

Trends and Updates from the UDS-PRO® Database

August 6, 2025

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Overview

- Noticeable trends and observations
 - CMS regional makeup
 - Walk and wheelchair logic implications
 - Data completeness and pediatric assessments
- ASG updates
- The final rule!
- Open Q&A

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CMS Regions

What Is Your Region?

- Region 1
 - CT, ME, MA, NH, RI, VT
- Region 2
 - NJ, NY
- Region 3
 - DE, DC, MD, PA, VA, WV
- Region 4
 - AL, FL, GA, KY, MS, NC, SC
- Region 5
 - IL, IN, MI, MN, OH, WI
- Region 6
 - AK, LA, NM, OK, TX
- Region 7
 - IA, KS, MO, NE
- Region 8
 - CO, MT, ND, SD, UT, WY
- Region 9
 - AZ, CA, HI, NV
- Region 10
 - AK, ID, OR, WA

Choosing the Right Comparison

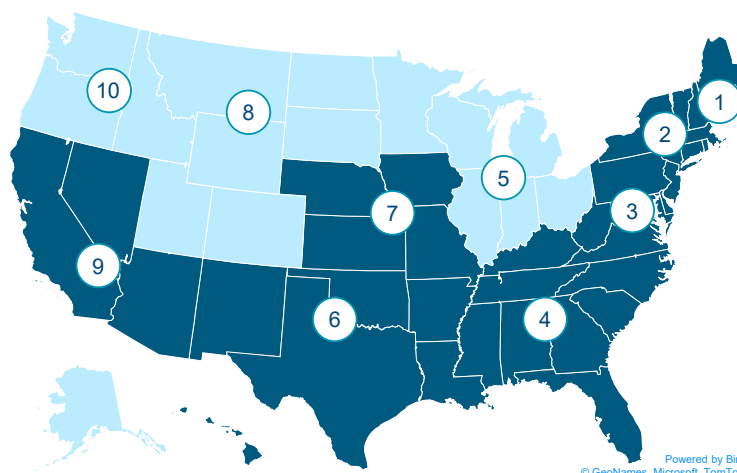
Regional

- Regional peers may serve similar demographics
 - Resource access
 - Social determinants
- Better context for variation
- Smaller sample size
- Not a focus of public reporting

National

- Largest sample size
- Public reporting focuses on national statistics
- Opportunities to lead “nationally”
- May not reflect reality

Top RICs by CMS Region

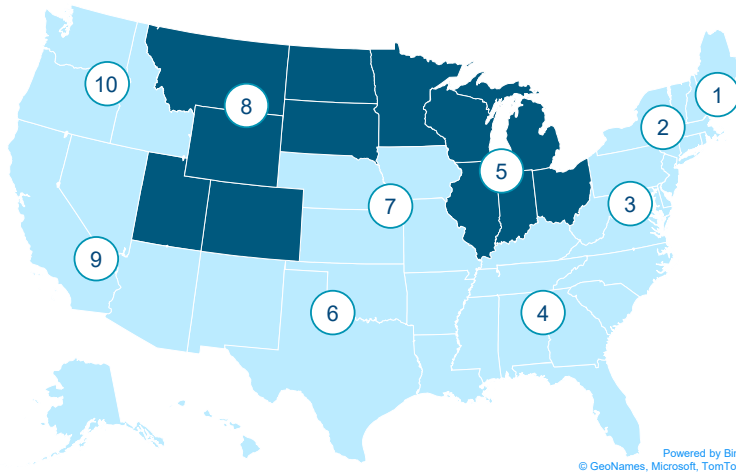


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Regions 1, 2, 3, 4, 6, 7, and 9

Stroke, neurological, fracture of lower extremity, and miscellaneous

Top RICs by CMS Region



Regions 5 and 8

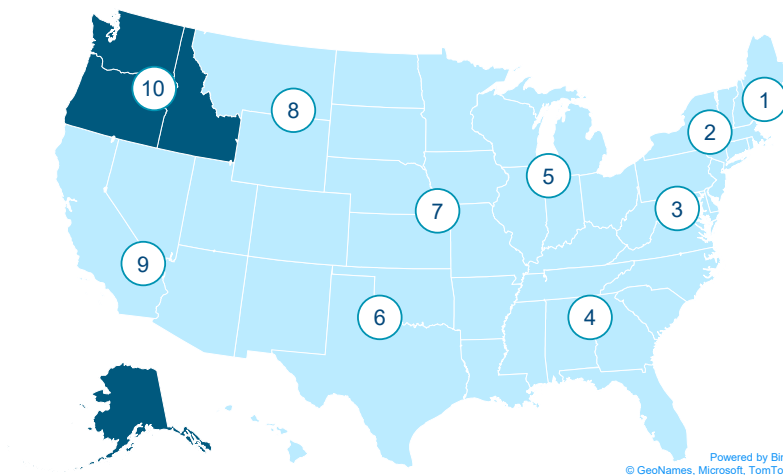
Stroke, nontraumatic brain injury, neurological, miscellaneous

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Top RICs by CMS Region



Region 10

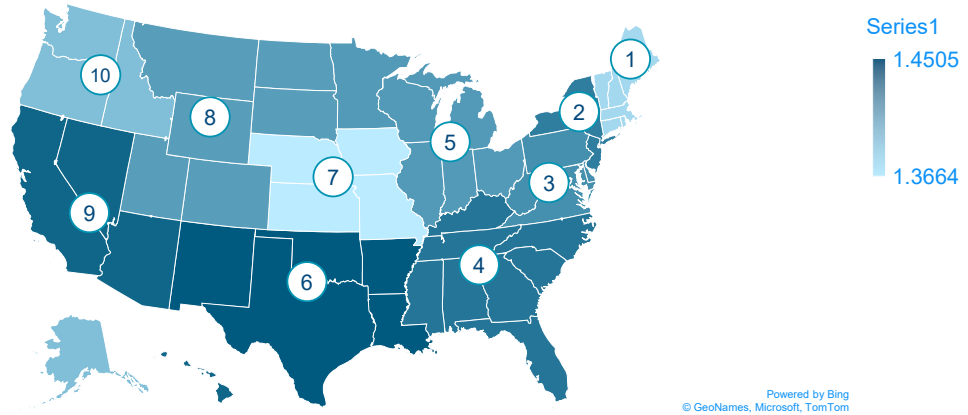
Stroke, nontraumatic brain injury, nontraumatic spinal cord injury, and miscellaneous

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CMI by CMS Region (FY 2025)



National Average: 1.4262

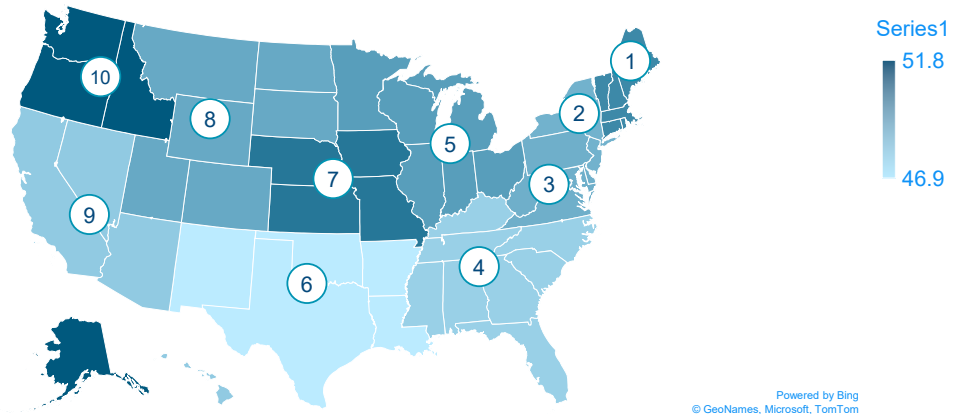
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
1.3755	1.4265	1.4122	1.4313	1.4111	1.4480	1.3652	1.4051	1.4404	1.3896

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Admission Motor Score by CMS Region (FY 2025)



National Average: 48.4

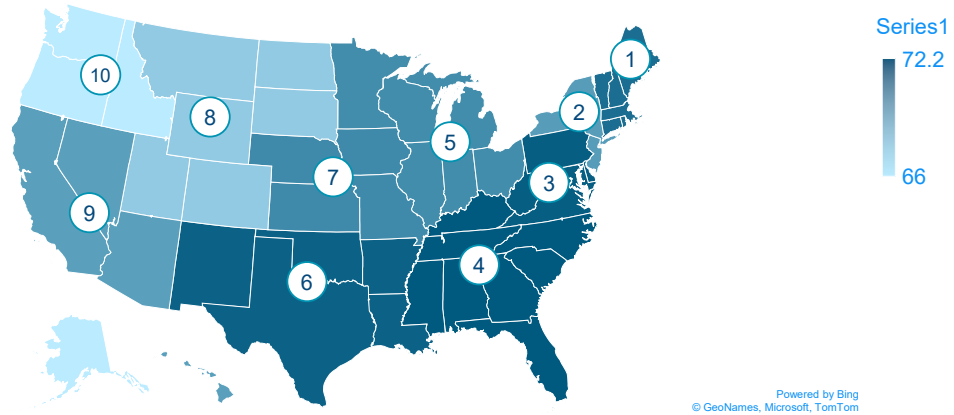
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
50.2	48.8	48.9	47.8	49.5	46.9	50.8	49.1	48.0	51.8

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Average Age by CMS Region (FY 2025)



National Average: 71.0

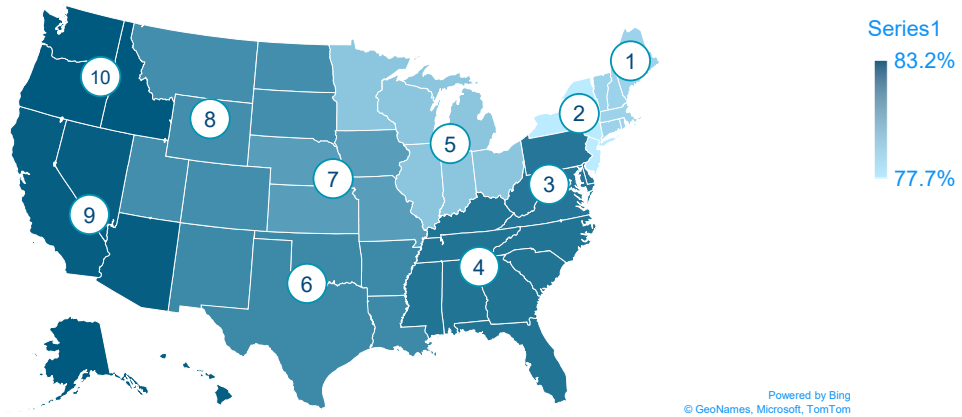
Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
71.3	69.3	72.0	72.2	70.0	71.8	70.1	67.4	69.2	66.0

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Discharge to Community by CMS Region (FY 2025)



National Average: 81.2%

Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8	Region 9	Region 10
78.6%	77.7%	82.1%	82.2%	79.1%	81.4%	80.6%	81.2%	83.0%	83.2%

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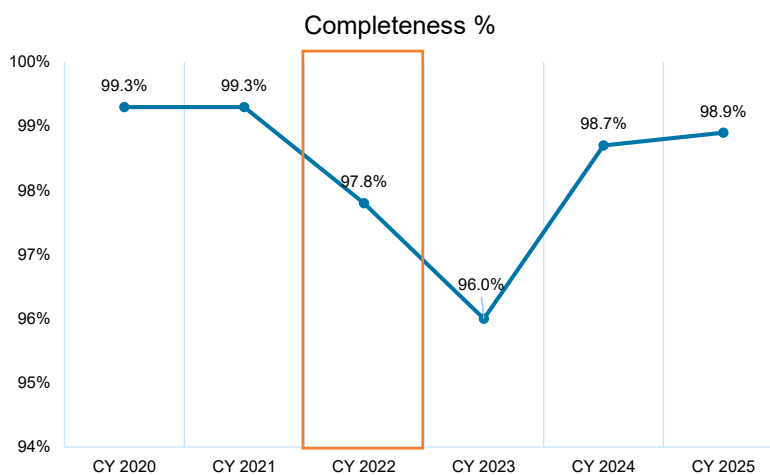
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CMS Region Summary

- Regional benchmarking highlights variation across the country
 - Availability of post-acute care, socioeconomic factors, patient volume
- Comparing across regions can support data-driven decision-making
- Note that the PEM and some public reporting account for severity
 - Risk-adjusted values, expected discharge rates to community settings and acute care

Data Completeness

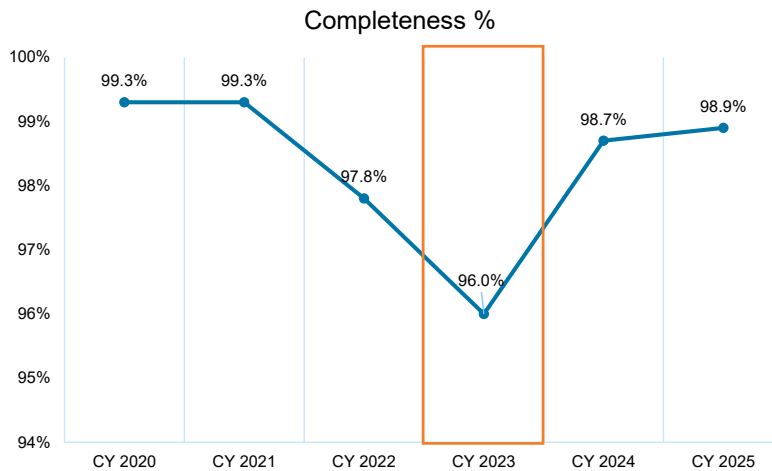


October 1, 2022 / IRF-PAI V4.0

Additions:

- Section A
- B0200, B1000, B1300
- C0100–C0500; C1310A–C1310D
- Section D
- J0510–J0530
- N0415A–N0415Z
- Section O

Data Completeness



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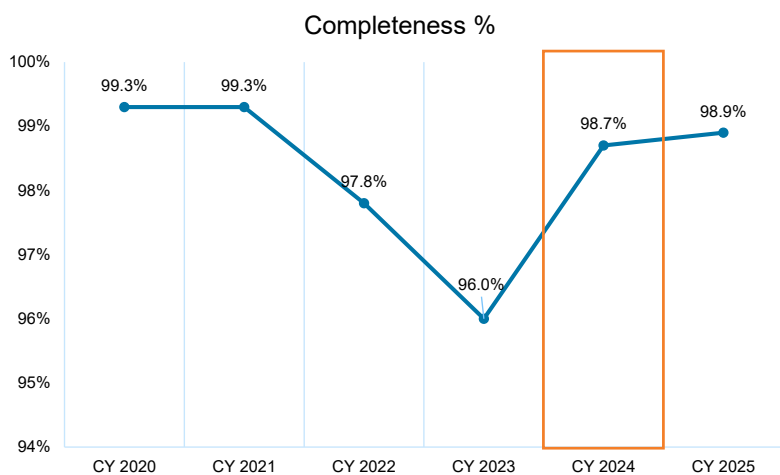


October 1, 2023

Removals:

- C0400A–C0400C
- Section GG goals

Data Completeness



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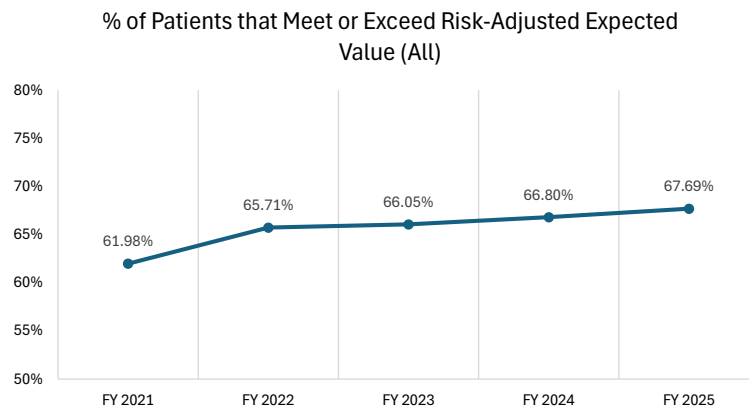


October 1, 2024

- Addition of COVID-19 vaccination status
- All payer submissions

Discharge Mobility (All Patients)

- Overall increase in patients meeting or exceeding their risk-adjusted mobility value



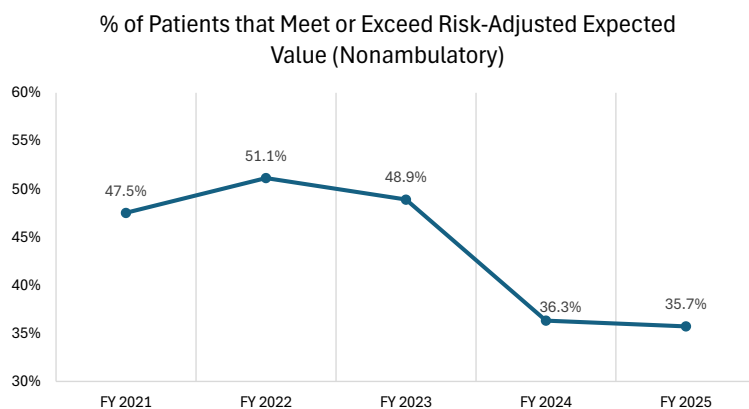
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Discharge Mobility (Nonambulatory Patients)

- Noticeable drop in nonambulatory patients who meet or exceed risk-adjusted expected mobility value



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Risk Adjustment Equation for Mobility

- The total mobility score at admission is used in the risk-adjustment equation
- A higher admission mobility score leads to a higher risk-adjusted expected value
 - This is true for Discharge Self-Care, Discharge Mobility, and Discharge Function Score

Mobility Admission: Prior to October 1, 2023

Admission Mobility - continuous form		Note: use recoded values (valid codes = 01, 02, 03, 04, 05, 06); mobility scores can range from 15 to 90.^b Admission Mobility Score = (GG0170A1 + GG0170B1 + GG0170C1 + GG0170D1 + GG0170E1 + GG0170F1 + GG0170G1 + GG0170I1 + GG0170J1 + GG0170K1 + GG0170L1 + GG0170M1 + GG0170N1 + GG0170O1 + GG0170P1)
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- No wheelchair items (GG0170R and GG0170S) present
- For nonambulatory patients, walk items are all recorded as an “activity not attempted” (ANA) code or code 01, for a maximum of four points across the walk items

Admission Mobility: After October 1, 2023

Note: use recoded values (valid codes = 01, 02, 03, 04, 05, 06);
mobility scores can range from 15 to 90.^b

For patients who code 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1) and discharge (GG0170I3), Admission Mobility Score = (GG0170A1 + GG0170B1 + GG0170C1 + GG0170D1 + GG0170E1 + GG0170F1 + GG0170G1 + GG0170R1 + GG0170S1 + GG0170M1 + GG0170N1 + GG0170O1 + GG0170P1)

For remaining patients, Admission Mobility Score = (GG0170A1 + GG0170B1 + GG0170C1 + GG0170D1 + GG0170E1 + GG0170F1 + GG0170G1 + GG0170I1 + GG0170J1 + GG0170K1 + GG0170L1 + GG0170M1 + GG0170N1 + GG0170O1 + GG0170P1)

- Wheelchair items (GG0170R and GG0170S) are now included for nonambulatory patients
- Unless code 01 is recorded for Wheel 50 Feet and Wheel 150 Feet, *more* points will be added to the admission total

Example with a “Real” Nonambulatory Patient

Old RA calculation

- Admission mobility walk score is 20 points
 - Walk items are ANA and always add up to 4 points
 - ▶ Risk-adjusted expected mobility value: 52.93

TOTAL Mobility (Walk) Score
TOTAL Mobility (Wheelchair) Score
TOTAL Mobility Score
CMS Risk-Adjusted Expected Mobility Value

New RA calculation

- Admission mobility wheelchair score is 26 points
 - Wheel 50 Feet with Two Turns recorded as 03 and Wheel 150 Feet recorded as 02 for a total of 10 points (+6 compared to before)
 - ▶ Risk-adjusted expected mobility value: 59.80

20	34		
26	30		
20	34		
Update Values	52.93	27.82	

→ **NEW** CMS Risk Adjusted Value Information

Discharge Mobility Summary

- For FY 2024, CMS changed the risk-adjustment equation to use wheelchair admission totals for nonambulatory patients instead of walk admission totals
 - Unless their wheelchair values are ANAs or 01s, nonambulatory patients will have higher risk-adjusted expected mobility values than they did before this change
 - The percentage of patients who met or exceeded their discharge mobility value dropped by 12.6%
- Recommended action: Send email to irf.questions@cms.hhs.gov
 - How are nonambulatory patients supposed to achieve gains on certain mobility items, such as items GG070D, Sit to stand, and GG0170P, Picking up object?

Pediatric Patients

- Less than 0.5% of the national database
- Pediatric data completeness
 - CY 2024: 88.2% of pediatric patients had “complete” IRF-PAIs, compared to 98.7% of adults
 - CY 2025: 94.8% of pediatric patients had “complete” IRF-PAIs, compared to 99% of adults
- CMI for pediatric patients is slightly lower
 - 1.4122 versus 1.4231 for FY 2025

Data Completeness

Pediatric Population

Item	% Incomplete
O0350, Patient's COVID-19 vaccination is up to date	3.9%
I0900, Peripheral vascular disease or peripheral arterial disease	3.3%
I2900, Diabetes mellitus	3.3%
C0200 and C300A–C0300C, BIMS (discharge)	2.3%
C0500, BIMS summary score (discharge)	2.3%
C1310A–C1310D, Signs and symptoms of delirium (from CAM©) (discharge)	2.3%
C0100, Should the BIMS be conducted? (discharge)	2.1%
D0150A–D0150I, Patient mood interview (discharge)	1.6%

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Adult Population

Item	% Incomplete
O0350, Patient's COVID-19 vaccination is up to date	0.2%
D0150A–D0150I, Patient mood interview (discharge)	0.2%
C0100, Should the BIMS be conducted? (discharge)	0.1%
C0200 and C0300A–C0300C, BIMS (discharge)	0.1%
D0150A–D0150I, Patient mood interview (admission)	0.1%
C0200, Repeat 3 words (admission)	0.1%
C0500, BIMS summary score (discharge)	0.1%
C1310B–C1310D, Signs and symptoms of delirium (from CAM©) (discharge)	0.1%



Pediatric Patients

- Small percentage of the database
 - No impact on benchmarks
- Lower rates of data completeness
 - CY 2025 is higher than CY 2024 so far
- UDSMR® Program Evaluation Model (PEM)
 - Pediatric patients are only included in the Discharge to Community and Discharge to Acute Care indicators
 - Unchanged from previous versions of the PEM

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ASG Updates

CMS's QRP Corrections

● January 2024 to December 2024

- Patients with ICD-10 code G82.52 were not being excluded from reports even though the IRF QRP User's Manual indicated that they should have been excluded

	<i>E1101,</i> <i>E1111,</i> <i>E11641,</i> <i>E1301,</i> <i>E1311,</i>	R40.2122, R40.2123, R40.2124, R40.2210, R40.2211,	R40.2323, R40.2324, <i>R40.2330,</i> <i>R40.2331,</i> <i>R40.2332,</i>	R40.2444
Persistent vegetative state	R40.3			
Severe brain damage	G93.9,	<i>S06.11XA,</i>	<i>S06.11XD,</i>	<i>S06.11XS</i>
Complete tetraplegia	G82.51, G82.52, G82.53,	S14.112S, S14.113A, S14.113D,	S14.115D, S14.115S, S14.116A,	S14.117S, S14.118A, S14.118D,

- Result: Recalculation of IRF QM reports in iQIES and Care Compare

CMS Corrections to the QRP

- February 2025 to July 2025
 - Discrepancies between iQIES reports and UDSMR® reports
 - CMS identified three errors in their risk adjustment calculation:
 - ▶ K0520A, Parenteral/IV feeding
 - ▶ K0520C, Mechanically altered diet
 - ▶ Stage 3, 4, or unstageable pressure ulcers/injuries (M0300C, M0300D, M0300E, M0300F, and M0300G)
 - Result: Recalculation of IRF QM reports in iQIES and Care Compare

Current Projects

- Discharge Function Score
 - Update to risk adjustment corrected some discrepancies, but imputation model needs additional clarification
 - We have reached out to CMS and Acumen, LLC
- FY 2026 final rule
 - Overview webinar

FY 2026 Final Rule

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Prospective Payment System

Proposed rule

- Proposed market basket update of 2.6%
 - 3.4% minus a 0.8% productivity adjustment
- Proposed labor-related share of 74.5%
- Proposed FY 2026 SPCF of \$19,364
- Proposed outlier threshold of \$11,971

Final rule

- Finalized market basket update of 2.6%
 - 3.3% minus a 0.7% productivity adjustment
- Finalized labor-related share of 74.4%
- Finalized FY 2026 SPCF of \$19,371
- Finalized outlier threshold of \$10,062
 - Increase in outlier payments relative to the proposed threshold

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Prospective Payment System

Proposed rule

- Estimated \$295 million increase in payments to IRFs
 - \$275 million from the market basket increase, plus \$20 million in outlier payments

Final rule

- Estimated \$340 million increase in payments to IRFs
 - \$275 million from the market basket increase, plus \$60 million in outlier payments (equals **\$335** million)

Quality Reporting Program

- CMS has finalized the removal of the two COVID-19 vaccination measures
 - COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) Measure
 - ▶ Removal in October 2025; no further access to data or ability to measure results
 - ▶ IRFs that did not submit CY 2024 reporting period data will not be penalized for FY 2026 payments
 - COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date
 - ▶ Removal from IRF Review and Correct in October 2025
 - ▶ No longer required for patients discharged on or after October 1, 2025
 - ▶ Removal from the IRF-PAI on October 1, 2026
- Both measures will be included in the September 2025 Care Compare refresh but removed starting with the December 2025 refresh

Quality Reporting Program

- CMS has finalized the removal of four SDOH items
 - One item for living situation
 - Two items for food
 - One item for utilities
- These will no longer be added to the IRF-PAI on October 1, 2026
- Note: Modification of item A1250, Transportation, finalized in the FY 2025 final rule, is still in effect
 - Will be assessed at admission only, and responses have changed slightly

Quality Reporting Program

- Reconsideration request policy and process
 - Replace “extenuating circumstances” with “extraordinary circumstances” to be consistent with Extraordinary Circumstances Exception and Extension (ECE) policy
 - Increased detail on when the circumstances had to have existed
 - Cyber attacks or EHR outages are not necessarily covered, but CMS noted that they evaluate requests on a case-by-case basis

Requests for Information (RFIs)

- Measure concepts:
 - Interoperability
 - Well-being
 - Nutrition
 - Delirium
- Potential future revisions under consideration for the IRF-PAI
 - Unplanned discharges, pediatric assessment, reducing burden
- Reducing the final data submission deadline period from 4.5 months to 45 days
- Advancing digital quality measurement
- CMS did not respond to specific comments for RFIs in the final rule but stated that they intend to use the input in the future

Medicare Regulatory Relief RFI Extension

- CMS will continue to accept comments for the *Unleashing Prosperity Through Deregulation of the Medicare Program (Executive Order 14192) Request for Information* until September 15, 2025
- Topics are:
 - Streamline regulatory requirements
 - Opportunities to reduce administrative burden of reporting and documentation
 - Identification of duplicative requirements
 - Additional recommendations
- The portal can be accessed at <https://www.cms.gov/medicare-regulatory-relief-rfi>

Questions?