User Group Agenda
Thursday, April 28, 2016

7:00 a.m.–8:00 a.m.  Continental breakfast and registration
8:00 a.m.–8:15 a.m.  Overview and agenda
8:15 a.m.–9:00 a.m.  The Struggles and Triumphs of ICD-10 Implementation together with Changes to the 60% Presumptive Compliance Criteria
   Ruth A. Leigh, RN, CRRN, CDIP, CCS, AHIMA Academy–Approved ICD-10-CM/PCS Trainer, Clinical Documentation Specialist, Sutter Rehabilitation Institute, Roseville, CA
   It’s all in the details. With the recent changes to 60% compliance codes and the implementation of ICD-10, clear and concise documentation has never been more important. This session will guide you through the facility-level challenges and practical opportunities these recent IRF changes have produced. This discussion will examine several key roles, including those of the preadmission screener, the physician, the PPS coordinator, and the coder. In addition, it will explore the potential effects of the recent changes on the 60% qualifying conditions and other reimbursement considerations.
9:00 a.m.–10:00 a.m.  Avoiding Confusion between Payment and Quality Items on the New IRF-PAI, Part I: Clinical Implications
   Carol Harper, COTA/L, Manager of Education, Training, and Consultation, UDS, Buffalo, NY
   In 2016, CMS will expand the IRF-PAI to include new functional “quality indicators,” some of which overlap with the existing payment items. This session, the first of a two-part presentation, will focus on the clinical differences between the existing payment functional items and the new “quality indicators,” which measure the same constructs (e.g., eating vs. eating) and the different scales/levels used to record them. Attendees will learn about what practice hurdles, in addition to the forty-one minutes CMS asserts will be required to gather the new information, exist to collecting and recording this overlapping data. They also will learn how rating a patient’s “most dependent” performance (for the FIM® instrument) versus the patient’s “average” performance (for the CARE tool) can confuse staff. Finally, they will learn about the steps they can take to avoid errors.
10:00 a.m.–10:15 a.m.  Break
10:15 a.m.–11:00 a.m.  Avoiding Confusion between Payment and Quality Items on the New IRF-PAI, Part II: “Other” Implications
   Troy Hillman, Manager, Analytical Services Group, UDS, Buffalo, NY
   This session, the second of a two-part presentation that begins at 9:00 a.m., will focus on the practical implications, both current and future, of the two distinct scales being used to measure the similar constructs. Attendees will learn why a crosswalk between the two scales is not possible, how the measures are expected to be reported as part of the IRF QRP, and what the differences are from similar “quality indicators” used in other postacute care venues.
11:00 a.m.–11:45 a.m.  Determining the Appropriate Inpatient Rehabilitation Candidate
   Brandi Damron, OTR/L, MBA, Program Director, Norton Community Hospital Inpatient Rehabilitation Unit, Norton, VA
   Has your facility ever denied a referral that another IRF accepted? Does it have a reputation for being difficult to get a patient into? Have you ever wondered whether your IRF is giving every referral a fair chance of being admitted?
   Admission decisions vary widely from one IRF to another in response to comfort levels among rehab physicians, diagnosis-specific competencies of the IRF’s clinicians, and fragmented preadmission processes that sometimes fail to identify a referred patient’s potential. Attendees will learn how they can go beyond documentation to determine whether a patient can reasonably be expected to benefit from an IRF stay.
11:45 a.m.–1:00 p.m.  Lunch
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1:00 p.m.–1:45 p.m. Utilizing UDSmr® Reports to Drive Process Improvement
Julie Bantle, MA, OT, Chief Operating Officer, and Deirdre Huneke, PT, Therapy Supervisor and FIM® Coordinator, Mercy Rehabilitation Hospital, Chesterfield, MO

Learn how you can utilize UDSmr® reports to drive change in your admission and discharge FIM® rating processes in combination with the FIM® Report Worksheet developed at Mercy Rehabilitation Hospital St. Louis (MRHSL). By using MRHSL’s admission and discharge FIM® worksheets, your staff can identify problem areas, prioritize efforts, and develop action plans that will promote improved accuracy and efficacy in their programs. The worksheets also serve as training tools that help new and mature facilities navigate the available UDSmr® reports and lead them to purposeful change.

1:45 p.m.–2:30 p.m. Meeting the Challenge of the IRF Quality Reporting Program and Getting the Most from QRP Data
Mary Ellen DeBardeleben, MPH, MBA, CJCP, Associate Director, Quality, HealthSouth Corporation, Birmingham, AL

This presentation will describe the regulatory basis for the existing, new, and modified measures that need to be reported on for the IRF QRP and will explain how to report on this information accurately and completely. This process involves a wide variety of access to internal data and external systems, including governmental systems. The complicated issue of deciding how to report on quality measures and what to report on involves education from many different regulatory sources, including CMS, the CDC, and the QIES. This presentation also will describe how penalties will be assessed for noncompliance and will examine data collection deadlines and financial consequences.

2:30 p.m.–2:45 p.m. Break

2:45 p.m.–3:45 p.m. Maximizing Technology for IRF Documentation and Data Submission
Beth Rudisill, MSW, MHA, WakeMed Rehab, Raleigh, NC

More and more, inpatient rehabilitation facilities are using automation to enhance the efficiency, accuracy, and quality of their documentation and reporting. This presentation will illustrate one organization’s efforts to maximize technology for several key IRF documentation elements by integrating disparate systems. Discover some of the capabilities that exist in the industry, and benefit from hearing about the implementation lessons this organization learned.

3:45 p.m.–4:15 p.m. Connecting with Legislators—Advocating for IRFs
Deborah Head, OTR/L, Rehab Program Manager, Gundersen Health System, La Crosse, WI

This session will look at one facility’s efforts to provide legislative feedback to Congressional representatives and advocate for IRFs in the midst of Medicare reform for postacute care. Legislators are making decisions that affect our IRFs and the patients we serve with limited feedback from the industry. We need our voices to be heard.

4:15 p.m.–4:30 p.m. Wrap-up

5:00 p.m.–7:00 p.m. Networking reception
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Friday, April 29, 2016

7:00 a.m.–8:00 a.m.  Continental breakfast and registration

8:00 a.m.–9:00 a.m.  What You Need to Know to Overcome Managed Care Struggles
Johnny Harrison, Regional Vice President, and Brian Sebastian, Assistant Vice President, HCA Inpatient Rehabilitation Services Division
This presentation examines the difficulties IRFs across the nation are facing with managed care providers, as well as best practices and strategies for increasing the likelihood of approval for a patient’s admission.

9:00 a.m.–9:45 a.m.  How IRFs Can Provide Documentation to Avoid Medicare Denials
Tana Williams, Provider Outreach and Education Representative, Noridian Healthcare Solutions LLC, Fargo, ND
Medicare payments are made only for medical services that are verified as reasonable and necessary. This presentation will examine findings based on the review of documentation requested by Medicare and compliance with IRF requirements, review common missing medical record elements, and identify ways to avoid nonpayment or recoupment.

9:45 a.m.–10:00 a.m.  Break

10:00 a.m.–10:45 a.m.  Development of Professionalism and Performance Accountability for Sustained FIM® Accuracy Improvement
Deb Eisenstadt, RN, MS, BSN, Certified Nurse Manager Leader, Director in Inpatient Rehabilitation Services, St. Cloud Hospital, MN
The Affordable Care Act will continue to affect reimbursement for rehabilitation units. Given the increase of medically complex patients who present with multiple functional and medical problems requiring ongoing medical management, the FIM® rating competency of rehabilitation nurses is critical. Rehab nurses must embrace the specialty of FIM® assessments, and they must be accountable for providing detailed supporting documentation that helps their facilities determine accurate FIM® ratings. This presentation examines St. Cloud Hospital’s performance improvement project for improving FIM® accuracy and establishing a standard that is part of its nurses’ annual performance reviews. Attendees will learn how this project has facilitated a model of accountability and professionalism among St. Cloud’s rehabilitation nurses.

10:45 a.m.–11:30 a.m.  Making the Most of Your UDS-PROi® Software amid All of CMS’s Changes
Tara Altenritter, OTR/L, Clinical Technology and Testing Supervisor, UDSmr, Buffalo, NY
This presentation will focus on UDS-PROi® software changes related to version 1.4 of the IRF-PAI, which will take effect on October 1, 2016. It will include a software demonstration, information about the software’s current functions, new features, and highlights of upcoming changes.

11:30 a.m.–11:45 a.m.  Wrap-up