AMERICAN MEDICAL REHABILITATION PROVIDERS ASSOCIATION

February 12, 2026

SUBMITTED ELECTRONICALLY

Mr. Ben Harder
Managing Editor and Chief of Health Analysis
U.S. News & World Report
1050 Thomas Jefferson St. NW
Washington, DC 20007

Re: U.S. News Rehabilitation Hospital Ranking Methodology

Dear Mr. Harder,

On behalf of the American Medical Rehabilitation Providers Association (AMRPA), we appreciate the opportunity to provide comments and recommendations on U.S. News & World Report's (U.S. News) methodology for the rehabilitation hospital rankings. As you are aware, AMRPA is the national trade association representing more than 800 inpatient rehabilitation facilities (IRFs), including both freestanding rehabilitation hospitals, rehabilitation units within acute care hospitals, and rehabilitation units within long-term care hospitals. From the beginning of the Rehabilitation Rankings, our Association and individual members have actively engaged with U.S. News with respect to its rehabilitation rankings, and we appreciate the current opportunity to provide input to the U.S. News and Research Triangle Institute (RTI) team as changes are being implemented to the future rankings methodology.

AMRPA appreciates that many prospective inpatient rehabilitation patients and their families can utilize the U.S. News's rankings as part of their decisions regarding treatment. We therefore commend U.S. News for engaging with provider stakeholders regarding the methodology used to rank rehabilitation hospitals to ensure its optimal use from a patient perspective. AMRPA has also been supportive of U.S. News's broader efforts to shift from a ranking methodology that relies exclusively on expert opinion to one that incorporates objective datasets. In addition, AMRPA also very much appreciates the incorporation of some of the concepts and measures identified by AMRPA in our prior discussions with the U.S. News and RTI team over the past several years, such as all-payer data-sharing.

The recommendations contained in this letter reflect the outcomes of numerous discussions among AMRPA member hospitals and leaders. Through these efforts, the Association has identified several areas where the field believes U.S. News can further refine its methodology to provide the most helpful and constructive information to consumers regarding rehabilitation care. Some of these recommendations are straightforward and AMRPA believes could be incorporated by U.S. News in the near future. Others, however, will likely require ongoing dialogue between the field and U.S. News. Therefore, it is our hope that this letter will serve as just another step in our collaboration to achieve our shared goal of providing reliable and objective information to

patients in a consumer-friendly manner. A summary of our recommendations follows; additional detail and suggestions for implementation follow in the body of our comments:

Summary of AMRPA Recommendations for U.S. News & World Report:

- **Recommendations for 2026-2027 Rankings:**
  - Increase weight of Patients Discharged Home measure, with potential alignment of measure weight consistent with other rankings
  - Decrease weights of Readmission measures, with potential alignment of measure weight consistent with other rankings
  - Temporarily maintain weight for Flu Vaccination measure or replace the measure with other IRF QRP Patient Safety measures (immediately or in the short-term)
  - Decrease and align weight for the Expert Opinion Score with other rankings.
  - Maintain weights for Volume of Patients measures
  - Increase weight for CARF Accreditation
  - Maintain weight for Model Systems designations, and remove automatic CARF Accreditation credit given to Model System Centers that are not CARF Accredited

- **Longer-Term Recommendations:**
  - Replace the Flu Vaccination patient safety measure with other patient safety measures, such as risk-adjusted incidence of falls, pressure ulcer/injury care quality, or CDC NHSN Infection measures, among others.
  - Collaborate with AMRPA to identify functional measures that could be utilized for the rehabilitation rankings given the critical importance of functional improvement in the assessment of IRF quality.
  - Improve the Expert Opinion score to eliminate potential bias of results and improve transparency, while continuing efforts to ultimately decrease this measure's value.
  - Expand the volume-focused measures to include additional categories, such as Major Multiple Trauma; evaluate the use of volume category percentage of total cases values instead of total counts
  - Expand the accreditation/certification measures to include CARF specialty designations, Joint Commission Accreditation or Certification programs, or Center for Improvement in Healthcare Quality (CIHQ) Accreditation, Center for Excellence, or Disease Specific Certifications

AMRPA Comments on Short- and Long-Term U.S. News Methodology Changes

<u>Removal of Patient Services & Advanced Technologies</u>

AMRPA appreciates the opportunity to provide U.S. News with recommendations to address the removal of the Patient Services & Advanced Technologies indicators. Currently, these measures contribute a total weight of 15% (7.5% each) to the composite score utilized for the rehabilitation rankings, and removal of these indicators could have a significant impact on existing rankings as well as patient and caregiver decisions for treatment and care. Aside from the recommendations regarding modifications to the weighting below, AMRPA would like to be involved in ongoing

discussions with U.S. News to review upcoming changes and evaluate the potential impact this may have on IRFs.

Outcomes Measures
AMRPA supports the section of the U.S. News & World Report blog post ("Continuing Evolution of the Best Hospitals Methodology") where U.S. News asserts that "…the specialty rankings will [prospectively] assign greater weight to risk-adjusted outcome measures." AMRPA members agree that outcome measures should have greater emphasis on the rehabilitation rankings, as these have the most direct impact on patient lives and are crucial factors to consider when making health care decisions. In the current rehabilitation rankings, there are three outcome measures, each having a 10% weight towards the composite score. After discussions with AMRPA members, AMRPA recommends the following revisions to these measures within the ranking methodology:

- **Patients Discharged Home (AMRPA Suggestion: Increase)**
  AMRPA members generally support increasing the weight of this measure. The ability to discharge an IRF patient back to their home or other community setting is one of the primary goals of IRF care, along with improving patient function and their ability to perform activities of daily living. In supporting an increase in the weighting of this measure, AMRPA members also provided the following recommendations for consideration:
    - Align weighting of this measure with other specialty rankings or procedures and conditions rankings, where appropriate.
    - Assess the current risk-adjustment for this measure to determine whether it adequately accounts for socioeconomic status or geographic variations that may impact the ability for patients to be discharged home. As needed, U.S. News should consider additional risk-adjustment variables to appropriately rank and recognize those IRFs providing high-quality care to higher-risk populations.
    - Identify additional data sources that could include information for other payer sources, rather than just Traditional (Fee-For-Service) Medicare patients.
    - Given that this measure already includes consideration for readmissions that occur during the 30 days after the day of discharge and is influenced by readmissions that occur during the rehabilitation stay. AMRPA members suggested that any increase in the weighting of this measure be offset by reductions to the two readmission measures.

- **Prevention of Hospital Readmission during Rehabilitation & Prevention of Hospital Readmission after Discharge (AMRPA Suggestion: Decrease)**
  As noted above, AMRPA recommends that if the Patients Discharged Home measure weight increases, the readmission measures weights should decrease. Hospital readmissions, both during rehabilitation and after discharge, already decrease the value of the Patients Discharged Home measure, such that all three outcomes measures utilized in the rehabilitation rankings are highly correlated with one another. With these measure dynamics in mind, AMRPA members provided the following recommendations for consideration of this measure:

- Align weights for these measures with other specialty rankings or procedures and conditions rankings, where appropriate.
- Identify the availability of additional data sources that could include information for other payer sources, rather than just Traditional (Fee-For-Service) Medicare.
- Assess the current risk-adjustment for these measures to determine whether they adequately account for socioeconomic status or geographic variations that may impact the ability for patients to avoid readmissions. As needed, US News should consider some of the additional risk-adjustment variables available in the procedures and conditions ranking methodology to appropriately rank and recognize those IRFs serving high-risk populations.
- Patient-level data on these measures are not available to IRFs, making it difficult to manage performance. Without the ability to identify factors contributing to readmissions, it is difficult to suggest that these measures and the resulting rankings are representative of IRF performance and quality of care.

- **Flu Vaccination Rate (AMRPA Suggestion: Temporarily Hold; Eliminate in the Future In Order to Incorporate Other Patient Safety-Focused Measures)**
  AMRPA members support maintaining the weight for the Flu Vaccination Rate at the current 2% value until such a time as U.S. News considers replacing this measure with other patient safety measures. Like the Centers for Medicare & Medicaid Services' (CMS) decision to remove the COVID-19 vaccination measures from the IRF QRP, the amount of administrative burden and cost required for this measure does not align with the ability for this measure to provide meaningful information for patients, payers, or providers. Vaccination measures are not highly correlated with other outcome measures, especially vaccination measures that solely report on the vaccination status of healthcare personnel alone. Additionally, IRFs and other post-acute care providers may have high vaccination rates; however, patients may be admitted from a prior setting with lower vaccination rates and create a higher risk of transmission. Accordingly, AMRPA would like to collaborate with U.S. News to identify other patient safety measures for consideration in future rankings years, such as the following measures or measure concepts:
  - **Risk-adjusted Incidence of Falls** – A risk-standardized rate of patient falls during rehabilitation would reflect IRFs' commitment to patient safety and correlate with other outcome measures. We note, however, that AMRPA members do not support the existing Falls with Major Injury measure that is used as part of the CMS IRF Quality Reporting Program (QRP), as the measure has a very low incidence rate across IRFs such that the measure should be considered topped-out and incapable of providing meaningful results.
  - **Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury** – While the national average rate for this measure is below 1%, this measure provides sufficient variability in performance among IRFs to meaningfully differentiate performance among providers. Pressure ulcers/injuries that are new or worsened during the rehabilitation stay can impact a patient's ability to benefit from IRF services and ultimately return to their home or community setting. As such,

wound management is an important part of improving patient safety and should be considered for inclusion.

- **Infection measures such as the National Healthcare Safety Network (NHSN) Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure, NHSN Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure, or other Hospital Acquired Infection (HAI) measures collected by the Centers for Disease Control & Prevention (CDC) -** Infection control and prevention are an important part of patient safety protocols across the health care continuum. Despite AMRPA concerns about instances where more than half of IRFs have a value of "Not Available" (due to no reported infections during the reporting period or the predicted number of infections was less than 1), AMRPA believes that U.S. News can account for these instances and utilize these measures for ranking purposes.
- **Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified** – Medication management is an important part of patient safety protocols within all health care settings. This process measure can differentiate performance among IRFs and is meant to reduce medication-related errors that may affect quality of life and/or other patient complications. Medication-errors can create significant issues that impact the effectiveness of IRF care and potentially increase the risk of hospital readmissions, suggesting that performance on this measure is correlated with other IRF outcomes.

Expert Opinion – Current Weight & Future Considerations (AMRPA Suggestion: Reduce And Align Weight With Other Rankings; Consider Other Changes)

Separate from any modifications to the weights for the outcomes measures, AMRPA also appreciates U.S. News's commitment to not increasing the weight of Expert Opinion. AMRPA members continue to have concerns over the importance of the Expert Opinion measure, the methodology for conducting the surveys, and the bias the measure has for larger and more recognizable hospitals. AMRPA members specifically noted that the Expert Opinion Score has the largest individual weight among the measures included in the rehabilitation rankings methodology, which suggests that recommendations for care may be based on name or brand recognition or other factors over better outcomes. AMRPA members therefore provided the following recommendations for consideration of this measure:

- Align weight for the Expert Opinion Score with other specialty rankings or procedures and conditions rankings. The component weight is 12 for certain procedures and conditions and 15 for other data-driven specialties.
- Consider revisions to the Doximity sampling selection and methodology to eliminate potential bias of results. Specifically, AMRPA members recommend that:
    - Sports Medicine be removed from the Rehabilitation Doximity sampling category.
    - The timeframe be reduced from a 3-year weighted values to 1-year weighted value. This may allow for more variability in the rankings and provide opportunities for those providers who invest in timely program improvement initiatives.

- Refine the survey questions to more clearly solicit a response regarding high-quality care for rehabilitation patients. According to the methodology, the survey prompt currently reads "Please name up to 5 U.S. Hospitals that provide the best care in rehabilitation for patients who have the most challenging conditions and/or surgical procedures." AMRPA believes this wording is confusing for numerous reasons. First, the reference to surgical procedures is not relevant to rehabilitation care and should be eliminated. In addition, rather than referring to "challenging conditions," AMRPA suggests framing the question to inquire about the need for inpatient rehabilitation, which includes intensive interdisciplinary therapy services and medical management overseen by a rehabilitation physician. This phrasing would inclusive of all conditions that need the expertise of a rehabilitation physician, rather than whatever the respondent subjectively determines to be the "most challenging."
- Include more information about the Expert Opinion Score to increase transparency, including the total number of nominations the hospital received, how many were from affiliated versus unaffiliated physicians, and how many total nominations were made for hospitals nationwide.

Volume Measures (AMRPA Suggestion: Maintain Weight; Consider Other Changes)
AMRPA members also evaluated the Volume of Patients structural measures currently included in the rehabilitation rankings methodology and how such measure could be refined. Currently, the six volume measures are given a weight of 3% each; and represent a total of 18% of the overall ranking in Rehabilitation. AMRPA generally supports keeping the weights the same, but would like U.S. News to consider the following recommendations for these measures:

- Include Major Multiple Trauma as an additional volume grouping in future rankings
- To eliminate any potential bias or perception that "bigger is better", AMRPA members recommend that U.S. News evaluate the use of volume-based measures that utilize the percentage of total cases instead of total counts.

CARF Accreditation & Model Systems Measures (AMRPA Suggestion: Increase Weight While Incorporating Refinements)
Finally, AMRPA members considered modifications to the weights provided to the CARF Accreditation and Rehabilitation Model Systems structural measures. Currently, IRFs that have a CARF Accreditation for Rehabilitation receive a weight of 2.5% towards the composite score, while one or more Model Systems designations awarded by the National Institute on Disability, Independent Living, and Rehabilitation Research (NIDILRR) receive a weight of 2.5% and receive the additional weight of 2.5% for CARF accreditation regardless of whether the IRF has received the CARF accreditation or not. AMRPA asks U.S. News to consider the following recommendations for these measures:

- Increase the weight for CARF Accreditation
- Remove the methodology to automatically grant the CARF Accreditation credit to those IRFs who have one or more Model Systems designations. The CARF Accreditation process evaluates criteria that are distinctly separate from Model Systems designations.
- Consider expanding these measures to include recognition of:
    - CARF Specialty Designations,

  - Joint Commission Accreditation or Certification programs, and/or
  - Center for Improvement in Healthcare Quality (CIHQ) Accreditation, Center for Excellence, or Disease Specific Certifications

In summary, as part of the removal of the Patient Services & Advanced Technologies measures, AMRPA supports the following immediate recommendations for existing measures:

- Increase weight of Patients Discharged Home measure, with potential alignment of measure weight consistent with other rankings
- Decrease weights of Readmission measures, with potential alignment of measure weight consistent with other rankings
- Maintain weight for Flu Vaccination measure or replace measure with other IRF QRP Patient Safety measures
- Align weight for the Expert Opinion Score with other specialty rankings or procedures and conditions rankings.
- Maintain weights for Volume of Patients measures
- Increase the weight for CARF Accreditation
- Maintain weight for Model Systems designations, and remove automatic CARF Accreditation credit given to Model System Centers that are not CARF Accredited

Future Considerations for the Rehabilitation Rankings

In addition, AMRPA offers the following future-looking recommendations to the U.S. News & World Report Rehabilitation Rankings methodology:

- **Patient Safety Measures**
  - Replace the Flu Vaccination patient safety measure with other patient safety measures, such as:
    - Risk-adjusted Incidence of Falls
    - Changes in Skin Integrity Post-Acute Care: Pressure Ulcer/Injury
    - Infection measures such as the National Healthcare Safety Network (NHSN) Catheter Associated Urinary Tract Infection (CAUTI) Outcome Measure, National Healthcare Safety Network (NHSN) Facility-wide Inpatient Hospital-onset Clostridium difficile Infection (CDI) Outcome Measure, or other Hospital Acquired Infection (HAI) measures collected by the CDC
    - Percentage of patients whose medications were reviewed and who received follow-up care when medication issues were identified
- **Functional measures**
  - Improving patient function is a core principle of IRF care and should be considered and recognized within the rehabilitation rankings.
  - AMRPA would like to collaborate with U.S. News to identify functional measures that could be utilized for the rehabilitation rankings
- **Expert Opinion Score**
  - Revise the Doximity sampling selection and methodology to eliminate potential bias of results.
  - Refine the question posed on the expert opinion survey.

- Provide additional transparency to consumers regarding the expert opinion scoring.

- **Volume of Patients Measures**
  - Incorporate additional categories, such as Major Multiple Trauma
  - Utilize the volume category percentage of total cases instead of total counts
- **Accreditation/Certification Measures**
  - Consider expanding these measures to include:
    - CARF Specialty Designations,
    - Joint Commission Accreditation or Certification programs, or
    - Center for Improvement in Healthcare Quality (CIHQ) Accreditation, Center for Excellence, or Disease Specific Certifications

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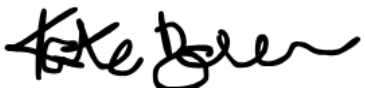
AMRPA again thanks U.S. News & World Report for the opportunity to provide this feedback and also looks forward to ongoing discussions on this topic. We would be pleased to provide any technical assistance or further information on our recommendations, including through future direct meetings with the U.S. News team. If you have any questions, please do not hesitate to reach out to Kate Beller, AMRPA President (202-207-1132, kbeller@amrpa.org) or Troy Hillman, AMRPA Director of Quality and Health Policy (202-207-1129, thillman@amrpa.org).

Sincerely,



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