RUG IV: An Overview

Pat Newberry
Executive Director Clinical Reimbursement
UHS Pruitt Corporation

Daily Skilled Services Has Not Changed

RUG assignment does not mean skilled care criteria are met

Payment Rates for FY 2011

STRIVE Studies:
In developing RUG-IV, CMS conducted new therapy and nursing staff time studies to update estimates of the cost of care provided to nursing home residents

RUG Group
66-group system to address changes in nursing resource use discovered during the Staff Time and Resource Intensity Verification (STRIVE) project.
RUG III to RUG IV

KEY CHANGES

RUG IV: 8 Classifications, 66 Groups

Rehabilitation Plus Extensive Services (9)
Rehabilitation (14)
Extensive Services (3)
Special Care High (8)
Special Care Low (8)
Clinically Complex (10)
Behavioral Symptoms and Cognitive Performance (4)
Reduced Physical Function (10)

Key Changes

Hospital Look Back:
Eliminated for all except IV Fluids/Feeding pre admission
All special services can be captured if provided post admission: in house, ER, MD office

Change in Nursing RUG Levels
Items Added / Deleted
Items moved to different categories
Added new categories
Merged two categories

Therapy Delivery System
ADL Index: Level across each group
Addition of Higher Nursing Acuity
Changes in Assessment Types
Addition of SOT (Start of Therapy) OMRA
Short Stay Assessment
EOT (End of Therapy) OMRA ARD and payment changes
Rehabilitation + Extensive Nursing

RUG Categories Unchanged from RUG III
Changes are in Qualifiers for Extensive Nursing
Therapy Delivery Methods
ADL Score must be a 2

Rehabilitation

RUG Categories Unchanged:
However:
Three Delivery Methods
   Individual
   Group
   Concurrent
All minutes will be entered on the MDS
The Grouper software will be designed to appropriately assign minutes for purposes of RUG calculation for both Group and Concurrent
ADL scores were equalized for all Rehab RUG Levels

Extensive Services: ES1, ES2, ES3

Major Changes:
Services must occur while a patient
IV Feeding and IV Medications are moved to a lower RUG level
Suctioning is not applicable
Isolation for Infectious Diseases has been added – based on CDC guidelines and patient must be in room alone.

RUG levels:
ES3: Ventilator and Trach Care
ES2: Ventilator or Trach Care
ES1: Isolation for Infection Disease
Two New Special Care Categories:

Special Care High and
Special Care Low
Each with eight RUG-IV groups.
The revised system also adds depression as an end-split. The end splits will be determined by:
ADL index
Depression

Nursing RUG Categories

Special Care High:
Septicemia
Diabetes with injections and physician order changes
Comatose
Quadriplegia with ADL score >= 5
COPD and SOB when lying flat
Fever with:
Pneumonia
Vomiting
Weight Loss
Feeding Tube
Parenteral / IV feedings
Respirator Therapy = 7 days

Special Care Low:
CP, MS, or Parkinson’s with ADL score >= 5
Oxygen Therapy with Dx of Respiratory Failure
Feeding Tube with minimum Calorie Intake Requirements (has not changed)
Ulcers with two or more skin care treatments
2 or more stage II
1 or more stage III or IV
2 or more venous/arterial ulcers
1 stage II and 1 venous/arterial ulcers
Foot Infection / Diabetic foot ulcer / open lesions of foot with application of dressing
Radiation Therapy (**while a patient)
Dialysis
### Nursing RUG Categories

**Clinically Complex:**
- Any of the higher RUG with ADL score <= 1
- Pneumonia
- Hemiplegia / Hemiparesis with ADL score >=5
- Surgical wounds or Open Lesions with Treatment
- Burns
- Chemotherapy (**while a patient**)
- Oxygen Therapy (**while a patient**)
- IV Medications (**while a patient**)
- Transfusions (**while a patient**)

### Nursing RUG Categories

**Behavioral Symptoms and Cognitive Performance:**
- ADL score must be <= 5
- Cognitive Impairment Score any one of the following:
  - BIMS <=9
  - CPS >=3
- Hallucinations or Delusions
- Behaviors marked 2 or 3 on MDS
  - Physical or Verbal behavior symptoms toward others
  - Other behavioral symptoms
- Wandering
- Reduced Physical Functioning
- All other patients

### Other changes to RUG Categories

Dehydration was dropped as a qualifier based on the finding that there is not standard definition of dehydration.

IV Meds moved down to Clinically Complex

Aphasia with tube feeding is dropped as a qualifier.

Oxygen therapy alone will continue to qualify for the Clinically Complex category, but oxygen therapy with respiratory failure will qualify for Special Care Low.

Physician visits and order changes no longer will qualify for Clinically Complex.

(Physician order changes in association with diabetes is retained.)
Other Changes to RUG Categories

Depression: End Split

Several categories: Special Care High, Special Care Low, Clinically Complex

PHQ-9® or PHQ-9-OV®

Total severity score 10 or > D0300 or D0600

Cognitive Performance: Behavior Category

BIMS
Summary score 9 or < (C0500)

CPS
Moderate to severe impairment; >=3

ADL Changes

ADL Index: Level across each group

Impact on Rehab RUGs:

Nursing resources RxA vs RxB.

Recognition of additional nursing resources needed

ADL Assistance Does NOT include:

Family

Ambulance staff

RUG-IV - ADL Score

4 ADLs

Bed mobility (G0110A)

Transfer (G0110B)

Toilet Use (G0110I)

Eating (G0110H)

Self-performance + Support
### RUG-IV - ADL Score

<table>
<thead>
<tr>
<th>ADL Category</th>
<th>Self-Performance Score</th>
<th>Support Score</th>
<th>ADL Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bed mobility</td>
<td>0, 1, 7, or 8</td>
<td>(any number)</td>
<td>0</td>
</tr>
<tr>
<td>Transfer</td>
<td>2</td>
<td>0-2</td>
<td>1</td>
</tr>
<tr>
<td>Toilet Use</td>
<td>3 or 4</td>
<td>0</td>
<td>3 or 4</td>
</tr>
<tr>
<td>Eating</td>
<td>0, 1, 2, 7, or 8</td>
<td>0, 1, or 8</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>3 or 4</td>
<td>2 or 3</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>2 or 3</td>
<td>3</td>
</tr>
</tbody>
</table>

### Assessment Changes

Changes impacting RUG IV Payment

**End of Therapy OMRA**
- ARD selection must be 1 – 3 days after the last treatment by the last therapy discipline
- Payment begins on the first day after the last therapy treatment
- MDS may provide two RUGs, the Non-Rehab RUG is what will be used for billing
- If combined with a regularly scheduled assessment, the Rehab RUG may pay from the start of the assessment payment period through the last Rehab treatment day.

**Elimination of Section T for estimating RUG levels on the PPS 5 day and Return Readmission MDS**
- Instead the following changes have occurred:
  - An optional start-of-therapy Other Medicare Required Assessment (OMRA)
  - An optional Short Stay Assessment
Assessment Changes

Changes impacting RUG IV Payment

Start of Therapy OMRA
SOT is a shorter assessment – can be combined with regularly scheduled assessment but can not replace the assessment.
Payment starts on SOC (Start of Care) = Day of Evaluation
ARD must be 5 – 7 days after the SOC for the first therapy discipline
MDS will be rejected if the MDS does not calculate to rehab category

Assessment Changes

Changes impacting RUG IV Payment

Short Stay
Used when patient is in the facility less than 8 days
Therapy is pro-rated based on average daily therapy minutes actually provided
Therapy minutes are divided between the days that treatment minutes were provided
Rehab RUG will pay from the SOC date through discharge. If patient admitted before Therapy SOC, Nursing RUG will pay

Proposed Quality Measures for Nursing Centers

Darlene Thompson, RN, CRRN/NE-BC
AHCA
January 12, 2011
NQF Committee Decisions

- Recommend for endorsement
  - 11 Quality Measures
  - 2 Surveys

- Recommend for Time-Limited endorsement
  - For not-tested measures
    - One year
  - 7 Quality Measures
    - 1 Survey

Definition of Long Stay

- Resident in center greater than 100 days based upon date in A1600 (Date of entry)
- Discharge Return Anticipated (DRA) does not restart the count
- CMS still needs to provide detailed logic pathway to calculate days
  - Take into consideration DRAs that do not return in 30 days
  - Stop when days exceed 100 or hits an Admission Assessment

Targeted Assessments

- For most Short Stay QMs
  - Any PPS, OBRA or Discharge MDS performed within 100 days of stay
  - Centers with fewer than 20 short stay residents in sample are excluded from the QM

- For most Long Stay QMs
  - Quarterly, Annual, Significant Change, Significant Correction or Discharge MDS performed during the QM targeted period
  - Admission and PPS 5 Day MDs excluded
  - Centers with fewer than 30 long stay residents in sample are excluded from the QM
Missing Data

- Missing Data elements are counted as exclusions
  - Originally submitted to count as present for QMs
  - Updated CMS Audit does not allow for many missing data elements
  - Most software has programs to eliminate missing items
  - Dashes will count as exclusions – even though definition of dash is not always “Missing”

Endorsed Quality Measures

Vaccinations Measures

NH-014-10 and NH-015-10

- Percent of residents who were assessed and appropriately given the seasonal influenza vaccination (short stay) (long stay)
  - Coincides with CDC’s definition of influenza season
  - Denominator is all residents in center during influenza season (either admission or discharge date)
  - To follow NQF standards, numerator and denominator includes “offered and declined” and “ineligible due to contraindications”
  - Percentage can confuse consumers
Vaccination Measures
NH-016-10 and NH-017-10

- Percent of residents who were assessed and appropriately given the pneumococcal vaccine (short stay) (long stay)
  - 12 month reporting period
  - Denominator is all residents with an MDS in the 12 month period
  - Numerators to be reported separately for "up to date"; "offered and declined"; and "ineligible due to medical contraindications"

Function Measures - UTI
NH-018-10

- Percent of residents with a UTI (long stay)
  - Denominator – All residents with target MDS in last 6 months – excludes Admission MDS
  - Denominator pulls last 2 quarters of MDSs and then divides by 2
  - Numerator is Diagnosis I2300 checked on MDSs over last 2 quarters divided by 2

Function Measures – Catheters
NH-020-10

- Percent of residents who have/had a catheter inserted and left in their bladder (long stay)
  - Denominator – target MDS in last quarter
  - Numerator – H0100A is checked on most recent MDS
  - Exclusions - Neurogenic Bladder(I1550), Obstructive Uropathy (I1650) checked
Function Measures – Bowel and Bladder
NH-019-10

- **Percent of low-risk residents who lose control of their bowels or bladder (long stay)**
  - Denominator – target MDS in last quarter
  - Numerator – Incontinent of bowel (H0300 = 2 or 3); Incontinent of bladder (H0400 = 2 or 3)

**Exclusions**
- Indwelling catheter (H0100A)
- Comatose (B0100 = 1)
- Ostomy (H0100C)
- High Risk
  - **Cognitive Impairment (C1000 = 3 AND C0700 = 1) OR (C0500 equal or greater than 5)**
  - ADL Self Performance in Bed Mobility, Transfer, Locomotion (G0110A1, G0110B1, G0110E1 = 4, 7 or 8)

Function Measures – Bowel and Bladder
NH-019-10

- **Percent of residents who’s need for help with daily activities has increased (long stay)**
  - Denominator – target MDS in last quarter and previous MDS
  - Previous MDS may be the admission MDS
  - Numerator
    - Same late loss ADL Self Performance
      - Bed Mobility (G0110A1)
      - Transfers (G0110B1)
      - Eating (G0110H1)
      - Toileting (G0110I1)
      - Increase in 2 or more coding points for one late-loss ADL – OR –
      - Increase in 1 coding point for 2 or more late-loss ADLS
Function Measures – ADL Decline

- **NH-22-10**

  Exclusions include:
  - ADL Self Performance in Bed Mobility, Transfer, Locomotion (G0110A1, G0110B1, G0110E1 = 4, 7 or 8)
  - Comatose (B0100=1)
  - Life Expectancy Less than 6 months (J1400 =1)
  - Hospice (O0100K2 = 1)
  - Resident does not have the ADL loss criteria AND there is missing data on any of the 4 late loss ADLS

Function Measures – Weight Loss

- **NH-024-10**

  - Percent of residents who lose too much weight (long stay)
  - Denominator – all resident assessments over the last 2 quarters then divides by 2
    - Uses average to address seasonal variation
  - Numerator – weight loss (K0300=2) checked on any target MDS divided by 2
  - Exclusions
    - Physician prescribed wt loss program (K0300 =1)
    - Currently does NOT exclude hospice / 6 or fewer months to live
    - Missing weights are excluded from measure

Restraint Measure

- **NH-021-10**

  - Percentage of residents who were physically restrained (long stay)
  - Denominator – all residents with target MDS in quarter
  - Numerator
    - Trunk Restraint (P0100B =2) or (P0100E = 2)
    - Limb Restraint (P0100C = 2) or (P0100F = 2)
    - Chair Prevents Rising (P0100G = 2)
  - Excludes “Other” restraints and side rails
Falls Measure – Balance Problem
NH-003-10

- Physical Therapy or Nursing Rehabilitation/Restorative Care for Long Stay Patients with New Balance Problem

  - **Denominator**
    - Quarterly MDS compared to prior MDS and administrative claims data for 14 months
    - 65 years of age or older
    - Decline in balance by one level from MDS
      - Moving from seated to standing position (G0300A)
      - Shift from 0 to 1 or 2 – OR - Shift from 1 to 2

  - **Numerator**
    - Received physical therapy in 4 months prior or 1 month after new balance problem
    - 49 CPT Codes included – OR-
    - Nursing Rehabilitation in Walking (O0500F > 0)

- Exclusions
  - MDS – COGS score of 5
  - Short Term Memory (C0700 = 1) = MDS - COGS = 1
  - Long Term Memory (C0800 = 1) = MDS - COGS = 1
  - Location of Own Room (C0900B = blank) = MDS - COGS = 1
  - Knows he/she is in a Nursing Home (C0900D = blank) = MDS - COGS = 1
  - Cognitive Skills for Decision Making (C1000)
    - Independent = MDS - COGS = 0
    - Modified Independence = MDS - COGS = 1
    - Moderately impaired = MDS - COGS = 2
    - Severely impaired = MDS - COGS = 3
  - Total Dependence Dressing Self Performance (G0110G = 4, 7, or 8) = MDS - COGS = 1
  - Life Expectancy Less than 6 months (J1400 = 1)
  - Medicare/Medicaid Claim for Hospice Care

- Issues
  - No recognition for clinical issues that cause balance problems where PT is not an appropriate intervention
  - Drug interaction
  - Sepsis
  - Residents who receive PT but whose bills are not available to CMS would be counted in denominator but not numerator
  - Private Pay
  - Private Insurance
  - No consideration for residents who refuse therapy
  - No consideration for Rehab Nursing that may occur outside ARD Look-Back
  - No consideration for Hospice Services paid privately
CAHPS Measures – Long Stay Survey

Long Stay Resident Survey
- Trained survey screeners visit center and conduct survey
- 5 Composite Topics
  - Environment (temperature, mealtime, noise, safety, privacy)
  - Care (medication, pain management, assistance, gentleness of staff, privacy with cares)
  - Communication and Respect (staff respect, staff listen, staff explain)
  - Autonomy (bed time choice, clothing choice, activity choice)
  - Activities (organized activities during week, on weekends)
- Global (Rate care from staff, rate the nursing center, recommend to others)

CAHPS Measures – Long Stay Survey

Denominator
- Resident is still in center
- Total number of surveys based upon Composite

Numerator
- Sum of applicable scores on each Composite
  - 0-10 scale
  - No, Sometimes, Yes answers with scores
  - All answers added together
  - Higher numbers represent better quality

CAHPS Measures – Long Stay Survey

Exclusions
- Under age 18 or has a guardian/legal oversight
- Comatose (B0100 = 1)
- Severely Impaired in Cognitive Skills for daily decision making (C1000 = 3)
- Can not answer 3 questions in a row
- Conscious but unresponsive
- Unable to speak English for survey
- Resident was not in center for 30 days (interview date – 30) or who have discharge planned within 90 days
**CAHPS Measures – Long Stay Survey**

**NH-027-10**

- **Issues**
  - Survey Cost can be $32-$51 per resident
    - Some paid by State – some paid by charging centers a fee with some reimbursement to the centers in cost reports
  - Questions are not as leading as other CAHPS Surveys
    - Some questions have negative or worse answer as first choice
      - Ex: Do the staff make sure you have enough personal privacy when you dress, take a shower or bathe?
        - No
        - Sometimes
        - Yes

**CAHPS Measures – Family Survey**

**NH-028-10**

- **Mail survey – last 6 months**
  - 5 Composite Topics
    - Meeting Basic Needs (help with eating, drinking and toileting)
    - Nurses/Aides Kindness / Respect Towards Residents (courtesy, respect)
    - NH Provides Information/Encourages Respondent Involvement (information sharing re: care and payment/expenses, retaliation)
    - NH Staffing, Care of Belongings, Cleanliness (staff availability, odors, lost or damaged items)
    - Global (unhappy with care, rate the nursing center, recommend to others)

**CAHPS Measures – Family Survey**

**NH-028-10**

- **Denominator**
  - Resident still resides in center
  - Family member had to visit at least 1 time in last 6 months
  - Total number of surveys based upon Composite

- **Numerator**
  - Sum of applicable scores on each Composite
    - Never, Sometimes, Usually, Always with scores
    - Yes, No answers with scores
  - All answers added together
  - Higher numbers represent better quality
**Exclusions**
- Respondent under age 18
- Respondent did not visit resident at least once in last 6 months
- Residents who are discharged

**Risk Adjustment**
- Respondent Age
- Respondent Education
- Respondent’s belief re: resident will live in center permanently
- Respondent’s belief whether resident is capable of making decisions

**Issues**
- Does not exclude residents who could speak for themselves
- Only one visit required to make decisions on care and services
  - How will they know?
  - Who is responsible for providing family information to survey?
- Questions leading – with negative responses at top of list
  - Ex: Family Member helped NH resident with eating. “Was this because the nurses or aides either didn’t help or made him or her wait too long?” Yes / No
- Questions asking about staff interaction with other residents
  - Ex: “In the last 6 months, did you ever see any nurses or aides be rude to your family member or any other resident?”
  - Without knowledge of other resident’s plan of care – would not know if “Loud conversation” or calling a resident by a “pet name” is appropriate or rude

**Time-Limited Endorsed Measures**
Proposed Pain Measures
NH-009-10

- Percent of residents on a Scheduled Pain Medication Regime on Admission who Report a Decrease in Pain Intensity or Frequency (Short Stay)
  - Denominator
    - All short stay residents with a PPS 5 Day MDS and a PPS 14 Day MDS or Discharge MDS during the selected quarter
    - Scheduled Pain Medication Regime on MDS (J0100A = 1)
  - Numerator
    - Resident can self report (Pain Assessment Interview)
    - Reduced frequency of pain between the 2 assessments (J0400) – OR – Reduced intensity of pain between the 2 assessments (J0600)

Proposed Pain Measures
NH-009-10

- Issues
  - Did not take any non-scheduled pain medication into consideration
  - Does not take non-pharmaceutical interventions for pain into consideration (none on MDS)
  - Issues with coding, resident pain tolerance and preferences, frequency verses intensity of pain
  - Issue with subjectivity of measuring pain in a manner that would lead to improvement in health outcomes

Proposed Pain Measures
NH-010-10 and NH-011-10

- Percent of Residents who Self-Report Moderate to Severe Pain (short stay) (long stay)
  - Denominator
    - Short Stay – 14 Day PPS Assessment during 6 months preceding target quarter
    - Long Stay – Any non-admission MDS in target quarter AND can self report (J0200 = 1)
  - Numerator
    - Resident can self report (J0200 = 1) – AND – Pain is almost constant (J0400 = 1 or 2) AND at least one episode of moderate to severe pain (J0600A = 5, 6, 7, 8, 9) OR (J0600B = 2 or 3) – OR – Very severe/horrible pain of any frequency (J0600A = 10) OR (J0600B = 4)
Mental Health Measure
NH-025-10

- Percent of residents Who Have Depressive Symptoms (long stay)
  - Denominator
    - MDS assessment in target quarter
  - Numerator
    - PHQ-9 score of 10 or higher (D0200) –OR-
    - PHQ-9OV score of 10 or higher (D0500)
  - Exclusions
    - Target MDS is admission OBRA or 5-Day PPS
    - Resident is comatose (B0100 = 1)
  - Issue
    - Need to examine the impact of psychotropic drugs to this measure

Pressure Ulcer Measures
NH-012-10

- Percent of residents with pressure ulcers that are new or worsened (short stay)
  - Denominator
    - Short Stay Discharge Assessments in quarter
  - Numerator
    - Worsening Pressure Ulcer (M0800A, B or C >0)
    - New Ulcers as indicated by comparing number of Stage 2, 3, and 4 on Discharge to OBRA Admission or 5-Day PPS (M0300B, C, or D is greater on Discharge MDS)

Pressure Ulcer Measures
NH-13-10

- Percent of high-risk residents with pressure ulcer (long stay)
  - Denominator
    - MDS in Target quarter
    - High Risk
      - Impaired Mobility ADL Self Performance in Bed Mobility, Transfer, (G0110A1, G0110B1, = 3, 4, 7 or 8) –OR-
      - Comatose (B0100=1) –OR-
      - Malnutrition (I5600)
  - Numerator
    - One or more Stage 2-4 Pressure Ulcers (M0300B,C, or D>0) – OR-
    - Active ICD Code for Pressure Ulcer (I8000= 707.22, 707.23, 707.24)
Falls Measures

NH-008-10

- Percent of residents experiencing one or more falls with major injury (long stay)
  - Denominator
    - MDS in last 12 months
    - 12 month look back is updated quarterly
  - Numerator
    - One or more fall with major injury (J1900C = 1 or 2)

CAHPS Measures – Discharged Residents (Short Stay)

NH-026-10

- Mail survey of residents with 5-90 day stays
- Same Composite Topics as Long Stay may be used
  - Autonomy and Activities may not be relevant
  - Data from pilots still being assessed
  - Four Global Rating Areas
    - Staff Care
    - Special Therapy Care
    - Overall NH Rating
    - Would you recommend
- Denominator
  - Total number of surveys that had 50% of key items were answered

CAHPS Measures – Discharged Residents (Short Stay)

NH-026-10

- Numerator
  - Sum of resident scores per composite
  - Scores are based on 0-10 scale ( 0 = worst)
  - Higher score equates to better quality
- Issues
  - Questions leading – with negative responses at top of list
    - EX: “think about how you felt about your life when you were in the nursing home. Using any number 0 to 10 where 0 is worst possible and 10 is best possible. What number would you use to rate your life then?”
What Now?

- Last MDS 2.0 QM Update on Nursing Home Compare – January 2011
- New MDS 3.0 QM data published on NHC – April/May 2012
- Begin to look at your center’s MDSs at they relate to the measures
- Use your MDS system’s query capabilities to look at your residents
- CMS and AHCA will keep industry apprised of progress of QMs
- NQF Website
  - http://www.qualityforum.org/Projects/Nursing_Homes.aspx

Thank you.