MDS 3.0 NURSING HOME (NH)
PROVIDER REPORTS

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NOTE: Unless otherwise noted, PDF is the recommended output format for the reports described herein. Excel and CSV output formats may result in a report that is not visually aesthetic.
MDS 3.0 Nursing Home (NH) Provider reports are requested on the CASPER Reports page (Figure 6-1).

**Figure 6-1. CASPER Reports Page – MDS 3.0 NH Provider Reports Category**

1. Select the MDS 3.0 NH Provider link from the Report Categories frame on the left. A list of the individual MDS Nursing Home Provider reports you may request 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 MDS Provider 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.

Some MDS 3.0 reports are queried by submission date while others are queried by target date. The submission date is the date on which the file was submitted to the MDS 3.0 Submission system. Target date is based on the value of A0310F, Entry/Discharge Reporting. The following is a list of target dates:

- Discharge Date (A2000) for A0310F = 10, 11 or 12
- Entry Date (A1600) for A0310F = 01
- Assessment Reference Date (A2300) for A0310F = 99

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.

Resident ID is an internal ID that the MDS 3.0 Submission system assigns to the resident. It is not an ID assigned to the resident by the Long Term Care facility. This ID number is not the same as the Resident ID field of the MDS data set.

Assessment ID is an internal identifier the MDS Submission system assigns to a resident’s assessment.

NOTE: For states collecting only federally required (A0410 = 3) assessments, only those assessments and residents for whom federally required assessments were submitted are included in the MDS 3.0 Nursing Home (NH) Provider reports.
For states collecting both state (A0410 = 2) and federally (A0410 = 3) required assessments, assessments and residents for whom those assessments were submitted are included in the MDS 3.0 Nursing Home (NH) Provider reports.
The MDS 0003D/0004D Package Report provides facility, corporate, and third-party users access to the CASPER Standard reports 0003D Provider History Profile and 0004D Provider Full Profile.

**NOTE:** State Agency and CMS Central and Regional Office users must submit reports 0003D and 0004D from the Standard report category rather than use the MDS 0003D/0004D Package Report.

The criteria selection page (Figure 6-2) for the MDS 0003D/0004D Package Report presents a *Reports* option to facility users.

![Figure 6-2. CASPER Reports Submit Page – MDS 0003D/0004D Package Report – Facility Users](image)

*Reports* options include *0003D Provider History Profile* and *0004D Provider Full Profile*. You must select (check) at least one of these report options.

**NOTE:** The CASPER Reports Submit criteria pages presented to corporate and third-party users offer State and Provider Lookup filter options with which they may select a maximum of 25 facilities. Corporate and third-party users may generate reports for only those facilities to which they are authorized.

### Provider History Profile

The CASPER Report 0003D Provider History Profile (Figure 6-3) is a multi-page report that presents Current survey information, including all deficiencies, for the current year in the following groupings:

- General Provider Information
- Program Requirements
- LSC Deficiencies
- Deficiency Summary
• Complaint Survey Information
• LTC Resident Census

Figure 6-3. CASPER Report 0003D – Provider History Profile (Page 1)

The information provided in each section of the report includes:

**General Provider Information**
- Provider Name and Address
- State’s Region Code
- Compliance Status
- CMS Certification Number (CCN)
- Phone Number
- Participation Date
- Total Provider Beds
- Certified Provider Beds
- Provider Category
- Type Action
○ Type Ownership

**Program Requirements**
○ Current Survey/Revisit Dates
○ Prior 3 Survey Date
○ Prior 2 Survey Date
○ Prior 1 Survey Date
○ Current Survey
○ Requirement
   ♦ Scope and Severity Code
   ♦ Plan/Date of Correction
   ♦ Deficiency Prefix Code
   ♦ Deficiency Tag Number and Description

**LSC Deficiencies**
○ Edition of LSC Applied
○ Prior 3 Survey Date
○ Prior 2 Survey Date
○ Prior 1 Survey Date
○ Current Survey
○ LSC Deficiencies (by Building)
   ♦ Scope and Severity Code
   ♦ Plan/Date of Correction
   ♦ Deficiency Prefix Code
   ♦ Deficiency Tag Number and Description

**Deficiency Summary**
○ Totals by Type of Deficiency for each of the 4 most-recent surveys

**Complaint Survey Information**
○ Survey Date
○ Status

**LTC Resident Census**
○ Census Date
○ Resident Counts
   ♦ Total
   ♦ Medicare
   ♦ Medicaid
   ♦ Other
○ Certified Beds
  ♦ Total
  ♦ SNF
  ♦ SNF/NF
  ♦ NF
  ♦ ICF/IID

A legend defines the following notations on the report:
  • ! = Past Non-compliance
  • * = Regional Office Flag (Includes COPs)
  • C = Date of Correction
  • N = No Date Given
  • P = Plan of Correction
  • R = Refused to Correct
  • W = Waived
  • F = FSES
  • X = Deficient
  • ELE = Element
  • STD = Standard
  • COP = Condition
  • REQ = Requirement

**Provider Full Profile**

The CASPER Report 0004D Provider Full Profile (Figure 6-4) is a multi-page report that presents provider profile and Current survey information, including all deficiencies, for the current year in the following groupings:

- General Provider Information
- LTC Resident Census
- Program Requirements
- Building Characteristics
- LSC Deficiencies
- Resident Characteristics
- Deficiency Summary
The information provided in each section of the report includes:

**General Provider Information**
- Provider Name and Address
- State’s Region Code
- Compliance Status
- CMS Certification Number (CCN)
- Phone Number
- Participation Date
- Total Provider Beds
- Certified Provider Beds
- Provider Category
- Type Action
- Type Ownership

**LTC Resident Census**
- Resident Census Date
- Resident Counts
  - Total
  - Medicare
  - Medicaid
• Other
• Certified Beds
  • Total
  • SNF
  • SNF/NF
  • NF
  • ICF/IID

Program Requirements
• Survey Dates
• Extended Survey Dates
• Date Provider Signed POC
• Revisit Dates
• Details
  • Scope and Severity Code
  • Tag Number
  • Requirement
  • Plan/Date of Correction
  • Status of Deficiency
  • Number and Percentage of Providers Not Meeting the Requirement in the State, Region, and Nation

Building Characteristics
• Building Number
• Type of Building
• Edition of LSC Applied
• LSC Compliance Status

LSC Deficiencies
• Survey Dates
• Date Provider Signed POC
• Revisit Dates
• Details
  • Scope and Severity Code
  • Building Number
  • Tag Number
  • Requirement
  • Plan/Date of Correction
  • Status of Deficiencies
  • Number and Percentage of Providers Not Meeting the Requirement in the State, Region and Nation
Resident Characteristics
- Census Tag Number
- Census Tag Description
- Provider, State, Region, and Nation Totals and Percentages

Deficiency Summary
- Type of Deficiency
  - Total for Provider
  - Average Number of Deficiencies per Provider for the State, Region, and Nation
MDS 3.0 ACTIVITY

The MDS 3.0 Activity report lists the accepted assessments, tracking records, and inactivation requests that were submitted by or on behalf of a facility during a specified timeframe.

The criteria selection page (Figure 6-5) for the MDS 3.0 Activity report presents **Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.**

**Figure 6-5. CASPER Reports Submit Page - MDS 3.0 Activity**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

*from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include missing from and/or thru dates, the from date being after the thru*
date, and the use of future dates, alpha characters, or an incorrect date format.

The MDS 3.0 Activity report (Figure 6-6) details the following data from assessments, tracking records, and inactivation requests that were submitted within the specified timeframe.

- Resident Internal ID
- Social Security Number (SSN)
- Resident Name (last name and first name)
- Medicare Number
- Date of Birth (DOB)
- Gender
- A0310A (Federal OBRA Reason for Assessment)
- A0310B (PPS Assessments)
- A0310C (PPS Other Medicare Required Assessment – OMRA)
- A0310D (Is this a Swing Bed clinical change assessment?)
- A0310F (Entry/discharge reporting)
- A0310G (Type of discharge)
- A0310H (SNF Part A PPS Discharge Assessment)
- Item Subset Code (ISC)
- Target Date
- Submission Date
- Calculated Medicare (MCR) RUG (based on the recalculated Z0100A value)
- Calculated Medicaid (MCD) RUG (based on the recalculated Z0200A value)
- A0050 (Type of Record)
- X0800 (Correction Number)
- X1100E (Attestation Date)

**NOTE:** The MDS 3.0 Activity report contains protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.
Figure 6-6. MDS 3.0 Activity*

An asterisk (*) indicates an empty value was submitted.

The report is sorted in ascending order by Last Name, First Name, Resident ID, ISC, Submission Date, A0050, X0800, and Target Date.
The MDS 3.0 Admission/Reentry report lists the residents who were admitted to or reentered a facility during a specified timeframe. Only those residents for whom accepted assessments were submitted with A0310F (Entry/discharge reporting) equal to 01, A1700 (Type of entry) equal to 1 or 2, and A1600 (Entry Date) within the specified timeframe are reported.

The criteria selection page (Figure 6-7) for the MDS 3.0 Admission/Reentry report presents *Date Criteria, from (mm/dd/yyyy)*, and *thru (mm/dd/yyyy)* options.

**Figure 6-7. CASPER Reports Submit Page - MDS 3.0 Admission/Reentry**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

*from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples
include missing from and/or thru dates, the from date being after the thru
date, and the use of future dates, alpha characters, or an incorrect date
format.

The MDS 3.0 Admission/Reentry report (Figure 6-8) details the following for
the residents admitted (A0310F = 01 and A1700 = 1) and/or reentered
(A0310F = 01 and A1700 = 2) with an Entry Date (A1600) within the specified
timeframe.

- Resident Internal ID
- Social Security Number (SSN)
- Resident Name (last name and first name)
- Date of Birth (DOB)
- Gender
- Item Subset Code (ISC)
- A0310F (Entry/discharge reporting)
- Entry Type (Entry when A1700 = 1; Reentry when A1700 = 2)
- Entry Date (A1600)
- Submission Date

Figure 6-8. MDS 3.0 Admission/Reentry Report*

* Fictitious, sample data are depicted.

The report is sorted in ascending order by Last Name, First Name, Resident
Internal ID, and Entry Date.

A total number of admissions/reentries is provided for each selected facility.
MDS 3.0 ASSESSMENTS WITH ERROR NUMBER XXXX

The MDS 3.0 Assessments with Error Number XXXX report lists the assessments submitted with a specified error for a facility during a specified period.

The criteria selection page (Figure 6-9) for the MDS 3.0 Assessments with Error Number XXXX report presents Date Criteria, from (mm/dd/yyyy), thru (mm/dd/yyyy), and Error Number options.

Figure 6-9. CASPER Reports Submit Page - MDS 3.0 Assessments with Error Number XXXX

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include missing from and/or thru dates, the from date being after the thru date, and the use of future dates, alpha characters, or an incorrect date format.

You must select at least one Error Number. You may select up to five error numbers.

The MDS 3.0 Assessments with Error Number XXXX report (Figure 6-10) details the following for the assessments submitted during the specified timeframe that encountered the specified error.
• Submission Date
• Field in Error
• Value in Error

**NOTE:** Information identifying residents and assessments from non-Federal assessments is not provided for CMS Regional and Central Office users in the MDS 3.0 Assessments with Error Number XXXX report.

**NOTE:** The MDS 3.0 Assessments with Error Number XXXX report contains protected privacy information that should not be released to the public. Any alteration to this report is strictly prohibited.

**Figure 6-10. MDS 3.0 Assessments with Error Number XXXX Report**

![Figure 6-10](image)

* Fictitious, sample data are depicted.

An asterisk (*) indicates an empty value was submitted.

The report is sorted in ascending order by State Code, Facility ID, Error Number, Submission Date, Resident/Patient Name, Assessment ID, Field in Error, and Value in Error.
The MDS 3.0 Discharges report lists the residents discharged (A0310F = 10, 11, or 12) from a facility during a specified timeframe.

The criteria selection page (Figure 6-11) for the MDS 3.0 Discharges report presents *Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy)* options.

![Figure 6-11. CASPER Reports Submit Page – MDS 3.0 Discharges](image)

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

*from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include missing *from* and/or *thru* dates, the *from* date being after the *thru* date, and the use of future dates, alpha characters, or an incorrect date format.
The MDS 3.0 Discharges report (Figure 6-12) details the following for the residents discharged (A0310F = 10, 11, or 12) with a Discharge Date (A2000) within the specified timeframe.

- Resident Internal ID
- Social Security Number (SSN)
- Resident Name (last name and first name)
- Item Subset Code (ISC)
- A0310F (Entry/discharge reporting)
- A0310G (Type of discharge)
- A0310H (SNF Part A PPS Discharge Assessment)
- A2100 (Discharge Status)
- Discharge Date (A2000)
- Submission Date

Figure 6-12. MDS 3.0 Discharges Report*

* Fictitious, sample data are depicted.

The report is sorted in ascending order by Last Name, First Name, Resident Internal ID, A0310F value, and Discharge Date.

A total number of discharges is provided for each selected facility.
MDS 3.0 ERROR DETAIL BY FACILITY

The MDS 3.0 Error Detail by Facility report details the errors encountered in successful submissions made by or on behalf of a facility during a specified timeframe.

The criteria selection page (Figure 6-13) for the MDS 3.0 Error Detail by Facility report presents Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

Figure 6-13. CASPER Reports Submit Page – MDS 3.0 Error Detail By Facility

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include missing from and/or thru dates, the from date being after the thru date, and the use of future dates, alpha characters, or an incorrect date format.
The MDS 3.0 Error Detail by Facility report (Figure 6-14) lists the following about the errors encountered by the facility during the specified timeframe:

- Assessment ID
- Item Subset Code (ISC)
- Submission Date
- Error Number
- Error Description
- Error Type
- Field In Error
- Value In Error

**NOTE:** The MDS 3.0 Error Detail by Facility report may contain privacy information that should not be released to the public. Any alteration to the report is strictly prohibited.

**Figure 6-14. MDS 3.0 Error Detail by Facility Report**

An asterisk (*) indicates an empty value was submitted.

The report is sorted in ascending order by Submission Date, Assessment ID, and Error Number.
MDS 3.0 ERROR NUMBER SUMMARY BY FACILITY BY VENDOR

The MDS 3.0 Error Number Summary by Facility by Vendor report summarizes the errors encountered on assessments submitted by or on behalf of a facility during a specified timeframe.

The criteria selection page (Figure 6-15) for the MDS 3.0 Error Number Summary by Facility by Vendor report presents Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

**Figure 6-15. CASPER Reports Submit Page - MDS 3.0 Error Number Summary by Facility by Vendor**

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include missing from and/or thru dates, the from date being after the thru date, and the use of future dates, alpha characters, or an incorrect date format.

The MDS 3.0 Error Number Summary by Facility by Vendor report (Figure 6-16) summarizes the errors encountered by vendor during the specified timeframe as follows:

- Vendor Name
- Vendor Address
- Vendor E-Mail
- Error Number
- Error Message
- Number of Assessments Processed
- Number of Assessments with the Error
- Percentage of Assessments with the Error

**NOTE:** The MDS 3.0 Errors by Field by Facility report may contain privacy information that should not be released to the public. Any alteration to the report is strictly prohibited.

**Figure 6-16. MDS 3.0 Error Number Summary by Facility by Vendor**

<table>
<thead>
<tr>
<th>Error #</th>
<th>Error Description</th>
<th># of Assessments Processed</th>
<th># of Assessments with the Error</th>
<th>% of Assessments with the Error</th>
</tr>
</thead>
<tbody>
<tr>
<td>-3655</td>
<td>Inconsistent CN. A0100B does not match the CMS Certification Number (CN) in the QIES ASAP System database for the provider identified by the FAC ID in the file.</td>
<td>6,628</td>
<td>4,548</td>
<td>66.61%</td>
</tr>
<tr>
<td>-3810E</td>
<td>Record Submitted Late: The submission date is more than 1 day after X1103E (activation date) on this modification/inactivation record (A0050 equals 2 or 3).</td>
<td>6,628</td>
<td>4,548</td>
<td>66.61%</td>
</tr>
<tr>
<td>-1018</td>
<td>Inconsistent Record Sequence: Under CMS sequencing guidelines, the type of assessment in this record does not logically follow the type of assessment in the record received prior to this one.</td>
<td>6,628</td>
<td>4,532</td>
<td>66.37%</td>
</tr>
<tr>
<td>-1056</td>
<td>HIPPS/RUG Value Calculated: The submitted value of the Medicare Part A HIPPS code and the value displayed. If the assessment is to be used for Part A billing, please use this code for billing. If the assessment is not to be used for Part A billing, please ignore this warning.</td>
<td>6,628</td>
<td>4,520</td>
<td>66.29%</td>
</tr>
<tr>
<td>-1040</td>
<td>Assessment Completed Late: An OBRA assessment (comprehensive or quarterly) is due every quarter unless the resident is no longer in the facility. A prior record with an ARD (A2300) within 92 days of the submitted record could not be found.</td>
<td>6,628</td>
<td>3,528</td>
<td>51.67%</td>
</tr>
<tr>
<td>-1031</td>
<td>Resident Information Mismatch: Submitted value(s) for the item(s) listed do not match the values in the QIES ASAP database. If the record was accepted, the resident information in the database was updated. Verify that the new information is correct.</td>
<td>6,628</td>
<td>3,409</td>
<td>49.03%</td>
</tr>
</tbody>
</table>

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

The report is grouped by Vendor Name. Errors are sorted by number of errors in descending order and by Error Number in ascending order.

**NOTE:** Errors are listed once per facility and vendor.
The MDS 3.0 Errors by Field by Facility report lists the errors encountered in the fields of successful submissions made by or on behalf of a facility during a specified timeframe.

The criteria selection page (Figure 6-17) for the MDS 3.0 Errors by Field by Facility report presents *Date Criteria, from (mm/dd/yyyy), and thru (mm/dd/yyyy)* options.

**Figure 6-17. CASPER Reports Submit Page – MDS 3.0 Errors By Field By Facility**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

*from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include missing *from* and/or *thru* dates, the *from* date being after the *thru*
date, and the use of future dates, alpha characters, or an incorrect date format.

The MDS 3.0 Errors by Field by Facility report (Figure 6-18) summarizes the following for the fields in error in submissions during the specified timeframe.

- Field In Error
- Number of Submitted Assessments with Field in Error
- Number of Submitted Assessments Processed
- Percentage of Submission Assessments with Field in Error

**NOTE:** The MDS 3.0 Errors by Field by Facility report may contain privacy information that should not be released to the public. Any alteration to the report is strictly prohibited.

**Figure 6-18. MDS 3.0 Errors by Field by Facility Report**

![MDS 3.0 Errors by Field by Facility Report](image)

Errors are sorted in ascending order by Field in Error.

**NOTE:** Errors are listed once per facility.
MDS 3.0 MISSING ASSESSMENT

The MDS 3.0 Missing OBRA Assessment report lists the residents for whom the target date of the most recent OBRA assessment (other than a discharge or death record) is more than 138 days prior to the report run date. The report also includes residents for whom no OBRA record was submitted for a current episode that began more than 60 days prior to the report run date.

NOTE: Residents for whom the target date of all OBRA and PPS assessments is more than 730 days prior to the report run date are excluded from the report.

The criteria selection page (Figure 6-19) for the MDS 3.0 Missing OBRA Assessment report presents no options.

Figure 6-19. CASPER Reports Submit Page - MDS 3.0 Missing Assessment

The MDS 3.0 Missing OBRA Assessment (Figure 6-20) details the following for each resident in the facility where, for the last assessment received, the value of A0310F is not 10, 11, or 12 (discharge or death assessment) and the target date is more than 138 days in the past. The report also includes residents for whom no OBRA record was submitted for a current episode that began more than 60 days in the past.

NOTE: If no OBRA assessments exist for a resident but one or more PPS assessments do exist, the PPS assessment with the latest target date is displayed on the report.

- Resident Identifiers
  - Resident Internal ID
  - Resident Name (last name, first name)
  - Social Security Number (SSN)
  - Date of Birth
  - Gender
• Last Record Identifiers
  ○ OBRA A0310A (Federal OBRA Reason for Assessment/Tracking)
  ○ PPS A0310B (PPS Assessment)
  ○ Target Date

**NOTE:** The MDS 3.0 Missing OBRA Assessment report contains protected privacy information that should not be released to the public. Any alteration to the report is strictly prohibited.

**Figure 6-20. MDS 3.0 Missing OBRA Assessment**

The report is sorted in ascending order by Resident Name (Last, First).

**NOTE:** The information included in the report is only as current as the date of the last submission by the facility.
MDS 3.0 NH ASSESSMENT PRINT

The MDS 3.0 NH Assessment Print report details the most recent assessment items submitted for a select Assessment ID.

The criteria selection page (Figure 6-21) for the MDS 3.0 NH Assessment Print report presents an Assessment ID option.

**Figure 6-21. CASPER Reports Submit Page - MDS 3.0 NH Assessment Print**

![CASPER Reports Submit Page - MDS 3.0 NH Assessment Print](image)

You must enter a valid Assessment ID. Only those assessments submitted by or on behalf of the facility to which your User ID is authorized are allowed.

The MDS 3.0 NH Assessment Print report (Figure 6-22) details the following for the specified Assessment ID:

- State
- Facility ID
- Facility Name
- Resident Name
- Assessment ID
- Item Subset Code (ISC)
- Submitted Assessment Items
  - Assessment Item ID
  - Assessment Item Description
  - Assessment Item Value

**NOTE:** Only those items that are active for the ISC are included in the report.

**NOTE:** The MDS 3.0 NH Assessment Print report contains protected privacy information that should not be released to the public. Any alteration to the report is strictly prohibited.
Figure 6-22. MDS 3.0 NH Assessment Print

* Fictitious, sample data are depicted.

The value of an active item for which a blank was submitted is shown as a caret (^).

The value of a check box item that was checked is shown as Yes; the value of a check box item that was unchecked is shown as No.
The MDS 3.0 RFA Statistics report summarizes for a facility the reasons for assessment for accepted assessments submitted during a specified timeframe.

The criteria selection page (Figure 6-23) for the MDS 3.0 RFA Statistics report presents *Date Criteria*, from (mm/dd/yyyy), and thru (mm/dd/yyyy) options.

**Figure 6-23. CASPER Reports Submit Page - MDS 3.0 RFA Statistics**

*Date Criteria* defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday

*from (mm/dd/yyyy)* and *thru (mm/dd/yyyy)* dates are pre-filled based upon the *Date Criteria* option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include missing *from* and/or *thru* dates, the *from* date being after the *thru*
date, and the use of future dates, alpha characters, or an incorrect date format.

The MDS 3.0 RFA Statistics report (Figure 6-24) summarizes by reason for assessment (values of Item Subset Code [ISC], A0310A, A0310B, A0310C, A0310F, A0310G, and A0310H) accepted assessment records that were submitted within the specified timeframe.

Figure 6-24. MDS 3.0 RFA Statistics

The report is sorted in ascending order by ISC, A0310A, A0310B, A0310C, and A0310F.

Accepted record totals are provided for each ISC and the facility.
The MDS 3.0 Roster report lists residents of a facility for whom the latest accepted, federally required assessment is not a discharge assessment (A0310F = 10, 11, or 12) and the target date is less than 24 months prior to the report run date.

**NOTE:** When Target Dates are the same, a discharge assessment is assumed to have happened after an Entry assessment and the resident is excluded from the report.

The criteria selection page (Figure 6-25) for the MDS 3.0 Roster report presents no options.

**Figure 6-25. CASPER Reports Submit Page - MDS 3.0 Roster**

The MDS 3.0 Roster report (Figure 6-26) details the following for each resident where the value of A0310F submitted in the last assessment is not 10, 11, or 12.

- Resident Internal ID
- Social Security Number (SSN)
- Resident Name (last name, first name)
- Date of Birth (DOB)
- Gender/Race/Ethnicity
  - A=American Indian or Alaska Native
  - B=Asian
  - C=Black or African American
  - D=Hispanic or Latino
  - E=Native Hawaiian or Other Pacific Islander
  - F=White
- Item Subset Code (ISC)
- A0310A (Federal OBRA Reason for Assessment)
- A0310B (PPS Assessment)
- A0310C (PPS Other Medicare Required Assessment – OMRA)
- A0310F (Entry/discharge reporting)
- A0310H (SNF Part A PPS Discharge Assessment)
- Target Date
- Submission Date
- Admission Date
- Admission Type (Admission or Reentry)

**NOTE:** The MDS 3.0 Roster report contains protected privacy information that should not be released to the public. Any alteration to the report is strictly prohibited.

**Figure 6-26. MDS 3.0 Roster Report**

![MDS 3.0 Roster Report](image)

* Fictitious, sample data are depicted.

An asterisk (*) indicates an empty value was submitted.

The report is sorted in ascending order by Resident Name (Last, First).

**NOTE:** The information included in the report is only as current as the date of the last submission by the facility. Therefore, for example, if the facility has submitted no assessments in the last two weeks, the information on the report is two weeks old.

The total number of facility residents included in the report is provided.
MDS 3.0 SUBMISSION STATISTICS BY FACILITY

The MDS 3.0 Submission Statistics by Facility report summarizes the submissions made by or on behalf of a facility during a specified timeframe.

The criteria selection page (Figure 6-27) for the MDS 3.0 Submission Statistics by Facility report presents Date Criteria, from (mm/dd/yyyy) and thru (mm/dd/yyyy) options.

Figure 6-27. CASPER Reports Submit Page - MDS 3.0 Submission Statistics by Facility

Date Criteria defines the date range of the data to include in the report. The drop-down list includes the following options:

- Fiscal Year to Date
- Month to Date
- Prior Business Day
- Prior Business Week
- Prior Calendar Week
- Prior Fiscal Year
- Prior Month
- Prior Quarter
- Prior Year
- Quarter to Date
- Today
- Week to Date
- Year to Date
- Yesterday
from (mm/dd/yyyy) and thru (mm/dd/yyyy) dates are pre-filled based upon the Date Criteria option you selected. You can select different dates by using the calendar icons or by entering the information manually in mm/dd/yyyy format. An error message is presented if the date criteria are invalid. Examples include missing from and/or thru dates, the from date being after the thru date, and the use of future dates, alpha characters, or an incorrect date format.

The MDS 3.0 Submission Statistics by Facility report (Figure 6-28) provides the following details for each batch of assessments submitted during the specified period:

- Submission Date/Time
- Submission ID
- Records Processed
- Records Rejected
- Records Accepted
- Reject Percentage
- Vendor Name
Figure 6-28. MDS 3.0 Submission Statistics by Facility Report

<table>
<thead>
<tr>
<th>Submission Date / Time</th>
<th>Submission ID</th>
<th>Records Processed</th>
<th>Records Rejected</th>
<th>Records Accepted</th>
<th>Reject %</th>
<th>Vendor Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>5</td>
<td>0</td>
<td>5</td>
<td>0.00%</td>
<td>TEAM CARE CLINICAL SERVICES</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0.00%</td>
<td>THE DIMENSION GROUP</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.00%</td>
<td>THE MANAGER, INC.</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0.00%</td>
<td>THORNIBERRY LTD.</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.00%</td>
<td>THRESHOLD DATA TECHNOLOGY INC</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.00%</td>
<td>UDSMR</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0.00%</td>
<td>UNITED HEALTH CARE</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.00%</td>
<td>VENCOR INC.</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0.00%</td>
<td>WHITE OAK SYSTEMS, INC.</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>4</td>
<td>0</td>
<td>4</td>
<td>0.00%</td>
<td>WINCARE, INC.</td>
</tr>
<tr>
<td>05/03/2010 15:33:14</td>
<td>3717</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.00%</td>
<td>XDATA SOLUTIONS, INC.</td>
</tr>
<tr>
<td>04/27/2010 16:39:15</td>
<td>3683</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0.00%</td>
<td>OUTCOME CONCEPT SYSTEMS 5</td>
</tr>
<tr>
<td>04/27/2010 16:39:10</td>
<td>3682</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.00%</td>
<td>TAMPA</td>
</tr>
<tr>
<td>04/27/2010 16:39:01</td>
<td>3681</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.00%</td>
<td>TAMPA</td>
</tr>
<tr>
<td>04/27/2010 16:39:54</td>
<td>3680</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.00%</td>
<td>RH POSITIVE</td>
</tr>
<tr>
<td>04/27/2010 16:38:44</td>
<td>3679</td>
<td>1</td>
<td>0</td>
<td>1</td>
<td>0.00%</td>
<td>CARECENTRIC, INC.</td>
</tr>
<tr>
<td>04/27/2010 16:40:34</td>
<td>3677</td>
<td>2</td>
<td>0</td>
<td>2</td>
<td>0.00%</td>
<td>SIEMENS HEALTH SERVICES</td>
</tr>
<tr>
<td>04/27/2010 13:48:28</td>
<td>3676</td>
<td>3</td>
<td>0</td>
<td>3</td>
<td>0.00%</td>
<td>HEALTH CARE DATA SYSTEMS</td>
</tr>
</tbody>
</table>

Facility Totals: 2198 0 2198 0.00%

This report may contain privacy protected data and should not be released to the public.

Submissions are sorted in descending order by Submission Date/Time.
The following totals are provided for the facility:

- Records Processed
- Records Rejected
- Records Accepted
- Reject Percentage
MDS 3.0 VENDOR LIST

The MDS Vendor List report lists all current vendors for state with which the facility is associated.

The criteria selection page (Figure 6-29) for the MDS 3.0 Vendor List presents no options.

Figure 6-29. CASPER Reports Submit Page – MDS 3.0 Vendor List

The Vendor List report (Figure 6-30) details the following for the vendors submitting assessments for facilities in the state associated with the requestor’s facility:

- Vendor Name
- Vendor Address
- Contact
- Telephone Number/Extension
- Email Address
Vendors are listed in ascending order by Vendor Name and Vendor Employer Identification Number (EIN).