Author Full Name : shay Mayya **Received Date :** 09/30/2021 05:53 PM

Comments Received :

9/30/21

Chiquita Brooks-LaSure
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201
CMS-10765

RE: Patient Access to Inpatient Rehabilitation Hospitals

Dear Administrator Brooks-LaSure:

It is my understanding that the Centers for Medicare and Medicaid Services is considering a demonstration that will require Inpatient Rehabilitation Facilities (IRFs) to submit to a review process for all Medicare claims submitted to the agency for payment. As a patient advocate for rehabilitation hospital services, I hope you will strongly consider focusing your attention on addressing the concerns outlined by IRF providers and other Healthcare stakeholders, particularly the concern for potential decreased patient access to rehabilitation hospital services.

IRF plays a critical role in the community that it serves. They are an essential part of the continuum of care for medically complex patients, such as patients with Traumatic Brain Injury, Strokes, Motor Vehicle Accidents, and especially some of the highly functioning elderly who end up with a hip or pelvic fracture, who are often a part of a community's most vulnerable population. IRFs provide intensive rehabilitation and close medical management that enables beneficiaries to recover, and regain their motor skills and return to their homes and communities, and resume active lives, thereby maintaining their dignity, independence and potentially lowering the risk of continued hospital utilization in the future.

The current design of this demonstration has the potential to alter and narrow the types of patient population who receive the medical rehabilitation that is provided in IRFs. This could force IRFs to deny patients that need an inpatient level of care that can only be provided by an IRF. IRF Physicians know their patients and provide important care in their communities and they are trained to make sound medical decisions as to the level of care that will result in the best outcomes for their patients. They should not have the added administrative burden of this demonstration-the less administrative burden a Physician has, the better patient care they can provide.

If this demonstration is rolled out, I am concerned it will directly affect the amount of time that a Physician has, to actually provide care to patients due to the risk of claim denials and administrative appeals. CMS should withdraw this flawed demonstration model and genuinely engage with providers and stakeholders within the communities that will be affected by this demonstration, to develop a common understanding of which beneficiaries belong in rehabilitation hospitals. I strongly oppose this demonstration.

Additionally, CMS should invest in more expansive training and education to address discrepancies between IRFs' admitting Physicians and medical auditors. As healthcare providers continue to battle on the front lines of the pandemic they need more support, reduced administrative burden, increased flexibility and meaningful support in order to positively impact their patients' lives. We are not asking for special treatment as Physicians, but please-do not make our jobs harder by burdening us with administrative tasks or any other tasks which takes our away from providing what we are trained to do-Direct Patient Care.

Sincerely,

Shay Mayya, MD
SASH Health Care Services