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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

October 4, 2021

RE: Patient Access to Inpatient Rehabilitation Hospitals

Administrator Brooks-LaSure,

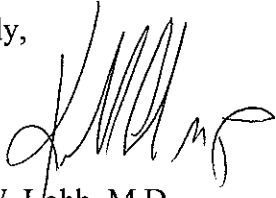
My name is Dr. Kelly Lobb; I have practiced Physical Medicine and Rehabilitation for 20 years. After reading literature within my peer specialty group, it is my understanding that the Centers for Medicare and Medicaid Services (CMS) is considering the implementation of a new process that will require Inpatient Rehabilitation Facilities (IRF's) to submit to a review process for all Medicare claims submitted to the agency for payment. As a healthcare provider specializing in this area, I hope you will focus your attention and resources on addressing the concerns outlined by IRF providers and other healthcare stakeholders, specifically the potential for decreased patient access to rehabilitation hospital services.

IRF's play a critical role in the health care of the community it serves. The ability to admit inpatient rehab appropriate patients efficiently from the acute care hospitals has allowed IRF's to play a vital role in the continuum of care for medically complex patients. This allows the acute hospitals more time focus on the more critical patients. Per the current MCR requirements, it is an IRF's responsibility to carry out an intense rehabilitation program and medically manage patients in order for them regain their independence, return to their homes and communities and lead an active life.

As a Physical Medicine & Rehabilitation (PMR) physician, it is my legal and ethical responsibility to review each potential patient's medical history to ensure they meet IRF criteria. We are trained to make sound medical decisions as to the level of care that will result in the best outcomes for our patients. Accepting patients that do not meet the MCR IRF requirements would put the physician at risk for a financial penalty.

If this demonstration is rolled out, I am concerned it will directly affect the amount of time that physicians have to actually provide care to patients due to the risk of claim denials and administrative appeals. CMS should withdraw this flawed demonstration model and allow physicians to use their expert knowledge and training for admitting patients into inpatient rehabilitation hospitals.

Sincerely,

A handwritten signature in black ink, appearing to read 'K. W. Lobb', with a stylized flourish at the end.

Kelly W. Lobb, M.D.