

**Uniform Data Submission Specifications for the OASIS-C (01/2010 Update)**  
**Header Record Layout For Submission From the HHA (Version 2.00)**

Item Identifier/Description	Len	Start	End	Specification (* Indicates FATAL
REC_ID RECORD ID	2	1	2	Picture: XX                      Type: CODE *Range: A1 Format Info: Upper case A followed by 1. Consistency Required: Version Notes:
FED_ID Agency Medicare Provider Number	6	3	8	Picture: X(6)                      Type: CODE *Range: Valid code, sp(6) Format Info: Left justified; no embedded dashes or spaces; any letters must be upper case. Consistency Required: 1. If the HHA has a Medicare ID, it must be entered in this field. Otherwise enter spaces.  *2. FED_ID must match M0010_CCN on the body record. Version Notes: [R3] - Modified edit #2 to use new name for M0010.
FILLER1 Item Filler	4	9	12	Picture: X(4)                      Type: FILLER *Range: sp(4) Format Info: Always blank. Consistency Required: Version Notes:
ST_ID Agency Medicaid Provider Number	15	13	27	Picture: X(15)                      Type: CODE *Range: Valid code, sp(15) Format Info: Left justified; no embedded dashes or spaces; any letters must be upper case. Consistency Required: 1. If the HHA has a Medicaid ID, it must be entered in this field. Otherwise enter spaces. Version Notes: [R3] - Removed edit # 2.
HHA_AGENCY_ID Agency -- State Assigned Unique ID Code (Location)	16	28	43	Picture: X(16)                      Type: TEXT *Range: Valid code  Format Info: Left justified; no embedded dashes or spaces; any letters must be upper case. Consistency Required: *1. This ID will be assigned by the state and provided to the agency before the submission requirements go into effect. The ID is required for all submissions.  *2. HHA_AGENCY_ID in the header record must match HHA_AGENCY_ID in every body record. Version Notes:

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ACY_NAME Agency Name	30	44	73	Picture: X(30) Type: TEXT *Range: Text Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
ACY_ADDR_1 Agency Address Line 1	30	74	103	Picture: X(30) Type: TEXT *Range: Text Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
ACY_ADDR_2 Agency Address Line 2	30	104	133	Picture: X(30) Type: TEXT *Range: Text Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
ACY_CITY Agency City	20	134	153	Picture: X(20) Type: TEXT *Range: Text Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
ACY_ST Agency State	2	154	155	Picture: XX Type: CODE *Range: Valid code Format Info: Valid 2 character postal service state code; upper case. Consistency Required: Version Notes:
ACY_ZIP Agency Zip Code	11	156	166	Picture: X(11) Type: CODE *Range: Valid numeric zip code Format Info: Left justified; no embedded dashes or spaces. Consistency Required: Version Notes:

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ACY_CNTCT Agency Contact Person Name	30	167	196	Picture: X(30) Type: TEXT *Range: Text Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
ACY_PHONE Agency Contact Person Phone Number	10	197	206	Picture: X(10) Type: TEXT *Range: Valid phone number Format Info: Area code included; no embedded nonnumeric characters Consistency Required: Version Notes:
ACY_EXTEN Agency Contact Person Phone Extension	5	207	211	Picture: X(5) Type: TEXT *Range: Valid extension, sp(5) Format Info: Left justified. Consistency Required: Version Notes:
AGT_ID Agent Federal Tax ID (EIN)	9	212	220	Picture: X(9) Type: TEXT *Range: Valid code, sp(9) Format Info: Valid federal tax ID (EIN); no embedded dashes or spaces. Consistency Required: Note. The agent is a Fiscal Intermediary or service bureau that performs off-site OASIS automation for the HHA. Leave the agent fields blank if the HHA employs in-house OASIS automation. Version Notes:
AGT_NAME Agent Name	30	221	250	Picture: X(30) Type: TEXT *Range: Text, sp(30) Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
AGT_ADDR_1 Agent Address Line 1	30	251	280	Picture: X(30) Type: TEXT *Range: Text, sp(30) Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:

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AGT_ADDR_2 Agent Address Line 2	30	281	310	Picture: X(30) Type: TEXT *Range: Text, sp(30) Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
AGT_CITY Agent City	20	311	330	Picture: X(20) Type: TEXT *Range: Text, sp(20) Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
AGT_ST Agent State	2	331	332	Picture: XX Type: CODE *Range: Valid code, sp(2) Format Info: Valid 2 character postal service state code; upper case. Consistency Required: Version Notes:
AGT_ZIP Agent Zip Code	11	333	343	Picture: X(11) Type: CODE *Range: Valid numeric zip code, sp(11) Format Info: Left justified; no embedded dashes or spaces. Consistency Required: Version Notes:
AGT_CNTCT Agent Contact Person Name	30	344	373	Picture: X(30) Type: TEXT *Range: Text, sp(30) Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
AGT_PHONE Agent Contact Person Phone Number	10	374	383	Picture: X(10) Type: TEXT *Range: Valid phone number, sp(10) Format Info: Area code included; no embedded nonnumeric characters. Consistency Required: Version Notes:

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AGT_EXTEN Agent Contact Person Phone Extension	5	384	388	Picture: X(5) Type: TEXT *Range: Valid extension, sp(5) Format Info: Left justified. Consistency Required: Version Notes:
SFW_ID OASIS Software Co. Federal Tax ID (EIN)	9	389	397	Picture: X(9) Type: TEXT *Range: Valid code Format Info: Valid federal tax ID (EIN); no embedded dashes or spaces. Consistency Required: *1. This field must not be blank. It should contain the federal tax ID of the company which publishes the software used to submit the agency's OASIS data. Version Notes:
SFW_NAME OASIS Software Co. Name	30	398	427	Picture: X(30) Type: TEXT *Range: Text, sp(30) Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
SFW_ADDR_1 OASIS Software Co. Address Line 1	30	428	457	Picture: X(30) Type: TEXT *Range: Text, sp(30) Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
SFW_ADDR_2 OASIS Software Co. Address Line 2	30	458	487	Picture: X(30) Type: TEXT *Range: Text, sp(30) Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:
SFW_CITY OASIS Software Co. City	20	488	507	Picture: X(20) Type: TEXT *Range: Text, sp(20) Format Info: Left justified; any letters must be upper case. Consistency Required: Version Notes:

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SFW_ST OASIS Software Co. State	2	508	509	Picture: XX                      Type: CODE *Range: Valid code, sp(2) Format Info: Valid 2 character postal service state code; upper case. Consistency Required: Version Notes:
SFW_ZIP OASIS Software Co. Zip Code	11	510	520	Picture: X(11)                      Type: CODE *Range: Valid numeric zip code, sp(11) Format Info: Left justified; no embedded dashes or spaces. Consistency Required: Version Notes:
SFW_CNTCT OASIS Software Co. Contact Person Name	30	521	550	Picture: X(30)                      Type: TEXT *Range: Text, sp(30) Format Info: Left justified; any letters must be upper case. Consistency Required:
SFW_PHONE OASIS Software Co. Contact Person Phone Number	10	551	560	Picture: X(10)                      Type: TEXT *Range: Valid phone number, sp(10)  Format Info: Left justified; area code included; no embedded nonnumeric characters. Consistency Required: Version Notes:
SFW_EXTEN OASIS Software Co. Contact Person Phone Extension	5	561	565	Picture: X(5)                      Type: TEXT *Range: Valid extension, sp(5)  Format Info: Left justified. Consistency Required: Version Notes:
FILE_DT File Creation Date	8	566	573	Picture: YYYYMMDD                      Type: DATE *Range: Valid date Format Info: Consistency Required: Version Notes:

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TEST_SW Test/Production Indicator	1	574	574	Picture: X Type: CODE *Range: 0 (zero), 1 Format Info: X Consistency Required: Value = 0 for test submission to state; value = 1 for production submission. Version Notes:
NATL_PROV_ID National Provider ID (NPI)	10	575	584	Picture: X(10) Type: TEXT *Range: Valid code, sp(10) Format Info: 1. No embedded spaces or dashes. 2. A valid, non-blank code must consist of 10 digits (i.e., must be all numeric). Consistency Required: 1. Agencies may submit their National Provider ID (NPI) on a voluntary basis. The NATL_PROV_ID field is used for this purpose and is present on both the header and body record. Both fields may be left blank, but if non-blank values are submitted, the values in the header and body records should match (a warning will be issued if they do not match).  *2. If a non-blank value is submitted in NATL_PROV_ID, it must conform with the format info above (i.e., it must consist of 10 digits with no embedded spaces or blanks).  3. If a non-blank value is submitted, it should represent the NPI of the parent agency, not of any branches if they have separate NPIs. The NPI that is submitted should be the one that is used on the agency's HIPAA billing transactions with CMS.
HDR_FL Blank Filler	861	585	1445	Picture: X(861) Type: FILLER *Range: sp(861) Format Info: Always blank. Consistency Required: Version Notes:
DATA_END End of Data Terminator Code	1	1446	1446	Picture: X Type: CODE *Range: % Format Info: Must always = %. Consistency Required: Used to indicate end of data. Version Notes:

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CRCG_RTN Carriage Return (ASCII 013)	1	1447	1447	Picture: X                      Type: CODE *Range: ASCII(013) Format Info: Must always be a carriage return (ASCII 013). Consistency Required: Version Notes:
LN_FD Line Feed (ASCII 010)	1	1448	1448	Picture: X                      Type: CODE *Range: ASCII(010) Format Info: Must always be a line feed (ASCII 010). Consistency Required: Version Notes: