

**Inpatient Rehabilitation Facility (IRF)  
Quality Reporting Program (QRP)  
Frequently Asked Questions (FAQs)**



**Current as of  
10/01/2025**



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# Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Overview

## 1. What is a Quality Reporting Program?

The Centers for Medicare & Medicaid Services (CMS) implements quality initiatives to ensure quality health care for Medicare beneficiaries through accountability and public disclosure. Quality measures are tools that measure or quantify health care processes, outcomes, patient perceptions, and organizational structure and/or systems that are associated with the ability to provide high-quality health care and/or that relate to one or more quality goals for health care.

In the [Fiscal Year \(FY\) 2015 Inpatient Rehabilitation Facility \(IRF\) Final Rule](#), CMS finalized the IRF QRP compliance requirements. Any IRF that does not meet reporting requirements may be subject to a two-percentage-point (2%) reduction in its Annual Increase Factor (AIF).

The IRF QRP is described on the [IRF QRP](#) website.

## 2. What are the current measures in the IRF QRP?

Currently there are 15 quality measures in the IRF QRP. These measures can be found on the [IRF QRP Measures Information](#) webpage.

For detailed quality measure specifications, please refer to the IRF Measure Calculations and Reporting User's Manual V7.0 and IRF Claims Based Measures Specifications Manual, which can be found in the Downloads section on the [IRF QRP Measures Information](#) webpage.

## 3. What are the FY 2026 updates to the IRF QRP?

The [FY 2026 IRF Prospective Payment System \(PPS\) Final Rule](#) updated the requirements for the IRF QRP, including removing four SDOH data elements beginning with the FY 2028 IRF QRP: one item for Living Situation, two items for Food, and one item for Utilities. These data elements will not be added to the Inpatient Rehabilitation Facility Patient Assessment Instrument (IRF-PAI), as previously finalized in the FY 2025 IRF PPS Final Rule. The FY 2026 IRF PPS Final Rule also finalized the removal of two measures from the IRF QRP: the COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure beginning with the FY 2026 IRF QRP, and the COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date measure beginning with the FY 2028 IRF QRP. CMS also finalized a policy that amends the reconsiderations request policy and process.

# Staying Informed About the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP)

## 4. What is the process for adding and removing measures from the IRF QRP?

The Centers for Medicare & Medicaid Services (CMS) uses its annual public rule-making cycles to add new measures, modify existing measures, or remove measures from the QRP. This provides an opportunity for stakeholders to comment on proposed changes. The Final Rule (FR) publishes CMS's responses to all the comments received, as well as its decisions.

Proposed and final rules are posted on both of these webpages:

- [Federal Register](#)
- [Inpatient Rehabilitation Facility \(IRF\) Rules and Related Files](#)

## 5. Are there other resources for the IRF QRP I can use to stay up to date?

Several resources are available to help you stay informed about the IRF QRP:

- IRF QRP and IRF Prospective Payment System (PPS) websites:
  - [IRF QRP](#) webpage
  - [IRF QRP Spotlights & Announcements](#) webpage
  - [IRF PPS](#) website
- Centers for Disease Control and Prevention (CDC) website:
  - [Healthcare Personnel \(HCP\) Flu Vaccination](#) webpage
  - [Weekly HCP COVID-19 Vaccination](#) webpage
  - [National Healthcare Safety Network \(NSHN\)](#) webpage
- Mailing list notices and announcements about the IRF QRP:
  - To receive notices and announcements, sign up at the [CMS Subscriber Preferences](#) webpage
- Notices about CMS Open Door Forums (ODFs) and other webinars related to the IRF QRP are posted on the following webpages:
  - [IRF QRP Spotlights & Announcements](#) webpage
  - [CMS Special ODF](#) webpage
  - [CMS Hospitals ODF](#) webpage

## 6. Where can I find IRF QRP training materials?

Information about the IRF QRP, including Special ODF Presentations, provider training materials, tip sheets, cue cards, pocket guides and other resources, is available on the [IRF QRP Training](#) webpage.

For videos of past provider training sessions and webinars, please refer to the [CMS YouTube channel](#). Click the link and search for "IRF."

# Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Technical Requirements

## 7. How are data collected and submitted for the IRF QRP?

Data for the IRF QRP measures are collected using three methods:

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

The IRF-PAI is the assessment instrument IRF providers use to collect patient assessment data for quality measure calculation in accordance with the IRF QRP. Beginning October 1, 2024, completion of the IRF-PAI is required for all patients, regardless of payer. The IRF-PAI is available to view in the Downloads section of the [IRF-PAI and IRF-PAI Manual](#) webpage. The IRF-PAI Manual can be found on the same webpage and provides ongoing guidance to providers in completing the IRF-PAI.

The NHSN is a secure, internet-based surveillance system maintained by the CDC that can be utilized by all types of health care facilities in the United States, including IRFs, and is provided free of charge.

Data used to calculate claims-based measures are calculated using Medicare fee-for-service claims. Claims are reported to Medicare for payment purposes, and there is no additional information required from IRFs.

## 8. What are the requirements for the IRF to be considered compliant?

IRFs must meet or exceed two separate data completeness thresholds:

- One threshold, set at 95 percent, for completion of quality measures data collected using the IRF-PAI and submitted through the Internet Quality Improvement and Evaluation System (iQIES).
- A second threshold, set at 100 percent, for quality measures data collected and submitted using the CDC NHSN.

Failure to submit the required quality data may result in a two-percentage-point (2%) reduction in the IRF's Annual Increase Factor (AIF).

## 9. Which items on the IRF-PAI are considered for compliance determination?

The IRF QRP Table for Reporting Assessment-Based Measures and Standardized Patient Assessment Data Elements for the FY 2028 IRF QRP AIF indicates the IRF-PAI data elements that are used in determining the AIF minimum submission threshold for the FY 2028 IRF QRP determination. It is available for download on the [IRF Quality Reporting Measures Information](#) webpage.

All IRF-PAI data elements should be accurately coded to reflect the patient's status and be submitted to the Centers for Medicare & Medicaid Services (CMS). It is the IRF's responsibility to ensure the completeness of the IRF-PAI data. By signing the IRF-PAI upon completion (item Z0400A), IRF

staff are certifying that the information entered is complete to the best of their knowledge and accurately reflects the patient's status.

Data submitted for risk adjustment items are used to adjust the quality measure outcome scores based on patient characteristics. By not capturing data that are used for risk adjustment, a patient's complexity cannot be accounted for in the quality measure outcome scores. This means the risk-adjusted quality measure outcome scores reported on your Quality Measure Reports and on the Care Compare website may not reflect the IRF's unique patient complexities. It may result in lower performance rates, i.e., poorer scores.

For detailed measure specifications, please refer to the IRF Quality Measures User's Manual V7.0 and the IRF Claims Based Measures Specifications Manual, which can be found in the Downloads section of the [IRF QRP Measures Information](#) webpage.

## **10. What information is used for compliance determination of the NHSN measure?**

To meet the minimum data submission requirements for measure data collected and submitted using the CDC NHSN, IRFs must submit 100 percent of the data to the NHSN in order to calculate four measures:

1. National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome measure [CMS Measure Inventory Tool (CMIT) Measure ID # 00459 (consensus-based entity [CBE]-endorsed)]
2. Influenza Vaccination Coverage Among Healthcare Personnel (HCP Influenza Vaccine) measure [CMIT Measure ID # 00390 (CBE-endorsed)]
3. National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome measure [CMIT Measure ID # 00462 (CBE-endorsed)]

All of these measures are stewarded by the CDC's NHSN.

Each IRF must submit data for the NHSN CAUTI Outcome measure and the NHSN Facility-wide Inpatient Hospital-onset CDI Outcome measure on all patients from all inpatient locations, regardless of payer.

To meet the data submission requirements for the HCP Influenza Vaccine measure, IRFs are required to submit a single influenza vaccination summary report at the conclusion of the measure reporting period. IRFs may submit data more frequently, such as on a monthly basis. Facilities must activate the Healthcare Personnel Safety Component in NHSN to report HCP influenza vaccination summary data.

The CDC makes reports accessible to IRFs that allow for real-time review of data submission. These reports reflect the data that will be sent by the CDC to CMS on behalf of each IRF. The CDC publishes reference guides for IRFs that explain how to run and interpret reports. These can be found on the [NHSN website](#).

## **11. What are the data submission deadlines for the IRF QRP?**

IRF-PAI and NHSN data are submitted to CMS based on deadlines established for the AIF determination year. If corrections to the quality indicator data need to be made, they must be submitted before the IRF QRP submission deadlines.

Data submission deadlines for the IRF QRP quality measures can be found in the Downloads section of the [IRF QRP Data Submission Deadlines](#) webpage.

## **12. Does the definition of “quarter” for the quarterly IRF-PAI data submission deadlines include patients admitted during that quarter, discharged during that quarter, or both?**

The quarterly data submission deadlines apply to patients with a discharge date that occurs within that quarter, irrespective of admission date. For example, if a patient was admitted on March 30 (Quarter 1: January 1–March 31) and discharged on April 16 (Quarter 2: April 1–June 30), then the second quarter data submission deadline (November 15) would apply for that patient’s IRF-PAI record.

## **13. What is iQIES? How can I request access to iQIES?**

Providers and vendors use the cloud-based system referred to as the Internet Quality Improvement and Evaluation System (iQIES).

All users must create an account and establish credentials in the Healthcare Quality Information System (HCQIS) Access Roles and Profile system (HARP). HARP is a secure identity management portal that CMS provides.

For your organization to receive access to iQIES, your organization must:

- Identify individual(s) who will be the Provider Security Official(s) (PSO).
- Register the PSO in the HARP system on the [Create an Account](#) webpage.

For assistance with HARP onboarding, users can call the Quality Improvement and Evaluation System (QIES) Technical Support Office (QTSO) Helpdesk at (800) 339-9313 or email [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov). If you have any questions related to iQIES, please send them to [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov).

Upon receiving access, security officials will have access to “My Profile” and “Help” in iQIES. CMS has prepared a fact sheet with more information about the [Remote Identify Proofing Requirements for iQIES](#) security process in place to gain access to iQIES.

[Frequently Asked Questions](#) (FAQs) related to HARP are also available. If you have any questions related to HARP, you can find your application’s help desk on the [HARP Contact Help Desk](#) webpage.

Providers can also review the iQIES Reports User Manual to find general information about reports and the processes necessary to request, view, download, and save reports in iQIES. This manual can be found on the [CMS iQIES Reference & Manuals website](#).

## **14. Which reports are available to monitor my facility’s compliance and how often are these reports updated?**

**Provider Threshold Reports (PTRs):** The IRF-PAI assessment data for the IRF QRP PTR are updated in real time once the submissions are processed and the accepted assessments are saved into the iQIES database. The CDC/NHSN measures are updated on the PTR quarterly, with the exception



of the HCP Influenza Vaccine measure, which is updated on the PTR twice a year. Report updates occur soon after the data correction deadlines.

**iQIES Review and Correct Reports:** These are updated on a quarterly basis with assessment data refreshed weekly as data become available. The Review and Correct Reports add a new quarter and remove the earliest quarter on the first day of the calendar month after the end of the quarter. After the data correction deadline for a quarter, the assessment data for that quarter are no longer updated on the Review and Correct Report but continue to be updated on the Quality Measure Facility-Level and Patient-Level Reports. The data for the CDC/NHSN measures are not added to the Review and Correct Reports since the measures are stewarded by the CDC. In lieu of this, the CDC makes accessible to IRFs reports that are similar to the Review and Correct Reports that allow for real-time review of data submissions for all CDC NHSN measures. These are referred to as “CMS Reports” within the “Analysis Reports” page in the NHSN Application.

**Quality Measure (QM) Facility-Level Reports:** The assessment-based (IRF-PAI) measures on the IRF QRP QM Reports are updated monthly. Calculations for QM reports are run on the first day of each month. The new quarter end date is available for selection on the first day of the second month in a calendar quarter. The claims-based measures are updated annually, typically in October. The CDC/NHSN measures are updated quarterly on the QM Facility-Level Report, except the HCP Influenza Vaccine measure, which is updated annually.

**QM Patient-Level Reports:** Updates to the assessment-based measures occur simultaneous with the updates to the QM Facility-Level Reports. CDC/NHSN and claims-based measures are not included on the QM Patient-Level Reports.

**IRF-PAI Error Detail Report:** Providers can run this report to identify a list of assessments that encountered an error, including AIF errors, during a period of their choosing. The report displays the patient’s name, the item(s) that encountered the error, and the data value that was submitted for the affected item(s). This report can help IRFs identify their impacted assessment(s).

# **Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) and the IRF Patient Assessment Instrument (IRF-PAI)**

## **15. What is the current version of the IRF-PAI?**

Version 4.2 of the IRF-PAI is to be completed for any patient discharged on or after October 1, 2024.

The IRF-PAI V4.2 is available in the Downloads section of the [IRF-PAI and IRF-PAI Manual](#) webpage. For more information, please see links below to IRF-PAI Version 4.2, and a change table listing differences between Version 4.0 and Version 4.2:

- [IRF- PAI Version 4.2.](#)
- [Change table summarizing revisions to the IRF-PAI Version 4.2](#)

## **16. Where can I find the IRF-PAI Manual for the IRF QRP?**

Instructions for coding items in the IRF-PAI can be found in the IRF-PAI Manual Version 4.2, available in the Downloads section of the [IRF-PAI and IRF-PAI Manual](#) webpage.

## **17. Who can complete an IRF-PAI?**

Each facility self-determines its policies and procedures for patient documentation practices and completing the assessments in compliance with state and federal requirements. Staff members who have gathered information to complete any section of the IRF-PAI are responsible for signing the signature page.

## **Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Reconsiderations, Exceptions, and Extensions**

### **18. Does the Centers for Medicare & Medicaid Services (CMS) tell IRFs if they are non-compliant with the QRP requirements?**

Yes. Any IRF found non-compliant receives a letter of notification from its Medicare Administrative Contractor (MAC). Compliance letters are distributed electronically into the Non-Compliance Notification folders in the Internet Quality Improvement and Evaluation System (iQIES) for each IRF to access. This letter also includes the reason(s) for failing Annual Increase Factor (AIF) compliance.

### **19. I received a letter of notification that my IRF is non-compliant with the IRF QRP requirements. Can I ask CMS to reconsider the decision?**

The notification letter sent by the MAC includes instructions for requesting reconsideration of this decision. If an IRF believes the finding of non-compliance is in error and they are, in fact, fully compliant, the IRF may file for a reconsideration. We would consider full compliance with the IRF QRP requirements to include CMS granting an exception or extension to IRF QRP reporting requirements under our ECE policy at § 412.634(c) during the reporting period. An IRF disagreeing with the payment reduction decision may submit a request for reconsideration to CMS within 30 days from the date at the top of the non-compliance notification letter. CMS does not accept any requests submitted after the 30-day deadline. If an IRF experiences an extraordinary circumstance during the reconsideration period, an IRF may submit, and CMS may grant, an extension to file a reconsideration request via email no later than 30 calendar days from the date of the written notification of noncompliance.

Additionally, CMS distributes non-compliant letters containing details for the reason for non-compliance, and the deadline for filing a reconsideration request. The CMS-distributed non-compliant letters will be delivered via the facilities' My Reports folders in iQIES; a message will be posted on the [IRF QRP Spotlights and Announcements](#) page to notify IRFs that the non-compliant letters have been distributed.

Requests for reconsideration must be submitted via email. More information about how to submit a request for reconsideration can be found on the [IRF QRP Reconsideration and Exception & Extension](#) webpage.

### **20. The county where our IRF is located was affected by a natural disaster. Are we excepted from the QRP reporting requirements?**

If an IRF is unable to submit quality data due to an extraordinary circumstance beyond its control, the IRF can request an exception or extension from the QRP requirements. The extraordinary circumstances may be natural or man-made. An IRF must request an exception or extension within 90 days of the event, and CMS may grant the exception or extension for one or more quarters. In the event of large-scale acts of nature, CMS may grant an exception or extension to an entire region without IRFs having to request one.

Requests for exceptions and extensions must be submitted by email. More information about how to submit a request for exception or extension can be found on the [IRF QRP Reconsideration and Exception & Extension](#) webpage.

## Other Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) Frequently Asked Questions

### 21. My IRF is in Maryland. Is our facility included in the IRF QRP? Do we need to report health care–acquired infection data under the IRF QRP?

To determine whether a rehabilitation unit/hospital is included in the IRF QRP, the provider must determine whether it is being paid under Medicare’s IRF Prospective Payment System (PPS). If any of the following are true for a freestanding IRF or IRF unit, the IRF is paid under the IRF PPS and is subject to the requirements of the IRF QRP:

- The Medicare provider number ends in 3025 to 3099.
- The Medicare provider number has a “T” in the third position.
- The Medicare provider number has an “R” in the third position.

If any of the above criteria are true for the IRF, the IRF must comply with the IRF QRP. Failure to submit the required quality data will result in a two-percentage-point (2%) reduction in the IRF’s Annual Increase Factor (AIF).

For information about your facility’s Medicare status, contact your Medicare Administrative Contractor (MAC). You can locate your state’s MAC on the CMS Medicare Administrative Contractors webpage, [Who are the MACs](#).

Please check with your state about any state-specific requirements related to submission of quality data, including health care–acquired infection data.

### 22. My facility’s demographic data are incorrect on the Care Compare tool on Medicare.gov. How do I correct them?

The demographic data displayed on the Provider Preview Reports and on the Care Compare tool on Medicare.gov are generated from information historically stored in the Automated Survey Processing Environment (ASPEN) system. The Centers for Medicare & Medicaid Services (CMS) will be transitioning to use the demographic information from the Provider Enrollment, Chain, and Ownership System (PECOS). During this transition, all IRF providers will be responsible to ensure their latest demographic data are updated and available in *both* the ASPEN and PECOS systems.

Please note that updates to IRF provider demographic information do not happen in real time and can take up to six months to appear on the Care Compare tool on Medicare.gov.

Additional information can be found on the [How to Update IRF Demographic Data](#) webpage.

### 23. Where are IRF quality measure data publicly reported?

The Centers for Medicare & Medicaid Services (CMS) [Care Compare tool on Medicare.gov](#) 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. The data displayed on [Medicare.gov](#) enables patients and caregivers to make informed

decisions about healthcare based on cost, quality of care, volume of services, and other data. Consumers can select multiple facilities and compare their performance on various quality metrics.

## 24. Which IRF quality measures are reported on Medicare.gov?

The following quality measures are currently reported on Medicare.gov:

IRF QRP Measure Name	Measure Type	Measure Name as Displayed on Medicare.gov
Application of Percent of Residents Experiencing One or More Falls with Major Injury (Long Stay) [CMIT Measure ID #00520 (not endorsed)]	Assessment-based	Percentage of IRF patients who experience one or more falls with major injury during their IRF stay
Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury [CMIT Measure ID #00121 (not endorsed)]	Assessment-based	Percentage of patients with pressure ulcers/pressure injuries that are new or worsened
Drug Regimen Review Conducted with Follow-Up for Identified Issues [CMIT Measure ID #00225 (not endorsed)]	Assessment-based	Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified
Discharge Self-Care Score for Medical Rehabilitation Patients [CMIT Measure ID #00404 (CBE-endorsed)]	Assessment-based	Percentage of patients who are at or above an expected ability to care for themselves at discharge
Discharge Mobility Score for Medical Rehabilitation Patients [CMIT Measure ID #00403 (CBE-endorsed)]	Assessment-based	Percentage of patients who are at or above an expected ability to move around at discharge
Transfer of Health (TOH) Information to the Provider – Post-Acute Care (PAC) [CMIT Measure ID #00728 (not endorsed)]	Assessment-based	Percentage of patients where the IRF provided a medication list to the next healthcare setting
Transfer of Health (TOH) Information to the Patient – Post-Acute Care (PAC) [CMIT Measure ID #00727 (not endorsed)]	Assessment-based	Percentage of patients where the IRF provided a medication list to the patient, family, and/or caregiver at final discharge
Discharge Function Score [CMIT Measure ID #01698 (not endorsed)]	Assessment-based	Percentage of patients who are at or above an expected ability to care for themselves and move around at discharge
COVID-19 Vaccine: Percent of Patients/Residents Who Are Up to Date [CMIT Measure ID #01699 (not endorsed)]**	Assessment-based	Percentage of IRF patients who are up to date with their COVID-19 vaccines
National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure [CMIT Measure ID #00459 (CBE-endorsed)]	CDC NHSN*	Catheter-associated urinary tract infection (CAUTI)

IRF QRP Measure Name	Measure Type	Measure Name as Displayed on Medicare.gov
National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure [CMIT Measure ID #00462 (CBE-endorsed)]	CDC NHSN*	Clostridium difficile infection (CDI)
Influenza Vaccination Coverage Among Healthcare Personnel [CMIT Measure ID #00390 (CBE-endorsed)]	CDC NHSN*	Percentage of healthcare personnel who got a flu shot for the current season.
COVID-19 Vaccination Coverage Among Healthcare Personnel [CMIT Measure ID #00180 (not endorsed)] †	CDC NHSN*	Percentage of IRF healthcare personnel who are up to date with their COVID-19 vaccines
Medicare Spending per Beneficiary (MSPB) – Post-Acute Care (PAC) IRF QRP [CMIT Measure ID #00434 (CBE-endorsed)]	Claims-based	Medicare Spending Per Beneficiary (MSPB) for patients in IRFs
Discharge to Community – Post-Acute Care (PAC) IRF QRP [CMIT Measure ID #00210 (CBE-endorsed)]	Claims-based	Rate of successful return to home and community from an IRF
Potentially Preventable 30-Day Post-Discharge Readmission Measure for IRF QRP [CMIT Measure ID #00575 (not endorsed)]	Claims-based	Rate of potentially preventable hospital readmissions 30 days after discharge from an IRF
Potentially Preventable Within Stay Readmission Measure for IRF QRP [CMIT Measure ID #00576 (not endorsed)]	Claims-based	Rate of potentially preventable hospital readmissions during the IRF stay

\*Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network (NHSN)

†As finalized in the FY 2026 [IRF PPS final rule](#), IRFs HCP COVID-19 and Patient/Resident COVID-19 Vaccination measure rates will be publicly reported for the last time with the September 2025 Care Compare refresh on Medicare.gov, based on data from Q4 of 2024.

Facilities have a 30-day preview period before public display of the measures. Please also refer to the [IRF QRP Public Reporting](#) webpage for more information and resources related to public reporting.

## 25. Where are the current data collection periods listed on Medicare.gov?

Current data collection periods for the measures listed on Medicare.gov are described in the section of the Provider Data Catalog.

## 26. What are the possible reasons for not being listed on Medicare.gov?

An IRF may not be listed on Medicare.gov if the IRF is one of a group of IRFs or is a new IRF provider. Medicare.gov data is reported at the level of the CMS Certification Number (CCN). If an

IRF is one of a group of IRFs operating under a single CCN, then each IRF's data will be combined and reported under the parent IRF. Only IRFs with unique CCNs appear on Medicare.gov.

Additionally, new IRFs will not be displayed on Medicare.gov until they have successfully reported data for the quarters included in the Medicare.gov refresh.

## 27. Who can I contact with a specific question about the IRF QRP?

There are several help desks you may contact to obtain answers to specific IRF QRP questions. The help desks are listed below for your convenience.

**Please note that the CMS IRF QRP and Public Reporting Help Desk email systems are not secured to receive protected health information or patient-level data with direct identifiers.**

Sending emails with patient-level data or protected health information to these email addresses may be a violation of your facilities' policies and procedures, as well as a violation of federal regulations (Health Insurance Portability and Accountability Act of 1996 [HIPAA]). Do *not* submit patient-identifiable information (e.g., date of birth, Social Security number, and health insurance claim number) to these addresses. If you are not sure whether the information you are submitting is identifiable, please contact your institution's privacy officer.

Below is a list of the IRF QRP and other IRF help desks. If you are unsure which help desk to use, email your question to the IRF QRP Help Desk and it will be directed to the appropriate help desk.

### IRF QRP

**Email:** [IRF.questions@cms.hhs.gov](mailto:IRF.questions@cms.hhs.gov)

Examples of issues this help desk can assist you with:

- IRF QRP requirements
- Data submission timelines
- IRF-PAI Quality Indicator items (Section A: Administrative Information; Section B: Hearing, Speech, and Vision; Section C: Cognitive Patterns; Section D: Mood; Section GG: Functional Abilities and Goals; Section H: Bladder and Bowel; Section I: Active Diagnoses; Section J: Health Conditions; Section K: Swallowing/Nutritional Status; Section M: Skin Conditions; Section N: Medications; Section O: Special Treatments, Procedures, and Programs)
- IRF-PAI assessment-based and claims-based quality measures
- IRF QRP provider training materials
- General IRF quality reporting questions

### CDC/NHSN

**Email:** [NHSN@cdc.gov](mailto:NHSN@cdc.gov)

Examples of issues this help desk can assist you with:

- NHSN registration
- Questions about data submitted to CMS via the CDC NHSN
- Accessing reports available in the NHSN



## **Internet Quality Improvement and Evaluation Systems (iQIES), Data Submission and Data Validation**

**Email:** [iqies@cms.hhs.gov](mailto:iqies@cms.hhs.gov)

**Phone:** 1-800-339-9313

Examples of issues this help desk can assist you with:

- Accessing iQIES (username and password)
- General issues related to iQIES
- Submission/validation reports
- Accessing Provider and Quality Reporting Program reports
- Case Mix Group (CMG) Grouper classification
- IRF-PAI assessment submissions using iQIES
- Accessing reports in iQIES
- Validation Utility Tool (VUT) (vendor tool to ensure software meets CMS requirements and will pass IRF-PAI technical specification edits)
- Technical questions related to IRF-PAI data specifications

## **IRF QRP Public Reporting**

**Email:** [IRFPRquestions@cms.hhs.gov](mailto:IRFPRquestions@cms.hhs.gov)

Examples of issues this help desk can assist you with:

- IRF-specific questions about the Care Compare website
- IRF data available in the [Provider Data Catalog](#)

## **IRF QRP Reconsiderations**

**Email:** [IRFQRPReconsiderations@cms.hhs.gov](mailto:IRFQRPReconsiderations@cms.hhs.gov)

Examples of issues this help desk can assist you with:

- How to file a request if a provider receives a letter of non-compliance from CMS
- Deadline for filing a Request for Reconsideration
- How to dispute a finding of non-compliance with the QRP reporting requirements that can lead to a 2% payment reduction
- Requesting information about the IRF QRP payment reduction for failure to report required quality data

## **IRF QRP Compliance Notifications**

**Email:** [QRPHelp@swingtech.com](mailto:QRPHelp@swingtech.com)

Examples of issues this help desk can assist you with:

- Receiving compliance notifications
- Questions regarding information provided in the non-compliance letters

- Questions related to provider outreach

### **IRF Medicare Policy**

**Email:** [IRFCoverage@cms.hhs.gov](mailto:IRFCoverage@cms.hhs.gov)

Examples of issues this help desk can assist you with:

- IRF Medicare reimbursement
- Claims/billing
- Eligibility and coverage requirements
- Therapy time requirements and reporting
- IRF-PAI requirements related to payment
- Impairment group codes (ICGs)

### **Personal Computer (PC) Pricer Issues**

**Email:** [PCPricers@cms.hhs.gov](mailto:PCPricers@cms.hhs.gov)

Examples of issues this resource can assist you with:

- IRF PC pricer questions

### **Listserv Available for Provider Support for IRFs**

[Subscribe](#) to the Post-Acute Care (PAC) QRP listserv for the latest IRF quality reporting and the Improving Medicare Post-Acute Care Transformation (IMPACT) Act of 2014 program information including but not limited to training, stakeholder engagement opportunities, and general updates about reporting requirements, quality measures, and reporting deadlines.