

## MDS Alert

### MDS Data Integrity: Stave Off DAVE Or Face Payment Recoupments - Or Worse

Follow these strategies for turning this government watchdog into friend rather than foe.

The government's MDS auditor, DAVE, has been sending out its calling card lately, so make sure you know how to handle an offsite or onsite review -- and turn the initiative into a quality improvement opportunity for your facility.

Start by making sure you have a solid mechanism for responding to a DAVE request for records for an off-site review. (DAVE stands for Data Evaluation and VERification.) The program's selection of facilities for such audits is currently random, but if you don't respond timely and appropriately, your facility may be the subject of an onsite review, according to information released as part of the project, notes **Nancy Augustine, MSN, RN**, director of quality improvement and risk management services for **LTCQ Inc.** in Lexington, MA.

Send in everything requested by DAVE, but don't send the entire chart, adds **Patricia Boyer, MSM, RN**,

**NHA**, an MDS expert with **BDO/ Heritage Healthcare Group** in Milwaukee. "That's too much information and can muddy the situation."

Don't compare apples to oranges: Keep in mind that DAVE reviews differ from medical review by the fiscal intermediary. "The FI requests information for one claim under review, while DAVE requests information for a resident's entire stay," Boyer says. "In addition, DAVE focuses not only on payment issues but also quality of care, so the reviewers will also ask for care plans for every 90 days of the patient's stay."

Preempt DAVE with Your Own QA Audits

DAVE may seem like a pain if you get a request for records. But you can also view the heightened scrutiny as a good "back to basics" move, says **Cheryl Field, MSN, RN, CRRN**, director of clinical and reimbursement services with LTCQ Inc.

"DAVE is looking at MDS data accuracy to see how it relates to the whole system of payment, quality indicators, quality measures and survey activity." -- Cheryl Field, MSN, RN, CRRN

"Focus on the accuracy of the MDS in general and on any MDS item, in particular, that drives payment or the quality indicators/measures," suggests **Ruta Kadonoff**, senior health policy analyst for the

American Association of Homes & **Services for the Aging. Top on the list:** The MDS problems already flagged by DAVE in the pilot phase of the project should be your top priority. "You can look at the handouts from the CMS Webcast on DAVE last year that highlights discrepancies uncovered by the DAVE pilot project," suggests Kadonoff.

Download the handouts for the June 2003 DAVE Webcast at <http://cms.internetstreaming.com>.

Experts suggest facilities target these areas of concern, as examples:

**Section P.** Inaccurate therapy minutes in Section P made the top 10 hit list of MDS inaccuracies uncovered by DAVE in the pilot. If you find errors in Section P1b when reviewing your own records, check with therapy to see if they have some logs or other documentation to substantiate the minutes of therapy provided, Boyer suggests.

Pneumonia coding and care plans. "The medical record should provide the rationale as to why the facility is still coding

the resident as having pneumonia on two subsequent MDS assessments," says Field. She finds that facilities don't always document what they are doing to demonstrate that a skilled level of care is being provided -- for example, there are no physician orders or visits or diagnostic tests to show the person has pneumonia or a condition requiring skilled monitoring.

"If the resident were coded as having pneumonia, the care plan should indicate that the nurses are doing pulmonary assessment, including auscultation of lung sounds, checking vital signs, doing pulse oximetry, observing the resident's status in respiratory or rehab therapy sessions and in response to supplemental oxygen, etc.," Field adds.

#### Don't Forget Your Appeal Rights

Boyer has already heard of facilities getting their payment adjusted this year based on audit information that DAVE passed along to their FIs. "If that happens to your facility, you have the same appeal rights as you would for any denied claim," she reminds providers. Also keep in mind that DAVE will report its findings to Medicaid in state case-mix states, which means you can also get dinged on the Medicaid side.

#### When DAVE Comes Knocking

The odds of your getting tapped for an onsite review are slim, but the whole process can happen quickly and without a previous offsite review -- so be prepared. Follow these two tips for standing your ground with DAVE:

1. Remember that the exit conference with reviewers is your chance to address what reviewers find as inconsistencies with your MDS assessments. "Do everything you can to explain why their assessment didn't match your MDS assessment," Boyer suggests. Look to your medical record documentation to prove your point.
2. Double check to see that the reviewers are correctly citing the RAI manual for what they view as inaccuracies or inconsistencies, Boyer counsels. Also make sure reviewers are referring to the RAI manual provisions in effect when the facility did the MDS assessment.