



Frequently Asked Questions

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What is eRehabData®?

The American Medical Rehabilitation Providers Association (AMRPA) began offering data services in 1999. The first service was called "Positioning for 2000 and Beyond," which utilized pre-PPS data from a facility to project the financial effects of the IRF-PPS. eRehabData® is the second service offered by AMRPA. It delivers real-time financial and clinical outcomes and benchmarks and offers an easy solution to completing the Inpatient Rehabilitation Facility - Patient Assessment Instrument (IRF-PAI). It is available on the Internet at www.eRehabData.com.

What are the current features of eRehabData®?

eRehabData® is constantly evolving and improving. Our staff developers work continuously to keep eRehabData® at the front of IRF outcomes systems. A partial list of eRehabData® features follows:

- Easy migration from IRVEN, UDS-PRO or other system
- No installation, maintenance, or upgrade woes
- Easy to use
- Thin client software minimizes demands on IT personnel
- Works with any computer with a current browser connected to the Internet
- User-configurable home page for at-a-glance assessment display and sorting
- Uploads of demographic data, full assessment data, follow-up data, and patient satisfaction data
- Assessment data, payment information & HIPPS codes downloads
- User-definable templates for custom downloads
- Pre-Admission Screening (PAS) Tool
- PAS Mobile Notification system for physician pre-admission screening review and signature on mobile devices
- Referrals tracking and reporting
- Multiple follow-up assessments
- IRF-PAI proficiency exams and exam outcomes
- Patient satisfaction survey system, including surveys and real-time outcomes reports
- CMS transmission file creation
- Assessment coding and scoring analysis
- Outcomes reports with national and regional benchmarks
- Appeals tracking and reporting
- Real time data analysis
- Real time benchmarks
- Clinical and financial analysis
- CMG grouping
- Comorbidity assistance feature
- Pricer feature predicts payments
- Advanced error checking
- Remote and local data storage
- Unlimited simultaneous users
- Remote access to system 24x7
- Seamless upgrades
- Customizable forms
- Assessments accepted for all payers
- Email bulletins sent to all users
- HIPAA compliant
- Empowers national association for more effective advocacy
- Non-restrictive service agreement
- The Joint Commission ORYX® performance measure system
- Online and phone-in help desk support
- Comprehensive user manual

How does it work?

eRehabData® is a thin-client database application that runs over the Internet. Any computer or tablet connected to the Internet can be a terminal for eRehabData®. For most facilities, that means that there are no additional hardware or IT costs associated with an eRehabData® subscription. eRehabData® can be accessed via any personal computer or tablet running a web browser such as Internet Explorer 11 or higher, Chrome, or similar current-generation browser. Faster Internet connections increase speed.

How do I use it?

Go online, open a web browser, and point your browser to www.eRehabData.com. Subscribers can login, at which point the browser session becomes encrypted for security, just like for online banking. eRehabData allows users with varying levels of permissions to access the system. A user with full access can add new patient IRF-PAI records, error check IRF-PAI assessments, prepare assessment files for transmission to CMS, view clinical outcomes data, view reimbursement estimates, upload and download assessment data, and view financial and clinical benchmarks and outcomes. Users can increase productivity by utilizing eRehabData®'s built-in messaging system. A hospital-designated system administrator can create and delete users, establish and edit user permissions and reset user passwords if necessary, plus create custom data fields, purchase IRF-PAI Proficiency exams, and sign up for other additional services.

Can we access our data remotely, from business offices, clinical floors, or satellite clinics?

Yes. You can access the service and submit or retrieve information from any computer with a web browser and Internet access.

What about upgrading the software?

The eRehabData® program code is located on a remote server outside your facility. As new features are developed you will be notified through email, and upgrades will appear the next time you log in. You will never have to load patches or upgrades, or increase the power of your computers. The eRehabData® software itself is continually improved, and you are encouraged to make suggestions or report bugs using the system's Enhancement Requests feature.

What is the planned down time for eRehabData®?

eRehabData® has been in continual operation since January 1, 2002 with 24 X 7 availability. Very infrequently it has proven necessary to briefly shutdown various servers to perform upgrades and maintenance. These have been announced in advance and have been done during periods of low usage (i.e., very late at night or on Sundays).

Where are the data stored?

Data are stored in a dedicated RAID10 server in a highly secure offsite data center with redundant data communication connections and backup power supplies. This configuration provides for maximum security of the data while still providing excellent reliability.

How many simultaneous users will eRehabData® support?

eRehabData® is built to sustain thousands of simultaneous users. Each facility may have as many registered users as it requires.

What kind of security is used to protect patient data?

Traffic between eRehabData® and individual users' browsers is protected using the encryption protocol TLS 1.2. This not only allows for data to be sent and received in an unreadable way, but it also ensures that no data is tampered with en route. Furthermore, the computers that handle user forms are separate from the database where patient information is stored, and the encrypted database computer is not accessible from the Internet. Because eRehabData® utilizes this compartmentalized architecture, patient data would be fully protected in the unlikely event that someone gained unauthorized access to one of the web servers.

What is the current status of eRehabData® with The Joint Commission?

eRehabData® was a Joint Commission ORYX® Performance Measurement System until January 1, 2013, when The Joint Commission suspended ORYX performance measure reporting requirements for accredited inpatient rehabilitation facilities (IRFs).

What are the eRehabData® ORYX® indicators?

The approved eRehabData® ORYX® measures are:

- Length of Stay
- Discharge FIM
- Change in FIM
- FIM change per day
- Discharge to Community
- Discharge to Acute
- Discharge Motor FIM
- Change in Motor FIM
- Discharge Cognitive FIM
- Change in Cognitive FIM
- Discharged to Acute Unit

Is there an additional charge for The Joint Commission ORYX® reporting?

The Joint Commission has a number of charges for the service. eRehabData® passes those charges along to the facility. The charge for the ORYX® reporting service is an additional \$1,750 a year above and beyond the normal eRehabData® subscription price.

For more information on our ORYX® services, please refer to our [ORYX® FAQ](#).

Can we participate if we use another system for our data?

Yes, eRehabData® is principally intended to be a data warehouse for rehabilitation going into the future. You may submit data to the database and utilize the outcomes and benchmark analysis without using the IRF-PAI assessment forms in eRehabData®.

Can I upload assessment/patient data to eRehabData®?

Yes. With the proper permissions (assigned by the hospital's eRehabData® System Administrator) a user can upload demographic data, full assessment data, follow up assessment data, and patient satisfaction survey data to eRehabData®.

We have a separate vendor for follow-up assessments. Will eRehabData® support the needs of this service?

Yes. eRehabData® contains a number of features for follow-ups and can be configured to accept additional patient data not already present in the follow-up assessment forms. Follow-up assessment data can be hand-entered or uploaded as a text file.

Can you tell me more about the IRF-PAI features?

Users with appropriate permissions can initiate, edit and submit IRF-PAI assessments. Assessments are error checked using a three-tiered system that checks for simple data entry errors, conformity with the IRF-PAI training manual guidelines, and coding and scoring anomalies. Then the assessments can be locked in preparation for submission to CMS. Facilities can also create their own custom data fields to capture information not required by CMS, and upload electronic documents to individual assessments for centralized storage.

The IRF-PAI on eRehabData® offers plenty of useful features to support your work. IGC and diagnosis look-ups and cross-reference tables assist with coding and scoring. Top comorbidities lists highlight common RIC-specific conditions that impact burden of care. And an optional FIM Log enables shift scoring on all FIM items, with a score copy feature that selects the appropriate admission and discharge FIM scores and moves them to the final FIM section.

Does eRehabData® help the facility receive appropriate reimbursement?

Because the system runs on live data, we have been able to include some very advanced features to help ensure that all the information required for appropriate payment is being captured. We have built in several features to remind coders to look for factors that can impact reimbursement. We estimate that if this assistance helps to avoid receiving lower than appropriate payment on just three or four Medicare patients, the software will have paid for itself for an entire year.

Does eRehabData® have a pre-admission feature?

Yes. The eRehabData® Pre-Admission Screening (PAS) Tool was designed to meet the screening requirements published in the 2010 IRF-PPS Final Rule. The advanced technology of eRehabData® allows users to perform pre-admission assessments over the Internet from remote locations. These assessments help to predict outcomes, length of stay, and discharge destination as well as cost and revenue. Pre-admission screenings can be easily converted into admission assessments or denial records for full referrals tracking using the eRehabData® Referrals Outcomes reports.

Does eRehabData® work on a mobile device?

While eRehabData® can be accessed on a mobile device, only the Mobile PAS has been specifically optimized for mobile device screens. The Mobile PAS is part of the PAS Mobile Notification System, which enables users to notify each other via email when a pre-admission screening requires their attention or when a screening is ready for physician review and sign-off.

Does eRehabData® have facility-definable fields?

Yes. A facility can add custom data fields to the eRehabData® assessment, and assign level of requirement before an assessment can be completed. There is currently no limit on the number of additional fields that can be added to eRehabData®.

Does eRehabData® calculate the proper Case Mix Group (CMG) for the patient?

Yes. Once an initial assessment is performed, the eRehabData® system can project which CMG the patient will most likely belong to as well as clinical outcome, cost, and reimbursement. The final CMG is calculated at the time of the discharge assessment along with a more accurate estimate of reimbursement.

What sort of error checking features does eRehabData® have?

eRehabData® has a variety of data integrity checks to ensure proper coding. Assessments are checked for logic (is the patient being discharged after being admitted, does a Medicare patient's birth date suggest that they are Medicare eligible, etc.), for CMS requirements and for statistical probability. Assessment screens are color coded and sorted for easy review before completion.

Can we collect IRF-PAI data for non-Medicare patients?

Yes, it is recommended that you keep assessment data for non-Medicare patients as well as Medicare patients. Outcomes reports including all patients offer a complete picture of a facility's case mix, and are more useful for facility administration.

What sort of computer hardware will I need to install in my facility?

Most likely you already have all the computer power that you need. Any computer running a current web browser (such as Internet Explorer, Chrome, or similar) with a connection to the Internet will suffice. Since the system is Internet based, you do not need to have a dedicated server or dedicated machines to run this software.

What sort of benchmarks and outcomes does eRehabData® offer?

eRehabData® Outcomes Reports currently include the following measures, and more:

# Discharges in Sample	FIM Total Discharge
Case Mix Index	FIM Change Admission to Discharge
Average Medicare Expected Reimbursement	FIM Change per Day
Co-morbidity Distribution (in tiers)	FIM Motor Subscale Admit
Average Age	FIM Motor Subscale Discharge
Gender Split	FIM Elements (Admit/Discharge/Change)
Transfer Patients	Eating
Interrupted Stays	Grooming
Short Stays	Bathing
"Long Stays"	Dressing - Upper
Deceased Patients	Dressing - Lower
Inpatient Institutional Discharges	Toileting
Community Discharges	Bladder
SNF/Subacute Discharges	Bowel
"60% Rule" Compliant Discharges (Conditional)	Bed, Chair, Wheelchair
"60% Rule" Compliant Discharges (Presumptive)	Toilet Trans
Discharge Destination	Tub, Shower
Average Onset Days	Walk/Wheelchair
Average Length Of Stay	Stairs
Pressure Ulcers (multiple measures)	Comprehension
FIM Total Admission	Expression
	Social Interaction
	Problem Solving
	Memory

Follow-Up Outcomes include:

Follow-Up Setting
 Discharge FIM Total
 Follow-Up FIM Total
 FIM Change Discharge to Follow-Up
 Discharge FIM Motor Subscale
 Follow-Up FIM Motor Subscale

FIM Elements (Follow-Up and Change – Discharge to Follow-Up):

Eating
 Grooming
 Bathing
 Dressing - Upper
 Dressing - Lower
 Toileting
 Bladder
 Bowel
 Bed, Chair, Wheelchair
 Toilet Trans
 Tub, Shower
 Walk/Wheelchair
 Stairs
 Comprehension
 Expression
 Social Interaction
 Problem Solving
 Memory

What kind of analysis does the eRehabData® outcomes report provide?

The outcomes report is a multi-tiered structure that allows the user to drill down from a broad facility perspective to a detailed line-item perspective to gain more specific focus on any one item, with national and regional comparisons at every level. The tiers are:

- Organization Level (Facility Ranking)
- Facility Level
- RIC Level and RIC Group
- CMG Level
- IGC Level
- Patient Level

You may currently select from a variety of time periods including trailing 30, 60, 90, 180, and 365 days, Quarterly, Year to Date, Calendar Year, Fiscal Year, and individual months dating back to January 2002. There are also a number of graphing tools you can use to view different reports. These tools include:

Time-Series Graphs: select measures, RICs and/or CMGs, tier, time span, and payer and display a graph and/or numeric data for the selected options compared to either your region or the nation.

FIM Scoring Comparison Graph: select time period, payer and RIC and display a graph and numeric data of FIM scores and variances for the selected options compared to either your region or the nation, weighted or unweighted.

Dashboard Report: select a start date and view a summary of your facility's occupancy, Medicare utilization, case mix index, trailing 30 day occupancy by payer, projected 14 day occupancy, trailing month case mix index by payer, RIC distribution and payer distribution for the selected day.

Additional reports include:

60% Rule Compliance Report: view 60% Rule compliance statistics for multiple calculation methodologies for any user-entered time period.

Transmittal Report: view information on the timeliness of your CMS transmissions for transmitted assessments and deadlines for in-progress assessments for any user-entered time period.

How often are the outcomes reports updated?

Most of the outcomes reports are updated nightly. Some, including the 60% Rule Report, are updated as information is entered into the system. This provides almost real time information for management and quality improvement purposes.

Do the outcomes reports distinguish between payer groups?

You may select between three payer classes: Medicare, Non-Medicare and all payers.

Will these reports be expanded or revised?

Yes. Based on industry feedback the reports are periodically expanded to include other items and additional functionality.

Does eRehabData® offer any FIM training?

eRehabData® offers IRF-PAI proficiency exams. Facilities can purchase exams and assign them to users, correct them, review the results, and view exams outcomes reports. There is an additional fee for the exams with a sliding scale based on the number of exams purchased. We also recommend IHealthTrack.com for additional training on FIM coding including DVD and on site training.

Does eRehabData® offer any FIM certification?

Because CMS offers no guidance or requirements for FIM certification, eRehabData® does not offer or endorse a FIM certification course. However, eRehabData® does offer IRF-PAI proficiency exams in order to give facilities some benchmarks for determining how their scorers and/or coders compare to each other as well as other scorers and/or coders in the nation. Facilities can purchase exams and assign them to users, correct them, review the results, and view exam outcomes reports. There is an additional fee for the exams with a sliding scale based on the number of exams purchased.

Can eRehabData® incorporate patient satisfaction surveys?

eRehabData® has a complete Patient Satisfaction System which includes three survey instruments, scannable and uploadable survey forms, and a comprehensive patient satisfaction outcomes report suite. This system is available to eRehabData® subscribers for an additional annual subscription fee of \$4,500. More information on the eRehabData® Patient Satisfaction System is available in the system design document here:

<https://web2.erehabdata.com/erehabdata/help/IRFPatientSatisfaction.pdf>.

How long has eRehabData® been operational?

eRehabData® has been open for users to enter and retrieve IRF-PAI information since July of 2001. Features have been, and will continue to be, added regularly.

What does a one-year subscription to eRehabData® cost?

10 or fewer beds	\$3,500
greater than 10 beds	\$6,800

Our billing is based on Medicare Provider numbers. You may have multiple remote locations or sites within a single provider number. Being Internet based, eRehabData® is perfect for distributed locations.

Who owns eRehabData®?

eRehabData® is owned and controlled by the rehabilitation industry through the American Medical Rehabilitation Providers Association (AMRPA).

What are the subscriber fees used for?

Subscriber fees are used to pay for the cost of developing and maintaining the database, hardware, bandwidth and other overhead. Surplus funding is put to work for the industry by AMRPA for research, advocacy, representation and education.

What else are the data used for?

Data are aggregated to develop national benchmarks as well as provide the industry with insight into practice patterns and industry dynamics. AMRPA has successfully identified problems or dynamics with the Medicare PPS before any other entity because of its access to good data. This research draws a blueprint for AMRPA's legislative agenda.

What user support does eRehabData® offer?

eRehabData® does not charge for support. We offer users five different ways of getting answers to questions:

1. Check the User Manual. Virtually all questions are answered in the User Manual.
2. Use the eRehabData® message system to send a secure, private question to the "Support" account.
3. Send your questions via email to assistance@eRehabData.com.
4. Post a question to other users on the eRehabData® user forums.
5. Call our support desk at 202-588-1766.

Does eRehabData® provide references?

References are happily supplied on request. Please email assistance@eRehabData.com with a request for references.

How do I sign-up?

You may sign up for eRehabData® by submitting a [signed service agreement](#) which can be found on eRehabData.com, or by calling 202-588-1766.

Additional information: email sam@eRehabData.com
202-588-1766.