

# Data Specifications Archive

**November 19, 2021**

## **OASIS V2.31.1 Errata**

Errata V2.31.1 for the current production version of OASIS (V2.31.0) is now available in the **Downloads** section below. Four issues have been identified. It has been decided that item M1242 will now be voluntary for all RFAs. Three edits (-3891, -5123, and -5421) contained typos in the edit text and have been corrected. These changes will be applied to upcoming iQIES production releases.

**June 05, 2020**

## **OASIS Data Specifications V3.00.0**

The Outcome and Assessment Information Set (OASIS) Data Submission Specifications Version 3.00.0 are now available in the **Downloads** section below. This DRAFT version applies to the OASIS-E item set which is scheduled for implementation on January 1, one full year following the end of the Public Health Emergency (PHE).

**Note:** The implementation date for ITM\_SET\_VRSN\_CD for OASIS E and SPEC\_VRSN\_CD Version 3.00.0 both reflect a value of TBD within the specs. At the end of the PHE, an Errata will be issued that provides the implementation date.

## **Release Details**

Users will have the ability to upload patient assessments in XML format and will have the ability to view their final validation report, in addition to their other reports, directly in the Internet Quality Improvement and Evaluation System (iQIES). It is important to note that the submission date and time are stored in Coordinated Universal Time or Universal Time Coordinated (UTC), which is five hours ahead of Eastern Time (ET). The reports will display the UTC. However, prior to evaluating the submission timeliness of OASIS records for the Home Health QRP, iQIES will convert the UTC to Eastern Time.

## **OASIS V2.31.0 Details**

The specification changes include updates to accommodate the new Functional Impairment Level Case-Mix Adjustment under the Patient-Driven Groupings Model, or PDGM, as items that were previously inactive for Reason for Assessment 04 and 05 will now be active assessments with a M0090 Completion Date of January 1, 2020, or greater. These two items are M1800 Current Grooming and M1033 Hospital Risk Items History of Falls through None of the Above. Also taken into account is the transition to PDGM for payment calculation; as a result, the Health Insurance Prospective Payment System (HIPPS) Group Code and HIPPS Version Code are no longer required for submission for assessments with a M0090 date of January 1, 2020, or greater.

It is important to note that the transition period for accepting the Health Insurance Claim Number (HICN) or Railroad Retirement Board (RRB) number will end on December 31, 2019. After January 1, 2020, only the Medicare Beneficiary Identifier (MBI) will be accepted, and providers can no longer submit a HICN on assessment submissions or claims.

**Please note** that at this time, only certified Home Health Agencies will be onboarded to iQIES. For technical assistance, please contact our service desk at: [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov) or by phone at: 800-339-9313.