**Track Changes
from Chapter 5 v1.17.1R
to Chapter 5 v1.18.11**

Chapter	Section	Page(s) in version 1.18.11	Change
5	5.1	5-1	## 5.1 Transmitting MDS Data All Medicare and/or Medicaid-certified nursing homes and swing beds, or agents of those facilities, must transmit required MDS data records to CMS' Internet Quality Improvement and Evaluation System (iQIES). Required MDS records are those assessments and tracking records that are mandated under OBRA and SNF PPS. ~~The Optional State Assessment (OSA) is not a Federally required assessment. Each State will determine if the OSA is required and when this assessment must be completed and submitted. When required, providers will submit the OSA to iQIES as they submit other MDS assessments.~~
5	5.1	5-1	Assessments that are completed for purposes other than OBRA or SNF PPS reasons are not to be submitted~~, e.g.,~~ <mark>to iQIES, examples include, but are not limited to,</mark> private insurance~~, including but not limited to~~<mark>and</mark> Medicare Advantage Plans <mark>(i.e., Medicare Part C)</mark>. After completion of the required assessment and/or tracking records, each provider must create electronic transmission files that meet the requirements detailed in the current MDS 3.0 Data Submission Specifications available on the CMS MDS 3.0 website at: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIMDS30TechnicalInformation.html.
5	5.1	5-1	The provider indicates the certification or licensure of the unit on which the resident resides in item A0410, Unit Certification or Licensure Designation. In addition to reflecting certification or licensure of the unit, this item indicates the submission authority for a record. • Value = 1 Unit is neither Medicare nor Medicaid certified and MDS data is not required by <mark>CMS or</mark> the State.

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5	5.4	5-6	The HIPPS code (Z0100A) and PDPM version code (Z0100B) must be submitted to iQIES on all Medicare PPS assessment records (indicated by A0310B = 01 or 08). Both of these values are validated by iQIES. The final validation report will indicate if any of these items is in error and the correct value for ~~an incorrect~~the item. Note that an error in one of these items is usually a non-fatal warning and the record will still be accepted in iQIES.
5	5.7	5-10	• When entering the assessment into the facility's software, the ARD, intended to be 02/12/20~~13~~21, was inadvertently entered as 02/02/20~~13~~21. The interdisciplinary team (IDT) completed the assessment based on the ARD of 02/12/20~~13~~21 (that is, the seven day look-back period was 02/06/20~~13~~21 through 02/12/20~~13~~21). This would be an acceptable use of the modification process to modify the ARD (A2300) to reflect 02/12/20~~13~~21. • An assessment was completed by the team and entered into the software based on the ARD of 01/10/20~~13~~21 (and seven day look-back period of 01/04/20~~13~~21 through 01/10/20~~13~~21). Three weeks later, the IDT determines that the date used represents a date that is not compliant with the PPS schedule and proposes changing the ARD to 01/07/20~~13~~21. This would alter the look-back period and result in a new assessment (rather than correcting a typographical error); this would not be an acceptable modification and shall not occur.
5	5.7	5-11	• An MDS 3.0 Manual Assessment Correction/Deletion Request is required to correct: — Unit Certification or Licensure Designation (Item A0410)~~,~~ — State-assigned facility submission ID (FAC_ID) or State Code (STATE_CD)~~,~~ — Record submitted was not for OBRA or Medicare Part A purposes — Test record submitted as a production record~~.~~

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5	5.7	5-12	The 10/01/2023 Cross-Over Rule • A unique situation exists that will prevent providers from correcting the target date of any assessment crossing over October 1, 2023. That is, providers may not submit a modification to change a target date on an assessment completed prior to October 1, 2023 to a target date on or after October 1, 2023, nor can they submit a modification to change a target date on an assessment completed on or after October 1, 2023 to a target date prior to October 1, 2023. • The item sets that are effective October 1, 2023 have had significant changes, including the omission and addition of many items. It is the target date of the assessment that identifies the required version of the item set, and, because of the substantial changes in the item sets, they are not interchangeable. Therefore, providers may not change target dates on assessments crossing over October 1, 2023.
5	5.8	5-13	In all of these cases, the facility must contact the State Agency to have the problems fixed. The State Agency will send the facility the appropriate MDS 3.0 Manual Individual Assessment Correction/Deletion Request form. The facility is responsible for completing the form. The facility must submit the completed form to the State Agency. Completed forms with ~~privacy information~~Protected Health Information (PHI) must be sent via certified mail through the United States Postal Service (USPS). The State Agency will review the request for completion and accuracy. After approving the provider's request, the State Agency must sign the form and send it to the iQIES Help Desk. Completed forms with ~~privacy data~~PHI must be sent via certified mail through the USPS.

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5	5.8	5-15	Manual deletion request is required if test record submitted as production record, if record contains incorrect STATE_CD or FAC_ID, or if record was submitted with an incorrect Unit Certification or Licensure Designation (A0410), for example sent in as Unit is Medicare and/or Medicaid certified (A0410 = 3) but should have been Unit is neither Medicare nor Medicaid certified but MDS data is required by the State (A0410 = 2). Otherwise, automated inactivation or modification required: (a) if event did not occur (see note #3 below), submit automated inactivation, (b) if event occurred, submit automated modification.; or record is not for OBRA or Medicare Part A (e.g., a PPS assessment submitted for resident whose stay is covered by a Medicare Advantage Plan) purposes.