

## What is Data Integrity Audit (DIA)?

Data Integrity Audit from PointRight checks 100% of each facility's MDS assessments in real-time, *prior* to state submission. DIA works with all MDS software as an extension of that software. Each MDS assessment is analyzed by DIA to identify clinical and logical inconsistencies, the appropriateness of and access to care, and regulatory and financial risk. Analysis is virtually instantaneous. Immediate feedback and monthly reporting are provided.

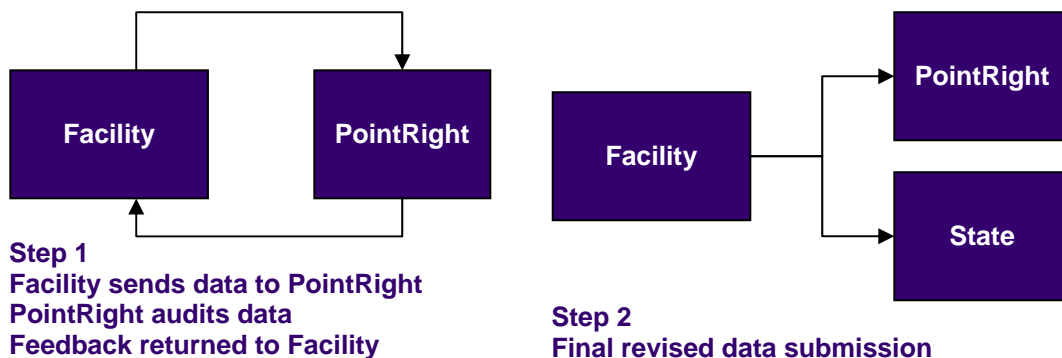
Real-time feedback enables staff to correct any MDS inconsistencies prior to transmitting the assessment to the state. The feedback directs staff to appropriate MDS coding and suggests documentation for the clinical record.

Example: Resident confined to a wheelchair has a pressure ulcer

- Assessment does not show cushion. DIA catches this and asks, "Is this because ":
  - There is no cushion
  - Didn't capture cushion
  - Cushion not on Care Plan
  - Cushion not on MDS

Monthly reporting describes how a facility's performance compares to national benchmarks. An Executive Summary aggregates all MDS submissions into an easy-to-read format that tracks performance over time, issues per assessment and Medicare "Money at Risk". The rest of the report focuses on inconsistencies from each section of the aggregated MDS data related to Quality Improvement, Risk Management, and Reimbursement. Additional information on suggestions for "fixes" is offered, as well as documentation guidelines for the clinical record.

### DIA Process



### DIA Benefits

Facilities using DIA experience many benefits.

- Improved Quality of Resident Care
- Improves Medicare reimbursement
- Minimizes regulatory risk associated with inaccurate assessment and care planning
- Reduces/ eliminates retrospective denials
- Helps facilities MDS Coordinator in an ever-changing environment
- Identifies Money at Risk
- Captures codes that have been missed
- More accurate Quality Measures and Quality Indicator

## What is an MDS Assessment? Why is it important?

Compliance to federal and state requirements is critical to the highly regulated long term care profession.

One of the key areas requiring compliance is the Minimum Data Set (MDS). The MDS is the foundation for Medicare RUGs (Resource Utilization Groups) reimbursement and Medicaid in case mix states. MDS assessments generate the nursing facility's Quality Indicators/Quality Measures and are a key focus during the survey process. Two of the founders of PointRight (originally known as LTCQ) were developers of the original MDS, and PointRight participated in developing MDS 2.0.

PointRight did a study of over 335,000 MDS assessments from 1,175 facilities between Q2 2006 and Q2 2007 and found 83% of assessment had at least one data integrity issue. The average number of issues found per assessment was 2.9.

A data integrity issue is defined as a clinical or logical discrepancy. An obvious example is the comatose patient who is coded as wandering. Errors are common because of the interrelationship of many of the MDS sections and because multiple people are involved in completing them. A data integrity issue is not necessarily a data integrity problem. Each facility interdisciplinary team decides if an issue identified is a data integrity problem.

MDS Assessments are done at least four times per year.

1. Admission
2. Quarterly (at minimum)
3. Annually
4. Some reimbursement plans require a 90 day Assessment Plan beginning upon admission and every
  - 14 Days
  - 30 Days
  - 60 Days
  - 90 Days
  - Quarterly thereafter (unless needed)

MDS Assessment reporting may be done daily, weekly, etc., depending upon the number of assessments performed at the facility.

The MDS Assessment impacts many areas:

1. Resident Care
  - Level of acuity
  - Accurate Care Plans
2. Reimbursement from Medicare, Medicaid, some insurance plans
3. Surveys (Surveyors pull the results of the last six months of MDS submissions prior to conducting surveys at the facility to provide them with patient names, trends, issues, etc.)
4. Facility Quality Reports the public uses to "measure" which facilities are good (Nursing Home Compare). The data used comes directly from the MDS assessments.