

# **Data Dictionary for Care Compare: Inpatient Rehabilitation Facility (IRF) Quality Reporting Program**

Version 1.0

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## Introduction

The Centers for Medicare & Medicaid Services (CMS) Care Compare website provides a single user-friendly interface that consumers can use to understand information about doctors, hospitals, inpatient rehabilitation facilities, and other health care services instead of searching through multiple tools. Care Compare enables patients and caregivers to make informed decisions about healthcare based on cost, quality of care, volume of services, and other data. Information about the quality measures on Care Compare are presented similarly and clearly across all provider types and care settings. Consumers can select multiple facilities and compare their performance on various quality metrics. To access the Care Compare website, please visit <https://www.medicare.gov/care-compare/>.

This document provides information about the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) data on Care Compare. Care Compare provides data on over 1,100 IRFs. More information about the IRF QRP quality measures displayed on Care Compare can be found by visiting the IRF QRP Information page at: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-Quality-Reporting-Program-Measures-Information->.

Care Compare information about IRFs is typically updated or refreshed quarterly in March, June, September, and December; however, the refresh schedule is subject to change and not all measure data will be updated during each quarterly release. See Appendix A: Care Compare Anticipated IRF Refreshes and Data Collection Timeframes for the full list of IRF measures contained in the downloadable data found on the Provider Data Catalog website, along with information about reporting cycles for each measure.

Links to download the data from the zipped comma-separated value (CSV) flat file formats can be found on the Provider Data Catalog website. Archived data is available in the Provider Data Catalog. To access the Provider Data Catalog website, please visit <https://data.cms.gov/provider-data/>.

Care Compare and the Provider Data Catalog are publicly accessible websites. As works of the U.S. government, the data on these websites are in the public domain and permission is not required to reuse them. An attribution to the Centers for Medicare and Medicaid Services as the data source is appreciated. However, Care Compare data should not be construed as an endorsement by the U.S. Department of Health and Human Services of any health care provider's products or services. Conveying a false impression of government approval, endorsement or authorization of products or services is forbidden. See 42 U.S.C.1320b-10.

## Document Purpose

The purpose of this document is to describe the information contained within the IRF Care Compare downloadable databases found on the Provider Data Catalog website.

**Table 1: Acronym Index**

| <b>Acronym</b> | <b>Meaning</b>  |
|----------------|---|
| CAUTI          | Catheter-associated urinary tract infections                    |
| CCN            | CMS Certification Number  |
| CDC            | Centers for Disease Control and Prevention                      |
| CDI            | Clostridium difficile infection                                 |
| CMS            | Centers for Medicare & Medicaid Services                        |
| HAC            | Healthcare-acquired condition                                   |
| HAI            | Healthcare-associated infection                                 |
| IRF            | Inpatient rehabilitation facility                               |
| IRF-PAI        | Inpatient Rehabilitation Facility Patient Assessment Instrument |
| MRSA           | Methicillin-resistant <i>Staphylococcus aureus</i>              |
| MSPB           | Medicare spending per beneficiary                               |
| NHSN           | National Healthcare Safety Network                              |
| NQF            | National Quality Forum  |
| PAC            | Post-acute care   |
| QRP            | Quality Reporting Program                                       |
| SIR            | Standardized infection ratio                                    |

## Table 2: File Summary

The list below shows the titles of all CSV flat file names included in the downloadable databases. The CSV column names and file names mirror the datasets found on <https://data.cms.gov/provider-data/>.

CSV Flat Files Note: Opening CSV files in Excel will remove leading zeroes from data fields that may include leading zeroes (e.g., provider numbers). Users can follow these instructions to add back the leading zeroes. First, after you download a dataset from the Provider Data Catalog, open a new spreadsheet in Excel. Next, on the excel navigation pane, click **Data > From Text**. Within the “Import Text File” window, locate the file you downloaded from PDC and click **Import**. When the “Text Import Wizard – Step 1 of 3” window opens, select **Delimited > Next**. For “Step 2 of 3,” deselect **Tab** and select **Comma > Next**. For “Step 3 of 3,” select **Text > Finish**. Finally, when “Import Data” window appears, click **OK**. After completing these steps, you should be able to see leading zeros within the dataset.

| File Name*   | Description  |
|--|--|
| Inpatient Rehabilitation Facility - Conditions_mmmmyyyy.csv          | A list of IRFs with data on the number of times people with Medicare who had certain medical conditions were treated in the last year. |
| Inpatient Rehabilitation Facility - General Information_mmmmyyyy.csv | A list of IRFs with information such as address, phone number, ownership data, and more.   |
| Inpatient Rehabilitation Facility - National Data_mmmmyyyy.csv       | National data on the IRF quality of patient care measures shown on Care Compare.   |
| Inpatient Rehabilitation Facility – Provider Data_mmmmyyyy.csv       | A list of IRFs with data on the IRF quality of patient care measures shown on Care Compare.  |
| IRF-Data-Dictionary.pdf  | Data dictionary  |
| readme.txt**   | Information about viewing the data dictionary PDF file   |

\*Note: File names will be updated with each refresh of Care Compare to include the corresponding month and year of the refresh (mmmyyyy) as noted in the *File Name* column.

\*\*Note: The readme.txt file is only included in the archived datasets.

**Table 3: General Information Variables**

| <b>Variable Name</b>                    | <b>Variable Type</b> | <b>Description</b>  |
|---|----------------------|---|
| <b>CMS Certification Number (CCN)</b>   | Character            | The CMS certification number (CCN) is used to identify the IRF listed.        |
| <b>Facility Name</b>                    | Character            | Name of the facility  |
| <b>Address Line 1</b>                   | Character            | The first line of the address of the facility                                 |
| <b>Address Line 2</b>                   | Character            | The second line of the address of the facility                                |
| <b>City</b>                             | Character            | The name of the city where the facility is located                            |
| <b>State</b>                            | Character            | The two-character postal code where the facility is located                   |
| <b>Zone Improvement Plan (ZIP) Code</b> | Numeric              | The five-digit postal ZIP code where the facility is located.                 |
| <b>County Name</b>                      | Character            | The name of the county where the facility is located                          |
| <b>Phone Number</b>                     | Character            | The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz. |

| Variable Name     | Variable Type | Description  |
|-------------------|---------------|--|
| <b>CMS Region</b> | Numeric       | <p>The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region:</p> <p>1 = Boston:<br/>Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York:<br/>New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia:<br/>Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta:<br/>Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p> <p>5 = Chicago:<br/>Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas:<br/>Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City:<br/>Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver:<br/>Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco:<br/>Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle:<br/>Alaska, Idaho, Oregon, Washington</p> |

| Variable Name             | Variable Type | Description  |
|---------------------------|---------------|--|
| <b>Ownership</b>          | Character     | Indicates the facility's ownership type: For Profit, Non-profit, Government, Physician |
| <b>Certification Date</b> | Date          | The initial Medicare certification or recertification date of the facility             |



**Table 4: National Data Variables**

| <b>Variable Name</b>                  | <b>Variable Type</b> | <b>Description</b>  |
|---------------------------------------|----------------------|---|
| <b>CMS Certification Number (CCN)</b> | Character            | The CMS certification number (CCN) is used to identify the facility listed. However, since this is the national data set, the CCN is listed as “Nation.”  |
| <b>Measure Code</b>                   | Character            | <p>The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example= I_001_01_ADJ_RATE</p> <p>Prefix: I_001_01<br/>Suffix:<br/>ADJ_RATE</p> <p>See Table 7 for a complete listing of national data measure codes.</p> |
| <b>Score</b>                          | Character            | The measure score for the corresponding measure code  |
| <b>Footnote</b>                       | Numeric              | Indicates the relevant footnote. Currently, there are no footnotes related to the national data.  |
| <b>Start Date</b>                     | Date                 | The start date of the reporting period for the corresponding measure code and score   |
| <b>End Date</b>                       | Date                 | The end date of the reporting period for the corresponding measure code and score   |

**Table 5: Provider Data Variables**

| <b>Variable Name</b>                  | <b>Variable Type</b> | <b>Description</b>  |
|---------------------------------------|----------------------|---|
| <b>CMS Certification Number (CCN)</b> | Character            | The CMS certification number (CCN) is used to identify the facility listed.   |
| <b>Facility Name</b>                  | Character            | Name of the facility  |
| <b>Address Line 1</b>                 | Character            | The first line of the address of the facility                                 |
| <b>Address Line 2</b>                 | Character            | The second line of the address of the facility                                |
| <b>City</b>                           | Character            | The name of the city where the facility is located                            |
| <b>State</b>                          | Character            | The two-character postal code where the facility is located                   |
| <b>ZIP Code</b>                       | Numeric              | The five-digit postal ZIP code where the facility is located.                 |
| <b>County Name</b>                    | Character            | The name of the county where the facility is located                          |
| <b>Phone Number</b>                   | Character            | The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz. |

| Variable Name     | Variable Type | Description  |
|-------------------|---------------|--|
| <b>CMS Region</b> | Numeric       | <p>The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region:</p> <p>1 = Boston:<br/>Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York:<br/>New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia:<br/>Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta:<br/>Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p> <p>5 = Chicago:<br/>Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas:<br/>Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City:<br/>Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver:<br/>Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco:<br/>Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle:<br/>Alaska, Idaho, Oregon, Washington</p> |

| Variable Name | Variable Type | Description  |
|---------------|---------------|--|
| Measure Code  | Character     | <p>The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score.<br/>Example= I_001_01_ADJ_RATE</p> <p>Prefix: I_001_01<br/>Suffix: ADJ_RATE</p> <p>See Table 8 for a complete listing of provider data measure codes.</p>  |
| Score         | Character     | The measure score for the corresponding measure code   |
| Footnote      | Numeric       | <p>1 = The number of cases/patient stays is too small to report.</p> <p>2 = Data not available for this reporting period.</p> <p>3 = Results are based on a shorter time period than required.</p> <p>4 = Data suppressed by CMS for one or more quarters.</p> <p>5 = Data not submitted for this reporting period.</p> <p>6 = The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.</p> <p>7 = Results cannot be calculated for this reporting period.</p> <p>8 = This inpatient rehabilitation facility isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program.</p> <p>See Table 9 for more information on how each footnote is used.</p> |
| Start Date    | Date          | The start date of the reporting period for the corresponding measure code and score  |
| End Date      | Date          | The end date of the reporting period for the corresponding measure code and score  |

**Table 6: Conditions Data Variables**

| <b>Variable Name</b>                  | <b>Variable Type</b> | <b>Description</b>  |
|---------------------------------------|----------------------|---|
| <b>CMS Certification Number (CCN)</b> | Character            | The CCN is used to identify the facility listed.                              |
| <b>Facility Name</b>                  | Character            | Name of the facility  |
| <b>Address Line 1</b>                 | Character            | The first line of the address of the facility                                 |
| <b>Address Line 2</b>                 | Character            | The second line of the address of the facility                                |
| <b>City</b>                           | Character            | The name of the city where the facility is located                            |
| <b>State</b>                          | Character            | The two-character postal code where the facility is located                   |
| <b>ZIP Code</b>                       | Numeric              | The five-digit postal ZIP code where the facility is located.                 |
| <b>County Name</b>                    | Character            | The name of the county where the facility is located                          |
| <b>Phone Number</b>                   | Character            | The ten-digit telephone number of the facility. The format is (xxx) yyy-zzzz. |

| Variable Name     | Variable Type | Description  |
|-------------------|---------------|--|
| <b>CMS Region</b> | Numeric       | <p>The CMS region where the facility is located. Below is a key to the location of the regional offices and the states covered by each CMS region:</p> <p>1 = Boston:<br/>Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York:<br/>New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia:<br/>Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta:<br/>Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p> <p>5 = Chicago:<br/>Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas:<br/>Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City:<br/>Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver:<br/>Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco:<br/>Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle:<br/>Alaska, Idaho, Oregon, Washington</p> |

| Variable Name    | Variable Type | Description   |
|------------------|---------------|---|
| <b>Condition</b> | Character     | <p>The medical conditions treated in the facility.</p> <ul style="list-style-type: none"> <li>• Stroke</li> <li>• Nervous system disorder (excluding stroke)</li> <li>• Brain disease or condition (non-traumatic)</li> <li>• Brain injury (traumatic)</li> <li>• Spinal cord disease or condition (non-traumatic)</li> <li>• Spinal cord injury (traumatic)</li> <li>• Hip or femur fracture</li> <li>• Hip or knee replacement, amputation or other bone or joint conditions</li> <li>• All other conditions</li> </ul> |
| <b>Count</b>     | Character     | <p>The count of the corresponding medical condition for that facility.</p> <p>Note: Medical conditions with counts of less than 11 are labeled as “less than 11” to protect patient confidentiality.</p>  |
| <b>Footnote</b>  | Numeric       | <p>Indicates the relevant footnote.</p> <p>1 = Number of cases is too small to report.</p> <p>2 = Data not available for this reporting period.</p>   |

**Table 7: National Data Measure Codes**

**I\_006\_01: Catheter-associated urinary tract infections (CAUTI)**

| National Variables | Description  |
|--------------------|--|
| I_006_01_SIR       | Catheter-associated urinary tract infections (CAUTI) in nation; Standardized infection ratio (SIR) |

**I\_008\_02: Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan**

| National Variables | Description   |
|--------------------|---------------|
| I_008_02_OBS_RATE  | National rate |

**I\_009\_04: Change in patients' ability to care for themselves**

| National Variables | Description   |
|--------------------|---------------|
| I_009_04_OBS_RATE  | National rate |

**I\_010\_04: Change in patients' ability to move around**

| National Variables | Description   |
|--------------------|---------------|
| I_010_04_OBS_RATE  | National rate |

**I\_011\_04: Percentage of patients who are at or above an expected ability to care for themselves at discharge**

| National Variables | Description   |
|--------------------|---------------|
| I_011_04_OBS_RATE  | National rate |

**I\_012\_04: Percentage of patients who are at or above an expected ability to move around at discharge**

| National Variables | Description   |
|--------------------|---------------|
| I_012_04_OBS_RATE  | National rate |

**I\_013\_01: Percentage of IRF patients who experience one or more falls with major injury during their IRF stay**

| National Variables | Description   |
|--------------------|---------------|
| I_013_01_OBS_RATE  | National rate |

**I\_015\_01: Clostridium difficile Infection (CDI)**

| National Variables | Description                                     |
|--------------------|---|
| I_015_01_SIR       | Clostridium difficile Infection (CDI) in nation |

**I\_016\_01: Influenza vaccination coverage among healthcare personnel**

| National Variables | Description                      |
|--------------------|----------------------------------|
| I_016_01_OBS_RATE  | National rate of flu vaccination |



**I\_017\_01: Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF**

| National Variables            | Description   |
|-------------------------------|---|
| I_017_01_PPR_PD_N_BETTER_NAT  | Number of IRFs in the nation that performed better than the national rate       |
| I_017_01_PPR_PD_N_NO_DIFF_NAT | Number of IRFs in the nation that performed no different than the national rate |
| I_017_01_PPR_PD_N_TOO_SMALL   | Number of IRFs too small to report  |
| I_017_01_PPR_PD_N_WORSE_NAT   | Number of IRFs in the nation that performed worse than the national rate        |
| I_017_01_PPR_PD_OBS           | National unadjusted average potentially preventable readmission rate            |

**I\_018\_01: Rate of potentially preventable hospital readmissions during the IRF stay**

| National Variables            | Description   |
|-------------------------------|---|
| I_018_01_PPR_WI_N_BETTER_NAT  | Number of IRFs in the nation that performed better than the national rate       |
| I_018_01_PPR_WI_N_NO_DIFF_NAT | Number of IRFs in the nation that performed no different than the national rate |
| I_018_01_PPR_WI_N_TOO_SMALL   | Number of IRFs too small to report  |
| I_018_01_PPR_WI_N_WORSE_NAT   | Number of IRFs in the nation that performed worse than the national rate        |
| I_018_01_PPR_WI_OBS           | National unadjusted average potentially preventable readmission rate            |

**I\_019\_02: Rate of successful return to home & community from an IRF**

| National Variables         | Description   |
|----------------------------|---|
| I_019_02_DTC_N_BETTER_NAT  | Number of IRFs in the nation that performed better than the national rate       |
| I_019_02_DTC_N_NO_DIFF_NAT | Number of IRFs in the nation that performed no different than the national rate |
| I_019_02_DTC_N_TOO_SMALL   | Number of IRFs too small to report  |
| I_019_02_DTC_N_WORSE_NAT   | Number of IRFs that performed worse than the national rate                      |
| I_019_02_DTC_OBS_RATE      | National observed discharge to community rate                                   |

**I\_020\_01: Medicare Spending Per Beneficiary (MSPB) for patients in IRFs**

| National Variables  | Description           |
|---------------------|-----------------------|
| I_020_01_MSPB_SCORE | MSPB score (national) |

**I\_021\_01: Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified**

| National Variables | Description   |
|--------------------|---------------|
| I_021_01_OBS_RATE  | National rate |

**I\_022\_01: Percentage of patients with pressure ulcers/pressure injuries that are new or worsened**

| National Variables | Description   |
|--------------------|---------------|
| I_022_01_OBS_RATE  | National rate |

**Table 8: Provider Data Measure Codes**

**I\_006\_01: Catheter-associated urinary tract infections (CAUTI)**

| <b>Provider Variables</b> | <b>Description</b>   |
|---------------------------|--|
| <b>I_006_01_CI_LOWER</b>  | Standardized infection ratio (SIR) 95% confidence interval - lower limit |
| <b>I_006_01_CI_UPPER</b>  | SIR 95% confidence interval - upper limit                                |
| <b>I_006_01_COMP_PERF</b> | Comparative performance category   |
| <b>I_006_01_DOPC_DAYS</b> | Catheter days  |
| <b>I_006_01_ELIGCASES</b> | Predicted number of infections (B)                                       |
| <b>I_006_01_NUMERATOR</b> | Number of infections reported (A)  |
| <b>I_006_01_SIR</b>       | SIR (A/B)  |

**I\_008\_02: Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan**

| <b>Provider Variables</b>   | <b>Description</b> |
|-----------------------------|--------------------|
| <b>I_008_02_NUMERATOR</b>   | Numerator          |
| <b>I_008_02_DENOMINATOR</b> | Denominator        |
| <b>I_008_02_OBS_RATE</b>    | Facility rate      |

**I\_009\_04: Change in patients' ability to care for themselves**

| <b>Provider Variables</b>           | <b>Description</b>                 |
|-------------------------------------|------------------------------------|
| <b>I_009_04_ADJ_CHG_SFCCR_SCORE</b> | Average risk-adjusted change score |
| <b>I_009_04_DENOMINATOR</b>         | Denominator                        |
| <b>I_009_04_OBS_CHG_SFCCR_SCORE</b> | Average observed change score      |

**I\_010\_04: Change in patients' ability to move around**

| <b>Provider Variables</b>          | <b>Description</b>                 |
|------------------------------------|------------------------------------|
| <b>I_010_04_ADJ_CHG_MOBL_SCORE</b> | Average risk-adjusted change score |
| <b>I_010_04_DENOMINATOR</b>        | Denominator                        |
| <b>I_010_04_OBS_CHG_MOBL_SCORE</b> | Average observed change score      |

**I\_011\_04: Percentage of patients who are at or above an expected ability to care for themselves at discharge**

| <b>Provider Variables</b>   | <b>Description</b> |
|-----------------------------|--------------------|
| <b>I_011_04_NUMERATOR</b>   | Numerator          |
| <b>I_011_04_DENOMINATOR</b> | Denominator        |
| <b>I_011_04_OBS_RATE</b>    | Facility rate      |

**I\_012\_04: Percentage of patients who are at or above an expected ability to move around at discharge**

| Provider Variables   | Description   |
|----------------------|---------------|
| I_012_04_NUMERATOR   | Numerator     |
| I_012_04_DENOMINATOR | Denominator   |
| I_012_04_OBS_RATE    | Facility rate |

**I\_013\_01: Percentage of IRF patients who experience one or more falls with major injury during their IRF stay**

| Provider Variables   | Description   |
|----------------------|---------------|
| I_013_01_NUMERATOR   | Numerator     |
| I_013_01_DENOMINATOR | Denominator   |
| I_013_01_OBS_RATE    | Facility rate |

**I\_015\_01: Clostridium difficile Infection (CDI)**

| Provider Variables | Description  |
|--------------------|--|
| I_015_01_CI_LOWER  | Standardized infection ratio (SIR) 95% confidence interval - lower limit |
| I_015_01_CI_UPPER  | SIR 95% confidence interval - upper limit                                |
| I_015_01_COMP_PERF | Comparative performance category   |
| I_015_01_DOPC_DAYS | Patient days   |
| I_015_01_ELIGCASES | Predicted number of infections (B)                                       |
| I_015_01_NUMERATOR | Number of infections reported (A)  |
| I_015_01_SIR       | SIR (A/B)  |

**I\_016\_01: Influenza vaccination coverage among healthcare personnel**

| Provider Variables   | Description                              |
|----------------------|--|
| I_016_01_NUMERATOR   | Number of health care workers vaccinated |
| I_016_01_DENOMINATOR | Number of health care workers            |
| I_016_01_OBS_RATE    | Rate of flu vaccination                  |

**I\_017\_01: Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF**

| <b>Provider Variables</b>        | <b>Description</b>   |
|----------------------------------|--|
| <b>I_017_01_PPR_PD_OBS_READM</b> | Number of potentially preventable readmissions following discharge |
| <b>I_017_01_PPR_PD_VOLUME</b>    | Number of eligible stays   |
| <b>I_017_01_PPR_PD_OBS</b>       | Unadjusted potentially preventable readmission rate                |
| <b>I_017_01_PPR_PD_RSRR</b>      | Risk-standardized potentially preventable readmission Rate (RSRR)  |
| <b>I_017_01_PPR_PD_RSRR_2_5</b>  | Lower limit of the 95% confidence interval on the RSRR             |
| <b>I_017_01_PPR_PD_RSRR_97_5</b> | Upper limit of the 95% confidence interval on the RSRR             |
| <b>I_017_01_PPR_PD_COMP_PERF</b> | Comparative performance category                                   |

**I\_018\_01: Rate of potentially preventable hospital readmissions during the IRF stay**

| <b>Provider Variables</b>        | <b>Description</b>  |
|----------------------------------|---|
| <b>I_018_01_PPR_WI_OBS_READM</b> | Number of potentially preventable readmissions                    |
| <b>I_018_01_PPR_WI_VOLUME</b>    | Number of eligible stays  |
| <b>I_018_01_PPR_WI_OBS</b>       | Unadjusted potentially preventable readmission rate               |
| <b>I_018_01_PPR_WI_RSRR</b>      | Risk-standardized potentially preventable readmission Rate (RSRR) |
| <b>I_018_01_PPR_WI_RSRR_2_5</b>  | Lower limit of the 95% confidence interval on the RSRR            |
| <b>I_018_01_PPR_WI_RSRR_97_5</b> | Upper limit of the 95% confidence interval on the RSRR            |
| <b>I_018_01_PPR_WI_COMP_PERF</b> | Comparative performance category                                  |

**I\_019\_02: Rate of successful return to home & community from an IRF**

| <b>Provider Variables</b>        | <b>Description</b>  |
|----------------------------------|---|
| <b>I_019_02_DTC_NUMBER</b>       | Observed number of discharges to community (DTC)  |
| <b>I_019_02_DTC_VOLUME</b>       | Number of eligible stays for DTC measure  |
| <b>I_019_02_DTC_OBS_RATE</b>     | Observed discharge to community rate  |
| <b>I_019_02_DTC_RS_RATE</b>      | Risk-standardized discharge to community rate   |
| <b>I_019_02_DTC_RS_RATE_2_5</b>  | Lower limit of the 95% confidence interval on the risk-standardized discharge to community rate |
| <b>I_019_02_DTC_RS_RATE_97_5</b> | Upper limit of the 95% confidence interval on the risk-standardized discharge to community rate |
| <b>I_019_02_DTC_COMP_PERF</b>    | Comparative performance category  |

**I\_020\_01: Medicare Spending Per Beneficiary (MSPB) for patients in IRFs**

| <b>Provider Variables</b>  | <b>Description</b>          |
|----------------------------|-----------------------------|
| <b>I_020_01_MSPB_SCORE</b> | MSPB score                  |
| <b>I_020_01_MSPB_NUMB</b>  | Number of eligible episodes |

**I\_021\_01: Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified**

| <b>Provider Variables</b>   | <b>Description</b> |
|-----------------------------|--------------------|
| <b>I_021_01_NUMERATOR</b>   | Numerator          |
| <b>I_021_01_DENOMINATOR</b> | Denominator        |
| <b>I_021_01_OBS_RATE</b>    | Facility rate      |

**I\_022\_01: Percentage of patients with pressure ulcers/pressure injuries that are new or worsened**

| <b>Provider Variables</b>   | <b>Description</b>          |
|-----------------------------|-----------------------------|
| <b>I_022_01_NUMERATOR</b>   | Numerator                   |
| <b>I_022_01_DENOMINATOR</b> | Denominator                 |
| <b>I_022_01_OBS_RATE</b>    | Facility observed rate      |
| <b>I_022_01_ADJ_RATE</b>    | Facility risk-adjusted rate |

**Table 9: Footnote Descriptions**

The footnote numbers below are associated with the Care Compare IRF quality measures:

| Footnote number | Footnote as displayed on Care Compare                     | Footnote details   |
|-----------------|---|--|
| 1               | The number of cases/patient stays is too small to report. | <ul style="list-style-type: none"><li>• Minimum denominator to publicly report for assessment-based measures and MSPB claims-based measure is 20 (denominator is between 1-19) and/or Minimum denominator to publicly report for the PPR and DTC claims-based measures is 25 (denominator is between 1-24), and/or</li></ul> |

| Footnote number | Footnote as displayed on Care Compare                     | Footnote details  |
|-----------------|---|---|
| 2               | Data not available for this reporting period.             | <ul style="list-style-type: none"> <li>• Provider has been open for less than 6 months, and/or.</li> <li>• Minimum denominator to publicly report for assessment-based and claims-based measures was not met (denominator is 0 because of measure exclusion), and/or There were zero device days or procedures (CDC NHSN CAUTI and CDI measures only), and/or</li> <li>• Minimum denominator to publicly report for assessment-based and claims-based measures was not met because there was less than the maximum possible time period used to collect data for the measure (denominator is 0 because of measure exclusion)</li> </ul> |
| 3               | Results are based on a shorter time period than required. | <ul style="list-style-type: none"> <li>• Results were based on data reported from less than the maximum possible time period used to collect data for the measure, and/or</li> <li>• Results that were based on less than the maximum possible time period causing the provider to not meet the minimum denominator threshold, and/or</li> <li>• Minimum denominator to publicly report for assessment-based and claims-based measures was not met because there was less than the maximum possible time period used to collect data for the measure (denominator is 0 because of measure exclusion).</li> </ul>                        |



| Footnote number | Footnote as displayed on Care Compare   | Footnote details  |
|-----------------|---|---|
| 4               | Data suppressed by CMS for one or more quarters.  | <ul style="list-style-type: none"> <li>• Data suppressed by CMS for one or more quarters (provider-specific), or</li> <li>• Data suppressed by CMS for one or more quarters (all providers)</li> </ul>  |
| 5               | Data not submitted for this reporting period.   | <ul style="list-style-type: none"> <li>• There was no data (assessment, CDC, claims) to submit for this measure because there were no patients admitted and discharged from the facility</li> </ul>   |
| 6               | The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.                           | <ul style="list-style-type: none"> <li>• Lower limit of the confidence interval cannot be calculated because the number of infections was zero, and/or</li> <li>• Lower limit of the confidence interval cannot be calculated because the number of infections was zero and predicted number of infections was less than 1 therefore SIR is masked</li> </ul> |
| 7               | Results cannot be calculated for this reporting period.   | <ul style="list-style-type: none"> <li>• Lower limit of the confidence interval cannot be calculated because the number of infections was zero and predicted number of infections was less than 1 therefore SIR is masked, and/or</li> <li>• Predicted number of infections was less than 1 therefore SIR is masked.</li> </ul>                               |
| 8               | This inpatient rehabilitation facility isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program. |   |

## Appendix A: Care Compare December 2021 – December 2022 Anticipated IRF Refreshes and Data Collection Timeframes

This table provides the data collection timeframes for IRF quality measures displayed on the Care Compare website. The first column displays the plain-language measure name used on the Care Compare website, the second column displays the full technical measure name, the third column displays the reporting cycle which describes the collection period and refresh frequency, and the last columns contain the timeframe for each quarterly Care Compare website refresh. Periods of performance are subject to change.

| Care Compare Measure Name   | Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)   | Data Collection Periods and Reporting Frequency <sup>1</sup>               | Data Collection Timeframes Displayed on Care Compare |                    |                   |                   |                   |
|---|---|--|--|--------------------|-------------------|-------------------|-------------------|
|   |   |  | December 2021  | March 2022         | June 2022         | September 2022    | December 2022     |
| Percentage of patients with pressure ulcers/pressure injuries that are new or worsened              | Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury (CMS ID: I022.01)  | Collection period: Four rolling quarters (12 months). Refreshed quarterly. | Q3 2020 – Q1 2021                                    | Q3 2020 – Q2 2021* | Q4 2020 - Q3 2021 | Q1 2021 – Q4 2021 | Q2 2021 – Q1 2022 |
| Percentage of IRF patients who experience one or more falls with major injury during their IRF stay | Application of Percent of Residents Experiencing One or More Falls with Major Injury (NQF #0674, CMS ID: I013.01)                         | Collection period: Four rolling quarters (12 months). Refreshed quarterly. | Q3 2020 – Q1 2021                                    | Q3 2020 – Q2 2021* | Q4 2020 - Q3 2021 | Q1 2021 – Q4 2021 | Q2 2021 – Q1 2022 |
| Change in patients' ability to care for themselves  | IRF Functional Outcome Measure: Change in Self-Care Score (NQF #2633, CMS ID: I009.04 applies to discharge dates starting on Oct. 1,2020) | Collection period: Four rolling quarters (12 months). Refreshed quarterly. | Q3 2020 – Q1 2021                                    | Q3 2020 – Q2 2021* | Q4 2020 - Q3 2021 | Q1 2021 – Q4 2021 | Q2 2021 – Q1 2022 |
| Change in patients' ability to move around  | IRF Functional Outcome Measure: Change in Mobility Score (NQF #2634, CMS ID: I010.04 applies to discharge dates starting on Oct. 1,2020)  | Collection period: Four rolling quarters (12 months). Refreshed quarterly. | Q3 2020 – Q1 2021                                    | Q3 2020 – Q2 2021* | Q4 2020 - Q3 2021 | Q1 2021 – Q4 2021 | Q2 2021 – Q1 2022 |

| Care Compare Measure Name   | Technical Measure Name<br>(NQF Number [if Applicable], CMS Measure ID)   | Data Collection Periods and Reporting Frequency <sup>1</sup>               | Data Collection Timeframes Displayed on Care Compare |                            |                    |                   |                   |
|---|--|--|--|----------------------------|--------------------|-------------------|-------------------|
|   |  |  | December 2021  | March 2022                 | June 2022          | September 2022    | December 2022     |
| Percentage of patients who are at or above an expected ability to care for themselves at discharge                            | IRF Functional Outcome Measure: Discharge Self-Care Score (NQF #2635, CMS ID: I011.04 applies to discharge dates starting on Oct. 1, 2020)   | Collection period: Four rolling quarters (12 months). Refreshed quarterly. | Q3 2020 – Q1 2021                                    | Q3 2020 – Q2 2021*         | Q4 2020 - Q3 2021  | Q1 2021 – Q4 2021 | Q2 2021 – Q1 2022 |
| Percentage of patients who at or above an expected ability to move around at discharge  | IRF Functional Outcome Measure: Discharge Mobility Score (NQF #2636, CMS ID: I012.04 applies to discharge dates starting on Oct. 1, 2020)  | Collection period: Four rolling quarters (12 months). Refreshed quarterly. | Q3 2020 – Q1 2021                                    | Q3 2020 – Q2 2021*         | Q4 2020 - Q3 2021  | Q1 2021 – Q4 2021 | Q2 2021 – Q1 2022 |
| Percentage of patients whose functional abilities were assessed and functional goals were included in their treatment plan    | Application of Percent of Long-Term Care Hospital (LTCH) Patients with an Admission and Discharge Functional Assessment and a Care Plan That Addresses Function (NQF #2631, CMS ID: I008.02) | Collection period: Four rolling quarters (12 months). Refreshed quarterly. | Q3 2020 – Q1 2021                                    | Q3 2020 – Q2 2021*         | Q4 2020 - Q3 2021  | Q1 2021 – Q4 2021 | Q2 2021 – Q1 2022 |
| Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified | Drug Regimen Review Conducted with Follow-Up for Identified Issues – PAC IRF QRP (CMS ID: I021.01)   | Collection period: Four rolling quarters (12 months). Refreshed quarterly. | Q3 2020 – Q1 2021                                    | Q3 2020 – Q2 2021*         | Q4 2020 - Q3 2021  | Q1 2021 – Q4 2021 | Q2 2021 – Q1 2022 |
| Catheter-associated urinary tract infections (CAUTI)  | National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (NQF #0138, CMS ID: I006.01)   | Collection period: Four rolling quarters (12 months). Refreshed quarterly. | Q1 2019 – Q4 2019                                    | Q2 2019 – Q4 2019, Q3 2020 | Q3 2020 – Q2 2021* | Q4 2020 – Q3 2021 | Q1 2021 – Q4 2021 |

| Care Compare Measure Name   | Technical Measure Name<br>(NQF Number [if Applicable],<br>CMS Measure ID)   | Data Collection<br>Periods and Reporting<br>Frequency <sup>1</sup>   | Data Collection Timeframes Displayed on Care Compare |                            |                            |                            |                            |
|---|---|--|--|----------------------------|----------------------------|----------------------------|----------------------------|
|   |   |  | December<br>2021                                     | March<br>2022              | June<br>2022               | September<br>2022          | December<br>2022           |
| Clostridium difficile Infection (CDI)   | National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (NQF #1717, CMS ID: I015.01) | Collection period: Four rolling quarters (12 months). Refreshed quarterly.   | Q1 2019 – Q4 2019                                    | Q2 2019 – Q4 2019, Q3 2020 | Q3 2020 – Q2 2021*         | Q4 2020 – Q3 2021          | Q1 2021 – Q4 2021          |
| Influenza vaccination coverage among healthcare personnel                                 | Influenza Vaccination Coverage Among Healthcare Personnel (NQF #0431, CMS ID: I016.01)  | Collection periods: 12 months. March –June 2020: (July 1 through June 30). December 2020 onwards: 6 months (October 1 through March 31). Refreshed annually. | Q4 2018 – Q1 2019                                    | Q4 2018 – Q1 2019          | Q4 2018 – Q1 2019          | Q4 2018 – Q1 2019          | Q4 2020 – Q1 2021*         |
| Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF | Potentially Preventable 30-Day Post-Discharge Readmission Measure for Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I017.01)                 | Collection period: 24 months. Refreshed annually.  | Q4 2017 – Q3 2019**                                  | Q4 2017 – Q3 2019**        | Q4 2018 – Q4 2019, Q3 2020 | Q4 2019, Q3 2020 – Q3 2021 | Q4 2019, Q3 2020 – Q3 2021 |
| Rate of potentially preventable hospital readmissions during the IRF stay                 | Potentially Preventable Within Stay Readmission Measure for Inpatient Rehabilitation Facilities (CMS ID: I018.01)   | Collection period: 24 months. Refreshed annually.  | Q4 2017 – Q3 2019**                                  | Q4 2017 – Q3 2019**        | Q4 2018 – Q4 2019, Q3 2020 | Q4 2019, Q3 2020 – Q3 2021 | Q4 2019, Q3 2020 – Q3 2021 |

| Care Compare Measure Name                                     | Technical Measure Name (NQF Number [if Applicable], CMS Measure ID)  | Data Collection Periods and Reporting Frequency <sup>1</sup> | Data Collection Timeframes Displayed on Care Compare |                     |                            |                            |                            |
|---|--|--|--|---------------------|----------------------------|----------------------------|----------------------------|
|   |  |  | December 2021  | March 2022          | June 2022                  | September 2022             | December 2022              |
| Rate of successful return to home & community from an IRF     | Discharge to Community - Post-Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I019.02. The new CMS ID update is being implemented starting with the December 2020 refresh per the FY 2020 IRF PPS rule.) | Collection period: 24 months. Refreshed annually.            | Q4 2017 – Q3 2019**                                  | Q4 2017 – Q3 2019** | Q4 2018 – Q4 2019, Q3 2020 | Q4 2019, Q3 2020 – Q3 2021 | Q4 2019, Q3 2020 – Q3 2021 |
| Medicare Spending Per Beneficiary (MSPB) for patients in IRFs | Medicare Spending Per Beneficiary Post-Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I020.01)  | Collection period: 24 months. Refreshed annually.            | Q4 2017 – Q3 2019**                                  | Q4 2017 – Q3 2019** | Q4 2018 – Q4 2019, Q3 2020 | Q4 2019, Q3 2020 – Q3 2021 | Q4 2019, Q3 2020 – Q3 2021 |
| TBD   | COVID-19 Vaccination Coverage among Health Care Personnel (HCP) (CMS ID: I023.01)  | Collection period: 3 months. Refreshed quarterly.            | NA   | NA                  | NA                         | Q4 2021                    | Q1 2022                    |

<sup>1</sup>Note: For Q1 2020 and Q2 2020, providers were exempted from data submissions due to the COVID-19 public health emergency (PHE). For this reason, CMS held the data constant (i.e., froze the data on Care Compare and the Provider Data Catalog) following the December 2020 refresh. IRF data refreshes resume on Care Compare and the Provider Data Catalog starting with the December 2021 refresh for assessment-based measures and CDC/NHSN measures. Following the data freeze, the data reported on Care Compare will use fewer than the expected quarters of data for assessment-based and claims-based measures and will exclude Q1 and Q2 2020 data for all measures. Additional information on the COVID-19 Affected Reporting is available in the IRF QRP section of the FY 2022 IRF PPS Final Rule (<https://www.govinfo.gov/content/pkg/FR-2021-08-04/pdf/2021-16310.pdf>).

\*Normal public reporting resumes with the expected quarters of data.

\*\* CMS has decided to continue with the data freeze for claims-based measures for an additional six months. This decision will allow CMS more time to analyze the calculation of these measures, given the required comprehensive exclusion of claims data that occurred during Q1 2020 and Q2 2020, and the effect of that missing data on such aspects of measure calculation as lookback periods, and risk adjustment. CMS is targeting the June 2022 refresh of Care Compare for the resumption of claims-based measure updates on Care Compare.