

Inpatient Rehabilitation Facilities

Inpatient rehabilitation facilities are a critical venue in the post-acute continuum of care. An Inpatient Rehabilitation Facility (IRF) provides specialized services to patients with functional deficits. The facilities are restricted to treating a patient population of which at least 75% falls into one of ten diagnostic categories including stroke, amputation, spinal cord injury, polyarthritis, major multiple trauma, hip fractures, brain injury, congenital deformity, neurological disorders and burns. Patients usually require 5.5 direct nursing hours per patient per day with an average length of stay of 10-20 days.

Inpatient rehabilitation facilities are among the few providers who were originally excluded from the Prospective Payment System (PPS). However, for cost reporting periods beginning on or after January 1, 2002, an IRF PPS based on patient case mix groups will be phased in over two cost reporting periods. The new payment system will result in major changes in the way that IRFs document services and in the way they are reimbursed.

Murer Consultants, Inc. provides valuable services to our IRF clients including:

- Analyzing the financial impact of the Prospective Payment System on the Rehabilitation Hospital or Unit including:
 - ❖ Conducting an analysis of historical patient data using the case mix groups defined by the PPS in order to determine anticipated reimbursement.
 - ❖ Analyzing historical FIM data from UDS to determine acuity mix applicable to the reimbursement formula.
 - ❖ Conducting trend analyses to determine impact of transfer rule on reimbursement.
 - ❖ Developing financial models estimating reimbursement by relevant rehabilitation categories impacted by varying percentages of low income patients treated.
- Serving as strategist and facilitator in the re-engineering of a rehabilitation hospital to position the hospital or unit as a premier rehabilitation provider.
- Identifying means for development of new services and programs targeted to a patient population with specific functional deficits.
- Facilitating interactive work sessions with key medical, clinical, and administrative staff to identify areas for program and operational refinement and to identify opportunities for future growth.

- Developing a plan of action with recommended strategies for implementation of identified objectives in order to refine, expand, and develop rehabilitation markets and services in keeping with need and opportunity. The plan of action may include:
 - ❖ Current status of program
 - ❖ Opportunities for growth and expansion
 - ❖ Financial implications
 - ❖ Regulatory guidelines and status of compliance
 - ❖ Managed care environment