

Validating MDS and OASIS Data with DAVE

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by Michelle Dougherty, RHIA

In January 2004 the Center for Medicare and Medicaid Services (CMS) launched a new initiative to improve the accuracy and reliability of Minimum Data Set (MDS) data in long-term care. The Data Assessment and Verification program (DAVE) is a collaborative effort between multiple CMS program areas that depend on accurate MDS data for the support of key initiatives such as Medicare payment, quality monitoring, and publicly reported quality measures.

Although beta testing and the initial national rollout focused on the MDS, the goal is to expand the program to include Outcome and Assessment Information Set (OASIS) data as well.

In 2001 DAVE program members began their beta test on MDS assessments in two states—Georgia and Indiana—and then quickly expanded to Florida, Pennsylvania, Texas, and Washington. Here’s an overview of the program.

What Will DAVE Do?

The primary objectives for the DAVE program, as outlined by CMS, are to:

- Evaluate the accuracy of MDS and OASIS data that nursing homes, skilled nursing facilities, and home health agencies submit
- Provide information to state agencies to incorporate into ongoing survey operations
- Provide feedback to CMS regarding effectiveness of specific assessment items for use in the development of MDS 3.0 and OASIS changes
- Facilitate improved use of the data for fiscal intermediaries (FIs), state survey and certification programs, and CMS’s research and administrative programs
- Provide information to states that use an MDS case-mix adjusted payment system to complement MDS monitoring efforts
- Detect and address Medicare program vulnerabilities and recommend actions for improvement
- Ensure effective communication and coordination with stakeholders to lessen the provider burden of the review process
- Develop provider education focused on coverage, coding, and assessment completion
- Develop recommendations for implementing a national MDS and OASIS review process

The DAVE team uses a multipronged approach to assessing quality and improving the accuracy of data: data analysis, medical record reviews, and educational activities. The team conducts extensive analysis of assessment and Medicare claims data to identify trends and patterns. Based on the analysis, sites are selected for review.

Medical record reviews are conducted either off or on site to evaluate the accuracy of assessment data. Based on data analysis and medical record review information, the DAVE team will offer educational activities to address the findings at both a national level and a facility level where on-site record reviews were conducted.

How Will Record Reviews Be Conducted?

A facility can be selected for medical record review either randomly at the national level or identified through a targeting protocol. A targeting protocol is based on the findings from analysis of assessment data. DAVE is currently developing models for targeted reviews to be used later in 2004. For example, the program team may look at use of certain high-paying RUGs and target facilities that are outliers for review.

Medical record reviews are conducted either on or off site. There are two types of reviews. Retrospective medical record review compares the MDS to the supporting medical record documentation. In a two-stage review, the resident is reassessed, a new MDS is completed, and the facility MDS is compared to the DAVE clinician's MDS. The goal of both types of review is to identify discrepancies between how the facility and the DAVE reviewer completed the assessments. Such discrepancies will help identify accuracy rates by MDS item and identify educational opportunities at the facility, state, and national levels.

A facility will be notified in writing if it is selected for either an off- or on-site review. If the review is to be off site, copies of medical records for targeted residents must be submitted to the DAVE program within a specified period. If the review is conducted on site, DAVE assessors will go to the facility. Both the two-stage and retrospective reviews will be conducted on recent residents who have had assessments completed by facility staff. The off-site reviews will focus on Medicare assessments, and the on-site reviews will look at both Medicare and Medicaid assessments. Through September 2004, on a national level, DAVE will randomly select 1,200 stays for the off-site review and 56 facilities for the on-site review process.

How Will the Findings Be Used?

A key component of the DAVE program is improving accuracy and offering feedback and education to providers. The best time for education occurs during the on-site review, when DAVE assessors meet with facility staff to review and discuss findings.

The DAVE program members could turn their findings over to appropriate agencies for follow-up. For example, if it is determined that payment is inappropriate, the information could be turned over to the FI for a payment adjustment. Findings could also be reported to state agencies if related to survey compliance or to the appropriate authority if a fraud concern is identified.

The goal of the DAVE program is to improve accuracy of assessment data—an important issue for HIM professionals in long-term care. For more information, go to the Long Term Care CoP for information on the MDS item discrepancy rates from the beta test. The findings are in the 2003 RAI Conference Report under “Community Resources.

References

RAI Coordinators Annual Conference, sponsored by Center for Medicare and Medicaid Services. Baltimore, MD, September 2003.

SNF Open Door Forum conference call sponsored by Center for Medicare and Medicaid Services, December 11, 2003.

For more information about the DAVE program, go to the Center for Medicare and Medicaid Services Web site at www.cms.hhs.gov/providers/psc/DAVE/Homepage.asp or www.cms.hhs.gov/providers/psc/DAVE/beta.asp#BACKGROUND.

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