6

MDS 3.0 NURSING HOME (NH) PROVIDER REPORTS

GENERAL INFORMATION 3
MDS 0003D/0004D PACKAGE REPORT 5
PROVIDER HISTORY PROFILE 5
PROVIDER FULL PROFILE 8
MDS 3.0 ACTIVITY 12
MDS 3.0 ADMISSION/REENTRY 15
MDS 3.0 ASSESSMENTS WITH ERROR NUMBER XXXX 17
MDS 3.0 DISCHARGES 19
MDS 3.0 ERROR DETAIL BY FACILITY 21
MDS 3.0 ERROR NUMBER SUMMARY BY FACILITY BY VENDOR 23
MDS 3.0 ERRORS BY FIELD BY FACILITY 25
MDS 3.0 MISSING ASSESSMENT 27
MDS 3.0 NH ASSESSMENT PRINT 29
MDS 3.0 RFA STATISTICS 31
MDS 3.0 ROSTER 33
MDS 3.0 SUBMISSION STATISTICS BY FACILITY 35
MDS 3.0 VENDOR LIST 38

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.

GENERAL INFORMATION

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.

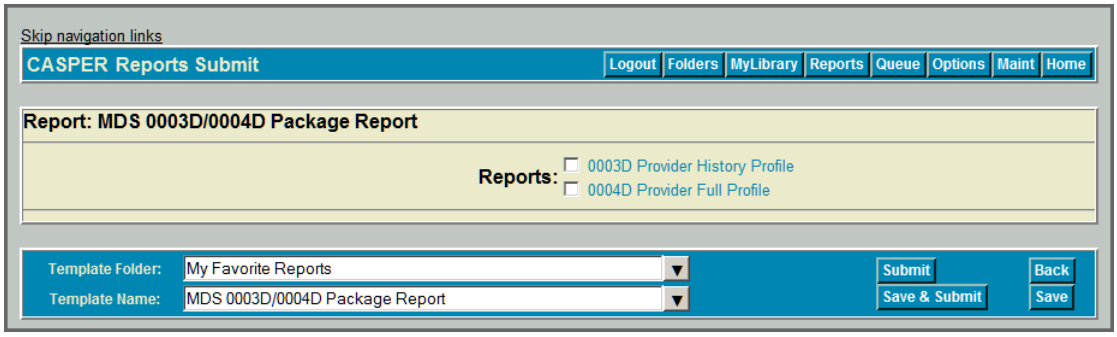
MDS 0003D/0004D PACKAGE REPORT

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



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)

Run Date: 11/18/2014
Job # 18382764

CASPER Report 0003D
Provider History Profile
Nevada

Last Update: 11/10/2014
Page 1 of 4

MOUNTAIN VIEW CARE CENTER
601 ADAMS BOULEVARD
BOULDER CITY, NV 89005
State's Region Code: LV
Compliance Status: Provider meets requirements based on an acceptable plan of correction

CCN: 295080
Phone Number: (702)293-5151
Participation Date: 08/01/2001

Provider Beds
Total: 87
Certified: 87

Provider Category: SNF/NF (DUAL)
Type Action: RECERTIFICATION
Type Ownership: FOR PROFIT - CORPORATION

Program Requirements

Current Survey/Revisit Dates - 04/05/2014

Prior 3 Survey 03/2011	S/S Code	Prior 2 Survey 03/2012	S/S Code	Prior 1 Survey 03/2013	S/S Code	Current Survey 02/21/2014	S/S Code	Plan/Date of Correction		Requirement
				X	D				REQ	F0387-FREQUENCY & TIMELINESS OF PHYSICIAN VISIT
									REQ	F0388-PERSONAL VISITS BY PHYSICIAN, ALTERNATE PA/NP
						X C	D	04/05/2014	REQ	F0411-ROUTINE/EMERGENCY DENTAL SERVICES IN SNFS
X	D								REQ	F0428-DRUG REGIMEN REVIEW, REPORT IRREGULAR, ACT ON
		X	D			X C	D	04/05/2014	REQ	F0431-DRUG RECORDS, LABEL/STORE DRUGS &
X	D	X	D						REQ	F0441-INFECTION CONTROL, PREVENT SPREAD, LINENS
		X	D	X	E	X C	B	04/05/2014	REQ	F0514-RES RECORDS-COMPLETE/ACCURATE/ACCESSIBLE
									REQ	F0520-QAA COMMITTEE-MEMBERS/MEET QUARTERLY/PLANS

LSC Deficiencies

Edition of LSC Applied

2000 EXIST Prior 3 Survey 03/2011	S/S Code	2000 EXIST Prior 2 Survey 03/2012	S/S Code	2000 EXIST Prior 1 Survey 03/2013	S/S Code	2000 EXIST Current Survey 02/21/2014	S/S Code	Plan/Date of Correction		LSC Deficiencies - Bldg # 01
									STD	K0039-CORRIDOR WIDTH
X	D								STD	K0047-EXIT SIGNS
				X	E				STD	K0052-TESTING OF FIRE ALARM
				X	F				STD	K0054-SMOKE DETECTOR MAINTENANCE
		X	D						STD	K0056-AUTOMATIC SPRINKLER SYSTEM
				X	D	X C	D	04/05/2014	STD	K0062-SPRINKLER SYSTEM MAINTENANCE
		X	C						STD	K0072-FURNISHING AND DECORATIONS
				X	D				STD	K0147-ELECTRICAL WIRING AND EQUIPMENT
				X	D				REQ	F0386-PHYSICIAN VISITS - REVIEW CARE/NOTES/ORDERS

I = Past Non-compliance C = Date of Correction N = No Date Given P = Plan of Correction R = Refused to Correct W = Waived F = FSES X = Deficient
* = Regional Office Flag (Includes COPs) ELE = Element STD = Standard COP = Condition REQ = Requirement

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

Figure 6-4. CASPER Report 0004D – Provider Full Profile (Page 1)

Run Date: 11/18/2014
Job # 18382774

CASPER Report 0004D
Provider Full Profile
Current Survey from 01/01/2014 thru 11/18/2014
Iowa

Last Update: 11/10/2014
Page 1 of 6

MANNING REGIONAL HEALTHCARE CE
410 MAIN STREET
MANNING, IA 51455
State's Region Code: 001
Compliance Status: Provider meets requirements based on an acceptable plan of correction

CCN: 16E069
Phone Number: (712)655-2072
Participation Date: 02/01/1977

Provider Beds
Total: 75
Certified: 56

Provider Category: NF
Type Action: RECERTIFICATION
Type Ownership: NONPROFIT - CORPORATION

LTC Resident Census

Resident Census on 05/08/2014
Total: 49
Medicare: 0
Medicaid: 25
Other: 24

Total Certified Beds: 56

SNF	SNF/NF	NF	ICF/IID
0	0	56	0

Program Requirements

Survey from 04/28/2014 thru 05/08/2014
Extended Survey from thru
Date Provider Signed POC: 06/27/2014
Revisit Dates: 06/02/2014

S/S Code	Tag #	Requirement	Plan/Date of Correction	Status of Deficiency	Providers Not Meeting Requirements State #	State %	Region #	Region %	Nation #	Nation %
D	F0241	DIGNITY AND RESPECT OF INDIVIDUALITY	06/02/2014	Corrected	3	12.0	15	12.6	59	12.3
D	F0323	FREE OF ACCIDENT	06/02/2014	Corrected	9	36.0	56	47.0	159	33.2
D	F0329	DRUG REGIMEN IS FREE FROM	06/02/2014	Corrected	8	32.0	51	42.8	126	26.3
E	F0363	MENUS MEET RES NEEDS/PREP IN	06/02/2014	Corrected	8	32.0	13	10.9	27	5.6

Building Characteristics

Building #	Type of Building	Edition of LSC Applied	LSC Compliance Status
01	BUILDING	2000 EXIST - HEALTH CARE	Provider meets requirements based on an acceptable POC

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

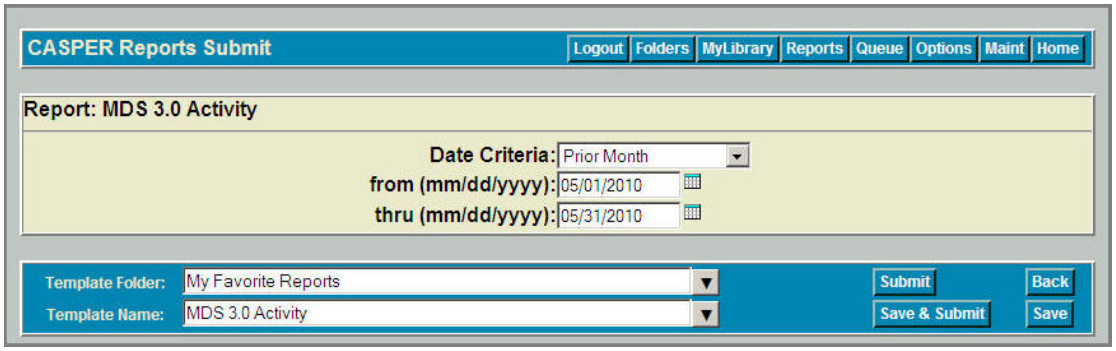
- Type of Deficiency
  - Total for Provider
  - Average Number of Deficiencies per Provider for the State, Region, and Nation

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*

Run Date: 10/07/2019
Page 19 of 19

CASPER Report
(IA) MDS 3.0 Activity
from 01/01/2018 thru 12/31/2018

Nursing Home
Facility ID:
Facility Name:
Facility City:

Note: * indicates an empty value.

Res. Intrnl ID/ SSN	Resident Name	Medicare Num	DOB	Gender	A0310 A/B/C/D/F/G/H	ISC	Target Date	Subm Date	CALC MCR RUG	CALC MCD RUG	A0050	X0800	X1100E
				F	02/99/0/^/99/^/0	NQ	03/20/2018	04/02/2018	LC160	SSB	1	*	^
				F	02/99/0/^/99/^/0	NQ	06/12/2018	06/25/2018	LC160	SSA	1	*	^
				F	02/99/0/^/99/^/0	NQ	09/27/2018	10/12/2018	ES360	SE2	1	*	^
				F	99/99/0/^/01/^/0	NT	08/10/2018	08/15/2018	*	*	1	*	^
				F	04/99/0/^/99/^/0	NC	07/17/2018	08/01/2018	HE160	SSC	1	*	^
				F	02/99/0/^/99/^/0	NQ	01/23/2018	02/06/2018	LD160	SSB	1	*	^
				F	02/99/0/^/99/^/0	NQ	04/17/2018	05/07/2018	LD160	SSB	1	*	^
				F	99/99/0/^/12/^/0	NT	07/17/2018	07/27/2018	*	*	1	*	^
				F	99/01/0/^/11/2/1	NP	05/09/2017	08/08/2018	RVC10	SE2	2	01	08/08/2018

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 are depicted.

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

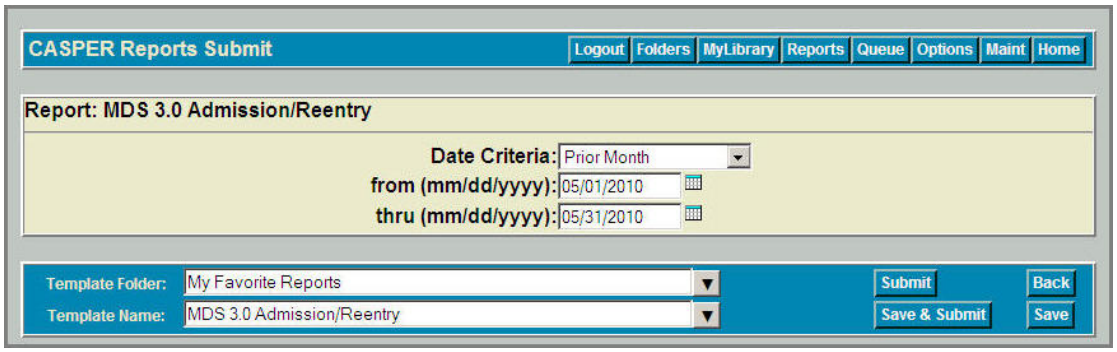
The report is sorted in ascending order by Last Name, First Name, Resident ID, ISC, Submission Date, A0050, X0800, and Target Date.

MDS 3.0 ADMISSION/REENTRY

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*

Run Date: 07/28/2011 Page 1 of 1

CASPER Report
(NV) MDS 3.0 Admission/Reentry
from 06/01/2011 thru 06/30/2011

Nursing Home
Facility ID: FIFI01
Facility Name: FIFI01
Facility City: SACRAMENTO

Res. Intrnl ID/ SSN	Resident Name	DOB	Gender	ISC	A0310F	Entry Type	Entry Date	Submission Date
20243687 [redacted]	EXTRCT734, [redacted]	[redacted]	M	NT	01	Entry	06/28/2011	06/29/2011

Total number of Admission/Reentries = 1

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

* Fictitious, sample data are depicted.

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

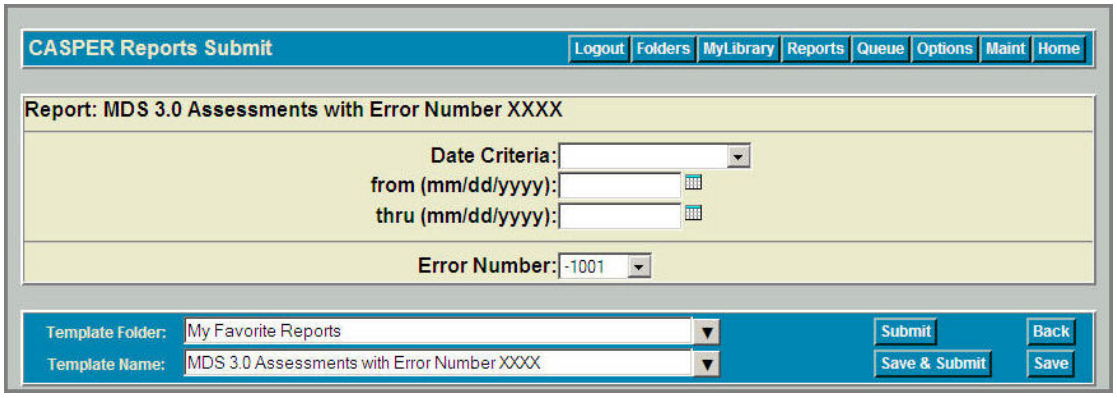
A total number of admissions/reentries is provided for each selected facility.

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*

Run Date: 08/02/2019
Page 1 of 10

CENTERS FOR MEDICARE & MEDICAID SERVICES

CASPER Report
(NC) MDS 3.0 Assessments with Error Number
-1014, -1056, -3695, -3749b, -3810b
from 01/01/2019 thru 08/02/2019

Error Number: -1014 - WARNING
Error Description: New Software Vendor: The submitted software vendor ID number was not found in the QIES ASAP System. A new vendor record was added.

Nursing Home
Facility ID:
Facility Name:
Facility City:

Submission Date	Resident Name	Assessment ID	Field in Error Value in Error
04/23/2019		177834502	SFTWR_VNDR_ID 521230861

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 are depicted.

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

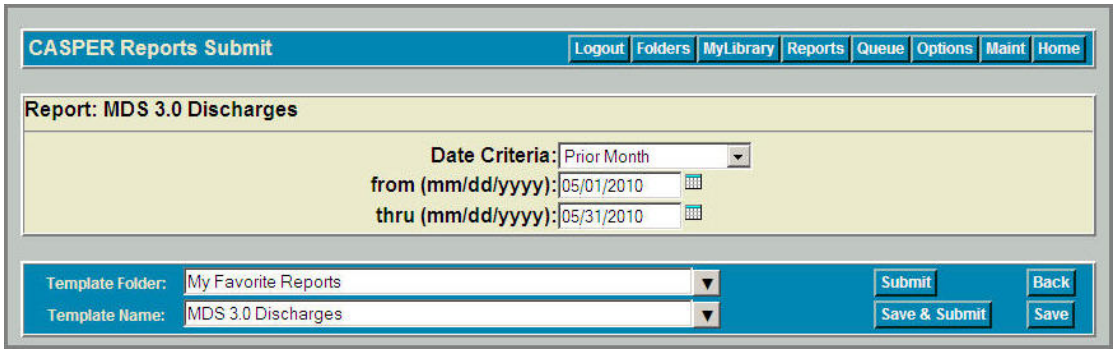
The report is sorted in ascending order by State Code, Facility ID, Error Number, Submission Date, Resident/Patient Name, Assessment ID, Field in Error, and Value in Error.

MDS 3.0 DISCHARGES

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



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*

Run Date: 06/09/2016
Page 1 of 1

CASPER Report
(IA) MDS 3.0 Discharges
from 10/01/2016 thru 10/26/2016

Nursing Home
Facility ID: IA0749
Facility Name: LUTHERAN RETIREMENT HOME
Facility City: NORTHWOOD

Resident Internal ID	SSN	Resident Name	ISC	A0310F	A0310G	A0310H	A2100	Discharge Date	Submission Date
36029977	[illegible]	[illegible]	NC	10	1	0	01	10/06/2016	10/24/2016
36029978	[illegible]	[illegible]	NC	10	1	0	01	10/06/2016	10/24/2016
36029979	[illegible]	[illegible]	NSD	10	1	0	01	10/06/2016	10/24/2016

Total Number of Discharges = 3

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 are depicted.

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

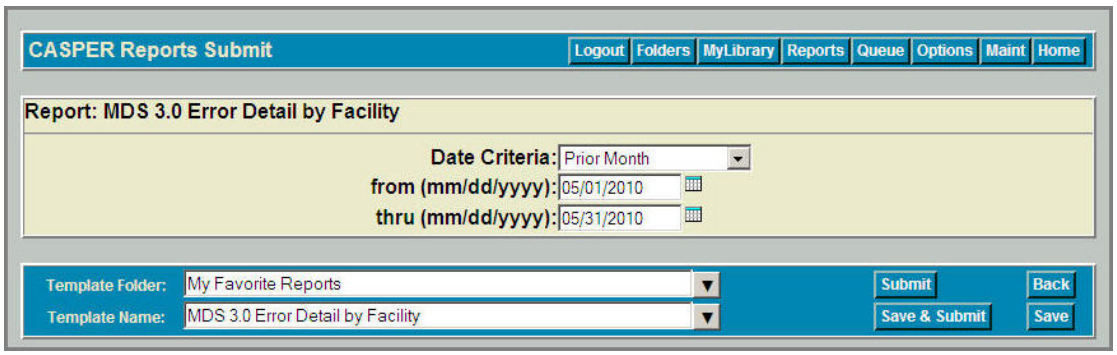
A total number of discharges is provided for each selected facility.

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

Run Date: 08/06/2019
Page 1 of 7

CASPER Report
(IA) MDS 3.0 Error Detail by Facility
from 10/01/2018 thru 10/19/2019

Nursing Home
Facility ID:
Facility Name:
Facility City:

Note: [*] indicates an empty value.

Assessment ID: 175781864
ISC: NT
Submission Date: 10/08/2018

Error Number	Error Description	Error Type	Field In Error	Value In Error
-1031	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.	WARNING	Death Date	Old: New: 10/04/2018

Assessment ID: 175996228
ISC: NQ
Submission Date: 10/10/2018

Error Number	Error Description	Error Type	Field In Error	Value In Error
-1040	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.	WARNING	Current Target Date, Edit Type	10/10/2018, QUARTERLY

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

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

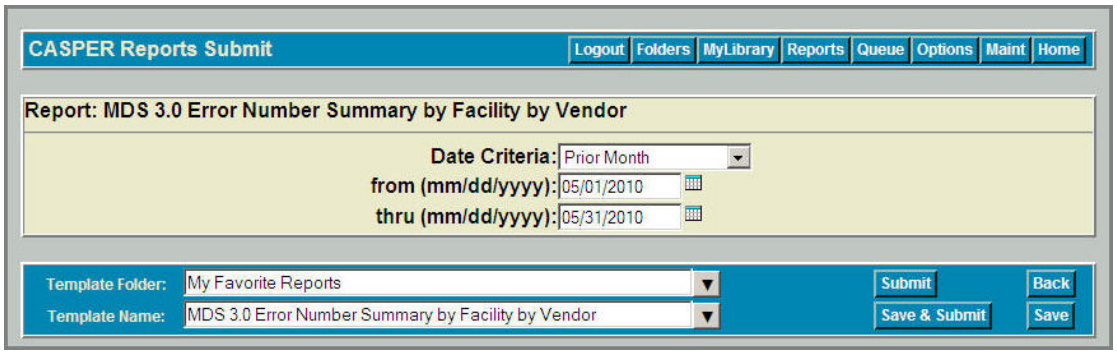
The report is sorted in ascending order by Submission Date, Assessment ID, and Error Number.

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

CMS
CENTERS FOR MEDICARE & MEDICAID SERVICES

Run Date: 08/07/2019
Page 2 of 4

CASPER Report
(NV) MDS 3.0 Error Number Summary by Facility by Vendor
from 01/01/2019 thru 08/07/2019

Nursing Home
Facility ID:
Facility Name:
Facility City:

Vendor Name: CMS
Vendor Address:
Vendor E-mail: help@qtso.com

Error #	Error Description	# of Assessments Processed	# of Assessments with the Error	% of Assessments with the Error
-3695	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.	6,828	4,548	66.61 %
-3810e	Record Submitted Late: The submission date is more than 14 days after X1100E (attestation date) on this modification/inactivation record (A0050 equals 2 or 3).	6,828	4,548	66.61 %
-1018	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.	6,828	4,532	66.37 %
-1056	HIPPS/RUG Value Calculated: The submitted value of the Medicare Part A HIPPS code is blank. The QIES ASAP system calculated the HIPPS code and the value displayed. IF the assessment is to be used for Part A payment, please use this code for billing. If the assessment is not to be used for Part A billing, please ignore this warning.	6,828	4,520	66.20 %
-1040	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.	6,828	3,528	51.67 %
-1031	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.	6,828	3,409	49.93 %

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.

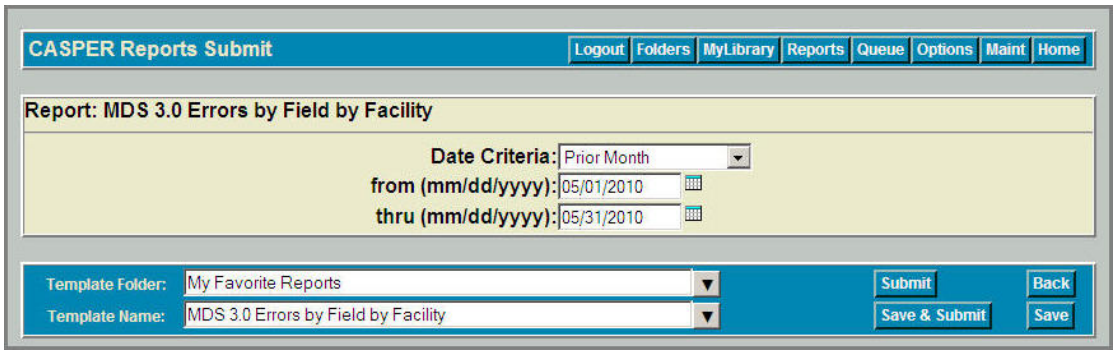
NOTE: Errors are listed once per facility and vendor.

MDS 3.0 ERRORS BY FIELD BY FACILITY

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

Run Date: 08/07/2019
Page 1 of 2

CASPER Report
(NV) MDS 3.0 Errors by Field by Facility
from 01/01/2019 thru 08/07/2019

Nursing Home
Facility ID:
Facility Name:
Facility City:

Field In Error	# of Submitted Assessments with Field In Error	# of Submitted Assessments Processed	% of Submitted Assessments with Field In Error
A0050, Existing record MDS_ASMT_ID, MDS_SUBMSN_ID	1	6828	0.01%
A0050, Submission Date, X1100E	4548	6828	66.61%
A0100B, Current Value	4548	6828	66.61%
A0310A, Submission Date, V0200C2, A0050	1236	6828	18.10%
A0310F, Submission Date, A1600, A0050	2	6828	0.03%
A0310F, Submission Date, A2000, A0050	2	6828	0.03%
A0600B	3409	6828	49.93%
Current Record Type, Prior Record: A0310A, A0310B, A0310F	4532	6828	66.37%
Current Target Date, Edit Type	3528	6828	51.67%
M0300B1	812	6828	11.89%
M0300B2	1000	6828	14.65%
M0300C1	812	6828	11.89%
M0300C2	812	6828	11.89%
M0300D1	804	6828	11.78%
M0300D2	804	6828	11.78%
M0300E1	820	6828	12.01%
M0300E2	820	6828	12.01%
M0300F1	828	6828	12.13%
M0300F2	828	6828	12.13%
M0300G1	820	6828	12.01%
M0300G2	1428	6828	20.91%
Prior record, Current Target Date, Edit Type	2136	6828	31.28%
RESIDENT_INTERNAL_ID	1137	6828	16.65%
Submission Date, A0050, Z0500B	1034	6828	15.14%
USERID, STATE, FAC_ID	1	6828	0.01%
X1100E	4	6828	0.06%
Z0100A, RECALCULATED_Z0100A	4520	6828	66.20%
Z0150A, RECALCULATED_Z0150A	4520	6828	66.20%
Z0150B, RECALCULATED_Z0150B	80	6828	1.17%

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

Errors are sorted in ascending order by Field in Error.

NOTE: Errors are listed once per facility.

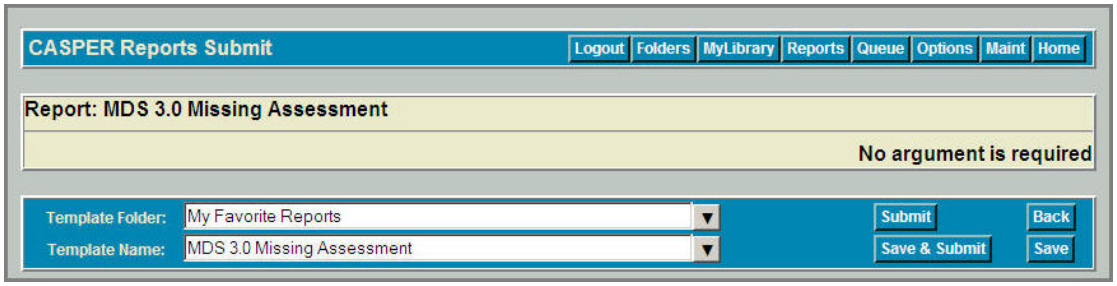
MDS 3.0 MISSING ASSESSMENT

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*

Run Date: 08/07/2019
Page 1 of 1

CASPER Report
(AK) MDS 3.0 Missing OBRA Assessment

Nursing Home
Facility ID:
Facility Name:
Facility City:

Resident Identifiers:					Last Record Identifiers:		
Resident Internal ID	Resident Name	SSN	Date of Birth	Gender	OBRA A0310A	PPS A0310B	Target Date
45428625				F	99	99	05/10/2019
45429806				F	99	99	05/10/2019

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 are depicted.

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

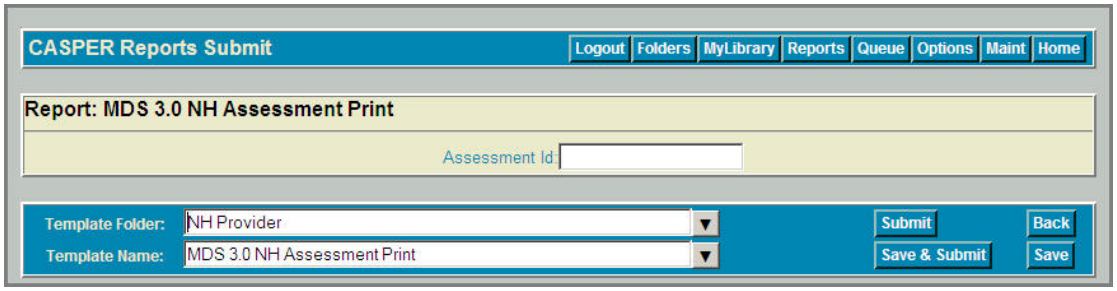
NOTE: The information included in the report is only as current as the date of the last submission by the facility.

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



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*

CASPER Report
MDS 3.0 NH Assessment Print

Run Date: 08/07/2019
Page 1 of 24

State: NJ
Facility ID: [illegible]
Facility Name: [illegible]
Resident Name: [illegible]
Assessment ID: 178700547
ISC: NC - Nursing Home: Comprehensive

Additional Fields

ITM SBST CD	ITEM SUBSET CODE	NC - NURSING HOME COMPREHENSIVE ASSESSMENT
ITM SET VRSN CD	ITEM SET VERSION CODE	1.17 - EIGHTH UPDATE TO MDS 3.0 ITEM SET (EFFECTIV 10/1/2019)
SPEC VRSN CD	SPECIFICATIONS VERSION CODE	3.00 - TWELFTH UPDATE TO DATA SPECIFICATIONS (EFFECTIVE 10/1/2019)
STATE CD	FACILITY'S STATE POSTAL CODE	NJ - NEW JERSEY
SFTWR PROD NAME	SOFTWARE PRODUCT NAME	JRAVEN
SFTWR PROD VRSN CD	SOFTWARE PRODUCT VERSION CODE	1.1.9
FAC DOC ID	FACILITY DOCUMENT ID	^

Section A: Identification Information

A0050	TYPE OF TRANSACTION (FORMERLY X0100)	1 - ADD NEW RECORD
A0100A	FACILITY NATIONAL PROVIDER IDENTIFIER (NPI)	^
A0100B	FACILITY CMS CERTIFICATION NUMBER (CCN)	315352
A0100C	STATE PROVIDER NUMBER	^
A0200	TYPE OF PROVIDER	1 - NURSING HOME (SNF/NF)
A0300A	STATE PAYMENT ASSESSMENT PURPOSE	0 - NO
A0310A	TYPE OF ASSESSMENT: OBRA	01 - ADMISSION ASSESSMENT (REQUIRED BY DAY 14)
A0310B	TYPE OF ASSESSMENT: PPS	01 - 5-DAY SCHEDULED ASSESSMENT
A0310E	FIRST ASSESSMENT SINCE MOST RECENT ENTRY	0 - NO
A0310F	ENTRY/DISCHARGE REPORTING	10 - DISCHARGE ASSESSMENT - RETURN NOT ANTICIPATED
A0310G	PLANNED/UNPLANNED DISCHARGE	1 - PLANNED
A0310G1	INTERRUPTED STAY	0 - NO
A0310H	SNF PPS PART A DISCHARGE (END OF STAY) ASSESSMENT	0 - NO
A0410	SUBMISSION REQUIREMENT	3 - UNIT IS MEDICARE AND/OR MEDICAID CERTIFIED
A0500A	RESIDENT FIRST NAME	[illegible]
A0500B	RESIDENT MIDDLE INITIAL	^
A0500C	RESIDENT LAST NAME	[illegible]
A0500D	RESIDENT NAME SUFFIX	^
A0600A	SOCIAL SECURITY NUMBER	[illegible]
A0600B	MEDICARE NUMBER	[illegible]
A0700	MEDICAID NUMBER	^
A0800	GENDER	1 - MALE
A0900	BIRTHDATE	[illegible]
A1000A	ETHNICITY: AMERICAN INDIAN OR ALASKA NATIVE	0 - NOT CHECKED (NO)

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 are depicted.

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

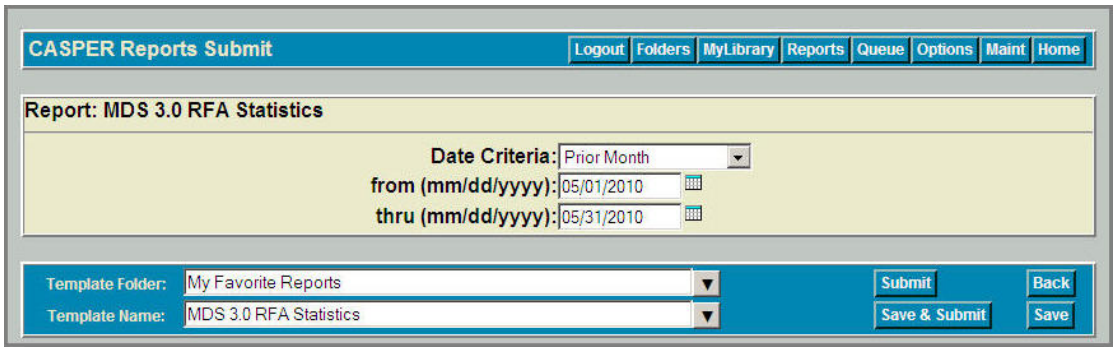
The value of a check box item that was checked is shown as Yes; the value of a check box item that was unchecked is shown as No.

MDS 3.0 RFA STATISTICS

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

Run Date: 06/09/2016
Page 1 of 1

CASPER Report
(IA) MDS 3.0 RFA Statistics
from 10/01/2016 thru 10/26/2016

Nursing Home
Facility ID: IA0749
Facility Name: LUTHERAN RETIREMENT HOME
Facility City: NORTHWOOD

	ISC	A0310A	A0310B	A0310C	A0310F	A0310G	A0310H	Accepted Records
	NC	01	01	0	10	1	0	2
Subtotal: NC								2
	NPE	99	99	0	99	^	1	1
Subtotal: NPE								1
	NSD	99	07	1	10	1	0	1
Subtotal: NSD								1
Facility Total: 4								

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

Accepted record totals are provided for each ISC and the facility.

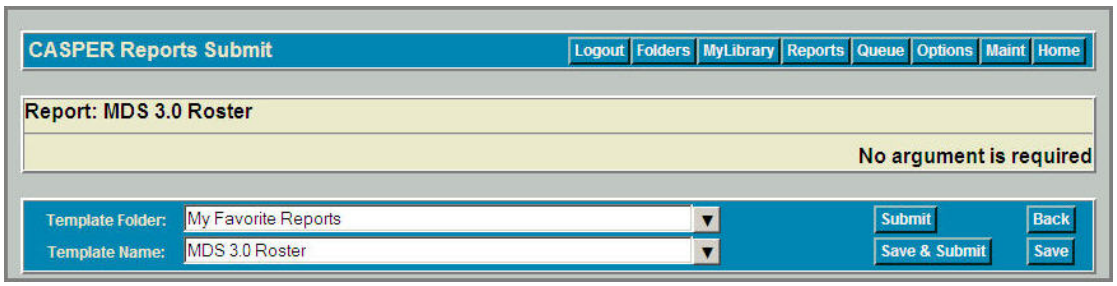
MDS 3.0 ROSTER

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*

Run Date: 10/05/2020
Page 5 of 6

CASPER Report
(IA) MDS 3.0 Roster

Nursing Home
Facility ID:
Facility Name:
Facility City:
Date of Last Facility Production Submission: 11/10/2018 2:40 AM

Note: * indicates an empty value.

Resident Internal ID	SSN	Resident Name	DOB	Gender/ Race/Ethnicity	ISC	A0310A/B/C/F/H	Target Date	Submission Date	Admission Date	Admission Type
7078230				F F	NC	01 / 99 / 0 / 99 / 0	10/15/2018	10/24/2018	10/08/2018	Admission
44758092				M F	NP	99 / 03 / 0 / 99 / 0	10/19/2018	11/01/2018	09/21/2018	Admission
38803227				F F	NQ	02 / 99 / 0 / 99 / 0	10/17/2018	11/01/2018	11/20/2016	Reentry
33028879				F F	NC	03 / 99 / 0 / 99 / 0	10/17/2018	11/01/2018	07/07/2017	Reentry
29715064				M F	NC	01 / 99 / 0 / 99 / 0	11/03/2018	11/10/2018	10/27/2018	Admission
33660844				F F	NT	99 / 99 / 0 / 01 / 0	11/05/2018	11/10/2018	11/05/2018	Admission
33605439				F F	NQ	02 / 99 / 0 / 99 / 0	10/10/2018	10/24/2018	04/07/2018	Admission
43991516				F F	NQ	02 / 99 / 0 / 99 / 0	10/19/2018	11/01/2018	10/03/2018	Reentry

Total Residents = 32

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 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.

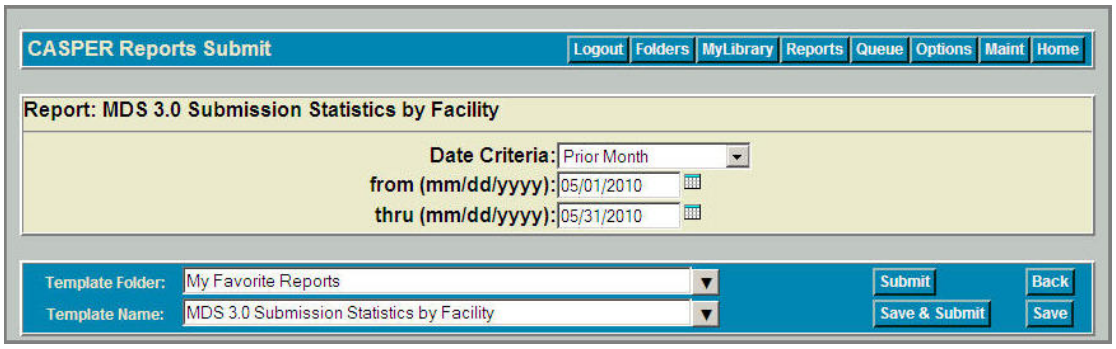
The total number of facility residents included in the report is provided.

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

Run Date: 05/07/2010

Page 20 of 20

CASPER Report
(IN) MDS 3.0 Submission Statistics by Facility
from 04/01/2010 thru 05/07/2010

Nursing Home
Facility ID: MDS50
Facility Name: MDS 50 CHARACTER LENGTH LONG FACILITY NAME TESTING
Facility City: NEW BOSTON

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

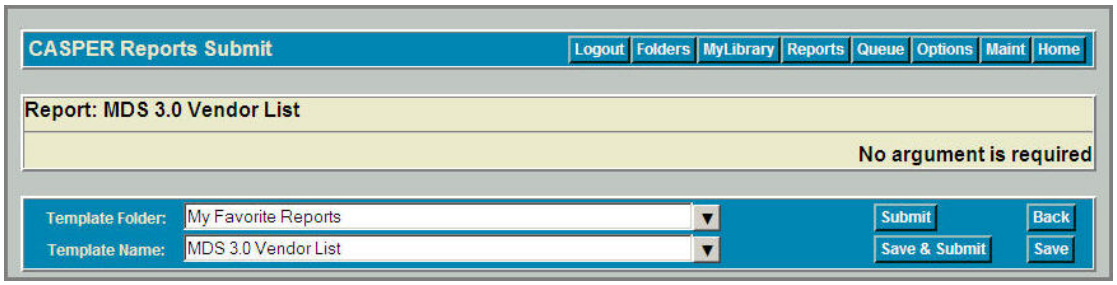
- Records Processed
- Records Rejected
- Records Accepted
- Reject Percentage

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

Figure 6-30. MDS Vendor List

Run Date: 04/05/2010 Page 31 of 31

CASPER Report
(NV) MDS Vendor List

Vendor Name: WINCARE, INC.
Vendor Address:

Contact:
Telephone Number: **Extension:**
E-mail address: J

Vendor Name: XDATA SOLUTIONS, INC.
Vendor Address:

Contact:
Telephone Number: **Extension:**
E-mail address: 0

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

Vendors are listed in ascending order by Vendor Name and Vendor Employer Identification Number (EIN).