

Questions	Answers
TECHNICAL QUESTIONS	
How does data show up in OnDemand?	Your agency data is transferred via the Smartlink service. Depending on your set up your agency data may be coming to OCS as frequently as daily
What is the difference between 'Completed Between' and 'Modified Between' in OnDemand?	'Completed Between' is based on your M0090 date and 'Modified Between' is based on when data arrives at OCS.
Why does my branch data not show up in OnDemand reports?	Your agency branches were not programmed – call OCS Client Services.
Why do my colleagues have a new report, but I do not?	The reports have probably not been assigned via User Management. Talk to your agency OCS Connection administrator
I am not able to log into Connection. Who do I contact?	Please contact your Connection administrator at your organization – they can reset your password, activate/deactivate accounts, etc.
Will the click through technology be for all reports in OnDemand ?	Click through will first be delivered in the PatientView Patient List. While we plan to expand this functionality to other reports, it may not be a feature in all reports.
OUTCOME REPORTS	
Where are my outcome reports for Quarter 1?	OCS is working on the release of these reports. In the meantime, the ACH/EC report is available and Blackout reports will be coming soon. NOTE: will be posted in the InBox.
Is my data risk adjusted?	<p>CMS will not be developing the risk adjusted algorithms until early 2011.</p> <ul style="list-style-type: none"> • All current OCS data and reports are not risk adjusted. • As soon as CMS releases the formulas for risk adjustment OCS will then develop reports with risk adjusted data.
EXECUTIVE SUMMARY REPORT	
When will I be receiving the Executive Summary Report for my agency?	The Executive Summary report was part of the OASIS-B reporting structure. For OASIS-C the Executive Summary will not be available in the same way. A combination of reports will provide you with this information i.e.; Hospitalization and EC, PPS, Blackout and Utilization reports. These reports are currently in production

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DIAGNOSIS FUNCTIONALITY	
I want a report for all diagnoses related to Diabetes – can I just put in 250?	The current functionality does not include “all” diagnoses for a specific diagnosis code. When entering the diagnosis code you will receive data for the primary diagnosis ONLY.
What would I put in the diagnosis section if I want to run a report for CHF, DM and COPD patients?	You would need to run separate reports for each diagnosis by the 3-digit ICD-9 code.
Does the report pull all patients that have these codes or just the patients that have these codes as a primary DX?	Primary Diagnosis ONLY
HOSPITALIZATION AND EMERGENT CARE REPORT	
We are looking at our Hospitalization and Emergent Care report. Is it possible for us to get the criteria that is being used to get our percentages for this report?	Calculations for this report include: Transfer/Discharge, Transfer/Not Discharge and Discharge
We are looking at hospitalization reasons and the % of patients hospitalized for each reason, it doesn't add up to 100%.	<p>Reasons for hospitalization are duplicated therefore will not always be 100% i.e.; a patient can show up on this report multiple times if they had ACH and/or EC more than one time.</p> <p>The Transfer Report will assist you in determining what patients are included in the calculations observed for your agency in the Hospitalization & Emergent Care report.</p> <p>Example: Run the ACH/EC report for the Month of April. You will have agency scores as compared to state, region and national norms Run the transfer report for the month of April You will have a listing of patients that have experienced ACH with reasons for hospitalization</p>
Does the new OCS Hospitalization Emergent Care Report include all payer sources or just Medicare?	No limitations; all payers for patients included in patient universe. Dependent on what payers your agency collects OASIS-C data on.
PATIENT VIEW REPORT	
How does a patient end up with the risk levels on this report? What do they mean?	The risk levels are determined by individual patient characteristics as answered by the clinician. There are around 40 of these patient characteristics.
PPS DETAILS LIST	
How can I use this report for our CHF disease management program?	You can run this report by entering the 3-digit ICD-9 code of 428 in the diagnosis box. This will allow you to review the CHF patients for case weights, HHRG, reimbursement, therapy visits and the other details contained within the report.

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PPS WORKSHEET

I'm missing two patients on the PPS Reimbursement Worksheet (PPS RW). Why?

The PPS RW is created for every SOC, Recert, and ROC (that takes the place of a Recert) The PPS RW is created for any start of a 60-day episode, BUT they need to have M0110 and M2200 answered in order to generate this report and the PPS Detail

Verification Report

Do I need to fix the warnings on this report?

The warnings are indications of OASIS inconsistencies. It may not be critical to change the warnings but rather a review to assure OASIS accuracy.

Are you continuing to add to the list of warning message?

We do re-evaluate warnings on an ongoing basis and add/remove/modify warnings as necessary

DISCHARGE REPORT

Why do the recertification and discharge reports have "NA" displayed throughout the reports?

Outcomes are generated from SOC and/or ROC assessments.

- If a SOC/ROC **has not** occurred in 2010 there is no reference point for outcome comparison.
- If the SOC/ROC did occur in 2010 and you have "NA" please call tech support to assure data integrity for your agency.
- If you see "NA" displayed in single outcome measures it means that this individual outcome does not apply to the patient i.e. stasis ulcer and surgical wound.

TRANSFER REPORT

Why are there patients on this list with no reason for hospitalization marked for the patient?

OCS has taken the most frequently answered reasons for hospitalization and included them on this report. If a patient was hospitalized and there is nothing marked under "Reason for Hospitalization (M2430)", the reason for hospitalization was something other than what OCS includes on the Transfer report. Refer to the patient OASIS-C transfer assessment for response.

PATIENT PROGRESS REPORT

When I run this report there is no side by side assessments for patients that I know have had a previous assessment in 2010. Why does this happen?

In order to produce side by side assessments use a larger date range (we suggest back to 1/1/2010) **PLUS** enter the patient name in the patient name field to get sub-sequent assessments for OASIS-C. **Note: this is only for OASIS-C assessments**

ASSESSMENT LIST REPORT

The assessment list report is shown alphabetically by staff's first name. Is there anyway to do it by last name? We have 400 staff members and it is difficult to find them by first names.

How the clinician name appears on OCS reports is dependent on how your IT vendor has configured this field. It may be by first name or last name. You can get this report by a specific clinician by putting the first and/or last name in the clinician field box.

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ADVERSE/AVOIDABLE EVENTS

When will the adverse event reports be available?

CMS has not made a definitive list of adverse events for OASIS C, however due to client request OCS is working on the development of an adverse event report. To monitor areas that are related to avoidable events you can use the Transfer report-export monthly to track and manage falls, pain etc...