

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

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

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

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

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

A list of the current IRF measures for Fiscal Year (FY) 2019 is located on page 2.

### Frequently Asked Questions

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

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

*Q: How is NHSN compliancy determined?*

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

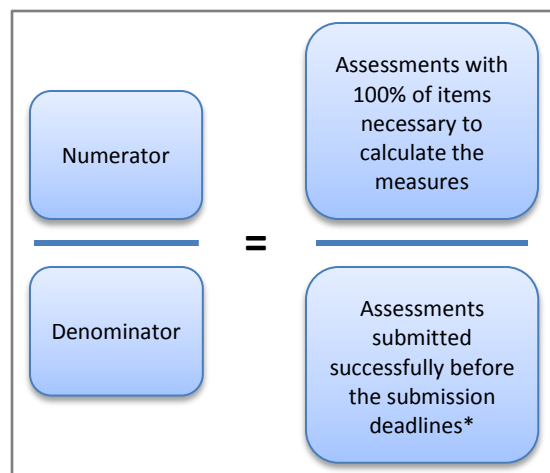
*Q: How do I verify my IRF-PAI/assessment data submission?*

The best method to verify your current IRF-PAI data submission is by running final validation and Assessments with Error Number XXXX reports. Detailed guidance on how to run and interpret IRF-PAI reports can be found in the CASPER Reporting User's Guide, available on the [IRF-PAI User Guides & Training webpage](#). Select "Section 3 – IRF-PAI Provider Reports" from the second drop-down box and then select the "Select" option to access the instructions.

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

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

The IRF-PAI threshold is calculated by taking the total number of assessments with 100% of items necessary to calculate the measures (numerator) divided by the number of successfully submitted assessments (denominator). The resulting number is multiplied by 100 to determine the threshold percentage. In general, IRF-PAI records submitted for patient admissions and/or discharges occurring during the reporting period will be included in the denominator. For FY2019, providers must submit 95% or more of all assessments with 100% of necessary data elements to be in compliance with IRF QRP requirements.



For example, for FY 2019 compliance determination, if during the reporting period (01/01/2017-12/31/2017) a facility has submitted 1000 assessments and 950 of the assessments submitted have 100% of the items necessary to calculate the measures, the threshold percentage would equal 95%. Thus, the facility would be deemed compliant with IRF QRP data reporting requirements.

The Technical Specifications for Reporting Assessment-Based Measures table outlines which IRF-PAI items are necessary to calculate the measures for the purposes of APU. The table for FY2019 can be found in the Downloads box on the [IRF Quality Reporting Measures Information web page](#). This document will continue to be updated for each FY’s IRF QRP requirements.

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

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

A: Within NHSN, IRFs that are units/locations mapped within an NHSN acute care hospital, must report the IRF MRSA and CDI LabID data separately from the acute care hospital data. The IRF must submit their MRSA and CDI LabID data separately via separate rows on the NHSN monthly reporting plans and separate MRSA/CDI summary records. A ‘Quick Learn’ video that highlights this data submission process for IRF units located within acute care hospitals is available on the [CDC’s YouTube Channel](#). More information on correctly reporting IRF locations can be found in the [June 2015 edition of NHSN e-News](#) on page 8.

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

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

NQF Number	Measure Name	Data Submission Mechanism
NQF #0678	Percent of Residents or Patients with Pressure Ulcers That are New or Worsened (Short-Stay)	Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)
NQF #0138	National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure	Centers for Disease Control and Prevention (CDC)/NHSN
NQF #0431	Influenza Vaccination Coverage among Healthcare Personnel	CDC/NHSN

NQF Number	Measure Name	Data Submission Mechanism
NQF #0680	Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short- Stay)	IRF-PAI
NQF #1716	NHSN Facility-Wide Inpatient Hospital- Onset Methicillin-Resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure	CDC/NHSN
NQF #1717	NHSN Facility-Wide Inpatient Hospital- Onset Clostridium difficile Infection (CDI) Outcome Measure	CDC/NHSN
NQF #0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	IRF-PAI
NQF #2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	IRF-PAI
NQF #2633	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	IRF-PAI
NQF #2634	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	IRF-PAI
NQF #2635	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	IRF-PAI
NQF #2636	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	IRF-PAI

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

## Help Desk Assistance

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

For questions about quality measures calculation, data submission deadlines, pressure ulcer coding and staging, wounds, patient influenza vaccine coding, 30-day post discharge all-cause unplanned readmission measure, and general quality reporting questions.

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

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

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

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

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

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

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

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

## Helpful Links

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

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

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

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

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

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