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

<u>Please Type or Print Legibly</u>
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 SUMISSION 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

Submit **completed and signed** form to the iQIES Service Center by **Certified Mail** through the US Postal Service.

  GDIT
  iQIES Service Center
  4800 Westown Pkwy, Suite 360
  West Des Moines, IA 50266

_____   _____
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 iQIES Service Center.

_____   _____
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 iQIES Service Center without a State Agency signature will be rejected.

iQIES Service Center - Internal Use:

MDS3.0_Manual_Correction_Request_20240227

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