

Release notes for MDS Fall 2001

- When Medicaid RUGs are required, but all RUGs items are not active on the assessment, a default BC1 classification will result.
- Changes as a result of the new SUB_REQ field:
 - When a record is submitted with a SUB_REQ response that indicates no authority for data to be collected, the whole record will be blanked out, the rec_id will be set to DO, and fatal record message –381 will occur. When an out of range value is submitted in the SUB_REQ field, the whole record will be blanked out, the rec_id will be set to DO, and fatal record message 29 will occur. Valid values are 1, 2, or 3.
 - New fatal record message, -381 No authority to collect data: Privacy rights require federal and/or state authority to collect the data submitted. Data was not saved.
 - A State collection option switch was added to the MDS DMS Validation Engine tab. It is labeled “State has authority to collect MDS information?” and the response will be Yes or No. The value will be set to No for all states. States with the authority to collect data on residents in non-certified beds must change the response to Yes.
 - For SUB_REQ = 2, in upload, the State collection option switch will be checked to see if the State has authority to collect MDS information. If it is no, the record will be blanked out, it will not be saved, and fatal message –381 will occur. If it is yes, the record will be taken in and edited.
 - For incoming records where SUB_REQ = 3, the previous record for timing and sequencing edits must have a SUB_REQ = 3 or 0 (zero).
 - Timing and sequencing edits will not be done on incoming records with SUB_REQ = 2.
 - Due to the privacy sensitivity of records, incorrect SUB_REQ values must be updated or deleted manually. The state will send a request to change the SUB_REQ to IFMC.
 - When an inactivation or modification request is submitted for a post-implementation record, the SUB_REQ of the incoming inactivation or modification record must be the same as the SUB_REQ on the post-implementation record that is to be inactivated or modified. If they are not the same, new fatal message -396 will occur.
 - When an inactivation or modification request is submitted for a pre-implementation record, the SUB_REQ of the incoming inactivation or modification record will be inactive and may be left blank.

- For an incoming record, if AA8b = 1, 2, 3, 4, 5, 7, or 8, and SUB_REQ is not 3, the record will reject with new fatal message - 395.
- New fatal record messages:
 - -395 Invalid AA8b/SUB_REQ: If AA8b = 1, 2, 3, 4, 5, 7, or 8, then SUB_REQ must be 3. PPS assessments cannot be performed on a non-certified unit.
 - -396 Invalid SUB_REQ: The SUB_REQ in the modification/inactivation record submitted does not match the SUB_REQ of the prior record. Correction of SUB_REQ requires a manual request to your state.
- Warning message –50, Inconsistent REC_TYPE/AA8a, AA8b: The submitted record type (REC_TYPE) is inconsistent with the submitted reason for assessment (AA8a, AA8b). This will be changed from a warning to a fatal record error message.
- Warning message –70 was changed to read: Assessment completed late: The submitted R2b date was > 92 days after the R2b date submitted previously.
A new warning message –393 was added and will read: Comprehensive assessment completed late: The submitted VB2 date was >366 days after the VB2 date submitted previously.
- The formatting characters were removed from the telephone numbers in the facility table.
- Added assessment internal ID above the resident internal ID number on the MDS Final Validation Report. Changed “# Records with Errors” to read “# Records with Messages” and “Total # of Errors to read “Total # of Messages”.
- Message –81 will not occur when the facility ID associated with the resident is updated in the resident table. A new warning message has been added for updates to the facility ID. That message is: -82 Resident provider updated: This resident was previously cared for by the ‘prior’ provider identified above. The Final Validation report will display the state assigned FAC_ID for the prior and current providers.
- Editing for message –65 has been changed. When a record comes in with an AB1 (admission date) and the previous record is a discharge with AA8a = 06 or 08, then that AB1 (admission date) will not be compared to a prior AB1 date.
- On the final validation reports item labels “SSN” and “DOB” display in all caps.

- Error -311: Revised the Field or MDS Items line on the final validation report to display: MSA_Code table entry. It had previously been a number. This will also clarify the Errors by Field by State report which will now display the MSA_Code table entry instead of the number in the Field in Error Column.
- When Message -81 occurs, the Final Validation Report and the Scheduled reports will display the dates in the MM/DD/YYYY format.
- Language has been added to messages –382, -383, -384, -385, and –386. The messages will now read: "... or equal to 1 or – (unknown)."
- HCFA was changed to CMS in messages –103, -105, -309, -379, -331, and –332.
- Fatal file message –26 has been inactivated. The edit will now be a fatal record edit and the message number will be –394.
- When a date field, such as birth date, comes in as all dashes it is stored in the database as a null. When a modification/inactivation has dashes submitted in a Prior_date field, a match will now be made. Prior to this the modification/inactivation had been rejected due to no match found.