INPATIENT REHABILITATION FACILITY
QUALITY REPORTING PROGRAM (IRF QRP)
QUESTIONS AND ANSWERS

Current as of October 2019

#	Question Category	Question	Answer
1.	Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Overview and Data Submission Requirements and Deadlines	What are the current requirements of the IRF QRP?	The Centers for Medicare & Medicaid Services' (CMS's) IRF QRP requires that IRFs submit quality measure data to CMS. IRFs must meet or exceed two separate data completeness thresholds: one threshold, set at 95 percent, for completion of quality measures data collected using the IRF-Patient Assessment Instrument (PAI) submitted through the Internet Quality Improvement and Evaluation Systems (iQIES), and a second threshold, set at 100 percent, for quality measures data collected and submitted using the Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN). Failure to submit the required quality data may result in a 2 percentage point reduction in the IRF's annual increase factor (AIF). The IRF QRP is described on the following website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/ The data submission deadlines are provided on the following webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Data-Submission-Deadlines.html
2.	IRF QRP Requirements	How are data collected and submitted for the IRF QRP? Are there other IRF QRP requirements beyond collecting and submitting the required patient assessment data?	The IRF-PAI is the assessment instrument IRF providers use to collect patient assessment data for quality measure calculation and payment determination in accordance with the IRF QRP. Completion of the IRF-PAI is required for each Medicare Part A fee-for-service and Medicare Part C patient discharged from an IRF. The IRF-PAI is available to view on the following webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-QRP-Manual.html. The IRF-PAI Manual can be found on the same webpage and provides ongoing guidance to providers in completing the IRF-PAI. The measures included in the IRF QRP are provided on the IRF Quality Reporting Measures Information website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Information-.html. Data for the IRF QRP measures are collected and submitted through three methods: • Inpatient Rehabilitation Facility – Patient Assessment Instrument (IRF-PAI) • Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) • Medicare Fee-For-Service Claims For detailed quality measure specifications, please refer to the IRF Quality Measures User's Manual, which can be downloaded from the following site: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Information-.html.

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#	Question Category	Question	Answer
3.	Rehabilitation units Participating in the IRF QRP	My IRF is in Maryland. Is our facility included in the IRF QRP? Do we need to report health care–acquired infection data under the IRF QRP?	To determine whether a rehabilitation unit/hospital is included in the IRF QRP, the provider must determine whether it is being paid under Medicare's IRF Prospective Payment System (PPS). If any of the following are true for a freestanding IRF or IRF unit, the IRF is paid under the IRF PPS and is subject to the requirements of the IRF QRP: • The Medicare provider number ends in 3025–3099 • The Medicare provider number has a "T" in the 3rd position • The Medicare provider number has an "R" in the 3rd position If any of the above criteria are true for the IRF, the IRF must comply with IRF QRP. Failure to submit the required quality data will result in a 2 percentage point reduction in the IRF's annual payment update. For more information about the IRF QRP, please visit http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html Please check with your state about any state-specific requirements related to submission of quality data, including health care–acquired infection data.

4.	IRF QRP Information Resources	What resources are available to remain informed about the IRF QRP?	Several resources are available to help you stay informed about the IRF QRP:
			
			1) IRF QRP and IRF PPS websites:
			  a) IRF QRP website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html
			  b) The "Spotlights and Announcements" page of the IRF QRP website: http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Spotlights-Announcements.html
			  c) IRF PPS website: http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/Spotlight.html
			2) Proposed and final rules. These are published in the Federal Register and are typically released each year in April and August. Proposed and final rules are posted on both of these webpages:
			  a) https://www.federalregister.gov/
			  b) http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/InpatientRehabFacPPS/List-of-IRF-Federal-Regulations.html;
			3) To receive mailing list notices and announcements about the IRF QRP, sign up at the following link: https://public.govdelivery.com/accounts/USCMS/subscriber/new
			4) Notices about CMS Open Door Forums and other webinars related to the IRF QRP are announced on the following webpages:
			  a) https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Spotlights-Announcements.html

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			b) https://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/ODFSpecialODF.html
			5) There are several help desks that IRF staff may contact to get answers for specific IRF QRP questions. The list of help desks and the type of help each help desk provides is given in the answer to Question 5 below.
			6) Professional and industry associations often share this information in newsletters, in emails, and at conferences.
5.	IRF QRP Help Desks	Where can I find contact information for the various IRF QRP help desks?	There are several help desks that you may contact to obtain answers to specific IRF QRP questions. The help desks are listed below for your convenience.

Please note that the CMS IRF QRP and Public Reporting Help Desk email systems are not secured to receive protected health information or patient-level data with direct identifiers. When sending emails to these email addresses, submitting patient-level data or protected health information may be a violation of your facilities' policies and procedures, as well as a violation of federal regulations (Health Insurance Portability and Accountability Act of 1996 [HIPAA]). Do *not* submit patient-identifiable information (e.g., date of birth, social security number, and health insurance claim number) to these addresses. If you are not sure whether the information you are submitting is identifiable, please contact your institution's privacy officer.

Here is a list of the IRF QRP and other IRF help desks. If you are unsure which Help Desk to use, email your question to the IRF Quality Reporting Program (QRP) Help Desk and it will be directed to the appropriate help desk:

IRF Quality Reporting Program (QRP)
Email: IRF.questions@cms.hhs.gov
Examples of issues this help desk can help you with include the following:
- IRF QRP requirements
- Data submission timelines
- IRF-PAI Quality Indicator items (Section B: Communication, Section C: Brief Interview for Mental Status, Section GG: Functional Status, Section H: Bladder and Bowel Continence, Section J: Falls, Section K: Swallowing, Section M: Pressure Ulcer Coding)
- IRF-PAI quality measures
- Claims-based quality measures (Potentially Preventable Readmissions–Within Stay; Potentially Preventable Readmissions Post-Discharge; Discharge to Community; Medicare Spending per Beneficiary)
- IRF QRP provider training materials
- General IRF quality reporting questions |

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#	Question Category	Question	Answer
			IRF-PAI Clinical Items **Email:** IRF.questions@cms.hhs.gov Examples of issues this help desk can help you with: • Identification information • Payer information • Medical information • Discharge information **CDC/NHSN** **Email:** NHSN@cdc.gov Examples of issues this help desk can help you with: • CDC quality measures: Catheter-Associated Urinary Tract Infection (CAUTI), Clostridium difficile Infection (CDI), and Influenza Vaccination Coverage Among Healthcare Personnel • NHSN enrollment, reporting, and data analysis **Data Submission and Data Validation** **Email:** help@qtso.com **Phone:** 1-800-339-9313 Examples of issues this help desk can help you with: • Accessing iQIES (username and password) • Data/record submissions • Case-mix group (CMG) Grouper classification • Submission/validation reports • Accessing Provider and Quality Reporting Program reports • Assessment submissions using iQIES • IRF-PAI data technical specifications **iQIES** **Email:** iQIES_Broadcast@cms.hhs.gov Examples of issues this help desk can assist you with include the following: • General issues related to iQIES **IRF Public Reporting Help Desk** **Email:** IRFPRquestions@cms.hhs.gov Examples of issues this help desk can resource can help you with: • IRF Compare website • IRF data available on Data.Medicare.gov

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#	Question Category	Question	Answer
			IRF Medicare Policy **Email:** IRFCoverage@cms.hhs.gov Examples of issues this help desk can help you with: • IRF Medicare reimbursement • Claims/billing • Eligibility and coverage requirements • Therapy information reporting • IRF-PAI requirements related to payment **IRF QRP Reconsiderations** **Email:** IRFQRPReconsiderations@cms.hhs.gov Examples of issues this help desk can help you with: • Submitting requests for compliance determination reconsideration. IRFs must submit their request by the deadline included in the noncompliance notification letter distributed electronically using iQIES and posted on the IRF QRP Reconsiderations webpage. • Submitting requests for exception or extension due to natural disaster or other extraordinary circumstances.
6.	Updates in the Fiscal Year (FY) 2018 IRF PPS Final Rule	What updates were made to the IRF QRP through the FY 2020 IRF PPS final rule?	In the FY 2020 IRF PPS final rule, we adopted two measures (Transfer of Health Information to the Provider—Post-Acute Care (PAC) and Transfer of Health Information to the Patient—Post-Acute Care (PAC)) and modified an existing measure (Discharge to Community–Post Acute Care (PAC)). We also adopted several standardized patient assessment data elements (SPADEs). In addition, we finalized the removal of the list of compliant IRFs on the IRF QRP website effective with the FY 2020 payment determination. Lastly, we finalized the policy to begin publicly displaying data for the Drug Regimen Review Conducted With Follow-Up for Identified Issues-PAC IRF QRP measure beginning CY 2020 or as soon as technically feasible. For more information, please see the FY 2020 IRF PPS Final Rule at (https://www.govinfo.gov/content/pkg/FR-2019-08-08/pdf/2019-16603.pdf).
7.	IRF-PAI Versions	What is the current version of the IRF-PAI?	Version 3.0 of the IRF-PAI is to be completed for any patient discharged on or after October 1, 2019. For more information, please see links below to IRF-PAI version 3.0, and a change table listing differences between both Version 2.0 and Version 3.0: IRF-PAI Version 3.0: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-30-Effective-October-1-2019-FY2020.pdf

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			Change table V2.0 to V3.0: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-30-Change-Table.pdf
			Version 4.0 of the IRF-PAI will be completed for any patient discharged on or after October 1, 2020. Check the IRF-PAI page for updates: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-PAI-Manual.html
8.	IRF QRP Data Submission Deadlines	What are the data submission deadlines for the IRF QRP?	Data submission deadlines for the IRF QRP quality measures can be found at http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Data-Submission-Deadlines.html.
			IRF-PAI data are submitted to CMS based on deadlines established for the IRF PPS. If corrections to the Quality Indicator data need to be made, data must be submitted for the IRF QRP before the IRF QRP submission deadlines.
9.	IRF QRP Data Submission Deadlines—Definition of "Quarter"	Does the definition of "quarter" for the quarterly IRF-PAI data submission deadlines for the IRF QRP include patients admitted during that quarter, discharged during that quarter, or both?	For the IRF-PAI, the quarterly data submission deadlines apply to patients with a discharge date that occurs within that quarter, irrespective of admission date. For example, if a patient was admitted on March 30 (Quarter 1: January 1—March 31) and discharged on April 16 (Quarter 2: April 1–June 30), then the 2nd quarter data submission deadline (November 15) would apply for that patient's IRF-PAI record.
10.	IRF QRP Assessment-Based Measures and Compliance Determination	Which items on the IRF-PAI are considered for compliance determination?	The IRF QRP Table for Reporting Assessment-Based Measures for the FY 2021 IRF QRP Annual Payment Update (APU), available for download on the IRF Quality Reporting Measures Information page at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Information-.html, indicates the IRF-PAI data elements that are used in determining the APU minimum submission threshold for the FY 2021 IRF QRP determination.
			All IRF-PAI data elements should be accurately coded to reflect the patient's status and be submitted to CMS. It is the IRF's responsibility to ensure the completeness of the IRF-PAI data. By signing the IRF-PAI upon completion (Z0400A), IRF staff are certifying that the information entered is complete to the best of their knowledge and accurately reflects the patients' status.
			Data submitted for risk adjustment items are used to adjust the quality measure outcome scores based on patient characteristics. By not capturing data that are used for risk adjustment, a patient's complexity cannot be accounted for in the quality measure outcome scores. This results in the risk-adjusted quality measure outcome scores reported on your CASPER Quality Measure reports and on IRF Compare website not reflecting the IRF's unique patient complexities and may show up in performance rates, i.e., poorer scores.
			For detailed measure specifications, please refer to the IRF Quality Measures User's Manual, which can be downloaded from https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-QualityReporting-Program-Measures-Information-.html.

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#	Question Category	Question	Answer
11.	IRF-PAI Manual	Where can I find the IRF-PAI Manual for the IRF QRP?	Instructions for coding items in the IRF-PAI can be found in the IRF-PAI Manual. The current version of the IRF-PAI Manual is available in the Download section of the IRF-PAI and IRF-PAI Manual page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-PAI-Manual.html.
12.	Training Resources	Where can I find IRF QRP training materials?	Information about the IRF QRP, including Special Open Door Forum Presentations, provider training materials, and other resources, is available on the IRF QRP Training website: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Training.html . For videos of past provider training sessions and webinars, please refer to the CMS YouTube channel. Click the link below and search for "IRF": https://www.youtube.com/user/CMSHHSgov ⇗ Video recordings of the May 2019 IRF QRP Provider Training presentations are available at the following link: https://www.youtube.com/playlist?list=PLaV7m2-zFKpiXDdYKjAUKK5aukgZHl5pW ⇗ Please see the link below for a web-based Section GG training module: https://pac.training/courses/section_gg_2019/story_html5.html ⇗ Also available is a presentation regarding the Improving Medicare Post-Acute Care Transformation (IMPACT) Act and Assessment Data Element Standardization and Interoperability: https://www.youtube.com/watch?v=1SljSQFqHs0&feature=youtu.be ⇗
13.	Public Reporting	When will quality measure data be available on the IRF Compare website?	The IRF Compare website was launched in December 2016 and can be found at https://www.medicare.gov/inpatientrehabilitationfacilitycompare/. This tool takes reported data and puts it into a format that can be used more readily by the public to get a snapshot of the quality of care each facility provides. Providers may also download data under "Additional Information" by selecting "Download the Database." The following quality measures are currently reported on the IRF Compare website: IRF-PAI QUALITY MEASURES • *Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay)* • *Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)* • *Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631)* • *Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)*

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CDC NHSN MEASURES
- *National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)*
- *National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716)*
- *National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)*
- *Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)*

MEDICARE FEE-FOR-SERVICE CLAIMS-BASED MEASURES
- *Medicare Spending per Beneficiary (MSPB) – Post-Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program*
- *Discharge to Community–Post-Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program* (NQF #3479)
- *Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program*
- *Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities*

Facilities have a 30-day preview period before public display of the measures. We also refer you to the IRF QRP Public Reporting website for more information and resources related to public reporting: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Public-Reporting.html.

| 14. | Public Reporting | My facility's demographic data are incorrect on IRF Compare. How do I correct them? | The demographic data displayed on the Provider Preview Reports and on IRF Compare are generated from information stored in the Automated Survey Processing Environment (ASPEN) system.

If inaccurate demographic data are included on your Preview Report or on IRF Compare, facilities need to contact their Medicare Administrative Contractor for assistance. When requesting updates to your demographic data, it is important to carefully review all information before submitting and specify that you want your data within the ASPEN system updated, instead of referring to your data on the Compare site.

Please note that updates to IRF Provider demographic information do not happen in real time and can take up to 6 months to appear on IRF Compare.

Additional information can be found here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/How-to-Update-IRF-Demographic-Data-1-4-18-Final.pdf. |

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#	Question Category	Question	Answer
15.	Three-Day Assessment	What is the definition of a 3-day assessment?	The 3-day assessment period is 3 calendar days. The 3-day assessment period for the IRF-PAI admission assessment includes the first day of admission and the following 2 days, ending at 23:59 or 11:59 p.m. The discharge assessment period encompasses the day of discharge and the 2 calendar days before the day of discharge.
16.	Incomplete Stay	How do I complete the IRF Quality Indicators Sections if a patient has an unplanned discharge?	If the patient meets the criteria for an incomplete stay, code the IRF-PAI Quality Indicators Sections to the best of your abilities. Patients who meet the criteria for incomplete stays are: • Patients who are discharged to an acute care setting, such as Short-stay acute hospital, critical access hospital, inpatient psychiatric facility, or Long-term Care Hospital; • Patients who die; • Patients who leave an IRF against medical advice; and • Patients with a length of stay less than 3 days. If the patient meets the criteria for an incomplete stay and the patient's IRF stay was **3 or more days**, complete the discharge IRF-PAI Quality Indicator items using the discharge assessment guidance provided below. **Discharge Assessment:** **Section GG–Functional Abilities and Goals** GG0130–Self-Care and GG0170–Mobility: Discharge Self-Care and Mobility Performance There is a skip pattern for GG0130 or GG0170 discharge data, and no data are entered for a patient with an incomplete stay. The system would insert the caret (^) as part of the skip pattern specifications. **Section J–Health Conditions** Code based on chart review. **Section M–Skin Conditions** Code to the best of your abilities. If there is no information available, enter a dash. **Section N–Medications** Code to the best of your abilities. If there is no information available, enter a dash.
17.	Incomplete Stay	What if the patient is discharged before we complete the admission assessment?	If the patient's IRF stay is **less than 3 days**, complete the admission and discharge IRF-PAI Quality Indicator items to the best of your abilities using the guidance (admission assessment and discharge assessment) provided below.

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#	Question Category	Question	Answer

Admission Assessment:

Section B–Hearing, Speech, and Vision

Code to the best of your abilities. If you do not have any information, enter a dash.

Section C–Cognitive Patterns

Code to the best of your abilities.

If, during the patient's stay, the patient was rarely or never understood because of a medical condition, code section C as follows:
1) Code C0100–Should Brief Interview for Mental Status (C0200-C0500) Be Conducted? as 0, No.
2) Skip to C0900–Staff Assessment for Mental Status–Memory/Recall Abilities.
3) Complete item C0900 by checking all that the patient was normally able to recall.

If the Brief Interview for Mental Status (BIMS) should have been attempted but was not, code Section C as follows:
1) Indicate that the BIMS should have been conducted by coding C0100 as 1, Yes.
2) Enter dashes for each of the BIMS items (C0200, C0300ABC, C0400ABC).
3) Enter a dash for item C0500–BIMS Summary Score.
4) Code C0600 as 1, Yes.
5) Complete C0900 Staff Assessment for Mental Status.

Section GG–Functional Abilities and Goals

GG0100–Prior Functioning: Everyday Activities

Code if information is known. Otherwise, enter code 8, Unknown.

GG0110–Prior Device use (use check boxes)

If you do not have information about prior device use, check Z, None of the above.

GG0130–Self-Care and GG0170–Mobility: Admission Self-Care and Mobility Performance

Code to the best of your abilities. If you are unable to assess the patient because of medical issues, enter code 88, Not assessed due to medical condition or safety issues.

GG0130–Self-Care and GG0170–Mobility: Self-Care and Mobility Discharge Goals

A minimum of one self-care or mobility goal must be coded per patient stay on the IRF-PAI. Code at least one discharge goal to the best of your abilities using the predicted plan of care for the patient.

Section H–Bladder and Bowel

Code to the best of your abilities. If there is no information available, enter a dash.

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Section I–Active Diagnoses

Check all that apply.

Section J–Health Conditions

Code to the best of your abilities. If there is no information available, enter a dash.

Section K–Swallowing/Nutritional Status

Code to the best of your abilities. If there is no information available, enter a dash.

Section M–Skin Conditions

Code to the best of your abilities. If there is no information available, enter a dash.

Section N–Medications

Code to the best of your abilities. If there is no information available, enter a dash.

Section O–Special Treatments, Procedures, and Programs

Check if treatment applies.

Discharge Assessment:

Section GG–Functional Abilities and Goals

GG0130–Self-Care and GG0170–Mobility: Discharge Self-Care and Mobility Performance

There is a skip pattern for GG0130 or GG0170 discharge data, and data cannot be entered for a patient with an incomplete stay. The system would insert the caret (^) as part of the skip pattern specifications.

Section J–Health Conditions

Code based on chart review.

Section M–Skin Conditions

Code to the best of your abilities. If there is no information available, enter a dash.

Section N–Medications

Code to the best of your abilities. If there is no information available, enter a dash.

Items 1 – 26 and 40-47 on the IRF-PAI should be coded to the best of your abilities for all admissions and discharge assessments, including cases when the patient's length of stay is less than 3 calendar days and patients that meet criteria for an incomplete stay.

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18.	IRF Experience of Care Survey	Where can I find more information about the survey?	While CMS is not including this survey in the IRF QRP at this time, CMS is providing this survey and accompanying materials for public use. CMS is not able to provide assistance to facilities on the use of this survey, answer technical questions about the use of this survey, or provide analysis support. Facilities and vendors should not send survey data to CMS; survey data submitted to CMS will be deleted. You can find more information on the IRF Experience of Care survey here: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Experience-of-Care-.html.
19.	Program Interruption	If a patient is discharged from our facility but returns within 3 days, do we need to start a new IRF-PAI?	A program interruption is defined as the situation where a Medicare (Part A or Medicare Advantage) inpatient is discharged from the inpatient rehabilitation facility and returns to the same inpatient rehabilitation facility within 3 consecutive calendar days. The duration of the interruption of stay of 3 consecutive calendar days begins with the day of discharge from the inpatient rehabilitation facility and ends on midnight of the 3rd calendar day. For program interruptions, the two segments of the stay are considered one stay, and you would submit one IRF-PAI for that patient.
20.	Change in Payer	What if a patient is admitted to our IRF with private insurance, but they become eligible for Medicare mid-way through their stay? Should the admission assessment be coded based on the patient's status at admission, or when they become eligible for Medicare?	For the IRF Quality Reporting Program, when a patient ages into Medicare Part A or Part C during their IRF stay or becomes eligible for Medicare during their stay, a new IRF-PAI admission and discharge assessment must be completed to represent the patient during those Medicare covered dates of services that will be submitted for reimbursement. Therefore, an IRF-PAI (including the Quality Indicators) must be completed using the admission date the patient became eligible for Medicare Part A or Part C. The admission and discharge dates of the IRF-PAI and the claim should match. Please see pages A-4 and A-5 of the IRF-PAI Manual for examples and coding tips for a change in payer source.
21.	IRF-PAI Documentation	Who can complete an IRF-PAI?	Each facility self-determines their policies and procedures for patient documentation practices and completing the assessments in compliance with State and Federal requirements.
22.	iQIES	What is iQIES? How can I request access to iQIES?	The Quality Improvement and Evaluation System (QIES), which providers and vendors used to submit assessment data, is being upgraded to make the system more reliable, scalable, secure, and accessible. The enhanced cloud-based system is referred to as the Internet Quality Improvement and Evaluation System (iQIES). The enhancements will occur in phases (by provider type) and began with Long- Term Care Hospitals (LTCHs) in March 2019. iQIES assessment submission functionality will be available for IRFs in October 2019. Because virtual private network (VPN) and CMSNet are no longer needed to access this system, IRFs will need to establish new user management processes. All users will have to create an

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#	Question Category	Question	Answer
			account and establish credentials in the HCQIS Access Roles and Profile system (HARP). HARP is a secure identity management portal that the Centers for Medicare & Medicaid Services (CMS) provides.

For your organization to receive access to iQIES, your organization must complete the following:

1. Identify individual(s) who will be the Provider Security Official (PSO).
2. Register the PSO in the Healthcare Quality Information System (HCQIS) Access Roles and Profile (HARP) system at: https://harp.qualitynet.org/register/profile-info ⬈.
3. For assistance with HARP onboarding, users can call the QTSO Helpdesk at (800) 339-9313 or e-mail help@qtso.com. If you have any questions related to iQIES, please send them to iQIES_Broadcast@cms.hhs.gov.

Upon receiving access, security officials will have access to 'My Profile' and 'Help' in iQIES. CMS has prepared a fact sheet with more information about the new security process in place to gain access to iQIES. To view the fact sheet, visit: https://qtso.cms.gov/news-and-updates/remote-identify-proofing-requirements-internet-quality-improvement-evaluation-0

Frequently Asked Questions (FAQs) related to HARP can be accessed using the following link: https://harp.qualitynet.org/login/help ⬈