



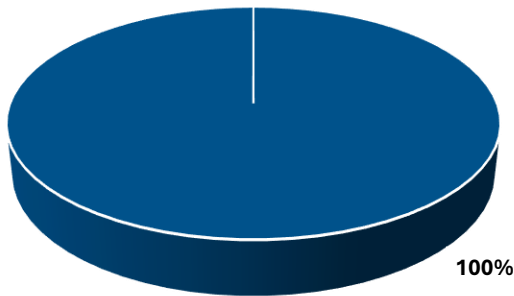
Review Choice Demonstration for Inpatient Rehabilitation Facility Services (IRF RCD) Quarterly Updates

Fiscal Year 2024 (Oct 2023 – Sept 2024)

The IRF RCD improves procedures for identifying, investigating, and prosecuting potential Medicare fraud. The program, which is currently implemented in Alabama and Pennsylvania —helps ensure that payments for IRF services are appropriate. Under this demonstration the IRFs choose how they demonstrate their compliance with Medicare requirements. Initially, they may participate in either 100 percent pre-claim review or 100 percent postpayment review. IRFs demonstrating compliance with Medicare requirements through their pre-claim review affirmation rate, or postpayment review approval rate will have additional review choices to select from.

In an effort to reduce provider burden, this demonstration does not change any medical necessity or documentation requirements. It improves provider compliance with Medicare program rules, does not alter the Medicare IRF benefit, and should not delay care to Medicare beneficiaries. This demonstration protects our programs' sustainability for future generations by serving as a responsible steward of public funds.

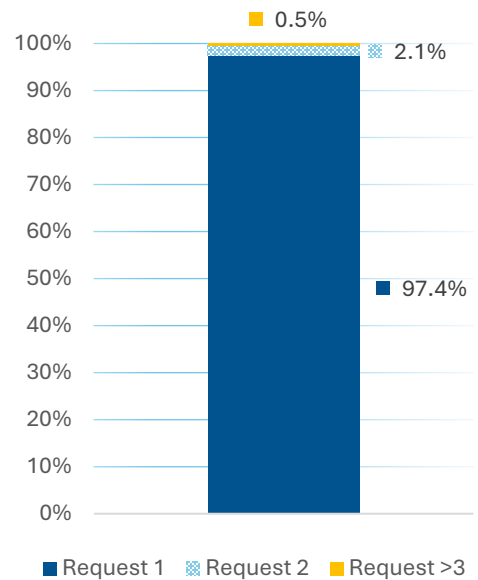
Providers in Each Choice



- Choice 1: Pre-Claim Review
- Choice 2: Post-Payment Review
- Choice 3: Selective Review
- Choice 4: Spot Check

Review Cycle	
Alabama	1

Number of Pre-Claim Review Submissions to Achieve an Affirmation

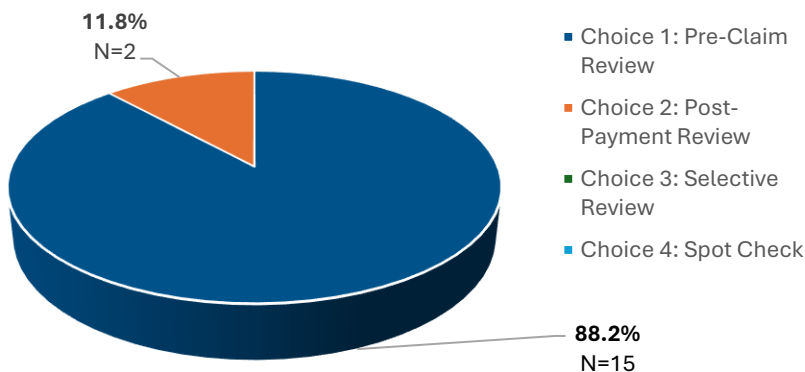


Prepayment and Postpayment Reviews	
Claims Reviewed	0
Claims Approved	0
Claims Denied	0
Claim Approval Rate	N/A

Top 3 Reasons for Non-Affirmation
The documentation does not support the beneficiary required supervision by a rehabilitation physician.
The documentation does not support the patient is sufficiently stable at the time of admission to the IRF to be able to actively participate in and benefit significantly from the intensive rehabilitation therapy program.
Documentation does not support that therapy services began within thirty-six hours from midnight of the day of admission to the IRF.

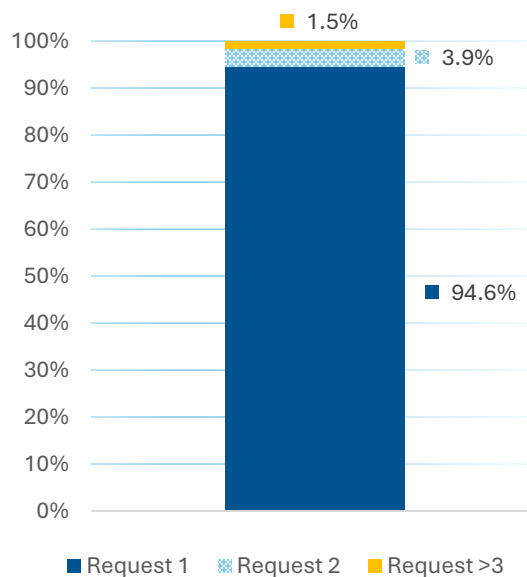
Pre-Claim Reviews	
Initial Requests Reviewed	2,180
Resubmitted Requests Reviewed	170
Requests Provisionally Affirmed	1,873
Requests Non-Affirmed	454
Provisional Affirmation Rate	86%

Providers in Each Choice



Review Cycle	
Alabama	2

Number of Pre-Claim Review Submissions to Achieve an Affirmation

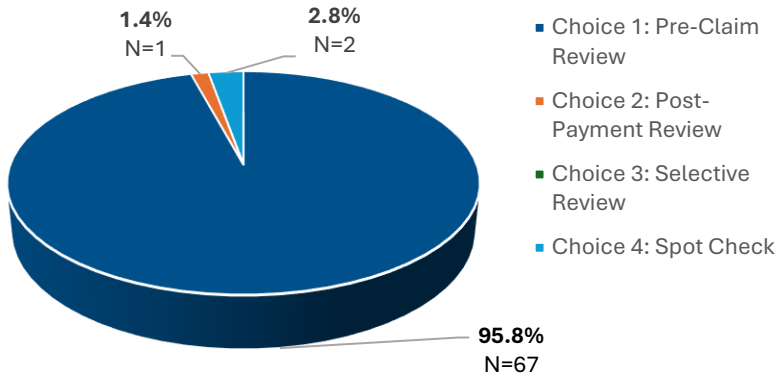


Prepayment and Postpayment Reviews	
Claims Reviewed	0
Claims Approved	0
Claims Denied	0
Claim Approval Rate	N/A

Top 3 Reasons for Non-Affirmation
The documentation does not support the beneficiary required supervision by a rehabilitation physician.
The documentation does not support the patient is sufficiently stable at the time of admission to the IRF to be able to actively participate in and benefit significantly from the intensive rehabilitation therapy program.
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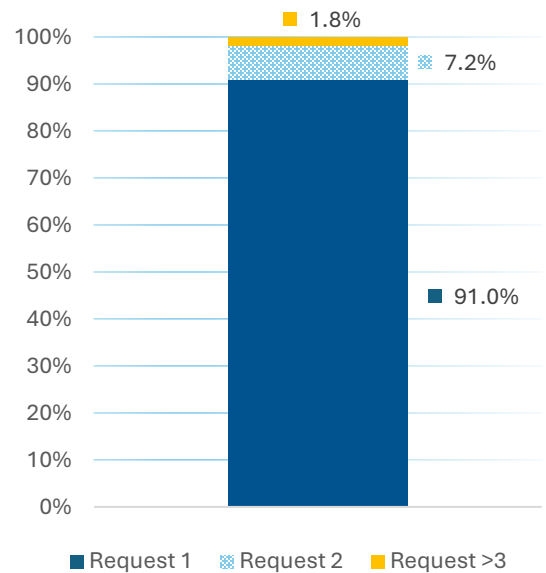
Pre-Claim Reviews	
Initial Requests Reviewed	2,152
Resubmitted Requests Reviewed	230
Requests Provisionally Affirmed	1,895
Requests Non-Affirmed	454
Provisional Affirmation Rate	88%

Providers in Each Choice



Review Cycle	
Alabama	2
Pennsylvania	1

Number of Pre-Claim Review Submissions to Achieve an Affirmation

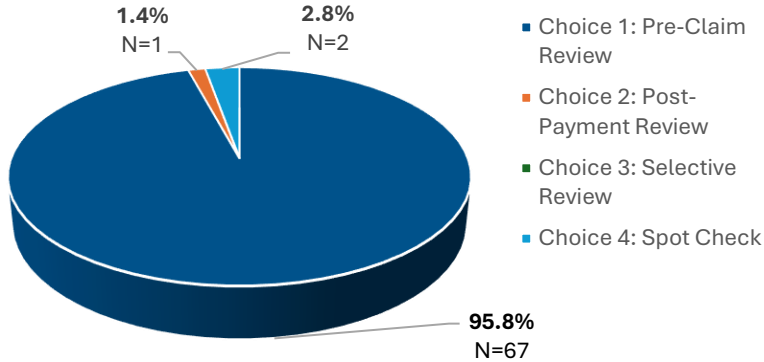


Prepayment and Postpayment Reviews	
Claims Reviewed	82
Claims Approved	77
Claims Denied	5
Claim Approval Rate	94%

Top 3 Reasons for Non-Affirmation
The documentation does not support the beneficiary required supervision by a rehabilitation physician.
The documentation does not support that upon admission to the IRF the patient generally required the intensive rehabilitation therapy services that are uniquely provided in IRFs.
The documentation does not support the patient is sufficiently stable at the time of admission to the IRF to be able to actively participate in and benefit significantly from the intensive rehabilitation therapy program.

Pre-Claim Reviews	
Initial Requests Reviewed	2,153
Resubmitted Requests Reviewed	488
Requests Provisionally Affirmed	1,771
Requests Non-Affirmed	864
Provisional Affirmation Rate	82%

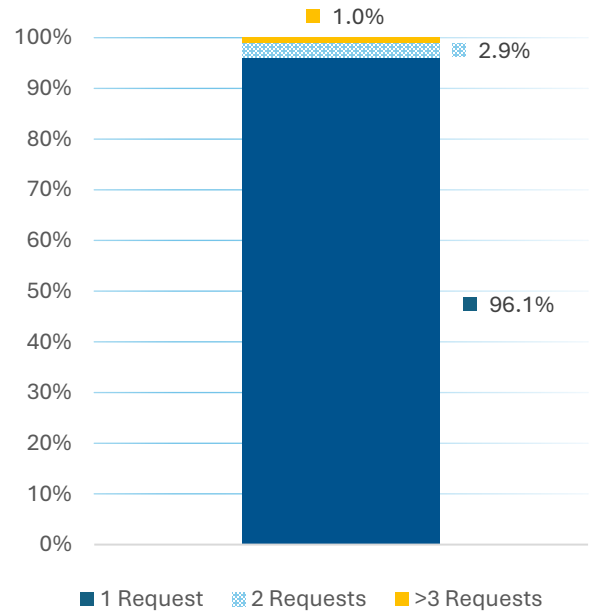
Providers in Each Choice



Review Cycle	
Alabama	2
Pennsylvania	1

Prepayment and Postpayment Reviews	
Claims Reviewed	143
Claims Approved	125
Claims Denied	16
Claim Approval Rate	87%

Number of Pre-Claim Review Submissions to Achieve an Affirmation



Top 3 Reasons for Non-Affirmation
The documentation does not support the beneficiary required supervision by a rehabilitation physician.
The documentation does not support the patient is sufficiently stable at the time of admission to the IRF to be able to actively participate in and benefit significantly from the intensive rehabilitation therapy program.
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Pre-Claim Reviews	
Initial Requests Reviewed	5,557
Resubmitted Requests Reviewed	711
Requests Provisionally Affirmed	5,079
Requests Non-Affirmed	1,188
Provisional Affirmation Rate	91%

Choice 1: Pre-Claim Review

A request for provisional affirmation of coverage submitted to the MAC for review before a final claim is submitted for payment. The provider can begin or complete services before submitting the request.

Choice 2: Postpayment Review

The MAC reviews every claim that has received payment from Medicare.

Choice 3: Selective Postpayment Review

The MAC reviews a statistically valid percentage of claims (based upon the previous six months of claim volume) that have received payment from Medicare.

Choice 4: Spot Check Prepayment Review

The MAC reviews a 5% sample of an IRF's submitted claims (based upon the previous six months of claim volume) before they are paid.

Medicare Administrative Contractor (MAC)

A private health care insurer that has been awarded a geographic jurisdiction to process claims for Medicare Fee-For-Service beneficiaries. CMS relies on a network of MACs to serve as the primary operational contact between Medicare and the health care providers enrolled in the program.

Number of Claims Reviewed

The number of claims that underwent prepayment or postpayment review through Choices 2, 3, or 4.

Number of Claims Approved

The number of claims that underwent prepayment or postpayment review through Choices 2, 3, or 4 and were found to be payable.

Number of Claims Denied

The number of claims that underwent prepayment or postpayment review through Choices 2, 3, or 4 and were found to be not payable.

Claim Approval Rate

The number of payable claims divided by the total number claims reviewed through Choices 2, 3, or 4.

Initial Requests Reviewed

The number of initial pre-claim review requests submitted to the MAC and either provisionally affirmed or non-affirmed.

Resubmitted Requests Reviewed

The number of resubmitted pre-claim review requests submitted to the MAC and either provisionally affirmed or non-affirmed.

Requests Provisionally Affirmed

The number of pre-claim review requests (whether initial or resubmitted) that received a provisional affirmation decision. A provisional affirmation decision is a preliminary finding that a future claim submitted to Medicare for the service likely meets Medicare's coverage, coding, and payment requirements.

Requests Non-Affirmed

The number of pre-claim review requests (whether initial or resubmitted) that received a non-affirmation decision. A non-affirmation decision is a preliminary finding that a future claim submitted to Medicare for the service does not meet Medicare's coverage, coding, and payment requirements.

Provisional Affirmation Rate

The number of provisionally affirmed pre-claim review requests (whether initial or resubmitted) divided by the total number of initial pre-claim review requests received.