



Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Change Table Version 4.0

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Quality Measure, Assessment Instrument
Development, Maintenance and Quality
Reporting Program Support for the Long-Term
Care Hospital (LTCH), Inpatient Rehabilitation
Facility (IRF), Skilled Nursing Facility (SNF)
QRPs and Nursing Home Compare (NHC)

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Current as of October 1, 2022

Overview

This document provides quality measure updates reflected in the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Measure Calculations and Reporting User's Manual, Version 4.0 taking effect October 1, 2022 with the implementation of the IRF Patient Assessment Instrument (IRF-PAI) V4.0. Updates to specifications of the existing measures in this document use the Measure Calculations and Reporting User's Manual Addendum V3.1.1 (effective October 1, 2020) as the foundation for changes.

The transition from IRF-PAI V3.0 to V4.0 results in item number and coding changes affecting specifications and CMS ID numbers for the following measures:

- 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)

This document also includes information with regard to three newly included measures for the IRF QRP:

- National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage Among Healthcare Personnel
- Transfer of Health Information to Provider – Post Acute Care (PAC)
- Transfer of Health Information to Patient – Post Acute Care (PAC)

Updates are organized by manual chapter, section, page number, step/table indicator. Updated language is indicated by strikeouts of prior language, and the description of the change. The step/table column adds specificity in locating the edits by indicating if the edits are located within a specific step or table on a given page. When edits are not found in a specific step/table, the column displays "N/A". Similarly, when edits are applied in multiple locations within the manual (e.g., updates to CMS measure IDs or dates associated with quarterly report periods), the column displays "Multiple".

IRF QRP Measure Calculations and Reporting User's Manual V4.0 Updates

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
1.	Multiple	Multiple	Multiple	Multiple	IRF-PAI v2.0 IRF-PAI v3.0 IRF-PAI v3.0 IRF-PAI-v4.0 IRF-PAI 3.1 IRF-PAI 4.0	Updated IRF-PAI version references throughout the document where appropriate.
2.	Multiple	Multiple	Multiple	Multiple	October 1, 2019 2022	Updated effective date for IRF-PAI v4.0 throughout document.
3.	Multiple	Multiple	Multiple	Multiple	<i>Effective on October 1, 2022, the IRF-PAI Version 4.0 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.0 is available for download on the CMS IRF-PAI IRF QRP Manual website.</i>	Inserted hyperlink to IRF-PAI v4.0 throughout document where appropriate.
4.	Multiple	Multiple	Multiple	Multiple	FY 2016 IRF PPS final rule FY 2017 IRF PPS final rule FY 2020 IRF PPS final rule FY 2022 IRF PPS final rule	Inserted hyperlinks to IRF PPS final rules throughout document where appropriate.
5.	Multiple	Multiple	Multiple	Multiple	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) CMS ID: I009.04 (CMS ID: I009.05) IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID: I010.04) (CMS ID: I010.05) IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID: I011.04) (CMS ID: I011.05) IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID: I012.04) (CMS ID: I012.05)	Incremented CMS ID numbers for measures throughout document where appropriate.
6.	Multiple	Multiple	Multiple	Multiple	This measure is NQF endorsed for use in the LTCH setting- (http://www.qualityforum.org/QPS/2631) and an application of this quality measure is finalized for reporting by IRFs under the IRF QRP (Federal Register 80 (6 August 2015): 47100-47111). Web- https://www.gpo.gov/fdsys/pkg/FR-2015-08-06/pdf/2015-18973.pdf <i>This measure (I008.02) is an application of the Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function measure (L009.03) and is not NQF endorsed.</i>	Updated to reflect the change in NQF endorsement status for the Application of Functional Assessment measure.
7.	Multiple	Multiple	Multiple	Multiple	Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: I024.01) Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: I025.02)	Added TOH measures throughout document where appropriate.

Manual Version 4.0 is current as of October 1, 2022.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
8.	Multiple	Multiple	Multiple	Multiple	Patient level Stay-level Patient IRF Stay	Language updated to clarify IRF stay as unit of analysis where appropriate; no effect on calculations.
9.	Multiple	Multiple	Multiple	Multiple	Medicare Part A and Medicare Advantage IRF stays Medicare-IRF stays (Part A or Medicare Advantage)	Language updated for consistency; no effect on calculations.
10.	Multiple	Multiple	Multiple	Multiple	Pressure ulcers/ injuries	Language update for consistency; no effect on calculations.
11.	Table of Contents	N/A	iii	N/A	<i>Section 5.4 Measures to Begin Data Collection on 10/01/2022: Transfer of Health Information (TOH)...</i>	New section to provide background information for TOH measures.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
12.	1	1.2	2	IRF Stay Definitions	<p>Patient Stay-level Record: A patient stay-level record is an IRF-PAI record, which includes both admission and discharge data and reflects an IRF stay.</p> <p>Stay: The period of time between a patient's admission date into an IRF and date of discharge from the IRF</p> <p>Target date: The target date for an assessment is the discharge date (Item 40).</p> <p>Target period: The span of time that defines the measure reporting period (e.g., a calendar year for the quality measure IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients [NQF#2633]).</p> <p>Sort order: The patients' assessment records included in the target period must be sorted by the following variables in the following order:</p> <ul style="list-style-type: none"> • Provider Internal ID • Patient Internal ID <p>Discharge Date (descending): This will result in assessment records appearing in reverse chronological order so that the most recent assessment records appear first.</p> <p><i>IRF Stay-level Assessment: An IRF-PAI record is submitted when a patient is discharged from the IRF and includes both admission and discharge data.</i></p> <p><i>IRF Stay: Note that IRF-PAI data are submitted for Medicare Part A and Medicare Advantage patients only. An IRF stay includes consecutive time in the facility starting with a patient's admission date (Item 12) through the patient's discharge date (Item 40) and is inclusive of interrupted stay days. An interrupted IRF stay is defined as those cases in which a Medicare beneficiary is discharged from the IRF and returns to the same IRF within 3 consecutive calendar days. The three consecutive calendar days begin with the day of the discharge from the IRF and ends on midnight of the third day. Definitions for incomplete and complete IRF stays are specific to the function measures and are addressed in Section 1.3</i></p> <p><i>Target Date: The target date for an IRF-PAI record is the discharge date (Item 40). The target date is used to select the IRF stay-level sample for a measure and to determine the sort order for individual patients' assessments included in the target period. The target period for the IRF QRP assessment-based QMs is described in Section 4.1.</i></p> <p><i>Target Period: The span of time that defines the Quality Measure Reporting Period for a given measure (e.g., a 12-month period (4 quarters)). The target period and methodology for selecting the stay-level sample for the IRF QRP assessment-based QMs is described in Section 4.1.</i></p>	Updated language for clarity; no effect on calculations.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
13.	1	1.3	2-3	Measure-Specific Definitions	<p>Incomplete Stay: Incomplete patient stays are defined for the function measures. We refer readers to Chapter 6 to review the measure specifications to determine what is considered an incomplete stay for each measure, as applicable.</p> <p>Complete Stay: Complete patient stays are identified as patient stays that are not incomplete for the function measures. All patients not meeting the criteria for incomplete stays will be considered complete stays.</p> <p><i>The methodology for selecting the stay samples for the following function measures includes identifying complete versus incomplete IRF stays, described in detail below:</i></p> <ul style="list-style-type: none"> • <i>Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: I008.02)</i> • <i>Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID: I011.05)</i> • <i>Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID: I012.05)</i> • <i>IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) (CMS ID: I009.05)</i> • <i>IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID: I010.05)</i> <p>Incomplete IRF Stay: We refer readers to Chapter 6 to review the measure specifications to determine what is considered an incomplete stay for each measure, as applicable. In general, incomplete IRF stays occur when a patient:</p> <ul style="list-style-type: none"> • <i>is discharged to an acute care setting resulting in the patient's absence from the IRF for longer than 3 calendar days (e.g., Short-term General Hospital, Long-Term Care Hospital, Inpatient Psychiatric Facility, or Critical Access Hospital (Item 44D)); or</i> • <i>dies while in the facility (Item 44C); or</i> • <i>is discharged against medical advice (Item 41); or</i> • <i>has a stay less than three days (Item 12, Item 40).</i> <p>Complete IRF Stay: All IRF stays not meeting the above criteria for incomplete stays will be considered complete IRF stays.</p>	Language updated for clarity; no effect on calculations.

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14.	2	N/A	5	N/A	<ul style="list-style-type: none"> • CDC NHSN: CAUTI • CDC NHSN: CDI • CDC NHSN: HCP Influenza Vaccine 	Updated hyperlinks to CDC website.
15.	2	N/A	6	N/A	<p><u>National Healthcare Safety Network (NHSN) COVID-19 Vaccination Coverage among Healthcare Personnel (CMS ID: I023.01)</u></p> <ul style="list-style-type: none"> • <i>This measure identifies the percentage of HCP eligible to work in the IRF setting for at least one day during the reporting period who receive a complete COVID-19 vaccination course, regardless of clinical responsibility or patient contact.</i> • CDC NHSN: HCP COVID-19 Vaccine 	Updated to reflect new measure.
16.	3	N/A	7	N/A	<p>Discharge to Community-Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) (NQF #3479) (CMS ID: I019.02)</p> <ul style="list-style-type: none"> • This measure reports an IRF's risk-standardized rate of Medicare fee-for-service patients who are discharged to the community following an IRF stay, and do not have an unplanned readmission to an acute care hospital or LTCH in the 31 days following discharge to community, and who remain alive during the 31 days following discharge to community. Community, for this measure, is defined as home or self-care, with or without home health services. <i>An new additional</i> measure denominator exclusion was finalized in the FY 2020 IRF PPS final rule to exclude IRF stays for baseline <i>nursing facility (NF)</i> residents. Baseline NF residents are defined as patients who had a long-term NF stay in the 180 days preceding their hospitalization and IRF stay, with no intervening community discharge between the long-term NF stay and qualifying hospitalization for measure inclusion. <p>○ <i>Medicare Claims-Based: Discharge to Community-Post Acute Care</i></p>	Updated language characterizing the denominator exclusion for removing baseline nursing facility residents. Updated hyperlink to current online specifications document. No effect on calculations.

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17.	3	N/A	8	N/A	<p>Medicare Spending Per Beneficiary-Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) (CMS ID: I020.01)</p> <p>This measure evaluates IRF providers' <i>efficiency resource use</i> relative to the <i>efficiency resource use</i> of the national median IRF provider. Specifically, the measure assesses the cost to Medicare for services performed by the IRF provider during an MSPB-PAC IRF episode. The measure is calculated as the ratio of the price-standardized, risk-adjusted MSPB-PAC amount for each IRF divided by the episode-weighted median MSPB-PAC amount across all IRF providers.</p> <ul style="list-style-type: none"> • Medicare Claims-Based: Medicare Spending Per Beneficiary 	Language updated for clarity; no effect on calculations.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
18.	4	4.1	9-10	1-4	<p>1. Select all IRF-PAI stays with a target date (discharge date (Item 40)) within the data target period. <i>These are the target period IRF stays.</i></p> <p>2. For each IRF-PAI record (i.e., IRF stay), do the following:</p> <p>a. Sort the records according to the sort order defined in Chapter 1, Section 1.2.</p> <p>b. Select all stay-level records that meet the patient stay-level record definition in Chapter 1, Section 1.2 and whose discharge date is within the target period. These are target period patient stay-level records. If a patient has multiple stay-level records with a discharge date within the target period, then include each eligible patient stay in the measure.</p> <p>2. Sort the IRF stays according to the following:</p> <ul style="list-style-type: none"> • <i>Provider Internal ID.</i> • <i>Patient Internal ID</i> • <i>Admission Date (ascending)</i> • <i>Discharge Date (descending)</i> • <i>Correction Number (descending)</i> • <i>IRF Assessment ID (descending)</i> <p>3. For each unique admission date, select the first record to eliminate duplicates.</p> <p>4. If any IRF stays for the same Provider Internal ID and Patient Internal ID are overlapping by more than one day (i.e., the admission date of a subsequent assessment is earlier than the discharge date of the prior assessment), remove both stays.</p> <p>5. If a patient has multiple eligible IRF stays with a discharge date within the target period, then include each eligible stay in the measure.</p>	Sort and selection logic refined to account for the possibility of overlapping stays.

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19.	4	4.1	10	3	<p>3. Apply the respective quality measure calculations from Chapter 6 to the eligible target period patient stay level records. Additionally, Chapter 7 provides the instructions in table format, which are listed below:</p> <ul style="list-style-type: none"> a. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01), Table 7-2 b. Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674) (CMS ID: I013.01), Table 7-3 c. Application of Percent of Long-Term Care Hospital (LTCH) Patients With an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: I008.02), Table 7-4 d. IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) (CMS ID: I009.04), Table 7-5 e. IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID: I010.04), Table 7-6 f. IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID: I011.04), Table 7-7 g. IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID: I012.04), Table 7-8 h. Drug Regimen Review Conducted with Follow-Up for Identified Issues—PAC IRF QRP (CMS ID: I021.01), Table 7-9 	Duplicative information removed.
20.	5	N/A	14	N/A	<p><i>Section 5.4 describes the Transfer of Health Information (TOH) measures which will be available to IRF providers in their iQIES reports starting in 2023.</i></p>	Updated to reflect inclusion of TOH measure information.

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21.	5	5.1	14	1b	<p>i. For all measures, excluding the Change in Self-Care and Change in Mobility measures: the target population is derived by including all stay-level records in the denominator for the target period, which do not meet the exclusion criteria <i>the cumulative rate is derived by dividing the numerator of all eligible IRF stays in the target period by the denominator of all eligible IRF stays in the target period.</i></p> <p>ii. For the Change in Self-Care and Change in Mobility measures: the target population is derived by including all stay-level records for the target period, which do not meet the exclusion criteria, and calculating the change scores for each stay-level record. For instructions on calculating the change scores, please see Chapter 6, Section 6.5 for the Change in Self-Care measure and Chapter 6, Section 6.6 for the Change in Mobility measure. <i>the cumulative rate is derived by including all IRF stays for the target period which do not meet the exclusion criteria, calculating the change scores for each IRF stay, and then calculating the mean of the change scores. For instructions on calculating the change scores, please see Chapter 6, Section 6.4 for the Change in Self-Care measure and Chapter 6, Section 6.5 for the Change in Mobility measure.</i></p>	Updated language for clarity and accuracy; no effect on calculations.
22.	5	5.1	14	1.c.i	For example, the data submission deadline for Quarter 1 (January 1 through March 31) data collection would normally be 11:59 p.m. ET, August 15, which is the 15 th day of the month, 5 months after the end of the data collection period. However, in FY 2021, August 15 th falls fell on a Sunday; therefore, the deadline for this data submission is was extended until to the next business day which would be <i>was August 16, 2021, at 11:59 p.m. ET on August 16, 2021.</i>	Language updated for consistency. No effect on data submission deadlines.
23.	5	5.1	16	Table 5-2	(See Appendix for full table excerpt.)	Updated the user-requested years (i.e., 2018 through 2023), updated CMS measure IDs, and added two measures (TOH measures).

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24.	5	5.1	16	N/A	<p>Example of quarterly rates included in the iQIES Review and Correct Reports for an existing measure: If the requested calendar year quarter end date is Quarter 1, 2020 (end date of March 31st), the four quarters of data that will be provided in this request will include the following: Q2 2019 (April through June), Q3 2019 (July – September), Q4 2019 (October – December), and Q1 2020 (January – March).</p> <p>Example of quarterly rates included in the iQIES Review and Correct Reports for a new measure: If the requested calendar year quarter end date is Quarter 1, 2020 (end date of March 31st), the only quarter of data that will be provided in this request will include the following: Q1 2020 (January – March).</p> <p><i>Table 5-3 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures:</i></p> <ul style="list-style-type: none"> <i>For an existing measure, if the requested calendar year quarter end date is Quarter 1, 2023 (end date of March 31st), the four quarters of data provided in this request include Q2 2022 (April – June), Q3 2022 (July – September), Q4 2022 (October – December), and Q1 2023 (January – March).</i> <i>For a new measure, if the requested calendar year quarter end date is Quarter 1, 2023 (end date of March 31st), the only quarter of data provided in this request includes Q1 2023 (January – March).</i> 	Language updated for clarity. No effect on calculation.
25.	5	5.3	20	N/A	<p>Section 5.3: Measure Calculations During the Transition from IRF-PAI v2.0 3.0 to IRF-PAI v3.0 4.0</p> <p>For IRFs, IRF-PAI data are submitted on one assessment record (covering both admission and discharge) and new measure specifications calculations are to be applied based on the discharge date.</p> <p>The new measure specifications calculations for new measures begin for records of patients discharged with the implementation of the IRF-PAI v4.0 for IRF stays with discharge dates on or after October 1, 2019 2022 with the implementation of the IRF-PAI v3.1 on October 1, 2019.</p>	

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26.	5	5.4	20	N/A	<p>Section 5.4: Measures to Begin Data Collection on 10/01/2022: Transfer of Health Information (TOH)</p> <p><i>The Transfer of Health Information (TOH) to the Provider (CMS ID: I024.01) and Transfer of Health Information to the Patient (CMS ID: I025.02) measures assess for and report on the timely transfer of health information, specifically transfer of a reconciled medication list, when a patient is discharged from their current post-acute care setting to an applicable subsequent provider or a private home/apartment, board/care, assisted living, group home, transitional living, or home under care of an organized home health service organization or hospice. The measures, developed under the IMPACT act and finalized for adoption by IRFs under the FY 2020 IRF PPS final rule (84 FR 39099 - 39107), have been developed for the IRF, LTCH, Skilled Nursing Facility (SNF), and Home Health Agency (HHA) settings, and will be available to IRF providers via their iQIES reports starting in 2023. An update to the denominator for the TOH to the Patient measure was finalized in the FY 2022 IRF PPS final rule (84 FR 43296 – 42397) to exclude patients discharged home under the care of an organized home health agency or hospice (Item 44D = 06, 50). Complete information regarding the background and development of the measures can be found on the IRF QRP Measures Information website.</i></p> <p><i>The TOH to Provider measure is calculated using a standardized assessment element (Item A2121) that asks whether, at the time of discharge, the patient's current reconciled medication list was provided to the subsequent provider and a second standardized assessment element (Item A2122) that addresses the route of transmission to ensure internal measure consistency. Similarly, the TOH to Patient measure uses a standardized assessment element (Item A2123) that addresses whether the medication list was provided to the patient, family, and/or caregiver at discharge, with a second standardized assessment element (Item A2124) that addresses the route of transmission. Record selection is described in detail in Chapter 4 and measure calculations are specified in Chapter 6. Table 7-9 and Table 7-10 provide the measure specifications in table format.</i></p>	New section providing background information on TOH measures.
27.	6	6.3	28	N/A	<p>Section 6.3: Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan that Addresses Function (NQF #2631⁷) (CMS ID: I008.02)</p> <p><i>⁷ This measure (I008.02) is an application of measure L009.03 and is not NQF endorsed.</i></p>	Footnote added to clarify NQF endorsement status.

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28.	6	6.3	28	1.1	<p>1.1 Patients with incomplete stay records are identified based on:</p> <p>1.1.1 Discharge to Acute Care: Discharge Destination (Item 44D) 02 = Short-term General Hospital 63 = Long-term Care Hospital (LTCH) 65 = Inpatient Psychiatric Facility 66 = Critical Access Hospital</p> <p>OR</p> <p>1.1.2 Discharged Against Medical Advice: Patient discharged against medical advice (Item 41 = [1])</p> <p>OR</p> <p>1.1.3 Died while in IRF: Was the patient discharged alive? (Item 44C = [0])</p> <p>OR</p> <p>1.1.4 Length of stay less than 3 days: ([Item 40. Discharge Date] minus [Item 12. Admission Date]) < 3 days.</p> <p>1.1 Patients with incomplete IRF stays are identified based on:</p> <p>1.1.1 Discharge to Acute Care that results in the patient's absence from the IRF for longer than 3 calendar days: Discharge Destination (Item 44D) 02 = Short-term General Hospital, 63 = Long-Term Care Hospital (LTCH), 65 = Inpatient Psychiatric Facility, 66 = Critical Access Hospital (CAH)</p> <p><u>OR</u></p> <p>1.1.2 Died while in IRF: Was the patient discharged alive? (Item 44C = [0])</p> <p><u>OR</u></p> <p>1.1.3 Discharge Against Medical Advice: Patient discharged against medical advice (Item 41 = [1])</p> <p><u>OR</u></p> <p>1.1.4 Length of stay less than 3 days: ([Item 40. Discharge Date] minus [Item 12. Admission Date]) < 3 days.</p>	Incomplete stay language clarified; does not affect calculations.

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29.	6	6.4	37	3	<p>3.1 Incomplete stays:-</p> <p>3.1.1 Length of stay is less than 3 days: Discharge Date (Item 40) – Admission Date (Item 12) is less than 3 days.-</p> <p>3.1.2 Discharged against medical advice: Patient discharged against medical advice (Item 41 = 1).</p> <p>3.1.3 Died while in IRF: Was the patient discharged alive (Item 44C = 0).</p> <p>3.1.4 Medical Emergency: Patient's discharge destination (Item 44D): Short-term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (Item 44D = [66])</p> <p>3.1 Incomplete IRF stays:</p> <p>3.1.1 Discharge to acute care that results in the patient's absence from the IRF for longer than 3 calendar days: Patient's discharge destination (Item 44D): Short-term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (CAH) (Item 44D = [66]); or</p> <p>3.1.2 Died while in IRF: Was the patient discharged alive (Item 44C = 0); or</p> <p>3.1.3 Discharged against medical advice: Patient discharged against medical advice (Item 41 = 1); or</p> <p>3.1.4 Length of stay is less than 3 days: Discharge Date (Item 40) – Admission Date (Item 12) is less than 3 days.</p>	Incomplete stay language clarified; does not affect calculations
30.	6	6.4	40	5.2	<p>Add each IRF's difference value (step 5.1) to the national average change in self-care score. This is the risk-adjusted average change in self-care score.</p> <p>Add the national average to each IRF's difference value (step 5.1). This is the facility-level risk-adjusted average change in self-care score.</p>	Language clarified; does not affect calculations.

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31.	6	6.5	44	3	<p>3.1 Incomplete stays:-</p> <p>3.1.1 Length of stay is less than 3 days: Discharge Date (Item 40) – Admission Date (Item 12) is less than 3 days.-</p> <p>3.1.2 Discharged against medical advice: Patient discharged against medical advice (Item 41 = 1).</p> <p>3.1.3 Died while in IRF: Was the patient discharged alive (Item 44C = 0).</p> <p>3.1.4 Medical Emergency: Patient's discharge destination (Item 44D): Short-term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (Item 44D = [66])</p> <p>3.1 Incomplete IRF stays:</p> <p>3.1.1 Discharge to acute care that results in the patient's absence from the IRF for longer than 3 calendar days: Patient's discharge destination (Item 44D): Short-term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (CAH) (Item 44D = [66]); or</p> <p>3.1.2 Died while in IRF: Was the patient discharged alive (Item 44C = 0); or</p> <p>3.1.3 Discharged against medical advice: Patient discharged against medical advice (Item 41 = 1); or</p> <p>3.1.4 Length of stay is less than 3 days: Discharge Date (Item 40) – Admission Date (Item 12) is less than 3 days.</p>	Incomplete stay language clarified; does not affect calculations.
32.	6	6.5	48	5.2	<p>Add each IRF's difference value (step 5.1) to the national average change in self-care score. This is the risk-adjusted average change in self-care score.</p> <p>Add the national average to each IRF's difference value (step 5.1). This is the facility-level risk-adjusted average change in mobility score.</p>	Language clarified; does not affect calculations.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
33.	6	6.6	50	2	<p>2.1 Incomplete stays:-</p> <p>2.1.1 Length of stay is less than 3 days: Discharge Date (Item 40) – Admission Date (Item 12) is less than 3 days.-</p> <p>2.1.2 Discharged against medical advice: Patient discharged against medical advice (Item 41 = 1).</p> <p>2.1.3 Died while in IRF: Was the patient discharged alive (Item 44C = 0).</p> <p>2.1.4 Medical Emergency: Patient's discharge destination (Item 44D): Short-term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (Item 44D = [66])</p> <p>2.1 Incomplete IRF stays:</p> <p>2.1.1 Discharge to acute care that results in the patient's absence from the IRF for longer than 3 calendar days: Patient's discharge destination (Item 44D): Short-term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (CAH) (Item 44D = [66]); or</p> <p>2.1.2 Died while in IRF: Was the patient discharged alive (Item 44C = 0); or</p> <p>2.1.3 Discharged against medical advice: Patient discharged against medical advice (Item 41 = 1); or</p> <p>2.1.4 Length of stay is less than 3 days: Discharge Date (Item 40) – Admission Date (Item 12) is less than 3 days.</p>	Incomplete stay language clarified; does not affect calculations.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
34.	6	6.7	55	2	<p>2.1 Incomplete stays:-</p> <p>2.1.1 Length of stay is less than 3 days: Discharge Date (Item 40) – Admission Date (Item 12) is less than 3 days.-</p> <p>2.1.2 Discharged against medical advice: Patient discharged against medical advice (Item 41 = 1).</p> <p>2.1.3 Died while in IRF: Was the patient discharged alive (Item 44C = 0).</p> <p>2.1.4 Medical Emergency: Patient's discharge destination (Item 44D): Short-term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (Item 44D = [66])</p> <p>2.1 Incomplete IRF stays:</p> <p>2.1.1 Discharge to acute care that results in the patient's absence from the IRF for longer than 3 calendar days: Patient's discharge destination (Item 44D): Short-term General Hospital (Item 44D = [02]), Long-Term Care Hospital (LTCH) (Item 44D = [63]), Inpatient Psychiatric Facility (Item 44D = [65]), Critical Access Hospital (CAH) (Item 44D = [66]); or</p> <p>2.1.2 Died while in IRF: Was the patient discharged alive (Item 44C = 0); or</p> <p>2.1.3 Discharged against medical advice: Patient discharged against medical advice (Item 41 = 1); or</p> <p>2.1.4 Length of stay is less than 3 days: Discharge Date (Item 40) – Admission Date (Item 12) is less than 3 days.</p>	Incomplete stay language clarified; does not affect calculations.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
35.	6	6.9	60-61	N/A	<p>Section 6.9: Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: I024.01) iQIES Review and Correct Report Measure Calculations for Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: I024.01) <i>Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM Report measure calculation. Using the definitions from Table 7-9, the following steps are used to calculate the measure.</i></p> <ol style="list-style-type: none"> 1. Determine the denominator count. <i>Select all IRF stays within the reporting period with a discharge to a subsequent provider as determined by discharge location item 44D (44D = [02, 03, 04, 06, 50, 51, 61, 62, 63, 64, 65, or 66]).</i> 2. Determine the numerator count. <i>Include the total number of IRF stays in the numerator count where a reconciled medication list was transferred (A2121 = [1]).</i> 3. Calculate the facility-level observed score. <i>Divide the facility's numerator count (Step 2) by its denominator count (Step 1) to obtain the facility-level observed score, and then multiply by 100 to obtain a percent value.</i> 4. Round the percent value to one decimal place. <ol style="list-style-type: none"> <i>a. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged.</i> <i>b. Drop all the digits following the first decimal place.</i> <p>a.—</p>	Section 6.9 added to provide information for new measure (TOH to Provider).

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
35. (cont.)	6	6.9	60-61	N/A	<p><i>iQIES QM Report Measure Calculations for Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: I024.01)</i> <i>As previously stated, this measure is not risk-adjusted or stratified. The steps to calculate the iQIES Review and Correct Report can be applied to calculate the iQIES QM Report. Follow the steps provided above for the iQIES QM Report measure calculation for the Transfer of Health Information to Provider (CMS ID: I024.01).</i></p> <p><i>National Average Calculation for Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: I024.01)</i> <i>Use the following steps to calculate the <u>IRF stay-level</u> (i.e., prevalence) national average:</i></p> <ol style="list-style-type: none"> <i>1. Determine the total number of IRF stays in the nation meeting the denominator criteria. This is the denominator for the national average.</i> <i>2. Identify IRF stays in the denominator of the national average that are included in the numerator for this measure. This is the numerator for the national average.</i> <i>3. Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to one decimal place to obtain the national average.</i> <ol style="list-style-type: none"> <i>a. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged.</i> <i>b. Drop all of the digits following the first decimal place.</i> 	Section 6.9 added to provide information for new measure (TOH to Provider).

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
36.	6	6-10	62-63	N/A	<p><i>Section 6.10: Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: I025.02)</i></p> <p><i><u>iQIES Review and Correct Report Measure Calculations for Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: I025.02)</u></i></p> <p><i>Since this measure is not risk-adjusted or stratified, only the facility-level observed score is computed and the following steps can be applied to both the iQIES Review and Correct Report measure calculation and the iQIES QM Report measure calculation. Using the definitions from Table 7-10, the following steps are used to calculate the measure.</i></p> <ol style="list-style-type: none"> <i>1. Determine the denominator count.</i> Select all IRF stays within the reporting period with a discharge to Home (private home/apt., board/care, assisted living, group home, transitional living, other residential care arrangements), as determined by discharge location item 44D (44D = [01, 99]). <i>2. Determine the numerator count.</i> Include the total number of IRF stays in the numerator count where a reconciled medication list was provided to the patient, family, and/or caregiver (A2123 = [1]). <i>3. Calculate the facility-level observed score.</i> Divide the facility's numerator count (Step 2) by its denominator count (Step 1) to obtain the facility-level observed score, and then multiply by 100 to obtain a percent value. <i>4. Round the percent value to one decimal place.</i> <ol style="list-style-type: none"> <i>a. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged.</i> <i>b. Drop all the digits following the first decimal place.</i> 	Section 6.10 added to provide information for new measure (TOH to Patient).

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
36. (cont.)	6	6-10	62-63	N/A	<p><u><i>iQIES QM Report Measure Calculations for Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: I025.02)</i></u></p> <p><i>As previously stated, this measure is not risk-adjusted or stratified. The steps to calculate the iQIES Review and Correct Report can be applied to calculate the iQIES QM Report. Follow the steps provided above for the iQIES QM Report measure calculation for the Transfer of Health Information to Patient (CMS ID: I025.02).</i></p> <p><u><i>National Average Calculation for Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: I025.02)</i></u></p> <p><i>Use the following steps to calculate the <u>IRF stay-level</u> (i.e., prevalence) national average:</i></p> <ol style="list-style-type: none"> <i>1. Determine the total number of IRF stays in the nation meeting the denominator criteria. This is the denominator for the national average.</i> <i>2. Identify IRF stays in the denominator of the national average that are included in the numerator for this measure. This is the numerator for the national average.</i> <i>3. Divide the numerator (step 2) by the denominator (step 1). Then, multiply by 100 and round the percent value to one decimal place to obtain the national average.</i> <ol style="list-style-type: none"> <i>a. If the digit in the second decimal place is 5 or greater, add 1 to the first decimal place, otherwise leave the first decimal place unchanged.</i> <i>b. Drop all of the digits following the first decimal place.</i> 	Section 6.10 added to provide information for new measure (TOH to Patient).

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
37.	7	N/A	69	Table 7-3	<p>Numerator</p> <p>Total number of patient IRF stay-level records in the denominator meeting the following criteria on the selected functional assessment data:</p> <p><u>For patients with a complete stay, the record is counted in the numerator if:</u></p> <ul style="list-style-type: none"> a. a valid score indicating functional status (01 to 06) or a valid code indicating the activity was not attempted/not assessed (07, 09, 10, 88) or a “^”} <i>indicating items affected by the skip pattern</i> for each of the <i>admission</i> functional assessment items on the admission assessment, and^c b. a valid score indicating functional status (01 to 06) for a discharge goal indicating the patient's expected level of independence or a valid code indicating the activity was not attempted/not assessed (07, 09, 10, 88), <i>for a discharge goal indicating the patient's expected level of independence</i>, for at least one self-care or mobility item on the admission assessment, and c. a valid score indicating functional status (01 to 06) or a valid code indicating the activity was not attempted/not assessed (07, 09, 10, 88) or a “^”} <i>indicating items affected by the skip pattern</i> for each of the <i>discharge</i> functional assessment items. on the discharge assessment <p><u>For patients with an incomplete stay, the record is counted in the numerator if:^d</u></p> <ul style="list-style-type: none"> a. valid score indicating functional status (01 to 06) or a valid code indicating the activity was not attempted/not assessed (07, 09, 10, 88) or a “^”} <i>indicating items affected by the skip pattern for each of the admission</i> functional assessment items on the admission assessment, and b. a valid score indicating functional status (01 to 06) for a discharge goal indicating the patient's expected level of independence or a valid code indicating the activity was not attempted/not assessed (07, 09, 10, 88) <i>for a discharge goal indicating the patient's expected level of independence</i>, for at least one self-care or mobility item on the admission assessment. 	Language updated to be consistent with the Measure Calculation language provided in Section 6.3.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
38.	7	N/A	70	Table 7-3 footnotes	<p>^a This measure is NQF-endorsed for use in the LTCH setting- (http://www.qualityforum.org/OPS/2631) and an application of this quality measure is finalized for reporting by IRFs under the IRF QRP (Federal Register 9 (6 August 2015): 47100-47111). Web- https://www.gpo.gov/fdsys/pkg/FR-2015-08-06/pdf/2015-18973.pdf</p> <p>^aThis measure (I008.02) is an application of measure L009.03 and is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR 47100-47111). This measure is not NQF endorsed.</p> <p>^c Admission and discharge functional assessment items included in this measure are three self-care items (GG0130A1/A3, GG0130B1/B3, and GG0130C1/C3) and twelve mobility items (GG0170B1/B3, GG0170C1/C3, GG0170D1/D3, GG0170E1/E3, GG0170F1/F3, GG0170I1/I3, GG0170J1/J3, GG0170K1/K3, GG0170R1/R3, GG0170RR1/RR3, GG0170S1/S3, GG0170SS1/SS3). All functional assessment items are included when selecting a patient's discharge goal (GG0130A2, GG0130B2, GG0130C2, GG0130E2, GG0130F2, GG0130G2, GG0130H2, GG0170A2, GG0170B2, GG0170C2, GG0170D2, GG0170E2, GG0170F2, GG0170G2, GG0170I2, GG0170J2, GG0170K2, GG0170L2, GG0170M2, GG0170N2, GG0170O2, GG0170P2, GG0170R2, GG0170S2).</p> <p>^d Incomplete stays are defined as those patients (1) with incomplete stays due to a medical emergency (i.e., discharged to acute care <i>that results in the patient's absence from the IRF for longer than 3 calendar days,</i> (2) who leave the IRF against medical advice, who die while in the IRF, (3) who die while in the IRF, who leave the IRF against medical advice, or (4) who had a stay of less than 3 days. All patient stay level records IRF stays that are not classified as incomplete stays are classified as complete stays. Refer to Chapter 6, Section 6.4 6.3 for the steps for determining complete and incomplete stays.</p>	Language update for clarification of I008.02 NQF endorsement status, clarification of functional assessment items, and clarification of incomplete stay definition.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
39.	7	N/A	71, 74, 77, 79	Multiple: Table 7-4 Table 7-5 Table 7-6 Table 7-7	<p>Exclusions An IRF stay is excluded if:</p> <p>Patient had an incomplete stay:</p> <ul style="list-style-type: none"> • Length of stay is less than 3 days; i.e., Item 40 (Discharge Date) – Item 12 (Admission Date) is less than three days; • Discharged against medical advice (Item 41 = [1]); • Died while in IRF (Item 44C = [0]); • Discharge destination (Item 44D) indicates the patient had a medical emergency (Item 44D = [02, 63, 65, 66]); • Discharge destination (Item 44D = [02, 63, 65, 66]): discharge to acute care that results in the patient's absence from the IRF for longer than 3 calendar days; or • Died while in IRF (Item 44C = [0]); or • Discharged against medical advice (Item 41 = [1]); or • Length of stay is less than 3 days; i.e., Item 40 (Discharge Date) – Item 12 (Admission Date) is less than 3 days <p>...</p> <p>Patient has <i>any of</i> the following medical conditions:</p> <ul style="list-style-type: none"> • Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema or compression of brain <p>Patient is younger than age 18:</p> <ul style="list-style-type: none"> • Truncate (Item 12 (Admission Date) – Item 6 (Birth Date)). • Age in years is calculated based on the truncated difference between admission date (Item 12) and birth date (Item 6); i.e. the difference is not rounded to nearest whole number. <p>Patient is discharged to hospice: Item 44D (Discharge destination/Living setting) = [50, 51]).</p>	Updated to incomplete stay language; no effect on calculations. Clarified language for medical condition and age exclusions.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
40.	7	N/A	71, 77	Table 7-4 Table 7-6	<p>Covariates <i>Data for each covariate are derived from the admission assessment data included in the target IRF stays.</i></p> <p>...</p> <p>14. Bladder incontinence 15. Bowel incontinence 16. Swallowing ability Nutritional approaches 17. Low BMI 18. Comorbidities</p> <p>See covariate details in Appendix A, Table A-5 A-4 and Table A-6 A-5 and the associated Risk Adjustment Appendix File.</p>	Updated language to align with change in IRF-PAI v4.0 Section K item number and coding options.
41.	7	N/A	75, 80	Table 7-5 Table 7-7	<p>Covariates <i>Data for each covariate are derived from the admission assessment data included in the target IRF stays.</i></p> <p>...</p> <p>15. Bladder incontinence 16. Bowel incontinence 17. Swallowing ability Nutritional approaches 18. Total parenteral nutrition</p> <p>...</p>	Updated language to align with change in IRF-PAI v4.0 Section K item number and coding options.
42.	7	N/A	75-65	Table 7-5 footnote	<p>^c <i>Admission and discharge</i> functional assessment items included in this measure are three self-care items (GG0130A1/A3, GG0130B1/B3, and GG0130C1/C3) and twelve mobility items (GG0170B1/B3, GG0170C1/C3, GG0170D1/D3, GG0170E1/E3, GG0170F1/F3, GG0170I1/I3, GG0170J1/J3, GG0170K1/K3, GG0170R1/R3, GG0170RR1/RR3, GG0170S1/S3, GG0170S1/S3).</p>	Language update for clarification of functional assessment items.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
43.	7	N/A	82	Table 7-9	<p><i>Transfer of Health Information to the Provider – Post Acute Care (PAC) (CMS ID: I024.01)^a</i></p> <p><i>Measure Description</i></p> <p><i>This measure reports the percentage of IRF stays indicating a current reconciled medication list was transferred to the subsequent provider at the time of discharge. For patients with multiple stays during the reporting period, each stay is eligible for inclusion in the measure.</i></p> <p><i>Measure Specifications^b</i></p> <p><i>The measure is calculated by reviewing a patient's IRF-PAI items for provision of a current reconciled medication list to the subsequent provider at the time of discharge.</i></p> <p><i>Numerator</i></p> <p><i>The numerator is the number of stays for which the IRF-PAI indicated that the following is true:</i></p> <p><i>At the time of discharge, the facility provided a current reconciled medication list to the subsequent provider (A2121 = [1]).</i></p> <p><i>Denominator</i></p> <p><i>The denominator is the total number of IRF stays with a discharge date in the measure target period, ending in discharge to a short-term general hospital, a SNF, intermediate care, home under care of an organized home health service organization or hospice, hospice in an institutional facility, a swing bed, another IRF, an LTCH, a Medicaid nursing facility, an inpatient psychiatric facility, or a critical access hospital. Discharge to one of these providers is based on response to the discharge location item, 44D, of the IRF-PAI assessment:</i></p> <p><i>(44D = [02, 03, 04, 06, 50, 51, 61, 62, 63, 64, 65, or 66]).</i></p> <p><i>Exclusions</i></p> <p><i>There are no denominator exclusions for this measure.</i></p> <p><i>Covariates</i></p> <p><i>None.</i></p> <p>^a <i>This measure was finalized for reporting by IRFs under the FY 2020 IRF PPS final rule (84 FR 39099).</i></p> <p>^b <i>Effective on October 1, 2022, the IRF-PAI Version 4.0 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.0 is available for download on the CMS IRF-PAI IRF QRP Manual website.</i></p>	Added specification table for new measure – TOH to Provider.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
44.	7	N/A	83	Table 7-10	<p>Transfer of Health Information to the Patient – Post Acute Care (PAC) (CMS ID: I025.02)^a</p> <p>Measure Description</p> <p><i>This measure reports the percentage of IRF stays indicating a current reconciled medication list was transferred to the patient, family, and/or caregiver at the time of discharge. For patients with multiple stays during the reporting period, each stay is eligible for inclusion in the measure.</i></p> <p>Measure Specifications</p> <p><i>The measure is calculated by reviewing a patient's IRF-PAI discharge assessment items for provision of a current reconciled medication list to the patient, family, and/or caregiver at the time of discharge.</i></p> <p>Numerator</p> <p><i>The numerator is the number of stays for which the IRF-PAI indicated that the following is true:</i></p> <p><i>At the time of discharge, the facility provided a current reconciled medication list to the patient, family, and/or caregiver (A2123 = [1]).</i></p> <p>Denominator</p> <p><i>The denominator is the total number of IRF stays with a discharge date in the measure target period, ending in discharge to Home (private home/apartment, board/care, assisted living, group home, transitional living, or other residential care arrangements). Discharge to one of these locations is based on response to the discharge location item, 44D, of the IRF-PAI assessment: (44D = [01, 99]).</i></p> <p>Exclusions</p> <p><i>There are no denominator exclusions for this measure.</i></p> <p>Covariates</p> <p><i>None.</i></p> <p>^a This measure was finalized for reporting by IRFs under the FY 2020 IRF PPS final rule (84 FR 39099). An update to the denominator for the TOH to the Patient measure was finalized in the FY 2022 IRF PPS final rule (84 FR 43296 – 42397).</p> <p>^b Effective on October 1, 2022, the IRF-PAI Version 4.0 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.0 is available for download on the CMS IRF-PAI IRF QRP Manual website</p>	Added specification table for new measure – TOH to patient.

#	Chapter	Section	Page Number	Step/Table	IRF QRP Measure Calculations and Reporting User's Manual V4.0	Description of Change
45.	Appendix A	N/A	87	Table A-2	See Table A-2 in Appendix	Status of Items I0900 and I2900 clarified; does not affect calculations.
46.	Appendix A	N/A	88	Table A-3	See Table A-3 in Appendix	Additions/deletions of ICD-10-CM codes for Coma and Severe brain damage.
47.	Appendix A	N/A	102	Table A-4	Bowel Incontinence – Admission Less than Daily, Daily Occasionally or Frequently Incontinent See Table A-4 in Appendix	Language updated to align with Section H.
48.	Appendix A	N/A	102	Table A-4	Swallowing Ability – Admission Modified Food Consistency =1 if K0110B = 1; else = 0 Swallowing Ability – Admission Tube/Parenteral Feeding =1 if K0110C = 1; else = 0 Special Treatments, Procedures, and Programs – Admission Total Parenteral Nutrition =1 if O0100N = 1; else = 0 Nutritional Approaches – Admission Parenteral/IV feeding or Feeding tube = 1 if K0520A = 1 or K0520B = 1 (checked); else = 0 Nutritional Approaches – Admission Swallowing Status – Mechanically altered diet = 1 if K0520C = 1 (checked); else = 0 See Table A-4 in Appendix	Updated to align with changes to Item number and coding values to Section K in IRF-PAI v4.0.
49.	Appendix A	N/A	103-112	Table A-4	HCC category updates See Table A-4 in Appendix	Updated HCC categories to align with HCC v24.
50.	Appendix A	N/A	113-16	Table A-5	HCC category updates See Table A-5 in Appendix	Updated HCC categories to align with HCC v24.

Appendix

Appendix Contents

This appendix provides excerpts from the [IRF QRP Measure Calculations and Reporting User's Manual, V3.1](#) to contextualize the information that has been substantially changed and included in the change table of this manual version, V4.0 (i.e., the appendix provides the updates to the tables from V3.1.1 of the manual that have substantial changes). The pages within the appendix directly correspond to the QM User's Manual V4.0 and the updates to the pages have been marked in red font.

The Appendix Table of Contents provides an overview of the content contained within the appendix, and maps this content to the corresponding rows in the V4.0 change table, as well as the chapter, page number, and section where the content is located in the QM User's Manual V4.0.

Appendix Table of Contents

V4.0 Change Table #	V4.0 Chapter	V4.0 Page Number	IRF QRP Measure Calculations and Reporting User's Manual V4.0 Reference	Updated Section/Table
19.	5	16	Section 5.1: iQIES Review and Correct Reports	Table 5-2: Measure Types by User-Requested Year for all Assessment-Based (IRF-PAI) Quality Measures
45.	Appendix	91	Section A.1: Covariate Tables	Table A-2: Risk-Adjustment Covariates for the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
46.	Appendix	92	Section A.1: Covariate Tables	Table A-3: Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes
47.	Appendix	93	Section A.1: Covariate Tables	Table A-4: Risk-Adjustment Covariates for the Change in Self-Care, Change in Mobility, Discharge Self-Care, and Discharge Mobility Measures (NQF #2633, NQF #2634, NQF #2635, and NQF #2636)
50.	Appendix	118	Section A.1: Covariate Tables	Table A-5: QM Report Measure Calculation: Exceptions to Risk-Adjuster Comorbidities for the Change in Self-Care, Change in Mobility, Discharge Self-Care, and Discharge Mobility Measures (NQF #2633, NQF #2634, NQF # 2635, and NQF #2636)

Table 5-2
Measure Types by User-Requested Year for all Assessment-Based (IRF-PAI)
Quality Measures (IRF-PAI)

Quality Measure	Measure Type by User- Requested Year			
	2018	2019	2020 2020-2022**	2021 2023**
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01) *	—	New	Existing	<i>Existing</i>
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (NQF #0674) (CMS ID: I013.01)	Existing	Existing	Existing	<i>Existing</i>
Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631) (CMS ID: I008.02)	Existing	Existing	Existing	<i>Existing</i>
IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients (NQF #2633) (CMS ID: I009.05)	Existing	Existing	Existing	<i>Existing</i>
IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients (NQF #2634) (CMS ID: I010.05)	Existing	Existing	Existing	<i>Existing</i>
Discharge Self-Care Score for Medical Rehabilitation Patients (NQF #2635) (CMS ID: I011.05)	Existing	Existing	Existing	<i>Existing</i>
Discharge Mobility Score for Medical Rehabilitation Patients (NQF #2636) (CMS ID: I012.05)	Existing	Existing	Existing	<i>Existing</i>
Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC IRF QRP (CMS ID: I021.01)	—	New	Existing	<i>Existing</i>
<i>Transfer of Health Information to Provider – Post Acute Care (PAC) (CMS ID: I024.01)</i>	—	—	—	<i>New</i>
<i>Transfer of Health Information to Patient – Post Acute Care (PAC) (CMS ID: I025.02)</i>	—	—	—	<i>New</i>

*Please refer to Chapter 6, Section 6.1.A on the effective date for data collection and implementation date for the iQIES reports.

**Note that this header has been updated for measure user-requested year. Unlike the remainder of the appendix which indicates edits with red text, the updated header text in this table is kept as white text to ensure sufficient contrast ratios between the text and background for 508-compliance purposes.

Example of quarterly rates included in the iQIES Review and Correct Reports for an existing measure: If the requested calendar year quarter end date is Quarter 1, 2020 (end date of March 31st), the four quarters of data that will be provided in this request will include the following: Q2 2019 (April – June), Q3 2019 (July – September), Q4 2019 (October – December), and Q1 2020 (January – March).

Example of quarterly rates included in the iQIES Review and Correct Reports for a new measure: If the requested calendar year quarter end date is Quarter 1, 2020 (end date of

Table 5-3 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures:

Manual Version 4.0 is current as of October 1, 2022.

- For an existing measure, if the requested calendar year quarter end date is Quarter 1, 2023 (end date of March 31st), the four quarters of data provided in this request include Q2 2022 (April – June), Q3 2022 (July – September), Q4 2022 (October – December), and Q1 2023 (January – March).

For a new measure, if the requested calendar year quarter end date is Quarter 1, 2023 (end date of March 31st), the only quarter of data provided in this request includes Q1 2023 (January – March).

Table A-2 ~~A-3~~
Risk-Adjustment Covariates for the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

Covariate*	IRF-PAI Item(s) and Calculations
Model Intercept	—
Functional Limitation	= 1 if GG0170C = [01, 02, 07, 09, 10, 88] = 0 if GG0170C = [03, 04, 05, 06, -]
Bowel Incontinence	= 1 if H0400 = [1, 2, 3] = 0 if H0400 = [0, 9, -]
Diabetes or PVD/PAD	= 1 if any of the following are true: <ul style="list-style-type: none"> • I0900 = [1] (<i>checked</i>) • I2900 = [1] (<i>checked</i>) = 0 if I0900 = [0, -] AND I2900 = [0, -]
Low BMI	= 1 if BMI ≥ [12.0] AND ≤ [19.0] = 0 if BMI < [12.0] OR BMI > [19.0] = 0 if Item 25A = [0, 00, -] OR Item 26A = [-] Where: BMI = (weight * 703 / height ²) = ([Item 26A] * 703) / (Item 25A2) and the resulting value is rounded to one decimal place.

*Covariates are based on IRF-PAI admission items.

Table A-3 *A-4*
Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes

Etiologic Diagnosis (Item 22) or Comorbid Conditions (Item 24)	ICD-10-CM Codes			
Coma	<i>E11.11</i> , R40.20, R40.2110, R40.2111, R40.2112, R40.2113, R40.2114, R40.2120, R40.2121, R40.2122, R40.2123, <i>R40.2124</i> ,	R40.2210, R40.2211, R40.2212, R40.2213, R40.2214, R40.2220, R40.2221, R40.2222, R40.2223, <i>R40.2224</i> ,	R40.2310, R40.2311, R40.2312, R40.2313, R40.2314, R40.2320, R40.2321, R40.2322, R40.2323, <i>R40.2324</i> , <i>R40.2340</i> , <i>R40.2341</i> , <i>R40.2342</i> ,	R40.2343, R40.2344, <i>R40.243</i> <i>R40.2430</i> , <i>R40.2431</i> , <i>R40.2432</i> , <i>R40.2433</i> , <i>R40.2434</i> , <i>R40.244</i> <i>R40.2440</i> , <i>R40.2441</i> , <i>R40.2442</i> , <i>R40.2443</i> <i>R40.2444</i>
Persistent vegetative state	R40.3			
Severe brain damage	G93.9			
Complete tetraplegia	G82.51, G82.53, S14.111A, S14.111D, S14.111S, S14.112A, S14.112D, S14.112S,	S14.113A, S14.113D, S14.113S, S14.114A, S14.114D, S14.114S, S14.115A, S14.115D,	S14.115S, S14.116A, S14.116D, S14.116S, S14.117A, S14.117D, S14.117S,	S14.118A, S14.118D, S14.118S, S14.119A, S14.119D, S14.119S
Locked-in state	G83.5			
Severe anoxic brain damage, edema or compression	G93.1, G93.5, G93.6			

Table A-4 ~~A-5~~¹

Risk-Adjustment Covariates for the Change in Self-Care, Change in Mobility, Discharge Self-Care, and Discharge Mobility Measures (NQF #2633, NQF #2634, NQF #2635, and NQF #2636)

Covariate	Covariate Category	IRF-PAI Item(s)	Change in Self-Care (NQF #2633)	Change in Mobility (NQF #2634)	Discharge Self-Care (NQF #2635)	Discharge Mobility (NQF #2636)
Bowel Incontinence - Admission	<i>Less than Daily, Daily Occasionally or Frequently Incontinent</i>	=1 if H0400 = 1 or H0400 = 2; else = 0	✓	✓	✓	✓
Nutritional Approaches - Admission	Parenteral/IV feeding or Feeding Tube	= 1 if K0520A = 1 or K0520B = 1 (<i>checked</i>); else = 0	✓	✓	✓	✓
<i>Swallowing Ability</i> Nutritional Approaches - Admission	<i>Swallowing Status – Mechanically altered diet-</i>	= 1 if K0520C = 1 (<i>checked</i>); else = 0	✓	n/a	✓	n/a
<i>Condition-Group 1</i>	<i>Viral and Late Effects-Central Nervous System Infections (HCC4)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC4; =0 if item 24A = 0017.1 or 0002.1 or 0002.9 or 0004.11 through 0004.13; else =0</i>	✓	✓	✓	✓
<i>Condition-Group 2</i>	<i>Tuberculosis (HCC5)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC5; =0 if item 24A = 0017.1; else =0</i>	n/a	✓	n/a	✓
<i>Condition-Group 4</i>	<i>Other Infectious Diseases (HCC7)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC7; =0 if item 24A = 0017.1; else =0</i>	✓	✓	✓	✓

¹ Please note that the rows displayed in Table A-4 in this change table are the rows where content was changed relative to version 3.1 of the manual, and rows with no changes are not displayed here. Additionally, all condition groups were renumbered (see the leftmost column) to account for the removal of certain condition groups from measure calculation.

Covariate	Covariate Category	IRF-PAI Item(s)	Change in Self-Care (NQF #2633)	Change in Mobility (NQF #2634)	Discharge Self-Care (NQF #2635)	Discharge Mobility (NQF #2636)
<i>Condition-Group 8</i>	<i>Other Digestive and Urinary Neoplasms (HCC14)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC14; =0 if item 24A = 0017.2; else = 0</i>	<i>n/a</i>	<i>✓</i>	<i>n/a</i>	<i>✓</i>
<i>Condition-Group 9</i>	<i>Other Neoplasms (HCC15)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC15; =0 if item 24A = 0017.2; else = 0</i>	<i>n/a</i>	<i>✓</i>	<i>n/a</i>	<i>✓</i>
<i>Condition-Group 17</i>	<i>Delirium and Encephalopathy (HCC50)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC50; else = 0</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>
<i>Condition-Group 20</i>	<i>Nonpsychotic Organic Brain Syndromes/Conditions (HCC53)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC53; else = 0</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>
Condition Group 28 35	<i>Cerebral</i> Intracranial Hemorrhage (HCC99); Ischemic or Unspecified Stroke (HCC100); <i>Cerebrovascular Atherosclerosis, Aneurysm, and Other Disease (HCC102); Hemiplegia/Hemiparesis (HCC103); Late Effects of Cerebrovascular Disease Except Paralysis (HCC105)</i>	=1 if Item 24 = see Crosswalk ICD- 10 codes to HCC99 or HCC100 <i>or HCC102</i> or HCC103 <i>or HCC105</i> ; =0 if Primary Diagnosis Group= Stroke; else = 0	✓	✓	✓	✓
<i>Condition-Group 39</i>	<i>Legally Blind (HCC199)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC119; else = 0</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>	<i>✓</i>

Covariate	Covariate Category	IRF-PAI Item(s)	Change in Self-Care (NQF #2633)	Change in Mobility (NQF #2634)	Discharge Self-Care (NQF #2635)	Discharge Mobility (NQF #2636)
Condition Group 32 40	Proliferative Diabetic Retinopathy and Vitreous Hemorrhage (HCC122); <i>Diabetic and Other Vascular Retinopathies (HCC123)</i>	=1 if Item 24 = see Crosswalk ICD-10 codes to HCC122 <i>or HCC123</i> ; else = 0	✓	✓	✓	✓
<i>Condition Group 45</i>	<i>Urinary Obstruction and Retention (HCC142)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC142; else = 0</i>	✓	✓	✓	✓
<i>Condition Group 50</i>	<i>Major Fracture Except of Skull, Vertebrae or Hip (HCC171)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC171; =0 if item 21A = 0008.2 or 0008.4 or 0008.9 or 0014.9;</i>	✓	✓	✓	✓
<i>Condition Group 54</i>	<i>Amputation Status, Upper Limb (HCC190)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC190; =0 if Primary Diagnosis Group = Amputation; else = 0</i>	✓	n/a	✓	n/a
<i>Condition Group 55</i>	<i>Kidney Transplant Status (HCC132)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC132; =0 if item 21A = 0017.8 or 0017.9; else = 0</i>	✓	n/a	✓	n/a
<i>Condition Group 57</i>	<i>Other Organ Transplant Status/Replacement (HCC187)</i>	<i>=1 if item 24 = see Crosswalk ICD-10 codes to HCC187; =0 if item 21A = 0017.8; else = 0</i>	n/a	✓	n/a	✓

Table A-5 ~~A-6~~²

Exceptions to Risk-Adjuster Comorbidities for the Change in Self-Care, Change in Mobility, Discharge Self-Care, and Discharge Mobility Measures (NQF #2633, NQF #2634, NQF #2635, and NQF #2636)

Exclusions to Comorbidity Risk Adjuster Coding Based on Primary Diagnosis and Impairment Groups at Admission					
Condition Group ^a	HCC Category	HCC Code	Previously Defined “Primary Diagnosis Group” (see Table A-4)	Specific Impairment Group Codes	Comorbid Conditions, ICD-10 Codes
1	Viral and Late Effect Central Nervous System Infections	HCC4		=0, if item 21A = 0017.1 or 0002.1 or 0002.9 or 0004.11 through 0004.13	
2	Tuberculosis	HCC5		=0, if item 21A = 0017.1	
4	Other Infectious Diseases	HCC7		=0, if item 21A = 0017.1	
8	Other Digestive and Urinary Neoplasms	HCC14		=0, if item 21A = 0017.2	
9	Other Neoplasms	HCC15		=0, if item 21A = 0017.2	
35 28	Cerebrovascular Conditions, Hemiplegia, or Other Late Effects of CVA				
	Cerebral Intracranial Hemorrhage	HCC99	=0, if Stroke		
	Ischemic or Unspecified Stroke	HCC100	=0, if Stroke		
	Cerebrovascular Atherosclerosis, Aneurysm, and Other Disease	HCC102	=0, if Stroke		
	Hemiplegia/Hemiparesis	HCC103	=0, if Stroke		
	Late Effects of Cerebrovascular Disease, Except Paralysis	HCC105	=0, if Stroke		
50	Major Fracture, Except of Skull, Vertebrae, or Hip	HCC171		=0, if item 21A = 0008.2 or 0008.4 or 0008.9 or 0014.9	
54	Amputation Status, Upper Limb	HCC190	=0, if Amputation		
55	Kidney Transplant Status	HCC132	=0, if item 21A = 0017.8 or 0017.9		

² Please note that the rows displayed in Table A-5 in this change table are the rows where content was changed relative to version 3.1 of the manual, and rows with no changes are not displayed here. Additionally, all condition groups were renumbered (see the leftmost column) to account for the removal of certain condition groups from measure calculation.