IRF QRP Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
1	n/a	n/a	n/a	n/a	Version 2.0	Version 3.0	Updated version number on the title page.
2	n/a	n/a	iii	n/a	Version 2.0	Version 3.0	Updated version number on the Table of Contents page.
3	n/a	n/a	n/a	n/a	IRF QRP Measure Calculations and Reporting User's Manual, V2.0 – September 1, 2017	IRF QRP Measure Calculations and Reporting User's Manual, V3.0 – October 1, 2018	Updated version number and effective date on the footer throughout document.
4	Document	n/a	n/a	n/a	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: I008.01)	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)	Updated quality measure to reflect the new CMS ID. This change is reflected throughout the document.
5	Document	n/a	n/a	n/a	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) (CMS ID: I009.01)	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) (CMS ID: I009.02)	Updated quality measure to reflect the new CMS ID. This change is reflected throughout the document.
6	Document	n/a	n/a	n/a	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID: I010.01)	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID: I010.02)	Updated quality measure to reflect the new CMS ID. This change is reflected throughout the document.
7	Document	n/a	n/a	n/a	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID: I011.01)	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID: I011.02)	Updated quality measure to reflect the new CMS ID. This change is reflected throughout the document.
8	Document	n/a	n/a	n/a	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID: I012.01)	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID: I012.02)	Updated quality measure to reflect the new CMS ID. This change is reflected throughout the document.

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9	1	1.1	2	n/a	**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.	The chapter concludes with the transition from IRF-PAI v1.5 to IRF-PAI v2.0. Data collection for IRF-PAI v2.0 begins on October 1, 2018 and will impact certain quality measure specifications. **Chapter 6** presents the measure calculation methodology specific to the IRF-PAI quality measures and **Chapter 7** provides the measure logical specifications for each of the quality measures within the IRF-PAI, in table format.	Sentence added to the introduction for the new section added to Chapter 5.
10	1	1.2–1.3	2–3	n/a	**Section 1.2: Definitions** **Influenza Season:** The influenza season is July 1 to June 30 (e.g., July 1, 2016 through June 30, 2017, for the 2016-2017 influenza season).3 **Influenza Vaccination Season:** The influenza vaccination season is October 1 through March 31 (e.g., October 1, 2016 through March 31, 2017, for the 2016-2017 influenza vaccination season).3 **Patient Stay-Level Record:** A patient stay-level record is an IRF-PAI record, which includes both admission and discharge data and reflects an IRF stay. **Stay:** The period of time between a patient's admission date into an IRF and date of discharge from the IRF. A stay, thus defined, will include program	**Section 1.2: IRF Stay Definitions** **Patient Stay-Level Record:** A patient stay-level record is an IRF-PAI record, which includes both admission and discharge data and reflects an IRF stay. **Stay:** The period of time between a patient's admission date into an IRF and date of discharge from the IRF. **Target date:** The target date for an assessment is the discharge date (Item 40). **Target period:** The span of time that defines the measure reporting period (e.g., a calendar year for the quality measure Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) [NQF#0678]). **Sort order:** The patients' assessment records included in the target period	Section 1.2 Definitions was reorganized for clarity. Some of the definitions in this section are measure specific. Section 1.3 was added to break out IRF stay-level definitions from measure-specific definitions. Language to the Stay, Incomplete Stay, and Complete Stay definitions was updated. Also, the language regarding program interruption was removed. Length of stay is calculated as ([Item 40. Discharge Date] minus [Item 12. Admission Date]) < 3 days.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					interruptions lasting 3 calendar days or less. • **Incomplete Stay:** Incomplete stays are defined based on the measure. Incomplete stays occur if the patient was discharged to acute care (e.g., short-term general hospital, long-term care hospital, critical access hospital), was discharged against medical advice, had a stay that was less than three days, or expired while in the facility. We refer readers to **Chapter 6** to review the measure specifications to determine what is considered an incomplete stay for each measure, as applicable. • **Complete Stay:** Complete stays are identified as patient stays that are not incomplete. All patients not meeting the criteria for incomplete stays will be considered complete stays. • **Program Interruption:** During a patient's stay the patient is transferred from an IRF and returns to the same IRF within 3 consecutive calendar days, beginning with the day of the transfer from the IRF and ends on the midnight of the third day. The length of stay will be calculated by the total length of the IRF stay minus the days during the program interruption.	must be sorted by the following variables in the following order: • Provider Internal ID • Patient Internal ID • Discharge Date (descending): This will result in assessment records appearing in reverse chronological order so that the most recent assessment records appear first. **Section 1.3: Measure-Specific Definitions** **Influenza Season:** The influenza season begins on July 1 of a given year and ends on June 30 of the subsequent year (e.g., July 1, 2016 through June 30, 2017, for the 2016-2017 influenza season).3 **Influenza Vaccination Season:** The influenza vaccination season begins on October 1 of a given year and ends on March 31 of the subsequent year (e.g., October 1, 2016 through March 31, 2017, for the 2016-2017 influenza vaccination season).3 **Incomplete Stay:** Incomplete patient stays are defined for the function measure. We refer readers to **Chapter 6** to review the measure specifications to determine what is considered an incomplete stay for each measure, as applicable.	Footnote #4 was removed from the Target Period definition.

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					Sort order: The patients' assessment records included in the target period must be sorted by the following variables in the following order: • Provider Internal ID • Patient Internal ID • Discharge Date (descending): This will result in assessment records appearing in reverse chronological order so that the most recent assessment records appear first. **Target date:** The target date for an assessment is the discharge date (Item 40). **Target period:** The span of time that defines the measure reporting period (e.g., a calendar year for the quality measure Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) [NQF#0678]4).	**Complete Stay:** Complete patient stays are identified as patient stays that are not incomplete for the function measures. All patients not meeting the criteria for incomplete stays will be considered complete stays.	
11	1	1.3	2	n/a	**Influenza Season:** The influenza season is July 1 to June 30 (e.g., July 1, 2016 through June 30, 2017, for the 2016-2017 influenza season).[3] [3] This definition is applicable to the following measures: Percent of Residents or Patients Who Were Assessed and Appropriately Given the	**Influenza Season:** The influenza season is July 1 to June 30 (e.g., July 1, 2016 through June 30, 2017, for the 2016-2017 influenza season).[3] [3] This definition is applicable to the following measures: Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal	Included the names of the NQF #0680 submeasures to this footnote for clarification.

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					Seasonal Influenza Vaccine (Short Stay) (NQF #0680) (CMS ID: I002.01).	Influenza Vaccine (Short Stay) (NQF #0680) (CMS ID: I002.01); Percent of Residents or Patients Who Received the Seasonal Influenza Vaccine (Short Stay) (NQF #0680a) (CMS ID: I003.01); Percent of Residents or Patients Who Were Offered and Declined the Seasonal Influenza Vaccine (Short Stay) (NQF #0680b) (CMS ID: I004.01); Percent of Residents or Patients Who Did Not Receive, Due to Medical Contraindication, the Seasonal Influenza Vaccine (Short Stay) (NQF #0680c) (CMS ID: I005.01).	
12	1	1.3	3	n/a	n/a	*Table 1-1* below provides a list of the assessment-based measures included in the IRF QRP and the corresponding reference name for each measure.	Paragraph added to introduce Table 1-1.
13	1	n/a	3–4	1-1	n/a	Added new measures (I021.01, I022.01)	These measures are new to the CASPER reports.
14	3	n/a	7	n/a	**All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502) (CMS ID: I007.01)**	**All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from Inpatient Rehabilitation Facilities (NQF #2502) (CMS ID: I007.01)** [11] [11] As finalized in the FY 2018 IRF PPS Final Rule, the claims measure All-Cause Unplanned Readmission Measure for 30 Days Post Discharge from an Inpatient Rehabilitation Facility (NQF #2502) is being removed as of October 2018.	Added footnote stating the removal of NQF #2502.

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15	4	4.1	9–10	n/a	n/a	Added new measures (I021.01, I022.01)	These measures are new to the CASPER reports.
16	4	4.2	11	n/a	**Influenza Season:** Influenza season is July 1 to June 30 (e.g., July 1, 2017 through June 30, 2018 for the 2017-2018 influenza season). **Influenza Vaccination Season:** Influenza vaccination season is October 1 through March 31 (e.g., October 1, 2017 through March 31, 2018 for the 2017-2018 influenza vaccination season).	**Influenza Season:** Influenza season begins on July 1 of a given year and ends on June 30 of the subsequent year (e.g., July 1, 2017 through June 30, 2018 for the 2017-2018 influenza season). **Influenza Vaccination Season:** Influenza vaccination season begins on October 1 of a given year and ends on March 31 of the subsequent year (e.g., October 1, 2017 through March 31, 2018 for the 2017-2018 influenza vaccination season).	Added clarifying language to the influenza measure definitions.
17	4	n/a	12	4-1	n/a	Added new measures (I021.01, I022.01)	These measures are new to the CASPER reports.
18	5	n/a	13	n/a	n/a	**Section 5.3** of this chapter addresses the transition from IRF-PAI v1.5 to IRF-PAI v2.0. Data collection for IRF-PAI v2.0 begins on October 1, 2018 and will impact certain quality measure specifications.	Paragraph introducing the new section added to Chapter 5.
19	5	5.1	14	n/a	i. For all measures, excluding the Change in Self-Care and Change in Mobility measures: the cumulative rate is derived by including all stay-level records in the numerator for the target period, which do not meet the exclusion criteria, and dividing by all stay-level records included in the denominator for the target period.	i. For all measures, excluding the Change in Self-Care and Change in Mobility measures: the target population is derived by including all stay-level records in the denominator for the target period, which do not meet the exclusion criteria.	Description is updated for the Change in Self-Care and Change in Mobility measures.

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20	5	5.1	14–15	n/a	n/a	Added new measures (I021.01, I022.01)	These measures are new to the CASPER reports.
21	5	5.1	15	5-1	n/a	Added Table 5-1	Added this table to define the discharge dates for each quarter based on the calendar year and influenza season. This table is used for Tables 5-3 through 5-7.
22	5	5.1	16	5-2	n/a	Added Table 5-2	Added this table to define the measure type for each quality measure by user-requested year. This table is used for Tables 5-3 through 5-7.
23	5	5.1	17–20	5-3; 5-4; 5-5; 5-6	Tables contained specific years and discharge dates.	Reports are referred to by the Quarter End Date instead of the Report Number & Year. Removed "Discharge Dates Included in Each Quarterly Rate" column. Tables can be extrapolated for every calendar year/influenza season.	These tables were simplified for easier reading and no longer specify a specific year to cut down on the length of the table. In addition, the reports are referred to by the Quarter End Date to match the CASPER system's reference to each report. An example under Table 5-3 is provided for clarification.
24	5	5.2	21	n/a	n/a	Added new measures (I021.01, I022.01)	These measures are new to the CASPER reports.
25	5	5.2	22–23	5-7; 5-8	Tables contained specific years and discharge dates.	Reports are referred to by the Report End Date. Removed "Discharge Dates Included in in the Report" and "Reporting	These tables were simplified for easier reading and no longer specify a

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						Quarter" columns. Reorganized the "Discharge Dates Through the Month of" column. Tables can be extrapolated for every calendar year/influenza season.	specific year to cut down on the length of the table. In addition, the reports are referred to by the Report End Date to match the CASPER system's reference to each report.
26	5	5.3	24	n/a	n/a	Added new section to Chapter 5: Section 5.3: Measure Calculations During the Transition from IRF-PAI v1.5 to IRF-PAI v2.0.	New section added to Chapter 5 to explain the transitions from IRF-PAI v1.5 to v2.0.
27	6	6.1	25	1.2.1	[19]Note that IRF-PAI Version 1.3 was effective beginning for patients discharged on and after October 1, 2015, IRF-PAI Version 1.4 was effective beginning for patients discharged on and after October 1, 2016, and IRF-PAI Version 1.5 is effective beginning for patients discharged on or after October 1, 2017.	[33]Note that IRF-PAI Version 1.3 was effective beginning for patients discharged on and after October 1, 2015, IRF-PAI Version 1.4 was effective beginning for patients discharged on and after October 1, 2016, and IRF-PAI Version 1.5 was effective beginning for patients discharged on or after October 1, 2017. Some of the items used in calculation of this measure are removed from IRF-PAI version 2.0 (effective Oct 1, 2018). This measure will be included in review and correct reports until measure is removed per FY2018 IRF PPS Final Rule.	Updated footer to reflect new IRF-PAI version and removal of measure.
28	6	6.1	26	4; 5	5. **Calculate the facility-level observed score**. Divide the facility's numerator count by its denominator count to obtain the facility-level observed score; that is, divide the result of step	4. **Calculate the facility-level observed score**. Divide the facility's numerator count by its denominator count to obtain the facility-level observed	Edited instructions for rounding for clarity.

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					3 by the result of step 2 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.	score; that is, divide the result of step 3 by the result of step 2. 5. **Calculate the rounded percent value.** 5.1 Multiply the facility-level observed score by 100 to obtain a percent value. 5.2 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. 5.3 Drop all the digits following the first decimal place.	
29	6	6.1	26	1.2	1.2 Do not round to the nearest first decimal place. All rounding will be done at the end of the measure calculation.	1.2 Do not multiply by 100 or round to the nearest first decimal place. All rounding will be done at the end of the measure calculation.	Edited rounding instructions.
30	6	6.1	27	2.0	2. **Calculate the national average observed score** as the mean of all assessments included in the denominator. This will be used in step 5 to calculate the facility-level risk-adjusted score.	2. **Calculate the national average observed score[34] (Steps 2.1 through 2.3).** 2.1 After excluding stay-level records based on the criteria listed in Table 7-1, these patient stays become the denominator of the national average observed score. 2.2 Identify stay-level records in the denominator of the national average observed score with pressure ulcers that are new or worsened based on the criteria in	Added steps, note, and footnote to clarify the calculation of the national average observed score.

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						Table 7-1. These records comprise the numerator of the national average observed score.	
						2.3 Divide the numerator (2.2) by the denominator (2.1) to calculate the national average observed 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 is can be seen in Table A-1 of Appendix A and the associated Risk Adjustment Appendix File. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the CASPER QM Report, Provider Preview Report, and on public display on the Compare Website may vary from the national average observed score provided by these documents.	
						[34]The national average observed score is calculated using the patient stay as the unit of analysis.	

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31	6	6.1	28	5.1	5. **Calculate the facility-level risk-adjusted score** (step 5.1). 5.1 Calculate the facility-level risk-adjusted score based on the: • Facility-level observed quality measure score (steps 1.1 through 1.2) • Mean facility-level expected quality measure score (step 4.1) • Mean national observed quality measure score (step 2)	5. **Calculate the facility-level risk-adjusted score** (step 5.1 through 5.3). 5.1 Calculate the facility-level risk-adjusted score based on the: • Facility-level observed quality measure score (steps 1.1 through 1.2) • Mean facility-level expected quality measure score (step 4.1) • National average observed quality measure score (step 2.1 through 2.3)	Edited text for clarity.
32	6	6.1	28–29	5.1	Where: • **Obs** is the facility-level observed quality measure score • **Exp** is the mean facility-level expected quality measure score • **Nat** is the mean national observed quality measure score • **Ln** indicates a natural logarithm • **e** is the base of natural logarithms	Where: • **Obs** is the facility-level observed quality measure score • **Exp** is the mean facility-level expected quality measure score • **Nat** is the national average observed quality measure score • **Ln** indicates a natural logarithm	Removed wording regarding **e.**
33	6	6.1.A	30–31	n/a	n/a	Added Section 6.1.A	This section was added to explain the transition from the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678) to the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

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							and the differences between the two measures.
34	6	6.2	32–35	n/a	n/a	Added Section 6.2	This measure is new to the CASPER reports.
35	6	6.3	36	1.0	1. **Identify excluded stay-level records** (step 1.1). 1.1 Stay-level record is excluded if one of the following is true for the discharge IRF-PAI: 1.1.1 The occurrence of falls was not coded; i.e., J1800 = [-]. 1.1.2 The code indicated that a fall occurred; i.e., J1800 = [1] AND the number of falls with major injury was not coded; i.e., J1900C = [-].	1. **Identify excluded stay-level records.** Stay-level record is excluded if the number of falls with major injury was not coded; i.e., J1900C = [-] for the discharge IRF-PAI.	Refined the exclusion criteria. No changes to the measure calculation.
36	6	6.4	37–38	2	2.1 **Complete stays.** For patients with complete stays, each functional assessment item listed below must have a valid numeric score indicating the patient's status [01 – 06], or a valid code indicating the activity was not attempted (e.g. GG0130A1 = [07, 09, 88]). All three of the following criteria are required for inclusion in the numerator: 2.1.1 A valid numeric score indicating the patient's	2.1 **Complete stays.** For patients with complete stays, each functional assessment item listed below must have a valid numeric score indicating the patient's status [01 – 06], or a valid code indicating the activity was not attempted (e.g. GG0130A1 = [07, 09, 10, 88]). All three of the following criteria are required for inclusion in the numerator: 2.1.1 A valid numeric score indicating the patient's	The 10 code has been added as a valid code for the functional performance and discharge goal items. This change will be implemented in the measure calculations for Application of NQF #2631 on and after October 1, 2018.

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					functional status [01 – 06], a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 88]) or a "^" indicating a skip pattern for each of thefunctional assessment items on the admission assessment. All admission functional assessment items (refer to 2.3 below) must be completed; and 2.1.2 A valid numeric score for a discharge goal indicating the patient's expected level of independence, for at least one self-care or mobility item on the admission assessment (refer to 2.4 below); and 2.1.3 A valid numeric score indicating the patient's functional status [01 – 06], a valid code indicating the activity was not attempted (e.g., GG0130A3 = [07, 09, 88]), or a "^" indicating a skip pattern for each of the functional assessment items on the discharge assessment. All discharge functional assessment items	functional status [01 – 06], a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 10, 88]) for each of the functional assessment items or a "^" indicating items affected by the skip pattern. All admission functional assessment items (refer to 2.3 below) must be completed; and 2.1.2 A valid numeric score 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 on the admission assessment (refer to 2.4 below); and 2.1.3 A valid numeric score indicating the patient's functional status [01 – 06], a valid code indicating the activity was not attempted (e.g., GG0130A3 = [07, 09, 10, 88]), or a "^" indicating a skip pattern for each of the functional assessment items	

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					(refer to 2.5 below) must be completed. 2.2 **Incomplete stays.** For patients with incomplete stays, collection of discharge functional status data might not be feasible. For the admission assessment, each functional assessment item listed below must have a valid numeric score indicating the patient's status [01 – 06], or a valid code indicating the activity was not attempted (e.g. GG0130A1 = [07, 09, 88]). The following two criteria are required for inclusion in the numerator: 2.2.1 A valid numeric score indicating the patient's functional status [01 – 06], a valid code indicating the activity was not attempted (e.g., GG0130A1 = [07, 09, 88]), or a "^" indicating a skip pattern for each of the functional assessment items on the admission assessment. All admission functional assessment items (refer to 2.3 below) must be completed; and	on the discharge assessment. All discharge functional assessment items (refer to 2.5 below) must be completed. 2.2 **Incomplete stays.** For patients with incomplete stays, collection of discharge functional status data might not be feasible. For the admission assessment, each functional assessment item listed below must have a valid numeric score indicating the patient's status [01 – 06], or a valid code indicating 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 score indicating the patient's functional status [01 – 06], a valid code indicating 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 on the admission assessment. All admission functional	

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					2.2.2 A valid numeric score, which is a discharge goal indicating the patient's expected level of independence, for at least one self-care or mobility item on the admission assessment (refer to 2.4 below).	assessment items (refer to 2.3 below) must be completed; and 2.2.2 A valid numeric score [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 on the admission assessment (refer to 2.4 below).	
37	6	6.4	38–39	2.3	The Mobility (GG0170) items are: • 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 *For patients who are walking as indicated by GG0170H1=2, include items*: • GG0170I1. Walk 10 feet • GG0170J1. Walk 50 feet with two turns • GG0170K1. Walk 150 feet	The Mobility (GG0170) items are: • 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 • 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	On admission, the gateway question, GG0170H, was removed and the gateway logic was added to item GG0170I. The 10 code has been added as a valid code for the admission and discharge mobility items. This change will be implemented in the measure calculation for Application of NQF #2631 on and after October 1, 2018.

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IRF QRP Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					For patients who are not walking as indicated by GG0170H1=0 or 1, GG0170I1, GG0170J1 and GG0170K1 are skipped. Valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) admission performance 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 • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern Valid codes for the type of wheelchair/scooter used (GG0170RR1 and GG0170SS1): • 1 – Manual • 2 – Motorized • ^ – Skip pattern	*For patients who are not walking as indicated by GG0170I1= 07, 09, 10, or 88, GG0170J1 and GG0170K1 are skipped.* The following valid scores/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	
38	6	6.4	40–41	2.4	Valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) discharge goal items are: • 06 – Independent	The following valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) discharge goal items are accepted for this quality measure:	All discharge goal items on the admission assessment now accept 07, 09, 10, and 88 as valid codes in addition

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					• 05 – Setup or clean-up assistance • 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent	• 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	to 01 – 06. This change will be implemented in the measure calculation for Application of NQF #2631 on and after October 1, 2018.
39	6	6.4	41–42	2.5	The Mobility (GG0170) items are: • 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 *For patients who are walking as indicated by GG0170H3=2, include items:* • GG0170I3. Walk 10 feet • GG0170J3. Walk 50 feet with two turns • GG0170K3. Walk 150 feet *For patients who are not walking as indicated by GG0170H3=0 or 1,*	The Mobility (GG0170) items are: • 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 • 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.*	On discharge, the gateway question, GG0170H, was removed and the gateway logic was added to item GG0170I. The 10 code has been added as a valid code for the admission and discharge mobility items. This change will be implemented in the measure calculation for Application of NQF #2631 on and after October 1, 2018.

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IRF QRP Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					GG0170I3, GG0170J3 and GG0170K3 are skipped. Valid scores/codes for the Self-Care (GG0130) and Mobility (GG0170) discharge performance 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 • 88 – Not attempted due to medical condition or safety concern • ^ – Skip pattern Valid codes for the type of wheelchair/scooter used (GG0170RR1 and GG0170SS1): • 1 – Manual • 2 – Motorized • ^ – Skip pattern	The following valid scores/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 (GG0170RR1 and GG0170SS1) for this quality measure are: • 1 – Manual • 2 – Motorized • ^ – Skip pattern	
40	6	6.5; 6.7	43–44; 54	1; 2	Valid codes and code definitions for the coding of the admission Self-Care items are: • 06 – Independent • 05 – Setup or clean-up assistance	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	The 10 code has been added as a valid code for the admission and discharge self-care items. This change will be

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					• 04 – Supervision or touching assistance • 03 – Partial/moderate assistance • 02 – Substantial/maximal assistance • 01 – Dependent • 07 – Patient refused • 09 – Not applicable • 88 – Not attempted due to medical condition or safety concerns • - – Not assessed/no information	• 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	implemented in the measure calculations for NQF #2633 and NQF #2635 on and after October 1, 2018.
41	6	6.5; 6.7	43–44; 54–55	1.1; 2.1	1.1 To obtain the score, use the following procedure: • If code is between 01 and 06, then use code as the score. • If code is 07, 09, or 88, then recode to 01 and use this code as the score. If the self-care item is dashed (-), or missing, then recode to 01 and use this code as the score.	1.1 To obtain the score, use the following procedure: • If code is between 01 and 06, then use code as the score. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the score. If the self-care item is dashed (-), or missing, then recode to 01 and use this code as the score.	The 10 code has been added as a valid code for the admission and discharge self-care items. Therefore, additional instruction to recode to 01 was needed. This change will be implemented in the measure calculations for NQF #2633 and NQF #2635 on and after October 1, 2018.
42	6	6.5	44	2.1	• If the mobility item is dashed (-), or missing, recode to 01 and use this code as the score.	• If the self-care item is dashed (-), or missing, recode to 01 and use this code as the score.	Corrected wording
43	6	6.5; 6.6; 6.7; 6.8	46; 51; 55; 60	3.4	Patients younger than 21 years: Truncate(Admission Date (Item 12) – Birth Date (Item 6)). Use exact values in calculating age; do not round to nearest whole number.	Patients younger than 21 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.	Edited instructions of age calculation for clarity.

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| 44 | 6 | 6.5 | 46–47 | 2 | 7. **Calculate the national average change in self-care score** as the mean of all assessments included in the denominator. This will be used in step 5 to calculate the risk-adjusted average change in self-care score. | 2. **Calculate the national average change in self-care score**[39] as the mean of the observed change in self-care scores for all patient 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 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 in **Table A-1** of **Appendix A** and the associated Risk Adjustment Appendix File. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the CASPER QM Report, Provider Preview Report, and on public display on the Compare Website may vary from the national average observed score provided by these documents.*

[39]The national average observed score is calculated using the patient stay as the unit of analysis. | Added steps, note, and footnote to clarify the calculation of the national average observed change in self-care score. |

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IRF QRP Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
45	6	6.5; 6.6; 6.7; 6.8	47; 53; 56; 60	3.1	See **Appendix A**, *Table A-3* and *Table A-4*, for the regression intercept and coefficients as well as detailed IRF-PAI coding for each risk adjustor.[23] The regression intercept and regression coefficients are values obtained through Generalized Linear Model regression analysis.	See **Appendix A**, *Table A-5* and *Table A-6* and the associated Risk Adjustment Appendix File, for the regression intercept and coefficients as well as detailed IRF-PAI coding for each risk adjustor.[40] The regression intercept and regression coefficients are values obtained through Generalized Linear Model regression analysis. Please note that the CASPER QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in *Table A-5* and *Table A-6* and the Risk Adjustment Appendix File.	Added note to clarify calculation of regression intercepts and coefficients.
46	6	6.6	48–49	1	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 • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern: only valid for items GG0170I1 through GG0170P1	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	The 10 code has been added as a valid code for the admission and discharge mobility items. Due to the removal of the gateway question, GG0170H1 the items GG0170I1, GG0170M1, and GG0170P1 can no longer be skipped. These changes will be implemented in the measure calculations for NQF #2634 on and after October 1, 2018.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					• - – Not assessed/no information	• ^ – Skip pattern: only valid for items GG0170J1 through GG0170L1; GG0170N1, GG0170O1 • - – Not assessed/no information	
47	6	6.6	49–50; 58–59	2; 1	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 • 88 – Not attempted due to medical condition or safety concerns • ^ – Skip pattern: only valid for items GG0170I3 through GG0170P3 • - – Not assessed/no information	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	The 10 code has been added as a valid code for the admission and discharge mobility items. Due to changes in the IRF-PAI logic, all discharge mobility items are skipped for incomplete stays. These changes will be implemented in the measure calculations for NQF #2634 and NQF #2636 on and after October 1, 2018.
48	6	6.6; 6.8	49–50; 59	1.1; 2.1	1.2 To obtain the score, use the following procedure: • If code is between 01 and 06, then use code as the score. • If code is 07, 09, or 88, then recode to 01 and use this code as the score.	1.2 To obtain the score, use the following procedure: • If code is between 01 and 06, then use code as the score. • If code is 07, 09, 10, or 88, then recode to 01 and use this code as the score.	The 10 code has been added as a valid code for the admission and discharge mobility items. Therefore, additional instruction to recode to 01 was needed. This change will be implemented in the

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IRF QRP Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					If the mobility item is skipped (^), dashed (-), or missing, then recode to 01 and use this code as the score.	If the mobility item is skipped (^), dashed (-), or missing, then recode to 01 and use this code as the score.	measure calculations for NQF #2634 and NQF #2636 on and after October 1, 2018.
49	6	6.6	52	1.1	1.1 To calculate the facility-level average observed change in self-care score, complete steps 1 – 6 from **Chapter 6**, **Section 6.6**, "CASPER Review and Correct Report Measure Calculations" for NQF #2634.	1.1 To calculate the facility-level average observed change in mobility score, complete steps 1 – 6 from **Chapter 6**, **Section 6.6**, "CASPER Review and Correct Report Measure Calculations" for NQF #2634.	Corrected wording in instructions for change in mobility score calculation.
50	6	6.6	52	2	2. **Calculate the national average change in mobility score** as the mean of all assessments included in the denominator. This will be used in step 5 to calculate the risk-adjusted average change in mobility score.	2. **Calculate the national average change in mobility score**[41] as the mean of the observed change in mobility scores for all patient stays calculated from steps 1–5 in **Chapter 6, Section 6.6**. 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 A-1** of **Appendix A** and the associated Risk Adjustment Appendix File. Please note that, depending on the*	Added steps, note, and footnote to clarify the calculation of the national average observed change in mobility score.

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IRF QRP Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
						reporting period and time of calculation, the national average observed score used in the CASPER QM Report, Provider Preview Report, and on public display on the Compare Website may vary from the national average observed score provided by these documents. [41]The national average observed score is calculated using the patient stay as the unit of analysis.	
51	6	6.9	62	1.2	Exclude stay-level records for which the patient's age on selected influenza vaccination assessment is 179 days or less. Patients who are 180 days old or more, based on this calculation, are included in the measure. Patients who are 179 days old or less, based on this calculation, are excluded from the measure.	Exclude stay-level records for which the patient's age on selected influenza vaccination assessment is 0–179 days. Patients who are 180 days old or more, based on this calculation, are included in the measure. Patients who are 0–179 days old, based on this calculation, are excluded from the measure.	Edited excluded stay level language related to patient's age.
52	6	6.10	65	n/a	n/a	Added Section 6.10	This measure is new to the CASPER reports.
53	7	n/a	68	7-1	[26]A copy of IRF-PAI V 1.4, including items for the measure, "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)", is included in the IRF-PAI Manual V 1.4.	[46]A copy of IRF-PAI V 1.5, including items for the measure, "Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678)", is available at:	Updated IRF-PAI version number and link. Footnote numbers have changed due to additional footnotes added elsewhere to this manual version.

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IRF QRP Measure Calculations and Reporting User's Manual V3.0 Change Table

#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					Revised August 2016, see Downloads section: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Information-.html	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-15-Effective-October-1-2017_PRA-Update.pdf Some of the items used in calculation of this measure are removed from IRF-PAI V.2.0, which is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-20-Effective-October-1-2018.pdf.	
54	7	n/a	69	7-1	1. **Indicator of minimal or more assistance for the functional mobility item Transfers: Bed, Chair, Wheelchair (FIM® item 39I):** Covariate = [1] (yes) if 39I = [0,1,2,3,4] ([0] = Activity did not occur, [1] = Total assistance, [2] = Maximal assistance, [3] = Moderate assistance, [4] = Minimal assistance) a. Covariate = [0] (no) if 39I = [5, 6, 7, -, ^] ([5] = Supervision, [6] = Modified independence (Device), [7] = Complete independence (Timely, Safely), [-] = No response available, [^] = valid skip)	1. **Indicator of minimal or more assistance for the functional mobility item Transfers: Bed, Chair, Wheelchair (FIM® item 39I):** Covariate = [01] (yes) if 39I = [00,01,02,03,04] ([00] = Activity did not occur, [01] = Total assistance, [02] = Maximal assistance, [03] = Moderate assistance, [04] = Minimal assistance) a. Covariate = [0] (no) if 39I = [05, 06, 07] ([05] = Supervision, [06] = Modified independence (Device), [07] = Complete independence (Timely, Safely)	Removed text about (-) dash and (^) caret, which are not valid values.
55	7	n/a	69	7-1	2. **Indicator of bowel incontinence at least occasionally (H0400):**[28]	2. **Indicator of bowel incontinence at least occasionally** (Item 32):	The bowel incontinence covariate calculation

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					a. Covariate = [1] (yes) if H0400 = [1, 2, 3] ([1] = Occasionally incontinent, [2] = Frequently incontinent, [3] = Always incontinent) b. Covariate = [0] (no) if H0400 = [0, 9, -] ([0] = Always continent, [9] = Not rated, [-] = Not assessed/no information	a. Covariate = [1] (yes) if item 32 [01, 02, 03, 04, 05] ([01] = Five or more accidents in the past 7 days, [02] = Four accidents in the past 7 days, [03] = Three accidents in the past 7 days, [04] = Two accidents in the past 7 days, [05] = One accident in the past 7 days) b. Covariate = [0] (no) if item 32 = [06, 07] ([06] = No accidents; uses device such as an ostomy, [07] = No accidents)	information was corrected. The covariate is based on item 32 from the IRF-PAI.
56	7	n/a	70	7-1	4. **Indicator of low body mass index (BMI), based on height (Item 25A) and weight (Item 26A):** a. Covariate = [1] (yes) if BMI ≥ [12.0] AND ≤ [19.0] b. Covariate = [0] (no) if BMI < [12.0] OR BMI > [19.0] c. Covariate = [0] (no) if Item 25A = [-] OR Item 26A = [-] ([-] = No response available)	4. **Indicator of low body mass index (BMI), based on height (Item 25A) and weight (Item 26A):** a. Covariate = [1] (yes) if BMI ≥ [12.0] AND ≤ [19.0] b. Covariate = [0] (no) if BMI < [12.0] OR BMI > [19.0] c. Covariate = [0] (no) if Item 25A = [0, 00, -] OR Item 26A = [-] ([-] = No response available)	Updated indicator of low body mass index covariate coding option.
57	7	n/a	71–72	7-2	n/a	Added Table 7-2	This measure is new to the CASPER reports.
58	7	n/a	73	7-3	*Exclusions* Patient stay is excluded if one of the following is true for the discharge during the selected time window: **Occurrence of falls was not coded:** • J1800 (Any falls Since Admission) = [-]	*Exclusions* Stay-level record is excluded if the number of falls with major injury was not coded on the discharge IRF-PAI: J1900C (Falls with Major Injury) = [-]	Removed J1800 = [-] exclusion criteria and updated exclusion criteria wording.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					Assessment indicated that a fall occurred AND the number of falls with major injury was not coded: J1800 (Any Falls Since Admission) = [1] AND J1900C (Falls with Major Injury) = [-]		
59	7	n/a	73	7-3	[32]A copy of IRF-PAI V 1.4, including items for the measure, "Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)", is included in the IRF-PAI Manual V 1.4. Revised August 2016, see Downloads section: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Information-.html	[53] copy of IRF-PAI V 2.0, including items for the measure, "Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)", is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-20-Effective-October-1-2018.pdf	Updated IRF-PAI version number and link. Footnote numbers have changed due to additional footnotes added elsewhere to this manual version.
60	7	n/a	74	7-4	For patients with a complete stay, the record is counted in the numerator if: a. a valid score indicating functional status (01 to 06) or a valid code indicating the activity was not attempted/not assessed (07, 09, 88 or ^) for each of the functional assessment items on the admission assessment, and b. a valid score indicating functional status (01 to 06) for a discharge goal indicating the patient's expected level of independence,	For patients with a complete stay, the record is counted in the numerator if: a. a valid score indicating functional status (01 to 06) or a valid code indicating the activity was not attempted/not assessed (07, 09, 10, 88 or ^) for each of the functional assessment items on the admission assessment, and b. a valid score indicating functional status (01 to 06) for a discharge goal indicating the patient's expected level of independence or	The 10 code has been added as a valid code for the functional performance and discharge goal items. This change will be implemented in the measure calculations for Application of NQF #2631 on and after October 1, 2018.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					for at least one self-care or mobility item on the admission assessment, and c. a valid score indicating functional status (01 to 06) or a valid code indicating the activity was not attempted/not assessed (07, 09, 88 or ^) for each of the functional assessment items on the discharge assessment For patients with an incomplete stay the record is counted in the numerator if: a. a valid score indicating functional status (01 to 06) or a valid code indicating the activity was not attempted/not assessed (07, 09, 88 or ^) for each of the functional assessment items on the admission assessment, and b. a valid score indicating functional status (01 to 06) for a discharge goal indicating the patient's expected level of independence, for at least one self-care or mobility item on the admission assessment	a valid code indicating the activity was not attempted/not assessed (07, 09, 10, 88), for at least one self-care or mobility item on the admission assessment, and c. a valid score indicating functional status (01 to 06) or a valid code indicating the activity was not attempted/not assessed (07, 09, 10, 88 or ^) for each of the functional assessment items on the discharge assessment For patients with an incomplete stay the record is counted in the numerator if: a. a valid score indicating functional status (01 to 06) or a valid code indicating the activity was not attempted/not assessed (07, 09, 88 or ^) for each of the functional assessment items on the admission assessment, and b. a valid score indicating functional status (01 to 06) for a discharge goal indicating the patient's expected level of independence or a valid code indicating the activity was not attempted/not assessed (07, 09, 10, 88),, for at least one self-care or mobility item on the admission assessment	

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
61	7	n/a	74	7-4	[34]A copy of IRF-PAI V 1.4, including items for the functional assessment and care plan that addresses function measure, is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final_IRF-PAI_V_1_4_07-24-15.pdf	[55] A copy of IRF-PAI V 2.0, including items for the measure, "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)", is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-20-Effective-October-1-2018.pdf	Updated IRF-PAI version number and link and full measure title. Footnote numbers have changed due to additional footnotes added elsewhere to this manual version.
62	7	n/a	74	7-4	[35]Functional assessment items included in this measure on the admission and discharge assessments are three self-care items (GG0130A, GG0130B, and GG0130C) and eleven mobility items (GG0170B, GG0170C, GG0170D, GG0170E, GG0170F, GG0170J, GG0170K, GG0170R, GG0170RR, GG0170S, GG0170SS).	[56]Functional assessment items included in this measure on the admission and discharge assessments are three self-care items (GG0130A, GG0130B, and GG0130C) and twelve mobility items (GG0170B, GG0170C, GG0170D, GG0170E, GG0170F, GG0170I, GG0170J, GG0170K, GG0170R, GG0170RR, GG0170S, GG0170SS).	Updated footnote to include the addition of GG0170I as the measure gateway item for walking ability.
63	7	n/a	76	7-5	[38]A copy of IRF-PAI V 1.4, including items for the functional assessment and care plan that addresses function measure, is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final_IRF-PAI_V_1_4_07-24-15.pdf	[59]A copy of IRF-PAI V 2.0, including items for the "IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)", is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-20-Effective-October-1-2018.pdf	Edited the measure title and updated IRF-PAI version number and link. Footnote numbers have changed due to additional footnotes added elsewhere to this manual version.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
64	7	n/a	76; 78; 83; 83	7-5; 7-6; 7-7; 7-8	[39]Incomplete stays are defined as those patients (1) with incomplete stays due to a medical emergency (Item 44D = [02], [63], [65], or [66]), (2) who leave the IRF against medical advice (Item 41 = [1]), (3) who die while in the IRF (Item 44C = [0]), (4) who have a length of stay less than 3 calendar days ((Item 40 – Item 12), or (5) who were discharged directly to another IRF (Item 44D = [62]). All patient stay-level records that are not classified as incomplete stays are classified as complete stays. Refer to **Chapter 6**, **Section 6.4** for the steps for determining complete and incomplete stays.	[no text]	Removed footnote since redundant information to table.
65	7	n/a	76	7-5	[40]Mobility functional assessment items included in this measure are: GG0170A, GG0170B, GG0170C, GG0170D GG0170E, GG0170F, GG0170G, GG0170I, GG0170J, GG0170K, GG0170L, GG0170M, GG0170N, GG0170O, and GG0170P. All seven self-care items must = [6] on admission assessment for this exclusion to apply.	[61]All seven self-care items must = [6] on admission assessment for this exclusion to apply.	Removed first portion of footnote as the information was incorrect and redundant to the table.
66	7	n/a	77; 79; 81; 83	7-5; 7-6; 7-7; 7-8	• Patient is younger than age 21: • Truncate(Item 12 (Admission Date) – Item 6 (Birth Date)).	• Patient is younger than age 21: • Truncate(Item 12 (Admission Date) – Item 6 (Birth Date)). • Age in years is calculated based on the truncated difference between admission date (Item 12) and birth	Edited instructions of age calculation for clarity.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
						date (Item 6); i.e. the difference is not rounded to nearest whole number.	
67	7	n/a	77; 79; 82; 84	7-5; 7-6; 7-7; 7-8	*Data for each covariate are derived from the admission assessment included in the target patient stay-level records.* 1. **Age group** (age is calculated based on the difference between Item 12 (admission date) and Item 6 (birth date) … 11. **Stage 3, 4, or unstageable pressure ulcer**	*Data for each covariate are derived from the admission assessment included in the target patient stay-level records.* 1. **Age group** … 11. **Stage 3, 4, or unstageable pressure ulcer/injury**	Edited instructions of age calculation for clarity and added the word injury to covariate label.
68	7	n/a	78	7-6	**Patient is independent on all mobility activities at the time of the admission:**[45] • Items used to identify these patient records 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).	**Patient is independent on all mobility activities at the time of the admission:**[66] • Items used to identify these patient records 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).	Data items corrected. Footnote number changed to reflect additional footnotes added elsewhere in this manual version.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
69	7	n/a	78	7-6	[45]Mobility functional assessment items included in this measure are: GG0170A, GG0170B, GG0170C, GG0170D GG0170E, GG0170F, GG0170G, GG0170I, GG0170J, GG0170K, GG0170L, GG0170M, GG0170N, GG0170O, and GG0170P. All fifteen mobility items must = [6] on admission assessment for this exclusion to apply.	[66]All fifteen mobility items must = [6] on admission assessment for this exclusion to apply.	Removed first portion of footnote as the information was redundant to the table. Footnote number changed to reflect additional footnotes added elsewhere in this manual version.
70	7	n/a	78	7-6	[43]A copy of IRF-PAI V 1.4, including items for the functional assessment and care plan that addresses function measure, is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final_IRF-PAI_V_1_4_07-24-15.pdf	[64]A copy of IRF-PAI V 2.0, including items for the "IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)",, is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-20-Effective-October-1-2018.pdf	Edited the measure title and updated IRF-PAI version number and link. Footnote numbers have changed due to additional footnotes added elsewhere to this manual version.
71	7	n/a	81	7-7	[49]A copy of IRF-PAI V 1.4, including items for the functional assessment and care plan that addresses function measure, is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final_IRF-PAI_V_1_4_07-24-15.pdf	[69]A copy of IRF-PAI V 2.0, including items for the "IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)", is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-20-Effective-October-1-2018.pdf	Edited the measure title and updated IRF-PAI version number and link. Footnote numbers have changed due to additional footnotes added elsewhere to this manual version.

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
72	7	n/a	83	7-8	[53]A copy of IRF-PAI V 1.4, including items for the functional assessment and care plan that addresses function measure, is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final_IRF-PAI_V_1_4_07-24-15.pdf	[73]A copy of IRF-PAI V 2.0 , including items for "IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)", is available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-20-Effective-October-1-2018.pdf	Edited the measure title and updated IRF-PAI version number and link. Footnote numbers have changed due to additional footnotes added elsewhere to this manual version.
73	7	n/a	85; 86; 87; 88	7-9; 7-9a; 7-9b; 7-9c	*Exclusions* **Stay-level records for which the patient's age on selected influenza vaccination assessment is 179 days or less:** Calculate the age in days using the discharge date or the last date of the influenza vaccination season (March 31 of relevant year), whichever comes first in time. Patients who are 180 days old or more by this calculation are included in the measure. Patients who are 179 days old or less by this calculation are excluded from the measure.	*Exclusions* **Stay-level records for which the patient's age on the selected influenza vaccination assessment is 0-179 days:** Calculate the patient's age in days using the discharge date (Item 40) or the last date of the influenza vaccination season (March 31 of relevant year), whichever comes first in time. Patients who are 180 days old or more, by this calculation, are included in the measure. Patients who are 0-179 days old, by this calculation, are excluded from the measure.	Edited instructions and added item number for exclusions.
74	7	n/a	85; 86; 87; 88	7-9; 7-9a; 7-9b; 7-9c	[57]A copy of IRF-PAI V 1.3, including items for patient influenza vaccination measure, is available at:	[77]A copy of IRF-PAI V 2.0, including items for Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680), is available at:	Updated the IRF-PAI version and added full measure title to footnote. Footnote numbers have changed due to additional footnotes

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#	Chapter/ Appendix	Section	Page(s)	Step(s)/ Table	IRF QRP Measure Calculations and Reporting User's Manual V2.0	IRF QRP Measure Calculations and Reporting User's Manual V3.0	Description of Change
					https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final_IRF-PAI_V_1_4_07-24-15.pdf	https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/Final-IRF-PAI-Version-20-Effective-October-1-2018.pdf	added elsewhere to this manual version.
75	7	n/a	89	7-10	n/a	Added Table 7-10	This measure is new to the CASPER reports.
76	A	n/a	91–126	n/a	n/a	Revised Appendix A	Reorganized Appendix A into 3 sections (A.1 – A.3) to accommodate the Risk-Adjustment Appendix File.
77	A	n/a	93	A-1	n/a	Added Table A-1	Added a table displaying which quality measures require risk-adjustment.
78	A	n/a	93	n/a	n/a	Added Section A.1	Added this section to organize all the covariate tables.
79	A	n/a	94	A-2	n/a	Values removed from the table. Table updated to align with the other risk-adjusted measures.	This table was updated to reflect the information needed to calculate the covariates for the Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short Stay) (NQF #0678).
80	A	n/a	95	A-3	n/a	Added Table A-3	This measure is new to the CASPER reports and requires a table listing the covariates and the associated coefficients and intercept.

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81	A	n/a	97	A-5	Cells contained #value to indicate that the covariate is included in the risk-adjustment calculation for the measure.	Added text above Table A-5 Modified all cells with a ✓ instead of #value	Text added above Table A-5 to clarify the check marks in the table, and where readers can go to find the intercept and coefficient values as they become available. Table updated any instances of #value to a ✓ to clarify that the covariate is included in the risk-adjustment calculation for the measure.
82	A	n/a	98	A-5	90+ years	>90 years	Revised to clarify the risk adjustor category description.
83	A	n/a	100	A-5	Other Neurological Conditions = 1 if Item 21A = 0003.3 or 003.4 or 0003.5 or 0003.8 or 0003.9; else = 0	Other Neurological Conditions = 1 if Item 21A = 0003.3 or 0003.4 or 0003.5 or 0003.8 or 0003.9; else = 0	Added missing leading zero.
84	A	n/a	108	A-5	Wheelchair/Scooter Full Time/Part Time	Manual Wheelchair or Motorized Wheelchair and/or Scooter	Revised to align the risk adjustor category description with the language used in the IRF-PAI items.
85	A	A.2	125	n/a		Added Section A.2	Added the overview to the new Risk-Adjustment Appendix File.

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86	A	A.3	126	n/a		Added Section A.3	Added the risk-adjustment procedure for guidance on how to use the QM User's Manual and the associated Risk-Adjustment Appendix File.

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