



WASHINGTON

perspectives

***An Analysis and Commentary on Federal Health Care Issues
by Larry Goldberg***

July 30, 2021

CMS Finalizes Inpatient Rehabilitation Facility FY 2022 PPS Update



The Centers for Medicare and Medicaid Services (CMS) have released a final rule to update the Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) for FY 2022.

As required by section 1886(j)(5) of the Act, this final rule includes the classification and weighting factors for the IRF PPS’s case-mix groups (CMGs) and a description of the methodologies and data used in computing the prospective payment rates for FY 2022.

The rule adds one new measure to the IRF QRP and modifies the denominator for another measure currently under the IRF QRP beginning with the FY 2023 IRF QRP. In addition, this final rule modifies the number of quarters used for publicly reporting certain IRF QRP measures due to the public health emergency (PHE). I

The 171-page document is scheduled for publication in the ***Federal Register*** on August 4. A copy is currently available at: <https://public-inspection.federalregister.gov/2021-16310.pdf>.

Comment

CMS provides the following cost analysis of the rule.

Provision Description	Transfers/Costs
FY 2022 IRF PPS payment rate update	The overall economic impact of this final rule is an estimated \$130 million in increased payments from the Federal Government to IRFs during FY 2022.
FY 2022 IRF QRP changes	The overall economic impact of this final rule is an estimated increase in cost to IRFs of \$503,100.00 beginning with 2022.
DMEPOS Complex Power Wheelchair Accessories	The overall economic impact of this final rule is an estimated \$130 million in increased payments from the Federal Government to DME suppliers from FY 2022 to FY 2026.
DMEPOS Complex Manual Wheelchair	The overall economic impact of this final rule is an estimated \$40 million in increased payments from the Federal Government to DME suppliers from FY 2022 to FY 2026

Note, (1) The new increase in payments is \$130 million, down from the proposed amount of \$160 million.

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larry004b@gmail.com**

- (2) Adding changes to the IRF quality reporting system will cost hospitals \$503 million.
- (3) CMS is piggybacking on this rule regarding DME items from 2018.

Of course, another rule and no table of contents.

Update to the Case-Mix Group (CMG) Relative Weights and Average Length of Stay (ALOS) Values for FY 2022

The table below contains the "Final Relative Weights and Average Length of Stay Values for Case-Mix Groups."

Relative Weights and Average Length of Stay Values for Case-Mix Groups

CMG	CMG Description (M=motor, A=age)	Relative Weight				Average Length of Stay			
		Tier 1	Tier 2	Tier 3	No Comorbidity Tier	Tier1	Tier 2	Tier3	No Comorbidity Tier
0101	Stroke M >=72.50	0.9741	0.8649	0.7846	0.7481	9	10	9	9
0102	Stroke M >=63.50 and M <72.50	1.2657	1.1238	1.0194	0.9720	12	12	11	11
0103	Stroke M >=50.50 and M <63.50	1.6201	1.4385	1.3049	1.2442	14	15	14	14
0104	Stroke M >=41.50 and M <50.50	2.0824	1.8489	1.6773	1.5993	18	19	18	18
0105	Stroke M <41.50 and A >=84.50	2.4437	2.1697	1.9683	1.8768	22	23	21	20
0106	Stroke M <41.50 and A <84.50	2.8656	2.5444	2.3082	2.2008	26	26	24	23
0201	Traumatic brain injury M >=73.50	1.0720	0.8842	0.8033	0.7549	11	12	9	9
0202	Traumatic brain injury M >=61.50 andM <73.50	1.3914	1.1477	1.0427	0.9799	13	13	12	11
0203	Traumatic brain injury M >=49.50 andM <61.50	1.7032	1.4048	1.2763	1.1994	14	15	14	13
0204	Traumatic brain injury M >=35.50 andM <49.50	2.0405	1.6830	1.5291	1.4370	18	18	16	16
0205	Traumatic brain injury M <35.50	2.6440	2.1808	1.9812	1.8619	28	23	20	19
0301	Non-traumatic brain injury M >=65.50	1.2322	0.9699	0.8979	0.8465	11	10	10	10
0302	Non-traumatic brain injury M >=52.50and M <65.50	1.5841	1.2469	1.1543	1.0883	13	13	12	12
0303	Non-traumatic brain injury M >=42.50and M <52.50	1.8983	1.4943	1.3833	1.3042	16	15	14	14
0304	Non-traumatic brain injury M <42.50and A >=78.50	2.1743	1.7115	1.5844	1.4938	19	18	16	16
0305	Non-traumatic brain injury M <42.50and A <78.50	2.3954	1.8856	1.7456	1.6457	21	20	17	17
0401	Traumatic spinal cord injury M >=56.50	1.4043	1.1100	1.0628	0.9638	13	12	12	11
0402	Traumatic spinal cord injury M >=47.50 and M <56.50	1.8739	1.4811	1.4182	1.2861	18	16	14	15
0403	Traumatic spinal cord injury M >=41.50 and M <47.50	2.1673	1.7130	1.6402	1.4875	19	18	17	17
0404	Traumatic spinal cord injury M <31.50and A <61.50	3.3567	2.6531	2.5403	2.3037	36	30	25	22
0405	Traumatic spinal cord injury M >=31.50 and M <41.50	2.7525	2.1756	2.0831	1.8891	25	22	22	20

CMG	CMG Description (M=motor, A=age)	Relative Weight				Average Length of Stay			
		Tier 1	Tier 2	Tier 3	No Comorbidity Tier	Tier1	Tier 2	Tier3	No Comorbidity Tier
0406	Traumatic spinal cord injury M >=24.50 and M <31.50 and A >=61.50	3.6825	2.9106	2.7869	2.5273	34	30	30	26
0407	Traumatic spinal cord injury M <24.50 and A >=61.50	4.6790	3.6982	3.5410	3.2113	49	37	34	36
0501	Non-traumatic spinal cord injury M >=60.50	1.3110	0.9874	0.9279	0.8476	11	11	10	10
0502	Non-traumatic spinal cord injury M >=53.50 and M <60.50	1.6517	1.2439	1.1691	1.0678	15	13	13	12
0503	Non-traumatic spinal cord injury M >=48.50 and M <53.50	1.8945	1.4268	1.3409	1.2248	16	15	14	14
0504	Non-traumatic spinal cord injury M >=39.50 and M <48.50	2.2349	1.6831	1.5818	1.4448	20	17	17	16
0505	Non-traumatic spinal cord injury M <39.50	3.1292	2.3566	2.2148	2.0230	28	24	23	21
0601	Neurological M >=64.50	1.3639	1.0311	0.9648	0.8616	11	11	10	10
0602	Neurological M >=52.50 and M <64.50	1.6723	1.2642	1.1829	1.0563	13	13	12	12
0603	Neurological M >=43.50 and M <52.50	1.9892	1.5038	1.4071	1.2565	16	15	14	14
0604	Neurological M <43.50	2.4216	1.8306	1.7129	1.5297	20	18	17	16
0701	Fracture of lower extremity M >=61.50	1.1983	0.9559	0.9162	0.8354	11	11	10	10
0702	Fracture of lower extremity M >=52.50 and M <61.50	1.5211	1.2134	1.1630	1.0605	13	13	13	12
0703	Fracture of lower extremity M >=41.50 and M <52.50	1.8607	1.4844	1.4227	1.2973	16	16	15	14
0704	Fracture of lower extremity M <41.50	2.2462	1.7918	1.7173	1.5660	18	18	18	17
0801	Replacement of lower-extremity joint M >=63.50	1.1454	0.8842	0.8163	0.7612	11	10	9	9
0802	Replacement of lower-extremity joint M >=57.50 and M <63.50	1.3402	1.0345	0.9551	0.8907	11	11	10	10
0803	Replacement of lower-extremity joint M >=51.50 and M <57.50	1.5058	1.1624	1.0732	1.0007	13	13	12	11
0804	Replacement of lower-extremity joint M >=42.50 and M <51.50	1.7026	1.3143	1.2134	1.1315	15	14	13	12
0805	Replacement of lower-extremity joint M <42.50	2.1052	1.6251	1.5003	1.3991	17	16	16	15
0901	Other orthopedic M >=63.50	1.2474	0.9589	0.8979	0.8143	11	11	10	9
0902	Other orthopedic M >=51.50 and M <63.50	1.5739	1.2099	1.1329	1.0274	13	13	12	12
0903	Other orthopedic M >=44.50 and M <51.50	1.8513	1.4232	1.3325	1.2085	15	15	14	13
0904	Other orthopedic M <44.5	2.1697	1.6679	1.5617	1.4164	18	17	16	15
1001	Amputation lower extremity M >=64.50	1.2459	1.0582	0.9377	0.8663	12	12	10	10
1002	Amputation lower extremity M >=55.50 and M <64.50	1.5267	1.2966	1.1490	1.0616	14	14	13	12
1003	Amputation lower extremity M >=47.50 and M <55.50	1.8234	1.5486	1.3723	1.2678	15	17	15	14
1004	Amputation lower extremity M <47.50	2.2745	1.9317	1.7118	1.5815	19	19	18	17

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Larry004b@gmail.com

CMG	CMG Description (M=motor, A=age)	Relative Weight				Average Length of Stay			
		Tier 1	Tier 2	Tier 3	No Comorbidity Tier	Tier1	Tier 2	Tier3	No Comorbidity Tier
1101	Amputation non-lower extremity M >=58.50	1.3521	1.1226	1.0535	0.8753	13	12	11	10
1102	Amputation non-lower extremity M >=52.50 and M <58.50	1.6736	1.3896	1.3040	1.0834	14	13	14	10
1103	Amputation non-lower extremity M <52.50	1.9117	1.5873	1.4896	1.2375	16	16	15	14
1201	Osteoarthritis M >=61.50	1.4828	0.9160	0.9160	0.8199	12	10	10	10
1202	Osteoarthritis M >=49.50 and M <61.50	1.9197	1.1859	1.1859	1.0614	15	12	13	12
1203	Osteoarthritis M <49.50 and A >=74.50	2.3223	1.4346	1.4346	1.2840	17	16	16	14
1204	Osteoarthritis M <49.50 and A <74.50	2.4163	1.4927	1.4927	1.3360	17	14	16	14
1301	Rheumatoid other arthritis M >=62.50	1.2075	1.0436	0.8887	0.8225	10	12	9	10
1302	Rheumatoid other arthritis M >=51.50 and M <62.50	1.5071	1.3025	1.1092	1.0265	12	12	12	11
1303	Rheumatoid other arthritis M >=44.50 and M <51.50 and A >=64.50	1.8204	1.5733	1.3398	1.2399	14	16	14	13
1304	Rheumatoid other arthritis M <44.50 and A >=64.50	2.1663	1.8722	1.5944	1.4755	16	24	16	16
1305	Rheumatoid other arthritis M <51.50 and A <64.50	2.2382	1.9343	1.6473	1.5244	15	17	17	15
1401	Cardiac M >=68.50	1.1149	0.8988	0.8348	0.7613	10	10	9	9
1402	Cardiac M >=55.50 and M <68.50	1.4206	1.1453	1.0637	0.9701	12	12	11	11
1403	Cardiac M >=45.50 and M <55.50	1.7213	1.3877	1.2888	1.1754	15	14	13	13
1404	Cardiac M <45.50	2.0967	1.6904	1.5699	1.4318	18	17	16	15
1501	Pulmonary M >=68.50	1.2747	1.0575	0.9778	0.9192	12	11	10	9
1502	Pulmonary M >=56.50 and M <68.50	1.5560	1.2909	1.1935	1.1220	13	12	12	11
1503	Pulmonary M >=45.50 and M <56.50	1.8145	1.5054	1.3918	1.3084	15	15	14	13
1504	Pulmonary M <45.50	2.1401	1.7755	1.6416	1.5432	20	17	16	15
1601	Pain syndrome M >=65.50	1.1148	0.8650	0.8650	0.7766	10	10	9	9
1602	Pain syndrome M >=58.50 and M <65.50	1.3201	1.0244	1.0244	0.9197	11	11	11	11
1603	Pain syndrome M >=43.50 and M <58.50	1.6241	1.2602	1.2602	1.1314	14	13	14	13
1604	Pain syndrome M <43.50	1.9087	1.4811	1.4811	1.3297	14	14	16	14
1701	Major multiple trauma without brain or spinal cord injury M >=57.50	1.4001	1.0483	0.9743	0.9013	11	12	11	11
1702	Major multiple trauma without brain or spinal cord injury M >=50.50 and M <57.50	1.7185	1.2867	1.1958	1.1062	16	14	13	12
1703	Major multiple trauma without brain or spinal cord injury M >=41.50 and M <50.50	2.0076	1.5031	1.3970	1.2923	17	16	15	14
1704	Major multiple trauma without brain or spinal cord injury M >=36.50 and M <41.50	2.3366	1.7494	1.6259	1.5040	19	19	17	16
1705	Major multiple trauma without brain or spinal cord injury M <36.50	2.5888	1.9383	1.8014	1.6664	21	20	19	18

CMG	CMG Description (M=motor, A=age)	Relative Weight				Average Length of Stay			
		Tier 1	Tier 2	Tier 3	No Comorbidity Tier	Tier1	Tier 2	Tier3	No Comorbidity Tier
1801	Major multiple trauma with brain or spinal cord injury M >=67.50	1.2417	0.9614	0.8857	0.8129	13	11	11	10
1802	Major multiple trauma with brain or spinal cord injury M >=55.50 and M <67.50	1.5169	1.1745	1.0820	0.9931	14	13	12	11
1803	Major multiple trauma with brain or spinal cord injury M >=45.50 and M <55.50	1.8886	1.4622	1.3471	1.2364	17	17	14	14
1804	Major multiple trauma with brain or spinal cord injury M >=40.50 and M <45.50	2.2243	1.7222	1.5865	1.4562	25	18	17	16
1805	Major multiple trauma with brain or spinal cord injury M >=30.50 and M <40.50	2.6686	2.0661	1.9034	1.7470	26	21	20	19
1806	Major multiple trauma with brain or spinal cord injury M <30.50	3.6837	2.8521	2.6275	2.4116	38	29	24	28
1901	Guillain-Barré M >=66.50	1.0699	0.8960	0.8326	0.8265	11	11	10	10
1902	Guillain-Barré M >=51.50 and M <66.50	1.5832	1.3259	1.2321	1.2230	15	14	14	14
1903	Guillain-Barré M >=38.50 and M <51.50	2.2805	1.9099	1.7748	1.7617	20	21	19	20
1904	Guillain-Barré M <38.50	3.5683	2.9884	2.7770	2.7565	39	29	29	29
2001	Miscellaneous M >=66.50	1.2066	0.9647	0.8933	0.8155	11	10	10	9
2002	Miscellaneous M >=55.50 and M <66.50	1.4890	1.1904	1.1023	1.0064	13	12	12	11
2003	Miscellaneous M >=46.50 and M <55.50	1.7562	1.4041	1.3001	1.1869	15	15	14	13
2004	Miscellaneous M <46.50 and A >=77.50	2.0661	1.6518	1.5295	1.3963	18	17	16	15
2005	Miscellaneous M <46.50 and A <77.50	2.2267	1.7802	1.6484	1.5049	19	18	16	16
2101	Burns M >=52.50	1.9303	1.3203	1.1699	1.1137	19	14	13	12
2102	Burns M <52.50	2.7884	1.9072	1.6900	1.6088	24	21	16	17
5001	Short-stay cases, length of stay is 3 days or fewer				0.1660				3
5101	Expired, orthopedic, length of stay is 13 days or fewer				0.6930				7
5102	Expired, orthopedic, length of stay is 14 days or more				2.0491				19
5103	Expired, not orthopedic, length of stay is 15 days or fewer				0.9096				9
5104	Expired, not orthopedic, length of stay is 16 days or more				2.2526				21

FY 2022 IRF PPS Payment Update

CMS now estimates that the IRF FY 2022 market basket update to be 2.6 percent. Based on more recent data available from IGI’s second quarter 2021 forecast, the current estimate of the productivity adjustment for FY 2022 is 0.7 percentage point. Therefore, the current estimate of the FY 2022 IRF increase factor is equal to **1.9 percent** (2.6 percent market basket update reduced by 0.7 percentage point productivity adjustment).

The proposed increase was 2.2 percent (2.4 market basket minus a multifactor productivity adjustment of 0.2 percent).

Labor-Related Share for FY 2022

For FY 2022, the labor-related share will be **72.9 percent**. The current share is 73.0 percent.

Wage Adjustment for FY 2022

The wage index tables are available on the CMS website at <https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/IRF-Rules-and-Related-Files.html>.

IRF Standard Payment Conversion Factor and Payment Rates for FY 2022

Explanation for Adjustment	Calculations
Standard Payment Conversion Factor for FY 2021	\$16,856
Market Basket Increase Factor for FY 2022 (2.6 %), reduced by 0.7 percentage point for the productivity adjustment as required by section 1886(j)(3)(C)(ii)(I) of the Act	x1.019
Budget Neutrality Factor for the Updates to the Wage Index and Labor-Related Share	x1.0032
Budget Neutrality Factor for the Revisions to the CMG Relative Weights	x1.0005
FY 2022 Standard Payment Conversion Factor	=\$17,240

FY 2022 Payment Rates

CMG	Payment Rate Tier 1	Payment Rate Tier 2	Payment Rate Tier 3	Payment Rate No Comorbidity
0101	\$16,793.48	\$14,910.88	\$13,526.50	\$12,897.24
0102	\$21,820.67	\$19,374.31	\$17,574.46	\$16,757.28
0103	\$27,930.52	\$24,799.74	\$22,496.48	\$21,450.01
0104	\$35,900.58	\$31,875.04	\$28,916.65	\$27,571.93
0105	\$42,129.39	\$37,405.63	\$33,933.49	\$32,356.03
0106	\$49,402.94	\$43,865.46	\$39,793.37	\$37,941.79
0201	\$18,481.28	\$15,243.61	\$13,848.89	\$13,014.48
0202	\$23,987.74	\$19,786.35	\$17,976.15	\$16,893.48
0203	\$29,363.17	\$24,218.75	\$22,003.41	\$20,677.66
0204	\$35,178.22	\$29,014.92	\$26,361.68	\$24,773.88
0205	\$45,582.56	\$37,596.99	\$34,155.89	\$32,099.16
0301	\$21,243.13	\$16,721.08	\$15,479.80	\$14,593.66
0302	\$27,309.88	\$21,496.56	\$19,900.13	\$18,762.29
0303	\$32,726.69	\$25,761.73	\$23,848.09	\$22,484.41
0304	\$37,484.93	\$29,506.26	\$27,315.06	\$25,753.11
0305	\$41,296.70	\$32,507.74	\$30,094.14	\$28,371.87
0401	\$24,210.13	\$19,136.40	\$18,322.67	\$16,615.91
0402	\$32,306.04	\$25,534.16	\$24,449.77	\$22,172.36
0403	\$37,364.25	\$29,532.12	\$28,277.05	\$25,644.50

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Larry004b@gmail.com**

CMG	Payment Rate Tier 1	Payment Rate Tier 2	Payment Rate Tier 3	Payment Rate No Comorbidity
0404	\$57,869.51	\$45,739.44	\$43,794.77	\$39,715.79
0405	\$47,453.10	\$37,507.34	\$35,912.64	\$32,568.08
0406	\$63,486.30	\$50,178.74	\$48,046.16	\$43,570.65
0407	\$80,665.96	\$63,756.97	\$61,046.84	\$55,362.81
0501	\$22,601.64	\$17,022.78	\$15,997.00	\$14,612.62
0502	\$28,475.31	\$21,444.84	\$20,155.28	\$18,408.87
0503	\$32,661.18	\$24,598.03	\$23,117.12	\$21,115.55
0504	\$38,529.68	\$29,016.64	\$27,270.23	\$24,908.35
0505	\$53,947.41	\$40,627.78	\$38,183.15	\$34,876.52
0601	\$23,513.64	\$17,776.16	\$16,633.15	\$14,853.98
0602	\$28,830.45	\$21,794.81	\$20,393.20	\$18,210.61
0603	\$34,293.81	\$25,925.51	\$24,258.40	\$21,662.06
0604	\$41,748.38	\$31,559.54	\$29,530.40	\$26,372.03
0701	\$20,658.69	\$16,479.72	\$15,795.29	\$14,402.30
0702	\$26,223.76	\$20,919.02	\$20,050.12	\$18,283.02
0703	\$32,078.47	\$25,591.06	\$24,527.35	\$22,365.45
0704	\$38,724.49	\$30,890.63	\$29,606.25	\$26,997.84
0801	\$19,746.70	\$15,243.61	\$14,073.01	\$13,123.09
0802	\$23,105.05	\$17,834.78	\$16,465.92	\$15,355.67
0803	\$25,959.99	\$20,039.78	\$18,501.97	\$17,252.07
0804	\$29,352.82	\$22,658.53	\$20,919.02	\$19,507.06
0805	\$36,293.65	\$28,016.72	\$25,865.17	\$24,120.48
0901	\$21,505.18	\$16,531.44	\$15,479.80	\$14,038.53
0902	\$27,134.04	\$20,858.68	\$19,531.20	\$17,712.38
0903	\$31,916.41	\$24,535.97	\$22,972.30	\$20,834.54
0904	\$37,405.63	\$28,754.60	\$26,923.71	\$24,418.74
1001	\$21,479.32	\$18,243.37	\$16,165.95	\$14,935.01
1002	\$26,320.31	\$22,353.38	\$19,808.76	\$18,301.98
1003	\$31,435.42	\$26,697.86	\$23,658.45	\$21,856.87
1004	\$39,212.38	\$33,302.51	\$29,511.43	\$27,265.06
1101	\$23,310.20	\$19,353.62	\$18,162.34	\$15,090.17
1102	\$28,852.86	\$23,956.70	\$22,480.96	\$18,677.82
1103	\$32,957.71	\$27,365.05	\$25,680.70	\$21,334.50
1201	\$25,563.47	\$15,791.84	\$15,791.84	\$14,135.08
1202	\$33,095.63	\$20,444.92	\$20,444.92	\$18,298.54
1203	\$40,036.45	\$24,732.50	\$24,732.50	\$22,136.16
1204	\$41,657.01	\$25,734.15	\$25,734.15	\$23,032.64
1301	\$20,817.30	\$17,991.66	\$15,321.19	\$14,179.90
1302	\$25,982.40	\$22,455.10	\$19,122.61	\$17,696.86
1303	\$31,383.70	\$27,123.69	\$23,098.15	\$21,375.88
1304	\$37,347.01	\$32,276.73	\$27,487.46	\$25,437.62
1305	\$38,586.57	\$33,347.33	\$28,399.45	\$26,280.66
1401	\$19,220.88	\$15,495.31	\$14,391.95	\$13,124.81
1402	\$24,491.14	\$19,744.97	\$18,338.19	\$16,724.52
1403	\$29,675.21	\$23,923.95	\$22,218.91	\$20,263.90
1404	\$36,147.11	\$29,142.50	\$27,065.08	\$24,684.23
1501	\$21,975.83	\$18,231.30	\$16,857.27	\$15,847.01
1502	\$26,825.44	\$22,255.12	\$20,575.94	\$19,343.28
1503	\$31,281.98	\$25,953.10	\$23,994.63	\$22,556.82

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Larry004b@gmail.com

CMG	Payment Rate Tier 1	Payment Rate Tier 2	Payment Rate Tier 3	Payment Rate No Comorbidity
1504	\$36,895.32	\$30,609.62	\$28,301.18	\$26,604.77
1601	\$19,219.15	\$14,912.60	\$14,912.60	\$13,388.58
1602	\$22,758.52	\$17,660.66	\$17,660.66	\$15,855.63
1603	\$27,999.48	\$21,725.85	\$21,725.85	\$19,505.34
1604	\$32,905.99	\$25,534.16	\$25,534.16	\$22,924.03
1701	\$24,137.72	\$18,072.69	\$16,796.93	\$15,538.41
1702	\$29,626.94	\$22,182.71	\$20,615.59	\$19,070.89
1703	\$34,611.02	\$25,913.44	\$24,084.28	\$22,279.25
1704	\$40,282.98	\$30,159.66	\$28,030.52	\$25,928.96
1705	\$44,630.91	\$33,416.29	\$31,056.14	\$28,728.74
1801	\$21,406.91	\$16,574.54	\$15,269.47	\$14,014.40
1802	\$26,151.36	\$20,248.38	\$18,653.68	\$17,121.04
1803	\$32,559.46	\$25,208.33	\$23,224.00	\$21,315.54
1804	\$38,346.93	\$29,690.73	\$27,351.26	\$25,104.89
1805	\$46,006.66	\$35,619.56	\$32,814.62	\$30,118.28
1806	\$63,506.99	\$49,170.20	\$45,298.10	\$41,575.98
1901	\$18,445.08	\$15,447.04	\$14,354.02	\$14,248.86
1902	\$27,294.37	\$22,858.52	\$21,241.40	\$21,084.52
1903	\$39,315.82	\$32,926.68	\$30,597.55	\$30,371.71
1904	\$61,517.49	\$51,520.02	\$47,875.48	\$47,522.06
2001	\$20,801.78	\$16,631.43	\$15,400.49	\$14,059.22
2002	\$25,670.36	\$20,522.50	\$19,003.65	\$17,350.34
2003	\$30,276.89	\$24,206.68	\$22,413.72	\$20,462.16
2004	\$35,619.56	\$28,477.03	\$26,368.58	\$24,072.21
2005	\$38,388.31	\$30,690.65	\$28,418.42	\$25,944.48
2101	\$33,278.37	\$22,761.97	\$20,169.08	\$19,200.19
2102	\$48,072.02	\$32,880.13	\$29,135.60	\$27,735.71
5001	\$ -	\$ -	\$ -	\$2,861.84
5101	\$ -	\$ -	\$ -	\$11,947.32
5102	\$ -	\$ -	\$ -	\$35,326.48
5103	\$ -	\$ -	\$ -	\$15,681.50
5104	\$ -	\$ -	\$ -	\$38,834.82

Update to Payments for High-Cost Outliers under the IRF PPS for FY 2022

CMS estimates that IRF outlier payments as a percentage of total estimated payments were approximately 3.4 percent in FY 2021.

CMS will update the current outlier threshold amount from \$7,906 for FY 2021 to **\$9,491** for FY 2022 to account for the increases in IRF PPS payments and estimated costs and to maintain estimated outlier payments at approximately 3.0 percent of total estimated aggregate IRF payments for FY 2022.

Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)

The IRF QRP currently has 17 measures for the FY 2022 program year as follows.

Quality Measures Currently Adopted for the FY 2022 IRF QRP

Short Name	Measure Name & Data Source
IRF-PAI Assessment-Based Measures	
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay).
Application of Functional Assessment	Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631).
Change in Mobility	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634).
Discharge Mobility Score	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636).
Change in Self-Care	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633).
Discharge Self-Care Score	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635).
DRR	Drug Regimen Review Conducted With Follow-Up for Identified Issues–Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).
TOH-Provider*	Transfer of Health Information to the Provider–Post-Acute Care (PAC).
TOH-Patient*	Transfer of Health Information to the Patient Post-Acute Care (PAC).
NHSN	
CAUTI	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure (NQF #0138).
CDI	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure (NQF #1717).
HCP Influenza Vaccine	Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431).
Claims-Based	
MSPB IRF	Medicare Spending Per Beneficiary (MSPB)–Post Acute Care (PAC) IRF QRP(NQF #3561).
DTC	Discharge to Community–PAC IRF QRP (NQF #3479).
PPR 30 day	Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRFQRP.
PPR Within Stay	Potentially Preventable Within Stay Readmission Measure for IRFs.

*In response to the public health emergency (PHE) for the Coronavirus Disease 2019 (COVID-19), CMS released an interim final rule (85 FR 27595 through 27596) which delayed the compliance date for the collection and reporting of the Transfer of Health Information measures for at least 1 full fiscal year after the end of the PHE.

COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)

CMS is, as proposed, adding one new measure for FY 2023, a COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure as an “other” measure.

Comment

CMS spend some 35 pages explaining its need and rational to adopt this measure.

Update to the Transfer of Health (TOH) Information to the Patient – Post-Acute Care (PAC) Measure Beginning with the FY 2023 IRF QRP

CMS proposed to update the Transfer of Health (TOH) Information to the Patient – Post- Acute Care (PAC) measure (TOH-Patient) denominator to exclude patients discharged home under the care of an organized home health service or hospice. This measure assesses for and reports on the timely transfer of health information, specifically transfer of a medication list.

CMS is adopting its proposal.

“Public reporting of the COVID-19 Vaccination Coverage among HCP measure will begin with the September 2022 Care Compare refresh or as soon as technically feasible based on data collected for Q4 2021 (October 1, 2021 through December 31, 2021).”

Fast Healthcare Interoperability Resources (FHIR) in support of Digital Quality Measurement in Quality Programs– Request for Information

CMS says “it is working to further its mission to improve the quality of health care for beneficiaries through measurement, transparency, and public reporting of data. The IRF QRP and CMS’s other quality programs are foundational for contributing to improvements in health care, enhancing patient outcomes, and informing consumer choice. CMS believes that advancing our work with use of the FHIR standard offers the potential for supporting quality improvements and reporting, which will improve care for our beneficiaries. CMS sought feedback in this RFI on our future plans to define digital quality measures (dQMs) for the IRF QRP. CMS also sought feedback on the potential use of FHIR for dQMs within the IRF QRP, aligning where possible with other quality programs. We received a number of comments which we will consider as we develop future policies in this space. Further, we plan to continue working with other agencies and stakeholders to coordinate and to inform our transformation to dQMs leveraging health IT standards.”

Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Policy Issues

CMS is piggybacking a non-IRF item in this rule.

CMS is finalizing an exclusion from fee schedule adjustments based on information from the DMEPOS Competitive Bidding Program (CBP) for wheelchair accessories (including seating systems) and seat and back cushions furnished in connection with group 3 or higher complex rehabilitative power wheelchairs.

CMS is also extending this fee schedule adjustment exclusion to wheelchair accessories (including seating systems) and seat and back cushions furnished in connection with complex rehabilitative manual wheelchairs. Additionally, CMS is modifying the regulatory definition of “item” under the DMEPOS CBP at 42 CFR 414.402 to exclude complex rehabilitative manual wheelchairs and certain other manual wheelchairs and related accessories when furnished in connection with these wheelchairs from the DMEPOS CBP, as required by section 106(a) of the 2020 **Further Consolidated Appropriations Act**.

Final Comment

This rule is fairly well constructed and written. Yes, there is still much old history.

The quality reporting provisions are extensive. There is much discussion on quality that needs to be more extensively reviewed by those involved in the quality arena.