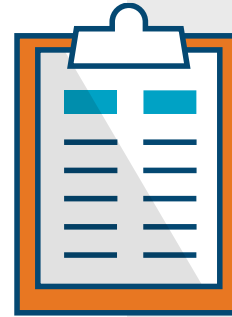


Strengthening Your IRF Documentation with the RehabConnect™ System

July 17, 2024 • 3:00 p.m. Eastern

Agenda

- Overview of UDSMR and Netsmart
- RehabConnect™ System demo
- 2024 IRF regulatory compliance highlights
- Resources and upcoming events
- Q&A





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Netsmart

+

mcbee

UDSMR joined [Netsmart](#) in March 2022. The combination of UDSMR and Netsmart provides a single market leader for data outcomes and reimbursement solutions and education/training for long-term care (LTC) and inpatient rehabilitation facilities (IRFs). UDSMR extends the Netsmart CareFabric® data solutions to allow an organization to access a fully integrated suite of solutions that will help improve its efficiency and outcomes.

LEARN MORE



udsmr.org/netsmart-faq



Adult Day Care



Addiction Treatment



Assisted and Independent Living



Autism



Behavioral Health (Inpatient, Outpatient)



Certified Community Behavioral Health Clinic (CCBHC)



Child and Family Services



Federally Qualified Health Centers (FQHC)



Home Care



Hospice

Netsmart is driven to push toward positive change for **the communities we serve**



Integrated Care



Intellectual and Developmental Disabilities



Life Plan Community (CCRC)



Memory Care



Therapy Practices and Rehabilitation



Palliative Care



Private Duty



Public Health



Public Sector

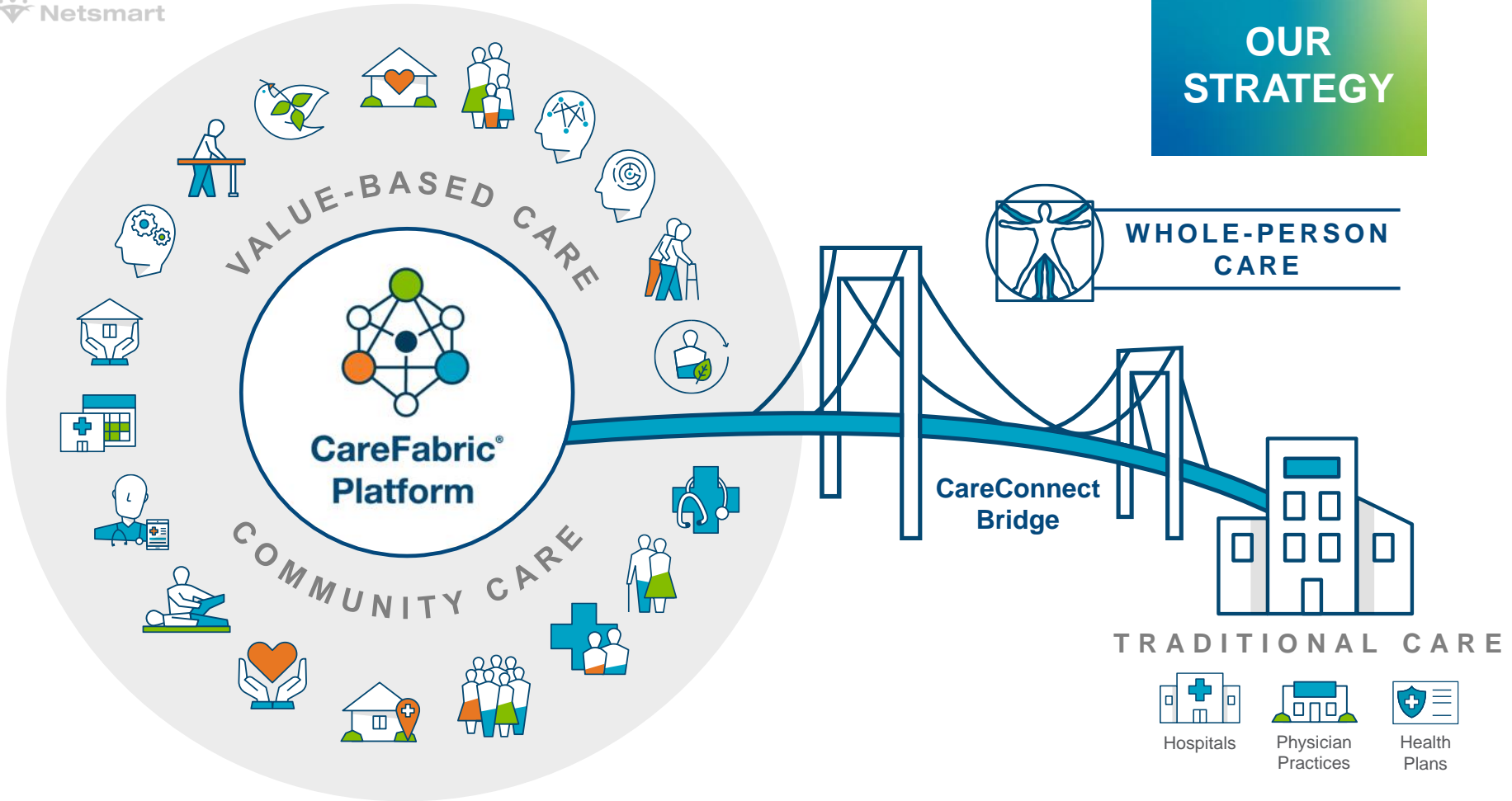


Senior Living



Skilled Nursing

OUR STRATEGY



UDSmr LEADING THE WAY

in the IRF Industry

Recognized as the industry leader in IRF PPS software and educational services

Used by over 80% of all IRFs

Maintains the largest independent database in the IRF industry, which provides statistically sound, representative analytics

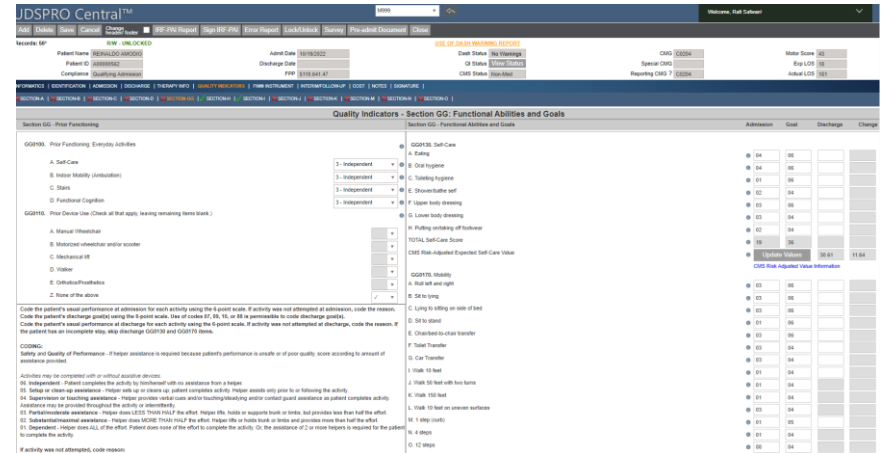
Regarded as the industry's most trusted source of IRF PPS regulatory information and IRF-PAI education



UDS-PROi[®] Software

An IRF PPS software solution that manages the complete IRF-PAI process

- Optimizes IRF-PAI data and prepares CMS compliant submission file for reimbursement
- Assigns payment case-mix group (CMG)
- Provides admission analytics and IRF benchmark reports
- IRF quality measure credentialing
- Regulatory and clinical reference materials
- Integrates directly with the RehabConnect[™] System to share demographics and IRF-PAI data
- Optional HL7[®] integration with partner EMR hospitals



UDS-PROi® Preadmission Assessment

Module built around Medicare Benefit Policy Manual requirements

- IRF preadmission document that contains all of CMS's IRF PPS regulatory requirements
- Built-in physician to-do list
- Email and text notifications
- Physician Portal with mobile access for review and signatures
- Direct integration with the RehabConnect™ System
- Optional integration with the Referral Manager module

§110.1.1, Required Preadmission Screening

Required elements

Prior level of function

- The patient's functional level prior to the event that brought the patient to rehabilitation

Expected level of improvement

- The patient-specific functional level the team is expected to achieve

Expected length of stay

- The projected amount of time the patient will need to achieve the intended outcomes

Evaluation of patient's risks for clinical complications

- Complications for which the patient requires intense care based on impairment and comorbid conditions

The condition that caused the need for inpatient rehabilitation

- Impairment and etiologic diagnosis

Anticipated discharge destination

- Likely to a community setting, but not a prerequisite



Introducing the RehabConnect™ System!

- Teams from Netsmart and UDSMR had been partnering to build the RehabConnect™ System, using the IRF-specific logic integrated into the UDS-PRO Doc™ System
- The RehabConnect™ System—the next generation of the UDS-PRO Doc™ System—was launched in July 2023



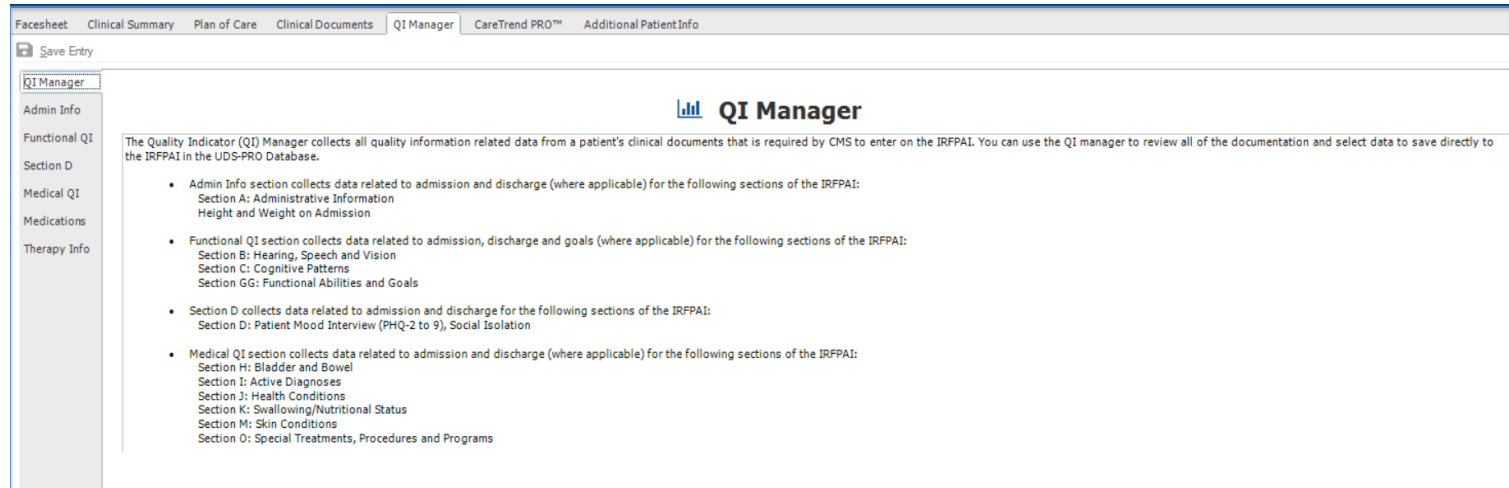
The RehabConnect™ System

- Prebuilt IRF-specific documentation that adheres to CMS's IRF PPS regulatory requirements
- Interdisciplinary care planning
- Task list driven by regulatory timelines
- Portal that helps facilities meet regulatory requirements by providing mobile access and signature functionality

The screenshot displays the RehabConnect system interface. At the top, there's a navigation bar with options like 'Save Only', 'Message', and 'Print'. Below this, a patient summary card shows 'Last Entry Saved', 'Admission Day 1: 10/17/2022', 'Admission Day 2: 10/18/2022', 'Admission Day 3 (ARD): 10/19/2022', and a 'No Discharge Date' status. The main area is divided into several sections: 'Clinical Documents' on the left with a tree view, a central 'Patient Information' section, and a large 'Assessment' form on the right. The assessment form is titled 'Admission Quality Indicators Assessment' and includes sections for 'Assessment Date/Time', 'Quality Indicator: Oral hygiene', and 'Oral hygiene details'. The 'Oral hygiene details' section contains radio buttons for 'Patient completed oral hygiene without assistance from helper', 'Helper provided the following assistance to complete oral hygiene', and 'Patient did not complete oral hygiene'. Below this are checkboxes for 'Standing at sink', 'Sitting in wheelchair at sink', 'Sitting on chair at sink', 'Sitting in bed', and 'Other'. There are also text fields for 'Oral hygiene device(s)', 'Comments', 'Oral hygiene: Current Status', and 'Oral hygiene: Goal'. The bottom of the screen shows a status bar with 'Incomplete' and 'v1.1'.

RehabConnect™ QI Manager

- Automatically compiles quality indicator data from clinical documents
- Validation logic conforms to CMS's requirements
- Integrates directly with the UDS-PROi® software



The screenshot displays the 'QI Manager' interface within a software application. The top navigation bar includes tabs for 'Facesheet', 'Clinical Summary', 'Plan of Care', 'Clinical Documents', 'QI Manager', 'CareTrend PRO™', and 'Additional Patient Info'. A 'Save Entry' button is visible in the top left corner. The left sidebar contains a menu with the following items: 'QI Manager', 'Admin Info', 'Functional QI', 'Section D', 'Medical QI', 'Medications', and 'Therapy Info'. The main content area is titled 'QI Manager' and features a blue bar chart icon. Below the title, a paragraph states: 'The Quality Indicator (QI) Manager collects all quality information related data from a patient's clinical documents that is required by CMS to enter on the IRFPAI. You can use the QI manager to review all of the documentation and select data to save directly to the IRFPAI in the UDS-PRO Database.' A bulleted list follows, detailing the data collection scope for various sections of the IRFPAI:

- Admin Info section collects data related to admission and discharge (where applicable) for the following sections of the IRFPAI:
 - Section A: Administrative Information
 - Height and Weight on Admission
- Functional QI section collects data related to admission, discharge and goals (where applicable) for the following sections of the IRFPAI:
 - Section B: Hearing, Speech and Vision
 - Section C: Cognitive Patterns
 - Section GG: Functional Abilities and Goals
- Section D collects data related to admission and discharge for the following sections of the IRFPAI:
 - Section D: Patient Mood Interview (PHQ-2 to 9), Social Isolation
- Medical QI section collects data related to admission and discharge (where applicable) for the following sections of the IRFPAI:
 - Section H: Bladder and Bowel
 - Section I: Active Diagnoses
 - Section J: Health Conditions
 - Section K: Swallowing/Nutritional Status
 - Section M: Skin Conditions
 - Section O: Special Treatments, Procedures and Programs

RehabConnect™ System Demo

2024 IRF Regulatory Compliance Highlights

IRF-PAI 4.2: New Admission Items

- New Payer Information Field A1400 (replacing current 'Payment Source' field) (IRF-PAI 4.2, Page 4)
 - As of 10/1/2024, all IRFs required to submit IRF-PAI to CMS for all payers

A1400. Payer Information	
↓ Check all that apply	
<input type="checkbox"/>	A. Medicare (traditional fee-for-service)
<input type="checkbox"/>	B. Medicare (managed care/Part C/Medicare Advantage)
<input type="checkbox"/>	C. Medicaid (traditional fee-for-services)
<input type="checkbox"/>	D. Medicaid (managed care)
<input type="checkbox"/>	E. Workers' compensation
<input type="checkbox"/>	F. Title programs (e.g., Title III, V, or XX)
<input type="checkbox"/>	G. Other government (e.g., TRICARE, VA, etc.)
<input type="checkbox"/>	H. Private insurance/Medigap
<input type="checkbox"/>	I. Private managed care
<input type="checkbox"/>	J. Self-pay
<input type="checkbox"/>	K. No Payer source
<input type="checkbox"/>	X. Unknown
<input type="checkbox"/>	Y. Other

IRF-PAI 4.2: New Discharge Items

- Add New Discharge Field to Section O, O0350. Patient's COVID-19 vaccination is up to date (IRF-PAI 4.2, Page 29)

O0350. Patient's COVID-19 vaccination is up to date.	
Enter Code	
<input type="text"/>	0. No, patient is not up to date
	1. Yes, patient is up to date

2024 IRF Regulatory Compliance Highlights

Additional IRF-PAI 4.2 Changes

Updated Verbiage throughout IRF-PAI

- GG0100. Prior Functioning, GG0130. Self-Care, GG0170. Mobility and C0900. Memory Recall/Ability
- Remove All GG Discharge Goals from Admission section on IRF-PAI (keeping in QI Manager and PROi, removing from IRFPAI Form and CMS requirements)
- Coding direction added to IRF-PAI form for Section D. Mood; D0150 Admission and Discharge and Discharge, Section A, Administrative Information

C0900. Memory/Recall Ability (3-day assessment period)	
<input type="checkbox"/>	Check all that the patient was normally able to recall
<input type="checkbox"/>	A. Current season
<input type="checkbox"/>	B. Location of own room
<input type="checkbox"/>	C. Staff names and faces
<input type="checkbox"/>	E. That they are in a hospital/hospital unit
<input type="checkbox"/>	Z. None of the above were recalled

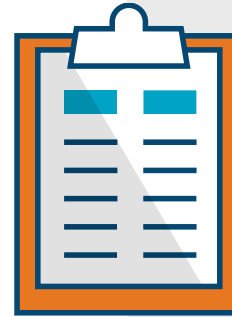
Section D		Mood	
D0150. Patient Mood Interview (PHQ-2 to 9) (from Pfizer Inc.®)			
Determine if the patient is rarely/never understood verbally, in writing, or using another method. If rarely/never understood, code D0150A1 and D0150B1 as 9. No response, leave D0150A2 and D0150B2 blank, and the PHQ-2 interview, and leave D0160, Total Severity Score blank. Otherwise, say to patient: "Over the last 2 weeks, have you been bothered by any of the following problems?"			
If symptom is present, enter 1 (yes) in column 1, Symptom Frequency.			
If yes in column 1, then ask the patient: "About how often have you been bothered by this?"			
Read and show the patient a card with the symptom frequency choices. Indicate response in column 2, Symptom Frequency.			
1. Symptom Presence	2. Symptom Frequency	1. Symptom Presence	2. Symptom Frequency
0. No (enter 0 in column 2)	0. Never or 1 day	<input type="checkbox"/>	<input type="checkbox"/>
1. Yes (enter 0-3 in column 2)	1. 2-6 days (several days)	<input type="checkbox"/>	<input type="checkbox"/>
9. No response (leave column 2 blank)	2. 7-11 days (half or more of the days)	<input type="checkbox"/>	<input type="checkbox"/>
	3. 12-14 days (nearly every day)	<input type="checkbox"/>	<input type="checkbox"/>
A. Little interest or pleasure in doing things			
B. Feeling down, depressed, or hopeless			
if both D0150A1 and D0150B1 are coded 9, OR both D0150A2 and D0150B2 are coded 0 or 1, END the PHQ interview; otherwise, continue.			

A2121. Provision of Current Reconciled Medication List to Subsequent Provider at Discharge	
Complete only if 44D = 02, 03, 04, 06, 30, 51, 61, 62, 63, 64, 65, or 66	
Enter Code <input type="checkbox"/> At the time of discharge to another provider, did your facility provide the patient's current reconciled medication list to the subsequent provider?	
0. No - Current reconciled medication list not provided to the subsequent provider → Skip to 8130J, Health Literacy	
1. Yes - Current reconciled medication list provided to the subsequent provider	
A2122. Route of Current Reconciled Medication List Transmission to Subsequent Provider	
Indicate the route(s) of transmission of the current reconciled medication list to the subsequent provider.	
Complete only if A2121 = 1	
Route of Transmission	Check all that apply
A. Electronic Health Record	<input type="checkbox"/>
B. Health Information Exchange	<input type="checkbox"/>
C. Verbal (e.g., in-person, telephone, video conferencing)	<input type="checkbox"/>
D. Paper-based (e.g., fax, copies, printouts)	<input type="checkbox"/>
E. Other Methods (e.g., texting, email, CDs)	<input type="checkbox"/>
A2123. Provision of Current Reconciled Medication List to Patient at Discharge	
Complete only if 44D = 01 or 99	
Enter Code <input type="checkbox"/> At the time of discharge, did your facility provide the patient's current reconciled medication list to the patient, family and/or caregiver?	
0. No - Current reconciled medication list not provided to the patient, family and/or caregiver → Skip to 8130J, Health Literacy	
1. Yes - Current reconciled medication list provided to the patient, family and/or caregiver	
A2124. Route of Current Reconciled Medication List Transmission to Patient	
Indicate the route(s) of transmission of the current reconciled medication list to the patient/family/caregiver.	
Complete only if A2123 = 1	

Resources

Visit [CMS Website](#) for details on the following resources:

- IRF PPS Proposed and Final Rule (CMS-1804)
- IRF-PAI 4.2
 - IRF-PAI 4.2 change manual
 - IRF Data specifications
- IRF-PAI Guidance Manual v 4.2
 - IRF-PAI Guidance Manual v 4.2 Change Table
- IRF-PAI Quarterly Q&As
- Medicare Benefit Policy Manual
- Review Choice Demonstration for IRF Services



Upcoming UDSmr McBee Events

Visit [UDSPRO Central™](#) for details on the following upcoming events

- McBee IRF Webinar Series
 - July 25th – Using the preadmission screen to build a case that supports IRF Admission
- Getting to Know IRF-PAI 4.2 – August 13, 2024
- Admission Liaison workshop – August 20-22
- UDSMR Virtual User Group October 9-11, 2024
 - Pre-conference workshop on October 8th
- Audit Opportunities from UDSmr/McBee
 - Preadmission screen audit
 - Full clinical documentation audit



Questions?

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