

Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Quick Reference Guide

The IRF QRP creates IRF quality reporting requirements, as mandated by Section 3004(b) of the Patient Protection and Affordable Care Act (ACA) of 2010. Each year, by October 1, CMS publishes the quality measures an IRF must report.

IRFs utilize an instrument to collect patient assessment data for quality measures, called the IRF Patient Assessment Instrument (IRF-PAI). The current version of the IRF-PAI is version 3.0. The IRF-PAI can be downloaded from the [IRF-PAI and IRF-PAI Manual](#) webpage. IRF-PAI data must be transmitted to CMS through the [internet Quality Improvement Evaluation System \(iQIES\)](#).

In addition to the IRF-PAI, there are National Healthcare Safety Network (NHSN) measures that must be submitted to the [NHSN Portal](#) through the Centers for Disease Control and Prevention (CDC). If the required quality data is not reported by each designated submission deadline, the IRF will be subject to a two (2) percentage point reduction in their Annual Increase Factor (AIF).

Frequently Asked Questions

Q: How do I verify my NHSN data submission?

The best method to verify your current NHSN data submission is by running the CMS reports found in the Analysis Reports section of NHSN. Detailed guidance on how to run and interpret CMS reports and all other NHSN reports, as well as a checklist used to ensure complete reporting into NHSN, can be found at the [CDC NHSN home page](#). If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk: NHSN@cdc.gov.

Q: How is NHSN compliancy determined?

For NHSN data, providers are required to report data for each calendar month, with three months of data due by each submission deadline (for example, Q1 data encompasses January-March and is due August 15 of each year). Providers must report any instances of healthcare acquired infections (HAIs) for the required measures (including reporting a zero (0) if no infections occurred), summary data and reporting plan(s). Providers that submit complete data for all twelve months will be found compliant for the NHSN measures. The list of required NHSN measures is available on the [IRF Quality Reporting Measures Information](#) webpage.

Q: My IRF is a subunit. How do I correctly report CDI LabID data?

Within NHSN, IRFs that are units/locations mapped within an NHSN acute care hospital, must report the IRF CDI LabID data separately from the acute care hospital data. The IRF must submit their CDI LabID data separately via separate rows on the NHSN monthly reporting plans and separate CDI summary records. Visit the [CDC NHSN home page](#) for more information.

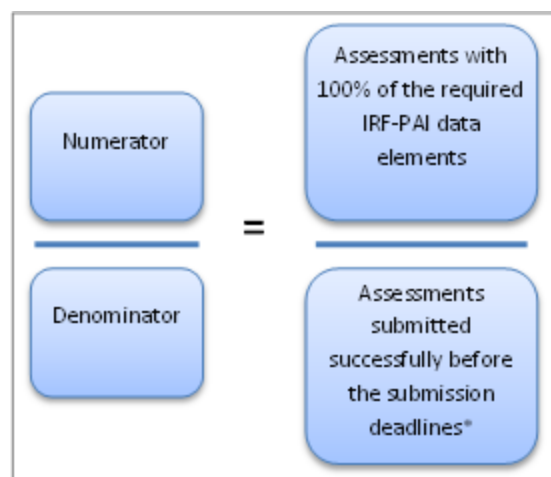
Q: How do I verify my IRF-PAI/assessment data submission?

The best method to verify your current IRF-PAI data submission is by running final validation and Assessments with Error Number XXXX reports in the [iQIES portal](#).

As you review your error messages, be sure to correct any instances where the value submitted for the quality measure item is a dash (-). Entering a dash as a response to a quality item may result in your facility not meeting the required threshold for that quality item. Instructions for running these reports can be found on the iQIES portal or on the [iQIES References & Manuals](#) webpage.

Q: How are IRF-PAI QRP thresholds calculated?

The IRF-PAI threshold is calculated by taking the total number of assessments with 100% of the required IRF-PAI data elements (numerator) divided by the number of successfully submitted assessments (denominator). The resulting number is multiplied by 100 to determine the threshold percentage. In general, IRF-PAI records submitted for patient admissions and/or discharges occurring during the reporting period will be included in the denominator.



For example, for compliance determination, if during a reporting period (January 1-December 31) a facility has submitted 1000 assessments and 950 of the assessments submitted have 100% of the required IRF-PAI data elements, the threshold percentage would equal 95%. Thus, the facility would be deemed compliant with IRF QRP data reporting requirements for AIF compliance purposes.

The IRF QRP Table for Reporting Assessment-Based Measures for FY IRF QRP APU table outlines which IRF-PAI items are required for the purposes of AIF. This table can be found in the Downloads box on the [IRF Quality Reporting Measures Information](#) webpage.

**Note: The calculation algorithm will be adjusted in the case an IRF was granted an extension or exemption by CMS.*

Q: How do I know where to report each measure (NHSN vs. IRF-PAI)?

The following chart outlines the data submission mechanism for each measure.

NQF Number	Measure Name	Data Submission Mechanism
N/A	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	IRF-PAI
N/A	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	CDC/NHSN
#0138	National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure	CDC/NHSN
#0431	Influenza Vaccination Coverage among Healthcare Personnel	CDC/NHSN
#1717	NHSN Facility-Wide Inpatient Hospital- Onset Clostridium difficile Infection (CDI) Outcome Measure	CDC/NHSN
#0674	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	IRF-PAI

NQF Number	Measure Name	Data Submission Mechanism
#2631	Application of Percent of Long-Term Care Hospital Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function	IRF-PAI
#2633	IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients	IRF-PAI
#2634	IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients	IRF-PAI
#2635	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	IRF-PAI
#2636	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	IRF-PAI
N/A	Drug Regimen Review Conducted with Follow-Up for Identified Issues	IRF-PAI
N/A	Transfer of Health Information to the Provider-Post-Acute Care (PAC)*	IRF-PAI
N/A	Transfer of Health Information to the Patient-Post-Acute Care (PAC)*	IRF-PAI

* Data collection for these measures was originally scheduled to begin with October 1, 2020, discharges. However, due to the COVID-19 Public Health Emergency (PHE), implementation of these new measures has been delayed and data collection will begin on October 1, 2022.

Claims-based measures are also included in the IRF QRP. These measures are calculated through Medicare Fee-For-Service claims data and do not require IRFs to submit any additional data to CMS. A list of claims-based measures is available on the [CMS IRF QRP Quality Reporting Measures](#) webpage.

Help Desk Assistance

IRF.questions@cms.hhs.gov (Quality Reporting Program Help Desk)

For questions about quality measures calculation, data submission deadlines, pressure ulcer coding and staging, claims-based measures, and general quality reporting questions.

IRFPRquestions@cms.hhs.gov (IRF Public Reporting Questions)

For feedback, comments, and questions about the IRF Quality Reporting Program.

IRFORPREconsiderations@cms.hhs.gov (AIF/Reconsiderations Help Desk)

For reconsideration requests and follow-up questions after the facility has received a CMS determination of noncompliance letter.

iqies@cms.hhs.gov or 1-800-339-9313 (iQIES Help Desk)

For questions about IRF-PAI data coding or IRF-PAI data submission or any access issues with iQIES and reports.

NHSN@cdc.gov (NHSN Help Desk)

For NHSN registration questions such as needing a hospital identifier to register, which facility type to choose during online enrollment, and submission completeness of NHSN measures.

Helpful Links

[Post-Acute Care \(PAC\) Listserv](#) – Sign up for the official CMS PAC listserv to receive important QRP updates.

[IRF Quality Reporting FAQs](#) – CMS-developed list of Frequently Asked Questions (FAQ) addressing general questions about the IRF QRP.

[IRF Quality Reporting Data Submission Deadlines](#) – In addition to providing a list of the measures and their corresponding deadlines, this page includes links to NHSN resources, and contact information for iQIES and IRF-PAI provider report assistance.

[IRF Quality Reporting Technical Information](#) – This page provides technical updates and resources related to IRF data collection, submission of quality data, and information regarding the CDC's NHSN and the IRF-PAI. There is also contact information where IRFs can ask questions about IRF-PAI and NHSN measures.

[IRF Quality Public Reporting](#) – This page discusses the IRF Compare Website, including information about both the IRF Preview Report and the IRF Compare Website.

[IRF Quality Reporting Reconsideration and Exception & Extension](#) – If an IRF has failed to submit required measures data by each of the submission deadlines, it will receive notification of their non-compliance, alerting it that it is at risk of having the two (2) percentage point reduction applied to its Annual Increase Factor (AIF). When an IRF receives this notification, it has the option to request a CMS reconsideration of its initial determination.

[iQIES Portal](#) – The iQIES Portal provides numerous resources related to IRF-PAI reporting, including news on report availability, manuals, and training.