

Eli's Rehab Report

Medicare: Get the Scoop on the Final Inpatient Rehab Facility Rule

Check out the exclusion for this quality measure.

The final IRF rule provides a 2.2 percent payment boost for FY 2012 and rolls out two QMs -- a catheter-associated urinary tract infection (CAUTI) measure and one that identifies new or worsening pressure ulcers, according to a CMS release on the rule.

"IRFs that do not submit performance data will see their payments reduced by two percentage points beginning in FY 2014," CMS states in the release.

"For purposes of calculating the FY 2014 IRF PPS increase factor," CMS says in the final rule, "we require IRFs to submit data on 2 quality measures beginning October 1, 2012." The agency also notes in the rule that it hasn't yet "proposed a specific date to begin publicly reporting IRF quality data."

The final rule also says "the CAUTI measure's 'transfer rule exception' excludes patients with CAUTI present on admission (POA) or who develop CAUTI within 48 hours of transfer to the IRF setting. Such CAUTIs are attributed to the transferring location, rather than the admitting location."

CMS notes in its final rule that it's working on a "30-day Comprehensive All-Cause Risk-Standardized Readmission Measure" that it "intends to propose to adopt for FY 2014 in future rulemaking."

"One thing that the CAUTI quality measure does is require inpatient rehabilitation hospitals and units to report the CAUTI measures to a new entity for them -- the Centers for Disease Control & Prevention's National Health Safety Network," an expert at the

American Medical Rehabilitation Providers Association tells Rehab Report. This "will require a little ramping up and education on the process and the specs and requirement on how to do that, which has internal education and cost implications," she says. "The pressure ulcer QM will be reported to the Iowa Medical Foundation along with the other IRF-PAI information on a newly revised IRF-PAI form."

The American Physical Therapy Association is making sure its members know "how to document their findings and treatment properly so that inpatient rehabilitation hospitals are not unduly penalized by the new quality reporting requirements," reports **Roshunda Drummond-Dye**, associate director of payment policy and advocacy for APTA. "For example, PTs are trained to treat pressure ulcers," Drummond-Dye points out. So if PTs find that "a wound looks like its worsening or they see a new wound, they would make sure to assess and document" the wound's status.

The American Speech-Hearing-Language Association is "very happy that CMS chose not to restrict group treatment" in IRFs, says **Mark Kander**, director of health care regulatory analysis for the organization. Currently, "there's no rule where you have to have a certain number in a group or a certain percentage of group [therapy] in IRFs," he says, noting that "CMS said a couple years ago that it may revisit the group treatment issue in IRFs."

Kander tells Rehab Report that people whom he's talked to in IRFs are "fearful that CMS will say what they could and could not do with group." (For information on the new Part A group therapy requirements for SNFs, see page 60.)