

## Best Practices for Achieving CMS Data Compliance Standards

CMS has established performance standards for the submission of Medical Evidence (2728) and Death Notification (2746) forms. A combined rate of 90% or better for timeliness and accuracy is expected by facilities. By submitting timely and accurate forms, you help maintain the efficiency of Medicare reimbursements to patients and facilities, and improve the precision of the ESRD patient registry for your region and the nation.

Following are some **Best Practice** policies, kindly submitted by your peers throughout Network 11. They state a problem faced at their unit and a solution they developed to improve and streamline performance. We hope you find these helpful. As always, if you have any questions, please call Tom Kysilko, Network 11 Data Manager at: 651-644-9877.

Challenge	Facility and Location	Solution
<b>Missing Patient Signatures</b>	St Louis Park DaVita St Louis Park, MN	<b>Problem:</b> Patient signatures not obtained. <b>Solution:</b> Administrative Assistant includes it in the admission packet for it to be signed on the first day of dialysis. If it does not get signed, then she personally gets it signed during the patient's next run.
<b>Accuracy &amp; Timeliness</b>	Black Hills Dialysis– Eagle Butte Eagle Butte, SD	<b>Problem:</b> Fields not always completed. <b>Solution:</b> Created a very detailed checklist for each form. Each number on the form is on the checklist. After the MD signs the reports, our Social Worker reads over the form and puts a check by each completed item on the checklist.
	Greenfield–West Pavilion Detroit, MI	<b>Problem:</b> Accuracy and timeliness of forms. <b>Solution:</b> Requires teamwork and double-checks. Social Worker (SW) completes the personal data and has the patient sign the form. The Nurse Manager completes clinical data, double-checks the personal information, the MD signs the form, and it is returned to the SW for a final check before mailing. Turnaround time is 24-48 hours post-event!
	Huron Regional Medical Center Huron, SD	<b>Problem:</b> Deficiencies in accuracy and/or timeliness of the 2728 and 2746 forms. A quality improvement plan (QIP) was requested by the Network in 2006. <b>Solution:</b> The dialysis unit Director conducts a final review of all 2728 and 2746 forms prior to sending them to Network 11. Our improved rates have continued into the 9th month of 2007.
	Midwest Dialysis South Milwaukee, WI	<b>Problem:</b> Forms not completed accurately and in timely fashion. <b>Solution:</b> A deadline was given for form completion, including MD signature. MSW, RD and Nurse Manager review forms for accuracy. Forms given to MAW for submission to Network. Teamwork has improved the quality and quantity of work.

Challenge	Facility and Location	Solution
<b>Accuracy &amp; Timeliness, continued</b>	Pipestone Dialysis of DaVita Pipestone, MN	<b>Problem:</b> Missing information and timeliness in submitting forms. <b>Solution:</b> Reviewed deadlines to increase timeliness. To address missing information, we take more time. For instance, the Administrative Assistant (AA) works with the Patient Care Technician and Re-use Technician, and also flags areas where information is needed; reminding the AA to complete these sections before sending in forms.
	St Louis Park DaVita St Louis Park, MN	<b>Problem:</b> Forms with some inaccuracies. <b>Solution:</b> Administrative Assistant (AA) completes the form, lets it sit overnight, then checks it once more for completeness. If there is someone else in the office that knows how to complete the form, they could check it over as well. We also scan the form into our computer system. The AA makes a copy of this and checks this copy for completeness also, as sometimes it's easier to review a black and white copy.
	SSM Dialysis– Madison Station Madison, WI	<b>Problem:</b> <u>Accuracy</u> ; all fields were not being completed. <b>Solution:</b> The person who completes the field double-checks it for accuracy; takes forms to the MD in-person, and has the MD fill out their fields while person waits. A second person reviews the entire form for accuracy before submitting it to the Network. <b>Problem:</b> <u>Timeliness</u> ; forms were not being submitted on time. <b>Solution:</b> List patient names that need forms to be completed on a calendar. Use calendar to remind self to complete. Have MD complete while making rounds. For both of these processes, our Social Workers are responsible for one form and Unit Secretaries responsible for the other form. They "own" these processes and LOVE it when they get an award for doing well.
	University of Michigan Transplant Center Ann Arbor, MI	<b>Problem:</b> <u>Accuracy</u> error rate escalation due to blank entry fields. <b>Solution:</b> All forms initiated by the Data Specialist throughout the Transplant process are reviewed for accuracy and completeness by a Nurse Coordinator before submission to the Network. <b>Problem:</b> <u>Timeliness</u> of forms was not tracked. <b>Solution:</b> A spreadsheet was created to aid in the identification and subsequent tracking of forms that require completion. The spreadsheet allows the Data Specialists to track the progress of each form and contains a "tickler" to alert the Data Specialist of the form deadline.
	WI Dialysis Inc Fitchburg Clinic Madison, WI	<b>Problem:</b> <u>Missing required fields</u> . <b>Solution:</b> Have a dual check-off system involving the Social Worker and Administrative Secretary—both review the 2728 before sending it to the Network. <b>Problem:</b> <u>Errors in required fields</u> . <b>Solution:</b> Learn from past mistakes and be "doubly careful" of any areas that have had past errors. Make a point to check these fields for any mistakes.