UAS-NY Implementation- Implications for ALP billing

March 6, 2013

Introduction

- The Uniform Assessment System (UAS-NY) will be implemented for LTC programs, including ALPs, beginning in March, 2013.

- The UAS-NY is an assessment system which uses empirically tested and validated means to:

  - Assess individual's functional needs and abilities;
  - Provide accurate data to develop individualized plans of care;
  - Identify level of care;
  - Produce various outcomes such as RUGS-III HC.

Changes to ALP billing

- ALPs currently use the PRI tool with its RUGS-II for determining level of care & billing while using the DSS4449 tools for assessment.

- The UAS-NY will replace these tools for determining level of care and assessment.

- The UAS-NY uses the RUGS III-HC classifications rather than the PRI RUGS-II classifications currently used for billing.

- So when the UAS-NY is implemented, ALPs must use a crosswalk from RUGS-III HC to the PRI RUGS-II for billing.

Opportunities and Challenges in Using the UAS-NY Crosswalk for Billing:

- **Opportunities**

  - MLTC plans will also be using the UAS-NY with RUGS-III HC. Comparable data will be available to ALPs prior to MLTC contracting requirements.
  - RUGS-III HC is a highly predictable classification system; reliable data will be available across settings in the future.

- **Challenges**

  - The crosswalk is not accompanied by an impact analyses due to lack of data.
  - Differences between the two tools are based on reasonable assumptions.
  - May necessitate a change to provider billing systems.

Crosswalk Methodology Steps

1. Spoke with industry experts.

2. Compared the classification diagrams and documentation.

3. Cross-walked 7 RUGS III-HC categories to 5 PRI RUGS categories by comparing descriptions and selecting the best fit.

4. Cross-walked 23 RUGS III-HC groups to 16 PRI RUGS II groups by comparing ADL score ranges and other criteria for the groups within each category.

Crosswalk Assumptions

- There is not a clear and precise delineation between the RUGS-III HC categories and the PRI RUGS-II categories:

    - One of the RUGS III-HC category accounts for cognition, memory, decision making and communication. PRI RUGS II does not recognize this category.

- RUGS-III HC uses 4 ADL's and 3 IADL's to assign groups within the categories. PRI RUGS-II uses 3 ADL's for this.

Results

RUGS III HC		PRI RUGS II			
RUGS Category	RUGS Group	RUGS Category	RUGS Group	Rate Code	Rate Description
Rehabilitation		*Heavy Rehabilitation*			
	RB0		RB	3303	RUGS II GROUP-RB, NON-MEDICARE
	RA2, RA1		RA	3301	RUGS II GROUP-RA, NON-MEDICARE
Extensive Services		*Special Care*			
	SE3		SB	3307	RUGS II GROUP-SB, NON-MEDICARE
	SE2, SE 1		SA	3305	RUGS II GROUP-SA, NON-MEDICARE
Special Care and Clinically Complex		*Clinically Complex*			
	SSB, CC0		CD	3315	RUGS II GROUP-CD, NON-MEDICARE
	SSA		CC	3313	RUGS II GROUP-CC, NON-MEDICARE
	CB0		CB	3311	RUGS II GROUP-CB, NON-MEDICARE
	CA1, CA2		CA	3309	RUGS II GROUP-CA, NON-MEDICARE
Impaired Cognition and Behavior Problem		*Severe Behavior*			
	IB0, BB0		BC	3321	RUGS II GROUP-BC, NON-MEDICARE
	IA2, BA2		BB	3319	RUGS II GROUP-BB, NON-MEDICARE
	IA1, BA1		BA	3317	RUGS II GROUP-BA, NON-MEDICARE
Physical Function		*Physical*			
	PD0		PE	3331	RUGS II GROUP-PE, NON-MEDICARE
	PC0		PD	3329	RUGS II GROUP-PD, NON-MEDICARE
	PB0		PC	3327	RUGS II GROUP-PC, NON-MEDICARE
	PA2		PB	3325	RUGS II GROUP-PB, NON-MEDICARE
	PA1		PA	3323	RUGS II GROUP-PA, NON-MEDICARE

Several of the PRI rate codes are used infrequently or not at all.

RUGS in UAS-NY

- One way to locate a RUGS-III HC classification on an individual in the UAS-NY is through the standard "RUGs History" report.

- There will be other ways for assessors or organizations to locate the RUGS-III HC classifications in the UAS-NY via "ad-hoc reporting".

Rate Setting

Rate methodology will remain the same:

Regional Rate (WEF)

Based on 50% of NH rate as of 7/1/1992

Based on the 16 RUG groups in effect at that time.

Summary

- The DOH will require ALP's replace the PRI with the UAS-NY for billing purposes.

- The DOH will monitor the impact of the change on providers reimbursement and adjust the cross walk if necessary.