



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, the Centers for Medicare & Medicaid Services (CMS) publishes a list of 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 versions of the IRF-PAI are:

- 1) The IRF-PAI Version 4.0 (effective October 1, 2022) is used for the data collection reporting period (October 1, 2022 – September 30, 2024).
- 2) The IRF-PAI Version 4.2 (effective October 1, 2024) is used for the data collection period beginning October 1, 2024.

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, the National Healthcare Safety Network (NHSN) measures 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).

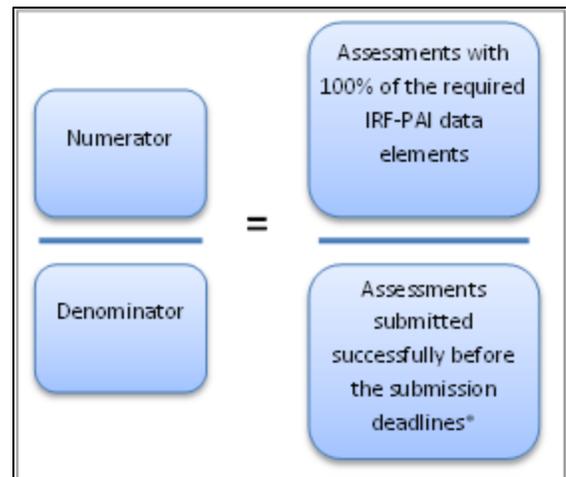
Frequently Asked Questions

Q: How do I verify my NHSN data submission?

The best way 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 on NHSN, can be found on the [CDC NHSN home page](#). If you have questions regarding these reports within NHSN, please contact the NHSN Helpdesk at: NHSN@cdc.gov.

Q: How is NHSN compliance 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 deemed compliant with the NHSN measure requirements. 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 detailed information.

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

The best method to verify your current IRF-PAI assessment data submission is by running the 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 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. Generally, 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 Annual Increase Factor (AIF) compliance purposes.

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

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

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

The table below outlines the data submission mechanism for each measure.

Measure ID & CBE Status	Measure Name	Data Submission Mechanism
#00121 (not endorsed)	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury	IRF-PAI
#00180 (CBE-endorsed)	COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP)	CDC NHSN
#01699 (not endorsed)	COVID-19 Vaccine: Patients/Residents Who Are Up To Date*	IRF-PAI
#00459 (CBE-endorsed)	National Health Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure	CDC NHSN
#00390 (CBE-endorsed)	Influenza Vaccination Coverage among Healthcare Personnel	CDC NHSN
#00462 (CBE-endorsed)	NHSN Facility-Wide Inpatient Hospital- Onset Clostridium difficile Infection (CDI) Outcome Measure	CDC NHSN
#00520 (CBE-endorsed)	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay)	IRF-PAI
#00404 (CBE-endorsed)	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients	IRF-PAI
#00403 (CBE-endorsed)	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients	IRF-PAI
#00225 (not endorsed)	Drug Regimen Review Conducted with Follow-Up for Identified Issues	IRF-PAI
#00728 (not endorsed)	Transfer of Health Information to the Provider-Post-Acute Care (PAC)	IRF-PAI
#00225 (not endorsed)	Transfer of Health Information to the Patient-Post-Acute Care (PAC)	IRF-PAI
#01698 (not endorsed)	Discharge Function Score measure	IRF-PAI

*Data collection for these measures begins on October 1, 2024.

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 non-compliance letter.

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

For questions about IRF-PAI data coding, 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, what facility type to choose from during online enrollment, and ensuring 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 its non-compliance, alerting that it is at risk of having 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.