



Abt Associates Inc.

Cambridge, MA
Lexington, MA
Hadley, MA
Bethesda, MD
Chicago, IL

Abt Associates Inc.
55 Wheeler Street
Cambridge, MA 02138

OASIS Study

Final Report Appendices

Contract #500-01-0021

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Prepared for
Kim Roche
Division of Continuing
Care Providers
Mail Stop S2-12-25
7500 Security Blvd.
Baltimore, MD 21044

Prepared by
Deborah Deitz
Alan White
Henry Goldberg

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?

☐₁ Yes ⇒ If yes, how many other Home Health provider numbers does it include? _____ # 16/
☐₂ 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)?

☐₁ Yes 21/
☐₂ No

- A3. Please indicate whether your agency has experienced any of the following in the past 12 months. (check all that apply)

☐₁ Merger, acquisition, split/demerger, change of ownership 22/
☐₂ Change in agency leadership 23/
☐₃ Move to a new location 24/
☐₄ Staff reductions 25/
☐₅ Staff shortages 26/
☐₆ A significant change in referral sources 27/
☐₇ An increase in the average level of clinical severity or care needs of your agency's patients 28/
☐₈ Implementation of a new system for automating your clinical records 29/
☐₉ Other new software/computer systems implementation 30/
☐₁₀ Initiation of new program(s) targeting specific patient populations 31-32/
☐₁₁ OBQM initiatives resulting in practice changes 33-34/

- A4. Please indicate the type of accreditation(s) held by your agency: (check all that apply)

☐₁ JCAHO 35/
☐₂ CHAP 36/
☐₃ Other (specify) _____ 37/
☐₄ 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/ |
| | Total = 100% of adult non-maternity skilled service admissions | 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: _____
86-87/

Two-digit Year: _____
88-89/

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

- ☐₁ Medicare Cost Reports, accounting records, computer system or software 90/
☐₂ Estimates 91/
☐₃ 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 | _____ % 93-95/ or <input type="checkbox"/> ₇ NA 96/ | _____ % 97-99/ or <input type="checkbox"/> ₇ NA 100/ |
| Physical Therapists | _____ % 101-103/ or <input type="checkbox"/> ₇ NA 104/ | _____ % 105-107/ or <input type="checkbox"/> ₇ NA 108/ |
| Occupational Therapists | _____ % 109-111/ or <input type="checkbox"/> ₇ NA 112/ | _____ % 113-115/ or <input type="checkbox"/> ₇ NA 116/ |
| Speech Language Pathologist | _____ % 117-119/ or <input type="checkbox"/> ₇ NA 120/ | _____ % 121-123/ or <input type="checkbox"/> ₇ NA 124/ |
| Other (specify) _____ 125-126/ | _____ % 127-129/ or <input type="checkbox"/> ₇ NA 130/ | _____ % 131-133/ or <input type="checkbox"/> ₇ NA 134/ |
| | Total=100% of Medicare/Medicaid OASIS assessments | Total=100% of non-Medicare/non-Medicaid OASIS assessments |

- 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/

- ☐₁ Yes; we reduced OASIS Data collected to the minimum required
☐₂ Yes; we dropped some items, but are still collecting more than the minimum required
☐₃ 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.

- ☐₁ Managers ☐₂ Medical records staff ☐₃ Billing clerks ☐₄ Quality improvement staff
☐₅ Other (specify: _____)

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?

☐₁ Yes ⇒ **Skip to section E.**

☐₂ No ⇒ **Continue to D3a**

223/

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.

☐₁ Managers ☐₂ Medical records staff ☐₃ Billing clerks ☐₄ Quality improvement staff

☐₅ Other (specify: _____) _____

297/

298/

299/

300/

301/

302-303/

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.

☐₁ Managers ☐₂ Medical records staff ☐₃ Billing clerks ☐₄ Quality improvement staff

☐₅ Other (specify: _____) _____

373/

374/

375/

376/

377/

378-379/

380-381/

382-383/

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.)

416/

☐ **1 Managers** ☐ **2 Medical records staff** ☐ **3 Billing clerks** ☐ **4 Quality improvement staff**
417/ 418/ 419/ 420/
☐ **5 Other (specify: _____)** 422-423/ 424-425/ 426-427/
421/

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.**

| 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) _____ 468-469/ | \$ _____ 470-477/ |

| | | |
|----------------------------|---|------|
| <input type="checkbox"/> 1 | More involved care planning | 478/ |
| <input type="checkbox"/> 2 | Clinical follow-up based on OASIS findings | 479/ |
| <input type="checkbox"/> 3 | Ongoing care/case management to the patient's needs identified by OASIS | 480/ |
| <input type="checkbox"/> 4 | Greater supervisory oversight | 481/ |
| <input type="checkbox"/> 5 | Increased overhead/agency management activities due to OASIS | 482/ |
| <input type="checkbox"/> 6 | Other (specify) _____ | 483/ |

484-485/ 486-487/ 488-489/

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:

- staff time spent reviewing data quality reports
- staff time spent training on OASIS related activities
- external consultants for training
- external data entry or scanning
- external data validation or analysis
- printing
- internal software and computer hardware
- other costs

490/

- ☐₁ Yes, some/all of the above costs would change ⇒ **Continue to H2**
☐₂ 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/

- ☐₁ Yes ⇒ **Continue to H2a**
☐₂ 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.

- ☐₁ Managers 525/
☐₂ Medical records staff 526/
☐₃ Billing clerks 527/
☐₄ Quality improvement staff 528/
☐₅ Other (specify: _____) 529/ 530-531/
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/

- ☐₁ Yes ⇒ **Continue to H3a**
☐₂ 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.

- ☐₁ Managers 570/ ☐₂ Medical records staff 571/ ☐₃ Billing clerks 572/ ☐₄ Quality improvement staff 573/
☐₅ 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/

- ☐₁ Yes ⇒ **Continue to H4a**
☐₂ 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)

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

- ☐₁ Time sheets, internal accounting records or invoices 609/
☐₂ Staff estimates 610/
☐₃ 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"/> ₁ | <input type="checkbox"/> ₂ 622/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 623/ |
| b. OASIS data are entered into an electronic data base | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 624/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 625/ |
| c. OASIS data are submitted to a private vendor, or outside organization (e.g., for benchmarking) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 626/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 627/ |
| d. OASIS-based outcome reports are produced by a private vendor or outside organization | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 628/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 629/ |
| e. OASIS-based outcome reports are produced by my agency's internal systems or parent organization | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 630/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 631/ |
| f. OASIS-based outcome reports are reviewed by my agency | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 632/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 633/ |
| g. OASIS-based outcome reports are reviewed with my state's Quality Improvement Organization | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 634/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 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"/> ₁ | <input type="checkbox"/> ₂ 636/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 637/ |
| b. Identifying patient need for referrals (e.g. SW or PT) | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 638/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 639/ |
| c. Identifying patient need for special programs or interventions (e.g. fall prevention or cognitive impairment) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 640/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 641/ |
| d. Case-mix analysis | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 642/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 643/ |
| e. Identifying practice areas needing improvement | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 644/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 645/ |
| f. Identifying target outcomes for OBQI | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 646/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 647/ |
| g. Tracking patient outcomes in response to QI initiatives | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 648/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 649/ |
| h. Identifying staffing needs | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 650/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 651/ |
| i. Identifying staff training needs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 652/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 653/ |
| j. Assisting with agency resource allocation decisions | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 654/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 655/ |
| k. Controlling costs / increasing efficiency | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 656/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 657/ |
| l. Fulfilling requirements of Accrediting Organization | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 658/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 659/ |
| m. Fulfilling requirements of other payers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 660/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 661/ |
| n. Comparing the quality of our agency to that of others | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 662/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 663/ |
| o. Marketing to public / customers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 664/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 665/ |
| p. Marketing to referral sources | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 666/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 667/ |
| q. Marketing to, or negotiating with, payers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 668/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 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/
- ☐₁ Yes
- ☐₂ No
- J4. Within the past 12 months, has your agency read and/or reviewed OBQI reports? 671/
- ☐₁ Yes
- ☐₂ No
- J5. Within the past 12 months, have your agency staff received OBQI training (e.g., training from the QIO, attending workshops)? 672/
- ☐₁ Yes
- ☐₂ No
- J6. Within the past 12 months, has your agency changed care practices or initiated care practices as part of a QI process? 673/
- ☐₁ Yes
- ☐₂ No
- J7. Within the past 12 months, has your agency evaluated the effectiveness of care practices initiated as part of a QI process? 674/
- ☐₁ Yes
- ☐₂ 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)**
- ☐₁ Not applicable; our agency is independently owned and operated. 675/
- ☐₂ Parent organization provided training on conducting OASIS assessments. 676/
- ☐₃ Parent organization provided technology for data collection. 677/
- ☐₄ Parent organization provided software for data encoding/quality audit. 678/
- ☐₅ Parent organization provided outcome reports for non-Medicare/non-Medicaid patients. 679/
- ☐₆ Parent organization provided assistance interpreting OBQI reports. 680/
- ☐₇ 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/

720-721/

- 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"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| b. OASIS data are valuable for care planning for 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 |
| c. OASIS data are valuable for assessing 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 |
| 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"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |
| e. OASIS data on our non-Medicare/non-Medicaid patients are valuable for our agency resource allocation decisions | <input type="checkbox"/> 0 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| f. Collecting OASIS data on non-Medicare / non-Medicaid patients provides us with a better picture of overall agency performance | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | <input type="checkbox"/> 7 | <input type="checkbox"/> 8 | <input type="checkbox"/> 9 |

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?
- ☐₁ Yes ⇒ If yes, how many other Home Health provider numbers does it include? _____ # 16/
☐₂ 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/
- ☐₁ Yes
☐₂ No
- A3. Please indicate whether your agency has experienced any of the following in the past 12 months. (check all that apply)
- ☐₁ Merger, acquisition, split/demerger, change of ownership 22/
☐₂ Change in agency leadership 23/
☐₃ Move to a new location 24/
☐₄ Staff reductions 25/
☐₅ Staff shortages 26/
☐₆ A significant change in referral sources 27/
☐₇ An increase in the average level of clinical severity or care needs of your agency's patients 28/
☐₈ Implementation of a new system for automating your clinical records 29/
☐₉ Other new software/computer systems implementation 30/
☐₁₀ Initiation of new program(s) targeting specific patient populations 31-32/
☐₁₁ OBQM initiatives resulting in practice changes 33-34/
- A4. Please indicate the type of accreditation(s) held by your agency: (check all that apply)
- ☐₁ JCAHO 35/
☐₂ CHAP 36/
☐₃ Other (specify) _____ 37/
☐₄ 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/ |
| Total = 100% of adult non-maternity skilled service admissions | | 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: _____
86-87/

Two-digit Year: _____
88-89/

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

- ☐₁ Medicare Cost Reports, accounting records, computer system or software 90/
☐₂ Estimates 91/
☐₃ 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 $\frac{3}{4}$ 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 | _____ % 93-95/ or <input type="checkbox"/> ₇ NA 96/ |
| Physical Therapists | _____ % 97-99/ or <input type="checkbox"/> ₇ NA 100/ |
| Occupational Therapists | _____ % 101-103/ or <input type="checkbox"/> ₇ NA 104/ |
| Speech Language Pathologists | _____ % 105-107/ or <input type="checkbox"/> ₇ NA 108/ |
| Total=100% of OASIS assessments on Medicare/Medicaid patients | |

- 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/

- ☐₁ Yes; we reduced OASIS Data collected to the minimum required
☐₂ Yes; we dropped some items, but are still collecting more than the minimum required
☐₃ 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.

- ☐₁ Managers ☐₂ Medical records staff ☐₃ Billing clerks ☐₄ Quality improvement staff
 _____186/ _____187/ _____188/ _____189/
☐₅ Other (specify: _____) _____191-192/
 _____190/ _____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)**

☐₁ No OASIS items ☐₂ Some OASIS items ☐₃ All OASIS items

197/

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

☐₄ No OASIS items ☐₅ Some OASIS items ☐₆ All OASIS items

198/

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

☐₁ No OASIS items ☐₂ Some OASIS items ☐₃ All OASIS items

199/

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

☐₄ No OASIS items ☐₅ Some OASIS items ☐₆ 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 $\frac{3}{4}$ 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.

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

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

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

- %

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.

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

☐₁ Managers ☐₂ Medical records staff ☐₃ Billing clerks ☐₄ Quality improvement staff
375/ 376/ 377/ 378/

☐₅ 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.

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

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 provided by external consultants | \$ _____ | 462-469/ |
| b. Data entry/scanning provided by external vendor | \$ _____ | 470-477/ |
| c. Data validation/analysis provided by external vendor | \$ _____ | 478-485/ |
| d. Printing costs | \$ _____ | 486-493/ |
| e. Internal software and computer hardware | \$ _____ | 494-501/ |
| f. Other costs: (describe) _____ _{502-503/} | \$ _____ | 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)**

- ☐ _{512/} 1 More involved care planning
☐ _{513/} 2 Clinical follow-up based on OASIS findings
☐ _{514/} 3 Ongoing care/case management to the patient’s needs identified by OASIS
☐ _{515/} 4 Greater supervisory oversight
☐ _{516/} 5 Increased overhead/agency management activities due to OASIS
☐ _{517/} 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

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

524/

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.

- ☐₁ Yes ⇒ **Continue to I2a**
- ☐₂ No, the number of hours would remain the same ⇒ **Skip to I3**

525/

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 526-533/ |
| Therapist (PT, OT, SLP) | _____ Hours 534-541/ |
| Clerical staff | _____ Hours 542-549/ |
| Other staff | _____ Hours 550-557/ |

558/

I2b. Check off the box that most accurately describes the "Other staff" above.

- ☐₁ Managers 559/ ☐₂ Medical records staff 560/ ☐₃ Billing clerks 561/ ☐₄ Quality improvement staff 562/
- ☐₅ Other (specify: _____) 563/ 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/

- ☐₁ Yes ⇒ **Continue to I3a**
☐₂ 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.

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

- 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?**

- ☐₁ Yes ⇒ **Continue to I4a**
☐₂ No, the costs would remain the same ⇒ **Skip to section J**

615/

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

- ☐₁ We estimate that there would be a one-time transition cost of \$ _____ _{616/}
 (enter a dollar amount) _{617-624/}
☐₂ We estimate that total annual costs for all of these items would **increase** by \$ _____ _{625/}
 (enter a dollar amount) _{626-633/}
☐₃ 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)

- ☐₁ Time sheets, internal accounting records or invoices _{643/}
☐₂ Staff estimates _{644/}
☐₃ 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"/> ₁ | <input type="checkbox"/> ₂ 656/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 657/ |
| b. Data are entered into an electronic data base | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 658/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 659/ |
| c. Data are submitted to a private vendor or outside organization (e.g., for benchmarking) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 660/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 661/ |
| d. Outcome reports based on assessment data are produced by a private vendor or outside organization | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 662/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 663/ |
| e. Outcome reports based on assessment data are produced by my agency's internal systems or parent organization | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 664/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 665/ |
| f. Outcome reports based on assessment data are reviewed by my agency | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 666/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 667/ |
| g. Outcome reports based on assessment data are reviewed with my state's Quality Improvement Organization | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 668/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 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"/> ₁ | <input type="checkbox"/> ₂ 670/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 671/ |
| b. Identifying patient need for referrals (e.g. SW or PT) | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 672/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 673/ |
| c. Identifying patient need for special programs or interventions (e.g. fall prevention or cognitive impairment) | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 674/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 675/ |
| d. Case-mix analysis | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 676/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 677/ |
| e. Identifying practice areas needing improvement | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 678/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 679/ |
| f. Identifying target outcomes for OBQI | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 680/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 681/ |
| g. Tracking patient outcomes in response to QI initiatives | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 682/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 683/ |
| h. Identifying staffing needs | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 684/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 685/ |
| i. Identifying staff training needs | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 686/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 687/ |
| j. Assisting with agency resource allocation decisions | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 688/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 689/ |
| k. Controlling costs / increasing efficiency | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 690/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 691/ |
| l. Fulfilling requirements of Accrediting Organization | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 692/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 693/ |
| m. Fulfilling requirements of other payers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 694/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 695/ |
| n. Comparing the quality of our agency to that of others | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 696/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 697/ |
| o. Marketing to public / customers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 698/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 699/ |
| p. Marketing to referral sources | <input type="checkbox"/> ₅ | <input type="checkbox"/> ₆ 700/ | <input type="checkbox"/> ₇ | <input type="checkbox"/> ₈ | 701/ |
| q. Marketing to, or negotiating with, payers | <input type="checkbox"/> ₁ | <input type="checkbox"/> ₂ 702/ | <input type="checkbox"/> ₃ | <input type="checkbox"/> ₄ | 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/

☐₁ Yes

☐₂ No

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

705/

☐₁ Yes

☐₂ No

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

706/

☐₁ Yes

☐₂ No

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

707/

☐₁ Yes

☐₂ No

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

708/

☐₁ Yes

☐₂ 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)**

☐₁ Not applicable; our agency is independently owned and operated.

709/

☐₂ Parent organization provided training on conducting OASIS assessments.

710/

☐₃ Parent organization provided training on conducting non-OASIS assessments.

711/

☐₄ Parent organization provided technology for data collection.

712/

☐₅ Parent organization provided software for data encoding/quality audit.

713/

☐₆ Parent organization provided outcome reports for non-Medicare/non-Medicaid patients.

714/

☐₇ Parent organization provided assistance interpreting OBQI reports.

715/

☐₈ 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 | Some what 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: _____
Title: _____
Address: _____
Phone: _____ Email: _____

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

____ # of people

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

____ / ____ / ____
MM DD YYYY

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

| Agency Characteristic | Suspended Percent | Continued Percent |
|--------------------------------|--------------------------|--------------------------|
| Size Category (1/2/3/4) | | |
| 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 |
| Census Region (numeric) | | |
| 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 |
| Type of Facility | | |
| 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 |
| Type of Control | | |
| 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 | . |

| Agency Characteristic | Suspended Percent | Continued Percent |
|--|--------------------------|--------------------------|
| Local govt | 33.33 | 66.67 |
| Part of Chain | | |
| Missing | 100 | . |
| No | 31.19 | 68.81 |
| Yes | 35.14 | 64.86 |
| Separate Provider | | |
| Missing | 20 | 80 |
| No | 30.26 | 69.74 |
| Yes | 38.24 | 61.76 |
| Staff shortage or reduction | | |
| No | 28.63 | 71.37 |
| Yes | 34.96 | 65.04 |
| Accredited | | |
| No | 28.13 | 71.88 |
| Yes | 37.63 | 62.37 |
| Accreditation: JCAHO only | | |
| No | 29.44 | 70.56 |
| Yes | 37.13 | 62.87 |
| Accreditation: CHAP only | | |
| 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 |
| Has HHA changed practices b/c of QI process in last 12 months? | | |
| Missing | . | 100 |
| Yes | 31.66 | 68.34 |
| No | 39.13 | 60.87 |
| High Tech Devices Used to Collect Data > 50% of clinical staff | | |
| Missing | 30 | 70 |
| No | 31.29 | 68.71 |

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

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

| Degree to which the following factors influenced agency's decision to suspend OASIS data collection for non-Medicare/non-Medicaid patients | Mean Rating: 2 (very important) to - 2 (very unimportant) |
|---|--|
| 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

| Percent of agencies who report... | ALL | Suspended | Continued |
|---|------------|------------------|------------------|
| 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

| Percent of agencies who report assessment data are used in... | All | Suspended | Continued |
|--|------------|------------------|------------------|
| 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

| Percent of agencies who report... | All | Quartile 1 | Quartile 2 | Quartile 3 | Quartile 4 |
|---|------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 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

| Percent of agencies who report assessment data are used in... | Quartile 1 | Quartile 2 | Quartile 3 | Quartile 4 |
|--|-------------------|-------------------|-------------------|-------------------|
| 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

| Percent of agencies who report... | All | Suspended (non-OASIS data) | Continued (OASIS data) |
|---|------------|---|-----------------------------------|
| 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

| Percent of agencies who report assessment data are used in... | All | Suspended (non-OASIS data) | Continued (OASIS data) |
|--|------------|-----------------------------------|-------------------------------|
| 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)

| Percent of agencies who report... | Quartile 1 | Quartile 2 | Quartile 3 | Quartile 4 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| 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)**

| Percent of agencies who report assessment data are used in... | Quartile 1 | Quartile 2 | Quartile 3 | Quartile 4 |
|---|-------------------|-------------------|-------------------|-------------------|
| 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)

| Percent of agencies who report assessment data are used in... | NE | MW | S | W | Rural | Urban |
|---|-----------|-----------|----------|----------|--------------|--------------|
| 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

| Percent of agencies who report they... | All | Continued | Suspended |
|--|------------|------------------|------------------|
| 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

| Percent of agencies who report they... | Quartile 1 | Quartile 2 | Quartile 3 | Quartile 4 |
|--|-----------------------|-----------------------|-----------------------|-----------------------|
| 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

| 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. | Mean Rating |
|--|--------------------|
| 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.

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.)

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|----------|----------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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.

| Agency Characteristics | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristics | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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).

| Agency Characteristics | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristics | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristics | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristics | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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.

| Agency Characteristics | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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.

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|----------|----------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|---------------------|----------------|----------------|---------------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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

| Agency Characteristic | OddsRatioEst | LowerCL | UpperCL | Signif |
|--|--------------|---------|---------|--------|
| 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:

| Table 4.36: Proportion of Agencies with Same Time for MCR/MCD and Other Patients | | | | |
|---|---------------|-----------|-----------|--|
| | 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...”