

**CBE ID**

3561

**Title**

Medicare Spending Per Beneficiary - Post Acute Care Measure for Inpatient Rehabilitation Facilities

**Project**

Cost and Efficiency

**Endorsement Status**

Endorsed

**Is Under Review**

No

**Next Maintenance Cycle**

Spring 2027

**Previous Endorsement Cycle**

Spring 2020

**Initial Endorsement**

Fri, 11/20/2020 - 09:35

**Steward**

Centers for Medicare & Medicaid Services

**1.0 New or Maintenance**

Maintenance

**1.1 Measure Structure**

Single Measure

**1.3 Electronic Clinical Quality Measure (eCQM)**

No

**1.6 Measure Description**

The Medicare Spending Per Beneficiary - Post Acute Care Measure for Inpatient Rehabilitation Facility (MSPB-PAC IRF) was developed to address the resource use domain of the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act). This resource use measure is intended to evaluate each IRF's efficiency relative to that of the national median IRF. Specifically, the measure assesses Medicare spending by the IRF and other healthcare providers during an MSPB episode. The measure reports the ratio of the payment-standardized, risk-adjusted MSPB-PAC Amount for each IRF divided by the episode-weighted median MSPB-PAC Amount across all IRFs. The MSPB-PAC Amount is the ratio of the observed episode spending to

the expected episode spending, multiplied by the national average episode spending for all IRFs. The measure is calculated using two consecutive years of Medicare Fee-for-Service (FFS) claims data and was developed using calendar year (CY) 2015-2016 data. This submission is based on fiscal year (FY) 2016-2017 data; i.e., IRF admissions from October 1, 2015 through September 30, 2017.

Claims-based MSPB-PAC measures were developed in parallel for the IRF, long-term care hospital (LTCH), skilled nursing facility (SNF), and home health agency (HHA) settings to meet the mandate of the IMPACT Act. To align with the goals of standardized assessment across all settings in PAC, these measures were conceptualized uniformly across the four settings in terms of the construction logic, the approach to risk adjustment, and measure calculation. Clinically meaningful case-mix considerations were evaluated at the level of each setting. For example, clinicians with IRF experience evaluated IRF claims and then gave direction on how to adjust for specific patient and case-mix characteristics.

The MSPB-PAC IRF measure was adopted by the Centers for Medicare & Medicaid Services (CMS) for the IRF Quality Reporting Program (QRP) and finalized in the FY 2017 IRF Prospective Payment System (PPS) Final Rule.[1] Public reporting for the measure began in Fall 2018 through the IRF Compare website (<https://www.medicare.gov/inpatientrehabilitationfacilitycompare/>) using FY 2016-2017 data.

Notes:

[1] Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2017 Federal Register, Vol. 81, No. 151.

<https://www.gpo.gov/fdsys/pkg/FR-2016-08-05/pdf/2016-18196.pdf>

## **1.7 Measure Type**

Cost/Resource Use

## **1.8 Level of Analysis**

Facility

## **1.13 Data Dictionary**

Not attached. I attest that all information will be provided where codes and/or value sets are needed (1.14a - 1.15c).

## **1.20 Types of Data Sources**

Claims Data, Other

## **6.1.2 Current or Planned Use(s)**

Public Reporting, Quality Improvement (Internal to the specific organization)

## **6.1.3 Current Use(s)**

Public Reporting, Quality Improvement (Internal to the specific organization)

## **Planned Use**

Quality Improvement (Internal to the specific organization)

**Resource Use Measure Type**

Per episode

**Risk Adjustment**

Statistical risk model

**The measure developer is different from the measure steward**

No

**Steward Organization**

Centers for Medicare & Medicaid Services

**Steward POC email**

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