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An Analysis and Commentary on Federal Health Care Issues
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CMS Issues Final Inpatient Rehabilitation Facility FY 2020 PPS Update

The Centers for Medicare and Medicaid Services (CMS) have released a final rule that will update the payment rates and quality reporting items for inpatient rehabilitation facilities (IRFs) for Federal fiscal year (FY) 2020.

The rule includes the classification and weighting factors for the IRF PPS's case-mix groups and a description of the methodologies and data used in computing the prospective payment rates for FY 2020. This rule will also rebase and revise the IRF market basket to reflect a 2016 base year, rather than the current 2012 base year.

Additionally, the rule will not, as proposed, replace the previously finalized unweighted motor score with a weighted motor score to assign patients to CMGs. CMS will remove one item—(GG0170A1 Roll left to right)—from the score beginning in FY 2020 and to revise the CMGs and update the CMG relative weights and average length of stay values, based on analysis of 2 years of data (FY 2017 and FY 2018).

CMS will update the IRF wage index to use the concurrent IPPS wage index for the IRF PPS beginning with FY 2020. Currently, CMS uses wage index data from the prior year.

The 382-page document is scheduled for publication in the ***Federal Register*** on August 8. A copy is currently available at:https://s3.amazonaws.com/public-inspection.federalregister.gov/2019-16603.pdf. This link will change upon publication.

The IRF PPS Addenda along with other supporting documents and tables referenced in the final rule are available on the CMS website at: http://www.cms.hhs.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/.

Comment

CMS says that the overall economic impact of this proposed rule results in an estimated $210 million increase in FY 2020 IRF PPS payments.

The total addition in costs in FY 2020 for IRFs as a result of the quality reporting requirements is estimated to be $8.2 million.

IRF payments per discharge are estimated to increase by 2.4 percent in urban areas and 4.4 percent in rural areas, compared with estimated FY 2019 payments.

Payments per discharge to rehabilitation units are estimated to increase 5.0 percent in urban areas and 5.7 percent in rural areas.
Payments per discharge to freestanding rehabilitation hospitals are estimated to increase 0.2 percent in urban areas and decrease 2.1 percent in rural areas.

Once again, a rule with no table of contents and page numbering.

IRF PPS Payment Update, Market Basket Update and Productivity Adjustment

CMS will use a market basket increase factor for FY 2020 of 2.9 percent. It was proposed at 3.0 percent. This amount is reduced further by mandates of the **Affordable Care Act** (ACA); that is, reductions for productivity estimated at -0.4 percent. Therefore, the final increase is **2.5 percent**.

Rebasing and Revising the IRF Market Basket

CMS is rebasing and revising the IRF market basket to reflect a 2016 base year. CMS devotes more 35 pages discussing its calculations in revising the IRF market basket. As noted below, the labor-related share changes significantly from 70.5 to 72.6 percent.

Labor-Related Share

FY 2020 IRF Labor-Related Share and FY 2019 IRF Labor-Related Share

	FY 2020 Final Labor-Related Share [1]	FY 2019 Final Labor Related Share [2]
Wages and Salaries	48.1	47.7
Employee Benefits	11.4	11.1
Professional Fees: Labor-related [3]	5.0	3.4
Administrative and Facilities Support Services	0.8	0.8
Installation, Maintenance, and Repair	1.6	1.9
All Other: Labor-related Services	1.8	1.8
Subtotal	68.7	66.7
Labor-related portion of capital (46%)	3.9	3.8
Total Labor-Related Share	**72.6**	70.5

1 Based on the final 2016-based IRF Market Basket, IHS Global Insight, Inc. 2nd quarter 2019 forecast.
2 Based on the 2012-based IRF market basket as published in the Federal Register (83 FR 38526).
3 Includes all contract advertising and marketing costs and a portion of accounting, architectural, engineering, legal, management consulting, and home office contract labor costs.

Wage Adjustment

For FY 2020, CMS will continue using OMB delineations to calculate the area wage indexes.

CMS is changing the IRF wage index methodology to align with other post-acute care settings. Specifically, CMS is changing from its established policy of using the prefloor, pre-reclassified IPPS wage index from the prior fiscal year as the basis for the IRF wage index to using, instead, the pre-floor, pre-reclassified IPPS wage index from the current fiscal year.

The FY 2020 wage index tables based on the FY 2020 pre-reclassified, pre-floor FY 2020 IPPS wage index) are available on the CMS website at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/IRF-Rules-and-Related-Files.html. Table A is for urban areas, and Table B is for rural areas.

Facility Level Adjustment Factors

CMS currently adjust the prospective payment amount associated with a Case-Mix Group to account for facility-level characteristics such as an IRF's low income percentage (LIP), teaching status, and location in a rural area, if applicable, as described in §412.624(e). CMS is not making any changes to these factors for FY 2020.

Description of the IRF Standard Payment Conversion Factor and Payment Rates for FY 2020

Calculations to Determine the FY 2020 Standard Payment Conversion Factor

Explanation for Adjustment	Calculations
Standard Payment Conversion Factor for FY 2019	$16,021
Market Basket Increase Factor for FY 2020 (2.9 percent), reduced by 0.4 percentage point for the productivity adjustment as required by section 1886(j)(3)(C)(ii)(I) of the Act	x 1.025
Budget Neutrality Factor for the Wage Index and Labor-Related Share	x 1.0031
Budget Neutrality Factor for the Revisions to the CMGs and CMG Relative Weights	x 1.0010
FY 2020 Standard Payment Conversion Factor	= **$16,489**

Calculations to Determine the Adjusted FY 2020 Standard Payment Conversion Factor for IRFs That Failed to Meet the Quality Reporting Requirement

Explanation for Adjustment	Calculations
Standard Payment Conversion Factor for FY 2019	$ 16,021
Market Basket Increase Factor for FY 2020 (2.9 percent), reduced by 0.4 percentage point for the productivity adjustment as required by section 1886(j)(3)(C)(ii)(I) of the Act, and further reduced by 2 percentage points for IRFs that failed to meet the quality reporting requirement	X 1.0050
Budget Neutrality Factor for the Wage Index and Labor-Related Share	X 1.0031
Budget Neutrality Factor for the Revisions to the CMGs and CMG Relative Weights	X 1.0010
Adjusted FY 2020 Standard Payment Conversion Factor	**=$ 16,167**

FY 2020 Update to the Case-Mix Group (CMG) Relative Weights and Average Length of Stay Values

The table below contains the CMGs, the comorbidity tiers, the corresponding relative weights, and the average length of stay values for each CMG and tier for FY 2020. The average length of stay for each CMG is used to determine when an IRF discharge meets the definition of a short-stay transfer, which results in a per diem case level adjustment.

Relative Weights and Average Length of Stay Values for Case-Mix Groups

CMG	CMG Description (M=motor, A=age)	Relative Weight				Average Length of Stay			
		Tier 1	Tier 2	Tier 3	No Comorbidity Tier	Tier 1	Tier 2	Tier 3	No Comorbidity Tier
0101	Stroke M >=72.50	1.0351	0.8965	0.8300	0.7906	11	11	10	9
0102	Stroke M >=63.50 and M <72.50	1.3150	1.1389	1.0545	1.0045	13	13	12	12
0103	Stroke M >=50.50 and M <63.50	1.6790	1.4541	1.3464	1.2825	15	16	15	15
0104	Stroke M >=41.50 and M <50.50	2.1958	1.9017	1.7608	1.6772	19	20	19	19
0105	Stroke M <41.50 and A >=84.50	2.4300	2.1046	1.9487	1.8562	22	22	21	20

CMG	CMG Description (M=motor, A=age)	Relative Weight				Average Length of Stay			
		Tier 1	Tier 2	Tier 3	No Comorbidity Tier	Tier 1	Tier 2	Tier 3	No Comorbidity Tier
0106	Stroke M <41.50 and A <84.50	2.8360	2.4562	2.2742	2.1663	27	26	24	24
0201	Traumatic brain injury M >=73.50	1.1593	0.9500	0.8568	0.7992	11	11	10	10
0202	Traumatic brain injury M >=61.50 and M <73.50	1.4366	1.1772	1.0618	0.9903	13	13	12	12
0203	Traumatic brain injury M >=49.50 and M <61.50	1.7487	1.4330	1.2924	1.2055	15	16	14	14
0204	Traumatic brain injury M >=35.50 and M <49.50	2.1339	1.7487	1.5772	1.4710	21	19	17	16
0205	Traumatic brain injury M <35.50	2.6631	2.1823	1.9683	1.8358	31	24	21	19
0301	Non-traumatic brain injury M >=65.50	1.2280	0.9995	0.9218	0.8618	11	11	10	10
0302	Non-traumatic brain injury M >=52.50 and M <65.50	1.5603	1.2700	1.1712	1.0950	14	14	13	13
0303	Non-traumatic brain injury M >=42.50 and M <52.50	1.8814	1.5313	1.4123	1.3203	17	16	15	15
0304	Non-traumatic brain injury M <42.50 and A >=78.50	2.1097	1.7171	1.5836	1.4805	20	18	17	16
0305	Non-traumatic brain injury M <42.50 and A <78.50	2.2889	1.8630	1.7182	1.6063	21	20	18	17
0401	Traumatic spinal cord injury M >=56.50	1.3702	1.1748	1.0753	0.9860	14	13	12	12
0402	Traumatic spinal cord injury M >=47.50 and M <56.50	1.7987	1.5423	1.4117	1.2944	15	18	16	15
0403	Traumatic spinal cord injury M >=41.50 and M <47.50	2.1749	1.8649	1.7070	1.5652	20	20	19	18
0404	Traumatic spinal cord injury M <31.50 and A <61.50	3.1944	2.7390	2.5070	2.2988	36	31	27	23
0405	Traumatic spinal cord injury M >=31.50 and M <41.50	2.7206	2.3328	2.1352	1.9578	27	27	23	21
0406	Traumatic spinal cord injury M >=24.50 and M <31.50 and A >=61.50	3.3266	2.8523	2.6108	2.3939	39	32	27	26
0407	Traumatic spinal cord injury M <24.50 and A >=61.50	4.1203	3.5330	3.2337	2.9651	49	37	32	36
0501	Non-traumatic spinal cord injury M >=60.50	1.2696	1.0371	0.9614	0.8798	13	12	11	10
0502	Non-traumatic spinal cord injury M >=53.50 and M <60.50	1.5859	1.2954	1.2009	1.0990	15	14	13	13
0503	Non-traumatic spinal cord injury M >=48.50 and M <53.50	1.8273	1.4926	1.3837	1.2663	17	15	15	14
0504	Non-traumatic spinal cord injury M >=39.50 and M <48.50	2.2209	1.8141	1.6817	1.5390	20	19	18	17
0505	Non-traumatic spinal cord injury M <39.50	2.8362	2.3166	2.1477	1.9654	30	24	23	21
0601	Neurological M >=64.50	1.3431	1.0441	0.9748	0.8864	12	11	11	10
0602	Neurological M >=52.50 and M <64.50	1.6641	1.2937	1.2078	1.0983	14	14	13	12
0603	Neurological M >=43.50 and M <52.50	1.9606	1.5242	1.4230	1.2940	16	16	15	14
0604	Neurological M <43.50	2.2535	1.7519	1.6356	1.4873	20	18	17	16
0701	Fracture of lower extremity M >=61.50	1.2511	1.0096	0.9644	0.8771	12	12	11	10

CMG	CMG Description (M=motor, A=age)	Relative Weight				Average Length of Stay			
		Tier 1	Tier 2	Tier 3	No Comorbidity Tier	Tier 1	Tier 2	Tier 3	No Comorbidity Tier
0702	Fracture of lower extremity M >=52.50 and M <61.50	1.5660	1.2636	1.2072	1.0978	14	14	13	13
0703	Fracture of lower extremity M >=41.50 and M <52.50	1.8960	1.5299	1.4615	1.3291	17	17	16	15
0704	Fracture of lower extremity M <41.50	2.1443	1.7303	1.6529	1.5032	18	18	18	17
0801	Replacement of lower-extremity joint M >=63.50	1.0611	0.8826	0.7992	0.7434	10	10	9	9
0802	Replacement of lower-extremity joint M >=57.50 and M <63.50	1.2506	1.0402	0.9419	0.8762	11	12	11	10
0803	Replacement of lower-extremity joint M >=51.50 and M <57.50	1.4028	1.1669	1.0566	0.9829	13	13	12	11
0804	Replacement of lower-extremity joint M >=42.50 and M <51.50	1.6133	1.3419	1.2151	1.1304	15	15	13	13
0805	Replacement of lower-extremity joint M <42.50	1.9202	1.5973	1.4463	1.3454	16	17	15	15
0901	Other orthopedic M >=63.50	1.2066	0.9641	0.8950	0.8243	11	11	10	10
0902	Other orthopedic M >=51.50 and M <63.50	1.5262	1.2196	1.1321	1.0427	13	14	13	12
0903	Other orthopedic M >=44.50 and M <51.50	1.7937	1.4333	1.3305	1.2254	15	15	14	14
0904	Other orthopedic M <44.5	2.0358	1.6268	1.5101	1.3908	18	17	16	15
1001	Amputation lower extremity M >=64.50	1.2854	1.0952	0.9915	0.9110	12	13	11	11
1002	Amputation lower extremity M >=55.50 and M <64.50	1.6019	1.3648	1.2357	1.1353	15	15	13	13
1003	Amputation lower extremity M >=47.50 and M <55.50	1.8483	1.5748	1.4258	1.3100	16	17	16	15
1004	Amputation lower extremity M <47.50	2.1480	1.8301	1.6570	1.5224	18	19	18	16
1101	Amputation non-lower extremity M >=58.50	1.4202	1.1802	1.0683	0.8943	13	13	12	10
1102	Amputation non-lower extremity M >=52.50 and M <58.50	1.7633	1.4653	1.3264	1.1103	15	14	14	13
1103	Amputation non-lower extremity M <52.50	2.0223	1.6806	1.5212	1.2734	17	19	15	14
1201	Osteoarthritis M >=61.50	1.2378	0.9532	0.9256	0.8600	11	11	10	10
1202	Osteoarthritis M >=49.50 and M <61.50	1.5753	1.2131	1.1780	1.0944	14	14	13	13
1203	Osteoarthritis M <49.50 and A >=74.50	1.7998	1.3860	1.3459	1.2505	15	16	15	14
1204	Osteoarthritis M <49.50 and A <74.50	1.9148	1.4746	1.4318	1.3303	15	15	16	15
1301	Rheumatoid other arthritis M >=62.50	1.1667	0.9831	0.9315	0.8579	11	11	10	10
1302	Rheumatoid other arthritis M >=51.50 and M <62.50	1.4269	1.2023	1.1392	1.0492	12	14	12	12
1303	Rheumatoid other arthritis M >=44.50 and M <51.50 and A >=64.50	1.6816	1.4169	1.3425	1.2365	13	15	14	14
1304	Rheumatoid other arthritis M <44.50 and A >=64.50	1.9036	1.6040	1.5198	1.3997	16	17	16	15
1305	Rheumatoid other arthritis M <51.50 and A <64.50	1.8768	1.5814	1.4984	1.3800	14	17	16	14

CMG	CMG Description (M=motor, A=age)	Relative Weight				Average Length of Stay			
		Tier 1	Tier 2	Tier 3	No Comorbidity Tier	Tier 1	Tier 2	Tier 3	No Comorbidity Tier
1401	Cardiac M >=68.50	1.1425	0.9303	0.8576	0.7707	11	11	10	9
1402	Cardiac M >=55.50 and M <68.50	1.4376	1.1706	1.0792	0.9698	13	13	12	11
1403	Cardiac M >=45.50 and M <55.50	1.7346	1.4125	1.3021	1.1702	15	15	14	13
1404	Cardiac M <45.50	2.0201	1.6450	1.5165	1.3628	18	17	16	15
1501	Pulmonary M >=68.50	1.2446	1.0612	0.9769	0.9280	11	11	10	10
1502	Pulmonary M >=56.50 and M <68.50	1.5082	1.2859	1.1838	1.1245	13	13	12	12
1503	Pulmonary M >=45.50 and M <56.50	1.7761	1.5143	1.3940	1.3242	15	14	14	13
1504	Pulmonary M <45.50	2.0391	1.7385	1.6005	1.5203	20	17	15	15
1601	Pain syndrome M >=65.50	1.1312	0.8992	0.8492	0.7836	10	11	10	9
1602	Pain syndrome M >=58.50 and M <65.50	1.3963	1.1099	1.0482	0.9672	11	11	12	11
1603	Pain syndrome M >=43.50 and M <58.50	1.6234	1.2904	1.2187	1.1245	13	14	13	13
1604	Pain syndrome M <43.50	1.8910	1.5031	1.4196	1.3098	14	15	15	14
1701	Major multiple trauma without brain or spinal cord injury M >=57.50	1.4098	1.1015	1.0310	0.9404	12	12	12	11
1702	Major multiple trauma without brain or spinal cord injury M >=50.50 and M <57.50	1.7293	1.3512	1.2647	1.1536	15	14	14	13
1703	Major multiple trauma without brain or spinal cord injury M >=41.50 and M <50.50	2.0092	1.5699	1.4694	1.3403	17	17	16	15
1704	Major multiple trauma without brain or spinal cord injury M >=36.50 and M <41.50	2.2231	1.7369	1.6258	1.4829	20	18	17	17
1705	Major multiple trauma without brain or spinal cord injury M <36.50	2.4140	1.8861	1.7654	1.6103	21	20	19	17
1801	Major multiple trauma with brain or spinal cord injury M >=67.50	1.1788	0.9975	0.8908	0.8151	13	11	10	10
1802	Major multiple trauma with brain or spinal cord injury M >=55.50 and M <67.50	1.5258	1.2911	1.1530	1.0551	15	15	13	12
1803	Major multiple trauma with brain or spinal cord injury M >=45.50 and M <55.50	1.8891	1.5984	1.4275	1.3063	19	18	15	15
1804	Major multiple trauma with brain or spinal cord injury M >=40.50 and M <45.50	2.1888	1.8521	1.6541	1.5136	26	21	18	16
1805	Major multiple trauma with brain or spinal cord injury M >=30.50 and M <40.50	2.5760	2.1797	1.9467	1.7813	27	22	20	20
1806	Major multiple trauma with brain or spinal cord injury M <30.50	3.4401	2.9109	2.5996	2.3788	40	31	28	25
1901	Guillain-Barré M >=66.50	1.2297	0.9638	0.9258	0.9026	13	11	11	11
1902	Guillain-Barré M >=51.50 and M <66.50	1.7299	1.3558	1.3024	1.2697	17	17	14	15

CMG	CMG Description (M=motor, A=age)	Relative Weight				Average Length of Stay			
		Tier 1	Tier 2	Tier 3	No Comorbidity Tier	Tier 1	Tier 2	Tier 3	No Comorbidity Tier
1903	Guillain-Barré M >=38.50 and M <51.50	2.6270	2.0589	1.9778	1.9282	26	23	22	21
1904	Guillain-Barré M <38.50	3.7274	2.9213	2.8063	2.7359	44	30	29	30
2001	Miscellaneous M >=66.50	1.2127	0.9812	0.9107	0.8268	11	11	10	10
2002	Miscellaneous M >=55.50 and M <66.50	1.4948	1.2094	1.1225	1.0192	13	13	12	12
2003	Miscellaneous M >=46.50 and M <55.50	1.7515	1.4171	1.3152	1.1942	15	15	14	13
2004	Miscellaneous M <46.50 and A >=77.50	1.9679	1.5922	1.4778	1.3417	18	17	16	15
2005	Miscellaneous M <46.50 and A <77.50	2.1020	1.7007	1.5785	1.4332	19	18	16	16
2101	Burns M >=52.50	1.5423	1.2723	1.1809	1.0614	15	13	13	12
2102	Burns M <52.50	2.2036	1.8179	1.6873	1.5165	22	19	16	17
5001	Short-stay cases, length of stay is 3 days or fewer				0.1816				3
5101	Expired, orthopedic, length of stay is 13 days or fewer				0.5703				6
5102	Expired, orthopedic, length of stay is 14 days or more				1.7939				18
5103	Expired, not orthopedic, length of stay is 15 days or fewer				0.6740				7
5104	Expired, not orthopedic, length of stay is 16 days or more				2.1956				22

The CMG relative weights (shown above) are multiplied the FY 2020 standard payment conversion factor ($16,573), resulting in unadjusted IRF prospective payment rates for FY 2020 as shown below.

FY 2020 Payment Rates

CMG	Payment Rate Tier 1	Payment Rate Tier 2	Payment Rate Tier 3	Payment Rate No Comorbidity
0101	$ 17,067.76	$ 14,782.39	$ 13,685.87	$ 13,036.20
0102	$ 21,683.04	$ 18,779.32	$ 17,387.65	$ 16,563.20
0103	$ 27,685.03	$ 23,976.65	$ 22,200.79	$ 21,147.14
0104	$ 36,206.55	$ 31,357.13	$ 29,033.83	$ 27,655.35
0105	$ 40,068.27	$ 34,702.75	$ 32,132.11	$ 30,606.88
0106	$ 46,762.80	$ 40,500.28	$ 37,499.28	$ 35,720.12
0201	$ 19,115.70	$ 15,664.55	$ 14,127.78	$ 13,178.01
0202	$ 23,688.10	$ 19,410.85	$ 17,508.02	$ 16,329.06
0203	$ 28,834.31	$ 23,628.74	$ 21,310.38	$ 19,877.49
0204	$ 35,185.88	$ 28,834.31	$ 26,006.45	$ 24,255.32
0205	$ 43,911.86	$ 35,983.94	$ 32,455.30	$ 30,270.51
0301	$ 20,248.49	$ 16,480.76	$ 15,199.56	$ 14,210.22
0302	$ 25,727.79	$ 20,941.03	$ 19,311.92	$ 18,055.46
0303	$ 31,022.40	$ 25,249.61	$ 23,287.41	$ 21,770.43
0304	$ 34,786.84	$ 28,313.26	$ 26,111.98	$ 24,411.96
0305	$ 37,741.67	$ 30,719.01	$ 28,331.40	$ 26,486.28

CMG	Payment Rate Tier 1	Payment Rate Tier 2	Payment Rate Tier 3	Payment Rate No Comorbidity
0401	$ 22,593.23	$ 19,371.28	$ 17,730.62	$ 16,258.15
0402	$ 29,658.76	$ 25,430.98	$ 23,277.52	$ 21,343.36
0403	$ 35,861.93	$ 30,750.34	$ 28,146.72	$ 25,808.58
0404	$ 52,672.46	$ 45,163.37	$ 41,337.92	$ 37,904.91
0405	$ 44,859.97	$ 38,465.54	$ 35,207.31	$ 32,282.16
0406	$ 54,852.31	$ 47,031.57	$ 43,049.48	$ 39,473.02
0407	$ 67,939.63	$ 58,255.64	$ 53,320.48	$ 48,891.53
0501	$ 20,934.43	$ 17,100.74	$ 15,852.52	$ 14,507.02
0502	$ 26,149.91	$ 21,359.85	$ 19,801.64	$ 18,121.41
0503	$ 30,130.35	$ 24,611.48	$ 22,815.83	$ 20,880.02
0504	$ 36,620.42	$ 29,912.69	$ 27,729.55	$ 25,376.57
0505	$ 46,766.10	$ 38,198.42	$ 35,413.43	$ 32,407.48
0601	$ 22,146.38	$ 17,216.16	$ 16,073.48	$ 14,615.85
0602	$ 27,439.34	$ 21,331.82	$ 19,915.41	$ 18,109.87
0603	$ 32,328.33	$ 25,132.53	$ 23,463.85	$ 21,336.77
0604	$ 37,157.96	$ 28,887.08	$ 26,969.41	$ 24,524.09
0701	$ 20,629.39	$ 16,647.29	$ 15,901.99	$ 14,462.50
0702	$ 25,821.77	$ 20,835.50	$ 19,905.52	$ 18,101.62
0703	$ 31,263.14	$ 25,226.52	$ 24,098.67	$ 21,915.53
0704	$ 35,357.36	$ 28,530.92	$ 27,254.67	$ 24,786.26
0801	$ 17,496.48	$ 14,553.19	$ 13,178.01	$ 12,257.92
0802	$ 20,621.14	$ 17,151.86	$ 15,530.99	$ 14,447.66
0803	$ 23,130.77	$ 19,241.01	$ 17,422.28	$ 16,207.04
0804	$ 26,601.70	$ 22,126.59	$ 20,035.78	$ 18,639.17
0805	$ 31,662.18	$ 26,337.88	$ 23,848.04	$ 22,184.30
0901	$ 19,895.63	$ 15,897.04	$ 14,757.66	$ 13,591.88
0902	$ 25,165.51	$ 20,109.98	$ 18,667.20	$ 17,193.08
0903	$ 29,576.32	$ 23,633.68	$ 21,938.61	$ 20,205.62
0904	$ 33,568.31	$ 26,824.31	$ 24,900.04	$ 22,932.90
1001	$ 21,194.96	$ 18,058.75	$ 16,348.84	$ 15,021.48
1002	$ 26,413.73	$ 22,504.19	$ 20,375.46	$ 18,719.96
1003	$ 30,476.62	$ 25,966.88	$ 23,510.02	$ 21,600.59
1004	$ 35,418.37	$ 30,176.52	$ 27,322.27	$ 25,102.85
1101	$ 23,417.68	$ 19,460.32	$ 17,615.20	$ 14,746.11
1102	$ 29,075.05	$ 24,161.33	$ 21,871.01	$ 18,307.74
1103	$ 33,345.70	$ 27,711.41	$ 25,083.07	$ 20,997.09
1201	$ 20,410.08	$ 15,717.31	$ 15,262.22	$ 14,180.54
1202	$ 25,975.12	$ 20,002.81	$ 19,424.04	$ 18,045.56
1203	$ 29,676.90	$ 22,853.75	$ 22,192.55	$ 20,619.49
1204	$ 31,573.14	$ 24,314.68	$ 23,608.95	$ 21,935.32
1301	$ 19,237.72	$ 16,210.34	$ 15,359.50	$ 14,145.91
1302	$ 23,528.15	$ 19,824.72	$ 18,784.27	$ 17,300.26
1303	$ 27,727.90	$ 23,363.26	$ 22,136.48	$ 20,388.65
1304	$ 31,388.46	$ 26,448.36	$ 25,059.98	$ 23,079.65
1305	$ 30,946.56	$ 26,075.70	$ 24,707.12	$ 22,754.82
1401	$ 18,838.68	$ 15,339.72	$ 14,140.97	$ 12,708.07
1402	$ 23,704.59	$ 19,302.02	$ 17,794.93	$ 15,991.03
1403	$ 28,601.82	$ 23,290.71	$ 21,470.33	$ 19,295.43
1404	$ 33,309.43	$ 27,124.41	$ 25,005.57	$ 22,471.21

CMG	Payment Rate Tier 1	Payment Rate Tier 2	Payment Rate Tier 3	Payment Rate No Comorbidity
1501	$ 20,522.21	$ 17,498.13	$ 16,108.10	$ 15,301.79
1502	$ 24,868.71	$ 21,203.21	$ 19,519.68	$ 18,541.88
1503	$ 29,286.11	$ 24,969.29	$ 22,985.67	$ 21,834.73
1504	$ 33,622.72	$ 28,666.13	$ 26,390.64	$ 25,068.23
1601	$ 18,652.36	$ 14,826.91	$ 14,002.46	$ 12,920.78
1602	$ 23,023.59	$ 18,301.14	$ 17,283.77	$ 15,948.16
1603	$ 26,768.24	$ 21,277.41	$ 20,095.14	$ 18,541.88
1604	$ 31,180.70	$ 24,784.62	$ 23,407.78	$ 21,597.29
1701	$ 23,246.19	$ 18,162.63	$ 17,000.16	$ 15,506.26
1702	$ 28,514.43	$ 22,279.94	$ 20,853.64	$ 19,021.71
1703	$ 33,129.70	$ 25,886.08	$ 24,228.94	$ 22,100.21
1704	$ 36,656.70	$ 28,639.74	$ 26,807.82	$ 24,451.54
1705	$ 39,804.45	$ 31,099.90	$ 29,109.68	$ 26,552.24
1801	$ 19,437.23	$ 16,447.78	$ 14,688.40	$ 13,440.18
1802	$ 25,158.92	$ 21,288.95	$ 19,011.82	$ 17,397.54
1803	$ 31,149.37	$ 26,356.02	$ 23,538.05	$ 21,539.58
1804	$ 36,091.12	$ 30,539.28	$ 27,274.45	$ 24,957.75
1805	$ 42,475.66	$ 35,941.07	$ 32,099.14	$ 29,371.86
1806	$ 56,723.81	$ 47,997.83	$ 42,864.80	$ 39,224.03
1901	$ 20,276.52	$ 15,892.10	$ 15,265.52	$ 14,882.97
1902	$ 28,524.32	$ 22,355.79	$ 21,475.27	$ 20,936.08
1903	$ 43,316.60	$ 33,949.20	$ 32,611.94	$ 31,794.09
1904	$ 61,461.10	$ 48,169.32	$ 46,273.08	$ 45,112.26
2001	$ 19,996.21	$ 16,179.01	$ 15,016.53	$ 13,633.11
2002	$ 24,647.76	$ 19,941.80	$ 18,508.90	$ 16,805.59
2003	$ 28,880.48	$ 23,366.56	$ 21,686.33	$ 19,691.16
2004	$ 32,448.70	$ 26,253.79	$ 24,367.44	$ 22,123.29
2005	$ 34,659.88	$ 28,042.84	$ 26,027.89	$ 23,632.03
2101	$ 25,430.98	$ 20,978.95	$ 19,471.86	$ 17,501.42
2102	$ 36,335.16	$ 29,975.35	$ 27,821.89	$ 25,005.57
5001				$ 2,994.40
5101				$ 9,403.68
5102				$ 29,579.62
5103				$ 11,113.59
5104				$ 36,203.25

Update to Payments for High-Cost Outliers under the IRF PPS for FY 2020

The outlier threshold is calculated by simulating aggregate payments and using an iterative process to determine a threshold that results in outlier payments being equal to 3.0 percent of total payments under the simulation.

CMS is updating the outlier threshold amount from $9,402 for FY 2019 to **$9,300** for FY 2020 to maintain estimated outlier payments at approximately 3.0 percent of total estimated aggregate IRF payments for FY 2020.

Amendments to § 412.622 to Clarify the Definition of a Rehabilitation Physician

CMS will amend the definition of a rehabilitation physician to clarify that the determination as to whether a physician qualifies as a rehabilitation physician (that is, a licensed physician with specialized training and experience in inpatient rehabilitation) is made by the IRF. For clarity, CMS will remove this definition from § 412.622(a)(3)(iv) and move it to a new paragraph (§ 412.622(c)). CMS also will make

corresponding technical corrections elsewhere in § 412.622(a)(3)(iv), (a)(4)(i)(A), (a)(4)(iii)(A), and (a)(5)(i) to remove the references to § 412.622(a)(3)(iv) in those paragraphs, so as to reflect the new location of the definition.

CMS says it received 1,163 comments on this item, most of which CMS says were form letters.

Updates to the IRF Quality Reporting Program (QRP)

The IRF QRP currently has 15 adopted measures.

Beginning with the FY 2022 IRF QRP, CMS is adopting two process measures: (1) Transfer of Health Information to the Provider–Post-Acute Care (PAC); and (2) Transfer of Health Information to the Patient–Post-Acute Care (PAC).

CMS is updating the specifications for the Discharge to Community–Post Acute Care (PAC) IRF QRP measure to exclude baseline nursing facility (NF) residents from the measure.

In addition, CMS is adopting a number of standardized patient assessment data elements (SPADEs). These SPADEs will assess cognitive function and mental status, special services, treatments and interventions, medical conditions and comorbidities, impairments, and social determinants of health (race and ethnicity, preferred language and interpreter services, health literacy, transportation, or social isolation).

Comment

Quality items and reporting requirements are complex and are becoming even more complex.

The quality discussion in this rule is more than 200 pages. Most of the discussion centers of the adoption of many of the "Spade" items.

Those involved in the quality subject need to carefully review and analyze the material in this and all Medicare payment rules. To do otherwise could result in decreased payments.