

**Centers for Medicare &
Medicaid Services (CMS)
Special Open Door Forum (SODF)**

**Patient Protection and Affordable Care Act (ACA)
Section 3004: Quality Reporting Program for
Inpatient Rehabilitation Facilities**

**Thursday, October 18, 2012
1:00-2:30 pm EST**

Goals of this Special Open Door Forum

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

- Understand the requirements of the IRF quality reporting program (Section 3004 of the Affordable Care Act)
- Understand how to successfully submit accurate IRF quality measure data

Goals of this Special Open Door Forum

By the end of this Open Door Forum, participants will be able to (cont.):

- Understand the basic steps of the reconsideration process, if an IRF is given notice that CMS does not think that IRF successfully reported the required quality data and may be subject to the 2% payment reduction.
- 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 Measures

IRFs began collecting and submitting quality measure data to CMS on October 1, 2012 for the following quality measures:

- Pressure Ulcers That Are New or Worsened (NQF #0678)
- National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)

Quality Measures

IRF Quality Reporting Program

Quality Measure:

Pressure Ulcers That Are New or Worsened
(NQF #0678)

Changes to the IRF-PAI to Collect Pressure Ulcer Measure Data

- A new version of the IRF-PAI is now in use for patients discharged on and after October 1, 2012.
- The updated IRF-PAI has new pressure ulcer items (48A through 50D)
- Failure to complete these new pressure ulcer items (items 48A through 50D) will result in payment reduction of two percentage points starting in Fiscal Year 2014.

New IRF-PAI Pressure Ulcer Items

Pressure Ulcers

Current Number of Unhealed (non-epithelialized) Pressure Ulcers at Each Stage.

48A. Stage 2: Partial thickness loss of dermis presenting as a shallow open ulcer with a red or pink wound bed, without slough. May also present as an intact or open/ruptured blister.

Number of Stage 2 pressure ulcers
Admission Discharge

48B. Stage 3: Full thickness tissue loss. Subcutaneous fat may be visible but bone, tendon or muscle is not exposed. Slough may be present but does not obscure the depth of tissue loss. May include undermining and tunneling.

Number of Stage 3 pressure ulcers
Admission Discharge

48C. Stage 4: Full thickness tissue loss with exposed bone, tendon or muscle. Slough or eschar may be present on some parts of the wound bed. Often includes undermining and tunneling.

Number of Stage 4 pressure ulcers
Admission Discharge

New IRF-PAI Pressure Ulcer Items

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 _____

IRF Quality Reporting Program Data Collection Facts

Data collection and submission for the IRF Quality Reporting Program began on 10/01/2012. The first data collection period runs from 10/01/2012 to 12/31/2012 and will impact the APU determination for FY2014.

- Providers must submit the new quality items for those patients who are admitted 10/01/2012 and later.
- Providers should not complete the new quality items for those patients who are admitted prior to 10/01/2012 and discharged before 10/01/2012.

Updated IRF-PAI Data Set

- The updated version of the IRF-PAI data set items 1A – 47 are identical to the prior IRF-PAI data set.
- Providers must use the updated IRF-PAI data set for patients who are admitted before 10/01/2012 but not discharged until after 10/01/2012. For the quality items 48A – 50D, dashes should be entered for the admission items, as these were not assessed at the time of admission.

Updated IRF-PAI Data Set (Continued)

- Providers must use the updated IRF-PAI data set version for patients who are admitted on or after 10/01/2012.
- Providers may use either IRF-PAI data set for new or modified records with a discharge date prior to 10/01/2012 by only completing assessment items 1A-47.

Submitting IRF-PAI Assessments

- The new IRF-PAI submission system (ASAP) started accepting records beginning 10/01/2012.
- If a patient is admitted and discharged prior to October 1, 2012, but submission of the record occurs on or after October 1, 2012, the updated IRF-PAI data set version must be used.

Submitting Assessments

(Continued)

New ASAP Submission System:

- All IRF-PAI data submissions on or after 10/01/2012, must be submitted to the QIES ASAP system using the IRF-PAI Data Specifications Version 1.10.1. This requires the data to be submitted in an XML format rather than a flat-file format for all records (new, modifications, inactivation) for all discharge dates. This new ASAP system will be available to accept submissions on 10/01/2012. Facilities are encouraged to work with their software vendor in transitioning to the new file format.

Submitting Assessments

(Continued)

- For records with a discharge date prior to 10/01/2012, the quality items are not required and should not be submitted. If the quality items are submitted, they will be ignored by the ASAP system.
- The data submission specifications, IRF-PAI Data Specifications (Version 1.10.1), can be found on the CMS website as follows:
[http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/ Inpatient RehabFacPPS/Software.html](http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Software.html).

**Some Frequently Asked
Questions: Pressure
Ulcers and IRF-PAI Data
Submission**

Coding Pressure Ulcers with a Cast

Question: How do I code the quality indicator items on the IRF-PAI (admission and discharge) if a patient is admitted with a cast, and during the stay, the cast is removed and a pressure ulcer is revealed?

Answer: If at the time of admission, the documentation indicates no pressure ulcers underneath the cast, but a numerical staged pressure ulcer is discovered when the cast is removed, and is still present at discharge, that pressure ulcer will be reported on the IRF-PAI at discharge, but not as present on admission.

Submission Grace Period for IRF-PAI

Question: Will there be a grace period for new facilities for submitting the IRF-PAI and submitting CAUTI data to NHSN?

Answer: No. There will be no grace period for submitting data as part of the IRF Quality Reporting Program.

Performing the Skin Assessment

Question: What if a nurse performs the skin assessment, but a certified wound nurse or physician disagrees? Which assessment should be submitted to CMS?

Answer: The facility needs to submit accurate data to CMS. Procedures for data collection are to follow facility policies, and patient assessments are to be done in compliance with facility, State and Federal requirements.

Wound Care Certification

Question: Does a clinician need to have wound care certification to be able to stage pressure ulcers?

Answer: All health professionals assessing pressure ulcers should have training in wound staging, but they are not required to be certified. Patient assessments are to be done in compliance with facility, State and Federal requirements. State laws provide guidance on who may complete assessments of patients.

Healing Pressure Ulcers

Question: If a pressure ulcer that was Stage 3 on admission is healing at discharge, how would it be coded? Can it be coded a stage 2?

Answer: No. Do NOT reverse stage. A Stage 3 pressure ulcer remains a Stage 3 pressure ulcer until it is completely healed (covered with epithelium) or worsens to a deeper stage.

Pressure Ulcers The Develop During the IRF Stay

Question: If a pressure ulcer develops during the stay, but is healed before discharge, how would that be coded on the IRF-PAI?

Answer: Pressure ulcer data are reported on the IRF-PAI at admission and discharge. Any changes that occur between admission and discharge are to be reported in the patient's medical record, but are not recorded on the IRF-PAI.

Item 50A

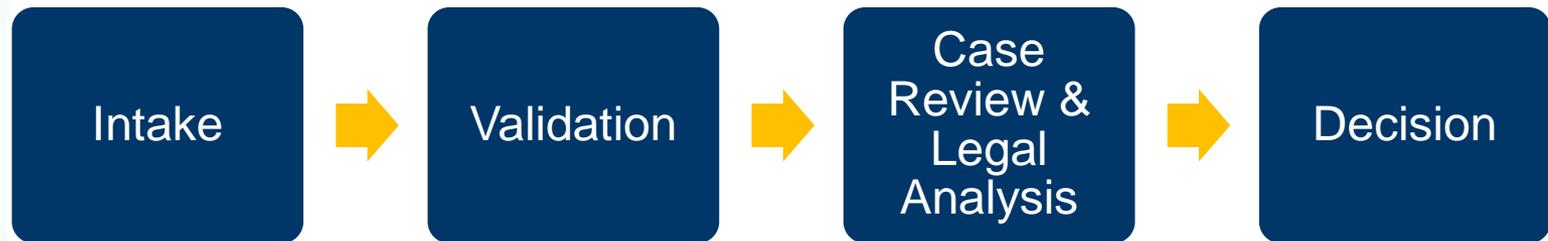
Question: If some pressure ulcers were present on admission and others developed during the stay, how would 50A be coded?

Answer: If *any* pressure ulcers were present on admission, code 50A as yes (1).

Appeals

Quality Reporting Appeals

Reconsideration Process

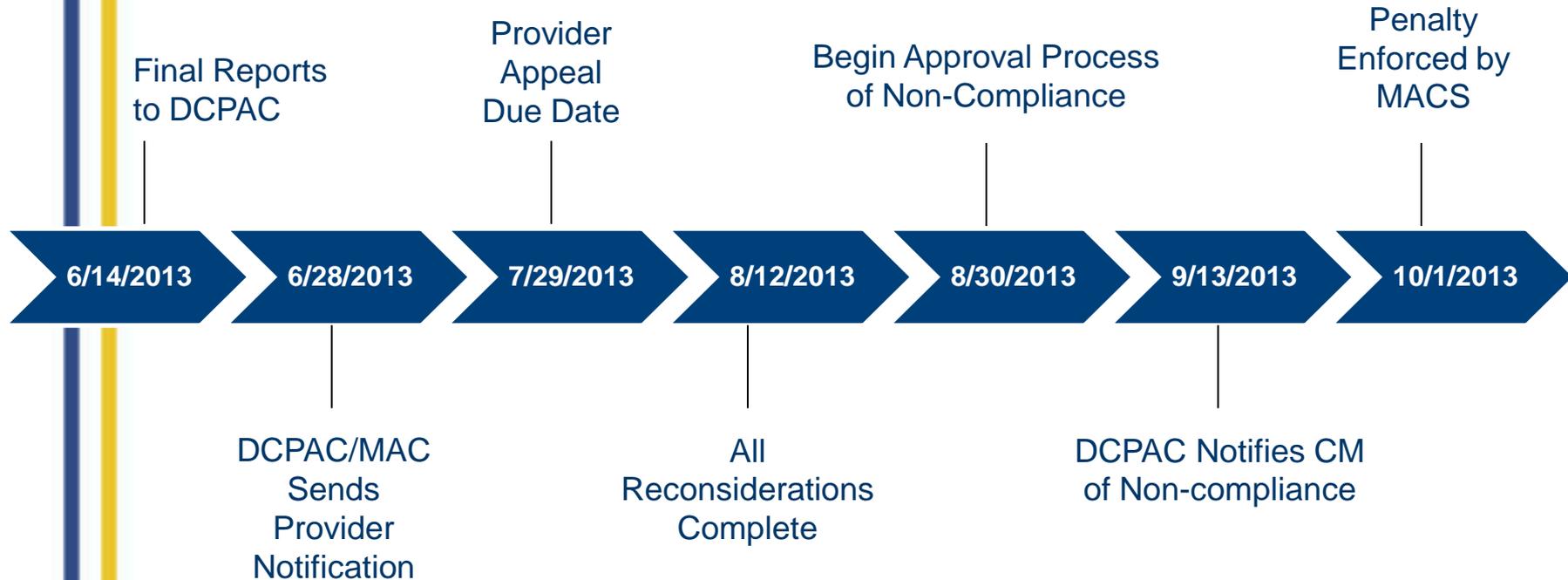


Quality Reporting Appeals

- Filing an Appeal
 - Notification of Non-Compliance
 - Help Desk, Website, Email
 - Guidance, Education, & Outreach
- Reconsideration Process
- Notification

Quality Reporting Appeals

IRFs & LTCH



Help Desks

IRF Quality Reporting Program Help Desk

IRF.Questions@cms.hhs.gov

Questions about:

- Coding/staging pressure ulcers
- IRF Quality Reporting Program questions
- Pressure ulcer quality measure specifications

Example: “How do you code a pressure ulcer that is unstageable on admission, but is stageable by discharge?”

CDC/NHSN CAUTI Help Desk

nhsn@cdc.gov

Questions about:

- Catheter Associated Urinary Tract Infections (CAUTI)
- National Health Surveillance Network (NHSN) questions: registration, technical support, data submission
- Example: “What is the denominator for CAUTI reporting?”

IRF Medicare Help Desk

IRFCoverage@cms.hhs.gov

Questions about:

- IRF Medicare reimbursement, claims, billing
- IRF Medicare eligibility and coverage requirements
- Therapy time

Example: Can the post-admission physician evaluation serve as one of the three required rehabilitation physician visits in the first week?

IRF-PAI Clinical Help Desk

help@qtso.com

Questions about:

- The FIM® and other non-quality indicator items of the IRF-PAI

Example: “How do I code an item on the FIM® if the activity was not performed?”

IRF-PAI Technical Help Desk

help@qtso.com

Questions about:

- IRF-PAI Assessment Submission Process
- CASPER Reports for IRFs
- jIRVEN / IRVEN software

Example: “How do I submit a correction to a previously submitted IRF-PAI?”

Upcoming Open Door Forums

Check the CMS IRF Quality Reporting Website for news about upcoming open door forums and other information:

<http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Spotlights-Announcements.html>

