



Important Updates Regarding the IRF Quality Reporting Program

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Agenda



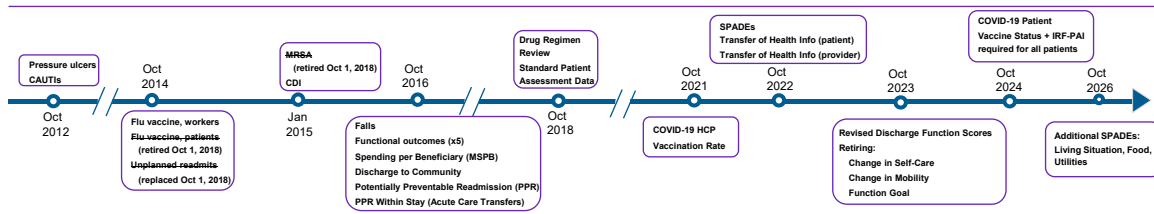
IRF QRP PROPOSED
CHANGES



ADMINISTRATION'S SHIFT
IN QUALITY POLICY

CMS IRF Quality Reporting Program (QRP)

Timeline & Key Highlights



Legislative Background

- ▷ Established by Affordable Care Act of 2010, Section 3004(a).
- ▷ Expanded by the Improving Post Acute Care Transformation (IMPACT) Act of 2014, which requires the reporting of standardized and interoperable assessment data by post-acute care providers.
- ▷ Updated annually through IRF Prospective Payment System (IRF-PPS) Final Rule.

Pay-For-Reporting

- ▷ Inpatient Rehabilitation Hospitals (IRFs) are expected to report accurate and complete data; completeness is assessed by thresholds.
- ▷ Measures are reported via three routes: (1) IRF Patient Assessment Instruments (IRF-PAIs), (2) Center for Disease Control's (CDC) National Healthcare Safety Network (NHSN) and (3) claims data.
- ▷ Noncompliance results in a 2% CMS payment reduction for a future fiscal year.

Proposed Changes to the IRF QRP - Measures

Short name	Measure name & data source
Inpatient Rehabilitation Facility—Patient Assessment Instrument (IRF-PAI) Assessment-Based Measures	
Pressure Ulcer/Injury	Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury.
Application of Falls	Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay).
Discharge Mobility Score	IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients.
Discharge Self-Care Score	IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients.
DRR	Drug Regimen Review Conducted with Follow-Up for Identified Issues—Post Acute Care (PAC) Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP).
TOH-Provider	Transfer of Health Information to the Provider—Post-Acute Care (PAC).
TOH-Patient	Transfer of Health Information to the Patient—Post-Acute Care (PAC).
DC Function	Discharge Function Score.
Patient/Resident COVID-19 Vaccine	COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date.
National Healthcare Safety Network	
CAUTI	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection Outcome Measure.
CDI	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset <i>Clostridium difficile</i> Infection (CDI) Outcome Measure.
HCP Influenza Vaccine	Influenza Vaccination Coverage among Healthcare Personnel.
HCP COVID-19 Vaccine	COVID-19 Vaccination Coverage among Healthcare Personnel (HCP).
Claims-Based	
MSPB IRF	Medicare Spending Per Beneficiary (MSPB)—Post Acute Care (PAC) IRF QRP.
DTC	Discharge to Community—PAC IRF QRP.
PPR 30 day	Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP.
PPR Within Stay	Potentially Preventable Within Stay Readmission Measure for IRFs.

Proposed Changes to the IRF QRP - SPADES

Changing focus to technology solutions

Removal of: Living Situation (R0310); Two items for Food (R0320A and R0320B); and one item for Utilities (R0330)



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In this proposed rule, we are proposing to remove these four standardized patient assessment data elements under the SDOH category as we acknowledge the burden associated with these items at this time. We continuously look for ways to balance the need for data collections regarding quality care and the burden of data collection on health care providers. CMS has a goal to facilitate improved health care delivery by requiring different systems and software applications to communicate and exchange data. Therefore, we would like to work towards the workflow for these specific data elements being part of a low burden interoperable electronic system. The focus will turn towards how these data and associated recommendations exchanged can improve care coordination, efficiency, reduction in errors and patient experience. As health information technology (HIT) advances and interoperability of data becomes more standardized, the burden to collect and share clinical data on these and other relevant patient information will become less burdensome allowing for better outcomes for IRF patients and their families. The objectives of the IRF QRP continue to be the improvement of care, quality and health

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Request(s) for Information (RFI) in the IRF PPS Proposed Rule

Advancing Digital Quality Measurement in the IRF QRP - Request for Information

CMS sought feedback on 14 in-depth questions, with additional sub-questions, focused on IRFs' use of technology in their hospitals, with a specific focus on how IRFs have adopted technology for physician workflow, patient information exchange and quality reporting purposes.

We are considering opportunities to advance FHIR®-based reporting of patient assessment data for the submission of the IRF-PAI and other existing systems such as the Centers for Disease Control and Prevention's (CDC) National Healthcare Safety Network (NHSN) for which IRFs have current CMS reporting requirements. Our objective is to explore how IRFs typically integrate technologies with varying complexity into existing systems and how this affects IRF workflows. In this RFI, we seek to identify the challenges and/or opportunities that may arise during this integration, and determine the support needed to complete and submit quality data in ways that protect and enhance care delivery.

IRF QRP Measure Concepts For Future Years - Request for Information (RFI):

- Interoperability
- Well-Being
- Nutrition
- Delirium

1. INTEROPERABILITY

We are seeking input on the quality measure concept of interoperability, focusing on information technology systems' readiness and capabilities in the IRF setting. Title XXX of the Public Health Service Act defines "interoperability" in part, and with respect to health information technology (IT), as health IT that enables the secure exchange of electronic health information with, and use of electronic (D printed page 18553) health information from, other health IT without requiring special efforts by the user.^[H] The definition further states that interoperability of health IT allows for complete, including by providers and patients, access, exchange, and use of electronically accessible health information for authorized uses under applicable State or Federal Law.^[H] We request input and comment on approaches to assessing interoperability in the IRF setting, for instance, measures that address or evaluate the level of readiness for interoperable data exchange, or measures that evaluate the ability of data systems to securely share information across the spectrum of care. Please provide input on the relevant aspects of interoperability for the IRF setting.

Updated Hospital Reporting Requirements for Respiratory Viruses

August 23, 2024, 11:30 AM EDT

For Everyone
AUGUST 23, 2024

WHAT TO KNOW

- On April 30, 2024, some federal reporting requirements for hospitals and critical access hospitals expired as specified in the regulations at that time. This resulted in voluntary data reporting, which led to reduced visibility.
- The Centers for Medicare & Medicaid Services (CMS) has [issued a new rule](#) requiring hospitals and critical access hospitals (CAHs) to report information about COVID-19, influenza, and RSV starting November 1, 2024.
- Through the National Healthcare Safety Network, CDC will work with hospitals to provide training and technical assistance to ensure they are ready and able to meet these updated reporting requirements this fall.



Annual Reporters

The following facility types are required to report Hospital Respiratory Data to NHSN annually, beginning January 2025:

- Freestanding inpatient rehabilitation facilities (including Medicaid-Only Rehabilitation Hospitals)
- Freestanding inpatient psychiatric facilities (including Medicaid-Only Psychiatric Hospitals)
- CMS-certified inpatient rehabilitation facility units (IRF within a hospital; distinct part units)
- CMS-certified inpatient psychiatric facility units (IPF within a hospital; distinct part units)

[FY 2025 Hospital Inpatient Prospective Payment System \(IPPS\) and Long-Term Care Hospital Prospective Payment System \(LTCH PPS\) Final Rule](#), pgs. 898-905.
[NHSN Hospital Respiratory Data \(HRD\) Reporting](#)

Current Administration's Focus on Preventing Chronic Illness from Treatment

The WHITE HOUSE

ISSUES

MAHA

Make America Healthy Again

- 01 President Trump understands that America's healthcare system is largely focused on treating chronic illnesses rather than preventing them, leading to a growing health crisis with serious economic and national security consequences.
- 02 Within weeks of taking office, President Trump established the Make America Healthy Again Commission, tasked with investigating and addressing the root causes of America's escalating health crisis, with an initial focus on childhood chronic diseases.
- 03 President Trump has pledged to create the highest quality of life, build the safest and wealthiest and healthiest and most vital communities anywhere in the world.

How this will relate to quality programs:

- More outcome, less process measures
- Moving to incentivize the delay in disease progression in quality and payment models

Focusing quality measures on:

- 1) For individuals who are sick and hope to become healthy
 - reducing number of measures
 - speeding up measurement
- 2) For individuals who are healthy and want to stay healthy

"When prevention works, it's invisible. We undervalue prevention because we can't measure it. So how do we create measures when someone doesn't need to come see you or doesn't have chronic disease in Medicare and Medicare Advantage?"

—Abe Sutton, Director of CMS Innovation Center

CMS Innovation Center Strategic Update



Highlights from the Update

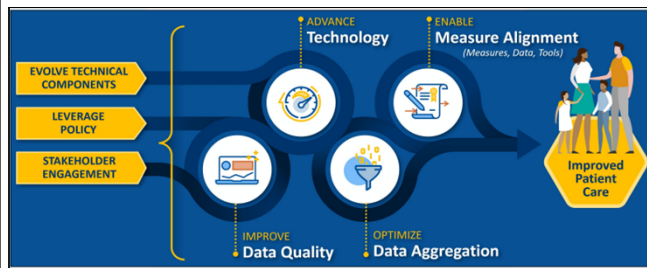
- Focus on evaluating outcomes of prevention programs over longer term and use of intermediate markers.
- Build upon previous work on data transparency - like public reporting websites - to leverage technology to drive health goals.
- Future models may publish data about providers and services, including quality performance, to support beneficiary choice.
- Innovation Center may look at standardizing quality measures across the portfolio of CMS programs including Medicare, Medicaid and Medicare Advantage to reduce administrative burden.

CMS Quality Conference - Driving Innovation through Technology & Data

CMS Levers to Promote High Quality, Safe Health Care for All



CMS - Advancing Digital Quality Measurement



- HHS is looking to align data elements and domains across agencies and departments for quality that address multiple partner needs through the USCDI + quality initiative at ONC.
- CDC through NHSN is also testing FHIR dQMs on NHSNLink with 3 measures set to go live for early acute adopters in 2025:
 - Medication-related hypoglycemia
 - Healthcare facility-onset, antibiotic-treated *C. diff.* infection
 - Hospital-onset bacteremia and fungemia

Exploring FHIR-based Patient Assessment Reporting

The Inpatient Psychiatric Facility Patient Assessment Instrument (IPF-PAI) is a new tool being developed by CMS for inpatient psychiatric facilities (IPFs) to report patient assessment data.*

Opportunity to test FHIR-based patient assessment reporting with IPFs at different levels of technology adoption.

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Policy</p> <ul style="list-style-type: none"> • Maximize statutory and regulatory authorities to propose methods to adopt and use FHIR standards. • Advance interoperability by assessing needs and providing targeted resources and guidance to support providers with or without an electronic health record. | <p>
Technology</p> <ul style="list-style-type: none"> • Update and leverage the CMS Data Element Library to optimize efficiency. • Build upon USCDI, USCDI+, and FHIR standards to enhance standardized health information exchange. | <p>
Public Engagement</p> <ul style="list-style-type: none"> • Encourage the IPF community to share insights through public comments, participation in conferences and listening sessions. • Offer opportunities for the IPF community to test and provide feedback on a FHIR-based web application for patient assessment reporting. |
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*<https://qualitynet.cms.gov/ipf/pai>



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Universal Foundation - CMS shifting aim from sick care to wellness & prevention

Shifting the Paradigm toward a Healthier America

The **Universal Foundation**—an efficient set of high priority quality measures

- Streamlines measures across existing CMS programs
- Focuses provider attention on high priority areas, such as
 - Prevention
 - Wellness
 - Chronic disease management
- Allows providers to focus on health outcomes by reducing unnecessary paperwork



CMS aims to shift the paradigm for health care from a system that focuses on sick care to one that fosters prevention, wellness, and chronic disease management.



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Current Administration's Focus on Technology and Quality

CMS and Assistant Secretary of Technology Policy (ASTP)/Office of the National Coordinator (ONC) - RFI



Categories for feedback:

- Patients and Caregivers
- Providers
- Payers
- Technology Vendors, Data Providers and Networks
- Value-based Care Organizations

Current Administration's Focus on Deregulation



Deregulation Request for Information (RFI): On January 31, 2025, President Trump issued Executive Order (E.O.) 14192 "Unleashing Prosperity Through Deregulation," which states the Administration policy to significantly reduce the private expenditures required to comply with Federal regulations to secure America's economic prosperity and national security and the highest possible quality of life for each citizen. We would like public input on approaches and opportunities to streamline regulations and reduce administrative burdens on providers, suppliers, beneficiaries, and other stakeholders participating in the Medicare program. CMS has made available a Request for Information (RFI) at: <https://www.cms.gov/medicare-regulatory-relief-rfi>. Please submit all comments in response to this request for information through the provided weblink.

Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System For Federal Fiscal Year 2026 and Updates to the IRF Quality Reporting Program

Current Administration's Focus on Deregulation

Submit Your Deregulatory Recommendations

Impacted by an existing rule or regulation? Share your ideas for deregulation by completing this form.



[Submit Deregulation Idea](#)

- ❖ Released April 11th with an initial 30-day comment period.
- ❖ Has since become perennial on the website.

Regulations.gov
Your Voice in Federal Decision-Making

Deregulation suggestions

If you have ideas for cutting existing rules or regulations, we want to hear from you.
(A red asterisk (*) indicates a required field.)

Which title, parts, and/or sections of the Code of Federal Regulations (CFR) should be rescinded? *

128 characters allowed

Which title, parts, and/or sections of the Code of Federal Regulations (CFR) should be rescinded? *

Please include the relevant CFR sections and the Federal Register citation for the final rule. If you are proposing a repeal of a particular regulation, it should note the relevant portions of the CFR that are involved.

What is your name? *

Only answer if you would like the decision to be named after you or your organization. Providing your name does not guarantee that it will appear on any final agency action, and we reserve the right to refrain from using names that are inappropriate or offensive.

128 characters allowed

In your proposed rescission a notice of proposed rulemaking, final rule, direct final rule, interim final rule, or interpretive rule? *

A notice of proposed rulemaking is appropriate where the rescission is likely to be controversial and where the agency has not yet proposed adopting the rule. The final rule is appropriate where the rescission is likely to be uncontroversial and where the agency has not yet proposed adopting the rule. A direct final rule is appropriate where the rescission is unlikely to be controversial and where the agency has not yet proposed adopting the rule. An interim final rule is appropriate where there is good cause for the effective date of the rescission to be immediate and where the agency has not yet proposed rescinding the rule. An interpretive rule explains a regulation or the meaning of a statute for the agency's operations.

☐ Notice of Proposed Rulemaking

☐ Final Rule

☐ Direct Final Rule

☐ Interim Final Rule

☐ Interpretive Rule

Current Administration's Focus on Deregulation



FEDERAL REGISTER

The Daily Journal of the United States Government



Notice

Request for Information (RFI): Ensuring Lawful Regulation and Unleashing Innovation To Make American Healthy Again

A Notice by the Health and Human Services Department on 05/14/2025

This document has a comment period that ends in 32 days. (07/14/2025)

[SUBMIT A PUBLIC COMMENT](#)

121 comments received. [View posted comments](#)

SUMMARY:

To implement the President's Deregulatory Initiatives, including Department of Government Efficiency Deregulatory Agenda, and to better promote the health and well-being of the American people, the U.S. Department of Health and Human Services (HHS) is planning the largest deregulatory effort in the history of the Department. To facilitate this effort, HHS seeks input from all interested parties on how to dramatically deregulate across all areas the Department touches. HHS also welcomes other submissions explaining how regulations, guidance, paperwork requirements, and other regulatory obligations can be repealed.