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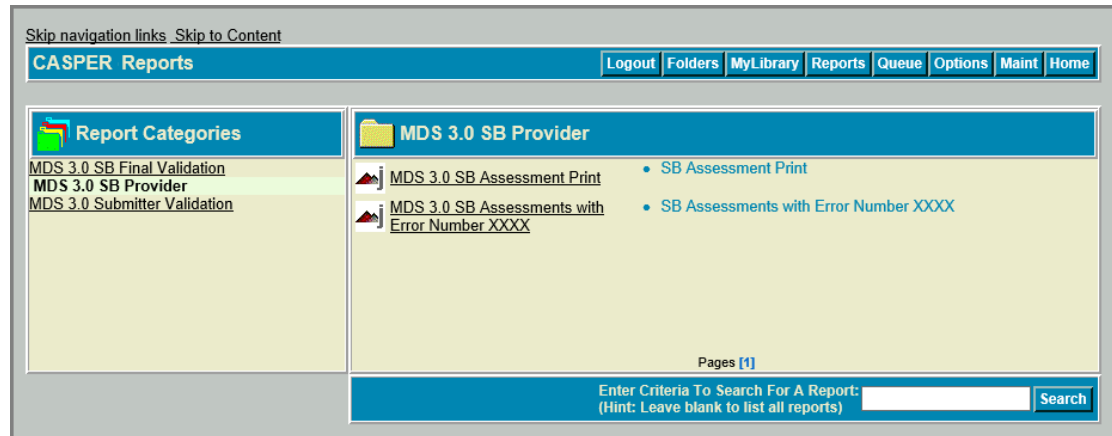
MDS 3.0 SWING BED (SB) PROVIDER REPORTS

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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

CASPER Reports Submit Logout Folders MyLibrary Reports Queue Options Maint Home

Report: MDS 3.0 SB Assessment Print

Assessment ID:

Template Folder: SB Reports Submit Back

Template Name: MDS 3.0 SB Assessment Print Save & Submit Save

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

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

Figure 8-3. MDS 3.0 SB Assessment Print – Excerpt*

		CASPER Report MDS 3.0 SB Assessment Print	Run Date: 05/16/2019 Page 1 of 3
State: IA Facility ID: ██████████ Swing Bed Name: ██████████ Resident Name: ██████████ Assessment ID: 158883568 ISC: ST - Swing Bed: Tracking (entry/expired)			
Additional Fields			
ITM SBST CD	ITEM SUBSET CODE	ST - SWING BED TRACKING RECORD (ENTRY/DEATH RECORD)	
ITM SET VRSN CD	ITEM SET VERSION CODE	1.17 - EIGHTH UPDATE TO MDS 3.0 ITEM SET (EFFECTIVE 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	IA - IOWA	
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)	██████████	
A0100C	STATE PROVIDER NUMBER	^	
A0200	TYPE OF PROVIDER	2 - SWING BED	
A0300A	STATE PAYMENT ASSESSMENT PURPOSE	0 - NO	
A0310A	TYPE OF ASSESSMENT: OBRA	99 - NONE OF THE ABOVE	
A0310B	TYPE OF ASSESSMENT: PPS	99 - NONE OF THE ABOVE	
A0310E	FIRST ASSESSMENT SINCE MOST RECENT ENTRY	0 - NO	
A0310F	ENTRY/DISCHARGE REPORTING	12 - DEATH IN FACILITY TRACKING RECORD	
A0310G	PLANNED/UNPLANNED DISCHARGE	^ - BLANK (SKIP PATTERN)	
A0310H	SNF PPS PART A DISCHARGE (END OF STAY) ASSESSMENT	0 - NO	
A0410	SUBMISSION REQUIREMENT	3 - UNIT IS MEDICARE AND/OR MEDICAID CERTIFIED	
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.

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.

MDS 3.0 SB ASSESSMENTS WITH ERROR NUMBER XXXX

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.

Figure 8-4. CASPER Reports Submit Page - MDS 3.0 SB Assessment Print

The screenshot shows the 'CASPER Reports Submit' page. At the top, there are navigation links: 'Logout', 'Folders', 'MyLibrary', 'Reports', 'Queue', 'Options', 'Maint', and 'Home'. Below this is a blue header bar with the text 'CASPER Reports Submit'. The main content area is titled 'Report: MDS 3.0 SB Assessments with Error Number XXXX'. It contains a 'Date Criteria' dropdown menu set to 'Prior Month', and two date input fields: 'from (mm/dd/yyyy): 06/01/2018' and 'thru (mm/dd/yyyy): 06/30/2018', each with a calendar icon. Below these is an 'Error Number' dropdown menu with a list of options: -1001, -1002, -1003, -1004, -1005, -1006, -1007, and -1008. At the bottom, there are two dropdown menus: 'Template Folder: My Favorite Reports' and 'Template Name: MDS 3.0 SB Assessments with Error Number XXXX'. To the right of these are four buttons: 'Submit', 'Back', 'Save & Submit', and 'Save'.

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
- Patient Name (last name and first name)
- Assessment ID
- Field in Error
- Value in Error

NOTE: The MDS 3.0 SB 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 8-5. MDS 3.0 SB Assessments with Error Number XXXX Report*

		CASPER Report (SD) MDS 3.0 SB Assessments with Error Number -1007, -1031, -1032, -3783, -3895b from 10/01/2018 thru 10/31/2019		Run Date: 07/22/2019 Page 5 of 6
Error Number: -3783 - FATAL Error Description: Inconsistent X0800 Value: The submitted modification value submitted in X0800 is not incremented by one 1 from the previously submitted modification value for this record.				
Hospital Hospital ID: [REDACTED] Hospital Name: [REDACTED] Hospital City: [REDACTED]				
Submission Date	Patient Name	Assessment ID	Field in Error Value in Error	
10/17/2018	[REDACTED]	176348396	Previous X0800, New X0800 0,2	
11/08/2018	[REDACTED]	177707003	Previous X0800, New X0800 1,1	
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, Provider Internal Number, Error Number, Submission Date, Last Name, First Name, Assessment ID, and Value in Error.