

4

REPORTS

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GENERAL INFORMATION

- When entering *date criteria*, the dates must be entered in the following format: MM/DD/YYYY. The user must key in the forward slash (/) after the two-digit month and the two-digit date.
- **Resident ID** is an internal ID that the State system has assigned to the resident and not an ID assigned to the resident by the long term care facility. This ID number is not pulled from the Resident ID field of the MDS data set.
- **Assessment ID** is an internal ID that the State system has assigned to that resident's assessment.
- Some reports are queried by **submission date** and some reports are queried by **effective dates**. The submission date is the date in which the file was submitted (sent) to the state. *Effective date* is based on the reason for assessment type. The following is a list of effective dates:
 - Effective date for AA8a = 06, 07, 08 is R4;
 - Effective date for AA8a = 09 is A4a; and
 - Effective date for AA8a = 01, 02, 03, 04, 05, 10 is R2b;
- A description for each report has been added online. These descriptions are displayed below the selected report.
- Some reports will not display correctly or will contain missing data if there is not a printer driver installed on the computer. You must install a printer driver even if the computer is not attached to a printer.
- If there are no records to be retrieved, a blank report will be displayed.

REPORT BASICS

Facility reports are divided into two categories, CASPER Provider Reports and Scheduled Reports. The CASPER Provider Reports are requested through the CASPER Reporting System. Refer to Appendix B for complete instructions on accessing, requesting, viewing, printing, and saving Online Reports through this system by the facility whereas the Scheduled Reports are automatically generated by the State system on a monthly basis.

NOTE: A complete guide to the CASPER Reporting System is listed in Appendix B.

Print Scheduled Reports

To print a scheduled report, select the print icon. All scheduled reports must be printed in landscape page orientation.

Scroll

To view more of a report, use the scroll icons.

Save Reports

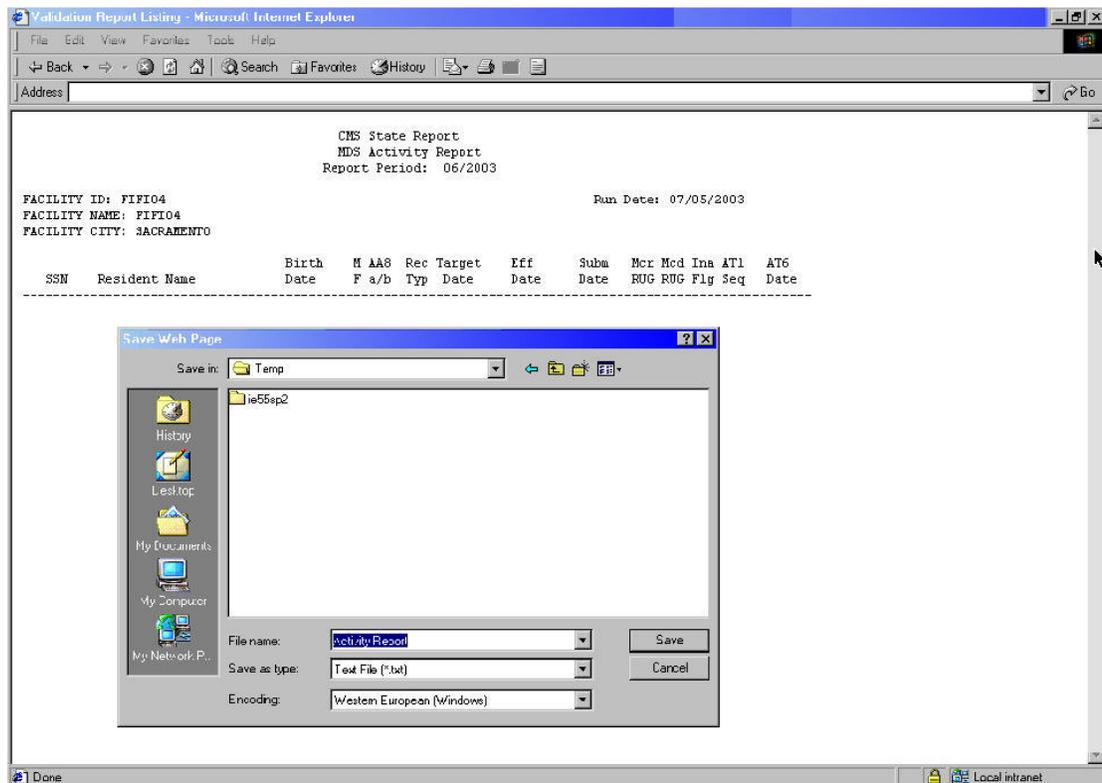


Figure 4-1. Saving Scheduled Reports

To Save a Report

1. Select File/Save As
2. Enter the desired name in the *File Name* field and select the type of file (i.e., txt) in the *Save file as type* field.
3. Select the appropriate drive and folder in the *Save in* field.
4. Select the **Save** button.
5. The report is now saved.

CASPER PROVIDER REPORTS DESCRIPTIONS

07/13/2006 CMS State Report Page 1 of 1
(AK) MDS Online Admissions / Reentries for 07/02/2006 - 07/08/2006

Fac ID: ABCDE
Name: UNIDENTIFIED LTC
City: UNNAMED CITY

Resident Internal ID	SSN	Resident Last Name	Resident First Name	Rec Type	AA8a	AA8b	Effective Date	Adm/Reentry Date	Submission Date
11111	111-22-3333	DOE	JEAN	R	09		07/04/2006	07/04/2006	07/07/2006

Total number of admissions / reentries: 1

Figure 4-2. MDS Online Admission/Reentries Report

MDS Online Admission/Reentries Report

The **MDS Online Admission/Reentries** report includes residents who have been admitted or readmitted to a facility within the date range specified by the user. The report lists Admissions (AA8a = 01) that have a Date of Entry (AB1) within the specified date range, Reentries (AA8a = 09) that have a Date of Reentry (A4a) within the specified date range, and Discharge prior to completing initial assessment (AA8a = 08) that have a Date of Entry (AB1) within the specified date range. This report displays the Resident Internal ID, Resident SSN, Resident Last Name, First Name, Record Type, AA8a, AA8b, Effective Date, Admission/Reentry Date, and Submission Date. (Figure 4-2.)

07/13/2006 CMS State Report Page 1 of 1
(AK) MDS Online Discharges for 07/02/2006 - 07/08/2006

Fac ID: ABCDE
Name: UNIDENTIFIED LTC
City: UNNAMED CITY

Resident Internal ID	SSN	Resident Last Name	Resident First Name	Rec Type	AA8a	R3a	Effective Date	Discharge Date	Submission Date
22222	123-45-6789	DOE	JOHN	D	06	8	07/03/2006	07/03/2006	07/07/2006
33333	222-33-4444	DOE	MARY	D	06	2	07/03/2006	07/03/2006	07/07/2006

Total number of discharges: 2

Figure 4-3. MDS Online Discharges Report

MDS Online Discharges Report

The **MDS Online Discharges** report lists residents who have been discharged from a facility within a date range that is specified by the user. The report lists Discharges (AA8a = 06, 07, 08) that have a Discharge date (R4) within a specified date range. The report displays the Resident Internal ID Number, Resident SSN, Resident Last Name, Resident First Name, Record Type, AA8a, R3a, Effective Date, Discharge Date, and Submission Date. (Figure 4-3.)

07/14/2006		CMS State Report				Page 2 of 8			
(AK) DUPLICATE RESIDENT REPORT									
Current Facility ID	Facility Name	Resident ID	SSN	Last Name	First Name	M.I.	Birth Date	Gender	
AAAAA	UNIDENTIFIED FACILITY	111	111-11-1111	DOBBS	MARY	D	07/08/1917	Female	
AAAAA	UNIDENTIFIED FACILITY	222	222-22-2222	DOE	JANE	M	01/27/1929	Female	
AAAAA	UNIDENTIFIED FACILITY	333	333-33-3333	DOE	JOHN		05/23/1927	Female	
AAAAA	UNIDENTIFIED FACILITY	444	333-33-3333	DOE	JOHN		05/23/1927	Male	

Figure 4-4. Duplicate Resident Report

Duplicate Resident Report

The **Duplicate Resident** report lists all residents in a facility. This report should be viewed by the facility personnel to determine if duplicate residents exist. This report displays the current Facility ID, Facility Name, Resident ID, SSN, Last Name, and First Name. (Figure 4-4.)

07/14/2006		CMS State Report		Page 1 of 1	
(AK) ERRORS BY FIELD BY FACILITY					
(Submission Date Between 06/01/2006 AND 06/30/2006)					
FACILITY ID: HPLTC					
FACILITY NAME: HERITAGE PLACE					
FACILITY CITY: SOLDOTNA					
Field In Error	Number of Assessments with Field In Error	Total Number of Assessments Successfully Processed	% of Assessments with Field In Error		
Assessment Sequence	2	20	10.00%		
DEATH_DATE	1	20	5.00%		
LAST_NAME	1	20	5.00%		
MIDDLE_NAME	1	20	5.00%		
RES_MEDICAID_NBR	2	20	10.00%		
W2A	2	20	10.00%		
W2B	1	20	5.00%		
W3A	1	20	5.00%		
facid	2	20	10.00%		

Figure 4-5. Errors by Field by Facility

Errors by Field by Facility Report

The **Errors by Field by Facility** report includes successful production submissions with the submission date of the assessments being within the specified date range. The report displays a list of fields in error, the number of assessments with errors in that field, the total number of assessments successfully processed and the percentage of assessments with each error. The report includes warning errors only.

NOTE: This report must be requested in whole calendar months because this data is replicated to the national server at the first of the month only. (Figure 4-5.)

07/17/2006		CMS State Report (AK) ERROR SUMMARY REPORT BY FACILITY (Submission Date BETWEEN 06/01/2006 AND 06/30/2006)		Page 1 of 1	
FACILITY ID: AAAAA FACILITY NAME: UNIDENTIFIED FACILITY FACILITY CITY: ANYWHERE					
Error #	Error Message	# Errors	% of Assessments with the Error		
-70	Assessment completed late: The submitted R2b date was > 92 days after the R2b date submitted previously.	1	1.72%		
-29	Invalid data value: The submitted data for this item(s) is/are not in the valid range of acceptable values.	1	1.72%		
-82	Resident provider updated: This resident was previously cared for by the 'prior' provider identified above.	4	6.90%		
-399	Inconsistent NPI: The NPI number submitted in W1 is not consistent with the NPI number submitted in the header record.	2	3.46%		
-71	Inconsistent record sequence: The submitted reason for assessment (AA8a/AA8b) does not logically follow the reason for assessment (AA8a/AA8b) previously submitted.	2	3.46%		
-81	Resident information updated: Submitted data in the above field is not the same as the data previously submitted for this resident. Verify that the "new" information is correct.	18	31.03%		
		Total:	28		

Figure 4-6. Error Summary Report by Facility

Error Summary Report by Facility Report

The **Error Summary Report by Facility** report includes successful production submissions with the submission date of the assessments being within the specified date range. The report displays a list of errors by error number, the error message text, the number of times each error occurred, and the percentage of assessments with each error. The reports includes warning errors only.

NOTE: This report must be requested in whole calendar months data is replicated to the national server at the first of the month only. (Figure 4-6)

07/14/2006		CMS State Report ERROR MESSAGE		Page 3 of 8	
Message Number	Message Type	Message Text			
-72	Warning	Inconsistent submission sequence: Records appear to have been submitted out of order. The dates in the submitted record do not sequentially follow the dates of the previous record.			
-74	Warning	An ICD-9 code submitted in I3 caused the Dehydration RAP - VA14A to be triggered; however, this was not indicated in the submission file.			
-75	Fatal Record	Inconsistent RAP value: The submitted RAP value (MDS item above) does not match the RAP value calculated by the State database. (1 indicates RAP was triggered; 0 indicates RAP was not triggered).			
-78	Fatal Record	Last name missing: The resident's last name (AA1c) is missing from the submitted record.			

Figure 4-7. Error Message Report

Error Message Report

The **Error Message** report displays a list of Fatal File, Fatal Record and Warning Error Messages. The sort order is by error message number. The error message text is also displayed. (Figure 4-7.)

07/17/2006	CMS State Report (AK) FACILITY LIST REPORT		Page 1 of 1
Facility ID: AAAAA			
Facility Name: UNIDENTIFIED FACILITY	Medicaid ID: 0000000	Point of Contact:	
Facility City: ANYWHERE	Medicare ID: 111111	Telephone Number: (555) 888-1111	
Vendor Name: VENDOR1	# Residents: 74		

Figure 4-8. Facility List Report

Facility List Report

The **Facility List** report displays Facility ID, Facility Name, Facility City, Vendor Name, Medicaid ID, Medicare ID, Point of Contact, Telephone Number, and the number of residents in the facility. The number of residents equals current residents. This number excludes residents where the last record is AA8a=06, 07, or 08. (Figure 4-8.)

07/17/2006	CMS State Report (AK) MDS FACILITY LIST - LAST PRODUCTION SUBMISSION			Page 1 of 1
Facility ID	Name	City	Last Submission Date	
AAAAA	UNIDENTIFIED FACILITY	ANYWHERE	07/13/2006 12:57:02 PM	

Figure 4-9. MDS Facility List — Last Production Submission Report

MDS Facility List—Last Production Submission Report

The **MDS Facility List - Last Production Submission** report displays a listing by date and time of the submission.

07/17/2006		CMS State Report (AK) ROSTER REPORT				Page 3 of 3				
FACILITY ID: AAAAA										
FACILITY NAME: UNIDENTIFIED FACILITY										
FACILITY CITY: ANYWHERE										
DATE OF LAST FACILITY SUBMISSIONS: 07/07/2006										
DATE OF LAST REPORT GENERATION: 07/07/2006										
Resident ID	SSN	Resident Name	Record Type	AA8a	AA8b	Target Date	Submission Date	Date of Last Admission	Face Sheet	Effective Date
10780	111-11-1111	RESIDENT 1	A	01		04/27/2006	05/28/2006	04/17/2006	Y	04/28/2006
860	222-22-2222	RESIDENT 2	YM	03	7	04/09/2006	05/06/2006		Y	04/10/2006

Figure 4-10. Roster Report

Roster Report

The **Roster Report** lists information about all current residents in the MDS system for the facility as of the date the report is run. The report lists only the latest Admission, Annual, Quarterly, Medicare PPS only, or Reentry tracking records submitted to the state MDS system for each resident. This report excludes residents who have been Discharged. Records where AA8a = 01, 02, 03, 04, 05, 09, 10 and 00 will be included in this report. This report is built by a database procedure, which runs once every hour. The accuracy of this report is dependent on the date of the last submission from the facility. If a new submission has been received from the facility since the last time the Roster Report was built, the old report is deleted and the Roster Report is rebuilt. Therefore, if a facility has not submitted to the Data Management System for two weeks, the information in the report will be two weeks old. The report displays Resident Internal ID, Resident SSN, Resident Name, Record Type, AA8a, AA8b, Target Date, Submission Date, Date of Last Admission, Face Sheet Indicator, and Effective Date.

NOTE: A date will appear in the Date of Last Admission column only for Record Types A, AM and R. (Figure 4-10.)

07/17/2006		CMS State Report					Page 1 of 1
(AK) DAILY SUBMISSION STATISTICS							
(Effective Date BETWEEN 06/01/2006 AND 06/30/2006)							
UNIDENTIFIED FACILITY							
Day of Processing	Batches	Facilities	Records Processed	Records Rejected	Records Accepted	Reject %	
06/08/2006	2	1	21	1	20	4.76%	
06/09/2006	2	1	7	0	7	0.00%	
06/13/2006	2	1	14	0	14	0.00%	
06/20/2006	3	1	15	0	15	0.00%	
06/21/2006	1	1	1	0	1	0.00%	
Totals:	10		58	1	57	1.72%	

Figure 4-11. Daily Submission Statistics Report

Daily Submission Statistics Report

The **Daily Submission Statistics** report includes all production submissions where the submission date is within the specified date range. The report displays the day of processing, number of batches processed, number of records processed, number of records rejected, number of records accepted, and the rejection percent. The information is displayed in a daily format. (Figure 4-11.)

07/17/2006		CMS State Report					Page 1 of 1
(AK) MONTHLY SUBMISSION STATISTICS							
(Submission Date BETWEEN 06/01/2006 AND 06/30/2006)							
UNIDENTIFIED FACILITY							
Month of Processing	Batches	Facilities	Records Processed	Records Rejected	Records Accepted	Reject %	
06/2006	10	1	58	1	57	1.72%	
Totals:	10		58	1	57	1.72%	

Figure 4-12. Monthly Submission Statistics Report

Monthly Submission Statistics Report

The **Monthly Submission Statistics** report includes all production submissions where the submission date is within the specified date range. The report displays the month of processing, number of batches processed, number of records processed, number of records rejected, number of records accepted, and the rejection percent. The information is displayed in a monthly format. (Figure 4-12.)

CMS State Report							
(AK) SUBMISSION STATISTICS BY FACILITY							
Facility ID: AAAAA							
Start Submission Date: 06/01/2006							
End Submission Date: 06/30/2006							
Submission Date/Time	Submission ID	Records Processed	Records Rejected	Records Accepted	Reject %	Vendor Name	
06/21/2006 08:51:23	12200	1	0	1	0.00%	LINTECH	
06/20/2006 13:18:18	12197	8	0	8	0.00%	LINTECH	
06/20/2006 13:17:33	12196	6	0	6	0.00%	LINTECH	
06/20/2006 13:16:59	12195	1	0	1	0.00%	ACCU-MED	
06/13/2006 12:30:01	12188	3	0	3	0.00%	LINTECH	
06/13/2006 12:03:31	12187	11	0	11	0.00%	LINTECH	
06/09/2006 13:25:08	12183	2	0	2	0.00%	LINTECH	
06/09/2006 13:24:26	12182	5	0	5	0.00%	ACCU-MED	
06/08/2006 12:12:04	12180	16	1	15	6.25%	LINTECH	
06/08/2006 12:11:08	12159	5	0	5	0.00%	ACCU-MED	
Totals:		10	58	1	57	1.72%	

Figure 4-13. Submission Statistics by Facility Report

Submission Statistics by Facility Report

The **Submission Statistics by Facility** report is based on the submission date being within the specified date range. The report displays by submission date/time, submission batch ID, number of records processed, number of records rejected, number of records accepted, percent of records rejected and the vendor name. A totals line is displayed at the bottom of this report. (Figure 4-13.)

CMS State Report	
(AK) Vendor List	
Vendor ID: 391431798	
Vendor Name: PROSERVICES' HOMEPRO-OASIS	
Vendor Address: 401 W.MICHIGAN ST. MILWAUKEE, WI 53202	
Contact: CAREPRO-RAP	
Telephone Number:	Extension:
Vendor ID: 391876478	
Vendor Name: MDS MAESTRO	
Vendor Address: 7300 WESTOWN PARKWAY WEST DES MOINES, IA 502066	
Contact: CRAIG BUSHBY	
Telephone Number: 8002472343	Extension: 8701

Figure 4-14. Vendor List Report

Vendor List Report

The **Vendor List** reports lists all current vendors displaying the following information about the vendor: Vendor ID, Vendor name, vendor address, contact, telephone number, and extension. (Figure 4-14.)

07/17/2006	CMS State Report		Page 1 of 1
(AK) Vendor List of Current Facilities			
Vendor ID: 223596681			
Vendor Name: LINTECH			
Vendor Address: ONE PARKER PLAZA			
FORT LEE, NJ 07024			
Contact: HELP DESK			
Telephone Number: 2019443235		Extension: 28	
<hr/>			
Facility ID: DCLTC	Facility Internal Id: 31		
	Login Id: DCLTC		
	Facility Name: DENALI CENTER		
	Facility Address: 1510 19TH AVENUE		
	FAIRBANKS, AK 99701		

Figure 4-15. Vendor List of Current Facilities Report

Vendor List of Current Facilities Report

The **Vendor List of Current Facilities** report will display the current Vendor for the logged in Facility. It will display the following information about the Vendor: Vendor ID, Vendor name, Vendor address, contact, telephone number, and extension.

Directly beneath will be the following information about the facility: Facility ID, Facility Internal ID, Facility Name, and Facility address. (Figure 4-15.)

07/17/2006	CMS State Report			Page 1 of 1
(AK) RFA Statistics for AAAAA				
06/01/2006 - 06/30/2006				
	AA8a	AA8b	Accepted Records	
	00	1	2	
	00	2	4	
	00	7	7	
	01		3	
	01	1	7	
	02		3	
	03		2	
	05		19	
	06		4	
	08		2	
	Total Assessments:		53	

Figure 4-16. RFA Statistics by Facility Report

RFA Statistics by Facility Report

The **RFA Statistics by Facility** report lists all current assessments accepted to the database by the facility with a submission date within the specified timeframe. The report groups assessments by the values in AA8a and AA8b. The report displays Facility ID, AA8a, AA8b, Accepted Records (total for each group), total assessments, and the grand total. (Figure 4-16.)

07/14/2006		CMS State Report		Page 1 of 8
		(AK) Errors by Facility by Vendor		
Facility ID: AAAAA		Facility Name: UNIDENTIFIED FACILITY		
Vendor ID:	123456789	Vendor Name:	UNIDENTIFIED VENDOR	
-402	Inconsistent W2a/W2b: W2b must be skipped (blank) when item W2a is 1 (yes) or is skipped (blank).			
-400	W2a value is missing: The W2a field is blank and should not be. The W2a value must not be blank for assessments with an A3a (Target date) or R4 (Discharge Date) from October 1 through June 30.			
-397	Inconsistent AA8a/R4/AB1: If AA8a=08, then R4 date must be less than or equal to 14 days after AB1 date.			
-381	No authority to collect data: Privacy rights require federal and/or state authority to collect MDS data. There is no authority to collect the data submitted. Data was not accepted.			
-379	New resident: A new person has been created in the database of the CMS MDS system at the State with the information submitted in this record.			

Figure 4-17. Errors by Facility by Vendor Report

Errors by Facility by Vendor Report

The **Errors by Facility by Vendor** report lists the Facility errors for each Vendor the Facility uses. The Vendor ID and Vendor name are displayed if the Vendor ID is displayed in the header record. For a batch submitted without a Vendor ID, on the report, the Vendor ID is blank and the Vendor Name will state not submitted. The report displays Facility ID, Facility name, Vendor ID, Vendor Name, and under each Vendor are the error message number(s) and error message text. (Figure 4-17.)

SCHEDULED REPORTS

Accessing Scheduled Reports

To access Scheduled Reports:

1. Access the CMS MDS System in your state.
2. Select MDS Submissions. (Figure 4-18.)

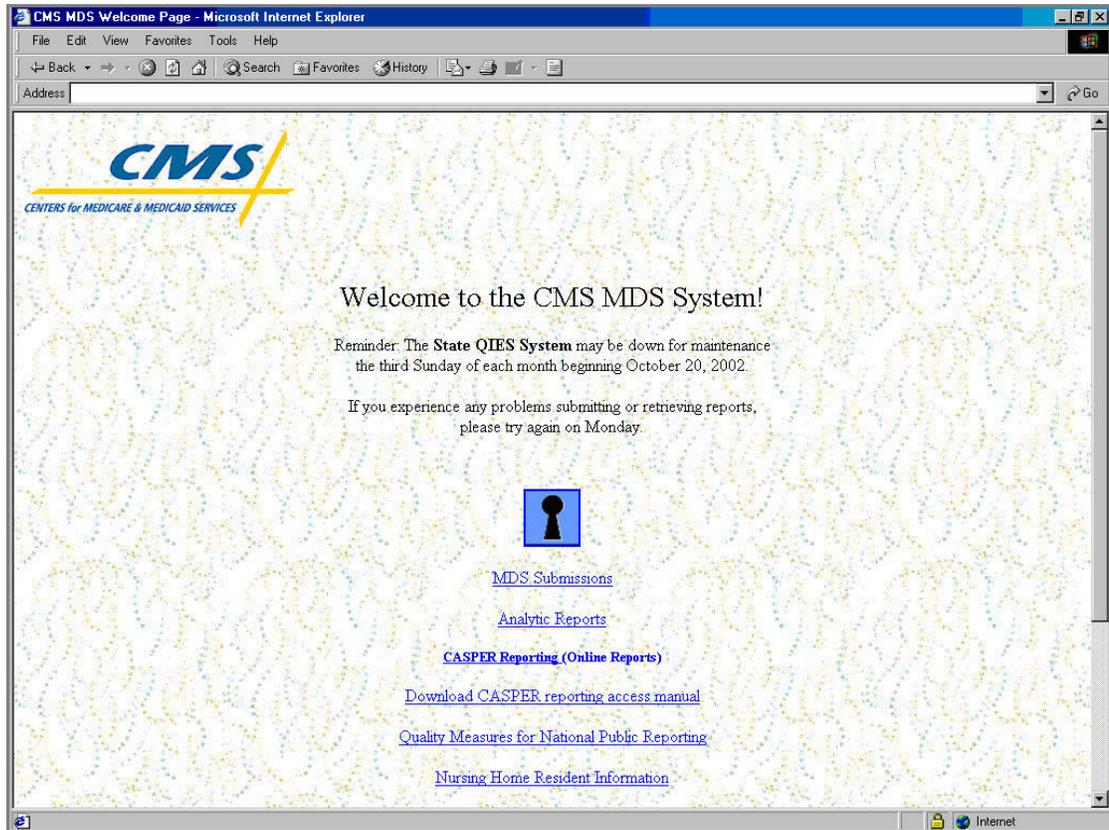


Figure 4-18. CMS MDS Welcome Page

3. You will be prompted for a user name and password. Enter those items and click **OK**. (Figure 4-19.)



Figure 4-19. User Name and Password Dialog Box

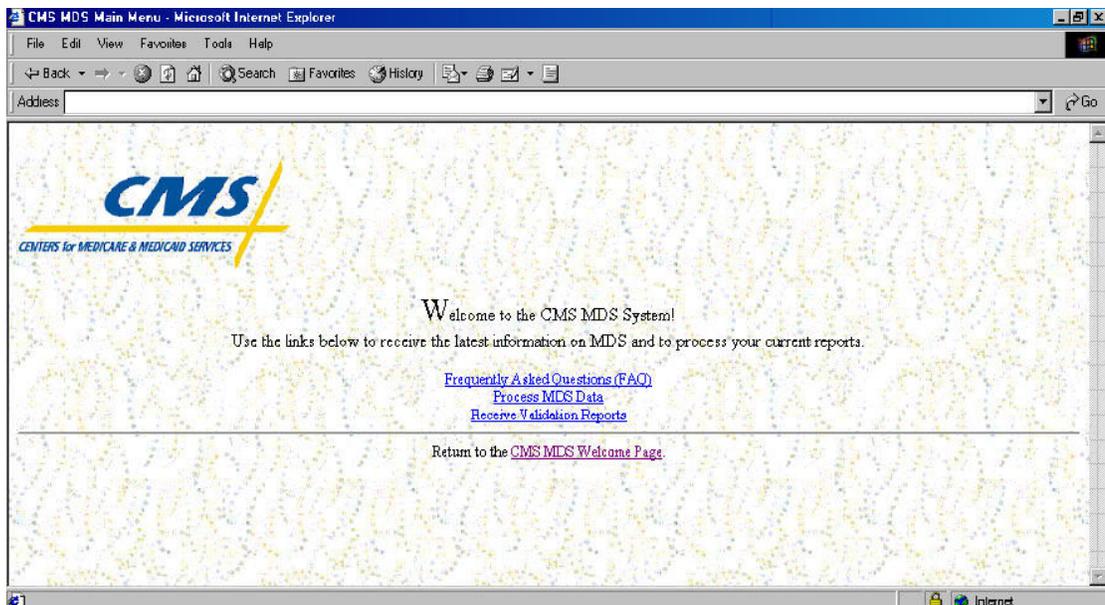


Figure 4-20. CMS MDS Submissions Main Menu

4. Select the Receive Validation Reports link.
5. Scheduled reports are listed as follows:

NOTE: mmyyyy indicates the month and year the report applies to.

- RRmmyyyy.txt = End of Month Roster report
- QRmmyyyy.txt = MDS Questionable New Resident Report
- DRmmyyyy.txt = Residents Discharged Without Return
- CRmmyyyy.txt = MDS Residents With Changes to Resident Identifiers
- ADmmyyyy.txt = MDS New Admission Report

ARmmyyyy.txt = MDS Activity Report

MRmmyyyy.txt = MDS Missing Assessment Report

MSRmmyyyy.txt = Monthly Quality Indicator Comparison Report

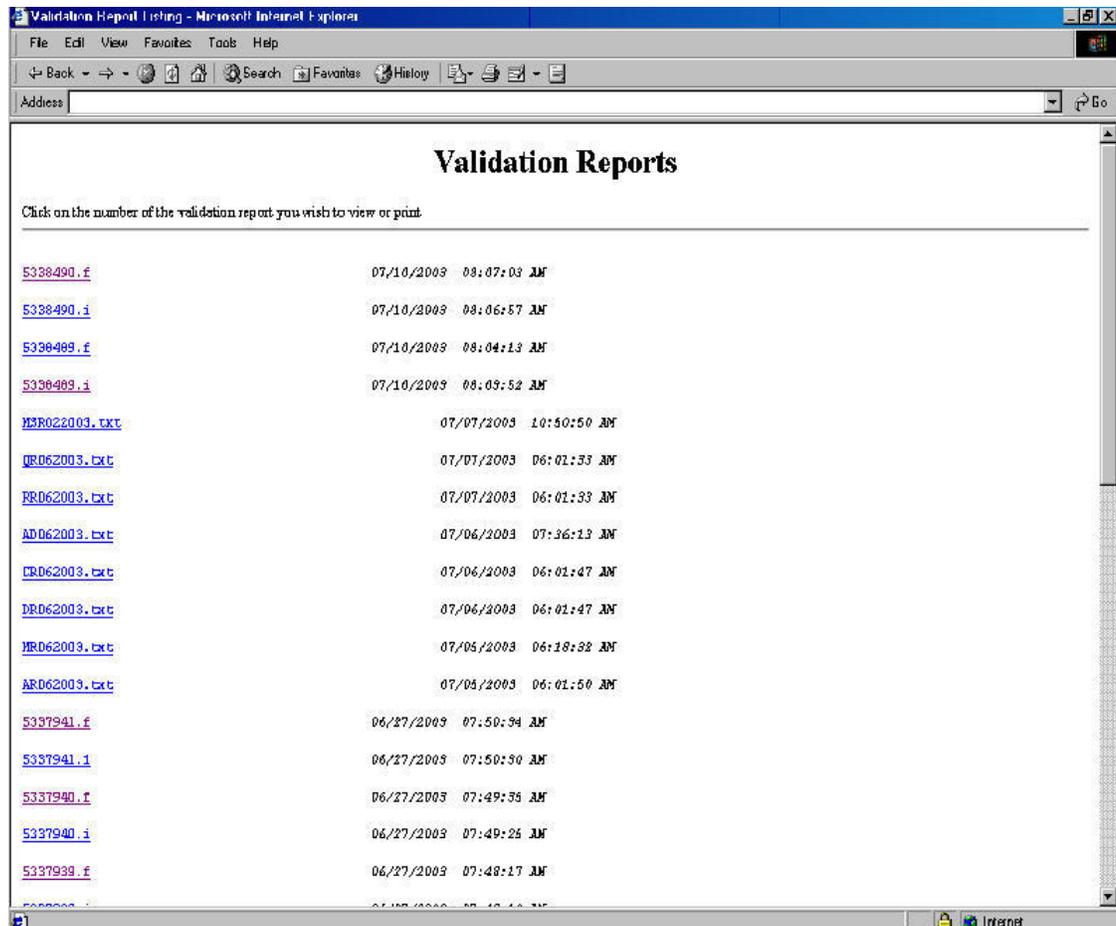


Figure 4-21. List of Available Validation Reports

6. Click on the desired report to view the report. (Figure 4-21.) The report can then be printed or saved if desired.

SCHEDULED REPORTS DESCRIPTIONS

CMS State Report
End of Month Roster Report for 05/2003

FACILITY ID: FIFIO4
FACILITY NAME: FIFIO4
FACILITY CITY: SACRAMENTO

Res ID	SSN	Resident Name	Rec Type	AA6 a/b	Target Date	Subm Date	Eff Date
1431842	473-10-0333	BROWN, HANNA	Y	02/	03/12/2002	12/17/2002	03/13/2002
1431847	873-10-0006	COLD, EMIL	R	09/	03/13/2002	12/17/2002	03/13/2002
1431791	740-20-0705	DISCHG_05, REPORT	Y	02/	12/03/2002	12/17/2002	12/04/2002
1431766	740-20-0706	DISCHG_06, REPORT	Q	05/	12/03/2002	12/17/2002	12/04/2002
1431792	740-20-0707	DISCHG_07, REPORT	QM	05/4	12/03/2002	12/17/2002	12/04/2002
1431769	740-20-0708	DISCHG_08, REPORT	QM	00/4	12/03/2002	12/17/2002	12/04/2002
1431793	740-20-0710	DISCHG_10, REPORT	R	09/	12/04/2002	12/17/2002	12/04/2002
1431794	740-20-0711	DISCHG_11, REPORT	R	09/	12/04/2002	12/17/2002	12/04/2002
1431836	273-10-0026	DEXIE, GRIME	YM	02/1	03/03/2002	12/17/2002	03/04/2002
1431834	273-10-0015	JACK, SPR	AM	01/1	03/03/2002	12/17/2002	03/04/2002
1431846	273-10-0025	JACK, SPRAT	YM	02/1	03/12/2002	12/17/2002	03/13/2002
1431835	273-10-0027	JEREMY, LEDNA	QM	05/4	03/03/2002	12/17/2002	03/04/2002
1431833	273-10-0024	JESSIE, JAMES	Q	05/	03/03/2002	12/17/2002	03/04/2002
1431836	273-10-0022	JOS, KELL	R	09/	03/04/2002	12/17/2002	03/04/2002
1431831	273-10-0023	LEGIS, JONNY	Y	02/	03/02/2002	12/17/2002	03/04/2002
1431832	273-10-0012	MY, FREIND	A	01/	03/03/2002	12/17/2002	03/04/2002
1431845	473-10-0042	MYNN, FREIND	QM	00/4	03/11/2002	12/17/2002	03/12/2002
1431821	720-00-0022	RES_01, CHGDTT	Y	02/	12/06/2002	12/17/2002	12/07/2002
1431826	720-00-0032	RES_01, CHGDTT	Y	02/	12/06/2002	12/17/2002	12/07/2002
1431825	720-00-0022	RES_01PP, CHGDTT	R	09/	12/08/2002	12/17/2002	12/08/2002
1431830	720-00-0032	RES_01PP, CHGDTT	R	09/	12/06/2002	12/17/2002	12/06/2002
1431822	722-00-0003	RES_02, CHGD	QM	05/4	12/05/2002	12/17/2002	12/06/2002
1431827	722-00-0013	RES_02, CHGD	QM	05/4	12/05/2002	12/17/2002	12/06/2002
1431823	711-00-0011	RES_03, CHGD	QM	00/4	12/05/2002	12/17/2002	12/06/2002
1431828	711-00-0021	RES_03, CHGD	QM	00/4	12/05/2002	12/17/2002	12/06/2002
1431784	740-20-0010	ROSTER_10, 01 SDAY	QM	00/1	11/04/2002	12/17/2002	11/05/2002
1431765	740-20-0011	ROSTER_11, TEST	Y	03/	11/07/2002	12/17/2002	11/08/2002
1431800	770-10-0010	RPT_01, ADMIT_REENT	A	01/	12/03/2002	12/17/2002	12/04/2002
1431803	770-10-0020	RPT_02, ADMIT_REENT	A	01/	12/03/2002	12/17/2002	12/04/2002
1431804	770-10-0030	RPT_03, ADMIT_REENT	AM	01/1	12/03/2002	12/17/2002	12/04/2002
1431801	770-10-0040	RPT_04, ADMIT_REENT	AM	01/1	12/03/2002	12/17/2002	12/04/2002
1431802	770-10-0050	RPT_05, ADMIT_REENT	AM	01/7	12/03/2002	12/17/2002	12/04/2002
1431805	770-10-0060	RPT_06, ADMIT_REENT	Y	02/	12/03/2002	12/17/2002	12/04/2002

Figure 4-22. End of the Month Roster Report

End of the Month Roster Report

The **End of the Month Roster Report** includes the current Residents with their most recent assessment that was processed by the last day of the month. This is a month-to-month report and does not include discharges. (Figure 4-22.)

Validation Report Listing - Microsoft Internet Explorer

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Address

HCFA State Report
Residents Discharged Without Return for 06/2003

FACILITY ID: FIFI04
FACILITY NAME: FIFI04
FACILITY CITY: SACRAMENTO

-----Resident Identifiers-----				-----Record Identifiers-----			
RES_ID	Resident Name	SSN	Birth Date	Gen	AA8a	Discharge Date	AT6
RES_ID: 1473526 DISCHG_01, REPORT		740200701	02/01/1902	F	06	R4: 06/04/2003	
RES_ID: 1473518 DISCHG_02, REPORT		740200702	02/02/1902	F	06	R4: 06/07/2003	
RES_ID: 1473520 DISCHG_03, REPORT		740200703	02/03/1902	F	07	R4: 06/07/2003	
RES_ID: 1473521 DISCHG_04, REPORT		740200704	02/04/1902	F	07	R4: 06/07/2003	
RES_ID: 1473527 DISCHG_09, REPORT		740200709	02/09/1902	F	08	R4: 06/05/2003	
RES_ID: 1473528 DISCHG_12, REPORT		740200712	02/12/1902	F	08	R4: 06/05/2003	
RES_ID: 1473552 RES_0100, CHGD00		720701032	04/01/1907	F	07	R4: 06/09/2003	
RES_ID: 1473553 RES_0200, CHGD		777801013	04/01/1909	M	06	R4: 06/09/2003	
RES_ID: 1473555 RES_0300, CHGD00		711011021	01/04/1911	F	07	R4: 06/09/2003	
RES_ID: 1473546 RPT_06, ADMIT_REENT		770100060	01/01/1902	M	08	R4: 06/04/2003	

Done Internet

Figure 4-23. Residents Discharged Without Return Report

Residents Discharged Without Return Report

The **Residents Discharged Without Return** report displays all residents who have been discharged and have not returned. It includes residents with AA8a = 06, 07, 08 where the R4 date is within the target month.

If a resident was discharged with an AA8a=07 and readmitted during the target month, he/she will not appear on this report. If a resident was discharged with AA8a = 07, but has not yet returned during the target month, he/she will appear on this report. (Figure 4-23.)

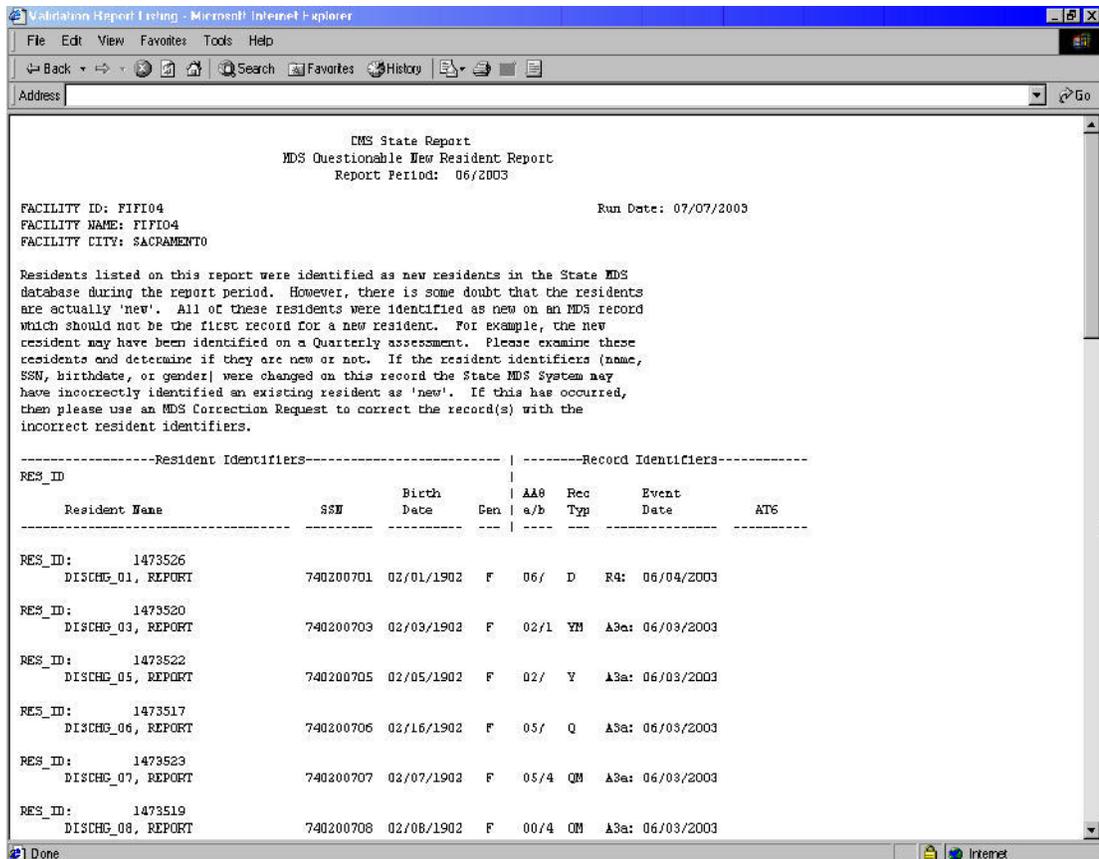


Figure 4-27. MDS Questionable New Resident Report

MDS Questionable New Resident Report

The **MDS Questionable New Resident Report** lists residents identified as new residents in the State MDS database during the report period where there is some doubt that the residents are actually “new”. All of these residents were identified as new on an MDS record which should not be the first record for a new resident. For example, the new resident may have been identified on a Quarterly assessment. Please examine these residents’ records and determine if they are new or not. If the resident identifiers (name, SSN, birth date, or gender) were changed on this record the State MDS System may have incorrectly identified an existing resident as “new”. If this has occurred, then please use an MDS Correction Request to correct the record(s) with the incorrect resident identifiers. (Figure 4-27.)

