# Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)

# Frequently Asked Questions (FAQs)


**Current as of**
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# Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Overview

## 1. What is a Quality Reporting Program?

The Centers for Medicare & Medicaid Services (CMS) implements quality initiatives to assure quality health care for Medicare beneficiaries through accountability and public disclosure. Quality measures are tools that measure or quantify health care processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.

In the Fiscal Year (FY) 2015 Inpatient Rehabilitation Facility (IRF) Final Rule, CMS finalized the IRF QRP compliance requirements. Any IRF that does not meet reporting requirements may be subject to a two-percentage-point (2%) reduction in its Annual Increase Factor (AIF).

The IRF QRP is described on the IRF QRP website.

## 2. What are the current measures in the IRF QRP?

Currently there are 17 quality measures in the IRF QRP. These measures can be found on the IRF Quality Reporting Measures Information webpage.

For detailed quality measure specifications, please refer to the IRF Measure Calculations and Reporting User's Manual V3.1 and V3.1.1 Addendum, which can be found in the Downloads section on the IRF Quality Reporting Measures Information webpage.

## 3. What are the FY 2021 updates to the IRF QRP?

The FY 2021 IRF Prospective Payment System (PPS) final rule did not adopt new quality measures to the IRF QRP. In response to the COVID-19 Public Health Emergency (PHE), CMS released an Interim Final Rule that delayed the compliance date for the Transfer of Health (TOH) Information quality measures and certain standardized patient assessment data elements (SPADEs).

For more information, please see this Tip Sheet outlining changes to the QRP in FY 2021.

# Staying Informed About the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)

## 4. What is the process for adding and removing measures from the IRF QRP?

The Centers for Medicare & Medicaid Services (CMS) uses its annual public rule-making cycles to add new measures, modify existing measures, or remove measures from the QRP. This provides an opportunity for stakeholders to comment on proposed changes. The Final Rule (FR) publishes CMS's responses to all the comments received, as well as its decisions.

Proposed and final rules are posted on both of these webpages:

- The Federal Register
- The Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) Regulations and Notices

## 5. Are there other resources on the IRF QRP website I can use to stay up-to-date?

Several resources are available to help you stay informed about the IRF QRP:

- IRF QRP and IRF Prospective Payment System (PPS) websites:
  - The IRF QRP webpage
  - The IRF QRP Spotlights and Announcements webpage
  - The IRF PPS website
- Mailing list notices and announcements about the IRF QRP:
  - To receive notices and announcements, sign up at the CMS Subscriber Preferences webpage
- Notices about CMS Open Door Forums (ODFs) and other webinars related to the IRF QRP are posted on the following webpages:
  - The IRF QRP Spotlights and Announcements webpage
  - The CMS Special Open Door Forums webpage
  - The CMS Hospitals ODF webpage

## 6. Where can I find IRF QRP training materials?

Information about the IRF QRP, including Special ODF Presentations, provider training materials, and other resources, is available on the IRF QRP Training webpage.

For videos of past provider training sessions and webinars, please refer to the CMS YouTube channel. Click the link and search for "IRF."

Video recordings of the May 2019 in-person IRF QRP Provider Training presentations are available on the CMS YouTube channel.

Video recordings of the August 2019 in-person IRF QRP Provider Training presentations are available on the CMS YouTube channel.

Additional web-based training modules and presentations include:

- Introduction to the IRF QRP
- Section GG Cross-Setting Training
- Improving Medicare Post-Acute Care Transformation (IMPACT) Act and Assessment Data Element Standardization and Interoperability

# Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Technical Requirements

## 7. How are data collected and submitted for the IRF QRP?

The IRF Patient Assessment Instrument (IRF-PAI) is the assessment instrument IRF providers use to collect patient assessment data for quality measure calculation and payment determination in accordance with the IRF QRP. Completion of the IRF-PAI is required for each Medicare Part A fee-for-service patient and Medicare Part C patient discharged from an IRF. The IRF-PAI is available to view in the Downloads section of the IRF-PAI and IRF-PAI Manual webpage. The IRF-PAI Manual can be found on the same webpage and provides ongoing guidance to providers in completing the IRF-PAI.

Data for the IRF QRP measures are collected using three methods:

- IRF-PAI
- Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)
- Medicare Fee-for-Service Claims

## 8. Which items on the IRF-PAI are considered for compliance determination?

The IRF QRP Table for Reporting Assessment-Based Measures for the FY 2022 IRF QRP Annual Increase Factor (AIF) indicates the IRF-PAI data elements that are used in determining the AIF minimum submission threshold for the FY 2022 IRF QRP determination. It is available for download on the IRF Quality Reporting Measures Information webpage. However, due to the Public Health Emergency (PHE) and the delay of the implementation of IRF-PAI V4.0, IRF-PAI V3.0 will continue to be the item set for data collection in Q4 2020 (October 1, 2020 through December 31, 2020). See Question #3 for more information.

All IRF-PAI data elements should be accurately coded to reflect the patient's status and be submitted to the Centers for Medicare & Medicaid Services (CMS). It is the IRF's responsibility to ensure the completeness of the IRF-PAI data. By signing the IRF-PAI upon completion (Z0400A), IRF staff are certifying that the information entered is complete to the best of their knowledge and accurately reflects the patient's status.

Data submitted for risk adjustment items are used to adjust the quality measure outcome scores based on patient characteristics. By not capturing data that are used for risk adjustment, a patient's complexity cannot be accounted for in the quality measure outcome scores. This means the risk-adjusted quality measure outcome scores reported on your Internet Quality Improvement and Evaluation Systems (iQIES) reports and the Care Compare website may not reflect the IRF's unique patient complexities. It may result in lower performance rates, i.e., poorer scores.

For detailed measure specifications, please refer to the IRF Quality Measures User's Manual V3.1 and the IRF Quality Measures User's Manual V3.1.1 Addendum, which can be found in the Downloads section of the IRF Quality Reporting Measures Information webpage.

## 9. What are the requirements for the IRF to be considered compliant?

CMS's IRF QRP requires that IRFs submit quality measure data to CMS. IRFs must meet or exceed two separate data completeness thresholds:

- One threshold, set at 95 percent, for completion of quality measures data collected using the IRF-PAI and submitted through iQIES
- A second threshold, set at 100 percent, for quality measures data collected and submitted using the CDC NHSN. Failure to submit the required quality data may result in a two-percentage-point (2%) reduction in the IRF's Annual Increase Factor (AIF)

## 10. What are the data submission deadlines for the IRF QRP?

IRF-PAI data are submitted to CMS based on deadlines established for the IRF AIF determination year. If corrections to the Quality Indicator data need to be made, they must be submitted before the IRF QRP submission deadlines.

Data submission deadlines for the IRF QRP quality measures can be found in the Downloads section of the IRF QRP Data Submission Deadlines webpage.

## 11. Does the definition of "quarter" for the quarterly IRF-PAI data submission deadlines include patients admitted during that quarter, discharged during that quarter, or both?

The quarterly data submission deadlines apply to patients with a discharge date that occurs within that quarter, irrespective of admission date. For example, if a patient was admitted on March 30 (Quarter 1: January 1–March 31) and discharged on April 16 (Quarter 2: April 1–June 30), then the second quarter data submission deadline (November 15) would apply for that patient's IRF-PAI record.

## 12. What is iQIES? How can I request access to iQIES?

Providers and vendors use the cloud-based system referred to as the Internet Quality Improvement and Evaluation System (iQIES).

All users must create an account and establish credentials in the Healthcare Quality Information System (HCQIS) Access Roles and Profile system (HARP). HARP is a secure identity management portal that CMS provides.

For your organization to receive access to iQIES, your organization must:

- Identify individual(s) who will be the Provider Security Official(s) (PSO).
- Register the PSO in the HARP system on the Create an Account webpage.

For assistance with HARP onboarding, users can call the Quality Improvement and Evaluation System (QIES) Technical Support Office (QTSO) Helpdesk at (800) 339-9313 or email iqies@cms.hhs.gov. If you have any questions related to iQIES, please send them to iqies@cms.hhs.gov.

Upon receiving access, security officials will have access to “My Profile” and “Help” in iQIES. CMS has prepared a fact sheet with more information about the Remote Identify Proofing Requirements for iQIES security process in place to gain access to iQIES.

Frequently Asked Questions (FAQs) related to HARP are also available. If you have any questions related to HARP, you can find your application’s help desk on the HARP Contact Help Desk webpage.

# Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) and the IRF–Patient Assessment Instrument (IRF-PAI)

## 13. What is the current version of the IRF-PAI?

Version 3.0 of the IRF-PAI is to be completed for any patient discharged on or after October 1, 2020.

The Centers for Medicare & Medicaid Services (CMS) delayed the release of updated versions of the IRF-PAI item set to provide maximum flexibilities for IRF providers to respond to the COVID-19 Public Health Emergency (PHE). The release of updated versions of the IRF-PAI will be delayed until October 1 of the year that is at least one full fiscal year after the end of the COVID-19 PHE.

For more information, please see links below to IRF-PAI version 3.0, and a change table listing differences between Version 2.0 and Version 3.0:

- IRF-PAI Version 3.0
- Change table V2.0 to V3.0

## 14. Where can I find the IRF-PAI Manual for the IRF QRP?

Instructions for coding items in the IRF-PAI can be found in the IRF-PAI Manual. The current version of the IRF-PAI Manual is available in the Downloads section of the IRF-PAI and IRF-PAI Manual webpage.

## 15. Who can complete an IRF-PAI?

Each facility self-determines its policies and procedures for patient documentation practices and completing the assessments in compliance with state and federal requirements. Staff members who have gathered information to complete any section of the IRF-PAI are responsible for signing the signature page.

# Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Reconsiderations, Exceptions, and Extensions

## 16. Does the Centers for Medicare & Medicaid Services (CMS) tell IRFs if they are non-compliant with the QRP requirements?

Yes. Any IRF found non-compliant will receive a letter of notification from its Medicare Administrative Contractor (MAC). Compliance letters will be distributed electronically into the Non-Compliance Notification folders in the Internet Quality Improvement and Evaluation System (iQIES) for each IRF to access. This letter also includes the reason(s) for failing annual increase factor (AIF) compliance.

## 17. I received a letter of notification that my IRF is non-compliant with the IRF QRP requirements. Can I ask CMS to reconsider the decision?

If an IRF believes the finding of non-compliance is an error, or it has evidence that an extraordinary circumstance prevented timely submission of data, the IRF may file for a reconsideration. An example of extraordinary circumstances might include a fire in the building. The notification letter sent by the MAC will include instructions for requesting reconsideration of this decision. An IRF disagreeing with the payment reduction decision may submit a request for reconsideration to CMS within 30 days from the date at the top of the non-compliance notification letter distributed electronically using iQIES**.** CMS will not accept any requests submitted after the 30-day deadline.

Requests for reconsideration must be submitted via email. More information about how to submit a request for reconsideration can be found on the IRF QRP Reconsideration and Exception and Extension webpage.

## 18. The county where our IRF is located was affected by a natural disaster. Are we excepted from the QRP reporting requirements?

If an IRF is unable to submit quality data due to an extraordinary circumstance beyond its control, the IRF can request an exception or extension from the QRP requirements. The extraordinary circumstances may be natural or man-made. An IRF must request the exception or extension within 90 days of the event, and CMS may grant the exception or extension for one or more quarters. In the event of large-scale acts of nature, CMS may grant an exception or extension to an entire region without IRFs having to request one.

Requests for exceptions and extensions must be submitted by email. More information about how to submit a request for exception or extension can be found on the IRF QRP Reconsideration and Exception and Extension webpage

# Other Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Frequently Asked Questions

## 19. My IRF is in Maryland. Is our facility included in the IRF QRP? Do we need to report health care–acquired infection data under the IRF QRP?

To determine whether a rehabilitation unit/hospital is included in the IRF QRP, the provider must determine whether it is being paid under Medicare's IRF Prospective Payment System (PPS). If any of the following are true for a freestanding IRF or IRF unit, the IRF is paid under the IRF PPS and is subject to the requirements of the IRF QRP:

- The Medicare provider number ends in 3025 to 3099
- The Medicare provider number has a "T" in the third position
- The Medicare provider number has an "R" in the third position

If any of the above criteria are true for the IRF, the IRF must comply with the IRF QRP. Failure to submit the required quality data will result in a 2-percentage-point reduction in the IRF's annual increase factor (AIF).

For information about your facility's Medicare status, contact your Medicare Administrative Contractor (MAC). You can locate your state's MAC on the CMS Medicare Administrative Contractors webpage.

Please check with your state about any state-specific requirements related to submission of quality data, including health care–acquired infection data.

## 20. My facility's demographic data are incorrect on Care Compare. How do I correct them?

The demographic data displayed on the Provider Preview Reports and on Care Compare are generated from information stored in the Automated Survey Processing Environment (ASPEN) system.

CMS will be transitioning to a new data source for a provider's demographic data for IRFs: the Provider Enrollment, Chain and Ownership System (PECOS). While this transition is underway, a final date when all demographic data will be obtained from PECOS has not been identified. During this transition, all IRF providers will be responsible to ensure their latest demographic data are updated and available in *both* the ASPEN and PECOS systems. If inaccurate demographic data are included on your Preview Report or on Care Compare, your facility must complete two steps to insure the data is corrected.

1. Complete form 855A in PECOS with the updated demographic information. If you need assistance, contact your Medicare Administrative Contractor (MAC).
2. Request your Medicare Administrative Contractor (MAC) to send the updated 855A form to your regional CMS Location (formerly known as Regional Office) with a request to update the demographic data in ASPEN.

IRF subunits can no longer update their demographic data in the IRF-PAI assessment fields. Refer to the How to Update IRF Demographic Data webpage for instructions on how to update the data.

Please note that updates to IRF Provider demographic information do not happen in real time and can take up to six months to appear on Care Compare.

Additional information can be found on the How to Update IRF Demographic Data webpage.

## 21. Where are IRF quality measure data publicly reported?

The Care Compare website was launched in August 2020. It combines the Centers for Medicare & Medicaid Services (CMS) eight original provider compare sites into one place. It features updated maps and new filters to make it easier for the public to compare providers. When the IRF provider type is chosen, the website takes reported data and puts it into a format that can be used more readily by the public to get a snapshot of the quality of care each facility provides. Providers may also download data by going to the Provider Data webpage and selecting from the list of datasets available.

## 22. Which IRF quality measures are reported on the Care Compare website?

The following quality measures are currently reported on the Care Compare website:

**IRF-PAI Quality Measures**

- *Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)*
- *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)*
- *Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)*
- *Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury*
- *Drug Regimen Review Conducted with Follow-Up for Identified Issues*
- *Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)*
- *Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)*
- *Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)*
- *Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)*

**Centers for Disease Control (CDC) National Healthcare Safety Network (NHSN) Measures**

- *National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)*
- *National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)*
- *Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)*

**Medicare Fee-for-Service Claims-Based Measures**

- *Medicare Spending per Beneficiary (MSPB) – Post-Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program*
- *Discharge to Community–Post-Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program (NQF #3479)*
- *Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program*
- *Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities*

Facilities have a 30-day preview period before public display of the measures. Please also refer to the IRF QRP Public Reporting webpage for more information and resources related to public reporting.

## 23. Who can I contact with a specific question about the IRF QRP?

There are several help desks you may contact to obtain answers to specific IRF QRP questions. The help desks are listed below for your convenience.

**Please note that the CMS IRF QRP and Public Reporting Help Desk email systems are not secured to receive protected health information or patient-level data with direct identifiers.** Sending emails with patient-level data or protected health information to these email addresses may be a violation of your facilities' policies and procedures, as well as a violation of federal regulations (Health Insurance Portability and Accountability Act of 1996 [HIPAA]). Do *not* submit patient-identifiable information (e.g., date of birth, Social Security number, and health insurance claim number) to these addresses. If you are not sure whether the information you are submitting is identifiable, please contact your institution's privacy officer.

Below is a list of the IRF QRP and other IRF help desks. If you are unsure which help desk to use, email your question to the IRF QRP Help Desk and it will be directed to the appropriate help desk.

**IRF QRP**
**Email:** IRF.questions@cms.hhs.gov

Examples of issues this help desk can assist you with:

- IRF QRP requirements
- Data submission timelines
- IRF-PAI Quality Indicator items (Section B: Communication; Section C: Brief Interview for Mental Status; Section GG: Functional Status; Section H: Bladder and Bowel Continence; Section I: Active Diagnoses; Section J: Health Conditions; Section K: Swallowing/Nutritional Status; Section M: Skin Conditions; Section N: Medications; Section O: Special Treatments Procedures and Programs)
- IRF-PAI Assessment-based quality measures
- Claims-based quality measures (Potentially Preventable Readmissions–Within Stay; Potentially Preventable Readmissions Post-Discharge; Discharge to Community; Medicare Spending per Beneficiary)
- IRF QRP provider training materials

- General IRF quality reporting questions

**CDC/NHSN**
**Email:** NHSN@cdc.gov

Examples of issues this help desk can assist you with:

- CDC quality measures: Catheter-Associated Urinary Tract Infection (CAUTI), Clostridium difficile Infection (CDI), and Influenza Vaccination Coverage Among Healthcare Personnel
- NHSN enrollment, reporting, and data analysis

**Internet Quality Improvement and Evaluation Systems (iQIES), Data Submission and Data Validation**
**Email:** iqies@cms.hhs.gov
**Phone:** 1-800-339-9313

Examples of issues this help desk can assist you with:

- Accessing iQIES (username and password)
- General issues related to iQIES
- Submission/validation reports
- Accessing Provider and Quality Reporting Program reports
- CMG Grouper classification
- IRF-PAI assessment submissions using iQIES
- IRF-PAI data technical specifications
- Accessing reports in iQIES
- IRF-PAI data specifications
- VUT (vendor tool to ensure software meets CMS requirements and will pass IRF-PAI technical specification edits)
- Technical questions that are related to IRF-PAI data specifications

**IRF QRP Public Reporting**
**Help Desk Email:** IRFPRquestions@cms.hhs.gov

Examples of issues this help desk can assist you with:

- Care Compare website, IRF-specific questions
- IRF data available on Data.Medicare.gov

**IRF QRP Reconsiderations**
**Email:** IRFQRPReconsiderations@cms.hhs.gov

Examples of issues this help desk can assist you with:

- Submitting requests for compliance determination reconsideration. IRFs must submit their request by the deadline included in the noncompliance notification letter distributed electronically using iQIES and posted on the IRF QRP Reconsiderations webpage.
- Submitting requests for exception or extension due to natural disaster or other extraordinary circumstances.

**IRF Medicare Policy**
**Email:** IRFCoverage@cms.hhs.gov

Examples of issues this help desk can assist you with:

- IRF Medicare reimbursement
- Claims/billing
- Eligibility and coverage requirements
- Therapy time requirements and reporting
- IRF-PAI requirements related to payment
- Impairment group codes (ICGs)

**PC Pricer Issues**
**Email:** PCPricers@cms.hhs.gov Examples of issues this resource can assist you with:

- IRF PC pricer questions