

# CareForum 2022

The WellSky® Conference

## Inpatient Rehab

What we did do...What we can  
do...What we should do

Jane Snecinski, FACHE, MRMC, MBA

Senior Director

LW Consulting

[jsnecinski@lw-consult.com](mailto:jsnecinski@lw-consult.com)



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## Today's speaker



**Jane Snecinski, FACHE,  
MRMC, MBA**

Senior Director  
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What we did do...



What amazed me the most....

What changed in our lives.....



What amazed me the most.....



What changed in our lives.....

# On a personal basis, our expertise expanded

- Personal protective supplies
- Infection control practices
- Social distancing
- Self isolation
- Contact tracing
- Zoom meetings

# Audience participation

1. How many inpatient rehab providers present here today changed some practices during the pandemic?
2. How many of the same providers were educated on and felt very knowledgeable about the COVID (or the 1135) Waivers?
3. How many inpatient rehab providers still have one or more of those practices in place today?

# The COVID 19 (1135) Waivers

- 1. Requirements for the medical necessity for admission to an IRF remained in place.**
2. 60% Rule Requirement was waived for those patients who were admitted in response to the pandemic  
(Reasons for admission had to be documented.)
3. 3 hours of therapy did not need to be provided IF the patients did not need or could benefit from an intensive rehab program  
(Reasons for NOT receiving 3 hours of therapy needed to be documented)

# The COVID 19 (1135) Waivers

4. Removal of the Post Admission Physician Evaluation requirement
5. Approval of use of telehealth for the required 3 F2F physician visits, therapy visits and team conference
  - Telehealth F2F visits required both a visual and an audio component; billing requirements prevailed
6. Remote team conferences
  - “Attendance” still had to be documented as well as participation mode

What we can do...

# Return to normalcy???????

## Use the PHE time frame as a “pilot project”

- Continue to utilize COVID waivers processes as needed, necessary and benefit your program *in compliance with the Rules and Regulations* for inpatient rehabilitation
  - Review the requirements for each waiver to ensure compliance
    - Ensure your documentation supports those requirements

# Return to normalcy??????

- Strategically analyze each “benefit” of the COVID Waivers that is supported and compliant with the inpatient rehabilitation model of care
  - Identify the processes you will maintain as well as the ones you will replace
  - Educate staff (including physicians) on the changes and their role in implementation

What  
worked?

Is it  
compliant?

Is it  
sustainable?

Is the outcome  
greater than the  
cost?



# Use the PHE time frame as a “pilot project”

- Audit your records to ensure a low level of risk for denial as the CMS external contractors increase their volume of audits
  - Documentation supports the **requirements** for the COVID waivers
  - Modifier on the UB?
  - TP&Es and RAC audit include patients admitted during the PHE



# Implement the IRF Final Rule for 2023

- Changes to the IRF PAI
  - Length of the PAI
  - Volume of PAIs
  - Analyze the indicators that reflect a “true” rehab patient vs. a patient that would be appropriate for a different level of care
- Remember what was NOT included in the IRF Final Rule
  - Conduct a financial analysis of discharges to home health



What we should do...

# Re-define inpatient rehabilitation in your organization/market

- Clarify the role of inpatient rehabilitation in your organization
  - Re-establish the admission requirements
  - Reconfirm your referral sources/patterns
- Clarify the role of your program in your market
  - Changes in referral sources and volumes
  - Highlight the advantages of inpatient rehabilitation

# Program transformation

Hard Code those “pandemic” practices that created efficiencies and improvement in your program

- Train and educate staff (including physicians) as to the new processes and required documentation
- Concurrently review any changes to solidify compliant process and documentation
- Track outcomes to ensure goals for implementation are accomplished



# Audience participation

- How many of you are CARF accredited?
- How many of you develop a technology plan specific for IRF?
- Does YOUR strategic plan include the utilization of technology?

# Technology plan

An integral part of your strategic plan

- Hardware
- Software
- Security
- Monitoring



# Demonstration project

- The CMS IRF Demonstration Project
  - On hold for over two years, but planned for implementation
  - Will involve 100% pre-payment review of all Medicare FFS beneficiaries
- Preparation Questions
  - Have you conducted a pro-active audit of your records?
  - Who will be responsible for the coordination and submission of the records in the time frame necessary?
  - Is your program prepared for the financial impact?



# Prepare for the implementation of a post acute bundled payment system

## **The Writing is on the Wall**

- SPADES
  - Standardized Patient Assessment Data Set
- The Blurring of the Lines between IRF, SNF and LTCH?
- The proposed (but not passed) inclusion of Home Health Care as discharge destination to be included in the Transfer Payment

Questions?

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# Thank you.

**Contact us:**

Jane Snecinski, FACHE, MRMC, MBA

Senior Director

[jsnecinski@lw-consult.com](mailto:jsnecinski@lw-consult.com)



# Learn more about **WellSky Specialty Care for Rehabilitation**

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