



# **CMS National Dry Run Summary: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities**

Special Open Door Forum  
December 10, 2015  
12:30-1:30 PM ET

- The purpose of this special open door forum is to:
- Provide a summary of the dry run for the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (IRFs)
  - Present responses to frequently asked questions
  - Respond to any additional questions or comments
  - Discuss next steps

# Agenda

- Introductions and roles
- Background and implementation
- Dry run overview
- Facility dry run report layout
- Contacts and additional resources
- FAQs
- Additional Questions

# Introductions and Roles

- Centers for Medicare & Medicaid Services (CMS)
- RTI International, Measure Development Contractor

# Background and Plans for Implementation

- CMS contracted with RTI International to develop the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities
- This measure was endorsed by the National Quality Forum in December 2014 (NQF #2502)
- The NQF-endorsed measure was adopted into the IRF Quality Reporting Program in the FY 2016 IRF PPS Final Rule (80 FR 47087 through 47089)
- CMS conducted a dry run of this measure from November 3<sup>rd</sup> to December 3<sup>rd</sup>
- Public reporting will begin October 1, 2016

# Dry Run Overview: Definition & Purpose

- *Dry run* refers to calculation of provider performance using real data that will be shared with providers, but not used for public reporting.
- The purpose of the dry run is to:
  - Educate IRFs about measure in advance of public reporting
  - Provide IRFs with results and data
  - Help IRFs interpret results and data
  - Allow IRFs to ask questions
  - Test CMS processes for dissemination of measure information
  - Receive feedback on processes and measure information from the community

# Dry Run Overview: Components

- 1) **Facility-level results for the measure:** The facility dry run reports were made available during the November 3<sup>rd</sup> to December 3<sup>rd</sup> dry run. CMS worked with facilities during this dry run to help them understand this measure and their data, and to respond to provider questions. Note: These reports will continue to be available.
  
  - 2) **National Provider Calls:** Two national provider calls—before dry run (10/20/15) and after (12/10/15)
- **Questions and Answers:** via email at [IRF.questions@CMS.hhs.gov](mailto:IRF.questions@CMS.hhs.gov)

# Dry Run Overview: Results

- These performance data will not be publicly reported by CMS. They are intended solely for the education and information of the provider community and CMS.
- The dry run measure results were presented using data from calendar years 2012-2013.
- Note: Data from calendar years 2013-2014 will be used when public reporting begins (October 1, 2016).



# Facility Dry Run Report Layout

- Facility Dry Run Report Sections
  - Introduction and background
  - Section 1: Overview and Methodology
  - Section 2: Measure Results – Your facility's measure results, including:
    - Your facility's rate estimate and confidence interval
    - Your performance category (no different, better than, worse than the US national rate)
  - Appendix: Technical Terms in the Facility-Specific Report

# Contacts & Additional Resources

- For detailed specifications for this measure, please visit the [National Quality Forum](#) and download specifications for NQF #2502.
- If you have questions about your facility-specific report or the All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from IRFs, please submit them to:

[IRF.questions@CMS.hhs.gov](mailto:IRF.questions@CMS.hhs.gov)

# Frequently Asked Questions

# How can I access the slides from the October Special Open Door Forum?

- The slides from the 10/20/15 CMS National Dry Run: All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities SODF are available at the following webpage:
- <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF-SODF-Presentation-CMS-National-Dry-Run-October-20-2015-edit-11-15.pdf>

# What data are used to calculate this measure?

- The All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities is based on Medicare claims (i.e. IRF and hospital bills) and enrollment data.
- IRFs are not required to submit any additional data of a non-routine nature for the purpose of this measure. Therefore, there is no additional data collection or reporting burden associated with this measure.

# When will this measure be publicly reported?

- Public reporting on this measure begins  
October 1, 2016.

# Will my facility receive a dry run report?

- The dry run for this measure was based on Medicare claims data from calendar years 2012-2013.
- Dry run reports were made available for all IRFs open during this time.
- If your facility is new and opened after 2013, we were not able to produce a dry run facility report.

# How can I access my IRF dry run report?

- You can access your facility's dry run in the CASPER Reporting Application.
- Please email us for step-by-step instructions on how to access your report.

[IRF.questions@CMS.hhs.gov](mailto:IRF.questions@CMS.hhs.gov)



# How can my facility track discharges to determine if a patient was readmitted?

- CMS supports the intent to seek information that will drive improved quality; however, we are currently unable to provide information pertaining to a patient's readmission episode. As part of their quality improvement and care coordination efforts, IRFs are encouraged to monitor hospital readmissions and follow up with patients post-discharge.
- At this time this measure will not provide specific information at the patient level. CMS is looking into the ability to share more detailed information as part of the provider preview reports associated with public reporting beginning October 1, 2016.

# Who will be receiving the dry run report? Can corporate obtain reports for all affiliated IRFs?

- Reports uploaded into CASPER are accessible only to the person(s) designated to receive them.
- There is currently no mechanism for a single person to receive dry run reports for multiple IRFs.

# How does this readmission measure differ from the PEPPER readmission measure?

- Both measures count readmissions within 30 days of discharge from IRF.
- This measure is a risk-adjusted, all-cause unplanned readmission measure; the PEPPER measure is an observed, all-cause readmission measure.
- This measure is based on 2 years of data (CY 2012-2013); the PEPPER measure is based on data from three 12-month time periods (FY 2012, FY 2013, FY 2014) and results are presented for each time period.

# CASPER vs. QualityNet

Having different programs receiving different claims-based reports via different website makes it difficult to track for hospitals. Is there some way to standardize the location for all programs?

- Although other quality reporting programs use Quality Net, IRFs and other post acute care settings are required by statute to use CASPER to provide reports.

# How do I get a list of the IRF procedures that constitute planned admissions?

- This measure uses a modified version of the CMS Planned Readmission Algorithm and includes additional ICD-9 procedure codes developed with input from the technical experts, clinical review, and assistance from an ICD-9 coding consultant.
- The CMS Planned Readmission Algorithm version 3.0 is available at the following website:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/HospitalQualityInits/Measure-Methodology.html>
- The additional planned procedures identified for PAC is available as Appendix A5 on the NQF website:  
Please visit the [National Quality Forum](#) and download specifications for NQF #2502.

# Please confirm that my understanding is correct with the following two example scenarios:

- Scenario 1: Patient is transferred from IRF to acute care hospital, LTCH and/or IRF → patient is excluded from the 30-day readmission measure
  - *This is correct.*
- Scenario 2: Patient is discharged from IRF to home and on day 20 is admitted to either acute care hospital, LTCH or IRF → patient is included in the 30-day readmission measure
  - *This is correct, except that only hospital readmissions to acute care hospitals or long-term care hospitals are counted. Readmissions back to an IRF are not counted.*

**Additional Questions?**