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

Frequently Asked Questions (FAQs)

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Contents

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 ensure 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 18 quality measures in the IRF QRP. These measures can be found on the IRF QRP Measures Information webpage.

For detailed quality measure specifications, please refer to the IRF Measure Calculations and Reporting User's Manual V4.0, which can be found in the Downloads section on the IRF QRP Measures Information webpage.

3. What are the FY 2023 updates to the IRF QRP?

The FY 2023 IRF Prospective Payment System (PPS) final rule did not adopt new quality measures for the IRF QRP. The rule did, however, finalize a policy to begin collecting IRF-PAI assessment data on all IRF patients, regardless of payer, beginning with discharges on October 1, 2024.

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:

- Federal Register
- Inpatient Rehabilitation Facility (IRF) Rules and Related Files

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:
  - IRF QRP webpage
  - IRF QRP Spotlights & Announcements webpage
  - 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:
  - IRF QRP Spotlights & Announcements webpage
  - CMS Special ODF webpage
  - 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, tip sheets, 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 2022 Virtual Training program presentations and the June 2022 live, Virtual Workshop sessions are available on the CMS YouTube channel. Presentations and supplemental training materials for the Virtual Training program and Virtual Workshop sessions can be found in the Downloads section of the IRF QRP Training webpage.

Additional web-based training modules and presentations include:

- Introduction to the IRF QRP
- Achieving a Full AIF Webinar
- Section GG 3-Course Training Series and Specific Section GG Items Video Tutorials available on the IRF QRP Training website

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. Beginning October 1, 2024, completion of the IRF-PAI will be required for all patients, regardless of payer. 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 2025 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 2025 IRF QRP determination. It is available for download on the IRF Quality Reporting Measures Information webpage.

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 (item 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 System (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 V4.0, which can be found in the Downloads section of the IRF QRP Measures Information webpage.

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

The 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 and NHSN data are submitted to CMS based on deadlines established for the 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 4.0 of the IRF-PAI is to be completed for any patient discharged on or after October 1, 2022.

The IRF-PAI V4.0 is available in the Downloads section of the IRF-PAI and IRF-PAI Manual webpage. For more information, please see links below to IRF-PAI version 4.0, and a change table listing differences between Version 3.0 and Version 4.0:

- IRF-PAI Version 4.0
- Change table summarizing revisions to the IRF-PAI Version 4.0

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 Version 4.0 and the CMS IRF-PAI Manual Version 4.0 Errata, 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 receives a letter of notification from its Medicare Administrative Contractor (MAC). Compliance letters are 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?

The notification letter sent by the MAC includes instructions for requesting reconsideration of this decision. 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. 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**.** CMS does 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 & 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 an 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 & 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 two-percentage-point (2%) 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, Who are the MACs.

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 historically stored in the Automated Survey Processing Environment (ASPEN) system. The Centers for Medicare & Medicaid Services (CMS) will be transitioning to use the demographic information from the Provider Enrollment, Chain, and Ownership System (PECOS). 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.

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 eight original CMS 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 them 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 QRP Measure Name	Measure Type	Measure Name as Displayed on Care Compare
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function	Assessment-based	Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674)	Assessment-based	Percentage of IRF patients who experience one or more falls with major injury during their IRF stay
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	Assessment-based	Percentage of patients with pressure ulcers/pressure injuries that are new or worsened
Drug Regimen Review Conducted with Follow-Up for Identified Issues	Assessment-based	Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified
Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633)	Assessment-based	Change in patients' ability to care for themselves
Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634)	Assessment-based	Change in patients' ability to move around
Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635)	Assessment-based	Percentage of patients who are at or above an expected ability to care for themselves at discharge
Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636)	Assessment-based	Percentage of patients who are at or above an expected ability to move around at discharge
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)	CDC NHSN*	Catheter-associated urinary tract infection (CAUTI)
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717)	CDC NHSN*	Clostridium difficile infection (CDI)
Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)	CDC NHSN*	Influenza vaccination coverage among healthcare personnel

IRF QRP Measure Name	Measure Type	Measure Name as Displayed on Care Compare
COVID-19 Vaccination Coverage Among Healthcare Personnel	CDC NHSN*	Percentage of COVID-19 vaccinations among healthcare personnel
Medicare Spending per Beneficiary (MSPB) – Post-Acute Care (PAC) IRF QRP	Claims-based	Medicare Spending Per Beneficiary (MSPB) for patients in IRFs
Discharge to Community – Post-Acute Care (PAC) IRF QRP (NQF #3479)	Claims-based	Rate of successful return to home and community from an IRF
Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP	Claims-based	Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF
Potentially Preventable Within Stay Readmission Measure for IRF QRP	Claims-based	Rate of potentially preventable hospital readmissions during the IRF stay

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

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 A: Administrative Information; Section B: Hearing, Speech, and Vision; Section C: Cognitive Patterns; Section D: Mood; Section GG: Functional Abilities and Goals; Section H: Bladder and Bowel; 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
- IRF claims-based quality measures
- 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:

- NHSN registration
- Questions about data submitted to CMS via the CDC NHSN
- Accessing reports available in the NHSN

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
- Case Mix Group (CMG) Grouper classification
- IRF-PAI assessment submissions using iQIES
- Accessing reports in iQIES
- Validation Utility Tool (VUT) (vendor tool to ensure software meets CMS requirements and will pass IRF-PAI technical specification edits)
- Technical questions related to IRF-PAI data specifications

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

Examples of issues this help desk can assist you with:

- IRF-specific questions about the Care Compare website
- IRF data available in the Provider Data Catalog

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

Examples of issues this help desk can assist you with:

- How to file a request if a provider receives a letter of non-compliance from CMS
- Deadline for filing a Request for Reconsideration
- How to dispute a finding of non-compliance with the QRP reporting requirements that can lead to a 2% payment reduction
- Requesting information about the IRF QRP payment reduction for failure to report required quality data

IRF QRP Compliance Notifications
Email: QRPHelp@swingtech.com

Examples of issues this help desk can assist you with:

- Receiving compliance notifications
- Questions regarding information provided in the non-compliance letters
- Questions related to provider outreach

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)

Personal Computer (PC) Pricer Issues
Email: PCPricers@cms.hhs.gov

Examples of issues this resource can assist you with:

- IRF PC pricer questions

Listserv Available for Provider Support for IRFs

Subscribe to the Post-Acute Care (PAC) QRP listserv for the latest IRF quality reporting and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 program information including but not limited to training, stakeholder engagement opportunities, and general updates about reporting requirements, quality measures, and reporting deadlines.