

Special Open Door Forum

Update on the CMS Quality Reporting Program for Inpatient Rehabilitation Facilities*

Thursday, July 26th, 2012

1:00 p.m. – 2:30 p.m. (ET)

***Patient Protection and Affordable Care Act, Section 3004(a)**

Goals of this Special Open Door Forum

By the end of this Open Door Forum, participants will be able to:

- Understand Section 3004 of the Affordable Care Act
- Understand the requirements of the IRF quality reporting program
- Understand how to successfully submit data and avoid penalties
- Describe resources available for assistance with the ACA Section 3004 IRF Quality Reporting Program

Legislative Mandate

- Section 3004 of the Patient Protection and Affordable Care Act (PPACA), was passed in March, 2010
- For rate year 2014, and each subsequent year thereafter, failure to submit required quality data to CMS shall result in a 2 percentage point reduction to the annual increase factor for payments made for discharges occurring during that fiscal year

Quality Reporting Data

- CMS, with input from stakeholders and the public, selects quality measures for the program
- Data submitted from providers is used to:
 - Determine compliance with the reporting requirements of Section 3004
 - Calculate quality measures
 - Will be used at a future date to publicly report quality data (no date set)
- Data is NOT used to penalize providers for performance on quality measures

Quality Measures

IRFs must begin to submit their quality measure data on October 1, 2012 for the following quality measures:

- New or Worsened Pressure Ulcers
- Catheter-Associated Urinary Tract Infections (CAUTIs)

Quality Measure-
New or Worsening Pressure Ulcers

Changes to the IRF-PAI

- The PUSH tool on the IRF-PAI has been replaced with updated pressure ulcer items (48A through 50D)
- Although an IRF may decide not to submit pressure ulcer data (items 48A through 50D), failure to complete these items will result in payment reduction of two percentage points starting in Fiscal Year 2014
- Voluntary Quality Indicators have been removed
 - Respiratory Status
 - Pain
 - Safety

Worsening in Pressure Ulcer Status Since Admission

Indicate the number of current pressure ulcers that were not present or were at a lesser stage at admission. If no current pressure ulcer at a given stage, enter 0.

49A. Stage 2. Enter Number: _____

49B. Stage 3. Enter Number: _____

49C. Stage 4. Enter Number: _____

Healed Pressure Ulcers.

50A. Were pressure ulcers present on admission? _____
(0 – No; 1 – Yes)

Indicate the number of pressure ulcers that were noted on admission that have completely closed (resurfaced with epithelium). If no healed pressure ulcer at a given stage since admission, enter 0.

(Code only if item 50A is 1 – yes)

50B. Stage 2 Enter Number _____

50C. Stage 3 Enter Number _____

50D. Stage 4 Enter Number _____

Frequently Asked Questions-
Pressure Ulcers and IRF-PAI Data
Submission

Frequently Asked Questions

- **Question:** If a patient is admitted with a stageable pressure ulcer, but is unstageable at the time of discharge from the IRF, is this considered worsened?
- **Answer:** Although all unstageable pressure ulcers should be recorded in the patient's medical record, the IRF-PAI does not currently collect data on unstageable pressure ulcers. The IRF-PAI is only collecting data on worsening in pressure ulcers that are numerically staged.

Frequently Asked Questions

- **Question:** Is it accurate that the admission documentation of pressure ulcer information must be done within the first 3 days of admission?
- **Answer:** For the admission assessment, complete the assessment as close to the actual time of admission as possible. CMS recognizes that the full initial assessment may not occur during the first day, and allow the admission assessment to occur during the first 3 calendar days of the stay. The best clinical practice is to complete a full skin assessment as soon as it is feasible.

Frequently Asked Questions

- **Question:** Is it accurate that the discharge documentation of pressure ulcer information must be done within the first 3 days of discharge?
- **Answer:** For the discharge assessment, complete the assessment as close to the time of discharge as possible. CMS recognizes that a full final assessment may not occur on the last day of the stay, and allows the discharge assessment to occur during the last 3 calendar days of the stay. The best clinical practice is to complete a full skin assessment as close to the time of discharge that is feasible.

Frequently Asked Questions

- **Question:** Where would I document an unstageable pressure ulcer in the new quality indicator section of the 10/1/12 IRF-PAI?
- **Answer:** Do not report any unstageable pressure ulcer on the IRF-PAI that remains unstageable throughout the duration of the patient's IRF stay. If the pressure ulcer was unstageable on admission, but becomes stageable during the IRF stay, then ***it should be considered as present at the time of admission at the stage at which it first becomes stageable.*** If the patient's unstageable pressure ulcer never becomes a stageable pressure ulcer, then it would not be reported on the IRF-PAI.

Frequently Asked Questions

- **Question:** If a pressure ulcer is acquired or worsens during a patient's program interruption (in acute care), how would this information be recorded on the IRF-PAI?
- **Answer:** If the patient was admitted to the acute care hospital and returned to the IRF in less than 3 days, the patient had an interrupted stay, and was not officially discharged from the IRF.

CMS sees acute care facilities and post-acute care facilities as having shared responsibility for patients' health, and encourages all healthcare providers to coordinate patient care so as to achieve the highest quality of care.

Pressure Ulcer Data Submission

- New, mandatory pressure ulcer items included on the IRF-PAI in the “Quality Indicator Section.”
- Other Quality Indicator items that had been voluntary in past have been deleted (respiratory status, pain, safety).
- Updated IRF-PAI assessment collection software (jIRVEN) will be available from CMS to support the 10/01/2012 release.
- Same IRF-PAI submission process will be used.

Frequently Asked Questions

- **Question:** What IRF-PAI form should a facility use if a patient straddles the October 1, 2012 date - for example, if a patient is admitted on September 15th and is discharged on October 2?
- **Answer:** The new IRF-PAI form can be filled out by facilities prior to October 1, 2012, but it cannot be submitted to CMS prior to October 1, 2012. A facility should use the new IRF-PAI for patients who are expected to be discharged after October 1, 2012.
- **Note:** Any submission file submitted on or after October 1, 2012 must be in the new file format.

Frequently Asked Questions

- **Question:** How does the submission process change October 1, 2012? What if a facility discharged a patient on September 27th but did not submit the IRF-PAI at discharge?
- **Answer:** Submit the discharge IRF-PAI as soon as possible after discharge. CMS will continue to accept the old IRF-PAI for patients who were admitted and discharged prior to October 1, 2012.
- **Note:** If the record is submitted on or after October 1, 2012, the record must be in the new file format. It will still contain the items from the “old” form.

Quality Measure—CAUTI

CDC NHSN Data Submission

CAUTI Data:

- Submitted on-line to the Centers for Disease Control (CDC) via the NHSN (National Health Safety Network)
- Registration, training, signed agreement required

CDC Data Submission

- For the IRF QRP, IRFs with a CCN with the last 4 digits of 3025-3099 need to register with CDC as a “Rehabilitation Facility”
 - A signed Agreement to Participate and Consent is needed with the CDC in order to share your information with CMS
- For IRFs with CCN with “T” or “R” in 3rd position, will be identified as a location within an acute care facility
- For questions about NHSN enrollment of your IRF contact CDC NHSN@cdc.gov

Before you begin the enrollment process:

- Know your facility's CCN ID.
- Read CDC NHSN Urinary tract infection diagnostic criteria
- Read Technical and legal requirements for the NHSN

If Your Facility is NOT registered with CDC NHSN: What to Do

NHSN Enrollment/Registration

- If you determine that your facility is not already enrolled within NHSN:
 - Appoint a person from your facility as the NHSN Facility Administrator to enroll the facility in NHSN.
 - Complete the online training.
 - Enroll in NHSN
 - Register with NHSN
 - Apply for a CDC Digital Certificate
 - Enroll in NHSN by completing the necessary contact information and survey forms
 - Print, sign, and return consent form to CDC

If Your Facility is ALREADY enrolled in CDC NHSN: What to Do

Basic Steps if your Facility is already Enrolled in NHSN

- Complete the online NHSN training
- Determine if the rehab unit has already been added as a location within your NHSN facility
- Follow online directions to appropriately set up your rehab unit to submit data to CMS

Tips and Hints

- Frequently asked questions about enrollment can be found here: http://www.cdc.gov/nhsn/FAQ_enrollment.html
- Frequently asked questions about the NHSN in general can be found here: http://www.cdc.gov/nhsn/FAQ_general.html
- To send questions and/or comments about the NHSN, send an email to: nhsn@cdc.gov. Each message will be forwarded to the appropriate person and a response will be sent to you.

Reporting CAUTIs Using NHSN

Monthly Reporting

- Complete a monthly summary form indicating the number of indwelling catheter days for the location must be reported, even if that number was zero, using the ICU/Other Denominator form
- If there were no CAUTIs for the month: Check the “Report No Events: CAUTI” box on the Denominator for Intensive Care Unit/Other Locations screen with the NHSN application
- If there is a CAUTI: fill out a Urinary Tract Infection event form for each CAUTI identified in the rehab location(s).

Help Desks

For Questions about:

- IRF-PAI data coding or IRF-PAI Data submission:
Phone: 1-800-339-9313 or email: help@qtso.com
- CAUTI data or submission or NHSN registration:
Email: NHSN@cdc.gov
- Quality measure calculation, data submission deadlines, the new pressure ulcer items:
Email: IRF.questions@cms.hhs.gov

Technical Training Opportunities for IRF Providers

- The IRF-PAI was developed by the CMS.
- Inpatient Rehabilitation Validation and Entry system (jIRVEN) is a free, Java based application that provides an option for facilities to collect and maintain facility, patient and IRF-PAI data
- 4 recorded WebEx training videos will be available by the week of August 20th that will review some key areas of the jIRVEN tool.
 - **Webex #1** - How to login into the tool & how to add facility and user information
 - **Webex #2** – How to create patient and assessment information
 - **Webex #3** – How to import and export assessments.
 - **Webex #4** – Review of the reports available within the jIRVEN tool.

Technical Training Opportunities for IRF Providers

- 2 recorded WebEx training videos will be available the week of September 3 that will review key areas of the Submission System:
 - IRF Assessment Submission Process - Recorded WebEx posted week of 9/3/12
 - IRF Assessment and Validation Reports - Recorded WebEx posted week of 9/3/12

Upcoming Open Door Forums

Thursday, August 16, 2012

1:00 p.m. – 2:30p.m.

Thursday September 20, 2012

1:00 p.m. – 2:30 p.m.

Thursday October 18, 2012

1:00 p.m. – 2:30 p.m.