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Unplanned Patient Discharges Create Risk for IRF Quality Reporting

By Nina Youngstrom

Although they have a reprieve of sorts, inpatient rehabilitation facilities (IRFs) may be at risk of payment penalties in connection with unplanned patient discharges now that version four of the patient assessment instrument (PAI) took effect Oct. 1. Recent CMS statements have given IRFs some breathing room, but the nuances of quality reporting for unplanned discharges are still unsettled, experts say.

The IRF-PAI is a standardized instrument for quality measurement and payment determination and must be completed for patients covered by Medicare Parts A and C. When IRFs don't complete more than 95% of their PAI, they face a 2% payment penalty for the subsequent year, said Regina Alexander, a principal with BerryDunn.

The latest version was slated to take effect in 2020 but was delayed until now by the COVID-19 pandemic. The IRF-PAI 4.0 has "significant" new quality reporting requirements, said Kate Beller, executive vice president for policy development and government relations at the American Medical Rehabilitation Providers Association (AMRPA). "In the months leading up to its implementation, issues surrounding unplanned discharges were one of the primary issues that we focused on," she said.

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