PROVIDER REIMBURSEMENT REVIEW BOARD
DECISION
On the Record

2025-D48

PROVIDER –
Landmark Rehabilitation Hospital of Columbia

RECORD HEARING DATE –
March 5, 2024

PROVIDER NO. –
26-3033

FEDERAL FISCAL YEAR –
2022

vs.

MEDICARE CONTRACTOR –
WPS Government Health Administrators (J-5)

CASE NO. –
22-0425

INDEX

ISSUE STATEMENT

Whether the payment penalty that the Centers for Medicare & Medicaid Services ("CMS") imposed under the Inpatient Rehabilitation Facility Quality Reporting Program ("IRF QRP") to reduce Landmark Rehabilitation Hospital of Columbia's ("Landmark" or "Provider") payment update (i.e., annual increase factor or "AIF") for Federal Fiscal Year ("FFY") 2022 by two (2) percentage points was proper.[1]

DECISION

After considering the Medicare law and regulations, the arguments presented and the evidence submitted,[2] the Provider Reimbursement Review Board ("Board") finds that the two (2) percentage point reduction of the Medicare AIF for FFY 2022 for Landmark was proper.

INTRODUCTION AND PROCEDURAL HISTORY

Landmark is a freestanding[3] Medicare-certified IRF located in Columbia, Missouri.[4] Landmark's assigned Medicare contractor[5] is WPS Government Health Administrators ("Medicare Contractor").

In a letter dated July 1, 2021, the Medicare Contractor notified Landmark that it had not met one or more of the Quality Reporting Program ("QRP") requirements for FFY 2022.[6] The notice informed Landmark that, as a result, its FFY 2022 AIF would be reduced by two (2)-percentage points.[7] In a letter dated July 15, 2021, CMS notified Landmark of the same and specifically stated that Landmark did not meet the IRF QRP requirements as Landmark "[d]id not submit all required months of complete NQF #1717 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset *Clostridium difficile* Infection (CDI) Outcome Measure data."[8]

Following Landmark's formal reconsideration request, CMS issued a written reconsideration determination on September 21, 2021 that upheld the payment reduction.[9]

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[1] Stipulations (hereinafter, "Stip.") at ¶ 3 (Feb. 27, 2024).
[2] Any arguments or evidence, whether or not specifically referenced or discussed herein, were considered by the Board in the deliberations of this appeal.
[3] IRFs can be freestanding facilities or acute care hospital units. *See e.g.*, Exhibit (hereinafter, "Ex.") P-11 at P0069 (where the FAQs distinguish freestanding IRFs and IRF units and explains how both types may be subject to the IRF QRP requirements); *see also* Ex. C-9 at C-0059 (stating, "[]Acute Care hospitals (ACH) can include ACH units designated as IRFs (CMS-certified Rehabilitation Unit mapped as a location within the hospital, i.e. the CCN for the Rehabilitation unit includes an 'R' or 'T' in the 3rd position."); Ex. C-9 at C-0061 ("General NHSN Reporting…**Reminder:** IRFs can be enrolled in NHSN as Acute Care Hospital units designated as IRFs **OR** as freestanding Inpatient Rehabilitation Facilities[.]")
[4] Stip. at ¶ 1.
[5] CMS' payment and audit functions under the Medicare program were historically contracted to organizations known as fiscal intermediaries ("FIs") and these functions are now contracted to organizations known as Medicare administrative contractors ("MACs"). The relevant law may refer to FIs and MACs interchangeably, and the Board will use the term "Medicare contractor" to refer to both FIs and MACs as appropriate and relevant.
[6] Ex. P-1 at P0002.
[7] *Id.*
[8] Ex. P-4 at P0018. *See also* Stip. at ¶ 8.
[9] Ex. P-2.

Landmark timely appealed its CMS reconsideration determination to the Board and met the jurisdictional requirements for a hearing. The Board approved a Record Hearing Request on March 5, 2024. Landmark was represented by Jason M. Healy, Esq. of The Law Offices of Jason M. Healy, PLLC. The Medicare Contractor was represented by Joseph Bauers, Esq. of Federal Specialized Services.

STATEMENT OF RELEVANT FACTS

In order to receive the full AIF for FFY 2022 reimbursement under the IRF prospective payment system, IRFs were required to submit data on certain quality measures during calendar year ("CY") 2020. For data submission of the NHSN Facility-Wide Inpatient Hospital-Onset CDI Outcome Measure (NQF #1717) in FY 2015 (for the FY 2017 IRF PPS AIF) and subsequent years, CMS required rehabilitation facilities to utilize the Centers for Disease Control and Prevention's ("CDC") National Healthcare Safety Network ("NHSN"), which was consistent with the reporting of CAUTI (NQF #0138) and Influenza Vaccination Coverage among Healthcare Personnel (NQF #0431) at that time.[10]

IRF-QRP instructions and deadlines for data submission have historically been posted on CMS' IRF-QRP website. For FFY 2022 reimbursement, the collection timeframe and final submission deadlines for the CDI outcome measure were as follows: [11]

Data Collection Timeframe	**Final Submission Deadlines**
January 1 – March 31, 2020 (Q1)	August 17, 2020 (CMS exception)
April 1 – June 30, 2020 (Q2)	November 16, 2020 (CMS exception)
July 1 – September 30, 2020 (Q3)	February 15, 2021 (Note: CMS extension until March 18, 2021)
October 1 – December 31, 2020 (Q4)	May 17, 2021

To avoid receiving a two (2) percentage point reduction to the AIF, IRFs were required to meet a 100% threshold for "measures data collected and submitted using the CDC NHSN"[12] (including the CDI outcome measure) only for Q3 and Q4 because CMS granted an exception to the IRF QRP requirements for Q1 and Q2 in response to the COVID-19 pandemic's impact on the health care providers and the data.[13] Additionally, the February 15, 2021 deadline for Q3 was extended until March 18, 2021.[14]

In their Final Position Paper, Landmark acknowledged that:

> Unfortunately, a typo in the location identifier on the 2020 third quarter and fourth quarter monthly reporting plans and CDI

[10] *See* 79 Fed. Reg. 45872, 45913 (Aug. 6, 2014). Also available at Ex. C-6 at C-0036.
[11] Ex. P-5 at P0022-0023.
[12] 42 C.F.R. § 412.634(f)(1) (The Board notes this regulation sets a different reporting threshold to meet or exceed 95%, but that measure is not in question in this appeal.)
[13] *See* Ex. P-6 at P0026.
[14] Ex. P-14 at P0104.

> denominator forms may have prevented the timely reported data from being sent from the NHSN system to CMS.[15]

In fact, Landmark entered the location identifier "IRF-INPATIENT REHABILITATION HOSPITAL" *instead of* "FACWIDEIN-Facility-Wide Inpatient (FacWIDEIn)" in its Q3 and Q4 2020 monthly reporting plans and has dubbed this a "typo."[16]

STATEMENT OF RELEVANT LAW

A. Form, Manner, and Time

The reporting requirements for the IRF QRP are codified at 42 C.F.R. § 412.634,[17] which states in pertinent part:

> ***
>
> **(b)** ***Submission requirements.***
>
> **(1)** IRFs must submit to CMS data on measures specified under sections 1886(j)(7)(D), 1899B(c)(1), 1899B(d)(1) of the Act, and standardized patient assessment data required under section 1899B(b)(1) of the Act, as applicable. Such data **must be submitted in the form and manner, and at a time, specified by CMS**.
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> ***
>
> **(f)** ***Data Completion Thresholds.***
>
> **(1)** IRFs must meet or exceed two separate data completeness thresholds: One threshold set at 95 percent for completion of required quality measures data and standardized patient assessment data collected using the IRF-PAI submitted through the CMS designated data submission system; and **a second threshold set at 100 percent for measures data collected and submitted using CDC NHSN**.
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> **(2)** These thresholds (95 percent for completion of required quality measures data and standardized patient assessment data on the IRF-PAI; **100 percent for CDC NHSN data**) will apply to all measures and standardized patient assessment data requirements adopted into the IRF QRP.

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[15] Provider's Final Position Paper (hereinafter "Provider's FPP") at 5 (Dec. 7, 2023).
[16] *See id*.; *see also* Exs. P-7, P-8, and P-9; *see also* Ex. P-15 (Declaration of L. Little) at P0107-0108, ¶¶ 4, 6.
[17] All references to 42 C.F.R. § 412.634 are to the version effective Oct. 1, 2019 to Sept. 30, 2025, unless otherwise noted.

(3) An IRF must meet or exceed ***both thresholds*** to avoid receiving a 2 percentage point reduction to their annual payment update for a given fiscal year, beginning with FY 2016 and for all subsequent payment updates.[18]

B. Exception Process

Pursuant to 42 C.F.R. § 412.634(c), an IRF may be granted an exception or extension to the reporting requirements when certain extraordinary circumstances exist:

(c) ***Exception and Extension Requirements.***

(1) An IRF may request and CMS may grant exceptions or extensions to the measures data or standardized patient assessment data reporting requirements, for one or more quarters, when there are certain extraordinary circumstances beyond the control of the IRF.

(2) An IRF must request an exception or extension within 90 days of the date that the extraordinary circumstances occurred.

(3) Exception and extension requests must be submitted to CMS from the IRF by sending an email to *IRFQRPReconsiderations@cms.hhs.gov* containing all of the following information:

(i) IRF CMS Certification Number (CCN).

(ii) IRF Business Name.

(iii) IRF Business Address.

(iv) CEO or CEO-designated personnel contact information including name, telephone number, title, email address, and mailing address. (The address must be a physical address, not a post office box.)

(v) IRF's reasons for requesting the exception or extension.

(vi) Evidence of the impact of extraordinary circumstances, including, but not limited to, photographs, newspaper, and other media articles.

(vii) Date when the IRF believes it will be able to again submit IRF QRP data and a justification for the proposed date.

(4) CMS may grant exceptions or extensions to IRFs without a request if it is determined that one or more of the following has occurred:

(i) An extraordinary circumstance affects an entire region or locale.

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[18] (Bold emphasis added.)

(ii) A systemic problem with one of CMS's data collection systems directly affected the ability of an IRF to submit data.

C. *Additional Instructions and Guidance*

In addition to its governing statutes and codified regulations, CMS publishes certain Medicare program requirements through various sub-regulatory mechanisms and materials on the CMS website, in program instruction or guidance manuals, transmittal letters, and the like. The January 2019 IRF QRP *Guidance For Reporting Data Into The Centers For Disease Control And Prevention's National Healthcare Safety Network ,*[19] sets forth the steps required to ensure that data entered into the CDC NHSN system is successfully transmitted to CMS by the applicable deadlines.

Relative to the CDI Outcome Measure, the IRF QRP Guide states, in pertinent part:

> Each IRF must submit data for the . . . NHSN ***Facility-wide Inpatient Hospital***-onset CDI Outcome Measure (NQF #1717) on all patients from all inpatient locations, regardless of payer.
>
> . . .
>
> Compliance with the IRF Quality Reporting Program (QRP) requires submission of data for the . . . NHSN ***Facility-wide Inpatient Hospital***-onset CDI Outcome Measure (NQF #1717) irrespective of whether patients have the infection or event of interest during the reporting period. In the event that no patients have the infection or event of interest during the reporting period, the IRF is still required to submit monthly denominator counts (i.e., device days and patient days) along with the "no event" indicators to CDC's NHSN. For reporting of the . . . NHSN ***Facility-wide Inpatient Hospital***-onset CDI Outcome Measure (NQF #1717), CDC's NHSN requires that data be submitted on a monthly basis and strongly encourages IRFs to enter each month's data within 30 days of the end of the month in which they are collected (e.g., data for October should be entered into the NHSN by November 30).
>
> . . .
>
> Reporting of the . . . NHSN ***Facility-wide Inpatient Hospital***-onset CDI Outcome Measure (NQF #1717) data are required. For these quality measures, the reporting period consists of the four quarters in a given CY, with the fourth quarter's data to be submitted by May 15 of the subsequent year. To fulfill the CMS IRF QRP

[19] Ex. C-9, The Centers for Medicare & Medicaid Services Inpatient Rehabilitation Facilities Quality Reporting Program Guidance for Reporting Data Into The Centers for Disease Control and Prevention National Healthcare Safety Network (Jan. 2019) (hereinafter "IRF QRP Guide").

> requirements, each facility's data for the . . . NHSN ***Facility-wide Inpatient Hospital***-onset CDI Outcome Measure (NQF #1717) must be entered into the CDC's NHSN no later than 135 days after the end of the reporting quarter. In other words, for first quarter (Q1) data (January 1-March 31) to be shared with CMS, data must be entered into NHSN by August 15.
>
> ***CDC submits the data to CMS on behalf of the facility, according to the facility's monthly reporting plan.*** Data submitted to CDC more than 135 days after the end of the reporting quarter, such as submitted to the CDC NHSN after August 15, for Q1, of that same CY will not be provided to CMS and will not be considered for the purpose of compliance determination. [20]

The IRF QRP Guide also provides Basic Steps to NHSN Enrollment and Data Submission, which state in pertinent part:

> 8. Use one of the following two NHSN Monthly checklists depending on the type of IRF to ensure complete reporting.
>
>   - NHSN Monthly Checklist for Acute Care Hospital units designated as Inpatient Rehabilitation Facilities reporting to the CMS IRF IQR Program: https://www.cdc.gov/nhsn/pdfs/cms/IRFs-acute-Monthly-Checklist-CMS-IQR.pdf.
>   - NHSN Monthly Checklist for Freestanding Inpatient Rehabilitation Facilities reporting to CMS IRF QRP: https://www.cdc.gov/nhsn/pdfs/cms/IRFs-freestand-Monthly-Checklist-CMS-IQR.pdf.
>
> ***
>
> 10. The ***FacWideIN location must also be selected in the Monthly Reporting Plan for LabID C. difficile*** All Specimens to meet the LabID Event reporting requirements.[21]

In addition to the NHSN guidance described above, CMS provides various additional materials with guidance on reporting protocols and requirements, including quick reference guides for FFY 2022, with high-level information on the IRF Quality Reporting Program, including frequently asked questions and informational links to archived materials.[22]

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[20] *Id*. at C0058-59.
[21] *Id*. at C-0064 (Emphasis added).
[22] *See generally*, Ex. C-7 (IRF QRP Data Collection and Final Submission Deadlines for the FY 2022 IRF QRP). *See also* "Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Data Submission Deadlines" at https://www.cms.gov/medicare/quality/inpatient-rehabilitation-facility/irf-quality-reporting-data-submission-deadlines (accessed Sept. 19, 2025).

D. Burden of Proof and Standard of Review

A Board decision must include findings of fact and conclusions of law that "the provider carried its burden of production of evidence and burden of proof by establishing, by a preponderance of the evidence, that the provider is entitled to relief on the merits of the matter at issue."[23] Additionally, "[a] decision by the Board shall be based upon the record made at such hearing, which shall include the evidence considered by the [Medicare contractor] and such other evidence as may be obtained or received by the Board, and shall be supported by substantial evidence when the record is viewed as a whole."[24] In *Consolidated Edison Co. v. NLRB*, 305 U.S. 197, 230 (1938), the U.S. Supreme Court held, "[s]ubstantial evidence is more than a mere scintilla. It means such relevant evidence as a reasonable mind might accept as adequate to support a conclusion."[25] Accordingly, in an appeal before the Board, a provider must prove by a preponderance of substantial, relevant evidence that it is entitled to the relief sought. Further, the "Board shall afford great weight to interpretive rules, general statements of policy, and rules of agency organization, procedure, or practice established by CMS."[26]

DISCUSSION, FINDINGS OF FACT, AND CONCLUSIONS OF LAW

To satisfy FFY 2020 IRF quality reporting program requirements for the CDI Outcome Measure 100% threshold,[27] Landmark was required to:

1. Via NHSN, submit all CDI Outcome Measure data collected during the applicable quarters of CY 2020 no later than the quarterly data submission deadlines.[28]
2. Submit data "on all patients from all inpatient locations, regardless of payer"[29] and
3. In the event that no patients had a CDI during the reporting period, "submit monthly denominator counts (i.e., device days and patient days)" on the MDRO and CDI Monthly Denominator Form, selecting "Report No Events" for CDIF.[30]

Failure to submit the data in the correct form and manner, and at the correct time, results in a two (2) percentage point reduction to an IRF's AIF (for FFY 2022).[31]

CMS' Notice of QRP Noncompliance Decision Upheld letter, dated September 21, 2021, which upheld its decision to apply the FFY 2022 AIF reduction, alleged that the Provider did not meet the 100% completion threshold for the CDI Outcome Measure during the third and fourth quarters of 2020.[32]

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[23] 42 C.F.R. § 405.1871(a)(3).
[24] 42 U.S.C. § 1395oo(d). This statutory provision also confirms: "[t]he Board shall have the power to affirm, modify, or reverse a final determination of the fiscal intermediary with respect to a cost report and to make any other revisions on matters covered by such cost report (including revisions adverse to the provider of services) even though such matters were not considered by the intermediary in making such final determination." *See also* 42 C.F.R. § 405.1869(a).
[25] *See also Pomona Valley Hosp. Med. Ctr. v. Becerra*, 82 F.4th 1252, 1258-59 (D.C. Cir. 2023).
[26] 42 C.F.R. § 405.1867.
[27] 42 C.F.R. § 412.634(f)(2).
[28] Ex. C-9 at C-0058-0059.
[29] *Id*. at C-0058.
[30] *Id*.
[31] 42 C.F.R. § 412.634(b)(1) and (f)(3).
[32] Ex. P-2 at P0005.

Landmark contends it is entitled to reversal of the two (2) percentage point payment penalty because: 1) Landmark "fully reported data on all applicable quality measures before the reporting deadline;"[33] 2) the "[e]vidence supports a finding of valid or justifiable excuses" for any conclusion that Landmark's reporting was incomplete";[34] 3) "NHSN system issues and the COVID-19 [pandemic] qualify as extraordinary circumstances that may have affected any perceived IRF QRP noncompliance";[35] 4) application of the two (2)-percentage point reduction to Landmark's AIF violates the Administrative Procedures Act ("APA") and is contrary to the intent of the IRF QRP;[36] and 5) the requirement of a specific location identifier is unlawful and violates the notice-and-comment rulemaking requirements of the APA and the Medicare Act.[37] These arguments and their sub-arguments set forth in Landmark's briefs are collectively addressed as follows:

1. Whether Landmark submitted the CDI outcome measure data as specified by CMS in accordance with law.

As cited above, the IRF QRP Guide at Step 10 of the Basic Steps for NHSN Enrollment and Data Submission explicitly states:

> 10. The ***FacWideIN location must also be selected*** in the Monthly Reporting Plan for LabID C. difficile All Specimens ***to meet the LabID Event reporting requirements***.[38]

Additionally, a CDC guidance document entitled, *How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and C. difficile LabID events for the CMS Inpatient Rehabilitation Facility (IRF) Quality Reporting Program* (January 2021),[39] specifically for free-standing IRFs,[40] states in pertinent part at Step 2, "At the beginning of each month, add facility-wide reporting for MRSA bacteremia and *C. difficile* LabID events to your monthly reporting plan (MRP) ***using the 'FacWideIN' location.*** Data must be listed in your monthly reporting plan in order to be submitted to CMS."[41] Additionally, at Step 4, providers are instructed, "On the summary data entry screen, you **must** select FacWideIN as the location for which you are entering the summary data by clicking on the drop-down menu next to 'Location Code.'"[42] Step 5 provides: "***If you have not identified any LabID events for a particular organism at the end of a month, you must indicate this on the summary data record in order for your data to be sent to CMS.***"[43] Finally, with reference to reporting no events, it states, "***Please note:** If you

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[33] Provider's FPP at 16-22.
[34] *Id.* at 22-45.
[35] *Id.* at 45-48.
[36] *Id.* at 48-65.
[37] *Id.* at 65-72.
[38] Ex. C-9 at C-0064 (emphasis added).
[39] *See* Board Ex. PRRB-1 at 2. The Board takes administrative notice of the aforementioned document, which was available online to Landmark as of January 2021 (attached hereto as Board Exhibit PRRB-1 for purposes of ensuring a complete record). Available at: https://www.cdc.gov/nhsn/pdfs/cms/irfs/settingup_reporting_labid_event_freestanding_irf.pdf (last accessed Sept. 19, 2025).
[40] Note: There is a different separate guidance document for IRF units within a hospital.
[41] Board Exhibit PRRB-1 at 2 (emphasis added).
[42] *Id*. at 4 (original emphasis).
[43] *Id.* (emphasis added).

identify and enter LabID events for an organism after you've already checked the "Report No Events" box, the "Report No Events" check will automatically be removed in the NHSN database."[44]

Referring to it as "a typo," Landmark acknowledges its own errors in the 2020 third quarter and fourth quarter monthly reporting plans and CDI denominator forms.[45] Specifically, Landmark admits that "[t]he location identifier was entered as "IRF-INPATIENT REHABILITATION HOSPITAL" ***instead of*** "FACWIDEIN-Facility-Wide Inpatient (FacWIDEIn)" in the monthly reporting plans and CDI denominator forms for the third quarter. *See* Exhibits P-7 and P-8; Exhibit P-15 at P0107-P108, ¶4, 6."[46] For the fourth quarter, Landmark admits that the "monthly reporting plans included the 'IRF-INPATIENT REHABILITATION HOSPITAL' location identifier in the Device-Associated Module, ***but did not contain a location identifier*** in the Multi-Drug Resistant Organism Module. Exhibit P-9; Exhibit P-15 at P0107, ¶4."[47]

With these admissions, the Board need not go further in determining whether Landmark submitted ***all*** the requisite data as required "***in the form and manner, and at a time, specified by CMS***" because Landmark admits that it did not submit Q3 or Q4 2020 CDI data as specified by CMS. Landmark failed to use the correct location identifier for a freestanding facility—"FacWideIN"—on the monthly reporting plans as well as on monthly denominator forms for Q3 (July, August, and September), which resulted in a noncompliance finding for Q3.[48] By failing to use the correct location identifier, Landmark's entries indicating that it had no CDI events to report were not transmitted to CMS in either quarter.[49] Moreover, for the Q4 Monthly Reporting Plans for October, November, and December, Landmark did not input *any entry* for the "Locations" or the "Specific Organism Type" in the Multi-Drug Resistant Organism Module, which should have indicated "FacWideIn" and "CDIF- C. difficile," respectively.[50] By leaving the location identifier blank on the reporting plans for three modules for all three months of Q4, the required information was incomplete, which resulted in a noncompliance for Q4.

What seems to be lost upon Landmark (and other providers in similar situations when they have failed to follow the detailed instructions for NHSN data entry) is that NHSN is an internet-based software platform that heavily relies on the specific, accurate, and complete input of data in order to generate reliable infection surveillance reporting for the purpose of minimizing healthcare-associated infections ("HAI"), such as CDI.[51] The technical structure or format and specificity

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[44] *Id*. at 5 (original emphasis).
[45] Provider's FPP at 5.
[46] *Id*. (emphasis added).
[47] *Id*. (emphasis added). Note that Landmark's reference to "Multi-Drug Resistant Organism Module" is abbreviated as the full name of the module is the "Multidrug-Resistant Organism & Clostridioides difficile Infection (MDRO/CDI) Module."
[48] *See* Ex. P-7 and Ex. P-8.
[49] *See* Board Ex. PRRB-1 at 2, Step 2 (where it states, "At the beginning of each month, add facility-wide reporting for MRSA bacteremia and C. difficile LabID events to your monthly reporting plan (MRP) using the "FacWideIN" location. Data must be listed in your monthly reporting plan in order to be submitted to CMS."); *see also* at Step 4 (stating, "On the summary data entry screen, you **must** select FacWideIN as the location for which you are entering the summary data by clicking on the drop-down menu next to 'Location Code.'"); *see also* Step 5.
[50] Ex. P-9 at P0047-49; *see* Board Ex. PRRB-1 at 2 (where the illustrative diagram at Step 2 shows the location and specific organism type to be selected for facility wide CDI reporting).
[51] The NHSN's *About NHSN* page on its website states, "NHSN provides facilities, health departments, tracking system, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention

of the input are crucial for proper HAI surveillance and prevention efforts.[52] What may seem like a minute detail or hyper-technical data entry requirement is essential to produce ***valid*** data reports on which numerous entities, including the facilities and CMS, rely for identification, tracking/monitoring, responding to, and preventing HAIs.[53]

Moreover, the failure to correctly identify a location tier/scope (i.e., facility-wide versus a single patient care unit within the facility) as well as the failure to properly map a location (i.e., assign a facility or a patient care area within the facility to one or more standard CDC location type descriptions within NHSN) invalidates NHSN database data.[54] Specific to the MDRO/CDI Module, the location type (i.e., facility-wide inpatient designated as "FacWideIn") is utilized as risk factor (NHSN location types are used to create "like populations" with similar risks for HAIs) and to calculate a facility's Standardized Infection Ratio.[55] In responding to an FAQ regarding Location Mapping for CMS Reporting, the second rationale of which is also applicable to selecting the wrong location identifier/code in the MDRO/CDI Module, CMS states in pertinent part:

> [T]his has adverse effects at several levels. First, and most importantly, this would misrepresent your data that is being reported to CMS by comparing your rates against an incorrect baseline risk population. This can lead to under- or even over-estimation of your SIR for the unit [or facility]. Second, incorrect location mapping [or location tier/scope] ***indirectly makes NHSN metrics less accurate, as they are dependent on the accuracy of the location definitions to delineate risk populations.*** We highly encourage users to adhere to NHSN location mapping guidelines as closely as possible when determining the 'type' of location for mapping in NHSN.[56]

Accordingly, the Board finds Landmark's arguments that it fully reported the data and that it simply made "a typo" which was of no consequence, unpersuasive.

Finally, the Board addresses Landmark's argument that neither CMS nor the CDC sent any error alert or notification that it failed to use the correct location identifier and finds that it, too, is unpersuasive. Landmark places the onus on CMS to notify a provider that it has made an error in its data entries, yet does not acknowledge its own responsibility and capability to utilize the

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efforts, and ultimately eliminate healthcare-associated infections." *See* https://www.cdc.gov/nhsn/about-nhsn/index.html (last accessed Sept. 19, 2025).

[52] *See id.* The common concept of "garbage in, garbage out" comes to mind where inaccurate or incomplete data entries caused by human error (garbage in) will undoubtedly result in flawed results reporting (garbage out), which in this arena could be detrimental to patient safety.

[53] *Id*.

[54] *See e.g*., *NHSN FAQs: Locations, Location Mapping for CMS Reporting, Q24*, (Available at: https://www.cdc.gov/nhsn/faqs/faq-locations.html) (last accessed Sept. 22, 2025).

[55] *See Mapping Locations for NHSN Surveillance: Preparing for 2013* (available at https://www.cdc.gov/nhsn/pdfs/training/analysis/mapping-locations-nhsn-surveillance-508.pdf). Note that this is a presentation from October 2012 that is still available on the internet along with numerous other resources available to facilities such as Landmark.

[56] *NHSN FAQs: Locations, Location Mapping for CMS Reporting, Q24.*

CDI Standardized Infection Ratio (SIR) Report to verify the quarterly data entered into NHSN.[57] Additionally, Landmark's argument that it did not receive any email[58] notifying it of any issue with its data submission prior to the deadline is also unavailing because the record demonstrates that on July 13, 2021, after the Q4 deadline, Landmark contacted the QRP Help Desk requesting that Landmark be added to the NHSN Distribution list that sends notices to non-compliant providers who have not submitted their data prior to the submission deadline.[59]

2. Whether the CMS reconsideration decision correctly determined that Landmark failed to provide a valid or justifiable excuse for its noncompliance.

Landmark goes on to ask the Board reverse CMS' Reconsideration Decision citing the FY 2015 IRF PPS Final Rule, which states in pertinent part:

> We may reverse our initial finding of noncompliance if: (1) The IRF provides adequate proof of full compliance with all IRF QRP reporting requirements during the reporting period; ***or (2) the IRF provides adequate proof of a valid or justifiable excuse for noncompliance if the IRF was not able to comply with the requirements during the reporting period. We will uphold our initial finding of noncompliance if the IRF cannot show any justification for noncompliance.***
>
> ***
>
> We further proposed that as part of the IRF's request for reconsideration, the IRF will be required to submit all supporting documentation and evidence demonstrating (1) full compliance with all IRF QRP reporting requirements during the reporting period or (2) a valid or justifiable excuse for noncompliance if the IRF was not able to comply with the requirements during the reporting period. ***We will be unable to review any reconsideration request that fails to provide the necessary documentation and evidence along with the request.*** [60]

In its August 4, 2021, Request of Reconsideration, Landmark states in pertinent part:

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[57] *See* Ex. C-11 at C-0076; *but see also* Ex. P-15 at ¶¶ 3, 5 (where although Ms. Little declares that she "confirmed that Columbia reported all IRF QRP data before the third quarter and fourth quarter reporting deadlines[,]" she does not indicate how she confirmed it and does not provide any documentary evidence to support her testimony. Moreover, Ms. Little states that the Landmark health system had "experienced this problem with NHSN before." Here, it is not unreasonable to expect that if a party claims to have had similar issues prior, then they would have some type of documentation to substantiate their claims of experiencing such issues.)

[58] By the fact that Landmark is arguing that it did not receive any email at all, it is reasonable to conclude that the prior staff person responsible for reporting had not registered the IRF for notifications prior to the deadline. This is supported by Landmark's own Ex. P-13, as addressed *infra.*

[59] Ex. P-13 at P0084-85.

[60] 79 Fed. Reg. at 45919 (emphasis added).

> Landmark Rehabilitation Hospital of Columbia LLC, did submit the information in Quarter 3 of 2020, ***however, the data was entered unintentionally under the wrong location code of "IRF-INPATIENT REHABILITATION HOSPITAL" versus "FACWIDEINFacility-Wide Inpatient (FacWIDEIn)." This oversight placed the data reporting status as incomplete.*** Our organization did not receive an error warning ***because the CMS system did not identify the data was under the incorrect location code. Again, the data*** was located in the Centers of Disease Control and Prevention (CDC) National Healthcare Safety Network, but it ***was not associated with the correct Landmark Rehabilitation Hospital of Columbia LLC location.***[61]

In response to Landmark's contentions with CMS' Reconsideration Decision, the Medicare Contractor argues that Landmark's reconsideration request "was deficient in accordance with 42 C.F.R. § 412.634(d)(2)(v) for multiple reasons[:]"[62]

> First, it did not include the CMS identified reasons for non-compliance from the letter dated July 15, 2021. A reference was made to the MAC letter dated July 1, 2021, which included less detail regarding the non-compliance finding because the MAC is only involved with the notification process. Second, it did not include proof of complete and timely submission for **all** months of data submission reports from the NHSN for 2020Q3 and 2020Q4. It only included Q3 monthly reports. Third, the admission of an error and a corrective action plan was specifically identified in the July 1, 2021, MAC letter as documentation that does **not** support a finding of compliance. Fourth, the reconsideration request did not mention any problems accessing the NHSN portal.[63]

Additionally, the Medicare Contractor argues that Landmark's reconsideration request was devoid of any arguments regarding the COVID-19 pandemic, and even so, that prior Board decisions have not considered the COVID-19 pandemic to be an extraordinary circumstance preventing proper and timely reporting.[64]

In reviewing Landmark's Reconsideration Request, the Board finds that the Medicare Contractor is correct—the reconsideration request clearly states that Landmark was at fault for the errors leading to its noncompliance. Further, the Medicare Contractor's July 1, 2021 letter forewarned, "Documentation that does not support a finding of compliance is as follows: Evidence or admission of error on the part of IRF staff, even if the involved staff member are [sic] no longer employed by the IRF[.]"[65] Notwithstanding the other omissions from the request, relying solely

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[61] Ex. P-12 at P0075-0076; *see also* discussion of the importance selecting the correct location identifier, *supra*.
[62] Medicare Contractor's Final Position Paper at 13 (Jan. 4, 2024).
[63] *Id.* (Emphasis in original).
[64] *Id*. at 14-15.
[65] Ex. P-1 at P0003.

on the admission of errors for Q3 of 2020, the Board finds that CMS correctly determined that Landmark failed to show *any justification for noncompliance.*

Although not addressed in its Reconsideration Request, in its Final Position Paper, Landmark cites several challenges it faced during the CDI submission deadline timeframes, including staffing, issues with communication and access to the NHSN, and the trials and tribulations associated with the COVID-19 pandemic. Pursuant to 42 C.F.R. § 412.634(e), an IRF may appeal a CMS Reconsideration Decision to the Board. Pursuant to 42 C.F.R. § 405.1853(a)(3) (Oct. 1, 2020) and Board Rule 25.2.1 (2018 v. 2.0), in its review of CMS' decision, the Board is limited to "the evidence that CMS or the Secretary considered in making the determination[.]"[66] Thus, although the Board acknowledges those challenges, and while it is sympathetic to the difficulties faced, the Board finds that those alleged issues were not presented to CMS in Landmark's request.

Assuming arguendo that Landmark provided all of the information to CMS that it has provided to the Board, the Board would evaluate whether those challenges contributed to admitted errors made by Landmark, and whether such is a valid or justifiable excuse for its failure to meet the requirements for the CDI Outcome Measure data submission. Notwithstanding, the Board believes that neither of these factors offer *a valid or justifiable excuse for noncompliance*. First, Landmark apparently obtained NHSN access prior to the deadlines because in its FPP, Landmark states:

> The Medicare Contractor also argues that there are no other NHSN reports showing timely reported data. Medicare Contractor Preliminary Position Paper at 12. ***However, this is irrelevant to this appeal because the Provider's argument is that the CDI data were submitted, but there was a typo to the location identifier.***[67]

But the errors were not merely "a typo," and the challenges presented by COVID-19 did not impact how someone selected a dropdown or checked a box on an electronic form. Second, as IRFs were required to meet or exceed the 100% threshold for CDI outcome measure for Q3 and Q4, any error—whereby Landmark was at fault—would result in Landmark failing to meet the compliance threshold. And here, the evidence before the Board shows that, for at least nine (9) different entry points, Landmark input the incorrect location identifier and left blank required entries despite having directions available to them for that very process. Therefore, the excuses presented would not be valid or justifiable excuses for its noncompliance.

3. Whether Landmark qualifies for an extraordinary circumstances' exception.

At the outset, with reference to any "extraordinary circumstances" averred by Landmark (or even referenced by the Medicare Contractor), it is important to highlight that an evaluation of

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[66] *See e.g.*, *Merit Health River Region v. Kennedy*, No. CV 23-906 (TJK), 2025 WL 763704, at *5 (D.D.C. Mar. 11, 2025) (where the Court held that it was improper for the plaintiff to ask the Court to consider evidence that was not presented to the Board to determine whether the Board acted arbitrarily or capriciously). The same rationale applies here—in its reconsideration request, Landmark did not raise the issues of NHSN system issues or the impact of the COVID-19 on its operations for CMS' consideration. Accordingly, the Board cannot reverse CMS' Reconsideration Decision on those bases even it did find them compelling (which it does not).

[67] Provider FPP at 41 (emphasis added); see also Ex. P-7, P-8, and P-9.

extraordinary circumstances is relative to the exception and extension request requirements set forth in 42 C.F.R. § 412.634(c)(1), whereby "CMS may grant exceptions or extensions to the measures data or standardized patient assessment data reporting requirements, for one or more quarters, *when there are certain extraordinary circumstances beyond the control of the IRF*."[68] However, 42 C.F.R. § 412.634(e)(1) specifically states, "An IRF may appeal the decision made by CMS on its reconsideration request by filing with the Provider Reimbursement Review Board (PRRB) under 42 CFR part 405, subpart R." Accordingly, appeals before the Board are relative to the reconsideration process.

Notwithstanding the foregoing, solely for the purposes of addressing the parties' arguments, the Board addresses whether Landmark met the requirements to be considered for an extraordinary circumstance exception by CMS.

In its Final Position Paper, Landmark counters the Medicare Contractor's argument that Landmark failed to meet the 90-day deadline for requesting an exception or extension for both Q3 and Q4 in accordance with 42 C.F.R. § 412.634(c)(2), stating: "CMS has stated on its website and in IRF QRP guidance that the extraordinary circumstances standard can be considered on appeal. Exhibit P-10 at P0052; Exhibit P-11 at P0068. The Board should therefore consider this standard now and reverse the Reconsideration."[69] However, for Landmark to avail itself of the extraordinary circumstances' exception and extension process, as a prerequisite, it was required to "request an exception or extension within 90 days of the date that the extraordinary circumstances occurred."[70] Nothing in the record indicates that Landmark met this procedural requirement, mandated by regulation, within 90 days of the challenges it claims were extraordinary and outside of its control and that purportedly impacted its submissions for Q3 and Q4. Accordingly, the Board cannot evaluate whether CMS improperly denied such a request as there was no exception or extension request made by Landmark in accordance with 42 C.F.R. § 412.634(c)(2).

Further, in its review of Landmark's cited exhibits, the Board sees no mention that it may take extraordinary circumstances under consideration in the absence of the required exception or extension request. Assuming arguendo that Landmark had submitted the request (or even taking their reasons under consideration absent such a request), as discussed above, the evidence

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[68] (Emphasis added).
[69] Provider's FPP at 48.
[70] 42 C.F.R. § 412.634(c)(2); *see also* 80 Fed. Reg. 47036, 47125 (Aug. 6, 2015), which states in pertinent part:

> In the FY 2014 IRF PPS final rule and the FY 2015 IRF PPS final rule, we stated that IRFs ***must request an exception or extension by submitting a written request along with all supporting documentation to CMS*** via email to the IRF QRP mailbox at IRFQRPReconsiderations@cms.hhs.gov. We further stated that exception or extension requests ***sent to us through any other channel would not be considered as a valid request*** for an exception or extension from the IRF QRP's reporting requirements for any payment determination. ***To be considered***, a request for an exception or extension ***must contain*** all of the requirements as outlined on CMS Web site at http://www.cms.gov/Medicare/ Quality-Initiatives-Patient-Assessment- Instruments/IRF-Quality-Reporting/IRF- Quality-Reporting-Reconsideration-and-Exception-and-Extension.html.

(Emphasis added.)

presented to the Board does not substantiate an extraordinary circumstance outside of Landmark's control (such as "a fire in the building").[71]

Moreover, CMS had already granted a Q3 extension (and Q1 and Q2 exceptions) pursuant to 42 C.F.R. § 412.634(c)(4)(i), which permitted IRFs, including Landmark, to submit the Q3 CDI measure data on March 18, 2021, instead of February 15, 2021.[72] But as discussed above, when Landmark attempted to complete the submission, it selected the wrong location identifier on the monthly reporting plans as well as on the monthly denominator form for Q3, which resulted in a deficiency because the location code selected did not meet the "FacWideIn" reporting requirement; and Landmark also submitted incomplete reporting plans for Q4. As for NHSN system problems, Landmark provides no persuasive evidence[73] to support its allegations that it experienced system problems, CMS did not exercise its authority under 42 C.F.R. § 412.634(c)(4)(ii), and Landmark's admissions of location identifier errors clearly indicate that a systemic problem with NHSN did not directly affect its ability to submit data.

4. Whether CMS has violated the APA and/or the Medicare Act.

Before addressing Landmark's contentions that CMS has violated the APA and/or the Medicare Act, the Board clarifies whether it has jurisdiction to consider whether CMS' actions are arbitrary and capricious under the APA as averred by Landmark.[74] As acknowledged in Landmark's FPP, when presented with questions of whether CMS has violated the APA, in the past, the Board has deferred to its jurisdiction set forth in 42 U.S.C. § 1395oo(a) and 42 C.F.R. §§ 405.1835 - 405.1840.[75] It is well established that Sections 704 and 706 of the APA mandate that legal questions of whether ***final agency actions*** comport with the APA be subject to judicial review, not an administrative tribunal such as the Board. However, pursuant to 42 C.F.R. § 405.1871(a), the Board has the authority to render decisions on whether a provider has met its burden of proof and is entitled to relief on the merits in matters over which it has jurisdiction. In rendering such decisions, in accordance with 42 C.F.R § 405.1869, the Board may affirm, reverse, or modify CMS' or Medicare Contractors' determinations. In the instant matter, under 42 C.F.R. § 412.560(e), Landmark appeals to the Board and seeks a reversal of CMS' Reconsideration Decision arguing that it is arbitrary and capricious and not in accordance with the APA. Although the Board has no authority related to the lawfulness of ***final agency actions***, CMS' reconsideration determinations are not final agency actions in that they are subject to a

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[71] *See* Ex. P-11 at P0068 (where FAQ #17 states, "If an IRF believes the finding of non-compliance is in 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."); *see also* Black's Law Dictionary (12th ed. 2024) (which defines "extraordinary" as "1. Beyond what is usual, customary, regular, or common… 4. Of, relating to, or involving an occurrence, esp. an incident or accident, that would not have been foreseeable to someone of normal prudence[.]")

[72] *See* Ex. P-14 at P0104; *see also* Ex. C-9 at C-0046.

[73] The Board acknowledges the declaration of Lauree J. Little (Ex. P-15), however, the admission of the location identifier errors outweighs the claims that information disappeared because even if it had not allegedly disappeared, the entry of the wrong location identifier at least three (3) times (where CDC guidance explicitly instructed the use of a particular identifier) would still have resulted in a failed submission). Again, the Board notes that Ms. Little states that the Landmark health system had "experienced this problem with NHSN before." Here, it is not unreasonable to expect that if a party claims to have had similar issues prior, then they would have documentation to substantiate their claims of experiencing such issues.

[74] Provider's FPP at 48.

[75] *Id.*

higher level of appeal (to the Board) under 42 CFR 412.560(e), and such intermediate agency action[76] may be "subject to review on the [judicial] review of the final agency action"[77] (i.e., upon affirmation by the Administrator, in accordance with 405.1871(b)). Accordingly, the Board may determine whether CMS' Reconsideration Determination (an intermediate agency action on appeal to the Board), was arbitrary and capricious in upholding CMS' initial decision to impose a 2-percentage point reduction in Landmark's AIF,[78] taking into consideration the underlying bases of Landmark's arguments, which implicate violations of fundamental requirements of the APA.

Landmark contends that CMS' (1) failure to correctly apply the IRF QRP standards of review, (2) lack of a detailed explanation in the Reconsideration Decision, (3) application of the penalty to the Provider's payments during the COVID-19 pandemic, (4) IRF QRP 100% threshold for data measures, and (5) specific location identifier requirement all violate the APA. The Board finds these arguments unpersuasive.

First, CMS did not fail to correctly apply the standards of review because Landmark never availed itself of the opportunity to be granted an extraordinary circumstances exception or extension; plus, its admitted errors would negate any justifiable or valid excuse. Second, the September 21, 2021 CMS Reconsideration Decision letter cited the specific areas of non-compliance, which Landmark has acknowledged, and provided as an exhibit.[79] Moreover, the September 21, 2021 Reconsideration Decision upheld the July 15, 2021 Noncompliance Notification letter, which stated that Landmark "[d]id not submit all of the required months of complete" data for CDI.[80] Third, overturning the two (2) percentage point penalty as a result of the COVID-19 pandemic would be equitable relief, and the Board's authority does not include the granting of equitable relief.[81] Fourth, the 100% data completion threshold went through notice and comment for the FY 2015 IRF PPS final rule.[82] Fifth, neither the APA (specifically, 5 U.S.C. § 553(b)(A)) nor the Medicare Act (specifically, 42 U.S.C. § 1395hh(a)(2)), apply to procedures or requirements that do not establish or change a substantive legal standard governing the payment for services. And in the instant matter, the specification of location identifier for appropriate linking of data submissions to a provider for the purposes of aggregating certain data measures is a procedure and not a substantive legal standard.

Finally, the doctrine of substantial compliance is inapplicable as the regulation clearly requires that providers meet the 100% data completion threshold for data measure submission, and even if it were applicable, Landmark did not substantially comply. Thus, where Landmark failed to meet the requirements of the IRF QRP, it negatively impacted CMS' ability to effectuate the

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[76] *See PAM Squared at Texarkana, LLC v. Alex M. Azar II ("PAM Squared"),* 436 F.Supp. 3d 52, 56-57 (D.D.C. 2020) ("[The Secretary argues] PAM Squared cannot challenge CMS's reconsideration denial, [] because that was an interim agency decision that has no further relevance after the Board rendered its own final opinion. [citation omitted]. True enough. Federal courts are empowered to review final, not interim, agency actions. [citations omitted]").

[77] APA, 5 U.S.C. § 704 (1966).

[78] *See Pam Squared* at 57 (where the Court stated, "A reversal of CMS's reconsideration on this basis was a separate avenue through which PAM Squared could obtain relief.")

[79] Ex. P-2.

[80] Ex. C-1 at C-0004.

[81] 42 C.F.R. § 405.1867; *see also* 5 U.S.C. § 704 – 705 (where under the APA, equitable relief is not available where agency actions are subject to judicial review, whereby an adequate remedy at law exists for appellants).

[82] *See* 79 Fed. Reg. 45921 through 45923.

purpose of the IRF QRP (i.e., "collect data on valid, reliable, and relevant quality measures and to make that data available to the public…to promote higher quality and more efficient health care for all patients who receive care in acute and post-acute care settings.")[83] Accordingly, the payment reduction is not contrary to the intent of the IRF QRP as averred by Landmark.

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Based on the foregoing, the Board finds that: 1) Landmark failed to submit the CDI Outcomes Measure data as specified by CMS and failed to meet the 100% completion threshold for CDI Outcomes Measure data for Q3 and Q4 of 2020, in violation of 42 C.F.R. § 412.634(b)(1) and (f)(2); and 2) Landmark did not submit to CMS for reconsideration all of the information submitted to the Board and even so, Landmark's errors and omissions do not qualify as valid or justifiable excuses under the reconsideration standard of review set forth in the FY 2015 IRF Final Rule.

DECISION

After considering the Medicare law, regulations and program instructions, the arguments presented and the evidence submitted, the Board finds that the two (2) percentage point reduction of the Medicare AIF for FFY 2022 for Landmark was proper.

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FOR THE BOARD:

9/25/2025

X Kevin D. Smith, CPA

Kevin D. Smith, CPA
Board Chair
Signed by: Kevin D. Smith -A

[83] Provider's FPP at 69.

January 2021

How to Set Up NHSN Reporting for Facility-Wide Inpatient MRSA Bacteremia and C. difficile LabID events for the CMS Inpatient Rehabilitation Facility (IRF) Quality Reporting Program

Free-standing IRFs

The following instructions can be used as a guide to assist with facility setup and monthly reporting as required by the CMS Inpatient Rehabilitation Facility Quality Reporting (IRFQR) Program. This guidance only applies to IRFs that are enrolled in NHSN as separate free-standing facilities, and does not replace or supersede any requirements as part of state mandatory reporting.

Note: This document covers the requirements for facility-wide inpatient (FacWideIN) surveillance of both MRSA bacteremia and *C. difficile*. **The CMS IRFQR Program no longer requires submission of data for MRSA bacteremia starting with 2018 Q4 data. However, IRFs may still be required to report MRSA bacteremia data in response to a state or local reporting mandate, or IRFs may choose to continue this surveillance voluntarily.**

In order to fully comply with NHSN's reporting protocol for MRSA bacteremia and *C. difficile*, free-standing IRFs must map each of their inpatient locations, include MRSA bacteremia and *C. difficile* LabID events in their monthly reporting plan each month, enter LabID events when identified, enter a summary data record each month, and indicate when they have zero LabID events to report for the facility in a given month. If these reporting requirements are not met, your facility's data will not be sent to CMS if applicable.

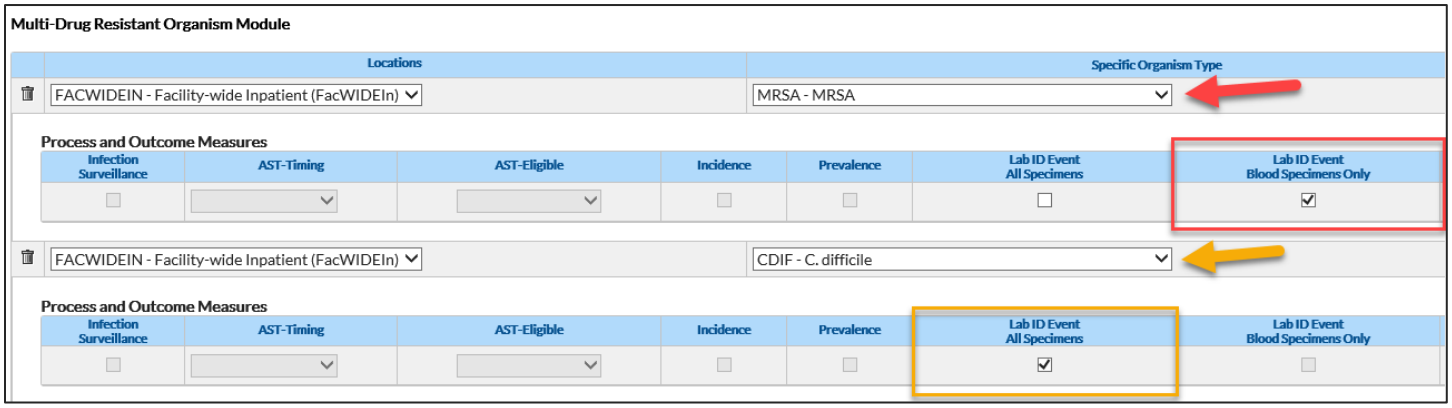
Step 1: Map every inpatient location

- Reporting of MRSA bacteremia and *C. difficile* LabID events must be done for all inpatient locations in your facility – each of these inpatient locations must be mapped as a unique location in NHSN.
- To view, add, or edit the locations that you have mapped in your facility, click on Facility > Locations in the NHSN navigation bar on the left side of the screen to access the Location Manager.
- For more information and instructions on how to map your inpatient locations, refer to the location mapping guidance at http://www.cdc.gov/nhsn/PDFs/pscManual/15LocationsDescriptions_current.pdf

Centers for Disease Control and Prevention
National Center for Emerging and Zoonotic Infectious Diseases

Step 2: Include facility-wide ("FacWideIN") reporting of LabID events (for example, MRSA bacteremia and *C. difficile*) in your monthly reporting plans

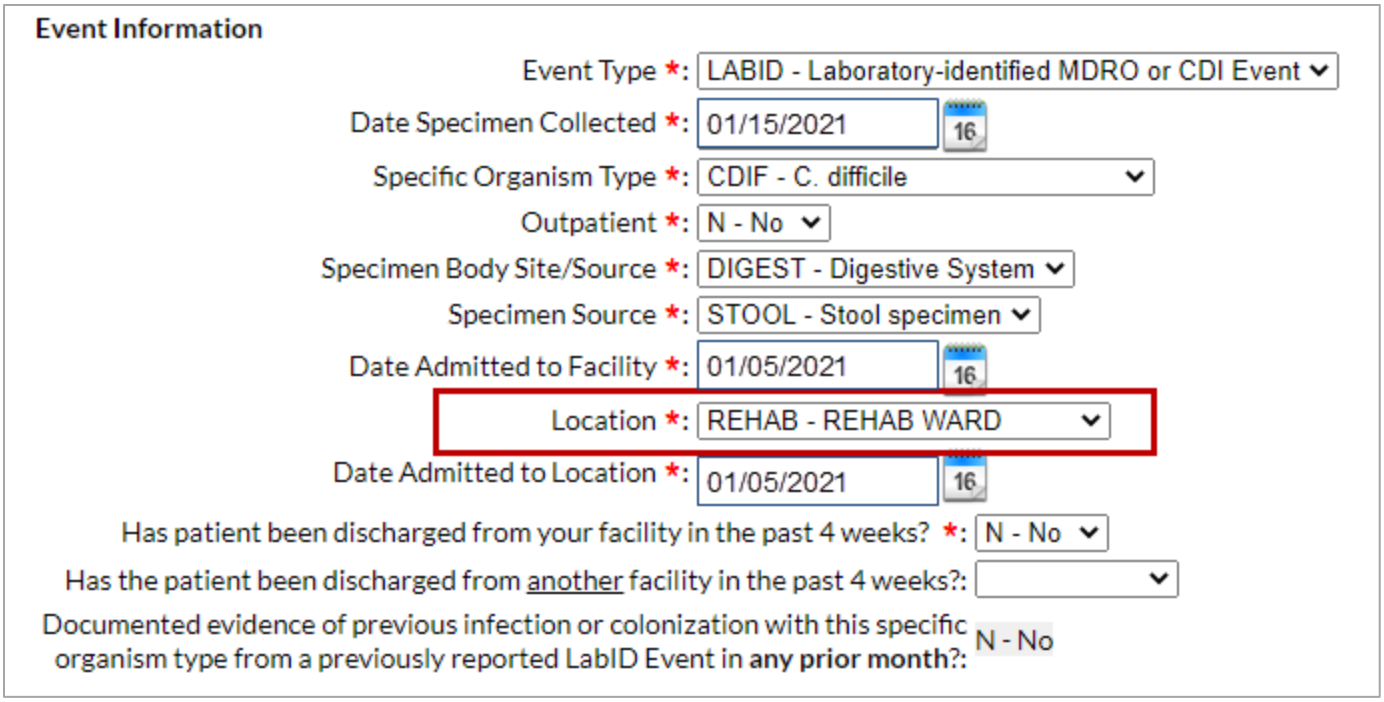
- At the beginning of each month, add facility-wide reporting for MRSA bacteremia and *C. difficile* LabID events to your monthly reporting plan (MRP) using the "FacWideIN" location. Data must be listed in your monthly reporting plan in order to be submitted to CMS. Use the "Add Rows" button to add an additional row to the MRP.



- If your facility chooses to report LabID events for all MRSA specimens (and indicates this on your monthly reporting plan), only the MRSA LabID events from blood specimens will be included in the standardized infection ratio (SIR).

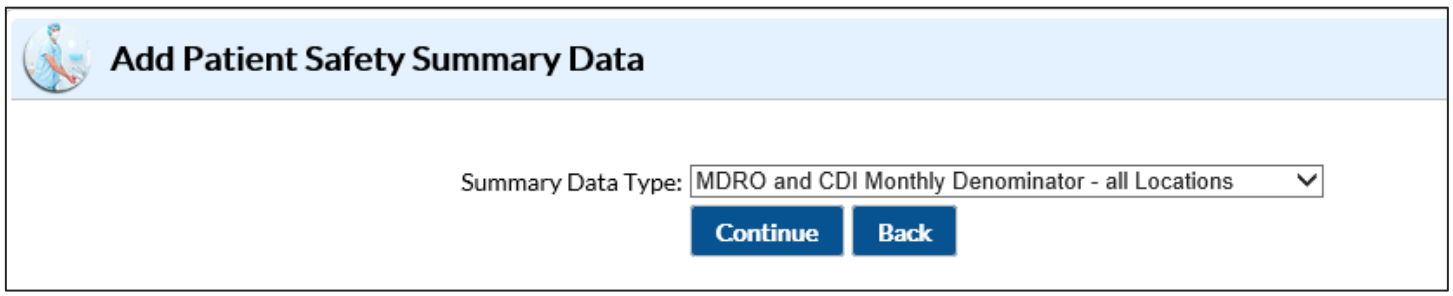
Step 3: Identify and enter all MRSA bacteremia and *C. difficile* LabID events into NHSN by location

- Each month, facilities should use the MDRO/CDI Module protocol to identify MRSA bacteremia and *C. difficile* LabID events.
- All identified LabID events must be entered into NHSN using the specific inpatient location where the patient was assigned at the time of specimen collection, as shown in the screenshot below. You will not be able to use the FacWideIN location when reporting individual LabID events.

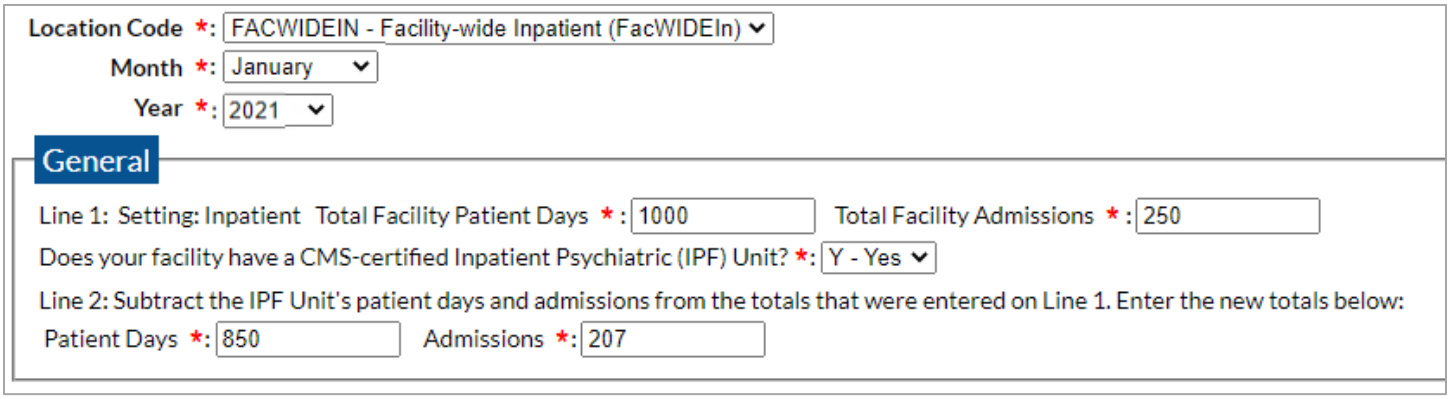


Step 4: Enter monthly summary data for the entire facility

- At the end of the month, enter an MDRO/CDI Module summary data record for the FacWideIN location.
    - Click on 'Summary Data' and then 'Add' on the left-hand navigation bar
    - Select 'MDRO and CDI Monthly Denominator – all Locations' from the Summary Data Type drop-down menu.



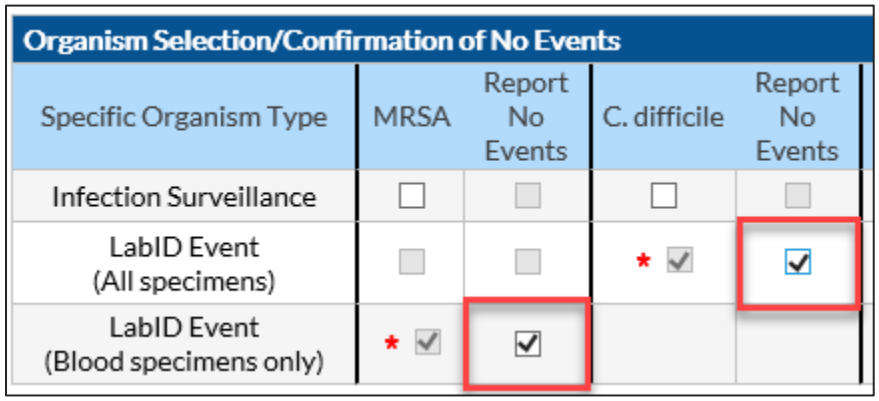
- On the summary data entry screen, you **must** select FacWideIN as the location for which you are entering the summary data by clicking on the drop-down menu next to 'Location Code.'
- After selecting the FacWideIN location, month, and year, several summary data fields will become required.
    - Enter the total facility's patient days and admissions, for the entire month.
    - If your facility has any inpatient psychiatric units (IPF) that are certified by CMS, answer "yes" to the question about unique locations. Otherwise, answer "no".
        - If your facility has an IPF, complete the additional denominator data entry by entering the facility's patient days and admissions for all units in the facility *except* the IPF unit.
    - Note: The denominator form for the 3rd month of each quarter (March, June, September, December) will have an additional required data entry field for CDI test type. Use the drop-down menu to select the CDI laboratory test method that was used for the majority of that quarter.



- For more information about how to collect and report the information required, refer to the MDRO/ CDI Module protocol.
- If you have identified and reported LabID events for all organisms in your monthly reporting plan during the month, you are finished with your reporting for the month. If not, proceed to Step 5 (reporting no events).

Step 5: Reporting no events for MRSA bacteremia and *C. difficile* LabID events

- If you have not identified any LabID events for a particular organism at the end of a month, you must indicate this on the summary data record in order for your data to be sent to CMS.
- On the MDRO and CDI Module summary data form, checkboxes for "Report No Events" are found underneath the patient day and admission count fields, as seen in the screenshot below.



Organism Selection/Confirmation of No Events				
Specific Organism Type	MRSA	Report No Events	C. difficile	Report No Events
Infection Surveillance	☐	☐	☐	☐
LabID Event (All specimens)	☐	☐	* ☑	☑
LabID Event (Blood specimens only)	* ☑	☑		

- If LabID events have already been reported for the specific organism, the "Report No Events" box will be disabled, preventing it from being checked.

***Please note:** If you identify and enter LabID events for an organism after you've already checked the "Report No Events" box, the "Report No Events" check will automatically be removed in the NHSN database.

Additional resources:

- MDRO/CDI Module protocol: http://www.cdc.gov/nhsn/PDFs/pscManual/12pscMDRO_CDADcurrent.pdf

- Operational Guidance for IRFs to report *C. difficile* LabID event data to NHSN to fulfill CMS IRF Quality Reporting Requirements: http://www.cdc.gov/nhsn/PDFs/irf/IRF-CDI-Op-Guidance.pdf