CMS IRF-PAI and LTCH Software Developer/Vendor Call Agenda

Tuesday, April 11, 2023 Time: 11 a.m. to 12:00 p.m. ET Teleconference: Zoom: 1-833-568-8864 Meeting ID: 160 901 9177 Password: 052533

I am Ellen Berry and I will be facilitating today's call.

This morning's call is in preparation for the implementation of both the IRF-PAI and LTCH CDS on October 1, 2023.

Please note the resources listed at the bottom of the agenda. Minutes will be posted on the QTSO.cms.gov website within the next two weeks.

Thank you to those who submitted questions, comments, or concerns ahead of this morning's call.

I will now hand over the call to John Jackson.

- Since the changes are small, we simply added them to the existing errata documents for the current production specifications. Both errata documents have been posted on the usual CMS web pages. However, the IRF errata will be getting update...more on that later.
- LTCH: Errata Version 4.01.0 for Final Data Specifications V4.00.1, Issues 16-19
- IRF: Errata Version 5.01.0 for Final Data Specifications V5.00.1, Issues 17-19

LTCH changes:

- The dash (-) was still in the data specs as an allowed value for D0160, although it should never be used. It will be removed. This is a retroactive change, so if there is a correction to an assessment that somehow had the dash for D0160, the user will be forced to change the value.
- H0350 is not part of the LTCH APU table, and therefore, it will not get the payment reduction warning edit -3900.
- The complete edit -3958 was not shown in the Section GG Data Specification PDF. This was a formatting issue – the edit is correct in the Access database.
- New skip pattern (edit -4026) for items A2121 and A2123, based on discharge destination (A2105). As a result, the caret will be added as valid values for A2121 and A2123. Subedit a for both -3969 and -3970 will be updated to handle the caret.

IRF changes:

 New skip pattern for items A2121 and A2123, based on the discharge destination value (item 44D), defined by edit -5564. As a result, edit -5163 will be revised to remove subedit b.

- Note: There was a typo in the Resolution column: -3963 should be -5163, as you probably surmised!
- New skip pattern edit -5165 to determine entry of items when there is an unplanned discharge. **NOTE: After further review, this edit requires revision.** What we want is as follows: B1300 2, C0100 2, D0150A1 2, D0150B1 2, D0700 2, J0510 2 must be skipped:
 - If Discharge destination is coded as Short-term general hospital (02), OR LTCH (63) OR Inpatient Psych facility (65) OR CAH (66) OR Admission class (14) is coded as unplanned discharge (stay that lasts less than 3 calendar days because of an unplanned discharge (e.g., due to a medical complication)
 - OR the patient is discharged against medical advice (41 1; yes)
 - OR the patient is not discharged alive (44C = 0; no)
- Therefore, -5165 subedit a will be revised to replace the AND with an OR. Subedit b will be removed. Subedit c will become subedit b, since this edit has not yet been implemented.
- The -5165 change causes ripple effects:
 - B1300_2, C0100_2, D0150A1_2, D0150B1_2, D0700_2, J0510_2 must have caret as an allowed value.
 - Revisions to six edits, to handle the caret for the aforementioned items: -5147, -5092, -5094, -5109, -5154, -5111.
- 02 (Evaluation) will no longer be a valid value for item 14, as stated in the Guidance Manual.

IQIES Submission System and

iQIES will also continue to process records with a target date prior to October 1, 2023 (e.g., modifications), using the appropriate set of data specifications in effect for the target date of the submitted record.

The IRF VUT and LTCH VUT are targeted to be available for testing in August 2023.

If any changes to these dates change, a notification will be sent out.

Discussion of Submitted Q & A's......John Jackson, GDIT

Q1: My question is about the IRF-PAI data specifications for Brief Interview for Mental Status (BIMS) items C0400A, C0400B, and C0400C. Prior to IRF-PAI data specifications version 5.0, dashes could be submitted for those items without triggering consistency warning -5004, which states:

A dash (-) submitted in this item may result in a payment reduction for your facility of two percentage points for the applicable FY annual increase factor.

Starting with the version 5.0 data specifications on 10/1/2022, those three items were added to that edit. However, the guidelines in the IRF-PAI Training Manual that instruct clinicians to code a dash (-) for those items if the BIMS interview has to be stopped because the patient is providing nonsensical responses or no response at all, were not changed.

Will CMS consider removing items C0400A, C0400B, and C0400C from consistency warning -5004, as they were prior to IRF-PAI data specifications 5.0?

A1: CMS is aware of concerns brought forth by IRF providers as it relates to coding certain assessment items with a dash at admission and discharge. While we believe this to be an infrequent scenario, CMS will be very closely monitoring new assessment data submissions in this area from October 1, 2022. As always, we will continue to partner with IRF providers to address compliance matters on a case-bycase basis.

Q2: My questions are in regards to the IRF-PAI data specifications V5.01.0 Errata item #18 that defines a new skip pattern for unplanned discharges. Is it now CMS's position that, if a patient is discharged to one of the acute care settings listed in https://www.cms.gov/files/document/cms-qa-irf-pai-v40-unplanned-discharges-and-compliance-irf-qrp.pdf-0, that discharge is only counted as an unplanned discharge (and is therefore only eligible for the skip pattern for those discharge items) if the length of stay is fewer than 3 days? If that is not CMS's position: will this be corrected with an update to the errata, or an update to the IRF-PAI Training Manual, or both; and, what will that correction be?

A2: The team did not intend to only allow these items to be left blank for stays less than 3 days, and are recommending that the "AND" in edit -5165(a) be replaced with "OR" and to delete edit -5165(b) to eliminate any conflict/confusion with edit (a) so that the edit reads:

a. IF [(44D=[02, 63, 65, 66]) **OR** (14=[04])] OR (41=[1]) OR (44C=[0]), then the following items must equal [^]: B1300 2, C0100 2, D0150A1 2, D0150B1 2, D0700 2, J0510 2.

The errata will be revised for the IRF unplanned discharges. Thank you for your comment and please continue to monitor the website for any updates.

A1: It was pushed back to October 1, 2024 with the finalized IRF PPS final rule on last year. No changes related to that this year to the data specifications, just the IRF-PAI.

Closing Comments......Ellen Berry, CMS

Thank you for joining today's call. We appreciate the collaboration with our various partners to ensure successful implementation of various CMS assessment instruments, not only by CMS but also you through your product.

As always if you have any questions, comments or suggestions, please send them to the iQIES Help Desk mailbox at iQIES@cms.hhs.gov.

I would like to thank our speakers for today's call. John and Liz for an excellent job. Have a great rest of the week.

Important Resources

QTSO Website

https://qtso.cms.gov/

https://qtso.cms.gov/vendors/

https://qtso.cms.gov/vendors/inpatient-rehabilitation-facility-irf-pai-vendors

https://qtso.cms.gov/vendors/long-term-care-hospital-ltch-vendors

iQIES Website

https://igies.cms.gov/

https://iqies.cms.gov/vut

https://igies.cms.gov/known-issues

https://iqies.cms.gov/help

CMS.gov - IRF and LTCH Quality Reporting

IRF - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html

LTCH - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting

CMS.gov - IRF and LTCH Technical Information

IRF - https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Software

LTCH - https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/LTCH-Quality-Reporting/LTCH-Technical-Information

E-mail IRF and LTCH Technical Issues

IQIES@cms.hhs.gov

Listserv

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