

Data Dictionary for the Care Compare Tool on Medicare.gov: Inpatient Rehabilitation Facility (IRF) Quality Reporting Program

Version 6.0

Table of Contents

Table 1: Record of Changes	3
Introduction	4
Document Purpose	4
Table 2: Acronym Index	5
Table 3: File Names and Descriptions	6
Leading Zeros in Excel	6
Table 4: General Information Variables.....	7
Table 5: National Data Variables	9
Table 6: Provider Data Variables	10
Table 7: Conditions Data Variables	14
Table 8: National Data Measure Codes.....	17
Table 9: Provider Data Measure Codes.....	20
Table 10: Footnote Descriptions	24
Appendix A: Anticipated IRF Public Reporting Refreshes and Data Collection Timeframes	27

Table 1: Record of Changes

Version #	Date	Acronym Index	File Names	General Info. Variables	National Data Variables	Provider Data Variables	Conditions Data Variables	National Measure Codes	Provider Measure Codes	Footnote(s)	Appendix A
6.0	March 2026										
6.0	December 2025							X	X		
5.0	September 2025							X	X		X
4.0	June 2025										
4.0	March 2025										
4.0	December 2024										
4.0	September 2024							X	X		X
3.0	June 2024										
3.0	March 2024										
3.0	December 2023				X	X		X	X		X
2.3	September 2023	X		X		X	X	X	X		X
2.2	June 2023										
2.2	March 2023		X								
2.1	December 2022				X			X	X		X
2.0	September 2022	X					X	X		X	X
1.2	July 2022	X			X	X					X
1.1	April 2022							X	X		X
1.0	December 2021		X	X		X	X	X	X	X	X
-	September 2021 <i>(Data frozen due to the COVID-19 PHE)</i>										
-	July 2021 <i>(Data frozen due to the COVID-19 PHE)</i>										
-	March 2021 <i>(Data frozen due to the COVID-19 PHE)</i>										
2.0	December 2020		X								X
-	September 2020 <i>(Public Reporting Refresh Postponed)</i>										
1.0	June 2020										
1.0	March 2020		X								

Introduction

The Centers for Medicare & Medicaid Services (CMS) Care Compare tool on [Medicare.gov](https://www.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. The data displayed on [Medicare.gov](https://www.medicare.gov) enables patients and caregivers to make informed decisions about health care 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.

This document provides information about the Inpatient Rehabilitation Facility (IRF) Quality Reporting Program (QRP) data available on Medicare.gov, which includes information on over 1,100 IRFs. More information about the IRF QRP quality measures displayed on the Care Compare tool on [Medicare.gov](https://www.medicare.gov) can be found by visiting the [IRF QRP Measures Information](#) webpage.

Information about IRFs is 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. For the full list of IRF measures, including reporting cycle details, refer to Appendix A, in the downloadable data on the [Provider Data Catalog](#) website.

Links to download the data in zipped comma-separated value (CSV) flat file formats are available on the [Provider Data Catalog](#) website. Archived data snapshots will also be provided on the site once they become available.

The Care Compare tool on [Medicare.gov](https://www.medicare.gov) and the [Provider Data Catalog](#) are publicly accessible websites. As publications 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 & Medicaid Services as the data source is appreciated. However, 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 tool on [Medicare.gov](https://www.medicare.gov) downloadable databases found on the [Provider Data Catalog](#) website.

Table 2: Acronym Index

Acronym	Meaning
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
HCP	Health care personnel
IRF	Inpatient rehabilitation facility
IRF-PAI	Inpatient Rehabilitation Facility Patient Assessment Instrument
MSPB	Medicare spending per beneficiary
NHSN	National Healthcare Safety Network
PAC	Post-acute care
PHE	Public health emergency
QRP	Quality Reporting Program
RSRR	Risk-standardized readmission rate
SIR	Standardized infection ratio
ZIP Code	Zone Improvement Plan (ZIP) Code

Table 3: File Names and Descriptions

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 [Provider Data Catalog](#) website.

File Name ¹	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.
Inpatient_Rehabilitation_Facility-Provider_Data_mmmmyyyy.csv	A list of IRFs with data on the IRF quality of patient care measures.
IRF_Data_Dictionary.pdf	Data dictionary
readme.txt ²	Information about viewing the data dictionary PDF file

Leading Zeros in Excel

Due to a limitation in how Microsoft Excel removes leading zeros when opening comma separated value (CSV) files, instructions are provided on the Provider Data Catalog to assist you. For the most up to date information, please reference Frequently Asked Question and the question titled, “How do I download files in Excel?” The Frequently Asked Questions can be found here: <https://data.cms.gov/provider-data/about>.

¹ File names will be updated with each refresh of the Care Compare tool on Medicare.gov to include the corresponding month and year of the refresh (mmmyyyy) as noted in the *File Name* column.

² The readme.txt file is included in downloadables by selecting “Download all datasets” or downloading the archived data snapshots.

Table 4: General Information Variables

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

Variable Name	Variable Type	Description
CMS Region	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: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p> <p>5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City: Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle: Alaska, Idaho, Oregon, Washington</p>
Ownership Type	Character	Indicates the facility's ownership type: For Profit, Non-profit, Government, Physician
Certification Date	Date	The initial Medicare certification date of the facility

Table 5: National Data Variables

Variable Name	Variable Type	Description
CMS Certification Number	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.”
Measure Code	Character	The measure code consists of the CMS ID (prefix) and the variable name (suffix) for the corresponding measure score. Example = I_022_01_NATL_OBS_RATE Prefix: I_022_01 Suffix: NATL_OBS_RATE See Table 8 for a complete listing of national data measure codes.
Score	Character	The measure score for the corresponding measure code
Footnote	Numeric	Indicates the relevant footnote. Currently, there are no footnotes related to the national data.
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
Measure Date Range	Character	The start date through the end date of the reporting period(s) for the corresponding measure code and score. Note: Only reporting periods that are “split” are populated and represented using a semicolon between the split periods (e.g., 04/01/2019-12/31/2019; 07/01/2020-09/30/2021).

Table 6: Provider Data Variables

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

Variable Name	Variable Type	Description
CMS Region	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: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p> <p>5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City: Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle: 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. Example = I_022_01_ADJ_RATE</p> <p>Prefix: I_022_01 Suffix: ADJ_RATE</p> <p>See Table 9 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 10 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

Variable Name	Variable Type	Description
Measure Date Range	Character	<p>The start date through the end date of the reporting period(s) for the corresponding measure code and score.</p> <p>Note: Only reporting periods that are “split” are populated and represented using a semicolon between the split periods (e.g., 04/01/2019-12/31/2019; 07/01/2020-09/30/2021).</p>

Table 7: Conditions Data Variables

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

Variable Name	Variable Type	Description
CMS Region	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: Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, Vermont</p> <p>2 = New York: New Jersey, New York, Puerto Rico, Virgin Islands</p> <p>3 = Philadelphia: Delaware, District of Columbia, Maryland, Pennsylvania, Virginia, West Virginia</p> <p>4 = Atlanta: Alabama, Florida, Georgia, Kentucky, Mississippi, North Carolina, South Carolina, Tennessee</p> <p>5 = Chicago: Illinois, Indiana, Michigan, Minnesota, Ohio, Wisconsin</p> <p>6 = Dallas: Arkansas, Louisiana, New Mexico, Oklahoma, Texas</p> <p>7 = Kansas City: Iowa, Kansas, Missouri, Nebraska</p> <p>8 = Denver: Colorado, Montana, North Dakota, South Dakota, Utah, Wyoming</p> <p>9 = San Francisco: Arizona, California, Hawaii, Nevada, Pacific Territories</p> <p>10 = Seattle: Alaska, Idaho, Oregon, Washington</p>

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

Table 8: National Data Measure Codes**I_006_01: Catheter-associated urinary tract infections (CAUTI)**

National Variables	Description
I_006_01_NATL_SIR	Catheter-associated urinary tract infections (CAUTI) in nation

I_011_05: Percentage of patients who are at or above an expected ability to care for themselves at discharge

National Variables	Description
I_011_05_NATL_OBS_RATE	National rate

I_012_06: Percentage of patients who are at or above an expected ability to move around at discharge

National Variables	Description
I_012_06_NATL_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_NATL_OBS_RATE	National rate

I_015_01: Clostridium difficile Infection (CDI)

National Variables	Description
I_015_01_NATL_SIR	Clostridium difficile Infection (CDI) in nation

I_016_01: Percentage of health care personnel who got a flu shot for the current season

National Variables	Description
I_016_01_NATL_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_NATL	Number of IRFs in the nation that performed better than the national rate
I_017_01_PPR_PD_N_NO_DIFF_NATL	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_NATL	Number of IRFs in the nation that performed worse than the national rate
I_017_01_PPR_PD_NATL_OBS_RATE	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_NATL	Number of IRFs in the nation that performed better than the national rate
I_018_01_PPR_WI_N_NO_DIFF_NATL	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_NATL	Number of IRFs in the nation that performed worse than the national rate
I_018_01_PPR_WI_NATL_OBS_RATE	National unadjusted average potentially preventable readmission rate

I_019_02: Rate of successful return to home or community from an IRF

National Variables	Description
I_019_02_DTC_N_BETTER_NATL	Number of IRFs in the nation that performed better than the national rate
I_019_02_DTC_N_NO_DIFF_NATL	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_NATL	Number of IRFs that performed worse than the national rate
I_019_02_DTC_NATL_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_NATL_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_NATL_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_NATL_OBS_RATE	National rate

I_024_01: Percentage of patients where the IRF provided a current medication list to the next health care setting

National Variables	Description
I_024_01_NATL_OBS_RATE	National rate

I_025_02: Percentage of patients where the IRF provided a current medication list to the patient, family, and/or caregiver at final discharge

National Variables	Description
I_025_02_NATL_OBS_RATE	National rate

I_026_01: Percentage of patients who are at or above an expected ability to care for themselves and move around at discharge

National Variables	Description
I_026_01_NATL_OBS_RATE	National rate

Table 9: Provider Data Measure Codes

I_006_01: Catheter-associated urinary tract infections (CAUTI)

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

I_011_05: Percentage of patients who are at or above an expected ability to care for themselves at discharge

Provider Variables	Description
I_011_05_NUMERATOR	Numerator
I_011_05_DENOMINATOR	Denominator
I_011_05_OBS_RATE	Facility rate

I_012_06: Percentage of patients who are at or above an expected ability to move around at discharge

Provider Variables	Description
I_012_06_NUMERATOR	Numerator
I_012_06_DENOMINATOR	Denominator
I_012_06_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: Percentage of health care personnel who got a flu shot for the current season

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

Provider Variables	Description
I_017_01_PPR_PD_OBS_READM	Number of potentially preventable readmissions following discharge
I_017_01_PPR_PD_VOLUME	Number of eligible stays
I_017_01_PPR_PD_OBS_RATE	Unadjusted potentially preventable readmission rate
I_017_01_PPR_PD_RSRR	Risk-standardized potentially preventable readmission rate (RSRR)
I_017_01_PPR_PD_RSRR_2_5	Lower limit of the 95% confidence interval on the RSRR
I_017_01_PPR_PD_RSRR_97_5	Upper limit of the 95% confidence interval on the RSRR
I_017_01_PPR_PD_COMP_PERF	Comparative performance category

I_018_01: Rate of potentially preventable hospital readmissions during the IRF stay

Provider Variables	Description
I_018_01_PPR_WI_OBS_READM	Number of potentially preventable readmissions
I_018_01_PPR_WI_VOLUME	Number of eligible stays
I_018_01_PPR_WI_OBS_RATE	Unadjusted potentially preventable readmission rate
I_018_01_PPR_WI_RSRR	Risk-standardized potentially preventable readmission rate (RSRR)
I_018_01_PPR_WI_RSRR_2_5	Lower limit of the 95% confidence interval on the RSRR
I_018_01_PPR_WI_RSRR_97_5	Upper limit of the 95% confidence interval on the RSRR
I_018_01_PPR_WI_COMP_PERF	Comparative performance category

I_019_02: Rate of successful return to home or community from an IRF

Provider Variables	Description
I_019_02_DTC_NUMBER	Observed number of discharges to community (DTC)
I_019_02_DTC_VOLUME	Number of eligible stays

Provider Variables	Description
I_019_02_DTC_OBS_RATE	Observed discharge to community rate
I_019_02_DTC_RS_RATE	Risk-standardized discharge to community rate
I_019_02_DTC_RS_RATE_2_5	Lower limit of the 95% confidence interval on the risk-standardized discharge to community rate
I_019_02_DTC_RS_RATE_97_5	Upper limit of the 95% confidence interval on the risk-standardized discharge to community rate
I_019_02_DTC_COMP_PERF	Comparative performance category

I_020_01: Medicare Spending Per Beneficiary (MSPB) for patients in IRFs

Provider Variables	Description
I_020_01_MSPB_SCORE	MSPB score
I_020_01_MSPB_NUMB	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

Provider Variables	Description
I_021_01_NUMERATOR	Numerator
I_021_01_DENOMINATOR	Denominator
I_021_01_OBS_RATE	Facility rate

I_022_01: Percentage of patients with pressure ulcers/pressure injuries that are new or worsened

Provider Variables	Description
I_022_01_NUMERATOR	Numerator
I_022_01_DENOMINATOR	Denominator
I_022_01_OBS_RATE	Facility observed rate
I_022_01_ADJ_RATE	Facility risk-adjusted rate

I_024_01: Percentage of patients where the IRF provided a current medication list to the next health care setting

Provider Variables	Description
I_024_01_NUMERATOR	Numerator
I_024_01_DENOMINATOR	Denominator
I_024_01_OBS_RATE	Facility rate

I_025_02: Percentage of patients where the IRF provided a current medication list to the patient, family, and/or caregiver at final discharge

Provider Variables	Description
I_025_02_NUMERATOR	Numerator
I_025_02_DENOMINATOR	Denominator
I_025_02_OBS_RATE	Facility rate

I_026_01: Percentage of patients who are at or above an expected ability to care for themselves and move around at discharge

Provider Variables	Description
I_026_01_NUMERATOR	Numerator
I_026_01_DENOMINATOR	Denominator
I_026_01_OBS_RATE	Facility rate

Table 10: Footnote Descriptions

The footnote numbers below are associated with the Medicare.gov IRF quality measures:

Footnote number	Footnote as displayed on Medicare.gov	Footnote details
1	The number of cases/patient stays is too small to report.	<ul style="list-style-type: none"> • 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 • Results that were based on less than the maximum possible time period causing the provider to not meet the minimum denominator threshold (assessment-based measures)
2	Data not available for this reporting period.	<ul style="list-style-type: none"> • Provider has been open for less than 6 months, and/or • 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 • There were no health care personnel (HCP) reported by the provider (HCP Influenza Vaccine, and/or • Minimum denominator to publicly report for assessment-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)

Footnote number	Footnote as displayed on Medicare.gov	Footnote details
3	Results are based on a shorter time period than required.	<ul style="list-style-type: none"> • Results were based on data reported from less than the maximum possible time period used to collect data for the measure (assessment-based measures), and/or • Results that were based on less than the maximum possible time period causing the provider to not meet the minimum denominator threshold (assessment-based measures), and/or • 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)
4	Data suppressed by CMS for one or more quarters.	<ul style="list-style-type: none"> • Data suppressed by CMS for one or more quarters (provider-specific), or • Data suppressed by CMS for one or more quarters (all providers)
5	Data not submitted for this reporting period.	<ul style="list-style-type: none"> • There was no data (assessment, CDC, claims) to submit for this measure because there were no patients admitted and discharged from the facility
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"> • Lower limit of the confidence interval cannot be calculated because the number of infections was zero (CDC/NHSN: CDI and CAUTI measures only), and/or • 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 (CDC/NHSN: CDI and CAUTI measures only)

Footnote number	Footnote as displayed on Medicare.gov	Footnote details
7	Results cannot be calculated for this reporting period.	<ul style="list-style-type: none"> • Predicted number of infections was less than 1, therefore SIR is masked (CDC/NHSN: CDI and CAUTI measures only), and/or • 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 (CDC/NHSN: CDI and CAUTI measures only)
8	This inpatient rehabilitation facility isn't required to submit quality data to Medicare because it's paid under a Medicare waiver program.	<ul style="list-style-type: none"> • Facility is not required to submit quality data to Medicare because it is paid under a Medicare waiver program (assessment-based measures, CDC, claims-based measures)

Appendix A: Anticipated IRF Public Reporting Refreshes and Data Collection Timeframes

This table provides the data collection timeframes for IRF quality measures displayed on [Medicare.gov](https://www.medicare.gov). The first column displays the plain-language measure name used on [Medicare.gov](https://www.medicare.gov), 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 website refresh. Periods of performance are subject to change.

Measure Name displayed on Medicare.gov	Technical Measure Name (CMS Measure ID)	Data Collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Medicare.gov				
			December 2025	March 2026	June 2026	September 2026	December 2026
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.	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025	Q2 2025 – Q1 2026
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 (Long Stay) (CMS ID: I013.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025	Q2 2025 – Q1 2026
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 (CMS ID: I011.05)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025	Q2 2025 – Q1 2026

Measure Name displayed on Medicare.gov	Technical Measure Name (CMS Measure ID)	Data Collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Medicare.gov				
			December 2025	March 2026	June 2026	September 2026	December 2026
Percentage of patients who are at or above an expected ability to move around at discharge	IRF Functional Outcome Measure: Discharge Mobility Score (CMS ID: I012.06)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025	Q2 2025 – Q1 2026
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.	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025	Q2 2025 – Q1 2026
Percentage of patients where the IRF provided a current medication list to the next health care setting	Transfer of Health Information to the Provider-Post-Acute Care (PAC) (CMS ID: I024.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025	Q2 2025 – Q1 2026
Percentage of patients where the IRF provided a current medication list to the patient, family, and/or caregiver at final discharge	Transfer of Health Information to the Patient Post-Acute Care (PAC) (CMS ID: I025.02)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025	Q2 2025 – Q1 2026

Measure Name displayed on Medicare.gov	Technical Measure Name (CMS Measure ID)	Data Collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Medicare.gov				
			December 2025	March 2026	June 2026	September 2026	December 2026
Percentage of patients who are at or above an expected ability to care for themselves and move around at discharge	Discharge Function Score Measure (CMS ID: I026.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025	Q2 2025 – Q1 2026
Catheter-associated urinary tract infections (CAUTI)	National Healthcare Safety Network (NHSN) Catheter-Associated Urinary Tract Infection (CAUTI) Outcome Measure (CMS ID: I006.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025
Clostridium difficile Infection (CDI)	National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure (CMS ID: I015.01)	Collection period: Four rolling quarters (12 months). Refreshed quarterly.	Q1 2024 – Q4 2024	Q2 2024 – Q1 2025	Q3 2024 – Q2 2025	Q4 2024 – Q3 2025	Q1 2025 – Q4 2025

Measure Name displayed on Medicare.gov	Technical Measure Name (CMS Measure ID)	Data Collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Medicare.gov				
			December 2025	March 2026	June 2026	September 2026	December 2026
Percentage of health care personnel who got a flu shot for the current season	Influenza Vaccination Coverage Among Healthcare Personnel (CMS ID: I016.01)	Collection period: 6 months. Refreshed annually.	Q4 2024 – Q1 2025	Q4 2024 – Q1 2025	Q4 2024 – Q1 2025	Q4 2024 – Q1 2025	Q4 2025 – Q1 2026
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 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2023 – Q3 2025	Q4 2023 – Q3 2025
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 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2023 – Q3 2025	Q4 2023 – Q3 2025

Measure Name displayed on Medicare.gov	Technical Measure Name (CMS Measure ID)	Data Collection Periods and Reporting Frequency	Data Collection Timeframes Displayed on Medicare.gov				
			December 2025	March 2026	June 2026	September 2026	December 2026
Rate of successful return to home or community from an IRF	Discharge to Community - Post-Acute Care (PAC) Inpatient Rehabilitation Facility Quality Reporting Program (CMS ID: I019.02)	Collection period: 24 months. Refreshed annually.	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2023 – Q3 2025	Q4 2023 – Q3 2025
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 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2022 – Q3 2024	Q4 2023 – Q3 2025	Q4 2023 – Q3 2025