Evaluation of the VA Nursing Home Resident Assessment Instrument Minimum Data Set: Resource Utilization Group III in FY2001 and FY2002

Ariel Hill

Wei Yu

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Overview

The Health Economics Resource Center (HERC) estimates the cost of every inpatient and outpatient encounter in the VA system. Known as the HERC Average Cost Data, they include all encounters from fiscal years 1998-2002 (FY98-FY02).

One component of VA services is nursing home care. Because patient acuity affects the level of nurse staffing required, a fair comparison of costs across VA facilities requires adjustment for casemix. This adjustment also allows comparison of VA nursing home encounters to those funded by Medicaid and other payers.

HERC staff earlier applied the Resource Utilization Group II (RUG II) system to the FY98-FY00 HERC Average Cost Data for nursing home care.[1] Because of a change in the assessment instrument, VA data on nursing home care for FY01 and later were not available until recently. HERC obtained the new FY01 and FY02 RUG III assessment data in April, 2003. Unfortunately, we found problems in the RUG III data that cause us considerable concern. This report summarizes our findings.

1. Transition of VA Nursing Home Resident Assessments from RUG II to RUG III

VA has conducted regular surveys of nursing home residents since the mid-1980s. Before 2001, surveys were conducted at admission and twice a year thereafter (April and October) using the Patient Assessment Instrument (PAI). The PAI includes information on patient demographics, dates of admission, health status, and functional status.

Functional status data from the PAI is classified into groups by the intensity of resource use using the RUG II instrument. For VA nursing homes, RUG II has 17 categories and each category has a score called a wage-weighted work unit (WWU) to measure the intensity of resource use. Table 1.1 lists the 17 categories of RUG II groups and their associated WWUs.[2]

In 1995, VHA undertook a major clinical initiative, the implementation of the Resident Assessment Instrument/Minimum Data Set (RAI/MDS) in VHA nursing home care units. By the end of 2000, RAI/MDS was installed in all applicable VHA NHCUs. The PAI was discontinued after the PAI semi-annual survey in April, 2001. Since then, RUG III scores have been generated from the RAI/MDS and extracted from the corporate RAI/MDS database in Austin, Texas.

Originally required of all long-term care facilities receiving Medicare and/or Medicaid reimbursement, the RAI/MDS data set is a standardized screening and assessment tool used to determine the health status of residents of long-term care

Table 1.1 RUG II classification and measures of resource use

	RUG Category	WWU
Rehabilitation	A	896
	B	1000
Special Care	A	867
	B	976
Clinically Complex	A	484
	B	711
	C	778
	D	929
Behavioral	A	479
	B	640
	C	744
Physical	A	413
	B	546
	C	640
	D	707
	E	820
CHR VENT DEP		1800

facilities. Similar to the PAI, the MDS data allow nursing home residents to be grouped according to the relative quantity of resources needed to care for them. These groups, called Resource Utilization Groups III (RUG III), are then each assigned a per diem federal rate under the Medicare Skilled Nursing Facility Prospective Payment System (SNF PPS). These per diem prices can be used to create a case-mix adjusted measure of the costs of long-term care. Table 1.2 lists the RUG III classifications and the 2002 federal reimbursement rates for those categories.

Table 1.2 RUG III categories and case-mix adjusted federal rates, FY02

RUG III Category		Per Diem Rate
Ultra high rehabilitation	RUC	441.18
	RUB	392.78
	RUA	369.27
Very high rehabilitation	RVC	342.67
	RVB	330.22
	RVA	298.41
High rehabilitation	RHC	318.68
	RHB	291.02
	RHA	264.74
Medium rehabilitation	RMC	315.94
	RMB	279.99
	RMA	262.01
Low rehabilitation	RLB	252.39
	RLA	209.52
Extensive services	SE3	307.35
	S2	264.48
	SE1	234.06
Special care	SSC	228.53
	SSB	217.46
	SSA	211.93
Clinically complex	CC2	227.14
	CC1	209.17
	CB2	198.10
	CB1	188.42
	CA2	187.04
	CA1	175.98
Impaired cognition	IB2	167.68
	IB1	164.91
	IA2	151.09
	IA1	145.55
Behavior problems only	BB2	166.30
	BB1	162.15
	BA2	149.70
	BA1	138.64
Physical functioning reduced	PE2	181.51
	PE1	178.74
	PD2	171.83
	PD1	169.06
	PC2	162.15
	PC1	160.77
	PB2	142.79
	PB1	141.41
	PA2	140.02
	PA1	135.87

2. Description of Data

For case-mix adjustment, we required only the RUG III variables and necessary administrative information for us to link the assessment records to the utilization records in the patient treatment files (PTF). The files we requested are space-separated, fixed-format text files containing one observation per nursing home stay in a fiscal year. Each observation contains basic information about the stay: person-identifying information (scrambled social security number, date of birth, and gender), the location of the nursing home in which the care was received (VISN, medical center identifier, and nursing home identifier), and the dates of admission and discharge for the stay.

Each observation also lists the results of up to eight assessments. These assessments are listed in reverse-chronological order, with the most recent listed first and the most distant listed last. Notably, the assessments associated with each stay may or may not have taken place during the fiscal year of the data set. For example, a patient admitted to a nursing home in 1999 and discharged in 2002 may have assessments on the FY01 file dating from 1999.

Table 2.1 Variables in the MDS extract data sets

Variable Name	**Description**
Basic Information	
SCRSSN	Scrambled Social Security Number (SSN)
DOB	Date of Birth
GENDER	Gender
VISN	VISN
STN	Medical Center Station Number
NHID	Nursing Home ID
ADMDATE	Date of Admission for Stay
DCDATE	Date of Discharge for Stay
*Assessment Information (for each of up to 8 assessments)**	
ATYPE	Assessment Type
AREFDT	Assessment Reference Date
RUG	RUG Score
ADL	ADL Index Calculated
CMI	CMI Weight Associated with This RUG Score

* For the first assessment, all assessment variable names are followed by a "1"; for the second assessment, all assessment variable names are followed by a "2", etc. For example, ATYPE1 would hold the assessment type for the first assessment; ATYPE2 would hold the assessment type for the second assessment.

The MDS data file for a fiscal year includes all nursing home stays that covered one or more days of that year. A person may have more than one stay in a fiscal year. Each of a person's stays is represented by a separate observation in the MDS file.

The admission and discharge dates included in the file come directly from the RAI/MDS records collected by each facility. There is no external reference for these dates. Because of this dependence on the RAI/MDS records, the data are not 100%

complete with respect to admission and discharge dates. For example, admission dates are often lacking from discharge tracking forms where the stay lasted fewer than 14 days. Further, for some readmissions, the admission date is incorrectly coded as the original admission date. It is not known how extensive these problems are or whether they are confined to a select number of facilities.

3. Findings and Problems

Our goal was to assign a severity-weighted price per day to each nursing home stay in a given fiscal year. Using these severity-weighted prices, we intended to generate a price index to measure the intensity of resource use by VA nursing home residents. We also intended to adjust the average per-diem prices calculated in the HERC average cost data sets to reflect patient severity.

With the goal of assigning a severity-weighted price per day to each stay, we developed a set of criteria to identify which stays could be priced and which assessments associated with these stays could be used to determine prices.

To be priced, a stay (and its associated assessments) must have satisfied all the following criteria:

1. Part of the stay must have occurred during the given fiscal year.

For example, in the FY02 data set, stays must have started on or before September 30, 2002 (the end of FY02) and must not have ended before October 1, 2001 (the start of FY02). Although all stays in the FY02 data set should have automatically satisfied this criteria, we founds that 5,480 stays in the FY02 data set did not occur in FY02.

2. The stay must have at least one assessment associated with it.

A total of 16,199 stays in FY02 did not have any assessments associated with them. Approximately three-quarters of these stays (11,512) had valid admission dates but lacked assessment data. Further investigation must be done to determine why these stays did not have any assessments associated with them. Below, we look at whether or not this problem is confined to specific facilities. Interestingly, stays with no assessment data seem to be common in almost all facilities.

The remaining one-quarter of these stays (4,687) had no assessments and no admission date. Most likely these were short stays; historically, stays of less than 14 days in length were not required to have an admission date associated with them. Facilities are now supposed to record admission dates for all stays regardless of length, but compliance is not pervasive.

3. An assessment must be a "full."

Quarterly assessments at some facilities do not contain enough information to calculate a RUG score. Facilities have the option of using quarterly MDS assessment forms that collect sufficient information to calculate a RUG III score. The use of these more detailed forms is optional for facilities, however. In FY02, 628 stays had only "non-full" assessments. These assessments are likely missing information that goes into the calculation of the RUG III score, rendering them unable to be priced.

4. An assessment must have taken place within 90 days of the given fiscal year.

According to VHA Directive 2001-029, all VA nursing home residents should be assessed at admission, quarterly and annually thereafter for any significant change in the resident's status, and at discharge. Because each resident should be assessed at least quarterly, and because we were interested in each resident's status only in the given fiscal year, limiting assessment dates to fall within 90 days of the given fiscal year should have retained only the assessments relevant to the timeframe being analyzed.

5. An assessment must have taken place during the window spanning 10 days before the admission date to 10 days after the discharge date.

As stated above, all VA nursing home residents should be assessed both at admission and at discharge. For a variety of reasons, patients may be assessed pre-admission or may not have their discharge assessment forms completed until after they are officially discharged. We assume that assessments taking place within 10 days of the stay with which they are associated are applicable to that stay.

We then assigned a price to each usable RUG III score using published federal rate tables. The federal government prepares these rates as part of the skilled nursing facility prospective payment system (SNF-PPS). Using these prices enabled us to calculate a case-mix index for each stay as the prices associated with each RUG III score directly reflect the relative severity of the case.

FY01

For the period October 1, 2000 through March 31, 2001, prices for each RUG score were obtained from the *Federal Register* Vol. 65, No. 147 (Monday, July 31, 2000), "Table 3. – Case-Mix Adjusted Federal Rates and Associated Indices—Urban." For the period April 1, 2001 through September 30, 2001, prices for each RUG score were obtained from a CMS publication entitled "Revised April 1, 2001 SNF Payment Rates," found at http://www.cms.hhs.gov/providers/snfpps/snfppsuprates.pdf (accessed October 2003).

FY02

For the period October 1, 2001 through September 30, 2002, prices for each RUG score were obtained from the *Federal Register* Vol. 66, No. 147 (Tuesday, July 31, 2001), "Table 3. – Case-Mix Adjusted Federal Rates and Associated Indices—Urban."

To estimate a weighted price per day for stays that met our criteria, we included only the number of days that occurred during the given fiscal year (for example, between October 1, 2001 and September 30, 2002 for FY02). We then calculated an average price weighted by the number of days between assessments as the case-mix index of the nursing home stay. That is, we calculated an average daily price based on the RUG III associated price list and weighted by the number of days between assessments.

Unfortunately, the MDS extract data did not provide enough information to enable us to calculate severity-weighted prices per day for a sufficient portion of the VA nursing home stays in either FY01 or FY02. Although we assumed that some stays would not be able to be priced due to missing or invalid data, the percentage of stays that could not be priced was higher than we expected. In FY02, we were unable to calculate severity-weighted average daily prices for 58% of the year's stays. In FY01, 54% of the stays could not be priced.

Table 3.1 Ability to Price Nursing Home Stays Using MDS Data, FY02 and FY01

Total Number of Stays	41,884	43,074
Number of Stays Able To Be Priced	17,702	19,777
Number of Stays Unable To Be Priced:		
No assessments, valid admission date	11,512	7,651
No assessments, no admission date	4,678	8,314
No full assessments	628	440
Stay not in the given fiscal year	5,480	4,649
Other	1,875	2,243

Further analysis of the FY02 data showed some additional puzzling results. Although it is unsurprising that some people in the data set had multiple stays during the year, many of these multiple stays appear problematic. For example, for slightly more than half of the people who had two stays during FY02, the admission date for the first stay is the same as the admission date for the second stay yet the discharge dates for the two stays are different. Although three-quarters of nursing home residents had only one stay in FY02, the remaining quarter of residents with multiple stays resulted in enough oddly overlapping stays to be of substantial concern.

Because we found such widespread trouble in determining average daily prices for the nursing home stays, we decided to examine the problem at a more local level. If the

problem was concentrated within a group of facilities instead of being spread throughout the system, solving it might involve only a limited intervention. We found, however, that although the fraction of stays we could not price varied across facilities, almost all facilities had a high proportion of such stays. Table 3.2 (pp. 10-13) details the fraction of each nursing home's stays that could be priced.

Table 3.3 (pp. 14-17) lists the average daily price that we calculated for each nursing home, using only those stays that met our above listed criteria. We could not assign a price to a majority of stays, and we cannot know whether those stays had average prices similar to those stays we could price. Readers should therefore use the figures in Table 3.3 with caution.

Conclusion

Due to the pervasiveness of the missing values within the RUG III data, we decided that we would not use these files to adjust our cost data for intensity of resource use. Notably, we have only looked at the RUG III piece of the RAI/MDS data – other pieces of the RAI/MDS may be usable. We did not validate the data that contains assessment values. Because the missing values appear to be distributed across the VA sites instead of being concentrated in a few locations, we believe that even site-specific uses of the data are not advisable until the problem has been resolved. The Office of Geriatric Care and Research is working currently to solve this problem.

Notes

[1] Fries BE, Schneider DP, Foley WJ, Dowling M. Case-mix classification of Medicare residents in skilled nursing facilities: resource utilization groups (RUG-T18). *Medical Care* 1989;27(9):843-858.

[2] RUG II data for the period April 1986 – September 2000 are stored in the VA Patient Assessment Files (PAF) at the Austin Automation Center.

Table 3.2 FY02 Stays by Nursing Home and Pricing Status

Note: Reasons that a stay could not be priced include having assessments that fall more than 90 days outside of FY02, not having a RUG score (assessment is not a full assessment), and having multiple assessments with different RUG scores recorded on the same date. Relaxing our pricing criteria could allow many of these stays to be priced. Stays in which all assessment variables have missing values, however, cannot be priced by relaxing the pricing criteria.

				Number of Stays							
	Nursing Home Name	Nursing Home Location	Nursing Home ID	All Assessment Variables Have Missing Values		Some Assessment Data But Cannot Be Priced*		Valid Assessment Data, Can Be Priced		Total	
				#	%	#	%	#	%	#	%
			Total	*19,213*	*46%*	*4,969*	*12%*	*17,702*	*42%*	*41,884*	*100%*
1	TOGUS VAMC	Togus	4029AA	81	52%	22	14%	52	34%	155	100%
2	MILES CITY VAMC	Miles City	436GJ	19	31%	9	15%	34	55%	62	100%
3	CHEYENNE VAMC	Cheyenne	4429AA	39	42%	9	10%	45	48%	93	100%
4	WILMINGTON VAM & ROC	Wilmington	460AA	142	54%	29	11%	92	35%	263	100%
5	ALBUQUERQUE VAMC	Albuquerque	5019AA	347	69%	49	10%	109	22%	505	100%
6	ALEXANDRIA VAMC	Pineville	5029AA	75	52%	10	7%	60	41%	145	100%
7	ALTOONA VAMC	Altoona	5039AA	52	37%	14	10%	74	53%	140	100%
8	VA AMARILLO HCS	Amarillo	5049AA	17	17%	14	14%	71	70%	102	100%
9	VA ANN ARBOR HCS	Ann Arbor	5069AA	96	41%	18	8%	121	51%	235	100%
10	ATLANTA VAMC	Decatur	5089AA	223	51%	35	8%	179	41%	437	100%
11	AUGUSTA VAMC	Augusta	5099AA	95	34%	49	17%	139	49%	283	100%
12	VA MD HCS BALT LOCH RAVEN	Baltimore	5129AA	155	57%	25	9%	92	34%	272	100%
13	VA MD HCS PERRY POINT	Perry Point	5129AC	55	38%	11	8%	77	54%	143	100%
14	BATTLE CREEK VAMC	Battle Creek	515	102	47%	20	9%	96	44%	218	100%
15	BAY PINES VAMC	St. Petersburg	516	221	40%	44	8%	291	52%	556	100%
16	BECKLEY VAMC	Bekley	517	109	51%	10	5%	93	44%	212	100%
17	EDITH N ROGERS MEM VAMC	Bedford	5189AA	178	38%	63	13%	229	49%	470	100%
18	BIG SPRING VA MC	Big Spring	519	50	38%	8	6%	72	55%	130	100%

19	VA GULF COAST VET HCS	Biloxi	5209AA	37	34%	25	23%	48	44%	110	100%
20	BROCKTON VAMC	Brockton	5239AB	136	47%	45	16%	106	37%	287	100%
21	BRONX VAMC	Bronx	5269AA	56	23%	27	11%	160	66%	243	100%
22	VA W NY HCS BUFFALO	Buffalo	5289AA	163	47%	37	11%	150	43%	350	100%
23	VA W NY HCS BATAVIA	Batavia	5289AB	217	53%	64	16%	129	31%	410	100%
24	CANANDAIGUA VAMC	Canandaigua	5289AC	233	55%	55	13%	137	32%	425	100%
25	SYRACUSE NY VAMC	Syracuse	5289AD	187	46%	46	11%	173	43%	406	100%
26	BATH VAMC	Bath	5289AK	154	39%	75	19%	169	42%	398	100%
27	VA HCN UPSTATE	Albany	5289AL	179	47%	43	11%	161	42%	383	100%
28	BUTLER VAMC	Butler	5299AA	339	47%	104	14%	278	39%	721	100%
29	BOISE VAMC	Boise	5319AA	318	61%	40	8%	162	31%	520	100%
30	CHARLESTON VAMC	Charleston	5349AA	29	49%	8	14%	22	37%	59	100%
31	CHILLICOTHE VAMC	Chillicothe	5389AA	535	54%	132	13%	327	33%	994	100%
32	CINCINNATI VAMC	Fort Thomas	5399AA	59	35%	20	12%	92	54%	171	100%
33	Louis Stokes Cleveland VAMC	Brecksville	5419AA	330	35%	114	12%	492	53%	936	100%
34	COATESVILLE VAMC	Coatesville	542	302	49%	98	16%	213	35%	613	100%
35	COLUMBIA VAMC	Columbia	5449AA	136	36%	48	13%	195	51%	379	100%
36	MIAMI VAMC	Miami	546	248	44%	78	14%	239	42%	565	100%
37	WEST PALM BEACH VAMC	West Palm Beach	5489AA	117	37%	29	9%	170	54%	316	100%
38	DALLAS VAMC	Dallas	5499AA	386	46%	71	9%	377	45%	834	100%
39	BONHAM VAMC	Bonham	5499AB	68	46%	15	10%	65	44%	148	100%
40	DANVILLE VAMC	Danville	550	125	28%	115	26%	206	46%	446	100%
41	DAYTON VAMC	Dayton	5529AA	366	52%	58	8%	280	40%	704	100%
42	DETROIT VAMC	Detroit	5539AA	140	67%	12	6%	56	27%	208	100%
43	DENVER VAMC	Denver	554	248	50%	67	13%	183	37%	498	100%
44	Central CO HCS Fort Lyons	Fort Lyons	5549AB	10	36%	12	43%	6	21%	28	100%
45	NORTH CHICAGO VAMC	North Chicago	5569AA	127	46%	32	12%	117	42%	276	100%
46	CARL VINSON VAMC	Dublin	5579AA	84	32%	21	8%	156	60%	261	100%
47	DURHAM VAMC	Durham	558	173	36%	40	8%	262	55%	475	100%
48	NJ HCS AT LYONS	Lyons	5619AB	140	35%	62	15%	200	50%	402	100%
49	VAMC ERIE	Erie	5629AA	169	54%	25	8%	118	38%	312	100%
50	FAYETTEVILLE VAMC	Fayetteville	5659AA	30	42%	6	8%	35	49%	71	100%

51	GAINESVILLE VAMC	Gainesville	5739AA	25	81%	2	6%	4	13%	31	100%
52	LAKE CITY VAMC	Lake City	5739AB	370	56%	53	8%	234	36%	657	100%
53	GRAND JUNCTION VAMC	Grand Junction	575	57	42%	11	8%	68	50%	136	100%
54	HINES VAMC	Hines	5789AA	393	53%	80	11%	273	37%	746	100%
55	HOUSTON VAMC	Houston	5809AA	92	24%	57	15%	237	61%	386	100%
56	IRON MOUNTAIN VAMC	Iron Mountain	585	149	46%	46	14%	127	39%	322	100%
57	GV Sonny Montgomery VAMC	Jackson	5869AA	62	37%	21	12%	86	51%	169	100%
58	TRUMAN MEM VET HOSP	Columbia	589A4	42	100%	0	0%	0	0%	42	100%
59	VA E KS HEALTH CARE	Topeka	589A5	221	55%	52	13%	130	32%	403	100%
60	VA E KS LEAVENWORTH	Leavenworth	589A6	53	46%	18	16%	45	39%	116	100%
61	WICHITA VAMC	Wichita	589A7	110	52%	24	11%	78	37%	212	100%
62	HAMPTON VAMC	Hampton	5909AA	77	39%	25	13%	95	48%	197	100%
63	LEBANON VAMC	Lebanon	5959AA	86	28%	29	10%	189	62%	304	100%
64	LEXINGTON VAMC	Lexington	5969AA	193	49%	19	5%	183	46%	395	100%
65	CENTRAL AR VET HCS	North Little Rock	5989AA	133	27%	105	21%	254	52%	492	100%
66	VAMC MANCHESTER	Manchester	6089AA	236	52%	63	14%	151	34%	450	100%
67	MARION VAMC	Marion	6099AA	71	36%	34	17%	95	48%	200	100%
68	VA N IN HCS - MARION	Marion	6109AA	37	30%	10	8%	77	62%	124	100%
69	MARTINSBURG VAMC	Martinsburg	613	339	51%	83	12%	249	37%	671	100%
70	CENTRAL AL VET HCS E	Tuskegee	6199AB	167	48%	30	9%	148	43%	345	100%
71	Hudson Valley HCC Montrose	Montrose	6209AA	55	45%	20	17%	46	38%	121	100%
72	Hudson Valley HCC Castle Point	Castle Point	6209AB	76	52%	11	7%	60	41%	147	100%
73	MOUNTAIN HOME VAMC	Mountain Home	6219AA	311	46%	100	15%	268	39%	679	100%
74	ALVIN C. YORK VAMC	Murfreesboro	622	253	47%	85	16%	195	37%	533	100%
75	NEW ORLEANS VAMC	New Orleans	6299AA	97	49%	19	10%	81	41%	197	100%
76	NY HARBOR HCS ST ALBANS	Queens	6309AB	162	32%	77	15%	268	53%	507	100%
77	NORTHAMPTON VAMC	Leeds	6319AA	214	66%	20	6%	92	28%	326	100%
78	NORTHPORT VAMC	Northport	6329AA	102	50%	14	7%	88	43%	204	100%
79	OKLAHOMA CITY VAMC	Oklahoma City	6359AA	54	30%	24	13%	102	57%	180	100%
80	ASHEVILLE VAMC	Ashville	6379AA	183	54%	28	8%	130	38%	341	100%
81	PHILADELPHIA VAMC	Philadelphia	6429AA	134	49%	36	13%	101	37%	271	100%
82	CARL T. HAYDEN VAMC	Phoenix	6449AA	197	41%	37	8%	243	51%	477	100%

83	HEINZ VA PROGSV CARE CTR	Aspinwall	6469AA	675	51%	156	12%	486	37%	1317	100%
84	JOHN J PERSHING VAMC	Poplar Bluff	6479AA	90	41%	43	20%	84	39%	217	100%
85	PORTLAND VAMC	Vancouver	6489AA	186	47%	63	16%	151	38%	400	100%
86	PRESCOTT VAMC	Prescott	6499AA	255	45%	57	10%	251	45%	563	100%
87	RICHMOND VAMC	Richmond	6529AA	26	17%	15	10%	116	74%	157	100%
88	ROSEBURG VA HCS	Roseburg	6539AA	73	40%	25	14%	83	46%	181	100%
89	SAGINAW VAMC	Saginaw	6559AA	178	40%	58	13%	205	46%	441	100%
90	VAMC/JB DIVISION	St. Louis	6579AA	476	56%	78	9%	301	35%	855	100%
91	SALEM VAMC	Salem	658	207	46%	52	12%	189	42%	448	100%
92	W.G. (BILL) HEFNER SALISBURY	Salisbury	6599AA	21	12%	29	17%	124	71%	174	100%
93	PUGET SOUND HCS SEATTLE	Seattle	663	226	53%	32	7%	169	40%	427	100%
94	Puget Sound HCS American Lake	Tacoma	663A4	96	65%	18	12%	33	22%	147	100%
95	SHERIDAN VAMC	Sheridan	6669AA	20	25%	15	19%	44	56%	79	100%
96	SPOKANE VAMC	Spokane	6689AA	119	44%	24	9%	126	47%	269	100%
97	S TX VET HCS SAN ANTONIO	San Antonio	6719AA	161	33%	47	10%	285	58%	493	100%
98	S TX VET HCS KERRVILLE	Kerrville	6719AB	367	48%	87	11%	304	40%	758	100%
99	SAN JUAN VAMC	San Juan	672	437	49%	87	10%	376	42%	900	100%
100	TAMPA VAMC	Tampa	673	197	36%	56	10%	292	54%	545	100%
101	ORLANDO VAMC	Orlando	6739AB	166	60%	35	13%	75	27%	276	100%
102	CENTRAL TEXAS HCS TEMPLE	Temple	6749AA	46	29%	15	9%	98	62%	159	100%
103	WACO VAMC	Waco	6749AB	215	32%	166	25%	289	43%	670	100%
104	MARLIN VAMC	Marlin	6749AC	29	17%	14	8%	126	75%	169	100%
105	TOMAH VAMC	Tomah	6769AA	72	30%	29	12%	141	58%	242	100%
106	SOUTHERN ARIZONA VA HCS	Tucson	6789AA	1001	53%	182	10%	695	37%	1878	100%
107	TUSCALOOSA VAMC	Tuscaloosa	6799AA	56	42%	30	23%	46	35%	132	100%
108	WAINWRIGHT MEMORIAL	Walla Walla	6879AA	169	70%	39	16%	33	14%	241	100%
109	WASHINGTON VAMC	Washington	688	376	51%	104	14%	256	35%	736	100%
110	VA CONNECTICUT HCS	West Haven	689	336	64%	37	7%	152	29%	525	100%
111	WILKES-BARRE VA MC	Wilkes-Barre	693	102	45%	19	8%	107	47%	228	100%
112	MILWAUKEE VAMC	Milwaukee	6959AA	187	37%	61	12%	258	51%	506	100%

Table 3.3 FY02 Nursing Home Average Daily Prices

Note: The weighted average price column is weighted by patient days.

	Nursing Home Name	Nursing Home Location	Nursing Home ID	Number of Stays able to be Priced	Unweighted Average Price	Weighted Average Price
1	TOGUS VAMC	Togus	4029AA	49	$ 192.72	$ 189.23
2	MILES CITY VAMC	Miles City	436GJ	30	$ 184.74	$ 190.46
3	CHEYENNE VAMC	Cheyenne	4429AA	42	$ 233.01	$ 210.56
4	WILMINGTON VAM & ROC	Wilmington	460AA	92	$ 202.45	$ 194.46
5	ALBUQUERQUE VAMC	Albuquerque	5019AA	105	$ 233.99	$ 256.05
6	ALEXANDRIA VAMC	Pineville	5029AA	56	$ 188.16	$ 188.35
7	ALTOONA VAMC	Altoona	5039AA	72	$ 228.90	$ 245.18
8	VA AMARILLO HCS	Amarillo	5049AA	71	$ 205.12	$ 199.04
9	VA ANN ARBOR HCS	Ann Arbor	5069AA	120	$ 284.36	$ 293.08
10	ATLANTA VAMC	Decatur	5089AA	178	$ 231.34	$ 219.71
11	AUGUSTA VAMC	Augusta	5099AA	135	$ 296.59	$ 245.75
12	VA MD HCS BALT LOCH RAVEN	Baltimore	5129AA	92	$ 179.16	$ 175.16
13	VA MD HCS PERRY POINT	Perry Point	5129AC	75	$ 202.39	$ 196.31
14	BATTLE CREEK VAMC	Battle Creek	515	92	$ 188.53	$ 189.25
15	BAY PINES VAMC	St. Petersburg	516	288	$ 230.44	$ 219.20
16	BECKLEY VAMC	Bekley	517	92	$ 209.16	$ 213.60
17	EDITH N ROGERS MEM VAMC	Bedford	5189AA	221	$ 190.44	$ 180.66
18	BIG SPRING VA MC	Big Spring	519	72	$ 263.41	$ 265.89
19	VA GULF COAST VET HCS	Biloxi	5209AA	47	$ 218.85	$ 222.68
20	BROCKTON VAMC	Brockton	5239AB	104	$ 192.22	$ 197.56
21	BRONX VAMC	Bronx	5269AA	146	$ 210.71	$ 202.79
22	VA W NY HCS BUFFALO	Buffalo	5289AA	136	$ 260.73	$ 263.14
23	VA W NY HCS BATAVIA	Batavia	5289AB	128	$ 204.62	$ 192.37
24	CANANDAIGUA VAMC	Canandaigua	5289AC	124	$ 206.07	$ 204.66

25	SYRACUSE NY VAMC	Syracuse	5289AD	162	$ 204.78	$ 199.37
26	BATH VAMC	Bath	5289AK	169	$ 177.51	$ 177.84
27	VA HCN UPSTATE	Albany	5289AL	158	$ 221.33	$ 220.68
28	BUTLER VAMC	Butler	5299AA	262	$ 216.11	$ 218.87
29	BOISE VAMC	Boise	5319AA	158	$ 236.63	$ 232.82
30	CHARLESTON VAMC	Charleston	5349AA	22	$ 217.62	$ 212.24
31	CHILLICOTHE VAMC	Chillicothe	5389AA	297	$ 187.50	$ 182.87
32	CINCINNATI VAMC	Fort Thomas	5399AA	92	$ 218.68	$ 200.86
33	Louis Stokes Cleveland VAMC	Brecksville	5419AA	486	$ 191.21	$ 192.92
34	COATESVILLE VAMC	Coatesville	542	176	$ 203.76	$ 206.30
35	COLUMBIA VAMC	Columbia	5449AA	190	$ 230.05	$ 227.28
36	MIAMI VAMC	Miami	546	237	$ 230.91	$ 216.48
37	WEST PALM BEACH VAMC	West Palm Beach	5489AA	170	$ 197.32	$ 196.59
38	DALLAS VAMC	Dallas	5499AA	362	$ 215.09	$ 208.66
39	BONHAM VAMC	Bonham	5499AB	63	$ 182.65	$ 180.36
40	DANVILLE VAMC	Danville	550	193	$ 197.95	$ 190.76
41	DAYTON VAMC	Dayton	5529AA	280	$ 197.20	$ 186.80
42	DETROIT VAMC	Detroit	5539AA	56	$ 240.92	$ 209.93
43	DENVER VAMC	Denver	554	164	$ 216.74	$ 213.06
44	Central CO HCS Fort Lyons	Fort Lyons	5549AB	5	$ 194.23	$ 190.34
45	NORTH CHICAGO VAMC	North Chicago	5569AA	110	$ 233.69	$ 215.42
46	CARL VINSON VAMC	Dublin	5579AA	139	$ 208.59	$ 200.46
47	DURHAM VAMC	Durham	558	250	$ 208.20	$ 205.62
48	NJ HCS AT LYONS	Lyons	5619AB	198	$ 234.85	$ 218.37
49	VAMC ERIE	Erie	5629AA	114	$ 239.17	$ 227.66
50	FAYETTEVILLE VAMC	Fayetteville	5659AA	34	$ 198.53	$ 195.49
51	GAINESVILLE VAMC	Gainesville	5739AA	4	$ 217.71	$ 220.82
52	LAKE CITY VAMC	Lake City	5739AB	234	$ 224.58	$ 221.49
53	GRAND JUNCTION VAMC	Grand Junction	575	68	$ 244.16	$ 237.71
54	HINES VAMC	Hines	5789AA	254	$ 213.01	$ 215.25
55	HOUSTON VAMC	Houston	5809AA	231	$ 196.44	$ 191.30

56	IRON MOUNTAIN VAMC	Iron Mountain	585	123	$ 224.63	$ 218.84
57	GV Sonny Montgomery VAMC	Jackson	5869AA	86	$ 202.15	$ 205.67
58	TRUMAN MEM VET HOSP	Columbia	589A4	-	-	-
59	VA E KS HEALTH CARE	Topeka	589A5	128	$ 225.05	$ 223.44
60	VA E KS LEAVENWORTH	Leavenworth	589A6	40	$ 261.91	$ 268.59
61	WICHITA VAMC	Wichita	589A7	69	$ 218.58	$ 217.25
62	HAMPTON VAMC	Hampton	5909AA	92	$ 221.66	$ 227.93
63	LEBANON VA MC	Lebanon	5959AA	180	$ 192.48	$ 190.09
64	LEXINGTON VAMC	Lexington	5969AA	180	$ 222.83	$ 208.57
65	CENTRAL AR VET HCS	North Little Rock	5989AA	237	$ 223.47	$ 217.72
66	VAMC MANCHESTER	Manchester	6089AA	147	$ 233.92	$ 230.03
67	MARION VAMC	Marion	6099AA	92	$ 227.55	$ 220.86
68	VA N IN HCS - MARION	Marion	6109AA	76	$ 202.43	$ 193.73
69	MARTINSBURG VAMC	Martinsburg	613	248	$ 204.45	$ 198.56
70	CENTRAL AL VET HCS E	Tuskegee	6199AB	141	$ 207.16	$ 220.55
71	Hudson Valley HCC Montrose	Montrose	6209AA	45	$ 176.96	$ 181.59
72	Hudson Valley HCC Castle Point	Castle Point	6209AB	60	$ 227.63	$ 238.01
73	MOUNTAIN HOME VAMC	Mountain Home	6219AA	263	$ 188.96	$ 192.57
74	ALVIN C. YORK VAMC	Murfreesboro	622	184	$ 231.24	$ 220.40
75	NEW ORLEANS VAMC	New Orleans	6299AA	78	$ 260.49	$ 262.63
76	NY HARBOR HCS ST ALBANS	Queens	6309AB	265	$ 222.26	$ 216.22
77	NORTHAMPTON VAMC	Leeds	6319AA	89	$ 219.56	$ 219.69
78	NORTHPORT VAMC	Northport	6329AA	84	$ 215.88	$ 211.84
79	OKLAHOMA CITY VAMC	Oklahoma City	6359AA	98	$ 213.19	$ 212.81
80	ASHEVILLE VAMC	Ashville	6379AA	129	$ 218.58	$ 217.53
81	PHILADELPHIA VAMC	Philadelphia	6429AA	100	$ 195.80	$ 197.16
82	CARL T. HAYDEN VAMC	Phoenix	6449AA	242	$ 210.63	$ 212.43
83	HEINZ VA PROGSV CARE CTR	Aspinwall	6469AA	477	$ 216.09	$ 212.24
84	JOHN J PERSHING VAMC	Poplar Bluff	6479AA	53	$ 233.66	$ 236.04
85	PORTLAND VAMC	Vancouver	6489AA	148	$ 222.30	$ 217.32
86	PRESCOTT VAMC	Prescott	6499AA	240	$ 196.85	$ 190.71

87	RICHMOND VAMC	Richmond	6529AA	115	$ 220.25	$ 205.15
88	ROSEBURG VA HCS	Roseburg	6539AA	80	$ 193.42	$ 190.78
89	SAGINAW VAMC	Saginaw	6559AA	205	$ 216.36	$ 221.14
90	VAMC/JB DIVISION	St. Louis	6579AA	277	$ 241.82	$ 241.09
91	SALEM VAMC	Salem	658	187	$ 246.16	$ 237.82
92	W.G. (BILL) HEFNER SALISBURY	Salisbury	6599AA	123	$ 188.99	$ 185.63
93	PUGET SOUND HCS SEATTLE	Seattle	663	163	$ 224.78	$ 225.96
94	Puget Sound HCS American Lake	Tacoma	663A4	29	$ 224.90	$ 210.32
95	SHERIDAN VAMC	Sheridan	6669AA	42	$ 212.03	$ 211.75
96	SPOKANE VAMC	Spokane	6689AA	123	$ 229.21	$ 225.58
97	S TX VET HCS SAN ANTONIO	San Antonio	6719AA	282	$ 212.92	$ 215.09
98	S TX VET HCS KERRVILLE	Kerrville	6719AB	303	$ 208.35	$ 204.56
99	SAN JUAN VAMC	San Juan	672	362	$ 203.29	$ 200.99
100	TAMPA VAMC	Tampa	673	287	$ 196.79	$ 197.09
101	ORLANDO VAMC	Orlando	6739AB	75	$ 238.20	$ 233.07
102	CENTRAL TEXAS HCS TEMPLE	Temple	6749AA	95	$ 213.10	$ 205.06
103	WACO VAMC	Waco	6749AB	263	$ 190.84	$ 206.00
104	MARLIN VAMC	Marlin	6749AC	125	$ 193.28	$ 194.71
105	TOMAH VAMC	Tomah	6769AA	131	$ 231.25	$ 218.34
106	SOUTHERN ARIZONA VA HCS	Tucson	6789AA	650	$ 210.74	$ 209.83
107	TUSCALOOSA VAMC	Tuscaloosa	6799AA	46	$ 189.82	$ 190.12
108	WAINWRIGHT MEMORIAL	Walla Walla	6879AA	33	$ 198.66	$ 219.76
109	WASHINGTON VAMC	Washington	688	247	$ 231.56	$ 216.12
110	VA CONNECTICUT HCS	West Haven	689	152	$ 243.62	$ 243.52
111	WILKES-BARRE VA MC	Wilkes-Barre	693	96	$ 235.08	$ 216.72
112	MILWAUKEE VAMC	Milwaukee	6959AA	239	$ 226.02	$ 224.97