

The Road to Excellence Is Paved With Gold

The mission and focus of the *Road to Excellence* is improved resident care and satisfaction. This program benefits both residents and staff, as well as facility compliance and reputation. But the program also can improve the facility's reimbursement. Two of the three components of the *Road to Excellence* are reimbursed and encouraged in the Illinois Medicaid MDS reimbursement system: **managing chronic pain and preventing and treating pressure ulcers**.

Maximizing Pain Management

For residents who report **any** pain, either daily or less than daily (J2a = 1 or 2) during the 7-day look-back period, the facility is reimbursed an additional \$140 a month. Oftentimes, the category is overlooked because residents too easily accept pain as part of the aging process and don't want to "complain." But it pays to conscientiously ask and assess for pain on a regular basis if the resident has any pain. It is the basis for a solid pain management program, and the basis for reimbursement for this category of care. Having 30 residents who report some pain and addressing their pain in the care plan covers the cost of one nurse who could be devoted to the facility's pain management program.

Please note that every resident should be asked about his or her pain on a regular basis (the fifth vital sign), and that **any** pain at **any** frequency can be reimbursed. This comprehensiveness and diligence is what makes a pain program effective. However, it should be noted that what is reported on the STAR (Setting Targets, Achieving Results) Web site at www.nhqj.org and reported to www.roadtoexcellence.org in the Members Only section is **moderate pain at least daily (J2a = 2 and J2b = 2), or horrible/excruciating pain at any frequency (J2b = 3)**. This is in accordance with the national Quality Measures standards.

While mild pain (J2b) at any frequency and moderate pain (J2b = 2) less than daily (J2a = 1) are NOT reported on the STAR Web site as chronic care pain, they are still part of an effective pain management program. They are, in fact, an important and successful goal for reducing a resident's pain. You will have successfully reduced the resident's pain – and these lower scores are still reimbursed at the same rate on the Medicaid reimbursement system as the higher levels of pain. A facility can achieve effective results in reducing resident pain and still be reimbursed in the pain category.

Maximizing Pressure Ulcer Prevention and Treatment under Medicaid

As with an effective pain management program, facilities are reimbursed for their pressure ulcer prevention and treatment programs for more than just what is reported on the STAR Web site.

Facilities can receive credit in the Medicaid MDS reimbursement system under pressure ulcer

prevention by having healed a pressure ulcer in the previous 90 days (M3=1), or by providing at least two of the following skin treatments during the 7-day look-back period: pressure relieving device for chair (M5a), pressure relieving device for bed (M5b), turning and repositioning program (M5c), nutrition or hydration intervention to manage skin procedures (M5d), and other preventative or protective skin care (M5i). Every Medicaid resident is eligible for these preventative services, and by providing two of these prevention services, a facility gets paid an average of \$200 a month for each resident. Providing these preventative services to just 20 residents reimburses the facility \$4,000 a month – enough to cover the cost of a full time nurse to do just that or the cost of the pressure relieving mattresses for everyone.

A particular target of the **Road to Excellence** is the prevention and treatment of pressure ulcers for residents who are at high risk of developing a pressure ulcer. It is the percentage of **these very susceptible, high risk residents** who develop pressure ulcers that is reported by the facility on the Web sites at www.nhqi.org and www.roadtoexcellence.com. According to the Quality Measures standards, the high risk residents are those that have any one of the following conditions:

- impaired in bed mobility or transfer – G1a(A) = 3, 4, or 8 OR G1b(A) = 3, 4 or 8;
- comatose – B1 = 1; or
- suffers malnutrition – I3a through I3e = 260, 261, 262, 263.0, 263.1, 263.2, 263.8 or 263.9.

It is these categories of residents that are of particular energetic focus for the **Road to Excellence**.

Additionally if these high risk residents do develop a Stage 1 (M1a) or Stage 2 (M1b) pressure ulcer or have other skin problems (burns, open lesions other than ulcers, rashes, cuts, cancer lesions, rashes, skin desensitized to pain or pressure, skin tears or cuts or surgical wounds – M4a-g), they are eligible for a different level of reimbursement on the Medicaid MDS reimbursement system. Because of the skin problems, the facility must provide at least four skin treatments, including a pressure relieving device for chair or for bed, turning and repositioning, nutrition or hydration intervention, ulcer care, surgical wound care and application of dressings (M4a-g).

By providing those treatment services to Stage 1 or 2 pressure ulcer or other moderate skin problems, a facility gets paid an average of \$150 a month per resident on the Medicaid MDS reimbursement system. For the same services to a resident with Stage 3 or 4 pressure ulcers, a facility gets paid an average of \$400 a month.

Pressure Ulcer Treatment and Medicare

In addition to the Medicaid MDS reimbursement system, the Medicare Part A PPS system also has provisions for pressure ulcer reimbursement. Any two pressure ulcers or a single Stage 3 or 4 pressure ulcer puts a person in the RUGs Special Care category (SSA, SSB, SSC), with a total overall PPS reimbursement for a Part A Medicare patient of \$217 to \$288 a day, depending in the ADL scores. If pressure ulcers are the only reason for scoring in the Special Care category, then pressure ulcers alone increases a Medicare Part A resident's reimbursement under RUGs by about \$50 **a day** over a Clinically Complex patient and about \$90 **a day** over the other bottom three RUGs groupings. Medicare, unfortunately, does not reimburse for pressure ulcer prevention or pain management.

Pressure ulcer prevention, pressure ulcer treatment and pain management increasingly reflect the definition of clinical quality. No facility engages in pressure ulcer prevention, pressure ulcer treatment or pain management strictly for reimbursement purposes. However, the reimbursement available does help provide the resources to support facility efforts on the *Road to Excellence*.

On a facility level, the *Road to Excellence* quality initiative is intended to complement and support existing facility efforts in preventing pressure ulcers, managing chronic pain and improving customer satisfaction. These areas are already a priority quality assurance focus of most facilities.

On a statewide level, the *Road to Excellence* is designed to highlight in an organized, measurable and unified way the overall success of care efforts of individual facilities statewide, working together. The data and success stories of the initiative will be spotlighted during the fall election campaigns as evidence of the profession's commitment to care improvement and effective stewardship of increased funding.