

AMRPA

AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

Advanced IRF Boot Camp

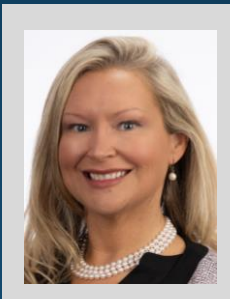
June 24-25, 2025

IRF QRP: Reporting Requirements and Publicly Reported Outcomes

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Presenters

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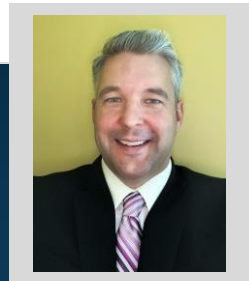


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Objectives

Overview of the IRF QRP

Operationalizing IRF QRP data reporting for rehab unit versus freestanding

Use of IRF QRP measures to create a clinical scorecard

Best practices to manage performance on IRF QRP measures

Using IRF QRP measures to market to internal and external stakeholders

Patient Safety Organizations and their role in Quality Measurement

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Overview of the Current IRF QRP – Quality Measures

- Currently there are 17 IRF QRP Measures:

IRF PAI Assessment (9)

- Falls with major injury
- Functional assessment and care plan
- Discharge self-care score
- Discharge mobility score
- Drug regimen review and follow-up for identified issues
- New or worsening Pressure Injury
- Transfer of health information to Post-Acute provider and patient
- Discharge Function Score
- COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date

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Overview of the Current IRF QRP – Quality Measures

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- Currently there are 17 IRF QRP Measures:

CDC NHSN (4)

- Catheter Associated Urinary Tract Infection (CAUTI)
- Influenza Vaccination among Healthcare Personnel
- Clostridium difficile Infection (CDI) Outcome Measure
- COVID-19 vaccination coverage among healthcare personnel

Claims Based (4)

- Medicare spending per beneficiary (MSPB)
- Discharge to community
- Potentially preventable 30 days post-discharge readmission
- Potentially preventable within stay readmission

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Overview of the Current IRF QRP – Quality Measures

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- In the [FY 2026 IRF Proposed Rule](#), CMS proposed the removal of the following measures from the IRF QRP:
 - COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date
 - COVID-19 Vaccination coverage among healthcare personnel
 - CMS rationale for the proposed removal of these measures cited measure removal Factor 8: The costs associated with a measure outweigh the benefit of its continued use in the program.
 - The additional measure removal factors are available at [42 CFR §412.634\(b\)\(2\)](#)



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Overview of the Current IRF QRP – Reporting Requirements and Compliance

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In the [Fiscal Year \(FY\) 2015 Inpatient Rehabilitation Facility \(IRF\) Final Rule](#), CMS finalized the IRF QRP compliance requirements.



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 IRFPAI and submitted through the Internet Quality Improvement and Evaluation System (iQIES).
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-percentage-point (2%) reduction in the IRF's Annual Increase Factor (AIF).

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Overview of the Current IRF QRP – Reporting Requirements and Compliance

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- The IRF-PAI Reporting Requirement includes data elements used for IRF QRP measures as well as Standardized Patient Assessment Data Elements (SPADEs) that may not be used for the IRF QRP measures
 - 313 IRF-PAI data elements (173 admission and 140 discharge) are currently required to determine IRF QRP Compliance
 - Only 108 of these IRF-PAI data elements required to determine IRF QRP Compliance are used in the calculations of IRF QRP measures
 - This suggests that there are roughly 205 IRF-PAI data elements required for IRF QRP compliance that are not included in IRF QRP measures
 - Oddly, there are 26 IRF-PAI assessment data elements that are not required to determine IRF QRP Compliance are used in the calculations of IRF QRP measures
 - The IRF QRP Table for Reporting Assessment-Based Measures and Standardized Patient Assessment Data Elements indicates the IRF-PAI data elements that are used in determining the AIF minimum submission threshold for the IRF QRP determination. The tables for each fiscal year are available for download on the [IRF Quality Reporting Measures Information](#) webpage.

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Overview of the Current IRF QRP – Reporting Requirements and Compliance

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- The IRF-PAI Reporting Requirement is based upon Calendar Year data:
 - January to December 2024 IRF-PAI data are used to determine compliance for FY 2026 Payment
 - Of note, the All-Payer data collection requirement began October 1, 2024, so:
 - January – September 2024 will utilize only Medicare FFS and Medicare Advantage IRF-PAI data for compliance determination;
 - October – December 2024 will utilize All-Payer IRF-PAI data for compliance determination.
 - While All-Payer IRF-PAI data is required for IRF QRP Compliance, IRF QRP measures are publicly reported using only Medicare FFS and Medicare Advantage data.
- 95% of IRF-PAI records for the entire calendar year must be “complete”.
 - “Complete” means that the IRF-PAI records do not contain any dash values (-), meaning that the data element had no information or was not assessed, for any of the required data elements.

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Overview of the Current IRF QRP – Reporting Requirements and Compliance

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CONTROL AND PREVENTIONNHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

- To meet the minimum data submission requirements for measure data collected and submitted using the CDC NHSN, IRFs must submit 100 percent of the data to the NHSN in order to calculate the four CDC NHSN measures.
 - Each IRF must submit data for the NHSN CAUTI Outcome measure and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome measure on all patients from all inpatient locations, regardless of payer.
 - To meet the data submission requirements for the HCP Influenza Vaccine measure, IRFs are required to submit a single influenza vaccination summary report at the conclusion of the measure reporting period. IRFs may submit data more frequently, such as on a monthly basis. Facilities must activate the Healthcare Personnel Safety Component in NHSN to report HCP influenza vaccination summary data.
 - To meet the data submission requirements for the HCP COVID-19 Vaccine, IRFs are required to submit COVID-19 vaccination data for eligible HCP one week out of every month, but IRFs have the option of which week to report. IRFs submit the data to the Healthcare Personnel Safety Component in NHSN.

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Overview of the Current IRF QRP – Reporting Requirements and Compliance

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- Data Submission Deadlines:
 - The Data Submission Deadline for Calendar Year 2025 data are available at [IRF QRP Data Collection and Final Submission Deadlines for FY2027 IRF QRP](#).
 - **IRF-PAI data** are submitted to CMS based on deadlines that are **4.5 months (135) days following the end of a quarter**. If corrections to the quality indicator data need to be made, they must be submitted before the IRF QRP submission deadlines.
 - For example, Q2 2025 (April-June 2025) discharges must send IRF-PAI data to CMS by November 17, 2025.
 - **Most CDC NHSN measures** have similar deadlines as IRF-PAI data which are **4.5 months (135) days following the end of a quarter**. If corrections to the quality indicator data need to be made, they must be submitted before the IRF QRP submission deadlines.
 - **The Influenza Vaccination Measure is an exception, where data from October 2025-March 2026 would need to be submitted by May 18, 2026.**



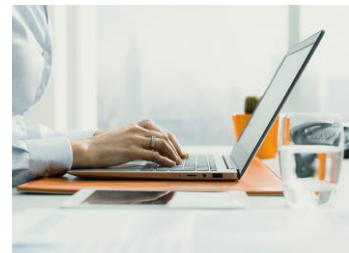
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Overview of the Current IRF QRP – Public Reporting

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- All IRF QRP measures are publicly reported on the [Medicare.gov Care Compare website](#)
 - Care Compare is updated quarterly
 - **IRF-PAI and CDC NHSN measures** contain information on Medicare FFS and MA discharges from 9-21 months prior to the publication date
 - Data submission deadlines are 4.5 months following the end of a quarter
 - **Claims-based measures** contain information on Medicare FFS discharges from 2 full Fiscal Years (October-September) that ended between 9-18 months prior to the publication date
 - For example, for the September 2024, December 2024, and March 2025 Care Compare publications, claims-based measures were for Medicare FFS cases discharged between October 2021 – September 2023



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| Conditions treated | Quality | Details | Location |
|--|----------------------------|---------|----------|
| Read more | | | |
| Conditions treated in the last year | # of times treated | | |
| Brain disease or condition (non-traumatic) | 31 | | |
| Brain injury (traumatic) | 23 | | |
| Hip or femur fracture | <11 ¹ | | |
| Hip or knee replacement, amputation or other bone or joint condition | 20 | | |
| Nervous system disorder (excluding stroke) | 15 | | |
| Spinal cord disease or condition (non-traumatic) | 11 | | |
| Spinal cord injury (traumatic) | Not available ² | | |
| Stroke | 135 | | |
| All other conditions | 74 | | |

QUALITY

Choose a category to see how this inpatient rehabilitation facility scores:

| | |
|--|---|
| Complications | > |
| Effective care | > |
| Medication management | > |
| Infections | > |
| Prevention | > |
| Readmissions | > |
| Successful return to home or community | > |
| Payment & value of care | > |

QUALITY

Effective care

Print

Improving functional abilities is an important goal for IRF patients. Each facility electronically submits data about patients' functional abilities to the Centers for Medicare & Medicaid Services (CMS) using the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI).

[Get current data collection period](#)

| | | |
|---|------------------------------------|---|
| Percentage of patients who are at or above an expected ability to care for themselves and move around at discharge ↑ Higher percentages are better | 49.21% National average: 56.00% | ▼ |
| Percentage of patients who are at or above an expected ability to care for themselves at discharge ↑ Higher percentages are better | 50.8% National average: 62.4% | ▼ |
| Percentage of patients who are at or above an expected ability to move around at discharge ↑ Higher percentages are better | 59.4% National average: 59.7% | ▼ |

Successful return to home or community

Print

Returning to home or community is an important goal for most IRF patients and their families. Discharge to community rates show the rate at which patients returned to home or community from the IRF and remained alive without any unplanned hospitalizations in the 31 days following discharge from the IRF. The data comes from Medicare enrollment and claims data.

[Get current data collection period](#)

| | | |
|--|------------------------------------|---|
| Rate of successful return to home or community from an IRF ↑ Higher rates indicate an overall higher likelihood of discharge to community, on average | 61.84% National average: 66.95% | ▼ |
|--|------------------------------------|---|

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Operationalizing IRF QRP data reporting for rehab unit versus freestanding



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HCA Healthcare

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HCA Healthcare is one of the nation's leading providers of healthcare services, comprised of approximately 2,300 ambulatory sites of care, including 182 hospitals, in 20 states and the United Kingdom. HCA operates 126 post-acute settings (Acute Inpatient Rehab, HH, Hospice, LTCH, SNF).

Our mission

Above all else, we are committed to the care and improvement of human life.



Other sites of care:

HCA Healthcare

Ambulatory Surgery Division

HCA Healthcare

Physician Services Group

CareNow Urgent Care

Our affiliated businesses:

HEALTHTRUST

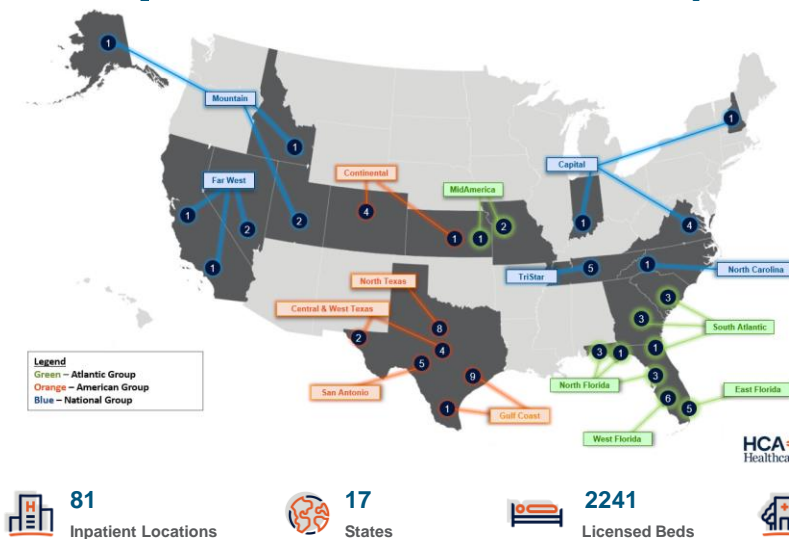
SARAH CANNON
Fighting Cancer Together™PARALLON
HCA HealthcareGALEN
COLLEGE OF NURSING

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HCA Inpatient Rehab Footprint

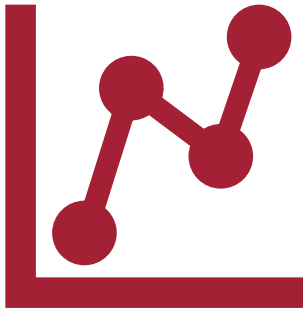
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Who reports the data?



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IRF Quality Reporting Measures

Rehab Unit
Coordinator

IRF PAI
Assessment (9)

- Falls with major injury
- Functional assessment and care plan
- Discharge self-care and mobility scores (2 separate measures)
- Drug regimen review and follow-up for identified issues
- New or worsening Pressure Injury
- Transfer of health information to Post-Acute provider and patient
- Discharge Function Score
- COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date

Hospital Infection
Preventionist/
Quality Director

NHSN (4)

- Catheter Associated Urinary Tract Infection (CAUTI)
- Influenza Vaccination among Healthcare Personnel
- Clostridium difficile Infection (CDI) Outcome Measure
- COVID-19 vaccination coverage among healthcare personnel

Hospital Billing
Department

Claims Based (4)

- Medicare spending per beneficiary (MSPB)
- Discharge to community
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- Potentially preventable within stay readmission

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Rehab Unit Coordinator: Onboarding and Ongoing Competency

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The interview process

- Clinical Competency
- Leadership skills
- Willingness to be lifelong learner

New hire Bootcamp

- 5 Sessions (4 hours each)
- Preceptor assignment
- 90-day reviews
- Ongoing Quality Assurance checks

Monthly Education Series

- Care Scoring
- IRF PAI Coding
- Documentation Review
- Regulatory Training

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Hospital Quality Director- Infection Preventionist

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- NHSN Set Up
 - Freestanding Versus Distinct Part Unit
- Challenges:
 - Emergency declarations (hurricanes, State of Emergency)
 - CDC Data Challenges: Employees that round on unit
 - Influenza vaccination
 - COVID vaccine capture
 - Turnover and Awareness



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Hospital Quality Director- Infection Preventionist

- Best Practices:
 - Deliberate relationship between Program Director and IP/Quality Director
 - Toolkit creation for NHSN set up, new openings, acquisitions
 - Corporate Analytic reports monthly
 - Technology Use
 - Lifelong learning



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Hospital Billing Department

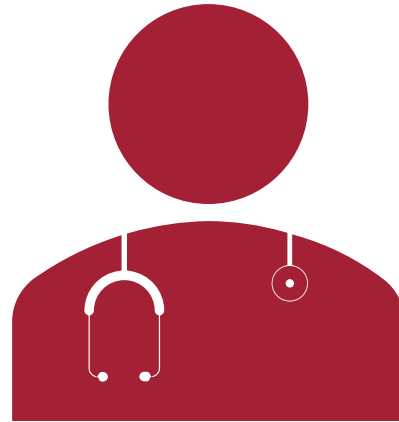
- E request system
 - Communication between billing and rehab unit coordinator
 - MRN
 - Dates of Service
 - Demographics
 - Discharge destination



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Use of QRP Measures to create a Clinical Scorecard



Clinical Score Card

| Facility | % Pts at or above exp. ability to care for themselves & move around at discharge | Weight | | | Discharge to Community | Weight | | | CMI <i>All Payers</i> | Weight | | | Readmissions | Weight | | | Pt. Exp | Weight | | | Total Quality Score |
|------------|---|--------|---|---|---------------------------|--------|---|---|--------------------------|--------|---|---|--------------|--------|---|---|---------|--------|---|---|------------------------|
| | | | | | | | | | | | | | | | | | | | | | |
| | | 56.0 | | | | 66.95 | | | | 1.42 | | | | 8.90 | | | | 81.30 | | | |
| | 70.0 | 0 | 1 | 2 | 83.68 | 0 | 1 | 2 | 1.48 | 0 | 1 | 2 | 6.65 | 0 | 1 | 2 | 86.60 | 0 | 2 | 3 | |
| Facility 1 | 55.0 | | | 0 | 56.32 | | | 0 | 1.53 | | | 2 | 5.60 | | | 2 | 52.00 | | | 0 | 0.80 |
| Facility 2 | 78.0 | | | 2 | 84.10 | | | 2 | 1.68 | | | 2 | 9.60 | | | 2 | 88.89 | | | 3 | 2.20 |
| Facility 3 | 63.0 | | | 1 | 52.10 | | | 0 | 1.64 | | | 2 | 10.30 | | | 0 | 85.00 | | | 2 | 1.00 |
| Facility 4 | 80.0 | | | 2 | 75.25 | | | 1 | 1.48 | | | 2 | 8.80 | | | 1 | 88.00 | | | 3 | 1.80 |
| Facility 5 | 65.0 | | | 1 | 68.00 | | | 1 | 1.59 | | | 2 | 7.20 | | | 1 | 76.00 | | | 0 | 1.00 |



25

| | | |
|---------|-------|---------------------------------------|
| LEGEND: | Blue | National Average |
| | Green | Equal or better than national average |
| | Red | Worse than national average |
| | Grey | Not available |

| 2024 Medicare Care Compare - Inpatient Rehabilitation Facilities | | | | | | | |
|---|------------------|---------------------------|--------------|--------------|--------------|--------------|--------------|
| New Hampshire Area Inpatient Rehabilitation Facilities | National Average | Frisbie Memorial Hospital | Competitor A | Competitor B | Competitor C | Competitor D | Competitor E |
| Complications (less percentage is better) | | | | | | | |
| Percentage of patients with pressure ulcer/pressure injuries that are new or worsened | 1.0% | 1.2% | 1.4% | 0.3% | 0.0% | 0.0% | 1.2% |
| Percentage of the patients who experience one or more falls with major injury during their 90 day | 0.0% | 0.0% | 0.1% | 0.1% | 0.1% | 0.0% | 0.0% |
| Medical Care (less percentage is better) | | | | | | | |
| Percentage of patients who are at or above an expected ability to care for themselves and move around at discharge. | 56.0% | 70.6% | 65.4% | 75.5% | 43.0% | 44.1% | 4.0% |
| Percentage of patients who are at or above an expected ability to care for themselves at discharge. | 62.4% | 79.3% | 75.1% | 76.3% | 48.9% | 42.2% | 6.7% |
| Percentage of patient who are at or above an expected ability to move around at discharge. | 59.7% | 80.7% | 82.0% | 76.3% | 47.0% | 26.8% | 10.7% |

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Patient Safety Organizations- Role in Quality Management

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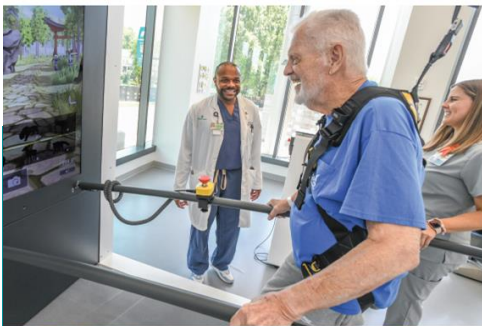
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Carolinas Rehabilitation

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Celebrating **75** years
of Leadership in
Physical Medicine
& Rehabilitation

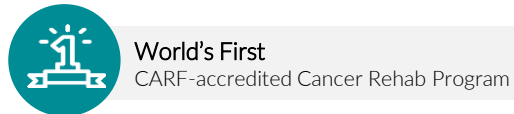
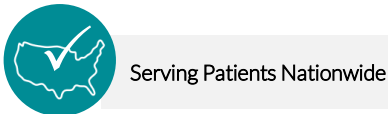
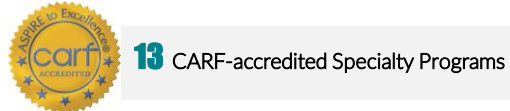
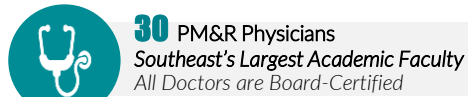


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Carolinas Rehabilitation **AMRPA**

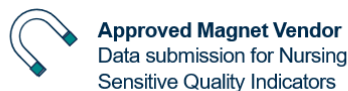
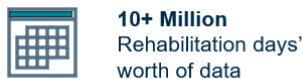
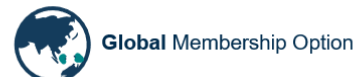


Only U.S. Rehab Hospital Member
of WHO's Rehabilitation Advocacy

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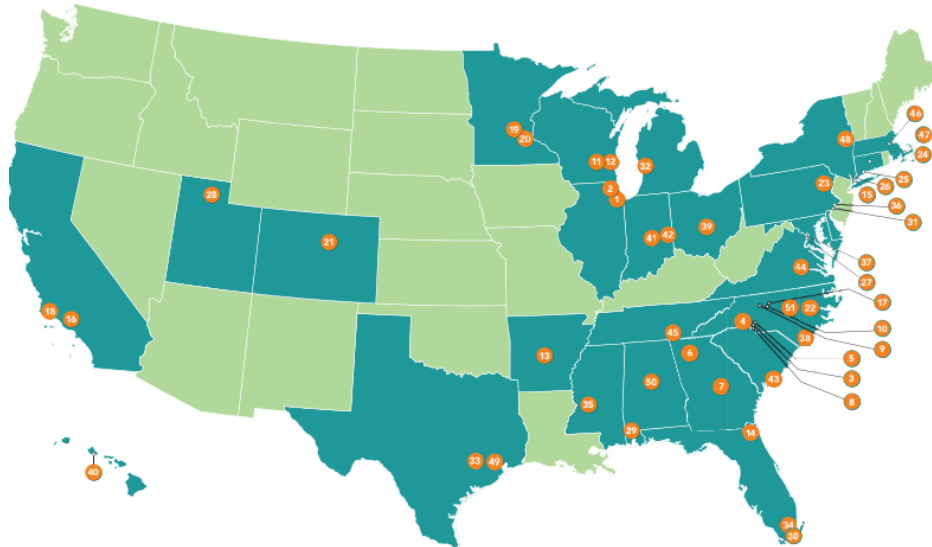
EQUADRSM (Exchanged Quality Data for Rehabilitation) **AMRPA**



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THE EQUADRSM NETWORK MEMBERS

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- | | | |
|---|---|---|
| 1 Advocate Christ Medical Center Oak Lawn, Illinois | 18 Cottage Rehabilitation Hospital Santa Barbara, CA | 35 Methodist Rehabilitation Center Jackson, MS |
| 2 Advocate Lutheran General Hospital Park Ridge, Illinois | 19 Courage Kenny Rehabilitation Abbott Northwestern Hospital Minneapolis, MN | 36 MossRehab Elkins Park, PA |
| 3 Atrium Health Carolinas Rehabilitation- Charlotte Charlotte, NC | 20 Courage Kenny Rehabilitation United Hospital St. Paul, MN | 37 National Rehabilitation Hospital Washington, DC |
| 4 Atrium Health Carolinas Rehabilitation- Mount Holly Belmont, NC | 21 Craig Hospital Englewood, CO | 38 New Hanover Regional Medical Center Wilmington, NC |
| 5 Atrium Health Carolinas Rehabilitation- Northeast Concord, NC | 22 ECU Health Medical Center Greenville, NC | 39 Ohio State University Wexner Medical Center - Dodd Hall Inpatient Rehabilitation Columbus, OH |
| 6 Atrium Health Floyd Rome, GA | 23 Good Shepherd Rehabilitation Hospital Allentown, PA | 40 Rehab Hospital of the Pacific Honolulu, HI |
| 7 Atrium Health Navicent Rehabilitation Hospital Macon, GA | 24 Hartford Healthcare Rehabilitation Network - Hartford Hospital Newington, CT | 41 Rehabilitation Hospital of Indiana Indianapolis, IN |
| 8 Atrium Health Pineville Rehabilitation Hospital Pineville, NC | 25 Hartford Healthcare Rehabilitation Network - St. Vincent's Medical Center Bridgeport, CT | 42 Reid Hospital Richmond, IN |
| 9 Atrium Health Wake Forest Baptist Medical Center Winston-Salem, NC | 26 Helen Hayes Hospital West Haverstraw, NY | 43 Roper Rehabilitation Hospital Charleston, SC |
| 10 Atrium Health Wake Forest Baptist High Point Medical Center High Point, NC | 27 Inova Rehabilitation Center Alexandria, VA | 44 Sheltering Arms Institute Richmond, VA |
| 11 Aurora Medical Center-Summit Summit, Wisconsin | 28 Intermountain Healthcare Ogden, UT | 45 Siskin Hospital for Physical Rehabilitation Chattanooga, TN |
| 12 Aurora St. Luke's Medical Milwaukee, Wisconsin | 29 J.L. Bedsole/Rotary Rehabilitation Hospital Mobile, AL | 46 Spaulding Rehabilitation Hospital Boston, MA |
| 13 Baptist Health Rehabilitation Institute Little Rock, AR | 30 Jackson Health System Christine E. Lynn Rehabilitation Center Miami, FL | 47 Spaulding Rehabilitation Hospital Cape Cod East Sandwich, MA |
| 14 Brooks Rehabilitation Hospital Jacksonville, FL | 31 Magee Rehabilitation Philadelphia, PA | 48 Sunnyview Rehabilitation Hospital Schenectady, NY |
| 15 Burke Rehabilitation Hospital White Plains, NY | 32 Mary Free Bed Rehabilitation Hospital Grand Rapids, MI | 49 TIRR Memorial Hermann Houston, TX |
| 16 Casa Colina Hospital and Centers for Healthcare Pomona, California | 33 Memorial Hermann Katy Rehabilitation Katy, TX | 50 UAB Medicine-Spain Rehabilitation Center Birmingham, Alabama |
| 17 Cone Health Rehabilitation Center Greensboro, NC | 34 Memorial Rehabilitation Institute at MRHS Hollywood, FL | 51 WakeMed Rehab Hospital Raleigh, NC |

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Patient Safety Organizations (PSOs)

- ❖ Conduct activities to improve the safety and quality of patient care.
- ❖ Create a legally secure environment (conferring privilege and confidentiality) where clinicians and health care organizations can voluntarily report, aggregate, and analyze data, with the goal of reducing the risks and hazards associated with patient care.
- ❖ The Patient Safety and Quality Improvement Act of 2005 (Patient Safety Act) authorized the creation of PSOs



Federal Protections

Supersede State Peer Review Statutes



Transparency

Safe sharing of patient harm between settings and providers



Improvement

Aggregation of harm to identify improvement opportunities

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EQUADRSM Metrics on Care Compare



Hospital acquired pressure injury



Falls with major injury



Clostridium difficile infection



Catheter-associated urinary track infections

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Other EQUADRSM Metrics

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- Discharges to Acute Care
 - Early, Late, Planned, Unplanned
- Interrupted Stays
- Restraint Utilization
- Falls/Unassisted Falls
 - By Diagnosis Group
- Injuries Resulting from Falls/Unassisted Falls*
 - By Diagnosis Group
- Pressure Injuries*
- Pressure Injuries by Diagnosis Group
- Venous Thromboembolism
- GG Self-Care Change
- GG Mobility Change
- Healthcare-Associated MRSA LabID Events
- Healthcare-Associated C.difficile LabID Events* & SIR
- Healthcare-Associated CAUTI Infections* & SIR
- CLABSI
- Oncology Specific Metrics
- Outpatient Specific Metrics
- Pediatric Specific Metrics
- Labor & Productivity

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How are these metrics utilized?

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- ❖ More timely data
- ❖ Comparison Reports
- ❖ Percentile Rank
- ❖ Determining Priorities
- ❖ Goal Setting

BENCHMARKING



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How are these metrics utilized?



- ❖ Safe Tables
- ❖ Collecting Data
- ❖ Audits & Denials

Questions?

