



Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 6.0

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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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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 6.0 taking effect October 1, 2024. Updates to specifications of the existing measures in this document use the Measure Calculations and Reporting User’s Manual V5.0 (effective October 1, 2023) as the foundation for changes.

Notable updates to the QM User’s Manual, Version 6.0 include the following:

- Addition of Section 5.3 providing information on the transition from IRF-PAI v4.0 to IRF-PAI v4.2 and the new item, A1400 – Payer Information, which allows IRF-PAI assessment data to be submitted for all patients receiving care in an IRF, regardless of payer, as of October 1, 2024.
- Information with regard to the newly included measure, COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date (I027.01), for the IRF QRP.
- Three measures were removed as they will no longer be publicly reported:
 - Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (I008.02)
 - IRF Functional Outcome Measure: Change in Self-Care for Medical Rehabilitation Patients (I009.05)
 - IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (I0010.05).
- The IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06) calculation was refined to align with the Discharge Function Score measure (CMS ID: I026.01). Due to this logic change, the CMS measure identifier was incremented.
- The “Function Measures Cov Exception” tab was removed from the Risk Adjustment Appendix File and all exclusions are listed in the “Function Measures – Cov Defn” tab of the Risk Adjustment Appendix File (*Risk-Adjustment-Appendix-File-for-IRF-Effective-10-01-2024.xlsx*).

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 V6.0 Updates

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
1.	All	All	All	N/A	Footer: IRF QRP Measure Calculations and Reporting User's Manual, V5.0 V6.0– Effective October 1, 2023 2024	Updated to reflect the correct manual version number and effective date throughout the manual.
2.	Multiple	Multiple	Multiple	Multiple	Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 5.0 6.0	Updated the manual version number to reflect the QM User's Manual V6.0 throughout the manual.
3.	Multiple	Multiple	Multiple	Multiple	October 1, 2024 2023.	Updated the date to reflect the QM User's Manual V6.0 effective date throughout the manual.
4.	Multiple	Multiple	Multiple	Multiple	Manual formatting and syntax updates	Reformatted several of the manual's features including the table of contents, tables and figures, heading styles, table captions, cross-references, footnotes, footers, table properties, document properties, spacing, equation alternative text, and syntax, including changes such as reformatting the table of contents, adjusting line spacing, changing table column widths and row heights, writing out numeric numbers, and changing the format of table footnotes.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
5.	1 and Multiple	1.3 and Multiple	2 and Multiple	Multiple	<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 (CMS ID: I008.02) IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05) IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.065) IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: I009.05) IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: I010.05) Discharge Function Score (CMS ID: I026.01) 	<p>Three function measures were removed from the IRF QRP through the FY2024 IRF PPS Final Rule including, <i>Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (I008.02)</i>, <i>IRF Functional Outcome Measure: Change in Self-Care for Medical Rehabilitation Patients (I009.05)</i>, and <i>IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (I010.05)</i>. All references to these measures have been removed from V6.0 of the manual and all relevant table and section numbers have been incremented.</p> <p>The CMS measure identifier for the <i>IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i> (CMS ID: I012.06) has been incremented by one to account for the measure specification refinement that aligns the <i>IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i> (CMS ID: I012.06) with the <i>Discharge Function Score measure</i> (CMS ID: I026.01).</p>
6.	Multiple	Multiple	Multiple	Multiple	COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date (CMS ID: I027.01)	Added <i>COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date (I027.01)</i> to measure lists and tables throughout document.
7.	Multiple	Multiple	Multiple	Multiple	Multiple	Replaced broken and/or outdated hyperlinks and updated several footnote citations throughout the manual to improve clarity, accuracy, and consistency with other QM manuals.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
8.	1 and 6	1.2 and Multiple	2 and 19	N/A	<p>Note that IRF-PAI data are only submitted for Medicare Part A and Medicare Advantage patients through September 30, 2024.² assessment data are submitted for all patients receiving care in an IRF, regardless of payer, as of October 1, 2024.² Payer information is recorded in the IRF-PAI 4.2 by the assessment item, A1400 – Payer Information. For the purposes of IRF QRP measure calculations, IRF stays continue to be defined as those stays where the payer is Medicare Fee-For-Service (FFS) or Medicare Advantage (Items A1400A = [1] or A1400B = [1]).</p> <p>Footnote ²: 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. The submission of IRF-PAI assessment data for all patients receiving care in an IRF, regardless of payer, is based on the FY 2023 IRF PPS Final Rule.</p>	Updated text to indicate that IRF-PAI v4.2 collects all payer assessment data starting with Version 6.0 of the IRF QM User's Manual.
9.	1 and Multiple	1.4 and Multiple	3 and Multiple	1-1 and Multiple	<p>Table 1-1 IRF QRP Quality Measures: CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk</p> <p>(See Appendix for full-page excerpt.)</p>	Made minor updates to quality measure names and measure reference names throughout the manual to mirror the CMS IRF QRP Measures Information website.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
10.	5 and Multiple	Multiple	12 and Multiple	N/A	<ul style="list-style-type: none"> • The iQIES Review and Correct Reports contain facility-level and patient-level measure information for assessment-based measures and are updated on a quarterly basis with data refreshed weekly as data become available. • These reports allow providers to obtain facility-level performance data and its associated patient-level data for the past 12 months (four full quarters) and are restricted to only the assessment-based measures. Note that, as the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date measure reports only one quarter of data, this measure will have only one quarter of data on the Review and Correct Report. The intent of this report is for providers to have access to reports data prior to the quarterly data submission deadline to ensure accuracy of their data. This also allows providers to track cumulative quarterly data that include data from quarters after the their respective submission deadline deadlines (“frozen” data). 	Clarified that since the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (I027.01) measure has a three-month (one quarter) target period, iQIES Review and Correct Reports and will only display one quarter of data for this measure. This applies to QM Reports as well and similar language was added to section regarding QM Reports.
11.	5	5.1 and 5.2	15 and Multiple	5-2 and Multiple	Footnote ¹⁶ : Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct Report will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.	Added a footnote to clarify that because the <i>COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date</i> (I027.01) measure has a target period of one quarter, the cumulative rate in iQIES Review and Correct Reports only displays the requested calendar year quarter end date, and is not calculated across quarters. This applies to QM Reports as well and similar footnotes were added to tables discussing QM Reports.
12.	6	Multiple	Multiple	Multiple	Round the percent value to one two decimal places. If the digit in the second third decimal place is 5 or greater, add 1 to the first second decimal place, otherwise leave the first second decimal place unchanged. Drop all the digits following the first second decimal place.	Claims- and assessment-based measure scores will be reported up to two decimal places in iQIES reports and public reporting on Care Compare/Provider Data Catalog. This is reflected throughout the manual.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
13.	6 and Multiple	6.3 and Multiple	26 and Multiple	2.1 and Multiple	<ul style="list-style-type: none"> • Incomplete IRF stays: <ul style="list-style-type: none"> ○ Discharge to acute care that results in the patient's absence from the IRF for longer than 3 three calendar days: Patients Patient's discharge destination/living setting (Item 44D): Short-Term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (Item 44D = [66]); or 	Updated text to more accurately reflect Item 44D on the IRF-PAI assessment. This is reflected throughout the manual.
14.	6 and 7	Multiple	Multiple	Multiple	Patient is discharged to hospice (home or institutional medical facility) (Item 44D = [50 or 51]).	Updated text to more accurately reflect Item 44D on the IRF-PAI assessment. This is reflected throughout the manual.
15.	6 and 7	6.4 and Multiple	28 and Multiple	Multiple	This measure requires risk-adjusted data for the Review and Correct Reports since it estimates the percent of IRF stays in which patients who meet or exceed an expected discharge mobility score. Using the definitions from Table 7-4 , the following steps are used to calculate the quality measure.	Updated text to clarify that the measure estimates the percent of IRF stays in which patients meet or exceed an expected discharge mobility score, not the percent of IRF patients. This is reflected throughout the manual, for all assessment-based measures.
16.	6	6.1 and Multiple	19 and Multiple	3 and Multiple	Determine the numerator count. Determine the total number of IRF stays for which the IRF-PAI discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcer(s), or unstageable pressure ulcers/injuries at discharge, compared to admission:	Clarified that the discharge assessment of the IRF-PAI is used to determine the numerator count. This is reflected for the relevant measures across the manual.
17.	7	Multiple	Multiple	Multiple	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. Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.	Updated IRF-PAI information to reflect the transition from IRF-PAI v4.0 to IRF-PAI v4.2. This is included across Chapter 7.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
18.	7	Multiple	Multiple	Multiple	<p>Table 7-3 IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)</p> <p>Table 7-4 IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.065)</p> <p>Table 7-8 Discharge Function Score (CMS ID: I026.01)</p> <p><i>Self-Care items and Rating scale</i></p> <p>(See Appendix for full-page excerpt.)</p>	<p>Added Items and Rating Scale to Measure Specifications in Chapter 7 for all functional outcome measures (<i>IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients</i> (CMS ID: I011.05), <i>IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i> (CMS ID: I012.06), <i>Discharge Function Score</i> (CMS ID: I026.01)) to align with the LTCH and SNF QM User's Manuals.</p>
19.	Table of Contents and 6	N/A	iv.	N/A	<p>Section 6.3: 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)</p> <p>Section 6.4: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID I009.05)</p> <p>Section 6.5: IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID I0010.05)</p> <p>(See Appendix for full-page excerpt.)</p>	<p>Removed Section 6.3, Section 6.4, and Section 6.5 as these measures are no longer part of the IRF QRP program and incremented subsequent Chapter 6 section numbers.</p>

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
20.	Summary of Tables and 7	N/A	iv.	Multiple	<p>Table 7-3: 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)</p> <p>Table 7-4: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID I009.05)</p> <p>Table 7-5: IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID I0010.05)</p> <p>(See Appendix for full-page excerpt.)</p>	Removed Table 7-3: 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), Table 7-4: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID I009.05), and Table 7-5: IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID I0010.05) as these measures are no longer part of the IRF QRP program and incremented subsequent Chapter 7 table numbers.
21.	Summary of Tables and 1	1.4	vi.	1-3	<p>Table 1-3: Quality Measures Removed/Retired from the IRF QRP</p> <p>(See Appendix for full-page excerpt.)</p>	Removed Table 1-3: Quality Measures Removed/Retired from the IRF QRP and references to this table, to prevent confusion as there were no measures removed from the FY2026 IRF QRP.
22.	Summary of Tables and 5	5.1	vi.	5-2	<p>Table 5-2: Measure Types by User-Requested Year for all Assessment-Based Quality Measures (IRF-PAI)</p> <p>(See Appendix for full-page excerpt.)</p>	Removed Table 5-2: Measure Types by User-Requested Year for all Assessment Based Quality Measures (IRF-PAI) and all references to this table to reduce redundancy, and incremented subsequent Chapter 5 table numbers.
23.	Table of Contents and 5	5.3	iv. and 18	N/A	<p>Section 5.3: Measure Calculations During the Transition from IRF-PAI v4.0 to IRF-PAI v4.2</p> <p>All IRF-PAI data are submitted on one assessment (covering both admission and discharge data), and measure calculations are based on the discharge date.</p> <p>The IRF-PAI will transition from IRF-PAI v4.0 to IRF-PAI v4.2, effective October 1, 2024. The calculations for new measures begin with the implementation of the IRF-PAI v4.2 for IRF stays with discharge dates on or after October 1, 2024.</p>	Created Section 5.3: Measure Calculations During the Transition from IRF-PAI v4.0 to IRF-PAI v4.2.
24.	Table of Contents and 6	6.9	iv. and 42	N/A	<p>Section 6.9: Patient/Resident COVID-19 Vaccine Measure (CMS ID: I027.01)</p> <p>(See Appendix for full-page excerpt.)</p>	Added Section 6.9 to provide measure calculation methodology for the <i>COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date</i> (I027.01) measure.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
25.	Summary of Tables and 7	N/A	v. and 62	7-9	Table 7-9: COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: I027.01) (See Appendix for full-page excerpt.)	Added Table-7-9 COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: I027.01) to provide measure logic specifications for the <i>COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date (I027.01)</i> measure.
26.	1	N/A	1	N/A	The purpose of this manual is to present the methods used to calculate quality measures that are included in the Centers for Medicare & Medicaid Services (CMS) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP). Quality measures are tools that help measure or quantify healthcare processes, outcomes, patient or resident perceptions, and organizational structure/systems that are associated with the ability to provide high-quality services related to one or more quality goals. ¹ This manual provides detailed information for each quality measure, including quality measure definitions, inclusion and exclusion criteria, and measure calculation specifications. An overview of the IRF QRP and additional information pertaining to public reporting is publicly available and can be accessed through the IRF QRP website .	Removed “resident” from the Chapter 1 introduction as IRF patients are referred to as “patients”.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
27.	1	1.1	1-2	N/A	<p>This manual is organized by seven chapters and two appendices. The remainder of this section provides information on the contents of each chapter and an overview of the appendices. Chapter 1 presents the purpose of the manual, explaining how the manual is organized and defining key terms that are used throughout subsequent chapters. 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. 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 user-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 v4.0 to IRF-PAI v4.2. Data collection for IRF-PAI v4.2 begins on October 1, 2024. 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.</p>	<p>Removed outdated language referring to IRF QRP measures finalized for FY 2025 public reporting display updates.</p> <p>Added language for clarity.</p> <p>Restructured language to indicate that Section 5.3 of the IRF QRP QM User's Manual discusses the IRF-PAI v4.0 to IRF-PAI v4.2 transition.</p>

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
28.	1	1.2	2	N/A	Target Date: The target date for an IRF-PAI record is the discharge date (Item 40). The target date is used to select the IRF stay-level sample for a measure and to determine the sort order for individual patients' assessments included in the target period. The target period for the IRF QRP assessment-based QMs is described in Section 4.1.	Removed confusing language, as a Target Period is defined in Section 1.2.
29.	1	1.2	2	N/A	Target Period: The target period is the span of time that defines the Quality Measure Reporting Period for a given measure (e.g., a 12-month period (4 quarters)). The target period and methodology for selecting the stay-level sample for the IRF QRP assessment-based QMs is described in Section 4.1.	Added language to mirror the structure of the definition of a Target Date.
30.	1	1.3	2	N/A	Section 1.3: Measure-Specific IRF Stay Definitions	Clarified that this Section describes IRF stay definitions.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
31.	1	1.4	3-5	1-1	<p>Table 1-1 provides a list of the measures included in the IRF QRP, the corresponding CMS ID, measure IDs, the measure type, and the reference name (short name), and measure type for each measure.</p> <p>Table 1-1 IRF QRP Quality Measures: CMIT Measure ID Number, CMS ID, Measure Type, and Measure Reference Name Crosswalk</p> <p>Footnote ⁶: This measure is Consensus Based Entity (CBE)-endorsed for long-stay residents in nursing homes (https://p4qm.org/measures/0674), An application of this quality measure was finalized for reporting by IRFs as an IMPACT Act measure under the IRF QRP (Federal Register 80 (6 August 2015): 47096-47100). The use of the words “resident” and “Long Stay-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”.</p> <p>(See Appendix for full-page excerpt.)</p>	<p>Clarified the Table 1-1 IRF QRP Quality Measures: CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk introduction to indicate that the content displayed in the table does not only include CMS IDs. Changed sentence structures to improve syntax, clarity, and readability.</p> <p>Updated the table title to indicate measure type is displayed.</p> <p>Updated the CBE endorsement statuses for the <i>COVID-19 Vaccination Coverage among Healthcare Personnel</i> (HCP) (I023.02) measure as the measure received endorsement with the up to date vaccination definition in the Spring 2023 cycle.</p> <p>Updated footnote to clarify that the <i>Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)</i> (I013.01) measure is an IMPACT Act measure.</p>

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
32.	2	N/A	7	N/A	<p><u>COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) (CMS ID: I023.02)</u></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, excluding HCP with contraindications to the COVID-19 vaccine, who are considered up to date, regardless of clinical responsibility or patient contact. <ul style="list-style-type: none"> ○ 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. ○ CDC NHSN: HCP COVID-19 Vaccine⁷ <p>Footnote ⁷: The updated measure specifications were effective January 2023.</p>	Removed this note as this change was implemented to the <i>COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure (I023.02)</i> and no new substantive updates have been made to this measure.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
33.	3	N/A	8	N/A	<p>CMS uses a range of data sources to calculate quality measures. The quality measures listed below were developed using Medicare claims data submitted for Medicare Fee-For-Service (FFS) patients. Each measure is calculated using unique specifications and methodologies. Information regarding measure specifications and reporting details is publicly available and can be accessed on the IRF Quality Reporting Measures Information website. Below are the Medicare claims-based measures included in the IRF QRP as of October 1, 2023 and hyperlinks that provide information about each measure, including measure descriptions and definitions, specifications (e.g., numerator, denominator, exclusions, calculations), care setting, and risk adjustment. 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 FFS patients. Below are the measure descriptions for the Medicare claims-based measures included in the IRF QRP as of October 1, 2024. Measures specifications and calculation methods are available in the IRF QRP Claims-Based Measures Specifications Manual and accompanying supplemental files posted on the IRF Quality Reporting Measures Information website.</p>	<p>Simplified language and added that readers can view specifications for all claims-based measures in one consolidated manual: IRF QRP Claims-Based Measures Specifications Manual. This manual was published on the IRF QRP Measures and Technical Information website in December 2023.</p>
34.	3	N/A	8	N/A	<p><u>Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP (CMS ID: I017.01)</u></p> <ul style="list-style-type: none"> This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for Medicare FFS patients (Medicare FFS beneficiaries) who receive services in inpatient rehabilitation facilities (IRFs).who are discharged following an IRF stay. <ul style="list-style-type: none"> ⊖ Medicare Claims-Based: Potentially Preventable Readmissions 	<p>Clarified language to indicate that the measure estimates PPRs for Medicare FFS patients who are discharged following an IRF stay.</p> <p>Removed the link to the PPR 30-Day specifications depicted in the Measure Specifications for Measures Adopted in the FY 2017 IRF QRP Final Rule report (published in 2016), as more updated specifications were published in the December 2023 IRF QRP Claims-Based Measures Specifications Manual.</p>

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
35.	3	N/A	8	N/A	<p><u>Potentially Preventable Within Stay Readmission Measure for IRFs (CMS ID: I018.01)</u></p> <ul style="list-style-type: none"> This measure assesses estimates the risk-standardized rate of unplanned, potentially preventable readmissions for Medicare FFS patients during the their IRF stay. The definition for this measure was developed concurrently with the post-discharge admission measures and measures the risk-standardized rate of unplanned, potentially preventable readmissions for patients (Medicare FFS beneficiaries) who receive services in inpatient rehabilitation facilities (IRFs). ⊖ Medicare Claims-Based: Potentially Preventable Within Stay Readmission 	<p>Simplified language to clarify that the measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for patients during their IRF stay.</p> <p>Removed the link to the PPR Within Stay specifications depicted in the Measure Specifications for Measures Adopted in the FY 2017 IRF QRP Final Rule report (published in 2016), as more updated specifications were published in the December 2023 IRF QRP Claims-Based Measures Specifications Manual.</p>
36.	3	N/A	8	N/A	<p><u>Discharge to Community--PAC IRF QRP (CMS ID: I019.02)</u></p> <ul style="list-style-type: none"> This measure reports an IRF's risk-standardized rate of Medicare FFS patients who are discharged to the community following an IRF stay, do not have an unplanned readmission to an acute care hospital or LTCH in the 31 days following discharge to community, and remain alive during the 31 days following discharge to community. Community, for this measure, is defined as home or self-care with or without home health services. An additional measure denominator exclusion was finalized in the FY 2020 IRF PPS final rule to exclude IRF stays for baseline nursing facility (NF) residents. Baseline NF residents are defined as patients who had a long-term NF stay in the 180 days preceding their hospitalization and IRF stay, with no intervening community discharge between the long-term NF stay and qualifying hospitalization for measure inclusion. ⊖ Medicare Claims-Based: Discharge to Community-Post Acute Care 	<p>Simplified language to clarify that the measure includes patients who were discharged to the community following a IRF stay who do not have an unplanned readmission to an acute care hospital or an LTCH, and who remain alive in the 31 days following their IRF discharge.</p> <p>Removed an outdated description of a change that was implemented in the FY2020 IRF PPS rule, and no new substantive updates (requiring rulemaking) have been made to the measure.</p> <p>Removed the link to the DTC specifications depicted in the Measure Specifications for Measures Adopted in the FY 2017 IRF QRP Final Rule report (published in 2016), as more updated specifications were published in the December 2023 IRF QRP Claims-Based Measures Specifications Manual.</p>

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
37.	3	N/A	8	N/A	<p><u>Medicare Spending Per per Beneficiary (MSPB)--Post Acute Care (PAC) IRF QRP (CMS ID: I020.01)</u></p> <ul style="list-style-type: none"> This measure evaluates IRF providers' resource use relative to the resource use of the national median IRF provider. Specifically, the measure assesses the cost to Medicare for services performed by the IRF provider IRFs and other healthcare providers during an MSPB-PAC Medicare FFS IRF episode, which begins at IRF admission and ends 30 days after IRF discharge. The measure is calculated as the ratio of the price-standardized, risk-adjusted MSPB-PAC amount for each IRF divided by the episode-weighted median MSPB-PAC amount across all IRF providers. <p>☞ Medicare Claims-Based: Medicare Spending Per Beneficiary</p>	<p>Added language to define a MSPB-PAC IRF episode and clarify that the measure assesses the cost to Medicare for services performed by IRFs and other healthcare providers.</p> <p>Removed the link to the MSPB specifications depicted in the Measure Specifications for Measures Adopted in the FY 2017 IRF QRP Final Rule report (published in 2016), as more updated specifications were published in the December 2023 IRF QRP Claims-Based Measures Specifications Manual.</p>
38.	4	4.1	9	N/A	<p>This section presents the stay selection criteria for assessment-based (IRF-PAI) quality measure calculations whose target period is 12 months (four quarters). Table 4-1 lists the measures and their respective target periods. Apply the respective quality measure calculations from Chapter 6 to the eligible target period IRF stays. Additionally, Chapter 7 provides the instructions in table format, and the references to the table numbers are included below.</p> <p>Quality measures included in this section with a three-month (one quarter) target period: COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date (CMS ID: I027.01) Table 7-9</p> <p>Quality measures with a 12-month target period:</p>	<p>Updated language to include the <i>COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date</i> (I027.01) measure, which uses a three-month (one quarter) target period.</p> <p>Organized quality measures by target period length as the <i>COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date</i> (I027.01) measure has a three-month (one quarter) target period, unlike the other IRF quality measures.</p>
39.	4	4.1	10	1	<p>The eligible IRF stays for these quality measures are selected as follows:</p> <ol style="list-style-type: none"> Select all IRF stays with a target date (discharge date (Item 40)) within the data measure target period. These are the <i>target period IRF stays</i>. 	<p>Clarified that all IRF stays with a target date within the measure target period are selected.</p>

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
40.	4	4.1	11	4-1	<p>Table 4-1 Target Period for all All Assessment-Based (IRF-PAI) Quality Measures</p> <p>Footnote ¹⁰: For information regarding the transition from IRF-PAI v4.0 to IRF-PAI v4.2, see Section 5.3 “Measure Calculations During the Transition from IRF-PAI v4.0 to IRF-PAI v4.2”.</p> <p>Footnote ¹¹: The Patient/Resident COVID-19 Vaccine measure has a three-month target period (one quarter).</p>	Updated Table 4-1 to include footnotes directing readers to Section 5.3 for information on the transition from IRF-PAI v4.0 to IRF-PAI v4.2 and clarifying that the Patient/Resident COVID-19 measure has a three-month target period.
41.	5	N/A	13	N/A	<p>Section 5.1 contains data selection criteria for the assessment-based (IRF-PAI) quality measures for the iQIES Review and Correct Reports. Since the criteria and reporting periods for the iQIES QM Reports are consistent across the facility- and patient-level reports, Section 5.2 of this chapter presents data selection information that can be applied to both the iQIES Patient-level QM Reports and the iQIES Facility-level QM Reports. Section 5.3 addresses the transition from IRF-PAI v4.0 to IRF-PAI v4.2. Data collection for IRF-PAI v4.2 begins on October 1, 2024.</p>	Updated to include Section 5.3: Measure Calculations During the Transition from IRF-PAI v4.0 to IRF-PAI v4.2.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
42.	5	5.1	13	1c	<p>1. Quarterly reports contain quarterly rates and a cumulative rate.</p> <p>a. Data submission deadline: data must be submitted by 11:59 p.m. ET on the 15th of August, November, February, or May, 4.5 months after the end of each respective quarter. However, if the 15th of the month falls on a Friday, weekend, or federal holiday, the data submission deadline is delayed until 11:59 p.m. ET on the next business day.</p> <ul style="list-style-type: none"> For example, the data submission deadline for Quarter 4 (October 3 (July 1 through December 31 September 30) data collection would normally be 11:59 p.m. ET, May February 15, which is the 15th day of the month, 4.5 months after the end of the data collection period. However, in FY 2022, May 2025, February 15th fell falls on a Sunday Saturday and February 17th is a federal holiday; therefore, the deadline for this data submission was is extended to the next business day, which was May 16, 2022 is February 18, 2025, at 11:59 p.m. ET. 	Updated the dates of this example to be more current and to align the dates with those of the IRF and LTCH QRP QM User's Manuals.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
43.	5	5.1	14-15	N/A	<p>Table 5-3 5-2 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures:</p> <ul style="list-style-type: none"> For an existing measure, if the requested calendar year quarter end date is Quarter 1, 2024 (Q1), 2025 (end date of March 31st), the four quarters of data provided in this request include Q2 2023 2024 (April – June), Q3 2023 2024 (July – September), Q4 2023 2024 (October – December), and Q1 2024 2025 (January – March).⁸⁻ For a new measure, typically, if the requested calendar year quarter end date is Quarter 1, 2024 Q1 2025 (end date of March 31st), the only quarter of data provided in this request includes Q4 2024 (October – December) and Q1 20242025 (January – March).¹² <p>Footnote ⁸: 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.</p> <p>Footnote ¹²: Because the Discharge Function Score measure calculations utilize data that were already collected, quarterly rates will capture four quarters of data collected as early as Q1 2023.</p>	<p>Updated the examples of quarterly rates included in the iQIES Review and Correct Reports to be more current.</p> <p>Updated the <i>Discharge Function Score</i> (I026.01) measure footnote to explain that iQIES Review and Correct Reports can capture data beginning in Q1 2023.</p>
44.	5	5.1	15	5-2	<p>Table 5-3 2 iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date</p> <p>(See Appendix for full-page excerpt.)</p>	<p>Added “Quarter 4” to the <i>Quarter(s) Included from Previous Year</i> column to clarify that for new measures, data is accumulated until four quarters have been collected and then rolling quarters occur for subsequent years. Until four quarters have accumulated, Quarter 4 from the previous year is used in the quarterly rates in user-requested Review and Correct Reports.</p>

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
45.	5	5.1	16	N/A	<p>Table 5-3 below displays the quarters of data included in the cumulative rate calculation for new and existing measures, by each requested quarter end date.</p> <p>Table 5-4 3 iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date</p> <p>(See Appendix for full-page excerpt.)</p>	<p>Provided introductory language to explain the purpose of Table 5-3: iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date. This table displays the quarters of data included in the cumulative rate calculation by each requested quarter end date.</p> <p>Added “Quarter 4” to the <i>Data Included from Previous Year</i> column to clarify that Quarter 4 from the previous year is included in cumulative rates for user-requested Review and Correct Reports for new measures, until four quarters of data have been collected.</p>
46.	6	6.1	21	3.3	<p>β_1 is the logistic regression coefficient for the first covariate “functional mobility”, limitation, and <i>COV1</i> is the IRF stay-level covariate value.</p>	<p>Updated text to maintain consistency in covariate language with the Risk-Adjustment Appendix File.</p>
47	6	6.1	23	5.3	<p>5.2 Facility-level recoding instructions.</p> <p>5.2.1 If the facility-level observed score (Step 1) equals 0, then the facility-level observed percent and the facility-level risk-adjusted percent values are set to 0.00.</p> <p>5.2.2 If the facility-level observed score (Step 1) equals 1, then the facility-level observed percent and the facility-level risk-adjusted percent values are set to 100.00.</p>	<p>Language edits to improve clarity.</p>
48.	6	6.1	24	N/A	<p>National Average Calculation for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)</p> <p>To calculate the <u>IRF stay-level</u> (i.e., prevalence) national average, refer to Step 2 under the iQIES QM Report Measure Calculations for this measure measure calculations for the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.</p>	<p>Updated text to maintain language consistency across Chapter 6.</p>

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
49.	6	6.4	28	1.1	<p>1. Calculate the observed discharge mobility score (Steps 1.1 through 1.4) using the discharge mobility items and valid codes identified below. Please note there are different items used if the patient does not walk at both admission and discharge (Step 1.1) than for the remaining patients (Step 2.2):</p> <p>2.1 For patients who code 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 two turns (GG0170R) or Wheel 150 feet (GG0170S) either at admission or at discharge, the following mobility assessment items are used for discharge mobility score calculations:</p>	Updated this measure calculation to reflect specification refinements that align the <i>IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients</i> (CMS ID: I012.06) with the <i>Discharge Function Score measure</i> (CMS ID: I026.01).
50.	6	6.8	40-41	N/A	The admission function values scores 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.	Updated language to more accurately and consistently reflect the language used around admission function.
51.	7	N/A	46	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 Limitation Admission Performance: Lying to sitting on side of bed Bowel Continence Diabetes Mellitus or Peripheral Vascular Disease (PVD) / Peripheral Arterial Disease (PAD) or Diabetes Mellitus 	Updated covariate names to align with the Risk-Adjustment Appendix File.
52.	7	N/A	47	7-2	This quality measure reports the percentage of IRF stays in which patients/ residents who experience one or more falls with major injury (defined as includes bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) during the IRF stay.	Updated language from “defined as” to “includes” to accurately reflect the IRF-PAI assessment language.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
53.	Appendix B	N/A	89	N/A	<p>Appendix B provides the following information:</p> <ul style="list-style-type: none"> • 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 This section contains ICD-10-CM codes used to calculate the from Item 22 (Etiologic Diagnosis (Item 22)) and Item 24 (Comorbid Conditions (Item 24)) used to identify exclusions for the functional outcome measures (Section B.3). 	Clarified language to indicate that Appendix B contains a list of ICD-10-CM codes used to identify exclusions for the functional outcome measures.
54.	Appendix B	B.1	67	N/A	<p><u>Quality Measure Specific Covariate Definition Tabs</u>: 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.</p>	Removed this note as this update does not apply to the IRF QM User's Manual V6.0.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
55.	Appendix B	B.2	68	4-6	<p>Example (Steps 4–6): IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury</p> <p>IRF stay had a discharge date of 06/15/20172024.</p> <ul style="list-style-type: none"> • In the Schedule tab of the Risk-Adjustment Appendix File, refer to the Change in Mobility Pressure Ulcer/Injury measure. • The discharge date of 06/15/2017 2024 is within the discharge date range for Risk- Adjustment Update ID 1 5 (01/01/2017—12/31/2017) (10/01/2023 – 09/30/2024). Therefore, the user should use the information provided in the Risk-Adjustment ID 1 5 column. • Select the Change in Mobility Pressure Ulcer/Injury tab and apply the intercept and coefficient values in the Risk-Adjustment ID 1-5 column for each covariate. • Select the National Average tab and use the Risk-Adjustment Update ID 1-5 column for the Change-in-Mobility-Pressure Ulcer/Injury national average observed score. 	Removed reference to the <i>IRF Functional Outcome Measure: Change in Mobility for Medical Rehabilitation Patients</i> (I010.05) measure and updated the example to be more current.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V6.0	Description of Change
56.	Appendix B	B.3	69	B-1	<p>Section B.3 Etiologic Diagnosis or Comorbid Conditions</p> <p>This section contains ICD-10-CM codes used to calculate the from Item 22 (Etiologic Diagnosis (Item 22) and Item 24 (Comorbid Conditions (Item 24)) used to identify exclusions for the functional outcome measures.</p> <p>Table B-1 Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes</p> <p>(See Appendix for a full table excerpt.)</p>	<p>Clarified language to indicate that Appendix B contains a list of ICD-10-CM codes used to identify exclusions for the functional outcome measures.</p> <p>Updated the ICD-10-CM codes presented in Table B-1 Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes Removed ICD-10-CM code G93.9, previously indicating severe brain damage, as the code lacks specificity. ICD-10-CM sequela codes were also removed. Sequela conditions occur as a consequence of a previous disease or injury. Since a patient's condition may have changed since the sequela diagnosis, sequela codes may not reflect the resident's current conditions.</p>
57.			71		<p><u>Example (Steps 2–4):</u> IRF-PAI assessment had a discharge date of 06/15/2023 2025 and a “Not Attempted” value coded for GG0130A1 (Eating at Admission).</p> <ul style="list-style-type: none"> In the Schedule tab of the Discharge Function Score Imputation Appendix File, refer to the Discharge Function Score measure. The discharge date of 06/15/2023 2025 is within the discharge date range for Imputation Update ID 1-2 (10/01/2022 2024-09/30/2023 2025). Therefore, the user should use the information provided in the Imputation Update ID 1-column 2 tabs. Select the Coefficients – Admissions – ID 2 tab and apply the coefficient values for each covariate and the model threshold values in the Imputation Update ID 1-2, GG0130A1 column. 	Updated the example to be more current.

Appendix

Appendix Contents

This appendix provides excerpts from the IRF QRP Measure Calculations and Reporting User's Manual, V5.0 to contextualize the information that has been substantially changed and included in the change table of this manual version, V6.0 (i.e., the appendix provides the updates to the tables from V5.0 of the manual that have substantial changes). The pages within the appendix directly correspond to the QM User's Manual V6.0 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 V6.0 change table, as well as the chapter, page number, and section where the content is located in the QM User's Manual V6.0. Please note, the footnote numbering included in the Appendix differs from the footnote numbering in Version 6.0 of the manual.

Appendix Table of Contents

V6.0 Change Table #	V6.0 Chapter	V6.0 Page Number	IRF QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Updated Section/Table
9, 21, 31	1	3-5	Section 1.4: QRP Measures	Updated Table 1-1: IRF QRP Quality Measures: CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk. Removed Table 1-3 Quality Measures Removed/Retired from the IRF.
22, 44, 45	5	14-17	Section 5.1: iQIES Review and Correct Reports	Removed Table 5-2 Measure Types by User Requested Year for all Assessment-Based Quality Measures (IRF-PAI). Updated Table 5-2 iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter and Table 5-3: iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date.
19	6	24	Section 6.3: 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) Section 6.4: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID I009.05) Section 6.5: IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID I0010.05)	Removed Section 6.3, Section 6.4, and Section 6.5.
24.	6	42-43	Section 6.9 Patient/Resident COVID-19 Vaccine Measure (CMS ID: I027.01)	Added Section 6.9.
20.	7	48	Table 7-3: 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) Table 7-4: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID I009.05) Table 7-5: IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID I0010.05)	Removed Table 7-3: 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), Table 7-4: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID I009.05), and Table 7-5: IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID I0010.05).

V6.0 Change Table #	V6.0 Chapter	V6.0 Page Number	IRF QRP Measure Calculations and Reporting User's Manual V6.0 Reference	Updated Section/Table
18.	7	48-54, 58-61	Table 7-3 IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05) Table 7-4 IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06) Table 7-8 Discharge Function Score (CMS ID: I026.01)	Added Items and Rating Scale to Measure Specifications in Table 7-3 IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05), Table 7-4 IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06), and Table 7-8 Discharge Function Score (CMS ID: I026.01).
25.	7	62	Table 7-9 COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: I027.01)	Added Table 7-9 COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: I027.01).
56.	Appendix	69	Appendix B: Risk-Adjustment and Imputation Appendix Files	Updated the ICD-10-CM codes presented in Table B-1 Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes.

Section 1.4: QRP Measures

Table 1-1 provides a list of the measures included in the IRF QRP, ~~the corresponding CMS measure IDs, the measure type, and the~~ reference name (short name), ~~and measure type~~ for each measure.

Table 1-1
IRF QRP Quality Measures: CMIT Measure ID ~~Number~~, CMS ID, Measure Type, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID ¹	CMS ID ²	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure	00459 (CBE-endorsed)	I006.01	Outcome	CAUTI
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	00462 (CBE-endorsed)	I015.01	Outcome	CDI
National Healthcare Safety Network (NHSN) Influenza Vaccination Coverage Among Healthcare Personnel	00390 (CBE-endorsed)	I016.01	Process	HCP Influenza Vaccine

¹ 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>).

² Reflects changes in CMS measure identifiers based on updated measure specifications.

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

Quality Measure	CMIT Measure ID	CMS ID	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)	00180 (not CBE- endorsed)	I023.02	Process	HCP COVID-19 Vaccine
Medicare Claims-Based Measures				
Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP	00575 (not endorsed)	I017.01	Outcome	PPR 30-Day
Potentially Preventable Within Stay Readmission Measure for IRFs	00576 (not endorsed)	I018.01	Outcome	PPR Within Stay
Discharge to Community—PAC IRF QRP	00210 (CBE-endorsed)	I019.02	Outcome	DTC
Medicare Spending P per Beneficiary (MSPB)—Post Acute Care (PAC) IRF QRP	00434 (CBE-endorsed)	I020.01	Cost/Resource	MSPB
Assessment-Based Measures				
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	00121 (not endorsed)	I022.01	Outcome	Pressure Ulcer/Injury
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	00520 ³ (not endorsed)	I013.01	Outcome	Application of Falls
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	00513 (not endorsed)	I008.02	Process	Application of Functional Assessment

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 as an IMPACT Act measure under the IRF QRP (*Federal Register* 80 (6 August 2015): 47096-47100). The use of the words “resident” and “~~Long Stay 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 1-1 (continued)
IRF QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID	CMS ID	Measure Type	Measure Reference Name
Assessment-Based Measures				
IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	00402 (CBE-endorsed)	I009.05	Outcome	Change in Self-Care
IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	00401 (CBE-endorsed)	I0010.05	Outcome	Change in Mobility
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	00404 (CBE-endorsed)	I011.05	Outcome	Discharge Self-Care Score
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	00403 (CBE-endorsed)	I012.06 5	Outcome	Discharge Mobility Score
Drug Regimen Review Conducted Wwith Follow-Up for Identified Issues—Post-Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)	00225 (not endorsed)	I021.01	Process	DRR
Transfer of Health (TOH) Information to the Provider—Post-Acute Care (PAC)	00728 (not endorsed)	I024.01	Process	TOH - Provider
Transfer of Health (TOH) Information to the Patient—Post-Acute Care (PAC)	00727 (not endorsed)	I025.02	Process	TOH - Patient
Discharge Function Score	01698 (not endorsed)	I026.01	Outcome	DC Discharge Function Score
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date	01699 (not endorsed)	I027.01	Process	Patient/Resident COVID-19 Vaccine

~~^aRefer to the Centers for Medicare & Medicaid Services Measures Inventory Tool (<https://emit.cms.gov/emit/#/>) 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>).~~

~~^bReflects changes in CMS measure identifiers based on updated measure specifications.~~

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

Quality Measure	Planned Removal Date ⁴		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
Application of Percent of Long-Term-Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	January 2024	January 2024	September 2024
Application of the IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	January 2024	January 2024	September 2024
Application of IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	January 2024	January 2024	September 2024

⁴Planned removal dates are based on the FY2024 IRF PPS final rule.

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	Removed
IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) (CMS ID: I009.05)	Existing	Existing	Existing	Removed
IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID: I010.05)	Existing	Existing	Existing	Removed
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 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)	New	Existing	Existing	Existing
Transfer of Health Information to the Provider – Post-Acute Care (PAC) (CMS ID: I024.01)	—	—	New	Existing

**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	2020-201922	2020-2022-2023	2023-2024
Transfer of Health Information to the Patient— Post-Acute Care (PAC) (CMS ID: I025.02)	—	—	New	Existing
Discharge Function Score (CMS ID: I026.01)	—	—	—	New

Table 5-3 5-2 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, 2024 (Q1), 2025** (end date of March 31st), the four quarters of data provided in this request include **Q2 2023 2024** (April – June), **Q3 2023 2024** (July – September), **Q4 2023 2024** (October – December), and **Q1 2024 2025** (January – March).
- For a new measure, **typically**, if the requested calendar year quarter end date is **Quarter 1, 2024 Q1 2025** (end date of March 31st), the **only quarter of** data provided in this request includes **Q4 2024 (October – December) and Q1 2024 2025** (January – March).⁵

⁵ 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. Because the Discharge Function Score measure calculations utilize data that were already collected, quarterly rates will capture four quarters of data collected as early as Q1 2023.

Table 5-3-2
iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested
Quarter End Date⁶

Requested Calendar Year Quarter End Date ⁷	Measure Type	Quarter(s) Included from Previous Year ⁸	Quarter(s) Included from User-Requested Year ⁹
Quarter 1, YYYY	New	— Quarter 4	Quarter 1
	Existing	Quarter 2 Quarter 3 Quarter 4	Quarter 1
Quarter 2, YYYY	New	— Quarter 4	Quarter 1 Quarter 2
	Existing	Quarter 3 Quarter 4	Quarter 1 Quarter 2
Quarter 3, YYYY	New	— Quarter 4	Quarter 1 Quarter 2 Quarter 3
	Existing	Quarter 4	Quarter 1 Quarter 2 Quarter 3
Quarter 4, YYYY	New	— Quarter 4	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

⁶ See **Table 5-1** for discharge dates included for each quarter.

⁷ YYYY = User-Requested Year

⁸ Calendar year prior to the User-Requested Year

⁹ Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct Report will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.

Table 5-4 Table 5-3

iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date¹⁰

Requested Calendar Year Quarter End Date ¹¹	Measure Type	Data Included from Previous Year ¹²	Data Included from User-Requested Year ¹³
Quarter 1, YYYY	New	— Quarter 4	Quarter 1
	Existing	Quarter 2 through Quarter 4	Quarter 1
Quarter 2, YYYY	New	— Quarter 4	Quarter 1 through Quarter 2
	Existing	Quarter 3 through Quarter 4	Quarter 1 through Quarter 2
Quarter 3, YYYY	New	— Quarter 4	Quarter 1 through Quarter 3
	Existing	Quarter 4	Quarter 1 through Quarter 3
Quarter 4, YYYY	New	—	Quarter 1 through Quarter 4
	Existing	—	Quarter 1 through 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

¹⁰ See **Table 5-1** for discharge dates included for each quarter.

¹¹ YYYY = User-Requested Year

¹² Calendar year prior to the User-Requested Year

¹³ Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct Report will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.

Section 6.3: 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: I008.02¹⁴)

iQIES Review and Correct Report Measure Calculations for 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)

Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report and the iQIES QM Report measure calculation. Using the definitions from [Table 7-3](#), the following steps are used to calculate the measure.

1. Identify IRF stays as being complete or incomplete (Steps 1.1 and 1.2).

1.1 Patients with **incomplete IRF stays** are identified based on:

1.1.1 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 = Short-term General Hospital, 63 = Long-Term Care Hospital (LTCH), 65 = Inpatient Psychiatric Facility, 66 = Critical Access Hospital (CAH)

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 less than 3 days: ([Item 40. Discharge Date] minus [Item 12. Admission Date]) < 3 days.

1.2 IRF stays not meeting the criteria for incomplete IRF stays will be considered complete IRF stays.

2. Both types of IRF stays are included in the denominator, but the specifications vary by complete and incomplete IRF stays for the numerator.

2.1 **Complete IRF stays.** For patients with complete IRF stays, each functional assessment item listed below must have a valid numeric code indicating the patient's status [01–06] or that 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:

2.1.1 A valid numeric code [01–06] indicating the patient's functional status [01–06] or that the activity was not attempted (e.g., GG0130A1 = [07, 09, 10,

¹⁴This measure (I008.02) is an application of measure L009.03.

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

2.1.2— A valid numeric code [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

2.1.3— A valid numeric code indicating the patient’s functional status [01—06] or that 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.

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 code indicating the patient’s status [01—06] or that the activity was not attempted (e.g., GG0130A1 = [07, 09, 10, 88]). The following two criteria are required for inclusion in the numerator:

2.2.1— A valid numeric code indicating the patient’s functional status [01—06] or that 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

2.2.2— A valid numeric code [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).

2.3— Admission functional performance items included in this measure are:

The self-care (GG0130) items are:

- GG0130A1. Eating
- GG0130B1. Oral hygiene
- GG0130C1. Toileting hygiene

The mobility (GG0170) items are:

- GG0170B1. Sit to lying
- GG0170C1. Lying to sitting on side of bed
- GG0170D1. Sit to stand
- GG0170E1. Chair/bed to chair transfer
- GG0170F1. Toilet transfer

- ~~GG0170I1. Walk 10 feet~~

For patients who are walking, as indicated by GG0170I1 = 01, 02, 03, 04, 05, or 06, include items:

- ~~GG0170J1. Walk 50 feet with two turns~~
- ~~GG0170K1. Walk 150 feet~~

For patients who are not walking as indicated by GG0170I1 = 07, 09, 10, or 88, GG0170J1 and GG0170K1 are skipped.

For patients who use a wheelchair, as indicated by GG0170Q1=1, include items:

- ~~GG0170R1. Wheel 50 feet with two turns~~
- ~~GG0170RR1. Indicate the type of wheelchair/scooter used~~
- ~~GG0170S1. Wheel 150 feet~~
- ~~GG0170SS1. Indicate the type of wheelchair/scooter used~~

For patients who do not use a wheelchair as indicated by GG0170Q1=0, GG0170R1, GG0170RR1, GG0170S1, and GG0170SS1 are skipped.

The following valid codes for the self-care (GG0130) and mobility (GG0170) admission performance items are accepted for this quality measure:

- ~~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~~

Valid codes for the type of wheelchair/scooter used (GG0170RR1 and GG0170SS1) for this quality measure:

- ~~1 Manual~~
- ~~2 Motorized~~
- ~~^ Skip pattern~~

~~2.4 Discharge goal items reported on admission included in this measure (a minimum of one goal must be reported) are:~~

~~The self care (GG0130) items are:~~

- ~~GG0130A2. Eating~~
- ~~GG0130B2. Oral hygiene~~
- ~~GG0130C2. Toileting hygiene~~
- ~~GG0130E2. Shower/bathe self~~
- ~~GG0130F2. Upper body dressing~~
- ~~GG0130G2. Lower body dressing~~
- ~~GG0130H2. Putting on/taking off footwear~~

The mobility (GG0170) items are:

- ~~GG0170A2. Roll left and right~~
- ~~GG0170B2. Sit to lying~~
- ~~GG0170C2. Lying to sitting on side of bed~~
- ~~GG0170D2. Sit to stand~~
- ~~GG0170E2. Chair/bed to chair transfer~~
- ~~GG0170F2. Toilet transfer~~
- ~~GG0170G2. Car transfer~~
- ~~GG0170I2. Walk 10 feet~~
- ~~GG0170J2. Walk 50 feet with two turns~~
- ~~GG0170K2. Walk 150 feet~~
- ~~GG0170L2. Walking 10 feet on uneven surfaces~~
- ~~GG0170M2. 1 step (curb)~~
- ~~GG0170N2. 4 steps~~
- ~~GG0170O2. 12 steps~~
- ~~GG0170P2. Picking up object~~
- ~~GG0170R2. Wheel 50 feet with two turns~~
- ~~GG0170S2. Wheel 150 feet~~

The following valid codes for the self-care (GG0130) and mobility (GG0170) discharge goal items are accepted for this quality measure:

- ~~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~~

~~2.5 Discharge functional performance items included in this measure are:-~~

~~The self care (GG0130) items are:~~

- ~~• GG0130A3. Eating~~
- ~~• GG0130B3. Oral hygiene~~
- ~~• GG0130C3. Toileting hygiene~~

~~The mobility (GG0170) items are:~~

- ~~• GG0170B3. Sit to lying~~
- ~~• 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~~

~~For patients who are walking, as indicated by GG0170I3 = 01, 02, 03, 04, 05, or 06, include items:~~

- ~~• GG0170J3. Walk 50 feet with two turns~~
- ~~• GG0170K3. Walk 150 feet~~

~~For patients who are not walking, as indicated by GG0170I3 = 07, 09, 10, or 88, GG0170J3 and GG0170K3 are skipped.~~

~~For patients who use a wheelchair, as indicated by GG0170Q3 = 1, include items:~~

- ~~• GG0170R3. Wheel 50 feet with two turns~~
- ~~• GG0170RR3. Indicate the type of wheelchair/scooter used~~
- ~~• GG0170S3. Wheel 150 feet~~
- ~~• GG0170SS3. Indicate the type of wheelchair/scooter used~~

~~For patients who do not use a wheelchair as indicated by GG0170Q3 = 0, GG0170R3, GG0170RR3, GG0170S3, and GG0170SS3 are skipped.~~

~~The following valid codes for the self care (GG0130) and mobility (GG0170) discharge performance items are accepted for this quality measure:~~

- ~~• 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

Valid codes for the type of wheelchair/scooter used (GG0170RR3 and GG0170SS3) for this quality measure are:

- 1—Manual
- 2—Motorized
- ^—Skip pattern

- 3.—Determine the denominator count.** Determine the total number of IRF stays, both complete and incomplete, with an assessment in the measure target period.
- 4.—Determine the numerator count.** The numerator for this quality measure is the number of IRF stays with complete functional assessment data and at least one self-care or mobility goal. The counts from Step 2.1 (complete IRF stays) and from Step 2.2 (incomplete IRF stays) are summed. This sum is the numerator count.
- 5.—Calculate the facility-level observed score.** Divide the facility's numerator count (Step 4) by its denominator count (Step 3) to obtain the facility-level observed score, and then multiply by 100 to obtain a percent value.
- 6.—Round the percent value to one decimal place.**
 - 6.1—If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place; otherwise, leave the first decimal place unchanged.
 - 6.2—Drop all the digits following the first decimal place.

iQIES QM Report Measure Calculations for 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)

As previously stated, this measure is not risk-adjusted or stratified. The steps to calculate the iQIES Review and Correct Report can be applied to calculate the iQIES QM Report. Follow the steps provided above for the iQIES QM Report measure calculation for 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 (CMS ID: I008.02).

National Average Calculation for 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)

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 meeting the denominator 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 one decimal place to obtain the national average.~~
 - ~~a. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place; otherwise, leave the first decimal place unchanged.~~
 - ~~b. Drop all of the digits following the first decimal place.~~

~~Section 6.4: IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: I009.05)~~
~~iQIES Review and Correct Report Measure Calculations for IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: I009.05)~~

For the Review and Correct Reports, only the facility level observed score is computed; the facility's risk-adjusted score is not reported. Using the definitions from [Table 7-4](#), the following steps are used to calculate the quality measure:

~~1. Calculate the admission self-care score~~ (Steps 1.1 through 1.2) using the admission Self-Care score items and valid codes identified below:

The self-care assessment items used for admission self-care score calculations are:

- ~~• GG0130A1. Eating~~
- ~~• GG0130B1. Oral hygiene~~
- ~~• GG0130C1. Toileting hygiene~~
- ~~• GG0130E1. Shower/bathe self~~
- ~~• GG0130F1. Upper body dressing~~
- ~~• GG0130G1. Lower body dressing~~
- ~~• GG0130H1. Putting on/taking off footwear~~

Valid codes and code definitions for the coding of the admission self-care 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~~
- ~~• — Not assessed/no information~~

~~1.1~~ To obtain the score, use the following procedure:

- ~~• If code is between 01 and 06, then use the code as the value.~~
- ~~• If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.~~
- ~~• If the self-care item is dashed (–) or missing, recode to 01, and use this code as the value.~~

~~1.2~~ Sum the values 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.

~~2.~~ Calculate the discharge self-care score (Steps 2.1 through 2.2) using the discharge Self-Care score items and valid codes identified below:

The self-care assessment items used for discharge self-care score calculations are:

- ~~• GG0130A3. Eating~~
- ~~• GG0130B3. Oral hygiene~~
- ~~• GG0130C3. Toileting hygiene~~
- ~~• GG0130E3. Shower/bathe self~~
- ~~• GG0130F3. Upper body dressing~~
- ~~• GG0130G3. Lower body dressing~~
- ~~• GG0130H3. Putting on/taking off footwear~~

Valid codes and code definitions for the coding of the discharge self-care 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~~

~~2.1~~ To obtain the score, use the following procedure:

- ~~• If code is between 01 and 06, then use code as the value.~~
- ~~• If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.~~
- ~~• If the self-care item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value.~~

~~2.2~~ Sum the values 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.

~~3. Identify excluded IRF stays. The IRF stay is excluded if any of the following are true (Steps 3.1 through 3.5):~~

~~3.1 Incomplete IRF stays:~~

~~3.1.1 Discharge to acute care that results in the patient's absence from the IRF for longer than 3 calendar days: Patient's discharge destination (Item 44D): 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~~

~~3.1.2 Died while in IRF: Was the patient discharged alive (Item 44C = [0]); or~~

~~3.1.3 Discharged against medical advice: Patient discharged against medical advice (Item 41 = [1]); or~~

~~3.1.4 Length of stay is less than 3 days: Discharge Date (Item 40) — Admission Date (Item 12) is less than 3 days.~~

~~3.2 Patient is independent on all self-care activities at the time of admission. Items used to identify these IRF stays:~~

- ~~• Eating (Item GG0130A1 = [06]);~~
- ~~• Oral hygiene (Item GG0130B1 = [06]);~~
- ~~• Toileting hygiene (Item GG0130C1 = [06]);~~
- ~~• Shower/bathe self (Item GG0130E1 = [06]);~~
- ~~• Upper body dressing (Item GG0130F1 = [06]);~~
- ~~• Lower body dressing (Item GG0130G1 = [06]); and~~
- ~~• Putting on/taking off footwear (Item GG0130H1 = [06]).~~

~~3.3 Patient is in a coma, persistent vegetative state, has complete tetraplegia, locked-in state, 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 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**).~~

- 3.4—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.
- 3.5—Patient is discharged to hospice (home or institutional facility) (Item 44D = 50 or 51).
- ~~4.—Determine the included IRF stays.~~ Determine the total number of IRF stays with an IRF-PAI in the measure target period, which do not meet the exclusion criteria. Note that this measure does not have a simple form for the numerator and denominator.
- ~~5.—Calculate the observed change in self-care scores for each IRF stay.~~ For each IRF stay included in Step 4, subtract the admission self-care score (Step 1) from the discharge self-care score (Step 2). If a patient’s self-care score decreased from admission to discharge, the difference will be a negative value.
- ~~6.—Calculate the facility-level average observed change in self-care score.~~ Calculate an average observed change in self-care score for each IRF as the mean of the observed change in self-care scores for all IRF stays in the facility that are not excluded from the measure.
- ~~7.—Round the score to one decimal place.~~
- ~~7.1—If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place; otherwise, leave the first decimal place unchanged.~~
- ~~7.2—Drop all the digits following the first decimal place.~~

iQIES QM Report Measure Calculations for IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: I009.05)

This measure is risk-adjusted for the iQIES QM Reports and therefore an observed (i.e., not risk-adjusted) and a risk-adjusted value are reported. Using the definitions in [Table 7-4](#), the following steps are used to calculate the measure.

- ~~1.—Calculate the facility-level average observed change in self-care score.~~
- ~~1.1—To calculate the facility-level average observed change in self-care score, complete Steps 1—6 from Chapter 6, Section 6.4, “iQIES Review and Correct Report Measure Calculations” for CMS ID: I009.05.~~
- ~~1.2—Do not round to the nearest first decimal place. All rounding will be done at the end of the measure calculation.~~
- ~~12. Calculate the national average change in self-care score¹⁵ as the mean of the observed change in self-care scores for all IRF stays calculated from Steps 1–5 in Chapter 6, Section 6.4. This will be used in Step 5 to calculate the risk-adjusted average change in self-care score.~~

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

¹⁵ The national average observed score is calculated using the IRF stay as the unit of analysis.

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.

13. Calculate the expected change in self-care score.

13.1 For each IRF stay, use the intercept and regression coefficients to calculate the expected change in self-care score using the formula below:

$$[1] \text{ Expected change in self-care score} = \beta_0 + \beta_1(COV_1) + \dots + \beta_n(COV_n)$$

Where:

- ~~Expected change in self-care score~~ identifies the expected change in self-care score for each IRF stay.
- ~~β_0~~ is the regression intercept.
- ~~β_1 through β_n~~ are the regression coefficients for the covariates (see **Risk Adjustment Appendix File**).

See Table RA-5, Table RA-6, and Table RA-7 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.¹⁶ 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 in the **Risk Adjustment Appendix File**.

14. Calculate the facility-level average expected change in self-care score. Calculate an average expected change in self-care score for each IRF as the mean of the expected change in self-care scores for all IRF stays in the facility.

15. Calculate the risk-adjusted average change in self-care score (Steps 5.1 through 5.2).

15.1 **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):

- A value that is 0 indicates the observed change in score and expected change in score are equal.
- A value that is greater than 0 indicates that the observed change in score is higher (better) than the expected change in score.
- A value that is less than 0 indicates that the observed change in score is lower (worse) than the expected change in score.

¹⁶ 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.

~~15.2 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.~~

~~16. Round the score to one decimal place.~~

~~16.1 If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place; otherwise, leave the first decimal place unchanged.~~

~~16.2 Drop all of the digits following the first decimal place.~~

National Average Calculation for IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: 1009.05)

To calculate the IRF stay level (i.e., prevalence) national average, refer to Step 2 under the iQIES-QM Report Measure Calculations for this measure.

~~Section 6.5: IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: I010.05)~~
~~iQIES Review and Correct Report Measure Calculations for IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: I010.05)~~

For the Review and Correct Reports, only the facility level observed score is computed; the facility's risk-adjusted score is not reported. Using the definitions from [Table 7-5](#), the following steps are used to calculate the quality measure.

- ~~1. Calculate the admission mobility score (Steps 1.3 through 1.4) using the admission mobility items and valid codes identified below. Please note there are different items used if the patient does not walk at both admission and discharge (Step 1.1) than for the remaining patients (Step 1.2):~~

- ~~1.1 For patients who have codes 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1, Walk 10 feet) and discharge (GG0170I3, Walk 10 feet), the following mobility admission items are used for admission mobility score calculations:~~

- ~~• GG0170A1. Roll left and right~~
- ~~• GG0170B1. Sit to lying~~
- ~~• GG0170C1. Lying to sitting on side of bed~~
- ~~• GG0170D1. Sit to stand~~
- ~~• GG0170E1. Chair/bed to chair transfer~~
- ~~• GG0170F1. Toilet transfer~~
- ~~• GG0170G1. Car transfer~~
- ~~• GG0170R1. Wheel 50 feet with two turns*~~
- ~~• GG0170S1. Wheel 150 feet*~~
- ~~• GG0170M1. 1 step (curb)~~
- ~~• GG0170N1. 4 steps~~
- ~~• GG0170O1. 12 steps~~
- ~~• GG0170P1. Picking up object~~

~~**Please count the value for this item twice; 15 items are used to calculate a patient's score (scores range from 15–90).*~~

- ~~1.2 For the remaining patients, please use the following mobility admission items for admission mobility score calculations:~~

- ~~• GG0170A1. Roll left and right~~
- ~~• GG0170B1. Sit to lying~~
- ~~• GG0170C1. Lying to sitting on side of bed~~

- ~~GG0170D1. Sit to stand~~
- ~~GG0170E1. Chair/bed to chair transfer~~
- ~~GG0170F1. Toilet transfer~~
- ~~GG0170G1. Car transfer~~
- ~~GG0170I1. Walk 10 feet~~
- ~~GG0170J1. Walk 50 feet with two turns~~
- ~~GG0170K1. Walk 150 feet~~
- ~~GG0170L1. Walking 10 feet on uneven surfaces~~
- ~~GG0170M1. 1 step (curb)~~
- ~~GG0170N1. 4 steps~~
- ~~GG0170O1. 12 steps.~~
- ~~GG0170P1. Picking up object~~

Valid codes and code definitions for the coding of the admission mobility 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: only valid for items GG0170J1 through GG0170L1; GG0170N1, GG0170O1~~
- ~~— Not assessed/no information~~

~~1.3 To obtain the score, use the following procedure:~~

- ~~If code is between 01 and 06, then use code as the value.~~
- ~~If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.~~
- ~~If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value.~~

1.4—Sum the values 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.—

2.—Calculate the discharge mobility score (Steps 2.3 through 2.4) using the discharge mobility items and valid codes identified below. 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 have codes 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1, Walk 10 feet) and discharge (GG0170I3, Walk 10 feet), the following mobility assessment items are used for discharge mobility score calculations:

- GG0170A3. Roll left and right
- GG0170B3. Sit to lying
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed to chair transfer
- GG0170F3. Toilet transfer
- GG0170G3. Car transfer
- GG0170R3. Wheel 50 feet with two turns*
- GG0170S3. Wheel 150 feet*
- GG0170M3. 1 step (curb)
- GG0170N3. 4 steps
- GG0170O3. 12 steps
- GG0170P3. Picking up object

**Please count the value for this item twice; 15 items are used to calculate a patient's score (scores range from 15—90).*

2.2—For the remaining patients, please use the following mobility assessment items for discharge mobility score calculations:

- GG0170A3. Roll left and right
- GG0170B3. Sit to lying
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed to chair transfer
- GG0170F3. Toilet transfer
- GG0170G3. Car transfer

- ~~GG0170I3. Walk 10 feet~~
- ~~GG0170J3. Walk 50 feet with two turns~~
- ~~GG0170K3. Walk 150 feet~~
- ~~GG0170L3. Walking 10 feet on uneven surfaces~~
- ~~GG0170M3. 1 step (curb)~~
- ~~GG0170N3. 4 steps~~
- ~~GG0170O3. 12 steps~~
- ~~GG0170P3. Picking up object~~

Valid codes and code definitions for the coding of the discharge mobility 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, then use code as the value.~~
- ~~If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.~~
- ~~If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value.~~

~~2.4 Sum the values 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.~~

~~**3. Identify excluded IRF stays.** The IRF stay is excluded if any of the following are true (Steps 3.1 through 3.5):~~

~~3.1 Incomplete IRF stays:~~

- ~~3.1.1 — Discharge to acute care that results in the patient’s absence from the IRF for longer than 3 calendar days: Patient discharge destination (Item 44D)– Short Term General Hospital (Item 44D = [02]), Long Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (Item 44D = [66]).~~
- ~~3.1.2 — Died while in IRF: Was the patient discharged alive (Item 44C = [0]). Length of stay is less than 3 days: Discharge Date (Item 40) — Admission Date (Item 12) < 3 days.~~
- ~~3.1.3 — Discharged against medical advice: Patient discharged against medical advice (Item 41 = [1]).~~
- ~~3.1.4 — Length of stay is less than 3 days: Discharge Date (Item 40) — Admission Date (Item 12) < 3 days.~~

~~3.2 — Patient is independent with all mobility activities at the time of admission.~~

~~Items used to identify these IRF stays:~~

- ~~• Roll left and right (Item GG0170A1 = [06]);~~
- ~~• Sit to lying (Item GG0170B1 = [06]);~~
- ~~• Lying to sitting on side of bed (Item GG0170C1 = [06]);~~
- ~~• Sit to stand (Item GG0170D1 = [06]);~~
- ~~• Chair/bed to chair transfer (Item GG0170E1 = [06]);~~
- ~~• Toilet transfer (Item GG0170F1 = [06]);~~
- ~~• Car transfer (Item GG0170G1 = [06]);~~
- ~~• Walk 10 feet (Item GG0170H1 = [06]);~~
- ~~• Walk 50 feet with two turns (Item GG0170J1 = [06]);~~
- ~~• Walk 150 feet (Item GG0170K1 = [06]);~~
- ~~• Walk 10 feet on uneven surfaces (Item GG0170L1 = [06]);~~
- ~~• 1 step (curb) (Item GG0170M1 = [06]);~~
- ~~• 4 steps (Item GG0170N1 = [06]);~~
- ~~• 12 steps (Item GG0170O1 = [06]); and~~
- ~~• Picking up object (Item GG0170P1 = [06]).~~

~~3.3 — Patient is in a coma, persistent vegetative state, has complete tetraplegia, locked-in state, 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 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**).~~

~~3.4—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.~~

~~3.5—Patient is discharged to hospice (home or institutional facility) (Item 44D = [50 or 51]).~~

~~4. **Determine the included IRF stays.** Determine the total number of IRF stays with an IRF-PAI in the measure target period, which did not meet the exclusion criteria. Note that this measure does not have a simple form for the numerator and denominator.~~

~~5. **Calculate the observed change in mobility scores for each IRF stay level record.** For each IRF stay level record included, subtract the admission mobility score (Step 1) from the discharge mobility score (Step 2). If a patient's mobility score decreased from admission to discharge, the difference will be a negative value.~~

~~6. **Calculate the facility level average observed change in mobility score.** Calculate an average observed change in mobility score for each IRF as the mean of the observed change in mobility scores for all IRF stays in the facility that are not excluded.~~

~~7. **Round the score to one decimal place.**~~

~~7.1—If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place; otherwise, leave the first decimal place unchanged.~~

~~7.2—Drop all the digits following the first decimal place.~~

iQIES QM Report Measure Calculations for IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: I010.05)

This measure is risk-adjusted for the iQIES QM Reports and therefore an observed (i.e., not risk-adjusted) and a risk-adjusted value are reported. Using the definitions in *Table 7-5*, the following steps are used to calculate the measure.

~~1. **Calculate the facility level average observed change in mobility score** (Steps 1.1 through 1.2).~~

~~1.1—To calculate the facility level average observed change in mobility score, complete Steps 1—6 from **Chapter 6, Section 6.5**, “iQIES Review and Correct Report Measure Calculations” for CMS ID: I010.05.~~

~~1.2—Do not round to the nearest first decimal place. All rounding will be done at the end of the measure calculation.~~

- 2. Calculate the national average change in mobility score¹⁷** as the mean of the observed change in mobility scores for all IRF stays calculated from Steps 1–5 in **Chapter 6, Section 6.5**. This will be used in Step 5 to calculate the risk-adjusted average change in mobility score.

*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.*

- 3. Calculate the expected change in mobility score.**

- 3.1—For each IRF stay, use the intercept and regression coefficients to calculate the expected change in mobility score using the formula below:

$$[1] \text{ Expected change in mobility score} = \beta_0 + \beta_1(COV_1) + \dots + \beta_n(COV_n)$$

Where:

- Expected change in mobility score** identifies the expected change in mobility score for each IRF stay.
- β_0 is the regression intercept.
- β_1 through β_n are the regression coefficients for the covariates (see **Risk Adjustment Appendix File**).

See **Table RA-5**, **Table RA-6**, and **Table RA-8** 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.¹⁸ 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 the **Risk Adjustment Appendix File**.

- 4. Calculate the facility level average expected change in mobility score.** Calculate an average expected change in mobility score for each IRF as the mean of the expected change in mobility scores for all IRF stays in the facility.

- 5. Calculate the risk-adjusted average change in mobility score (Steps 5.1 through 5.2).**

- 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).

¹⁷ The national average observed score is calculated using the IRF stay as the unit of analysis.

¹⁸ 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.

- ~~A value that is 0 indicates the observed change in score and expected change in score are equal.~~
- ~~A value that is greater than 0 indicates that the observed change in score is higher (better) than the expected change in score.~~
- ~~A value that is less than 0 indicates that the observed change in score is lower (worse) than the expected change in score.~~

~~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.~~

~~6. Round the score to one decimal place.~~

~~6.1 If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place; otherwise, leave the first decimal place unchanged.~~

~~6.2 Drop all of the digits following the first decimal place.~~

National Average Calculation for IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: I010.05)

To calculate the IRF stay level (i.e., prevalence) national average, refer to Step 2 under the iQIES-QM Report Measure Calculations for this measure.

Section 6.9: Patient/Resident COVID-19 Vaccine Measure (CMS ID: I027.01)

iQIES Review and Correct Report Measure Calculations for COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: I027.01)

Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM report measure calculation. Using the measure specifications from *Table 7-9* the following steps are used to calculate the measure.

1. **Determine the denominator count.** Determine the total number of IRF stays with the discharge date in the measure target period.
2. **Determine the numerator count.** Determine the total number of IRF stays in which patients are up to date with the COVID-19 vaccine (O0350 = [1]) during the measure target period.
3. **Calculate the facility-level observed score.** Divide the facility's numerator count (Step 2) by its denominator count (Step 1) to obtain the facility-level observed score, and then multiply by 100 to obtain a percent value.
4. **Round the percent value to two decimal places.**
 - 4.1 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.
 - 4.2 Drop all of the digits following the second decimal place.

iQIES QM Report Measure Calculations for Application of Patient/Resident COVID-19 Vaccine (CMS ID: I027.01)

As previously stated, this measure is not risk-adjusted or stratified. The steps to calculate the iQIES Review and Correct Report can be applied to calculate the iQIES QM Report. Follow the steps provided above for the iQIES QM report measure calculations for the COVID-19 Vaccine: Percent of Patient/Residents Who Are Up To Date (CMS ID: I027.01).

National Average Calculation for Patient/Resident COVID-19 Vaccine (CMS ID: I027.01)

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 meeting the denominator 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 two decimal places to obtain the national average.
 - 3.1 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.
 - 3.2 Drop all of the digits following the second decimal place.

Table 7-3 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)*

Measure Description

This measure reports the percentage of all Inpatient Rehabilitation Facility (IRF) stay-level records with an admission and discharge functional assessment and a care plan that addresses function.

Measure Specifications^b

Numerator

Total number of IRF stay-level records in the denominator meeting the following criteria on the selected functional assessment data:

For patients with a complete stay, the record is counted in the numerator if:

- a.—a valid code indicating functional status (01 to 06) or that the activity was not attempted (07, 09, 10, 88), or a “^” indicating items affected by the skip pattern for each of the admission functional assessment items, and^e
- b.—a valid code indicating functional status (01 to 06) or a valid code indicating the activity was not attempted (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, and
- c.—a valid code indicating functional status (01 to 06) or that the activity was not attempted (07, 09, 10, 88), or a “^” indicating items affected by the skip pattern for each of the discharge functional assessment items.

For patients with an incomplete stay, the stay is counted in the numerator if:^d

- a.—a valid code indicating functional status (01 to 06) or that the activity was not attempted (07, 09, 10, 88), or a “^” indicating items affected by the skip pattern for each of the admission functional assessment items, and
- b.—a valid code indicating functional status (01 to 06) or a valid code indicating the activity was not attempted (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.

Denominator

The total number of IRF stays with a discharge date during the targeted 12 months (i.e., 4 quarters) time period.

Exclusions

There are no denominator exclusions for this measure.

(continued)

~~Table 7-3 (continued)~~

~~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)~~

Covariates

None.

^a~~This measure (I008.02) is an application of measure L009.03 and is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR-47100-47111).~~

^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~~Admission and discharge functional assessment items included in this measure are three self-care items (GG0130A1/A3, GG0130B1/B3, and GG0130C1/C3) and twelve mobility items (GG0170B1/B3, GG0170C1/C3, GG0170D1/D3, GG0170E1/E3, GG0170F1/F3, GG0170H1/H3, GG0170J1/J3, GG0170K1/K3, GG0170R1/R3, GG0170RR1/RR3, GG0170S1/S3, GG0170SS1/SS3). All functional assessment items are included when selecting a patient's discharge goal (GG0130A2, GG0130B2, GG0130C2, GG0130E2, GG0130F2, GG0130G2, GG0130H2, GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2, GG0170G2, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, GG0170P2, GG0170R2, GG0170S2).~~

^d~~Incomplete stays are defined as those patients (1) discharged to acute care that results in the patient's absence from the IRF for longer than 3 calendar days, (2) who die while in the IRF, (3) who leave the IRF against medical advice, or (4) who had a stay of less than 3 days. All IRF stays that are not classified as incomplete stays are classified as complete stays. Refer to **Chapter 6, Section 6.3** for the steps for determining complete and incomplete stays.~~

Table 7-4 IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: I009.05)^a

Measure Description
This measure estimates the risk-adjusted mean change in self-care score between admission and discharge for Inpatient Rehabilitation Facility (IRF) Medicare patients.
Measure Specifications ^b
<p>Numerator</p> <p>The measure does not have a simple form for the numerator and denominator. This measure estimates the risk-adjusted change in self-care score between admission and discharge among Inpatient Rehabilitation Facility (IRF) Medicare patients age 18 or older. The change in self-care score is calculated as the difference between the discharge self-care score and the admission self-care score.^e</p> <p>Denominator</p> <p>The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.</p> <p>Exclusions</p> <p>An IRF stay is excluded if:</p> <p>Patient had an incomplete stay:</p> <ul style="list-style-type: none"> • Discharge destination (Item 44D = [02, 63, 65, 66]): Discharge to acute care that results in the patient’s absence from the IRF for longer than 3 calendar days; or • Died while in IRF (Item 44C = [0]); or • Discharged against medical advice (Item 41 = [1]); or • Length of stay is less than 3 days; i.e., Item 40 (Discharge Date) – Item 12 (Admission Date) is less than 3 days. <p>Patient is independent on all self-care activities at the time of admission:^d</p> <ul style="list-style-type: none"> • Items used to identify these IRF stays are as follows: Eating (Item GG0130A1), Oral hygiene (Item GG0130B1), Toileting hygiene (Item GG0130C1), Shower/Bathe self (Item GG0130E1), Upper body dressing (Item GG0130F1), Lower body dressing (Item GG0130G1), Putting on/taking off footwear (Item GG0130H1). <p>Patient has any of the following medical conditions:^e</p> <ul style="list-style-type: none"> • Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema or compression of brain. <p>Patient is younger than age 18:</p> <ul style="list-style-type: none"> • Truncate (Item 12 (Admission Date) – Item 6 (BirthDate)). <p>Patient is discharged to hospice:</p> <ul style="list-style-type: none"> • Item 44D (Discharge destination/Living setting) = [50, 51].

(continued)

Table 7-4 (continued)

IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (CMS ID: I009.05)

Covariates

Data for each covariate are derived from the admission data included in the target IRF stays.

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

See covariate details in [Table RA-5](#), [Table RA-6](#), and [Table RA-7](#) in the associated **Risk Adjustment Appendix File**.

^aThis measure is finalized for reporting by IRFs under FY 2016 IRF PPS final rule (80 FR 47111-47117).

^bEffective 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](#).

^cAdmission and discharge functional assessment items included in this measure: GG0130A1, GG0130B1, GG0130C1, GG0130E1, GG0130F1, GG0130G1, GG0130H1, GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3, and GG0130H3.

^dAll seven self-care items must = [06] on admission assessment for this exclusion to apply.

^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**).

Table 7-5 IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: I010.05)^a

Measure Description
<p>This measure estimates the risk-adjusted mean change in mobility score between admission and discharge for Inpatient Rehabilitation Facility (IRF) Medicare patients.</p>
Measure Specifications ^b
<p>Numerator The measure does not have a simple form for the numerator and denominator. This measure estimates the risk-adjusted change in mobility score between admission and discharge among Inpatient Rehabilitation Facility (IRF) Medicare patients age 18 or older. The change in mobility score is calculated as the difference between the discharge mobility score and the admission mobility score.^c</p> <p>Denominator The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.</p> <p>Exclusions An IRF stay is excluded if:</p> <p>Patient had an incomplete stay:</p> <ul style="list-style-type: none"> • Discharge destination (Item 44D = [02, 63, 65, 66]): Discharge to acute care that results in the patient's absence from the IRF for longer than 3 calendar days; or • Died while in IRF (Item 44C = [0]); or • Discharged against medical advice (Item 41 = [1]); or • Length of stay is less than 3 days; i.e., Item 40 (Discharge Date) — Item 12 (Admission Date) is less than 3 days. <p>Patient is independent on all mobility activities at the time of the admission:^d</p> <ul style="list-style-type: none"> • Items used to identify these IRF stays are as follows: Roll left and right (GG0170A1), Sit to lying (GG0170B1), Lying to sitting on side of bed (GG0170C1), Sit to stand (GG0170D1), Chair/bed to chair transfer (GG0170E1), Toilet transfer (GG0170F1), Car transfer (GG0170G1), Walk 10 feet (GG0170I1), Walk 50 feet with two turns (GG0170J1), Walk 150 feet (GG0170K1), Walking 10 feet on uneven surfaces (GG0170L1), 1 step (curb) (GG0170M1), 4 steps (GG0170N1), 12 steps (GG0170O1), and Picking up object (GG0170P1). <p>Patient has any of the following medical conditions:^e</p> <ul style="list-style-type: none"> • Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema, or compression of brain. <p>Patient is younger than age 18:</p> <ul style="list-style-type: none"> • Truncate (Item 12 (Admission Date) — Item 6 (Birth Date)). <p>Patient is discharged to hospice:</p> <ul style="list-style-type: none"> • Item 44D (Discharge destination/Living setting) = [50, 51].

(continued)

Table 7-5 (continued)

IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (CMS ID: I010.05)

Covariates

Data for each covariate are derived from the admission data included in the target IRF stays.

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~~

See covariate details in [Table RA-5](#), [Table RA-6](#), and [Table RA-8](#) in the associated **Risk Adjustment Appendix File**.

—^aThis measure is finalized for reporting by IRFs under [FY 2016 IRF PPS final rule \(80 FR 47117-47118\)](#).

^bEffective 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](#).

^cAdmission and discharge functional assessment items included in this measure are GG0170A1/A3, GG0170B1/B3, GG0170C1/C3, GG0170D1/D3, GG0170E1/E3, GG0170F1/F3, GG0170G1/G3, GG0170H1/H3, GG0170J1/J3, GG0170K1/K3, GG0170L1/L3, GG0170M1/M3, GG0170N1/N3, GG0170O1/O3, GG0170P1/P3, GG0170R1/R3, and GG0170S1/S3.

^dThe fifteen mobility items listed for this exclusion must = [06] on admission for this exclusion to apply.

~~°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 A, Table A-3** in the **Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Version 4.0**).~~

Table 7-3 6 IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)^{19a}

Measure Description

This measure estimates the percentage of ~~Inpatient Rehabilitation Facility (IRF)~~-stays in which Medicare patients who meet or exceed an expected discharge self-care score.

Measure Specifications^{20b}

Self-Care items and Rating scale:

The self-care assessment items used for discharge self-care score calculations are:

- GG0130A3. Eating
- GG0130B3. Oral hygiene
- GG0130C3. Toileting hygiene
- GG0130E3. Shower/bathe self
- GG0130F3. Upper body dressing
- GG0130G3. Lower body dressing
- GG0130H3. Putting on/taking off footwear

Valid codes and code definitions for the coding of the discharge self-care 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

(continued)

¹⁹ This measure is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR 47118-47119).

²⁰ Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the [CMS IRF-PAI and IRF QRP Manual website](#).

Table 7-3 6 (continued)
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)
Measure Specifications²¹

To obtain the discharge self-care score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.
- If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the value.

Sum the values 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.

Numerator

The numerator is the number of ~~patients in an~~ IRF stays with a discharge self-care score that is equal to or higher than the calculated expected discharge self-care score.^{22e}

Denominator

The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.

Exclusions

IRF stay is excluded if:

Patient had an incomplete stay:

- Discharge destination/**Living setting** (Item 44D = [02, 63, 65, 66]): Discharge to acute care that results in the patient's absence from the IRF for longer than **3three** calendar days; or
- Died while in IRF (Item 44C = [0]); or
- Discharged against medical advice (Item 41 = [1]); or
- Length of stay is less than **3three** days; Item 40 (Discharge Date) – Item 12 (Admission Date) is less than **3three** days.

Patient has any of the following medical conditions:^{23d}

- Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema, or compression of brain.

Patient is younger than age 18:

- Truncate (Item 12 (Admission Date) – Item 6 (BirthDate)).

Patient is discharged to hospice:

Item 44D (Discharge destination/Living setting) = [50, 51].

(continued)

²¹ Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the [CMS IRF-PAI and IRF QRP Manual website](#).

²² Discharge functional assessment items included in this measure are: GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3, and GG0130H3.

²³ 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**).

Table 7-3 6 (continued)
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)

Covariates

Data for each covariate are derived from the admission data included in the target IRF stays.

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

See covariate details in [Table RA-5](#), and [Table RA-6](#), and [Table RA-9](#) in the associated **Risk-Adjustment Appendix File**.

~~a This measure is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR 47118-47119).~~

~~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 Discharge functional assessment items included in this measure are: GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3, and GG0130H3.~~

~~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).~~

Table 7-4 7 IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.065)^{24a}

Measure Description

This measure estimates the percentage of ~~Inpatient Rehabilitation Facility (IRF)~~-stays in which Medicare patients who meet or exceed an expected discharge mobility score.

Measure Specifications^{25b}

Mobility items and Rating scale:

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 two turns (GG0170R) or Wheel 150 feet (GG0170S) either at admission or at discharge, the following mobility assessment items are used for discharge mobility score calculations:

- GG0170A3. Roll left and right
- GG0170B3. Sit to lying
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170G3. Car transfer
- GG0170R3. Wheel 50 feet with two turns*
- GG0170S3. Wheel 150 feet*
- GG0170M3. 1 step (curb)
- GG0170N3. 4 steps
- GG0170O3. 12 steps
- GG0170P3. Picking up object

*Please count the value for this item twice; 15 items are used to calculate a patient’s score (scores range from 15 – 90).

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

- GG0170A3. Roll left and right
- GG0170B3. Sit to lying
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170G3. Car transfer

(continued)

²⁴ This measure is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR 47119-47120).

²⁵ Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the [CMS IRF-PAI and IRF QRP Manual website](#).

Table 7-4 7 (continued)

IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.065)

Measure Specifications²⁶

- GG0170I3. Walk 10 feet
- GG0170J3. Walk 50 feet with two turns
- GG0170K3. Walk 150 feet
- GG0170L3. Walking 10 feet on uneven surfaces
- GG0170M3. 1 step (curb)
- GG0170N3. 4 steps
- GG0170O3. 12 steps
- GG0170P3. Picking up object

Valid codes and code definitions for the coding of the discharge mobility 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

To obtain the discharge mobility score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.
- If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value.

Sum the values 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.

(continued)

²⁶ Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the [CMS IRF-PAI and IRF QRP Manual website](#).

Table 7-4 7 (continued)
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.065)
Measure Specifications²⁷

Numerator

The numerator is the number of **patients in an IRF stays** with a discharge mobility score that is equal to or higher than the calculated expected discharge mobility score.^{28e}

Denominator

The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.

Exclusions

An IRF stay is excluded if:

Patient had an incomplete stay:

- Discharge destination/**Living setting** (Item 44D = [02, 63, 65, 66]): Discharge to acute care that results in the patient's absence from the IRF for longer than **3three** calendar days; or
- Died while in IRF (Item 44C = [0]); or
- Discharged against medical advice (Item 41 = [1]); or
- Length of stay is less than **3three** days; Item 40 (Discharge Date) – Item 12 (Admission Date) is less than **3three** days.

Patient has any of the following medical conditions:^{29d}

- Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema, or compression of brain.

Patient is younger than age 18:

- Truncate (Item 12 (Admission Date) – Item 6 (BirthDate)).

Patient is discharged to hospice:

- Item 44D (Discharge destination/Living setting) = [50, 51].

(continued)

²⁷ Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the [CMS IRF-PAI and IRF QRP Manual website](#).

²⁸ Functional assessment items included in this measure on the assessment are GG0170A3, GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170G3, GG0170I3, GG0170J3, GG0170K3, GG0170L3, GG0170M3, GG0170N3, GG0170O3, GG0170P3, GG0170R3, and GG0170S3.

²⁹ 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**).

Table 7-4 7 (continued)
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.065)

Covariates

Data for each covariate are derived from the admission data included in the target IRF stays.

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

See covariate details in [Table RA-5](#), and [Table RA-6](#), [Table RA-7](#) and [Table RA-10](#) in the associated **Risk-Adjustment Appendix File**.

~~a This measure is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR 47119-47120).~~

~~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 this measure on the assessment are GG0170A3, GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170G3, GG0170I3, GG0170J3, GG0170K3, GG0170L3, GG0170M3, GG0170N3, GG0170O3, GG0170P3, GG0170R3, and GG0170S3.~~

~~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).~~

Table 7-8-11 Discharge Function Score (CMS ID: I026.01)^{30a}

Measure Description
This measure estimates the percentage of Inpatient Rehabilitation Facility (IRF) stays in which Medicare patients who meet or exceed an expected discharge function score.
Measure Specifications ^{31b}

Function items and Rating scale:

The function assessment items used for discharge function score calculations are:

- 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 two turns*
- GG0170R3. Wheel 50 feet with two turns*

* Count Wheel 50 feet with two turns (GG0170R) value twice to calculate the total observed discharge function score for stays where (i) Walk 10 feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 feet with two turns (GG0170R) or Wheel 150 feet (GG0170S) has a code between 1 and 6 at either admission or discharge. The remaining stays use Walk 10 feet (GG0170I) + Walk 50 feet with two turns (GG0170J) to calculate the total observed discharge function score.

In either case, 10 items are used to calculate the total observed discharge function score for a stay and scores range from 10 – 60.

³⁰ This measure is finalized for reporting by IRFs under the FY 2024 IRF PPS final rule (88 FR 50956-51052).

³¹ Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the [CMS IRF-PAI and IRF QRP Manual website](#).

Table 7-8-119 (continued)
Discharge Function Score (CMS ID: I026.01)

Measure Specifications³²

Valid codes and code definitions for the coding of 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

To obtain the discharge function score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, or 88, then use statistical imputation to estimate the item value for that item and use this code as the value.
- If the item is skipped (^), dashed (-), or missing, then use statistical imputation to estimate the item value for that item and use this code as the value.

Sum the values of the discharge function items to create a discharge function score for each LTCH stay. Scores can range from 10 – 60, with a higher score indicating greater independence.

Numerator

The numerator is the number of ~~patients in an~~ IRF stays with an observed discharge function score that is equal to or greater than the calculated expected discharge function score.^{33e}

Denominator

The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.

³² Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the [CMS IRF-PAI and IRF QRP Manual website](#).

³³ Functional assessment items included in the discharge function score are GG0130A3, GG0130B3, GG0130C3, GG0170A3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170I3, GG0170J3, and GG0170R3.

(continued)

Table 7-8-9 (continued)
Discharge Function Score (CMS ID: I026.01)

Measure Specifications³⁴

Exclusions

An IRF stay is excluded if:

Patient had an incomplete stay:

- Discharge to acute care that results in the patient's absence from the IRF for longer than **three** calendar days: Discharge destination/**Living setting** (Item 44D = [02, 63, 65, 66]); or
- Died while in IRF (Item 44C = [0]); or
- Discharged against medical advice (Item 41 = [1]); or
- Length of stay is less than **three** days; Item 40 (Discharge Date) – Item 12 (Admission Date) is less than **three** days.

Patient has any of the following medical conditions:^{35d}

- Coma, persistent vegetative state, locked-in syndrome, complete tetraplegia, severe anoxic brain damage, cerebral edema, or compression of brain.

Patient is younger than age 18:

- Truncate (Item 12 (Admission Date) – Item 6 (BirthDate)).

Patient is discharged to hospice:

- Item 44D (Discharge destination/Living setting) = [50, 51].

(continued)

³⁴ Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the [CMS IRF-PAI and IRF QRP Manual website](#).

³⁵ 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**).

Table 7-8-9 (continued)
Discharge Function Score (CMS ID: I026.01)

Covariates

Data for each covariate are derived from the admission data included in the target IRF stays.

1. Age group
2. Admission function – continuous form^{36e}
3. Admission function – squared form^e
4. Primary diagnosis group
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](#) [Table RA-8](#) in the associated **Risk-Adjustment Appendix File**.

³⁶ 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.

Table 7-9 COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: I027.01)

Measure Description³⁷

This measure reports the percentage of IRF stays in which patients are “up to date” with their COVID-19 vaccinations per the CDC’s latest guidance.³⁸

Measure Specifications³⁹

Numerator

The numerator is the total number of IRF stays in the denominator in which patients are up to date with the COVID-19 vaccine (O0350 = [1]), during the target period.

Denominator

The denominator is the total number of IRF stays with a discharge date in the measure target period.

Exclusions

There are no denominator exclusions for this measure.

Covariates

None.

^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.

³⁷ This quality measure was finalized for reporting in the FY 2024 IRF PPS final rule (88 FR 51035).

³⁸ The definition of “up to date” may change based on the CDC’s latest guidance, and can be found on the CDC webpage “Stay Up to Date with COVID-19 Vaccines Including Boosters,” <https://www.cdc.gov/covid/vaccines/stay-up-to-date.html> (last accessed 4/4/2024).

³⁹ Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Section B.3: Etiologic Diagnosis or Comorbid Conditions

This section contains ICD-10-CM codes ~~used to calculate the~~ from Item 22 (Etiologic Diagnosis (~~Item 22~~)) and Item 24 (Comorbid Conditions (Item 24)) used to identify exclusions 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	B15.0	E13.641	R40.2212	R40.2333
	B16.0	E15	R40.2213	R40.2334
	B16.2	K70.41	R40.2214	R40.2340
	B17.11	K71.11	R40.2220	R40.2341
	B19.0	K72.01	R40.2221	R40.2342
	B19.11	K72.11	R40.2222	R40.2343
	B19.21	K72.91	R40.2223	R40.2344
	E03.5	P91.5	R40.2224	R40.2430
	E08.01	R40.20	R40.2310	R40.2431
	E08.11	R40.2110	R40.2311	R40.2432
	E08.641	R40.2111	R40.2312	R40.2433
	E09.01	R40.2112	R40.2313	R40.2434
	E09.11	R40.2113	R40.2314	R40.2440
	E09.641	R40.2114	R40.2320	R40.2441
	E10.11	R40.2120	R40.2321	R40.2442
	E10.641	R40.2121	R40.2322	R40.2443
	E11.11	R40.2122	R40.2323	R40.2444
	E11.01	R40.2123	R40.2324	
	E1111	R40.2124	R40.2330	
	E11.641	R40.2210	R40.2331	
	E13.01	R40.2211	R40.2332	
	E13.11			
Persistent vegetative state	R40.3			
Severe brain damage	G93.9	S06A1XA	S06A1XD	S06A1XS
Complete tetraplegia	G82.51	S14.112S	S14.115D	S14.117S
	G82.52	S14.113A	S14.115S	S14.118A
	G82.53	S14.113D	S14.116A	S14.118D
	S14.111A	S14.113S	S14.116D	S14.118S
	S14.111D	S14.114A	S14.116S	S14.119A
	S14.111S	S14.114D	S14.117A	S14.119D
	S14.112A	S14.114S	S14.117D	S14.119S
	S14.112D	S14.115A		
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			