Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Measures Information Archive

June 17, 2020

Revised: FY 2022 IRF QRP APU Table for Reporting Assessment-Based Measures and SPADES

The Centers for Medicare & Medicaid Services (CMS) is delaying the release of the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI) V4.0. This delay is due to the COVID-19 Public Health Emergency (PHE). As a result, the implementation of the Fiscal Year (FY) 2022 IRF Quality Reporting Program (QRP) Annual Payment Update (APU) Table for Reporting Assessment-Based measures and Standardized Patient Assessment Data Elements (SPADES) is revised. This document is found in the **Downloads** section below.

The items indicated in the column for Data Collection Periods Q1, Q2, and Q3 of 2020 using the IRF-PAI V3.0 will continue to be required for FY 2022 APU calculation in Q4 2020. This will continue until October 1ˢᵗ of the year that is at least one fiscal year after the end of the PHE.

December 16, 2019

Publication of the Crosswalk of ICD-10 codes to HCC Categories

The updated crosswalk of ICD-10 codes to Hierarchical Condition Categories (HCC) used in the risk models for the Change in Self-Care, Change in Mobility, Discharge Self-Care, and Discharge Mobility measures (NQF #2633, NQF #2634, NQF #2635, and NQF #2636, respectively) are now available in the **Downloads** section below.

September 6, 2019

IRF Quality Measure Calculations and Reporting User's Manual V3.1

The Inpatient Rehabilitation Facility (IRF) Quality Measure Calculations and Reporting User's Manual V3.1 and associated change table and risk adjustment appendix are now available in the **Downloads** section below.

This version of the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI)-based User's Manual is effective on October 1, 2019, and provides detailed information for each quality measure, including quality measure definitions, inclusion and exclusion criteria, and measure calculation specifications. A Change Table has been added to highlight the changes from IRF Quality Reporting Program (QRP) Measures Calculations and Reporting User's Manual V3.0 to V3.1. Additionally, we have included a Risk Adjustment Appendix File for the IRF QRP Measures Calculations and Reporting User's Manual V3.1, which contains the risk-adjustment values used to calculate the risk-adjusted quality measures.

We would like to describe several changes to the IRF Functional Outcome Measure specifications, including updates to the exclusion criteria, risk adjustors, and measure calculation algorithm as part of the Spring 2019 National Quality Forum (NQF) maintenance endorsement review process.

Specification updates for all 4 IRF Functional Outcome Measures:

1. Exclusion criteria: We are removing "discharged to another IRF" as an exclusion criterion from the incomplete stay definition. Rationale: The removal of this criterion means that the definition of an "incomplete stay" for this measure is aligned with other post-acute care function quality measures.
2. Risk-Adjustors: We have updated the covariates included in the risk adjustment model by removing several comorbidities and adding low body mass index (BMI) and several comorbidities. Rationale: When examining the risk adjustment model using the 12-month national IRF-PAI data, we found that some comorbidities were no longer significant predictors of functional outcomes, or the association between the comorbidity and functional outcomes was no longer consistent with the literature or clinical expectations. Following a literature review, we tested additional candidate risk adjusters and added low BMI and several comorbidities to the regression model. Adding these risk adjustors to the model will not add provider burden, because the data are already collected via the IRF-PAI.

Specification updates for the Change in Self-Care and Change in Mobility Measures only:

Measure Calculation: The risk-adjustment procedure for these measures involves comparing patients' observed change in function (self-care or mobility) scores with their expected change in function scores. We are revising this part of the measure calculation. The prior approach used the ratio of the observed to expected values, and the ratio was multiplied by the national mean. The new approach uses the difference between the observed and expected values, and the difference value is added to the national mean. Rationale: We have developed an application of this measure for skilled nursing facilities (SNFs) and use the difference approach for the SNF measure given the potential for more variation in the observed and expected values due to a more heterogeneous SNF population. We are now updating this IRF functional outcome measure to use the difference approach so the IRF and SNF measure calculations are aligned.

Specification updates for the Change in Mobility and Discharge Mobility Measures only:

Inclusion of wheelchair mobility for patients who are unable to walk. Rationale: Including wheelchair mobility activities to the mobility quality measures captures improvement in wheelchair mobility skills for patients who are unable to walk at admission and discharge. We received feedback about including wheelchair mobility activities for this measure from stakeholders.