



Taking The Pulse Of The MDS

Data assessment and verification reviews are a way for CMS to spot-check the accuracy of a facility's Medicare billing data.

WHILE ALL LONG TERM CARE facilities undergo annual surveys, today's providers must also be prepared to face data assessment and verification (DAVE) reviews, designed to evaluate implementation of the minimum data set (MDS) as it pertains to Medicare billing. Such assessments, though calculated to be nonadversarial, could result in a change of reimbursement rates if a facility is found to be coding too high.

The DAVE program was initiated by the Centers for Medicare & Medicaid Services (CMS), which contracts with Computer Science Corp. (CSC) to conduct the reviews of MDS assessments, Medicare claims, and supporting documentation at selected Medicare-certified long term care facilities. The impetus behind the program, launched about a year-and-a-half ago, is to prevent unwarranted cost shifting to Medicare by facilities that improperly code their MDS assessments. CMS has not disclosed precisely how many reviews are to be conducted annually.

DAVE activities generally involve offsite medical record and data reviews, but facilities in some selected locales may be subject to more stringent onsite reviews. DAVE review sites are selected on a random basis, according to CMS, and are not predicated on prior suspicions of billing inaccuracies.

How To Prepare

Onsite DAVE reviews are not conducted without advanced warning. Prior to the planned visit, providers receive a letter that includes a detailed list of

materials to be examined (specific medical records and MDS data, for example), which patients and staff members the reviewers will seek to interview, and which policies and procedures (the facility's resident assessment instrument, or RAI, tracking process, for example) the reviewers will examine.

Gathering these materials in advance will allow providers more time to assist and engage the DAVE team once the reviewers arrive onsite. Again, all requests are outlined and presented prior to the visit.

What The Review Entails

During such visits, which typically last three days, reviewers will seek access to specific patients as well as to the staff members who performed assessments on those patients. Onsite visits conclude with an exit conference during which the review team provides an overview of its preliminary findings.

While a DAVE review is not tantamount to a survey, reviewers may report any questionable billing procedures to state survey agencies or CMS. For this reason, it is important for providers to take the process seriously and prepare carefully for the review.

The entrance conference officially starts the onsite review by allowing the review team and key facility staff to meet and discuss the process of the review. It should be immediately apparent that the atmosphere of the review process is friendlier than a standard survey, with the review team more willing to share ideas than a standard survey team is allowed to do. For

example, under the CMS contract with CSC, the task of the DAVE review team includes providing educational support to help providers improve the MDS assessment process. The registered nurses who staff the review teams should assist providers through analysis of the national MDS and Medicare claims data.

Should a facility be randomly selected for an onsite visit, the review team will assess clinical record information for a minimum of 10 patients. The review activities may include medical record reviews used to determine the accuracy of the MDS assessment and independent evaluations of patients who have been assessed by the facility within 14 days of the review team's visit.

Important Facility Information

The DAVE review team may request information about staff members such as the length of employment of managers and others involved in the RAI process.

Providers should plan on assigning a designated staff member to work with the review team during its onsite review. Other key staff, such as the MDS coordinator and representatives of social services, activities, rehabilitation, nursing, dietary, and anyone else involved in filling out the RAI, should

ROBIN A. BLEIER, RN, CLC, is the principal of RB Health Partners, Crystal Beach, Fla. She teaches at the University of South Florida and is 2nd vice president of the Florida Association of Directors of Nursing Administrators.

remain available. Selected patients should also be available for interviews.

In addition, in preparation for a DAVE review, providers should:

- Have one person who is not responsible for the RAI process—a corporate person or a third-party reviewer, for example—evaluate the facility’s MDS data;
- Carefully review Section G (physical functioning) of the MDS manual;
- Go to the CMS Web site and check the latest revisions in the MDS; and
- Keep old copies of the MDS manual in the event that assessments were carried out prior to the latest revisions.

Potential Impact Of The Visit

The impact of a DAVE review can be very serious. It is important to understand that CSC’s findings will be shared with the provider, the state agency, fiscal intermediaries (FIs), and CMS. The state agency and the FI will integrate this information into their ongoing operations.

At this point in time, DAVE review teams will not issue deficiency citations as part of their onsite activities. However, they must report observations that constitute immediate jeopardy or serious threat to a patient. Ultimately, the findings of the DAVE project will be used in a number of ways, including:

- To provide feedback to providers to help improve the accuracy of MDS coding;
- To support development of national provider education activities to improve overall accuracy of MDS coding;
- To support CMS’ policy development and decision making regarding new payment systems; and
- To coordinate state agency survey and certification processes and provide written feedback to providers.

The findings presented to key staff during the exit conference of an onsite DAVE review are considered preliminary and are open to question subject to analytic reconciliation with off-site teams. After reconciliation is completed, a final report will be forwarded to the provider. ■

For More Information

- The author can be reached at (727) 786-2007 or at robinbleier@yahoo.com.
- Additional questions on the DAVE program can be directed to Onsite Clinical Review Manager Michelle McDonald, at (845) 858-6280, or Deputy Program Manager Robin Price, at (443) 436-6660.