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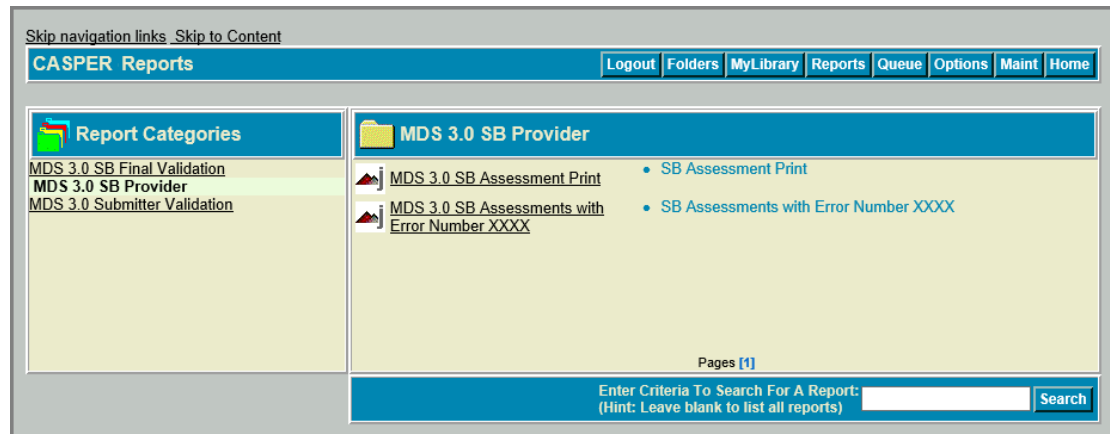
MDS 3.0 SWING BED (SB) PROVIDER REPORTS

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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.

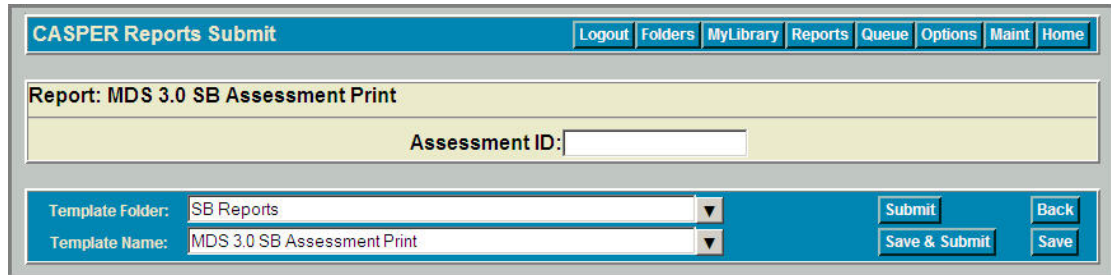
NOTE: As of March 18, 2012, item X0100 (Type of Record) was replaced with item A0050 (Type of Record). Item X0100 will appear as A0050 in all previously submitted records with target dates after September 30, 2010.

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




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*

		CASPER Report MDS 3.0 SB Assessment Print	Run Date: 06/13/2016 Page 1 of 3
State: NV Facility ID: 294436 Swing Bed Name: NYE REGIONAL MEDICAL CENTER Resident Name: ██████████ Assessment ID: 108610006 ISC: ST - Swing Bed: Tracking (entry/expired)			
<u>Additional Fields</u>			
ITM SBST CD	ITEM SUBSET CODE	ST - SWING BED TRACKING RECORD (ENTRY/DEATH RECORD)	
ITM SET VRSN CD	ITEM SET VERSION CODE	1.14 - FIFTH UPDATE TO MDS 3.0 ITEM SET (EFFECTIVE 10/1/2016)	
SPEC VRSN CD	SPECIFICATIONS VERSION CODE	2.00 - NINTH UPDATE TO DATA SPECIFICATIONS (EFFECTIVE 10/1/2016)	
STATE CD	FACILITY'S STATE POSTAL CODE	NV - NEVADA	
SFTWR PROD NAME	SOFTWARE PRODUCT NAME	JRAVEN	
SFTWR PROD VRSN CD	SOFTWARE PRODUCT VERSION CODE	1.1.9	
FAC DOC ID	FACILITY DOCUMENT ID	^	
<u>Section A: Identification Information</u>			
A0050	TYPE OF TRANSACTION (FORMERLY X0100)	1 - ADD NEW RECORD	
A0100A	FACILITY NATIONAL PROVIDER IDENTIFIER (NPI)	^	
A0100B	FACILITY CMS CERTIFICATION NUMBER (CCN)	290020	
A0100C	STATE PROVIDER NUMBER	^	
A0200	TYPE OF PROVIDER	2 - SWING BED	
A0310A	TYPE OF ASSESSMENT: OBRA	99 - NONE OF THE ABOVE	
A0310B	TYPE OF ASSESSMENT: PPS	99 - NONE OF THE ABOVE	
A0310C	TYPE OF ASSESSMENT: OMRA	0 - NO	
A0310D	SWING BED CLINICAL CHANGE ASSESSMENT	0 - NO	
A0310E	FIRST ASSESSMENT SINCE MOST RECENT ENTRY	0 - NO	
A0310F	ENTRY/DISCHARGE REPORTING	01 - ENTRY 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	
A0500A	RESIDENT FIRST NAME	██████████	
A0500B	RESIDENT MIDDLE INITIAL	^	
A0500C	RESIDENT LAST NAME	██████████	
A0500D	RESIDENT NAME SUFFIX	^	
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 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.

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'. The main title is 'Report: MDS 3.0 SB Assessments with Error Number XXXX'. Below this, there are several form fields: 'Date Criteria' with a dropdown menu set to 'Prior Month', 'from (mm/dd/yyyy)' with the value '06/01/2018' and a calendar icon, and 'thru (mm/dd/yyyy)' with the value '06/30/2018' and a calendar icon. Below these is the 'Error Number' field with a dropdown menu showing options from '-1001' to '-1008'. At the bottom, there are two dropdown menus: 'Template Folder' set to 'My Favorite Reports' and 'Template Name' set to '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
- 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*

		CASPER Report (IN) MDS 3.0 SB Assessments with Error Number -1031, -1032 from 01/01/2013 thru 06/30/2015	
Error Number: -1032 - WARNING Error Description: Resident Provider Updated: Our records indicated that a different provider previously cared for this resident. The provider associated with this resident was updated. Please verify.		Run Date: 07/20/2018 Page 3 of 4	
Swing Bed Facility ID: 225496 Facility Name: FAYETTE REGIONAL HEALTH SYSTEM Facility City: CONNERSVILLE			
Submission Date	Resident Name	Assessment ID	Field in Error Value in Error
01/21/2013	[REDACTED]	50175628	Facility ID (FAC_ID) New: 225496
02/13/2013	[REDACTED]	51719584	Facility ID (FAC_ID) New: 225496
02/18/2013	[REDACTED]	51971663	Facility ID (FAC_ID) New: 225496
03/01/2013	[REDACTED]	52735719	Facility ID (FAC_ID) New: 225496
06/07/2013	[REDACTED]	58737697	Facility ID (FAC_ID) New: 225496
06/17/2013	[REDACTED]	59222928	Facility ID (FAC_ID) New: 225496
07/05/2013	[REDACTED]	60358252	Facility ID (FAC_ID) New: 225496
08/05/2013	[REDACTED]	62118101	Facility ID (FAC_ID) New: 225496
12/12/2013	[REDACTED]	69893217	Facility ID (FAC_ID) New: 225496
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 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.