

OASIS Agency Final Validation

Submission Date/Time: MM/DD/YYYY HH:mm:SS
 Submission ID: 6XXXXX
 Submitter User ID: 1XXXXX
 Submission File Name: OASIS_XXXXX
 XXXX_1XXX.ZIP

 Submission File Status: Completed
 Completion Date/Time: MM/DD/YYYY hh:mm aa

Agency Name: EXXXX
 Agency ID: SXXXX
 City/State: JXXXXX, XX
 Report Period:
 Report Run Date: MM/DD/YYYY

1 Total Records Processed

1 Accepted Records

0 Rejected Records

0 Duplicate Records

Records Submitted without Provider Authority: 0
 Total # of Messages: 1

Record	Status	Name	XML File Name
1	Accepted	BXXX CXXX	XXX.XML

Name (M0040): BXXX, CXXX Asmt_ID: 12345
 SSN (M0064): 12345 Correction Num: 0
 Medicare Num (M0063): 212345 M0090 Date: MM/DD/YYYY
 Res_int_ID: 12345 Eff Date: MM/DD/YYYY
 RFA, BRANCH_ID: XX,1XXXXX Type of Transaction: NEW RECORD

OASIS M0064_SSN Item(s): Data Submitted: Old: New: 12345 Message Number/Severity: -915 Warning

Message: Patient Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the patient information in the database was updated. Verify that the new information is correct.