The purpose of the tip sheet is to provide information to Inpatient Rehabilitation Facilities (IRFs) providers to understand the Centers for Medicare & Medicaid Services’ (CMS) public reporting strategy for CMS quality data submissions that were optional and excepted from public reporting due to the COVID-19 Public Health Emergency (PHE). The impact on CMS’ IRF Compare website refreshes will also be outlined. This tip sheet serves as a companion document to the IRF COVID-19 PHE Tip Sheet published in July 2020, providing guidance to address IRF quality data submissions after July 1, 2020, once the temporary IRF exceptions from the COVID-19 PHE ended.

**IRF QRP and Public Reporting on IRF Compare**

The IRF QRP was established under Section 3004(b) of the Patient Protection and Affordable Care Act of 2010 and expanded with the Improving Medicare Post-Acute Care Transformation Act of 2014. Both require the reporting of quality measures that relate to the care provided by IRF programs across the country. The data for the quality of patient care measures derives from three sources:

- Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI).
- Centers for Disease Control and Prevention’s National Healthcare Safety Network (NHSN).
- Medicare fee-for-service claims.

**Temporary IRF QRP Exceptions Due to the COVID-19 PHE**

The CMS March 27, 2020 Medicare Learning Network (MLN) memo outlined temporary changes to the IRF QRP data submission requirements, due to the COVID-19 PHE, to assist IRFs while they directed resources toward caring for patients and ensuring the health and safety of patients and staff. CMS granted an exception to the QRP reporting requirements for the quarters detailed in Figure 1.
Impact of Data Exceptions on Public Reporting

The IRF QRP is a pay-for-reporting program; as such, CMS is statutorily required to publicly report the data. In the March 27, 2020, announcement, CMS indicated that data submission for Q4 2019 was optional and that any data submitted would be used for reporting purposes. Since data submission for Q4 2019 was strong, these data will be included in measure calculations for public reporting.

The missing data for Q1 2020 and Q2 2020 will impact what is displayed on IRF Compare; therefore, CMS developed a strategy to accommodate the excepted quarters of data.

CMS Strategy for Excepted Data

For Q1 2020 and Q2 2020, providers were excepted from data submissions. For this reason, CMS will hold the data constant (i.e., freeze the data) following the December 2020 refresh for IRFs. The affected Compare site refreshes that were scheduled to contain CY 2020 COVID-19 data (Q1 2020, and Q2 2020) include:

- March 2021
- June 2021
- September 2021

Due to technical issues that affected the calculation of IRF quality measures, CMS has decided to delay the IRF Compare September 2020 refresh until December 2020. Data from the June 2020 refresh of IRF Compare will be held constant on the site until December 2020, when CMS will refresh the IRF data, including the inaugural release of six new quality measures (Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury; Drug Regimen Review Conducted with Follow-Up for Identified Issues for IRFs; IRF Functional Outcome Measure: Change in Self-Care Score for Medical Rehabilitation Patients; IRF Functional Outcome Measure: Change in Mobility Score for Medical Rehabilitation Patients; IRF Functional Outcome Measure: Discharge Self-Care Score for Medical Rehabilitation Patients; IRF Functional Outcome Measure: Discharge Mobility Score for Medical Rehabilitation Patients).

After the December 2020 refresh, CMS will hold the December 2020 data constant until we resume IRF Compare site refreshes in December 2021. Refreshes will then return to normal by the March 2022 refresh of the IRF Compare site. Figure 2 provides a summary.
All CDC NHSN data (e.g., CAUTI, CLABSI, CDI, and HCP Influenza) quality measures will be frozen beginning with the March 2021 refresh. CMS will continue to report CDC NHSN infection data to post-acute care (PAC) providers via their confidential provider feedback reports during this time.

**Provider Reports**

*How will the data freeze affect provider reports?*

- **Provider Preview Reports:**
  - The purpose of these reports is to give providers the opportunity to preview their IRF-PAI quality measure results and NHSN results prior to public display on IRF Compare.
  - CMS will delay the September 2020 refresh until December 2020. Subsequent to the December 2020 refresh, CMS will not issue provider preview reports for those refreshes that continue to display the constant data. For additional information on the issuance of provider preview reports related to the December 2020 refresh, please continue to visit the [IRF QRP Public Reporting website](#) for updates.
• **Review and Correct Report:**
  - The purpose of this report is for providers to have access to quality measure data prior to the data correction deadline for public reporting. It includes data from the most current quarter “open” for data correction and data from the previous three quarters “closed” for data correction (frozen data).
  - There will be no data available (open) to correct for Q1 2020 and Q2 2020.

• **Quality Measure (QM) Reports:**
  - These reports give you confidential feedback on your agency’s performance. You can run these for any reporting period of your choice and they can include a full year of data if you request. They include both the patient-level data and the facility-level data.
  - Providers will be able to confidentially review any data from Q1 and Q2 2020 that they chose to submit.

*Note: Post July 1, 2020, correction and submission deadlines will revert to their normal schedule. Data displays and correction/submission deadlines will apply for Q3 2020 and beyond.*

**When will the data return to normal?**
The IRF Compare site data will go back to its expected quarters of data displayed in March 2022.

**Data Submission On or After July 1, 2020**
CMS requires IRF-PAI submission as a condition of payment under the IRF Prospective Payment System. Because of this requirement, IRFs were required to submit IRF-PAI assessments during the exception period. As such, there was no impact on the submission process but there were adjustments to what is publicly reported for the IRF QRP. The exceptions set forth by CMS ended June 30, 2020.

**Resources**
- **For the Interim Final Rule with Comment Period (IFC-1):**
- **For the Interim Final Rule with Comment Period released April 30, 2020, (IFC-2):**
- **For the CMS Medicare Learning Network memo released March 27, 2020:**

• For program guidance, updates, and announcements regarding the IRF QRP, visit the Spotlight & Announcements web page.

• For more information about public reporting for IRFs, visit: https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting.


Email questions to the IRF Help Desk: IRF.Questions@cms.hhs.gov