The weighted day report processing season has officially begun! If you have successfully transmitted ALL assessments with an ARD/tracking date up to and including 6/30/20XX, you can begin working on your report.
The report should be run in Casemix starting 7/1/20XX through 6/30/20XX.

BEFORE RUNNING THE REPORT, please enter any bed holds during the report period.

What to look for*:*

1. *Accuracy of number of days the resident was in your facility during the chosen time frame, including bed hold days. Look specifically for residents who were in your facility but do not appear on the report.*

2. *Unprocessed assessments due to any of our Casemix edits will cause the resident(s) to be absent from the report. You can run the Casemix Error Report to identify which assessments were not processed and the reason for them.*

   The table at the end of this document also explains the error report edits further with guidance to correct the error(s). If the particular resident is not showing up on the error report, contact DHHS.NECaseMix@nebraska.gov.

3. ***Bed hold*** *days are included in the total days on this report, but are not separately identified. If you held a bed, but those days are not counted in the report, enter the bed hold day(s) through the bed hold tab on Casemix.*

   If the bed was held for the entire time that a resident was in the hospital, please indicate the discharge date TO the reentry date (please note that the maximum allowed bed hold days per discharge episode is 15 days). Do NOT include swing bed days or a temporary stay at another nursing facility as bed hold days.

4. **Hospice** days are also included in this report, but <u>are not separately identified</u>. If there are missing hospice days not counted in the report, those dates should be noted.

5. **Residents reflected under the wrong SSN.** These should be reported to DHHS.NECaseMix@nebraska.gov including the resident name and the incorrect/correct SSNs. A modification may be required if the SSN error has not been addressed/assessment(s) modified previously by the MDS Coordinator.

6. **Counted days after discharge.** If the report indicates days past the date of discharge, please indicate the resident name/SSN and the correct facility stay dates on the report (i.e. discharge date or bed hold date following a discharge return anticipated assessment).

Remember, *regardless of pay source:*
- The **date of discharge** is not counted.
- **Pre-admission bed hold** is not recognized.

- **All residents** in **Medicaid certified beds**, regardless of pay source, should be included.
- **Only Medicaid-certified beds** should be included. If you have beds which are certified for Medicare, but not Medicaid, or if you have beds that are not certified for either Medicare or Medicaid, residents in those beds should not be included. Please let us know if the report indicates days which the resident was residing in a Medicare/licensed-only bed. The key here is the certification of the bed.

Correction of Information on Report:

Discrepancies/questions should be securely reported to DHHS.NECaseMix@nebraska.gov. If there are no changes needed, please simply send a notification to the above email box. **Please be sure to indicate the name of your facility and city in the subject line of your email, as well.**

If there is a discrepancy in the discharge or admission date, please check with your MDS Coordinator in order to determine if a modification of the assessment or tracking form is necessary. The report will not be considered final until changes are made, transmitted, and notification provided through the mailbox above.

Below is a list of the Casemix Error Report errors that may prevent your assessment(s) from processing into the Casemix system (even if CMS accepts/validates them). Please generate your Casemix Error Report first to identify which error(s) are preventing assessments from reflecting on your Weighted Day Report.

Error #	Error Message	Possible Cause	Solution
7	E7: (A0500A) First Name Cannot Be Blank		Transmit modification of assessment.
8	E8: (A0500C) Last Name Cannot Be Blank		Transmit modification of assessment.
14	E14: (A1600) Date of Entry must be equal to or less than today's date	The date of entry cannot be a future date.	Transmit modification of assessment; send corrected assessment.
59	E59: (A2300) Assessment Date must be equal to or less than today's date	The Assessment Reference Date cannot be a future date.	Transmit modification of assessment; send corrected assessment.
513	E513: (A0600A) SSN Must Be All Numeric	SSN must contain nine (9) digits, no dashes (-), or carots (^), letters, etc. If no SSN, please complete Section S0150 after obtaining a number from DHHS.	Transmit modification.
708	E708: (A1300B) Room number doesn't match provider room numbers.	For facilities whose beds are not 100% Medicaid certified, the room number is required and must be a Medicaid Certified room in order for NE to accept the assessment.	If the resident is residing in a Medicaid Certified bed, transmit a modification.

709	E709: (A1600) Re-Entry date is more than 30 days past discharge date.	If a resident is out of the facility for more than 30 days, a new admission assessment and entry tracking (A1700=1) is required. In other words, it must be treated as a new admission.	Modify the NT record (A1700=1) and transmit an admission assessment.
710	E710: Only an admission assessment or a discharge is allowed after an entry tracking record indicating a new admit date	Make sure that this s a new entry and not a reentry. If an entry tracking marked as a new admission is transmitted the NE system will only allow an admission assessment or a discharge.	Modify the NT record (A1700=2) to indicate a reentry and transmit. If it truly is a new admit, be sure to transmit an admission assessment prior to submitting any other OBRA (A0310A) assessment.
713	Admission assessment is required before assessment reasons 02, 03, 04, or 05 are allowed	Invalid admit date - no admission in system for the date entered in A1900. Admission assessment must be on file before subsequent OBRAs (i.e. quarterly/annual) are allowed.	Modify the affected assessment(s) with the correct admission date or transmit the admission assessment.
850	Provider # Has Fallen Outside Start & End Date		Modify MDS assessments to reflect current Provider Number according to effective dates for the provider.
851	E851: First name doesn't match current records first name.		If both errors 851 and 852 appear on your error report, it could mean that the incorrect SSN was entered. Verify SSN and, if correct, contact DHHS. If incorrect, transmit a modification.
852	E852: Last Name doesn't match current record's last name.		If both errors 851 and 852 appear on your error report, it could mean that the incorrect SSN was entered. Verify SSN and, if correct, contact DHHS. If incorrect, transmit a modification.
855	E855: Medicaid Number Does Not Match Database	The resident Medicaid number must be in a valid format or a valid Nebraska Medicaid number.	Refer to current data specifications and resident eligibility information and transmit a modification.
856	E856: (A0310) Type of Assessment 02, 03,04, 05, 06 need an admission assessment first	Either an admission assessment was not transmitted or the assessment has errors that we cannot process.	If you have not transmitted an admission assessment, please do so. If you have transmitted the assessment, modify the assessment errors that appear on the error listing. If it does not appear on the error listing, contact DHHS.
859	E859: (A0310F) A Discharge Record type 11 must exist before a reentry tracking (A1700)=2 can be accepted		Transmit the appropriate discharge.
861	E861: (A1600) An Admission Record With this Entry Date Already Exists	Every admission assessment should have a new entry date in A1600.	Transmit inactivation and then submit the corrected assessment.

862	E862: (A0310F) A discharge Record type 10 or 12 exists, no other records allowed	Discharge 10/12 indicate return NOT ANTICIPATED. If a discharge reason 10 was transmitted, the NE system will only accept a new entry or new admission assessment.	If the incorrect reason for discharge was transmitted, inactivate and submit the correct reason for discharge.
863	E863: (A0900)(BIRTHDATE) Birthdate Does Not Match Database.	Birthdate must match the date indicated on the Medicaid eligibility system.	If you feel that you have the correct birthdate, contact Access Nebraska. If you have the incorrect birthdate on the MDS, modify the assessment.
871	Admission Date Cannot Be Blank	Missing admission date in A1900	Modify the affected assessment with the appropriate admission date.
872	E872: (A1900) Admission Date does not equal the most recent on file .	The admission date in A1900 is not the current admission date as reflected on the most current admission assessment for your facility	Modify the A1900 date in the assessment to reflect the most current admission to your facility. This does not include the most recent REENTRY date
874	The SSN submitted does not match the SSN previously submitted	The SSN submitted does not match the SSN previously submitted	Modify the assessment if the SSN is incorrect.

NEBRASKA

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