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Special Bulletin

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CMS Releases FY 2022 IRF PPS Proposed Rule

The Centers for Medicare & Medicaid Services (CMS) April 7 issued its fiscal year (FY) 2022 proposed rule for the inpatient rehabilitation facility (IRF) prospective payment system (PPS).

AHA Take: This brief rule sets forth required payment updates and modest changes to the IRF Quality Reporting Program (QRP). We appreciate CMS' streamlined rule, which gives providers greater stability as they continue to focus on responding to the COVID-19 emergency.

Highlights from the rule follow.

Key Takeaways

The proposed rule would:

- Increase IRF payments by 1.8% ($160 million) in FY 2022.
- Alter the IRF QRP by proposing a new measure, a change related to data affected by COVID-19 reporting exemptions, and other changes.
- Request information on possibly collecting data on digital quality and health equity.

Proposed FY 2022 Payment Update

CMS proposes to increase net payments to IRFs by 1.8% ($160 million) in FY 2022 relative to FY 2021. This includes a 2.4% market-basket update, offset by a statutorily-mandated cut of 0.2 percentage points for productivity, as well as a 0.3 percentage point reduction to maintain outlier payments at 3.0% of total payments, as required by law.

IRF Quality Reporting Program (QRP)

COVID-19 Vaccination among Health Care Personnel (HCP) Measure. CMS proposes to adopt one new measure beginning with the FY 2023 QRP. The measure, also proposed in all other clinical settings, would assess the rate of COVID-19 vaccination among HCP. It would evaluate the cumulative number of HCP eligible to work in the IRF for at least one day during the reporting period who received a complete vaccination course; it would exclude persons with contraindications to COVID-19 vaccination as described by the Centers for Disease Control and Prevention (CDC). IRFs would submit data through the CDC National Healthcare Safety Network submission framework, which IRFs currently use to report other measures. IRFs would submit this data for at least one week each month, and the CDC would calculate a summary measure of the data each quarter. This rate would be publicly reported on the IRF *Care Compare* website.

The measure is not endorsed by the National Quality Forum (NQF) and has not been submitted to the NQF for consideration, although it was reviewed by the NQF's Measure

Applications Partnership in this most recent cycle. Despite the lack of testing or development of this measure, CMS stated that it considered it necessary to propose the measure as soon as possible "given the novel nature of the SARS-CoV-2 virus, and the significant and immediate risk it poses in IRFs." If finalized, IRFs would be required to submit data beginning Oct. 1, 2021, and performance would be publicly reported beginning with the September 2022 *Care Compare* refresh.

Other IRF QRP Proposals. CMS proposes to update the denominator of the Transfer of Health Information to the Patient (TOH-Patient) measure to exclude patients discharged to their homes under the care of a home health agency or hospice. This measure, first adopted in the FY 2020 IRF PPS final rule to begin reporting with the FY 2022 IRF QRP, evaluates the timely transfer of a medication list to the patient, family, and/or caregiver at the time of discharge to the home, board and care home, assisted living, group home, transitional living, home under the care of a home health agency or hospice. A similar measure, Transfer of Health Information to the Provider, was adopted in the same rule and assesses whether the medication list was transferred to a subsequent facility. However, both measures count patients discharged to the home under the care of a home health agency or hospice; to avoid counting the patient in both measures, CMS would remove these patients from the denominator of the TOH-Patient measure.

Finally, CMS offers a few proposals regarding publicly reported data affected by COVID-19 reporting exemptions. In March 2020, CMS issued guidance granting an exception to the IRF QRP reporting requirements from the last quarter of 2019 through the second quarter of 2020, stating that the agency would not publicly report any IRF QRP data that might be greatly impacted by the exceptions from the first two quarters of 2020. In addition, CMS determined that freezing the data displayed on the *Care Compare* website — that is, holding the data constant after the December 2020 refresh without update — would be the best way to account for exempted data reporting. However, these data are increasingly out-of-date and less useful; therefore, CMS proposes to calculate assessment-based measures using data from Q2 through Q4 of 2019 and claims-based measures using Q1-Q4 of 2018 and Q3 through Q4 of 2019 for the December 2021 *Care Compare* refresh.

Request for Information—Fast Healthcare Interoperability Resource (FHIR). CMS seeks feedback on the agency's future plans to adopt a standardized definition of "digital quality measures" and on the potential use of FHIR. FHIR is a free and open source standards framework that establishes a common language and process for all health information technology.

Request for Information—Health Equity. CMS seeks comment on the possibility of revising measure development and the collection of standardized patient assessment data elements (SPADEs) that address gaps in health equity. Specifically, the agency invites public comment on recommendations for quality measures or measurement domains that address health equity, ways to reduce disparities and improve patient outcomes, and the challenges to capture and use relevant health data for improving health equity.

NEXT STEPS

CMS will accept comments on the IRF proposed rule through June 7. AHA's IRF members will receive an invitation for a call to discuss the rule and inform AHA's comments. Please contact Rochelle Archuleta, AHA director of policy, at rarchuleta@aha.org with any questions.