

MDS 3.0 Manual Assessment Correction/Deletion Request

NOTE: Assessment item errors, other than those listed below, must be corrected and resubmitted using **Correction Policy** procedures.

Please Type or Print Legibly
All Fields are Required

Delete Test Record
 Correct A0410 Value
 Delete Wrong FAC_ID
 Not CMS Required***

Facility Information

Facility Name: (complete name)
 ID (FAC_ID):

Requestor (Administrator/Owner) Information

Name (full name): Title:
 E-mail Address: Phone Number:

Resident Information

First Name: Last Name:
 SSN: Birth Date: Gender:
 Resident ID:*

Record Information

A0310A Value:
 A0310B Value:
 A0310C Value:
 A0310D Value:
 A0310F Value:
 Target Date:**
 Assessment ID:*

Submission Information

Submission Date:
 Submission ID:*

A0410 (Submission Requirement) Values

Submitted (Incorrect) Value:
 Correct Value:

* RES_INT_ID, ASMT_ID, and SUBMISSION ID are found on the Final Validation Report

** Target Date is:
 MDS Item **A2300** (Assessment Reference Date) for an assessment record
 MDS Item **A2000** (Discharge Date) for a discharge record
 MDS Item **A1600** (Entry Date) for a reentry record

*** Record is not for OBRA and not for Medicare Part A PPS

Signature - Administrator or Owner (Please circle one) Date
 Submit **completed** and **signed** form to your State Agency via **Certified Mail** through the US Postal Service. Your State Agency will approve, sign, and forward your request to the QTSO Help Desk.

Signature - State Agency Authorizer Date
 The request must be sent **Certified Mail** through the US Postal Service.

All requests require State Agency authorization.
Forms forwarded to the QTSO Help Desk without a State Agency signature will be rejected.

QTSO Help Desk - Internal Use:
