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## **OASIS Study**

### ***Final Report Appendices***

**Contract #500-01-0021**

December 30, 2005

*Prepared for*  
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## **Appendix A**

### **Text of Section 704 of the Medicare Modernization Act of 2003**

TITLE VII--PROVISIONS RELATING TO PARTS A AND B

Subtitle A--Home Health Services

SEC. 704. TEMPORARY SUSPENSION OF OASIS REQUIREMENT FOR COLLECTION OF DATA ON NON-MEDICARE AND NON-MEDICAID PATIENTS.

(a) IN GENERAL- During the period described in subsection (b), the Secretary may not require, under section 4602(e) of the Balanced Budget Act of 1997 (Public Law 105-33; 111 Stat. 467) or otherwise under OASIS, a home health agency to gather or submit information that relates to an individual who is not eligible for benefits under either title XVIII or title XIX of the Social Security Act (such information in this section referred to as `non-medicare/medicaid OASIS information').

(b) PERIOD OF SUSPENSION- The period described in this subsection--

(1) begins on the date of the enactment of this Act; and

(2) ends on the last day of the second month beginning after the date as of which the Secretary has published final regulations regarding the collection and use by the Centers for Medicare & Medicaid Services of non-medicare/medicaid OASIS information following the submission of the report required under subsection (c).

(c) REPORT-

(1) STUDY- The Secretary shall conduct a study on how non-medicare/medicaid OASIS information is and can be used by large home health agencies. Such study shall examine--

(A) whether there are unique benefits from the analysis of such information that cannot be derived from other information available to, or collected by, such agencies; and

(B) the value of collecting such information by small home health agencies compared to the administrative burden related to such collection.

In conducting the study the Secretary shall obtain recommendations from quality assessment experts in the use of such information and the necessity of small, as well as large, home health agencies collecting such information.

(2) REPORT- The Secretary shall submit to Congress a report on the study conducted under paragraph (1) by not later than 18 months after the date of the enactment of this Act.

(d) CONSTRUCTION- Nothing in this section shall be construed as preventing home health agencies from collecting non-medicare/medicaid OASIS information for their own use.

# **Appendix B**

## **OASIS Cost and Benefit Surveys**



OMB Approval Form 09380940

Medicare Provider #

Agency Name

1-10/  
11-12/  
13-15/

# ***OASIS Cost and Benefit Survey of Home Health Agencies 2005***

**For agencies that have  
continued full OASIS data collection on  
non-Medicare/non-Medicaid patients**

***You should complete THIS version of the survey if:***

- Your agency continues to conduct complete OASIS assessments on all your adult non-maternity patients receiving skilled services (regardless of whether they are Medicare/Medicaid patients or not); AND
- Your agency continues to conduct OASIS assessments on your non-Medicare/non-Medicaid patients at Start of Care/Resumption of Care, Follow-up and Discharge.

**This survey has been reviewed and approved by  
the Centers for Medicare and Medicaid Services**

**Please Return By**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09380940. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

# Instructions

## Is your agency correctly identified on the survey label?

- To help ensure that our records are correct, please review the preprinted information on the label on the cover of the survey. If your agency name is incorrect, cross it out and write in the correct name on the label. If the Medicare provider number is incorrect, contact us toll-free at **1-866-271-1397**.

**This survey is intended to collect answers for the home health agency with the Medicare Provider Number on the front of this survey, including any branch offices covered under that provider number. If your agency includes subunits that have separate Medicare Provider Numbers do not report for those units.**

## As you complete the survey, please refer to the following instructions:

- The survey is directed toward Home Health Agency Administrators. However, other staff with knowledge about OASIS costs and benefits can contribute to its completion.
- You are sometimes instructed to skip over a question in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:
  - Yes ⇒ Skip to A8
  - No

If there is no note about skipping over a question, proceed to the immediate next question.

- Sections D through H collect information on the resources your agency devotes to patient assessment activities. **We ask for your best available data on staff time and assessment related costs based on your experience.** We would prefer “hard data” from time studies or accounting records, but we recognize that many agencies do not have the capacity to perform such studies or accounting systems that maintain the information in this particular level of detail. Since we are eager to have a wide range of agencies represented in the survey, estimations are acceptable.
- If you have any questions about this survey, please contact us at the toll-free number **1-866-271-1397** or email **OASIS@abtassoc.com**.

## RETURN YOUR COMPLETED SURVEY IN THE ENVELOPE PROVIDED TO:

**Abt Associates Inc.  
Attn: OASIS Cost and Benefit Survey  
55 Wheeler St.  
Cambridge, MA 02138-9972**

### **The OASIS Cost and Benefit Survey**

is part of a Congressionally mandated study to assess the burdens and benefits of OASIS data collection on home health agencies, particularly as it relates to non-Medicare and non-Medicaid patients. Participation in this survey is voluntary; whether or not you complete this survey will have no affect on your agency's Medicare certification or reimbursement.

ALL INFORMATION COLLECTED WILL BE CONSIDERED **STRICTLY CONFIDENTIAL**.

## A. Please tell us about your agency

- A1. Is your agency part of a national, regional or local chain or health system that includes other Medicare-certified Home Health Agencies that have their own Medicare provider numbers?
- <sub>1</sub> Yes ⇒ If yes, how many other Home Health provider numbers does it include? \_\_\_\_\_# 16/  
<sub>2</sub> No 17-20/
- A2. Is your agency part of an organization that includes a separate non-certified provider that serves non-Medicare patients (e.g., a staffing or private-duty agency)? 21/
- <sub>1</sub> Yes  
<sub>2</sub> No
- A3. Please indicate whether your agency has experienced any of the following in the past 12 months. **(check all that apply)**
- <sub>1</sub> Merger, acquisition, split/demerger, change of ownership 22/  
<sub>2</sub> Change in agency leadership 23/  
<sub>3</sub> Move to a new location 24/  
<sub>4</sub> Staff reductions 25/  
<sub>5</sub> Staff shortages 26/  
<sub>6</sub> A significant change in referral sources 27/  
<sub>7</sub> An increase in the average level of clinical severity or care needs of your agency's patients 28/  
<sub>8</sub> Implementation of a new system for automating your clinical records 29/  
<sub>9</sub> Other new software/computer systems implementation 30/  
<sub>10</sub> Initiation of new program(s) targeting specific patient populations 31-32/  
<sub>11</sub> OBQM initiatives resulting in practice changes 33-34/
- A4. Please indicate the type of accreditation(s) held by your agency: **(check all that apply)**
- <sub>1</sub> JCAHO 35/  
<sub>2</sub> CHAP 36/  
<sub>3</sub> Other (specify) \_\_\_\_\_ 37/  
<sub>4</sub> None 38/  
39-40/  
41-42/  
43-44/

## B. Please tell us about the patients your agency serves

Please tell us about the number of adult non-maternity patients that received skilled services from your agency, for **either** the 2004 calendar year or your agency's most recent fiscal year. If your agency has both a Medicare-certified component and a non-certified component, remember to include only the patients served by your Medicare-certified component.

- B1a. **Unduplicated patients served:** Include all adult, non-maternity patients receiving skilled services in the past calendar or fiscal year. Count each patient **only once**, regardless of the number of services, frequency of admission or changes in payer source.

Total number of unduplicated patients served: \_\_\_\_\_# 45-50/

- B1b. **Total number of patient admissions:** Include all adult non-maternity patients receiving skilled services who were admitted during the most recent calendar year or your agency's most recent fiscal year. If a patient was admitted, discharged, and then readmitted later in the year, that patient would be counted as two admissions.

Total number of patient admissions: \_\_\_\_\_# 51-56/

B2. Please indicate the payment sources for your agency's adult non-maternity skilled service admissions for **either** the 2004 calendar year or your agency's most recently completed fiscal year.

Payment Source	Percent of Admissions	
Medicare (Traditional fee-for-service)	_____ %	57-59/
Medicare (HMO, managed care)	_____ %	60-62/
Medicaid (Traditional fee-for-service)	_____ %	63-65/
Medicaid (HMO, managed care)	_____ %	66-68/
Other public sources (Worker's Compensation, Title programs, TRICARE/VA)	_____ %	69-71/
Private HMO/managed care	_____ %	72-74/
Other private insurance	_____ %	75-77/
Self-pay	_____ %	78-80/
Other	_____ %	81-83/
	<b>Total = 100% of adult non-maternity skilled service admissions</b>	84-85/

B3. What is the ending date (month and year) of the time period used to answer Questions B1 and B2 above?

Two-digit Month: \_\_\_\_\_ Two-digit Year: \_\_\_\_\_  
86-87/ 88-89/

B4. Please indicate what the data reported in questions B1 and B2 are based on: **(check all that apply)**

- <sub>1</sub> Medicare Cost Reports, accounting records, computer system or software 90/
- <sub>2</sub> Estimates 91/
- <sub>3</sub> Other 92/

**C. Please tell us about your OASIS data collection, entry and transmission practices**

C1. For all OASIS assessments completed in the past 12 months (or other recent 12-month period for which data are available), estimate the percentage that were conducted by Registered Nurses, Physical Therapists, Occupational Therapists, Speech Language Pathologists and Others. For example, if RNs do ¾ of the OASIS assessments on your Medicare/Medicaid patients and PTs do the rest, enter 75% for RN and 25% for PT in the Medicare/Medicaid column. If particular types of staff do not conduct OASIS assessments, fill in zero (0) percent. If you do not have particular types of staff, check NA (not applicable). As in previous questions, if your agency has both a Medicare-certified and a non-certified component, report data only for the Medicare-certified component.

Staff Type/Discipline	For your Medicare/Medicaid patients % of OASIS assessments conducted by:	For your non-Medicare/ non-Medicaid patients % of OASIS assessments conducted by:
Registered Nurses	_____ % <small>93-95/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>96/</small>	_____ % <small>97-99/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>100/</small>
Physical Therapists	_____ % <small>101-103/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>104/</small>	_____ % <small>105-107/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>108/</small>
Occupational Therapists	_____ % <small>109-111/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>112/</small>	_____ % <small>113-115/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>116/</small>
Speech Language Pathologist	_____ % <small>117-119/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>120/</small>	_____ % <small>121-123/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>124/</small>
Other (specify) _____ <small>125-126/</small>	_____ % <small>127-129/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>130/</small>	_____ % <small>131-133/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>134/</small>
	<b>Total=100% of Medicare/Medicaid OASIS assessments</b>	<b>Total=100% of non-Medicare/non-Medicaid OASIS assessments</b>

C2. In December 2002, a reduced-burden OASIS data set (“OASIS –B1, 12/2002”) was introduced. It decreased the number of OASIS items on the Recertification/Follow-up assessment to 26 items. Did your agency adopt the reduced-burden OASIS and/or reduce the number of OASIS items collected at Recertification on your Medicare/Medicaid patients?

135/

- <sub>1</sub> Yes; we reduced OASIS Data collected to the minimum required
- <sub>2</sub> Yes; we dropped some items, but are still collecting more than the minimum required
- <sub>3</sub> No; we made no change in number of items we collect at Recertification.

C3. What percent of your agency’s clinical staff use point of care data collection technology such as laptops, handheld devices, etc that enable inputting and encoding of **OASIS** assessment data?

136-138/

\_\_\_\_\_ %

**D. How much time does your agency spend on OASIS assessments, data entry, and transmission?**

D1. Please indicate the average number of minutes spent by staff at your agency on **OASIS comprehensive assessments for Medicare/Medicaid patients** for each of the listed time points.

Report RN time for assessments conducted by an RN, and Therapist time for assessments conducted by physical therapists, occupational therapists and speech/language pathologists. Also report time spent by clerical staff and any other staff involved in OASIS assessments, data entry, and transmission.

- **INCLUDE:** in-home assessment time, follow-up time to collect missing data, documentation, data entry and data correction time.
- **EXCLUDE:** travel time, time spent on care planning to meet needs identified by assessment, and time spent on QI activities.

Note that the “staff type” categories (RN, therapist, clerical, other) represent labor types, *not* activities. If an RN does data entry, the time would be included on the “RN” line, not the “Clerical staff” line. For example, if the average Start of Care/Resumption of Care assessment requires an RN to spend 80 minutes to complete the in-home assessment and follow-up on missing data, plus another 20 minutes entering and correcting data, you would report 100 minutes on the RN line under Start of Care/Resumption of Care. If Clerical staff do the data entry, the number of minutes spent on that task would be reported on the “Clerical staff” line.

Staff Type/Discipline	Start of Care/ Resumption of Care	Follow-up/ recertification	Discharge
RN	_____139-144/ minutes per assessment	_____145-150/ minutes per assessment	_____151-156/ minutes per assessment
Therapist (PT, OT, SLP)	_____157-162/ minutes per assessment	_____163-168/ minutes per assessment	_____169-174/ minutes per assessment
Clerical staff	_____175-180/ minutes per assessment	_____181-186/ minutes per assessment	_____187-192/ minutes per assessment
Other staff	_____193-198/ minutes per assessment	_____199-204/ minutes per assessment	_____205-210/ minutes per assessment

211/

D2. Check off the box that most accurately describes “Other staff” above.

- <sub>1</sub> Managers  <sub>2</sub> Medical records staff  <sub>3</sub> Billing clerks  <sub>4</sub> Quality improvement staff
- <sub>5</sub> Other (specify: \_\_\_\_\_)

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219-220/  
221-224/

- D3 On average, do staff at your agency spend the same amount of time on OASIS assessments for non-Medicare/non-Medicaid patients as they do on OASIS assessments for Medicaid/Medicare patients?
- <sub>1</sub> Yes ⇒ **Skip to section E.**
- <sub>2</sub> No ⇒ **Continue to D3a**

D3a. Please indicate the average number of minutes spent by staff at your agency on **OASIS comprehensive assessments for non-Medicare/non-Medicaid patients.**

Staff Type/Discipline	Start of Care/ Resumption of Care	Follow-up/ recertification	Discharge
RN	_____ 224-229/ minutes per assessment	_____ 230-235/ minutes per assessment	_____ 236-241/ minutes per assessment
Therapist (PT, OT, SLP)	_____ 242-247/ minutes per assessment	_____ 248-253/ minutes per assessment	_____ 254-259/ minutes per assessment
Clerical staff	_____ 260-265/ minutes per assessment	_____ 266-271/ minutes per assessment	_____ 272-277/ minutes per assessment
Other staff	_____ 278-283/ minutes per assessment	_____ 284-289/ minutes per assessment	_____ 290-295/ minutes per assessment

296/

- D4. Check off the box that most accurately describes the “Other staff” above.
- <sub>1</sub> Managers <sub>2</sub> Medical records staff <sub>3</sub> Billing clerks <sub>4</sub> Quality improvement staff
- <sub>5</sub> Other (specify: \_\_\_\_\_) \_\_\_\_\_

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304-305/  
306-307/

**E. How much time does your agency spend reviewing data quality?**

- E1. Please estimate the total number of staff hours your agency spent on monitoring the processing and quality of assessment data (for example, reviewing summary reports provided by your agency’s information system or HAVEN indicating that data on patient assessments are incomplete or have errors). Report total hours for the past 12 months, or most recent fiscal year, for your Medicare/Medicaid patients and your non-Medicare/non-Medicaid patients. Do not include time spent monitoring outcomes data or reviewing QI/QM reports.

Staff Type/Discipline	For your Medicare/Medicaid patients Total number of hours per year	For your non-Medicare/non-Medicaid patients Total number of hours per year
RN	_____ Hours 308-315/	_____ Hours 316-323/
Therapist (PT, OT, SLP)	_____ Hours 324-331/	_____ Hours 332-339/
Clerical staff	_____ Hours 340-347/	_____ Hours 348-355/
Other staff	_____ Hours 356-363/	_____ Hours 364-371/

- E2. Check off the box that most accurately describes the “Other staff” above.
- <sub>1</sub> Managers <sub>2</sub> Medical records staff <sub>3</sub> Billing clerks <sub>4</sub> Quality improvement staff
- <sub>5</sub> Other (specify: \_\_\_\_\_) \_\_\_\_\_

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378-379/  
380-381/  
382-383/

**F. How much time does your agency spend on OASIS training?**

F1. Please indicate the total number of staff hours your agency spent on **OASIS training** in the past 12 months or most recent fiscal year. Be sure to include orientation training and continuing education related to OASIS. **Also be sure to include the trainer time if the trainer is a staff member.** (NOTE: Costs for training provided by outside consultants will be documented in Section G.)

Staff Type/Discipline	Total number of hours per year spent on OASIS Training	
RN	_____ Hours	348-391/
Therapist (PT, OT, SLP)	_____ Hours	392-399/
Clerical staff	_____ Hours	400-407/
Other staff	_____ Hours	408-415/

416/

F2. Check off the box that most accurately describes “Other staff” above.

- <sub>417/</sub> 1 Managers     
  <sub>418/</sub> 2 Medical records staff     
  <sub>419/</sub> 3 Billing clerks     
  <sub>420/</sub> 4 Quality improvement staff  
 <sub>421/</sub> 5 Other (specify: \_\_\_\_\_) <sub>422-423/</sub>     
 <sub>424-425/</sub>     
 <sub>426-427/</sub>

**G. Other costs associated with OASIS data collection**

In the previous sections we asked about labor costs (the number of hours spent by agency staff) related to OASIS data collection, processing, and transmission. **In this section we ask you to estimate your agency’s NON-LABOR costs – for the past 12 months or your agency’s most recently completed fiscal year – for OASIS-related activities.**

G1. Please provide an estimate of your agency’s non-labor costs for the past 12 months, or your agency’s most recently completed fiscal year, for the types of expenditures listed below. Exclude costs related to labor resources (which were reported in the previous sections) and costs related to monitoring outcomes or OBQM/OBQI activities. Record a zero (0) if your agency had no costs for a particular type of expenditure.

Assessment-related expenditures	Total cost per year
a. Training on OASIS and other comprehensive assessments provided by external consultants	\$ _____ 428-435/
b. Data entry/scanning provided by external vendor	\$ _____ 436-443/
c. Data validation/analysis provided by external vendor	\$ _____ 444-451/
d. Printing costs	\$ _____ 452-459/
e. Internal software and computer hardware	\$ _____ 460-467/
f. Other costs: (describe) _____ <sub>468-469/</sub>	\$ _____ 470-477/

G2. Please indicate if any of the following has a substantial continuing cost that indirectly results from OASIS data collection? **(check all that apply)**

- <sub>478/</sub> 1 More involved care planning  
 <sub>479/</sub> 2 Clinical follow-up based on OASIS findings  
 <sub>480/</sub> 3 Ongoing care/case management to the patient’s needs identified by OASIS  
 <sub>481/</sub> 4 Greater supervisory oversight  
 <sub>482/</sub> 5 Increased overhead/agency management activities due to OASIS  
 <sub>483/</sub> 6 Other (specify) \_\_\_\_\_ <sub>484-485/ 486-487/ 488-489/</sub>

**H. How would your agency's costs change if OASIS were mandated for all non-Medicare/non-Medicaid patients?**

In this section we ask you to provide estimates of how some of your agency's annual costs would change if **OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care and the number of patients your agency served remained the same.** We understand that your response will be an estimate, since there is no way to predict future costs with complete accuracy, but please consider what your agency spends now and how these costs might change if OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care.

H1. **If OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care**, would it change your agency's total costs (reported in sections D – G) for:

- a. staff time spent reviewing data quality reports
- b. staff time spent training on OASIS related activities
- c. external consultants for training
- d. external data entry or scanning
- e. external data validation or analysis
- f. printing
- g. internal software and computer hardware
- h. other costs

490/

- <sub>1</sub> Yes, some/all of the above costs would change ⇒ **Continue to H2**
- <sub>2</sub> No, all of the above costs would remain the same ⇒ **Skip to section I**

H2. **Review of Data Quality** In Section E you provided an estimate of the number of hours agency staff spend monitoring the processing and quality of assessment data (for example, reviewing summary reports provided by your agency's information system or HAVEN indicating that data on patient assessments are incomplete or have errors). **If OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care, would it change the number of hours agency staff spend reviewing data quality on your non-Medicare/non-Medicaid patients?** Do not include time spent monitoring outcomes data or reviewing QI/QM reports.

491/

- <sub>1</sub> Yes ⇒ **Continue to H2a**
- <sub>2</sub> No, the number of hours would remain the same ⇒ **Skip to H3**

H2a. Estimate **the total number of staff hours** your agency would spend each year on review of data quality reports for your non-Medicare/non-Medicaid patients if OASIS were mandated for these patients.

Staff Type/Discipline	For your non-Medicare/non-Medicaid patients	
	Estimated number of hours per year	
RN	_____ Hours	492-499/
Therapist (PT, OT, SLP)	_____ Hours	500-507/
Clerical staff	_____ Hours	508-515/
Other staff	_____ Hours	516-523/

524/

H2b. Check off the box that most accurately describes "Other staff" above.

- <sub>1</sub> Managers <sub>2</sub> Medical records staff <sub>3</sub> Billing clerks <sub>4</sub> Quality improvement staff
- <sub>5</sub> Other (specify: \_\_\_\_\_)

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532-533/  
534-535/

H3. **OASIS-related training** In Section F you provided an estimate of the number of hours agency staff spend each year on OASIS-related training. **If OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care, would it change the number of hours agency staff spend each year on OASIS-related training?**

536/

- <sub>1</sub> Yes ⇒ **Continue to H3a**  
<sub>2</sub> No, the costs would remain the same ⇒ **Skip to H4**

H3a. Estimate the **total number of staff hours** your agency would spend each year on OASIS-related training, if OASIS were mandated for all adult non-maternity patients receiving skilled care. Be sure to include orientation training and continuing education related to OASIS. Also be sure to include the trainer time if the trainer is a staff member.

Staff Type/Discipline	Total number of hours per year Spent on OASIS Training
RN	_____ Hours 537-544/
Therapist (PT, OT, SLP)	_____ Hours 545-552/
Clerical staff	_____ Hours 553-560/
Other staff	_____ Hours 561-568/

569/

H3b. Check off the box that most accurately describes “Other staff” above.

- <sub>1</sub> Managers 570/  
<sub>2</sub> Medical records staff 571/  
<sub>3</sub> Billing clerks 572/  
<sub>4</sub> Quality improvement staff 573/  
<sub>5</sub> Other (specify: \_\_\_\_\_) 574/ 575-576/ 577-578/ 579-580/

H4. **Other non-labor costs associated with OASIS data collection** In section G you provided an estimate of your agency’s costs for external consultants for training, external data entry or scanning, external data validation or analysis, internal software and computer hardware, and printing. **If OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care, would it change your agency’s costs for these non-labor expenditures?**

581/

- <sub>1</sub> Yes ⇒ **Continue to H4a**  
<sub>2</sub> No, the costs would remain the same ⇒ **Skip to section I**

H4a. If yes, how would the costs change? (check box and fill in amount for all that apply)

- <sub>1</sub> We estimate that there would be a one-time transition cost of \$ \_\_\_\_\_ 582/  
 (enter a dollar amount) 583-590/  
<sub>2</sub> We estimate that total annual costs for all of these items would **increase** by \$ \_\_\_\_\_ 591/  
 (enter a dollar amount) 592-599/  
<sub>3</sub> We estimate that total annual costs for all of these items would **decrease** by \$ \_\_\_\_\_ 600/  
 (enter a dollar amount) 601-608/

**I. Please tell us how you determined the costs you reported in sections D – H.**

I1. The cost data reported in sections D - H are based on the following sources: (check all that apply)

- <sub>1</sub> Time sheets, internal accounting records or invoices 609/  
<sub>2</sub> Staff estimates 610/  
<sub>3</sub> Other (specify) \_\_\_\_\_ 611/  
 612-613/ 614-615/ 616-617/

I2. Title/Job Position of the person providing the information in sections D – H. If several people provided information, identify the single person who provided the most information.

618-619/  
 620-621/

## J. What does your agency currently do with OASIS data?

**Note:** If your agency provides services to TRICARE patients (the health care program for military personnel and their dependents), do not include data on these patients in your responses to this section.

J1. Please indicate what your agency does with OASIS data collected on Medicare/Medicaid patients and other patients.

	OASIS Data on Medicare/Medicaid Patients		OASIS Data collected on Other Patients		
	Yes	No	Yes	No	
a. OASIS data are reviewed for quality and completeness and errors are corrected	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 622/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	623/
b. OASIS data are entered into an electronic data base	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 624/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	625/
c. OASIS data are submitted to a private vendor, or outside organization (e.g., for benchmarking)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 626/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	627/
d. OASIS-based outcome reports are produced by a private vendor or outside organization	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 628/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	629/
e. OASIS-based outcome reports are produced by my agency's internal systems or parent organization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 630/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	631/
f. OASIS-based outcome reports are reviewed by my agency	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 632/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	633/
g. OASIS-based outcome reports are reviewed with my state's Quality Improvement Organization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 634/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	635/

J2. Please indicate whether your agency uses OASIS data for the following purposes for Medicare/Medicaid patients and for other patients.

Assessment data are used in...	OASIS Data on Medicare/Medicaid Patients		OASIS Data collected on Other Patients		
	Yes	No	Yes	No	
a. Individualized care planning	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 636/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	637/
b. Identifying patient need for referrals (e.g. SW or PT)	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 638/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	639/
c. Identifying patient need for special programs or interventions (e.g. fall prevention or cognitive impairment)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 640/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	641/
d. Case-mix analysis	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 642/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	643/
e. Identifying practice areas needing improvement	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 644/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	645/
f. Identifying target outcomes for OBQI	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 646/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	647/
g. Tracking patient outcomes in response to QI initiatives	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 648/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	649/
h. Identifying staffing needs	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 650/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	651/
i. Identifying staff training needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 652/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	653/
j. Assisting with agency resource allocation decisions	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 654/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	655/
k. Controlling costs / increasing efficiency	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 656/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	657/
l. Fulfilling requirements of Accrediting Organization	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 658/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	659/
m. Fulfilling requirements of other payers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 660/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	661/
n. Comparing the quality of our agency to that of others	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 662/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	663/
o. Marketing to public / customers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 664/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	665/
p. Marketing to referral sources	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 666/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	667/
q. Marketing to, or negotiating with, payers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 668/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	669/

- J3. Is your agency currently working with your state Quality Improvement Organization (QIO) to select target outcomes for Outcome Based Quality Improvement (OBQI) efforts and/or to implement quality improvement processes? 670/
- <sub>1</sub> Yes
- <sub>2</sub> No
- J4. Within the past 12 months, has your agency read and/or reviewed OBQI reports? 671/
- <sub>1</sub> Yes
- <sub>2</sub> No
- J5. Within the past 12 months, have your agency staff received OBQI training (e.g., training from the QIO, attending workshops)? 672/
- <sub>1</sub> Yes
- <sub>2</sub> No
- J6. Within the past 12 months, has your agency changed care practices or initiated care practices as part of a QI process? 673/
- <sub>1</sub> Yes
- <sub>2</sub> No
- J7. Within the past 12 months, has your agency evaluated the effectiveness of care practices initiated as part of a QI process? 674/
- <sub>1</sub> Yes
- <sub>2</sub> No
- J8. Within the past 12 months, what types of assistance related to OASIS or OBQI has your agency received from a parent organization? **(check all that apply)**
- <sub>1</sub> Not applicable; our agency is independently owned and operated. 675/
- <sub>2</sub> Parent organization provided training on conducting OASIS assessments. 676/
- <sub>3</sub> Parent organization provided technology for data collection. 677/
- <sub>4</sub> Parent organization provided software for data encoding/quality audit. 678/
- <sub>5</sub> Parent organization provided outcome reports for non-Medicare/non-Medicaid patients. 679/
- <sub>6</sub> Parent organization provided assistance interpreting OBQI reports. 680/
- <sub>7</sub> Other OASIS/OBQI-related assistance provided by parent organization (specify) \_\_\_\_\_ 681/
- \_\_\_\_\_ 682-683/
- \_\_\_\_\_ 684-685/
- \_\_\_\_\_ 686-687/

### K. Are OASIS data useful?

Opinions vary about the value of OASIS data. We want to know your agency's perspectives. Based on your agency's experience, indicate the extent to which you agree or disagree with the following statements about the possible benefits of OASIS.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	
a. Collecting OASIS data helps to standardize our agency's comprehensive assessment process	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	688/
b. Collecting OASIS data improves our agency's overall patient care planning process	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	689/
c. Collecting OASIS data facilitates a multidisciplinary approach to patient care at our agency	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	690/
d. OASIS data help us identify care processes needing improvement	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	691/
e. OASIS data help us identify the need for referrals for services such as social work or occupational therapy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	692/
f. OASIS data help us identify a patient's need for specific programs or interventions (e.g. a fall prevention program)	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	693/
g. OASIS data help us identify the need for developing special programs or interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	694/
h. OASIS data provide us with increased clarity in documentation of homebound status	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	695/
i. OASIS has helped our agency make efficient allocation / use of agency resources in delivering care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	696/
j. OASIS has helped us improve patient outcomes at our agency	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	697/
k. OASIS data collection helps us measure and evaluate clinical staff assessment skills and care planning competency	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	698/
l. OASIS has helped foster staff team work and improve morale at our agency	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	699/
m. OASIS has helped our agency to save money	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	700/
n. OASIS has helped our agency improve the quality of its services	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	701/
o. OASIS has helped the home health industry improve the quality of homecare services	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	702/
p. OASIS is effective in ensuring that consumers receive quality services from home health agencies	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	703/

**L. Why has your agency continued to collect OASIS data on your non-Medicare/ non-Medicaid patients?**

L1. Indicate the degree to which the following factors influenced your agency’s decision to continue OASIS data collection for non-Medicare/non-Medicaid patients. Select NA (not applicable) if the statement does not apply to your agency.

	Very Important	Somewhat Important	Somewhat Unimportant	Very Unimportant	NA	
a. Belief that the federal requirement to collect OASIS was only suspended on a temporary basis and the requirement for collection may be reinstated	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	704/
b. Fewer training issues when one data collection form is used for all patients	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	705/
c. Fewer training issues when our data collection policies remain unchanged	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	706/
d. The Conditions of Participation continue to require a comprehensive assessment for all patients	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	707/
e. It is not always possible to know the payment source for a patient’s episode of care at the outset	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	708/
f. Concern that Survey and Certification may cite our agency for not having a comprehensive assessment if we use a non-OASIS assessment	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	709/
g. Collecting OASIS data on non-Medicare/non-Medicaid patients provides us with information that cannot be derived from other sources	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	710/
h. Some payment sources other than Medicare and Medicaid require OASIS data collection	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	711/
i. Some referral and payment sources other than Medicare and Medicaid are interested in outcomes data on our non-Medicare/non-Medicaid patients	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	712/
j. Our own interest in outcomes data on our non-Medicare/non-Medicaid patients	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	713/
k. Our electronic data collection system does not easily accommodate the use of more than one comprehensive assessment	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	714/
l. An administrative/executive decision by my corporate organization	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	715/

L2. Please identify any other factors that strongly influenced your agency’s decision to continue collecting OASIS data on non-Medicare/non-Medicaid patients: \_\_\_\_\_

\_\_\_\_\_ 716-717/  
 \_\_\_\_\_ 718-719/  
 \_\_\_\_\_ 720721/

L3. Indicate your level of agreement with the following statements. Select NA (Not Applicable) if OASIS data are not being used for this purpose.

	Strongly Agree	Agree	Disagree	Strongly Disagree	NA
a. OASIS data are valuable for assessing the needs of our non-Medicare/non-Medicaid patients	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
b. OASIS data are valuable for care planning for our non-Medicare/non-Medicaid patients	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
c. OASIS data are valuable for assessing outcomes for our non-Medicare/non-Medicaid patients	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
d. OASIS data on our non-Medicare/non-Medicaid patients are valuable for determining appropriate quality monitoring or improvement activities for those patients	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>
e. OASIS data on our non-Medicare/non-Medicaid patients are valuable for our agency resource allocation decisions	<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>
f. Collecting OASIS data on non-Medicare / non-Medicaid patients provides us with a better picture of overall agency performance	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	<input type="checkbox"/> <sub>9</sub>

722/

723/

724/

725/

726/

727/

L4. Please identify any other benefits or burdens resulting from continued collection of OASIS data on non-Medicare/non-Medicaid patients: \_\_\_\_\_

\_\_\_\_\_ 728-729/

\_\_\_\_\_ 730-731/  
732-733/

**M. Survey Completion Information**

M1. Name, title and contact information of person completing the survey:

Name: \_\_\_\_\_ 734-758 759-798/

Title: \_\_\_\_\_ 799-848/

Address: \_\_\_\_\_ 849-923/  
924-925/  
926-930/

Phone: \_\_\_\_\_ 931-940/ 941-944/ Email: \_\_\_\_\_ 945-994/

M2. How many other people at the agency did you consult to obtain information submitted in this questionnaire?

\_\_\_ # of people 995-998/

M3. Please record the month, day and year this survey was completed.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY  
999-1000/ 1001-1002/ 1003-1006/

**Thank you for completing the survey! Please mail your completed survey to the address listed on the inside of the front cover.**



OMB Approval Form 09380940

Medicare Provider#  
Agency Name

1-10  
11-12  
13-15

# ***OASIS Cost and Benefit Survey of Home Health Agencies 2005***

**For agencies that have  
suspended full OASIS data collection  
on non-Medicare/non-Medicaid patients**

***You should complete THIS version of the survey if:***

- Your agency has completely stopped collecting OASIS data on your non-Medicare/non-Medicaid patients; OR
- The assessment your agency uses for your non-Medicare/non-Medicaid adult non-maternity skilled service patients contains OASIS items, but it is not the complete OASIS data set required for Medicare and Medicaid patients; OR
- Your agency no longer collects OASIS data on all your non-Medicare/non-Medicaid adult non-maternity skilled service patients at all of the following time points: Start of Care/Resumption of Care, Follow-up and Discharge.

**This survey has been reviewed and approved by  
the Centers for Medicare and Medicaid Services**

**Please Return By**

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 09380940. The time required to complete this information collection is estimated to average 90 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Baltimore, Maryland 21244-1850.

# Instructions

## Is your agency correctly identified on the survey label?

- To help ensure that our records are correct, please review the preprinted information on the label on the cover of the survey. If your agency name is incorrect, cross it out and write in the correct name on the label. If the Medicare provider number is incorrect, contact us toll-free at **1-866-271-1397**.

**This survey is intended to collect answers for the home health agency with the Medicare Provider Number on the front of this survey, including any branch offices covered under that provider number. If your agency includes subunits that have separate Medicare Provider Numbers do not report for those units.**

## As you complete the survey, please refer to the following instructions:

- The survey is directed toward Home Health Agency Administrators. However, other staff with knowledge about OASIS costs and benefits can contribute to its completion.
- You are sometimes instructed to skip over a question in this survey. When this happens, you will see an arrow with a note that tells you what question to answer next, like this:
  - Yes ⇒ Skip to A8
  - No

If there is no note about skipping over a question, proceed to the immediate next question.

- Sections D through I collect information on the resources your agency devotes to patient assessment activities. **We ask for your best available data on staff time and assessment-related costs based on your experience.** We would prefer “hard data” from time studies or accounting records, but we recognize that many agencies do not have the capacity to perform such studies or accounting systems that maintain the information in this particular level of detail. Since we are eager to have a wide range of agencies represented in the survey, estimations are acceptable.
- If you have any questions about this survey, please contact us at the toll-free number **1-866-271-1397** or email **OASIS@abtassoc.com**.

## RETURN YOUR COMPLETED SURVEY IN THE ENVELOPE PROVIDED TO:

**Abt Associates Inc.  
Attn: OASIS Cost and Benefit Survey  
55 Wheeler St.  
Cambridge, MA 02138-9972**

### **The OASIS Cost and Benefit Survey**

is part of a Congressionally mandated study to assess the burdens and benefits of OASIS data collection on home health agencies, particularly as it relates to non-Medicare and non-Medicaid patients. Participation in this survey is voluntary; whether or not you complete this survey will have no affect on your agency's Medicare certification or reimbursement.

ALL INFORMATION COLLECTED WILL BE CONSIDERED **STRICTLY CONFIDENTIAL**.

## A. Please tell us about your agency

- A1. Is your agency part of a national, regional or local chain or health system that includes other Medicare-certified Home Health Agencies that have their own Medicare provider numbers? 16/
- <sub>1</sub> Yes ⇒ If yes, how many other Home Health provider numbers does it include? \_\_\_\_\_ # 17-20/
- <sub>2</sub> No 21/
- A2. Is your agency part of an organization that includes a separate non-certified provider that serves non-Medicare patients (e.g., a staffing or private-duty agency)? 21/
- <sub>1</sub> Yes
- <sub>2</sub> No
- A3. Please indicate whether your agency has experienced any of the following in the past 12 months. **(check all that apply)**
- <sub>1</sub> Merger, acquisition, split/demerger, change of ownership 22/
- <sub>2</sub> Change in agency leadership 23/
- <sub>3</sub> Move to a new location 24/
- <sub>4</sub> Staff reductions 25/
- <sub>5</sub> Staff shortages 26/
- <sub>6</sub> A significant change in referral sources 27/
- <sub>7</sub> An increase in the average level of clinical severity or care needs of your agency's patients 28/
- <sub>8</sub> Implementation of a new system for automating your clinical records 29/
- <sub>9</sub> Other new software/computer systems implementation 30/
- <sub>10</sub> Initiation of new program(s) targeting specific patient populations 31-32/
- <sub>11</sub> OBQM initiatives resulting in practice changes 33-34/
- A4. Please indicate the type of accreditation(s) held by your agency: **(check all that apply)**
- <sub>1</sub> JCAHO 35/
- <sub>2</sub> CHAP 36/
- <sub>3</sub> Other (specify) \_\_\_\_\_ 37/
- <sub>4</sub> None 38/
- 39-40/  
41-42/  
43-44/

## B. Please tell us about the patients your agency serves

Please tell us about the number of adult non-maternity patients that received skilled services from your agency for **either** the 2004 calendar year or your agency's most recent fiscal year. If your agency has both a Medicare-certified component and a non-certified component, remember to include only the patients served by your Medicare certified component.

- B1a. **Unduplicated patients served:** Include all adult, non-maternity patients receiving skilled services in the past calendar or fiscal year. Count each patient **only once**, regardless of the number of services, frequency of admission or changes in payer source.

Total number of unduplicated patients served: \_\_\_\_\_ # 45-50/

- B1b. **Total number of patient admissions:** Include all adult, non-maternity patients receiving skilled services who were admitted during the most recent calendar year or your agency's most recent fiscal year. If a patient was admitted, discharged, and then readmitted later in the year, that patient would be counted as two admissions.

Total number of patient admissions: \_\_\_\_\_ # 51-56/

- B2. Please indicate the payment sources for your agency's adult non-maternity skilled service admissions for **either** the 2004 calendar year or your agency's most recently completed fiscal year.

Payment Source	Percent of Admissions	
Medicare (Traditional fee-for-service)	_____ %	57-59/
Medicare (HMO, managed care)	_____ %	60-62/
Medicaid (Traditional fee-for-service)	_____ %	63-65/
Medicaid (HMO, managed care)	_____ %	66-68/
Other public sources (Worker's Compensation, Title programs, TRICARE/VA)	_____ %	69-71/
Private HMO/managed care	_____ %	72-74/
Other private insurance	_____ %	75-77/
Self-pay	_____ %	78-80/
Other	_____ %	81-83/
<b>Total = 100% of adult non-maternity skilled service admissions</b>		84-85/

- B3. What is the ending date (month and year) of the time period used to answer Questions B1 and B2 above?

Two-digit Month: \_\_\_\_\_ Two-digit Year: \_\_\_\_\_  
86-87/ 88-89/

- B4. Please indicate what the data reported in questions B1 and B2 are based on: **(check all that apply)**

- <sub>1</sub> Medicare Cost Reports, accounting records, computer system or software 90/  
<sub>2</sub> Estimates 91/  
<sub>3</sub> Other 92/

**C. Please tell us about your OASIS data collection, entry and transmission practices for your Medicare and Medicaid patients**

- C1. For all OASIS assessments completed on your Medicare/Medicaid patients in the past 12 months (or other recent 12-month period for which data are available), estimate the percentage that were conducted by Registered Nurses, Physical Therapists, Occupational Therapists and Speech Language Pathologists. For example, if RNs do ¾ of the OASIS assessments on your Medicare/Medicaid patients and PTs do the rest, enter 75% for RN and 25% for PT. If particular types of staff do not conduct OASIS assessments on your Medicare/Medicaid patients, fill in zero (0) percent. If you do not have particular types of staff, check NA (not applicable). As in previous questions, if your agency has both a Medicare-certified and a non-certified component, report data only for the Medicare-certified component.

Staff Type/Discipline	For your Medicare/Medicaid patients % of OASIS assessments conducted by:
Registered Nurses	_____ % <small>93-95/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>96/</small>
Physical Therapists	_____ % <small>97-99/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>100/</small>
Occupational Therapists	_____ % <small>101-103/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>104/</small>
Speech Language Pathologists	_____ % <small>105-107/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>108/</small>
<b>Total=100% of OASIS assessments on Medicare/Medicaid patients</b>	

C2. In December 2002, a reduced-burden OASIS data set (“OASIS –B1, 12/2002”) was introduced. It decreased the number of OASIS items on the Recertification/Follow-up assessment to 26 items. Did your agency adopt the reduced-burden OASIS and/or reduce the number of OASIS items collected at Recertification on your Medicare/Medicaid patients?

109/

- <sub>1</sub> Yes; we reduced OASIS Data collected to the minimum required
- <sub>2</sub> Yes; we dropped some items, but are still collecting more than the minimum required
- <sub>3</sub> No; we made no change in number of items we collect at Recertification.

C3. What percent of your agency’s clinical staff use point of care data collection technology such as laptops, handheld devices, etc that enable inputting and encoding of OASIS assessment data?

110-112/

\_\_\_\_\_ %

**D. How much time does your agency spend on OASIS assessments, data entry, and transmission?**

D1. Please indicate the average number of minutes spent by staff at your agency on **OASIS comprehensive assessments for Medicare/Medicaid patients** for each of the listed time points.

Report RN time for assessments conducted by an RN, and Therapist time for assessments conducted by physical therapists, occupational therapists and speech/language pathologists. Also report time spent by clerical staff and any other staff involved in OASIS assessments, data entry, and transmission.

- **INCLUDE:** in-home assessment time, follow-up time to collect missing data, documentation, data entry and data correction time.
- **EXCLUDE:** travel time, time spent on care planning to meet needs identified by assessment, and time spent on QI activities.

Note that the “staff type” categories (RN, therapist, clerical, other) represent labor types, *not* activities. If an RN does data entry, the time would be included on the “RN” line, not the “Clerical staff” line. For example, if the average Start of Care/Resumption of Care assessment requires an RN to spend 80 minutes to complete the in-home assessment and follow-up on missing data, plus another 20 minutes entering and correcting data, you would report 100 minutes on the RN line under Start of Care/Resumption of Care. If Clerical staff do the data entry, the number of minutes spent on that task would be reported on the “Clerical staff” line.

Staff Type/Discipline	Start of Care/ Resumption of Care	Follow-up/ recertification	Discharge
RN	_____ 113-118/ minutes per assessment	_____ 119-124/ minutes per assessment	_____ 125-130/ minutes per assessment
Therapist (PT, OT, SLP)	_____ 131-136/ minutes per assessment	_____ 137-142/ minutes per assessment	_____ 143-148/ minutes per assessment
Clerical staff	_____ 149-154/ minutes per assessment	_____ 155-160/ minutes per assessment	_____ 161-166/ minutes per assessment
Other staff	_____ 167-172/ minutes per assessment	_____ 173-178/ minutes per assessment	_____ 179-184/ minutes per assessment

185/

D2. Check off the box that most accurately describes “Other staff” above.

- <sub>1</sub> Managers <sub>2</sub> Medical records staff <sub>3</sub> Billing clerks <sub>4</sub> Quality improvement staff
- <sub>5</sub> Other (specify: \_\_\_\_\_)

186/

187/

188/

189/

190/

191-192/  
193-194/

195-196/

**E. Please tell us about your agency's assessment-related practices for your non-Medicare/non-Medicaid patients**

**Note:** If your agency provides services to TRICARE patients (the health care program for military personnel and their dependents), do not include them in your responses to this section.

E1. Please tell us about the comprehensive assessments you use for your **non-Medicare/non-Medicaid patients**.

a. Does the Start of Care assessment your agency uses for non-Medicare/non-Medicaid patients include: **(check one)**

- <sub>1</sub> No OASIS items      <sub>2</sub> Some OASIS items      <sub>3</sub> All OASIS items

197/

b. Does the Resumption of Care assessment your agency uses for non-Medicare/non-Medicaid patients include: **(check one)**

- <sub>4</sub> No OASIS items      <sub>5</sub> Some OASIS items      <sub>6</sub> All OASIS items

198/

c. Does the Follow-up/ Recertification assessment your agency uses for non-Medicare/non-Medicaid patients include: **(check one)**

- <sub>1</sub> No OASIS items      <sub>2</sub> Some OASIS items      <sub>3</sub> All OASIS items

199/

d. Does the Discharge assessment your agency uses for non-Medicare/non-Medicaid patients include: **(check one)**

- <sub>4</sub> No OASIS items      <sub>5</sub> Some OASIS items      <sub>6</sub> All OASIS items

200/

E2. For all comprehensive assessments completed on your **non-Medicaid/non-Medicare** patients in the past 12 months (or other recent 12-month period for which data are available), estimate the percentage that were conducted by Registered Nurses, Physical Therapists, Occupational Therapists, Speech Language Pathologists and Others.

For example, if RNs do ¾ of the patient assessments on your non-Medicare/non-Medicaid patients and PTs do the rest, enter 75% for RN on the RN line and 25% for PT on the PT line. If particular types of staff do not conduct assessments on your non-Medicare/non-Medicaid patients, fill in zero (0) percent. If you do not have particular types of staff, check NA (not applicable). As in previous questions, if your agency has both a Medicare-certified and a non-certified component, report data only for the Medicare-certified component.

<b>Staff Type/Discipline</b>	<b>For your non-Medicare/non-Medicaid patients % of comprehensive assessments conducted by:</b>
Registered Nurses	_____ % <small>201-203/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>204/</small>
Physical Therapists	_____ % <small>205-207/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>208/</small>
Occupational Therapists	_____ % <small>209-211/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>212/</small>
Speech Language Pathologist	_____ % <small>213-215/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>216/</small>
Other (specify) _____ <small>262-263/</small>	_____ % <small>219-221/</small> or <input type="checkbox"/> <sub>7</sub> NA <small>222/</small>
<b>Total=100% of assessments on non-Medicare/non-Medicaid patients</b>	

- E3. Please indicate the average number of minutes spent by staff at your agency on comprehensive assessments for **non-Medicare/non-Medicaid patients** at each of the listed time points. **Follow the instructions in Section D on which activities to include and exclude.**

Staff Type/Discipline	Start of Care/ Resumption of Care	Follow-up/ recertification	Discharge
RN	_____ 223-228/ minutes per assessment	_____ 229-234/ minutes per assessment	_____ 235-240/ minutes per assessment
Therapist (PT, OT, SLP)	_____ 241-246/ minutes per assessment	_____ 247-252/ minutes per assessment	_____ 253-258/ minutes per assessment
Clerical staff	_____ 259-264/ minutes per assessment	_____ 265-270/ minutes per assessment	_____ 271-276/ minutes per assessment
Other staff	_____ 277-282/ minutes per assessment	_____ 283-288/ minutes per assessment	_____ 289-294/ minutes per assessment

295/

- E4. Check off the box that most accurately describes “Other staff” in questions E2 and E3.

- <sub>1</sub> Managers <sub>2</sub> Medical records staff <sub>3</sub> Billing clerks <sub>4</sub> Quality improvement staff  
296/ 297/ 298/ 299/  
<sub>5</sub> Other (specify: \_\_\_\_\_) 301-302/  
303-304/  
305-306/  
300/

- E5. What percent of your agency’s clinical staff use point of care data collection technology such as laptops, handheld devices, etc that enable inputting and encoding of **assessment data collected on your non-Medicare/non-Medicaid patients**?

\_\_\_\_\_ %

307-309/

### F. How much time does your agency spend reviewing data quality?

- F1. Estimate the total number of staff hours your agency spent on monitoring the processing and quality of assessment data (for example, reviewing summary reports provided by your agency’s information system or HAVEN indicating that data on patient assessments are incomplete or have errors). Report total hours for the past 12 months, or most recent fiscal year, for your Medicare/Medicaid patients and your non-Medicare/non-Medicaid patients. Do not include time spent monitoring outcomes data or reviewing QI/QM reports.

Staff Type/Discipline	For your Medicare/Medicaid patients Total number of hours per year	For your non-Medicare/non-Medicaid patients Total number of hours per year
RN	_____ Hours <small>310-317/</small>	_____ Hours <small>318-325/</small>
Therapist (PT, OT, SLP)	_____ Hours <small>326-333/</small>	_____ Hours <small>334-341/</small>
Clerical staff	_____ Hours <small>342-349/</small>	_____ Hours <small>350-357/</small>
Other staff	_____ Hours <small>358-365/</small>	_____ Hours <small>366-373/</small>

- F2. Check off the box that most accurately describes “Other staff” above.

- <sub>1</sub> Managers <sub>2</sub> Medical records staff <sub>3</sub> Billing clerks <sub>4</sub> Quality improvement staff  
375/ 376/ 377/ 378/  
<sub>5</sub> Other (specify: \_\_\_\_\_) 380-381/ 382-383/ 348-385/  
379/

**G. How much time does your staff spend on training related to OASIS and other comprehensive assessments?**

G1. Please indicate the total number of staff hours your agency spent on **OASIS training and training for the comprehensive assessments your agency uses for non-Medicare/non-Medicaid patients** in the past 12 months or most recent fiscal year. Be sure to include orientation training and continuing education for assessment related activities. **Also be sure to include the trainer time if the trainer is a staff member.** (NOTE: Costs for training provided by outside consultants will be documented in Section H.)

Staff Type/Discipline	Total number of hours per year spent on OASIS Training	Total number of hours per year spent on non-OASIS assessment Training
RN	_____ Hours 386-393/	_____ Hours 394-401/
Therapist (PT, OT, SLP)	_____ Hours 402-409/	_____ Hours 410-417/
Clerical staff	_____ Hours 418-425/	_____ Hours 426-433/
Other staff	_____ Hours 434-441/	_____ Hours 442-449/

G2. Check off the box that most accurately describes “Other staff” above.

- <sub>451/</sub> 1 Managers    
 <sub>452/</sub> 2 Medical records staff    
 <sub>453/</sub> 3 Billing clerks    
 <sub>454/</sub> 4 Quality improvement staff  
 <sub>455/</sub> 5 Other (specify: \_\_\_\_\_) <sub>456-457/ 458-459/ 460-461/</sub>

**H. Other costs associated with comprehensive assessment data collection**

In the previous sections we asked about labor costs (the number of hours spent by agency staff) related to assessment data collection, processing, and transmission. **In this section we ask you to estimate your agency’s NON-LABOR costs – for the past 12 months or your agency’s most recently completed fiscal year – for assessment-related activities.**

H1. Please provide an estimate of your agency’s non-labor costs for the past 12 months, or your agency’s most recently completed fiscal year, for the types of expenditures listed below. Exclude costs related to labor resources (which were reported in the previous sections) and costs related to monitoring outcomes or OBQM/OBQI activities. Record a zero (0) if your agency had no costs for a particular type of expenditure.

Assesment-related expenditures	Total cost per year
a. Training on OASIS and other comprehensive assessments <b>provided by external consultants</b>	\$ _____ 462-469/
b. Data entry/scanning <b>provided by external vendor</b>	\$ _____ 470-477/
c. Data validation/analysis <b>provided by external vendor</b>	\$ _____ 478-485/
d. Printing costs	\$ _____ 486-493/
e. Internal software and computer hardware	\$ _____ 494-501/
f. Other costs: (describe) _____ <sub>502-503/</sub>	\$ _____ 504-511/

H2. Please indicate if any of the following has a substantial continuing cost that indirectly results from OASIS data collection. **(check all that apply)**

- <sub>512/</sub> 1 More involved care planning  
 <sub>513/</sub> 2 Clinical follow-up based on OASIS findings  
 <sub>514/</sub> 3 Ongoing care/case management to the patient’s needs identified by OASIS  
 <sub>515/</sub> 4 Greater supervisory oversight  
 <sub>516/</sub> 5 Increased overhead/agency management activities due to OASIS  
 <sub>517/</sub> 6 Other (specify) \_\_\_\_\_ 518-519/ 520-521/ 522-523/

**I. How would your agency’s costs change if OASIS were mandated for all non-Medicare/non-Medicaid patients?**

In this section we ask you to provide estimates of how some of your agency’s annual costs would change if OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care and the number of patients your agency served remained the same. We understand that your response will be an estimate, since there is no way to predict future costs with complete accuracy, but please consider what your agency spends now and how these costs might change if OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care.

**I1. If OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care , would it change your agency’s total costs (reported in sections F, G and H) for:**

- a. staff time spent reviewing data quality reports
- b. staff time spent training on OASIS related activities
- c. external consultants for training
- d. external data entry or scanning
- e. external data validation or analysis
- f. printing
- g. internal software and computer hardware
- h. other costs

- <sub>1</sub> Yes, some/all of the above costs would change ⇒ **Continue to I2** 524/  
<sub>2</sub> No, all of the above costs would remain the same ⇒ **Skip to section J**

**I2. Review of Data Quality** In Section F you provided an estimate of the number of hours agency staff spend monitoring the processing and quality of assessment data (for example, reviewing summary reports provided by your agency’s information system or HAVEN indicating that data on patient assessments are incomplete or have errors). **If OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care, would it change the number of hours agency staff spend reviewing data quality on your non-Medicare/non-Medicaid patients?** Do not include time spent monitoring outcomes data or reviewing QI/QM reports.

- <sub>1</sub> Yes ⇒ **Continue to I2a** 525/  
<sub>2</sub> No, the number of hours would remain the same ⇒ **Skip to I3**

I2a. Estimate the **total number of staff hours** your agency would spend each year on review of OASIS data quality reports for your non-Medicare/non-Medicaid patients, if OASIS were mandated for these patients.

Staff Type/Discipline	For your non-Medicare/non-Medicaid patients Estimated number of hours per year
RN	_____ Hours <span style="float: right;">526-533/</span>
Therapist (PT, OT, SLP)	_____ Hours <span style="float: right;">534-541/</span>
Clerical staff	_____ Hours <span style="float: right;">542-549/</span>
Other staff	_____ Hours <span style="float: right;">550-557/</span>

I2b. Check off the box that most accurately describes the “Other staff” above. 558/

- <sub>1</sub> Managers 559/   
<sub>2</sub> Medical records staff 560/   
<sub>3</sub> Billing clerks 561/   
<sub>4</sub> Quality improvement staff 562/  
<sub>5</sub> Other (specify: \_\_\_\_\_) 564-565/  
565-567/  
568-569/

I3. **OASIS-related training** In Section G you provided an estimate of the number of hours agency staff spend each year on OASIS-related training. **If OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care, would it change the number of hours agency staff spend each year on OASIS-related training?**

570/

- <sub>1</sub> Yes ⇒ **Continue to I3a**  
<sub>2</sub> No, the number of hours would remain the same ⇒ **Skip to I4**

I3a. Estimate the **total number of staff hours** your agency would spend each year on OASIS-related training, if OASIS were mandated for all adult non-maternity patients receiving skilled services. Be sure to include orientation training and continuing education related to OASIS. Also be sure to include the trainer time if the trainer is a staff member.

Staff type/Discipline	Total number of hours per year Spent on OASIS Training	
RN	_____ Hours	571-578/
Therapist (PT, OT, SLP)	_____ Hours	579-586/
Clerical staff	_____ Hours	587-594/
Other staff	_____ Hours	595-602/

I3b. Check off the box that most accurately describes “Other staff” above.

- <sub>1</sub> Managers <sub>604/</sub>    <sub>2</sub> Medical records staff <sub>605/</sub>    <sub>3</sub> Billing clerks <sub>606/</sub>    <sub>4</sub> Quality improvement staff <sub>607/</sub>  
<sub>5</sub> Other (specify: \_\_\_\_\_) <sub>608/</sub>    <sub>609-610/</sub>    <sub>611-612/</sub>    <sub>613-614/</sub>

I4. **Other non-labor costs associated with comprehensive assessment data collection** In section H you provided an estimate of your agency’s costs for external consultants for assessment-related training, external data entry or scanning, external data validation or analysis, internal software and computer hardware, and printing. **If OASIS data collection, encoding and transmission were mandated for ALL adult non-maternity patients receiving skilled care, would it change your agency’s costs for these non-labor expenditures?**

- <sub>1</sub> Yes ⇒ **Continue to I4a** 615/  
<sub>2</sub> No, the costs would remain the same ⇒ **Skip to section J**

I4a. If yes, how would the costs change? (**check box and fill in amount for all that apply**)

- <sub>1</sub> We estimate that there would be a one-time transition cost of \$ \_\_\_\_\_ 616/  
(enter a dollar amount) 617-624/  
<sub>2</sub> We estimate that total annual costs for all of these items would **increase** by \$ \_\_\_\_\_ 625/  
(enter a dollar amount) 626-633/  
<sub>3</sub> We estimate that total annual costs for all of these items would **decrease** by \$ \_\_\_\_\_ 634/  
(enter a dollar amount) 635-642/

**J. Please tell us how you determined the costs you reported in D through I**

J1. The cost data reported in sections D through I are based on which of the following sources: (**check all that apply**)

- <sub>1</sub> Time sheets, internal accounting records or invoices 643/  
<sub>2</sub> Staff estimates 644/  
<sub>3</sub> Other (specify) \_\_\_\_\_ 645/  
646-647/ 648-649/ 650-651/

J2. Title/Job Position of the person providing the information in sections D – I. If several people provided information, identify the single person who provided the most information. 652-653/

\_\_\_\_\_ 654-655/

**K. What does your agency currently do with patient assessment data?**

**Note:** If your agency provides services to TRICARE patients (the health care program for military personnel and their dependents), do not include data on these patients in your response.

K1. Please indicate what your agency does with patient assessment data collected on Medicare/Medicaid patients and other patients.

	OASIS Data on Medicare/Medicaid Patients		Assessment Data collected on Other Patients		
	Yes	No	Yes	No	
a. Data are reviewed for quality and completeness and errors are corrected	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 656	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	657/
b. Data are entered into an electronic data base	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 658	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	659/
c. Data are submitted to a private vendor or outside organization (e.g., for benchmarking)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 660	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	661/
d. Outcome reports based on assessment data are produced by a private vendor or outside organization	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 662	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	663/
e. Outcome reports based on assessment data are produced by my agency's internal systems or parent organization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 664	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	665/
f. Outcome reports based on assessment data are reviewed by my agency	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 666	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	667/
g. Outcome reports based on assessment data are reviewed with my state's Quality Improvement Organization	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 668	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	669/

K2. Please indicate whether your agency uses assessment data for the following purposes for Medicare/Medicaid patients and for other patients.

Assessment data are used in...	OASIS Data on Medicare/Medicaid Patients		Assessment Data collected on Other Patients		
	Yes	No	Yes	No	
a. Individualized care planning	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 670/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	671/
b. Identifying patient need for referrals (e.g. SW or PT)	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 672/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	673/
c. Identifying patient need for special programs or interventions (e.g. fall prevention or cognitive impairment)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 674/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	675/
d. Case-mix analysis	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 676/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	677/
e. Identifying practice areas needing improvement	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 678/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	679/
f. Identifying target outcomes for OBQI	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 680/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	681/
g. Tracking patient outcomes in response to QI initiatives	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 682/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	683/
h. Identifying staffing needs	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 684/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	685/
i. Identifying staff training needs	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 686/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	687/
j. Assisting with agency resource allocation decisions	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 688/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	689/
k. Controlling costs / increasing efficiency	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 690/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	691/
l. Fulfilling requirements of Accrediting Organization	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 692/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	693/
m. Fulfilling requirements of other payers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 694/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	695/
n. Comparing the quality of our agency to that of others	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 696/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	697/
o. Marketing to public / customers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 698/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	699/
p. Marketing to referral sources	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub> 700/	<input type="checkbox"/> <sub>7</sub>	<input type="checkbox"/> <sub>8</sub>	701/
q. Marketing to, or negotiating with, payers	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub> 702/	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	703/

K3. Is your agency currently working with your state Quality Improvement Organization (QIO) to select target outcomes for Outcome Based Quality Improvement (OBQI) efforts and/or to implement quality improvement processes?

704/

- <sub>1</sub> Yes
- <sub>2</sub> No

K4. Within the past 12 months, has your agency read and/or reviewed OBQI reports?

705/

- <sub>1</sub> Yes
- <sub>2</sub> No

K5. Within the past 12 months, have your agency staff received OBQI training (e.g., training from the QIO, attending workshops)?

706/

- <sub>1</sub> Yes
- <sub>2</sub> No

K6. Within the past 12 months, has your agency changed care practices or initiated care practices as part of a QI process?

707/

- <sub>1</sub> Yes
- <sub>2</sub> No

K7. Within the past 12 months, has your agency evaluated the effectiveness of care practices initiated as part of a QI process?

708/

- <sub>1</sub> Yes
- <sub>2</sub> No

K8. Within the past 12 months, what types of assistance related to OASIS or OBQI has your agency received from a parent organization? **(check all that apply)**

- <sub>1</sub> Not applicable; our agency is independently owned and operated. 709/
- <sub>2</sub> Parent organization provided training on conducting OASIS assessments. 710/
- <sub>3</sub> Parent organization provided training on conducting non-OASIS assessments. 711/
- <sub>4</sub> Parent organization provided technology for data collection. 712/
- <sub>5</sub> Parent organization provided software for data encoding/quality audit. 713/
- <sub>6</sub> Parent organization provided outcome reports for non-Medicare/non-Medicaid patients. 714/
- <sub>7</sub> Parent organization provided assistance interpreting OBQI reports. 715/
- <sub>8</sub> Other OASIS/OBQI-related assistance provided by parent organization (specify) \_\_\_\_\_ 716/

717-718/

719-720/

721-722/

**L. Are OASIS data useful?**

Opinions vary about the value of OASIS data. We want to know your agency’s perspectives. Based on your agency’s experience, indicate the extent to which you agree or disagree with the following statements about the possible benefits of OASIS.

	Strongly Agree	Agree	Neither Agree nor Disagree	Disagree	Strongly Disagree	
a. Collecting OASIS data helps to standardize our agency’s comprehensive assessment process	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	723/
b. Collecting OASIS data improves our agency’s overall patient care planning process	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	724/
c. Collecting OASIS data facilitates a multidisciplinary approach to patient care at our agency	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	725/
d. OASIS data help us identify care processes needing improvement	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	726/
e. OASIS data help us identify the need for referrals for services such as social work or occupational therapy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	727/
f. OASIS data help us identify a patient’s need for specific programs or interventions (e.g. a fall prevention program)	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	728/
g. OASIS data help us identify the need for developing special programs or interventions	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	729/
h. OASIS data provide us with increased clarity in documentation of homebound status	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	730/
i. OASIS has helped our agency make efficient allocation / use of agency resources in delivering care	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	731/
j. OASIS has helped us improve patient outcomes at our agency	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	732/
k. OASIS data collection helps us measure and evaluate clinical staff assessment skills and care planning competency	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	733/
l. OASIS has helped foster staff team work and improve morale at our agency	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	734/
m. OASIS has helped our agency to save money	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	735/
n. OASIS has helped our agency improve the quality of its services	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	736/
o. OASIS has helped the home health industry improve the quality of homecare services	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	737/
p. OASIS is effective in ensuring that consumers receive quality services from home health agencies	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	738/

**M. Why did your agency decide to suspend the collection of some or all OASIS data on your non-Medicare/non-Medicaid patients?**

M1. Indicate the degree to which the following factors influenced your agency’s decision to partially or completely suspend OASIS data collection for some/all of its non-Medicare/non-Medicaid patients. Select NA (not applicable) if the statement does not apply to your agency.

	Very Important	Somewhat Important	Somewhat Unimportant	Very Unimportant	NA	
a. Availability of non-OASIS comprehensive patient assessment that we prefer	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	739
b. Use of an electronic data collection system that could accommodate different comprehensive patient assessments	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	740
c. The cost of OASIS collection and collection-related activities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	741
d. The staff time required for OASIS collection and collection-related activities	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	742
e. Problems retaining or recruiting staff related to burden of OASIS data collection activities	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	743
f. Burden on patients related to OASIS data collection	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	744
g. Concerns about confidentiality of OASIS data	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	745
h. Concerns about reliability of OASIS data in general	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	746
i. Lack of outcome and case-mix reports on non-Medicare / non-Medicaid patients from CMS	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	747
j. Concern that OASIS is not as relevant for non-Medicare and non-Medicaid patients	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	748
k. Our agency uses non-OASIS data to measure outcomes for our non-Medicare / non-Medicaid patients	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	749
l. The number of non-Medicare / non-Medicaid patients our agency services is too small for computation of outcome measures	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	750
m. Our non-Medicare / non-Medicaid patients have too few visits to use patient data / outcome measures	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	751
n. Current risk-adjustment methodologies do not adequately adjust for differences between Medicare/Medicaid patients and non-Medicare / non-Medicaid patients	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	752
o. An administrative / executive decision by my corporate organization	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	753

M2. Please identify any other factors that strongly influenced your agency's decision to suspend collection of OASIS data on some/all of its non-Medicare/non-Medicaid patients:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**N. Survey Completion Information**

N1. Name, title and contact information of person completing the survey:

Name: \_\_\_\_\_ 760-784/ 785-824/  
Title: \_\_\_\_\_ 825-874/  
Address: \_\_\_\_\_ 857-949/  
950-951/  
952-956/  
Phone: \_\_\_\_\_ 957-966/ 967-970/ Email: \_\_\_\_\_ 971-1020/

N2. How many other people at the agency did you consult to obtain information submitted in this survey?

\_\_\_ # of people 1021-1024/

N3. Please record the month, day and year this survey was completed.

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
MM DD YYYY  
1025-1026/ 1027-1028/ 1029-1032/

**Thank you for completing the survey! Please mail your completed survey to the address listed on the inside of the front cover.**

## **Appendix C**

### **Full Cross-tabulation and Multivariate Regressions Exhibits**

# Appendix C

## Additional Cross-tabulation Tables and Multivariate Analysis Results

**Table C.1: Agency Characteristics by Continue/Suspend Status**

<b>Agency Characteristic</b>	<b>Suspended Percent</b>	<b>Continued Percent</b>
<b>Size Category (1/2/3/4)</b>		
Missing	29.17	70.83
Quartile 1 (smallest)	29.11	70.89
Quartile 2	35.53	64.47
Quartile 3	34.9	65.1
Quartile 4 (largest)	30.41	69.59
<b>Census Region (numeric)</b>		
Northeast	19.1	80.9
Midwest	37.06	62.94
South	29.96	70.04
West	40.82	59.18
Rural	32.7	67.3
No		
Yes	31.58	68.42
<b>Type of Facility</b>		
VNA	28.85	71.15
Combination gov't/private	50	50
Official	25.64	74.36
Hospital-based	32.32	67.68
SNF-based	50	50
Other	34.24	65.76
<b>Type of Control</b>		
Non-prof: Religious	41.18	58.82
Non-prof: Private	25.42	74.58
Non-prof: Other	26.87	73.13
For-profit	34.77	65.23
Govt: State/County	30.51	69.49
Comb govt and vol	100	.

<b>Agency Characteristic</b>	<b>Suspended Percent</b>	<b>Continued Percent</b>
Local govt	33.33	66.67
<b>Part of Chain</b>		
Missing	100	.
No	31.19	68.81
Yes	35.14	64.86
<b>Separate Provider</b>		
Missing	20	80
No	30.26	69.74
Yes	38.24	61.76
<b>Staff shortage or reduction</b>		
No	28.63	71.37
Yes	34.96	65.04
<b>Accredited</b>		
No	28.13	71.88
Yes	37.63	62.37
<b>Accreditation: JCAHO only</b>		
No	29.44	70.56
Yes	37.13	62.87
<b>Accreditation: CHAP only</b>		
No	31.72	68.28
Yes	43.75	56.25
Adopted reduced-burden OASIS &/or reduce # of questions for M/M?	45.45	54.55
Missing		
Adopted reduced burden OASIS	36.3	63.7
Reduced some items, still collecting others	28.21	71.79
No change	16.09	83.91
<b>Has HHA changed practices b/c of QI process in last 12 months?</b>		
Missing	.	100
Yes	31.66	68.34
No	39.13	60.87
<b>High Tech Devices Used to Collect Data &gt; 50% of clinical staff</b>		
Missing	30	70
No	31.29	68.71

<b>Agency Characteristic</b>	<b>Suspended Percent</b>	<b>Continued Percent</b>
Yes	35.37	64.63
<b>High Measure of OASIS Usefulness Score</b>		
No	40.86	59.14
Yes	24.55	75.45
<b>Binary Version of a1</b>		
Missing	100	.
No	31.19	68.81
Yes	35.14	64.86
<b>Type of Control: Non-Profit</b>		
No	34.18	65.82
Yes	29.24	70.76
<b>Type of Control: For Profit</b>		
No	30.09	69.91
Yes	34.77	65.23
<b>Type of Control: Government</b>		
No	32.34	67.66
Yes	32.26	67.74
<b>Type of Agency: VNA</b>		
No	32.64	67.36
Yes	28.85	71.15
<b>Type of Agency: Combination</b>		
No	32.22	67.78
Yes	50	50
<b>Type of Agency: Official</b>		
No	33.27	66.73
Yes	25.64	74.36
<b>Type of Agency: Hosp Based</b>		
No	32.33	67.67
Yes	32.32	67.68
<b>Type of Agency: SNF Based</b>		
No	32.22	67.78
Yes	50	50
<b>Type of Agency: Other</b>		
No	30.65	69.35
Yes	34.24	65.76

<b>Agency Characteristic</b>	<b>Suspended Percent</b>	<b>Continued Percent</b>
<b>BINARY: High Number of RN Minutes Req for SOC Assessment</b>		
No	31.96	68.04
Yes	32.65	67.35
<b>High Number of Clerical Minutes Req for SOC Assessment</b>		
No	32.2	67.8
Yes	32.43	67.57
<b>Low Percentage of Required OASIS (less than 80 %)</b>		
Missing	100	.
No	28.29	71.71
Yes	43.11	56.89
<b>Medium Percentage of Required OASIS (80-&lt;90%)</b>		
Missing	100	.
No	33.11	66.89
Yes	30.16	69.84

**Table C.2: Reasons for Continuing Collection on Private Pay Patients Continued Agencies Mean Rating**

Degree to which the following factors influenced agency's decision to continue OASIS data collection for non-Medicare/non-Medicaid patients	Mean Rating: 2 (very important) to - 2 (very unimportant)
Fewer training issues when one data collection form is used for all patients	1.58
Fewer training issues when our data collection policies remain unchanged	1.54
The Conditions of Participation continue to require a comprehensive assessment for all patients	1.52
An administrative/executive decision by my corporate organization	1.03
Belief that the federal requirement to collect OASIS was only suspended on a temporary basis and the requirement for collection may be reinstated	0.78
Our own interest in outcomes data on our non-Medicare/non-Medicaid patients	0.78
Our electronic data collection does not easily accommodate the use of more than one comprehensive assessment	0.58
It is not always possible to know the payment source for a patient's episode of care at the outset	0.41
Concern that Survey and Certification may cite our agency for not having a comprehensive assessment if we use a non-OASIS assessment	0.39
Collecting OASIS data on non-Medicare/non-Medicaid patients provides us with information that cannot be derived from other sources	0.27
Some payment sources other than Medicare and Medicaid require OASIS data collection	-0.05
Some referral and payment sources other than Medicare and Medicaid are interested in outcomes data on our non-Medicare/non-Medicaid patients	-0.06

**Table C.3: Reasons for Suspending Collection on Private Pay Patients Suspended Agencies Mean Rating**

<b>Degree to which the following factors influenced agency's decision to suspend OASIS data collection for non-Medicare/non-Medicaid patients</b>	<b>Mean Rating: 2 (very important) to - 2 (very unimportant)</b>
Suspended due to staff time required for OASIS	1.78
Suspended due to cost of OASIS collection	1.58
Suspended due to burden on patients	1.31
Suspended due to problems retaining or recruiting staff related to burden of OASIS	1.27
Suspended due to administrative/executive decision	0.99
Suspended due to avail of preferred non-OASIS assessment	0.67
Suspended due to inadeq risk adjustment methodologies	0.52
Suspended due to OASIS not relevant to non-M/M patients	0.45
Suspended due to use of non-OASIS outcomes measures	0.41
Suspended due to electronic data system accommodates different assessments	0.28
Suspended due to concerns about reliability of OASIS	0.21
Suspended due to non-M/M patients have too few visits to use outcome measures	0.07
Suspended due to # non-M/M patients too small for outcome measures	-0.13
Suspended due to lack of outcome and case-mix reports on non-M/M patients	-0.22
Suspended due to confidentiality concerns w/ OASIS	-0.72

**Table C.4: Reasons for Suspending Collection on Private Pay Patients: Mean Importance Ratings\* by Size**

Degree to which the following factors influenced agency's decision to suspend OASIS data collection for non-Medicare/non-Medicaid patients	All	Quartile 1 (smallest)	Quartile 2	Quartile 3	Quartile 4 (largest)
Suspended due to staff time required for OASIS	1.78	1.64	1.82	1.78	1.94
Suspended due to cost of OASIS collection	1.58	1.39	1.47	1.68	1.82
Suspended due to burden on patients	1.31	1.26	1.14	1.36	1.55
Suspended due to problems retaining or recruiting staff related to burden of OASIS	1.27	1.16	1.19	1.26	1.54
Suspended due to administrative/executive decision	0.99	1.17	1.01	0.87	1.14
Suspended due to avail of preferred non-OASIS assessment	0.67	0.83	0.68	0.53	0.67
Suspended due to inadequate risk adjustment methodologies	0.52	0.55	0.43	0.53	0.75
Suspended due to OASIS not relevant to private pay patients	0.45	0.86	0.40	0.33	0.32
Suspended due to use of non-OASIS outcomes measures	0.41	0.76	0.16	0.53	0.21
Suspended due to availability of electronic data system that accommodates different assessments	0.28	0.42	0.31	0.28	0.26
Suspended due to concerns about reliability of OASIS	0.21	0.23	0.28	0.10	0.37
Suspended due to private pay patients have too few visits to use outcome measures	0.07	0.46	0.47	-0.4	-0.50
Suspended due to # private pay patients too small for outcome measures	-0.13	0.26	0.45	-0.84	-0.80
Suspended due to lack of outcome and case-mix reports on private pay patients	-0.22	-0.10	-0.10	-0.58	-0.00
Suspended due to confidentiality concerns w/ OASIS	-0.72	-1.40	-0.30	-1.10	-0.30

\*Mean Rating: 2 (very important) to -2 (very unimportant)

**Table C.5: Reasons for Suspending Collection on Private Pay Patients: Mean Importance Ratings\* by Geographic Area**

Degree to which the following factors influenced agency's decision to suspend OASIS data collection for non-Medicare/non-Medicaid patients	Region					Urban/Rural	
	All	NE	MW	South	West	Urban	Rural
Suspended due to staff time required for OASIS	1.78	1.91	1.79	1.87	1.58	1.76	1.85
Suspended due to cost of OASIS collection	1.58	1.90	1.70	1.52	1.41	1.60	1.52
Suspended due to burden on patients	1.31	1.34	1.32	1.31	1.28	1.35	1.16
Suspended due to problems retaining or recruiting staff related to burden of OASIS	1.27	1.17	1.08	1.46	1.28	1.33	1.09
Suspended due to administrative/executive decision	0.99	0.50	0.50	1.34	1.05	1.13	0.53
Suspended due to avail of preferred non-OASIS assessment	0.67	0.10	0.64	0.70	0.81	0.72	0.53
Suspended due to inadequate risk adjustment methodologies	0.52	0.51	0.53	0.58	0.39	0.56	0.42
Suspended due to OASIS not relevant to private pay patients	0.45	-0.21	0.31	0.64	0.52	0.59	0.06
Suspended due to use of non-OASIS outcomes measures	0.41	-0.18	0.57	0.48	0.19	0.57	-0.05
Suspended due to availability of electronic data system that accommodates different assessments	0.28	-0.43	0.25	0.62	0.22	0.18	0.57
Suspended due to concerns about reliability of OASIS	0.21	-0.10	0.36	0.23	0.08	0.28	0.01
Suspended due to private pay patients have too few visits to use outcome measures	0.07	0.08	-0.31	0.19	0.32	-0.08	0.51
Suspended due to # private pay patients too small for outcome measures	-0.13	-0.19	0.21	-0.01	-0.91	-0.34	0.46
Suspended due to lack of outcome and case-mix reports on private pay patients	-0.22	-0.13	-0.35	0.0	-0.43	-0.33	0.01
Suspended due to confidentiality concerns w/ OASIS	-0.72	-1.10	-0.96	-0.21	-0.99	-0.64	-0.91

\*Mean Rating: 2 (very important) to -2 (very unimportant)

**Table C.6: Review and Analysis of OASIS Data for Medicare and Medicaid Patients by Continue/Suspend Status**

<b>Percent of agencies who report...</b>	<b>ALL</b>	<b>Suspended</b>	<b>Continued</b>
OASIS data are reviewed for quality and completeness and errors are corrected	99%	96%	100%
OASIS data are entered into an electronic data base	97%	93%	99%
OASIS data are submitted to a private vendor (e.g., for benchmarking)	40%	45%	38%
OASIS-based outcome reports are produced by a private vendor	44%	49%	41%
OASIS-based outcome reports are produced by my agency's internal systems	63%	66%	62%
OASIS-based outcome reports are reviewed by my agency	98%	96%	99%
OASIS-based outcome reports are reviewed with my state's Quality Improvement Organization	88%	85%	89%

**Table C.7: Uses of OASIS Data for Medicare and Medicaid Patients by Continue/Suspend Status**

<b>Percent of agencies who report assessment data are used in...</b>	<b>All</b>	<b>Suspended</b>	<b>Continued</b>
Individualized care planning	94%	92%	96%
Identifying patient need for referrals (e.g. SW or PT)	94%	92%	95%
Identifying patient need for special programs/interventions	90%	87%	91%
Case-mix analysis	90%	89%	90%
Identifying practice areas needing improvement	95%	92%	96%
Identifying target outcomes for OBQI	96%	93%	98%
Tracking patient outcomes in response to QI initiatives	94%	93%	95%
Identifying staffing needs	60%	67%	56%
Identifying staff training needs	83%	81%	84%
Assisting with agency resource allocation decisions	58%	62%	56%
Controlling costs / increasing efficiency	64%	63%	64%
Fulfilling requirements of Accrediting Organization	57%	66%	53%
Fulfilling requirements of other payers	56%	59%	55%
Comparing the quality of our agency to that of others	91%	85%	93%
Marketing to public / customers	49%	46%	51%
Marketing to referral sources	47%	48%	46%
Marketing to, or negotiating with, payers	32%	39%	29%

**Table C.8: Review and Analysis of OASIS Data for Medicare and Medicaid Patients by Size**

<b>Percent of agencies who report...</b>	<b>All</b>	<b>Quartile 1</b>	<b>Quartile 2</b>	<b>Quartile 3</b>	<b>Quartile 4</b>
OASIS data are reviewed for quality and completeness and errors are corrected	99%	95%	100%	100%	100%
OASIS data are entered into an electronic data base	97%	93%	97%	99%	99%
OASIS data are submitted to a private vendor (e.g., for benchmarking)	40%	27%	36%	43%	71%
OASIS-based outcome reports are produced by a private vendor	44%	30%	39%	49%	70%
OASIS-based outcome reports are produced by my agency's internal systems	63%	62%	64%	65%	63%
OASIS-based outcome reports are reviewed by my agency	98%	95%	100%	100%	100%
OASIS-based outcome reports are reviewed with my state's Quality Improvement Organization	88%	85%	90%	85%	96%

**Table C.9: Uses of OASIS Data for Medicare and Medicaid Patients by Agency Size**

<b>Percent of agencies who report assessment data are used in...</b>	<b>Quartile 1</b>	<b>Quartile 2</b>	<b>Quartile 3</b>	<b>Quartile 4</b>
Individualized care planning	93%	95%	94%	95%
Identifying patient need for referrals (e.g. SW or PT)	91%	93%	95%	97%
Identifying patient need for special programs/interventions	85%	92%	92%	92%
Case-mix analysis	83%	90%	93%	96%
Identifying practice areas needing improvement	93%	95%	97%	96%
Identifying target outcomes for OBQI	92%	98%	98%	99%
Tracking patient outcomes in response to QI initiatives	86%	96%	99%	97%
Identifying staffing needs	60%	63%	58%	60%
Identifying staff training needs	77%	87%	80%	91%
Assisting with agency resource allocation decisions	49%	63%	59%	68%
Controlling costs / increasing efficiency	62%	62%	64%	68%
Fulfilling requirements of Accrediting Organization	46%	50%	63%	80%
Fulfilling requirements of other payers	48%	56%	59%	69%
Comparing the quality of our agency to that of others	84%	91%	94%	96%
Marketing to public / customers	43%	45%	51%	61%
Marketing to referral sources	41%	40%	48%	65%
Marketing to, or negotiating with, payers	23%	29%	37%	47%

**Table C.10: Review and Analysis of OASIS Data for Medicare and Medicaid Patients by Location**

Percent of agencies who report...	All	Region				Rural/Urban	
		NE	MW	S	W	Rural	Urban
OASIS data are reviewed for quality and completeness and errors are corrected	99%	100%	99%	100%	93%	100%	98%
OASIS data are entered into an electronic data base	97%	98%	99%	98%	89%	95%	97%
OASIS data are submitted to a private vendor (e.g., for benchmarking)	40%	45%	41%	40%	37%	44%	39%
OASIS-based outcome reports are produced by a private vendor	44%	46%	50%	40%	40%	45%	43%
OASIS-based outcome reports are produced by my agency's internal systems	63%	60%	58%	68%	64%	54%	68%
OASIS-based outcome reports are reviewed by my agency	98%	100%	99%	99%	92%	99%	98%
OASIS-based outcome reports are reviewed with my state's Quality Improvement Organization	88%	92%	89%	88%	82%	93%	86%

**Table C.11: Uses of OASIS Data for Medicare and Medicaid Patients by Location**

Percent of agencies who report assessment data are used in...	All	Region				Rural/Urban	
		NE	MW	S	W	Rural	Urban
Individualized care planning	94%	95%	94%	96%	89%	95%	94%
Identifying patient need for referrals (e.g. SW or PT)	94%	95%	94%	96%	87%	93%	94%
Identifying patient need for special programs/interventions	90%	92%	90%	91%	85%	91%	89%
Case-mix analysis	90%	80%	89%	95%	84%	90%	90%
Identifying practice areas needing improvement	95%	100%	95%	95%	87%	95%	94%
Identifying target outcomes for OBQI	96%	99%	96%	99%	87%	98%	96%
Tracking patient outcomes in response to QI initiatives	94%	88%	94%	98%	88%	96%	93%
Identifying staffing needs	60%	49%	63%	60%	64%	58%	61%
Identifying staff training needs	83%	92%	86%	80%	79%	84%	82%
Assisting with agency resource allocation decisions	58%	44%	61%	60%	57%	51%	61%
Controlling costs / increasing efficiency	64%	69%	64%	64%	57%	61%	65%
Fulfilling requirements of Accrediting Organization	57%	53%	58%	55%	65%	53%	59%
Fulfilling requirements of other payers	56%	56%	56%	58%	53%	58%	55%
Comparing the quality of our agency to that of others	91%	95%	86%	95%	84%	92%	90%
Marketing to public / customers	49%	53%	49%	52%	37%	45%	50%
Marketing to referral sources	47%	52%	45%	50%	37%	35%	52%
Marketing to, or negotiating with, payers	32%	27%	34%	34%	29%	24%	36%

**Table C.12: Review and Analysis of Assessment Data for Private Pay Patients by Continue/Suspend Status**

<b>Percent of agencies who report...</b>	<b>All</b>	<b>Suspended (non-OASIS data)</b>	<b>Continued (OASIS data)</b>
Data are reviewed for quality and completeness and errors are corrected	94%	91%	96%
Data are entered into an electronic data base	66%	50%	74%
Data are submitted to a private vendor (e.g., for benchmarking)	19%	13%	22%
Outcome reports are produced by a private vendor	20%	11%	25%
Outcome reports are produced by my agency's internal systems	43%	39%	45%
Outcome reports are reviewed by my agency	68%	59%	73%
Outcome reports are reviewed with my state's Quality Improvement Organization	41%	24%	51%

**Table C.13: Uses of Assessment Data for Private Pay Patients by Continue/Suspend Status**

<b>Percent of agencies who report assessment data are used in...</b>	<b>All</b>	<b>Suspended (non-OASIS data)</b>	<b>Continued (OASIS data)</b>
Individualized care planning	93%	91%	94%
Identifying patient need for referrals (e.g. SW or PT)	91%	91%	91%
Identifying patient need for special programs/interventions	87%	85%	88%
Case-mix analysis	55%	38%	64%
Identifying practice areas needing improvement	77%	69%	81%
Identifying target outcomes for OBQI	59%	37%	71%
Tracking patient outcomes in response to QI initiatives	68%	55%	75%
Identifying staffing needs	57%	62%	54%
Identifying staff training needs	74%	72%	75%
Assisting with agency resource allocation decisions	52%	54%	51%
Controlling costs / increasing efficiency	56%	58%	55%
Fulfilling requirements of Accrediting Organization	52%	59%	48%
Fulfilling requirements of other payers	57%	66%	53%
Comparing the quality of our agency to that of others	52%	28%	65%
Marketing to public / customers	34%	29%	36%
Marketing to referral sources	32%	30%	33%
Marketing to, or negotiating with, payers	27%	29%	25%

**Table C.14: Review and Analysis of OASIS Assessment Data Collected on Private Pay Patients by Size (Continued Agencies)**

<b>Percent of agencies who report...</b>	<b>Quartile 1</b>	<b>Quartile 2</b>	<b>Quartile 3</b>	<b>Quartile 4</b>
OASIS data are reviewed for quality and completeness and errors are corrected	95%	97%	98%	94%
OASIS data are entered into an electronic data base	68%	67%	85%	74%
OASIS data are submitted to a private vendor (e.g., for benchmarking)	11%	12%	29%	42%
OASIS-based outcome reports are produced by a private vendor	13%	20%	36%	37%
OASIS-based outcome reports are produced by my agency's internal systems	48%	49%	38%	40%
OASIS-based outcome reports are reviewed by my agency	75%	69%	80%	67%
OASIS-based outcome reports are reviewed with my state's Quality Improvement Organization	45%	55%	61%	43%

**Table C.15: Review and Analysis of OASIS Data Collected on Private Pay Patients by Location (Continued Agencies)**

Percent of agencies who report...	Region				Rural/Urban	
	NE	MW	S	W	Rural	Urban
OASIS data are reviewed for quality and completeness and errors are corrected	94%	93%	98%	100%	94%	98%
OASIS data are entered into an electronic data base	80%	72%	72%	79%	68%	77%
OASIS data are submitted to a private vendor (e.g., for benchmarking)	29%	23%	17%	29%	21%	22%
OASIS-based outcome reports are produced by a private vendor	29%	32%	18%	35%	26%	25%
OASIS-based outcome reports are produced by my agency's internal systems	35%	37%	51%	50%	38%	49%
OASIS-based outcome reports are reviewed by my agency	62%	68%	77%	84%	73%	74%
OASIS-based outcome reports are reviewed with my state's Quality Improvement Organization	42%	45%	53%	69%	50%	52%

**Table C.16: Use of OASIS Assessment Data Collected on Private Pay Patients by Size (Continued Agencies)**

<b>Percent of agencies who report assessment data are used in...</b>	<b>Quartile 1</b>	<b>Quartile 2</b>	<b>Quartile 3</b>	<b>Quartile 4</b>
Individualized care planning	96%	93%	94%	92%
Identifying patient need for referrals (e.g. SW or PT)	90%	88%	94%	94%
Identifying patient need for special programs or interventions (e.g. fall prevention or cognitive impairment)	86%	88%	90%	90%
Case-mix analysis	66%	59%	67%	57%
Identifying practice areas needing improvement	82%	74%	87%	83%
Identifying target outcomes for OBQI	75%	62%	75%	71%
Tracking patient outcomes in response to QI initiatives	76%	68%	80%	78%
Identifying staffing needs	59%	57%	50%	47%
Identifying staff training needs	65%	82%	72%	82%
Assisting with agency resource allocation decisions	45%	55%	51%	57%
Controlling costs / increasing efficiency	55%	54%	52%	59%
Fulfilling requirements of Accrediting Organization	38%	45%	47%	70%
Fulfilling requirements of other payers	46%	49%	62%	57%
Comparing the quality of our agency to that of others	66%	57%	70%	68%
Marketing to public / customers	32%	28%	43%	45%
Marketing to referral sources	28%	26%	40%	44%
Marketing to, or negotiating with, payers	16%	24%	29%	35%

**Table C.17: Use of OASIS Assessment Data Collected on Private Pay Patients by Location (Continued Agencies)**

<b>Percent of agencies who report assessment data are used in...</b>	<b>NE</b>	<b>MW</b>	<b>S</b>	<b>W</b>	<b>Rural</b>	<b>Urban</b>
Individualized care planning	95%	90%	96%	96%	94%	94%
Identifying patient need for referrals (e.g. SW or PT)	89%	88%	93%	93%	89%	92%
Identifying patient need for special programs or interventions (e.g. fall prevention or cognitive impairment)	88%	89%	88%	89%	88%	89%
Case-mix analysis	65%	45%	72%	74%	56%	68%
Identifying practice areas needing improvement	87%	78%	79%	88%	79%	82%
Identifying target outcomes for OBQI	71%	57%	76%	83%	67%	73%
Tracking patient outcomes in response to QI initiatives	76%	61%	80%	88%	72%	78%
Identifying staffing needs	52%	49%	55%	63%	55%	53%
Identifying staff training needs	84%	65%	75%	86%	76%	74%
Assisting with agency resource allocation decisions	45%	43%	53%	69%	44%	55%
Controlling costs / increasing efficiency	51%	47%	58%	67%	54%	56%
Fulfilling requirements of Accrediting Organization	55%	46%	45%	58%	43%	51%
Fulfilling requirements of other payers	56%	48%	53%	59%	51%	54%
Comparing the quality of our agency to that of others	62%	52%	69%	82%	62%	67%
Marketing to public / customers	34%	28%	43%	35%	27%	42%
Marketing to referral sources	30%	23%	41%	29%	20%	40%
Marketing to, or negotiating with, payers	27%	20%	29%	20%	17%	30%

**Table C.18: Agencies OBQI Activities - All Respondents**

<b>Percent of agencies who report they...</b>	<b>All</b>	<b>Continued</b>	<b>Suspended</b>
Are currently working with their state Quality Improvement Organization (QIO) to select target outcomes for Outcome Based Quality Improvement (OBQI) efforts and/or to implement quality improvement processes	86%	87%	86%
Have read or reviewed OBQI reports within the past 12 months	96%	95%	97%
Have received OBQI training in the past 12 months	87%	86%	88%
Have changed care practices or initiated care practices as part of a QI process in the past 12 months	89%	87%	90%
Have evaluated the effectiveness of care practices initiated as part of a QI process in the past 12 months	93%	96%	91%

**Table C.19: Agencies OBQI Activities - All Respondents by Size**

<b>Percent of agencies who report they...</b>	<b>Quartile 1</b>	<b>Quartile 2</b>	<b>Quartile 3</b>	<b>Quartile 4</b>
Are currently working with their state Quality Improvement Organization (QIO) to select target outcomes for Outcome Based Quality Improvement (OBQI) efforts and/or to implement quality improvement processes	78%	88%	89%	93%
Have read or reviewed OBQI reports within the past 12 months	89%	99%	100%	99%
Have received OBQI training in the past 12 months	82%	86%	90%	96%
Have changed care practices or initiated care practices as part of a QI process in the past 12 months	81%	91%	92%	94%
Have evaluated the effectiveness of care practices initiated as part of a QI process in the past 12 months	86%	95%	94%	98%

**Table C.20: Agencies OBQI Activities by Region & Rural/Urban**

Percent of agencies who report they...	Region				Rural/Urban	
	NE	MW	S	W	Rural	Urban
Are currently working with their state Quality Improvement Organization (QIO) to select target outcomes for Outcome Based Quality Improvement (OBQI) efforts and/or to implement quality improvement processes	80%	84%	92%	80%	92%	84%
Have read or reviewed OBQI reports within the past 12 months	100%	99%	95%	92%	100%	95%
Have received OBQI training in the past 12 months	89%	85%	90%	81%	88%	87%
Have changed care practices or initiated care practices as part of a QI process in the past 12 months	97%	86%	88%	92%	91%	88%
Have evaluated the effectiveness of care practices initiated as part of a QI process in the past 12 months	85%	92%	95%	93%	96%	91%

**Table C.21: Benefits of OASIS Data Collection, All Respondents Mean Rating**

<b>Based on your agency's experience, indicate the extent to which you agree or disagree with the following statements about the possible benefits of OASIS.</b>	<b>Mean Rating</b>
Collecting OASIS data helps to standardize our agency's comprehensive assessment process	0.94
OASIS data help us identify care processes needing improvement	0.86
OASIS has helped us improve patient outcomes at our agency	0.63
OASIS data help us identify a patient's need for specific programs or interventions (e.g. a fall prevention program)	0.56
Collecting OASIS data improves our agency's overall patient care planning process	0.54
OASIS data help us identify the need for referrals for services such as social work or occupational therapy	0.50
OASIS has helped the home health industry improve the quality of homecare services	0.47
Collecting OASIS data facilitates a multidisciplinary approach to patient care at our agency	0.45
OASIS data help us identify the need for developing special programs or interventions	0.41
OASIS has helped our agency improve the quality of its services	0.35
OASIS data provide us with increased clarity in documentation of homebound status	0.33
OASIS is effective in ensuring that consumers receive quality services from home health agencies	0.05
OASIS has helped our agency make efficient allocation / use of agency resources in delivering care	-0.01
OASIS data collection helps us measure and evaluate clinical staff assessment skills and care planning competency	-0.13
OASIS has helped foster staff team work and improve morale at our agency	-0.73
OASIS has helped our agency to save money	-0.80

**Table C.22: Benefits of OASIS Data Collection, All Respondents by Continue/Suspend**

Based on your agency's experience, indicate the extent to which you agree or disagree with the following statements about the possible benefits of OASIS.	% Strongly Agree or Agree	
	Suspended	Continued
Collecting OASIS data helps to standardize our agency's comprehensive assessment process	62%	85%
OASIS data help us identify care processes needing improvement	63%	83%
OASIS has helped us improve patient outcomes at our agency	56%	72%
OASIS data help us identify a patient's need for specific programs or interventions (e.g. a fall prevention program)	44%	70%
Collecting OASIS data improves our agency's overall patient care planning process	40%	70%
OASIS data help us identify the need for referrals for services such as social work or occupational therapy	38%	66%
OASIS has helped the home health industry improve the quality of homecare services	43%	63%
Collecting OASIS data facilitates a multidisciplinary approach to patient care at our agency	36%	65%
OASIS data help us identify the need for developing special programs or interventions	38%	59%
OASIS has helped our agency improve the quality of its services	34%	60%
OASIS data provide us with increased clarity in documentation of homebound status	35%	55%
OASIS is effective in ensuring that consumers receive quality services from home health agencies	24%	42%
OASIS has helped our agency make efficient allocation / use of agency resources in delivering care	21%	41%
OASIS data collection helps us measure and evaluate clinical staff assessment skills and care planning competency	46%	19%
OASIS has helped foster staff team work and improve morale at our agency	10%	M
OASIS has helped our agency to save money	6%	11%

**Table C.23: Benefits of OASIS Data Collection, All Respondents by Region and Rural/Urban**

Based on your agency's experience, indicate the extent to which you agree or disagree with the following statements about the possible benefits of OASIS.	Region			
	NE	MW	S	W
Collecting OASIS data helps to standardize our agency's comprehensive assessment process	86%*	82%*	78%*	61%
OASIS data help us identify care processes needing improvement	84%*	78%*	78%*	63%
OASIS has helped us improve patient outcomes at our agency	72%	67%	68%	55%
OASIS data help us identify a patient's need for specific programs or interventions (e.g. a fall prevention program)	72%*	62%*	63%*	45%
Collecting OASIS data improves our agency's overall patient care planning process	66%*	54%	65%*	48%
OASIS data help us identify the need for referrals for services such as social work or occupational therapy	66%*	58%	55%	48%
OASIS has helped the home health industry improve the quality of homecare services	61%*	44%	65%*	48%
Collecting OASIS data facilitates a multidisciplinary approach to patient care at our agency	53%*	52%	61%*	43%
OASIS has helped our agency improve the quality of its services	61%*	47%	56%*	42%
OASIS data help us identify the need for developing special programs or interventions	56%*	52%	53%*	39%
OASIS data provide us with increased clarity in documentation of homebound status	39%	48%	53%	41%
OASIS is effective in ensuring that consumers receive quality services from home health agencies	37%	31%	41%	31%
OASIS has helped our agency make efficient allocation / use of agency resources in delivering care	29%	29%	41%	30%
OASIS data collection helps us measure and evaluate clinical staff assessment skills and care planning competency	12%	32%	29%	31%
OASIS has helped foster staff team work and improve morale at our agency	0%	12%	12%	8%
OASIS has helped our agency to save money	2%	10%	11%	10%

**Table C.24: Benefits of OASIS Data Collection, All Respondents by Size**

Based on your agency's experience, indicate the extent to which you agree or disagree with the following statements about the possible benefits of OASIS	% Strongly Agree or Agree			
	Quartile 1	Quartile 2	Quartile 3	Quartile 4
Collecting OASIS data helps to standardize our agency's comprehensive assessment process	76%	80%	76%	77%
OASIS data help us identify care processes needing improvement	76%	82%	71%	77%
OASIS has helped us improve patient outcomes at our agency	68%	65%	65%	66%
OASIS data help us identify a patient's need for specific programs or interventions (e.g. a fall prevention program)	63%	60%	61%	56%
Collecting OASIS data improves our agency's overall patient care planning process	64%	66%	48%	58%
OASIS data help us identify the need for referrals for services such as social work or occupational therapy	59%	56%	53%	55%
OASIS has helped the home health industry improve the quality of homecare services	63%	50%	55%	56%
Collecting OASIS data facilitates a multidisciplinary approach to patient care at our agency	53%	60%	51%	53%
OASIS has helped our agency improve the quality of its services	58%	50%	47%	52%
OASIS data help us identify the need for developing special programs or interventions	51%	51%	49%	56%
OASIS data provide us with increased clarity in documentation of homebound status	48%	51%	47%	43%
OASIS is effective in ensuring that consumers receive quality services from home health agencies	46%*	40%	24%	30%
OASIS has helped our agency make efficient allocation / use of agency resources in delivering care	39%	34%	31%	30%
OASIS data collection helps us measure and evaluate clinical staff assessment skills and care planning competency	35%	29%	22%	23%
OASIS has helped foster staff team work and improve morale at our agency	21%*	9%	5%	2%
OASIS has helped our agency to save money	14%	7%	8%	6%

**Table C.25: Benefits of OASIS Data Collection on Private Pay Patients Agencies that Continued OASIS Data Collection for Private Pay Patients by Agency Size**

Indicate your level of agreement with the following statements	% Strongly Agree or Agree				
	All	Quartile 1	Quartile 2	Quartile 3	Quartile 4
OASIS data are valuable for assessing the needs of our non-Medicare/non-Medicaid patients	71%	65%	78%	74%	67%
OASIS data are valuable for care planning for our non-Medicare/non-Medicaid patients	68%	64%	74%	73%	63%
OASIS data are valuable for assessing outcomes for our non-Medicare/non-Medicaid patients	64%	63%	63%	63%	66%
OASIS data on our non-Medicare/non-Medicaid patients are valuable for determining appropriate quality monitoring or improvement activities for those patients	64%	59%	64%	68%	69%
OASIS data on our non-Medicare/non-Medicaid patients are valuable for our agency resource allocation decisions	37%	41%	36%	33%	35%
Collecting OASIS data on non-Medicare / non-Medicaid patients provides us with a better picture of overall agency performance	64%	61%	71%	61%	61%

**Table C.26: Benefits of OASIS Data Collection on Private Pay Patients Agencies that Continued OASIS Data Collection for Private Pay Patients by Agency Location**

Indicate your level of agreement with the following statements	% Strongly Agree or Agree						
	All	Region				Rural/Urban	
		NE	MW	S	W	Rural	Urban
OASIS data are valuable for assessing the needs of our non-Medicare/non-Medicaid patients	71%	59%	72%	72%	77%	77%	68%
OASIS data are valuable for care planning for our non-Medicare/non-Medicaid patients	68%	58%	68%	69%	77%	73%	66%
OASIS data are valuable for assessing outcomes for our non-Medicare/non-Medicaid patients	64%	52%	61%	67%	73%	70%	61%
OASIS data on our non-Medicare/non-Medicaid patients are valuable for determining appropriate quality monitoring or improvement activities for those patients	64%	54%	64%	64%	71%	65%	63%
OASIS data on our non-Medicare/non-Medicaid patients are valuable for our agency resource allocation decisions	37%	29%	33%	39%	49%	40%	36%
Collecting OASIS data on non-Medicare / non-Medicaid patients provides us with a better picture of overall agency performance	64%	59%	63%	62%	77%	72%	60%

**Table C.27: Value of Private Pay OASIS Data for Agencies that have Non-Certified Providers in their Organization**

Indicate your level of agreement with the following statements	Not part of an org with separate non-cert provider	Part of an org with separate non-cert provider
OASIS data are valuable for assessing the needs of our non-Medicare/non-Medicaid patients	0.75	0.55
OASIS data are valuable for care planning for our non-Medicare/non-Medicaid patients	0.72	0.54
OASIS data are valuable for assessing outcomes for our non-Medicare/non-Medicaid patients	0.69	0.50
OASIS data on our non-Medicare/non-Medicaid patients are valuable for determining appropriate quality monitoring or improvement activities for those patients	0.67	0.50
OASIS data on our non-Medicare/non-Medicaid patients are valuable for our agency resource allocation decisions	0.40	0.29
Collecting OASIS data on non-Medicare / non-Medicaid patients provides us with a better picture of overall agency performance	0.67	0.52

## Multivariate Analysis Results

**Table C.28: Agencies that Continued OASIS Collection on Private Pay Patients: Regression Results on Key Characteristics**

Characteristic	OddsRatioEst	LowerCL	UpperCL
Size in 1st Quartile (smallest)	0.629	0.328	1.206
Size in 2nd Quartile	0.62	0.333	1.156
Size in 3rd Quartile	0.695	0.37	1.306
Region: Northeast	4.18*	1.88	9.295
Region: Midwest	1.127	0.61	2.082
Region: South	1.961*	1.097	3.507
Rural	1.069	0.624	1.83
Facility control: For-Profit	0.47*	0.285	0.776
Accredited: JCAHO or CHAP	0.656	0.408	1.053
Separate provider	0.776	0.455	1.322
Considers OASIS highly useful	2.339*	1.473	3.714
High number of RN minutes req for SOC	0.997	0.639	1.556
High-tech devices used to collect data	0.873	0.489	1.557
Staff reduction or shortage	0.864	0.527	1.419
Percent require OASIS: low	0.359*	0.202	0.639
Percent require OASIS: mid	0.893	0.488	1.633

\* = significant at the 95% level

**Table C.29: OASIS Data Collected on Medicare/Medicaid Patients**

Data are reviewed for quality and completeness and errors are corrected.

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	<0.001	<0.001	<0.001	*
Size in 2nd Quartile	1.279	1.279	1.279	*
Size in 3rd Quartile	<0.001	<0.001	<0.001	*
Region: Northeast	>999.999	>999.999	>999.999	
Region: Midwest	12.3	1.491	101.461	*
Region: South	56.449	2.531	>999.999	
Rural	4.128	0.401	42.504	
Facility control: For-Profit	0.455	0.035	5.852	
Accredited: JCAHO or CHAP	>999.999	>999.999	>999.999	
Separate provider	>999.999	>999.999	>999.999	
High-tech devices used to collect data	>999.999	>999.999	>999.999	
Staff reduction or shortage	7.013	0.577	85.309	

**Table C.30: OASIS Data Collected on Medicare/Medicaid Patients**

Data are entered into an electronic database.

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.088	0.009	0.899	*
Size in 2nd Quartile	0.198	0.019	2.056	
Size in 3rd Quartile	0.491	0.036	6.76	
Region: Northeast	3.373	0.548	20.767	
Region: Midwest	14.636	2.696	79.468	*
Region: South	10	1.811	55.211	*
Rural	0.338	0.111	1.031	
Facility control: For-Profit	0.647	0.191	2.188	
Accredited: JCAHO or CHAP	1.89	0.437	8.173	
Separate provider	17.132	1.73	169.707	*
High-tech devices used to collect data	2.406	0.358	16.156	
Staff reduction or shortage	1.439	0.446	4.647	

**Table C.31: OASIS Data Collected on Medicare/Medicaid Patients**

Data are submitted to a private vendor (e.g., for benchmarking.)

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.276	0.146	0.522	*
Size in 2nd Quartile	0.373	0.204	0.683	*
Size in 3rd Quartile	0.426	0.25	0.727	*
Region: Northeast	1.008	0.572	1.778	
Region: Midwest	1.137	0.623	2.073	
Region: South	1.103	0.624	1.95	
Rural	1.33	0.767	2.305	
Facility control: For-Profit	0.687	0.419	1.126	
Accredited: JCAHO or CHAP	2.253	1.426	3.561	*
Separate provider	1.154	0.684	1.948	
High-tech devices used to collect data	1.053	0.641	1.73	
Staff reduction or shortage	0.785	0.485	1.271	

**Table C.32: OASIS Data Collected on Medicare/Medicaid Patients**

Outcome reports based on assessment data are produced by a private vendor.

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.394	0.213	0.727	*
Size in 2nd Quartile	0.517	0.285	0.937	*
Size in 3rd Quartile	0.549	0.315	0.959	*
Region: Northeast	0.923	0.512	1.664	
Region: Midwest	1.26	0.687	2.311	
Region: South	0.998	0.565	1.765	
Rural	1.017	0.613	1.686	
Facility control: For-Profit	0.594	0.367	0.96	*
Accredited: JCAHO or CHAP	2.406	1.509	3.835	*
Separate provider	1.179	0.691	2.014	
High-tech devices used to collect data	1.225	0.736	2.037	
Staff reduction or shortage	0.879	0.548	1.412	

**Table C.33: OASIS Data Collected on Medicare/Medicaid Patients**

Outcome reports based on assessment data are produced by my agency's internal systems.

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.886	0.442	1.778	
Size in 2nd Quartile	1.033	0.577	1.849	
Size in 3rd Quartile	1.228	0.704	2.142	
Region: Northeast	1.032	0.459	2.318	
Region: Midwest	1.151	0.494	2.682	
Region: South	1.31	0.585	2.938	
Rural	0.659	0.401	1.084	
Facility control: For-Profit	1.751	1.059	2.895	*
Accredited: JCAHO or CHAP	0.709	0.452	1.113	
Separate provider	1.22	0.773	1.925	
High-tech devices used to collect data	1.074	0.665	1.735	
Staff reduction or shortage	1.47	0.955	2.261	

**Table C.34: OASIS Data Collected on Medicare/Medicaid Patients**

Outcome reports based on assessment data are reviewed by my agency.

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.31	0.021	4.545	
Size in 2nd Quartile	3.008	0.166	54.582	
Size in 3rd Quartile	1.963	0.088	43.664	
Region: Northeast	>999.999	>999.999	>999.999	
Region: Midwest	14.32	1.578	129.915	*
Region: South	16.125	1.742	149.249	*
Rural	1.058	0.21	5.332	
Facility control: For-Profit	0.65	0.084	5.046	
Accredited: JCAHO or CHAP	>999.999	>999.999	>999.999	
Separate provider	>999.999	>999.999	>999.999	
High-tech devices used to collect data	>999.999	>999.999	>999.999	
Staff reduction or shortage	4.889	0.702	34.043	

**Table C.35: OASIS Data Collected on Medicare/Medicaid Patients**

Outcome reports based on assessment data are reviewed with my state's Quality Improvement Organization.

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.308	0.096	0.992	*
Size in 2nd Quartile	0.441	0.137	1.419	
Size in 3rd Quartile	0.336	0.11	1.032	
Region: Northeast	1.734	0.477	6.295	
Region: Midwest	1.371	0.395	4.755	
Region: South	1.705	0.459	6.333	
Rural	1.796	0.87	3.709	
Facility control: For-Profit	0.668	0.334	1.334	
Accredited: JCAHO or CHAP	0.604	0.309	1.182	
Separate provider	0.893	0.426	1.871	
High-tech devices used to collect data	2.121	0.858	5.245	
Staff reduction or shortage	1.397	0.672	2.903	

**Table C.36: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Individualized Care Planning**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.742	0.173	3.191	
Size in 2nd Quartile	1.004	0.287	3.505	
Size in 3rd Quartile	0.741	0.255	2.148	
Region: Northeast	2.51	0.453	13.912	
Region: Midwest	2.075	0.4	10.771	
Region: South	3.732	0.633	21.987	
Rural	1.286	0.436	3.794	
Facility control: For-Profit	0.481	0.166	1.393	
Accredited: JCAHO or CHAP	1.316	0.544	3.186	
Separate provider	0.862	0.373	1.988	
High-tech devices used to collect data	0.391	0.129	1.185	
Staff reduction or shortage	1.56	0.561	4.34	

**Table C.37: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Identifying Patient Need for Referrals (e.g., SW or PT)**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.319	0.079	1.283	
Size in 2nd Quartile	0.455	0.121	1.705	
Size in 3rd Quartile	0.629	0.17	2.322	
Region: Northeast	2.107	0.416	10.664	
Region: Midwest	2.194	0.49	9.828	
Region: South	4.626	0.893	23.978	
Rural	0.748	0.271	2.065	
Facility control: For-Profit	0.355	0.136	0.927	*
Accredited: JCAHO or CHAP	1.256	0.489	3.23	
Separate provider	1.202	0.495	2.92	
High-tech devices used to collect data	0.365	0.121	1.098	
Staff reduction or shortage	1.05	0.404	2.728	

**Table C.38: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Identifying Patient Need for Special Programs or Interventions (e.g., fall prevention or cognitive impairment)**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.473	0.176	1.271	
Size in 2nd Quartile	0.889	0.396	1.996	
Size in 3rd Quartile	0.747	0.306	1.823	
Region: Northeast	1.871	0.504	6.946	
Region: Midwest	1.627	0.439	6.024	
Region: South	2.257	0.581	8.767	
Rural	1.302	0.49	3.457	
Facility control: For-Profit	1.034	0.415	2.573	
Accredited: JCAHO or CHAP	1.608	0.804	3.213	
Separate provider	1.392	0.679	2.854	
High-tech devices used to collect data	0.839	0.373	1.888	
Staff reduction or shortage	1.469	0.719	3.001	

**Table C.39: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Case-mix Analysis**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.139	0.049	0.392	*
Size in 2nd Quartile	0.23	0.087	0.606	*
Size in 3rd Quartile	0.314	0.104	0.95	*
Region: Northeast	0.538	0.158	1.83	
Region: Midwest	1.557	0.422	5.737	
Region: South	3.926	0.948	16.258	
Rural	1.062	0.525	2.148	
Facility control: For-Profit	1	0.498	2.01	
Accredited: JCAHO or CHAP	1.41	0.73	2.722	
Separate provider	1.058	0.585	1.915	
High-tech devices used to collect data	1.123	0.465	2.711	
Staff reduction or shortage	0.963	0.51	1.817	

**Table C.40: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Identifying Practice Areas Needing Improvement**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.699	0.174	2.807	
Size in 2nd Quartile	0.834	0.305	2.284	
Size in 3rd Quartile	1.391	0.42	4.604	
Region: Northeast	>999.999	>999.999	>999.999	
Region: Midwest	2.882	0.676	12.284	
Region: South	3.73	0.755	18.427	
Rural	1.028	0.397	2.663	
Facility control: For-Profit	0.765	0.248	2.364	
Accredited: JCAHO or CHAP	1.02	0.374	2.78	
Separate provider	1.325	0.51	3.442	
High-tech devices used to collect data	1.408	0.523	3.79	
Staff reduction or shortage	1.137	0.421	3.065	

**Table C.41: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Identifying Target Outcomes for OBQI**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.135	0.017	1.082	
Size in 2nd Quartile	0.486	0.061	3.869	
Size in 3rd Quartile	0.838	0.081	8.627	
Region: Northeast	14.695	1.385	155.966	*
Region: Midwest	2.706	0.632	11.584	
Region: South	23.307	3.554	152.845	*
Rural	1.613	0.47	5.544	
Facility control: For-Profit	0.368	0.106	1.273	
Accredited: JCAHO or CHAP	0.626	0.203	1.937	
Separate provider	2.125	0.635	7.107	
High-tech devices used to collect data	0.861	0.163	4.554	
Staff reduction or shortage	1.867	0.69	5.05	

**Table C.42: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Tracking Patient Outcomes in Response to QI Initiatives**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.199	0.068	0.58	*
Size in 2nd Quartile	1.074	0.33	3.496	
Size in 3rd Quartile	3.837	0.66	22.32	
Region: Northeast	0.678	0.152	3.028	
Region: Midwest	1.978	0.352	11.116	
Region: South	7.163	1.084	47.35	*
Rural	1.038	0.328	3.288	
Facility control: For-Profit	0.282	0.091	0.878	*
Accredited: JCAHO or CHAP	1.671	0.621	4.492	
Separate provider	1.034	0.492	2.172	
High-tech devices used to collect data	0.498	0.164	1.513	
Staff reduction or shortage	1.616	0.738	3.536	

**Table C.43: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Identifying Staffing Needs**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.693	0.366	1.31	
Size in 2nd Quartile	0.841	0.49	1.442	
Size in 3rd Quartile	0.663	0.38	1.156	
Region: Northeast	0.638	0.282	1.442	
Region: Midwest	1.115	0.504	2.47	
Region: South	0.881	0.382	2.031	
Rural	1.011	0.637	1.605	
Facility control: For-Profit	1.218	0.761	1.951	
Accredited: JCAHO or CHAP	1.187	0.728	1.938	
Separate provider	1.021	0.642	1.623	
High-tech devices used to collect data	0.537	0.31	0.93	*
Staff reduction or shortage	0.948	0.605	1.485	

**Table C.44: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Identifying Staff Training Needs**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.374	0.16	0.873	*
Size in 2nd Quartile	0.829	0.382	1.8	
Size in 3rd Quartile	0.454	0.19	1.082	
Region: Northeast	2.729	0.832	8.956	
Region: Midwest	1.623	0.596	4.417	
Region: South	1.212	0.406	3.616	
Rural	1.11	0.62	1.988	
Facility control: For-Profit	0.674	0.358	1.271	
Accredited: JCAHO or CHAP	1.243	0.546	2.829	
Separate provider	1.214	0.55	2.681	
High-tech devices used to collect data	0.474	0.186	1.205	
Staff reduction or shortage	1.332	0.691	2.567	

**Table C.45: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Assisting with Agency Resource Allocation Decisions**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.345	0.187	0.636	*
Size in 2nd Quartile	0.688	0.388	1.221	
Size in 3rd Quartile	0.539	0.297	0.98	*
Region: Northeast	0.555	0.326	0.945	*
Region: Midwest	1.384	0.828	2.31	
Region: South	1.212	0.696	2.11	
Rural	0.635	0.401	1.006	
Facility control: For-Profit	1.002	0.599	1.679	
Accredited: JCAHO or CHAP	1.209	0.722	2.024	
Separate provider	0.893	0.508	1.571	
High-tech devices used to collect data	0.527	0.293	0.946	*
Staff reduction or shortage	0.943	0.56	1.589	

**Table C.46: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Controlling Costs/Increasing Efficiency**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.788	0.447	1.388	
Size in 2nd Quartile	0.755	0.444	1.284	
Size in 3rd Quartile	0.792	0.444	1.411	
Region: Northeast	1.856	1.03	3.345	*
Region: Midwest	1.682	1.038	2.726	*
Region: South	1.414	0.826	2.423	
Rural	0.862	0.553	1.343	
Facility control: For-Profit	1.167	0.726	1.875	
Accredited: JCAHO or CHAP	1.408	0.819	2.424	
Separate provider	0.73	0.41	1.3	
High-tech devices used to collect data	0.684	0.367	1.275	
Staff reduction or shortage	0.955	0.563	1.618	

**Table C.47: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Fulfilling Requirements of Accrediting Organization**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.054	0.452	2.457	
Size in 2nd Quartile	0.687	0.322	1.466	
Size in 3rd Quartile	0.455	0.204	1.015	
Region: Northeast	0.339	0.114	1.008	
Region: Midwest	0.758	0.257	2.236	
Region: South	0.575	0.195	1.694	
Rural	1.023	0.565	1.851	
Facility control: For-Profit	1.181	0.663	2.103	
Accredited: JCAHO or CHAP	56.002	28.316	110.757	*
Separate provider	1.245	0.698	2.221	
High-tech devices used to collect data	1.357	0.696	2.646	
Staff reduction or shortage	0.898	0.543	1.486	

**Table C.48: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Fulfilling Requirements of Other Payers**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.657	0.348	1.24	
Size in 2nd Quartile	0.77	0.425	1.396	
Size in 3rd Quartile	0.706	0.4	1.247	
Region: Northeast	1.056	0.607	1.839	
Region: Midwest	1.053	0.586	1.89	
Region: South	1.234	0.722	2.111	
Rural	1.239	0.735	2.088	
Facility control: For-Profit	0.842	0.505	1.404	
Accredited: JCAHO or CHAP	2.595	1.642	4.1	*
Separate provider	1	0.61	1.638	
High-tech devices used to collect data	0.688	0.4	1.186	
Staff reduction or shortage	0.72	0.444	1.169	

**Table C.49: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Comparing the Quality of Our Agency to that of Others**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.483	0.151	1.542	
Size in 2nd Quartile	0.895	0.306	2.615	
Size in 3rd Quartile	1.051	0.295	3.741	
Region: Northeast	2.357	0.456	12.201	
Region: Midwest	0.807	0.199	3.273	
Region: South	3.758	0.941	15.013	
Rural	0.928	0.446	1.932	
Facility control: For-Profit	0.243	0.121	0.49	*
Accredited: JCAHO or CHAP	1.705	0.685	4.242	
Separate provider	2.238	0.992	5.051	
High-tech devices used to collect data	1.981	0.68	5.77	
Staff reduction or shortage	0.616	0.297	1.275	

**Table C.50: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Marketing to Public/Customers**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.578	0.322	1.037	
Size in 2nd Quartile	0.53	0.307	0.916	*
Size in 3rd Quartile	0.58	0.324	1.038	
Region: Northeast	1.775	1.043	3.021	*
Region: Midwest	1.701	0.97	2.984	
Region: South	1.852	1.102	3.114	*
Rural	1.101	0.677	1.791	
Facility control: For-Profit	1.739	1.104	2.74	*
Accredited: JCAHO or CHAP	1.308	0.834	2.051	
Separate provider	0.997	0.615	1.617	
High-tech devices used to collect data	1.647	0.983	2.759	
Staff reduction or shortage	1.015	0.642	1.604	

**Table C.51: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Marketing to Referral Sources**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.42	0.236	0.746	*
Size in 2nd Quartile	0.379	0.218	0.659	*
Size in 3rd Quartile	0.422	0.232	0.768	*
Region: Northeast	1.781	1.046	3.032	*
Region: Midwest	1.746	0.993	3.069	
Region: South	1.965	1.164	3.316	*
Rural	0.768	0.476	1.239	
Facility control: For-Profit	1.975	1.249	3.121	*
Accredited: JCAHO or CHAP	1.109	0.693	1.775	
Separate provider	1.327	0.798	2.206	
High-tech devices used to collect data	1.69	1.002	2.85	*
Staff reduction or shortage	1.045	0.658	1.66	

**Table C.52: Use of OASIS Data Collected on Medicare/Medicaid Patients for: Marketing to, or Negotiating with, Payers**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.314	0.16	0.617	*
Size in 2nd Quartile	0.433	0.241	0.777	*
Size in 3rd Quartile	0.593	0.322	1.093	
Region: Northeast	0.932	0.505	1.718	
Region: Midwest	1.938	1.063	3.536	*
Region: South	1.434	0.799	2.576	
Rural	0.736	0.447	1.21	
Facility control: For-Profit	1.998	1.21	3.299	*
Accredited: JCAHO or CHAP	1.102	0.667	1.819	
Separate provider	1.156	0.687	1.945	
High-tech devices used to collect data	1.539	0.856	2.767	
Staff reduction or shortage	1.149	0.708	1.865	

**Table C.53: OASIS Data Collected on Private Pay Patients**

Data are reviewed for quality and completeness and errors are corrected.

<b>Agency Characteristics</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.875	0.23	3.336	
Size in 2nd Quartile	1.919	0.284	12.98	
Size in 3rd Quartile	2.081	0.4	10.823	
Region: Northeast	<0.001	<0.001	<0.001	
Region: Midwest	<0.001	<0.001	<0.001	
Region: South	<0.001	<0.001	<0.001	
Rural	0.661	0.19	2.295	
Facility control: For-Profit	3.311	0.754	14.547	
Accredited: JCAHO or CHAP	1.437	0.464	4.455	
Separate provider	1.189	0.384	3.683	
High-tech devices used to collect data	0.698	0.208	2.344	
Staff reduction or shortage	1.157	0.37	3.622	

**Table C.54: OASIS Data Collected on Private Pay Patients**

Data are entered into an electronic database.

<b>Agency Characteristics</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.482	0.614	3.574	
Size in 2nd Quartile	1.116	0.531	2.344	
Size in 3rd Quartile	2.756	1.259	6.033	*
Region: Northeast	0.74	0.315	1.737	
Region: Midwest	0.539	0.242	1.2	
Region: South	0.729	0.334	1.587	
Rural	0.541	0.264	1.109	
Facility control: For-Profit	0.573	0.308	1.065	
Accredited: JCAHO or CHAP	1.126	0.614	2.065	
Separate provider	1.152	0.622	2.135	
High-tech devices used to collect data	16.586	5.524	49.798	*
Staff reduction or shortage	0.804	0.439	1.47	

**Table C.55: OASIS Data Collected on Private Pay Patients**

Data are submitted to a private vendor (e.g., for benchmarking).

<b>Agency Characteristics</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.525	0.216	1.271	
Size in 2nd Quartile	0.369	0.17	0.801	*
Size in 3rd Quartile	1.163	0.593	2.283	
Region: Northeast	0.49	0.198	1.21	
Region: Midwest	0.56	0.254	1.236	
Region: South	0.551	0.279	1.09	
Rural	0.931	0.496	1.747	
Facility control: For-Profit	0.302	0.156	0.585	*
Accredited: JCAHO or CHAP	3.211	1.759	5.861	*
Separate provider	1.337	0.673	2.659	
High-tech devices used to collect data	1.486	0.778	2.837	
Staff reduction or shortage	1.155	0.643	2.072	

**Table C.56: OASIS Data Collected on Private Pay Patients**

Outcome reports based on assessment data are produced by a private vendor.

<b>Agency Characteristics</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.597	0.266	1.34	
Size in 2nd Quartile	0.744	0.35	1.58	
Size in 3rd Quartile	1.191	0.597	2.379	
Region: Northeast	0.469	0.195	1.129	
Region: Midwest	0.558	0.26	1.201	
Region: South	0.451	0.212	0.959	*
Rural	1.14	0.625	2.079	
Facility control: For-Profit	0.337	0.187	0.61	*
Accredited: JCAHO or CHAP	3.197	1.814	5.634	*
Separate provider	1.534	0.82	2.869	
High-tech devices used to collect data	0.918	0.505	1.671	
Staff reduction or shortage	1.184	0.703	1.994	

**Table C.57: OASIS Data Collected on Private Pay Patients**

Outcome reports based on assessment data are produced by my agency's internal systems.

<b>Agency Characteristics</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.933	0.412	2.111	
Size in 2nd Quartile	0.966	0.489	1.909	
Size in 3rd Quartile	0.672	0.323	1.399	
Region: Northeast	0.561	0.252	1.252	
Region: Midwest	0.758	0.375	1.53	
Region: South	0.933	0.476	1.832	
Rural	0.706	0.384	1.299	
Facility control: For-Profit	2.05	1.154	3.642	*
Accredited: JCAHO or CHAP	0.633	0.368	1.09	
Separate provider	0.655	0.363	1.182	
High-tech devices used to collect data	1.801	0.919	3.53	
Staff reduction or shortage	0.814	0.468	1.416	

**Table C.58: OASIS Data Collected on Private Pay Patients**

Outcome reports based on assessment data are reviewed by my agency.

<b>Agency Characteristics</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.516	0.588	3.909	
Size in 2nd Quartile	1.016	0.483	2.137	
Size in 3rd Quartile	1.635	0.804	3.324	
Region: Northeast	0.289	0.133	0.629	*
Region: Midwest	0.337	0.172	0.659	*
Region: South	0.584	0.275	1.241	
Rural	0.95	0.497	1.817	
Facility control: For-Profit	0.949	0.535	1.686	
Accredited: JCAHO or CHAP	1.091	0.66	1.802	
Separate provider	0.648	0.382	1.099	
High-tech devices used to collect data	1.77	0.938	3.337	
Staff reduction or shortage	0.951	0.528	1.715	

**Table C.59: OASIS Data Collected on Private Pay Patients**

Outcome reports based on assessment data are reviewed with my state's Quality Improvement Organization.

<b>Agency Characteristics</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.995	0.444	2.227	
Size in 2nd Quartile	1.445	0.733	2.848	
Size in 3rd Quartile	1.986	1.005	3.924	*
Region: Northeast	0.332	0.153	0.72	*
Region: Midwest	0.369	0.186	0.73	*
Region: South	0.536	0.268	1.074	
Rural	0.913	0.486	1.715	
Facility control: For-Profit	0.774	0.432	1.387	
Accredited: JCAHO or CHAP	0.779	0.469	1.293	
Separate provider	0.893	0.543	1.469	
High-tech devices used to collect data	0.95	0.508	1.777	
Staff reduction or shortage	1.202	0.721	2.002	

**Table C.60: OASIS Data Collected on Private Pay Patients used for: Individualized Care Planning**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.775	0.421	7.481	
Size in 2nd Quartile	0.988	0.26	3.763	
Size in 3rd Quartile	1.075	0.314	3.677	
Region: Northeast	0.794	0.176	3.574	
Region: Midwest	0.291	0.094	0.907	*
Region: South	1.162	0.372	3.635	
Rural	0.804	0.21	3.081	
Facility control: For-Profit	0.338	0.075	1.526	
Accredited: JCAHO or CHAP	1.008	0.32	3.168	
Separate provider	0.674	0.259	1.759	
High-tech devices used to collect data	0.527	0.133	2.081	
Staff reduction or shortage	0.582	0.202	1.678	

**Table C.61: OASIS Data Collected on Private Pay Patients used for: Identifying Patient Need for Referrals**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.556	0.184	1.683	
Size in 2nd Quartile	0.464	0.141	1.524	
Size in 3rd Quartile	0.909	0.275	3.007	
Region: Northeast	0.556	0.134	2.301	
Region: Midwest	0.588	0.169	2.043	
Region: South	1.375	0.409	4.624	
Rural	0.588	0.223	1.552	
Facility control: For-Profit	0.495	0.194	1.26	
Accredited: JCAHO or CHAP	1.051	0.431	2.565	
Separate provider	1.551	0.676	3.559	
High-tech devices used to collect data	0.705	0.245	2.029	
Staff reduction or shortage	0.368	0.166	0.814	*

**Table C.62: OASIS Data Collected on Private Pay Patients used for: Identifying Patient Need for Special Programs or Interventions**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.595	0.218	1.626	
Size in 2nd Quartile	0.917	0.399	2.104	
Size in 3rd Quartile	0.911	0.388	2.138	
Region: Northeast	0.789	0.326	1.909	
Region: Midwest	1.055	0.516	2.157	
Region: South	1.106	0.516	2.371	
Rural	0.702	0.297	1.66	
Facility control: For-Profit	0.495	0.252	0.972	*
Accredited: JCAHO or CHAP	0.994	0.525	1.884	
Separate provider	0.831	0.446	1.549	
High-tech devices used to collect data	0.67	0.294	1.524	
Staff reduction or shortage	1.155	0.525	2.539	

**Table C.63: OASIS Data Collected on Private Pay Patients used for: Case-mix Analysis**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.331	0.675	2.625	
Size in 2nd Quartile	0.975	0.514	1.85	
Size in 3rd Quartile	1.49	0.745	2.983	
Region: Northeast	0.662	0.329	1.328	
Region: Midwest	0.366	0.187	0.717	*
Region: South	0.947	0.509	1.759	
Rural	0.598	0.336	1.065	
Facility control: For-Profit	1.111	0.612	2.017	
Accredited: JCAHO or CHAP	1.398	0.82	2.384	
Separate provider	0.672	0.365	1.236	
High-tech devices used to collect data	1.139	0.646	2.007	
Staff reduction or shortage	0.662	0.39	1.126	

**Table C.64: OASIS Data Collected on Private Pay Patients used for: Identifying Practice Areas Needing Improvement**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.045	0.488	2.235	
Size in 2nd Quartile	0.687	0.339	1.39	
Size in 3rd Quartile	1.349	0.622	2.927	
Region: Northeast	1.002	0.377	2.659	
Region: Midwest	0.476	0.213	1.063	
Region: South	0.503	0.231	1.098	
Rural	0.97	0.451	2.085	
Facility control: For-Profit	1.398	0.632	3.091	
Accredited: JCAHO or CHAP	1.229	0.698	2.163	
Separate provider	0.685	0.388	1.209	
High-tech devices used to collect data	1.444	0.732	2.848	
Staff reduction or shortage	0.753	0.406	1.396	

**Table C.65: OASIS Data Collected on Private Pay Patients Used for: Identifying Target Outcomes for OBQI**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.239	0.597	2.574	
Size in 2nd Quartile	0.676	0.338	1.354	
Size in 3rd Quartile	1.494	0.727	3.07	
Region: Northeast	0.512	0.224	1.17	
Region: Midwest	0.332	0.165	0.671	*
Region: South	0.698	0.34	1.434	
Rural	0.744	0.406	1.363	
Facility control: For-Profit	0.923	0.488	1.743	
Accredited: JCAHO or CHAP	1.068	0.635	1.797	
Separate provider	0.86	0.509	1.454	
High-tech devices used to collect data	1.119	0.609	2.056	
Staff reduction or shortage	0.842	0.496	1.431	

**Table C.66: OASIS Data Collected on Private Pay Patients used for: Tracking Patient Outcomes in Response to QI initiatives**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.103	0.499	2.436	
Size in 2nd Quartile	0.7	0.342	1.433	
Size in 3rd Quartile	1.621	0.767	3.425	
Region: Northeast	0.402	0.163	0.995	*
Region: Midwest	0.269	0.125	0.578	*
Region: South	0.601	0.28	1.291	
Rural	0.74	0.382	1.437	
Facility control: For-Profit	0.799	0.395	1.614	
Accredited: JCAHO or CHAP	0.941	0.527	1.682	
Separate provider	0.659	0.375	1.157	
High-tech devices used to collect data	1.47	0.772	2.8	
Staff reduction or shortage	1.389	0.814	2.371	

**Table C.67: OASIS Data Collected on Private Pay Patients used for: Identifying Staffing Needs**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.166	0.547	2.486	
Size in 2nd Quartile	1.128	0.619	2.056	
Size in 3rd Quartile	0.784	0.407	1.509	
Region: Northeast	0.908	0.438	1.882	
Region: Midwest	0.619	0.338	1.131	
Region: South	0.838	0.465	1.51	
Rural	1.331	0.764	2.321	
Facility control: For-Profit	1.271	0.747	2.165	
Accredited: JCAHO or CHAP	1.369	0.806	2.325	
Separate provider	1.314	0.821	2.105	
High-tech devices used to collect data	0.401	0.224	0.719	*
Staff reduction or shortage	0.853	0.521	1.398	

**Table C.68: OASIS Data Collected on Private Pay Patients used for: Identifying Staff Training Needs**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.447	0.204	0.98	*
Size in 2nd Quartile	1.178	0.55	2.522	
Size in 3rd Quartile	0.857	0.38	1.934	
Region: Northeast	0.853	0.33	2.204	
Region: Midwest	0.389	0.196	0.773	*
Region: South	0.61	0.304	1.221	
Rural	1.099	0.58	2.083	
Facility control: For-Profit	0.812	0.43	1.533	
Accredited: JCAHO or CHAP	1.494	0.758	2.946	
Separate provider	1.577	0.873	2.849	
High-tech devices used to collect data	0.557	0.22	1.407	
Staff reduction or shortage	0.717	0.388	1.328	

**Table C.69: OASIS Data Collected on Private Pay Patients used for: Assisting with Agency Resource Allocation Decisions**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.53	0.249	1.127	
Size in 2nd Quartile	0.916	0.492	1.706	
Size in 3rd Quartile	0.673	0.345	1.314	
Region: Northeast	0.386	0.189	0.789	*
Region: Midwest	0.384	0.19	0.775	*
Region: South	0.567	0.298	1.08	
Rural	0.788	0.453	1.372	
Facility control: For-Profit	1.302	0.756	2.241	
Accredited: JCAHO or CHAP	1.468	0.862	2.5	
Separate provider	1.043	0.612	1.776	
High-tech devices used to collect data	0.454	0.24	0.859	*
Staff reduction or shortage	0.966	0.588	1.587	

**Table C.70: OASIS Data Collected on Private Pay Patients Used for: Controlling Costs/Increasing Efficiency**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.751	0.347	1.623	
Size in 2nd Quartile	0.72	0.39	1.329	
Size in 3rd Quartile	0.675	0.347	1.312	
Region: Northeast	0.516	0.234	1.137	
Region: Midwest	0.531	0.261	1.079	
Region: South	0.707	0.352	1.423	
Rural	0.983	0.57	1.693	
Facility control: For-Profit	1.054	0.6	1.851	
Accredited: JCAHO or CHAP	1.555	0.901	2.684	
Separate provider	0.68	0.419	1.103	
High-tech devices used to collect data	0.624	0.318	1.224	
Staff reduction or shortage	0.875	0.535	1.431	

**Table C.71: OASIS Data Collected on Private Pay Patients Used for: Fulfilling Requirements of Accrediting Org.**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.105	0.424	2.877	
Size in 2nd Quartile	0.749	0.325	1.729	
Size in 3rd Quartile	0.475	0.201	1.121	
Region: Northeast	0.427	0.172	1.058	
Region: Midwest	0.437	0.177	1.084	
Region: South	0.513	0.206	1.278	
Rural	0.723	0.361	1.449	
Facility control: For-Profit	0.762	0.397	1.463	
Accredited: JCAHO or CHAP	29.759	16.228	54.569	*
Separate provider	0.467	0.22	0.988	*
High-tech devices used to collect data	1.046	0.552	1.984	
Staff reduction or shortage	0.633	0.345	1.16	

**Table C.72: OASIS Data Collected on Private Pay Patients Used for: Fulfilling Requirements of Other Payers**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.939	0.45	1.959	
Size in 2nd Quartile	0.902	0.468	1.736	
Size in 3rd Quartile	1.319	0.693	2.511	
Region: Northeast	0.858	0.397	1.851	
Region: Midwest	0.602	0.271	1.339	
Region: South	0.79	0.38	1.643	
Rural	1.06	0.604	1.857	
Facility control: For-Profit	0.922	0.529	1.608	
Accredited: JCAHO or CHAP	1.659	0.981	2.806	
Separate provider	0.675	0.37	1.231	
High-tech devices used to collect data	1.115	0.592	2.099	
Staff reduction or shortage	1.198	0.745	1.925	

**Table C.73: OASIS Data Collected on Private Pay Patients Used for: Comparing the Quality of Our Agency to that of Others**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.007	0.512	1.981	
Size in 2nd Quartile	0.7	0.365	1.341	
Size in 3rd Quartile	1.332	0.692	2.564	
Region: Northeast	0.273	0.127	0.587	*
Region: Midwest	0.237	0.115	0.489	*
Region: South	0.451	0.225	0.905	*
Rural	0.738	0.42	1.296	
Facility control: For-Profit	0.73	0.393	1.356	
Accredited: JCAHO or CHAP	1.109	0.664	1.851	
Separate provider	0.712	0.431	1.175	
High-tech devices used to collect data	1.469	0.79	2.732	
Staff reduction or shortage	0.731	0.447	1.196	

**Table C.74: OASIS Data Collected on Private Pay Patients Used for: Marketing to Public/Customers**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.614	0.287	1.314	
Size in 2nd Quartile	0.528	0.263	1.061	
Size in 3rd Quartile	0.945	0.488	1.829	
Region: Northeast	0.81	0.367	1.789	
Region: Midwest	0.886	0.379	2.071	
Region: South	1.298	0.618	2.724	
Rural	0.603	0.34	1.069	
Facility control: For-Profit	2.146	1.224	3.763	*
Accredited: JCAHO or CHAP	1.33	0.79	2.24	
Separate provider	0.671	0.365	1.234	
High-tech devices used to collect data	2.287	1.181	4.427	*
Staff reduction or shortage	0.818	0.47	1.424	

**Table C.75: OASIS Data Collected on Private Pay Patients Used for: Marketing to Referral Sources**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.426	0.195	0.931	*
Size in 2nd Quartile	0.476	0.232	0.978	*
Size in 3rd Quartile	0.794	0.394	1.601	
Region: Northeast	0.902	0.428	1.901	
Region: Midwest	0.958	0.423	2.167	
Region: South	1.727	0.843	3.538	
Rural	0.431	0.23	0.805	*
Facility control: For-Profit	1.995	1.099	3.624	*
Accredited: JCAHO or CHAP	1.127	0.654	1.941	
Separate provider	0.72	0.391	1.326	
High-tech devices used to collect data	2.031	0.992	4.161	
Staff reduction or shortage	0.576	0.322	1.031	

**Table C.76: OASIS Data Collected on Private Pay Patients Used for: Marketing to, or Negotiating with, Payers**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.292	0.11	0.771	*
Size in 2nd Quartile	0.588	0.289	1.197	
Size in 3rd Quartile	0.7	0.322	1.52	
Region: Northeast	1.274	0.506	3.211	
Region: Midwest	1.344	0.528	3.424	
Region: South	1.761	0.719	4.312	
Rural	0.562	0.292	1.083	
Facility control: For-Profit	1.698	0.861	3.349	
Accredited: JCAHO or CHAP	0.88	0.473	1.635	
Separate provider	0.928	0.495	1.741	
High-tech devices used to collect data	1.467	0.629	3.423	
Staff reduction or shortage	0.762	0.412	1.411	

**Table C.77: Agencies Who Report that Are Currently Working With Their State Quality Improvement Organization (QIO) to Select Target Outcomes for Outcome Based Quality Improvement (OBQIL) Efforts and/or to Implement Quality Improvement Processes**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.184	0.069	0.494	*
Size in 2nd Quartile	0.355	0.135	0.932	*
Size in 3rd Quartile	0.763	0.286	2.038	
Region: Northeast	0.592	0.186	1.88	
Region: Midwest	1.037	0.305	3.525	
Region: South	2.889	0.809	10.322	
Rural	1.429	0.722	2.828	
Facility control: For-Profit	0.295	0.154	0.564	*
Accredited: JCAHO or CHAP	0.761	0.402	1.442	
Separate provider	1.928	1.047	3.552	*
High-tech devices used to collect data	1.087	0.463	2.552	
Staff reduction or shortage	0.584	0.316	1.078	

**Table C.78: Agencies Who Report They Have Read or Reviewed OBQI Reports Within the Past 12 Months**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.138	0.01	2.006	
Size in 2nd Quartile	1.599	0.116	21.95	
Size in 3rd Quartile	>999.999	>999.999	>999.999	
Region: Northeast	>999.999	>999.999	>999.999	
Region: Midwest	8.042	0.664	97.379	
Region: South	2.056	0.175	24.113	
Rural	29.433	2.518	344.108	*
Facility control: For-Profit	2.759	0.366	20.805	
Accredited: JCAHO or CHAP	7.52	1.803	31.369	*
Separate provider	4.069	0.605	27.354	
High-tech devices used to collect data	>999.999	>999.999	>999.999	
Staff reduction or shortage	2.574	0.441	15.018	

**Table C.79: Agencies Who Report They Have Received OBQI Training in the Past 12 Months**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.422	0.143	1.249	
Size in 2nd Quartile	0.514	0.209	1.264	
Size in 3rd Quartile	1.12	0.441	2.848	
Region: Northeast	1.78	0.579	5.471	
Region: Midwest	1.762	0.556	5.578	
Region: South	2.309	0.768	6.939	
Rural	1.125	0.495	2.559	
Facility control: For-Profit	1.117	0.535	2.331	
Accredited: JCAHO or CHAP	1.069	0.549	2.083	
Separate provider	1.286	0.736	2.244	
High-tech devices used to collect data	1.087	0.554	2.133	
Staff reduction or shortage	1.363	0.758	2.452	

**Table C.80: Agencies Who Report They Have Changed Care Practices or Initiated Care Practices as Part of a QI Process in the past 12 Months**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.338	0.122	0.934	*
Size in 2nd Quartile	0.701	0.237	2.078	
Size in 3rd Quartile	0.796	0.285	2.227	
Region: Northeast	2.051	0.554	7.586	
Region: Midwest	0.438	0.176	1.089	
Region: South	0.635	0.265	1.526	
Rural	1.565	0.661	3.705	
Facility control: For-Profit	0.782	0.342	1.785	
Accredited: JCAHO or CHAP	1.045	0.517	2.112	
Separate provider	1.501	0.725	3.109	
High-tech devices used to collect data	2.245	0.896	5.625	
Staff reduction or shortage	0.911	0.45	1.845	

**Table C.81: Agencies who Report They Have Evaluated the Effectiveness of Care Practices Initiated as Part of a QI Process in the Past 12 Months**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.134	0.036	0.499	*
Size in 2nd Quartile	0.348	0.078	1.558	
Size in 3rd Quartile	0.253	0.055	1.153	
Region: Northeast	0.258	0.093	0.721	*
Region: Midwest	0.578	0.208	1.605	
Region: South	1.193	0.328	4.339	
Rural	1.872	0.692	5.07	
Facility control: For-Profit	0.518	0.185	1.45	
Accredited: JCAHO or CHAP	1.359	0.624	2.962	
Separate provider	0.821	0.371	1.82	
High-tech devices used to collect data	3.974	1.502	10.511	*
Staff reduction or shortage	0.651	0.275	1.54	

**Table C.82: Agencies that Report: Collecting OASIS Data Helps to Standardize Our Agency's Comprehensive Assessment Process**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.739	0.386	1.415	
Size in 2nd Quartile	1.053	0.554	2.003	
Size in 3rd Quartile	1.018	0.522	1.986	
Region: Northeast	3.824	1.847	7.914	*
Region: Midwest	2.416	1.364	4.279	*
Region: South	2.283	1.219	4.275	*
Rural	1.009	0.597	1.705	
Facility control: For-Profit	0.597	0.362	0.984	*
Accredited: JCAHO or CHAP	0.585	0.357	0.959	*
Separate provider	0.583	0.31	1.095	
High-tech devices used to collect data	0.889	0.494	1.598	
Staff reduction or shortage	0.989	0.538	1.819	

**Table C.83: Agencies that Report: Collecting OASIS Data Improves Our Agency's Overall Patient Care Planning Process**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.04	0.574	1.882	
Size in 2nd Quartile	1.154	0.673	1.979	
Size in 3rd Quartile	0.643	0.369	1.119	
Region: Northeast	2.325	1.339	4.038	*
Region: Midwest	1.469	0.821	2.629	
Region: South	1.965	1.159	3.331	*
Rural	0.908	0.557	1.481	
Facility control: For-Profit	1.234	0.764	1.994	
Accredited: JCAHO or CHAP	0.853	0.558	1.302	
Separate provider	0.61	0.361	1.03	
High-tech devices used to collect data	0.924	0.575	1.484	
Staff reduction or shortage	0.986	0.603	1.612	

**Table C.84: Agencies that Report: Collecting OASIS Data Facilitates a Multidisciplinary Approach to Patient Care at Our Agency**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.703	0.391	1.266	
Size in 2nd Quartile	0.973	0.562	1.686	
Size in 3rd Quartile	0.73	0.428	1.247	
Region: Northeast	1.525	0.863	2.696	
Region: Midwest	1.324	0.732	2.393	
Region: South	2.041	1.208	3.45	*
Rural	1.181	0.734	1.901	
Facility control: For-Profit	1.009	0.632	1.611	
Accredited: JCAHO or CHAP	0.748	0.491	1.138	
Separate provider	0.577	0.356	0.937	*
High-tech devices used to collect data	1.012	0.634	1.614	
Staff reduction or shortage	0.826	0.525	1.302	

**Table C.85: Agencies that Report: OASIS Data Help Us Identify Care Processes Needing Improvement**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.178	0.655	2.12	
Size in 2nd Quartile	1.591	0.838	3.018	
Size in 3rd Quartile	0.967	0.51	1.835	
Region: Northeast	3.041	1.449	6.379	*
Region: Midwest	2.204	1.243	3.909	*
Region: South	1.92	1.064	3.465	*
Rural	0.821	0.489	1.379	
Facility control: For-Profit	0.739	0.445	1.227	
Accredited: JCAHO or CHAP	1.143	0.684	1.912	
Separate provider	0.446	0.244	0.813	*
High-tech devices used to collect data	1.342	0.712	2.527	
Staff reduction or shortage	0.858	0.469	1.57	

**Table C.86: Agencies that Report: OASIS Data Help Us Identify the Need for Referrals for Services Such as Social Work or Occupational Therapy**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.291	0.747	2.23	
Size in 2nd Quartile	1.155	0.675	1.978	
Size in 3rd Quartile	0.979	0.564	1.699	
Region: Northeast	1.981	1.114	3.52	*
Region: Midwest	1.349	0.755	2.409	
Region: South	1.414	0.839	2.382	
Rural	0.897	0.556	1.445	
Facility control: For-Profit	0.67	0.432	1.038	
Accredited: JCAHO or CHAP	0.827	0.54	1.268	
Separate provider	0.981	0.6	1.605	
High-tech devices used to collect data	1.117	0.718	1.738	
Staff reduction or shortage	1.028	0.66	1.599	

**Table C.87: Agencies that Report: OASIS Data Help Us Identify a Patient’s Need for Specific Programs or Interventions (e.g. a fall prevention program)**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.989	0.55	1.78	
Size in 2nd Quartile	0.932	0.534	1.628	
Size in 3rd Quartile	1.367	0.78	2.395	
Region: Northeast	3.498	1.968	6.216	*
Region: Midwest	2.213	1.274	3.842	*
Region: South	2.211	1.321	3.699	*
Rural	1.033	0.62	1.72	
Facility control: For-Profit	0.86	0.536	1.38	
Accredited: JCAHO or CHAP	0.567	0.367	0.877	*
Separate provider	0.689	0.411	1.155	
High-tech devices used to collect data	0.944	0.579	1.537	
Staff reduction or shortage	1.212	0.758	1.937	

**Table C.88: Agencies that Report: OASIS Data Help Us Identify the Need for Developing Special Programs or Interventions**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.822	0.457	1.478	
Size in 2nd Quartile	0.805	0.466	1.394	
Size in 3rd Quartile	0.706	0.419	1.189	
Region: Northeast	1.964	1.141	3.382	*
Region: Midwest	1.656	0.938	2.925	
Region: South	1.824	1.089	3.056	*
Rural	1.068	0.67	1.701	
Facility control: For-Profit	1.258	0.772	2.051	
Accredited: JCAHO or CHAP	0.868	0.57	1.321	
Separate provider	0.776	0.486	1.239	
High-tech devices used to collect data	1.423	0.911	2.222	
Staff reduction or shortage	1.008	0.638	1.592	

**Table C.89: Agencies that Report: OASIS Data Provide Us with Increased Clarity in Documentation of Homebound Status**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.844	0.469	1.522	
Size in 2nd Quartile	1.005	0.578	1.749	
Size in 3rd Quartile	0.901	0.531	1.529	
Region: Northeast	0.96	0.535	1.723	
Region: Midwest	1.252	0.742	2.115	
Region: South	1.623	0.955	2.759	
Rural	0.893	0.58	1.376	
Facility control: For-Profit	0.868	0.533	1.411	
Accredited: JCAHO or CHAP	0.849	0.553	1.303	
Separate provider	0.587	0.354	0.971	*
High-tech devices used to collect data	0.897	0.572	1.405	
Staff reduction or shortage	0.869	0.55	1.373	

**Table C.90: Agencies That Report: OASIS Has Helped Our Agency Make Efficient Allocation/Use of Agency Resources in Delivering Care**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.052	0.56	1.979	
Size in 2nd Quartile	0.846	0.463	1.546	
Size in 3rd Quartile	0.876	0.499	1.539	
Region: Northeast	1.096	0.585	2.053	
Region: Midwest	1.103	0.587	2.07	
Region: South	1.59	0.89	2.84	
Rural	0.809	0.474	1.381	
Facility control: For-Profit	1.135	0.662	1.944	
Accredited: JCAHO or CHAP	0.794	0.494	1.277	
Separate provider	0.656	0.392	1.098	
High-tech devices used to collect data	1.02	0.623	1.668	
Staff reduction or shortage	0.644	0.401	1.034	

**Table C.91: Agencies that Report: OASIS has Helped Us Improve Patient Outcomes at Our Agency**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	1.099	0.559	2.159	
Size in 2nd Quartile	0.93	0.532	1.625	
Size in 3rd Quartile	1.128	0.639	1.991	
Region: Northeast	2.201	0.874	5.538	
Region: Midwest	1.748	0.735	4.155	
Region: South	1.653	0.681	4.011	
Rural	0.891	0.569	1.396	
Facility control: For-Profit	0.966	0.597	1.565	
Accredited: JCAHO or CHAP	0.855	0.549	1.331	
Separate provider	0.598	0.384	0.931	*
High-tech devices used to collect data	1.491	0.893	2.491	
Staff reduction or shortage	0.796	0.518	1.222	

**Table C.92: Agencies that Report: OASIS Data Collection Helps Us Measure and Evaluate Clinical Staff Assessment Skills and Care Planning Competency**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	1.35	0.715	2.551	
Size in 2nd Quartile	1.006	0.543	1.862	
Size in 3rd Quartile	0.681	0.368	1.262	
Region: Northeast	0.319	0.149	0.684	*
Region: Midwest	1.3	0.709	2.384	
Region: South	0.84	0.465	1.519	
Rural	0.702	0.406	1.216	
Facility control: For-Profit	2.02	1.154	3.535	*
Accredited: JCAHO or CHAP	1.087	0.673	1.757	
Separate provider	0.555	0.31	0.994	*
High-tech devices used to collect data	1.667	0.967	2.872	
Staff reduction or shortage	0.741	0.456	1.202	

**Table C.93: Agencies that Report: OASIS Has Helped Foster Staff Team Work and Improve Morale at Our Agency**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	11.339	2.827	45.481	*
Size in 2nd Quartile	2.938	0.878	9.828	
Size in 3rd Quartile	1.51	0.296	7.698	
Region: Northeast	<0.001	<0.001	<0.001	*
Region: Midwest	2.337	0.279	19.597	
Region: South	2.233	0.58	8.597	
Rural	2.83	1.06	7.555	*
Facility control: For-Profit	4.604	1.043	20.324	*
Accredited: JCAHO or CHAP	0.964	0.202	4.607	
Separate provider	1.228	0.316	4.778	
High-tech devices used to collect data	3.879	0.997	15.089	
Staff reduction or shortage	0.801	0.246	2.601	

**Table C.94: Agencies that Report: OASIS Has Helped Our Agency to Save Money**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.077	0.433	2.679	
Size in 2nd Quartile	0.639	0.256	1.594	
Size in 3rd Quartile	0.806	0.329	1.975	
Region: Northeast	0.15	0.031	0.724	*
Region: Midwest	1.079	0.395	2.949	
Region: South	1.013	0.386	2.657	
Rural	0.393	0.16	0.961	*
Facility control: For-Profit	1.768	0.855	3.658	
Accredited: JCAHO or CHAP	0.295	0.13	0.672	*
Separate provider	1.168	0.496	2.753	
High-tech devices used to collect data	2.11	0.999	4.456	
Staff reduction or shortage	0.468	0.215	1.019	

**Table C.95: Agencies that Report: OASIS Has Helped Our Agency Improve the Quality of its Services**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.605	0.9	2.862	
Size in 2nd Quartile	1.008	0.587	1.733	
Size in 3rd Quartile	1.047	0.613	1.788	
Region: Northeast	2.317	1.346	3.988	*
Region: Midwest	1.265	0.713	2.246	
Region: South	1.836	1.091	3.091	*
Rural	0.991	0.617	1.59	
Facility control: For-Profit	0.95	0.599	1.505	
Accredited: JCAHO or CHAP	0.997	0.65	1.529	
Separate provider	0.692	0.428	1.12	
High-tech devices used to collect data	1.231	0.756	2.003	
Staff reduction or shortage	0.967	0.612	1.527	

**Table C.96: Agencies that Report: OASIS Has Helped the Home Health Industry Improve the Quality of Homecare Services**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.894	1.066	3.364	*
Size in 2nd Quartile	0.989	0.564	1.735	
Size in 3rd Quartile	1.086	0.637	1.854	
Region: Northeast	2.074	1.146	3.753	*
Region: Midwest	1.113	0.626	1.979	
Region: South	2.282	1.379	3.777	*
Rural	0.991	0.612	1.604	
Facility control: For-Profit	1.265	0.791	2.024	
Accredited: JCAHO or CHAP	1.908	1.222	2.982	*
Separate provider	0.99	0.599	1.637	
High-tech devices used to collect data	0.836	0.525	1.331	
Staff reduction or shortage	0.903	0.565	1.441	

**Table C.97: Agencies that Report: OASIS is Effective in Ensuring that Consumers Receive Quality Services from Home Health Agencies**

<b>Agency characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.789	0.967	3.307	
Size in 2nd Quartile	1.378	0.78	2.436	
Size in 3rd Quartile	0.725	0.408	1.289	
Region: Northeast	1.607	0.915	2.822	
Region: Midwest	1.124	0.605	2.091	
Region: South	1.586	0.921	2.731	
Rural	0.967	0.574	1.631	
Facility control: For-Profit	1.224	0.744	2.014	
Accredited: JCAHO or CHAP	0.984	0.625	1.548	
Separate provider	0.615	0.366	1.034	
High-tech devices used to collect data	0.86	0.537	1.376	
Staff reduction or shortage	0.977	0.617	1.549	

**Table C.98: Agencies that Report: OASIS Data are Valuable for Care Planning for Our Non-Medicare/Non-Medicaid Patients**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.029	0.505	2.098	
Size in 2nd Quartile	1.631	0.836	3.181	
Size in 3rd Quartile	1.329	0.675	2.615	
Region: Northeast	0.469	0.239	0.917	*
Region: Midwest	0.539	0.268	1.086	
Region: South	0.582	0.296	1.143	
Rural	1.185	0.623	2.255	
Facility control: For-Profit	1.169	0.631	2.164	
Accredited: JCAHO or CHAP	1.167	0.704	1.934	
Separate provider	0.465	0.29	0.745	*
High-tech devices used to collect data	1.321	0.727	2.401	
Staff reduction or shortage	0.745	0.422	1.316	

**Table C.99: Agencies that Report: OASIS Data are Valuable for Assessing Outcomes for Our Non-Medicare/Non-Medicaid Patients**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.782	0.39	1.57	
Size in 2nd Quartile	0.678	0.347	1.324	
Size in 3rd Quartile	0.767	0.399	1.475	
Region: Northeast	0.4	0.199	0.803	*
Region: Midwest	0.597	0.294	1.21	
Region: South	0.655	0.321	1.339	
Rural	1.311	0.723	2.379	
Facility control: For-Profit	1.174	0.664	2.077	
Accredited: JCAHO or CHAP	1.417	0.877	2.29	
Separate provider	0.472	0.299	0.745	*
High-tech devices used to collect data	1.621	0.888	2.959	
Staff reduction or shortage	0.731	0.433	1.234	

**Table C.100: Agencies that Report: OASIS Data On Our Non-Medicare/Non-Medicaid Patients Are Valuable for Determining Appropriate Quality Monitoring or Improvement Activities for Those Patients**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.684	0.335	1.4	
Size in 2nd Quartile	0.887	0.453	1.737	
Size in 3rd Quartile	0.875	0.448	1.711	
Region: Northeast	0.406	0.205	0.806	*
Region: Midwest	0.527	0.273	1.015	
Region: South	0.559	0.285	1.098	
Rural	0.946	0.515	1.739	
Facility control: For-Profit	0.969	0.538	1.745	
Accredited: JCAHO or CHAP	1.145	0.702	1.868	
Separate provider	0.458	0.295	0.712	*
High-tech devices used to collect data	1.245	0.684	2.265	
Staff reduction or shortage	0.803	0.476	1.355	

**Table C.101: Agencies that Report: OASIS Data on Our Non-Medicare/Non-Medicaid Patients are Valuable for Our Agency Resource Allocation Decisions**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.835	0.396	1.757	
Size in 2nd Quartile	0.7	0.36	1.361	
Size in 3rd Quartile	0.684	0.35	1.336	
Region: Northeast	0.436	0.231	0.821	*
Region: Midwest	0.488	0.261	0.914	*
Region: South	0.53	0.286	0.982	*
Rural	1.122	0.603	2.087	
Facility control: For-Profit	1.473	0.852	2.548	
Accredited: JCAHO or CHAP	1.327	0.814	2.164	
Separate provider	0.643	0.398	1.041	
High-tech devices used to collect data	0.661	0.358	1.221	
Staff reduction or shortage	0.537	0.335	0.861	*

**Table C.102: Agencies that Report: Collecting OASIS Data on Non-Medicare/Non-Medicaid Patients Provides Us with a Better Picture of Overall Agency Performance**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.896	0.446	1.797	
Size in 2nd Quartile	1.258	0.615	2.573	
Size in 3rd Quartile	0.732	0.373	1.437	
Region: Northeast	0.461	0.207	1.027	
Region: Midwest	0.378	0.17	0.842	*
Region: South	0.41	0.19	0.883	*
Rural	1.63	0.898	2.957	
Facility control: For-Profit	1.111	0.602	2.048	
Accredited: JCAHO or CHAP	1.853	1.103	3.113	*
Separate provider	0.54	0.342	0.853	*
High-tech devices used to collect data	1.043	0.501	2.17	
Staff reduction or shortage	0.599	0.36	0.997	*

**Table C.103: Agencies that Report: OASIS Data are Valuable for Assessing the Needs of Our Non-Medicare/Non-Medicaid Patients**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.811	0.394	1.667	
Size in 2nd Quartile	1.557	0.791	3.063	
Size in 3rd Quartile	1.057	0.538	2.076	
Region: Northeast	0.49	0.248	0.967	*
Region: Midwest	0.663	0.328	1.337	
Region: South	0.664	0.335	1.316	
Rural	1.43	0.743	2.756	
Facility control: For-Profit	1.156	0.61	2.19	
Accredited: JCAHO or CHAP	1.157	0.703	1.904	
Separate provider	0.407	0.253	0.655	*
High-tech devices used to collect data	1.216	0.663	2.23	
Staff reduction or shortage	0.926	0.52	1.649	

**Table C.104: Agencies that Report: OASIS Data are Valuable for Care Planning for Our Non-Medicare/Non-Medicaid Patients**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	1.029	0.505	2.098	
Size in 2nd Quartile	1.631	0.836	3.181	
Size in 3rd Quartile	1.329	0.675	2.615	
Region: Northeast	0.469	0.239	0.917	*
Region: Midwest	0.539	0.268	1.086	
Region: South	0.582	0.296	1.143	
Rural	1.185	0.623	2.255	
Facility control: For-Profit	1.169	0.631	2.164	
Accredited: JCAHO or CHAP	1.167	0.704	1.934	
Separate provider	0.465	0.29	0.745	*
High-tech devices used to collect data	1.321	0.727	2.401	
Staff reduction or shortage	0.745	0.422	1.316	

**Table C.105: Agencies that Report: OASIS Data are Valuable for Assessing Outcomes for Our Non-Medicare/Non-Medicaid Patients**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.782	0.39	1.57	
Size in 2nd Quartile	0.678	0.347	1.324	
Size in 3rd Quartile	0.767	0.399	1.475	
Region: Northeast	0.4	0.199	0.803	*
Region: Midwest	0.597	0.294	1.21	
Region: South	0.655	0.321	1.339	
Rural	1.311	0.723	2.379	
Facility control: For-Profit	1.174	0.664	2.077	
Accredited: JCAHO or CHAP	1.417	0.877	2.29	
Separate provider	0.472	0.299	0.745	*
High-tech devices used to collect data	1.621	0.888	2.959	
Staff reduction or shortage	0.731	0.433	1.234	

**Table C.106: Agencies that Report: OASIS Data on Our Non-Medicare/Non-Medicaid Patients are Valuable for Determining Appropriate Quality monitoring or Improvement Activities for Those Patients**

<b>Agency Characteristic</b>	<b>OddsRatioEst</b>	<b>LowerCL</b>	<b>UpperCL</b>	<b>Signif</b>
Size in 1st Quartile	0.684	0.335	1.4	
Size in 2nd Quartile	0.887	0.453	1.737	
Size in 3rd Quartile	0.875	0.448	1.711	
Region: Northeast	0.406	0.205	0.806	*
Region: Midwest	0.527	0.273	1.015	
Region: South	0.559	0.285	1.098	
Rural	0.946	0.515	1.739	
Facility control: For-Profit	0.969	0.538	1.745	
Accredited: JCAHO or CHAP	1.145	0.702	1.868	
Separate provider	0.458	0.295	0.712	*
High-tech devices used to collect data	1.245	0.684	2.265	
Staff reduction or shortage	0.803	0.476	1.355	

**Table C.107: Agencies that Report: OASIS Data on Our Non-Medicare/Non-Medicaid Patients are Valuable for Our Agency Resource Allocation Decisions**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.835	0.396	1.757	
Size in 2nd Quartile	0.7	0.36	1.361	
Size in 3rd Quartile	0.684	0.35	1.336	
Region: Northeast	0.436	0.231	0.821	*
Region: Midwest	0.488	0.261	0.914	*
Region: South	0.53	0.286	0.982	*
Rural	1.122	0.603	2.087	
Facility control: For-Profit	1.473	0.852	2.548	
Accredited: JCAHO or CHAP	1.327	0.814	2.164	
Separate provider	0.643	0.398	1.041	
High-tech devices used to collect data	0.661	0.358	1.221	
Staff reduction or shortage	0.537	0.335	0.861	*

**Table C.108: Agencies that Report: Collecting OASIS Data on Non-Medicare/Non-Medicaid Patients Provides Us with a Better Picture of Overall Agency Performance**

Agency Characteristic	OddsRatioEst	LowerCL	UpperCL	Signif
Size in 1st Quartile	0.896	0.446	1.797	
Size in 2nd Quartile	1.258	0.615	2.573	
Size in 3rd Quartile	0.732	0.373	1.437	
Region: Northeast	0.461	0.207	1.027	
Region: Midwest	0.378	0.17	0.842	*
Region: South	0.41	0.19	0.883	*
Rural	1.63	0.898	2.957	
Facility control: For-Profit	1.111	0.602	2.048	
Accredited: JCAHO or CHAP	1.853	1.103	3.113	*
Separate provider	0.54	0.342	0.853	*
High-tech devices used to collect data	1.043	0.501	2.17	
Staff reduction or shortage	0.599	0.36	0.997	*

**Table C.109: Outcomes for Medicare, Medicaid and Private Pay Patients**

Outcome	Private Pay		Medicare		Medicaid	
	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Improvement in Grooming	0.7781	0.6994	0.6609	0.6081	0.5945	0.5777
Improvement in Upper Body Dressing	0.7698	0.6996	0.6646	0.6104	0.5895	0.5772
Improvement in Lower Body Dressing	0.7432	0.6872	0.6531	0.6002	0.5759	0.5635
Improvement in Bathing	0.7248	0.6657	0.6108	0.5612	0.5679	0.5294
Improvement in Toileting	0.7505	0.8269	0.6435	0.7739	0.5753	0.7644
Improvement in Transferring	0.5888	0.5858	0.5187	0.4951	0.4766	0.4906
Improvement in Ambulation/Locomotion	0.3998	0.3915	0.3735	0.3306	0.3694	0.3552
Improvement in Eating	0.7051	0.6581	0.5781	0.5521	0.5095	0.5398
Improvement in Light Meal Preparation	0.7283	0.6714	0.566	0.5271	0.5073	0.5116
Improvement in Laundry	0.5446	0.5211	0.414	0.3707	0.3853	0.3749
Improvement in Housekeeping	0.584	0.5455	0.4848	0.4368	0.4596	0.4365
Improvement in Shopping	0.6219	0.5946	0.5169	0.4661	0.4822	0.4583
Improvement in Phone Use	0.5629	0.4886	0.5181	0.4689	0.472	0.4681
Improvement in Management of Oral Medications	0.5434	0.4468	0.3974	0.3505	0.3912	0.3477
Improvement in Speech and Language	0.527	n/a	0.4867	n/a	0.4762	n/a
Improvement in Pain Interfering with Activity	0.5782	n/a	0.6013	n/a	0.5712	n/a
Improvement in Number of Surgical Wounds	0.4247	n/a	0.5509	n/a	0.5466	n/a
Improvement in Status of Surgical Wounds	0.6643	n/a	0.7489	n/a	0.7344	n/a
Improvement in Dyspnea	0.6354	0.5441	0.588	0.5219	0.5463	0.4968
Improvement in Urinary Tract Infection	0.8116	0.7898	0.8634	0.844	0.8074	0.7916
Improvement in Urinary Incontinence	0.5835	0.5394	0.5381	0.4959	0.456	0.457
Improvement in Bowel Incontinence	0.6661	0.5948	0.6314	0.601	0.5476	0.5475

Outcome	Private Pay		Medicare		Medicaid	
	Unadjusted	Adjusted	Unadjusted	Adjusted	Unadjusted	Adjusted
Improvement in Cognitive Functioning	0.558	n/a	0.482	n/a	0.4698	n/a
Improvement in Confusion Frequency	0.5482	0.4743	0.4645	0.4137	0.4412	0.4187
Improvement in Anxiety Level	0.6178	n/a	0.5841	n/a	0.5376	n/a
Improvement in Behavior Problem Frequency	0.6835	n/a	0.6297	n/a	0.6268	n/a
Stabilization in Grooming	0.969	0.9618	0.9382	0.9276	0.9398	0.9384
Stabilization in Bathing	0.939	0.9323	0.9071	0.896	0.905	0.8958
Stabilization in Transferring	0.9603	0.9617	0.94	0.9378	0.933	0.9398
Stabilization in Light Meal Preparation	0.9475	0.9349	0.9062	0.8962	0.8986	0.9079
Stabilization in Laundry	0.8835	0.8729	0.8394	0.8213	0.8399	0.8457
Stabilization in Housekeeping	0.8892	0.8696	0.838	0.8178	0.8304	0.8283
Stabilization in Shopping	0.9384	0.9336	0.9023	0.8865	0.8929	0.8841
Stabilization in Phone Use	0.977	0.968	0.9326	0.9232	0.9403	0.9405
Stabilization in Management of Oral Medications	0.9677	n/a	0.9207	n/a	0.9392	n/a
Stabilization in Speech and Language	0.9648	n/a	0.9134	n/a	0.9176	n/a
Stabilization in Cognitive Functioning	0.9651	n/a	0.9081	n/a	0.9181	n/a
Stabilization in Anxiety Level	0.8977	n/a	0.8811	n/a	0.8774	n/a
Any Emergent Care	0.1359	n/a	0.2044	n/a	0.3036	n/a
Discharged to Community	0.8139	0.7742	0.7094	0.7018	0.5943	0.6775
Acute Care Hospitalization	0.1672	0.2027	0.2596	0.261	0.378	0.2838

## Errata

Page 22 Episodes in which the response to M0150 was 10 (self pay) were included in the analysis as private pay. The sentence on page 22 should read, “Episodes were classified as private pay when **ONLY** responses **8, 9 or 10** (private insurance/private HMO/**self pay**) were marked”. In Table 2.1, the heading of the last column should read, “M0150 at Adm + D/C = **8, 9 or 10**”

Page 97 The title of Table 4.25 should read, “Value of OASIS Data Collection, All Respondents by Region”.

Page 107 Table 4.36 should appear as follows:

<b>Table 4.36: Proportion of Agencies with Same Time for MCRMCD and Other Patients</b>				
	Start of Care	Follow-Up	Discharge	
All	59.2%	59.7%	60.4%	
Continued	86.1%	87.2%	87.3%	
Suspended	8.5%	7.7%	9.5%	
Quartile 1	57.5%	58.1%	58.9%	
Quartile 2	61.1%	61.2%	61.7%	
Quartile 3	57.3%	57.7%	58.3%	
Quartile 4	58.2%	59.2%	61.8%	
Source: Abt Associates Cost and Benefit Survey of Home Health Agencies, 2005				
N= 631				

Page 113 The asterisk on the first row of the table refers to note 2.

Page 116 The sentence towards the end of the first paragraph on page 116 should read, “Agencies that suspended collecting OASIS on non-Medicare/non-Medicaid patients...”