Inpatient Rehabilitation Facility

# Quality Reporting Program Provider Training

Overview of IRF QRP and Changes to the IRF-PAI Version 3.0

Ariel Adams, CMS

August 15, 2019

Acronyms in This Presentation

- ACA – Affordable Care Act
- CAUTI – Catheter-Associated Urinary Tract Infection
- CDC – Centers for Disease Control and Prevention
- CMS – Centers for Medicare & Medicaid Services
- CDI – *Clostridium difficile* Infection
- ICD-10-CM – International Classification of Diseases, Tenth Revision, Clinical Modification
- FY – Fiscal Year
- FIM® – Functional Independence Measure
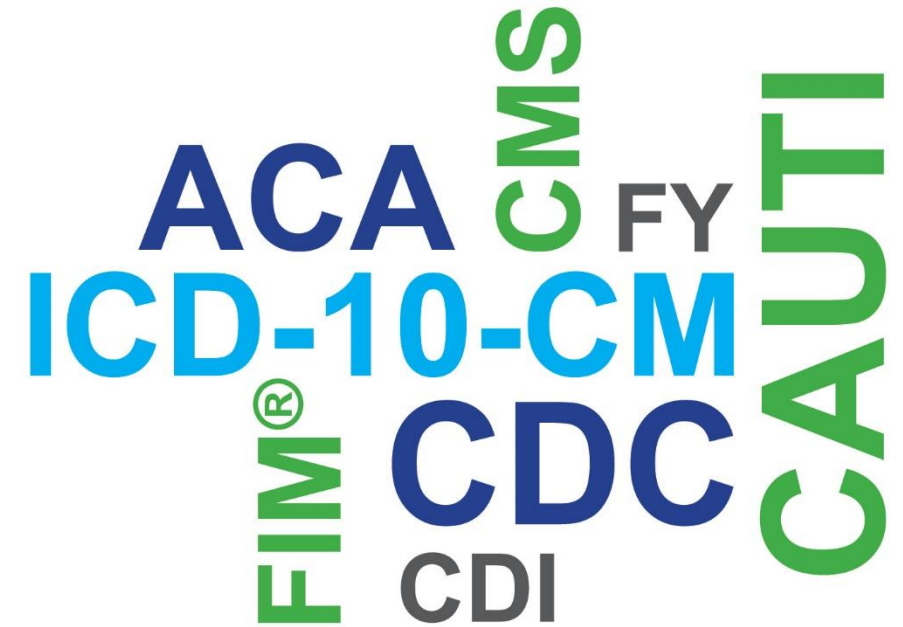
Acronyms in This Presentation (cont.)

- IRF – Inpatient Rehabilitation Facility
- IRF-PAI – Inpatient Rehabilitation Facility-Patient Assessment Instrument
- MRSA – Methicillin-Resistant *Staphylococcus aureus*
- NHSN – National Healthcare Safety Network
- NQF – National Quality Forum
- PAC – Post-Acute Care
- PPS – Prospective Payment System
- QRP – Quality Reporting Program

Objectives

- Describe the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).

- Summarize the changes to the Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) version 3.0, effective October 1, 2019.

- Discuss changes to the IRF-PAI Manual that coincide with the IRF-PAI version 3.0.

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

Overview of the IRF QRP

What is the IRF QRP?

- The IRF QRP establishes IRF quality reporting requirements, as mandated by Section 3004(b) of the Patient Protection and Affordable Care Act (ACA) of 2010.

- Section 3004(b) of the ACA amended section 1886(j)(7) of the Social Security Act requiring the Secretary to establish quality reporting requirements for IRFs.

- Each year by October 1, CMS publishes the quality measures that IRF providers are required to report.

What If Quality Data Is Not Reported?

- For fiscal year (FY) 2014 and each year thereafter, if an IRF does not submit the required quality data, the IRF will be subject to a two percentage-point reduction in the annual increase factor.

- Additionally, the Improving Medicare Post-Acute Care Transformation Act of 2014 requires the submission of standardized data by long-term care hospitals, skilled nursing facilities, home health agencies, and IRFs.

- CMS strongly encourages submitting quality data before the established deadline to ensure that the data are complete and accurate and to address any data submission issues.
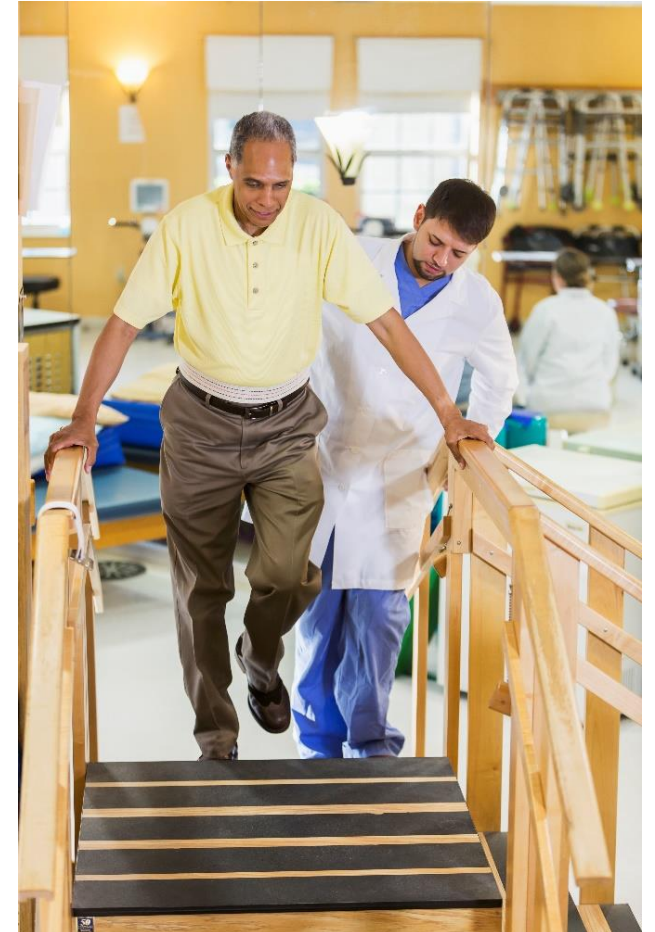
Who Can See the Reported Data?

- CMS must make quality data available to the public and give IRF providers the opportunity to review the data before it is published.

- The IRF Compare website began reporting quality measure data in late 2016.
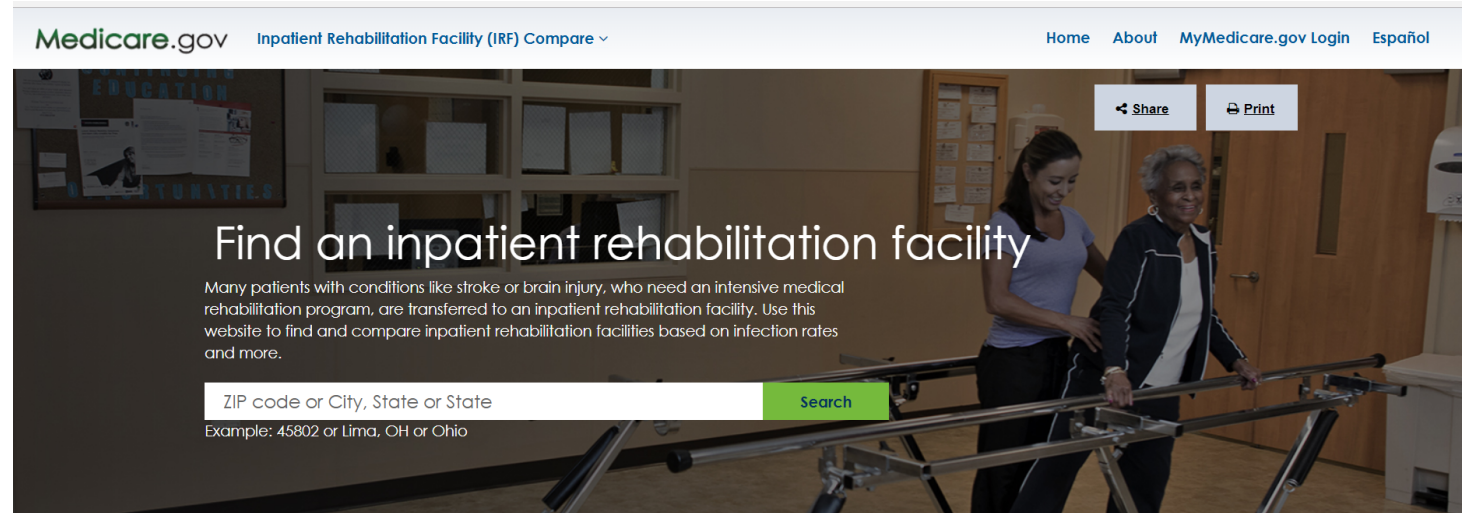
www.medicare.gov/inpatientrehabilitationfacilitycompare/

CMS Meaningful Measures

MEANINGFUL **MEASURES** | Initiative

Reduce Burden

Eliminate Disparities

Improve Access for Rural Communities

Improve CMS Customer Experience
Support State Flexibility and Local Leadership
Support Innovative Approaches
Empower Patients and Doctors

Track to Measurable Outcomes and Impact

Achieve Cost Savings

Safeguard Public Health

- This initiative identifies the highest priorities for quality measurement and improvement.
- Involves only assessing those core issues that are the most critical to providing high-quality care and improving individual outcomes.
- CMS has begun assessing the quality reporting programs' measures in accordance with the Meaningful Measures framework.

For additional information, visit:
https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityInitiativesGenInfo/MMF/General-info-Sub-Page.html.

IRF QRP Measures

- Quality data for the IRF QRP are collected and submitted using three methods:

IRF-PAI

CDC NHSN

Medicare Fee-for-Service Claims

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

IRF QRP Measures: IRF-PAI
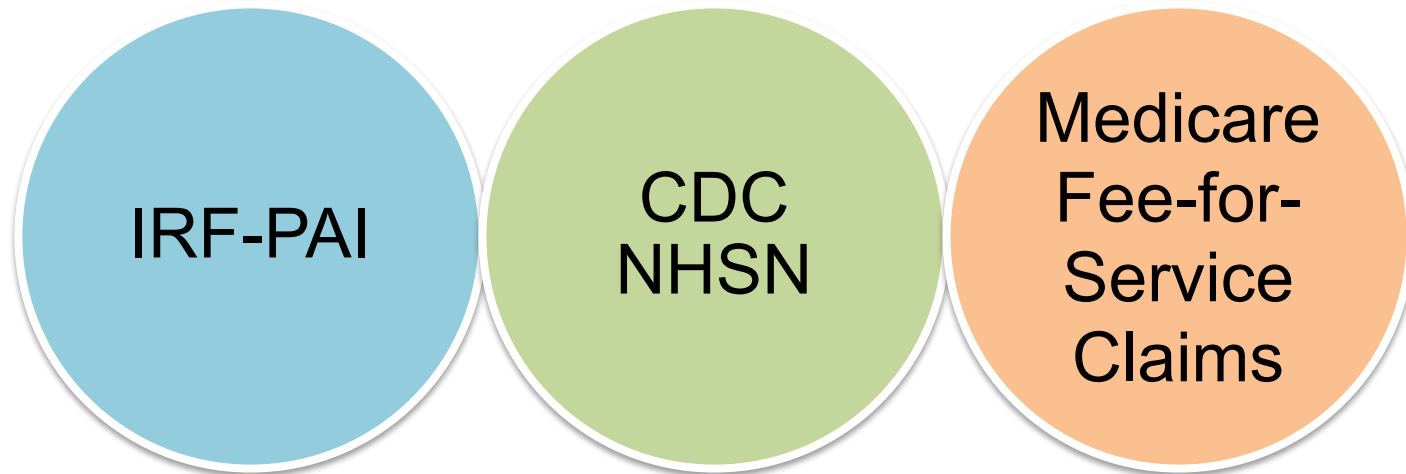
	Data Collection Start Date	Public Reporting Start Date
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674).*	October 1, 2016	September 2018
Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).	October 1, 2016	September 2018
IRF Functional Outcome Measure: Change in Self-Care for Medical Rehabilitation Patients (NQF #2633).	October 1, 2016	Fall 2020
IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation (NQF #2634).	October 1, 2016	Fall 2020

* National Quality Forum (NQF)

IRF QRP Measures: IRF-PAI (cont.)

	Data Collection Start Date	Public Reporting Start Date
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).	October 1, 2016	Fall 2020
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).	October 1, 2016	Fall 2020
Drug Regimen Review Conducted with Follow-Up for Identified Issues – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).	October 1, 2018	Future
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.	October 1, 2018	Fall 2020

INPATIENT REHABILITATION FACILITY QUALITY REPORTING PROGRAM

IRF QRP Measures: CDC/NHSN

	Data Collection Start Date	Public Reporting Start Date
NHSN Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138).	October 1, 2012	December 2016
Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431).	October 1, 2014	December 2017
NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717).	January 1, 2015	December 2017

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

IRF QRP Measures: Claims-Based

	Initial Performance Period	Public Reporting Start Date
Medicare Spending Per Beneficiary – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).	Fiscal Year (FY) 2016 and FY 2017	September 2018
Discharge to Community – Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).	FY 2016 and FY 2017	– September 2018 – Fall 2019 Update
Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).	FY 2016 and FY 2017	Fall 2019
Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities (IRFs).	FY 2016 and FY 2017	Fall 2019

Discharge to Community Measure Update

- CMS has refined the method by which providers are assigned to performance categories to align with the Potentially Preventable Readmissions measures in the IRF QRP and the Hospital-Wide Readmission measure in the Inpatient QRP.

- The revised methodology results in greater variation in performance categories.

- This refinement will be reflected in the:
  - Fall 2019 quarterly refresh of the IRF Compare website.
  - June 2019 IRF Provider Preview Reports.

Publication of Potentially Preventable Readmission Measures

- CMS postponed publishing these measures to allow more testing which is now completed. CMS will publish these measures on the IRF Compare website in Fall 2019.

- CMS has refined the method for assigning providers to performance categories, which indicate their level of performance compared to the national rate (e.g. no different/better than/worse than).

- This refinement will be reflected in the:
  - September 2019 IRF Compare quarterly refresh.
  - June 2019 Provider Preview Reports.

Measures Removed from the IRF QRP

Notes

Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678).	Replaced by a modified version of the measure, "Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury," beginning with the FY 2020 IRF QRP.
Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (NQF #0680).	Beginning 10/01/2018, enter a dash (–) or any valid code for O0250A, O0250B, and O0250C until IRF-PAI Version 3.0 becomes effective on October 1, 2019.
NHSN Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716).	Data collection for this measure ended October 1, 2018.
All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from IRFs (NQF #2502).	This measure was removed beginning with the FY 2019 IRF QRP and is no longer publicly reported on IRF Compare.

IRF QRP Training

- IRF QRP training includes a focus on collecting accurate quality data.
- IRF-PAI data used to calculate the assessment-based quality measures:
  - Calculate the process or outcome.
  - Identify inclusion and exclusion criteria.
  - Apply risk adjustment to outcome measures (admission).

Changes to the IRF-PAI Version 3.0

IRF-PAI Version 3.0

- IRF-PAI Version 3.0 becomes effective for patients discharged on or after October 1, 2019.

- The IRF-PAI Version 3.0 and associated documents are available at the following links:

  - **Link to Webpage:** https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-QRP-Manual.html.

  - **Direct Link to IRF-PAI Version 3.0:** Final IRF-PAI Version 3.0 - Effective October 1 2019.pdf.

  - **Direct Link to Change Table:** Final IRF-PAI Version 3.0 Change Table.pdf.

Changes from IRF-PAI Version 2.0 to 3.0

Deleted

- Function Modifiers.

Deleted

- FIM® Instrument.

Deleted

- Section O: Special Treatments, Procedures and Programs:
  - O0250A.
  - O0250B.
  - O0250C.

Removal of FIM® Function Modifiers

Function Modifiers*

Complete the following specific functional items prior to scoring the FIM™ Instrument:

		Admission	Discharge
29.	Bladder Level of Assistance (Score using FIM Levels 1 - 7)	☐	☐
30.	Bladder Frequency of Accidents (Score as below)		

7 - No accidents
6 - No accidents; uses device such a[s]
5 - One accident in the past 7 days
4 - Two accidents in the past 7 days
3 - Three accidents in the past day[s]
2 - Four accidents in the past 7 days
1 - Five or more accidents in the pas[t]

Enter in Item 39G (Bladder) the low[er] and 30 above

		Admission	Discharge
31.	Bowel Level of Assistance (Score using FIM Levels 1 - 7)	☐	☐
32.	Bowel Frequency of Accidents (Score as below)	☐	

7 - No accidents
6 - No accidents; uses device such as a ostomy
5 - One accident in the past 7 days
4 - Two accidents in the past 7 days
3 - Three accidents in the past 7 days
2 - Four accidents in the past 7 days
1 - Five or more accidents in the past 7 days

Enter in Item 39H (Bowel) the lower (more depe[ndent])
above.

		Admission	Discharge
33.	Tub Transfer	☐	☐
34.	Shower Transfer	☐	☐

(Score Items 33 and 34 using FIM Levels 1 - 7; use 0 if activity does not occur) See training manual for scoring of Item 39K (Tub/Shower Transfer)

		Admission	Discharge
35.	Distance Walked	☐	☐
36.	Distance Traveled in Wheelchair	☐	☐

(Code items 35 and 36 using: 3 - 150 feet; 2 - 50 to 149 feet; 1 - Less than 50 feet; 0 – activity does not occur)

		Admission	Discharge
37.	Walk	☐	☐
38.	Wheelchair	☐	☐

(Score Items 37 and 38 using FIM Levels 1 - 7; 0 if activity does not occur) See training manual for scoring of Item 39L (Walk/Wheelchair)

> Due to IRF Prospective Payment System (PPS) revisions, the FIM® items and their associated function modifiers are no longer required.

Removal of FIM® Instrument

Due to IRF PPS revisions, the FIM® items are no longer required.

Removal of Section O: Special Treatments, Procedures, and Programs

O0250. Influenza Vaccine - Refer to current version of IRF-PAI Training Manual for current influenza vaccination reporting period.

Enter Code ☐

A. Did the **patient receive the influenza vaccine** *in this facility* for this year's influenza *vaccination season*

   0. **No** → *Skip to O0250C. If influenza vaccine not received, state reason*
   1. **Yes** → *Continue to O0250B. Date influenza vaccine received*

B. Date influenza vaccine received → Complete date and skip to Z0400A. Signature of Persons Completing

☐☐ ☐☐ ☐☐☐☐
M M   D D   Y Y Y Y

Enter Code ☐

C. If influenza vaccine not received, state reason:

   1. **Patient not in this facility** during this year's influenza vaccination season
   2. **Received outside of this facility**
   3. **Not eligible** - medical contraindication
   4. **Offered and declined**
   5. **Not offered**
   6. **Inability to obtain influenza vaccine** due to a declared shortage
   9. **None of the above**

- Due to the removal of the Patient Influenza Vaccination quality measure (NQF #0680), the patient influenza vaccination items are no longer required.
- Section O was removed on Discharge due to removal of item O0250.

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

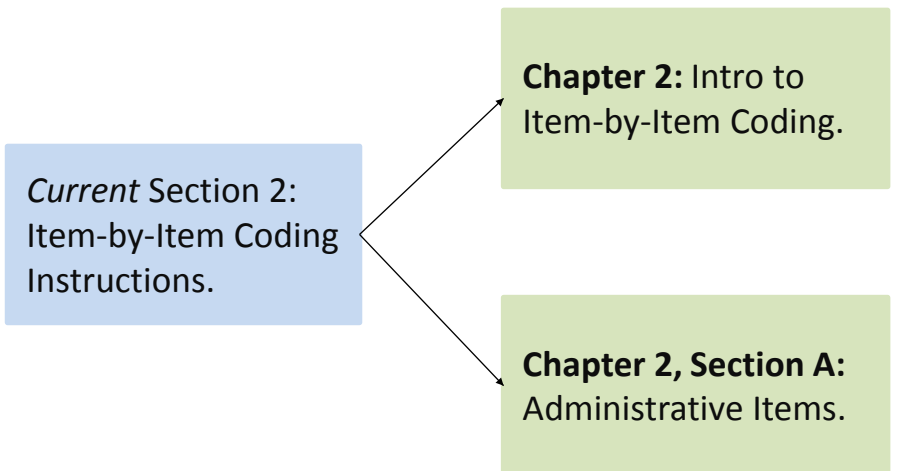# Changes to the IRF-PAI Manual

IRF-PAI Manual: New Structure

Purpose and Goal:

- CMS received many comments via the help desk and trainings requesting an easier to navigate IRF-PAI Manual.

- In response, CMS has updated the manual to be more user-friendly and up-to-date.

- In addition, for increased clarity, CMS has changed the name of the manual to "IRF-PAI Manual."

IRF-PAI Manual: New Structure (cont.)

Key Structural Changes:

- IRF QRP and IRF PPS sections were combined.

- Overall format aligned with other post-acute quality reporting programs:
  - Four chapters with IRF-PAI coding guidance.
  - Five appendices with additional provider resources.

- Administrative Information and Quality Indicators sections moved to "Chapter 2: Item-by-Item IRF-PAI Coding Instructions."

Current Section 2: Item-by-Item Coding Instructions.

Chapter 2: Intro to Item-by-Item Coding.

Chapter 2, Section A: Administrative Items.

INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM

IRF-PAI Manual: Coding Guidance Chapters

Note change in naming convention from "Sections" to "Chapters".

Chapter 1: Introduction to the IRF-PAI Training Manual.

Includes both IRF QRP and IRF PPS sections.

Chapter 2: Item-by-Item IRF-PAI Coding Instructions.

Includes both Administrative Information and Quality Indicators sections.

Chapter 3: Clarification of Terminology.

Current Section 11.

Chapter 4: CMS Data Flow/Coding the CMS Patient Data System.

Current Section 12.

IRF-PAI Manual: Appendices

Appendix A — Impairment Group Codes and ICD-10-CM codes.

Appendix B — IRF-PAI Version 3.0.

Appendix C — Helpful IRF Resources.

Appendix D — CDC Submission Guidance.

Appendix E — Patient Privacy and Privacy Rights Under the IRF PPS (Current Section 13).

IRF-PAI Manual: Guidance Changes

- Item-by-item coding instructions have been updated to reflect:
  - Removal of the FIM® items and associated function modifiers.
  - Removal of the patient influenza vaccination items (O0250A-C).
  - Changes to the definition of major surgery (J2000).
    - Removed general anesthesia as a criteria for major surgery.
- Updated the "Clarification of Terminology" chapter to reflect:
  - Removal of FIM® items.
  - New terminology based on frequently asked questions.

INPATIENT
REHABILITATION
FACILITY
QUALITY REPORTING PROGRAM

Join at
slido.com
#Econometrica

Questions?

INPATIENT
REHABILITATION
FACILITY
QUALITY REPORTING
PROGRAM