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October 4, 2021

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,

Thank you for the opportunity to provide feedback on the Centers for Medicare and Medicaid Services (CMS) Inpatient Rehabilitation Facility Review Choice Demonstration (IRF RCD). As an executive at Ascension Providence and a local member of the Waco community, we recently welcomed a new rehabilitation hospital into our service area. I want to raise concerns on what the demonstration as proposed could do to patients who rely on the care provided at rehabilitation hospitals and facilities.

Rehabilitation hospitals provide critical, needed care to those patients recovering from complex conditions including stroke, traumatic brain and spinal cord injury and other conditions, including some patients recovering from COVID-19. These patients are able to regain function, cognition, and mobility to a point that they can return to a fairly normal life after receiving care in rehabilitation hospitals and facilities. I am concerned that the review choice demonstration may restrict access to rehabilitation hospital care for patients who need it if this moves forward.

It is my understanding that all rehabilitation hospitals in the chosen states will have all of their Medicare patients reviewed under this demonstration by contractors from a variety of backgrounds including registered nurses, therapists or physicians. Patients who are treated in rehabilitation hospitals have been certified by a physician that their care requires, and is suited for, the rehabilitation hospital setting. Under the review choice demonstration, there may be confusion between the physicians who certify patients' IRF admissions and the contracted auditors and reviewers, due to differences in medical experience and training. I am concerned that such confusion will lead to a decrease in patients' access to rehabilitation hospital care.

When rehabilitation physicians and auditors disagree, especially if it consistently involves a specific type of patient, it could lead to rehabilitation hospitals not accepting those patients for treatment due to the administrative burden and costs of appealing the denial. When that happens, the patients are the ones who lose out, as they are entitled to rehabilitation hospital care under Medicare, but such burdensome processes and reviews make this impossible.

I urge you to reconsider the review choice demonstration for rehabilitation hospitals, the patients treated in these settings will be the ones hurt through this process.

Thank you,

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