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MDS 3.0 SUBMITTER FINAL VALIDATION REPORT

GENERAL INFORMATION

The MDS 3.0 Submitter Validation category is requested on the **CASPER Reports** page (Figure 10-1).

Figure 10-1.   CASPER Reports Page – MDS 3.0 Submitter Validation Report Category
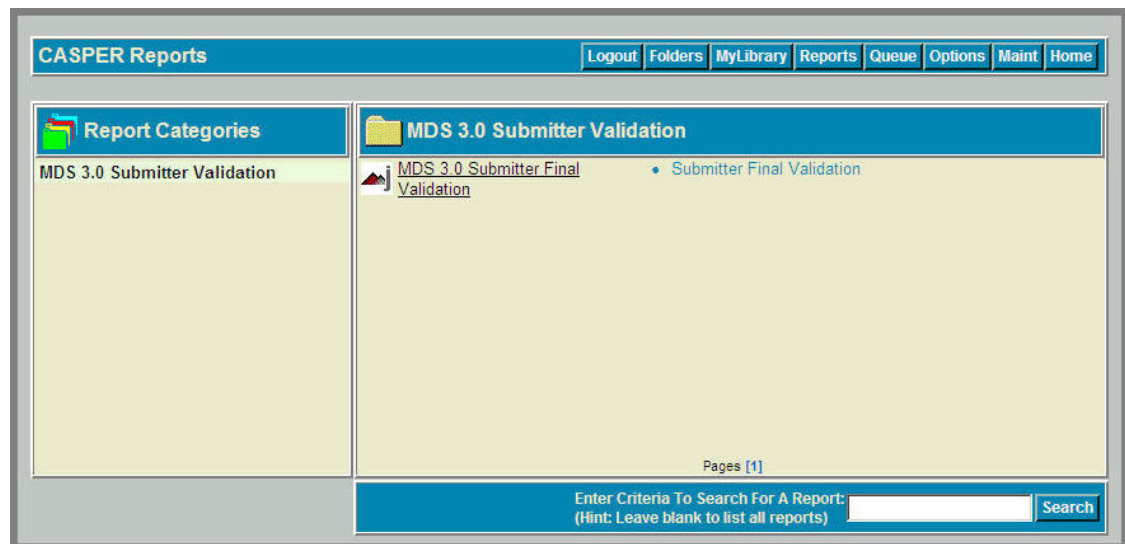
1. Select the MDS 3.0 Submitter Validation category link from the *Report Categories* frame on the left. A link to the MDS 3.0 Submitter Final Validation Report displays in the right-hand frame.

> **NOTE:** Only those report categories to which you have access are listed in the *Report Categories* frame.

2. Select the desired underlined report name link from the right-hand frame. One or more **CASPER Reports Submit** pages are presented providing criteria options with which you specify the information to include in your report. These options may differ for each report.

3. Choose the desired criteria and select the **Submit** or **Next** button.

> **NOTE:** MDS 3.0 reports access detailed information and may require a significant amount of time to process. Once you submit your report request(s), you may consider exiting the CASPER Reporting application, and viewing the completed report(s) at a later time.

4. Refer to Section 2, Functionality, of the CASPER Reporting User's Guide for assistance in viewing, printing, saving and exporting the reports you request.

> **NOTE:** MDS 3.0 reports are automatically purged after 60 days.

MDS 3.0 SUBMITTER FINAL VALIDATION REPORT

The MDS 3.0 Submitter Final Validation Report provides detailed information about the status of a select submission file. The report indicates whether the records submitted in the file were accepted or rejected and details the warning and fatal errors encountered.

The criteria selection page (Figure 10-2) for the MDS 3.0 Submitter Final Validation Report presents a *Submission ID* field.

Figure 10-2.   CASPER Reports Submit Page - MDS 3.0 Submitter Final Validation Report

You must enter a valid *Submission ID*.

NOTE: You may request an MDS 3.0 Submitter Final Validation Report only for those files that you submitted.

NOTE: As of March 18, 2012, item X0100 (Type of Record) was replaced with item A0050 (Type of Record). Item X0100 will appear as A0050 in all previously submitted records with target dates after September 30, 2010.

The MDS 3.0 Submitter Final Validation Report (Figure 10-3) details the following for the specified submission file.

Report Field	Report Field Description
CMS Submission Report	The title of the report.
MDS 3.0 Submitter Final Validation	The sub-title of the report.
Submission Date/Time	The date and time the submission file was received by the MDS 3.0 system. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss
Processing Completion Date/Time	The date and time the file processing was complete. The time is recorded to the nearest second. mm/dd/yyyy hh:mm:ss

Report Field	Report Field Description
Submission ID	The unique identifier assigned to the submission file when it was received by the system.
Submission File Name	The name of the submitted zip file.
Submission File Status	The status of the submitted file – Completed or Error. If the file is in error, the file could not be processed. Examples of the Error status are: the file could not be unzipped or there was a database error.
Submitter User ID	The user ID of the submitter.
# of Records in Submission File	The number of records (accepted, rejected, and invalid) in the submission file.
# Invalid Records	The number of records in the submission file unable to be processed due to a file defect. Examples of invalid files are not an XML files (i.e. Word document, .jpg picture) or XML files that are not well-formed.
# Records Processed	The total number of records processed (accepted and rejected) for the facility from the submission file.
# Records Accepted	The total number of records saved to the database from the submission file.
# Records Rejected	The total number of records for the facility that were not saved to the database because of fatal errors in the record.
# Duplicate Records	The total number of records for the facility that were not saved to the database because they were duplicate records.
# Records Submitted Without Facility Authority	The total number of records for the facility submitted by a user without authority to submit for the facility.
# Records Submitted But Not Allowed	The total number of records submitted with neither federal nor state submission authority. These records have A0410 = 1 or 2 from a facility in a state that does not collect sub_req 2 records.
Total # of Messages	The total number of errors (fatal errors and warnings) for all records for the facility in the submission file.
Record Number or ID	The order in which the records in the submission file were processed and for which the errors are being reported.
Status	The status of the individual record. Accepted or Rejected displays when a record was accepted or rejected. Invalid displays when the record could not be validated because it was an invalid XML or unexpected type of file, such as a Word doc.
State Code	The facility's two-character state code.
Asmt_ID	The unique ID assigned to the assessment by the MDS 3.0 system.
Facility or Hospital ID	The unique alphanumeric, state-assigned provider identifier. For nursing home (A0200 = 1) providers, Facility ID displays. For swing bed units (A0200 = 2), Hospital ID displays.

Report Field	Report Field Description
Res_Int_ID	The unique number assigned to the resident by the system. The combination of state code and resident internal ID uniquely identifies the resident in the national repository. This field is populated if the resident exists on the resident table (new residents created by an accepted record are on the table). The field is displayed as 0 if the resident is new and the record is rejected.
Facility or Hospital Name	The name of the provider associated with the assessment record. If the type of provider is a nursing home (A0200 = 1), Facility Name displays. If the type of provider is a swing bed unit (A0200 = 2), Hospital Name displays.
Name	The resident's or patient's last (A0500C) name and first (A0500A) name. When A0050 = 3 (Inactivation) the values of X0200A and X0200C are displayed.
SSN	The resident's or patient's Social Security Number (A0600A). When A0050 = 3 (Inactivation) the value of X0500 is displayed.
A0200	The type of provider: 1 = nursing home, 2 = swing bed.
A0310A	The value submitted in the Federal OBRA Reason for Assessment/Tracking item. When A0050 = 3 (Inactivation), the value of X0600A is displayed.
Medicare Num	The resident's or patient's Medicare Number. (A0600B).
A0310B	The value submitted in the PPS Assessment item. When A0050 = 3 (Inactivation), the value of X0600B is displayed.
A0310C	The value submitted in the PPS Other Medicare Required Assessment (OMRA). When A0050 = 3 (Inactivation), the value of X0600C is displayed.
A0050	The type of record: New Record, Modification or Inactivation. If A0050 = 1, this record is a new original assessment. If A0050 = 2, the current record is a request to modify an existing record in the MDS 3.0 system. If A0050 = 3, the current record is a request to inactivate an existing record in the MDS 3.0 system.
A0310D	Swing Bed clinical change assessment indicator. When A0050 = 3 (Inactivation), the value of X0600D is displayed.
A0310E	First assessment (OBRA or PPS) since the most recent admission indicator.
Target Date	The target date of the record. mm/dd/yyyy
A0310F	The value submitted in the Entry/Discharge reporting item. When A0050 = 3 (Inactivation), the value of X0600F is displayed.
A0310G	The value submitted in the Type of Discharge reporting item.
A0310H	The value submitted in the SNF Part A PPS Discharge Assessment item.

Report Field	Report Field Description
Attestation Date (X1100E)	The attestation date (X1100E) of the record. This field is blank if the record is an original record. mm/dd/yyyy
Item Subset Code	The submitted item subset code.
Data Specs Version #	The version number of the data submission specifications (SPEC_VRSN_CD) used to create the XML record.
XML File Name	The name of the XML file.
MDS 3.0 Item(s)	The MDS 3.0 item identifier(s) from the item set in which an error (either fatal or warning) occurred. NOTE: If values are compared for more than one field at a time, both item identifiers display.
Item Values	The submitted data value and the recalculated data value, if applicable, causing the error or warning condition.
Message Number	The number used to identify the error encountered for the indicated field.
Message	The description of the error encountered for the indicated field.

NOTE: The number of errors (messages) listed on the report for each record (assessment) included in the submission file is limited to a number defined by the State agency.

Figure 10-3.   MDS 3.0 Submitter Final Validation Report*

CMS Submission Report
MDS 3.0 Submitter Final Validation

Submission Date/Time:	10/24/2016 15:12:30
Processing Completion Date/Time:	10/24/2016 15:14:33
Submission ID:	9381365
Submission File Name:	SG_TC70382_Step 20_3rd Party Submsn File.zip
Submission File Status:	Completed
Submitter User ID:	
# Records in Submission File:	20
# Invalid Records:	0
# Records Processed:	20
# Records Accepted:	7
# Records Rejected:	13
# Duplicate Records:	0
# Records Submitted Without Facility Authority:	0
# Records Submitted But Not Allowed:	2
Total # of Messages:	63

Record: 1   Accepted

State Code: AK   Asmt_ID: 108600924
Facility or Hospital ID: SPHLTC   Res_Int_ID: 35656849
Facility or Hospital Name: SOUTH PENINSULA HOSPITAL LTC Name:
                                                       SSN:
A0200:   1   A0310A: 01   Medicare Num:
A0310B: 01   A0310C: 0   A0050: NEW RECORD
A0310D: ^   A0310E: 0   Target Date: 10/06/2016
A0310F: 10   A0310G: 1
A0310H: 0   Attestation Date (X1100E):
Item Subset Code: NC   Data Spec Version #: 2.00
XML File Name: SG_TC70382_Step 20_NC A0310H - 0.xml

MDS 3.0 Item(s):   A0100B, Current Value
Item Values: 155801, 025031
Message Number: -3695   WARNING
Message: Incorrect CCN: A0100B does not match the CMS Certification
                                                       Number (CCN) in the QIES ASAP System database for the provider
                                                       identified by the FAC ID in the file.

MDS 3.0 Item(s):   A0310A, Submission Date, V0200C2, A0050
Item Values: 01, 10/24/2016, 10/06/2016, 1
Message Number: -3810c   WARNING
Message: Record Submitted Late: The submission date is more than 14 days
                                                       after V0200C2 on this new (A0050 equals 1) comprehensive
                                                       assessment (A0310A equals 01, 03, 04, or 05).

This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.

* Fictitious, sample data is depicted.

The report is sorted by State Code, Facility ID, Last Name, First Name, Assessment ID, and Item in Error.