



Inpatient Rehabilitation Facility PEPPER Review Webinar Questions and Answers

Apr. 18, 2019

Q: In the “STACH Admissions following IRF Discharge” target area, are the short-term acute care hospital (STACH) admissions planned and unplanned? With the low number of cases seen that are at risk for unnecessary admission, will that measure be changing or be removed?

A: The “STACH Admissions following IRF Discharge” target area doesn't consider planned versus unplanned admissions to the STACH. The numerator represents the count of discharges where the beneficiary (identified using the Health Insurance Claim number) was discharged from the inpatient rehabilitation facility (IRF) during the 12-month time period and admitted to a STACH within 30 days of discharge from the IRF; excluding 1) transfers to a STACH, a long-term acute care hospital, or an IRF within one day of discharge as evidenced by a subsequent claim and 2) patient discharge status codes 07 (left against medical advice) and 20 (expired). At this time, there are no plans to revise this target area; however, all target areas are assessed on an annual basis and any changes are determined in coordination with the Centers for Medicare & Medicaid Services (CMS).

Q: What do you suggest we look for when we are high in the “Outlier Payments” target area?

A: If a provider is a high outlier (at/above the national 80th percentile) for the “Outlier Payments” target area, an IRF may consider reviewing discharges where there was an outlier payment to ensure that the care was medically necessary and that the claim was correctly submitted, or an IRF may consider looking at the length of stay to ensure that continued stay was necessary. In addition, the cost-to-charge ratio, as submitted in your IRF’s annual cost report, can have an impact on outlier payments; it may be a good idea to make sure that the cost-to-charge ratio is correct.

Q: On the “ALOS by CMG Tier and Discharge Destination” report, what does "Other" refer to in Discharge Destination?

A: The “Other” category includes all other patient discharge status codes not included in one of the other four categories included on the report:

- Home: Discharge to home (01), Discharge to home w/ planned readmission (81)

- Transfer to ST: Discharged/transferred to ST hospital (02), Discharged/transferred to LT (63), Discharged/transferred to ST w/ planned readmission (82), Discharged/transferred to LT w/ planned readmission (91)
- Transfer to SNF: Discharged/transferred to SNF (03), Discharged/transferred to swing bed (61), Discharged/transferred to SNF w/ planned readmission (83), Discharged/transferred to swing bed w/ planned readmission (89)
- Home with Home Health: Discharged/transferred to home care of HHA (06), Discharged/transferred to home care of HHA w/ planned readmission (86)

For more information regarding patient discharge status codes, please see this CMS MLN Article: <https://www.cms.gov/medicare/medicare-contracting/contractorlearningresources/downloads/ja0801.pdf>