

MDS 3.0 Manual Facility Level Item A0410 Change Request

Purpose: Use this document to request a change in the value of item A0410 on records that have been accepted into the iQIES ASAP system from a Nursing Home facility. This request will change the value recorded in item A0410 for all MDS 3.0 accepted records from the value listed as incorrect to the value listed as correct.

Please Type or Print Legibly - All Fields are Required

Facility Information

Facility ID (FAC_ID):

Facility Name:

Street Address:

Facility City:

State Code:

ZIP Code:

Requestor (Administrator/Owner) Information

Name:

Title:

E-mail Address:

Phone Number:

A0410 Change Information

Change ALL accepted records in the iQIES ASAP system from the incorrect A0410 value to the correct A0410 value. (Enter 1, 2, or 3 for each value.) **WARNING:** This will change ALL accepted assessments from 10/01/2010 through the day & time of the update to the database. New assessments must be submitted with the correct A0410 value.

Incorrect Value of A0410:

Correct Value of A0410:

Facility Administrator/Owner Signature of Approval for Change and Mailing Instructions

Facility Instructions: Mail, e-mail, or fax the **completed** and **signed** form to your State Agency for approval.

NOTE: Forms not received from the State Agency will be returned to you.

Signature - Administrator or Owner (Please circle one)

Date

State Agency Signature of Approval for Change and Mailing Instructions

Signature - State Agency Authorizer

Date

State Agency Instructions: The **State Agency** will review, approve, sign, and fax, e-mail, or mail the request to the iQIES Service Center at one of the following:

iQIES Service Center Fax: 888-477-7871

iQIES Service Center E-mail: iqies@cms.hhs.gov

NOTE: Privacy information cannot be sent in e-mails (i.e. social security numbers, etc.)

iQIES Service Center Mail: GDIT

iQIES Service Center

4800 Westown Pkwy., Suite 360

West Des Moines, IA 50266