The DAVE Bulletin

Technical Assistance to Improve MDS Accuracy

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Inside this Issue:

Attachments:

DAVE Program Expands to National Scope

Welcome to the first issue of *The Data Assessment and Verification (DAVE) Bulletin*. The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that the DAVE Project has expanded to a full national scope for Minimum Data Set (MDS) data operations.

Computer Sciences Corporation (CSC) is the prime contractor for this program. Under this contract, a Program Safeguard Contract Task Order, CMS has authorized CSC to conduct audits of MDS assessments, claims, and supporting documentation for long-term care and skilled nursing facilities participating in the Medicare and/or Medicaid programs. In addition, CSC will provide recommendations to CMS for improving the accuracy of the MDS data and addressing provider educational needs.

The objective of the DAVE Project is to assess the accuracy and reliability of assessment data submitted by long-term care and skilled nursing facilities. The project is also intended to support improvements in the quality of care, support CMS's program integrity initiatives to improve payment accuracy, and support payment policy development.

The DAVE Project supports CMS's efforts to establish a centralized process for measuring and improving the accuracy and reliability of the provider-submitted MDS assessment data. The findings of this process are expected to support other national, regional, and state initiatives designed to address concerns in the areas of program integrity, beneficiary health and safety, and quality improvement. The DAVE Project is also intended to provide CMS, Fiscal Intermediaries (FIs), State Agencies (SAs), and Quality Improvement Organizations (QIOs) with coordinated and directed approaches to national provider educational activities. In the future, CMS expects to replicate this process for the data collected by Home Health Agencies (HHAs).

CMS's goals for DAVE include improving the effectiveness of all the activities that make use of the assessment data. That is, DAVE hopes to improve the accuracy of the data itself, the skills of the nurses and other clinicians who perform the assessments and fill out the instruments, the accuracy of the Medicare payments derived from the data, and the accuracy and effectiveness of the review conducted of the data. CMS and the DAVE Team hope the owners of all these processes will benefit from this activity.

If you have any questions regarding the DAVE Project, please call the DAVE toll free number 1.800.561.9812 or send an e-mail to dave-project@csc.com.

Meeting the Objectives

To prepare for implementation of a national program, DAVE reviewed approximately 11,000 assessments from over 700 facilities, including 127 onsite visits. The national process incorporates valuable lessons learned from this work. This initial phase allowed the DAVE Team to test, refine, and implement a multitude of processes to meet the objectives of the DAVE Project. The processes supported CMS program areas, such as payment

For Your Information …

During national operations, the DAVE Team will use a comprehensive selection methodology that includes a random sample of facilities, stays, and assessments. This ensures a consistent process across all states, and allows the team to compute national discrepancy rates for MDS items.

During national operations, selected facilities for **onsite** *reviews can expect the DAVE Team to conduct two types of reviews.*

In the first type, the **Two-Staged Verification** *protocol, a DAVE Clinician evaluates (re-assesses) a resident who was recently assessed by the facility. This protocol also includes a reconciliation process with facility staff, during which the DAVE Clinicians discuss any discrepancies between the facility's assessment entries and the DAVE review results. During the developmental phase, this dialogue was well received by the facilities and served as an educational process to help to clarify assessment policies.*

In the other type of review process, called **Retrospective Medical Review (RMRR)***, a DAVE Clinician will determine if the assessments completed by the facility are supported by documentation in the medical record.*

Most onsite reviews take approximately three days and are conducted by two DAVE clinicians, both registered nurses.

During national operations, ***offsite*** *reviews will be conducted using the* ***Retrospective Medical Record Review (RMRR)*** *process.*

policies and refinements, quality oversight and improvement, and program integrity.

The first step of the DAVE process during the developmental phase involved selecting Skilled Nursing Facilities (SNFs) and specific MDS Assessments for clinical review. The selections were based on statistical analysis of assessment data and Medicare claims information. Records were also selected for review on a random basis to support determination of national discrepancy rates.

Clinical reviews began in June 2002 with a 6-month review period in two states (Indiana and Georgia). In November 2002, CMS extended the review process to four additional states: Florida, Pennsylvania, Texas, and Washington. Between January and September 2003, the DAVE Team evaluated the review results and refined its analytic, clinical, and communication processes as a result of its experience in the six states.

DAVE Analytic Protocols

During the developmental phase, the DAVE Team analyzed MDS assessment data using a technique called *Change in Status* protocol. This compared pairs of consecutive MDS assessments for the same resident where the facility's data suggested that the assessment information might be inaccurate. Similarly, initial data analysis of Medicare claims data focused on groups of higher-paying Resource Utilization Group (RUG) categories and other patterns that warranted further review of provider records.

Also during the developmental phase, the team designed and tested additional targeting mechanisms to identify assessments requiring further review.

In most instances, the data analysis led to a request that the provider submit copies of medical records for offsite review. Medical record requests for this type of offsite review were associated with a specific stay in a Skilled Nursing Facility (SNF). The DAVE Team also selected SNFs for onsite review, both on a random basis and as a result of analytic protocols.

MDS National Kickoff Teleconference Held

The MDS National Kickoff Industry Teleconference was held on December 11, 2003. The transcript for this call is available on the DAVE Website.

Key members from CMS and CSC reviewed the DAVE activities to date, current efforts during the national implementation, and future activities.

Thomas Hamilton, Director of the Survey and Certification Group at CMS, was enthusiastic about the DAVE Project. "With national implementation, we will have an MDS review process that, first, is national in scope; second, is very accurate in its findings, so that the results will be both correct and consistent; third, will enable us to look at national discrepancy rates; and fourth, will generate information about MDS review and error rates, with the statistical confidence that allows us to make policy decisions and to sharpen our medical review and survey processes. We expect to get useful information that will improve quality, improve payment, and improve survey and certification."

Angela Brice-Smith, Acting Director of the Program Integrity Group, in the Office of Financial Management at CMS, is pleased that "DAVE has designed and tested a comprehensive approach that meets all of our varying CMS program needs, whether that be quality reporting for consumers, payment policy development, state survey agency work, and program integrity activities." She also believes that through the national implementation, "together we can improve the accuracy of the assessment data, the quality of care in nursing homes, and ensure that Medicare payment for these services is appropriate."

CMS and CSC are eagerly anticipating the national implementation. "We're going to continue to work on these analytic protocols that we have developed, implement our education programs, and try to really disseminate the information that

Section G, ADL Self-Performance

The levels are divided into six categories:

***Independent** — No help or staff oversight. -OR- Staff help/oversight provided only one or two times during the last 7 days.*

***Supervision —** Oversight, encouragement, or cueing provided three or more times during the last 7 day. -OR- Supervision (three or more times) plus physical assistance provided, but only one or two times during the last 7 days.*

***Limited Assistance —** Resident highly involved in activity, received physical help in guided maneuvering of limbs or other non-weight-bearing assistance three or more times. -OR- More help provided only one or two times during the last 7 days.*

***Extensive Assistance —** Although resident performed part of activity, over last 7-day period, help of the following type(s) was provided three or more times:*

- *Weight bearing support*
- *Full staff performance during part (but not all) of last 7 days*

***Total Dependence —** Full staff performance of activity during entire 7-day period. There is complete non-participation by the resident in all aspects of the ADL definition task. If staff performed an activity for the resident during the entire observation period, but the resident performed part of the activity himself/herself, it would not be coded as a "4" (Total Dependence).*

***Activity Did Not Occur During Entire 7-day Period —** Over the last 7 days, the ADL activity was not performed by the resident or staff. In other words, the particular activity did not occur at all.*

RAI Manual, Version 2.0, December 2002

we have learned about our data trends," according to Judith Olshin, MDS National Operations Manager for CSC.

DAVE Results Translated Into Educational Activities

Training materials will be developed on the MDS items that the DAVE Team found to have the greatest potential for discrepancies. Utilization of analytic protocols, and onsite and offsite review results are vital in identifying the most frequently observed MDS item discrepancies.

Analysis of pre-national findings revealed that the majority of MDS items rarely or never show discrepancies. This is good news because it allows targeted and focused education efforts to help providers improve the accuracy of their assessments. Not only has this analysis provided the foundation for the first DAVE educational materials, it has also allowed the DAVE Team to focus their training activities to improve efficiency and effectiveness.

Finally, the DAVE Project intends to develop broader educational efforts to meet other educational needs. Some of the things being considered are satellite broadcasts, Web-posted FAQs and materials, Tip Sheets, QIES distributed materials, teleconferences, and Web conferences.

"Top 5" Highest Discrepancy MDS Sections Identified

The results of the pre-national activities showed that the most common discrepancies were found in five major MDS areas:

- **Section G —** Physical Functioning and Structural Problems
- **Section I —** Disease Diagnoses
- **Section J —** Health Conditions
- **Section O —** Medications
- **Section P —** Special Treatments and Procedures

The DAVE Project will highlight each of these areas in a DAVE Tip Sheet. The Tip Sheets represent the DAVE Project's first broad audience educational product and they are meant to share lessons learned as a result of DAVE medical review. These education materials will allow the DAVE Team to inform the entire provider and stakeholder community of the findings.

The first Tip Sheet is attached to this Bulletin and focuses on ***Section G, ADL Self-Performance***. It provides information and a set of If/then tips for Section G of the MDS. Each of the various sections of the MDS contain information that can be supported or contradicted by other areas of the MDS. Cross-checking these areas will ensure that the clinical picture of the resident is accurate. The tips can be used to check for consistency and build the foundation for reviewing the MDS form prior to submission.

As the DAVE Project proceeds through the national implementation, discrepancy statistics will continue to be captured and updates to the industry will be provided to improve the accuracy of the MDS data.

Highlights on Section G, ADL Self-Performance

The DAVE Team has found that the key to Section G is identifying what the individual actually does for himself or herself, noting when assistance is received and clarifying the types of assistance provided (verbal cueing, physical support, etc.). It is necessary to capture the total picture of the individual's Activities for Daily Living (ADL) self-performance over the 7-day look-back period, 24 hours a day across all disciplines and across all shifts.

Education News!
The following Websites have useful educational information:

Medicare Learning Network SNF PPS—Quick Reference Guide
http://cms.hhs.gov/medlearn/refsnf.asp

MDS 2.0 Technical Information Site
http://www.cms.hhs.gov/medicaid/mds20/

Centers for Medicare and Medicaid Services
http://www.cms.gov/

SNF Prospective Payment System (PPS)
http://cms.hhs.gov/providers/snfpps/

DAVE Website Provides Useful Project Information
www.cms.hhs.gov/providers/psc/dave/homepage.asp

- Project Background Information
- Various DAVE Activities
- Summary of the Beta Test
- Information on DAVE Contractors
- Transcript of National Kickoff Teleconference
- Useful Links

The Data Assessment and Verification (DAVE) Project

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