Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual

Version 7.0

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Development, Maintenance, and Support
for Quality Reporting and Value Based
Purchasing Programs and Nursing
Home Care Compare (PAC Quality)

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INPATIENT REHABILITATION FACILITY QUALITY REPORTING PROGRAM MEASURE CALCULATIONS AND REPORTING USER'S MANUAL
VERSION 7.0

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Chapter 1
Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual Organization and Definitions

The purpose of this manual is to present the methods used to calculate quality measures that are included in the Centers for Medicare & Medicaid Services (CMS) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP). Quality measures are tools that help measure or quantify healthcare processes, outcomes, patient perceptions, and organizational structure/systems that are associated with the ability to provide high-quality services related to one or more quality goals.[1] This manual provides detailed information for each quality measure, including quality measure definitions, inclusion and exclusion criteria, and measure calculation specifications. An overview of the IRF QRP and additional information pertaining to public reporting is publicly available and can be accessed through the IRF QRP website.

Section 1.1: Organization

This manual is organized by seven chapters and two appendices. The remainder of this section provides information on the contents of each chapter and an overview of the appendices. **Chapter 1** presents the purpose of the manual, explaining how the manual is organized and defining key terms that are used throughout subsequent chapters. This chapter also includes a summary of existing quality measures in the IRF QRP, as well as an overview of the quality measures added or removed in the IRF QRP and/or finalized for public reporting display. The remaining chapters are organized by quality measure and provide detailed information about measure specifications and reporting components. **Chapters 2 and 3** identify the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network Measures (NHSN) quality measures and the claims-based measures, respectively. The quality measures that rely on IRF-Patient Assessment Instrument (PAI) are presented in **Chapter 4**, and record selection criteria are explained for each measure. **Chapter 5** describes the two Internet Quality Improvement and Evaluation System (iQIES) data reports for the IRF-PAI quality measures, consisting of the iQIES Review and Correct Reports and the iQIES Quality Measure (QM) Reports. The iQIES Review and Correct Report is a single report that contains facility-level quarterly and cumulative rates and its associated patient-level data. The iQIES QM Reports are comprised of two report types, one containing facility-level measure information and a second that includes patient-level data for a user-selected reporting period. Following the discussion of quality measure specifications for each report, information is presented in table format to illustrate the report calculation month, reporting quarters, and the months of data that are included in each monthly report. **Chapter 6** presents the measure calculation methodology specific to the IRF-PAI quality measures, and **Chapter 7** provides the measure logical specifications for each of the quality measures within the IRF-PAI, in table format. **Appendix A**

[1] Centers for Medicare & Medicaid Services. (September 2024). Quality Measures. Accessed in March, 2025. Available at: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/index.

provides effective periods for CMS ID updates corresponding to all IRF QRP measures and current and prior versions of this manual. Lastly, **Appendix B** includes instruction on the use of the associated **Risk-Adjustment Appendix File**, which includes the covariate definitions and intercept and covariate coefficient values that are used to calculate the assessment-based (IRF-PAI) risk-adjusted measures. This appendix also provides ICD-10-CM updates to Etiologic Diagnosis or Comorbid Conditions used in measure calculations. Additionally, this appendix provides instruction on the use of the associated **Discharge Function Score Imputation Appendix File**, which includes covariate definitions and model threshold and covariate coefficient values that are used to calculate statistically imputed values for use in Discharge Function Score measure calculations.

Section 1.2: IRF Stay Definitions

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.

IRF Stay: Note that IRF-PAI assessment data are submitted for all patients receiving care in an IRF, regardless of payer, as of October 1, 2024.[2] Payer information is recorded in the IRF-PAI 4.2 by the assessment item, A1400 – Payer Information. For the purposes of IRF QRP measure calculations, IRF stays continue to be defined as those stays where the payer is Medicare Fee-For-Service (FFS) or Medicare Advantage (Items A1400A = [1] or A1400B = [1]). 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 three consecutive calendar days. The three consecutive calendar days begin with the day of the discharge from the IRF and end 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**.

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.

Target Period: The target period is 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.**

Section 1.3: Measure-Specific IRF Stay Definitions

The methodology for selecting the stay samples for the following function measures includes identifying complete versus incomplete IRF stays, described in detail below:

- IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)

[2] The submission of IRF-PAI assessment data for all patients receiving care in an IRF, regardless of payer, is based on the FY 2023 IRF PPS Final Rule.

- IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)
- Discharge Function Score (CMS ID: I026.01)

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 is discharged to an acute care setting resulting in the patient's absence from the IRF for longer than three calendar days (e.g., Short-term General Hospital, Long-Term Care Hospital, Inpatient Psychiatric Facility, or Critical Access Hospital (Item 44D)); **or** dies while in the facility (Item 44C); **or** is discharged against medical advice (Item 41); **or** has a stay less than three days (Item 12, Item 40).

Complete IRF Stay: All IRF stays not meeting the above criteria for incomplete stays will be considered complete IRF stays.

Section 1.4: QRP Measures

Table 1-1 provides a list of the measures included in the IRF QRP, the measure IDs, the measure type, and the reference name (short name), for each measure.

Table 1-1
IRF QRP Quality Measures: CMIT Measure ID, CMS ID, Measure Type, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID [3]	CMS ID [4]	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
National Healthcare Safety Network (NHSN) Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure	00459 (CBE-endorsed)	I006.01	Outcome	CAUTI

[3] Refer to the Centers for Medicare & Medicaid Services Measures Inventory Tool (https://cmit.cms.gov/cmit/#/) for the CMIT Measure ID, Consensus Based Entity (CBE)-endorsement status, as well as other detailed measure information. CBE-endorsement status is determined by the CMS CBE, which endorses quality measures through a transparent, consensus-based process that incorporates feedback from diverse groups of stakeholders to foster health care quality improvement. The CMS CBE endorses measures only if they pass a set of measure evaluation criteria. For more information, refer to the document titled *CMS CBE Endorsement and Maintenance* (https://mmshub.cms.gov/sites/default/files/Blueprint-CMS-CBE-Endorsement-Maintenance.pdf).
[4] Reflects changes in CMS measure identifiers based on updated measure specifications.

Table 1-1 (continued)

IRF QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID	CMS ID	Measure Type	Measure Reference Name
National Healthcare Safety Network (NHSN) Measures				
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	00462 (CBE-endorsed)	I015.01	Outcome	CDI
National Healthcare Safety Network (NHSN) Influenza Vaccination among Healthcare Personnel	00390 (CBE-endorsed)	I016.01	Process	HCP Influenza Vaccine
Medicare Claims-Based Measures				
Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP	00575 (not endorsed)	I017.01	Outcome	PPR 30-Day
Potentially Preventable Within Stay Readmission Measure	00576 (not endorsed)	I018.01	Outcome	PPR Within Stay
Discharge to Community–PAC IRF QRP	00210 (CBE-endorsed)	I019.02	Outcome	DTC
Medicare Spending per Beneficiary (MSPB)–Post Acute Care (PAC) IRF QRP	00434 (CBE-endorsed)	I020.01	Cost/Resource	MSPB
Assessment-Based Measures				
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	00121 (not endorsed)	I022.01	Outcome	Pressure Ulcer/Injury
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	00520[5] (not endorsed)	I013.01	Outcome	Application of Falls
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	00404 (CBE-endorsed)	I011.05	Outcome	Discharge Self-Care Score

[5] This measure is Consensus Based Entity (CBE)-endorsed for long-stay residents in nursing homes (https://p4qm.org/measures/0674), An application of this quality measure was finalized for reporting by IRFs as an IMPACT Act measure under the IRF QRP (*Federal Register* 80 (6 August 2015): 47096-47100). The use of the words "resident" and "long stay" in the title of this measure refers to the use of this measure in the SNF/NH setting. CMS' use of these words does not imply that the IRF patient is a "resident" or that a stay in an IRF is a "long stay".

Table 1-1 (continued)

IRF QRP Quality Measures: CMIT Measure ID Number, CMS ID, and Measure Reference Name Crosswalk

Quality Measure	CMIT Measure ID	CMS ID	Measure Type	Measure Reference Name
Assessment-Based Measures				
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	00403 (CBE-endorsed)	I012.06	Outcome	Discharge Mobility Score
Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP	00225 (not endorsed)	I021.01	Process	DRR
Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC)	00728 (not endorsed)	I024.01	Process	TOH - Provider
Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC)	00727 (not endorsed)	I025.02	Process	TOH - Patient
Discharge Function Score	01698 (CBE-endorsed)	I026.01	Outcome	Discharge Function Score
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date	01699 (not endorsed)	I027.01	Process	Patient/Resident COVID-19 Vaccine

Table 1-2 provides an overview of the quality measures removed from the IRF QRP. *Table 1-2* shows when measures removed from the IRF QRP will be deleted in reports and released on Care Compare on the Medicare.gov website and the Provider Data Catalog.

Table 1-2
Quality Measures Removed from the IRF QRP[6]

Quality Measure	Planned Removal Date		
	Review and Correct Reports	Quality Measure Reports	Care Compare and Provider Data Catalog
COVID-19 Vaccination Coverage among Healthcare Personnel (HCP)	October 2025	October 2025	December 2025
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date[7]	October 2025	October 2025	December 2025

[6] Planned removal dates are based on the FY 2026 IPPS/IRF PPS final rule.
[7] This measure will be removed effective with the FY 2028 IRF QRP. However, the item will become voluntary effective Oct 1, 2025.

Chapter 2
National Healthcare Safety Network Measures

An overview of the NHSN measures and annual reports containing quality measure information can be accessed on the CDC NHSN website. Additionally, quality measure information and quality reporting program details can be found in the FY 2026 IRF PPS final rule. Below are the CDC NHSN quality measures included in the IRF QRP as of October 1, 2025 and hyperlinks that provide detailed information about each measure on the CDC website, including measure descriptions and definitions, data collection methods, specifications (e.g., numerator, denominator, Standardized Infection Ratio (SIR) calculations), and reporting requirements:

National Healthcare Safety Network (NHSN) Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure (CMS ID: I006.01)

- This measure calculates the total number of healthcare-associated CAUTI among patients in bedded inpatient care locations, from the total number of indwelling urinary catheter days for each location under surveillance for CAUTI during the associated data period. This measure is risk-adjusted.
    - CDC NHSN: CAUTI

National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (CMS ID: I015.01)

- This measure calculates the total number of observed hospital-onset CDI Laboratory Identified (LabID) events among all inpatients in the facility, excluding well baby-nurseries and NICUs, from the total number of expected hospital-onset CDI LabID events determined through the facility's number of inpatient days, bed size, affiliation with a medical school, microbiological test used to identify C. difficile, and community onset CDI admission prevalence rate.
    - CDC NHSN: CDI

National Healthcare Safety Network (NHSN) Influenza Vaccination among Healthcare Personnel (CMS ID: I016.01)

- This measure identifies the percentage of healthcare personnel who receive the influenza vaccination among the total number of healthcare personnel (HCP) in the facility for at least one working day between October 1 and March 31 of the following year, regardless of clinical responsibility or patient contact.
    - CDC NHSN: HCP Influenza Vaccine

Chapter 3
Medicare Claims-Based Measures

CMS uses a range of data sources to calculate quality measures. The quality measures listed below were developed using Medicare claims data submitted for Medicare FFS patients. Below are the measure descriptions for the Medicare claims-based measures included in the IRF QRP as of October 1, 2024. Measures specifications and calculation methods are available in the IRF QRP Claims-Based Measures Specifications Manual and accompanying supplemental files posted on the IRF Quality Reporting Measures Information website.

Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP (CMS ID: I017.01)

- This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for Medicare FFS patients who are discharged following an IRF stay.

Potentially Preventable Within Stay Readmission Measure (CMS ID: I018.01)

- This measure estimates the risk-standardized rate of unplanned, potentially preventable readmissions for Medicare FFS patients during their IRF stay. The definition for this measure was developed concurrently with the post-discharge readmission measure.

Discharge to Community–PAC IRF QRP (CMS ID: I019.02)

- This measure reports an IRF's risk-standardized rate of Medicare FFS patients who are discharged to the community following an IRF stay, do not have an unplanned readmission to an acute care hospital or LTCH, and remain alive during the 31 days following discharge. Community, for this measure, is defined as home or self-care with or without home health services.

Medicare Spending per Beneficiary (MSPB)–Post Acute Care (PAC) IRF QRP (CMS ID: I020.01)

- This measure evaluates IRF providers' resource use relative to the resource use of the national median IRF provider. Specifically, the measure assesses the cost to Medicare for services performed by IRFs and other healthcare providers during an MSPB-PAC Medicare FFS IRF episode, which begins at IRF admission and ends 30 days after IRF discharge. 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.

Chapter 4
IRF Stay Selection for Assessment-Based (IRF-PAI) Quality Measures

Section 4.1: Quality Measures Based on the Calendar Year

This section presents the **stay selection** criteria for assessment-based (IRF-PAI) quality measure calculations**.** ***Table 4-1*** lists the measures and their respective target periods. Apply the respective quality measure calculations from **Chapter 6** to the eligible target period IRF stays. Additionally, **Chapter 7** provides the instructions in table format, and the references to the table numbers are included below.

Quality measures with a three-month (one quarter) target period:

- COVID-19 Vaccine: Percent of Patient/Residents Who Are Up to Date (CMS ID: I027.01) ***Table 7-9***

Quality measures with a 12-month target period:

- Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01) ***Table 7-1***
- Application of Percent of Residents Experiencing One or More Falls with Major Injury (CMS ID: I013.01) ***Table 7-2***
- IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05) ***Table 7-3***
- IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients) (CMS ID: I012.06) ***Table 7-4***
- Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01) ***Table 7-5***
- Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01) ***Table 7-6***
- Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02) ***Table 7-7***
- Discharge Function Score (CMS ID: I026.01) ***Table 7-8***

The eligible IRF stays for these quality measures are selected as follows:

1. Select all IRF stays with a target date (discharge date (Item 40)) within the measure target period. These are the ***target period IRF stays***.
2. Sort the IRF stays according to the following:
    - Provider Internal ID
    - Patient Internal ID
    - Admission Date (ascending)
    - Discharge Date (descending)
    - Correction Number (descending)
    - IRF Assessment ID (descending)
3. For each unique admission date, select the first record to eliminate duplicates.
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.
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.

Table 4-1
Target Period for All Assessment-Based (IRF-PAI) Quality Measures

Quality Measure	Target Period
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)	January 1 through December 31
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01)	January 1 through December 31
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)	January 1 through December 31
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)	January 1 through December 31
Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01)	January 1 through December 31
Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01)	January 1 through December 31
Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02)	January 1 through December 31
Discharge Function Score (CMS ID: I026.01)	January 1 through December 31
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: I027.01)	January 1 through March 31 \ April 1 through June 30 \ July 1 through September 30 \ October 1 through December 31[8]

[8] The Patient/Resident COVID-19 Vaccine measure has a three-month target period (one quarter).

Chapter 5
Internet Quality Improvement and Evaluation System (iQIES) Data Selection for Assessment-Based (IRF-PAI) Quality Measures

The purpose of this chapter is to present the data selection criteria for the **iQIES Review and Correct Reports and the iQIES Quality Measure (QM) Reports** for quality measures that are included in the IRF QRP and are specific to those quality measures calculated using the IRF-PAI. Information about the iQIES reports can be found on the CMS iQIES Reports website.

- **The iQIES Review and Correct Reports** contain facility-level and patient-level measure information for assessment-based measures and are updated on a quarterly basis with data refreshed weekly as data become available.
    - These reports allow providers to obtain facility-level performance data and its associated patient-level data for the past 12 months (four full quarters) **and are restricted to only the assessment-based measures.** Note that, as the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date measure reports only one quarter of data, this measure will have only one quarter of data on the Review and Correct Report. The intent of this report is for providers to have access to data prior to the quarterly data submission deadline to ensure accuracy of their data. This also allows providers to track cumulative quarterly data that include data from quarters after their respective submission deadlines ("frozen" data).
- **The iQIES QM Reports** are refreshed monthly and separated into two reports: one containing measure information at the facility-level and another at the patient-level for a single reporting period. The intent of these reports is to enable tracking of quality measure data regardless of quarterly submission deadline ("freeze") dates.
    - The assessment-based (IRF-PAI) measures are refreshed monthly, at the facility- and patient-level, as data become available. The performance data contain the current quarter (may be partial) and the past three quarters. As noted above, the Patient/Resident COVID-19 Vaccine measure will have only one quarter of data.
    - The claims-based measures are updated annually and data are provided at the facility-level only.
    - The CDC NHSN measures are updated quarterly for all measures, except for the HCP Influenza Vaccine measure which is updated annually. The data for these measures are provided at the facility-level only.

The iQIES Review and Correct Reports and the iQIES QM Reports can help identify data errors that affect performance scores. They also allow the providers to use the data for quality improvement purposes.

Section 5.1 contains data selection criteria for the assessment-based (IRF-PAI) quality measures for the iQIES Review and Correct Reports.

Section 5.2 of this chapter presents data selection information that can be applied to both the iQIES Patient-level QM Reports and the iQIES Facility-level QM Reports, since the criteria and reporting periods for the iQIES QM Reports are consistent across the patient- and facility-level reports.

Section 5.1: iQIES Review and Correct Reports

Below are the specifications for the iQIES Review and Correct Reports for the quality measures presented in **Chapter 4**, **Section 4.1**:

1. Quarterly reports contain quarterly rates and a cumulative rate.
    a. The quarterly rates will be displayed using one quarter of data.
    b. The cumulative rates will be displayed using all data within one target period. For all measures: 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.
    c. Data submission deadline: data must be submitted by 11:59 p.m. ET on the 15th of August, November, February, or May, 4.5 months after the end of each respective quarter. However, if the 15th of the month falls on a Friday, weekend, or federal holiday, the data submission deadline is delayed until 11:59 p.m. ET on the next business day.
        - For example, the data submission deadline for Quarter 3 (July 1 through September 30) data collection would normally be 11:59 p.m. ET, February 15, which is the 15th day of the month, 4.5 months after the end of the data collection period. However, in 2026, February 15th falls on a Sunday and February 16th is a federal holiday; therefore, the deadline for this data submission is extended to the next business day, which is February 17, 2026, at 11:59 p.m. ET.
    d. The measure calculations for the quarterly rates and the cumulative rates are refreshed weekly.
2. Complete data (full target period) are available for previously existing quality measures. Only partial data will be available for new measures until a target period of data has accumulated. Once a target period of data has accumulated, as each quarter advances, the subsequent quarter will be added and the earliest quarter will be removed.
3. Patient-level data will be displayed for each reporting quarter in the report.
4. The illustration of the reporting timeline for the iQIES Review and Correct Reports for the following quality measures is provided in ***Table 5-2*** for the quarterly rates and ***Table 5-3*** for the cumulative rates:
    a. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)
    b. Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01)
    c. IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)

d. IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)

e. Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01)

f. Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01)

g. Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02)

h. Discharge Function Score (CMS ID: I026.01)

i. COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: I027.01)

5. **Data calculation rule**: The calculations include IRF stays with discharge dates through the end of the quarter.

Table 5-1 defines the discharge dates included for each calendar year quarter.

Table 5-1
Discharge Dates for Each Quarter Defined by Calendar Year

Calendar Year Quarter	Discharge Dates Included in the Report
Quarter 1	January 1 through March 31
Quarter 2	April 1 through June 30
Quarter 3	July 1 through September 30
Quarter 4	October 1 through December 31

Table 5-2 below shows examples of quarterly rates included in the iQIES Review and Correct Reports for existing and for new measures. For new measures, data are accumulated until four quarters have been collected and then rolling quarters occur for subsequent years. For existing measures, data are displayed based on rolling quarters.

- **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 (Q1), 2026 (end date of March 31st), the four quarters of data that will be provided in this request will include Q2 2025 (April – June), Q3 2025 (July – September), Q4 2025 (October – December), and Q1 2026 (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 Q1 2026 (end date of March 31st), the data provided in this request will include the following: Q4 2025 (October – December) and Q1 2026 (January – March).

Table 5-2
iQIES Review and Correct Reports: Quarterly Rates Included in Each Requested Quarter End Date[9]

Requested Calendar Year Quarter End Date[10]	Measure Type	Quarter(s) Included from Previous Year[11]	Quarter(s) Included from User-Requested Year[12]
Quarter 1, YYYY	New	Quarter 4	Quarter 1
	Existing	Quarter 2 Quarter 3 Quarter 4	Quarter 1
Quarter 2, YYYY	New	Quarter 4	Quarter 1 Quarter 2
	Existing	Quarter 3 Quarter 4	Quarter 1 Quarter 2
Quarter 3, YYYY	New	Quarter 4	Quarter 1 Quarter 2 Quarter 3
	Existing	Quarter 4	Quarter 1 Quarter 2 Quarter 3
Quarter 4, YYYY	New	--	Quarter 1 Quarter 2 Quarter 3 Quarter 4
	Existing	--	Quarter 1 Quarter 2 Quarter 3 Quarter 4

Table 5-3 below displays the quarters of data included in the cumulative rate calculation for new and existing measures, by each requested quarter end date.

[9] See ***Table 5-1*** for discharge dates included for each quarter.
[10] YYYY = User-Requested Year
[11] Calendar year prior to the User-Requested Year
[12] Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct Report will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.

Table 5-3

iQIES Review and Correct Reports: Data Included in the Cumulative Rate for Each Requested Quarter End Date[13]

Requested Calendar Year Quarter End Date[14]	Measure Type	Data Included from Previous Year[15]	Data Included from User-Requested Year[16]
Quarter 1, YYYY	New	Quarter 4	Quarter 1
	Existing	Quarter 2 through Quarter 4	Quarter 1
Quarter 2, YYYY	New	Quarter 4	Quarter 1 through Quarter 2
	Existing	Quarter 3 through Quarter 4	Quarter 1 through Quarter 2
Quarter 3, YYYY	New	Quarter 4	Quarter 1 through Quarter 3
	Existing	Quarter 4	Quarter 1 through Quarter 3
Quarter 4, YYYY	New	--	Quarter 1 through Quarter 4
	Existing	--	Quarter 1 through Quarter 4

Section 5.2: iQIES Quality Measure (QM) Reports

Below are the specifications for the iQIES QM Reports for measures presented in **Chapter 4**, **Section 4.1**:

1. Measures are calculated consistent with the methods in the previous section, **Chapter 5**, **Section 5.1, "iQIES Review and Correct Reports"**. Only the cumulative rates will be displayed using all data in the target period.
2. The illustration of reporting timeline for the monthly iQIES QM Reports is provided in ***Table 5-4*** for the following measures:
   a. Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)
   b. Application of Percent of Residents Experiencing One or More Falls with Major Injury (CMS ID: I013.01)
   c. IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)
   d. IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)
   e. Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01)

[13] See ***Table 5-1*** for discharge dates included for each quarter.
[14] YYYY = User-Requested Year
[15] Calendar year prior to the User-Requested Year
[16] Because the Patient/Resident COVID-19 Vaccine measure is based on one quarter of data, the Review and Correct Report will only display the requested calendar year quarter end date. If a user wants to view data from another calendar year quarter, they must request a report with that quarter's end date.

f. Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01)

g. Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02)

h. Discharge Function Score (CMS ID: I026.01)

i. COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: I027.01)

3. **Data calculation rule:** The calculations include IRF stay-level records with discharge dates through the end of the month.

Table 5-4
iQIES QM Reports: Data Included in the Cumulative Rate for Each Requested Report End Date

Requested Report End Date[17]	iQIES QM Report Calculation Month	Data Included from Previous Year[18]	Data Included from User-Requested Year
03/31/YYYY (Quarter 1, YYYY)	February	April through December	January
	March	April through December	January through February
	April	April through December	January through March
06/30/YYYY (Quarter 2, YYYY)	May	July through December	January through April
	June	July through December	January through May
	July	July through December	January through June
09/30/YYYY (Quarter 3, YYYY)	August	October through December	January through July
	September	October through December	January through August
	October	October through December	January through September
12/31/YYYY (Quarter 4, YYYY)	November	--	January through October
	December	--	January through November
	January	--	January through December

[17] YYYY = User-Requested Year

[18] Calendar year prior to the User-Requested Year

Chapter 6
Measure Calculations for Assessment-Based (IRF-PAI) Quality Measures

This chapter presents technical details regarding calculating the assessment-based quality measures that are included in the IRF QRP. Note that IRF-PAI assessment data are submitted for all patients receiving care in an IRF, regardless of payer, as of October 1, 2024.[19] For the purposes of IRF QRP measure calculations, IRF stays continue to be defined as those stays where the payer is Medicare FFS or Medicare Advantage (A1400A = [1] or A1400B = [1]). In this chapter, each section is specific to an assessment-based quality measure. Within each section the iQIES Review and Correct Report measure calculations are presented first, followed by the iQIES QM Report measure calculations. If the measure is risk-adjusted for the QM Reports, then additional details regarding the risk-adjusted calculations are provided; otherwise, the Review and Correct Report calculations can be used to conduct the QM Report measure calculations. Prior to the measure specifications steps in **Chapter 6**, please refer to **Chapter 1, Section 1.2** on instructions to define the IRF stay for the QM sample and **Chapter 4** for the IRF stay selection criteria.

Section 6.1: Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)

iQIES Review and Correct Report Measure Calculations for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)

For the Review and Correct Reports, only the facility-level observed score is computed; the facility's risk-adjusted score is not reported. Using the definitions from ***Table 7-1***, the following steps are used to calculate the quality measure.

1. **Identify excluded IRF stays** (Steps 1.1 through 1.2).

   1.1 An IRF stay is excluded if data on new or worsened Stage 2, 3, 4, and unstageable pressure ulcers/injuries are missing at discharge: (M0300B1 = [-] or M0300B2 = [-]) and (M0300C1 = [-] or M0300C2 = [-]) and (M0300D1 = [-] or (M0300D2 = [-]) and (M0300E1 = [-] or M0300E2 = [-]) and (M0300F1 = [-] or M0300F2 =[-]) and (M0300G1 = [-] or M0300G2 = [-]).

   1.2 An IRF stay is excluded if the patient died during the IRF stay (Item 44C = [0]).

2. **Determine the denominator count**. Determine the total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.

3. **Determine the numerator count**. Determine the total number of IRF stays for which the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcer(s), or unstageable pressure ulcers/injuries at discharge, compared to admission:

   - Stage 2 (M0300B1) − (M0300B2) > 0, OR

[19] The submission of IRF-PAI assessment data for all patients receiving care in an IRF, regardless of payer, is based on the FY 2023 IRF PPS Final Rule.

- Stage 3 (M0300C1) − (M0300C2) > 0, OR
- Stage 4 (M0300D1) − (M0300D2) > 0, OR
- Unstageable – Non-removable dressing/device (M0300E1) − (M0300E2) > 0, OR
- Unstageable – Slough and/or eschar (M0300F1) − (M0300F2) > 0, OR
- Unstageable – Deep tissue injury (M0300G1) − (M0300G2) > 0

4. **Calculate the facility-level observed score**. Divide the facility's numerator count (Step 3) by its denominator count (Step 2) to obtain the facility-level observed score, and then multiply by 100 to obtain a percent value.
5. **Round the percent value to two decimal places.**

   5.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

   5.2 Drop all the digits following the second decimal place.

iQIES QM Report Measure Calculations for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)

This measure is risk-adjusted for the iQIES QM Reports and an observed and a risk-adjusted value is reported. Using the definitions in ***Table 7-1***, the following steps are used to calculate the measure.

1. **Calculate the facility-level observed score** (Steps 1.1 through 1.2).

   1.1 To calculate the facility-level observed score, complete Steps 1 – 4 from **Chapter 6**, **Section 6.1**, "iQIES Review and Correct Report Measure Calculations for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury."

   1.2 Do not multiply by 100 or round to the second decimal place. All rounding will be done at the end of the measure calculation.

2. **Calculate the national average observed score**[20] (Steps 2.1 through 2.3).

   2.1 After excluding IRF stays based on the criteria listed in ***Table 7-1***, the remaining IRF stays become the denominator for the national average observed score.

   2.2 Identify IRF stays in the denominator of the national average observed score with pressure ulcers/injuries that are new or worsened based on the criteria in ***Table 7-1***. These records comprise the numerator of the national average observed score.

   2.3 Divide the numerator (2.2) by the denominator (2.1) to calculate the national average observed score.

   Note: Because there is limited public accessibility to national assessment data, this document provides a national average observed score based on the reporting period of the regression intercept and coefficients. The national average observed score can be seen

[20] The national average observed score is calculated using the IRF stay as the unit of analysis.

*in **Table RA-2** of the Risk-Adjustment Appendix File on the IRF QRP Measures Information website. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Report, Provider Preview Report, and on public display on the Care Compare on Medicare.gov website may vary from the national average observed score provided by these documents.*

3. **Calculate the facility-level expected score for each IRF stay** (Steps 3.1 through 3.3).

   3.1 Determine presence or absence of the pressure ulcer covariates for each IRF stay.

   3.2 Using the covariate definitions in ***Table RA-3*** in the associated **Risk-Adjustment Appendix File**, assign covariate values (COV), either '0' for covariate condition not present or '1' for covariate condition present, for each IRF stay for each of the four covariates as reported on the Admission assessment.

   3.3 Calculate the expected score for each IRF stay using the following formula:

$$[\mathbf{1}]\ \text{IRF stay level expected score} = \frac{1}{[1 + e^{-x}]}$$

Where:

- ***e*** is the base of natural logarithms.
- ***X*** is a linear combination of the constant and the logistic regression coefficients times the covariate values (from Formula [2], below):

$$[\mathbf{2}]\ X = \beta_0 + \beta_1(COV_1) + \beta_2(COV_2) + \beta_3(COV_3) + \beta_4(COV_4)$$

$$[\mathbf{3}]\ \text{Probability}(Y = 1) = \text{Logit}(X)$$

Where:

- ***Y*** identifies if the IRF stay is part of the numerator count (i.e., triggering the quality measure: 1 = yes, 0 = no).
- β_0 is the logistic regression constant or intercept.
- β_1 is the logistic regression coefficient for the first covariate "functional limitation, and COV_1 is the IRF stay-level covariate value.
- β_2 is the logistic regression coefficient for the second covariate "bowel continence", and COV_2 is the IRF stay-level covariate value.
- β_3 is the logistic regression coefficient for the third covariate "peripheral vascular disease/peripheral artery disease (PVD/PAD) or diabetes mellitus", and COV_3 is the IRF stay-level covariate value.

β_4 is the logistic regression coefficient for the fourth covariate "low body mass index (BMI)", and COV_4 is the IRF stay-level covariate value.

See ***Table RA-3*** and ***Table RA-4*** in the associated **Risk-Adjustment Appendix File** for the regression constant and coefficients as well as detailed IRF-PAI coding logic for each risk

adjustor.[21] The regression constant and coefficients are values obtained through statistical logistic regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression constant and coefficients based on the target period in ***Table RA-3*** and ***Table RA-4*** in the **Risk-Adjustment Appendix File**.

4. **Calculate the mean facility-level expected score**. Once IRF stay-level expected scores have been calculated, calculate the mean facility-level expected score as the mean of the facility's IRF stay-level expected scores.

5. **Calculate the facility-level risk-adjusted score** (Steps 5.1 through 5.3).

   5.1 Calculate the facility-level risk-adjusted score based on the:

   - Facility-level observed quality measure score (Steps 1.1 through 1.2)
   - Mean facility-level expected quality measure score (Step 4)
   - National average observed quality measure score (Steps 2.1 through 2.3)
   - The calculation of the risk-adjusted score uses the following equation:

$$[\mathbf{4}]\ Adj = \frac{1}{1 + e^{-y}}$$

   Where:

   - e is the base of natural logarithms.
   - Adj is the facility-level risk-adjusted quality measure score.
   - y is the product of the following formula:

$$[\mathbf{5}]\ y = ln\left(\frac{Obs}{1 - Obs}\right) - ln\left(\frac{Exp}{1 - Exp}\right) + ln\left(\frac{Nat}{1 - Nat}\right)$$

   Where:

   - ***Obs*** is the facility-level observed quality measure score.
   - ***Exp*** is the mean facility-level expected quality measure score.
   - ***Nat*** is the national average observed quality measure score.
   - ***Ln*** indicates a natural logarithm.

   5.2 Multiply the risk-adjusted score (Adj) by 100 and round the percent value to two decimal places.

      5.2.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

[21] The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

5.2.2 Drop the digits following the second decimal place.

5.3 Facility-level recoding instructions.

5.3.1 If the facility-level observed score (Step 1) equals 0, then the facility-level observed percent and the facility-level risk-adjusted percent values are set to 0.00.

5.3.2 If the facility-level observed score (Step 1) equals 1, then the facility-level observed percent and the facility-level risk-adjusted percent values are set to 100.00.

National Average Calculation for Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)

To calculate the IRF stay-level (i.e., prevalence) national average, refer to Step 2 under the iQIES QM Report measure calculations for the Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.

Section 6.2: Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01)

iQIES Review and Correct Report Measure Calculations for Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01)

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 measure specifications from ***Table 7-2***, the following steps are used to calculate the measure.

1. **Identify excluded IRF stays.**
   - An IRF stay is excluded if the number of falls with major injury was not coded at discharge (J1900C = [-]).
2. **Determine the denominator count**. Determine the total number of IRF stays with the discharge date in the measure target period that do not meet the exclusion criteria.
3. **Determine the numerator count**. Determine the total number of IRF stays with a discharge date during the selected time window that recorded one or more falls that resulted in major injury (J1900C = [1] or [2]).
4. **Calculate the facility-level observed score**. Divide the facility's numerator count (Step 3) by its denominator count (Step 2) to obtain the facility-level observed score, and then multiply by 100 to obtain a percent value.
5. **Round the percent value to two decimal places.**

   5.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

   5.2 Drop all of the digits following the second decimal place.

iQIES QM Report Measure Calculations for Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01)

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 calculations for the Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01).

National Average Calculation for Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01)

Use the following steps to calculate the IRF stay-level (i.e., prevalence) national average:

1. Determine the total number of IRF stays in the nation after applying the exclusion criteria. This is the denominator for the national average.
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.
3. Divide the numerator (Step 2) by the denominator (Step 1) then multiply by 100, and round the percent value to two decimal places to obtain the national average.
   - 3.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
   - 3.2 Drop all of the digits following the second decimal place.

Section 6.3: IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)

iQIES Review and Correct Report Measure Calculations for IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)

This measure requires risk-adjusted data for the Review and Correct Reports since it estimates the percent of IRF stays in which patients meet or exceed an expected discharge self-care score. Using the definitions from ***Table 7-3***, the following steps are used to calculate the quality measure.

1. **Calculate the observed discharge self-care score** (Steps 1.1 through 1.2) using the discharge self-care items and valid codes identified below:

   The self-care assessment items used for discharge self-care score calculations are:

   - GG0130A3. Eating
   - GG0130B3. Oral hygiene
   - GG0130C3. Toileting hygiene
   - GG0130E3. Shower/bathe self

- GG0130F3. Upper body dressing
- GG0130G3. Lower body dressing
- GG0130H3. Putting on/taking off footwear

Valid codes and code definitions for the coding of the discharge self-care items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - – Not assessed/no information

1.1 To obtain the score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.
- If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the value.

1.2 Sum the values of the discharge self-care items to create a discharge self-care score for each IRF stay. Scores can range from 7 to 42, with a higher score indicating greater independence.

2. Identify excluded IRF stays. The IRF stay is excluded if any of the following are true (Steps 2.1 through 2.4).

2.1 Incomplete IRF stays:

2.1.1 Discharge to acute care that results in the patient's absence from the IRF for longer than three calendar days: Patient's discharge destination/living setting (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]); or

2.1.2 Died while in IRF: Was the patient discharged alive (Item 44C = [0]); or

2.1.3 Discharged against medical advice: Patient discharged against medical advice (Item 41 = [1]); or

2.1.4 Length of stay is less than three days: Discharge Date (Item 40) – Admission Date (Item 12) < three days.

2.2 Patient is in a coma, persistent vegetative state, has complete tetraplegia, locked-in state, severe anoxic brain damage, cerebral edema, or compression of brain.

Items used to identify these IRF stays:

- Impairment Group (Item 21A = [0004.1221 or 0004.1222 or 0004.2221 or 0004.2222]).
- Etiologic Diagnosis A., B. or C. (Item 22 = any one of the ICD-10-CM codes listed in **Appendix B**, ***Table B-1***).
- Comorbid Condition (Item 24 = any one of the ICD-10-CM codes listed in **Appendix B**, ***Table B-1***).

2.3 Patient is younger than 18 years: Age in years is calculated based on the truncated difference between admission date (Item 12) and birth date (Item 6); i.e., the difference is not rounded to nearest whole number.

2.4 Patient is discharged to hospice (home or medical facility) (Item 44D = [50 or 51]).

3. **Calculate the expected discharge self-care score.** For each IRF stay: use the intercept and regression coefficients to calculate the expected discharge self-care score using the formula below:

[1] $Expected\ discharge\ self\text{-}care\ score = \beta_0 + \beta_1(COV_1) + \ldots + \beta_n(COV_n)$

Where:

- ***Expected discharge self-care score*** estimates an expected discharge self-care score.
- β_0 is the regression intercept.
- β_1 ***through*** β_n are the regression coefficients for the covariates (see **Risk-Adjustment Appendix File**).

Note that any expected discharge self-care score greater than the maximum (i.e., 42) should be recoded to the maximum score.

See ***Table RA-5*** and ***Table RA-6*** in the associated **Risk-Adjustment Appendix File** for the regression intercept and coefficients as well as detailed IRF-PAI coding for each risk adjustor.[22] The regression intercept and regression coefficients are values obtained through

[22] The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in ***Table RA-5*** and ***Table RA-6*** in the **Risk-Adjustment Appendix File**.

4. **Calculate the difference in observed and expected discharge self-care scores**. For each IRF stay, compare each patient's observed discharge self-care score (Step 1) and expected discharge self-care score (Step 3) and classify the difference as one of the following:

   4.1 Observed discharge self-care score is equal to or greater than the expected discharge self-care score.

   4.2 Observed discharge self-care score is less than the expected discharge self-care score.

5. **Determine the denominator count**. Determine the total number of IRF stays with an IRF-PAI in the measure target period, which do not meet the exclusion criteria.

6. **Determine the numerator count**. The numerator for this quality measure is the number of IRF stays with an observed discharge self-care score that is equal to or greater than the expected discharge self-care score (Step 4.1).

7. **Calculate the facility-level discharge self-care percent**. Divide the facility's numerator count (Step 6) by its denominator count (Step 5) to obtain the facility-level discharge self-care percent, and then multiply by 100 to obtain a percent value.

8. **Round the percent value to two decimal places**.

   8.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

   8.2 Drop all the digits following the second decimal place.

iQIES QM Report Measure Calculations for IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)

This measure requires risk-adjustment for the iQIES QM Reports. Follow the steps provided above for the iQIES Review and Correct Report measure calculations for the IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05).

National Average Calculation for IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)

Use the following steps to calculate the IRF stay-level (i.e., prevalence) national average:

1. Determine the total number of IRF stays in the nation after applying the exclusion criteria. This is the denominator for the national average.
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.
3. Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to two decimal places to obtain the national average.

3.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

3.2 Drop all of the digits following the second decimal place.

Section 6.4: IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)

iQIES Review and Correct Report Measure Calculations for IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)

This measure requires risk-adjusted data for the Review and Correct Reports since it estimates the percent of IRF stays in which patients meet or exceed an expected discharge mobility score. Using the definitions from ***Table 7-4***, the following steps are used to calculate the quality measure.

1. **Calculate the observed discharge mobility score** (Steps 1.1 through 1.4) using the discharge mobility items and valid codes identified below. Please note there are different items used if the patient does not walk at both admission and discharge (Step 1.1) than for the remaining patients (Step 2.2):

   1.1 For patients who are coded as 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1) and discharge (GG0170I3), and who are coded between 01 and 06 for either Wheel 50 feet with two turns (GG0170R) or Wheel 150 feet (GG0170S) either at admission or at discharge, the following mobility assessment items are used for discharge mobility score calculations:

   - GG0170A3. Roll left and right
   - GG0170B3. Sit to lying
   - GG0170C3. Lying to sitting on side of bed
   - GG0170D3. Sit to stand
   - GG0170E3. Chair/bed-to-chair transfer
   - GG0170F3. Toilet transfer
   - GG0170G3. Car transfer
   - GG0170R3. Wheel 50 feet with two turns*
   - GG0170S3. Wheel 150 feet*
   - GG0170M3. 1 step (curb)
   - GG0170N3. 4 steps
   - GG0170O3. 12 steps
   - GG0170P3. Picking up object

**Please count the value for this item twice; 15 items are used to calculate a patient's score (scores range from 15 – 90).*

1.2 For the remaining patients, the following mobility assessment items are used for discharge mobility score calculations:

- GG0170A3. Roll left and right
- GG0170B3. Sit to lying
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170G3. Car transfer
- GG0170I3. Walk 10 feet
- GG0170J3. Walk 50 feet with two turns
- GG0170K3. Walk 150 feet
- GG0170L3. Walking 10 feet on uneven surfaces
- GG0170M3. 1 step (curb)
- GG0170N3. 4 steps
- GG0170O3. 12 steps
- GG0170P3. Picking up object

Valid codes and code definitions for the coding of the discharge mobility items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - – Not assessed/no information

1.3 To obtain the score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.
- If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value.

1.4 Sum the values of the discharge mobility items to create a discharge mobility score for each IRF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.

2. Identify excluded IRF stays. The IRF stay is excluded if any of the following are true (Steps 2.1 through 2.4).

2.1 Incomplete IRF stays:

2.1.1 Discharge to acute care that results in the patient's absence from the IRF for longer than three calendar days: Patient's discharge destination/living setting (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]); or

2.1.2 Died while in IRF: Was the patient discharged alive (Item 44C = [0]); or

2.1.3 Discharged against medical advice: Patient discharged against medical advice (Item 41 = [1]); or

2.1.4 Length of stay is less than three days: Discharge Date (Item 40) – Admission Date (Item 12) < three days.

2.2 Patient is in a coma, persistent vegetative state, has complete tetraplegia, locked-in state, severe anoxic brain damage, cerebral edema, or compression of brain.

Items used to identify these IRF stays:

- Impairment Group (Item 21A = [0004.1221 or 0004.1222 or 0004.2221 or 0004.2222]).
- Etiologic Diagnosis A., B., or C. (Item 22 = any of the ICD-10-CM codes listed in **Appendix B**, ***Table B-1***).
- Comorbid Condition (Item 24 = any of the ICD-10-CM codes listed in **Appendix B**, ***Table B-1***).

2.3 Patient is younger than 18 years: Age in years is calculated based on the truncated difference between admission date (Item 12) and birth date (Item 6); i.e., the difference is not rounded to nearest whole number.

2.4 Patient is discharged to hospice (home or medical facility) (Item 44D = [50 or 51]).

3. Calculate the **expected discharge mobility score.** For each IRF stay: use the intercept and regression coefficients to calculate the expected discharge mobility score using the formula below:

   [1] *Expected discharge mobility score* $= \beta_0 + \beta_1(COV_1) + \ldots + \beta_n(COV_n)$

   Where:

   - ***Expected discharge mobility score*** estimates an expected discharge mobility score
   - β_0 is the regression intercept

   β_1 ***through*** β_n are the regression coefficients for the covariates (see **Risk-Adjustment Appendix File**).Note that any expected discharge mobility score greater than the maximum (i.e., 90) should be recoded to be the maximum score.

   See ***Table RA-5*** and ***Table RA-7*** in the associated **Risk-Adjustment Appendix File** for the regression intercept and coefficients as well as detailed IRF-PAI coding logic for each risk adjustor.[23] The regression intercept and regression coefficients are values obtained through regression analysis. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period stated in ***Table RA-5*** and ***Table RA-7*** in the **Risk-Adjustment Appendix File**.

4. **Calculate the difference in observed and expected discharge mobility scores**. For each IRF stay which does not meet the exclusion criteria, compare each patient's observed discharge mobility score (Step 1) and expected discharge mobility score (Step 3) and classify the difference as one of the following:

   4.1 Observed discharge mobility score is equal to or greater than the expected discharge mobility score.

   4.2 Observed discharge mobility score is less than the expected discharge mobility score.

5. **Determine the denominator count**. Determine the total number of IRF stays with an IRF-PAI in the measure target period, which do not meet the exclusion criteria.

6. **Determine the numerator count**. The numerator for this quality measure is the number of IRF stays in which the observed discharge mobility score is equal to or greater than the expected discharge mobility score (Step 4.1).

7. **Calculate the facility-level discharge mobility percent**. Divide the facility's numerator count (Step 6) by its denominator count (Step 5) to obtain the facility-level discharge mobility percent, and then multiply by 100 to obtain a percent value.

8. **Round the percent value to two decimal places.**

[23] The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

8.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

8.2 Drop all the digits following the second decimal place.

iQIES QM Report Measure Calculations for IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)

This measure requires risk-adjustment for the iQIES QM Reports. Follow the steps provided above for the iQIES Review and Correct Report measure calculations for the IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06).

National Average Calculation for IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)

Use the following steps to calculate the IRF stay-level (i.e., prevalence) national average:

1. Determine the total number of IRF stays in the nation after applying the exclusion criteria. This is the denominator for the national average.
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.
3. Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to two decimal places to obtain the national average.

    3.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

    3.2 Drop all of the digits following the second decimal place.

Section 6.5: Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01)

iQIES Review and Correct Report Measure Calculations for Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01)

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 7-5***, the following steps are used to calculate the measure.

1. **Determine the denominator count.** Select all IRF stays during the reporting period.
2. **Determine the numerator count.** Include the total number of IRF stays in the numerator count if both of the following criteria (2.1 and 2.2) are met:

    2.1 The facility conducted a drug regimen review on admission which resulted in one of the following three scenarios:

        2.1.1 No potential or actual clinically significant medication issues were found during the review (N2001 = [0]); or

2.1.2 Potential or actual clinically significant medication issues were found during the review (N2001 = [1]) and a physician (or physician-designee) was contacted and prescribed/recommended actions were completed by midnight of the next calendar day (N2003 = [1]); or

2.1.3 The patient was not taking any medications (N2001 = [9]).

2.2 Appropriate follow-up occurred each time a potential or actual clinically significant medication issue was identified during the IRF stay (N2005 = [1]); or no potential or actual clinically significant medications issues were identified since admission or patient was not taking any medications (N2005 = [9]).

3. **Calculate the facility-level observed score**. 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.

4. **Round the percent value to two decimal places.**

4.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

4.2 Drop all the digits following the second decimal place.

iQIES QM Report Measure Calculations for Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01)

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 Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01).

National Average Calculation for Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01)

Use the following steps to calculate the IRF stay-level (i.e., prevalence) national average:

1. Determine the total number of IRF stays in the nation meeting the denominator criteria. This is the denominator for the national average.

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.

3. Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to two decimal places to obtain the national average.

3.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

3.2 Drop all of the digits following the second decimal place.

Section 6.6: Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01)[24]

iQIES Review and Correct Report Measure Calculations for Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01)

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 7-6*, the following steps are used to calculate the measure.

1. **Determine the denominator count**. Select all IRF stays within the reporting period with a discharge to a subsequent provider as determined by discharge destination/living setting (Item 44D = [02, 03, 04, 06, 50, 51, 61, 62, 63, 64, 65, 66]).
2. **Determine the numerator count.** Include the total number of IRF stays in the numerator count where a reconciled medication list was transferred (A2121 = [1]).
3. **Calculate the facility-level observed score**. 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.
4. **Round the percent value to two decimal places.**
   - 4.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
   - 4.2 Drop all the digits following the second decimal place.

iQIES QM Report Measure Calculations for Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01)

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 (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01).

National Average Calculation for Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01)

Use the following steps to calculate the IRF stay-level (i.e., prevalence) national average:

1. Determine the total number of IRF stays in the nation meeting the denominator criteria. This is the denominator for the national average.
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.
3. Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to two decimal places to obtain the national average.

[24] Please refer to **Chapter 5, Section 5.1** on the effective date for data collection and implementation date for the iQIES reports.

3.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

3.2 Drop all of the digits following the second decimal place.

Section 6.7: Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02)

iQIES Review and Correct Report Measure Calculations for Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02)

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 7-7*, the following steps are used to calculate the measure.

1. **Determine the denominator count**. 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 destination/living setting (Item 44D = [01, 99]).
2. **Determine the numerator count.** 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]).
3. **Calculate the facility-level observed score**. 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.
4. **Round the percent value to two decimal places.**
   4.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
   4.2 Drop all the digits following the second decimal place.

iQIES QM Report Measure Calculations for Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02)

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 (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02).

National Average Calculation for Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02)

Use the following steps to calculate the IRF stay-level (i.e., prevalence) national average:

1. Determine the total number of IRF stays in the nation meeting the denominator criteria. This is the denominator for the national average.

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.
3. Divide the numerator (step 2) by the denominator (step 1). Then, multiply by 100 and round the percent value to two decimal places to obtain the national average.
   3.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
   3.2 Drop all of the digits following the second decimal place.

Section 6.8: Discharge Function Score Measure (CMS ID: I026.01)

iQIES Review and Correct Report Measure Calculations for Discharge Function Score (CMS ID: I026.01)

This measure requires risk-adjusted data for the Review and Correct Reports since it estimates the percent of IRF stays in which patients meet or exceed an expected discharge function score. Using the definitions from ***Table 7-8***, the following steps are used to calculate the quality measure.

1. **Identify excluded IRF stays**. The IRF stay is excluded if any of the following are true (Steps 1.1 through 1.4).
   1.1 Incomplete IRF stays:
      1.1.1 Discharge to acute care that results in the patient's absence from the IRF for longer than three calendar days: Patient's discharge destination/living setting: 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
      1.1.2 Died while in IRF: Was the patient discharged alive (Item 44C = [0]); or
      1.1.3 Discharged against medical advice: Patient discharged against medical advice? (Item 41 = [1]); or
      1.1.4 Length of stay is less than three days: Discharge Date (Item 40) – Admission Date (Item 12) < three days.
   1.2 Patient is in a coma, persistent vegetative state, or locked-in state, or has complete tetraplegia, severe anoxic brain damage, cerebral edema, or compression of brain.

   Items used to identify these IRF stays:

   - Impairment Group (Item 21A = [0004.1221 or 0004.1222 or 0004.2221 or 0004.2222]).
   - Etiologic Diagnosis A., B., or C. (Item 22 = any of the ICD-10-CM codes listed in **Appendix B**, ***Table B-1***).
   - Comorbid Condition (Item 24 = any of the ICD-10-CM codes listed in **Appendix B**, ***Table B-1***).

1.3 Patient is younger than 18 years: Age in years is calculated based on the truncated difference between admission date (Item 12) and birth date (Item 6), i.e., the difference is not rounded to nearest whole number.

1.4 Patient is discharged to hospice (home or medical facility) (Item 44D = [50 or 51]).

2. Calculate the observed discharge function score (Steps 2.1 through 2.5) using the discharge function items and valid codes identified below and incorporating imputed item values. Please note there are different items used if the patient does not walk at both admission and discharge (Step 2.1) than for the remaining patients (Step 2.2):

2.1 For patients who are coded as 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1) and discharge (GG0170I3), and who are coded between 01 and 06 for either Wheel 50 feet with two turns (GG0170R) or Wheel 150 feet (GG0170S) either at admission or at discharge, the following assessment items are used for discharge function score calculations:

- GG0130A3. Eating
- GG0130B3. Oral hygiene
- GG0130C3. Toileting hygiene
- GG0170A3. Roll left and right
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170R3. Wheel 50 feet with two turns*

**Please count the value for this item twice; 10 items are used to calculate a patient's score (scores range from 10 – 60).*

2.2 For the remaining patients, the following assessment items are used for discharge function score calculations:

- GG0130A3. Eating
- GG0130B3. Oral hygiene
- GG0130C3. Toileting hygiene
- GG0170A3. Roll left and right
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer

- GG0170I3: Walk 10 feet
- GG0170J3: Walk 50 feet with two turns

Valid codes and their definitions for the discharge function items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - – Not assessed/no information

2.3 To obtain the score, use the following procedure:

- If code is between 01 and 06, use the code as the value.
- If code is 07, 09, 10, 88, dashed (-), skipped (^), or missing (all henceforth referred to as NA), then use statistical imputation to estimate the code for that item and use this code as the value. See Step 2.4 for more details on the statistical imputation approach.

2.4 **Calculate the imputed values for items with NA codes**. To obtain the imputed values, use the procedure below. (Note that these steps first describe imputing the value for a single item at discharge and then describe the relevant modifications for the other items.)

2.4.1 Start with Eating (GG0130A). For each IRF stay where the item has a NA code at discharge, calculate z, a continuous variable that represents a patient's underlying degree of independence on this item, using the imputation coefficients specific to the GG0130A discharge model:

[1] $z = \gamma_1 x_1 + \ldots + \gamma_m x_m$

Where:

- γ_1 through γ_m are the imputation regression coefficients for the covariates specific to the GG0130A discharge model (see **Discharge Function Score Imputation Appendix File**. Note

that the coefficients used in this calculation do not include the thresholds described in Step 2.4.2.)

- $x_1 - x_m$ are the imputation risk adjustors specific to the GG0130A discharge model.

2.4.2 Calculate the probability for each possible value, had the GG item been assessed, using z (Step 2.4.1) and the equations below.

[**2**]
$$\Pr(z \le \alpha_1) = \Phi(\alpha_1 - z),$$
$$\Pr(\alpha_1 < z \le \alpha_2) = \Phi(\alpha_2 - z) - \Phi(\alpha_1 - z),$$
$$\Pr(\alpha_2 < z \le \alpha_3) = \Phi(\alpha_3 - z) - \Phi(\alpha_2 - z),$$
$$\Pr(\alpha_3 < z \le \alpha_4) = \Phi(\alpha_4 - z) - \Phi(\alpha_3 - z),$$
$$\Pr(\alpha_4 < z \le \alpha_5) = \Phi(\alpha_5 - z) - \Phi(\alpha_4 - z),$$
$$\Pr(z > \alpha_5) = 1 - \Phi(\alpha_5 - z)$$

Where:

- $\Phi(.)$ is the standard normal cumulative distribution function.
- $\alpha_1 \ldots \alpha_5$ represent thresholds of levels of independence that are used to assign a value of 1-6 based on z for the GG0130A discharge model (see **Discharge Function Score Imputation Appendix File**).

2.4.3 Compute the imputed value of the GG item using the six probabilities determined in Step 2.4.2 and the equation below.

[**3**]
$$\textit{Imputed value of GG item} = \Pr(z \le \alpha_1) + 2 * \Pr(\alpha_1 < z \le \alpha_2) + 3 * \Pr(\alpha_2 < z \le \alpha_3) + 4 * \Pr(\alpha_3 < z \le \alpha_4) + 5 * \Pr(\alpha_4 < z \le \alpha_5) + 6 * \Pr(z > \alpha_5)$$

2.4.4 Repeat Steps 2.4.1-2.4.3 to calculate imputed values for each GG item included in the observed discharge function score that was coded as NA, replacing the Eating (GG0130A) item with each applicable GG item.

See ***Table IA-1***, ***Table IA-4***, and ***Table IA-5*** in the associated **Discharge Function Score Imputation Appendix File** for the imputation coefficients and thresholds, as well as detailed IRF-PAI coding for each risk adjustor.[25] The imputation coefficients and thresholds for each GG item are values obtained through ordered probit model analyses of all eligible IRF stays where the item value is not missing (i.e., had a value 01-06) at discharge, and covariates include the predictors used in risk adjustment (See Step 3) and values on all GG items available in IRF-PAI. The admission function scores are included in the covariates and calculated using the same procedure as the observed discharge function scores, including the replacement of NA codes with

[25] The imputation coefficient and threshold values have been rounded to four decimal places. When applying these values to the equation to calculate imputed item values, these coefficient and threshold values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

imputed values.[26] Please note that the iQIES QM and Provider Preview Reports use fixed regression coefficients and thresholds based on the target period in ***Table IA-1***, ***Table IA-4***, and ***Table IA-5*** in the **Discharge Function Score Imputation Appendix File**.

2.5 Sum the values of the discharge function items to calculate the observed discharge function score for each IRF stay. Scores can range from 10 to 60, with a higher score indicating greater independence.

3. Calculate the **expected discharge function score.** For each IRF stay: use the intercept and regression coefficients to calculate the expected discharge function score using the formula below:

[4] $Expected\ discharge\ function\ score = \beta_0 + \beta_1 x_1 + \ldots + \beta_n x_n$

Where:

- ***Expected discharge function score*** estimates an expected discharge function score.
- β_0 is the regression intercept.
- β_1 through β_n are the regression coefficients for the covariates (see **Risk-Adjustment Appendix File**).
- $x_1 - x_n$ are the risk adjustors.

Note that any expected discharge function score greater than the maximum should be recoded to the maximum score (i.e., 60).

See ***Table RA-5*** and ***Table RA-8*** in the associated **Risk-Adjustment Appendix File** for the regression intercept and coefficients as well as detailed IRF-PAI coding logic for each risk adjustor.[27] The admission function scores are included in the covariates and are calculated using the same procedure as the observed discharge score, including the replacement of NA codes with imputed values.[28] The regression intercept and coefficients are values obtained through ordinary least squares linear regression analysis on all eligible IRF stays. Please note that the iQIES QM and Provider Preview Reports use fixed regression intercepts and coefficients based on the target period in ***Table RA-5***, and ***Table RA-8*** in the **Risk-Adjustment Appendix File**.

4. Calculate the difference in observed and expected discharge function scores. For each IRF stay which does not meet the exclusion criteria, compare each patient's observed discharge function score (Step 2) and expected discharge function score (Step 3) and classify the difference as one of the following:

[26] To calculate imputed values for GG items at admission, repeat Steps 2.4.1 - 2.4.4, replacing the word "discharge" with the word "admission."

[27] The regression constant (intercept) and coefficient values have been rounded to four decimal places. When applying these values to the equation to calculate facility-level QM scores, these intercept and coefficient values should be used; do not round to fewer than four decimal places. This is to ensure consistency and accuracy of measure calculations.

[28] To calculate imputed values for GG items at admission, repeat Steps 2.4.1-2.4.4, replacing the word "discharge" with the word "admission."

4.1 Observed discharge function score is equal to or greater than the expected discharge function score.

4.2 Observed discharge function score is less than the expected discharge function score.

5. **Determine the denominator count**. Determine the total number of IRF stays with an IRF-PAI target date in the measure target period, which do not meet the exclusion criteria.
6. **Determine the numerator count**. The numerator is the number of IRF stays in which the observed discharge function score is equal to or greater than the expected discharge function score (Step 4.1).
7. **Calculate the facility-level discharge function percent**. Divide the facility's numerator count (Step 6) by its denominator count (Step 5) to obtain the facility-level discharge function proportion, and then multiply by 100 to obtain a percent value.
8. **Round the percent value to two decimal places.**

8.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

8.2 Drop all digits following the second decimal place.

iQIES QM Report Measure Calculations for Discharge Function Score (CMS ID: I026.01)

This measure requires risk-adjustment for the iQIES QM Reports. Follow the steps provided above for the iQIES Review and Correct Report measure calculations for the Discharge Function Score (CMS ID: I026.01).

National Average Calculation for Discharge Function Score (CMS ID: I026.01)

Use the following steps to calculate the IRF stay-level (i.e., prevalence) national average:

1. Determine the total number of IRF stays in the nation after applying the exclusion criteria. This is the denominator for the national average.
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.
3. Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to the second decimal place to obtain the national average.

3.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

3.2 Drop all of the digits following the second decimal place.

Section 6.9: Patient/Resident COVID-19 Vaccine Measure (CMS ID: I027.01)

iQIES Review and Correct Report Measure Calculations for COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: I027.01)

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 measure specifications from ***Table 7-9*** the following steps are used to calculate the measure.

1. **Determine the denominator count.** Determine the total number of IRF stays with the discharge date in the measure target period.
2. **Determine the numerator count.** Determine the total number of IRF stays in which patients are up to date with the COVID-19 vaccine (O0350 = [1]) during the measure target period.
3. **Calculate the facility-level observed score.** 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.
4. **Round the percent value to two decimal places.**
   - 4.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.
   - 4.2 Drop all of the digits following the second decimal place.

iQIES QM Report Measure Calculations for Application of Patient/Resident COVID-19 Vaccine (CMS ID: I027.01)

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 calculations for the COVID-19 Vaccine: Percent of Patient/Residents Who Are Up To Date (CMS ID: I027.01).

National Average Calculation for Patient/Resident COVID-19 Vaccine (CMS ID: I027.01)

Use the following steps to calculate the IRF stay-level (i.e., prevalence) national average:

1. Determine the total number of IRF stays in the nation meeting the denominator criteria. This is the denominator for the national average.
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.
3. Divide the numerator (Step 2) by the denominator (Step 1). Then, multiply by 100 and round the percent value to two decimal places to obtain the national average.

3.1 If the digit in the third decimal place is 5 or greater, add 1 to the second decimal place; otherwise, leave the second decimal place unchanged.

3.2 Drop all of the digits following the second decimal place.

Chapter 7
Measure Logic Specifications for Assessment-Based (IRF-PAI) Quality Measures

Table 7-1 Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)

Measure Description
This measure reports the percentage of IRF stays in which patients have Stage 2-4 pressure ulcers, unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that are new or worsened since admission. The measure is calculated by reviewing a patient's IRF-PAI pressure ulcer discharge assessment data for reports of Stage 2–4 pressure ulcers, or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury, that were not present or were at a lesser stage at the time of admission.

Measure Specifications[29]

Numerator

The numerator is the total number of IRF stays for which the discharge assessment indicates one or more new or worsened Stage 2-4 pressure ulcer(s) or unstageable pressure ulcers due to slough/eschar, non-removable dressing/device, or deep tissue injury at discharge, compared to admission.

1) Stage 2 (M0300B1) - (M0300B2) > 0, OR
2) Stage 3 (M0300C1) - (M0300C2) > 0, OR
3) Stage 4 (M0300D1) - (M0300D2) > 0, OR
4) Unstageable – Non-removable dressing/device (M0300E1) - (M0300E2) > 0, OR
5) Unstageable – Slough and/or eschar (M0300F1) - (M0300F2) > 0, OR
6) Unstageable – Deep tissue injury (M0300G1) - (M0300G2) > 0

Denominator

The denominator is the total number of IRF stays with discharge date in the measure target period, which do not meet the exclusion criteria.

Exclusions

An IRF stay is excluded if:

Data on new or worsened Stage 2, 3, 4, and unstageable pressure ulcers/injuries are missing at discharge:

- (M0300B1 = [-] or M0300B2 = [-]) and (M0300C1 = [-] or M0300C2 = [-]) and (M0300D1= [-] or (M0300D2= [-]) and (M0300E1= [-] or M0300E2 = [-]) and (M0300F1= [-] or M0300F2 = [-]) and (M0300G1= [-] or M0300G2=[-])

The patient died during the IRF stay:

- Item 44C = [0]

(continued)

[29] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Table 7-1 (continued)
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)

Covariates
Data for each covariate are derived from the IRF-PAI admission assessment data included in the target IRF stays.
1. Functional Limitation: Lying to sitting on side of bed
2. Bowel Continence
3. Diabetes Mellitus or Peripheral Vascular Disease (PVD) / Peripheral Arterial Disease (PAD)
4. Low body mass index (BMI), based on height (25A) and weight (26A)
See covariate details in ***Table RA-3*** and ***Table RA-4*** in the associated **Risk-Adjustment Appendix File**.

Table 7-2 Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01)[a]

Measure Description[30]
This quality measure reports the percentage of IRF stays in which patients experience one or more falls with major injury (includes bone fractures, joint dislocations, closed head injuries with altered consciousness, or subdural hematoma) during the IRF stay.
Measure Specifications[31]
Numerator Total number of IRF stays in the denominator during the selected time window that experienced one or more falls that resulted in major injury: J1900C = [1] or [2]. ***Denominator*** The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria. ***Exclusions*** An IRF stay is excluded if the number of falls with major injury was not coded at discharge: • J1900C (Falls with Major Injury) = [-]
Covariates
None.

[30] An application of this quality measure is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR 47096-47100).
[31] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Table 7-3 IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)[32]

Measure Description
This measure estimates the percentage of IRF stays in which patients meet or exceed an expected discharge self-care score.

Measure Specifications[33]

Self-Care items and Rating scale:

The self-care assessment items used for discharge self-care score calculations are:

- GG0130A3. Eating
- GG0130B3. Oral hygiene
- GG0130C3. Toileting hygiene
- GG0130E3. Shower/bathe self
- GG0130F3. Upper body dressing
- GG0130G3. Lower body dressing
- GG0130H3. Putting on/taking off footwear

Valid codes and code definitions for the coding of the discharge self-care items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - Not assessed/no information

(continued)

[32] This measure is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR 47118-47119).

[33] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Table 7-3 (continued)
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)

Measure Specifications[34]

To obtain the discharge self-care score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.
- If the self-care item is skipped (^), dashed (-) or missing, recode to 01 and use this code as the value.

Sum the values of the discharge self-care items to create a discharge self-care score for each IRF stay. Scores can range from 7 to 42, with a higher score indicating greater independence.

Numerator
The numerator is the number of IRF stays with a discharge self-care score that is equal to or higher than the calculated expected discharge self-care score.[35]

Denominator
The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.

Exclusions
IRF stay is excluded if:

Patient had an incomplete stay:

- Discharge destination/Living setting (Item 44D = [02, 63, 65, 66]): Discharge to acute care that results in the patient's absence from the IRF for longer than three 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 three days; Item 40 (Discharge Date) – Item 12 (Admission Date) is less than three days.

Patient has any of the following medical conditions:[36]

- Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema, or compression of brain.

Patient is younger than age 18:

- Truncate (Item 12 (Admission Date) – Item 6 (Birth Date)).

Patient is discharged to hospice:

Item 44D (Discharge destination/Living setting) = [50, 51].

(continued)

[34] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.
[35] Discharge functional assessment items included in this measure are: GG0130A3, GG0130B3, GG0130C3, GG0130E3, GG0130F3, GG0130G3, and GG0130H3.
[36] The medical conditions are identified by: Impairment Group 0004.1221 or 0004.1222 or 0004.2221 or 0004.2222 on Item 21A; or specific ICD-10-CM codes on Item 22 or Item 24 (see **Appendix B**, ***Table B-1***).

Table 7-3 (continued)
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)

Covariates

Data for each covariate are derived from the admission data included in the target IRF stays.

1. **Age group**
2. **Admission self-care – continuous form**
3. **Admission self-care – squared form**
4. **Primary diagnosis group**
5. **Interaction between admission self-care and primary diagnosis group**
6. **Prior acute or IRF primary diagnosis – surgical**
7. **Prior functioning: self-care**
8. **Prior functioning: indoor ambulation**
9. **Prior mobility device/ aids**
10. **Stage 2 pressure ulcer**
11. **Stage 3, 4, or unstageable pressure ulcer/injury**
12. **Cognitive function**
13. **Communication impairment**
14. **Bladder continence**
15. **Bowel continence**
16. **Nutritional approaches**
17. **Low BMI**
18. **Comorbidities**

See covariate details in ***Table RA-5*** and ***Table RA-6*** in the associated **Risk-Adjustment Appendix File**.

Table 7-4 IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)[37]

Measure Description
This measure estimates the percentage of IRF stays in which patients meet or exceed an expected discharge mobility score.

Measure Specifications[38]

Mobility items and Rating scale:

For patients who are coded as 07, 09, 10, or 88 for the Walk 10 feet item at both admission (GG0170I1) and discharge (GG0170I3), and who are coded between 01 and 06 for either Wheel 50 feet with two turns (GG0170R) or Wheel 150 feet (GG0170S) either at admission or at discharge, the following mobility assessment items are used for discharge mobility score calculations:

- GG0170A3. Roll left and right
- GG0170B3. Sit to lying
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170G3. Car transfer
- GG0170R3. Wheel 50 feet with two turns*
- GG0170S3. Wheel 150 feet*
- GG0170M3. 1 step (curb)
- GG0170N3. 4 steps
- GG0170O3. 12 steps
- GG0170P3. Picking up object

*Please count the value for this item twice; 15 items are used to calculate a patient's score (scores range from 15 – 90).

For the remaining patients, the following mobility assessment items are used for discharge mobility score calculations:

- GG0170A3. Roll left and right
- GG0170B3. Sit to lying
- GG0170C3. Lying to sitting on side of bed
- GG0170D3. Sit to stand
- GG0170E3. Chair/bed-to-chair transfer
- GG0170F3. Toilet transfer
- GG0170G3. Car transfer

(continued)

[37] This measure is finalized for reporting by IRFs under the FY 2016 IRF PPS final rule (80 FR 47119-47120).

[38] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Table 7-4 (continued)
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)

Measure Specifications[39]

- GG0170I3. Walk 10 feet
- GG0170J3. Walk 50 feet with two turns
- GG0170K3. Walk 150 feet
- GG0170L3. Walking 10 feet on uneven surfaces
- GG0170M3. 1 step (curb)
- GG0170N3. 4 steps
- GG0170O3. 12 steps
- GG0170P3. Picking up object

Valid codes and code definitions for the coding of the discharge mobility items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - – Not assessed/no information

To obtain the discharge mobility score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, or 88, then recode to 01 and use this code as the value.
- If the mobility item is skipped (^), dashed (-), or missing, recode to 01 and use this code as the value.

Sum the values of the discharge mobility items to create a discharge mobility score for each IRF stay. Scores can range from 15 – 90, with a higher score indicating greater independence.

(continued)

[39] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Table 7-4 (continued)
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)

Measure Specifications[40]

Numerator

The numerator is the number of IRF stays with a discharge mobility score that is equal to or higher than the calculated expected discharge mobility score.[41]

Denominator

The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.

Exclusions

An IRF stay is excluded if:

Patient had an incomplete stay:

- Discharge destination/Living setting (Item 44D = [02, 63, 65, 66]): Discharge to acute care that results in the patient's absence from the IRF for longer than three 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 three days; Item 40 (Discharge Date) – Item 12 (Admission Date) is less than three days.

Patient has any of the following medical conditions:[42]

- Coma, persistent vegetative state, complete tetraplegia, locked-in syndrome, severe anoxic brain damage, cerebral edema, or compression of brain.

Patient is younger than age 18:

- Truncate (Item 12 (Admission Date) – Item 6 (Birth Date)).

Patient is discharged to hospice:

- Item 44D (Discharge destination/Living setting) = [50, 51].

(continued)

[40] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

[41] Functional assessment items included in this measure on the assessment are GG0170A3, GG0170B3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170G3, GG0170I3, GG0170J3, GG0170K3, GG0170L3, GG0170M3, GG0170N3, GG0170O3, GG0170P3, GG0170R3, and GG0170S3.

[42] The medical conditions are identified by: Impairment Group 0004.1221 or 0004.1222 or 0004.2221 or 0004.2222 on Item 21A; or specific ICD-10-CM codes on Item 22 or Item 24 (see **Appendix B**, ***Table B-1)***.

Table 7-4 (continued)
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)

Covariates

Data for each covariate are derived from the admission data included in the target IRF stays.

1. **Age group**
2. **Admission mobility – continuous form**
3. **Admission mobility – squared form**
4. **Primary diagnosis group**
5. **Interaction between admission mobility and primary diagnosis group**
6. **Prior acute or IRF primary diagnosis – surgical**
7. **Prior functioning: indoor ambulation**
8. **Prior functioning: stair negotiation**
9. **Prior functioning: cognition**
10. **Prior mobility device/ aids**
11. **Stage 2 pressure ulcer**
12. **Stage 3, 4, or unstageable pressure ulcer/injury**
13. **Cognitive function**
14. **Communication impairment**
15. **Bladder continence**
16. **Bowel continence**
17. **Nutritional approaches**
18. **History of falls**
19. **Low BMI**
20. **Comorbidities**

See covariate details in ***Table RA-5*** and ***Table RA-7*** in the associated **Risk-Adjustment Appendix File**.

Table 7-5 Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01)[43]

Measure Description
This measure reports the percentage of IRF stays in which a drug regimen review was conducted at the time of admission and timely follow-up with a physician occurred each time potential clinically significant medication issues were identified throughout that stay.

Measure Specifications[44]

Numerator

Total number of IRF stays in the denominator meeting each of the following two criteria:

1. The facility conducted a drug regimen review on admission which resulted in one of the following three scenarios being true:
    a) No potential or actual clinically significant medication issues were found during the review (N2001 = [0]); or
    b) Potential or actual clinically significant medication issues were found during the review (N2001 = [1]) and a physician (or physician-designee) was contacted and prescribed/recommended actions were completed by midnight of the next calendar day (N2003 = [1]); or
    c) The patient was not taking any medications (N2001 = [9]).
2. Appropriate follow-up occurred each time a potential or actual clinically significant medication issue was identified during the stay (N2005 = [1]); or no potential or actual clinically significant medication issues were identified since admission or patient was not taking any medications (N2005 = [9]).

Denominator

All IRF stays during the reporting period.

Exclusions

There are no denominator exclusions for this measure.

Covariates
None.

[43] This measure was finalized for reporting by IRFs under the FY 2017 IRF PPS final rule (81 FR 24178).

[44] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Table 7-6 Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01)[45]

Measure Description
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.

Measure Specifications[46]
The measure is calculated by reviewing a patient's discharge assessment for provision of a current reconciled medication list to the subsequent provider at the time of discharge. ***Numerator*** The numerator is the number of IRF stays for which the following is true: At the time of discharge, the facility provided a current reconciled medication list to the subsequent provider (A2121 = [1]). ***Denominator*** 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 a medical 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 destination/Living setting item, 44D, of the IRF-PAI assessment: (44D = [02, 03, 04, 06, 50, 51, 61, 62, 63, 64, 65, 66]). ***Exclusions*** There are no denominator exclusions for this measure.

Covariates
None.

[45] This measure was finalized for reporting by IRFs under the FY 2020 IRF PPS final rule (84 FR 39099).
[46] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Table 7-7 Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02)[47]

Measure Description
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.

Measure Specifications[48]
The measure is calculated by reviewing a patient's discharge assessment for provision of a current reconciled medication list to the patient, family, and/or caregiver at the time of discharge. ***Numerator*** The numerator is the number of IRF stays for which the following is true: At the time of discharge, the facility provided a current reconciled medication list to the patient, family, and/or caregiver (A2123 = [1]). ***Denominator*** 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 destination/Living setting item, 44D, of the IRF-PAI assessment: (44D = [01, 99]). ***Exclusions*** There are no denominator exclusions for this measure.

Covariates
None.

[47] 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).

[48] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Table 7-8 Discharge Function Score (CMS ID: I026.01)[49]

Measure Description
This measure estimates the percentage of IRF stays in which patients meet or exceed an expected discharge function score.

Measure Specifications[50]
Function items and Rating scale:
The function assessment items used for discharge function score calculations are: • GG0130A3. Eating • GG0130B3. Oral hygiene • GG0130C3. Toileting hygiene • GG0170A3. Roll left and right • GG0170C3. Lying to sitting on side of bed • GG0170D3. Sit to stand • GG0170E3. Chair/bed-to-chair transfer • GG0170F3. Toilet transfer • GG0170I3: Walk 10 feet* • GG0170J3: Walk 50 feet with two turns* • GG0170R3. Wheel 50 feet with two turns*
* Count Wheel 50 feet with two turns (GG0170R) value twice to calculate the total observed discharge function score for stays where (i) Walk 10 feet (GG0170I) has an activity not attempted (ANA) code at both admission and discharge and (ii) either Wheel 50 feet with two turns (GG0170R) or Wheel 150 feet (GG0170S) has a code between 1 and 6 at either admission or discharge. The remaining stays use Walk 10 feet (GG0170I) + Walk 50 feet with two turns (GG0170J) to calculate the total observed discharge function score. In either case, 10 items are used to calculate the total observed discharge function score for a stay and scores range from 10 – 60.

(continued)

[49] This measure is finalized for reporting by IRFs under the FY 2024 IRF PPS final rule (88 FR 50956-51052).
[50] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Table 7-8 (continued)
Discharge Function Score (CMS ID: I026.01)

Measure Specifications[51]

Valid codes and code definitions for the coding of the discharge function items are:

- 06 – Independent
- 05 – Setup or clean-up assistance
- 04 – Supervision or touching assistance
- 03 – Partial/moderate assistance
- 02 – Substantial/maximal assistance
- 01 – Dependent
- 07 – Patient refused
- 09 – Not applicable
- 10 – Not attempted due to environmental limitations
- 88 – Not attempted due to medical condition or safety concerns
- ^ – Skip pattern
- - – Not assessed/no information

To obtain the discharge function score, use the following procedure:

- If code is between 01 and 06, then use code as the value.
- If code is 07, 09, 10, or 88, then use statistical imputation to estimate the item value for that item and use this code as the value.
- If the item is skipped (^), dashed (-), or missing, then use statistical imputation to estimate the item value for that item and use this code as the value.

Sum the values of the discharge function items to create a discharge function score for each LTCH stay. Scores can range from 10 – 60, with a higher score indicating greater independence.

Numerator

The numerator is the number of IRF stays with an observed discharge function score that is equal to or greater than the calculated expected discharge function score.[52]

Denominator

The total number of IRF stays with a discharge date in the measure target period, which do not meet the exclusion criteria.

(continued)

[51] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

[52] Functional assessment items included in the discharge function score are GG0130A3, GG0130B3, GG0130C3, GG0170A3, GG0170C3, GG0170D3, GG0170E3, GG0170F3, GG0170I3, GG0170J3, and GG0170R3.

Table 7-8 (continued)
Discharge Function Score (CMS ID: I026.01)

Measure Specifications[53]

Exclusions

An IRF stay is excluded if:

Patient had an incomplete stay:

- Discharge to acute care that results in the patient's absence from the IRF for longer than three calendar days: Discharge destination/Living setting (Item 44D = [02, 63, 65, 66]); or
- Died while in IRF (Item 44C = [0]); or
- Discharged against medical advice (Item 41 = [1]); or
- Length of stay is less than three days; Item 40 (Discharge Date) – Item 12 (Admission Date) is less than three days.

Patient has any of the following medical conditions:[54]

- Coma, persistent vegetative state, locked-in syndrome, complete tetraplegia, severe anoxic brain damage, cerebral edema, or compression of brain.

Patient is younger than age 18:

- Truncate (Item 12 (Admission Date) – Item 6 (Birth Date)).

Patient is discharged to hospice:

- Item 44D (Discharge destination/Living setting) = [50, 51].

(continued)

[53] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website .

[54] The medical conditions are identified by: Impairment Group 0004.1221 or 0004.1222 or 0004.2221 or 0004.2222 on Item 21A; or specific ICD-10-CM codes on Item 22 or Item 24 (see **Appendix B**, ***Table B-1)***.

Table 7-8 (continued)
Discharge Function Score (CMS ID: I026.01)

Covariates

Data for each covariate are derived from the admission data included in the target IRF stays.

1. **Age group**
2. **Admission function – continuous form**[55]
3. **Admission function – squared form**
4. **Primary diagnosis group**
5. **Interaction between admission function and primary diagnosis group**
6. **Prior acute or IRF primary diagnosis – surgical**
7. **Prior functioning: self-care**
8. **Prior functioning: indoor ambulation**
9. **Prior functioning: stair negotiation**
10. **Prior functioning: cognition**
11. **Prior mobility device/aids**
12. **Stage 2 pressure ulcer/injury**
13. **Stage 3, 4, or unstageable pressure ulcer/injury**
14. **Cognitive function**
15. **Communication impairment**
16. **Bladder continence**
17. **Bowel continence**
18. **History of falls**
19. **Nutritional approaches**
20. **High BMI**
21. **Low BMI**
22. **Comorbidities**

See covariate details in ***Table RA-5*** and ***Table RA-8*** in the associated **Risk-Adjustment Appendix File**.

[55] Admission function score is the sum of admission values for function items included in the discharge score. NAs in admission item coding are treated the same way as NAs in the discharge item coding, with NAs replaced with imputed values. Walking items and wheeling item are used in the same manner as in the discharge score.

Table 7-9 COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date (CMS ID: I027.01)

Measure Description[56]
This measure reports the percentage of IRF stays in which patients are "up to date" with their COVID-19 vaccinations per the CDC's latest guidance.[57]

Measure Specifications[58]
Numerator The numerator is the total number of IRF stays in the denominator in which patients are up to date with the COVID-19 vaccine (O0350 = [1]), during the target period. ***Denominator*** The denominator is the total number of IRF stays with a discharge date in the measure target period. ***Exclusions*** There are no denominator exclusions for this measure.

Covariates
None.

[56] This quality measure was finalized for reporting in the FY 2024 IRF PPS final rule (88 FR 51035).
[57] The definition of "up to date" may change based on the CDC's latest guidance, and can be found on the CDC webpage "Stay Up to Date with COVID-19 Vaccines Including Boosters," https://www.cdc.gov/covid/vaccines/stay-up-to-date.html (last accessed 8/1/2024).
[58] Effective on October 1, 2024, the IRF-PAI Version 4.2 is used to collect and submit assessment data for the IRF QRP. A copy of the IRF-PAI Version 4.2 is available for download on the CMS IRF-PAI and IRF QRP Manual website.

Appendix A: Measure Specification History

Appendix A provides the following information:

- Tables detailing the effective dates corresponding to each CMS ID update for all IRF QRP quality measures, and the effective dates corresponding to each manual/addendum version (**Section A.1**).

Section A.1: CMS ID Update and Manual Version History Tables

This section contains tables detailing the effective dates corresponding to each CMS ID update for all quality measures (***Table A-1***), and the effective dates corresponding to each manual/addendum version (***Table A-2***).

Table A-1
Effective Dates by CMS ID Update for IRF QRP Quality Measures

Quality Measure	Measure ID Update .01	.02	.03	.04	.05
National Healthcare Safety Network (NHSN) Measures					
National Healthcare Safety Network (NHSN) Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure	Inception – Present	--	--	--	--
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure	Inception – Present	--	--	--	--
National Healthcare Safety Network (NHSN) Influenza Vaccination among Healthcare Personnel	Inception – Present	--	--	--	--

Table A-1 (continued)
Effective Dates by CMS ID Update for IRF QRP Quality Measures

Quality Measure	Measure ID Update .01	.02	.03	.04	.05
Medicare Claims-Based Measures					
Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP	Inception – Present	--	--	--	--
Potentially Preventable Within Stay Readmission Measure	Inception – Present	--	--	--	--
Discharge to Community–PAC IRF QRP	Inception – 09/30/2020	10/01/2020 – Present	--	--	--
Medicare Spending per Beneficiary (MSPB)–Post Acute Care (PAC) IRF QRP	Inception – Present	--	--	--	--
Assessment-Based Measures					
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)	Inception – Present	--	--	--	--
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) (CMS ID: I013.01)	Inception – Present	--	--	--	--
IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients (CMS ID: I011.05)	Inception – 09/30/2018	10/01/2018 – 09/30/2019	10/01/2019 – 09/30/2020	10/01/2020 – 09/30/2022	10/01/2022 – Present
IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients (CMS ID: I012.06)	Inception – 09/30/2018	10/01/2018 – 09/30/2019	10/01/2019 – 09/30/2020	10/01/2020 – 09/30/2022	10/01/2022 – Present
Discharge Function Score (CMS ID: I026.01)	Inception – Present	--	--	--	--
Drug Regimen Review Conducted with Follow-Up for Identified Issues–PAC IRF QRP (CMS ID: I021.01)	Inception – Present	--	--	--	--
Transfer of Health (TOH) Information to the Provider–Post-Acute Care (PAC) (CMS ID: I024.01)	Inception – Present	--	--	--	--

Table A-1 (continued)
Effective Dates by CMS ID Update for IRF QRP Quality Measures

Quality Measure	Measure ID Update				
	.01	.02	.03	.04	.05
Assessment-Based Measures					
Transfer of Health (TOH) Information to the Patient–Post-Acute Care (PAC) (CMS ID: I025.02)	Inception – 09/30/2021	10/01/2022 – Present	--	--	--
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up To Date (CMS ID: I027.01)	Inception – Present	--	--	--	--

Table A-2
Effective Dates of IRF Quality Measures User's Manual Versions

Manual Version	Effective Dates
Manual V2.0	10/01/2017 – 09/30/2018
Manual V3.0	10/01/2018 – 09/30/2019
Addendum V3.1	10/01/2019 – 09/30/2020
Addendum V3.1.1	10/01/2020 – 09/30/2022
Manual V4.0	10/01/2022 – 09/30/2023
Manual V5.0	10/01/2023 – 9/30/2024
Manual V6.0	10/01/2024 – 9/30/2025
Manual V7.0	10/01/2025 – Present

Appendix B: Risk-Adjustment and Imputation Appendix Files

Appendix B provides the following information:

- Overview of the Risk-Adjustment Appendix File for the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual (Risk- Adjustment Appendix File) (**Section B.1**).
- Procedure on how to use the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficient values for measure calculations (**Section B.2**).
- This section contains ICD-10-CM codes from Item 22 (Etiologic Diagnosis) and Item 24 (Comorbid Conditions) used to identify exclusions for the functional outcome measures (**Section B.3**).
- Overview of the Discharge Function Score Imputation Appendix File for the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual (Discharge Function Score Imputation Appendix File) (**Section B.4**).
- Procedure on how to use the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Discharge Function Score Imputation Appendix File information to apply model threshold and coefficient values for calculating statistically imputed values for GG items with missing codes, for use in Discharge Function Score measure calculations (**Section B.5**).

Section B.1: Risk-Adjustment Appendix File Overview

The intercept and coefficient values for each of the covariates used in assessment-based quality measures requiring risk-adjustment are available in the Risk-Adjustment Appendix File, which can be accessed on the IRF Quality Reporting Measures Information website. This Risk-Adjustment Appendix File, which is used alongside this appendix, contains current and historical intercept and coefficient values, the risk-adjustment schedule including applicable discharge dates for each update to the intercept and coefficient values, and covariate definitions.

Excel Worksheets in the Risk-Adjustment Appendix File:

Overview: Brief description of the document and its content.

Schedule: The risk-adjustment schedule for each quality measure.

- *Quality Measure Name*: Full measure name as referenced throughout the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V7.0.

- *Measure Reference Name:* Abbreviated name for the quality measure.
- *Risk-Adjustment Update ID:* Number assigned to the initial and subsequent updates of the coefficient and intercept values for a unique risk-adjusted quality measure.
- *QM User's Manual Specification Version:* Number assigned to the initial and subsequent versions of the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page.
- *QM User's Manual Specification Posting Date:* Month and year of the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the IRF Quality Reporting Measures Information website.
- *Measure Calculation Application Dates:* Discharge dates associated with the intercept and coefficient values for each Risk-Adjustment Update ID.

National Average: This tab provides a national average observed score for each Risk-Adjustment Update ID to be used for applicable risk-adjusted quality measures. Values are provided because there is limited public accessibility to national assessment data. Please note that, depending on the reporting period and time of calculation, the national average observed score used in the iQIES QM Reports, Provider Preview Reports, and on public display on the Care Compare on Medicare.gov website may vary from the national average observed score provided by this document.

Quality Measure Specific Covariate Definition Tabs: Lists each covariate and its coding logic definition.

Quality Measure Specific Coefficient Tabs: Lists each covariate and its associated coefficient value for each risk-adjustment update ID.

Section B.2: Risk-Adjustment Procedure

Below is the procedure on how to use the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual and the associated Risk-Adjustment Appendix File information to apply intercept and coefficients values to calculate the risk-adjusted score. Steps to calculate the risk-adjusted quality measure may vary by each measure. The following procedure contain the general steps:

1. Utilize the IRF stay selection guidance as listed in **Chapter 4** IRF Stay Selection for Assessment-Based Quality Measures (IRF-PAI) in this manual.
2. Use the specific calculation steps provided in **Chapter 6** Measure Calculations for Assessment-Based Quality Measures (IRF-PAI) for the measure(s).
    a. Refer to the covariate definition table for the applicable quality measure in the **Risk-Adjustment Appendix File** on details how to calculate the covariates for each quality measure.
3. Refer to the **Risk-Adjustment Appendix File** Overview tab for information on how to apply intercept and coefficient values to measure calculations. Under the Schedule

tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure.

4. Use the column "Measure Calculation Application Dates" to select the applicable discharge dates then identify the Risk-Adjustment Update ID associated with those discharge dates.
5. Select the coefficients tab corresponding to the applicable quality measure, and then use the applicable Risk-Adjustment Values Update ID column. Apply the intercept and coefficient values for each covariate.
    a. For quality measures using the national average observed score in the measure calculation, select the National Average tab and use the national average observed score that corresponds to the Risk-Adjustment Values Update ID column used.

Example (Steps 4–6): Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury

IRF stay had a discharge date of 06/15/2026.

- In the Schedule tab of the **Risk-Adjustment Appendix File**, refer to the Pressure Ulcer/Injury measure.
- The discharge date of 06/15/2026 is within the discharge date range for Risk-Adjustment Update ID 5 (10/01/2025 – 09/30/2026). Therefore, the user should use the information provided in the Risk-Adjustment ID 5 column.
- Select the Pressure Ulcer/Injury tab and apply the intercept and coefficient values in the Risk-Adjustment ID 5 column for each covariate.
- Select the National Average tab and use the Risk-Adjustment Update ID 5 column for the Pressure Ulcer/Injury national average observed score.

Section B.3: Etiologic Diagnosis or Comorbid Conditions

This section contains ICD-10-CM codes from Item 22 (Etiologic Diagnosis) and Item 24 (Comorbid Conditions) used to identify exclusions for the functional outcome measures.

Table B-1
Etiologic Diagnosis or Comorbid Conditions – ICD-10-CM Codes

Etiologic Diagnosis (Item 22) or Comorbid Conditions (Item 24)	ICD-10-CM Codes			
Coma	B15.0 B16.0 B16.2 B17.11 B19.0 B19.11 B19.21 E03.5 E08.01 E08.11 E08.641 E09.01 E09.11	E09.641 E10.11 E10.641 E11.11 E11.01 E11.641 E13.01 E13.11 E13.641 E15 K70.41 K71.11 K72.01	K72.11 K72.91 P91.5 R40.20 R40.2113 R40.2114 R40.2123 R40.2124 R40.2213 R40.2214 R40.2223 R40.2224 R40.2313	R40.2314 R40.2323 R40.2324 R40.2333 R40.2334 R40.2343 R40.2344 R40.2433 R40.2434 R40.2443 R40.2444
Persistent vegetative state	R40.3			
Severe brain damage	S06.A1XA	S06.A1XD	S06.A1XS	
Complete tetraplegia	G82.51 G82.53 S14.111A S14.111D S14.112A	S14.112D S14.113A S14.113D S14.114A S14.114D S14.115A	S14.115D S14.116A S14.116D S14.117A S14.117D S14.118A	S14.118D S14.119A S14.119D
Locked-in state	G83.5			
Severe anoxic brain damage, edema or compression	G93.1	G93.5	G93.6	

Section B.4: Discharge Function Score Imputation Appendix File Overview

The model thresholds and coefficient values for each of the covariates used in the imputation models for the Discharge Function Score measure are available in the **Discharge Function Score Imputation Appendix File**, which can be accessed on the IRF Quality Reporting Measures Information website. This **Discharge Function Score Imputation Appendix File**, which is used alongside this appendix, contains model thresholds and coefficient values, the

imputation schedule including applicable discharge dates for each update to the model threshold and coefficient values, and covariate definitions.

Excel Worksheets in the Discharge Function Score Imputation Appendix File:

Overview*:* Brief description of the document and its content.

Schedule*:* The imputation schedule for the Discharge Function Score measure.

- *Quality Measure Name*: Full measure name as referenced throughout the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual V7.0.
- *Measure Reference Name:* Abbreviated name for the Discharge Function Score measure.
- *Imputation Update ID:* Number assigned to the initial and subsequent updates of the coefficient and model threshold values for the Discharge Function Score measure.
- *QM User's Manual Specification Version:* Number assigned to the initial and subsequent versions of the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual, located on the title page.
- *QM User's Manual Specification Posting Date:* Month and year of the Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual posting on the IRF Quality Reporting Measures Information website.
- *Measure Calculation Application Dates:* Discharge dates associated with the model threshold and coefficient values for each Imputation Update ID.

Covariate Definitions Tab: Lists the model thresholds and each covariate and its coding definition, and indicates thresholds and covariates used in each of the imputation models.

Coefficients – Admission Tab: Lists each model threshold value and each covariate and its associated coefficient value associated with each Imputation Update ID, for each GG admission item imputation model.

Coefficients – Discharge Tab: Lists each model threshold value and each covariate and its associated coefficient value associated with each Imputation Update ID, for each GG discharge item imputation model.

Section B.5: Discharge Function Score Imputation Procedure

Below is the procedure for how to use the **Inpatient Rehabilitation Facility Quality Reporting Program Measure Calculations and Reporting User's Manual** and the associated **Discharge Function Score Imputation Appendix File** information to apply coefficient and model threshold values to calculate the statistically imputed item value. The following procedure contains the general steps:

1. Use the specific calculation steps of Step 2.4 provided in **Chapter 6, Section 6.8**: "iQIES Review and Correct Report Measure Calculations for Discharge Function Score Measure".
    a. Refer to the covariate definition table in the **Discharge Function Score Imputation Appendix File** for details to calculate the covariates.

2. Refer to the **Discharge Function Score Imputation Appendix File**, Overview tab, for information on how to apply coefficient and model threshold values to imputation calculations. Under the Schedule tab, refer to the QM User's Manual Specification Version relevant to the timeframe for which you want to calculate the measure.
3. Use the column "Measure Calculation Application Dates" to select the applicable discharge dates then identify the Imputation Update ID associated with those discharge dates.
4. Select the coefficients tab corresponding to the GG item model (Admission/Discharge) and Update ID, and then use the applicable Imputation Values GG item model column. Apply the coefficient values for each covariate and the model threshold values.

Example (Steps 2–4):

IRF-PAI assessment had a discharge date of 06/15/2026 and a "Not Attempted" value coded for GG0130A1 (Eating at Admission).

- In the Schedule tab of the **Discharge Function Score Imputation Appendix File**, refer to the Discharge Function Score measure.
- The discharge date of 06/15/2026 is within the discharge date range for Imputation Update ID 2 (10/01/2025-09/30/2026). Therefore, the user should use the information provided in the Imputation Update ID 2 tabs.
- Select the Coefficients – Admissions – ID 2 tab and apply the coefficient values for each covariate and the model threshold values in the Imputation Update ID 2, GG0130A1 column.