CORPORATE POLICY

Manual/Library Name: Compliance	**No:** EAC.03.04
	Page: 1 of 4
	Effective Date: 04/02/24
Policy Title: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) (COMP-RCC 4.12)	**Previous Versions:** 05/01/19; 10/01/17; 09/21/12; 10/15/04; 01/22/03
	Approved By: Executive Leadership Team
	Approval Date: 03/04/24

I. Scope:

This policy applies to Tenet Healthcare Corporation and its subsidiaries and affiliates, other than Conifer Holdings Inc. and its direct and indirect subsidiaries (each, an "Affiliate"), any other entity or organization in which Tenet or an Affiliate owns a direct or indirect equity interest of greater than 50%, and any entity in which an Affiliate either manages or controls the day-to-day operations of the entity (each, a "Tenet Entity") (collectively, "Tenet").

II. Purpose:

To utilize a comprehensive standardized system for collecting standardized patient assessment data to conform to Centers for Medicare and Medicaid Services (CMS) Regulations.

III. Definitions:

Admission Assessment: The assessment that begins the moment the patient arrives to the unit and the following two calendar days.

Clinician: Personnel that holds a state licensure in their respective field.

Discharge Assessment: The assessment including the day of discharge and the previous two calendar days.

QRP: Quality Reporting Program established by CMS for the purpose of program monitoring and public reporting.

IV. Policy:

All patients admitted to a Tenet Inpatient Rehabilitation Facility (IRF), or unit will have a comprehensive, standardized, and reproducible Patient Assessment Instrument (IRF-PAI) completed at admission and discharge by an IRF-PAI trained clinician.

V. Procedure:

A. An IRF PAI is required for all admissions in order to track facility compliance of 60% rule. Facilities must utilize the IRF-PAI for assessment of all patients for the purpose of clinical care, program evaluation, benchmarking, reporting required CMS Quality Reporting Measures, and to determine reimbursement. Data from the IRF-PAI will be transmitted to CMS for all Medicare and Medicare Advantage patients.

Manual/Library Name: Compliance	**No:** EAC.03.04
	Page: 2 of 4
	Effective Date: 04/02/24
Policy Title: Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) (COMP-RCC 4.12)	**Previous Versions:** 05/01/19; 10/01/17; 09/21/12; 10/15/04; 01/22/03
	Approved By: Executive Leadership Team
	Approval Date: 03/04/24

B. All patients admitted to the IRF will be informed of their rights and privacy by a clinician of the IRF prior to an assessment being initiated. This process does not replace the need to notify patients of their rights under Health Insurance Portability and Accountability Act (HIPAA).

C. A hard copy of the Data Collection Information Summary for Patients in an IRF and, the Privacy Act Statement – Health Care Records documents will be provided to each IRF patient and/or patient representative and their issuance will be recorded in the medical record.

D. Patient Assessment Instrument Content

1. The IRF-PAI must be completed for all patients. It is the responsibility of the Case Mix Group (CMG) Coordinator, or other clinician trained in how to perform a patient assessment using the IRF-PAI, including collection of, recording, and transmitting the patient assessment instrument data, to ensure the accuracy and thoroughness of all data recorded on the IRF-PAI.
2. The assessment process must include direct patient observation and communication with the patient, and when appropriate and to the extent feasible, patient data from the patient's physician(s), family, someone personally knowledgeable about the patient's clinical condition or capabilities, and the patient's clinical record and other sources.
3. ICD-10 codes will be coded by a HIM coder. The CMG Coordinator is responsible for the final placement on the IRF PAI based on instructions found in the IRF PAI manual.
4. The CMG Coordinator reviews all required admission and discharge assessment data and verifies the most appropriate and valid score and/or code is documented.

E. Implementation of Assessment Schedule

1. Admission data is collected during the admission assessment period and then validated beginning on day 4.
2. Discharge data is collected during the discharge assessment period and then validated beginning on the day of discharge.
3. Medical data and functional scores must be supported by the medical record documentation and must be validated prior to the finalization of the IRF PAI.
4. For all standardized patient assessment data requirements of the IRF QRP, IRFs must meet or exceed the data completeness threshold of 95 percent on an annual basis. The required quality measures data and standardized patient assessment data collected

using the IRF-PAI are submitted through the Internet Quality Improvement and Evaluation System (iQIES). Failure to complete Quality Reporting Program items may result in payment reductions of two percentage points annually.

5. Admission and discharge IRF-PAI items must be completed before the record is transmitted. The transmission of the completed IRF PAI should occur on/before the seventeenth calendar beginning with the day of discharge or it is considered late by CMS. In most cases, the complete IRF PAI can be transmitted around day 10.

F. Record Retention

Each rehabilitation facility will maintain a signed/dated copy of the transmitted IRF-PAI form in the patient's medical record as a legal document. The data from the transmitted IRF-PAI will be maintained in an electronic computer file format that can be easily obtained for a period not less than five years. IRF-PAIs for Managed Medicare patients must be retained for a period of 10 years.

VI. Enforcement:

All employees whose responsibilities are affected by this policy are expected to be familiar with the basic procedures and responsibilities created by this policy. Failure to comply with this policy will be subject to appropriate performance management pursuant to all applicable policies and procedures, up to and including termination. Such performance management may also include modification of compensation, including any merit or discretionary compensation awards, as allowed by applicable law.

VII. References:

EAC.03.04.DR.01 Sample IRF-PAI Tracking Log (Attachment A) (COMP-RCC 4.12A)

CMS IRF PAI Manual

42 CFR Parts 412 and 413, Medicare Program: Prospective Payment System for Inpatient Rehabilitation Facilities, Final Rule, August 7, 2001, pp. 41324-41325; 41328-41329; 41331; 41335; 41341; 41411.

42 CFR, Part 412, Medicare Program: Changes to the Inpatient Rehabilitation Facility Prospective Payment System; Final Rule, August 1, 2003

42 CFR, Part 412, Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2010; Final Rule