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5	5.1	5-1	All Medicare and/or Medicaid-certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS' Quality Improvement and 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~~Plans. After completion of the required assessment and/or tracking record~~s 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:
5	5.1	5-1	The provider indicates the submission authority for a record in ~~the MDS~~ item A0410, Submission Requirement~~. item (A0410).~~ • Value = 1 Neither federal nor state required submission. • Value = 2 State but not federal required submission (FOR NURSING HOMES ONLY). ~~• (FOR NURSING HOMES ONLY)~~ • Value = 3 Federal required submission. See Chapter 3 for details concerning the coding of ~~the~~ item A0410, Submission Requirement~~ item (A0410)~~. Note: ~~CMS certified~~CMS certified Swing Bed ~~units~~ unit assessments are always Value 3, Federal required submission
5	5.1	5-2	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 and access various information sources such as Bulletins and Questions and Answers. The ~~Minimum Data Set (MDS) 3.0 Provider User's Guide~~*Minimum Data Set (MDS) 3.0 Provider User's Guide* provides more detailed information about the MDS system. It is available on the QTSO MDS 3.0 web site at https://www.qtso.com/mds30.html. 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 the proper order with regard to records that were previously accepted by the QIES ASAP

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			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 ~~Minimum Data Set (MDS) 3.0 Provider User's Guide~~*Minimum Data Set (MDS) 3.0 Provider User's Guide*.
5	5.2	5-2	• **Completion Timing:** — For all non-~~comprehensive~~ admission OBRA and PPS assessments, the MDS Completion Date (Z0500B) must be no later than 14 days ~~from~~ after the Assessment Reference Date (ARD) (A2300). — For the Admission assessment, the MDS Completion Date (Z0500B) must be no later than 13 days after the Assessment Reference Date (ARD) (A2300). — For the Admission assessment, the Care Area Assessment (CAA) Completion Date (V0200B2) must be no more than 1~~4~~3 days after~~from~~ the Entry Date (A1600). — For the Annual assessment, the CAA Completion Date (V0200B2) must be no later than 14 days ~~from~~after the ARD (A2300). — For the other comprehensive MDS assessments, Significant Change in Status Assessment and Significant Correction to Prior Comprehensive Assessment, the CAA Completion Date (V0200B2) must be no later than 14 days from the ARD (A2300) and no later than 14 days from the determination date of the significant change in status or the ~~signification~~significant ~~correction~~ error, respectively. — For Entry and Death in Facility tracking records, the MDS Completion Date (Z0500B) must be no later than ~~must be completed within~~ 7 days from~~of~~ the Event Date (A1600 for an entry record; A2000 for a death-in-facility record). • **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 RAI coordinators.)
5	5.2	5-3	— For a comprehensive assessment (Admission, Annual, Significant Change in Status, and Significant Correction to Prior Comprehensive), encoding ~~should~~ must occur within

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			7 days after the Care Plan Completion Date (V0200C2 + 7 days). — For a ~~quarterly~~Quarterly, Significant Correction to Prior Quarterly, ~~d~~Discharge, or PPS assessment, encoding ~~should~~ must occur within 7 days after the MDS Completion Date (Z0500B + 7 days).
5	5.3	5-4	The QIES ASAP system ~~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 user accesses the QIES ASAP~~MDS~~ system and transmits an MDS file, the QIES ASAP~~MDS~~ system performs three types of validation: Fatal Record Errors result in rejection of individual records by the QIES ASAP~~MDS~~ system. The provider is informed of Fatal Record Errors on the Final Validation Report. Rejected records must be corrected and resubmitted. **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~~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 Q~~q~~uarterly 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. 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 and in ~~Chapter~~Section 5 of the ~~Minimum Data Set (MDS) 3.0 Provider User's Guide~~*Minimum Data Set (MDS) 3.0 Provider User's Guide* on the QTSO MDS 3.0 web site.

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5	5.4	5-6	There is also a Medicare ~~short~~ Short ~~stay~~ Stay indicator (Item Z0100C) on the MDS. For a qualifying Medicare short stay, the RUG-IV grouper uses alternative rehabilitation classification logic when there has been insufficient time to establish a full rehabilitation regime. The standard grouper uses MDS 3.0 items to determine the Medicare short stay indicator. See Chapter 6 for details. Both HIPPS codes (Z0100A and Z0150A), the RUG version codes (Z0100B and Z0150B), and the Medicare ~~short~~ Short ~~stay~~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 …
5	5.5	5-7	• If an error is discovered within 7 days of the completion of an MDS and before submission to the QIES ASAP system, the response may be corrected using standard editing procedures on the hard copy (cross out, enter correct response, initial and date) and/or correction of the MDS record in the facility's database. The resident's care plan should also be reviewed for any needed changes.
5	5.5	5-7 & 5-8	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 ~~Assessment~~ 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	5-8	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

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			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 observation period as ~~that~~ was used for the original item completion ~~[~~(i.e., the same ARD (A2300) and look-back period)~~]~~. Both the electronic and paper copies of the MDS must be corrected.
5	5.6	5-9	**Significant versus Minor Errors in a Nursing Home OBRA Comprehensive or Quarterly Assessment Record.** OBRA comprehensive and ~~quarterly~~ Quarterly assessment errors are classified as significant or minor errors. Errors that inaccurately reflect the resident's clinical status and/or result in an inappropriate plan of care are considered **significant errors**. All other errors related to the coding of MDS items are considered **minor errors**. If the only errors in the OBRA comprehensive or ~~quarterly~~Quarterly assessment are minor errors, then the only requirement is for the record to be corrected and submitted to the QIES ASAP system. The correction process is more complicated for nursing home OBRA comprehensive or ~~quarterly~~ Quarterly assessments with ***any significant errors*** identified after the end of the 7-day encoding and editing period but before the records have been accepted into the QIES ASAP system. First, the nursing home must correct the original OBRA comprehensive or ~~quarterly~~Quarterly assessment to reflect the resident's actual status as of the 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 Significant Change in Status Assessment or Significant Correction to Prior Assessment with a current observation period and ARD. If correction of the error on the MDS revealed that the resident's status met the criteria for a Significant Change in Status Assessment, then a Significant Change in Status assessment is required. If the criteria for a Significant Change in Status Assessment are not met, then a Significant Correction to Prior Assessment is required. See Chapter 2 for details. In summary, the nursing home must take the following actions for an OBRA comprehensive or ~~quarterly~~ Quarterly assessment that has ***not*** been submitted to the QIES ASAP system when it contains

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			significant errors:
5	5.7	5-10	The Modification Request is used to modify most MDS items~~. The exceptions are:~~, including:
5	5.7	5-10 & 5-11	• Target Date — Entry Date (Item A1600) on an Entry tracking record (Item A0310F = 1) — Discharge Date (Item A2000) on a Discharge/Death in Facility record (Item A0310F = 10, 11, 12), — Assessment Reference Date (Item A2300) on an OBRA or PPS assessment.* • Type of Assessment (Item A0310)** • Clinical Items (Items B0100-V0200C) *Note: The ARD (Item A2300) can be changed when the ARD on the assessment represents a data entry/typographical error. However, the ARD cannot be altered if it results in a change in the look back period and alters the actual assessment timeframe. Consider the following examples: • When entering the assessment into the facility's software, the ARD, intended to be 02/12/2013, was inadvertently entered as 02/02/2013. The interdisciplinary team (IDT) completed the assessment based on the ARD of 2/12/2013 (that is, the seven day look back was 2/06/2012 through 2/12/2013. This would be an acceptable use of the modification process to modify the ARD (A2300) to reflect 02/12/2013. • An assessment was completed by the team and entered into the software based on the ARD of 1/10/2013 (and seven day look back of 1/04/2013 through 1/10/2013). Three weeks later, the IDT determines that the date used represents a date that is not compliant with the PPS schedule and proposes changing the ARD to 1/07/2013. This would alter the look back period and result in a new assessment (rather than correcting a typographical error); this would not be an acceptable modification and shall not occur. **Note: The Type of Assessment items (Item A0310) can only be modified when the Item Set Code (ISC) of that assessment does not change. In other words, if the Item Subset (full list can be found in Chapter 2, Section 2.5) would change, the modification

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			cannot be done. Consider the following examples: • A stand-alone Discharge assessment (ISC = ND) was completed and accepted into the ASAP system. The provider later determined that the assessment should have been a 30-day PPS assessment combined with a Discharge assessment (ISC = NP). This modification would not be allowed as the ISC for the Discharge assessment combined with the 30-day PPS is different than the stand-alone Discharge ISC. This is an example of a missing 30-day assessment. • An Admission assessment (ISC = NC) was completed and accepted into the ASAP system. The provider intended to code the assessment as an Admission and a 5-day PPS assessment (ISC = NC). The modification process could be used in this case as the ISC would not change. There are a few items for which the modification process shall not be used. These items require the following correction measures if an error is identified: • An Inactivation of the existing record followed by submission of a new corrected record is required to correct an error of the Type of Provider (Item A0200)
5	5.7	5-11	~~— Type of Provider (Item A0200),~~ ~~— Type of Assessment (A0310),~~ ~~— 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.~~
5	5.7	5-11	• A stand-alone Discharge assessment (ISC = ND) was completed and accepted into the ASAP system. The provider later (that is, after the day of discharge) determined that the assessment should have been a 30-day PPS assessment combined with a Discharge assessment (ISC = NP). This modification would not be allowed as the ISC for the Discharge assessment combined with the 30-day PPS is different than the stand-alone Discharge ISC. This is an example of a missing 30-day assessment.
5	5.7	5-12	If errors are discovered in a nursing home OBRA comprehensive or ~~quarterly~~Quarterly assessment (Item A0310A = 01 through 06) in the QIES ASAP system, then the

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			nursing home must determine if there are any significant errors. If the ***only errors are minor errors***, the nursing home must take the following actions to correct the OBRA assessment: When any ***significant error*** is discovered in an OBRA comprehensive or ~~quarterly~~Quarterly assessment in the QIES ASAP system, the nursing home must take the following actions to correct the OBRA assessment:
5	5.7	5-12	When errors in an OBRA comprehensive or Q~~q~~uarterly assessment in the QIES ASAP system have been corrected in a more current OBRA comprehensive or Q~~q~~uarterly assessment (Item A0310A = 01through 06), the nursing home is not required to perform a new additional assessment (Significant Change in Status or Significant Correction to 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.
5	5.7	5-13	Inactivation Requests 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 Discharge assessment was submitted for a resident but there was no actual discharge. An Inactivation (Item A0050 = 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.~~ • Type of Provider (Item A0200) • Type of Assessment (A0310) **when the Item Subset would change had the MDS been modified** • 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** • Discharge Date (Item A2000) on a Discharge/Death in Facility record (Item A0310F = 10, 11, 12) ***when the look-back period and/or clinical assessment would change had the MDS been modified*** • Assessment Reference Date (Item A2300) on an OBRA or PPS assessment **when the look-back period and/or**

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			clinical assessment would change had the MDS been modified 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 and Item A0050 are completed. This is sufficient information to locate the record in the QIES ASAP system, inactivate the record and document the reason for inactivation. For instances when the provider determines that ~~an event date (ARD, entry date, and discharge date) or type of assessment item (A0310)~~ the Type of Provider 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~~Type of Provider, ensuring that the clinical information is accurate.
5	5.8	5-14	2. The record has the wrong submission requirement in I~~i~~tem A0410. 3. The record has the wrong facility ID in the control I~~i~~tem FAC_ID.
5	5.8	5-14	A QIES ASAP system record with an incorrect submission requirement in I~~i~~tem A0410 is …
5	5.8	5-15	PAGE NUMBER CHANGE