INPATIENT REHABILITATION FACILITY QUALITY REPORTING PROGRAM (IRF QRP) QUESTIONS AND ANSWERS

Current as of October 2017



#	Question Category	Question	Answer
1.	IRF QRP Overview and Data Submission DeadlinesWhat are the current requirements of the IRF Quality Reporting Program (IRF QRP)?	•	The Centers for Medicare and Medicaid Services' IRF QRP requires that IRFs submit quality measure data to CMS. IRFs must meet or exceed two separate data completeness thresholds: one threshold set at 95 percent for completion of quality measures data collected using the IRF-PAI submitted through the QIES and a second threshold set at 100 percent for quality measures data collected and submitted using the CDC NHSN. Failure to submit the required quality data may result in a two (2) percentage point reduction in the IRF's annual payment update (APU).
			The IRF Quality Reporting Program (QRP) is described on the following web site: <u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-</u> <u>Quality-Reporting/</u>
			A list of the current quality measures is available on the following web site:
			<u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-</u> Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Informationhtml
			The data submission deadlines are provided on the following web page:
			<u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-</u> Quality-Reporting/IRF-Quality-Reporting-Data-Submission-Deadlines.html
			For detailed quality measure specifications, please refer to the IRF Quality Measures User's Manual, which can be downloaded from:
		<u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-</u> Quality-Reporting/IRF-QualityReporting-Program-Measures-Informationhtml	
2.	participating in the IRF QRP		To determine whether a rehabilitation unit/hospital is included in the Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP), the provider must determine whether it is being paid under Medicare's IRF Prospective Payment System (PPS). If any of the following are true for a freestanding IRF or IRF unit, the IRF is paid under the IRF PPS and is subject to the requirements of the IRF QRP:
			 The Medicare provider number ends in 3025-3099, or The Medicare provider number has a "T" in the 3rd position, or The Medicare provider number has an "R" in the 3rd position
			If any of the above criteria are true for the IRF, the IRF must comply with IRF QRP. Failure to submit the required quality data will result in a two (2) percentage point reduction in the IRF's annual payment update.
			For more information about the IRF QRP, please visit <u>http://www.cms.gov/Medicare/Quality-</u> Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html
			Please check with your state about any State-specific requirements related to submission of quality data, including healthcare-acquired infection data.

#	Question Category	Question		Answer
3.	IRF QRP Information Resources	What resources are available to remain informed about the IRF Quality Reporting		al resources are available to help you stay informed about the IRF Quality Reporting am (IRF QRP):
		Program (QRP)?	1)	 IRF QRP and IRF Prospective Payment System (PPS) websites: a) IRF QRP web site: <u>http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/index.html</u> b) The "Spotlights and Announcements" page of the IRF QRP website announces updates: <u>http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Spotlights-Announcements.html</u> c) IRF-PPS web site: <u>http://www.cms.gov/Medicare/Medicare-Fee-for-Service-</u>
			2)	Payment/InpatientRehabFacPPS/Spotlight.html Proposed Rules and Final Rules are published in the Federal Register and are typically released each year in April and August. Proposed and Final Rules are posted on both of these webpages: a) https://www.federalregister.gov/ b) http://www.cms.gov/Medicare/Medicare-Fee-for-Service- Payment/InpatientRehabFacPPS/List-of-IRF-Federal-Regulations.html;
			3)	To receive mailing list notices and announcements about the IRF QRP, sign up at:
			4)	https://public.govdelivery.com/accounts/USCMS/subscriber/new CMS Open door forums and listening sessions. Notices about CMS Open Door Forums related to the IRF QRP are announced on the following web page: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment- Instruments/IRF-Quality-Reporting/Spotlights-Announcements.html
			5)	There are several help desks that IRF staff may contact to get answers for specific IRF QRP questions. The list of help desks and the type of help each help desk provides is
				provided in #5 below.
			6)	Professional and industry associations often share this information in newsletters, e- mails and at conferences.

#	Question Category	Question	Answer
4.	IRF QRP Help Desks	Where can I find contact information for the various IRF Quality Reporting Program Help Desks?	There are several help desks that IRF QRP users may contact to obtain answers to specific IRF QRP questions, which are listed below for your convenience.
	Heip Desks?		Please note that the CMS IRF Quality Reporting Program and Public Reporting Help Desk email systems are not secured to receive protected health information or patient-level data with direct identifiers. When sending emails to these email addresses, submitting patient-level dat or protected health information may be a violation of your facilities' policies and procedures a well as violation of federal regulations (HIPAA). Do NOT submit patient-identifiable informatio (e.g., date of birth, social security number, and health insurance claim number) to these addresses. If you are unsure of whether the information you are submitting is identifiable, please contact your institutions' Privacy Officer. Here is a list of the IRF Quality Reporting Program and other IRF help desks:
			 IRF Quality Reporting Program (QRP) Email: <u>IRF.questions@cms.hhs.gov</u> Examples of issues this help desk can help you with: IRF Quality Reporting Program requirements Data submission timelines IRF-PAI Quality Indicator items (Section B: Communication, Section C: Brief Interview for Mental Status, Section GG: Functional Status, Section H: Bladder and Bowel Continence Section J: Falls, Section K: Swallowing, Section M: Pressure ulcer coding, Section O: Patient Influenza Vaccine) Claims-based quality measures (All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge, Potentially Preventable Readmissions – Within Stay; Potentially Preventable Readmissions Post-Discharge; Discharge to Community; Medicare Spendin per Beneficiary) IRF QRP provider training materials General IRF quality reporting questions If you are unsure which Help Desk to use, e-mail your question to this Help Desk and it will be directed to the appropriate help desk.
			CDC/NHSN Email: NHSN@cdc.gov
			Examples of issues this help desk can help you with:
			 CDC Quality Measures: Catheter-Associated Urinary Tract Infections (CAUTI), Methicilli resistant Staphylococcus aureus (MRSA) Bacteremia, Clostridium Difficile Infection (CD and Influenza Vaccination Coverage among Healthcare Personnel
			National Healthcare Safety Network (NHSN) enrollment, reporting, and data analysis

Data Submission and Data Validation

Email: help@qtso.com

Phone: 1-800-339-9313

Examples of issues this help desk can help you with:

- Accessing QIES (username and password)
- Data/record submissions
- CMG Grouper classification
- Submission/validation reports
- Accessing CASPER reports
- jIRVEN

IRF Public Reporting Help Desk

Email: IRFPRquestions@cms.hhs.gov

Examples of issues this help desk can resource can help you with:

- IRF Compare Website
- IRF data available on Data.Medicare.gov

IRF-PAI Clinical Items

Email: help@qtso.com

Phone: 1-800-339-9313

Examples of issues this help desk can help you with:

- Identification information
- Payer information
- Medical information
- Function modifiers and FIM[™] instrument
- Discharge information

IRF Medicare Policy

Email: IRFcoverage@cms.hhs.gov

Examples of issues this help desk can help you with:

- IRF Medicare reimbursement
- Claims/billing
- Eligibility and coverage requirements
- Therapy information reporting
- IRF-PAI requirements (for non-quality sections)

IRF Vendor Issues

Email: IRFTechIssues@cms.hhs.gov

Examples of issues this resource can help you with:

- IRF-PAI data technical specifications
- VUT (vendor tool to ensure software meets CMS requirements and will pass ASAP edits)
- Technical questions that are related to IRF-PAI data specifications

#	Question Category	Question	Answer
5.	Measures Adopted in the FY 2018 IRF PPS Final Rule	What new measures have been adopted through the FY 2018 IRF PPS final rule?	One measure was adopted and two measures were removed from the IRF QRP in the FY 2018 IRF PPS final rule.
			A new pressure ulcer measure, Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury, will replace the current pressure ulcer measure, effective October 1, 2018. The Medicare FFS claims-based measure All-Cause Unplanned Readmission Measure for 30 Days Post-Discharge from IRFs (NQF #2502) was finalized for removal, effective in FY 2019.
			Final measure specifications for the newly finalized measure is available for download on the IRF Quality Reporting Measures Information webpage: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting-Program-Measures-Informationhtml .
			For more information, please see the FY 2018 IRF PPS Final Rule (82 FR 36238) at: https://www.gpo.gov/fdsys/pkg/FR-2017-08-03/pdf/2017-16291.pdf
6.	IRF QRP Data Submission Deadlines	What are the data submission deadlines for the IRF Quality Reporting Program?	Data submission deadlines for the IRF QRP quality measures can be found at: <u>http://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting-Data-Submission-Deadlines.html</u>
			IRF-PAI data are submitted to CMS based on deadlines established for the IRF Prospective Payment System. If corrections to the Quality Indicator data need to be made, data must be submitted for the IRF QRP prior to the IRF QRP submission deadlines.
7.	IRF QRP Data Submission Deadlines – Definition of "Quarter"	Does the definition of "quarter" for the quarterly IRF-PAI data submission deadlines for the IRF Quality Reporting Program include patients admitted during that quarter or discharged during that quarter, or both?	For the IRF-PAI, the quarterly data submission deadlines apply to patients with a discharge date that occurs within that quarter, irrespective of admission date. For example, if a patient was admitted on March 30th (Quarter 1: January 1st - March 31st) and discharged on April 16th (Quarter 2: April 1st - June 30th), then the 2nd quarter data submission deadline (Nov 15th) would apply for that patient's IRF-PAI record.
8.	IRF-QRP Assessment- based Measures and compliance determination	Which items on the IRF-PAI are considered for compliance determination?	The Technical Specifications for Reporting Assessment-Based Measures document lists the items necessary to calculate the IRF QRP assessment-based measures, which will be used for compliance determination, and items used only for risk adjustment, which will not be used for compliance determination. This document is available on the IRF QRP Measures Information webpage at: <u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-</u>
			Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Informationhtml.
			For detailed measure specifications, please refer to the IRF Quality Measures User's Manual, which can be downloaded from: <u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-</u> <u>Quality-Reporting/IRF-QualityReporting-Program-Measures-Informationhtml</u>
			<u>Quality-Reporting/IRF-QualityReporting-Program-Measures-Informationintin</u> (continued)

(continued)

#	Question Category	Question	Answer
9.	IRF-PAI Versions	When do we start using IRF-PAI versions 1.5 and 2.0?	Version 1.5 of the IRF-PAI is to be completed for any patient discharged on or after October 1, 2017. Version 2.0 of the IRF-PAI is to be completed for any patient discharged on or after October 1, 2018.
			For more information, please see the IRF-PAI versions 1.5 and 2.0, along with a change table listing differences, on the IRF-PAI and Manual page: <u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-QRP-Manual.html</u>
10.	IRF-PAI Training Manual: Quality Indicators Sections	Where can I find the IRF-PAI Training Manual for the IRF QRP?	Instructions for completing the items included in the quality indicators section of the IRF-PAI can be found in Section 4 of the IRF Training Manual. The current version of <u>Section 4</u> , the Quality Indicators section, of the IRF-PAI Training Manual is available in the Download section of the IRF-PAI and Manual page: <u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF- Quality-Reporting/IRF-PAI-and-IRF-QRP-Manual.html</u>
11.	Training videos	Where can I find IRF QRP training materials?	Training materials, including links to the videos of the 2016 training sessions and 2017 IRF QRP Webinar are available on the IRF QRP Training web page: <u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Training.html</u>
			Also included in the download section is the IMPACT Act and Assessment Data Element Standardization and Interoperability presentation. Click <u>HERE</u> to access the video.
12.	Public Reporting	When will quality measure data be available on your website where we can view and compare ourselves to other IRFs or a CMS benchmark?	The IRF Compare website was launched in December 2016, and can be found at: https://www.medicare.gov/inpatientrehabilitationfacilitycompare/
			This tool takes reported data and puts it into a format that can be used more readily by the public to get a snapshot of the quality of care each facility provides. Providers may also download data under "Additional Information" by selecting "Download the Database". The following quality measures are currently reported on the IRF Compare website:
			 Percent of Residents or Patients with Pressure Ulcers That Are New or Worsened (Short-Stay) (NQF #0678) All-Cause Unplanned Readmission Measure for 30 Days Post Discharge From IRFs (NQF #2502) National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138)
			 In December 2017, we anticipate the following measures will be posted on Compare: Percent of Residents or Patients Who Were Assessed and Appropriately Given the Seasonal Influenza Vaccine (Short Stay) (NQF #0680)

(continued)

#	Question Category	Question	Answer
			 National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Methicillin-resistant Staphylococcus aureus (MRSA) Bacteremia Outcome Measure (NQF #1716) National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717) Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431)
			Facilities will have a 30-day preview period prior to public display of the measures. Additional information about the provider preview report content and delivery is available on the IRF QRP Public Reporting Web site, <u>https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Public-Reporting.html</u>
13. 3	B-Day Assessment	What is the definition of a 3-day assessment?	Definition of 3-day assessment period: The 3-day assessment period is three calendar days and is defined in the IRF-PAI Manual. The 3-day assessment period for the IRF-PAI admission assessment includes the first day of admission and the following two days, ending at 23:59 or 11:59 PM. The discharge assessmen period encompasses the day of discharge and the two calendar days prior to the day of discharge.
14. li	ncomplete Stay	How do I complete the IRF Quality Indicators Sections if a patient has an unplanned discharge? What if the patient is discharged before we complete the admission assessment?	 If the patient meets the criteria for an incomplete stay, code the IRF-PAI Quality Indicators Sections to the best of your abilities. Patients who meet the criteria for incomplete stays are: Patients who are unexpectedly discharged to an acute care setting, such as Short-stay Acute Hospital, Critical Access Hospital, Inpatient Psychiatric Facility, or Long-term Care Hospital; Patients discharged to a hospice; Patients discharged to another IRF; Patients who die; Patients who leave an IRF against medical advice; and Patients with a length of stay less than 3 days.
			If the patient meets the criteria for an incomplete stay and the patient's IRF stay is less than 3 days, complete the admission and discharge IRF-PAI Quality Indicator items to the best of you abilities using the guidance (admission assessment and discharge assessment) provided below.
			If the patient meets the criteria for an incomplete stay and the patient's IRF stay was more than 3 days, complete the discharge IRF-PAI Quality indicator items using the discharge assessment guidance provided below.

Admission Assessment:

Section B – Hearing, Speech, and Vision

Code to the best of your abilities. If you do not have any information, enter a dash.

Section C – Cognitive Patterns

Code to the best of your abilities.

If, during the patient's stay, the patient was rarely or never understood because of a medical condition, code section C as follows:

- 1) Code C0100 Should Brief Interview for Mental Status (C0200-C0500) Be Conducted? as 0, No.
- 2) Skip to C0900 Staff Assessment for Mental Status Memory/Recall Abilities.
- 3) Complete item C0900 by checking all that the patient was normally able to recall.

If the BIMS should have been attempted but was not, code Section C as follows:

- 1) Indicate that the BIMS should have been conducted by coding C0100 as 1, Yes.
- 2) Enter dashes for each of the BIMS items (C0200, C0300ABC, C0400ABC).
- 3) Enter a dash for item C0500 BIMS Summary Score.
- 4) Code C0600 as 1, Yes.
- 5) Complete C0900 Staff Assessment for Mental Status.

Section GG – Functional Abilities and Goals

GG0100 – Prior Functioning: Everyday Activities

Code if information is known, otherwise enter code 8, Unknown.

GG0110 – Prior Device use (use check boxes)

If you do not have information about prior device use, check Z, None of the above.

GG0130 – Self-Care and GG0170 – Mobility: Admission Self-Care and Mobility Performance

Code to the best of your abilities. If you are unable to assess the patient due to medical issues, enter code 88, Not assessed due to medical condition or safety issues.

GG0130 – Self-Care and GG0170 – Mobility: Self-Care and Mobility Discharge Goals

A minimum of one self-care or mobility goal must be coded per patient stay on the IRF-PAI. Code at least one discharge goal to the best of your abilities based upon the predicted plan of care for the patient.

Section H – Bladder and Bowel

Code to the best of your abilities. If there is no information available, then enter a dash.

#	Question Category	Question	Answer
			Section I – Active Diagnoses
			Check all that apply.
			Section J – Health Conditions
			Code to the best of your abilities. If there is no information available, enter a dash.
			Section K – Swallowing/Nutritional Status
			Code to the best of your abilities. If there is no information available, enter a dash.
			Section M – Skin Conditions
			Code to the best of your abilities. If there is no information available, enter a dash.
			Section 0 – Special Treatments, Procedures and Programs
			Code to the best of your abilities. If there is no information available, enter a dash.
			Discharge Assessment:
			Section GG – Functional Abilities and Goals
			GG0130 – Self-Care and GG0170 – Mobility: Discharge Self-Care and Mobility Performance
			Code 88, Not attempted due to medical condition or safety issues.
			Section J – Health Conditions
			Code based on chart review.
			Section M – Skin Conditions
			Code to the best of your abilities. If there is no information available, enter a dash.
			Section 0 – Special Treatments, Procedures and Programs Code based on chart review.