

CASPER Reports

Stacey Bryan RN, BSN, RAC-CT

State RAI Coordinator

MO Department of Health & Senior Services

October 2020



Missouri Department of

Health & Senior Services

CASPER

(Certification and Survey Provider Enhanced Reports)

- QIES (Quality Improvement and Evaluation System) is the CMS National Reporting Database.
- CASPER is a part of QIES where you can request and/or retrieve reports.
- People who can access CASPER include but is not limited to MDS Coordinators, Administrators, Directors of Nursing, QA Nurses and Corporate Nurses.
- Each person to access CASPER needs to have their own user ID and password. Do not use others ID and password and don't let others use your ID and password.

MDS Individual Access

<https://qtso.cms.gov/access-forms/mds-individual-access>

All providers must request a CMSNet User ID to access secure CMS sites (e.g., submissions pages / reports) unless an otherwise secure connection has been established.

Requesting access to CMS systems requires two steps to obtain two separate login IDs.

Step 1: Call CMSNet Helpdesk (888-238-2122) for questions with Step 1

Use the [CMSNet Online Registration](#) application to request a CMSNet User ID.

The CMSNet ID is needed to access secure CMS sites (e.g., submissions pages/reports) unless an otherwise secure connection has been established.

[CMSNet Online Registration Instructions](#)

Step 2: Call QIES Helpdesk (800-339-9313) for questions with Step 2

Use the QIES online User Registration tool to obtain a QIES Submission ID.

Once you have registered for a CMSNet User ID, you will receive an email from MDCN.mco@palmettogba.com containing your login information. Using this information you will connect through the 'CMS Secure Access Service'.

Once securely connected, select the 'CMS QIES Systems for Providers' link to access the QIES online 'User Registration' tool. New users must utilize the online 'User Registration' tool to obtain a QIES Submission login ID (the only exception is Corporate/Third-Party accounts).

Please NOTE: CMS allows a total of TWO (2) Individual User accounts per facility. **Exception: CMS allows a total of FOUR (4) ePOC user accounts**

[MDS / ePOC / PBJ Individual User Account Maintenance Request](#) (Only use this form to remove individual accounts or request additional users.)

❖ To delete a QIES Submission ID access send an email to iqies@cms.hhs.gov with the access you need deleted and the CCN of the facility.

[CMSNet Access Request Form](#) (Only use this form to remove individual access or request access if online registration is unavailable)

PBJ Individual Access

<https://qtso.cms.gov/access-forms/pbj-individual-access>

All providers must request a CMSNet User ID to access secure CMS sites (e.g., submissions pages / reports) unless an otherwise secure connection has been established.

Requesting access to CMS systems requires two steps to obtain two separate login IDs.

Step 1: Call CMSNet Helpdesk (888-238-2122) for questions with Step 1

Use the [CMSNet Online Registration](#) application to request a CMSNet User ID.

The CMSNet ID is needed to access secure CMS sites (e.g., submissions pages/reports) unless an otherwise secure connection has been established.

[CMSNet Online Registration Instructions](#)

Step 2: Call QIES Helpdesk (800-339-9313) for questions with Step 2

Use the QIES online User Registration tool to obtain a QIES Submission ID.

Once you have registered for a CMSNet User ID, you will receive an email from MDCN.mco@palmettogba.com containing your login information. Using this information you will connect through the 'CMS Secure Access Service'.

Once securely connected, select the 'CMS QIES Systems for Providers' link to access the QIES online 'User Registration' tool. New users must utilize the online 'User Registration' tool to obtain a QIES Submission login ID (the only exception is Corporate/Third-Party accounts).

Please NOTE: CMS allows a total of TWO (2) Individual User accounts per facility. **Exception: CMS allows a total of FOUR (4) ePOC user accounts**

[MDS / ePOC / PBJ Individual User Account Maintenance Request](#) (Only use this form to remove individual accounts or request additional users.)

❖ To delete a QIES Submission ID access send an email to iqies@cms.hhs.gov with the access you need deleted and the CCN of the facility.

[CMSNet Access Request Form](#) (Only use this form to remove individual access or request access if online registration is unavailable)

Corporate Access

<https://qtso.cms.gov/access-forms/mds-corporate-and-third-party-access>

All providers must request a CMSNet User ID to access secure CMS sites (e.g., submissions pages / reports) unless an otherwise secure connection has been established.

Requesting access to CMS systems requires two steps to obtain two separate login IDs.

Step 1: Call CMSNet Helpdesk (888-238-2122) for questions with Step 1

Use the [CMSNet Online Registration](#) application to request a CMSNet User ID.

The CMSNet ID is needed to access secure CMS sites (e.g., submissions pages/reports) unless an otherwise secure connection has been established.

Step 2: Call QIES Helpdesk (800-339-9313) for questions with Step 2

Corporate users must use the appropriate form to request a QIES User ID. This form should also be used to remove existing QIES user accounts. The form must be sent to the QTSO Help Desk for processing.

[Corporate Access Request](#) (Only use this form to request Corporate ID or update Corporate account.)

Welcome to the CMS QIES Systems for Providers

[MDS and ePOC User Registration](#)

[Payroll Based Journal User Registration](#)

[Add ePOC - PBJ - MDS Access to your Active Individual User Account](#)



[MDS 3.0 Submissions](#)

[PBJ Submissions](#)

[Payroll Based Journal \(PBJ\) Provider User Guide](#)

MDS 3.0 Provider User's Guide

CASPER Reporting User's Guide for MDS Providers:

CASPER Reporting - Select this link to access the Final Validation and Provider reports.

[QIES User Maintenance Application](#)

[QIES User Maintenance Application User's Guide](#)

[ASPEN Access \(ePOC\)](#)

 Topics

- [Home Page](#)
- [Merge PDF Feature](#)
- [IE Active X Plug-in](#)
- [ZIP Feature](#)
- [Java JRE](#)
- [PSR/Jasper Report Viewer & Unzip Utility](#)
- [CMS Tally Template](#)

 Home Page

Welcome to CASPER

Use the buttons in the toolbar above as follows:

Logout - End current session and exit the CASPER (dvqsap33) Application

Folders - View your folders and the documents in them

Reports - Select report categories and request reports

Queue - List the reports that have been requested but not yet completed

Options - Customize the report format, number of links displayed per page and report display size

Maint - Perform maintenance such as creating, renaming and/or deleting folders

Home - Return to this page

Welcome: [Home Page](#)

CASPER

Once logged in to CASPER, focus on:

- **Reports Tab:** Contains categories of reports you can request.
- **Folders Tab:**
 - **My Inbox:** Contains reports you requested.
 - **Facility MO [Fac ID] Inbox:** Contains information automatically deposited by CMS for the facility to review.
 - **MO LTC [Fac ID] folder:** Contains reports (other than Validation Reports) such as preview reports and special notifications from CMS.
 - **MO LTC [Fac ID] VR folder:** Contains Validation Reports which are automatically deposited after MDS submissions.



Folders

My Inbox







Facility IN FIFI Inbox

* IN LTC FIFI

* IN LTC FIFI VR



* IN LTC FIFI VR

Info↕	Click Link to View Report↕	Date Requested↕	Select↕
	09272010150616.5548	10/05/2010 13:12:51	<input type="checkbox"/>
	09272010150616.5534	09/27/2010 15:11:10	<input type="checkbox"/>
	09272010150616.5531	09/27/2010 15:11:10	<input type="checkbox"/>
	09272010150616.5541	09/27/2010 15:07:36	<input type="checkbox"/>
	09272010150616.5550	09/27/2010 15:07:36	<input type="checkbox"/>
	09272010150616.5549	09/27/2010 15:07:35	<input type="checkbox"/>

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This Folder is Read-Only

SelectAll

Print PSRs

Zip

MergePDFs

Running CASPER Reports

- Once you highlight a report category on the left of the screen, the available reports you can run within that report category will show in the center of the screen. Click on the report you want to request.
- Some reports must be requested by selecting dates. Click submit. After submitting, the reports you request will be deposited in the **Folders** tab under **My Inbox**.
- Reports we will talk about today are from the following CASPER Report Categories:
 - MDS 3.0 NH Provider
 - MDS 3.0 QM Provider
 - SNF Quality Reporting Program
 - Payroll Based Journal (PBJ) Reports

MDS 3.0 NH Provider Report Category

[Skip navigation links](#) [Skip to Content](#)

CASPER Reports

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Report Categories

[Auto Payroll Based Journal FVR](#)
[MDS 3.0 NH Asmt Maint](#)
[MDS 3.0 NH Final Validation](#)
[MDS 3.0 NH Provider](#)
[MDS 3.0 QM Reports](#)
[MDS 3.0 Submitter Validation](#)
[MDS Provider CO](#)
[MDS QI/QM Reports](#)
[OMR Reports](#)
[Payroll Based Journal \(PBJ\) Reports](#)
[SNF Quality Reporting Program](#)
[Submitter Final Validation Rpt](#)
[Utility Reports](#)

MDS 3.0 NH Provider

- [MDS 0003D/0004D Package Report](#)
 - [MDS 0003D/0004D Package Report](#)
- [MDS 3.0 Activity](#)
 - [Activity](#)
- [MDS 3.0 Admission/Reentry](#)
 - [Admission and Reentry](#)
- [MDS 3.0 Assessments with Error Number XXXX](#)
 - [Assessments with Error Number XXXX](#)
- [MDS 3.0 Discharges](#)
 - [Discharges](#)
- [MDS 3.0 Error Detail by Facility](#)
 - [Error Detail by Facility](#)
- [MDS 3.0 Error Number Summary by Facility by Vendor](#)
 - [Error Number Summary by Facility by Vendor](#)
- [MDS 3.0 Errors by Field by Facility](#)
 - [Errors by Field by Facility](#)
- [MDS 3.0 Missing Assessment](#)
 - [OBRA Missing Assessment](#)
- [MDS 3.0 NH Assessment Print](#)
 - [NH Assessment Print](#)

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Enter Criteria To Search For A Report:
(Hint: Leave blank to list all reports)

MDS 3.0 Missing OBRA Assessment Report

Lists residents that CMS is expecting an OBRA assessment on:

- Residents for whom the target date of the most recent accepted OBRA assessment (other than a Discharge or Death in Facility MDS) is more than 138 days ago;
- Residents for whom no OBRA assessments were submitted for a current episode that began greater than 60 days ago.

The information included in this report is as current as the date of the last submission by the facility.

Run this report monthly to ensure there are no names on it.

MDS 3.0 Missing OBRA Assessment Report

- You do not want any names listed on this report.
- For a current resident listed on this report, if they are overdue for an OBRA comprehensive or quarterly assessment then complete and transmit one.
- For a former resident listed on this report, if an OBRA Discharge Assessment or Death in Facility Tracking Record is still needed then complete and transmit one.
- If you are unsure why a resident is listed on this report call the State Automation Coordinator. A merge may be needed if an additional resident was accidentally created in the QIES ASAP system; this happens when you transmit a MDS assessment or record with two resident identifier changes from the previous MDS assessment or record.



CASPER Report (AK) MDS 3.0 Missing OBRA Assessment

Nursing Home

Facility ID: [REDACTED]
Facility Name: [REDACTED]
Facility City: [REDACTED]

Resident Identifiers:

Last Record Identifiers:

Resident Internal ID	Resident Name	SSN	Date of Birth	Gender	OBRA A0310A	PPS A0310B	Target Date
45428625	[REDACTED]	[REDACTED]	[REDACTED]	F	99	99	05/10/2019
45429806	[REDACTED]	[REDACTED]	[REDACTED]	F	99	99	05/10/2019

**This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.**

MDS 3.0 Roster Report

Lists residents for whom:

- The latest accepted MDS is not a Discharge; **AND**
- The date of the latest accepted MDS is less than 24 months prior to the report run date.

Helpful to ensure the list of current residents in CASPER (reflective of the facilities MDS transmissions) matches the list of residents that are actually in the facility.

The information included in the report is as current as the date of the last submission by the facility.



CASPER Report (IA) MDS 3.0 Roster

Nursing Home

Facility ID: [REDACTED]
 Facility Name: [REDACTED]
 Facility City: [REDACTED]
 Date of Last Facility Production Submission: 11/10/2018 2:40 AM

Note: * indicates an empty value.

Resident Internal ID	SSN	Resident Name	DOB	Gender/ Race/Ethnicity	ISC	A0310A/B/C/F/H	Target Date	Submission Date	Admission Date	Admission Type
7078230	[REDACTED]	[REDACTED]	[REDACTED]	F F	NC	01 / 99 / 0 / 99 / 0	10/15/2018	10/24/2018	10/08/2018	Admission
44758092	[REDACTED]	[REDACTED]	[REDACTED]	M F	NP	99 / 03 / 0 / 99 / 0	10/19/2018	11/01/2018	09/21/2018	Admission
38803227	[REDACTED]	[REDACTED]	[REDACTED]	F F	NQ	02 / 99 / 0 / 99 / 0	10/17/2018	11/01/2018	11/20/2016	Reentry
33028879	[REDACTED]	[REDACTED]	[REDACTED]	F F	NC	03 / 99 / 0 / 99 / 0	10/17/2018	11/01/2018	07/07/2017	Reentry
29715064	[REDACTED]	[REDACTED]	[REDACTED]	M F	NC	01 / 99 / 0 / 99 / 0	11/03/2018	11/10/2018	10/27/2018	Admission
33660844	[REDACTED]	[REDACTED]	[REDACTED]	F F	NT	99 / 99 / 0 / 01 / 0	11/05/2018	11/10/2018	11/05/2018	Admission
33605439	[REDACTED]	[REDACTED]	[REDACTED]	F F	NQ	02 / 99 / 0 / 99 / 0	10/10/2018	10/24/2018	04/07/2018	Admission
43991516	[REDACTED]	[REDACTED]	[REDACTED]	F F	NQ	02 / 99 / 0 / 99 / 0	10/19/2018	11/01/2018	10/03/2018	Reentry

Total Residents = 32

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MDS 3.0 Quality Measure Report Category

CASPER Reports

[Logout](#) [Folders](#) [MyLibrary](#) [Reports](#) [Queue](#) [Options](#) [Maint](#) [Home](#)

Report Categories

[MDS 3.0 NH Asmt Maint](#)
[MDS 3.0 NH Final Validation](#)
[MDS 3.0 NH Provider](#)
[MDS 3.0 QM Reports](#)
[MDS 3.0 Submitter Validation](#)
[MDS Provider CO](#)
[MDS QI/QM Reports](#)
[OMR Reports](#)
[Submitter Final Validation Rpt](#)
[Utility Reports](#)

MDS 3.0 QM Reports

-  [MDS 3.0 Facility Characteristics Report](#) • [MDS 3.0 Facility Characteristics Report](#)
-  [MDS 3.0 Facility Level Quality Measure Report](#) • [MDS 3.0 Facility Level Quality Measure Report](#)
-  [MDS 3.0 Monthly Comparison Report](#) • [MDS 3.0 Monthly Comparison Report](#)
-  [MDS 3.0 QM Package Reports](#) • [MDS 3.0 QM Package Reports](#)
-  [MDS 3.0 Resident Level Quality Measure Report](#) • [MDS 3.0 Resident Level Quality Measure Report](#)

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Enter Criteria To Search For A Report:
(Hint: Leave blank to list all reports)

MDS 3.0 Facility Level QM Report

- You select the timeframe. Defaults to the most recent completed six-month period prior to the month the data was last calculated.
- Identifies the facility's performance on MDS 3.0 QMs. Also, lists how the facility compares with other facilities in their state and in the nation.
- Helps identify possible areas for quality improvement.
- QM data for this report is calculated weekly for the assessments submitted since the previous week's data calculation.

MDS 3.0 Facility Level Quality Measure Report

Facility ID: [REDACTED] **Report Period:** 04/01/2021 - 09/30/2021
CCN: [REDACTED] **Comparison Group:** 04/01/2021 - 09/30/2021
Facility Name: [REDACTED] **Report Run Date:** 10/01/2021
City/State: [REDACTED] **Data Calculation Date:** 10/04/2021
Report Version Number: 3.03

Note: Dashes represent a value that could not be computed
 Note: S = short stay, L = long stay
 Note: C = complete; data available for all days selected, I = incomplete; data not available for all days selected
 Note: * is an indicator used to identify that the measure is flagged
 Note: For the Improvement in Function (S) Measure, a single * indicates a Percentile of 25 or less (higher Percentile values are better)

Measure Description	CMS ID	Data	Num	Denom	Facility		Comparison Group		Comparison Group	
					Observed Percent	Adjusted Percent	State Average	National Average	State Average	National Percentile
Hi-risk/Unstageable Pres Ulcer (L)	N015.03	C	0	16	0.0%	0.0%	0.0%	0.0%	0.0%	0
Phys restraints (L)	N027.02	C	0	53	0.0%	0.0%	0.0%	0.0%	0.0%	0
Falls (L)	N032.02	C	0	53	0.0%	0.0%	0.0%	0.0%	0.0%	0
Falls w/Maj Injury (L)	N013.02	C	0	53	0.0%	0.0%	0.0%	0.0%	0.0%	0
Antipsych Med (S)	N011.02	C	0	0	-	-	-	-	-	-
Antipsych Med (L)	N031.03	C	53	53	100.0%	100.0%	100.0%	100.0%	100.0%	100 *
Antianxiety/Hypnotic Prev (L)	N033.02	C	53	53	100.0%	100.0%	100.0%	100.0%	100.0%	100 *
Antianxiety/Hypnotic % (L)	N036.02	C	53	53	100.0%	100.0%	100.0%	100.0%	100.0%	100 *
Behav Sx affect Others (L)	N034.02	C	0	53	0.0%	0.0%	0.0%	0.0%	0.0%	0
Depress Sx (L)	N030.02	C	53	53	100.0%	100.0%	100.0%	100.0%	100.0%	100 *
UTI (L)	N024.02	C	0	16	0.0%	0.0%	0.0%	0.0%	0.0%	0
Cath Insert/Left Bladder (L)	N026.03	C	0	16	0.0%	-	-	-	-	-
Lo-Risk Lose B/B Con (L)	N025.02	C	0	16	0.0%	0.0%	0.0%	0.0%	0.0%	0
Excess Wt Loss (L)	N029.02	C	16	16	100.0%	100.0%	100.0%	100.0%	100.0%	100 *
Incr ADL Help (L)	N028.02	C	0	0	-	-	-	-	-	-
Move Indep Worsens (L)	N035.03	C	0	0	-	-	-	-	-	-
Improvement in Function (S)	N037.03	C	0	0	-	-	-	-	-	-

Measure Description	CMS ID	Numerator	Denominator	Facility Observed Percent	Facility Adjusted Percent	National Average
Pressure Ulcer/Injury ¹	S038.02	94	4,748	2.0%	1.2%	0.2%

¹ The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (S038.02) measure is calculated using the SNF QRP measure specifications v3.0 addendum and is based on 12 months of data (10/01/2020 - 09/30/2021).

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MDS 3.0 Resident Level QM Report

- You select the timeframe. Defaults to the most recent completed six-month period prior to the month the data was last calculated.
- Lists the residents (active and discharged) by name.
- Identifies the QMs each resident triggers.
- Helps identify residents who trigger multiple QMs. These residents may merit special consideration or more intensive review.
- QM data for this report is calculated weekly for the assessments submitted since the previous week's data calculation.

CASPER Report
MDS 3.0 Resident Level Quality Measure Report

Facility ID: [REDACTED]
 Facility Name: [REDACTED]
 CCN: [REDACTED]
 City/State: [REDACTED]

Report Period: 04/01/2021 - 09/30/2021
 Report Run Date: 10/07/2021
 Data Calculation Date: 10/04/2021
 Report Version Number: 3.03

Note: **S** = short stay, **L** = long stay; **X** = triggered, **b** = not triggered or excluded,
C = complete; data available for all days selected, **I** = incomplete; data not available for all days selected

Resident Name	Resident ID	A0310A/B/F	Hi-risk/Unstageable Pres Ulcer (L)	Phys restraints (L)	Falls (L)	Falls w/Maj Injury (L)	Antipsych Med (S)	Antipsych Med (L)	Antianxiety/Hypnotic Prev (L)	Antianxiety/Hypnotic (L)	Behav Sx Affect Others (L)	Depress Sx (L)	UTI (L)	Cath Insert/Left Bladder (L)	Lo-Risk Lose B/B Con (L)	Excess Wt Loss (L)	Incr ADL Help (L)	Move Indep Worsens (L)	Improvement in Function (S)	Quality Measure Count
Data			C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	0
Active Residents																				
[REDACTED]	48207520	04/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	48207523	05/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	48207526	02/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	48207529	06/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207532	99/01/99	b	b	b	b	b	X	X	X	b	X	b	b	b	b	b	b	b	4
[REDACTED]	48207535	01/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	b	b	b	b	4
[REDACTED]	48207538	03/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207541	04/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207544	05/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207547	02/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207550	06/99/99	b	b	b	b	b	X	X	X	b	X	b	b	b	X	b	b	b	5
[REDACTED]	48207553	99/01/99	b	b	b	b	b	X	X	X	b	X	b	b	b	b	b	b	b	4
[REDACTED]	48207556	01/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0
[REDACTED]	48207559	03/99/99	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	b	0



CASPER Report MDS 3.0 Resident Level Quality Measure Report

Facility ID: [REDACTED]
Facility Name: [REDACTED]
CCN: [REDACTED]
City/State: [REDACTED]

Report Period: 04/01/2021 - 09/30/2021
Report Run Date: 10/07/2021
Data Calculation Date: 10/04/2021
Report Version Number: 3.03

Note: **S** = short stay, **L** = long stay; **X** = triggered, **b** = not triggered or excluded,
C = complete; data available for all days selected, **I** = incomplete; data not available for all days selected

Resident Name	Resident ID	Admission Date	Discharge Date	Pressure Ulcer/Injury ¹
[REDACTED]	48203481	01/05/2021	01/12/2021	b
[REDACTED]	48204570	08/12/2021	08/19/2021	b
[REDACTED]	48204852	11/23/2020	11/30/2020	b
[REDACTED]	48205443	08/25/2021	09/01/2021	b
[REDACTED]	48966432	01/05/2021	01/12/2021	b
[REDACTED]	48967513	11/23/2020	11/30/2020	b
[REDACTED]	48207689	04/23/2021	04/30/2021	b
[REDACTED]	48200303	01/08/2021	01/15/2021	b
[REDACTED]	48207789	08/11/2021	08/18/2021	X
[REDACTED]	48965807	01/08/2021	01/15/2021	b
[REDACTED]	48203482	01/06/2021	01/13/2021	b
[REDACTED]	48204571	08/13/2021	08/20/2021	b
[REDACTED]	48204853	11/24/2020	12/01/2020	b
[REDACTED]	48205444	08/26/2021	09/02/2021	b

¹ The Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (S038.02) measure is calculated using the SNF QRP measure specifications v3.0 addendum and is based on 12 months of data (10/01/2020 - 09/30/2021).

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SNF Quality Reporting Program (QRP) QMs

SNF QRP

- As a result of the IMPACT Act, CMS began collecting standardized data from Post Acute Care providers for **Traditional Medicare Part A** stays.
- 80% of qualifying MDS assessments submitted must contain the data necessary to calculate the MDS based QRP QMs or the SNF will have a 2% reduction in their APU (Annual Payment Update).

SNF QRP

- 80% of qualifying MDS assessments for CY 2019 must contain the data necessary to calculate the QRP QMs or the SNF will have a 2% reduction in their APU for FY 2021 (10/1/20 through 9/30/21).
- 80% of qualifying MDS assessments for CY 2020 must contain the data necessary to calculate the QRP QMs or the SNF will have a 2% reduction in their APU for FY 2022 (10/1/21 through 9/30/22). **Update – Q1 & Q2 of 2020 were excepted from data submission.**

Any SNF found non-compliant will receive notification along with instructions for requesting reconsideration of this decision.

SNF QRP Deadlines

Currently, the submission deadline for the 2020 MDS data is as follows:

- MDS data for 1/1/20 – 3/31/20 due by 8/17/20. **Data will not be used in calculations for the QRP due to the COVID-19 PHE.**
- MDS data for 4/1/20 – 6/30/20 due by 11/16/20. **Data will not be used in calculations for the QRP due to the COVID-19 PHE.**
- MDS data for 7/1/20 – 9/30/20 due by 2/15/21.
- MDS data for 10/1/19 – 12/31/19 due by 5/17/21.

APU Threshold Calculation

Numerator: Number of required assessments submitted with 100% of the data elements necessary to calculate the QRP QMs.

Denominator: Number of required assessments submitted before the submission deadline for the reporting period.

$$\frac{\text{Numerator}}{\text{Denominator}} = \text{APU Compliance}$$

SNF QRP APU Threshold

- Complete a 5-day and PPS Discharge for every Traditional Medicare Part A stay (unless the resident passes away during their Med A stay, then a PPS Discharge is not required).
- Only submit PPS assessments that are for Traditional Med A stays (don't submit PPS assessments for Medicare Advantage or HMO stays).
- Do not dash items that are required for QRP compliance unless it is absolutely necessary.

SNF QRP QM Items to NOT DASH

- Section GG Admission and Discharge Performance Items for GG0130 and GG0170.
- At least one Discharge Goal must be filled out on the 5-day, the rest of the Discharge Goals can be dashed on the 5-day.
- H0400 Bowel continence
- I0900 Peripheral Vascular or Peripheral Arterial Disease
- I2900 Diabetes Mellitus
- J1900C Falls with Major Injury
- K0200A Height
- K0200B Weight
- M0300: B1, B2, C1, C2, D1, D2, E1, E2, F1, F2, G1, G2
- N2001, N2003, N2005

SNF QRP Outreach Available

Swingtech sends informational messages to SNFs that are not meeting APU thresholds on a quarterly basis ahead of each submission deadline.

If you need to add or change the email addresses to which these messages are sent, please email QRPHelp@swingtech.com and be sure to include your facility name and CMS Certification Number (CCN) along with any requested email updates.

SNF QRP MDS-Based QMs

- % of Residents with PUs That Are New or Worsened
- Application of % of Residents Experiencing One or More Falls with Major Injury
- Application of % of LTCH Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function
- Drug Regimen Review Conducted with Follow-Up for Identified Issues

SNF QRP MDS-Based QMs

- SNF Functional Outcome Measure: Change in Self-Care Score for SNF Residents
- SNF Functional Outcome Measure: Change in Mobility Score for SNF Residents
- SNF Functional Outcome Measure: Discharge Self-Care Score for SNF Residents
- SNF Functional Outcome Measure: Discharge Mobility Score for SNF Residents

SNF Quality Reporting Program (QRP) Report Category

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SNF Quality Reporting Program

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-  [SNF Review and Correct Report](#)
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SNF QRP Provider Threshold Report

- You select the timeframe. Defaults to the most recent fiscal year for which there is data.
- **Identifies facility performance on meeting the threshold compliance requirement by looking at all QMs together.**
- Allows SNF providers to review their QRP compliance data to identify if there are any corrections or changes necessary prior to the quarter's data submission deadline.
- The information included in this report is as current as the date of the last submission by the facility.
- **Only one page.**

CASPER Report FY 2022 SNF QRP Provider Threshold Report

CCN:

Facility Name:

Facility City:

State:

Data Collection Start Date: 01/01/2020

Data Collection End Date: 12/31/2020

# of MDS 3.0 Assessments Submitted:	4,132
# of MDS 3.0 Assessments Submitted Complete:	2,166
% of MDS 3.0 Assessments Submitted Complete:	52%*

* FY 2022 SNF QRP Annual Payment Update (APU) Determination Table is limited to the data elements that are used for determining SNF QRP compliance and are included in the APU submission threshold. There are additional data elements used to risk adjust the quality measures used in the SNF QRP. It should be noted that failure to submit all data elements used to calculate and risk adjust a quality measure can affect the quality measure calculations that are displayed on the Compare website.

SNF Definitions:

of MDS 3.0 Assessments Submitted: The total number of PPS 5-Day and PPS Discharge assessments with a target date within the quarter and submitted to CMS by the data submission deadline for the Data Collection Start Date and Data Collection End Date identified on the report. This is the denominator. The data collection timeframes and submission deadlines are posted on the Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information page. See: www.cms.hhs.gov; > Medicare > Skilled Nursing Facility Quality Reporting Program [under the Quality Initiatives/Patient Assessment Instruments heading] > Skilled Nursing Facility (SNF) Quality Reporting Program Measures and Technical Information > select the SNF QRP Table for Reporting Assessment-Based Quality Measures for the FY APU pdf at the bottom of the page for the FY of the report.

of MDS 3.0 Assessments Submitted Complete: The number of PPS 5-Day and PPS Discharge assessments identified in the denominator that do not contain dashes (-) for any of the required data elements used to determine APU Compliance for the SNF QRP for the applicable fiscal year. This is the numerator.

% of MDS 3.0 Assessments Submitted Complete: Divide the numerator (# of PPS 5-Day and PPS Discharge assessments Submitted Complete) by the denominator (# of PPS 5-Day and PPS Discharge assessments Submitted) to calculate the SNF's percent of complete assessments. SNFs with a percentage under 80% are determined to be non-compliant with the SNF QRP.

**This report may contain privacy protected data and should not be released to the public.
Any alteration to this report is strictly prohibited.**

SNF QRP Review and Correct Report

- You select the timeframe. Defaults to the most recently completed calculated quarter.
- Identifies facility-level performance data for the MDS based QRP QMs.
- Allows SNF providers to review their QRP data to identify if there are any corrections or changes necessary prior to the quarter's data submission deadline.
- Does not identify whether or not the 80% threshold for the SNF QRP APU is met.
- Updated weekly and on the first day of each quarter with assessments submitted since the previous calculation.

Report: SNF Review and Correct Report

Begin Date: Q2 2018

End Date: Q1 2019 ▼

***Quality Measures:**

[Select All](#)

- Pressure Ulcers
- Application of Falls
- Application of Functional Assessment/Care Plan
- DRR
- Pressure Ulcer/Injury
- Discharge Self-Care Score
- Discharge Mobility Score
- Change in Self-Care Score
- Change in Mobility Score

Include Resident-Level Data

* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports ▼

Template Name: SNF Review and Correct Report ▼

[Submit](#) [Back](#)

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Report: SNF Review and Correct Report

Begin Date: Q2 2018
End Date: Q1 2019 ▼

*Quality Measures: [Select All](#)
Pressure Ulcers
Application of Falls
Application of Functional Assessment/Care Plan
DRR
Pressure Ulcer/Injury
Discharge Self-Care Score
Discharge Mobility Score
Change in Self-Care Score
Change in Mobility Score
 Include Resident-Level Data
 Generate Resident-Level Data CSV

*Status: Triggered
Not Triggered
Excluded
Dash

*Reporting Quarter: Q1 2019
Q4 2018
Q3 2018
Q2 2018

Data Correction Status: Both Open Closed

Primary Sort By: Discharge Date ▼ Reverse Default Sort Order

* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports ▼

Template Name: SNF Review and Correct Report ▼

Submit

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Save & Submit

Save



CASPER Report SNF QRP Review and Correct Report

Facility ID: [REDACTED]
 CCN: [REDACTED]
 Facility Name: [REDACTED]
 City/State: [REDACTED]

Requested Quarter End Date: Q1 2021
 Report Release Date: 04/01/2021
 Report Run Date: 04/25/2021
 Data Calculation Date: 12/09/2019
 Report Version Number: 3.0

MDS 3.0 Quality Measure: Application of Falls

Table Legend

Dash (-): Data not available or not applicable

X: Triggered

NT: Not Triggered

E: Excluded from analysis based on quality measure exclusion criteria

Facility-Level Data

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of SNF Stays that Triggered the Quality Measure	Number of SNF Stays Included in the Denominator	Facility Percent
Q1 2021	S013.02	01/01/2021	03/31/2021	08/15/2021	Open	20	836	2.4%
Q4 2020	S013.02	10/01/2020	12/31/2020	05/15/2021	Open	2	776	0.3%
Q3 2020	S013.02	07/01/2020	09/30/2020	02/15/2021	Closed	35	1,798	1.9%
Q2 2020	S013.02	04/01/2020	06/30/2020	11/15/2020	Closed	38	1,485	2.6%
Cumulative	-	04/01/2020	03/31/2021	-	-	95	4,895	1.9%

Resident-Level Data

Reporting Quarter	Resident Name	Resident ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q1 2021	[REDACTED]	48966025	03/28/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[REDACTED]	48967344	03/25/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[REDACTED]	48968427	03/24/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[REDACTED]	48968829	03/24/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[REDACTED]	48968853	03/24/2021	03/31/2021	08/15/2021	Open	NT
Q1 2021	[REDACTED]	48966263	03/24/2021	03/31/2021	08/15/2021	Open	NT

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Payroll Based Journal (PBJ) Reports

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• [PBJ Employee Report](#)

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• [PBJ Individual Daily Staffing Report](#)

 [1702S Staffing Summary Report](#)

• [PBJ Staffing Summary Report](#)

 [1703D Job Title Report](#)


• [PBJ Job Title Report](#)

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Five-Star Staffing Rating

- CMS uses PBJ data to determine each facility's staffing rating. PBJ data is submitted quarterly and is due 45 days after the end of each reporting period.
- The staffing rating is based on two quarterly case-mix adjusted measures which are of equal weight:
 - Total nursing hours per resident day (HRD) (RN + LPN + nurse aide hours);
 - RN hours per resident day.
- Resident census is based on MDS assessments that are case-mix adjusted based on RUGs.

Five-Star Staffing Rating

The specific PBJ job codes that are used in the RN, LPN, and nurse aide hours calculations are:

- RN hours: Includes RN director of nursing (job code 5), RNs with administrative duties (job code 6), and RNs (job code 7);
- LPN hours: Includes licensed practical/licensed vocational nurses with administrative duties (job code 8) and licensed practical/vocational nurses (job code 9);
- Nurse aide hours: Includes certified nurse aides (job code 10), aides in training (job code 11), and medication aides/technicians (job code 12).

Five-Star Staffing Rating

- NHs that fail to submit any staffing data by the deadline will receive a one-star rating for overall staffing and RN staffing for the quarter.
- NHs reporting four or more days in the quarter with no RN staffing will receive a one-star rating for overall staffing and RN staffing for the quarter.
- CMS conducts audits of NHs to verify data accuracy. Facilities that fail to respond to the audits and those for which the audit identifies significant discrepancies between the hours reported and the hours verified will receive a one-star rating for overall staffing and RN staffing for three months from the time at which the deadline to respond to audit requests passes or discrepancies are identified.

PBJ Deadlines

Currently, the submission deadline for the 2020 PBJ data is as follows:

- PBJ data for 1/1/20 – 3/31/20 **due by 11/14/20 is optional**
- PBJ data for 4/1/20 – 6/30/20 due by 8/14/20 was **not optional**
- PBJ data for 7/1/20 – 9/30/20 due by 11/14/20 **is not optional**
- PBJ data for 10/1/19 – 12/31/19 due by 2/14/21 **is not optional**

PBJ CASPER Reports

1700D Employee Report: Lists the active and/or terminated employees associated with a facility during a specified time frame.

1702D Individual Daily Staffing Report: Details facility staffing info during specified period by Employee ID.

1702S Staffing Summary Report: Summarizes staffing info by Job Title for specified period.

1703D Job Title Report: Details by work date the staffing hours submitted for select job title(s) during a specified period.

PBJ CASPER Reports

1704S Daily MDS Census Summary Report:

Provides daily census counts for a specified period.

1704D Daily MDS Census Detail Report: Lists the IDs of the residents included in daily facility census counts for a specified period.

PBJ Submitter Final File Validation Report: Provides detailed info about status of a select submission file. Indicates whether the submitted file was accepted or rejected and details the warning and fatal errors encountered.



CASPER Report 1702D
Individual Daily Staffing Report
from 04/01/2017 thru 06/30/2017
IA 165595 IA0350
AKRON CARE CENTER, INC

Run Date: 09/28/2017
Job # 40146846
Last Update: 09/25/2017
Page 1 of 1

Employee ID	System Employee ID	Job Title	Labor Category Code	Pay Type	Date	Staffing Hours
PDM123	3641347	Registered Nurse	3	1-Exempt	06/19/2017	18.00
102	1665486	Clinical Nurse Specialist	3	1-Exempt	04/18/2017	14.00
115	2921937	Certified Nurse Aide	3	2-NonExempt	04/17/2017	12.00
102	1665486	Clinical Nurse Specialist	3	1-Exempt	04/10/2017	8.80
1	3533897	Physician Assistant	2	1-Exempt	04/06/2017	8.00
100	975722	Registered Nurse	3	2-NonExempt	04/05/2017	7.77
100	975722	Dentist	7	2-NonExempt	04/10/2017	7.77
100	975722	Physician Assistant	2	1-Exempt	04/25/2017	7.77
1	3533897	Physician Assistant	2	1-Exempt	04/21/2017	7.77
102	1665486	Clinical Nurse Specialist	3	1-Exempt	04/11/2017	7.63
103	536854	Dietitian	5	3-Contractor	04/13/2017	7.60
1	3533897	Physician Assistant	2	1-Exempt	04/05/2017	6.50
1	3533897	Physician Assistant	2	1-Exempt	04/03/2017	4.50
100	975722	Registered Nurse	3	2-NonExempt	04/04/2017	4.50



**CASPER Report 1702S
Staffing Summary Report
from 01/01/2015 thru 12/31/2015
UT 465003 UT0039
HERITAGE PARK CARE CENTER**

Run Date: 08/22/2016
Job # 18400421
Last Update: 10/14/2015
Page 1 of 1

Job Title	Staff Count	Exempt	Non Exempt	Contractors	Staffing Hours
Certified Nurse Aide	182	87	48	47	150,669.00
Pharmacist	40	24	6	10	27,426.50
Qualified Activities Professional	32	20	5	7	18,742.50
Dietitian	33	20	7	6	13,252.50
Administrator	21	11	8	2	13,026.20
Registered Nurse Director of Nursing	9	2	3	4	9,792.00
Registered Nurse	18	9	5	4	9,732.50
Nurse Practitioner	8	7	0	1	6,120.00
Nurse Aide in Training	8	0	7	1	5,063.50
Licensed Practical/Vocational Nurse	13	5	4	4	4,097.00
Medication Aide/Technician	10	3	0	7	3,898.50
Registered Nurse with Administrative Duties	11	5	0	6	3,650.00
Licensed Practical/Vocational Nurse with Administrative Duties	9	5	3	1	3,583.50
Other Social Worker	1	0	0	1	207.00
Physician Assistant	6	0	5	1	180.00
Physical Therapist	5	5	0	0	165.00
Medical Director	10	3	7	0	119.00
Other Physician	2	1	1	0	6.00
Total:	418	207	109	102	269,730.70

1703D Job Title Report

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Report: 1703D Job Title Report


* Job Title :

Select All

- 1 - Administrator
- 2 - Medical Director
- 3 - Other Physician
- 4 - Physician Assistant
- 5 - Registered Nurse Director of Nursing
- 6 - Registered Nurse with Administrative Duties
- 7 - Registered Nurse
- 8 - Licensed Practical/Vocational Nurse with Administrative Duties

Date Criteria: Prior Fiscal Quarter ▼

from (mm/dd/yyyy): 04/01/2018 

thru (mm/dd/yyyy): 06/30/2018 

Only Include Data Accepted Prior to the Deadline:

Sort By Descending

Date ▼



* To select multiple items, hold down the Ctrl key and click the desired items

Template Folder: My Favorite Reports ▼

Template Name: 1703D Job Title Report ▼

Submit

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Save & Submit

Save

1703D Job Title Report

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	
1	Facility ID	Facility No	State	Date	2 - Medical Director				7 - Registered Nurse				10 - Certified Nurse Aide					
2					Exempt	Non-Exen	Contracto	Total	Exempt	Non-Exen	Contracto	Total	Exempt	Non-Exen	Contracto	Total	Total	
3	99999	ABC	OK	4/1/2018	0	0	0	0	8.65	12.3	6.5	27.45	0	54.4	0	54.4	81.85	
4	99999	ABC	OK	4/2/2018	0	0	8	8	4.44	0	8.5	12.94	0	83.5	5.55	89.05	109.99	
5	99999	ABC	OK	4/3/2018	0	0	8	8	0	8.3	0	8.3	4.56	89.7	0	94.26	110.56	
6	99999	ABC	OK	4/4/2018	0	0	0	0	0	8.3	0	8.3	0	74.4	0	74.4	82.7	
7	99999	ABC	OK	4/5/2018	0	0	0	0	0	8	0	8	0	72.3	0	72.3	80.3	
8	99999	ABC	OK	4/6/2018	0	0	0	0	0	0	0	0	0	76.2	0	76.2	76.2	
9	99999	ABC	OK	4/7/2018	0	0	0	0	0	8.3	0	8.3	0	69.1	0	69.1	77.4	



CASPER Report 1704S
Daily MDS Census Summary Report
from 04/01/2017 thru 06/30/2017
PMCLTC
PETERSBURG MEDICAL CENTER LTC
AK-PETERSBURG

Run Date: 09/20/2018
Job # 62886852
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Date	Census
05/16/2017	14
05/17/2017	14
05/18/2017	14
05/19/2017	13
05/20/2017	13
05/21/2017	13
05/22/2017	13
05/23/2017	13
05/24/2017	13
05/25/2017	13
05/26/2017	13
05/27/2017	13
05/28/2017	13
05/29/2017	13
05/30/2017	13
05/31/2017	13
06/01/2017	13
06/02/2017	13
06/03/2017	13
06/04/2017	13
06/05/2017	13
06/06/2017	14
06/07/2017	14
06/08/2017	14
06/09/2017	14
06/10/2017	14
06/11/2017	14
06/12/2017	14
06/13/2017	14
06/14/2017	14
06/15/2017	14

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CASPER Report 1704D
Daily MDS Census Detail Report
from 04/01/2017 thru 06/30/2017
PMCLTC
PETERSBURG MEDICAL CENTER LTC
AK-PETERSBURG

Run Date: 09/20/2018
Job # 62886825
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<u>Date</u>	<u>Resident Internal ID</u>	<u>Target Date of Counted Assessment</u>	<u>CCN at Time of Submission</u>
06/29/2017	21469161	06/15/2017	025019
06/29/2017	21786492	05/01/2017	025019
06/29/2017	22789820	04/28/2017	025019
06/29/2017	27267890	02/01/2017	025019
06/29/2017	28932094	04/22/2017	025019
06/29/2017	32280004	04/25/2017	025019
06/29/2017	35899138	06/01/2017	025019
06/29/2017	35899140	06/04/2017	025019
06/29/2017	36674378	05/19/2017	025019
06/29/2017	36768511	06/22/2017	025019
06/29/2017	37211163	04/20/2017	025019
06/30/2017	12152	06/24/2017	025019
06/30/2017	17341217	04/07/2017	025019
06/30/2017	18271388	04/06/2017	025019
06/30/2017	21469161	06/15/2017	025019
06/30/2017	21786492	05/01/2017	025019
06/30/2017	22789820	04/28/2017	025019
06/30/2017	27267890	02/01/2017	025019
06/30/2017	28932094	04/22/2017	025019
06/30/2017	32280004	04/25/2017	025019
06/30/2017	35899138	06/01/2017	025019
06/30/2017	35899140	06/04/2017	025019
06/30/2017	36674378	05/19/2017	025019
06/30/2017	36768511	06/22/2017	025019
06/30/2017	37211163	04/20/2017	025019



CMS Submission Report PBJ Submitter Final File Validation Report

Submission Date/Time: 03/07/2019 12:47:30
Submission ID: 2974698
Submitter User ID: ██████████
Submission File Name: 4002 Edits and Before 1985.zip
Submission File Status: Received. Please check each File Status below.
Processing Completion Date/Time: 03/07/2019 12:47:52

of Files Processed: 13
of Files Accepted: 5
of Files Rejected: 8
of Files Submitted Without Facility Authority: 1
Total # of Messages: 22

File Name: 4002 Edits and Before 1985/1016_ASCII_Trigger_v2.00.0.xml
File Status: Accepted

Facility ID: CA010000026
Facility Name: APPLE VALLEY POST-ACUTE REHAB

State Code: CA

PBJ_ID: 3476416
Federal Fiscal Year: 2019

File Spec Version: 2.00.0
Fiscal Quarter: 2

General Information:

PBJ Item(s):
Item Values:
Message Number/Severity:
Message:

-1017/WARNING
Census data is no longer being processed by the PBJ System. CMS will use Minimum Data Set (MDS) data to calculate a daily resident census for each facility.
Census data found.

Total Employee Records: 1

PBJ Item(s):
Item Values:
Message Number/Severity:
Message:

Total Staffing Hour Records: 0

PBJ Item(s):
Item Values:
Message Number/Severity:
Message:

-1010/WARNING
File contains records with dates that are not within the date range of the reportQuarter (specified in the Header section of the PBJ submission file). These records were not processed and must be resubmitted for the appropriate quarter.
1 record was not processed

Total Employee Link Records: 0

PBJ Item(s):
Item Values:
Message Number/Severity:
Message:

NOTE: This Validation Report only validates whether or not the data submitted was received successfully; however, it does not reflect the accuracy or completeness of a facility's data. Please run the 1702S Staffing Summary Report to see the total number of staffing hours that have been submitted for a specified timeframe.

References

CASPER Reporting User's Guide

- <https://qtso.cms.gov/reference-and-manuals/casper-reporting-users-guide-mds-providers>

MDS 3.0 Quality Measures User Manual, dated 10-1-2020

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/NHQIQualityMeasures>

Design for *Nursing Home Compare* Five-Star Quality Rating System: Technical Users' Guide, dated July 2020

- <https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandComplianc/FSQRS.html>

References

SNF QRP Measures and Technical Info Webpage

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>

SNF QRP Training Webpage

- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/NursingHomeQualityInits/Skilled-Nursing-Facility-Quality-Reporting-Program/SNF-Quality-Reporting-Program-Measures-and-Technical-Information.html>

Subscribe to Section for Long-term Care Regulation's weekly LISTSERV at:

<https://cntysvr1.lphamo.org/subscribe/tc.html>

- Main form of communication from the State to providers.
- Includes changes/updates/educational opportunities.

State MDS Unit

Stacey Bryan

State RAI Coordinator

Stacey.Bryan@health.mo.gov

573-751-6308

Danette Beeson

State Automation Coordinator

Danette.Beeson@health.mo.gov

573-522-8421