

Report Interpretation Guide  
**Quality Assurance:  
Verification Report**



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## Introduction

The Quality Assurance Verification Report is designed to provide agencies with detailed, patient-level warnings and verification errors for OASIS assessments. This report:

- Provides insight into potential areas where corrections need to be made prior to submitting to CMS
- Allows clinicians to review any warnings errors to ensure accuracy of OASIS assessment to improve care plans

## Quick View of Report Specifications

Report Attribute	Specification
Patient Universe	All patients for whom an OASIS assessment (RFA-3) was completed or updated (based on user selection)
Payers	No limitations; all payers for patients included in patient universe
Time period	Date range set by the user
OASIS Version & Time Points	OASIS C; All assessment types
Data Source	OASIS instrument
Minimum Data Requirement	OASIS C instrument must be completed
Agency Uses	Clinical and Operational
Report Frequency	As often as OASIS data is collected and submitted to OCS
Report Location	Connection / OnDemand tab / OASIS-C Patient-Level folio / C – Verification report tab

Note: This is not a benchmarking report, so comparison groups and risk adjustment are not applicable.

## Sample Report

OCS HomeCare		Quality Assurance Patient-Level Verification Report			
Prepared for:	OCS Home Health Agency		Provider Number:	999999	
Data Represents:	February 26, 2010				
<b>Summary:</b>	2 Assessments	3 Errors Found	7 Warnings Identified		
<b>Patient Name:</b>	Fran Crandall	<b>RFA:</b>	03 - ROC	<b>Clinician:</b>	Karen
<b>Patient ID:</b>	FC12942616	<b>Asmnt Date:</b>	02/22/2010	<b>Team:</b>	East 3
<b>Errors:</b>	0				
<b>Warnings:</b>	3				
<p>Warning: Most patients with totally dependent cognitive functioning (M1700) are frequently or constantly confused, or are non-responsive (M1710).</p> <p>Warning: The plan of care synopsis indicates that the patient does not have any pain interventions (M2250-e), but the assessment indicates pain interfering with the patient's activity (M1242).</p> <p>Warning: Most patients who are dyspneic at rest (M1400) are not fully independent in transferring (M1850).</p>					
<b>Patient Name:</b>	Robert Grey	<b>RFA:</b>	01 - SOC	<b>Clinician:</b>	Leslie
<b>Patient ID:</b>	RG00837203	<b>Asmnt Date:</b>	02/26/2010	<b>Team:</b>	East 3
<b>Errors:</b>	3				
<b>Warnings:</b>	2				
<p>The number of current stage III pressure ulcers present at the most recent SOC/ROC cannot be higher than the number of current ulcers (M1308-b).</p> <p>If Traditional Medicare is the payment source (M0150), then the assessment requires a number of therapy visits, not NA, to be entered (M2200).</p> <p>If there are no observable pressure ulcers or unhealed pressure ulcers (M1308 and M1322) then the Stage of the most problematic unhealed pressure ulcer (M1324) should be NA.</p>					
<p>Warning: This assessment indicates a diagnosis related to a urinary catheter (M0240), but does not indicate that the patient has a urinary catheter (M0520).</p> <p>Warning: Are you sure? This assessment indicates that the patient has intractable pain (M0430) but no pain interfering with activity (M0420).</p> <p>Warning: Are you sure? Only about 10% of patients with a primary diagnosis of rehab (M0230 = V57) are completely independent in transferring (M0690 - Current = 0)</p>					
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## Report Structure

### Sorting

This report sorted alphabetically by patient last name.

### Header Definitions

Element	Definition
Prepared for:	Agency Name
Provider Number:	Agency ID (M0010)
Data Represents:	Assessments completed or assessments modified (as selected by user) between dates selected by user

### Measure Definitions

Element	Definition
Patient Header	
Patient Name (M0040)	Patient Name
Patient ID (M0020)	Agency-specific patient identifier
RFA	Reason for Assessment: <ul style="list-style-type: none"> <li>• 01 – SOC (Start of Care)</li> <li>• 03 – ROC (Resumption of Care)</li> <li>• 04 – Recert (Recertification)</li> <li>• 05 – Other follow-up</li> <li>• 06 – TND (Transferred to an inpatient facility – patient not discharged from agency)</li> <li>• 07 – TD (Transferred to an inpatient facility – patient discharged from agency)</li> <li>• 08 – Death at home</li> <li>• 09 – Discharge from agency</li> </ul>
Asmnt. Date	Date for which the assessment was completed
Clinician	Name of the clinician who completed the assessment (if submitted)
Team	Name of the clinician's team (if submitted)
Errors	Count of errors in the assessment
Warnings	Count of warnings in the assessment
Verification Descriptions	
Errors	A CMS defined validation item that should be fixed prior to submission to the state. An error generates a red flag in final validation report from the state.
Warnings	Indicates potential inconsistencies among OASIS questions. Warnings do not necessarily have to be changed prior to submission to the state.

### **Verification Types and Examples**

<b>Verification Type</b>	<b>Example(s)</b>
Incomplete Assessment Items	M1020 must be answered
Comparing Dates	The physician referral date (M0104) cannot be later than the SOC date (M0030)
Logical Inconsistencies with a Single Question	Cannot indicate an unknown payment source (M0150-13) and Medicare (M0150-2) as the payment source for the same assessment
Logical Inconsistencies Between Two or More Questions	If the patient has at least one unstageable suspected deep tissue injury in evolution but no stage III, stage IV, or unobservable due to slough or eschar ulcers (M1308), then the status of the most problematic ulcer must be assessed as not healing (M1320-03)
Diagnosis Codes	Cannot enter an other diagnosis code (M1022-5) with an earlier space left blank (M1022-4)
	The same ICD-9 has been used more than once as an other diagnosis code (M1022 spaces 1 and 2)
	An e-code should not have a severity rating (M1022-1)
PPS Calculations	Warning: Episode timing (M0110) must be answered early or late (current answer is NA) in order to generate PPS data for this assessment
Process Measures	Warning: The plan of care synopsis indicates that falls prevention interventions are not applicable because the patient is not assessed to be at risk for falls (M2250-c), but the falls risk assessment indicates that the patient is at risk (M1910)
Condition-Specific	Warning: Most patients with a primary diagnosis of Other Surgical Aftercare (M1020 = V58.4) have a surgical wound (this assessment indicates none, M1340 = 0)

### **Other Resources**

For more information or guidance in using this report, contact OCS Client Services at 866.641.8324, or refer to the information available in the e-Learning Network at [www.ocshomecare.com](http://www.ocshomecare.com). There you will find links to white papers, client success stories, and recorded training sessions.