



INPATIENT REHABILITATION FACILITY QUALITY REPORTING PROGRAM (IRF QRP)



COVID-19 Public Health Emergency (PHE) Tip Sheet

The Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

Quality data for the IRF QRP are collected and submitted using three methods:

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

IRF QRP Exception and Extension Policy for Extraordinary Circumstances

The Centers for Medicare & Medicaid Services (CMS) recognizes that there are instances where an extraordinary or extenuating circumstance beyond the IRF's control (e.g., natural disasters) may delay or prevent submission of required data. CMS has developed an Exception and Extension for Extraordinary Circumstances policy, which has two parts:



- Provider-initiated requests for exception or extension for extraordinary circumstances.
- CMS-initiated waivers for exceptions or extensions for extraordinary circumstances that are based on Federal Emergency Management Agency (FEMA)-designated natural disasters.

Temporary IRF QRP Exceptions Due to COVID-19 PHE

In the March 27, 2020, Medicare Learning Network (MLN) memo, CMS announced temporary relief for IRFs and other providers in QRPs in response to COVID-19. These temporary exceptions due to this PHE lifted the requirements to report data to assist IRF providers while

they directed their resources toward caring for patients and ensuring the health and safety of patients and staff.

Specific quarters for which IRFs are excepted from reporting of data on measures and standardized patient assessment data required under the QRP program for calendar years (CYs) 2019 and 2020 are listed below and **end on June 30, 2020**:

- October 1, 2019–December 31, 2019 (Q4 2019)
- January 1, 2020–March 31, 2020 (Q1 2020)
- April 1, 2020–June 30, 2020 (Q2 2020)

What Happens When the IRF QRP Exceptions Expire?

The temporary exception for IRF quality reporting requirements **ends on June 30, 2020**. **Starting on July 1, 2020**, IRFs are expected to resume timely quality data collection and submission of measure and patient assessment data for the IRF-PAI and CDC NHSN. There are no submission requirements for Medicare claims data.

Data Submission After July 1, 2020

For the IRF-PAI, what does that mean for data collection?

IRFs will resume collecting and submitting data for all discharge assessments performed on or after July 1, 2020. Completion of the IRF-PAI is required for each Medicare Part A FFS and Medicare Part C patient discharged from an IRF. Quarterly data submission and acceptance requirements to meet the 95-percent threshold of IRF-PAI data are unchanged.



For CDC NHSN, what does that mean for data collection?

IRFs will resume collecting data for NHSN starting with Q3 submission. Providers are required to report data for each calendar month, with 3 months of data due by each submission deadline. Q3 data encompasses July to September and is due February 15, 2021. Providers must report any instances of healthcare-acquired infections (HAIs) for the required measures (including reporting a zero if no infections occurred), summary data, and reporting plan(s). Providers are expected to meet the 100-percent data compliance threshold for all required months for the NHSN measures. For CY 2020, the required months are July to December.

What CY 2020 IRF QRP data will be used to determine the IRF QRP reporting threshold compliance for Annual Increase Factor (AIF) calculations?

The CY 2020 data used for meeting the IRF QRP requirements include July 1 through December 31, 2020, as Q1 and Q2 of 2020 (January 1 to June 30, 2020) were exempted due to the

COVID-19 PHE. Data for Q1 and Q2 2020 will not be used in the compliance threshold calculations. The calculation algorithm will be adjusted to accommodate the missing quarters of data.

Flexibilities (Waivers) Due to the PHE

In addition to the IRF QRP exceptions, CMS also issued flexibilities/waivers for the duration of the PHE. On March 30, 2020, the Interim Final Rule with Comment Period Medicare & Medicaid Programs; Policy and Regulatory Revisions in Response to the COVID-19 Public Health Emergency (IFC-1) announced flexibilities for IRFs and other post-acute care providers serving Medicare beneficiaries in order to respond effectively to the serious public health threats to ensure that Medicare patients can continue receiving services without jeopardizing patients' health or the health of those providing services during the PHE. Below are three examples of the waivers in effect for IRFs:

- **Medicare Telehealth:** May be used to fulfill the requirement for physicians to conduct the required face-to-face visits at least 3 days a week for the duration of a Medicare Part A FFS patient's stay in an IRF.
- **Flexibility for IRFs Regarding the "60-Percent Rule":** CMS is allowing IRFs to exclude patients from the freestanding hospital's or excluded distinct part unit's inpatient population for purposes of calculating the applicable thresholds associated with the requirements to receive payment as an IRF (commonly referred to as the "60-percent rule") if an IRF admits a patient solely to respond to the emergency and the patient's medical record properly identifies the patient as such. In addition, during the applicable waiver time period, we would also apply the exception to facilities not yet classified as IRFs, but that are attempting to obtain classification as an IRF.
- **IRF – Intensity of Therapy Requirement ("3-Hour Rule"):** The Coronavirus Aid, Relief, and Economic Security (CARES) Act requires the Secretary to waive § 412.622(a)(3)(ii) (commonly referred to as the "3-hour rule"), the criterion that patients treated in IRFs generally receive at least 15 hours of therapy per week. The waiver of this requirement for all beneficiaries treated in a hospital-based or freestanding IRF provides flexibility for IRFs to provide care for patients during the PHE. IRFs should strive to provide typical IRF levels of care for beneficiaries admitted during the COVID-19 crisis who require and can benefit from the IRF levels of care.

Note: Flexibility waivers will remain in place for the duration of the COVID-19 PHE.

Delay in Updated Assessment Instrument and Guidance Manual

With the release of IFC-2 on April 30th, CMS delayed the release of updated versions of the item sets needed to support the Transfer of Health (TOH) Information quality measures and new or revised Standardized Patient Assessment Data Elements (SPADES) to provide maximum flexibilities for providers of IRFs to respond to the COVID-19 PHE.

The release of updated versions of the IRF-PAI will be delayed until October 1 of the year that is at least 1 full fiscal year after the end of the COVID-19 PHE. For example, if the COVID-19 PHE ends on September 20, 2020, IRFs will be required to begin collecting data using the updated versions of the item sets beginning with patients discharged on October 1, 2021.

Resources

The Interim Final Rule with Comment Period (IFC): <https://www.cms.gov/files/document/covid-final-ifc.pdf>.

The Interim Final Rule with Comment Period released April 30, 2020, (IFC-2):
<https://www.cms.gov/files/document/covid-medicare-and-medicaid-ifc2.pdf>.

For the March 27, 2020, Medicare Learning Network memo regarding CMS guidance related to relaxed quality reporting requirements: <https://www.cms.gov/files/document/guidance-memo-exceptions-and-extensions-quality-reporting-and-value-based-purchasing-programs.pdf>

For program guidance and information about the CMS response to COVID-19: <https://www.cms.gov/About-CMS/Agency-Information/Emergency/EPRO/Current-Emergencies/Current-Emergencies-page>.

COVID-19 Emergency Declaration Blanket Waivers for Health Care Providers:
<https://www.cms.gov/files/document/covid19-emergency-declaration-health-care-providers-fact-sheet.pdf>.

IRF: CMS Flexibilities to Fight COVID-19: <https://www.cms.gov/files/document/covid-inpatient-rehab-facilities.pdf>.

For IRF program guidance, updates and announcements visit the IRF QRP Spotlight & Announcements web page:
<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Spotlights-Announcements>.

For additional information about the IRF-PAI assessment instrument and accompanying guidance manual:<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/IRF-PAI-and-IRF-PAI-Manual>.

IRF QRP: Requirements for the FY2021 Reporting Year: <https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/IRF-Quality-Reporting/Downloads/IRF-QRP-Table-for-Reporting-Assessment-Based-Measures-for-the-FY-2021-IRF-QRP-APU.pdf>.

E-mail questions to the IRF Help Desk at: IRF.questions@cms.hhs.gov.

