Welcome to MDS 3.0 Training 2025 Session #6

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Disclaimer:

This presentation is not a substitute for reading and reviewing the

Long-Term Care Resident Assessment Instrument 3.0 User's Manual

Version 1.20. 1, October 2025

Item Sets Version 1.20.3 October 2025

or

State Operations Manual Appendix PP

Revised 7/23/25

Objectives
Participants will:

- Review the Use of Section X
- Understand the Importance of Section Z
- Recognize the Importance of Timely Transmissions
- Helpful Resources

Section X:
Correction Request

- Intent: The purpose of Section X is to identify an MDS record to be modified or inactivated. Section X is only completed if Item A0050, Type of Record, is coded a 2 (Modify existing record) or a 3 (Inactivate existing record). In Section X, the facility must reproduce the information EXACTLY as it appeared on the existing erroneous record, even if the information is incorrect. This information is necessary to locate the existing record in the Internet Quality Improvement and Evaluation System (iQIES) system.
- Corrections/modifications should be made within 14 days of discovery and submitted within 14 days of the attestation date.

Section X (continued)
Major vs Minor Errors

- **Check your validation reports.**
- Significant Error is an error in an assessment where:
  - 1. the resident's overall clinical status is not accurately represented and
  - 2. the error has not been corrected via submission of a more recent assessment. RAI page 2-23 through 2-33
- Minor errors are all other errors related to coding the MDS.

Section X: A0050 Modifications (continued)

- Create a corrected MDS record with all item included, not just the items in error.
- Complete Section X (correction request) to identify the record that needs to be modified and include with the corrected record.
- Submit both the Section X and the corrected record to iQIES.
- A hard copy of the Section X must be kept with corrected paper copies of the MDS record in the clinical file to track changes. A hard copy of Section X should also be kept with any inactivated record.

Inactivation vs Modification

- Modification can be used for most items
- Entry and discharge dates, ARD when it was a typographical error and when type of assessment does not change the item set.
- Inactivation needs to be followed by a new record with a new ARD.
- Correction/Deletion request is required to correct: Unit Certification or Licensure Designation (A0410).
- Accidental transmission of a resident who never entered the facility.
- The facility must submit a request to the state MDS Coordinator to have these problems fixed. See chapter 5 pages 13-14 for more information.

Section X: Correcting Significant Errors(continued)

- When any significant error is discovered in an OBRA comprehensive or quarterly assessment in the iQIES system, the nursing home must take the following actions to correct the OBRA assessment:
- Create a corrected record with all items included, not just the items in error.
- Complete the required correction request section X items and include with the corrected record. Item A0050 should have a value of 2, indicating a modification request.
- Submit this modification request record.
- Perform a new Significant Correction to Prior Assessment (SCPA) or Significant Change in Status Assessment (SCSA) and update the care plan as necessary.

Section Z:
Assessment Administration

- The intent of the items in this section is to provide billing information and signatures of persons completing the assessment.
- Rational: Used to capture the Patient Driven Payment Model (PDPM) case mix version code followed by Health Insurance Prospective Payment System (HIPPS) modifier based on type of assessment.

HIPPS Codes

- DEFINITION HIPPS CODE:
- Health Insurance Prospective Payment System code is comprised of the PDPM case mix code, which is calculated from the assessment data. The first four positions of the HIPPS code contain the PDPM classification codes for each PDPM component to be billed for Medicare reimbursement, followed by an indicator of the type of assessment that was completed.

HIPPS Codes

- 1st Character: PT/OT Payment Group
- 2nd Character: SLP Payment Group
- 3rd Character: Nursing Payment Group
- 4th Character: NTA Payment Group
- 5th Character: PPS Assessment Indictor Code
- See RAI Chapter 6: MEDICARE SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM (SNF PPS)
- https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/SNFPPS/PDPM.html

Section Z: Assessment Administration

- Z0400: Signatures of all persons who completed any part of the MDS.
  - Legally, it is an attestation of accuracy with the primary responsibility for its accuracy with the person selecting the MDS item response. Each person completing a section or portion of a section of the MDS is required to sign the Attestation Statement.
  - Read the Attestation Statement carefully. You are certifying that the information you entered on the MDS, to the best of your knowledge, most accurately reflects the resident's status. Penalties may be applied for submitting false information.

Assessment Administration continued

- Z0500: Signature of the RN Assessment Coordinator
  - Federal regulation requires the RN assessment coordinator to sign and thereby certify that the assessment is complete. F641
  - The RN assessment coordinator is not certifying the accuracy of portions of the assessment that were completed by other health professionals.

Signature Date

- Signature Date:
  - Gathering information from staff, family or significant others about the resident's status should be done after the observation period ends so as to capture information from the entire look back period.
  - All staff who completed any part of the MDS must enter their signatures, titles, sections or portion(s) of section(s) they completed, and the date completed.
  - If a staff member cannot sign Z0400 on the same day that they completed a section or portion of a section, when the staff member signs, use the date the item originally was completed.

Transmitting MDS Data

- From RAI page 5-1:
- Assessments that are completed for purposes other than OBRA and SNF PPS reasons are not to be submitted, e.g., private insurance, including but not limited to Medicare Advantage Plans.

Validation Reports

- *Please* review your transmission validation reports regularly.
  - Reviewing will help you identify and correct errors
  - Reviewing will help prevent “missing assessments” and duplicate folders in the CMS data base
  - Reviewing will help ensure the facility will be paid

From RAI page 5-2

-When the transmission file is received by iQIES, the system performs a series of validation edits to evaluate whether or not the data submitted meet the required standards.

-MDS records are edited to verify that clinical responses are within valid ranges and are consistent, dates are reasonable, and records are in the proper order with regard to records that were previously accepted by iQIES for the same resident.

-The provider is notified of the results of this evaluation by error and warning messages on a Final Validation Report.

-All error and warning messages are detailed and explained in the Error Messages guide.

Validation Report References

- **iQIES Resources are available at:** https://qtso.cms.gov/software/iqies/reference-manuals
- **CASPER Reporting User's Guide For MDS Providers** is available at: https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-mds-providers

MDS 3.0 Missing OBRA Assessment Report

Facility ID: [redacted]
Facility Name:
City/State:

Report Run Date: 10/18/2023

Resident Identifiers:					Last Record Identifiers:		
Resident Internal ID	Resident Name	SSN	Date of Birth	Gender	OBRA A0310A	PPS A0310B	Target Date
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter
[redacted]					01	99	04/17/2023
[redacted]					99	99	02/13/2023

MDS 3.0 Activity Report

Facility ID: [redacted]
Facility Name:
City/State:

Report Period: 10/01/2023 - 10/18/2023
Report Run Date: 10/18/2023

Resident 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
Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter	Filter
[redacted]				99/99/*/*/01/^/0	NT	09/25/2023	10/11/2023	*
[redacted]				02/99/*/*/99/^/0	NQ	09/15/2023	10/11/2023	KDSE

REVIEW of the PRELIMINARY RESIDENT ROSTER REPORT

- The Preliminary Resident Roster is provided as a tool for use by the facility in determining whether any missing or incorrect assessments/records are noted
- Allows for review, corrections, modifications, inactivation, transmissions of assessments on or before the cutoff date of the Final Resident Roster CMI report…

https://myersandstauffer.com/client-portal/north-carolina/

The Slippery Slope of Uncorrected MDS Assessments

- Assessments are not reviewed for accuracy prior to transmittal
- MDS 3.0 Final Validation Reports are not reviewed *or* if they are reviewed warning and error messages are not acted upon
- MDS 3.0 Missing OBRA Assessment Report which is available in iQIES is not reviewed
- MDS 3.0 Activity Report which is available in iQIES is not reviewed
- *Now* the problem shows up on the Myers & Stauffer Preliminary Time-Weighted CMI Resident Roster Report for your correction
- Your RAI Coordinator receives from Myers & Stauffer the Potential Duplicate Resident Report to assist facilities in making corrections

"MISSING" ASSESSMENTS DO NOT NEED TO GET THIS FAR!

WHY NOT BE PROACTIVE?

- Having edits in place to check for accuracy before transmission will help prevent inaccuracies of the identification information
- Hold the person responsible for reviewing the validation reports accountable
- Checking the MDS 3.0 Missing OBRA Assessment Report and MDS 3.0 Activity Report regularly only takes a few moments and is time well spent

Section A: Identification Information

Remember:

The CMS Database

matching process includes:

- First Name
- Last Name
- Social Security Number
- Sex
- Date of Birth
- Please communicate regarding any changes to the resident's demographic information

Code of Federal Regulations (CFR)

State Operations Manual Appendix PP revised 7/23/25:

https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

F640
Encoding/Transmitting Resident Assessment

- **INTENT**
- To ensure that facilities have provided resident specific information for payment and quality measure purposes.
- To enable a facility to better monitor each resident's decline and progress over time.

F640 Definitions, in part

- **"Accurate"** means that the encoded MDS data matches the MDS form in the clinical record. Also refer to guidance regarding accuracy at F641, and the information accurately reflects the resident's status as of the Assessment Reference Date (ARD).
- **"Capable of transmitting"** means that the facility has encoded and edited according to CMS specifications, the record accurately reflects the resident's overall clinical status as of the assessment reference date, and the record is ready for transmission.
- **"Complete"** means that all items required according to the record type, and in accordance with CMS' record specifications and State required edits are in effect at the time the record is completed.
- **"Discharge subset of items"** refers to the MDS Discharge assessment.
- **"Encoding"** means entering information into the facility MDS software in the computer.
- **"Transmitted"** means electronically transmitting to iQIES, an MDS record that passes CMS' standard edits and is accepted into the system, within 14 days of the final completion date, or event date in the case of Entry and Death in Facility situations, of the record.

F640 Guidance

- Facilities are required to electronically transmit MDS data to the CMS System for each resident in the facility.
- For the subset of items required upon a resident's entry, transfer, discharge and death refer to Chapter 2 of the Long-Term Care Resident Assessment Instrument User's Manual for further information about these records.
  - For a tracking record, encoding should occur within 7 days of the Event Date (A1600 + 7 days for Entry records and A2000 + 7 days for Death in Facility records).
- Submission must be according to State and Federal time frames. Electronically submit MDS information to the iQIES system within 14 days:
- **Assessment Transmission:** Comprehensive assessments must be transmitted electronically within 14 days of the Care Plan Completion Date (V0200C2 + 14 days). All other assessments must be submitted within 14 days of the MDS Completion Date (Z0500B + 14 days).
- **Tracking Information Transmission:** For Entry and Death in Facility tracking records, information must be transmitted within 14 days of the Event Date (A1600 + 14 days for Entry records and A2000 + 14 days for Death in Facility records).

F641
Coordination/Certification of Assessment

- Coordination. A registered nurse must conduct or coordinate each assessment with the appropriate participation of health professionals.
- Certification. A registered nurse must sign and certify that the assessment is completed.
- Each individual who completes a portion of the assessment must sign and certify the accuracy of that portion of the assessment.
- Penalty for Falsification.

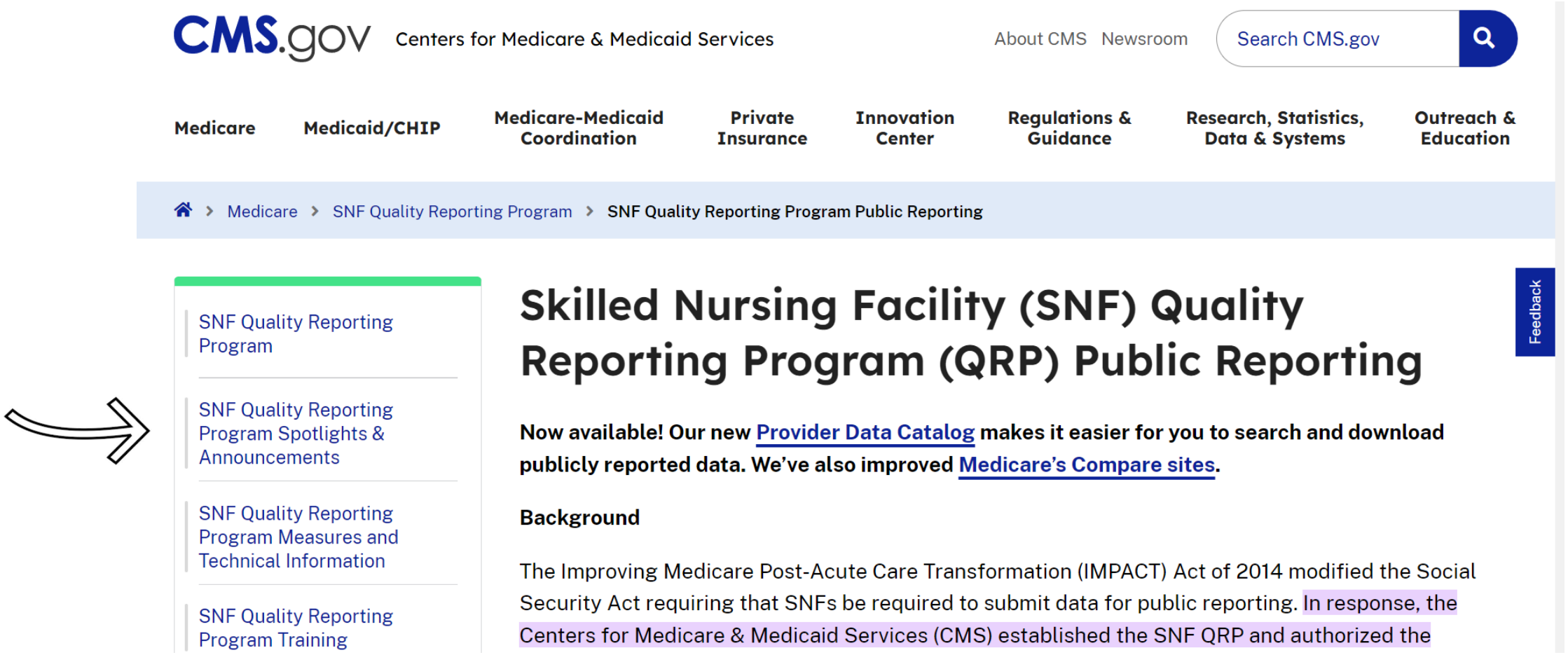
F641 Guidance

- **Patterns of MDS Assessment and Submissions**
- MDS information serves as the
  - clinical basis for care planning and care delivery and
  - provides information for Medicare and Medicaid payment systems,
  - quality monitoring and public reporting.
- MDS information as it is reported impacts a nursing home's payment rate and standing in terms of the quality monitoring process.
- A willfully and knowingly-provided false assessment may be indicative of payment fraud or attempts to avoid reporting negative quality measures.

F641 Guidance (continued)

- All information recorded within the MDS Assessment must reflect the resident's status at the time of the Assessment Reference Date (ARD).
- A pattern within a nursing home of clinical documentation or of MDS assessment or reporting practices that result in higher Resource Utilization Group (RUG) scores, un-triggering Care Area Assessments (CAAs) or unflagging Quality Measures (QMs), where the information does not accurately reflect the resident's status, may be indicative of payment fraud or attempts to avoid reporting negative quality measures….

Choose “Spotlights and Announcements” for newest information for SNFs



MDS RAI Manual Version 1.20.1 effective October 2025

- MDS RAI Manual version 1.20.1 and MDS 3.0 v1.20.3 item set available:
- https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual

- Final Rule: https://www.cms.gov/medicare/health-safety-standards/quality-safety-oversight-general-information/administrative-information-memos-states-and-regions/fiscal-year-fy-2025-mission-priorities-document-mpd-action

Find the MDS 3.0 Item Details

- SNF QRP Information webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation
- MDS 3.0 Technical Information, Data Submission Specifications: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation
- Additional information about CMS specification of the RAI and variations in format can be found in Sections 4145.1–4145.7 of the CMS State Operations Manual (SOM) which can be found here: https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/som107ap_pp_guidelines_ltcf.pdf

Helpful Resource for Documentation

- Medicare Benefit Policy Chapter 8 Coverage of SNF Services:
- https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Downloads/bp102c08pdf.pdf
- NC Medicaid, Nursing Facility Services Clinical Coverage Policy:
- https://medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies
- https://medicaid.ncdhhs.gov/2b-1-nursing-facilities/download?attachment
- Myers and Stauffer:
- https://myersandstauffer.com/client-portal/north-carolina/

Other helpful sites

CMS Nursing Home Resource Center

https://www.cms.gov/nursing-homes

CMS You-tube training videos June 2023

https://www.youtube.com/playlist?list=PLaV7m2-zFKphoXW6cc3NwUfxra0A1LYDi

Survey Resources

https://www.cms.gov/medicare/Provider-enrollment-and-certification/guidanceforLawsandRegulations/Nursing-Homes

https://www.cms.gov/medicare/quality/snf-quality-reporting-program/training

- **Skilled Nursing Facility (SNF) Quality Reporting Program (QRP) Training**
- **Achieving a Full APU Webinar Training**
- **Section C and D Training Materials: Cognitive & Mood Assessment**
- **Section D Training Materials: Resident Mood Interview (PHQ-9©) Video Tutorial**
- **Section GG Training Materials: Section GG 3-Course Training Series**
- **Section J Training Materials: Health Conditions: Coding the Standardized Patient Assessment Data Elements Related to Falls**
- **Section K Training Materials: Swallowing/Nutritional Status: Height, Weight, and Nutritional Approaches**
- **Section M Training Materials: Assessment and Coding of Pressure Ulcers/Injuries**
- **Section N Training Materials: Medications – Drug Regimen Review**
- **Section O Training Materials: Section O: O0100. Special Procedures, Treatments, and Programs**
- **Job Aids – GG0130A. Eating, GG0130B. Oral Hygiene, GG0130C. Toileting Hygiene, GG0130E. Shower/Bathe Self, GG0130F. Upper Body Dressing, GG0130G. Lower Body Dressing, and GG0130H. Putting On/Taking Off Footwear**
- **Pocket Guides / Badge Buddies, SNF QRP Tip Sheets**

RAI pages 2-17
through 2-20

Assessment Type/Item Set	MDS Assessment Code (A0310A or A0310F)	Assessment Reference Date (ARD) (Item A2300) No Later Than	7-day Observation Period (Look-Back) Consists Of	14-day Observation Period (Look-Back) Consists Of	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than	Regulatory Requirement	Assessment Combination
Admission (Comprehensive)	A0310A = 01	14th calendar day of the resident's admission (admission date + 13 calendar days)	ARD + 6 previous calendar days	ARD + 13 previous calendar days	14th calendar day of the resident's admission (admission date + 13 calendar days)	14th calendar day of the resident's admission (admission date + 13 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days	42 CFR 483.20 (Initial) 42 CFR 483.20 (b)(2)(i) (by the 14th day)	May be combined with any OBRA assessment; 5-Day or Part A PPS Discharge Assessment
Annual (Comprehensive)	A0310A = 03	ARD of previous OBRA comprehensive assessment + 366 calendar days **AND** ARD of previous OBRA Quarterly assessment + 92 calendar days	ARD + 6 previous calendar days	ARD +13 previous calendar days	ARD + 14 calendar days	ARD + 14 calendar days	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days	42 CFR 483.20 (b)(2)(iii) (every 12 months)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment
Significant Change in Status (SCSA) (Comprehensive)	A0310A = 04	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	ARD + 6 previous calendar days	ARD + 13 previous calendar days	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	14th calendar day after determination that significant change in resident's status occurred (determination date + 14 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days	42 CFR 483.20 (b)(2)(ii) (within 14 days)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment

(continued)

Assessment Type/Item Set	MDS Assessment Code (A0310A or A0310F)	Assessment Reference Date (ARD) (Item A2300) No Later Than	7-day Observation Period (Look-Back) Consists Of	14-day Observation Period (Look-Back) Consists Of	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than	Regulatory Requirement	Assessment Combination
Significant Correction to Prior Comprehensive (SCPA) (Comprehensive)	A0310A = 05	14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)	ARD + 6 previous calendar days	ARD + 13 previous calendar days	14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)	14th calendar day after determination that significant error in prior comprehensive assessment occurred (determination date + 14 calendar days)	CAA(s) Completion Date + 7 calendar days	Care Plan Completion Date + 14 calendar days	42 CFR 483.20(f)(3)(iv)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment
Quarterly (Non-Comprehensive)	A0310A = 02	ARD of previous OBRA assessment of any type + 92 calendar days	ARD + 6 previous calendar days	ARD + 13 previous calendar days	ARD + 14 calendar days	N/A	N/A	MDS Completion Date + 14 calendar days	42 CFR 483.20(c) (every 3 months)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment
Significant Correction to Prior Quarterly (SCQA) (Non-Comprehensive)	A0310A = 06	14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days)	ARD + 6 previous calendar days	ARD + 13 previous calendar days	14th day after determination that significant error in prior quarterly assessment occurred (determination date + 14 calendar days)	N/A	N/A	MDS Completion Date + 14 calendar days	42 CFR 483.20(f)(3)(v)	May be combined with any OBRA or 5-Day or Part A PPS Discharge Assessment

(continued)

Assessment Type/Item Set	MDS Assessment Code (A0310A or A0310F)	Assessment Reference Date (ARD) (Item A2300) No Later Than	7-day Observation Period (Look-Back) Consists Of	14-day Observation Period (Look-Back) Consists Of	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than	Regulatory Requirement	Assessment Combination
Discharge Assessment – return not anticipated (Non-Comprehensive)	A0310F = 10	N/A	N/A	N/A	Discharge Date + 14 calendar days	N/A	N/A	MDS Completion Date + 14 calendar days		May be combined with any OBRA or 5-Day and must be combined with a Part A PPS Discharge if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000)
Discharge Assessment – return anticipated (Non-Comprehensive)	A0310F = 11	N/A	N/A	N/A	Discharge Date + 14 calendar days	N/A	N/A	MDS Completion Date + 14 calendar days		May be combined with any OBRA or 5-Day and must be combined with a Part A PPS Discharge if the Medicare Part A stay ends on the day of, or one day before, the resident's Discharge Date (A2000)

(continued)

Assessment Type/Item Set	MDS Assessment Code (A0310A or A0310F)	Assessment Reference Date (ARD) (Item A2300) No Later Than	7-day Observation Period (Look-Back) Consists Of	14-day Observation Period (Look-Back) Consists Of	MDS Completion Date (Item Z0500B) No Later Than	CAA(s) Completion Date (Item V0200B2) No Later Than	Care Plan Completion Date (Item V0200C2) No Later Than	Transmission Date No Later Than	Regulatory Requirement	Assessment Combination
Entry tracking record	A0310F = 01	N/A	N/A	N/A	Entry Date + 7 calendar days			Entry Date + 14 calendar days		May not be combined with another assessment
Death in facility tracking record	A0310F = 12	N/A	N/A	N/A	Discharge (death) Date + 7 calendar days	N/A	N/A	Discharge (death) Date +14 calendar days		May not be combined with another assessment

Nursing Home Item Set Code (ISC) Reference Table

OBRA RFA (A0310A)	PPS RFA (A0310B)	Entry/ Discharge (A0310F)	Part A PPS Discharge (A0310H)	ISC	Description
01, 03, 04, 05	01, 99	10, 11, 99	0, 1	NC	Comprehensive
02, 06	01, 99	10, 11, 99	0, 1	NQ	Quarterly
99	01	10, 11, 99	0, 1	NP	PPS
99	08	99	0	IPA	PPS (Optional)
99	99	10, 11	0, 1	ND	OBRA Discharge
99	99	01, 12	0	NT	Tracking
99	99	99	1	NPE	Part A PPS Discharge