MDS 3.0 SWING BED (SB) PROVIDER REPORTS

GENERAL INFORMATION ........................................................................................................2
MDS 3.0 SB ASSESSMENT PRINT ........................................................................................4
MDS 3.0 SB ASSESSMENTS WITH ERROR NUMBER XXXX ..............................................6
GENERAL INFORMATION

MDS 3.0 Swing Bed (SB) Provider reports are requested on the CASPER Reports page (Figure 8-1).

Figure 8-1. CASPER Reports Page – MDS 3.0 SB Provider Report Category

1. Select the MDS 3.0 SB Provider link from the Report Categories frame on the left. A list of the individual MDS SB 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.

4. Refer to Section 2, Functionality, of the CASPER Reporting User’s Guide for assistance in viewing, printing, saving and exporting the reports you request.
**NOTE:** MDS 3.0 reports are automatically purged after 60 days.

**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.
MDS 3.0 SB ASSESSMENT PRINT

The MDS 3.0 SB Assessment Print report details the most recent federally required assessment items submitted in a select Assessment ID.

The criteria selection page (Figure 8-2) for the MDS 3.0 SB Assessment Print report presents an Assessment ID option.

Figure 8-2. CASPER Reports Submit Page - MDS 3.0 SB Assessment Print

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

NOTE: Only those assessments with A0410 = 3 are available for reporting.

The MDS 3.0 SB Assessment Print report (Figure 8-3) details the following for the specified Assessment ID:

- State
- Facility ID
- Swing Bed Name
- Resident Name
- Assessment ID
- Item Subset Code (ISC)
- Submitted Assessment Items
  - Assessment Item ID
  - Assessment Item Description
  - Assessment Item Value
**Figure 8-3. MDS 3.0 SB Assessment Print**

![Figure 8-3. MDS 3.0 SB Assessment Print](image)

* Fictitious, sample data is depicted.

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

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.

**NOTE:** The MDS 3.0 SB Assessment Print report contains privacy information.
The MDS 3.0 SB Assessments with Error Number XXXX report lists the submitted assessments in which a specified error was encountered during a specified period.

The criteria selection page (Figure 8-4) for the MDS 3.0 SB Assessments with Error Number XXXX report presents Date Criteria, from (mm/dd/yyyy), thru (mm/dd/yyyy), and Error Number options.

**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 SB Assessments with Error Number XXXX report (Figure 8-5) details the following for the assessments submitted with the specified error during the specified timeframe.

- Submission Date
- Resident Name (last name and first name)
- Assessment ID
- Field in Error
- Value in Error

**Figure 8-5. MDS 3.0 SB Assessments with Error Number XXXX Report***

![Report Image]

* Fictitious, sample data is depicted.

The report is sorted in ascending order by State Code, Swing Bed ID, Error Number, Submission Date, last name, first name, and Assessment ID.