Quality Reporting Program Provider Training

Quarterly Q&A Basics for IRF and LTCH Providers

August 2021

Acronyms in This Training

- CARE – Continuity Assessment Record and Evaluation.
- CMS – Centers for Medicare & Medicaid Services.
- FAQ – Frequently Asked Questions.
- IRF – Inpatient Rehabilitation Facility.
- LCDS – LTCH CARE Data Set.
- LTCH – Long-Term Care Hospital.
- PAC – Post-Acute Care.
- OASIS – Outcome and Assessment Information Set.
- Q&A – Question and Answer.
- QRP – Quality Reporting Program.

CMS PAC OASIS FAQ LTCH LCDS IRF QRP CARE Q&A

Objectives

- Define the purpose of the Quarterly Q&A.

- State the benefit of using Quarterly Q&A to inform the coding of post-acute care (PAC) assessment instruments.

- Identify how to use the Quarterly Q&A to refine and clarify understanding of PAC item guidance.

Quarterly Q&A Purpose and Provider Benefit

Understanding Data Collection
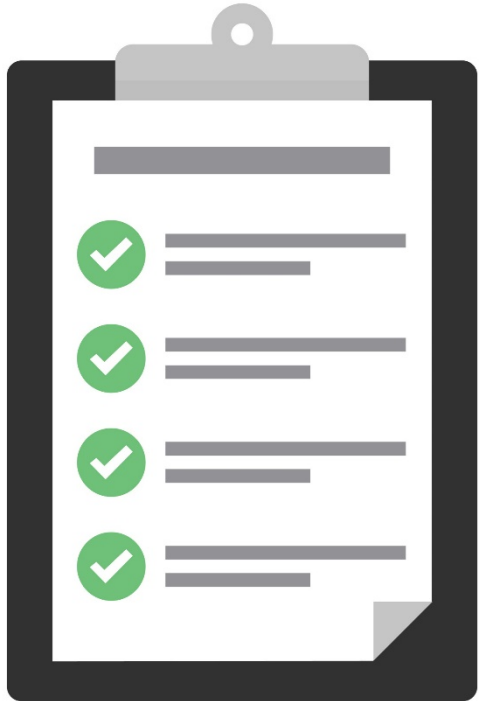
Build your foundational knowledge using guidance manuals.

- Review procedural instructions, timeframes, and general coding conventions.
- Become familiar with:
  - Intent, rationale, and steps for assessment for each item.
  - The item itself, coding choices, and responses.
- Keep in mind the clarifications and other pertinent information needed to code the items.

What Is the Quarterly Q&A?

- The Quarterly Q&A, published by the Centers for Medicare & Medicaid Services (CMS), is intended to provide clarifications to existing guidance.

Purpose for Quarterly Q&A

- Through inquiries to the PAC Quality Reporting Program (QRP) Help Desks, CMS identifies opportunities to clarify or refine guidance.
  - Provides refined and clarified guidance in a timely manner.
- CMS publishes Quarterly Q&A so that all Home Health Agency (HHA), Long-Term Care Hospital (LTCH) and Inpatient Rehabilitation Facility (IRF) providers have the benefit of the clarifications to existing guidance.

Settings Currently Receiving Quarterly Q&A

CMS publishes Quarterly Q&A for the following PAC care setting instruments:

Outcome and Assessment Information Set (OASIS) for Home Health.

Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI).

LTCH Continuity Assessment Record and Evaluation Data Set (CARE).

Quarterly Q&A Publication

March
June
September
December

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-PAI-Manual

March
June
September
December

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual

Consolidated Quarterly Q&A

Inpatient Rehabilitation Facility
Patient Assessment Instrument (IRF-PAI)
Quarterly Q&As

Jun

Consolidated Jun

Long-Term Care Hospital (LTCH) Continuity Assessment
Record and Evaluation Data Set (LCDS)
Quarterly Q&As

June 2021

Consolidated September 2020 to June 2021
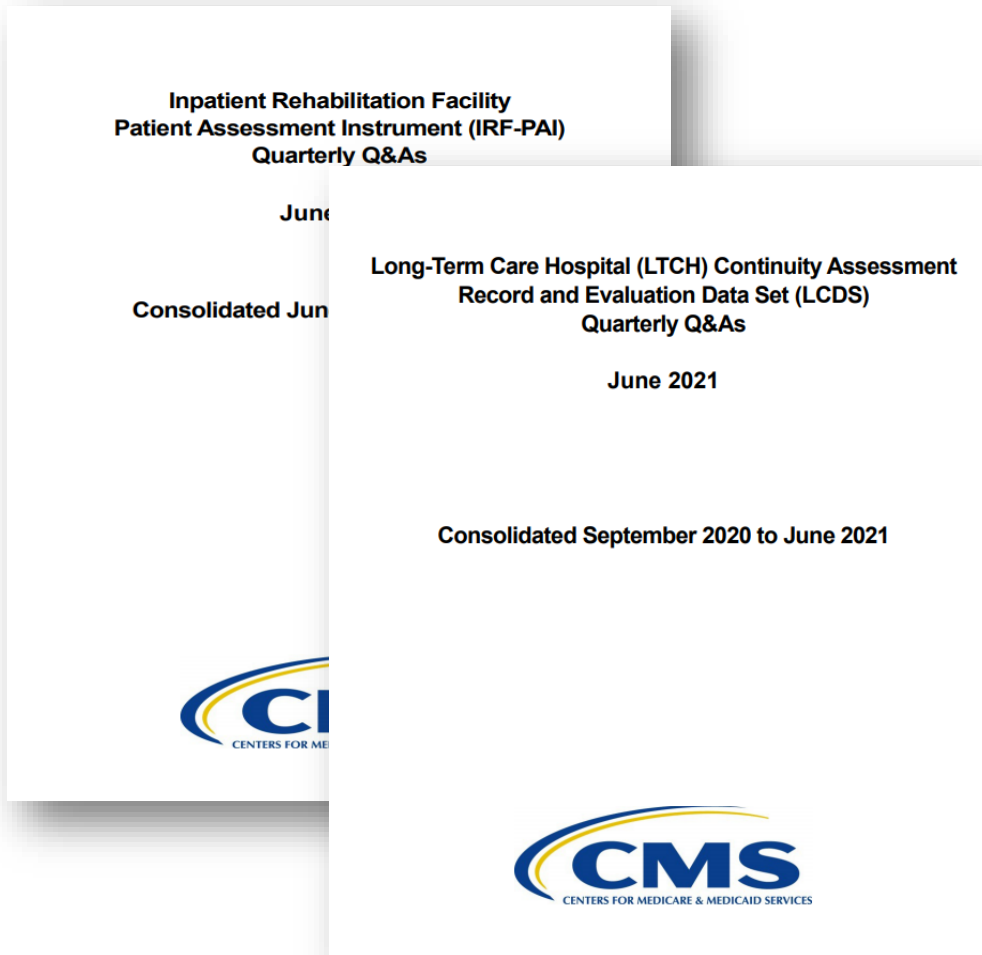
- CMS publishes Quarterly Q&A that consolidate previously published Q&A in addition to providing recently added Q&A.

- These consolidated Q&A documents exist on both the IRF and LTCH QRP Manual webpages.
  - IRF Consolidated Q&A: June 2020–June 2021.
  - LTCH Consolidated Q&A: September 2020–June 2021.

Understanding the Use of Quarterly Q&A

Steps to Using Quarterly Q&A

1. Always refer to the item guidance in the current manual.

2. Consult the most recent Q&A documents.

At times CMS provides new or refined instruction that supersedes previously published guidance. In such cases, use the most recent guidance.

Using Guidance Manuals

- The guidance manual contains instruction and directions regarding each item. Understanding this foundational guidance is key to accurate coding.

- CMS publishes updates to guidance manuals when new items are introduced in the assessment instruments.

Manual	Manual Link
IRF-PAI	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-PAI-Manual
LTCH CARE	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual

Periodically Reviewing Q&A

- On a quarterly basis, providers should review the most recent Q&A documents located on the QRP webpage for their setting.

- The Q&A contained within these documents may refine or supersede published guidance.

- Quarterly Q&A are available as PDF documents that can be printed or shared electronically.

CMS Listserv Communications

Initial notification of Quarterly Q&A release is sent via email to CMS listserv recipients.
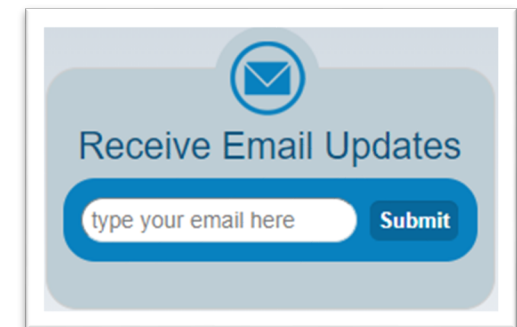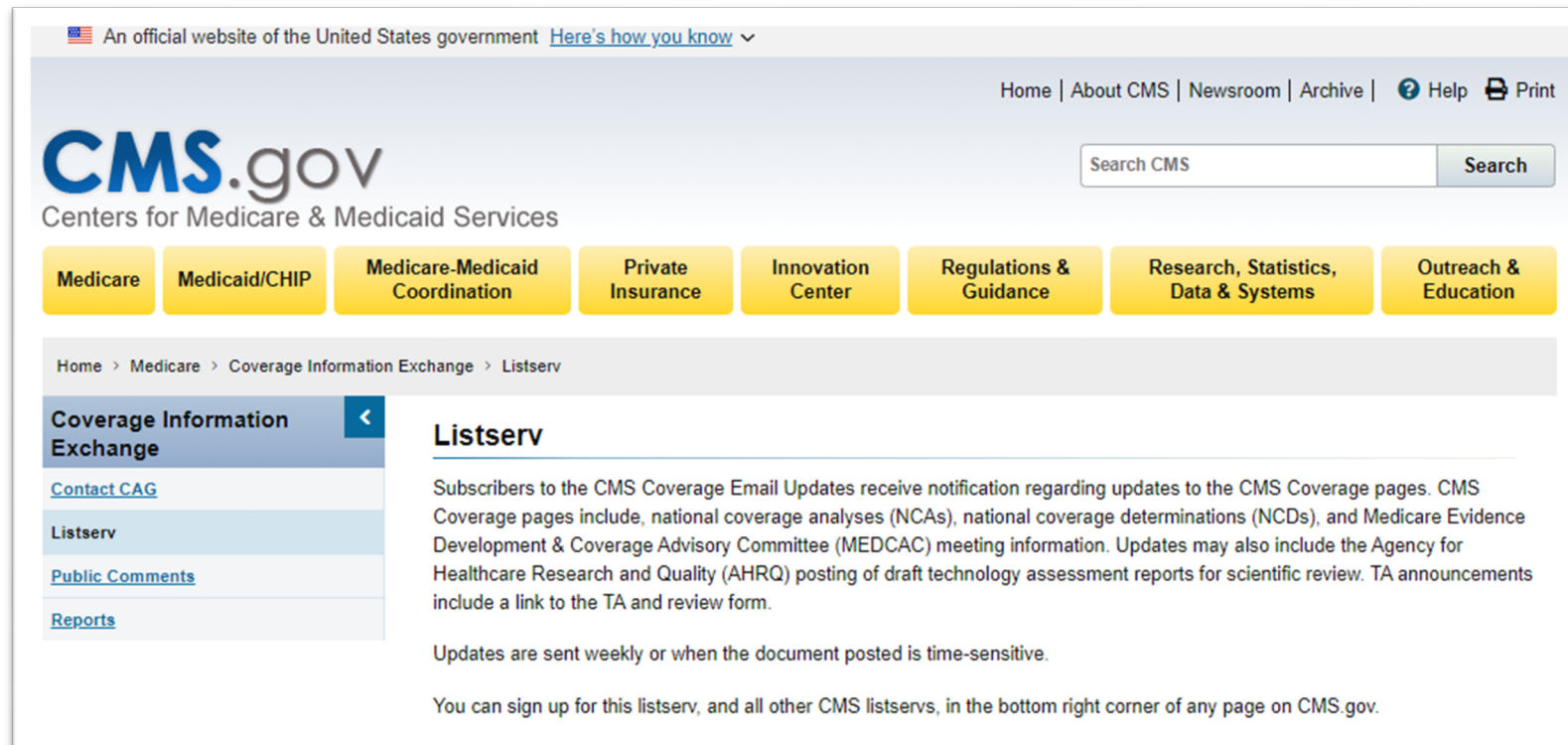
Spotlight and Announcement of New Quarterly Q&A

Release of the Quarterly Q&A is posted on the Spotlight and Announcements QRP webpages.

Finding Quarterly Q&A

- Announced on the LTCH and IRF QRP Manual webpages, under Updates.

- The document is found in the Downloads section of the IRF and LTCH Manual webpages.
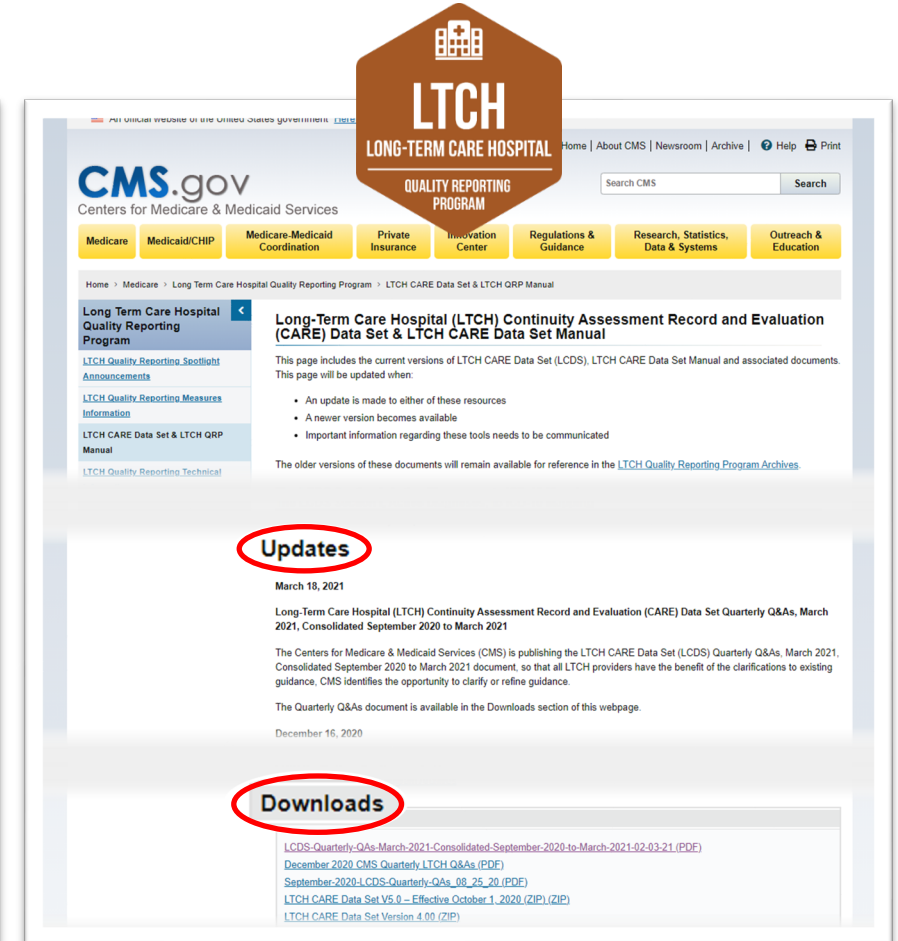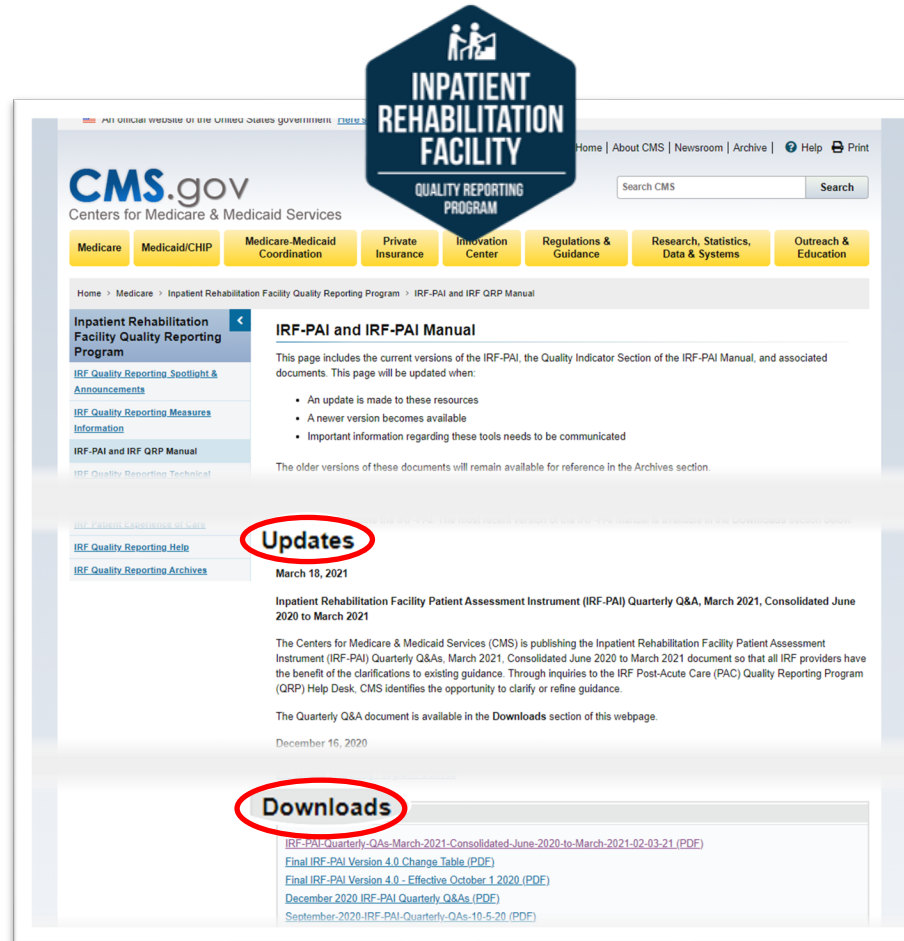
How Q&As Effect Guidance

The Quarterly Q&A impact guidance in the following ways:

- Clarification.
  - Descriptive examples and content meant to further understanding.
- Enhancement/Refinement.
  - Details and nuances to illustrate the intent of coding items and responses.

Clarifying Guidance

- In the following example, a term is clarified by providing new language that promotes the understanding of the instruction provided for the GG0130 and GG0170 items.

Example 1 Question and Answer

Question:

For section GG, what is the definition of "therapeutic intervention"?

Answer:

At Admission, the self-care or mobility performance code is to reflect the patient's baseline ability to complete the activity, prior to the benefit of services provided by your facility staff. "Prior to the benefit of services" means prior to provision of any care by your facility staff that would result in more independent coding. Please note that the term "prior to the benefit of services" replaces the term "therapeutic intervention" for the GG activities.

At times CMS provides new or refined instruction that supersedes previously published guidance. In such cases, use the most recent guidance.

Taken from LCDS Quarterly Q&As, September 2020, Q.3

Enhancing/Refining Guidance

- In this example, a provider is requesting assistance in understanding how to code.

- The answer expands upon existing guidance by including specific instruction and details to help explain the approach needed to code using performance codes.

Example 2 Question

Question:

On day 2, during an evaluation, the Physical Therapist (PT) feels the patient is unable to complete an activity such as sit to stand without providing therapy services; for example, skilled instruction on safe body mechanics for transfers or proper technique to maintain weight-bearing restrictions.

Is it appropriate to code 88 as the admission assessment of baseline functional status prior to benefiting from therapy services? The PT initiated treatment by providing a walker, instructing in its use, and offering cues for proper technique. The patient performed sit to stand transfers with moderate assistance the rest of day 2 and day 3.

Example 2 Answer

Answer:

At Admission, the self-care or mobility performance code is to reflect the patient's baseline ability to complete the activity, prior to the benefit of services provided by your facility staff.

For the admission assessment, the patient may be assessed based on the first use of an assistive device or equipment that has not been previously used. The clinician would provide assistance, as needed, in order for the patient to complete the activity safely, and code based on the type and amount of assistance required prior to the benefit of services provided by your facility/staff.

Example 2 Answer (cont. 1)

Answer:

"Prior to the benefit of services" means prior to provision of any care by your facility staff that would result in more independent coding.

Introducing a new device should not automatically be considered as "providing a service." Whether a device used during the clinical assessment is new to the patient or not, use clinical judgment to code based on the type and amount of assistance that is required for the patient to complete the activity prior to the benefit of services provided by your facility/staff.

Example 2 Answer (cont. 2)

Answer:

Communicating the activity request (i.e., "Can you stand up from the toilet?") would not be considered verbal cueing. If additional prompts are required in order for the patient to safely complete the activity ("Push down on the grab bar," etc.), the assessing clinician may need to use clinical judgment to determine the most appropriate code, utilizing the Coding Section GG Activities Decision Tree.

In your scenario, if even with assistance the patient was unable to perform the sit to stand activity prior to the benefit of services and the performance code cannot be determined based on patient/caregiver report, collaboration with other agency staff, or assessment of similar activities use the appropriate "activity not attempted" code.

Taken from IRF-PAI Quarterly Q&As, March 2021, Consolidated June 2020–March 2021.

Knowledge Check: What is the purpose of the Quarterly Q&A?

A. Provides clarification and refinement to guidance.

B. Introduces changes to assessment instruments.

C. Informs providers of upcoming guidance manual changes.

D. Provides information on measure specification.

Q 3 Knowledge Check: What is the purpose of the Quarterly Q&A?

✓ A. Provides clarification and refinement to guidance.

B. Introduces changes to assessment instruments.

C. Informs providers of upcoming guidance manual changes.

D. Provides information on measure specification.

Knowledge Check: Where are the Quarterly Q&A located for IRF and LTCH?

A. On the QRP Spotlight and Announcement webpages.

B. In the IRF and LTCH guidance manuals.

C. On the CMS Listserv webpage.

D. On the LTCH and IRF QRP manual webpages.

Q 4 Knowledge Check: Where are the Quarterly Q&A located for IRF and LTCH?

A. On the QRP Spotlight and Announcement webpages.

B. In the IRF and LTCH guidance manuals.

C. On the CMS Listserv webpage.

✓ D. On the LTCH and IRF QRP manual webpages.

Setting-Specific Resources

Inpatient Rehabilitation Facility Resources
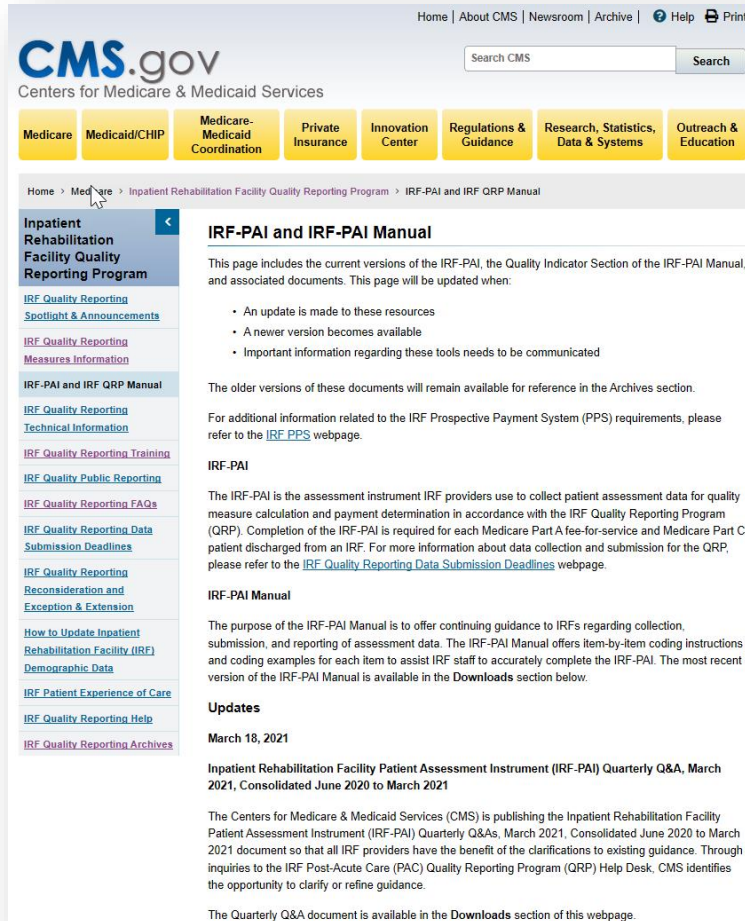
- IRF-PAI guidance manual and Quarterly Q&A: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-PAI-Manual.

- IRF providers may submit questions regarding QRP requirements, data submission timelines, and coding questions to: IRF.questions@cms.hhs.gov.

Long-Term Care Hospital Resources

- LTCH CARE guidance manual and Quarterly Q&A:

  https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-CARE-Data-Set-and-LTCH-QRP-Manual.

- LTCH providers can submit inquiries regarding clarification, questions, or issues to the LTCH Quality Questions Help Desk at: LTCHQualityQuestions@cms.hhs.gov.

Summary

- Quarterly Q&A is published on the IRF and LTCH QRP webpages on a quarterly basis.
- It is essential to periodically review Quarterly Q&A to remain current with guidance.
- Quarterly Q&A can help clarify, refine, or evolve guidance.