

**Wisconsin Home Health Agency
OASIS ASSESSMENT DELETION REQUEST**

Per CFR 484.20 home health agencies must electronically report all OASIS data collected in accordance with CFR 484.55. This form is completed by home health agencies when there is a need to remove an OASIS record from the CMS OASIS System that does not meet this requirement. Personally identifiable information and Social Security Numbers (optional) collected on this form are used to verify the OASIS record to be removed. Once the OASIS record has been identified, this form is destroyed.

After completion, fax or mail this form to: **Chris Benesh**
DHS / Division of Quality Assurance
PO Box 2969
Madison, WI 53701-2969
Fax: (608) 267-7119

Name – HHA Contact	Phone No. – HHA Contact	Date of Request
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Name – HHA:	
HHA ID:	HHA
(M0020) Patient ID No.:	
(M0040) Patient Last Name:	
(M0040) Patient First Name:	
(M0064) SSN: (optional)	

(M0100) Assessment Reason <i>(Check one and provide corresponding Effective Date.)</i>	Effective Date
<input type="checkbox"/> RFA Type 01 M0030_START_CARE_DT	
<input type="checkbox"/> RFA Type 03 M0032_ROC_DT	
<input type="checkbox"/> RFA Types 04, 05 M0090_INFO_COMPLETED_DT	
<input type="checkbox"/> RFA Types 06 –09 M0906_DC_TRAN_DTH_DT	

Submission Date / Time:	
Submission Batch ID No.:	

Reason to Remove Data from State OASIS Database

Patient is not a Medicare and/or Medicaid Skilled patient.

OR

Test file was inadvertently submitted as a production file.

Additional Information