

# Quality Reporting Program Provider Training



## **IRF QRP: Achieving a Full AIF**

**Ariel Adams, M.S.N., R.N.**

Program Coordinator, IRF QRP

Centers for Medicare & Medicaid Services

**Therese Rodda, P.T., M.B.A.**

Associate Researcher, Abt Associates

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# Today's Agenda



- Welcome and Introductions.
- What Is the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)?
- Inpatient Rehabilitation Facility-Patient Assessment Instrument (IRF-PAI) Submission and Reporting Requirements.
- Internet Quality Improvement and Evaluation System (iQIES) Reports.
- Determining Compliance With the IRF QRP.
- Resources.
- Q&A Session.

# Objectives

- Recall the basics of the IRF QRP.
- Identify the IRF-PAI submission requirements and data submission threshold.
- Describe the steps related to IRF-PAI data submission and acceptance in iQIES.
- Discuss the application of various iQIES reports.
- Describe the impact of IRF QRP data submission on the Annual Increase Factor (AIF).
- Identify one resource for providers related to each of the topics presented.



# Today's Presenters



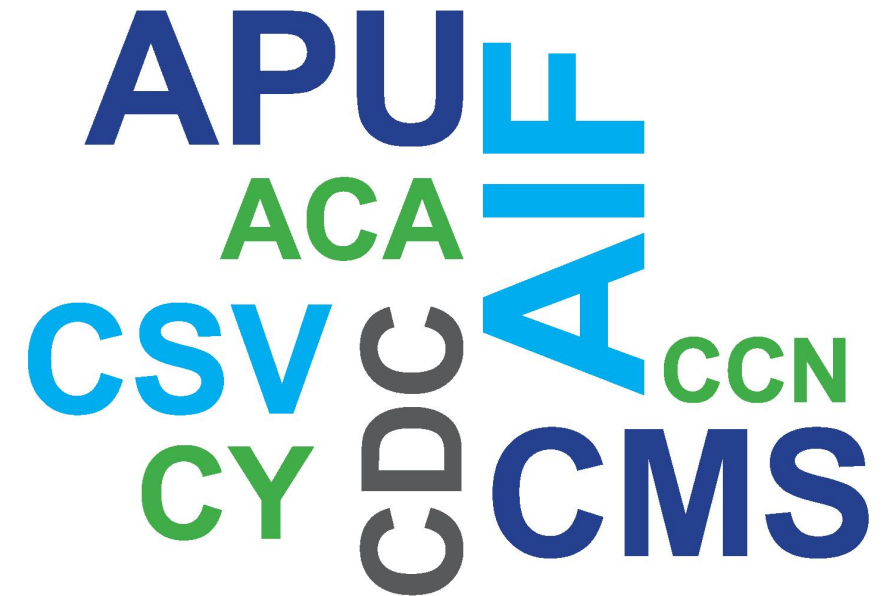
Ariel Adams, M.S.N., R.N.  
IRF QRP Coordinator  
Centers for Medicare & Medicaid Services (CMS)



Therese Rodda, M.B.A., P.T.  
Associate Researcher  
Abt Associates

# Acronyms in This Presentation

- AIF – Annual Increase Factor
- ACA – Patient Protection and Affordable Care Act
- APU – Annual Payment Update
- CDC – Centers for Disease Control and Prevention
- CCN – CMS Certification Number
- CMS – Centers for Medicare & Medicaid Services
- CSV – Comma-Separated Value
- CY – Calendar Year



# Acronyms in This Presentation (cont. 1)

- FVR – Final Validation Report
- FY – Fiscal Year
- HCP – Healthcare Personnel
- IMPACT Act – Improving Medicare Post-Acute Care Transformation Act
- IRF – Inpatient Rehabilitation Facility
- IRF-PAI – Inpatient Rehabilitation Facility-Patient Assessment Instrument
- iQIES – Internet Quality Improvement and Evaluation System
- MAC – Medicare Administrative Contractor

FY  
MAC  
IMPACT Act  
iQIES  
HCP  
IRF  
FVR  
IRF-PAI

# Acronyms in This Presentation (cont. 2)

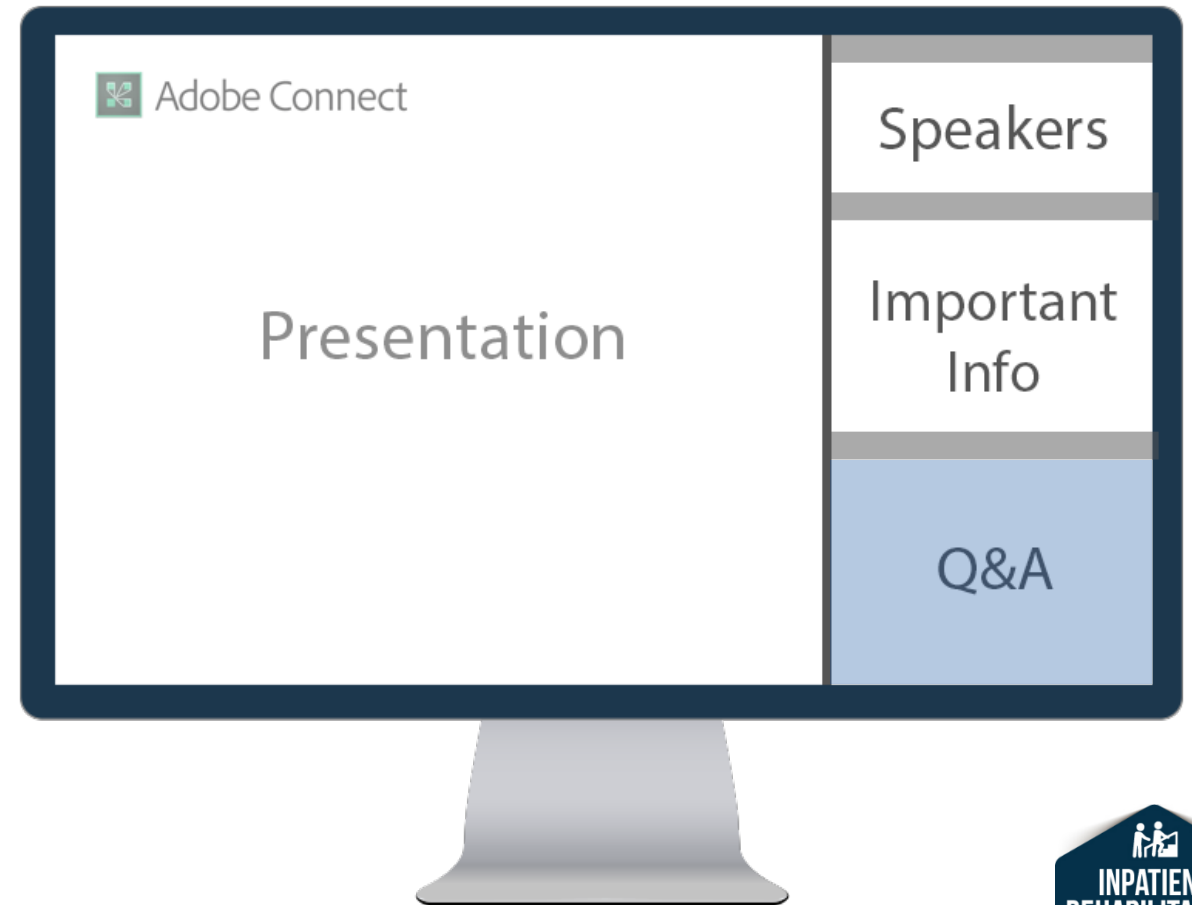
- NHSN – National Healthcare Safety Network
- PHE – Public Health Emergency
- PHI – Protected Health Information
- PPS – Prospective Payment System
- PTR – Provider Threshold Report
- QM – Quality Measure
- QRP – Quality Reporting Program
- QTSO – QIES Technical Support Office
- SPADEs – Standardized Patient Assessment Data Elements

PHI PPS PHE  
PTR  
NHSN QM  
QTSO QRP SPADES



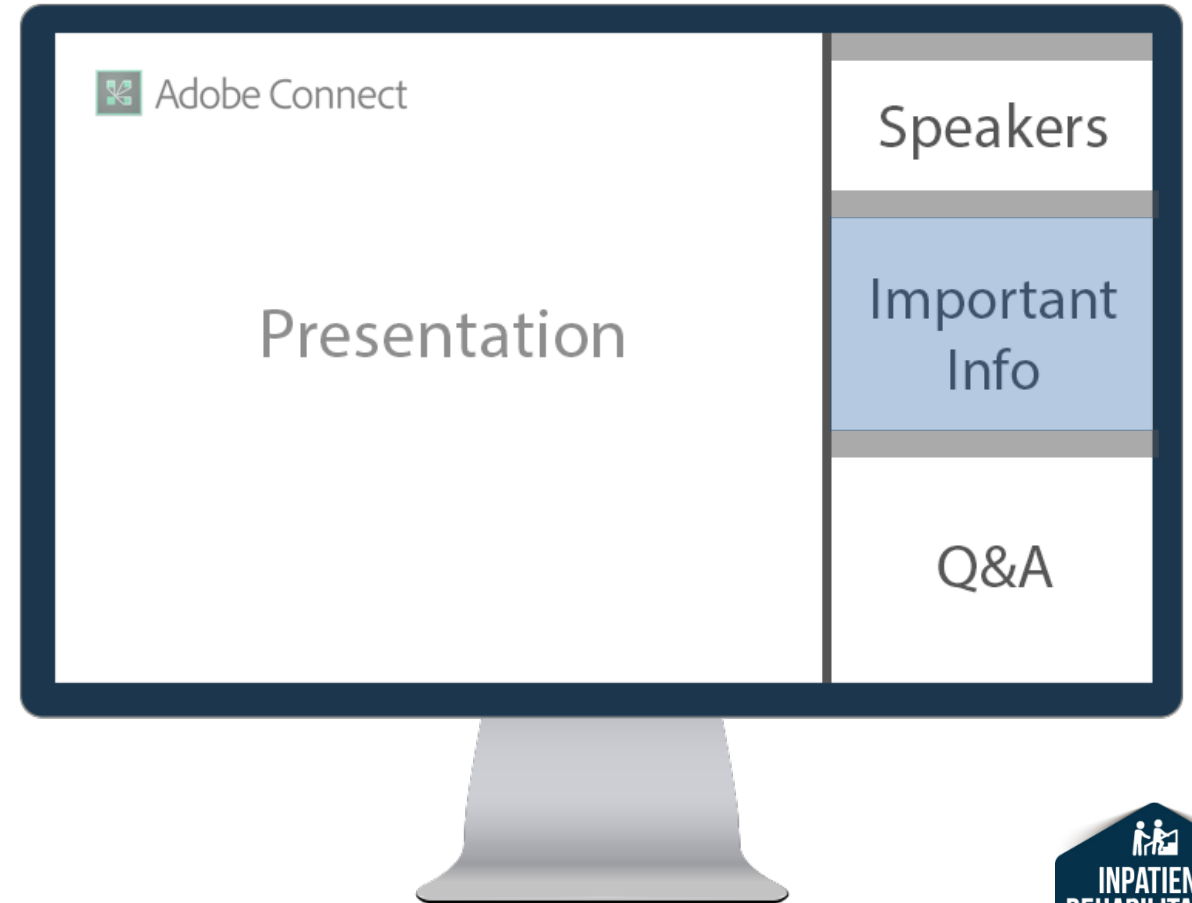
# Help During the Presentation

- If you need any technical assistance during this webinar, please let us know using the Q&A panel to the right of the presentation.
  - You may also submit any content-related questions during this presentation via the Q&A panel.



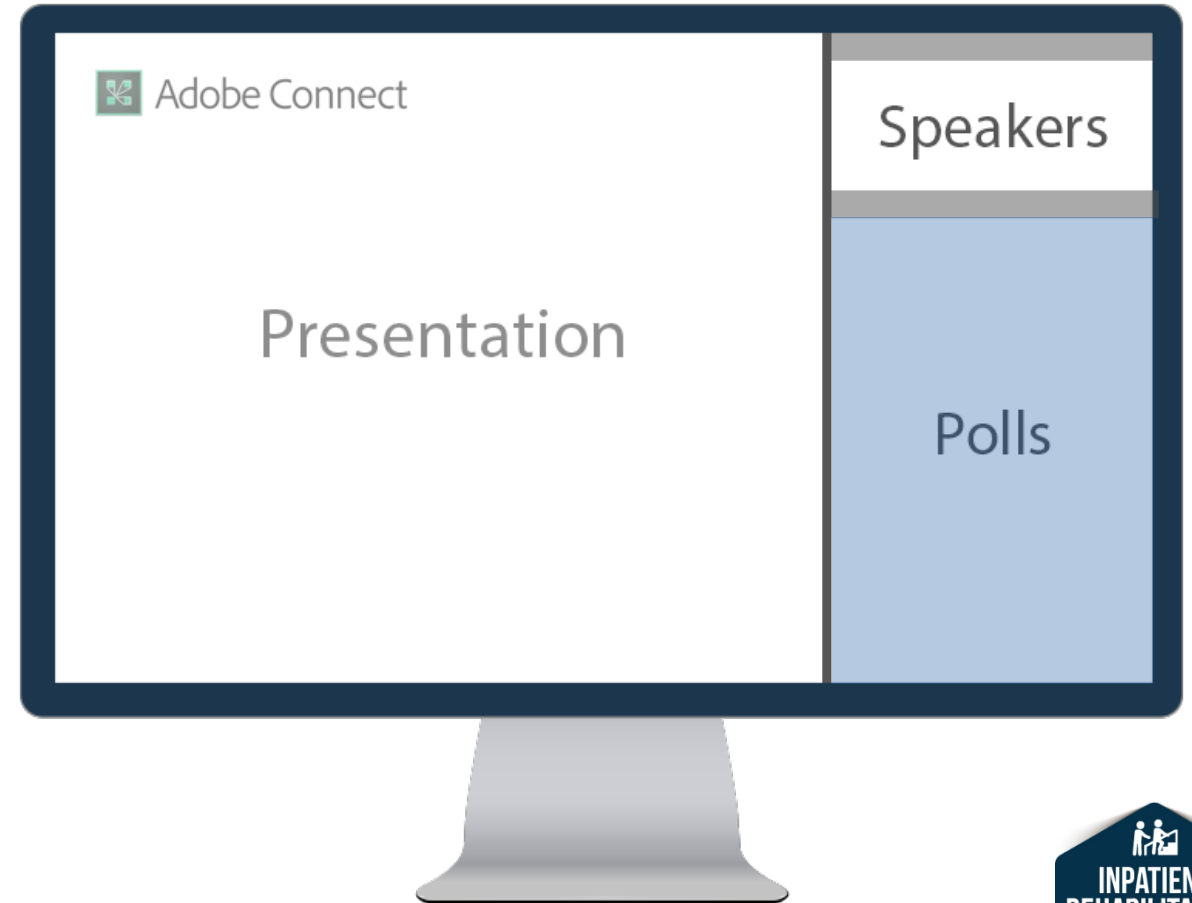
# Dial-In, Closed Captioning, and Files

- The Important Information Panel to the right of your screen has valuable information. If you are having trouble connecting to the audio, the dial-in information is provided.
- There are also links for downloading the presentation slides and for viewing live closed captioning in a browser.



# Interactive Polling

- During this presentation, we will occasionally poll the audience. When polls are activated, they will temporarily appear in the panel to the right of the presentation.
  - To participate, simply select your desired response.
  - You will have some time to respond to each question.



Q<sub>1</sub>

How many people (including you) are joining this webinar together in the same room?

- A. Just me – I am the only one participating.
- B. Two people.
- C. Three or four people.
- D. Five or more people.



Q<sub>2</sub>

## Which President signed Medicare into law?

- A. Richard M. Nixon.
- B. Lyndon B. Johnson.
- C. Dwight D. Eisenhower
- D. Gerald Ford.



Q<sub>2</sub>

## Which President signed Medicare into law? (cont.)

The correct answer will be reviewed during the webinar.



# Who was enrolled as the very first Medicare beneficiary by President Johnson?

- A. Harry S. Truman.
- B. Claudia Alta “Lady Bird” Johnson.
- C. Richard Nixon.
- D. Betty Ford.

Q<sub>3</sub>

Who was enrolled as the very first Medicare beneficiary by President Johnson? (cont.)

The correct answer will be reviewed during the webinar.

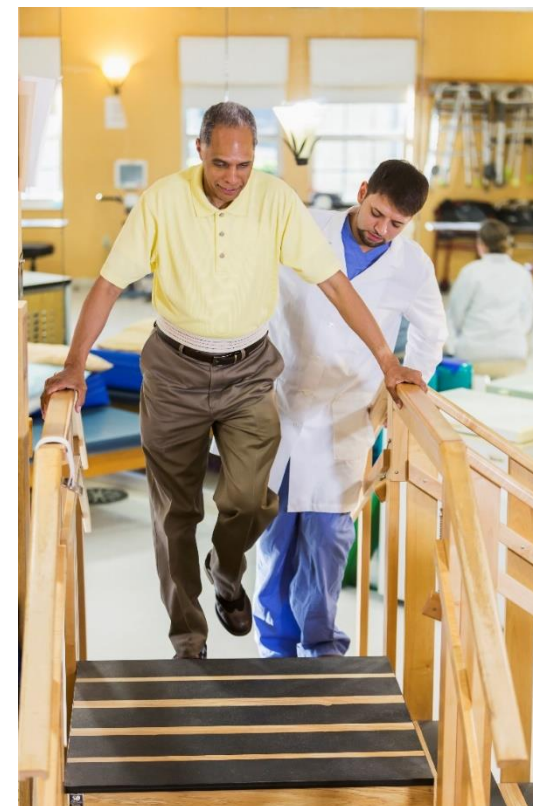




# What Is the IRF QRP?

# What Is the IRF QRP?

- The IRF QRP fulfills IRF quality reporting requirements, as mandated by Section 3004(b) of the Patient Protection and Affordable Care Act (ACA) of 2010. CMS will publish the quality measures (QMs) that an IRF must report by October 1 each year.
- The Improving Medicare Post-Acute Care Transformation Act (IMPACT Act) of 2014 requires that IRFs submit standardized patient assessment data elements (SPADEs), including those associated with IRF QMs.



# What Is the IRF QRP? (cont.)

- The IRF QRP applies to freestanding IRFs as well as units affiliated with either acute, long-term care hospitals or critical access hospitals.
- Under the IRF QRP, the Secretary reduces the AIF [also known as the annual payment update (APU)] for discharges occurring during such fiscal year (FY) by 2 percentage points for any IRF that does not submit data in accordance with the requirements established by the Secretary.



# CMS Quality Goals

- Quality healthcare for people with Medicare is a high priority for CMS.
- CMS defines quality as having the following properties or domains:

## Effectiveness

- Providing care processes and achieving outcomes as supported by scientific evidence.

## Efficiency

- Maximizing the quality of a comparable unit of health care delivered or unit of health benefit achieved for a given unit of health care resources used.

## Equity

- Providing health care of equal quality to those who may differ in personal characteristics other than their clinical condition or preferences for care.

## Patient Centeredness

- Meeting patients' needs and preferences and providing education and support.

## Safety

- Preventing or reducing risk for actual or potential bodily harm.

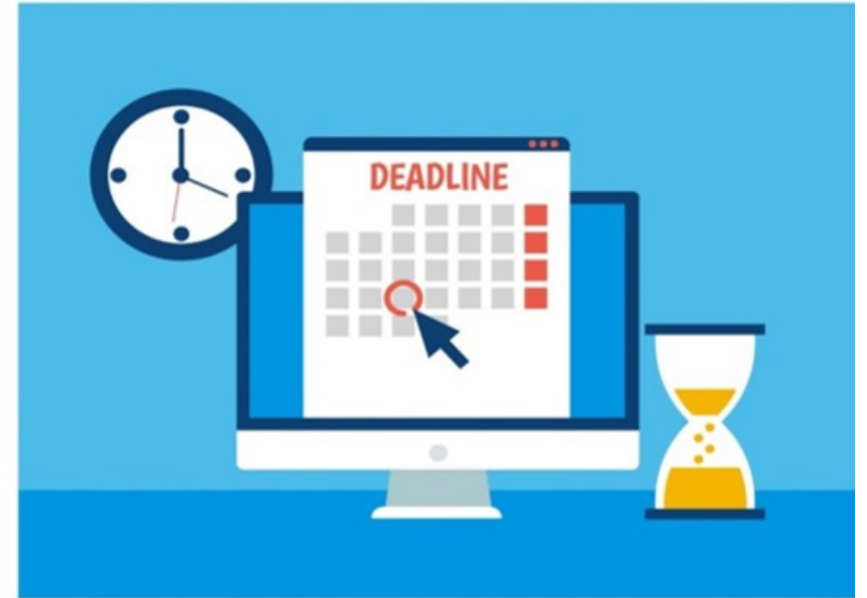
## Timeliness

- Obtaining needed care while minimizing delays.



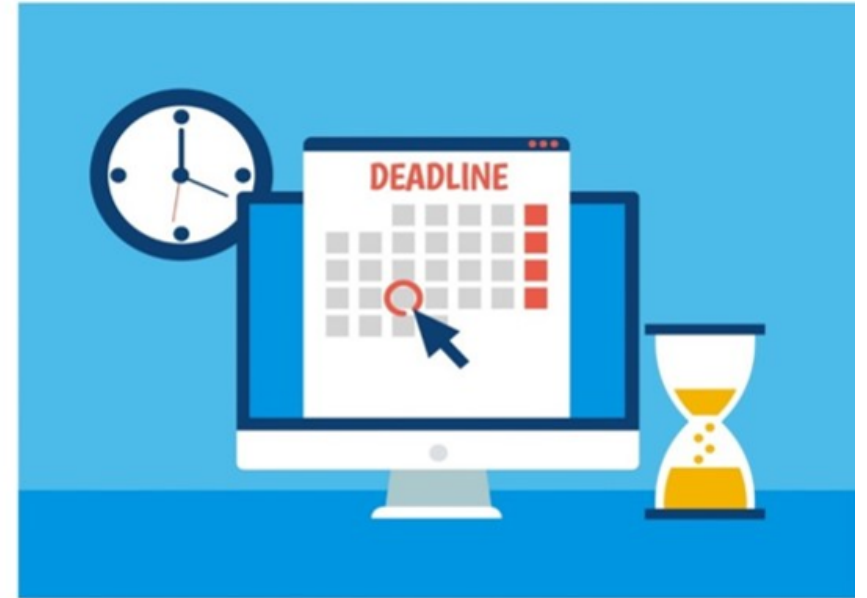
# IRF QRP Requirements

- Currently, there are data reporting requirements associated with the IRF QRP:
  - Data collection and submission using the IRF-PAI.
  - Submission of Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN) measures to the NHSN portal.

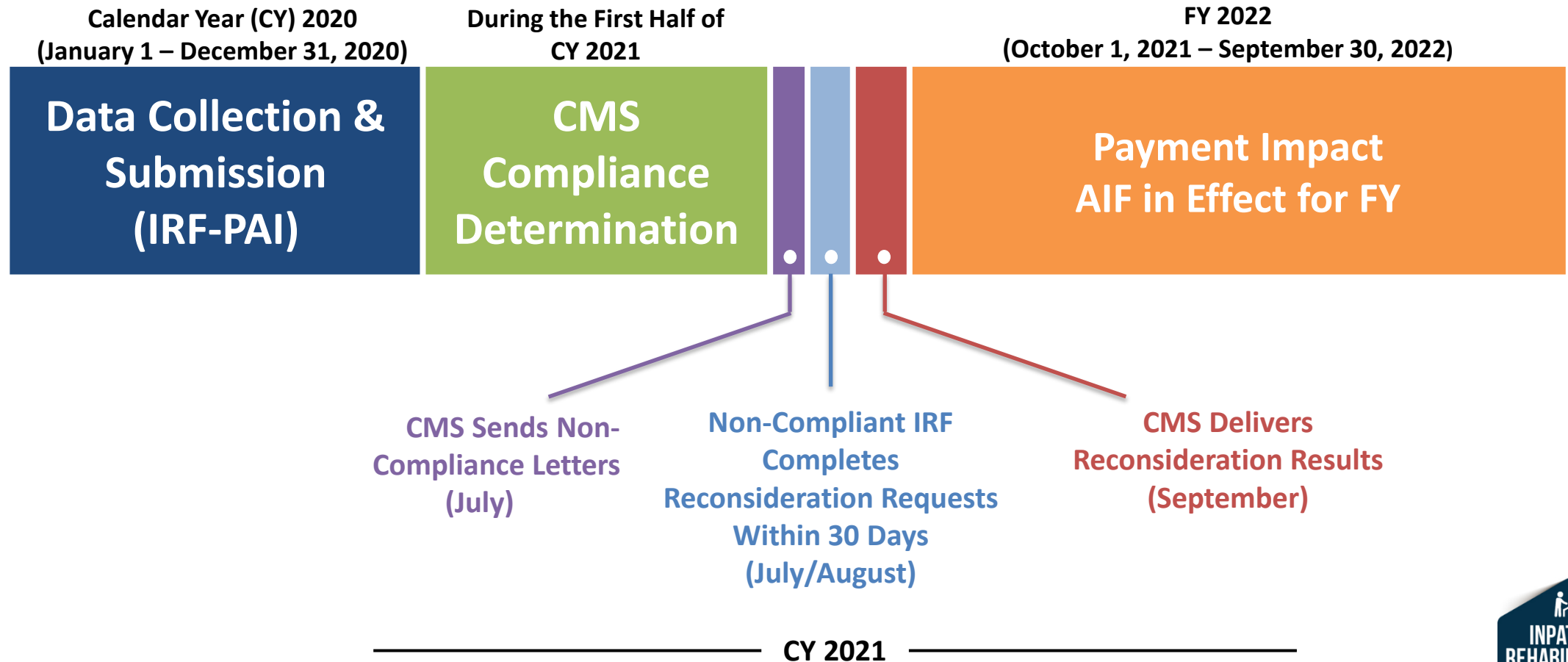


# IRF QRP Requirements (cont.)

- No additional data submission is required for claims-based measures.
- The IRF QRP requires that IRF-PAI QM and SPADE data be **submitted** and **accepted** by CMS within the threshold and according to the established submission timelines.



# Relationship Between Quality Reporting and AIF: IRF QRP Life Cycle



# IRF-PAI Submission and Reporting Requirements



# What Is the IRF-PAI?

- The IRF-PAI is the assessment instrument used by IRF providers to collect patient assessment data, which are used to determine the payment for each Medicare Part A fee-for-service patient admitted to an inpatient rehabilitation unit or hospital.
- Completion of the IRF-PAI is required for each Medicare Part A fee-for-service and Medicare Part C patient discharged from an IRF.
- IRF-PAI is also used to collect patient assessment data for QM calculation in accordance with the IRF QRP.



# IRF-PAI Submission Requirements

- For the IRF QRP QMs, providers are required to submit:
  - An IRF-PAI for each patient discharged from the IRF, no later than 11:59 p.m. the day of the quarterly submission deadline.
- Failure to submit the required quality data will result in a 2-percentage-point reduction in the IRF's AIF.



# NHSN Submission Requirements



- For NHSN data, providers are required to report Patient Safety and Healthcare Personnel Safety data for each calendar month, with 3 months of data due by each quarterly submission deadline.
- Submitting data within 30 days of the end of the month in which it is collected has the greatest impact on infection prevention activities.

# NHSN Submission Requirements (cont.)



- For the purposes of fulfilling CMS quality reporting requirements, each facility's data must be entered into NHSN no later than 4½ months after the end of the reporting quarter.
- For summary reporting of the *Influenza Vaccination Coverage Among Healthcare Personnel* (HCP) measure, only data from quarter 4 of the prior year and quarter 1 of the current year must be entered by May 15 following each influenza season.
- For all other NHSN measures, providers that submit complete data for all 12 months will be found compliant for the NHSN measures.

# IRF QRP Data Submission

- IRF QRP and NHSN data collection year runs from January to December.
- IRF-PAI data needs to be submitted and accepted into the iQIES system within the acceptable threshold.
- NHSN measures must be submitted to the NHSN portal through the CDC.



# IRF-PAI Data Collection and Submission Deadlines

- Data must be reported by 11:59 p.m. Pacific Standard Time on the day of the months specified under Final Submission Deadline in the following table:

<b>Data Collection and Final Submission Deadlines for the FY 2022 IRF QRP</b>		
<b>Calendar Year Data Collection Quarter</b>	<b>Data Collection Timeframe</b>	<b>Final Submission Deadline</b>
Quarter 1	January 1, 2020 – March 31, 2020*	August 17, 2020*
Quarter 2	April 1, 2020 – June 30, 2020*	November 16, 2020*
Quarter 3	July 1, 2020 – September 30, 2020	February 15, 2021
Quarter 4	October 1, 2020 – December 31, 2020	May 17, 2021

\* Due to the COVID-19 public health emergency (PHE), data from January 1 through June 30, 2020, (Q1–Q2) do not need to be submitted to CMS for the purposes of complying with QRP requirements.



# Temporary IRF QRP Exceptions Due to COVID-19

- CMS granted an exception to IRF QRP reporting requirements for the following quarters.
  - These requirements were temporarily changed to assist IRFs as they directed resources toward caring for patients and ensuring the health and safety of patients and staff during the COVID-19 PHE.

Exceptions ended  
on June 30, 2020



Quarter	IRF-PAI Data Submission Reporting
Quarter 4 (October 1 – December 31, 2019)	Optional
Quarter 1 (January 1 – March 31, 2020)	Excepted
Quarter 2 (April 1 – June 30, 2020)	Excepted

# Impact of IRF QRP Exceptions Due to COVID-19 on Public Reporting

- Data submission on or after July 1:
  - CMS requires IRF-PAI submission as a condition of payment under the IRF. Because of this requirement, IRFs were required to submit IRF-PAI assessments during the exception period. As such, there was no impact on the submission process, but there were adjustments to what is publicly reported for the IRF QRP.





# IRF QRP Data Submission Threshold

- IRFs are required to submit QMs and SPADEs to CMS. For all QM and SPADE requirements adopted into the IRF QRP, IRFs must meet or exceed **two** separate data completeness thresholds:



**95 Percent**

Threshold for completion of required QM and SPADEs data collected using the IRF-PAI and submitted using iQIES.



**100 Percent**

Threshold for measures data collected and submitted using CDC's NHSN.

# IRF QRP Data Submission Threshold (cont.)

- IRFs that fail to submit the required data by the data submission deadlines will be subject to a 2-percentage-point reduction in their AIF for the affected FY.

Records From	IRF-PAI Submission Threshold	NHSN Submission Threshold	Reporting Year
FY 2021	95%	100%	FY 2023
FY 2022	95%	100%	FY 2024
FY 2023	95%	100%	FY 2025



# IRF-PAI Reporting Requirements

- Note that IRF-PAI data are submitted for Medicare Part A and Medicare Part C patients only.
- To meet IRF QRP requirements, IRFs must:
  - Meet the IRF-PAI data collection requirements.
  - Submit IRF-PAI data on time per submission deadlines.
  - Ensure IRF-PAI data are accepted.



**The act of submitting data does not equal acceptance.**

# IRF-PAI Quality Indicators – Admission Assessment

- IRF-PAI admission and discharge data elements must be completed before data records are transmitted to CMS.
- The 3-day assessment period for the admission assessment includes the day of admission and the 2 calendar days following the day of admission.

OMB No. 0938-0842

Patient \_\_\_\_\_ Identifier \_\_\_\_\_ Date \_\_\_\_\_

## INPATIENT REHABILITATION FACILITY - PATIENT ASSESSMENT INSTRUMENT QUALITY INDICATORS

<b>ADMISSION</b>	
<b>Section B</b>	<b>Hearing, Speech, and Vision</b>
<b>BB0700. Expression of Ideas and Wants</b> (3-day assessment period)	
Enter Code <input type="text"/>	<b>Expression of Ideas and Wants</b> (consider both verbal and non-verbal expression and excluding language barriers) <ol style="list-style-type: none"> <li>4. Expresses complex messages <b>without difficulty</b> and with speech that is clear and easy to understand</li> <li>3. Exhibits some <b>difficulty</b> with expressing needs and ideas (e.g., some words or finishing thoughts) or speech is not clear</li> <li>2. <b>Frequently</b> exhibits difficulty with expressing needs and ideas</li> <li>1. <b>Rarely/Never</b> expresses self or speech is very difficult to understand</li> </ol>
<b>BB0800. Understanding Verbal and Non-Verbal Content</b> (3-day assessment period)	
Enter Code <input type="text"/>	<b>Understanding Verbal and Non-Verbal Content</b> (with hearing aid or device, if used, and excluding language barriers) <ol style="list-style-type: none"> <li>4. <b>Understands:</b> Clear comprehension without cues or repetitions</li> <li>3. <b>Usually Understands:</b> Understands most conversations, but misses some part/intent of message. Requires cues at times to understand</li> <li>2. <b>Sometimes Understands:</b> Understands only basic conversations or simple, direct phrases. Frequently requires cues to understand</li> <li>1. <b>Rarely/Never Understands</b></li> </ol>
<b>Section C</b>	<b>Cognitive Patterns</b>
<b>C0100. Should Brief Interview for Mental Status (C0200-C0500) be Conducted?</b> (3-day assessment period) Attempt to conduct interview with all patients.	

# IRF-PAI Quality Indicators – Discharge Assessment

- The 3-day assessment period for the discharge assessment includes the day of discharge and the 2 calendar days prior to the day of discharge.
- If the patient's stay is less than 3 calendar days in length, the IRF staff must complete the IRF-PAI admission items but do not have to complete all of the discharge IRF-PAI items.

DISCHARGE	
Section GG	Functional Abilities and Goals
GG0130. Self-Care (3-day assessment period)	
Code the patient's usual performance at discharge for each activity using the 6-point scale. If activity was not attempted at discharge, code the reason. If the patient has an incomplete stay, skip discharge GG0130 items.	
<b>Coding:</b> <b>Safety and Quality of Performance</b> - If helper assistance is required because patient's performance is unsafe or of poor quality, score according to amount of assistance provided. <i>Activities may be completed with or without assistive devices.</i>	
06. <b>Independent</b> - Patient completes the activity by him/herself with no assistance from a helper. 05. <b>Setup or clean-up assistance</b> - Helper sets up or cleans up; patient completes activity. Helper assists only prior to or following the activity. 04. <b>Supervision or touching assistance</b> - Helper provides verbal cues and/or touching/steadying and/or contact guard assistance as patient completes activity. Assistance may be provided throughout the activity or intermittently. 03. <b>Partial/moderate assistance</b> - Helper does LESS THAN HALF the effort. Helper lifts, holds or supports trunk or limbs, but provides less than half the effort. 02. <b>Substantial/maximal assistance</b> - Helper does MORE THAN HALF the effort. Helper lifts or holds trunk or limbs and provides more than half the effort. 01. <b>Dependent</b> - Helper does ALL of the effort. Patient does none of the effort to complete the activity. Or, the assistance of 2 or more helpers is required for the patient to complete the activity.	
<b>If activity was not attempted, code reason:</b> 07. <b>Patient refused</b> 09. <b>Not applicable</b> - Not attempted and the patient did not perform this activity prior to the current illness, exacerbation, or injury. 10. <b>Not attempted due to environmental limitations</b> (e.g., lack of equipment, weather constraints) 88. <b>Not attempted due to medical condition or safety concerns</b>	
<b>3.</b> <b>Discharge Performance</b>	
Enter Codes in Boxes ↓	
<input type="text"/> <input type="text"/>	<b>A. Eating:</b> The ability to use suitable utensils to bring food and/or liquid to the mouth and swallow food and/or liquid once the meal is placed before the patient.

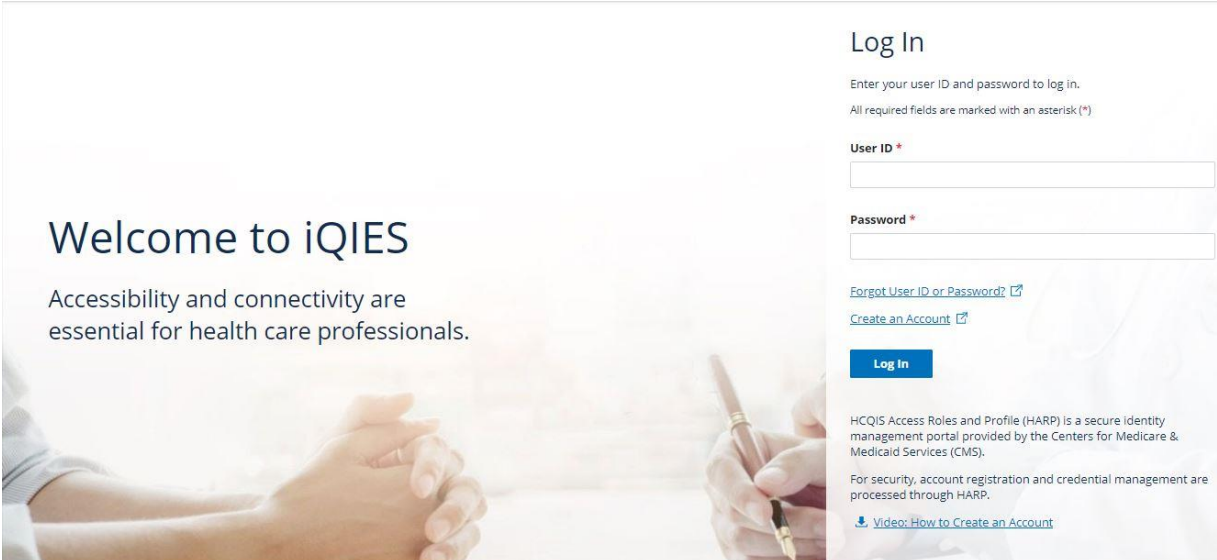
# IRF-PAI Quality Indicators – Discharge Assessment (cont.)

- A Medicare patient in an IRF is considered discharged when one of the following occurs:
  - The patient is formally released.
  - The patient dies in the IRF.
- IRF-PAI data for admission and discharge assessments must be transmitted together, after the patient is discharged, by the seventh calendar day in the period beginning with the last permitted discharge patient assessment instrument “encoded by” date (i.e., completion date + 6 days).
- The discharge assessment must be submitted no later than 27 calendar days from the day the patient is discharged or the IRF-PAI data will be considered late.



# Where to Submit IRF-PAI Data

- IRF-PAI records are submitted to the CMS iQIES.
- Ensure that your submissions are in the correct format, contain the correct information, and will be accepted by the iQIES.
- The *iQIES Reports Training Guide* is an important resource for providers.



Welcome to iQIES

Accessibility and connectivity are essential for health care professionals.

Log In

Enter your user ID and password to log in.  
All required fields are marked with an asterisk (\*)

User ID \*

Password \*

[Forgot User ID or Password?](#)

[Create an Account](#)

[Log In](#)

HCQIS Access Roles and Profile (HARP) is a secure identity management portal provided by the Centers for Medicare & Medicaid Services (CMS).

For security, account registration and credential management are processed through HARP.

[Video: How to Create an Account](#)

# How to Ensure That Data Submitted Are Accepted

- The iQIES:
  - Confirms that the submission was received.
  - Includes the name of the file you submitted.
- **The submission of data does not mean the data were accepted.**
- The *IRF-PAI Final Validation Report* (FVR) will verify acceptance or rejection of IRF-PAI records.

Home / My Reports

## My Reports

Access and manage your available reports.

Search My Reports

6 Reports New Folder

Name	Created Date	Actions
IRF Provider Final Validation Reports	09/23/2019 1:17 PM	
IRF Provider Preview Reports	11/26/2019 1:44 PM	

**The FVR is the only way to verify that submitted files were also accepted.**



Q<sub>4</sub>

Where do you submit IRF-PAI data for the IRF QRP?

- A. The Nursing Home Survey Data Center.
- B. Centers for Disease Control and Prevention.
- C. The Quality Manager at your agency.
- D. The iQIES.



Q<sub>4</sub>

# Where do you submit IRF-PAI data for the IRF QRP? (cont.)

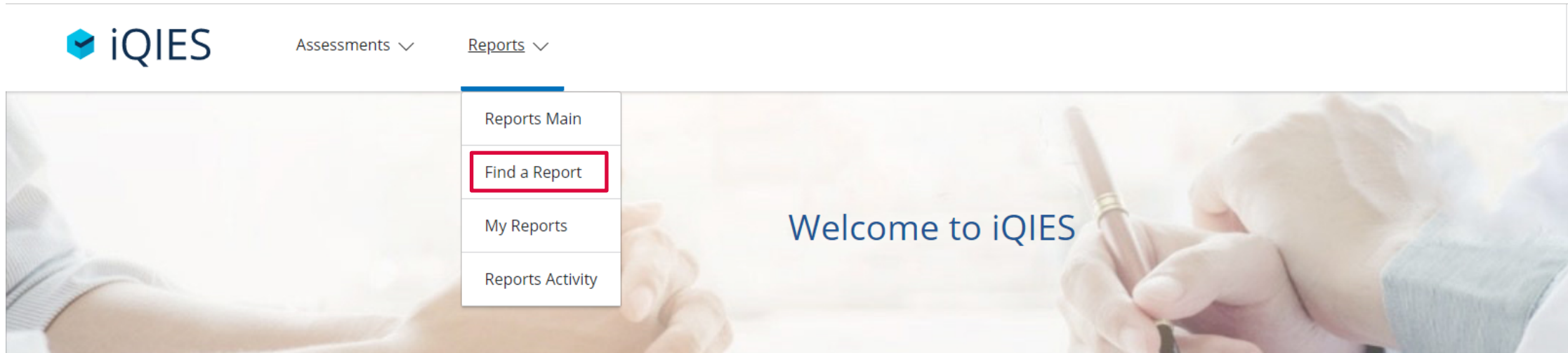
The correct answer will be reviewed during the webinar.



# iQIES Reports

# How to Access iQIES Reports

- To find a report, select *Find a Report* from the *Reports* dropdown menu.



# How to Access iQIES Reports (cont.)

- There are many valuable reports in iQIES.
  - Select *My Reports* from the *Reports* dropdown menu to view all your saved reports, which can be organized into folders.



Home / My Reports

## My Reports

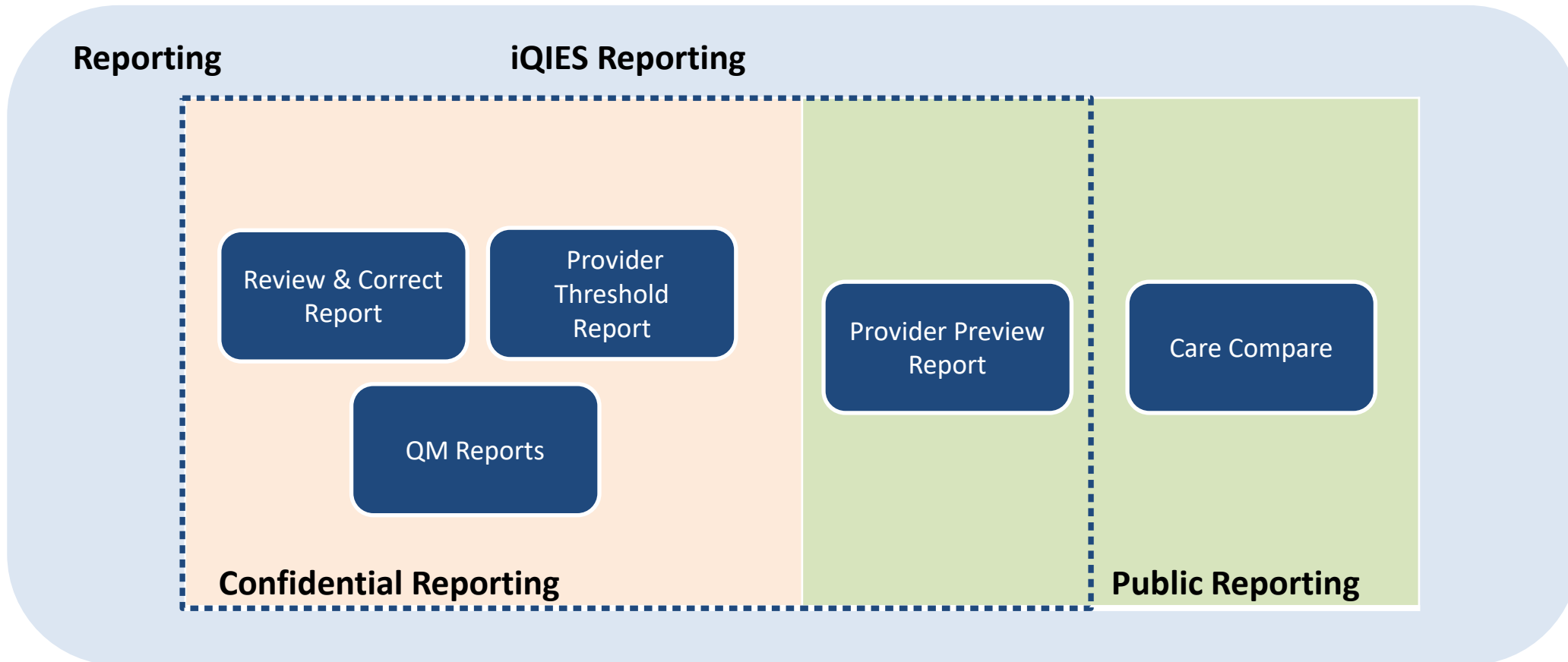
Access and manage your available reports.

Search My Reports


6 Reports New Folder

Name ↕	Created Date ↕	Actions
 IRF Provider Final Validation Reports	09/23/2019 1:17 PM	
 IRF Provider Preview Reports	11/26/2019 1:44 PM	


# Public Reporting




# Final Validation, Review and Correct, and Provider Threshold Reports



**Final Validation Report**



**Review and Correct Report**

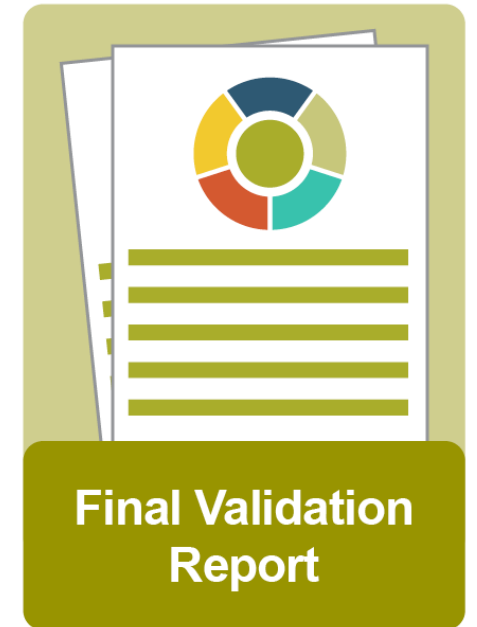


**Provider Threshold Report**



# IRF-PAI Final Validation Report

- The FVR is automatically generated in iQIES within 24 hours of the submission of a file and placed in the provider's *My Reports* folder.
- The FVR provides detailed information about the status of select submission files.
  - Indicates whether the records submitted were accepted or rejected.
  - Details the warnings and fatal errors encountered, which can include:
    - Fatal file errors.
    - Fatal records errors.
    - Warnings.
- The FVR can also be user-requested.





# How To Access the IRF-PAI FVR

[Home](#) / [Find a Report](#)

## Find a Report

Search by report keyword, category, or type.

Report Keyword

Report Category

Report Type

**Find Report**

Reset

### Report Type

✓ Select one

Activity Report

Administration Reports

Admissions/Discharges Report

Discharge Report

Error Detail Report

Error Summary Report

Exception Report

Final Validation Report

Late Submission

Provider History Report

Quality Reporting Program Report

Roster Report


Submission Report

Vendor List

# Example: IRF-PAI Facility-Level FVR

iQIES Report

## IRF-PAI Provider Final Validation



Submission Date:	10/02/2020	Provider Name:	[REDACTED]
Submission ID:	3176287	Provider CCN:	[REDACTED]
Submitter User ID:	[REDACTED]	Facility ID (FAC_ID):	[REDACTED]
Submission File Name:	CMSExport__2020102154 63050369.zip	State:	[REDACTED]
Submission File Status:	Completed	Report Period:	10/01/2020 - 03/19/2021
Completion Date/Time:	10/02/2020 07:47 PM	Report Run Date:	03/19/2021

**4 Total Records Processed**

4 Accepted Records	0 Rejected Records	0 Duplicate Records
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# Records Submitted without Provider Authority	Total # of messages
0	0

Record	Status	Name	XML Filename
1	Accepted	[REDACTED]	CMSExport__202010215463050 369_0001.xml

Name (5A,4):	[REDACTED]	Discharge Date (40):	09/24/2020
SSN (7):	[REDACTED]	ASMT ID:	[REDACTED]
Medicare Number (2):	[REDACTED]	Type of Transaction:	NEW RECORD
Res_int_ID:	[REDACTED]		

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

Page 1



# Errors and Warnings on the IRF-PAI FVR

- There are many conditions that may prevent a file or record from being successfully submitted.
- The FVR outlines errors, whether they are fatal or simply a warning, encountered in submitted records.
- Each error or warning is noted on the report by its identifier. Section 5 of the *IRF-PAI Submission User's Guide* provides a list of all errors/warnings and includes guidance for correcting errors, if necessary:  
[https://qtso.cms.gov/system/files/qtso/Users\\_Sec5\\_4.pdf](https://qtso.cms.gov/system/files/qtso/Users_Sec5_4.pdf)

**All fatal errors in a file or record MUST be corrected and the file or record resubmitted.**



# Fatal File Errors

- Fatal file errors: The submission file structure is checked against IRF-PAI Data Submission Specifications; if the file does not meet requirements, it is rejected.
  - Examples of fatal file errors include:
    - File is not a ZIP file.
    - File cannot be read.
- **Files that are rejected must be corrected and resubmitted.**



# Fatal Record Errors

- Each IRF-PAI record within the file is checked for fatal record errors.
- Fatal record errors include, but are not limited to, the following two types:
  - Out-of-range responses.
    - For example, the valid responses for an item are 1, 2, and 3, but the value submitted was 6.
  - Inconsistent relationships between items.
    - For example, an inconsistent date pattern, such as the Patient's Birth Date (6) being in the same year as the Admission Date (12).

# Fatal Record Errors (cont.)

- Records with fatal errors are rejected by the iQIES, and the record is not accepted.
- Rejected records are not saved in iQIES.
- **Fatal records errors must be corrected and resubmitted** to ensure that the data are accepted.



# Nonfatal Errors or Warnings

- Late submission of IRF-PAI records will result in a nonfatal error (i.e., warning).
- Records containing warnings, or nonfatal errors, can still be accepted by the iQIES.
- Any combination of fatal errors and nonfatal errors will be rejected and must be corrected.
- Warning messages alone do not cause an IRF-PAI record to be rejected by the iQIES.

**Warning messages should be reviewed to see whether the information needs to be corrected and resubmitted.**



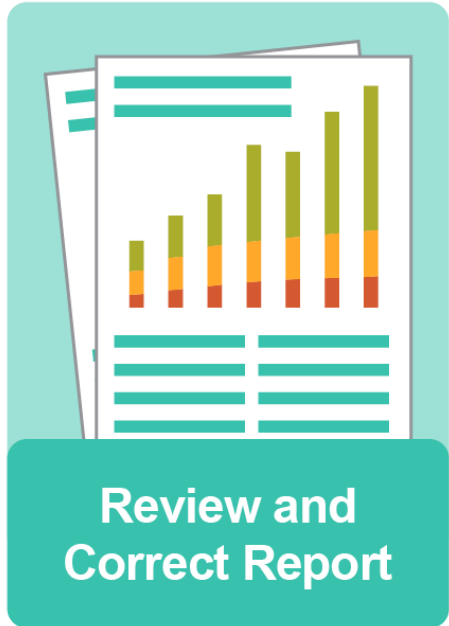
# Example: Error/Warning

Error ID	Sev	Error Message	Error Description
-5002	Fatal	Inconsistent 50A/50B-D: If Pressure Ulcers Present on Admission (50A) equals 0, then Healed Pressure Ulcers (50B, 50C, 50D) must all equal skipped (^).	<p><b>Cause:</b> The submitted number of pressure ulcers noted on admission in Stage 2 (50B), Stage 3 (50C), and/or Stage 4 (50D) is not consistent with the submitted Were pressure ulcers present on admission? (50A) value.</p> <ul style="list-style-type: none"> <li>• IF Were pressure ulcers present on admission? is 0, THEN items 50B-50D must be blank (^).</li> </ul> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the data specifications in effect for this record to identify the acceptable values for this item.</p>
-5004	Warn	Entering a dash as a response to a Quality item may result in a payment reduction for your facility of two percentage points for the applicable fiscal year annual increase factor.	<p><b>Cause:</b> Submitting a value of a dash (-) for any of the Quality items may result in a 2% reduction in payment for your facility for the applicable fiscal year annual increase factor.</p> <p><b>Action:</b> Make appropriate corrections to the record and resubmit. Refer to the data specifications in effect for this record to identify the acceptable values for this item.</p>





# Review and Correct Report



- User-requested, on-demand report.
- Does **not** provide AIF status.
- Confidential to providers.
- Provides quarterly and cumulative performance rates for assessment-based publicly reported QM data at both the patient and facility level.
  - Providers are able to request by individual QM.
  - Patient-level data is available as a comma-separated value (CSV) flat file.
- Displays four most recent quarters.
  - Rolling quarters: Once a new quarter is added, the oldest quarter is dropped.

# Review and Correct Report (cont. 1)

- Only observed (raw) data are provided: Risk-adjusted rates are not shown.
- Available for providers to run with updated data weekly (until the data correction deadline).
- When reporting quarter ends, data for that reporting quarter is available the next calendar day.
- Displays data correction deadlines and whether the data correction period is open or closed.

**Due to the COVID-19 PHE exceptions, there will be no data available (open) to correct for Q1 2020 and Q2 2020.**



# Review and Correct Report (cont. 2)

- Ability to sort patient-level data by fields such as:
  - Patient last name.
  - Patient first name.
  - Patient status.
  - Discharge date.
  - Admission date.
- Ability to request report by individual QM.



# Data Collection/Correction Periods

Calendar Year Data Collection Quarter	Data Collection Submission QRP	Quarterly Review and Correction Periods*
Quarter 1	January 1 – March 31	April 1 – August 15
Quarter 2	April 1 – June 30	July 1 – November 15
Quarter 3	July 1 – September 30	October 1 – February 15
Quarter 4	October 1 – December 31	January 1 – May 15

\*Data correction deadlines are for data used to calculate the publicly reported measures and are **not** applied to the confidential QM reports.


**Due to the COVID-19 PHE exceptions, there will be no data available (open) to correct for Q1 2020 and Q2 2020.**



# Example: Review and Correct Facility-Level Data

iQIES Report

**IRF Review and Correct Report**



**IRF-PAI Quality Measure: Application of Falls**

**Table Legend**  
 Dash (-): Data not available or not applicable  
 X: Triggered  
 NT: Not Triggered  
 E: Excluded from analysis based on quality measure exclusion criteria

**Facility-Level Data**

Reporting Quarter	CMS ID	Start Date	End Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Number of IRF Stays that Triggered the Quality Measure	Number of IRF Stays Included in the Denominator	Facility Percent
Q4 2020	I013.01	10/01/2020	12/31/2020	05/17/2021	Open	0	129	0.0%
Q3 2020	I013.01	07/01/2020	09/30/2020	02/16/2021	Closed	0	130	0.0%
Q2 2020	I013.01	04/01/2020	06/30/2020	11/16/2020	Closed	1	151	0.7%
Q1 2020	I013.01	01/01/2020	03/31/2020	08/17/2020	Closed	0	126	0.0%
Cumulative	-	01/01/2020	12/31/2020	-	-	1	536	0.2%

This report may contain privacy protected data and should not be released to the public. Any alteration to this report is strictly prohibited.

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# Example: Review and Correct Patient-Level Data

iQIES Report

## IRF Review and Correct Report



### Patient-Level Data

Reporting Quarter	Patient Name	Patient ID	Admission Date	Discharge Date	Data Correction Deadline	Data Correction Period as of Report Run Date	Status
Q4 2020	[REDACTED]	[REDACTED]	12/14/2020	12/29/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	11/05/2020	11/19/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	12/10/2020	12/22/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	10/09/2020	11/12/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	10/26/2020	11/13/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	10/07/2020	10/14/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	09/18/2020	10/21/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	11/23/2020	12/08/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	10/20/2020	11/12/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	12/01/2020	12/22/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	10/06/2020	10/13/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	11/25/2020	12/15/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	10/14/2020	10/27/2020	05/17/2021	Open	NT
Q4 2020	[REDACTED]	[REDACTED]	12/01/2020	12/11/2020	05/17/2021	Open	NT

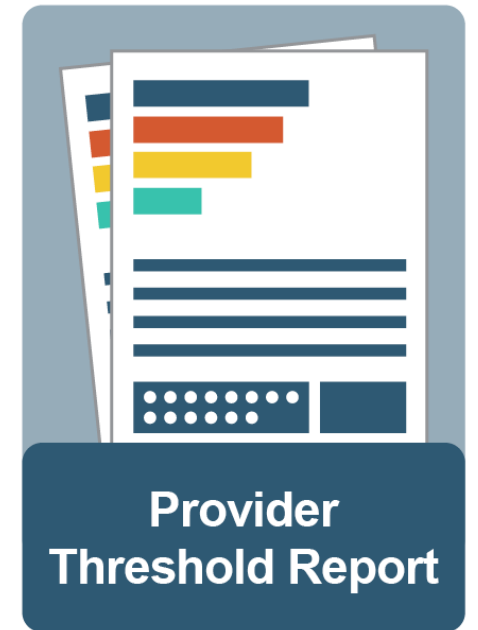
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# IRF Provider Threshold Report (PTR)

- The IRF PTR allows providers to monitor their compliance status regarding the required data submission for the IRF QRP measures for the current AIF by fiscal year.
- The IRF PTR is user-requested and on-demand.
- The IRF PTR will display an asterisk (\*) for future dates (monthly and quarterly) when a measure is active, but data are not available yet.



# Example: IRF PTR

iQIES Report

## FY 2023 IRF QRP Provider Threshold Report



# of IRF-PAI Assessments Submitted: 99

# of IRF-PAI Assessments Submitted Complete: 98

% of IRF-PAI Assessments Submitted Complete: 99%\*

\* FY 2023 IRF QRP Annual Payment Update (APU) Determination Table is limited to the data elements that are used for determining IRF QRP compliance and are included in the APU submission threshold. There are additional data elements used to risk adjust the quality measures used in the IRF QRP. It should be noted that failure to submit all data elements used to calculate and risk adjust a quality measure can affect the quality measure calculations that are displayed on the Compare website.

### IRF Definitions:

**# of IRF-PAI Assessments Submitted:** The total number of IRF-PAI assessments submitted to CMS by the data submission deadline within the Data Collection Start Date and Data Collection End Date identified on the report. This is the denominator. The data collection timeframes and submission deadlines are posted on the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program Measures Information page. See [www.cms.hhs.gov](http://www.cms.hhs.gov) > Medicare > Inpatient Rehabilitation Facility Quality Reporting Program > IRF Quality Reporting Data Submission Deadlines > select the IRF QRP data collection and final submission deadlines table for Reporting Assessment Measures PDF at the bottom of the page for the FY of the report).

**# of IRF-PAI Assessments Submitted Complete:** The number of IRF-PAI assessments identified in the denominator that do not contain dashes (-) for any of the required data elements used to determine APU Compliance for the IRF QRP for the applicable fiscal year. This is the numerator.

**% of IRF-PAI Assessments Submitted Complete:** Divide the numerator (# of IRF-PAI Assessments Submitted Complete) by the denominator (# of IRF-PAI Assessments Submitted) to calculate the IRF's percent of complete assessments. IRFs with a percentage under 95% are determined to be non-compliant with the IRF QRP.

This report may contain privacy protected data and should not be released to the public.  
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Page 2





# iQIES Reports Training

- To learn more about these reports and other iQIES functionalities, please refer to the *iQIES Training* YouTube playlist.



<https://www.youtube.com/playlist>

**iQIES Training**  
19 videos • 51,239 views • Last updated on Mar 24, 2020

Unlisted

CMSHHSgov **SUBSCRIBE**

- 1 **Welcome to iQIES**  
CMSHHSgov  
5:14
- 2 **State API Demo**  
CMSHHSgov  
9:12
- 3 **How to First Log In to iQIES**  
CMSHHSgov  
0:54
- 4 **How to Upload Assessments**  
CMSHHSgov  
2:09
- 5 **How to Run Reports**  
CMSHHSgov  
3:39



Q<sub>5</sub>

Which report provides detailed information about the status of select submission files?

- A. IRF-PAI Final Validation Report.
- B. IRF-PAI Error Summary by Provider Report.
- C. Review and Correct Report.
- D. Provider Threshold Report.



Q<sub>5</sub>

Which report provides detailed information about the status of select submission files? (cont.)

The correct answer will be reviewed during the webinar.



# Which of the following statements regarding the Review and Correct Report is **false**?

- A. Can be requested on-demand.
- B. Is confidential to providers.
- C. Provides only facility-level QM data.
- D. Displays four most recent quarters of data.

Q<sub>6</sub>

Which of the following statements regarding the Review and Correct Report is **false**? (cont.)

The correct answer will be reviewed during the webinar.



# Determining Compliance With the IRF QRP

# IRF QRP Compliance

- For the purposes of calculating compliance with the IRF QRP, IRF-PAI data submissions for the calendar year are reviewed against the requirements of the IRF QRP.
- IRF QRP requirements include:
  - **Submission and acceptance** of IRF-PAI admission and/or discharge items during the reporting period.
  - IRF-PAI data is required to be submitted by established quarterly deadlines.
  - 95 percent of the assessments received must contain 100 percent of the data required to calculate the IRF QRP QMs.



# IRF-PAI Threshold Calculation

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{\text{Assessments with 100\% of the required IRF-PAI data elements}}{\text{Assessments submitted successfully before the submission deadlines*}} \times 100 = \text{IRF-PAI Threshold Percentage}$$

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



# IRF-PAI Threshold Calculation Example

$$\frac{\text{Numerator}}{\text{Denominator}} = \frac{95}{100} \times 100 = 95\%$$

Compliant with IRF QRP Data Reporting Requirements

# IRF QRP Non-Compliance

- Any IRF that does not meet the requirements of the IRF QRP will be considered non-compliant and subject to a 2-percentage-point reduction in their AIF for the applicable fiscal year.
- In July, CMS issues notices only to non-compliant providers in at least one of two ways:
  - Letter from their Medicare Administrative Contractor (MAC).
  - Non-Compliance Notification folders in iQIES.
- This notice will include the reason(s) for failing AIF compliance and instructions for requesting reconsideration of CMS' decision.



# What Is Reconsideration?



- Reconsideration is a request for review of the initial CMS compliance determination for a given IRF for a given fiscal year.
- If an IRF has been identified for the 2-percentage-point payment reduction in AIF, they have the right to request a reconsideration of the initial compliance determination.

# Why Would an IRF Submit a Reconsideration Request?

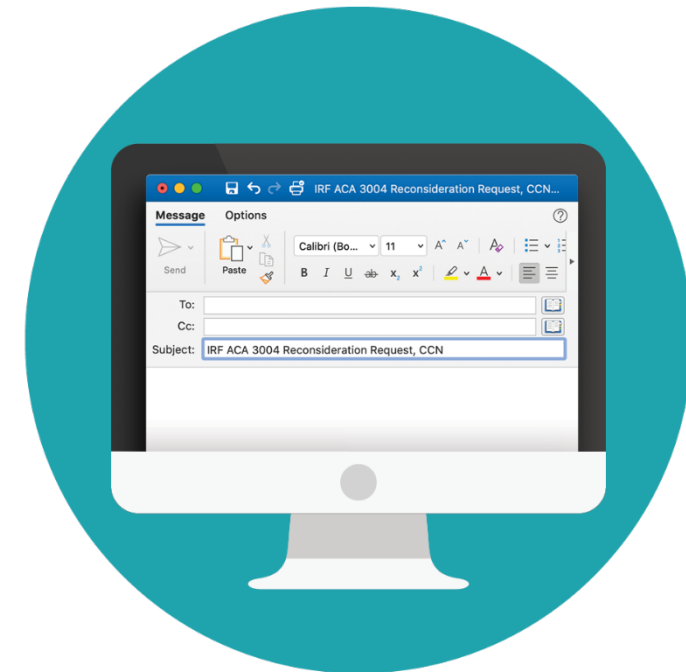
- IRFs may file for reconsideration if:
  - They believe the CMS finding of non-compliance is in error; or
  - They have evidence of the impact of extraordinary circumstances that prevented timely submission of data.
- Requests must be submitted within 30 days after the date documented on the non-compliance notification letter.
- No requests will be accepted after the 30-day deadline.



# Creating a Reconsideration Request

- The only method for submitting a reconsideration request is via email to CMS.
- The subject line of the email should include “IRF ACA 3004 Reconsideration Request” and the IRF's CMS Certification Number (CCN).
- The reconsideration request must be sent to the following email address:
  - [IRFQRPreconsiderations@cms.hhs.gov](mailto:IRFQRPreconsiderations@cms.hhs.gov)

## IRF ACA 3004 Reconsideration Request, CCN



# Creating a Reconsideration Request (cont. 1)

- The following must be included in the request:
  - The CCN, business name, and address.
  - The CEO's or designated representative's contact information.
  - The CMS-identified reasons(s) for non-compliance (from the notification letter).
  - Information supporting the IRF's belief either that the finding of non-compliance is in error, or that they have evidence of the impact of extraordinary circumstances that prevented timely submission of data.



# Creating a Reconsideration Request (cont. 2)

- Determination will be made based solely on the documentation provided.
- CMS **will not** contact the IRF to request additional information or to clarify incomplete or inconclusive information.
- Reconsideration requests that contain protected health information (PHI) will **not** be processed.

## IMPORTANT NOTICE

**Never include**  
Protected health  
information (PHI) in  
the documentation  
being submitted to  
CMS for review.

# Reconsideration Response

- After an initial automated reply, CMS should acknowledge receipt of the reconsideration request within 5 business days via email.
- Following its review of the request and supporting documentation, reconsideration request decisions are distributed by the MAC and the reconsideration contractor.
- If the decision upholds the finding of non-compliance, a provider may file an appeal with the Provider Reimbursement Review Board.





# Reconsideration Process: Do's and Don'ts

- Do:
  - Send reports demonstrating compliance with all PHI redacted.
  - Submit your reconsideration request before the deadline.
  - Ensure that you receive an email confirmation of receipt in addition to the automated response from the mailbox.
- Don't:
  - **SUBMIT PHI.**
  - Submit an email that is larger than 20 MB.
  - Submit reports from third-party vendors.



# Reconsideration Process: Estimated Timeline

- **July:** Non-compliant IRFs that failed to meet QRP requirements are notified.
- **July– Aug:** Reconsideration requests are due to CMS no later than 30 days from the date on the notification of non-compliance.
  - CMS provides an email acknowledgement of its receipt of the reconsideration request within 5 business days.
- **Sept:** CMS notifies IRFs of the decision on reconsideration requests.
- **Oct:** AIF penalty imposed on IRFs found to be non-compliant with QRP requirements.

## Estimated Timelines



# AIF Update

- CMS annually updates the Medicare fee-for-service prospective payment system (PPS) rates provided to IRFs that are billing MACs for services provided to Medicare beneficiaries. This is called the IRF AIF.
- IRF AIF adjustment occurs on a fiscal year basis, every October 1.
- IRFs that do not meet the reporting requirements of the IRF QRP are subject to a 2-percentage-point reduction in their AIF for the applicable performance year.



Which of the following statements regarding the reconsideration process is **false**?

- A. IRFs have 30 days to submit a reconsideration request.
- B. CMS will not contact the IRF if it has further questions.
- C. Requests can only be sent by email.
- D. CMS issues a reconsideration decision by regular mail and via the iQIES.

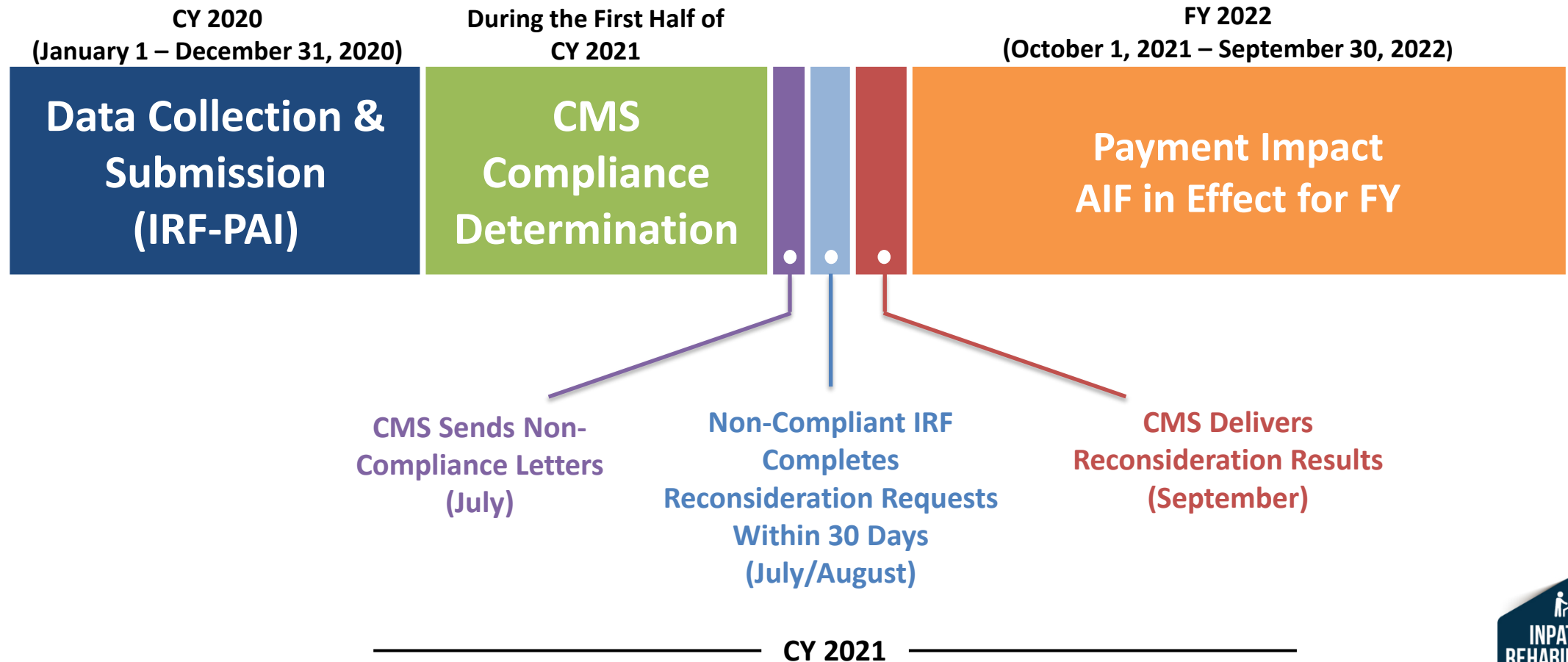
Q7

Which of the following statements regarding the reconsideration process is **false**? (cont.)

The correct answer will be reviewed during the webinar.



# Relationship Between Quality Reporting and AIF: IRF QRP Life Cycle



# Resources

# Resources

- The IRF QRP webpage:
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting>
- IRF-PAI 3.0 webpage:
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-PAI-Manual>
- IRF Reconsideration and Exception & Extension Request webpage:
  - <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Reconsideration-and-Exception-and-Extension>
- CMS Resources for NHSN Users: [CMS Requirements | NHSN | CDC](#)





# Resources (cont. 1)

- For software reference manuals:
  - [iQIES Reference & Manuals Page](#)
- For reports training:
  - [iQIES Reports Training Guide](#)
- For error and warning information:
  - [Section 5 of the IRF-PAI Submission User's Guide](#)
- For iQIES software training:
  - [iQIES Training You Tube Channel](#)

# Help Desk Assistance

- IRF QRP Help Desk: [IRF.questions@cms.hhs.gov](mailto:IRF.questions@cms.hhs.gov)
- IRF QRP Public Reporting Help Desk: [IRFPRQuestions@cms.hhs.gov](mailto:IRFPRQuestions@cms.hhs.gov)
- iQIES Help Desk: [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov)
- QTSO Help Desk: [Help@QTSO.com](mailto:Help@QTSO.com)
- IRF Reconsiderations Help Desk: [IRFQRPreconsiderations@cms.hhs.gov](mailto:IRFQRPreconsiderations@cms.hhs.gov)
- AIF Compliance Outreach: [QRPHelp@swingtech.com](mailto:QRPHelp@swingtech.com)



# Previous Trainings

- IRF QRP Training webpage:  
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Training>

The screenshot shows the CMS.gov website interface. At the top right, there are navigation links: Home | About CMS | Newsroom | Archive | Help | Print. Below this is a search bar labeled "Search CMS" with a "Search" button. The main navigation menu includes: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, and Outreach & Education. The breadcrumb trail reads: Home > Medicare > Inpatient Rehabilitation Facility Quality Reporting Program > IRF Quality Reporting Training. The left sidebar contains a list of links: Inpatient Rehabilitation Facility Quality Reporting Program (with a back arrow), IRF Quality Reporting Spotlight & Announcements, IRF Quality Reporting Measures Information, IRF-PAI and IRF QRP Manual, IRF Quality Reporting Technical Information, IRF Quality Reporting Training (highlighted), and IRF Quality Public Reporting. The main content area is titled "Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Training" and contains the text: "The Centers for Medicare & Medicaid Services (CMS) has many sources of information about the IRF QRP for hospitals and other stakeholders including:" followed by a bulleted list: Training Materials and In-person Training, Training Q&As, Hospital/Quality Initiative Open Door Forum (ODF) Presentations, Special Open Door Forum (SODF) Presentations, and CMS Quality Partner/Vendor Workgroup Presentations. Below the list are sections for "Section GG Training Materials" and "Section GG Web-based Training Course".





# Thank You.

The webinar has now concluded.