

IRF RCD Beneficiary Fact Sheet

The Centers for Medicare & Medicaid Services (CMS) is beginning a new program to check the compliance of your provider with the Inpatient Rehabilitation Facility (IRF) needs. This program is designed to ensure patients like you, receive the proper care and services. After you are admitted to the IRF, your provider will send a request to CMS to determine if all admission needs are met. The IRF will receive a letter from CMS with the decision.

A copy of the decision letter(s) will be mailed to the IRF and you. This is not a bill, and no action is required by the beneficiary (you). You may get more than one letter for the same hospital stay.

What Is the IRF RCD Program?

This program reduces the number of Medicare appeals, improves provider compliance with Medicare program rules, does not alter the Medicare IRF benefit, and should not delay care to Medicare beneficiaries. This RCD protects our programs' ability to maintain for future generations by serving as a responsible steward of public funds.

What Is CMS?

The Centers for Medicare & Medicaid Services, CMS, is part of the Department of Health and Human Services (HHS).

What Is a MAC?

A Medicare Administrative Contractor, or MAC, is a private health care insurer. Palmetto GBA is the MAC for Jurisdiction J executing IRF RCD.

Contact the Beneficiary Customer Service Center

1-800-Medicare (1-800-633-4227)

TTY: 877-486-2048

CMS has created [medicare.gov](https://www.medicare.gov) to provide information on the Medicare program, how to sign up, and your coverage options. Please contact the Beneficiary Customer Service Center for additional questions or concerns about the IRF RCD program.