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Chapter	Section	Page	Change
5	-	5-1	Nursing homes are required to submit Omnibus Budget Reconciliation Act (OBRA) required (OBRA)–Minimum Data Set (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	http://www.cms.gov/NursingHomeQualityInits/30_NHQIMDS30TechnicalInformation.asp http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html
5	5.1	5-1	<p>The provider indicates the submission authority for a record certification or licensure of the unit on which the resident resides in item A0410, Unit Certification or Licensure Designation Submission Requirement. In addition to reflecting certification or licensure of the unit, this item indicates the submission authority for a record.</p> <ul style="list-style-type: none"> Value = 1 Unit is neither Medicare nor Medicaid certified and MDS data is not required by the State. Neither federal nor state required submission. Value = 2 Unit is neither Medicare nor Medicaid certified but MDS data is required by the State but not federal required submission (FOR NURSING HOMES ONLY). Value = 3 Unit is Medicare and/or Medicaid certified Federal required submission. <p>See Chapter 3 for details concerning the coding of item A0410, Unit Certification or Licensure Designation Submission Requirement. Note: CMS certified Swing Bed unit assessments are always Value 3, Unit is Medicare and/or Medicaid certified. Federal required submission.</p>
5	5.2	5-2	<ul style="list-style-type: none"> Completion Timing: <ul style="list-style-type: none"> For all non-admission Admission OBRA and PPS assessments, the MDS Completion Date (Z0500B) must be no later than 14 days after the Assessment Reference Date (ARD) (A2300). For Entry and Death in Facility tracking records, the MDS Completion Date (Z0500B) must be no later than 7 days from the Event Date (A1600 for an entry record; A2000

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			<p>for a death Death in In facility Facility tracking record).</p> <ul style="list-style-type: none"> • State Requirements: Many states have established additional MDS requirements for Medicaid payment and/or quality monitoring purposes. For information on state requirements, contact your State RAI Coordinator. (See Appendix B for a list of state State RAI coordinators Coordinators.) • Encoding Data: Within 7 days after completing a resident's MDS assessment or tracking information record, the provider should must encode the MDS data (i.e., enter the information into the facility MDS software). The encoding requirements are as follows:
5	5.2	5-3	<ul style="list-style-type: none"> • Transmitting Data: Submission files are transmitted to the QIES ASAP system using the 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 (CAA) Summary (Section V) and all tracking or correction information. Transmission requirements apply to all MDS 3.0 records used to meet both F federal and state requirements. Care plans are not required to be transmitted.
5	5.2	5-3	<p>Sign. Correction to Prior Comprehensive Assessment- Quarterly Review Assessment-</p>
5	5.2	5-4	<p>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.</p>
5	5.2	5-4	<p>Assessment Schedule: An OBRA assessment (comprehensive or quarterly Quarterly) is due every quarter unless the resident is no longer in the facility. There should must be no more than 92 days between OBRA assessments. An OBRA comprehensive assessment is due every year unless the resident is no longer in the facility. There should must be no more than 366 days between comprehensive assessments. PPS assessments follow their own schedule. See Chapter 6 2 for details.</p>
5	5.3	5-4	<p>Initial Submission Feedback. For each file submitted, the submitter will receive confirmation that the file was received for processing and editing by the MDS QIES ASAP system. This confirmation information includes the file submission number as well as the date and time the file was received for processing.</p>
5	5.3	5-5	<p>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.</p>

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			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 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 Discharge record assessment (A0310F = 10, or 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	5.4	5-6	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.
5	5.5	5-7 & 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 Assessment (SCSA), Significant Correction to Prior Quarterly (SCQA), or a Significant Correction to Prior Comprehensive (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 or SCQA is required when an uncorrected significant error is identified. See Chapter 2 for details.
5	5.6	5-9	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 tracking record, Death in Facility tracking record, 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 may

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			be more complex if the record in error is an OBRA comprehensive or quarterly Quarterly assessment record (i.e., Item A0310A = 01 through 06).
5	5.6	5-9	<ul style="list-style-type: none"> Correct the errors in the original OBRA comprehensive or quarterly Quarterly assessment.
5	5.7	5-10	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; within 3 years of the target date of the record for facilities that are still open. If a facility is closed/terminated, then corrections must be submitted within 2 years of the facility closed termination date, regardless of the age of the original record. A record may be corrected even if subsequent records have been accepted for the resident.
5	5.7	5-10	The Modification Request is used to modify MDS items not specifically listed under inactivation. Some of the items include most MDS items, including:
5	-	5-11	Page length change.
5	5.7	5-12	— Unit Certification or Licensure Designation Submission Requirement (Item A0410),
5	5.7	5-13	<p>Entry Date (Item A1600) on an Entry tracking record (Item A0310F = 1) when the look-back period and/or clinical assessment would change had the MDS been modified</p> <p>Discharge Date (Item A2000) on a Discharge/Death in Facility assessment record (Item A0310F = 10, 11, 12) when the look-back period and/or clinical assessment would change had the MDS been modified</p>
5	5.8	5-14	<p>2. The record has the wrong unit certification or licensure designation submission requirement in Item A0410.</p> <p>3. The record has the wrong state_cd or facility ID in the control Items STATE_CD or FAC_ID.</p> <p>In all of these cases, the facility must contact the State Agency to have the problems fixed. The State Agency will send the facility the appropriate 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. Completed forms with privacy information must be sent via certified mail through the United States Postal Service (USPS). The State Agency will review the request for completion and accuracy. After approving the provider's request, the state must sign the form and send it to the QTSO Help Desk. Completed forms with privacy data must approve the provider's request and</p>

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			<p>submit a signed form to the QIES Help Desk be sent via certified mail through the USPS.</p> <p>When a test record is in the QIES ASAP system, the problem must be manually evaluated in the QIES ASAP system and the QIES ASAP system appropriately corrected. A normal Inactivation request will not totally fix the problem, since it will leave the test record in a history file and may also leave information about a fictitious resident. Manual deletion correction is necessary to completely remove the test record and associated information.</p> <p>A QIES ASAP system record with an incorrect unit certification or licensure designation submission requirement in Item A0410 is a very serious problem. Submission of MDS assessment records to the QIES ASAP system constitutes a release of private information and must conform to privacy laws. Item A0410 is intended to allow appropriate privacy safeguards, controlling who can access the record and whether the record can even be accepted into the QIES ASAP system. A normal Modification or Inactivation request cannot be used to correct the A0410 value, since a copy of the record in error will remain in the QIES ASAP system history file with the wrong access control. Consider a record in the QIES ASAP system with an A0410 value of 3 (Unit is Medicare and/or Medicaid certified federal submission requirement) but there was when actually the unit is neither Medicare nor Medicaid certified and MDS data is not required by the State no state or federal requirement for the record (A0410 should have been 1). The record should not be in the QIES ASAP system at all and manual correction deletion is necessary to completely remove the record from the QIES ASAP system. Consider a record with an A0410 value of 3 (indicating that the Unit is Medicare and/or Medicaid certified federal submission requirement) but the record actually the unit is neither Medicare nor Medicaid certified but MDS data is only required by the sState (A0410 should have been 2). In this case there is both federal and state access to the record, but access should be limited to the state. Manual correction is necessary to correct A0410 and reset access control, without leaving a copy of the record with the wrong access in the QIES ASAP system history file.</p> <p>If a QIES ASAP system record has the wrong main state code or facility ID (control item STATE_CD, 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</p>

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			STATE_CD and FAC_ID value, when indicated.
5	5.8	5-15	<p>Edits to diagram:</p> <p>For comp. and qQuarterly asmts. only⁴ For comp. and qQuarterly asmts. only⁴</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 Unit Certification or Licensure Designation submission requirement value (A0410), for example sent in as Unit is Medicare and/or Medicaid certified (federally required (A0410 = 3) but should have been Unit is neither Medicare nor Medicaid certified but MDS data is required by the State (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 dDischarge assessment was created for a resident who was not actually discharged), then the event did not occur.</p> <p>⁴OBRA comprehensive assessments with A0310 A=01,03,04,05 and qQuarterly assessments with A0310B=02,06.</p>