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5		5-1	Nursing homes are required to submit Omnibus Budget Reconciliation Act required (OBRA) MDS records for all residents in Medicare- or Medicaid-certified beds regardless of the pay source. Skilled nursing facilities (SNFs) and hospitals with a swing bed agreement (swing beds) are required to transmit additional MDS assessments for all Medicare beneficiaries in a Part A stay reimbursable under the SNF Prospective Payment System (PPS) .
5	5.1	5-1	All Medicare and/or Medicaid-certified nursing facilities homes and swing beds , or agents of those facilities, and Medicare-certified swing beds must transmit required MDS data records to CMS' Quality Improvement Evaluation System (QIES) Assessment Submission and Processing (ASAP) system. Required MDS records are those assessments and tracking records that are mandated under OBRA and SNF PPS. Assessments that are completed for purposes other than OBRA and SNF PPS reasons are not to be submitted, e.g., private insurance, including but not limited to Medicare Advantage plans . After completion of the required assessments and/or tracking record information, each provider must create electronic transmission files that meet the requirements detailed in the current MDS 3.0 Data Submission Specifications available on the CMS MDS 3.0 web site at: http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp
5	5.1	5-1 & 5-2	See Chapter 3 for details concerning the coding of the Submission Requirement item (A0410). Note: CMS certified Swing Bed units are always Value 3, Federal required submission. Providers must establish communication with the QIES ASAP system in order to submit a file. This is accomplished by using specialized communications software and hardware and the Medicare Data Communication Network (MDCN) CMS wide area network . Details about these processes are available on the QIES Technical Support Office web site at: will be made available in the future on the QIES Technical Support Office (QTSO) MDS 3.0 web site at: https://www.qtso.com/mds30.html Once communication is established with the QIES ASAP system, the provider can access the CMS MDS Welcome Page in the MDS system. This site allows providers to submit MDS assessment data

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			<p>and access various information sources such as Bulletins and Questions and Answers. The <u>Minimum Data Set (MDS) 3.0 Provider User’s Guide</u> provides more detailed information about the MDS system. It will be made is available in the future on the QTSO MDS 3.0 web site at:</p> <p style="text-align: center;">https://www.qtso.com/mds30.html</p> <p>When the transmission file is received by the QIES ASAP system, the system performs a series of validation edits to evaluate whether or not the data submitted meet the required standards. MDS records are edited to verify that clinical responses are within valid ranges and are consistent, dates are reasonable, and records are in with the proper order with regard to records that were previously accepted by the QIES ASAP system for the same resident. The provider is notified of the results of this evaluation by error and warning messages on a Final Validation Report. All error and warning messages are detailed and explained in the <u>Minimum Data Set (MDS) 3.0 Provider User’s Guide</u>, which will be made available in the future on the QTSO MDS 3.0 web site at:</p> <p style="text-align: center;">https://www.qtso.com/mds30.html</p>
5	5.2	5-2 & 5-3	<p>In accordance with the requirements at 42 CFR §-483.20-(f)-(1), (f)(2), and (f)(3), long-term care facilities participating in the Medicare and Medicaid programs must meet the following conditions:</p> <ul style="list-style-type: none"> • Completion Timing: <ul style="list-style-type: none"> — For all non-comprehensive Federal/OBRA and PPS assessments, the MDS Completion Date (Z0500B) may be no later than 14 days from the Assessment Reference Date (ARD) (A2300). — For the Admission assessment, the Care Area Assessment (CAA) Completion Date (V0200B2) should be no more than 14 days from the Entry Date (A1600). — For the Annual assessment, the CAA Completion Date (V0200B2) may be no later than 14 days from the ARD (A2300). — For all the other comprehensive MDS assessments, Annual assessment updates, Significant Change in Status a Assessments, and Significant Correction to Prior Comprehensive assessments Assessment, the CAA Completion Date (V0200B2) may be no later than 14

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			<p>days from the ARD Assessment Reference Date (A2300) and no later than 14 days from the determination date of the significant change in status or the signification correction respectively.</p> <p>— Entry tracking records and death Death-in-facility Facility tracking records must be completed within 7 days of the Event Date (A1600 for an entry record; A2000 for a death-in-facility record).</p> <ul style="list-style-type: none"> • State Requirements: Many states have established additional MDS requirements for Medicaid payment and quality monitoring purposes. For information on state requirements, contact your State RAI Coordinator. (See Appendix B for a list of state RAI coordinators.) • Encoding Data: Within 7 days after completing a resident’s MDS assessment or tracking information, the provider should encode the MDS data (i.e., enter the information into the facility MDS software). The encoding requirements are as follows: <ul style="list-style-type: none"> — For a comprehensive assessment (Admission, Annual, Significant Change in Status, and Significant Correction to Prior Comprehensive), encoding should be occur within 7 days after the CAA Care Plan Completion Date (V0200C2 + 7 days). — For a quarterly, discharge, or PPS assessment, encoding should be occur within 7 days after the MDS Completion Date (Z0500B + 7 days). — For a tracking record, encoding should occur within 7 days of the Event Date (A1600 + 7 days for Entry records and A2000 + 7 days for Death in Facility records). • Submission Format: For submission, the MDS data must be in record and file formats that conform to standard record layouts and data dictionaries, and pass standardized edits defined by CMS and the State. Each MDS record must be a separate file in a required XML format. The submission file is a compressed ZIP file that may contain multiple XML files. See the MDS 3.0 Data Submission Specifications on the CMS MDS 3.0 web site for details concerning file and record formats, XML structure, and ZIP files. at: http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQ1MDS30.asp

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			<ul style="list-style-type: none"> • Transmitting Data: Submission files are transmitted to the QIES ASAP system using the Medicare Data Communication Network (MDCN) CMS wide area network. Providers must transmit all sections of the MDS 3.0 required for their State-specific instrument, including the Care Area Assessment Summary (Section V) and all tracking or correction information. Transmission requirements apply to all MDS 3.0 records used to meet both Federal and state requirements. Care plans are not required to be transmitted. <ul style="list-style-type: none"> — Assessment Transmission: Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2 + 14 days). All other MDS assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days). — Tracking Information Transmission: For entry Entry and death Death- in- f Facility tracking records, information must be transmitted within 14 days of the Event Date (A1600 + 14 days for Entry records and A2000 + 14 days for d Death- in- f Facility records). 											
5	5.2	5-3 & 5-4	<p style="text-align: center;">Type of Assessment/Tracking</p> <table style="width: 100%; border-collapse: collapse;"> <tr><td style="background-color: #e0f0ff;">Admission Assessment</td></tr> <tr><td style="background-color: #e0f0ff;">Annual Assessment</td></tr> <tr><td style="background-color: #e0f0ff;">Sign. Change in Status Assessment</td></tr> <tr><td style="background-color: #e0f0ff;">Sign. Correction to Full Prior Comprehensive Asmt. Assessment</td></tr> <tr><td style="background-color: #e0f0ff;">Quarterly Review Asmt. Assessment</td></tr> <tr><td style="background-color: #e0f0ff;">Sign. Correction Prior Quarterly Asmt. Assessment</td></tr> <tr><td style="background-color: #e0f0ff;">PPS Assessment</td></tr> <tr><td style="background-color: #e0f0ff;">Discharge Assessment</td></tr> <tr><td style="background-color: #e0f0ff;">Death in Facility Tracking</td></tr> <tr><td style="background-color: #e0f0ff;">Entry Tracking</td></tr> <tr><td style="background-color: #e0f0ff;">Correction Request (Modification or Inactivation)</td></tr> </table>	Admission Assessment	Annual Assessment	Sign. Change in Status Assessment	Sign. Correction to Full Prior Comprehensive Asmt. Assessment	Quarterly Review Asmt. Assessment	Sign. Correction Prior Quarterly Asmt. Assessment	PPS Assessment	Discharge Assessment	Death in Facility Tracking	Entry Tracking	Correction Request (Modification or Inactivation)
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5	5.2	5-4	<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Item</th> <th style="text-align: left;">Description</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>	Item	Description									
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			V0200C2 Care Plan Completion Date: Date of the signature of the person completing the care planning decision on the Care Area Assessment (CAA) Summary sheet (Section V), indicating which Care Areas are addressed in the care plan. This is the date of care plan completion.
5	5.3	5-4	The MDS system has validation edits designed to monitor the timeliness and accuracy of MDS record submissions. If transmitted MDS records do not meet the edit requirements, the system will provide error and warning messages on the provider's Final Validation Report .
5	5.3	5-5	Validation and Editing Process. Each time a provider user accesses the MDS system and transmits an MDS file, the MDS system performs three types of validation:
5	5.3	5-5	2. Fatal Record Errors. If the file structure is acceptable, then each MDS record in the file is validated individually for Fatal Record Errors. These errors include, but are not limited to:
5	5.3	5-5	3. Non-Fatal Errors (Warnings). The record is also validated for Non-Fatal Errors. Non-Fatal Errors include, but are not limited to, missing or questionable data of a non-critical nature or item consistency errors of a non-critical nature. Examples are timing errors. Timing errors for a quarterly assessment include (a) the submission date is more than 14 days after the MDS assessment completion date (Z0500B) or (b) the assessment completion is more than 14 days after the assessment reference date ARD (A2300). Another example is a record sequencing error, where an Entry record (A0310F = 01) is submitted after a quarterly assessment record (A0310A = 02) with no intervening discharge record (A0310F = 10, 11 or 12). Any Non-Fatal Errors are reported to the provider in the Final Validation Report as warnings. The provider must evaluate each warning to identify necessary corrective actions.
5	5.3	5-5	Detailed information on the validation edits and the error and warning messages is available in the MDS 3.0 Data Submission Specifications on the CMS MDS 3.0 web site at: http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQIMDS30.asp and the Minimum Data Set (MDS) 3.0 Provider User's Guide will

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			<p>be made available in the future on the QTSO MDS 3.0 web site. at:</p> <p style="text-align: center;">https://www.qtso.com/mds30.html</p>
5	5.4	5-6	<p>HIPPS Codes: Health Insurance Prospective Payment System (HIPPS) codes are billing codes used when submitting Medicare Part A SNF payment claims to the Part A/Part B Medicare Administrative Contractor (A/B MAC). The HIPPS code consists of 5 five positions. The first 3 three positions represent the Resource Utilization Group-IV (RUG-IV) case mix code for the SNF resident, and the last 2 two positions are an Assessment Indicator (AI) code indicating which type of assessment was completed. Standard “grouper” logic and software for RUG-IV and the AI code are is provided by CMS on the MDS 3.0 web site. at:</p> <p style="text-align: center;">http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQ1MDS30.asp</p> <p>The standard grouper uses MDS 3.0 items to determine both the RUG-IV group and the AI code. It is anticipated that facility-MDS 3.0 software used by the provider will incorporate the standard grouper to automatically calculate the RUG-IV group and AI code. Detailed logic for determining the RUG-IV group and AI code is provided in Chapter 6.</p> <p>The HIPPS codes to be used for Medicare Part A SNF claims are included on the MDS. There are two different HIPPS codes.</p> <ol style="list-style-type: none"> 1. The Medicare Part A HIPPS code (Item Z0100A) is normally most often used on the claim. The RUG version code in Item Z0100B documents which version of RUG-IV was used to determine the RUG-IV group in the Medicare Part A HIPPS code. 2. The Medicare non-therapy Part A HIPPS code (Item Z0150A) is used when the provider is required to bill the non-therapy HIPPS. An example when the non-therapy HIPPS is to be billed is when the resident has been receiving rehabilitation therapy (physical therapy, occupational therapy, and/or speech-language pathology services), but all rehabilitation therapy ends, and the resident continues on Part A (see Chapter 6 for details, including other instances when this HIPPS code is used for billing purposes). The RUG version code in Item Z0150B documents which version of RUG-IV was used to determine the RUG-IV

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			group in the Medicare non-therapy Part A HIPPS code.
5	5.4	5-7	<p>Both HIPPS codes (Z0100A and Z0150A), the RUG version codes (Z0100B and Z0150B), and the Medicare short stay indicator (Z0100C) must be submitted to the QIES ASAP system on all Medicare PPS assessment records (indicated by A0310B= 01, 02, 03, 04, 05, 06, or 07). All of these values are validated by the QIES ASAP system. The Final Validation Report will indicate if any of these items is in error and the correct value for an incorrect item. Note that an error in one of these items is usually a non-fatal warning and the record will still be accepted in the QIES ASAP system. A record will receive a fatal error (-3804) if the record is a Start of Therapy (SOT) Other Medicare-Required Assessment (OMRA) (A0310C = 1 or 3) and the QIES ASAP system calculated value for the Medicare Part A HIPPS code (Z0100A) is not a group that begins with 'R', i.e., Rehabilitation Plus Extensive Services or Rehabilitation group.</p> <p>The Medicare Part A SNF claim cannot be submitted until the corresponding MDS Medicare PPS assessment has been accepted in the QIES ASAP system. The claim must include the correct HIPPS code for the assessment. If the HIPPS code on the assessment was in error, then the correct HIPPS code from the Final Validation report must be used on the claim (warning error message -3616a).</p>
5	5.5	5-7	<p>5.5 MDS Correction Policy Correcting the MDS</p> <p>Once completed, edited, and accepted into the QIES ASAP system, providers may not “change” a previously completed MDS form assessment as the resident’s status changes during the course of the resident’s stay – the MDS must be accurate as of the ARD. Minor changes in the resident’s status should be noted in the resident’s record (e.g., in progress notes), in accordance with standards of clinical practice and documentation. Such monitoring and documentation is a part of the provider’s responsibility to provide necessary care and services. A significant change in the resident’s status warrants a new comprehensive assessment (see Chapter 2 for details).</p> <p>However, it It is important to remember that the electronic record submitted to and accepted into the QIES ASAP system is the legal assessment. Corrections changes made to the electronic record after</p>

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			<p>QIES ASAP acceptance data transmission or to the paper copy maintained in the medical record are not recognized as proper corrections. It is the responsibility of the provider to ensure that any corrections made to a record are submitted to the QIES ASAP system in accordance with the MDS Correction Policy.</p> <p>Several additional processes have been put into place to assure that the MDS data are accurate both at the provider and in the QIES ASAP system:</p>
5	5.5	5-7	<ul style="list-style-type: none"> Enhanced record rejection standards have been implemented in the QIES ASAP system. If an MDS record contains responses that are out of range, e.g., a 4 is entered when only 0-3 are allowable responses for an item, or item responses are inconsistent (e.g., a skip pattern is not observed), the record is rejected. Inaccurate data Rejected records are not stored in the QIES ASAP database.
5	5.5	5-8	<ul style="list-style-type: none"> Clinical corrections must also be undertaken as necessary to assure that the resident is accurately assessed, the care plan is accurate, and the resident is receiving the necessary care. A Significant Change in Status a Assessment (SCSA) or a Significant Correction of a Prior a Assessment (SCPA) may be needed as well as corrections to the information in the QIES ASAP system. An SCSA is required only if a change in the resident's clinical status occurred. An SCPA is required when an uncorrected significant error is identified. See Chapter 2 for details.
5	5.6	5-8	<p>Completion of a new MDS to reflect changes in the resident's status is not required, unless a significant change in status has occurred. See Chapter 2 for the definition of a significant change in status.</p>
5	5.6	5-8	<p>Errors Identified During the Encoding Period</p> <p>Facilities have up to 7 days to encode (enter into the software) and edit an MDS assessment after the MDS has been completed. Amendments Changes may be made to the electronic record for any item during the encoding and editing period, provided the amended response refers to the same observation period. To make revisions to the paper copy, enter the correct response, draw a line through the previous response without obliterating it, and initial and date the corrected entry. This procedure is similar to how an entry in the</p>

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			medical record is corrected.
5	5.6	5-8 & 5-9	<p>In addition, the provider is responsible for running encoded MDS assessment data against CMS and State-specific edits that software vendors are responsible for building into MDS Version 3.0 computer systems. For each MDS item, the response must be within the required range and also be consistent with other item responses. During this 7-day encoding period that follows the completion of the MDS assessment, a provider may “correct” item responses to meet required edits. Only MDS assessments that meet all of the required edits are considered complete. For “corrected” items, the provider must use the same “period of observation” period as that used for the original item completion (i.e., the same Assessment Reference Date ARD (A2300) and look-back period). Any corrections must be accurately reflected in both the electronic and paper copies of the MDS must be corrected (i.e., the paper version of the MDS must be corrected).</p>
5	5.6	5-9 & 5-10	<p>Errors Identified After the Encoding Period</p> <p>Errors identified after the encoding and editing period must be corrected within 14 days after identifying the errors. If the record in error is an entry Entry tracking record, Death in Facility tracking record, or Discharge assessment, or PPS assessment record (i.e., MDS Item A0310A = 99), then the record should be corrected and submitted to the QIES ASAP system. The correction process can may be more complex if the record in error is an OBRA comprehensive or quarterly assessment record (i.e., Item A0310A = 01 through 06).</p> <p>Major Significant versus Minor Errors in a Nursing Home OBRA Comprehensive or Quarterly Assessment Record. OBRA comprehensive and quarterly assessment errors are classified as major significant major significant or minor errors. Errors that inaccurately reflect the resident’s clinical status and/or result in an inappropriate plan of care are considered major significant errors. All other errors related to the coding of MDS items are considered minor errors.</p> <p>If the only errors in the OBRA comprehensive or quarterly assessment are minor errors, then the only requirement is for the record should to be corrected and submitted to the QIES ASAP system.</p>

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			<p>The correction process is more complicated for a nursing home OBRA comprehensive or quarterly assessments with <i>any major significant errors</i> identified after the end of the 7-day encoding and editing period but before the record has been accepted into the QIES ASAP system. First, the nursing home must correct the original OBRA comprehensive or quarterly assessment to reflect the resident's actual status as of the Assessment Reference Date ARD for that original assessment and submit the record. Second, to insure an up-to-date view of the resident's status and an appropriate care plan, the nursing home must perform an additional new assessment, either a new Significant Change in Status Assessment or Significant Correction to a Prior a Assessment with a new current observation period and Assessment Reference Date ARD. If correction of the error on the MDS revealed that the resident's status met the criteria for The choice between a Significant Change in Status Assessment, then a or Significant Correction to a Prior assessment is based upon whether a significant change in the resident's status has occurred. See Chapter 2 for the definition of a significant change in status. If there has been a significant change in status after the original assessment, then a new Significant Change in Status assessment is required. If the criteria for a Significant Change in Status Assessment are not met, then Otherwise a Significant Correction to a Prior a Assessment is required. See Chapter 2 for details.</p> <p>In summary, the nursing home must take the following actions for an OBRA comprehensive or quarterly assessment that has not been submitted to the QIES ASAP system when it contains with major significant errors:</p> <ul style="list-style-type: none"> • Correct the errors in the original OBRA comprehensive or quarterly assessment. • Submit the corrected assessment. • Perform a new assessment – a Significant Change in Status Assessment or a Significant Correction to a Prior a Assessment and update the care plan as necessary. <p>If the assessment was performed for Medicare purposes only (A0310A = 99 and A0310B = 01 through 07) or for a discharge (A0310A = 99 and A0310F = 10 or 11), no Significant Change in Status Assessment or Significant Correction to a Prior a Assessment is required. The provider would determine if the Medicare-required or Discharge assessment should be modified or inactivated. Note that the Care Area Assessments (Section V) and updated care</p>

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			<p>planning are not required with Medicare-only and Discharge assessments.</p>
5	5.7	5-10	<p>Facilities should correct any errors necessary to insure that the information in the QIES ASAP system accurately reflects the resident's identification, location, overall clinical status, or payment status. A correction can be submitted for any accepted record, regardless of the age of the original record. A record may be corrected even if subsequent records have been accepted for the resident.</p> <p>Errors identified in QIES ASAP system records must be corrected within 14 days after identifying the errors. Inaccuracies can occur for a variety of reasons, such as transcription errors, data entry errors, software product errors, item coding errors or other errors. The following two processes have been established to correct MDS records (assessments, eEntry tracking records or discharge-Death in Facility tracking records) that have been accepted into the QIES ASAP system:</p> <p>The MDS Correction Request items in Section X contain the minimum amount of information necessary to enable location of the erroneous MDS record request previously submitted and accepted into the QIES ASAP system. Section X items are defined in the MDS 3.0 Data Submission Specifications posted on the CMS MDS 3.0 web site.</p> <p>When a facility maintains the MDS electronically without the use of electronic signatures, aA hard copy of the Correction Request items in Section X must be kept with the corrected paper copy of the MDS record in the clinical file to track the changes made with the modification. In addition, the facility would keep Aa hard copy of the Correction Request items (Section X) should also be kept with an inactivated record. For details on electronic records, see Chapter 2, Section 2.4. Section X items are defined in the MDS 3.0 Data Submission Specifications posted on the CMS web site at:</p> <p style="text-align: center;">http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQ1MDS30.asp</p> <p>More detailed instructions and examples for the correction process are included in the "Provider Instructions and Examples for Making Corrections in MDS 3.0 Records", which will be made available in</p>

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			<p>the future on the CMS web site at:</p> <p style="text-align: center;">http://www.cms.hhs.gov/NursingHomeQualityInits/25_NHQ-IMDS30.asp</p>
5	5.7	5-11 & 5-12	<p>Modification Requests</p> <p>A Modification Request should be used when an MDS record (assessment, eEntry tracking record or discharge Death in Facility tracking record) is in the QIES ASAP system, but the information in the record contains clinical or demographic errors.</p> <p>The Modification Request is used to modify any most MDS items. with tThe exceptions are:</p> <ul style="list-style-type: none"> • An Inactivation of the existing record followed by submission of a new corrected record is required to correct: <ul style="list-style-type: none"> — of Type of Provider (Item A0200), — Type of Assessment (A0310), Submission Requirement (Item A0410), — Entry Date (Item A1600) on an Entry tracking record (A0310F = 1), — Discharge Date (Item A2000) on a Discharge/Death in Facility record (A0310F = 10, 11, 12), — Assessment Reference Date (Item A2300) on an OBRA or PPS assessment and the control item containing the State-assigned facility submission ID (FAC_ID). • An MDS 3.0 Manual Record Assessment Correction/Deletion Request is required to correct: (discussed later in this chapter). <ul style="list-style-type: none"> — Submission Requirement (Item A0410), — State-assigned facility submission ID (FAC_ID), — Production/test code (PRODN_TEST_CD). <p>See Section 5.8 for details on the MDS 3.0 Manual Assessment Correction/Deletion Request.</p> <p>MDS 2.0 versus MDS 3.0. The MDS 2.0 correction process also restricted modification of key resident ID items (name, birthdate, gender, and social security number), reason for assessment items, and event dates (assessment reference date, entry date and discharge date). With the MDS 2.0, correction of these items required an</p>

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			<p>Inactivation followed by submission of a new correct record. In contrast, the MDS 3.0 allows correction of all of these items with a single Modification record. The only MDS 3.0 items that cannot be corrected with a Modification Request are those listed in the preceding paragraph.</p> <ul style="list-style-type: none"> • When an error is discovered (except for those items listed in the preceding paragraph and instances listed in Section 5.8) in an MDS 3.0 eEntry tracking record, Death in Facility tracking record, eDischarge assessment, or PPS assessment record that is not an OBRA assessment (where Item A0310A = 99), the provider must take the following actions to correct the record: <p>If errors are discovered in a nursing home OBRA comprehensive or quarterly assessment (Item A0310A = 01 through 06) in the QIES ASAP system, then the nursing home must determine if there are any major significant errors. If the <i>only errors are minor errors</i>, the nursing home must take the following actions to correct the OBRA assessment:</p> <p>When any <i>major significant error</i> is discovered in an OBRA comprehensive or quarterly assessment in the QIES ASAP system, the nursing home must take the following actions to correct the OBRA assessment:</p> <ol style="list-style-type: none"> 1. Create a corrected record with <u>all</u> items included, not just the items in error. 2. Complete the required Correction Request Section X items and include with the corrected record. Item X0100 should have a value of 2, indicating a modification request. 3. Submit this modification request record. 4. Perform a <i>new</i> Significant Correction of a Prior aAssessment or Significant Change in Status aAssessment and update the care plan as necessary. <p>A Significant Change in Status Assessment would be required only if correction of the MDS item(s) revealed that the resident met the criteria for a Significant Change in Status Assessment. The choice between a Significant Change or Significant Correction of a Prior assessment is based upon whether a significant change in the resident's status has occurred. See Chapter 2 for the definition of a significant change in status. If there has been a significant change in status after the original assessment, then a new criteria for</p>

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			<p>Significant Change in Status a Assessment were not met, then is required. Otherwise a Significant Correction of a Prior a Assessment is required.</p> <p>When errors in an OBRA comprehensive or quarterly assessment in the QIES ASAP system have been corrected in a more current OBRA comprehensive or quarterly assessment (Item A0130A = 01 through 06), the nursing home is not required to perform a new additional assessment (Significant Change in Status or Significant Correction of a Prior assessment). In this situation, the nursing home has already updated the resident's status and care plan. However, the nursing home must use the Modification process to assure that the erroneous assessment residing in the QIES ASAP system is corrected.</p>
5	5.7	5-12	<p>Inactivation Requests</p> <p>An Inactivation should be used when a record has been accepted into the QIES ASAP system but the corresponding event did not occur. For example, a d Discharge assessment record was submitted for a resident but there was no actual discharge. An Inactivation (Item X0100 = 3) must be completed when any of the following items are inaccurate: Type of Provider (Item A0200), Type of Assessment (A0310), Entry Date (Item A1600) on an Entry tracking record, Discharge Date (Item A2000) on a Discharge/Death in Facility record, or Assessment Reference Date (A2300) on an OBRA or PPS assessment.</p> <p>When inactivating a record, the provider is required to submit an electronic Inactivation Request record. This record is an MDS record but only the Section X items are completed. This is sufficient information to locate the record in the QIES ASAP system, inactivate the record and document the reason for inactivation.</p> <p>For instances when the provider determines that an event date (ARD, entry date, and discharge date) or type of assessment item (A0310) is incorrect, the provider must inactivate the record in the QIES ASAP system, then complete and submit a new MDS 3.0 record with the correct event date or type of assessment, ensuring that the clinical information is accurate.</p>
5	5.8	5-12	<p>In all of these cases, the facility must submit a written request to contact the state State MDS Coordinator Agency to have the</p>

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			<p>problems fixed. The State Agency will send the facility the MDS 3.0 Manual Assessment Correction/Deletion Request form. The facility is responsible for completing the form. The facility must submit the completed form to the State Agency via <u>certified mail</u> through the United States Postal Service (USPS). The State Agency must approve the provider's request and submit a signed form to the QIES Help Desk via <u>certified mail</u> through the USPS.</p>																																				
5	5.8	5-13	<p>If a QIES ASAP system record has the wrong main facility ID (control item FAC_ID), then the record must be removed without leaving any trace in the QIES ASAP system. The record also should be resubmitted with the correct FAC_ID value when indicated.</p> <p>An Example MDS 3.0 Manual Correction Request Worksheet appears on the next page. Such a worksheet can be used to submit the necessary information to the state MDS Coordinator.</p> <p style="text-align: center;">Example MDS 3.0 Manual Correction Request Worksheet</p> <p>The provider must submit the following information to the state MDS Coordinator in writing:</p> <p>Select reason for record correction:</p> <p>Test Record Delete <input type="checkbox"/> A0410 Change <input type="checkbox"/> Wrong FAC-ID Delete</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Facility information</td> </tr> <tr> <td>____ Name</td> <td></td> </tr> <tr> <td>____ ID (FAC_ID)</td> <td></td> </tr> <tr> <td colspan="2">Requester information</td> </tr> <tr> <td>____ Name</td> <td></td> </tr> <tr> <td>____ Title</td> <td></td> </tr> <tr> <td>____ Phone #</td> <td></td> </tr> <tr> <td colspan="2">Resident information</td> </tr> <tr> <td>____ First Name</td> <td></td> </tr> <tr> <td>____ Last Name</td> <td></td> </tr> <tr> <td>____ SSN</td> <td></td> </tr> <tr> <td>____ Birthdate</td> <td></td> </tr> <tr> <td>____ Gender</td> <td></td> </tr> <tr> <td colspan="2">Record information</td> </tr> <tr> <td>____ A0310A</td> <td></td> </tr> <tr> <td>____ A0310B</td> <td></td> </tr> <tr> <td>____ A0310C</td> <td></td> </tr> <tr> <td>____ A0310D</td> <td></td> </tr> </table>	Facility information		____ Name		____ ID (FAC_ID)		Requester information		____ Name		____ Title		____ Phone #		Resident information		____ First Name		____ Last Name		____ SSN		____ Birthdate		____ Gender		Record information		____ A0310A		____ A0310B		____ A0310C		____ A0310D	
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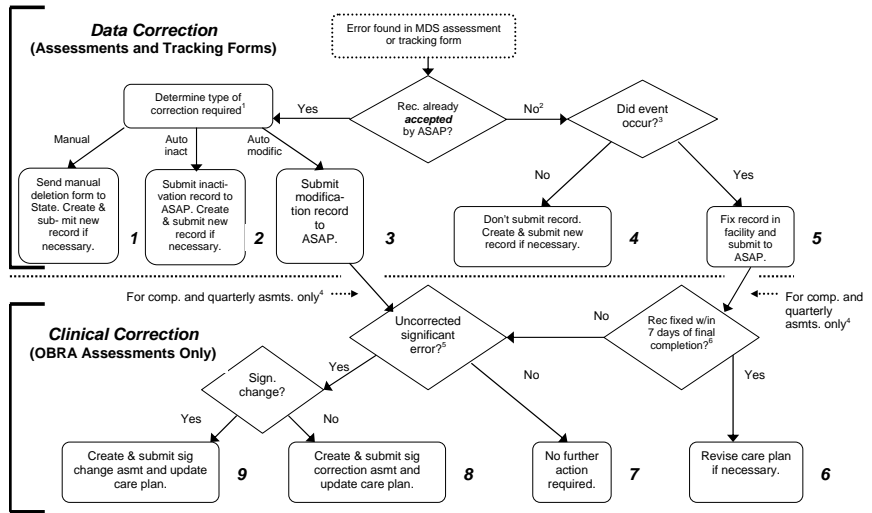
Chapter	Section	Page	Change																		
			<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">_____ A0310F</td> <td></td> </tr> <tr> <td>_____ Target Date¹</td> <td></td> </tr> <tr> <td>_____ Assessment Internal ID _____ (if available)²</td> <td></td> </tr> <tr> <td colspan="2">Submission information</td> </tr> <tr> <td>_____ Date and time</td> <td></td> </tr> <tr> <td>_____ Batch #</td> <td></td> </tr> <tr> <td colspan="2">A0410 (Submission Requirement) values (only if changing A0410)</td> </tr> <tr> <td>_____ Submitted (incorrect)</td> <td></td> </tr> <tr> <td>_____ Corrected</td> <td></td> </tr> </table> <p>¹Target date is: MDS Item A2300 (reference date) for an assessment record. MDS Item A2000 (discharge date) for a discharge record. MDS Item A 1600 (entry date) for an entry record.</p> <p>²The Assessment Internal ID is present on the Final Validation Report for the record.</p>	_____ A0310F		_____ Target Date ¹		_____ Assessment Internal ID _____ (if available) ²		Submission information		_____ Date and time		_____ Batch #		A0410 (Submission Requirement) values (only if changing A0410)		_____ Submitted (incorrect)		_____ Corrected	
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5	5.8	5-14	<p style="text-align: center;">Replaced Correction Policy Flowchart</p> <p>OLD:</p> <p>Data Correction (Assessments and Tracking Forms)</p> <p>Error found in MDS assessment or tracking form</p> <p>Rec. already accepted by ASAP?</p> <p>Did event occur?²</p> <p>1: Send manual deletion form to State. Create & submit new record if necessary.</p> <p>2: Submit inactivation record to ASAP. Create & submit new record if necessary.</p> <p>3: Submit modification record to ASAP.</p> <p>4: Don't submit record. Create & submit new record if necessary.</p> <p>5: Fix record in facility and submit to ASAP.</p> <p>Clinical Correction (OBRA Assessments Only)</p> <p>Uncorrected major error?³</p> <p>Rec fixed w/in 7 days of final completion?⁶</p> <p>Sign. change?</p> <p>9: Create & submit sig change asmt and update care plan.</p> <p>8: Create & submit sig correction asmt and update care plan.</p> <p>7: No further action required.</p> <p>6: Revise care plan if necessary.</p> <p>¹Manual deletion request is required if test record submitted as production record, if record contains incorrect FAC_ID, or if record was submitted with an incorrect submission requirement value (A0410), for example send in as federally required (A0410 = 3) but should have been state required (A0410 = 2). Otherwise, automated inactivation or modification required: (a) if event did not occur (see note #3, below), submit automated inactivation, (b) if event occurred, submit automated modification.</p> <p>²Record has not been data entered, has not been submitted, or has been submitted and rejected by ASAP.</p> <p>³The event occurred if the record reflects an actual entry or discharge or if an assessment was actually performed for the resident. If a record was created in error (e.g., a discharge was created for a resident who was not actually discharged), then the event did not occur.</p> <p>⁴OBRA assessments. are comprehensive assessments with A0310A=01,03,04,05, or quarterly assessments with A0310B=02,06.</p> <p>⁵The assessment contains a major error which has not been corrected by a subsequent assessment.</p> <p>⁶Final completion date is Item V0200C2 for a comprehensive and Z0500B for all other assessments.</p>
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NEW:



¹Manual deletion request is required if test record submitted as production record, if record contains incorrect FAC_ID, or if record was submitted with an incorrect submission requirement value (A0410), for example send in as federally required (A0410 = 3) but should have been state required (A0410 = 2). Otherwise, automated inactivation or modification required: (a) if event did not occur (see note #3, below), submit automated inactivation, (b) if event occurred, submit automated modification.
²Record has not been data entered, has not been submitted, or has been submitted and rejected by ASAP.
³The event occurred if the record reflects an actual entry or discharge or if an assessment was actually performed for the resident. If a record was created in error (e.g., a discharge was created for a resident who was not actually discharged), then the event did not occur.
⁴OBRA comprehensive assessments with A0310A=01,03,04,05 and quarterly assessments with A0310B=02,06.
⁵The assessment contains a significant error which has not been corrected by a subsequent assessment.
⁶Final completion date is item V0200C2 for a comprehensive and Z0500B for all other assessments.