

5.7 Correcting Errors in MDS Records That Have Been Accepted Into iQIES

Facilities should correct any errors necessary to ensure that the information in iQIES accurately reflects the resident's identification, location, overall clinical status, or payment status. A correction can be submitted for any accepted record within 2 years of the target date of the record for facilities that are still open. If a facility is terminated, then corrections must be submitted within 2 years of the facility termination date. A record may be corrected even if subsequent records have been accepted for the resident.

Errors identified in iQIES records must be corrected within 14 days after identifying the errors. Inaccuracies can occur for a variety of reasons, such as transcription errors, data entry errors, software product errors, item coding errors or other errors. The following processes have been established to correct MDS records (assessments, Entry tracking records or Death in Facility tracking records) that have been accepted into iQIES:

- Modification *Request*
- Inactivation *Request*
- *MDS 3.0 Individual Correction/Deletion or Move Request*

A Modification *Request* moves the inaccurate record into history in iQIES and replaces it with the corrected record as the active record. An Inactivation *Request* also moves the inaccurate record into history in iQIES but does not replace it with a new record. Both the Modification and Inactivation processes require the MDS Correction Request items to be completed in Section X of the MDS 3.0. *The MDS 3.0 Individual Correction/Deletion or Move Request are distinct processes to address a few types of errors in a record in iQIES that cannot be corrected with a Modification or Inactivation Request.*

The MDS Correction Request items in Section X contain the minimum amount of information necessary to enable location of the erroneous MDS record previously submitted and accepted into iQIES. Section X items are defined in the MDS 3.0 Data Submission Specifications posted on the CMS MDS 3.0 website.

When a facility maintains the MDS electronically without the use of electronic signatures, a hard copy of the Correction Request items in Section X must be kept with the corrected paper copy of the MDS record in the clinical file to track the changes made with the modification. In addition,

the facility would keep a hard copy of the Correction Request items (Section X) with an inactivated record. For details on electronic records, see Chapter 2, Section 2.4.

Modification Requests

A Modification Request should be used when an MDS record (assessment, Entry tracking record or Death in Facility tracking record) is in iQIES, but the information in the record contains clinical or demographic errors.

The Modification Request is used to modify MDS items not specifically listed under inactivation. Some of the items include:

- Target Date
 - Entry Date (Item A1600) on an Entry tracking record (Item A0310F = 1)
 - Discharge Date (Item A2000) on a Discharge/Death in Facility record (Item A0310F = 10, 11, 12),
 - Assessment Reference Date (Item A2300) on an OBRA or PPS assessment.*
- Type of Assessment (Item A0310)**
- Clinical Items (Items B0100-V0200C)

*Note: The ARD (Item A2300) can be changed when the ARD on the assessment represents a data entry/typographical error. However, the ARD cannot be altered if it results in a change in the look-back period and alters the actual assessment timeframe. Consider the following examples:

- When entering the assessment into the facility's software, the ARD, intended to be 02/12/2021, was inadvertently entered as 02/02/2021. The interdisciplinary team (IDT) completed the assessment based on the ARD of 02/12/2021 (that is, the seven day look-back period was 02/06/2021 through 02/12/2021). This would be an acceptable use of the modification process to modify the ARD (A2300) to reflect 02/12/2021.
- An assessment was completed by the team and entered into the software based on the ARD of 01/10/2021 (and seven day look-back period of 01/04/2021 through 01/10/2021). 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 01/07/2021. 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.

**Note: The Type of Assessment items (Item A0310) can only be modified when the Item Set Code (ISC) of that assessment does not change. In other words, if the Item Subset (full list can be found in Chapter 2, Section 2.5) would change, the modification cannot be done. Consider the following example:

- An Admission assessment (ISC = NC) was completed and accepted into iQIES. The provider intended to code the assessment as an Admission and a 5-day PPS assessment (ISC = NC). The modification process could be used in this case as the ISC would not change.

The modification process *is not permitted for certain items*. These items require the following correction measures if an error is identified:

- An Inactivation of the existing record followed by submission of a new corrected record is required to correct an error of the Type of Provider (Item A0200)
- An MDS 3.0 *Individual* Correction/Deletion *or Move* Request is required to *address the following situations*:
 - 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

When an error is discovered (except for those items listed in the preceding paragraph and instances listed in *subsection MDS 3.0 Correction, Deletion, and Move Requests*) in an MDS 3.0 Entry tracking record, Death in Facility tracking record, Discharge assessment, or PPS assessment that is not an OBRA assessment (where Item A0310A = 99), the provider must take the following actions to correct the record:

1. Create a corrected record with all items included, not just the items in error.
2. 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.
3. Submit this modification request record.

If errors are discovered in a nursing home OBRA comprehensive or Quarterly assessment (Item A0310A = 01 through 06) in iQIES, then the nursing home must determine if there are any significant errors. If the *only errors are minor errors*, the nursing home must take the following actions to correct the OBRA assessment:

1. Create a corrected record with all items included, not just the items in error.
2. 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.
3. Submit this modification request record.

When any *significant error* is discovered in an OBRA comprehensive or Quarterly assessment in iQIES, the nursing home must take the following actions to correct the OBRA assessment:

1. Create a corrected record with all items included, not just the items in error.
2. 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.
3. Submit this modification request record.
4. Perform a new Significant Correction to Prior Assessment or Significant Change in Status Assessment and update the care plan as necessary.

A Significant Change in Status Assessment would be required only if correction of the MDS item(s) revealed that the resident met the criteria for a Significant Change in Status Assessment.

If criteria for Significant Change in Status Assessment were not met, then a Significant Correction to Prior Assessment is required.

When errors in an OBRA comprehensive or Quarterly assessment in iQIES have been corrected in a more current OBRA comprehensive or Quarterly assessment (Item A0310A = 01 through 06), the nursing home is not required to perform a new additional assessment (Significant Change in Status or Significant Correction to Prior assessment). In this situation, the nursing home has already updated the resident's status and care plan. However, the nursing home must use the Modification process to assure that the erroneous assessment residing in iQIES is corrected.

The Cross-Over Rule

- When item sets are updated, a situation may exist that will prevent providers from correcting the target date of any assessment crossing over from October 1 of a given year. That is, providers may not submit a modification to change a target date on an assessment completed prior to October 1 of a given year to a target date on or after October 1 of the same year, nor can they submit a modification to change a target date on an assessment completed on or after October 1 of a given year to a target date prior to October 1 of a given year when the MDS item sets have had substantial changes.
- When the MDS item sets have had significant changes, including the omission and addition of many items or significant changes to existing items, clinicians will be required to collect and code new items, may have different look-back periods, or may need to code the MDS according to changes in the coding requirements. It is the target date of the assessment that identifies the required version of the item set, and, because of the substantial changes that may exist between versions of the item sets, they are not interchangeable. Therefore, commonly when there are updates to item sets, providers may not change target dates on assessments crossing over October 1 of specific years.

Inactivation Requests

An Inactivation should be used when a record has been accepted into iQIES but the corresponding event did not occur. For example, a Discharge assessment was submitted for a resident but there was no actual discharge. An Inactivation (Item A0050 = 3) **must** be completed when any of the following items are inaccurate:

- Type of Provider (Item A0200)
- Type of Assessment (A0310) **when the Item Subset would change had the MDS been modified**
- Discharge Date (Item A2000) on a Discharge assessment record (Item A0310F = 10, 11) **when the look-back period and/or clinical assessment would change had the MDS been modified**
- Assessment Reference Date (Item A2300) on an OBRA or PPS assessment **when the look-back period and/or clinical assessment would change had the MDS been modified**

When inactivating a record, the provider is required to submit an electronic Inactivation Request record. This record is an MDS record but only the Section X items and item A0050 are

completed. This is sufficient information to locate the record in iQIES, inactivate the record and document the reason for inactivation.

For instances when the provider determines that the Type of Provider is incorrect, the provider must inactivate the record in iQIES, then complete and submit a new MDS 3.0 record with the correct Type of Provider, ensuring that the clinical information is accurate.

Inactivations should be rare and are appropriate only under the narrow set of circumstances that indicate a record is invalid.

In such instances a new ARD date must be established based on MDS requirements, which is the date the error is determined or later, but not earlier. The new MDS 3.0 record being submitted to replace the inactivated record must include new signatures and dates for all items based on the look-back period established by the new ARD and according to established MDS assessment completion requirements.

MDS 3.0 Correction, Deletion, and Move Requests

A few types of errors in a record in iQIES cannot be corrected with a Modification or Inactivation request. These errors are:

1. The record has the wrong unit certification or licensure designation in Item A0410.
2. The record has the wrong state code or facility ID in the control Items STATE_CD or FAC_ID.
3. The record submitted was not for OBRA or Medicare Part A purposes.
4. The record is a test record inadvertently submitted as production.

If a record was submitted either with an error in Item A0410, not for OBRA or Medicare Part A purposes, or as a test record, the facility must complete the proper request within iQIES. The State Agency will review the request for completion and accuracy. The State Agency will either approve the request, reject the request or—in some cases—return the request and ask for additional information before approving or rejecting. If the State Agency approves the request, the assessment is deleted from or corrected in the iQIES database. Deleted records cannot be recovered. If the State Agency rejects the request, the provider should address any concerns noted and, if appropriate, submit a new request. Please refer to the iQIES Assessment Management: Assessment Submitter Manual for details.

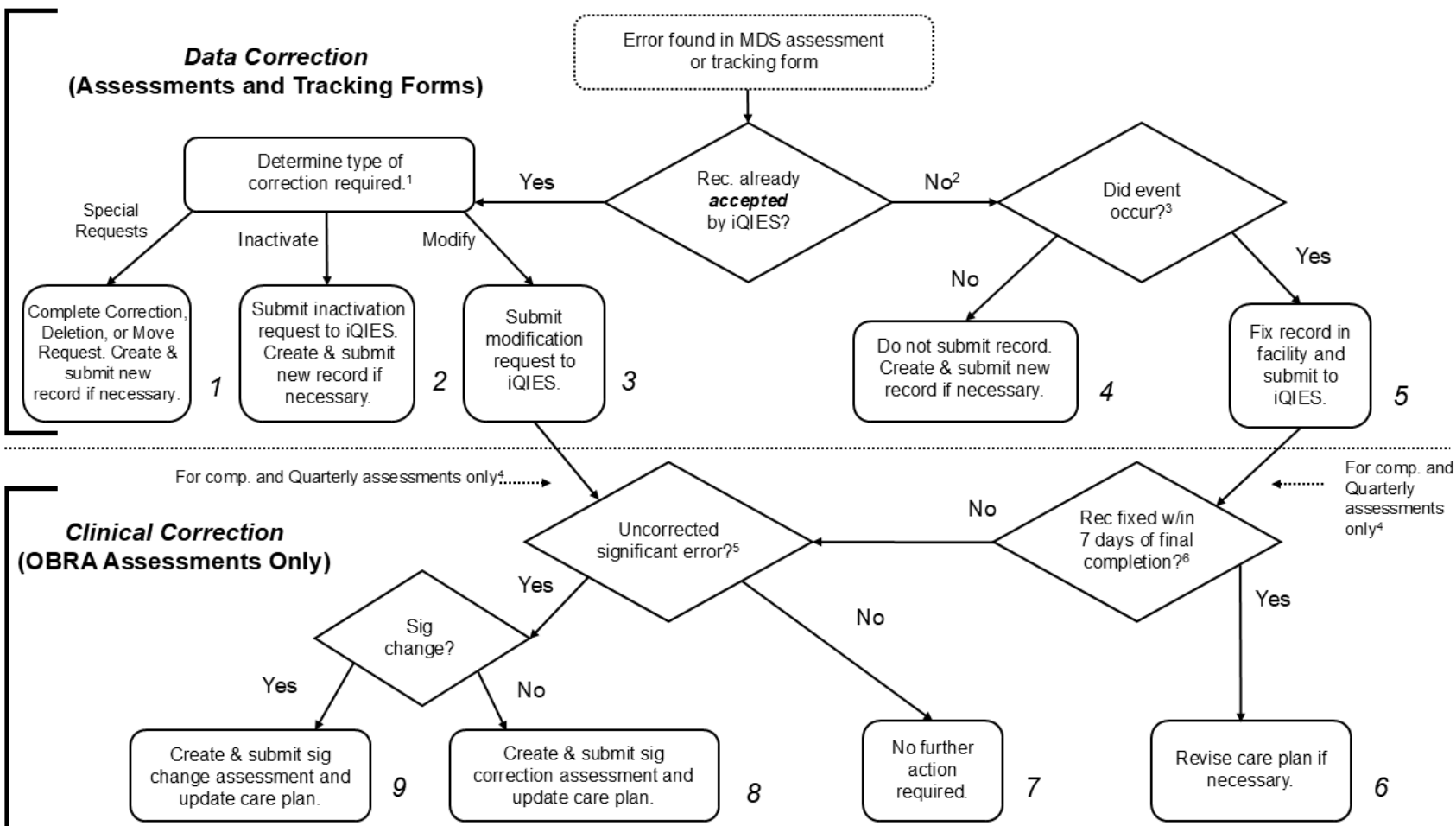
In situations in which the state-assigned facility submission ID (FAC_ID) or state code (STATE_CD) is incorrect, an MDS 3.0 Manual Assessment Move Facility Request is required. The facility is responsible for completing the form. The facility must submit the completed form to the State Agency. Completed forms with Protected Health Information (PHI) must be sent via certified mail through the United States Postal Service. The State Agency will review the request for completion and accuracy and contact the facility if required. After approving the provider's request, the State Agency must sign the form and send it to the iQIES Help Desk. (This process will transition to an iQIES-based process in the future, and the most up-to-date guidance regarding it will be available in the iQIES Assessment Management: Assessment Submitter Manual.)

An iQIES record with an incorrect unit certification or licensure designation in Item A0410 is a very serious problem. Submission of MDS assessment records to iQIES constitutes a release of private information and must conform to privacy laws. Item A0410 is intended to allow appropriate privacy safeguards, controlling who can access the record and whether the record can even be accepted into iQIES. A Modification or Inactivation request cannot be used to correct the A0410 value, since a copy of the record in error will remain in the iQIES history file with the wrong access control. Consider a record in iQIES with an A0410 value of 3 (Unit is Medicare and/or Medicaid certified) when actually the unit is neither Medicare nor Medicaid certified and MDS data is not required by the State (A0410 should have been 1). The record should not be in iQIES at all and *an MDS 3.0 Individual Deletion Request* is necessary to completely remove the record from iQIES. Consider a record with an A0410 value of 3 indicating that the Unit is Medicare and/or Medicaid certified but actually the unit is neither Medicare nor Medicaid certified but MDS data is required by the state (A0410 should have been 2). In this case, there is both federal and state access to the record, but access should be limited to the state. *An MDS 3.0 Individual Correction Request* is necessary to correct A0410 and reset access control, without leaving a copy of the record with the wrong access in the iQIES history file.

When a facility erroneously submits a record that was not for OBRA or Medicare Part A purposes, CMS does not have the authority to collect the data contained in the record. An inactivation request will not fix the problem, since it will leave the erroneously submitted record in the history file, that is, the CMS database. *An MDS 3.0 Individual Deletion Request* is necessary to completely remove the erroneously submitted record and associated information from the CMS database.

In instances in which an erroneous PPS assessment is combined with an OBRA-required assessment, if the item set code does not change, then a modification can be completed. If the item set code does change as a result of a modification, the provider must complete an MDS 3.0 *Individual Deletion Request*. This action will completely remove the assessment from the database. *If* indicated, the provider would complete and submit a new, stand-alone OBRA assessment.

When a test record is in iQIES, the problem must be evaluated and iQIES appropriately corrected. An Inactivation request will not totally fix the problem, since it will leave the test record in a history file and may also leave information about a fictitious resident. *An MDS 3.0 Individual Deletion Request* is necessary to completely remove the test record and associated information.



¹ An *MDS 3.0 Correction, Deletion, or Move Request* is required if test record submitted as production record, if record contains incorrect STATE_CD or FAC_ID, if record was submitted with an incorrect Unit Certification or Licensure Designation (A0410), or record is not for OBRA or Medicare Part A purposes (e.g., a PPS assessment submitted for resident whose stay is covered by a Medicare Advantage Plan).

² Record has not been data entered, has not been submitted, or has been submitted and rejected by iQIES.

³ The event occurred if the record reflects an actual entry or discharge or if an assessment was actually performed for the resident. If a record was created in error (e.g., a Discharge assessment was created for a resident who was not actually discharged), then the event did not occur.

⁴ OBRA comprehensive assessments with A0310A = 01, 03, 04, 05 and Quarterly assessments with A0310A = 02, 06.

⁵ The assessment contains a significant error which has not been corrected by a subsequent assessment.

⁶ Final completion date is item V0200C2 for comprehensive *assessments*, *Z0400 for Entry and Death in Facility tracking records*, and Z0500B for all other assessments.

CHAPTER 6: MEDICARE SKILLED NURSING FACILITY PROSPECTIVE PAYMENT SYSTEM (SNF PPS)