

## Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Quick Reference Guide

The IRF QRP creates IRF quality reporting requirements, as mandated by Section 3004(a) of the Patient Protection and Affordable Care Act (ACA) of 2010. Each year, by October 1, CMS publishes the quality measures an IRF must report.

IRFs utilize an instrument to collect patient assessment data for quality measures, called the IRF Patient Assessment Instrument (IRF-PAI). The current version of the IRF-PAI is version 1.5 (effective October 1, 2017). IRF-PAI version 2.0 is effective October 1, 2018. Both versions can be downloaded from the [IRF-PAI and IRF QRP Manual webpage](#). IRF-PAI must be transmitted to CMS through the Assessment Submission and Processing (ASAP) system to the Quality Improvement Evaluation System (QIES).

In addition to the IRF-PAI, there are National Healthcare Safety Network (NHSN) measures that must be submitted through the [NHSN Portal](#) through the Centers for Disease Control and Prevention (CDC).

If the required quality data is not reported by each designated submission deadline, the IRF will be subject to a two (2) percentage point reduction in their Annual Increase Factor (AIF).

### Frequently Asked Questions

*Q: How do I verify my NHSN data submission?*

The best method to verify your current NHSN data submission is by running the CMS reports found in the Analysis Reports section of NHSN. Detailed guidance on how to run and interpret CMS reports and all other NHSN reports, as well as a checklist used to ensure complete reporting into NHSN, can be found at the [CDC NHSN home page](#). If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: [NHSN@cdc.gov](mailto:NHSN@cdc.gov).

*Q: How is NHSN compliancy determined?*

For NHSN data, providers are required to report data for calendar months, with three months of data due by each submission deadline (for example, Q1 data encompasses January-March and is due August 15 of each year). Providers must report any instances of healthcare acquired infections (HAIs) for the required measures (including reporting a zero (0) if no infections occurred), summary data and reporting plan(s). Providers that submit complete data for all twelve months will be found compliant for the NHSN measures. The list of required NHSN measures is available on the [IRF Quality Reporting Measures Information](#) webpage.

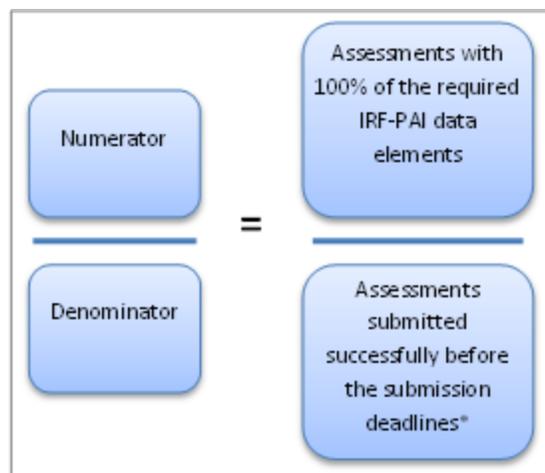
*Q: How do I verify my IRF-PAI/assessment data submission?*

The best method to verify your current IRF-PAI data submission is by running final validation and Assessments with Error Number XXXX reports. Detailed guidance on how to run and interpret IRF-PAI reports can be found in the CASPER IRF-PAI Reporting User's Manual, available on the [IRF-PAI Reference and Manuals webpage](#). Select "Section 3 – IRF-PAI Provider Reports" to open the PDF. An additional resource is the IRF-PAI Submission User's Guide, available on the same page. Refer to Section 4 for information on submission reports.

As you review your error messages, be sure to correct any instances where the value submitted for the quality measure item is a dash (-). Entering a dash as a response to a quality item may result in your facility not meeting the required threshold for that quality item.

**Q: How are IRF-PAI thresholds calculated?**

The IRF-PAI threshold is calculated by taking the total number of assessments with 100% of the required IRF-PAI data elements (numerator) divided by the number of successfully submitted assessments (denominator). The resulting number is multiplied by 100 to determine the threshold percentage. In general, IRF-PAI records submitted for patient admissions and/or discharges occurring during the reporting period will be included in the denominator. For Fiscal Year (FY) 2020, providers must submit 95% or more of all assessments with 100% of necessary data elements to be in compliance with IRF QRP requirements.



For example, for FY 2020 compliance determination, if during the reporting period (01/01/2018-12/31/2018) a facility has submitted 1000 assessments and 950 of the assessments submitted have 100% of the required IRF-PAI data elements, the threshold percentage would equal 95%. Thus, the facility would be deemed compliant with IRF QRP data reporting requirements for AIF compliance purposes.

The Technical Specifications for Reporting Assessment-Based Measures table outlines which IRF-PAI items are required for the purposes of AIF. The table for FY 2020 can be found in the Downloads box on the [IRF Quality Reporting Measures Information webpage](#). This document will continue to be updated for each version of the IRF-PAI.

\*Note: The calculation algorithm will be adjusted in the case an IRF was granted an extension or exemption by CMS.

**Q: My IRF is a subunit. How do I correctly report MRSA and CDI LabID data?**

Within NHSN, IRFs that are units/locations mapped within an NHSN acute care hospital, must report the IRF MRSA and CDI LabID data separately from the acute care hospital data. The IRF must submit their MRSA and CDI LabID data separately via separate rows on the NHSN monthly reporting plans and separate MRSA/CDI summary records. Visit the [CDC NHSN home page](#) for more information.

**Q: How do I know where to report each measure (NHSN vs. IRF-PAI)?**

The following chart outlines the data submission mechanism for each measure.

NQF Number	Measure Name	Data Submission Mechanism
NQF #0678	Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short-Stay)**	Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury***	IRF-PAI
NQF #0138	National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure	Centers for Disease Control and Prevention (CDC)/NHSN
NQF #0431	Influenza Vaccination Coverage among Healthcare Personnel	CDC/NHSN
NQF #0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short- Stay)*	IRF-PAI
NQF #1716	NHSN Facility-Wide Inpatient Hospital- Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure*	CDC/NHSN

<b>NQF Number</b>	<b>Measure Name</b>	<b>Data Submission Mechanism</b>
NQF #1717	NHSN Facility-Wide Inpatient Hospital- Onset Clostridium difficile Infection (CDI) Outcome Measure	CDC/NHSN
NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	IRF-PAI
NQF #2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	IRF-PAI
NQF #2633	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	IRF-PAI
NQF #2634	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	IRF-PAI
NQF #2635	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	IRF-PAI
NQF #2636	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	IRF-PAI
N/A	Drug Regimen Review Conducted With Follow-Up for Identified Issues***	IRF-PAI

\* Providers are no longer required to submit data for these measures effective October 1, 2018.

\*\*This measure will be replaced with the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury measure, effective October 1, 2018.

\*\*\*Collection for this measure begins October 1, 2018.

Claims-based measures are also included in the IRF QRP. These measures are calculated through Medicare Fee-For-Service claims data and do not require IRFs to submit any additional data to CMS. A list of claims-based measures is available on the [CMS IRF QRP Quality Reporting Measures webpage](#).

## Help Desk Assistance

[IRF.questions@cms.hhs.gov](mailto:IRF.questions@cms.hhs.gov) (Quality Help Desk)

For questions about quality measures calculation, data submission deadlines, pressure ulcer coding and staging, claims-based measures, and general quality reporting questions.

[IRFPRquestions@cms.hhs.gov](mailto:IRFPRquestions@cms.hhs.gov) (IRF Public Reporting Questions)

For feedback, comments, and questions about the IRF Quality Reporting Program.

[IRFQRPreconsiderations@cms.hhs.gov](mailto:IRFQRPreconsiderations@cms.hhs.gov) (AIF/Reconsiderations Help Desk)

For reconsideration requests and follow-up questions after the facility has received a CMS determination of noncompliance letter.

[Help@qtso.com](mailto:Help@qtso.com) or 1-800-339-9313 (QIES Help Desk)

For questions about IRF-PAI data coding or IRF-PAI data submission as well as any access issues with QIES and CASPER reports.

[NHSN@cdc.gov](mailto:NHSN@cdc.gov) (NHSN Help Desk)

For NHSN registration questions such as needing a hospital identifier to register, which facility type to choose during online enrollment, and submission completeness of NHSN measures, including staff Influenza vaccination data.

## Helpful Links

[Post-Acute Care \(PAC\) Listserv](#) — Sign up for the official CMS PAC listserv to receive important QRP updates.

[IRF Quality Reporting FAQs](#) — CMS developed a list of Frequently Asked Questions (FAQ) addressing general questions about the IRF Quality Reporting Program, including information about the quality measures, data submission deadlines, training materials, and other helpful resources.

[IRF Quality Reporting Data Submission Deadlines](#) — In addition to providing a list of the measures and their corresponding deadlines, this page includes links to NHSN resources, and contact information for CASPER and IRF-PAI provider report assistance.

[IRF Quality Reporting Technical Information](#) — This page provides technical updates and resources related to IRF data collection, submission of quality data, and information regarding the CDC's NHSN and the IRF-PAI. There is also contact information where IRFs can ask questions about IRF-PAI and NHSN measures.

[IRF Quality Public Reporting](#) — This page discusses the IRF Compare Website, which became active in December 2016. Prior to an IRF's data becoming publicly reported, the IRF receives a Preview Report which allows them to view their information and request corrections to be made to demographics. This page displays information about both the IRF Preview Report and the IRF Compare Website.

[IRF Quality Reporting Reconsideration and Exception & Extension](#) — If an IRF has failed to submit required measures data by each of the submission deadlines, it will receive notification of their non-compliance, alerting it that it is at risk of having the two (2) percentage point reduction applied to its Annual Increase Factor (AIF). When the IRF receives this notification, it has the option to request a CMS reconsideration of its initial determination.

[Inpatient Rehabilitation Facility \(IRF-PAI\) Providers Information](#) — The QIES Technical Support Office (QTSO) provides numerous resources related to IRF-PAI reporting, including news on report availability, manuals, and training.