For CMS policy questions, contact Patricia Sevast at patricia.sevast@cms.hhs.gov.

Effective Date: January 1, 2015. This policy should be communicated with all survey and certification staff, their managers and the State/Regional Office training coordinators.

/s/
Thomas E. Hamilton

Attachment: Draft revision to SOM, Chapter 2, Sections 2201.11-2201.12

cc: Survey and Certification Regional Office Management

CMS Manual System	Department of Health & Human Services (DHHS) Centers for Medicare & Medicaid Services (CMS)
CMS Manual System **Pub. 100-07 State Operations** **Provider Certification**	**Department of Health &** **Human Services (DHHS)** **Centers for Medicare &** **Medicaid Services (CMS)**
Transmittal Advanced Copy	**Date:**

SUBJECT: State Operations Manual (SOM) Chapter 2 revisions related to transition of the Outcome and Assessment Information Set (OASIS) to the Automated Submission and Processing System (ASAP)

I. SUMMARY OF CHANGES: Revisions have been made to Chapter 2, Sections 2202.11 and 2202.12 due to the implementation of the ASAP system for OASIS submission, effective January 1, 2015. This include revision of the OASIS Correction policy and the implementation of ASAP.

NEW/REVISED MATERIAL - EFFECTIVE DATE*: Upon Issuance
IMPLEMENTATION DATE: Upon Issuance

Disclaimer for manual changes only: The revision date and transmittal number apply to the red italicized material only. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.

II. CHANGES IN MANUAL INSTRUCTIONS: (*N/A if manual not updated.*)
   (R = REVISED, N = NEW, D = DELETED) – (*Only One Per Row.***)**

R/N/D	CHAPTER/SECTION/SUBSECTION/TITLE
R	2/2201.11 Correction Policy
R	2/2202.11A Determining When to Inactivate an Assessment
R	2/2202.11B Deleting Assessments
R	2/2202.11C Types of Corrections an HHA can make in jHAVEN
R	2/2202.11E Clinical Implications of Corrected Assessment Records
R	2/2202.11F Regarding Corrections in Lieu of Required Assessments
R	2/2202/11G Timeliness of Corrections
R	2/2202.11H Multiple Corrections in a Record
R	2/2202.12 QIES ASAP System
R	2/2202.12A System Description
R	2/2202.12B Administration Requirements
R	2/2202.12C Validation and Editing Process
R	2/2202.12D Reports
D	2/2202.12E Reserved for Future use
R	2/2202.12F System Security

R	2/2202.12G Security of Transmission
R	2.2202.12H Provider Relations

III. FUNDING: No additional funding will be provided by CMS; contractor activities are to be carried out within their operating budgets.

IV. ATTACHMENTS:

	Business Requirements
X	**Manual Instruction**
	Confidential Requirements
	One-Time Notification
	One-Time Notification -Confidential
	Recurring Update Notification

*Unless otherwise specified, the effective date is the date of service.

2202.11 - Correction Policy
(Rev.)

HHAs have the ability to electronically correct nearly all errors found in their *accepted* OASIS submission records. SAs should not be accepting requests for manual key field changes. Instead, HHAs should use the inactivation procedures to correct assessments containing key field errors. *j*HAVEN and vendor software will give HHAs the ability to electronically correct nearly any kind of assessment errors.

CMS strongly recommends that all HHAs install the most updated version of *j*HAVEN or vendor software that adheres to CMS minimum requirements. OASIS *j*HAVEN software may be adjusted over time to incorporate changes in system components as well as incorporate bug fixes. Adjustments will be posted to the *j*HAVEN Data Entry Software web page on the CMS Web site at*: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/OASIS/index.html and on the QIES Technical Support Office website at: https://www.qtso.com/.*

Key Fields and Non-Key Fields

A description of key fields is below. Non-key fields are all other fields making up the OASIS data set that are not key fields.

KEY FIELDS	
Patient Identifiers:	
M0040_PAT_LNAME	Patient last name
M0040_PAT_FNAME	Patient first name
M0064_SSN	Patient social security number
M0066_PAT_BIRTH_DT	Patient date of birth
M0069_PAT_GENDER	Patient gender
HHA Identifiers:	
HHA_AGENCY_ID	Unique Agency ID code
Assessment Event Identifiers:	
M0100_ASSMT_REASON	Reason for completing assessment
M0090_INFO_COMPLETED_DT	Date assessment information completed (This is a key field only on recertification or follow-up assessments where RFA = 04 or 05)
M0030_START_CARE_DT	SOC date (This is a key field only on SOC assessments where RFA = 01)
M0032_ROC_DT	ROC date (This is a key field only on ROC assessments where RFA = 03)
M0906_DC_TRAN_DTH_DT	Discharge, transfer, death date (This is a key field only on transfer to inpatient facility assessments where RFA = 06 or 07, death at home assessments where RFA = 08 and discharge assessments where

KEY FIELDS
RFA = 09)

HHAs can electronically correct key field errors in production records in addition to non-key field errors and also remove erroneous records using an automated methodology called Inactivation. With the ability to inactivate erroneous OASIS assessments, as described below, HHAs will be able to remove assessments from the *Quality Improvement and Evaluation System (QIES) Assessment Submission and Processing (ASAP) system's* active database that have been submitted in error. These records are not actually deleted, but are moved from the active database to a history database that contains records that have been modified or inactivated. This approach keeps an audit trail of modified and inactivated records, but "hides" them from the normal QIES system reporting procedures.

2202.11A - Determining When to Inactivate an Assessment
(Rev.)

If an error has been made in one or more key fields, or if an assessment was submitted in error, the HHA should electronically inactivate it. Use of the inactivation procedure is not applicable to correcting assessments with only non-key field errors. In other words, if an assessment contains errors in only non-key fields, then correction type 3 described at C.3. below should be used. In order to determine whether to submit an inactivation request, the user should apply the following rules:

1. Assessment Submitted in Error

If an assessment was submitted in error (i.e., it should never have been submitted), it must be inactivated. For example, if a discharge assessment was submitted by the therapist; however, the patient is still being visited by the nurse, an inactivation request must be submitted for the erroneous discharge record. Another reason to inactivate an assessment would be if the submitted assessment contained the wrong patient name.

2. Error in Key Field

If an assessment was submitted which contained an error in any of the key fields listed above, then an inactivation request must be submitted. Normally, the HHA will also submit a new, corrected assessment in this situation. For example, if the HHA discovers that the patient's last name on the SOC assessment is spelled "Smyth," while on the Follow-up assessment it is spelled "Smith," it needs to make the appropriate correction. When the HHA determines the discrepancy, the incorrect record must be inactivated and a new corrected record must be submitted.

3. Submission of Incorrect Format

Private Pay assessments are now rejected upon submission and do not require inactivation.

NOTE: There is no automatic mechanism to reactivate a record that has been inactivated. Consider the case where a discharge assessment is submitted to the *QIES ASAP* system for a patient, but is inadvertently inactivated. There is no means to "undo" the inactivation and thereby "reactivate" this discharge. Instead the HHA must submit the discharge record again. An inactivated record can only be "undone" by the re-submission of the record.

2202.11B - Deleting Assessments
(Rev.)

In certain infrequent situations, inactivation is not sufficient to correct assessment errors since inactivation alone does not remove the assessment record from the *QIES ASAP* system. Two situations require deletion of an erroneous assessment, rather than inactivation. States will need to continue to submit deletion requests on behalf of HHAs, upon request, to the CMS contractor when the following situations occur.

1. Assessment Deletion

The HHA submits identifiable data on patients not defined by the OASIS System of Records. The *QIES ASAP system* is limited to the collection of identifiable data on patients who are Medicare and/or Medicaid patients receiving skilled care with certain exceptions, i.e., under 18 and maternity patients. In instances where the *QIES ASAP system* has received OASIS data on patients not included as part of the OASIS System of Records, the data needs to be deleted.

 EXAMPLE: The HHA checks Response 1, 2, 3, and/or 4 in the Current Payment Source (M0150 field) for that assessment record **and it should not have**. The record is transmitted to the *QIES ASAP system* and accepted. The HHA determines that the response for M0150 is in error. The patient was not a Medicare or Medicaid patient; therefore, this data should not be stored on the *QIES ASAP system*.

 EXAMPLE: The HHA submits an incorrect birth date on a patient who is a year old, which was accepted because the birth year identified the patient as being over 18. The patient was actually under 18 and the assessment should be deleted.

Deletion Request forms are located on the State password protected *p*age of the QTSO website. CMS requires the signature of the agency administrator and of the SA before the deletion *request* will be processed.

The HHA must send the Deletion Request Form in writing to the State OASIS coordinator by certified mail to request deletion of an assessment. The State will then send in writing by certified mail to *the CMS* contractor, the reason this data should *be removed from the QIES ASAP system.*

*Effective dates are:

M0030_START_CARE_DT for RFA types 01;

M0032_ROC_DT for RFA type 03;

M0090_INFO_COMPLETED_DT for RFA types 04 & 05; and

M0906_DC_TRAN_DTH_DT for RFA types 06, 07, 08, & 09.

2. File Deletion

- The HHA submits a file as "Production" data instead of "Test" data. The State must verify the HHA's claim of "Production" data versus "Test" data. The HHA must *complete the appropriate fields on the assessment delete request form.*

- The State will then *complete the appropriate fields on the assessment delete request form.*

The following events will then take place:

An email is sent by the CMS Contractor to the State OASIS Coordinator after the request is completed indicating that it was completed for the agency. This email will include a record count. If the contractor has a question about the form, the contractor will call the State for clarification prior to executing the request.

The deletion request information should be communicated to the CMS contractor by the following method of communication:

The Deletion Request Form directs states to forward the signed form to the CMS contractor via certified mail *through the United States Postal Service (USPS)* to the address on the form.

The deletion request sheets must be submitted to the CMS contractor by the State. Requests received directly from HHA will not be accepted.

NOTE: This information MUST NOT be sent via e-mail due to the confidentiality of the information.

2202.11C - Types of Corrections an HHA Can Make in *j*HAVEN
(Rev.)

*j*HAVEN offers the following menu of corrections an HHA can make:

1. Assessment was *s*ubmitted to the *QIES ASAP system* and was *r*ejected

The HHA can unlock the assessment, make the necessary changes, and re-submit it. Because of the built-in edit checks, HHAs using the *j*HAVEN software should not expect records to be rejected by the QIES ASAP system for this reason. Note that the following examples are provided for illustration purposes to troubleshoot *j*HAVEN-like software.

EXAMPLE 1: The HHA Agency ID field in one or more assessment records does not match the HHA Agency ID in the header record of the submission file. The entire submission file is rejected and no data is loaded into the *QIES ASAP system*.

EXAMPLE 2: The patient's last name was missing from the assessment file (data record). The HHA may have inadvertently left this field blank. The *QIES ASAP system* must have the patient's last name. The data record in this example would be rejected and no data from this record would be loaded into the *QIES ASAP system and processed by the system*.

In these examples, the HHA would make the necessary corrections and re-submit the record. Since the *QIES ASAP system* never accepted the original assessment, the correction number field IS NOT incremented in this situation. HHAs may still receive a warning if submission/timing guidelines have been exceeded.

2. Assessment was *s*ubmitted to the *QIES ASAP system* and was *a*ccepted. Correction to *k*ey *f*ields is *n*ecessary

To correct an assessment with key field errors, *the HHA should* first inactivate the assessment, then create a new assessment for re-submission, as applicable. See correction type 4 below.

3. Assessment was *s*ubmitted to the *QIES ASAP system* and was accepted. Correction to *n*on-*k*ey *f*ields is *n*ecessary

If an HHA determines that a correction(s) must be made to non-key fields only (i.e., any fields in the OASIS data set not contained in the key fields listed above), the HHA should re-open the assessment, revise the targeted non-key fields, and re-lock and re-submit the corrected record. The lock date changes to reflect the date the correction was made.

NOTE: "CORRECTION_NUM" is a counter field contained in the programming of the *j*HAVEN software used to track corrections made to an assessment record. The counter field is set to 00 when an assessment record is initially locked. The counter field is incremented in this case. Both the original assessment and the corrected assessment will be stored in the QIES database.

4. Assessment was *s*ubmitted to the *QIES ASAP system* and was *a*ccepted. Inactivation of the *a*ssessment is *n*ecessary

This is an option in jHAVEN that allows HHAs to correct key field errors by inactivating the assessment(s) containing key field errors and re-submitting a new, corrected assessment.

Unlike making non-key field changes, as described in correction type 3 above, the HHA does not simply unlock the assessment record, make the necessary key field changes, re-lock the record, and re-submit it. Instead, the HHA is taken directly to the assessment in question where it can be viewed in a read-only format. While in read-only mode, when the HHA confirms that the assessment should be inactivated, *j*HAVEN will ask the HHA to commit to this selection. The correction number field on the *j*HAVEN Management screen displays an "X" and the assessment status is set to Export Ready." The *"value of '99'"* indicates that this assessment has been *inactivated*.

When the HHA selects this correction type, a copy of the original assessment record is created. To re-submit the assessment with the necessary corrections, the HHA first exports the assessment that is being inactivated. From the *j*HAVEN Management screen, the HHA then selects the inactivated record in question and clicks on the "Correct Assessment" button. A pop-up box will appear asking if the HHA wants to create a new assessment containing data from the inactivated assessment. When the HHA clicks on the "OK" button, a copy of the original assessment appears. The HHA makes the necessary changes and re-submits the assessment. The correction number for this assessment is reset to 00.

2202.11D - Documentation of Corrected Assessments

(Rev. 1, 05-21-04)

When a comprehensive assessment is corrected, the HHA must maintain the original assessment record as well as all subsequent corrected assessments in the patient's clinical record in accordance with current clinical record requirements at 42 CFR Part 484. If maintained electronically, the HHA must be capable of retrieving and reproducing a hard copy of these assessments upon request. It is acceptable to have multiple corrected assessments for an OASIS assessment, as long as the OASIS and the clinical record are documented in accordance with the clinical record requirements at 42 CFR Part 484.

2202.11E - Clinical Implications of Corrected Assessment Records
(Rev.)

When corrections are made to an assessment already *accepted by* the *QIES ASAP system*, the HHA must determine if there is an impact on the patient's current care plan. If there is an impact, in addition to the correction made to the assessment, the HHA must make corresponding changes to the current care plan. If there are any other records where the correction has an impact, for example, the Home Health Resource Group *(HHRG)*, the Plan of Treatment or the Request for Anticipated Payment *(RAP)*, the agency should make corresponding changes to that record, as applicable. The agency should establish a procedure to review the impact of any corrections made to assessment records and make corresponding changes to other records that are affected.

2202.11F - Regarding Corrections in Lieu of Required Assessments

(Rev. 1, 05-21-04)

Collection and submission of information on SOC, ROC, Follow-up, Other Follow-up, transfer, and discharge assessments are required by the comprehensive assessment requirements at 42 CFR Part 484. The correction process described here does not preclude the need for accurate patient assessment at the required time points.

The inactivation of an assessment and subsequent correction and re-submission of a new assessment, or a correction to a non-key field cannot be used in lieu of the appropriate OASIS assessment for documenting an unanticipated change in patient condition that was not envisioned in the original plan of care. If there is an unexpected change in the patient's clinical condition due to a major decline or improvement in health status that warrants a change in plan of treatment, the appropriate OASIS assessment is expected to document the change, i.e., the ROC or Other Follow-up assessment, as appropriate. This is in keeping with the regulation at 42 CFR Part 484.20(b) for accuracy of encoded OASIS data that states, "The encoded OASIS data must accurately reflect the patient's status at the time of assessment." The HHA should have one document for the patient's assessment, care planning, and payment purposes.

2202.11G - Timeliness of Corrections
(Rev.)

HHAs are urged to make corrections and/or submit inactivations as quickly as possible after errors are identified so the *QIES ASAP database* will be as current and accurate as possible prior to HHA submission of the *RAP*. This also affects the data used to calculate the HHA's Outcome Based Quality Improvement (OBQI) and Outcome Based Quality Monitoring (OBQM)reports.

2202.11H - Multiple Corrections in a Record
(Rev.)

Correcting assessments with key field errors can only be done by inactivating the incorrect assessments and replacing them with the corrected assessments, as previously described above. Correcting assessments with non-key field errors can only be done by re-opening the assessment, revising the targeted non-key fields, and re-submitting the assessment, as previously described above. "CORRECTION_NUM" (the counter field) is implemented in non-key field changes. For more specific information concerning the process of correction and inactivation, refer to the OASIS *D*ata *S*pecification notes on the *CMS* OASIS website.

2202.12 – *QIES ASAP* System
(Rev.)

The purpose of the *QIES ASAP system* is to provide computerized storage, access, and analysis of the OASIS assessment data on patients in HHAs across the nation. The *QIES ASAP system* is intended to create a standard, nationwide system for HHAs to *submit CMS-required patient*

information to a national repository for the purpose of electronic interchange of data, reports, and other information. The *QIES ASAP system* is a critical component of SA and CMS operations. It is a key part of a fully integrated system of clinical data, facility demographics, survey findings, and SA operations information. The *QIES ASAP system* also provides the means for transmission of assessment data to CMS for validating payments under prospective payment for HHAs.

The QIES ASAP system provides the following functions:

- Validates the basic accuracy of the data and rejects submission files (batches) with fatal file errors, such as a missing or invalid agency ID, incorrect record length, or missing headers or trailers;

- Validates individual assessment records and rejects those records with fatal record errors;

- Stores and reports non-fatal or warning errors on records that are accepted by the database; and

- Builds a database of OASIS information for all applicable patients of each HHA in the State.

*Providers must establish communication with the QIES ASAP system in order to submit a file. This is accomplished by using specialized communications software and hardware and the CMS wide area network. Details about these processes are available on the QTSO website. Once communication is established with the QIES ASAP system, the provider can access the **CMS QIES System for Providers Welcome page**. This site allows providers to submit OASIS assessment data and access various information sources. The OASIS Submission User's Guide provides more detailed information about the QIES ASAP system. It is available on the QTSO website at: https://www.qtso.com/hhatrain.html.*

In accordance with the regulations, HHAs will collect SOC, ROC, follow-up, discharge to the community, transfer to an inpatient facility (with or without discharge), and death at home OASIS data on all patients (except those under 18; those receiving maternity services; and patients receiving only housekeeping or chore services) under the care of the HHA as of July 19, 1999, as applicable. The requirements for OASIS collection, encoding, and transmission apply to all Medicare and Medicaid patients, including Medicare and Medicaid HMO/Managed Care patients (with the exception of those listed above) receiving skilled services. The applicability of the comprehensive assessment and reporting regulations to patients receiving personal care only services, regardless of payer source, has been delayed until further notice. In addition, the collection, encoding and transmission requirement for non-Medicare and non-Medicaid patients receiving skilled care is also temporarily suspended until further notice. Until collection and submission of non-Medicare/non-Medicaid patient assessments is required, HHAs must meet all other requirements of the comprehensive assessment regulation including conducting SOC comprehensive assessments and updates at the required time points on all non-Medicare and non-Medicaid patients receiving skilled services, although the OASIS data items are not required. This means that only the requirement to collect, encode and transmit OASIS data is

delayed. The completion of the comprehensive assessment and updates at the required time points is required in order to ensure quality of care for all patients and to encourage the use of OASIS as the basis for care planning.

Effective August 24, 1999, and at least monthly thereafter, HHAs should transmit to the SA all applicable OASIS data collected and encoded from July 19, 1999, and monthly thereafter. Monthly transmissions should include all OASIS data encoded in the previous month.

OASIS activities will provide enhanced analytical capabilities at the SAs; electronic transmission from the *HHA* to a national repository; integration with performance indicators for quality oversight and survey planning by the SA; a basis for maintaining prospective payment of HHAs; research directed at improving quality of care; feedback to providers; and dissemination of information to purchasers, beneficiaries, and others.

2202.12A - System Description
(Rev.)

The OASIS system is one part of the QIES ASAP system. It is composed of standardized hardware and software platforms to fulfill the OASIS requirements of 42 CFR Parts 484 and 488, as well as to incorporate additional CMS provider assessment processes as they become effective, and operational support of Medicare and Medicaid Survey and Certification pursuant to §1864 of the Act. The system was designed with an emphasis on flexibility and integration, so that additional software components could be easily added to provide the States with new related functionality (such as outcome measures and expanded analytical reports), as well as applications that support future assessment processes for other provider types, and new capabilities to support survey and certification operations.

2202.12B - Administration Requirements
(Rev.)

The *QIES ASAP system* is part of a comprehensive, Quality Improvement and Evaluation System that will not only fulfill OASIS administration requirements, but also grow to support other assessment-based programs; quality and performance indicators; and new, integrated survey and certification data systems. The *HHA* should use the *QIES ASAP system* to submit the required OASIS data to the *QIES national* repository and to receive feedback reports on the OASIS data submissions. *HHAs can also use jHAVEN or other vendor software to edit, store and create submission files for transmission to the QIES ASAP system.*

The States are directly responsible for fulfilling requirements to operate the *QIES ASAP system*. However, the State may enter into an agreement with the State Medicaid agency, another State component, or a private contractor to perform day-to-day operations of the system.

The State must obtain RO approval prior to entering into an agreement with another agency. Such agreements should address the following provisions:

1. Meets confidentiality requirements: Federal Privacy Act, 5 U.S.C. §522a; HIAA of 1996; other applicable Federal data acts; §1902(a)(7) of the Act; applicable State standards; and industry security standards;

2. Gives the SA real-time access to the system to fully support all OASIS-driven functions which will be required of the survey agency (e.g., quality indicator reporting, survey targeting, etc.), or if a contractor is performing analysis for SA contract, provides the details on how this is to be conducted;

3. Complies with *the* need for high capacity, fault-tolerant network connections to ensure reliable support for the SAs, *QIES* national *repository*, and any other daily operations (e.g. Intermediary Medical Case Review, Office of the Inspector General or Department of Justice Fraud and Abuse activities), which will be affected by this system.

4. Includes SA responsibilities for reporting OASIS data to a central repository at CMS. Designates responsibilities for edits and "cleanness" of data:

   - Designates responsibilities for generating and communicating facility error reports.

   - Describes what kinds of communication will be established, e.g., a State-specific Internet and/or Intranet web pages, newsletters, etc., their content, and who will produce/maintain/distribute these communications.

5. Lists responsibilities of contractor and/or State for training and support operations: Includes at least who will provide facility and OASIS software vendor startup training, and on-going customer/facility support/troubleshooting; provide internal training and daily user support within the SA; work with program staff to integrate the *QIES ASAP* system into SA functions; train SA staff on aspects of analytical system (e.g., ASPEN upgrades and "performance measure/quality indicator" linked reports); handle System Operations - functions associated with transmission logging, error tracking and resolution, system archival, and process reporting; and designate who is responsible for determining facility transmission schedules;

NOTE: Standardized OASIS software components that are developed by CMS will be maintained and upgraded *on the QIES ASAP system* by CMS.

Under any such arrangement, the State must be guaranteed real-time, priority access to this system to fully support all OASIS functions. All CMS privacy and confidentiality requirements must be met. Off-site operation of the *QIES ASAP system* will require high capacity, fault-tolerant network connections to ensure reliable support for the State's daily operations that will be affected by this system. The *HHA* must use the *QIES ASAP system* for reporting OASIS data to the CMS central repository.

To promote national consistency in OASIS system operations and troubleshooting, each State should designate one individual as the OASIS automation project coordinator. This person is CMS' key contact within each State for managing *the* OASIS *QIES ASAP system* issues and

must be familiar with the use of the OASIS automation and transmission process. Technical knowledge of information systems is useful but far less critical than an understanding of the OASIS processes, good communication and project management skills, and the ability to educate and work with providers and vendors to ensure successful implementation of an automated process for all providers. The State should designate additional staff, including a System Administrator, to manage the technical aspects of the *QIES ASAP system* and support staff to assist in processing corrections, answering routine user questions, assigning passwords, etc.

To the extent that the State has developed customized external applications for using information obtained from the *QIES ASAP system* (e.g., to support Medicaid payment), the costs of developing and maintaining these additional software applications (and any related hardware components) will not be funded through the survey and certification budget.

2202.12C - Validation and Editing Process
(*Rev.*)

Each time an HHA accesses the *QIES ASAP system* and transmits an assessment file, the *ASAP system* performs a series of validation edits *to evaluate whether or not the data submitted meet the required standards:*

1. Fatal File Errors

   - The first check examines the basic structure and integrity of the submission file. If there are fatal flaws in the file (batch of records), then the entire file is rejected and the HHA is notified of the reason for rejection *on the Submitter Final Validation Report which may be requested in the CASPER Reporting application.* In the event that a batch is rejected due to fatal file errors, the HHA will not receive a "Final Validation Report." Fatal file errors are listed in the *Section 5 of the OASIS Submissions User's Guide*, which can be found on the *QTSO website*. Rejected files must be corrected and retransmitted.

2. Fatal Record Errors

   - If the file structure is acceptable, then each record in the file is examined individually for fatal record errors. These errors may cause an individual assessment within a submission to be rejected. Assessments that have fatal records are not stored in the *QIES ASAP* database and processed by the ASAP system. The HHA is informed of fatal record errors on the "Final Validation Report." OASIS data specifications outline the valid data requirements and are posted on the *CMS* OASIS Website.

   The Final Validation reports are available *within 24 hours* following the submission of a file.

3. Non-Fatal or Warning Errors

The record is examined for non-fatal errors. If there are no fatal record errors, the record is loaded into the *QIES ASAP* database. Any non-fatal errors are reported to the facility in the "Final Validation Report." Non-fatal errors include missing or questionable data of a non-critical nature, record sequencing, field consistency errors, and range errors.

The submission file will be processed for errors within 24 hours. The Final Validation Report, which contains detailed information about agency submissions, may be accessed in the CASPER Reporting application. It is recommended to print and retain the Final Validation Reports for future reference.

The validations and edits described above fulfill all of CMS' editing requirements under 42 CFR Part 488.68.

Some States may impose additional edits on Medicaid assessments. However, a State may not interfere with, modify, or delay the transmission of records meeting CMS edit standards from a Medicare-certified or Medicaid-approved agency to the *QIES ASAP system*. Furthermore, the State may not impose any requirements that modify the clinical accuracy of CMS prescribed OASIS records, reports, or calculations.

2202.12D - Reports
(Rev.)

The *QIES CASPER* Reporting application provides reports to both the State and the provider. *The reports are available for viewing, analyzing, and managing submitted OASIS data and related information in the CASPER Reporting application. To access the CASPER Reporting application, select the CASPER Reporting link on the **CMS QIES System for Providers Welcome page.***

Monthly validation of OASIS submission is highly recommended for both states and providers as OASIS is required for payment, pay for reporting, and medical review.

2202.12E – Reserved for future use
(Deleted)

2202.12F - System Security
(Rev.)

As distinguished from confidentiality and privacy, which primarily focuses on the rules for release of information when it is authorized, security relates to the means by which the information is protected from "unauthorized" access, disclosure, and misuse. As part of the new requirements under 42 CFR Part 488.68, States must ensure that electronic data *extracted from the QIES national repository* are protected to the same degree that paper records containing any

identifiable data must be safeguarded. Additionally, any printed copies of reports from the system must be maintained in a secure locked area while they are needed and properly disposed of when no longer needed. States must issue a policy that defines and limits the qualifications for an individual to access the *QIES ASAP system*. The HHA who receive passwords must be aware of the requirements of the CMS' security policies and those of the System of Records and the Privacy Act. *CMS must be notified to remove a password when an employee exits a position requiring access to the QIES ASAP system.* SAs are likewise reminded of the secure nature of passwords for the HHAs and must use due process to ensure the security of those passwords.

In addition to the specific guidance above, the safeguards must provide a level of security at least equivalent to that required by the Office of Management and Budget Circular A-130 (revised), Appendix III, Security of Federal Automated Information Resources.

2202.12G - Security of Transmission
(Rev.)

OASIS data is encoded and transmitted from HHAs to the *QIES ASAP system* via the CMSnet, a private communications network CMS purchased to ensure the security of OASIS and MDS transmissions to the *QIES national repository*. This system replaces the previous process of direct dial-up by public telephone lines to the SA and reflects the latest technology available for securing the privacy of data during transmission. Standard industry authentication is employed at each SA. Further security is provided at the SA by isolation of the receiving communications server from the actual storage site at the State (the MDS/OASIS Database Server). This serves effectively as a security firewall. Transmission of OASIS data from the *HHAs* to CMS occurs via *the* CMS *Wide Area* Network (*WA*N), *which only allows individuals with valid user ids to access.*

The CMS has determined that the transmission of OASIS data through the process described above is fully compliant with all current Federal, Department of Health and Human Services, and CMS information system's security requirements. The applicable Federal guidelines include The Computer Security Act of 1987, Federal Information Processing Standards promulgated by the National Institute of Standards and Technology pursuant to the Computer Security Act of 1987, the Office of Management and Budget Circular A-130 (revised), and Appendix III, Security of Federal Automated Information Resources.

Per CMS policy, in the CMS Information Systems Security Policy, Standards and Guidelines Handbook, it is a violation of the CMS Security policy to send via email or fax: patient personally identifiable information, IP addresses, and both ID and password in the same document. CMS Security policy prohibits saving the login information in the Internet browser or sharing the personal login ID or the password with anyone else.

2202.12H - Provider Relations
(Rev.)

With CMS technical support and guidance, the States work closely with the provider community and their OASIS software vendors in providing information on specific requirements related to the submission of OASIS assessments to the *QIES ASAP system*.

The CMS expects that some vendors will provide primary support to HHAs in terms of OASIS encoding and transmission to the *ASAP system*. The State, however, must work with HHAs and software vendors in educating them about this process. The States must also provide training and technical assistance in interpretation of OASIS reports provided to HHAs.