

## CMS IRF-PAI and LTCH Software Developer/Vendor Call Minutes

Thursday, June 30, 2022

Time: 4:00 p.m. to 5:00 p.m. ET

Teleconference: Zoom: 1-833-568-8864

Meeting ID: 161 750 3573

<https://cms.zoomgov.com/j/1617503573?pwd=R1RiRXVpbmRZdnZZVVFIOE9aNU96dz09>

### Welcome..... Kimberlie Jasmin, CMS

- Welcome and thank you for joining the combined CMS IRF-PAI and LTCH Software Developer/Vendor Call. The purpose of this call is to provide information to software developers and vendors who are creating or have created software for Inpatient Rehabilitation Facility (IRF) and Long-Term Care Hospital (LTCH) providers.
- On this call, we will discuss the changes to the IRF-PAI and LTCH technical data submission specifications effective October 1, 2022, the CMG Grouper, the iQIES Submission System and the Validation Utility Tool (VUT).
- Please note that CMS policies related to the IRF-PAI item set and LTCH Data Care set (LCDS) are not the focus of the vendor calls.
- If time allows we will have an open Q & A session at the end of this call.
- I will now turn it over to John Jackson. John will provide some important information about the data submission specification updates.

### Data Submission Specification updates..... John Jackson, GDIT

- Versions:
  - LTCH **V4.00.2**, IRF-PAI **V5.00.2** – both to be implemented on 10/01/2022
  - Errata documents have been posted on the Technical Information web pages for each.
  - These are errata documents to the FINAL specifications.
- What's new? A whole lot!
  - Section A: Race (A1005), Ethnicity (A1010), Transportation (A1250, A2121-A2124)
    - NOTE: In the final specs, there are new options for A1005, A1010, and A1250 to answer "Patient declines to respond."
    - Therefore, the edits for these items changed significantly. Also, look at B1300 and D0700, which also added "Patient declines to respond" as a response option.
  - Section B: Hearing (B0200), Vision (B1000) and Health Literacy (B1300)
  - Section C: BIMS (C0100-C0500) and Delirium (C1310 items)
    - NEW to LTCH
    - Additional TIME POINT of collection of BIMS items for IRF (discharge)
    - **IRF:** Use existing XML tags for Section C admission BIMS items (do not add "\_1")
  - Section D: Mood items (D0150-D0160 items)
    - The edits for these items were revised substantially in the errata documents.
    - The revisions centered around handling of the "9" and dash responses, and how items are skipped.

- The Symptom Frequency items no longer have the dash [-] as a valid value.
- Please review the guidance manuals for this section to best understand the edit changes!
- Section GG: New Functional Mobility items (**LTCH only**) – (GG0170G, GG0170L-GG0170P)
- Section J: Pain items (J0510-J0530) – Timepoints: Admission & Discharge
- Section K: Nutritional Approaches (K0520 items) – Timepoints: Admission, 7-day, Discharge
- Section N: High-Risk Drug (N0415 items) – Timepoints: Admission & Discharge
  - Note the edit changes in the errata.
  - There are no forced response values when the dash [-] is used.
- Section O: Treatments, Therapies, Other (O0110 items) – Timepoints: Admission & Discharge
- Check the Item Change and Edit Change reports in the data specs, and then check the errata documents to make sure you have all the changes covered.

• **GENERAL REMINDER: If you want to see what items were deleted, look at the ITEM\_FILLER items in the Item Change Report.**

- Please continue to check the IRF and LTCH Technical Information pages in case there are any other updates. Also, please continue to report questions/issues to the help desks. Thanks to those of you that have been doing this!

**IRF CMG Grouper ..... Julie Perry, 3M**

- There is a minimal amount of changes for the IRF Grouper version 5.2. We have 15 new diagnosis codes that will be added to Tier 3 Comorbidity effective October 1, 2022 as follows:

Code	Code Title	Tier	RIC Exclusion
I71.010	Dissection of ascending aorta	3	05
I71.011	Dissection of aortic arch	3	05
I71.012	Dissection of descending thoracic aorta	3	05
I71.019	Dissection of thoracic aorta, unspecified	3	05
I71.10	Thoracic aortic aneurysm, ruptured, unspecified	3	05
I71.11	Aneurysm of the ascending aorta, ruptured	3	05
I71.12	Aneurysm of the aortic arch, ruptured	3	05
I71.13	Aneurysm of the descending thoracic aorta, ruptured	3	05
I71.30	Abdominal aortic aneurysm, ruptured, unspecified	3	05
I71.31	Pararenal abdominal aortic aneurysm, ruptured	3	05
I71.32	Juxtarenal abdominal aortic aneurysm, ruptured	3	05
I71.33	Infrarenal abdominal aortic aneurysm, ruptured	3	05
I71.50	Thoracoabdominal aortic aneurysm, ruptured, unspecified	3	05
I71.51	Supraceliac aneurysm of the abdominal aorta, ruptured	3	05
I71.52	Paravisceral aneurysm of the abdominal aorta, ruptured	3	05

**IQIES Submission System & Validation Utility Tool (VUT) updates..... Elizabeth Kowal, SemanticBits**

- The iQIES submission processing system and VUT will edit records with a target date on or after October 1, 2022 using version 4.00.1 of the LTCH data specifications along with the errata version 4.00.2 and version 5.00.1 of the IRF Data specifications along with its errata version 5.00.2 "as discussed by John on this call". With this release, iQIES will continue to edit records with a target date prior to October 1, 2022 using the appropriate set of data specifications in effect for the target date of the submitted record.
- No planned changes to the interfaces; access to the VUT remains the same.
- If any changes occur prior to 10/1/2022, a notice will be sent out.

**Discussion of Submitted Q & A's..... Kimberlie Jasmin, CMS**

- There were two questions submitted prior to the meeting. However, one of the questions will not be addressed on this call because CMS is still in review. I will include a confirmed response to the question on the meeting notes.
- This question was submitted on behalf of eRehabData, an IRF-PAI software vendor: I am reviewing the recently-published errata for both the IRF-PAI Training Manual and the IRF-PAI data specifications version 5.00.1 and have a question about a scenario that does not seem to be addressed in the manual or the data specifications. The training manual states:
  - If both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, end the PHQ interview; otherwise continue.
  - If both D0150A1 and D0150B1 are coded 9, leave D0150A2 and D0150B2 blank, then end the PHQ-2 and leave D0160, Total Severity Score blank.
  - If both D0150A2 and D0150B2 are coded 0 or 1 end the PHQ-2 and enter the total score from D0150A2 and D0150B2 in D0160, Total Severity Score.
  - For all other scenarios, proceed to ask the remaining seven questions (D0150C to D0150I) of the PHQ-9 and complete D0160, Total Severity Score.How should the Patient Mood Interview PHQ-2 to 9 be completed if one of D0150A1 or D0150B1 is 9, the other is 1, and either D0150A2 or D0150B2 is 0 or 1? According to the instructions on the IRF-PAI form itself, if neither D0150A2 or D0150B2 is 2 or 3, the interview should be ended, but according to the training manual, this falls under the "For all other scenarios" category.  
Does the PHQ-9 need to be completed when one of D0150A2 or D0150B2 is skipped (per the instructions when D0150A1 or D0150B1 is 9, respectively) and the other of D0150A2 or D0150B2 is 0 or 1?
- CMS response: At times CMS provides new or refined instruction that supersedes previously published guidance. In such cases, use the most recent guidance. In this instance the IRF-PAI Manual Version 4.0 Errata – Effective October 1, 2022 represents the most recent guidance.  
To answer both of your questions: The PHQ Interview is ended after D0150B when both D0150A1 and D0150B1 are coded 9 OR both D0150A2 and D0150B2 are coded 0 or 1. For all other scenarios proceed to ask the remaining 7 questions of the PHQ-9 and completed D0160 – Total Severity Score.

**Open Q and A Session..... Kimberlie Jasmin, CMS**

Q: In the IRF-PAI Data Specs Errata issues 11 and 12, remove subedit C from edit -5125 and -5126. It's not explicitly stated but I am assuming that if neither of the situations of subedit a or b apply, then N0415Z1\_1 and N0415Z1\_2 would need to be dashed. Is this a correct assumption?

For example if the documentation looked like the following:

N0415A1\_1 = [0]

N0415E1\_1 = [0]

N0415F1\_1 = [0]

N0415H1\_1 = [-]

N0415I1\_1 = [0]

N0415J1\_1 = [-]

Then N0415Z1\_1 would then need to equal [-]? (The edits don't seem to allow this item to be anything else) And there could be situations that allow for N0415Z1\_1 to be multiple valid responses.

Like in the following situation:

N0415A1\_1 = [0]

N0415E1\_1 = [1]

N0415F1\_1 = [0]

N0415H1\_1 = [-]

N0415I1\_1 = [0]

N0415J1\_1 = [-]

Then N0415Z1\_1 could be either [-] OR [0] since in this case subedit (b) would hold true and subedit (c) was removed?

A: The first scenario has to be dash for N0415Z1, since unchecked means that something else must be a 1 (checked). The second scenario should be 0 (unchecked) for N0415Z1, since something above it was checked.

Q: When should vendors expect to see the CMG updates and have access to the new Validation Utility tool (VUT)?

A: The CMG updates will not be ready for your review until the end of July. The VUT updates will be available sometime in September (not sure of the exact date) but should be prior to October 1, 2022.

Q: I have a similar question about the VUT. I guess a suggestion or comment that if it is closer to September, it would really be helpful to have that sooner, so we can validate our files.


A: Thank you for that suggestion, we will take it to the iQIES team and try to get it out sooner.

Q: I have a question about the edits for item D0160 both the admission and discharge item. On a previous vendor call from 2020, CMS had previously said that the dash would be removed as a valid item or a valid option for the item D0160. In most recent updates of the data specs, as well as in the raw data, it looks like the dash is still a valid value while the edits themselves do not actually allow for a dash to be coded in this item. Will that be cleared up in a future errata or is that something that CMS is aware of?

A: CMS agree that dash is not a valid value. The errata will be updated so that the dash [-] is no longer a valid response option for D0160 (admission and discharge).

Q: There is confusion about when we should submit dash as a response for the D0150 items as described in the IRF-PAI Errata version 5.00.2. For example, edits -5091, -5095 and -5108.

What if the clinician does not complete the D0150 items and there is no documentation, should vendors submit the Symptom Presence items as dash [-] and the Symptom frequency items as skip [^]?



A: CMS confirmed in this scenario that the vendor should submit dash as a valid response for the Symptom Presence items and submit skip values as a valid response for the Symptom Frequency items.

**Closing Comments ..... Kimberlie Jasmin, CMS**

- If you think of questions later after the call, please send them to our CMS mailbox at [iQIES@cms.hhs.gov](mailto:iQIES@cms.hhs.gov). Please note important resources listed at the bottom of the agenda. The meeting minutes from this call will be posted on the QTSO Vendor Page on the following week. Thanks to our speakers today and thank you for calling in to stay updated on the future changes to the IRF and LTCH Care Quality Reporting programs.

## 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://iqies.cms.gov/>

<https://iqies.cms.gov/vut>

<https://iqies.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](mailto:IQIES@cms.hhs.gov)

### Listserv

<https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums>

<https://qtso.cms.gov/news-and-updates/subscribe-new-cms-iqies-listserv>