New MDS/OASIS Providers

Sections:

1. Medicare Enrollment/Approval
2. ASAP Access: CMSNet and Access Request Information
3. Test Transmittal of OASIS data*
4. Basic Overview of Clinical Aspects

Section 1: Medicare Application

1. A. Obtaining Application

   - CMS 855A (link to website)

   The enrollment process starts with the licensed Nursing Home (NH) or Home Health Agency (HHA) submitting a Medicare Enrollment Application to the Medicare fee-for-service contractor. This contractor is responsible for processing your enrollment application. Contact information can be found here in the ‘Downloads’ window under Contacting your Medicare Administrative Contractor. Applications can be sent and processed by the designated contractor for Arizona.

   Nursing Homes can mail applications to:
   Noridian Healthcare Solutions
   P.O. Box 6730
   Fargo, ND 58108-6730
   Phone: 877-908-8431
   http://www.noridianmedicare.com/

   Home Health Agencies can mail applications to:
   National Government Services, Inc.
   Provider Enrollment
   P.O. 6474
   Indianapolis, IN 46206-6474
   Phone: 855-834-5596
   http://www.ngsmedicare.com/

1. B. Application Review

   - Medicare Conditions of Participation (CoP) (link to website)

   Once the application has been received, it can take up to 6 months to review and approve the Medicare Enrollment Application. If approved, the Medicare contractor will send a letter to the provider detailing the additional requirements needed prior to certification, Medicare Conditions of Participation (CoP), listed below.

   1. Title 42 – Public Health CFR Part 483 – Long Term Care Facilities (MDS)
   2. Title 42 – Public Health CFR Part 484 – Home Health Services (OASIS)

*Home Health agencies are required to transmit a test assessment (OASIS system). Nursing homes are not required to complete test transmission but must demonstrate the capability to transmit.
Within the Medicare Conditions of Participation, additional standards are listed but vary depending on the choice for accreditation or not. Accreditation from a national accrediting organization will determine “deemed status” and means the facility is found to meet the Medicare Conditions of Participation on an announced survey conducted by the accrediting organization.

Accreditation occurs simultaneously with ASAP Access and OASIS Test Transmission (next two sections) and is only briefly covered.

CMS retains the authority to have the state agencies conduct random validation surveys and complaint investigations for Medicare-certified organizations. Listed below are the three accrediting organizations accepted by CMS to conduct deemed status surveys for Medicare and Medicaid:

- Community Health Accreditation Program - 1-800-656-9656 or (202) 862-3413 or visit their web site at [http://www.chapinc.org](http://www.chapinc.org)
- The Joint Commission - (630) 792-5000 or visit their web site at [www.jointcommission.org](http://www.jointcommission.org)
- Accreditation Commission for Health Care - (919) 785-1214 or visit their web site at [http://www.achc.org](http://www.achc.org)

Please note: Your agency must be providing skilled nursing, physical therapy, speech therapy or occupational therapy to a minimum of 10 patients before the survey is conducted. CMS requires that at least 7 of the 10 required patients must be receiving care from your agency at the time of the initial Medicare survey. These patients do not have to be Medicare patients, as CMS will not reimburse for any services prior to the effective date determined by CMS. Surveyors will expect to review a comprehensive assessment for each of these patients that include the required MDS/OASIS items. Additional forms and documents may be required prior to certification not listed in this document. These requirements are unique to provider type and therefore are not outlined.

Any provider seeking Medicare certification is required to meet the Medicare Conditions of Participation. This includes compliance with the MDS/OASIS comprehensive assessment (and for HHA’s this is in addition to the OASIS test transmission) on all adult skilled patients. New nursing homes and home health agencies must demonstrate that they can transmit MDS/OASIS data prior to initial certification survey. Section 2 deals with acquiring the credentials to access CMSNet and appropriate portal where transmission occurs. Section 3 provides an outline of requirements and an example of a successful transmission (HHA).

**Section 2: ASAP Access in CMSNet**

2. A. CMSNet Access

- [CMSNet Access Request Form](http://www.chapinc.org) (link to website)

CMSNet is a private communications network which allows data submitted to the portal to be encrypted during the transmission process precluding any unauthorized sources from intercepting identifiable data. The facility must apply for a user identification number and password for access.

**NHs** often obtain their CCN/provider number before submitting a MDS assessment; if this is the case then the CMSNet Online Registration may be used. **HHAs and NHs without a CCN** need to submit the CMSNet Access Request form and submit through mail. Once processed, the facility will use credentials to access the online User Registration tool to obtain QIES Individual Access credentials. Please contact your [Automation Coordinator](http://www.chapinc.org) for any questions finding and submitting this form.
Walk-through to CMSNet form (www.QTSO.com)

1. In the right upper corner of the home page is this image. Click on “CMSNet Information” link

2. New page appears titled “CMSNet Information”. Click on the link indicated below.

   CMSNet Online Registration

   CMSNet Online Registration Instructions [PDF 444 KB]
   CMSNet Online Registration

   CMSNet Installation Guide & FAQ's

   Installation Guide for CMSNet Remote Users (CMSNet-Juniper Client) [PDF 890 KB]
   For issues with the Secure Access Service login or Juniper Client Installation please contact
   CMSNet FAQ [PDF 35 KB]

   QIES Access Request Information

   Access to CMS systems requires a CMSNet User ID and a QIES User ID. Select:
   ePOC Access Information (Nursing Home Facilities)
   MDS Access Information (Nursing Home Facilities)
   OASIS Access Information (Home Health Agencies)
   Hospice / IRF / Swing Bed / LTCH Access Information (Hospice Providers, Inpatient Rehabilitation
   State Agency, Regional Office, Central Office, AO & VA Use Only (Not for Providers
   Data Access Request Forms

   CMSNet Access Request Form - MDS/ePOC(NH) OASIS & ASPEN Web Users[Only use this form]
   CMSNet Access Request Form - Hospice IRF LTCH & Swing Bed Users[Only use this form]

3. This form needs to be completed as a “Create New Access” request. Please be sure to enter the correct Facility ID which can be obtained from your MDS/OASIS Coordinator.

4. Only NH’s with a valid CCN may use the CMSNet Online Registration. Facilities able to do so do not need to submit a paper form.
2. B. Submitting CMSNet Access Request Form

Submitted forms should have complete provider and user information and must include a cover sheet containing the facility’s letterhead. A facility ID is required to process any of these forms so please confirm the Facility ID provided begins with “LTC” (Nursing Homes) or “MED” (Home Health Agencies).

CMSNet Access (MDS/OASIS) forms go to:

CMSNet Help Desk
Fax: (803) 935-0194
E-mail: mdcn.mco@palmettogba.com
For Issues: (888) 238-2122

After submission, CMS will contact the provider when the forms have been processed and provide the appropriate credentials. The Installation Guide for CMSNet Remote Users (found under CMSNet Installation Guide & FAQ’s) will provide step-by-step instructions on how first-time connections should be setup. At this point the provider should have selected and installed an appropriate application to read, maintain and report assessment data. CMS provides jRAVEN (MDS) and jHaven (OASIS) though many 3rd party software vendors are available.

2. C. MDS/OASIS Individual User Account (QIES Access)

Once CMSNet has issued the appropriate credentials and the facility has successfully connected to the CMSNet network via the “CMS Secure Access Service”, users will be able to obtain QIES Individual Access credentials.

Below is a screenshot of the webpage that appears for OASIS (HHA) providers after logging into CMSNet via the “CMS Secure Access Service”. MDS (NH) providers have a similar page that allow for MDS User Registration as well as ePOC User Registration.

This individual account allows access to the national MDS/OASIS system where data are submitted. Transmission of patient assessment data occurs by a specific user within the facility. CMS allows a total of TWO (2) Individual User accounts per facility. Please contact your MDS/OASIS coordinator for information on increasing this facility user limit. Please note that users should never share QIES accounts. Please be sure to monitor individual access by your facility and remove/change credentials as needed.
Walk-through to MDS/OASIS Individual User Account Request form (www.QTSO.com)

IMPORTANT: This section details the location and form needed to REMOVE QIES Individual Access

1. In the upper right corner of the home page, this image can be found below the CMSNet Information box. Click on the appropriate link

2. Instructions on individual and corporate/third-party access can be found here. At the bottom of this page is the Individual User Account paper form needed to remove users or increase facility limits. It is important that every facility monitor QIES access and remember to remove users no longer employed by the facility. Please Note: This form IS NOT for new providers seeking QIES Individual Access.

NDS / ePOC Individual User Account Maintenance Request [PDF 237 KB] (Only use this form to remove individual accounts or request additional users.) OR

OASIS Individual User Account Request [PDF 235 KB] (Only use this form to remove individual accounts or request additional users.)

3. Please complete the respective form and submit to QTSO Help Desk. If the facility Individual User account limit increase is requested and approved, individual users will still need to register through CMSNet to obtain QIES Individual Access credentials.

Individual User Account Request forms go to:

QTSO Help Desk
Fax: (888) 477-7871
E-mail: help@qtso.com
For Issues: (800) 339-9313
The following section specifically relates to the Transmittal Testing requirement of OASIS data for HHA providers. This requirement does not apply to MDS data though NH providers may find the information helpful. We suggest NH providers to review this process as it significantly mirrors the MDS submission process. Screen shots provided note OASIS links and portals but MDS-specific manuals can be found at MDS 3.0 User Guide & Training.

Section 3: Test Transmittal of OASIS data

- CMSNet – Submission Access Portal
- OASIS User Guide & Training

3. A. Access CMSNet Portal

HHA’s will use jHaven (or equivalent 3rd party software) to enter assessment data and save the .zip file on the computer. Once OASIS data is complete and ready for upload, providers must access the CMSNet portal to begin the submission process. This can be found at the link above (CMSNet – Submission Access Portal). The following steps can then be taken to successfully upload:

1. Select AZ in the map of the United States
2. Select the Proceed button on the U.S. Government-Authorized Use Only pop-up window.

3. Sign in using CMSNet credentials; please note that admin rights are required when connecting for the first time.

4. CMSNet access gains access to the following Provider webpage:

   This webpage is where facilities register new individual users, gain access to the submission/upload tool, Casper Reports and other QIES/OASIS resources. Please bookmark webpage for easy access.
5. Click on OASIS Submissions link to login page for the OASIS system to submit assessments or corrections to assessments

6. Once logged in, you are able to access the following menu options including the file upload page.

7. Locate the .zip file saved from jHaven (or alternate 3rd party software) and select Open. Then select OK to proceed with upload. Depending on the size of your file, this may take a few minutes.
8. Submission Confirmation Message is an immediate response notifying the user of a new submission receipt. This should not be confused with the Final Validation Report which will be available via CASPER Reports within 24 hours. The submission confirmation is the initial phase of submission; only indicating successful receipt.

9. Submissions are listed for future reference and tracking within the ‘Submission Status’ link found on the menu options.

Detailed instructions on this process and the subsequent reports needed to confirm successful uploads and troubleshoot errors (both warnings and fatal errors) can be found at the OASIS User Guide & Training site.
Section 4: Basic Clinical Overview

*MDS Information – RAI*

The RAI helps nursing home staff look at residents holistically and yields information regarding the resident’s functional status, strengths, weaknesses, and preferences, and offers guidance on further assessment of problems identified. Data from the assessments are also used for the SNF PPS Medicare reimbursements system, monitoring quality of care, and allows consumer access to nursing home information.

Cont’d MDS RAI Overview

The RAI consists of three basic components: The **Minimum Data Set** (MDS) Version 3.0 – core set of screening, clinical, and functional status elements Chapter 3; the **Care Area Assessment** (CAA) process – process to interpret the information recorded on the MDS Chapter 4; and the **RAI Utilization Guidelines** – instructions for when and how to use the RAI can be found here: [MDS 3.0 RAI Manual](#)

*OASIS Information – Coming soon!*