

Coffee Break Boost

Get the Buzz on Your Data

Patient Verification Report

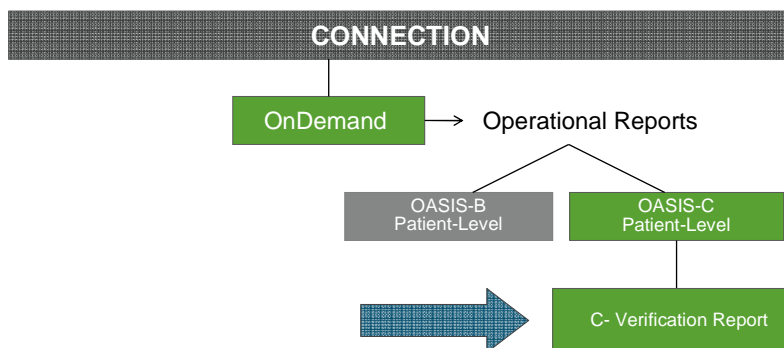
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OCS HomeCare
Bring home positive outcomes



Roadmap to your report

Healthcare Information Platform



OCS HomeCare

Prepared for: OCS Home Health Agency
Data Linked: February 26, 2010

Provider Number: 999999

Patient Name: Fran Crandall RFA: 02 - ROC
Patient ID: FC12942616 Asmnt Date: 02/22/2010

REPORT HIGHLIGHTS:

- Patient-level errors
- Patient-level warnings
- Allows correction of errors prior to submission to the CMS
- Warnings identify inconsistencies within the OASIS assessment

Errors:
None

Warnings:

Warning: Most patients with totally dependent cognitive functioning (M1710).
Warning: The plan of care synopsis indicates that the patient does not assessment indicates pain interfering with the patient's activity (M1242).
Warning: Most patients who are dyspneic at rest (M1400) are not fully

Patient Name: Robert Grey RFA: 01 - SOC Clinician: Leslie Errors: 3
Patient ID: RG00837203 Asmnt Date: 02/26/2010 Team: East 3 Warnings: 2

Errors:

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).
If Traditional Medicare is the payment source (M0150), then the assessment requires a number of therapy visits, not NA, to be entered (M2200).
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.

Warnings:

Warning: This assessment indicates a diagnosis related to a urinary catheter (M0240), but does not indicate that the patient has a urinary catheter (M0520).
Warning: Are you sure? This assessment indicates that the patient has intractable pain (M0430) but no pain interfering with activity (M0420).
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).

Agency ID (M0010): OCS Home Care (999999) Branch ID (M0016): N/A
Completed Between: 2/24/2010 and 3/10/2010 Payer(s): Any Payers View Reports
Clinician Name: Team: Patient Name: Diagnosis:

OCSHomeCare Quality Assurance Patient-Level Verification Report

Prepared for: OCS Home Care (999999)
Data Represents: No Assessments Completed (M0000) between 2/24/2010 and 3/10/2010

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EXAMPLES FOR USE:

- Drill down by payer source
- Identify common errors/warnings by team
- Utilize as a teaching tool for new clinicians

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Additional Training

OCS e-Learning Network

<http://marketing.ocsys.com/e-learning.asp>

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