



Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 5.0

Prepared for

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Quality Measure, Assessment Instrument
Development, Maintenance and Quality
Reporting Program Support for the Long-Term
Care Hospital (LTCH), Inpatient Rehabilitation
Facility (IRF), Skilled Nursing Facility (SNF)
QRPs and Nursing Home Compare (NHC)

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Current as of October 1, 2023

Overview

This document provides quality measure updates reflected in the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Measure Calculations and Reporting User's Manual, Version 5.0 taking effect October 1, 2023. Updates to specifications of the existing measures in this document use the Measure Calculations and Reporting User's Manual V4.0 (effective October 1, 2022) as the foundation for changes.

Notable updates to the QM User's Manual, Version 5.0 include the addition of tables with an overview of all quality measures in the IRF QRP and overviews of the quality measures added or removed in the IRF QRP and/or finalized for public reporting display updates with the FY 2025 IRF QRP, and removal of the section providing background information for the Transfer of Health (TOH) measures. This document also includes information with regard to the newly included measure, Discharge Function Score (I026.01), for the IRF QRP. Additionally, appendix tables with coding logic for risk-adjusted assessment-based measures were moved to the Risk Adjustment Appendix File (*Risk-Adjustment-Appendix-File-for-IRF-Effective-10-01-2023.xlsx*) and instruction on the use of Discharge Function Score Imputation Appendix File (*Imputation-Appendix-File-for-IRF-Effective-10-01-2023.xlsx*) were added to the Appendix. Lastly, tables providing effective periods for CMS ID updates corresponding to all IRF QRP measures and current and prior versions of this manual were added to the Appendix.

Updates are organized by manual chapter, section, page number, step/table indicator. Updated language is indicated by strikeouts of prior language, and the description of the change. The step/table column adds specificity in locating the edits by indicating if the edits are located within a specific step or table on a given page. When edits are not found in a specific step/table, the column displays "N/A". Similarly, when edits are applied in multiple locations within the manual (e.g., updates to CMS measure IDs or dates associated with quarterly report periods), the column displays "Multiple".

IRF QRP Measure Calculations and Reporting User's Manual V5.0 Updates

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
1.	Multiple	Multiple	Multiple	Multiple	Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0 5.0	Updated IRF Quality Measure (QM) User's Manual version number to 5.0 where appropriate.
2.	Multiple	Multiple	Multiple	Multiple	October 1, 2022 2023	Updated effective date for the QM User's Manual version 5.0 where appropriate.
3.	Multiple	Multiple	Multiple	Multiple	<ul style="list-style-type: none"> • National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) CMS ID: I006.01) • National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717) (CMS ID: I015.01) • National Healthcare Safety Network (NHSN) Influenza Vaccination Coverage Among among Healthcare Personnel (NQF #0431) (CMS ID: I016.01) • National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: I023.0102) • Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program IRF QRP (CMS ID: I017.01) • Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities IRFs (CMS ID: I018.01) • Discharge to Community Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) - PAC IRF QRP (NQF #3479) (CMS ID: I019.02) • Medicare Spending Per Beneficiary Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) (MSPB) - Post Acute Care (PAC) IRF QRP (CMS ID: I020.01) • Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674) (CMS ID: I013.01) 	Removed NQF references from measure lists, tables, and section and table headers and updated measure titles to align with the rule throughout the document.

Manual Version 5.0 is current as of October 1, 2023.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
3. (cont.)					<ul style="list-style-type: none"> 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 #2361) (CMS ID: I008.02) IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) (CMS ID: I009.05) IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2364) (CMS ID: I010.05) IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID: I011.05) IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID: I012.05) Drug Regimen Review Conducted with <i>With</i> Follow-Up for Identified Issues —PAC-IRF-QRP - Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) (CMS ID: I021.01) Transfer of Health Information to <i>the</i> Provider – Post-Acute Care (PAC) (CMS ID: I024.01) Transfer of Health Information to <i>the</i> Patient – Post-Acute Care (PAC) (CMS ID: I025.02) 	
4.	Multiple	Multiple	Multiple	Multiple	<i>Discharge Function Score (CMS ID: I026.01)</i>	Added Discharge Function Score to measure lists and tables throughout document.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
5.	Multiple	Multiple	Multiple	Multiple	<p>The Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (I008.02) is an application of measure L009.03 and is not NQF endorsed.</p> <p>This measure (I008.02) is an application of the Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L009.03) and is not NQF endorsed.</p> <p>This measure (I008.02) is an application of the Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L009.03) and is not NQF endorsed.</p> <p>This measure (I008.02) is an application of measure L009.03 and is not NQF endorsed.</p> <p>^a This measure is NQF endorsed for long-stay residents in nursing homes (http://www.qualityforum.org/QPS/0674), and An application of this quality measure is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR 47096-47100).</p> <p>This measure is NQF endorsed for use in the IRF setting (http://www.qualityforum.org/QPS/2633) and finalized for reporting by IRFs under FY 2016 IRF PPS final rule (80 FR 47111-47117).</p> <p>This measure is NQF endorsed for use in the IRF setting (4) and finalized for reporting by IRFs under FY 2016 IRF PPS final rule (80 FR 47117-47118).</p>	Removed NQF references in footnotes throughout the document.
6.	Table of Contents	N/A	iii.	N/A	Section 1.4: QRP Measures	Created Section 1.4: QRP Measures which includes an updated Table 1-1 and new Tables 1-2 and 1-3.
7.	Table of Contents	N/A	iv.	N/A	Section 5.3: Measure Calculations During the Transition from IRF-PAI v3.0 to IRF-PAI 4.0	Removed Section 5.3.

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8.	Table of Contents	N/A	iv.	N/A	Section 5.4 Measures to Begin Data Collection on 10/01/2022: Transfer of Health Information (TOH)	Removed Section 5.4 which provided background information on the Transfer of Health Information measures.
9.	Table of Contents	N/A	iv.	N/A	Section 6.11: Discharge Function Score Measure (CMS ID: I026.01)	Added Section 6.11 to provide measure calculation methodology for the Discharge Function Score measure.
10.	Table of Contents	N/A	iv.	N/A	Appendix A: Model Parameters Section A.1: Covariate Tables Section A.2: Risk Adjustment Appendix File Overview Section A.3: Risk Adjustment Procedure Appendix A: Measure Specification History Section A.1: CMS ID Update and Manual Version History Tables	Moved Table A-1 through Table A-5 in Appendix A of the QM User's Manual V4.0 to the associated Risk-Adjustment Appendix File, and placed Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously Sections A.1 and A.2 in Appendix A of the QM User's Manual V4.0) in Appendix B of the QM User's Manual V5.0. Added section which contains tables detailing the effective dates corresponding to each CMS ID update for all IRF QRP quality measures, and the effective dates corresponding to each manual/addendum version in Appendix A.

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#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
11.	Table of Contents	N/A	iv.	N/A	<p><i>Appendix B: Risk-Adjustment and Imputation Appendix Files</i></p> <p><i>Section B.1: Risk-Adjustment Appendix File Overview</i></p> <p><i>Section B.2: Risk-Adjustment Procedure</i></p> <p><i>Section B.3: Etiologic Diagnosis or Comorbid Conditions</i></p> <p><i>Section B.4: Discharge Function Score Imputation Appendix File Overview</i></p> <p><i>Section B.5: Discharge Function Score Imputation Procedure</i></p>	Created Appendix B to include Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously in Appendix A of the QM User's Manual V4.0), moved Etiologic Diagnosis or Comorbid Conditions table (Section B.3) and added Discharge Function Score Imputation Appendix File Overview and Discharge Function Score Imputation Appendix File Procedure sections (Sections B.4 and B.5).
12.	Summary of Tables	N/A	v.	N/A	<p>Table 1-1 IRF Assessment-Based (IRF-PAI) Quality Measure NQF Number, CMS ID, and Measure Reference Name Crosswalk</p> <p><i>Table 1-1 IRF QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk</i></p>	Updated table header to reflect updates implemented in the table, such as inclusion of all IRF QRP quality measures, removal of NQF numbers, and inclusion of CMIT measure ID number.
13.	Summary of Tables	N/A	v.	N/A	<i>Table 1-2 Quality Measures Added to the IRF QRP</i>	Added Table 1-2 which provides an overview of the quality measures with the FY 2025 IRF QRP.
14.	Summary of Tables	N/A	v.	N/A	<i>Table 1-3 Quality Measures Removed/Retired from the IRF QRP</i>	Added Table 1-3 which provides an overview of the quality measures removed with the FY 2025 IRF QRP.

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15.	Summary of Tables	N/A	v.	N/A	<i>Table 7-11 Discharge Function Score (CMS ID I026.01)</i>	Added Table 7 to provide measure logic specifications for the Discharge Function Score measure.
16.	Summary of Tables	N/A	vi.	N/A	Table A-1 IRF-PAI Quality Measures Requiring National Average Observed Scores and Covariate Values for Risk Adjustment Table A-2 Risk Adjustment Covariates for the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury Table A-3 Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes Table A-4 Risk Adjustment Covariates for the Change in Self Care, Change in Mobility, Discharge Self Care, and Discharge Mobility Measures (NQF #2633, NQF#2634, NQF#2635, and NQF# 2636) Table A-5 QM Report Measure Calculation: Exceptions to Risk Adjuster Comorbidities for the Change in Self Care, Change in Mobility, Discharge Self Care, and Discharge Mobility Measures (NQF #2633, NQF#2634, NQF#2635, and NQF# 2636)	Removed Table A-1 through Table A-5 from the QM User's Manual V4.0 to the associated Risk-Adjustment Appendix File, with the exception of Table A-3, which has been moved to Appendix B.
17.	Summary of Tables	N/A	vi.	N/A	<i>Table A-1 Effective Dates by CMS ID Update for IRF QRP Quality Measures</i> <i>Table A-2 Effective Dates of IRF Quality Measures User's Manual Versions</i>	Added tables detailing the effective dates corresponding to each CMS ID update for all IRF QRP quality measures, and the effective dates corresponding to each manual/addendum version in Appendix A.
18.	Summary of Tables	N/A	vi.	N/A	<i>Table B-1 Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes</i>	Moved Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes to Appendix B.

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#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
19.	1	1.1	2	Organization	<p>This manual is organized by seven chapters and one appendix two appendices. The remainder of this section provides information on the contents of each chapter and an overview of the appendix appendices.</p> <p>Chapter 1 presents the purpose of the manual, explaining how the manual is organized and defining key terms that are used throughout subsequent chapters. <i>This chapter also includes a summary of existing quality measures in the IRF QRP, as well as an overview of the quality measures added or removed in the IRF QRP and/or finalized for public reporting display updates with the FY 2025 IRF QRP.</i> The remaining chapters are organized by quality measure and provide detailed information about measure specifications and reporting components. Chapters 2 and 3 identify the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network Measures (NHSN) quality measures and the claims-based measures, respectively. The quality measures that rely on IRF-Patient Assessment Instrument (PAI) are presented in Chapter 4, and record selection criteria are explained for each measure. Chapter 5 describes the two Internet Quality Improvement and Evaluation System (iQIES) data reports for the IRF-PAI quality measures, consisting of the iQIES Review and Correct Reports and the iQIES Quality Measure (QM) Reports. The iQIES Review and Correct Report is a single report that contains facility-level quarterly and cumulative rates and its associated patient-level data. The iQIES QM Reports are comprised of two report types, one containing facility-level measure information and a second that includes patient-level data for a selected reporting period. Following the discussion of quality measure specifications for each report, information is presented in table format to illustrate the report calculation month, reporting quarters, and the months of data that are included in each monthly report. The chapter concludes with the transition from IRF-PAI v3.0 to IRF-PAI v4.0 and introduction of the Transfer of Health Information (TOH) quality measures. Data collection for IRF-PAI v4.0 begins on October 1, 2022 and will impact certain quality measure specifications. Chapter 6 presents the measure calculation methodology specific to the IRF-PAI quality measures, and Chapter 7 provides the measure logical specifications for each of the quality measures within the IRF-PAI, in table format. <i>Lastly, Appendix A provides effective periods for CMS ID updates corresponding to all IRF QRP measures and current and prior versions of this manual. Lastly, Appendix B includes instruction on the use of the associated Risk-Adjustment Appendix File, which includes the covariate definitions and intercept and covariate coefficient values that are used to calculate the assessment-based (IRF-PAI) risk-adjusted measures. This appendix also provides ICD-10-CM updates to Etiologic</i></p>	Updated language to reflect major structural edits to the manual.

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#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
19. (cont.)					<i>Diagnosis or Comorbid Conditions used in measure calculations. Additionally, this appendix provides instruction on the use of the associated Discharge Function Score Imputation Appendix File, which includes covariate definitions and model threshold and covariate coefficient values that are used to calculate statistically imputed values for use in Discharge Function Score measure calculations.</i>	
20.	1	1.2	3	IRF Stay Definitions	<p>IRF Stay: Note that IRF-PAI data are <i>only</i> submitted for Medicare Part A and Medicare Advantage patients <i>through September 30, 2024</i>.</p> <p>Footnote <i>Per the FY 2023 IRF PPS Final Rule, IRF providers will need to start collecting and submitting the IRF-PAI assessments on all patients receiving care in an IRF, regardless of payer, beginning on October 1, 2024.</i></p>	Updated text to indicate that all payer data collection for IRF will begin on October 1, 2024.
21.	1	1.4	5-7	QRP Measures	<p>Section 1.4: QRP Measures</p> <p><i>Table 1-1 QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk</i></p> <p>(See Appendix for full-page excerpt.)</p>	Created Section 1.4: QRP Measures to include an updated Table 1-1 and new Tables 1-2 and 1-3. Table 1-1 was updated to include all assessment-based measures included in the IRF QRP (including the Discharge Function Score measure), remove NQF numbers, include the CMIT measure ID number and CBE endorsement status and measure type. Additionally, updated footnotes, including the revision of existing footnotes for clarity and accuracy and the removal of NQF references.

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22.	1	1.4	8	QRP Measures	<p><i>Table 1-2 Quality Measures Added to the IRF QRP</i></p> <p><i>Table 1-3 Quality Measures Removed/Retired from the IRF QRP</i></p> <p>(See Appendix for full-page excerpt.)</p>	Added Table 1-2 and Table 1-3 which provide overviews of the quality measures added and removed with the FY 2025 IRF QRP, respectively. Table 1-2 indicates when new measures added to the IRF QRP will be included in reports and released on Care Compare and the Provider Data Catalog. Table 1-3 indicates when measures retired from the IRF QRP will be removed from reports and removed from Care Compare and the Provider Data Catalog.
23.	2	N/A	9	N/A	<p>National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138) (CMS ID: I006.01)</p> <p>National Healthcare Safety Network (NHSN) Facility-Wide Inpatient Hospital-Onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717) (CMS ID: I015.01)</p> <p>National Healthcare Safety Network (NHSN) Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431) (CMS ID: I016.01)</p>	Removed NQF references and aligned measure titles with rule titles.

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24.	2	N/A	10	N/A	<p>National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage among Healthcare Personnel (CMS ID: I023.0102)</p> <ul style="list-style-type: none"> This measure identifies the percentage of HCP eligible to work in the IRF setting for at least one day during the reporting period, <i>excluding HCP with contraindications to the COVID-19 vaccine, who receive a complete COVID-19 vaccination course who are considered up to date</i>, regardless of clinical responsibility or patient contact. Note: This measure has been updated to replace the term 'complete vaccination course' with 'up to date' in the HCP vaccination definition and to update the numerator to specify the time frames within which an HCP is considered up to date with recommended COVID-19 vaccines, including booster doses. <ul style="list-style-type: none"> CDC NHSN: HCP COVID-19 Vaccine <p>Footnote</p> <ul style="list-style-type: none"> The updated measure specifications were effective January 2023. 	<p>Updated CMS ID and measure description to reflect measure specification updates.</p> <p>Aligned measure title with rule title.</p> <p>Updated hyperlink to direct readers to the updated measure specifications, and added footnote to include the specifications effective date.</p>
25.	3	N/A	11	N/A	<p>Note: as of the manual publication date, an update to the claims-based measures specifications are in progress. An updated claims-based measures specifications document will be posted on the IRF Quality Reporting Measures Information website.</p>	<p>Added language to inform readers of future updated measure specifications for claims-based measures.</p>
26.	3	N/A	11	N/A	<p>Discharge to Community-Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) (NQF #3479) (CMS ID: I019.02)</p>	<p>Removed reference to NQF number.</p>
27.	4	4.1	15	4-1	<p>Table 4-1 Target Period for all Assessment-Based (IRF-PAI) Quality Measures (See Appendix for full-page excerpt.)</p>	<p>Removed NQF references, updated measure titles, and included the Discharge Function Score measure.</p>
28.	5	N/A	17	N/A	<ul style="list-style-type: none"> The CDC NHSN measures are <i>updated quarterly for all measures, except for the Influenza Vaccination Coverage Among Healthcare Personnel measure which is updated annually. The data for these measures</i> are provided at the facility-level only. 	<p>Provided CDC NHSN measures data refresh schedule for the iQIES QM Reports.</p>

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29.	5	N/A	18	N/A	<p>Section 5.3 of this chapter addresses the transition from IRF-PAI v3.0 to IRF-PAI v4.0. Data collection for IRF-PAI v4.0 begins on October 1, 2022 and will impact certain quality measure specifications.</p> <p>Section 5.4 describes the Transfer of Health Information (TOH) measures which will be available to IRF providers in their IQIES reports starting in 2023.</p>	Removed Section 5.3 and Section 5.4 text.
30.	5	5.1	18	1.c.i	<p>For example, the data submission deadline for Quarter 1 4 (January-October 1 through March December 31) data collection would normally be 11:59 p.m. ET, August May 15, which is the 15th day of the month, 5 months after the end of the data collection period. However, in FY 2021 2022, August May 15th fell on a Sunday; therefore, the deadline for this data submission is was extended to the next business day which was August May 16, 2021 2022, at 11:59 p.m. ET.</p>	Updated example. No effect on data submission deadlines.
31.	5	5.1	20-21	5-2	<p>Table 5-2 Measure Types by User-Requested Year for all Assessment-Based (IRF-PAI) Quality Measures</p> <p>(See Appendix for full-page excerpt.)</p>	Updated the user-requested years (i.e., 2019 through 2024), removed NQF references, updated measure titles, and added the Discharge Function Score measure.

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32.	5	5.1	21	N/A	<p><i>Table 5-3 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures:</i></p> <ul style="list-style-type: none"> For an existing measure, if the requested calendar year quarter end date is Quarter 1, 20232⁴³ (end date of March 31st), the four quarters of data provided in this request include Q2 20232⁴³ (April – June), Q3 20232⁴³ (July – September), Q4 20232⁴³ (October – December), and Q1 20243⁴³ (January – March). For a new measure, if the requested calendar year quarter end date is Quarter 1, 20243⁴³ (end date of March 31st), the only quarter of data provided in this request is Q1 20243⁴³ (January – March). <p>Footnote</p> <p><i>Because the Discharge Function Score measure calculations utilize data that are already being collected, quarterly rates will capture four quarters of data, beginning with data collected from Q1 2023 through Q4 2023 (January 1, 2023 through December 31, 2023) if technically feasible. Therefore, if the requested calendar year quarter end date is Quarter 1, 2024, the data that will be provided in this request will include the same range of dates as for existing measures.</i></p>	Updated explanatory language for Table 5-3; no effect on calculations.
33.	5	5.3-5.4	25	N/A	Removed sections 5.3 and 5.4	Removed Section 5.3 and Section 5.4 text.
34.	6	N/A	25	N/A	<p>This chapter presents technical details regarding calculating the assessment-based quality measures that are included in the IRF QRP. Note that IRF-PAI data are submitted <i>only</i> for Medicare Part A and Medicare Advantage patients through <i>September 30, 2024 only</i>.</p> <p>Footnote</p> <p><i>Per the FY 2023 IRF PPS Final Rule, IRF providers will need to start collecting and submitting the IRF-PAI assessments on all patients receiving care in an IRF, regardless of payer, beginning on October 1, 2024.</i></p>	Updated text to indicate that all payer data collection for IRF will begin on October 1, 2024.

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35.	6	6.1	26-27	2	<i>Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen in Table RA-2 of the Risk Adjustment Appendix File on the IRF QRP Measures Information website. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Report, Provider Preview Report, and on public display on the Care Compare Website may vary from the national average observed score provided by these documents.</i>	Added language for clarity.
36.	6	6.1	27	3.2	<i>3.2 Using the covariate definitions in Table 7-1 Table RA-3 in the associated Risk Adjustment Appendix File, assign covariate values (COV), either '0' for covariate condition not present or '1' for covariate condition present, for each IRF stay for each of the four covariates as reported on the Admission assessment.</i>	Updated language to reflect the updated reference location.
37.	6	6.1	27	3.3	<ul style="list-style-type: none"> • X is a linear combination of the constant and the logistic regression coefficients times the covariate values scores (from Formula [2], below) 	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
38.	6	6.1	27	3.3	<ul style="list-style-type: none"> • β_2 is the logistic regression coefficient for the second covariate "bowel incontinence," and COV_2 is the IRF stay-level covariate value. 	Updated language to align with covariate name in the Risk-Adjustment Appendix file.
39.	6	6.1	28	3.3	<ul style="list-style-type: none"> a. See Appendix A, Table A-2 Table RA-3 and Table RA-4 in the associated Risk-Adjustment Appendix File for the regression constant and coefficients <i>as well as detailed IRF-PAI coding for each risk adjuster</i>. The regression constant and coefficients are values obtained through statistical logistic regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression constants and coefficients based on the target period stated in Table A-2 Table RA-3 and Table RA-4 in the Risk-Adjustment Appendix File. 	Updated language to reflect the updated reference location and for accuracy.

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40.	6	6.3	32-33	2.1	<p>2.1 Complete IRF stays. For patients with complete IRF stays, each functional assessment item listed below must have a valid numeric <i>score code</i> indicating the patient's status [01 – 06] or that, or a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 10, 88]). All three of the following criteria are required for inclusion in the numerator:</p> <p>2.1.1 A valid numeric <i>score code</i> [01 – 06] indicating the patient's functional status [01 – 06] or that, or a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 10, 88]) for each of the functional assessment items, or a “^” indicating items affected by the skip pattern. All admission functional assessment items (refer to 2.3 below) must be completed; and</p> <p>2.1.2 A valid numeric <i>score code</i> [01 – 06] or a valid code indicating the activity was not attempted (e.g., GG0130A2= [07, 09, 10, 88]) for a discharge goal indicating the patient's expected level of independence, for at least one self-care or mobility item (refer to 2.4 below); and</p> <p>2.1.3 A valid numeric <i>score code</i> indicating the patient's functional status [01 – 06] or that, or a valid code indicating the activity was not attempted (e.g., GG0130A3 = [07, 09, 10, 88]), or a “^” indicating a skip pattern for each of the discharge functional assessment items. All discharge functional assessment items (refer to 2.5 below) must be completed.</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
41.	6	6.3	33	2.2	<p>2.2 Incomplete IRF stays. For patients with incomplete IRF stays, collection of discharge functional status data might not be feasible. Each admission functional assessment item listed below must have a valid numeric <i>score code</i> indicating the patient's status [01 – 06] <i>or that, or a valid code indicating</i> the activity was not attempted (e.g. GG0130A1 = [07, 09, 10, 88]). The following two criteria are required for inclusion in the numerator:</p> <p>2.2.1 A valid numeric <i>score code</i> indicating the patient's functional status [01 – 06] <i>or that, or a valid code indicating</i> the activity was not attempted (e.g., GG0130A1 = [07, 09, 10, 88]), or a “^” indicating a skip pattern for each of the functional assessment items. All admission functional assessment items (refer to 2.3 below) must be completed; and</p> <p>A valid numeric <i>score code</i> [01 – 06] or a valid code indicating the activity was not attempted (e.g., GG0130A2 = [07, 09, 10, 88]) for a discharge goal indicating the patient's expected level of independence, for at least one self-care or mobility item (refer to 2.4 below).</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
42.	6	6.3	34	2.3	The following valid <i>scores/ codes</i> for the self-care (GG0130) and mobility (GG0170) admission performance items are accepted for this quality measure:	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
43.	6	6.3	35	2.4	The following valid <i>scores/ codes</i> for the self-care (GG0130) and mobility (GG0170) discharge goal items are accepted for this quality measure:	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
44.	6	6.3	37	2.5	The following valid <i>scores/ codes</i> for the self-care (GG0130) and mobility (GG0170) discharge performance items are accepted for this quality measure:	Updated language for clarity and consistency regarding the use of terms: score, code, and value.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
45.	6	6.4	39-40	1.1-1.2	<p>1.1 To obtain the score, use the following procedure:</p> <ul style="list-style-type: none"> • If code is between 01 and 06, then use the code as the <i>score-value</i>. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the <i>score-value</i>. • If the self-care item is dashed (-) or missing, recode to 01, and use this code as the <i>score-value</i>. <p>1.2 Sum the <i>scores-values</i> of the admission self-care items to create an admission self-care score for each IRF stay. Scores can range from 7 to 42, with a higher score indicating greater independence.</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
46.	6	6.4	40-41	2.1-2.2	<p>2.1 To obtain the score, use the following procedure:</p> <ul style="list-style-type: none"> • If code is between 01 and 06, then use code as the <i>score-value</i>. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the <i>score-value</i>. • If the self-care item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the <i>score-value</i>. <p>2.2 Sum the <i>scores-values</i> of the discharge self-care items to create a discharge self-care score for each IRF stay. Scores can range from 7 to 42, with a higher score indicating greater independence.</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
47.	6	6.4	41-42	3.3	<ul style="list-style-type: none"> • Etiologic Diagnosis A., B., or C. (Item 22 = any one of the ICD-10-CM codes listed in Appendix A, Table A-3 in the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0). • Comorbid Condition (Item 24 = any of the ICD-10-CM codes listed in Appendix A, Table A-3 in the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0). 	Version 4.0 of the IRF QM User's manual should be used for the Change in Self-Care Score (CMS ID: I009.05) measure.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
48.	6	6.4	42	7	7. Round the value score to one decimal place.	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
49.	6	6.4	43	2	<i>Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen in Table RA-2 of the Risk Adjustment Appendix File. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Report, Provider Preview Report, and on public display on the Care Compare Website may vary from the national average observed score provided by these documents.</i>	Added language for clarity.
50.	6	6.4	43	3	See Table RA-5, Table RA-6, and Table RA-7 Appendix A, Table A-4 and Table A-5, and the in the associated Risk Adjustment Appendix File for the regression intercept and coefficients as well as detailed IRF-PAI coding <i>logic</i> for each risk adjustor. The regression intercept and regression coefficients are values obtained through regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in Table RA-5, Table RA-6, and Table RA-7 Table A-4 and Table A-5, and in the Risk Adjustment Appendix File .	Updated language to reflect the updated reference location and for accuracy.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
51.	6	6.4	43-44	5-6	<p>5. Calculate the risk-adjusted average change in self-care score (Steps 5.1 through 5.2).</p> <p>5.1 Calculate the difference between the facility-level average observed change in self-care score (Step 1) and the facility-level average expected change in self-care score (Step 4) to create an observed minus expected difference (difference value).</p> <ul style="list-style-type: none"> • A value that is 0 indicates the observed <i>change in</i> score and expected <i>change in</i> score are equal. • A value that is greater than 0 indicates that the observed change in score is higher (better) than the expected <i>change in</i> score. • A value that is less than 0 indicates that the observed change in score is lower (worse) than the expected <i>change in</i> score. <p>5.2 Add the national average to each IRF's difference value (step 5.1). This is the facility-level risk-adjusted average change in self-care score.</p> <p>6. Round the <i>value score</i> to one decimal place.</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
52.	6	6.5	45	1.1	<p><i>*Please count the score value for this item twice; 15 items are used to calculate a patient's score (scores range from 15 – 90).</i></p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
53.	6	6.5	46-47	1.3-1.4	<p>1.3 To obtain the score, use the following procedure:</p> <ul style="list-style-type: none"> • If code is between 01 and 06, then use code as the <i>score-value</i>. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the <i>score-value</i>. • If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the <i>score-value</i>. <p>1.4 Sum the <i>scores-values</i> of the admission mobility items to create an admission mobility score for each IRF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
54.	6	6.5	47	2.1	<p><i>*Please count the score-value for this item twice; 15 items are used to calculate a patient's score (scores range from 15 – 90).</i></p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
55.	6	6.5	48	2.3-2.4	<p>2.3 To obtain the score, use the following procedure:</p> <ul style="list-style-type: none"> • If code is between 01 and 06, then use code as the <i>score-value</i>. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the <i>score value</i>. • If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the <i>score-value</i>. <p>2.4 Sum the <i>scores values</i> of the discharge mobility items to create a discharge mobility score for each IRF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
56.	6	6.5	50	3.3	<ul style="list-style-type: none"> Etiologic Diagnosis A., B., or C. (Item 22 = any of the ICD-10-CM codes listed in Appendix A, Table A-3 in the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0). Comorbid Condition (Item 24 = any of the ICD-10-CM codes listed in Appendix A, Table A-3 in the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0). 	Version 4.0 of the IRF QM User's manual should be used for the Change in Mobility Score (CMS ID: I010.05) measure.
57.	6	6.5	50	7	7. Round the value score to one decimal place.	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
58.	6	6.5	51	2	<i>Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen in Table RA-2 of the Risk Adjustment Appendix File. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Report, Provider Preview Report, and on public display on the Care Compare Website may vary from the national average observed score provided by these documents.</i>	Updated language to reflect the updated reference location and for accuracy.
59.	6	6.5	51-52	3	See Table RA-5, Table RA-6, and Table RA-8 in Appendix A, Table A-4 and Table A-5, and the associated Risk Adjustment Appendix File for the regression intercept and coefficients as well as detailed IRF-PAI coding logic for each risk adjustor. The regression intercept and regression coefficients are values obtained through regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in Table RA-5, Table RA-6, and Table RA-8 in Table A-4 and Table A-5 and the Risk Adjustment Appendix File .	Updated language to reflect the updated reference location and for accuracy.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
60.	6	6.5	52	5-6	<p>5. Calculate the risk-adjusted average change in mobility score (Steps 5.1 through 5.2).</p> <p>5.1 Calculate the difference between the facility-level average observed change in mobility score (Step 1) and the facility-level average expected change in mobility score (Step 4) to create an observed minus expected difference (difference value).</p> <ul style="list-style-type: none"> • A value that is 0 indicates the observed <i>change in</i> score and expected <i>change in</i> score are equal. • A value that is greater than 0 indicates that the observed change in score is higher (better) than the expected <i>change in</i> score. • A value that is less than 0 indicates that the observed change in score is lower (worse) than the expected <i>change in</i> score. <p>5.2 Add the national average to each IRF's difference value (step 5.1). This is the facility-level risk-adjusted average change in mobility score.</p> <p>6. Round the <i>value score</i> to one decimal place.</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
61.	6	6.6	53-54	1.1-1.2	<p>1.1 To obtain the score, use the following procedure:</p> <ul style="list-style-type: none"> • If code is between 01 and 06, then use code as the <i>score-value</i>. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the <i>score-value</i>. • If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the <i>score-value</i>. <p>1.2 Sum the <i>scores-values</i> of the discharge self-care items to create a discharge self-care score for each IRF stay. Scores can range from 7 to 42, with a higher score indicating greater independence.</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
62.	6	6.6	54	2.2	<ul style="list-style-type: none"> • Etiologic Diagnosis A., B. or C. (Item 22 = any one of the ICD-10-CM codes listed in Appendix B A, Table B-1). • Comorbid Condition (Item 24 = any of the ICD-10-CM codes listed in Appendix B A, Table B-1). 	Updated language to reflect the updated reference location and for accuracy.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
63.	6	6.6	55	3	See Table RA-5, Table RA-6, and Table RA-9 in Appendix A, Table A-4 and Table A-5, and the associated Risk Adjustment Appendix File for the regression intercept and coefficients as well as detailed IRF-PAI coding for each risk adjustor. The regression intercept and regression coefficients are values obtained through regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in Table RA-5, Table RA-6, and Table RA-9 in the and Table A-5 and the Risk Adjustment Appendix File .	Updated language to reflect the updated reference location and for accuracy.
64.	6	6.6	55	4-6	<p>4. Calculate the difference in observed and expected discharge self-care scores. For each IRF stay, compare each patient's observed discharge self-care score (Step 1) and expected discharge self-care score (Step 3) and classify the difference as one of the following:</p> <p>4.1 Observed discharge <i>self-care</i> score is equal to or higher <i>greater</i> than the expected discharge <i>self-care</i> score.</p> <p>4.2 Observed discharge <i>self-care</i> score is lower <i>less</i> than the expected discharge <i>self-care</i> score.</p> <p>5. Determine the denominator count. Determine the total number of IRF stays with an IRF-PAI in the measure target period, which do not meet the exclusion criteria.</p> <p>6. Determine the numerator count. The numerator for this quality measure is the number of IRF stays with an observed discharge <i>self-care</i> score that is the same as or higher than the expected discharge <i>self-care</i> score (Step 4.1).</p>	Updated language for clarity and consistency.
65.	6	6.7	57	1.1	<i>*Please count the score-value for this item twice; 15 items are used to calculate a patient's score (scores range from 15 – 90).</i>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
66.	6	6.7	58-59	1.3-1.4	<p>1.3 To obtain the score, use the following procedure:</p> <ul style="list-style-type: none"> • If code is between 01 and 06, then use code as the <i>score-value</i>. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the <i>score-value</i>. • If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the <i>score-value</i>. <p>1.4 Sum the <i>score-values</i> of the discharge mobility items to create a discharge mobility score for each IRF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.</p>	Updated language for clarity and consistency regarding the use of terms: score, code, and value.
67.	6	6.7	59	2.2	<ul style="list-style-type: none"> • Etiologic Diagnosis A., B., or C. (Item 22 = any of the ICD-10-CM codes listed in Appendix B A, Table B-1). • Comorbid Condition (Item 24 = any of the ICD-10-CM codes listed in Appendix B A, Table B-1). 	Updated language to reflect the updated reference location and for accuracy.
68.	6	6.7	60	3	See Table RA-5, Table RA-6, and Table RA-10 Appendix A, Table A-4 and Table A-5, and in the associated Risk Adjustment Appendix File for the regression intercept and coefficients as well as detailed IRF-PAI coding <i>logic</i> for each risk adjustor. The regression intercept and regression coefficients are values obtained through regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in Table RA-5, Table RA-6, and Table RA-10 and Table A-5 and the in the Risk Adjustment Appendix File .	Updated language to reflect the updated reference location and for accuracy.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
69.	6	6.7	60	4-6	<p>4. Calculate the difference in observed and expected discharge mobility scores. For each IRF stay which does not meet the exclusion criteria, compare each patient's observed discharge mobility score (Step 1) and expected discharge mobility score (Step 3) and classify the difference as one of the following:</p> <p>4.1 Observed discharge <i>mobility</i> score is equal to or higher <i>greater</i> than the expected discharge <i>mobility</i> score.</p> <p>4.2 Observed discharge <i>mobility</i> score is lower <i>less</i> than the expected discharge <i>mobility</i> score.</p> <p>5 Determine the denominator count. Determine the total number of IRF stays with an IRF-PAI in the measure target period, which do not meet the exclusion criteria.</p> <p>6 Determine the numerator count. The numerator for this quality measure is the number of IRF stays in which the observed discharge <i>mobility</i> score is the same as or higher than the expected discharge <i>mobility</i> score (Step 4.1).</p>	
70.	6	6.11	68-73	N/A	<p><i>Section 6.11 Discharge Function Score (CMS ID: I026.01)</i> (See Appendix for full-page excerpt.)</p>	Added section to provide measure calculations for the Discharge Function Score measure.
71.	7	N/A	77	7-1	<p><i>Data for each covariate are derived from the IRF-PAI admission assessment data included in the target IRF stays.</i></p> <ol style="list-style-type: none"> Functional Mobility Limitation Admission Performance: Lying to sitting on side of bed Bowel Continence Peripheral Vascular Disease (PVD) / Peripheral Arterial Disease (PAD) or Diabetes Mellitus Low body mass index (BMI), based on height (25A) and weight (26A) <p><i>See covariate details in Table RA-3 and Table RA-4 in the associated Risk-Adjustment Appendix File.</i></p>	Revised language to align with language in the Risk-Adjustment Appendix File, and removed coding logic to reduce redundancy in both the manual and the Risk-Adjustment Appendix File. Added reference location of coding logic language.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
72.	7	N/A	82	7-4	<p>Data for each covariate are derived from the admission data included in the target IRF stays.</p> <ol style="list-style-type: none"> 1. Age group 2. Admission self-care – continuous form 3. Admission self-care – squared form 4. Primary diagnosis group 5. Interaction between admission self-care and primary diagnosis group 6. Prior acute or IRF primary diagnosis – surgical 7. Prior functioning: self-care 8. Prior functioning: indoor ambulation 9. Prior mobility device/ aids 10. Stage 2 pressure ulcer 11. Stage 3, 4, or unstageable pressure ulcer/injury 12. Cognitive function 13. Communication impairment 14. Bladder continence 15. Bowel continence 16. Nutritional approaches 17. Low BMI 18. Comorbidities <p><i>See covariate details in Table RA-5, Table RA-6, and Table RA-7 in the associated Risk Adjustment Appendix File.</i></p>	Revised language to align with language in the Risk-Adjustment Appendix File, and removed coding logic to reduce redundancy in both the manual and the Risk-Adjustment Appendix File. Added reference location of coding logic language.
73.	7	N/A	83	7-4	<p>^eThe medical conditions are identified by: Impairment Group 0004.1221 or 0004.1222 or 0004.2221 or 0004.2222 on Item 21A; or specific ICD-10-CM codes on Item 22 or Item 24 (see Appendix A, Table A-3 in the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0).</p>	Version 4.0 of the IRF QM User's manual should be used for the Change in Self-Care Score (CMS ID: I009.05) measure.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
74.	7	N/A	85	7-5	<p><i>Data for each covariate are derived from the admission data included in the target IRF stays.</i></p> <ol style="list-style-type: none"> 1. Age group 2. Admission mobility – continuous form 3. Admission mobility – squared form 4. Primary diagnosis group 5. Interaction between admission mobility and primary diagnosis group 6. Prior acute or IRF primary diagnosis – surgical 7. Prior functioning: indoor ambulation 8. Prior functioning: stair negotiation 9. Prior functioning: cognition 10. Prior mobility device/ aids 11. Stage 2 pressure ulcer 12. Stage 3, 4, or unstageable pressure ulcer/injury 13. Cognitive function 14. Communication impairment 15. Bladder continence 16. Bowel continence 17. Nutritional approaches 18. History of falls 19. Low BMI 20. Comorbidities <p><i>See covariate details in Table RA-5, Table RA-6, and Table RA-8 in the associated Risk Adjustment Appendix File.</i></p>	Revised language to align with language in the Risk-Adjustment Appendix File, and removed coding logic to reduce redundancy in both the manual and the Risk-Adjustment Appendix File. Added reference location of coding logic language.
75.	7	N/A	86	7-5	<p>^eThe medical conditions are identified by: Impairment Group 0004.1221 or 0004.1222 or 0004.2221 or 0004.2222 on Item 21A; or specific ICD-10-CM codes on Item 22 or Item 24 (see Appendix A, Table A-3 in the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0).₁</p>	Version 4.0 of the IRF QM User's manual should be used for the Change in Mobility Score (CMS ID: I010.05) measure.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
76.	7	N/A	87-88	7-6	<p>Data for each covariate are derived from the admission data included in the target IRF stays.</p> <ol style="list-style-type: none"> 1. Age group 2. Admission self-care – continuous form 3. Admission self-care – squared form 4. Primary diagnosis group 5. Interaction between admission self-care and primary diagnosis group 6. Prior acute or IRF primary diagnosis – surgical 7. Prior functioning: self-care 8. Prior functioning: indoor ambulation 9. Prior mobility device/ aids 10. Stage 2 pressure ulcer 11. Stage 3, 4, or unstageable pressure ulcer/injury 12. Cognitive function 13. Communication impairment 14. Bladder continence 15. Bowel continence 16. Nutritional approaches 17. Low BMI 18. Comorbidities <p><i>See covariate details in Table RA-5, Table RA-6, and Table RA-9 in the associated Risk Adjustment Appendix File.</i></p>	Revised language to align with language in the Risk-Adjustment Appendix File, and removed coding logic to reduce redundancy in both the manual and the Risk-Adjustment Appendix File. Added reference location of coding logic language.
77.	7	N/A	88	7-6	<p>^dThe medical conditions are identified by: Impairment Group 0004.1221 or 0004.1222 or 0004.2221 or 0004.2222 on Item 21A; or specific ICD-10-CM codes on Item 22 or Item 24 (see Appendix B, Table B-1).w)</p>	Updated language to reflect the updated reference location and for accuracy.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
78.	7	N/A	89-90	7-7	<p>Data for each covariate are derived from the admission data included in the target IRF stays.</p> <ol style="list-style-type: none"> 1. Age group 2. Admission mobility – continuous form 3. Admission mobility – squared form 4. Primary diagnosis group 5. Interaction between admission mobility and primary diagnosis group 6. Prior acute or IRF primary diagnosis – surgical 7. Prior functioning: indoor ambulation 8. Prior functioning: stair negotiation 9. Prior functioning: cognition 10. Prior mobility device/ aids 11. Stage 2 pressure ulcer 12. Stage 3, 4, or unstageable pressure ulcer/injury 13. Cognitive function 14. Communication impairment 15. Bladder continence 16. Bowel continence 17. Nutritional approaches 18. History of falls 19. Low BMI 20. Comorbidities <p><i>See covariate details in Table RA-5, Table RA-6, and Table RA-10 in the associated Risk Adjustment Appendix File.</i></p>	Revised language to align with language in the Risk-Adjustment Appendix File, and removed coding logic to reduce redundancy in both the manual and the Risk-Adjustment Appendix File. Added reference location of coding logic language.
79.	7	N/A	90	7-7	<p>^dThe medical conditions are identified by: Impairment Group 0004.1221 or 0004.1222 or 0004.2221 or 0004.2222 on Item 21A; or specific ICD-10-CM codes on Item 22 or Item 24 (see Appendix B, Table B-1).</p>	Updated language to reflect the updated reference location and for accuracy.
80.	7	N/A	94-96	7-11	<p>Table 7-11 Discharge Function Score (CMS ID L027.01)</p> <p>(See Appendix for full-page excerpt.)</p>	Added Table 7 to provide measure logic specifications for the Discharge Function Score measure.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
81.	Appendix A	A.1	98-101	N/A	Appendix A: Model Parameters Measure Specification History (See Appendix for full-page excerpt.)	<p>Moved Table A-1 through Table A-5 in Appendix A of the QM User's Manual V4.0 to the associated Risk-Adjustment Appendix File, and placed Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously Sections A.1 and A.2 in Appendix A of the QM User's Manual V4.0) in Appendix B of the QM User's Manual V5.0.</p> <p>Added section which contains tables detailing the effective dates corresponding to each CMS ID update for all IRF QRP quality measures, and the effective dates corresponding to each manual/addendum version in Appendix A.</p>

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V5.0	Description of Change
82.	Appendix B	B.1-B.4	103-110	N/A	<p>Appendix B: Risk-Adjustment and Imputation Appendix Files</p> <p>(See Appendix for full-page excerpt.)</p>	<p>Created Appendix B to include Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (previously in Appendix A of the QM User's Manual V4.0), moved Etiologic Diagnosis or Comorbid Conditions table (Section B.3), and added Discharge Function Score Imputation Appendix File Overview and Discharge Function Score Imputation Appendix File Procedure sections (Sections B.4 and B.5).</p> <p>Updated language in Risk-Adjustment Appendix File Overview and Risk-Adjustment Procedure sections (Sections B.1 and B.2) to reflect the new location of Table A-1 through Table A-5 (previously in Appendix A of the QM User's Manual V4.0) in the Risk-Adjustment Appendix File and the updated structure of the Appendix file, improve language clarity, and remove NQF references.</p>

Appendix

Appendix Contents

This appendix provides excerpts from the [IRF QRP Measure Calculations and Reporting User's Manual, V4.0](#) to contextualize the information that has been substantially changed and included in the change table of this manual version, V5.0 (i.e., the appendix provides the updates to the tables from V4.0 of the manual that have substantial changes). The pages within the appendix directly correspond to the QM User's Manual V5.0 and the updates to the pages have been marked in red font.

The Appendix Table of Contents provides an overview of the content contained within the appendix, and maps this content to the corresponding rows in the V5.0 change table, as well as the chapter, page number, and section where the content is located in the QM User's Manual V5.0.

Appendix Table of Contents

V5.0 Change Table #	V5.0 Chapter	V5.0 Page Number	IRF QRP Measure Calculations and Reporting User's Manual V5.0 Reference	Updated Section/Table
21-22.	1	5-8	Section 1.4: QRP Measures	Section 1.4: QRP Measures: Tables 1-1 through 1-3
27.	4	15	Section 4.1: Quality Measures Based on the Calendar Year	Table 4-1 Target Period for all Assessment-Based (IRF-PAI) Quality Measures
31.	5	18-20	Section 5.1: iQIES Review and Correct Reports	Table 5-2 Measure Types by User-Requested Year for all Assessment-Based (IRF-PAI) Quality Measures
68.	6	68-73	Section 6.11 Discharge Function Score (CMS ID: I026.01)	Section 6.11 Discharge Function Score (CMS ID: I026.01)
78.	7	94-96	Table 7-11 Discharge Function Score (CMS ID I026.01)	Table 7-11 Discharge Function Score (CMS ID I026.01)
79.	Appendix	98-101	Appendix A: Measure Specification History	Appendix A: Measure Specification History
80.	Appendix	103-110	Appendix B: Risk-Adjustment and Imputation Appendix Files	Appendix B: Risk-Adjustment and Imputation Appendix Files

Section 1.4: QRP Measures

Table 1-1 below provides a list of the *assessment-based* measures included in the IRF QRP, *and* the corresponding *CMS ID*, reference name (*short name*), *and measure type* for each measure.

Table 1-1
IRF *Assessment-Based QRP* Quality Measures: ~~(IRF-PAI)-NQF~~ *CMIT Measure ID*
Number, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	NQF-CMIT Measure ID ^a	CMS ID ^b	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
<i>National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure</i>	<i>00459 (CBE-endorsed)</i>	<i>I006.01</i>	<i>Outcome</i>	<i>CAUTI</i>
<i>National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure</i>	<i>00462 (CBE-endorsed)</i>	<i>I015.01</i>	<i>Outcome</i>	<i>CDI</i>
<i>Influenza Vaccination Coverage Among Healthcare Personnel</i>	<i>00390 (CBE-endorsed)</i>	<i>I016.01</i>	<i>Process</i>	<i>HCP Influenza Vaccine</i>

Table 1-1 (continued)
IRF QRP Quality Measures: *CMIT Measure ID* Number, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	NQF-CMIT Measure ID ^a	CMS ID ^b	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
<i>COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)</i>	<i>00180 (not endorsed)</i>	<i>I023.02</i>	<i>Process</i>	<i>HCP COVID-19 Vaccine</i>
Medicare Claims-Based Measures				
<i>Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP</i>	<i>00575 (not endorsed)</i>	<i>I017.01</i>	<i>Outcome</i>	<i>PPR 30-Day</i>

Quality Measure	NQF-CMIT Measure ID ^a	CMS ID ^b	Measure Type	Measure Reference Name
<i>Potentially Preventable Within Stay Readmission Measure for IRFs</i>	<i>00576 (not endorsed)</i>	<i>I018.01</i>	<i>Outcome</i>	<i>PPR Within Stay</i>
<i>Discharge to Community - PAC IRF QRP</i>	<i>00210 (CBE-endorsed)</i>	<i>I019.02</i>	<i>Outcome</i>	<i>DTC</i>
<i>Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) IRF QRP</i>	<i>00434 (CBE-endorsed)</i>	<i>I020.01</i>	<i>Cost/Resource</i>	<i>MSPB</i>
Assessment-Based Measures				
<i>Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury</i>	<i>00121 (not endorsed)</i>	<i>I022.01</i>	<i>Outcome</i>	<i>Pressure Ulcer/Injury</i>
<i>Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)</i>	<i>00520³ (not endorsed)</i>	<i>I013.01</i>	<i>Outcome</i>	<i>Application of Falls</i>
<i>Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function</i>	<i>00513 (not endorsed)</i>	<i>I008.02</i>	<i>Process</i>	<i>Application of Functional Assessment</i>

**Table 1-1 (continued)
IRF QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk**

Quality Measure	NQF-CMIT Measure ID ^a	CMS ID ^b	Measure Type	Measure Reference Name
Assessment-Based Measures				
<i>IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i>	<i>00402 (CBE-endorsed)</i>	<i>I009.05</i>	<i>Outcome</i>	<i>Change in Self-Care</i>
<i>IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i>	<i>00401 (CBE-endorsed)</i>	<i>I0010.05</i>	<i>Outcome</i>	<i>Change in Mobility</i>
<i>IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients</i>	<i>00404 (CBE-endorsed)</i>	<i>I011.05</i>	<i>Outcome</i>	<i>Discharge Self-Care Score</i>

Quality Measure	NQF-CMIT Measure ID ^a	CMS ID ^b	Measure Type	Measure Reference Name
<i>IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i>	<i>00403 (CBE-endorsed)</i>	<i>I012.05</i>	<i>Outcome</i>	<i>Discharge Mobility Score</i>
<i>Drug Regimen Review Conducted With Follow-Up for Identified Issues - Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality</i>	<i>00225 (not endorsed)</i>	<i>I021.01</i>	<i>Process</i>	<i>DRR</i>
<i>Transfer of Health Information to the Provider – Post-Acute Care (PAC)</i>	<i>00728 (not endorsed)</i>	<i>I024.01</i>	<i>Process</i>	<i>TOH-Provider</i>
<i>Transfer of Health Information to the Patient – Post-Acute Care (PAC)</i>	<i>00727 (not endorsed)</i>	<i>I025.02</i>	<i>Process</i>	<i>TOH-Patient</i>
<i>Discharge Function Score</i>	<i>01698 (not endorsed)</i>	<i>I026.01</i>	<i>Outcome</i>	<i>DC Function</i>

^a Refer to the Centers for Medicare & Medicaid Services Measures Inventory Tool (<https://cmit.cms.gov/cmit/#/>) for the CMIT Measure ID, Consensus Based Entity (CBE)-endorsement status, as well as other detailed measure information. CBE-endorsement status is determined by the CMS CBE, which endorses quality measures through a transparent, consensus-based process that incorporates feedback from diverse groups of stakeholders to foster health care quality improvement. The CMS CBE endorses measures only if they pass a set of measure evaluation criteria. For more information, refer to the document titled CMS CBE Endorsement and Maintenance (<https://mmshub.cms.gov/sites/default/files/Blueprint-CMS-CBE-Endorsement-Maintenance.pdf>).

^b Reflects changes in CMS measure identifiers based on updated measure specifications.

³ This measure is Consensus Based Entity (CBE)-endorsed for long-stay residents in nursing homes (<http://www.qualityforum.org/QPS/0674>), An application of this quality measure was finalized for reporting by IRFs under the IRF QRP (*Federal Register* 80 (6 August 2015): 47096-47100). The use of the words “resident” and “Long Stay” in the title of this measure refers to the use of this measure in the SNF/NH setting. CMS’ use of these words does not imply that the IRF patient is a “resident” or that a stay in an IRF is a “long stay”.

Table 1-2 and **Table 1-3** provide an overview of the quality measures added and removed with the FY 2025 IRF QRP, respectively. Table 1-2 shows when new measures added to the IRF QRP will be included in reports and released on Care Compare & the Provider Data Catalog. **Table 1-3** shows when measures retired from the IRF QRP will be removed from reports and removed on Care Compare and the Provider Data Catalog.

**Table 1-2
Quality Measures Added to the IRF QRP**

Quality Measure	Planned Initial Release Date ⁴		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
<i>Transfer of Health Information to the Provider – Post-Acute Care (PAC)</i>	<i>January 2023</i>	<i>October 2023</i>	<i>September 2024</i>
<i>Transfer of Health Information to the Patient – Post-Acute Care (PAC)</i>	<i>January 2023</i>	<i>October 2023</i>	<i>September 2024</i>
<i>Discharge Function Score</i>	<i>January 2024</i>	<i>January 2024</i>	<i>September 2024</i>

**Table 1-3
Quality Measures Removed/Retired from the IRF QRP**

Quality Measure	Planned Removal Date ⁵		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
<i>Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function</i>	<i>January 2024</i>	<i>January 2024</i>	<i>September 2024</i>
<i>Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients</i>	<i>January 2024</i>	<i>January 2024</i>	<i>September 2024</i>
<i>Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients</i>	<i>January 2024</i>	<i>January 2024</i>	<i>September 2024</i>

⁴ Planned initial release dates are based on the FY 2023 and FY2024 Medicare Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) final rules.

⁵ Planned removal dates are based on the FY2024 IRF PPS final rule.

**Table 4-1
Target Period for all Assessment-Based (IRF-PAI) Quality Measures**

Quality Measure	Target Period
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)	January 1 through December 31
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: I013.01)	January 1 through December 31
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) (CMS ID: I008.02)	January 1 through December 31
IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) (CMS ID: I009.05)	January 1 through December 31
IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID: I010.05)	January 1 through December 31
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID: I011.05)	January 1 through December 31
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID: I012.05)	January 1 through December 31
Drug Regimen Review Conducted with With Follow-Up for Identified Issues —PAC-IRF-QRP - Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) (CMS ID: I021.01)	January 1 through December 31
Transfer of Health Information to <i>the</i> Provider – Post-Acute Care (PAC) (CMS ID: I024.01)	January 1 through December 31
Transfer of Health Information to <i>the</i> Patient – Post-Acute Care (PAC) (CMS ID: I025.02)	January 1 through December 31
<i>Discharge Function Score (CMS ID: I026.01)</i>	<i>January 1 through December 31</i>

** For information regarding the transition from IRF-PAI v3.0 to IRF-PAI v4.0, see Section 5.3 “Measure Calculations- During the Transition from IRF-PAI v3.0 to IRF-PAI v4.0”.*

⁷ Because the Discharge Function Score measure calculations utilize data that are already being collected, quarterly rates will capture four quarters of data, beginning with data collected from Q1 2023 through Q4 2023 (January 1, 2023 through December 31, 2023) if technically feasible. Therefore, if the requested calendar year quarter end date is Quarter 1, 2024, the data that will be provided in this request will include the same range of dates as for existing measures.

Table 5-1
Discharge Dates for Each Quarter Defined by Calendar Year

Calendar Year	Discharge Dates Included in the Report
Quarter 1	January 1 through March 31
Quarter 2	April 1 through June 30
Quarter 3	July 1 through September 30
Quarter 4	October 1 through December 31

Table 5-2
Measure Types by User-Requested Year for all Assessment-Based (IRF-PAI) Quality Measures

Measure Type by User Requested Year				
Quality Measure	2018- 2019	2020- 201922	2020-2022- 2023	2023 2024
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)	New	Existing	Existing	Existing
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: I013.01)	Existing	Existing	Existing	Existing
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) (CMS ID: I008.02)	Existing	Existing	Existing	<i>Removed</i>
IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) (CMS ID: I009.05)	Existing	Existing	Existing	<i>Removed</i>
IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID: I010.05)	Existing	Existing	Existing	<i>Removed</i>
Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID: I011.05)	Existing	Existing	Existing	Existing
Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID: I012.05)	Existing	Existing	Existing	Existing
Drug Regimen Review Conducted with <i>With</i> Follow-Up for Identified Issues —PAC-IRF-QRP - Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) (CMS ID: I021.01)	New	Existing	Existing	Existing
Transfer of Health Information to <i>the</i> Provider – Post-Acute Care (PAC) (CMS ID: I024.01)	—	—	New	<i>Existing</i>

Table 5-2 (continued)
Measure Types by User-Requested Year for all Assessment-Based (IRF-PAI) Quality Measures

Measure Type by User Requested Year				
Quality Measure	2018- 2019	2020- 2019 22	2020-2022- 2023	2023 2024
Transfer of Health Information to <i>the</i> Patient – Post-Acute Care (PAC) (CMS ID: I025.02)	—	—	New	<i>Existing</i>
<i>Discharge Function Score (CMS ID: I026.01)</i>	—	—	—	<i>New</i>

Table 5-3 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures:

- For an existing measure, if the requested calendar year quarter end date is Quarter 1, ~~2023~~ 2024 (end date of March 31st), the four quarters of data provided in this request include Q2 ~~2022~~ 2023 (April – June), Q3 ~~2022~~ 2023 (July – September), Q4 ~~2022~~ 2023 (October – December), and Q1 ~~2023~~ 2024 (January – March).
- For a new measure, **typically**, if the requested calendar year quarter end date is Quarter 1, ~~2023~~ 2024 (end date of March 31st), the only quarter of data provided in this request includes Q1 ~~2023~~ 2024 (January – March).⁷

Table 5-3
iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter
End Date^a

Requested Calendar Year Quarter End Date ^b	Measure Type	Quarter(s) Included from Previous Year ^c	Quarter(s) Included from User-Requested Year
Quarter 1, YYYY	New	—	Quarter 1
	Existing	Quarter 2 Quarter 3 Quarter 4	Quarter 1
Quarter 2, YYYY	New	—	Quarter 1 Quarter 2
	Existing	Quarter 3 Quarter 4	Quarter 1 Quarter 2
Quarter 3, YYYY	New	—	Quarter 1 Quarter 2 Quarter 3
	Existing	Quarter 4	Quarter 1 Quarter 2 Quarter 3

Table 5-3 (continued)
iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter
End Date^a

Requested Calendar Year Quarter End Date ^b	Measure Type	Quarter(s) Included from Previous Year ^c	Quarter(s) Included from User-Requested Year
Quarter 4, YYYY	New	—	Quarter 1 Quarter 2 Quarter 3 Quarter 4
	Existing	—	Quarter 1 Quarter 2 Quarter 3 Quarter 4

^a See [Table 5-1](#) for discharge dates included for each quarter and [Table 5-2](#) to determine the measure type for each quality measure.

^b YYYY = User-Requested Year

^c Calendar year prior to the User-Requested Year

Section 6.11: Discharge Function Score Measure (CMS ID: I026.01) iQIES Review and Correct Report Measure Calculations for Discharge Function Score Measure (CMS ID: I026.01)

This measure requires risk-adjusted data for the Review and Correct Reports since it estimates the percent of IRF patients who meet or exceed an expected discharge function score. Using the definitions from Table 7-11, the following steps are used to calculate the quality measure.

- 1. Identify excluded IRF stays.** *The IRF stay is excluded if any of the following are true (Steps 1.1 through 1.4).*
 - 1.1 Incomplete IRF stays:**
 - 1.1.1 Discharge to acute care that results in the patient's absence from the IRF for longer than 3 calendar days:** *Patient's discharge destination: Short-Term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (CAH) (Item 44D = [66]); or*
 - 1.1.2 Died while in IRF:** *Was the patient discharged alive (Item 44C = [0]); or*
 - 1.1.3 Discharged against medical advice:** *Patient discharged against medical advice? (Item 41 = [1]); or*
 - 1.1.4 Length of stay is less than 3 days:** *Discharge Date (Item 40) – Admission Date (Item 12) < 3 days.*
 - 1.2 Patient is in a coma, persistent vegetative state, or locked-in state, or has complete tetraplegia, severe anoxic brain damage, cerebral edema, or compression of brain.**
Items used to identify these IRF stays:
 - *Impairment Group (Item 21A = [0004.1221 or 0004.1222 or 0004.2221 or 0004.2222]).*
 - *Etiologic Diagnosis A., B., or C. (Item 22 = any of the ICD-10-CM codes listed in **Appendix B**, Table B-1).*
 - *Comorbid Condition (Item 24 = any of the ICD-10-CM codes listed in **Appendix B**, Table B-1).*
 - 1.3 Patient is younger than 18 years:** *Age in years is calculated based on the truncated difference between admission date (Item 12) and birth date (Item 6), i.e., the difference is not rounded to nearest whole number.*
 - 1.4 Patient is discharged to hospice (home or institutional facility) (Item 44D = [50 or 51]).**
- 2. Calculate the observed discharge function score (Steps 2.1 through 2.5) using the discharge function items and valid codes identified below and incorporating imputed item values.** *Please note there are different items used if the patient does not walk at both admission and discharge (Step 2.1) than for the remaining patients (Step 2.2):*

2.1 For patients who are coded as 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1) and discharge (GG0170I3), and who are coded between 01 and 06 for either Wheel 50 Feet with 2 Turns (GG0170R) or Wheel 150 Feet (GG0170S) either at admission or at discharge, the following assessment items are used for discharge function score calculations:

- GG0130A3. Eating
- GG0130B3. Oral hygiene
- GG0130C3. Toileting hygiene
- GG0170A3. Roll left and right
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170R3. Wheel 50 feet with 2 Turns*

*Please count the value for this item twice; 10 items are used to calculate a patient's score (scores range from 10 – 60).

2.2 For the remaining patients, the following assessment items are used for discharge function score calculations:

- GG0130A3. Eating
- GG0130B3. Oral hygiene
- GG0130C3. Toileting hygiene
- GG0170A3. Roll left and right
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170I3: Walk 10 Feet
- GG0170J3: Walk 50 Feet with 2 Turns

Valid codes and their definitions for the discharge function items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance

- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - – Not assessed/no information

2.3 To obtain the score, use the following procedure:

- If code is between 01 and 06, use the code as the value.
- If code is 07, 09, 10, 88, dashed (-), skipped (^), or missing (all henceforth referred to as NA), then use statistical imputation to estimate the code for that item and use this code as the value. See Step 2.4 for more details on the statistical imputation approach.

2.4 **Calculate the imputed values for items with NA codes.** To obtain the imputed values, use the procedure below. (Note that these steps first describe imputing the value for a single item at discharge and then describe the relevant modifications for the other items.)

2.4.1 Start with Eating (GG0130A). For each IRF stay where the item has a NA code at discharge, calculate z , a continuous variable that represents a patient's underlying degree of independence on this item, using the imputation coefficients specific to the GG0130A discharge model:

$$[1] \quad z = \gamma_1 x_1 + \dots + \gamma_m x_m$$

Where:

- γ_1 through γ_m are the imputation regression coefficients for the covariates specific to the GG0130A discharge model (see **Discharge Function Score Imputation Appendix File**. Note that the coefficients used in this calculation do not include the thresholds described in Step 2.4.2.)
- $x_1 - x_m$ are the imputation risk adjustors specific to the GG0130A discharge model.

2.4.2 Calculate the probability for each possible value, had the GG item been assessed, using z (Step 2.4.1) and the equations below.

$$\begin{aligned}
[2] \Pr(z \leq \alpha_1) &= \Phi(\alpha_1 - z), \\
\Pr(\alpha_1 < z \leq \alpha_2) &= \Phi(\alpha_2 - z) - \Phi(\alpha_1 - z), \\
\Pr(\alpha_2 < z \leq \alpha_3) &= \Phi(\alpha_3 - z) - \Phi(\alpha_2 - z), \\
\Pr(\alpha_3 < z \leq \alpha_4) &= \Phi(\alpha_4 - z) - \Phi(\alpha_3 - z), \\
\Pr(\alpha_4 < z \leq \alpha_5) &= \Phi(\alpha_5 - z) - \Phi(\alpha_4 - z), \\
\Pr(z > \alpha_5) &= 1 - \Phi(\alpha_5 - z)
\end{aligned}$$

Where:

- $\Phi(\cdot)$ is the standard normal cumulative distribution function.
- $\alpha_1 \dots \alpha_5$ represent thresholds of levels of independence that are used to assign a value of 1-6 based on z for the GG0130A discharge model (see **Discharge Function Score Imputation Appendix File**).

2.4.3 Compute the imputed value of the GG item using the six probabilities determined in Step 2.4.2 and the equation below.

$$\begin{aligned}
[3] \text{Imputed value of GG item} &= \Pr(z \leq \alpha_1) + 2 * \Pr(\alpha_1 < z \leq \alpha_2) + 3 * \Pr(\alpha_2 < z \leq \alpha_3) + \\
&4 * \Pr(\alpha_3 < z \leq \alpha_4) + 5 * \Pr(\alpha_4 < z \leq \alpha_5) + 6 * \Pr(z > \alpha_5)
\end{aligned}$$

2.4.4 Repeat Steps 2.4.1-2.4.3 to calculate imputed values for each GG item included in the observed discharge function score that was coded as NA, replacing the Eating (GG0130A) item with each applicable GG item.

See **Table IA-1**, **Table IA-2**, and **Table IA-3** in the associated **Discharge Function Score Imputation Appendix File** for the imputation coefficients and thresholds, as well as detailed IRF-PAI coding for each risk adjustor.¹⁹ The imputation coefficients and thresholds for each GG item are values obtained through ordered probit model analyses of all eligible IRF stays where the item value is not missing (i.e., had a value 01-06) at discharge, and covariates include the predictors used in risk adjustment (See Step 3) and values on all GG items available in IRF-PAI. The admission function values are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes with imputed values.²⁰ Please note that the iQIES QM and Provider Preview Reports use fixed regression coefficients and thresholds based on the target period in **Table IA-1**, **Table IA-2**, and **Table IA-3** in the **Discharge Function Score Imputation Appendix File**.

¹⁹ The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

²⁰ To calculate imputed values for GG items at admission, repeat Steps 2.4.1-2.4.4, replacing the word “discharge” with the word “admission.”

2.5 Sum the values of the discharge function items to calculate the observed discharge function score for each IRF stay. Scores can range from 10 to 60, with a higher score indicating greater independence.

3. Calculate the **expected discharge function score**.

3.1 For each IRF stay: use the intercept and regression coefficients to calculate the expected discharge function score using the formula below:

$$[4] \text{ Expected discharge function score} = \beta_0 + \beta_1x_1 + \dots + \beta_nx_n$$

Where:

- **Expected discharge function score** estimates an expected discharge function score.
- β_0 is the regression intercept.
- β_1 through β_n are the regression coefficients for the covariates (see **Risk-Adjustment Appendix File**).
- $x_1 - x_n$ are the risk adjustors.

Note that any expected discharge function score greater than the maximum should be recoded to the maximum score (i.e., 60).

See **Table RA-5**, **Table RA-6**, and **Table RA-11** in the associated **Risk-Adjustment Appendix File** for the regression intercept and coefficients as well as detailed IRF-PAI coding logic for each risk adjustor.²¹ The admission function values are included in the covariates and are calculated using the same procedure as the observed discharge score, including the replacement of NA codes with imputed values.²² The regression intercept and coefficients are values obtained through ordinary least squares linear regression analysis on all eligible IRF stays. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period in **Table RA-5**, **Table RA-6**, and **Table RA-11** in the **Risk-Adjustment Appendix File**.

4. Calculate the **difference in observed and expected discharge function scores**. For each IRF stay which does not meet the exclusion criteria, compare each patient's observed discharge function score (Step 2) and expected discharge function score (Step 3) and classify the difference as one of the following:

- 4.1 Observed discharge function score is equal to or greater than the expected discharge function score.
- 4.2 Observed discharge function score is less than the expected discharge function score.

²¹ The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

²² To calculate imputed values for GG items at admission, repeat Steps 2.4.1-2.4.4, replacing the word "discharge" with the word "admission."

5. **Determine the denominator count.** Determine the total number of IRF stays with an IRF-PAI target date in the measure target period, which do not meet the exclusion criteria.
Determine the numerator count. The numerator is the number of IRF stays in which the observed discharge function score is the same as or greater than the expected discharge function score (Step 4.1).
6. **Calculate the facility-level discharge function percent.** Divide the facility's numerator count (Step 6) by its denominator count (Step 5) to obtain the facility-level discharge function proportion, then multiply by 100 to obtain a percent value.
7. **Round the percent value to two decimal places.**
 - 7.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
 - 7.2 Drop all digits following the second decimal place.

**iQIES QM Report Measure Calculations for Discharge Function Score
Measure (CMS ID: I026.01)**

This measure requires risk-adjustment for the iQIES QM Reports. Follow the steps provided above for the iQIES Review and Correct Report measure calculations for the Discharge Function Score Measure (CMS ID: I026.01).

**National Average Calculation for Discharge Function Score Measure (CMS ID:
I026.01)**

Use the following steps to calculate the IRF stay-level (i.e., prevalence) national average:

1. Determine the total number of IRF stays in the nation after applying the exclusion criteria. This is the denominator for the national average.
2. Identify IRF stays in the denominator of the national average that are included in the numerator for this measure. This is the numerator for the national average.
3. Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to the second decimal place to obtain the national average.
 - a. If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
 - b. Drop all of the digits following the second decimal place.

Table 7-11

Discharge Function Score (CMS ID: I026.01)^a

Measure Description
<i>This measure estimates the percentage of Inpatient Rehabilitation Facility (IRF) Medicare patients who meet or exceed an expected discharge function score.</i>
Measure Specifications ^b
Numerator <i>The numerator is the number of patients in an IRF with an observed discharge function score that is equal to or greater than the calculated expected discharge function score.^c</i>
Denominator <i>The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.</i>
Exclusions <i>An IRF stay is excluded if:</i>
Patient had an incomplete stay:
<ul style="list-style-type: none"><i>Discharge to acute care that results in the patient's absence from the IRF for longer than 3 calendar days: Discharge destination (Item 44D = [02, 63, 65, 66]); or</i><i>Died while in IRF (Item 44C = [0]); or</i><i>Discharged against medical advice (Item 41 = [1]); or</i><i>Length of stay is less than 3 days; i.e., Item 40 (Discharge Date) – Item 12 (Admission Date) is less than 3 days.</i>
Patient has any of the following medical conditions:^d
<ul style="list-style-type: none"><i>Coma, persistent vegetative state, locked-in syndrome, complete tetraplegia, severe anoxic brain damage, cerebral edema, or compression of brain.</i>
Patient is younger than age 18:
<ul style="list-style-type: none"><i>Truncate (Item 12 (Admission Date) – Item 6 (BirthDate)).</i>
Patient is discharged to hospice:
<ul style="list-style-type: none"><i>Item 44D (Discharge destination/Living setting) = [50, 51].</i>
Covariates
<i>Data for each covariate are derived from the admission data included in the target IRF stays.</i>
<ol style="list-style-type: none"><i>Age group</i><i>Admission function – continuous form^e</i><i>Admission function – squared form^e</i><i>Primary diagnosis group</i>

(continued)

Table 7-11 (continued)

Discharge Function Score (CMS ID: I026.01)

Covariates (continued)

5. *Interaction between admission function and primary diagnosis group*
6. *Prior acute or IRF primary diagnosis –surgical*
7. *Prior functioning: self-care*
8. *Prior functioning: indoor ambulation*
9. *Prior functioning: stair negotiation*
10. *Prior functioning: cognition*
11. *Prior mobility device/aids*
12. *Stage 2 pressure ulcer/injury*
13. *Stage 3, 4, or unstageable pressure ulcer/injury*
14. *Cognitive function*
15. *Communication impairment*
16. *Bladder continence*
17. *Bowel continence*
18. *History of falls*
19. *Nutritional approaches*
20. *High BMI*
21. *Low BMI*
22. *Comorbidities*

See covariate details in [Table RA-5](#), [Table RA-6](#), and [Table RA-11](#) in the associated *Risk-Adjustment Appendix File*.

^a This measure is finalized for reporting by IRFs under the [FY 2024 IRF PPS final rule](#) (88 FR 50956-51052).

^b Effective on October 1, 2022, the IRF-PAI Version 4.0 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.0 is available for download on the [CMS IRF-PAI IRF QRP Manual website](#).

^c Functional assessment items included in the discharge function score are GG0130A3, GG0130B3, GG0130C3, GG0170A3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170I3, GG0170J3, and GG0170R3.

^d The medical conditions are identified by: Impairment Group 0004.1221 or 0004.1222 or 0004.2221 or 0004.2222 on Item 21A; or specific ICD-10-CM codes on Item 22 or Item 24 (see [Appendix B](#), Table B-1).

^e Admission function score is the sum of admission values for function items included in the discharge score. NAs in admission item coding are treated the same way as NAs in the discharge item coding, with NAs replaced with imputed values. Walking items and wheeling item are used in the same manner as in the discharge score.

Section A.1: CMS ID Update and Manual Version History Tables

This section contains tables detailing the effective dates corresponding to each CMS ID update for all quality measures (**Table A-1**), and the effective dates corresponding to each manual/addendum version (**Table A-2**).

Table A-1
Effective Dates by CMS ID Update for IRF QRP Quality Measures

Quality Measure	Measure ID Update				
	.01	.02	.03	.04	.05
National Healthcare Safety Network (NHSN) Measures					
<i>National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure</i>	<i>Inception – Present</i>	—	—	—	—
<i>National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure</i>	<i>Inception – Present</i>	—	—	—	—
<i>Influenza Vaccination Coverage among Healthcare Personnel</i>	<i>Inception – Present</i>	—	—	—	—
<i>COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)</i>	<i>Inception – 09/30/2023</i>	<i>10/01/2023– Present</i>	—	—	—
Medicare Claims-Based Measures					
<i>Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP</i>	<i>Inception – Present</i>	—	—	—	—
<i>Potentially Preventable Within Stay Readmission Measure for IRFs</i>	<i>Inception – Present</i>	—	—	—	—
<i>Discharge to Community - PAC IRF QRP</i>	<i>Inception – 09/30/2020</i>	<i>10/01/2020– Present</i>	—	—	—
<i>Medicare Spending Per Beneficiary (MSPB) - Post Acute Care (PAC) IRF QRP</i>	<i>Inception – Present</i>	—	—	—	—
Assessment-Based Measures					
<i>Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)</i>	<i>Inception – Present</i>	—	—	—	—
<i>Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01)</i>	<i>Inception – Present</i>	—	—	—	—

Quality Measure	Measure ID Update				
	.01	.02	.03	.04	.05
<i>Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (CMS ID: I008.02)</i>	<i>Inception – 09/30/2018</i>	<i>10/01/2018 – Present</i>	—	—	—
<i>IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: I009.05)</i>	<i>Inception – 09/30/2018</i>	<i>10/01/2018 – 09/30/2019</i>	<i>10/01/2019 – 09/30/2020</i>	<i>10/01/2020 – 09/30/2022</i>	<i>10/01/2022 – 09/30/2023</i>

Table A-1 (continued)
Effective Dates by CMS ID Update for IRF QRP Quality Measures

Quality Measure	Measure ID Update				
	.01	.02	.03	.04	.05
Assessment-Based Measures					
<i>IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: I010.05)</i>	<i>Inception – 09/30/2018</i>	<i>10/01/2018 – 09/30/2019</i>	<i>10/01/2019 – 09/30/2020</i>	<i>10/01/2020 – 09/30/2022</i>	<i>10/01/2022 – 09/30/2023</i>
<i>Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)</i>	<i>Inception – 09/30/2018</i>	<i>10/01/2018 – 09/30/2019</i>	<i>10/01/2019 – 09/30/2020</i>	<i>10/01/2020 – 09/30/2022</i>	<i>10/01/2022 – Present</i>
<i>Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.05)</i>	<i>Inception – 09/30/2018</i>	<i>10/01/2018 – 09/30/2019</i>	<i>10/01/2019 – 09/30/2020</i>	<i>10/01/2020 – 09/30/2022</i>	<i>10/01/2022 – Present</i>
<i>Discharge Function Score Measure (CMS ID: I026.01)</i>	<i>Inception – Present</i>	—	—	—	—
<i>Drug Regimen Review Conducted With Follow-Up for Identified Issues - Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) (CMS ID: I021.01)</i>	<i>Inception – Present</i>	—	—	—	—
<i>Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: I024.01)</i>	<i>Inception – Present</i>	—	—	—	—
<i>Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: I025.02)</i>	<i>Inception – 09/30/2021</i>	<i>10/01/2022 – Present</i>	—	—	—

Table A-2
Effective Dates of IRF Quality Measures User’s Manual Versions

Effective Dates	
<i>Manual V2.0</i>	<i>10/01/2017 – 09/30/2018</i>
<i>Manual V3.0</i>	<i>10/01/2018 – 09/30/2019</i>
<i>Addendum V3.1</i>	<i>10/01/2019 – 09/30/2020</i>
<i>Addendum V3.1.1</i>	<i>10/01/2020 – 09/30/2022</i>
<i>Manual V4.0</i>	<i>10/01/2022 – 09/30/2023</i>
<i>Manual V5.0</i>	<i>10/01/2023 – Present</i>

Appendix B provides the following information:

- *Overview of the Risk-Adjustment Appendix File for the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual (Risk-Adjustment Appendix File) (Section B.1).*
- *Procedure on how to use the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficient values for measure calculations (Section B.2).*
- *Table listing the ICD-10-CM codes used to calculate the Etiologic Diagnosis (Item 22) and Comorbid Conditions (Item 24) for the functional outcome measures (Section B.3).*
- *Overview of the Discharge Function Score Imputation Appendix File for the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual (Discharge Function Score Imputation Appendix File) (Section B.4).*
- *Procedure on how to use the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User’s Manual and the associated Discharge Function Score Imputation Appendix File information to apply model threshold and coefficient values for calculating statistically imputed values for GG items with missing codes, for use in Discharge Function Score measure calculations (Section B.5).*

Section B.1: Risk-Adjustment Appendix File Overview

The intercept and coefficient values for each *of the covariates used in assessment-based of the covariates listed by* quality measures *requiring risk-adjustment in Section A-1* are available in the Risk-Adjustment Appendix File, which can be accessed on the [IRF Quality Reporting Measures Information website](#). This Risk-Adjustment Appendix File, which is used alongside this appendix, contains current and historical intercept and coefficient values, *and* the risk-adjustment schedule including applicable discharge dates for each update to the intercept and coefficient values, *and covariate definitions*.

Excel Worksheets in the Risk-Adjustment Appendix File:

Overview: Brief description of the document and its content.

Schedule: The risk-adjustment schedule for each quality measure.

- *Quality Measure Name:* Full measure name as referenced throughout the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V45.0. *A National Quality Forum (NQF) identification number is provided with the quality measure name, as applicable.*
- *Measure Reference Name:* Abbreviated name for the quality measure.
- *Risk-Adjustment Update ID:* Number assigned to the initial and subsequent updates of the coefficient and intercept values for a unique risk-adjusted quality measure.
- *QM User's Manual Specification Version:* Number assigned to the initial and subsequent versions of the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page.
- *QM User's Manual Specification Posting Date:* Month and year of the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the [IRF Quality Reporting Measures Information website](#).
- *Measure Calculation Application Dates:* Discharge dates associated with the intercept and coefficient values for each Risk-Adjustment Update ID.

National Average: This document provides a national average observed score for each Risk-Adjustment Update ID to be used for applicable risk-adjusted quality measures. Values are provided because there is limited public accessibility to national assessment data. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Reports, Provider Preview Reports, and on public display on the Care Compare Website may vary from the national average observed score provided by this document.

Quality Measure Specific Covariate Definition Tabs: Lists each covariate and its coding logic definition. Note that information on these tabs were previously included as covariate definition tables in Appendix A of this manual.

Quality Measure Specific Coefficient Tabs: Lists each covariate and its associated coefficient value for each risk-adjustment update ID.

Section B.2: Risk-Adjustment Procedure

Below is the procedure on how to use the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficients values to calculate the risk-adjusted score. Steps to calculate the risk-adjusted quality measure may vary by each measure. The following procedure contain the general steps:

1. Utilize the IRF stay selection guidance as listed in **Chapter 4** IRF Stay Selection for Assessment-Based Quality Measures (IRF-PAI) in this manual.
- ~~2. Follow the guidance for the version or versions of the IRF-PAI applicable to the assessment dates (based on discharge date) required for your calculation found in **Chapter 5, Section 5.3: Measure Calculations During the Transition from IRF-PAI v3.0 to IRF-PAI v4.0.**~~
2. Use the specific calculation steps provided in **Chapter 6** Measure Calculations for Assessment-Based Quality Measures (IRF-PAI) for the measure(s).
 - a. Refer to *the covariate definition table for the applicable quality measure in the Risk-Adjustment Appendix File Appendix A* on details *how* to calculate the covariates for each quality measure.
3. Refer to the **Risk-Adjustment Appendix File Overview tab** for information *on how* to apply intercept and coefficient values to measure calculations. Under the Schedule tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure.
4. Use the column "Measure Calculation Application Dates" to select the applicable discharge dates then identify the Risk-Adjustment Update ID associated with those discharge dates.
5. Select the coefficients tab corresponding to the applicable quality measure, and then use the applicable Risk-Adjustment Values Update ID column. Apply the intercept and coefficient values for each covariate.
 - a. For quality measures using the national average observed score in the measure calculation, select the National Average tab and use the national average observed score that corresponds to the Risk-Adjustment Values Update ID column used.

Example (Steps 4–6): IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients

- IRF stay had a discharge date of 06/15/2017.
- In the Schedule tab of the **Risk-Adjustment Appendix File**, refer to the Change in Mobility measure.

– The discharge date of 06/15/2017 is within the discharge date range for Risk- Adjustment Update ID 1 (01/01/2017 – 12/31/2017). Therefore, the user should use the information provided in the Risk-Adjustment ID 1 column.

- Select the Change in Mobility tab and apply the intercept and coefficient values in the Risk-Adjustment ID 1 column for each covariate.
- Select the National Average tab and use the Risk-Adjustment Update ID 1 column for the Change in Mobility national average observed score.

Section B.3: Etiologic Diagnosis or Comorbid Conditions

This section contains ICD-10-CM codes used to calculate the Etiologic Diagnosis (Item 22) and Comorbid Conditions (Item 24) for the functional outcome measures.

Table B-1
Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes

Etiologic Diagnosis (Item 22) or Comorbid Conditions (Item 24)	ICD-10-CM Codes			
Coma	<i>B15.0,</i> <i>B16.0,</i> <i>B16.2,</i> <i>B17.11,</i> <i>B19.11,</i> <i>B19.21,</i> <i>E035,</i> <i>E0801,</i> <i>E0811,</i> <i>E08641,</i> <i>E0901,</i> <i>E0911,</i> <i>E09641,</i> <i>E1011,</i> <i>E10641,</i> E11.11, <i>E1101,</i> <i>E1111,</i> <i>E11641,</i> <i>E1301,</i> <i>E1311,</i>	<i>E13641,</i> <i>E15,</i> <i>K70.41,</i> <i>K71.11,</i> <i>K72.01,</i> <i>K72.11,</i> <i>K72.91,</i> <i>P91.5,</i> R40.20, R40.2110, R40.2111, R40.2112, R40.2113, R40.2114, R40.2120, R40.2121, R40.2122, R40.2123, R40.2124, R40.2210, R40.2211,	R40.2212, R40.2213, R40.2214, R40.2220, R40.2221, R40.2222, R40.2223, R40.2224, R40.2310, R40.2311, R40.2312, R40.2313, R40.2314, R40.2320, R40.2321, R40.2322, R40.2323, R40.2324, <i>R40.2330,</i> <i>R40.2331,</i> <i>R40.2332,</i>	<i>R40.2333,</i> <i>R40.2334,</i> R40.2340, R40.2341, R40.2342, R40.2343, R40.2344, R40.2430, R40.2431, R40.2432, R40.2433, R40.2434, R40.2440, R40.2441, R40.2442, R40.2443, R40.2444
Persistent vegetative state	R40.3			
Severe brain damage	G93.9,	<i>S06A1XA,</i>	<i>S06A1XD,</i>	<i>S06A1XS</i>
Complete tetraplegia	G82.51, G82.52, G82.53, S14.111A, S14.111D, S14.111S, S14.112A, S14.112D,	S14.112S, S14.113A, S14.113D, S14.113S, S14.114A, S14.114D, S14.114S, S14.115A,	S14.115D, S14.115S, S14.116A, S14.116D, S14.116S, S14.117A, S14.117D,	S14.117S, S14.118A, S14.118D, S14.118S, S14.119A, S14.119D, S14.119S
Locked-in state	G83.5			

Table B-1 (continued)
Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes

Etiologic Diagnosis (Item 22) or Comorbid Conditions (Item 24)	ICD-10-CM Codes			
Severe anoxic brain damage, edema or compression	G93.1, G93.5, G93.6			

Section B.4: Discharge Function Score Imputation Appendix File Overview

The model thresholds and coefficient values for each of the covariates used in the imputation models for the Discharge Function Score measure are available in the **Discharge Function Score Imputation Appendix File**, which can be accessed on the [IRF Quality Reporting Measures Information website](#). This **Discharge Function Score Imputation Appendix File**, which is used alongside this appendix, contains model thresholds and coefficient values, the imputation schedule including applicable discharge dates for each update to the model threshold and coefficient values, and covariate definitions.

Excel Worksheets in the Discharge Function Score Imputation Appendix File:

Overview: Brief description of the document and its content.

Schedule: The imputation schedule for the Discharge Function Score measure.

- *Quality Measure Name:* Full measure name as referenced throughout the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V5.0.
- *Measure Reference Name:* Abbreviated name for the Discharge Function Score measure.
- *Imputation Update ID:* Number assigned to the initial and subsequent updates of the coefficient and model threshold values for the Discharge Function Score measure.
- *QM User's Manual Specification Version:* Number assigned to the initial and subsequent versions of the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page.
- *QM User's Manual Specification Posting Date:* Month and year of the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the [IRF Quality Reporting Measures Information website](#).
- *Measure Calculation Application Dates:* Discharge dates associated with the model threshold and coefficient values for each Imputation Update ID.

Covariate Definitions Tab: Lists the model thresholds and each covariate and its coding definition, and indicates thresholds and covariates used in each of the imputation models.

Coefficients – Admission Tab: Lists each model threshold value and each covariate and its associated coefficient value associated with each Imputation Update ID, for each GG admission item imputation model.

Coefficients – Discharge Tab: Lists each model threshold value and each covariate and its associated coefficient value associated with each Imputation Update ID, for each GG discharge item imputation model.

Section B.5: Discharge Function Score Imputation Procedure

Below is the procedure for how to use the **Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual** and the associated **Discharge Function Score Imputation Appendix File** information to apply coefficient and model threshold values to calculate the statistically imputed item value. The following procedure contains the general steps:

1. Use the specific calculation steps of Step 2.4 provided in **Section 6.11: Discharge Function Score of Chapter 6 Measure Calculations for Assessment-Based Quality Measures (IRF-PAI)**.
 - a. Refer to the covariate definition table in the **Discharge Function Score Imputation Appendix File** for details to calculate the covariates.
2. Refer to the **Discharge Function Score Imputation Appendix File, Overview tab**, for information on how to apply coefficient and model threshold values to imputation calculations. Under the Schedule tab, refer to the **QM User's Manual Specification Version** relevant to the timeframe for which you want to calculate the measure.
3. Use the column "Measure Calculation Application Dates" to select the applicable discharge dates then identify the Imputation Update ID associated with those discharge dates.
4. Select the coefficients tab corresponding to the GG item model (Admission/Discharge) and Update ID, and then use the applicable Imputation Values GG item model column. Apply the coefficient values for each covariate and the model threshold values.

Example (Steps 2–4):

- IRF-PAI assessment had a discharge date of 06/15/2023 and a "Not Attempted" value coded for GG0130A1 (Eating at Admission).
- In the Schedule tab of the **Imputation Appendix File**, refer to the Discharge Function Score measure.
 - The discharge date of 06/15/2023 is within the discharge date range for Imputation Update ID 1 (10/01/2022-09/30/2023). Therefore, the user should use the information provided in the Imputation Update ID 1 column.
- Select the Coefficients – Admissions tab and apply the coefficient values for each covariate and the model threshold values in the Imputation Update ID 1, GG0130A1 column.