

10/7/2021

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

Administrator Brooks-LaSure,

My name is Dr. Muhammed Naeem, and I am a community advocate for stroke patients in Bedford, TX. I am writing today to raise concerns about the Centers for Medicare and Medicaid Services' (CMS) Review Choice Demonstration for Inpatient Rehabilitation Facilities (IRF RCD).

Inpatient rehabilitation hospitals are an instrumental part of the healing process for patients recovering from a stroke [or other medical diagnosis, as applicable to the author], as well as other debilitating, complex conditions. The therapy and around the clock care provided in these hospitals is in large part why patients can return home to their families after recovering. I have seen patients enter a rehabilitation hospital unable to walk, and then leave on their own two feet, which is a miraculous sight for these patients, their caregivers and family.

We are concerned that this level of care, the intensive rehabilitation therapy provided at rehabilitation hospitals, will become inaccessible for many patients because of the review choice demonstration. These patients, many of whom are Medicare beneficiaries, go through an extensive certification process to enter rehabilitation hospitals. Questioning the judgment of their physicians on the level of care their patients need through the demonstration would be detrimental to patient access. Patients eligible and certified as needing rehabilitation hospital care are entitled to receive such care under the Medicare benefit.

By questioning the judgment of physicians on medical necessity of rehabilitation care for these patients, some rehabilitation hospitals may choose not to admit certain patient types which have produced higher denial rates, forcing patients to access care at a lower acuity setting. Stroke patients in particular should be treated in rehabilitation hospitals, and those patients forced to seek care in other settings may have worse outcomes overall due to the effects of the review choice demonstration.

In conclusion, as a patient advocate in Bedford, TX, I hope CMS reconsiders and does not move forward with a review choice demonstration in rehabilitation hospitals.

Thank you,

A handwritten signature in blue ink, appearing to read "M. Naeem", with a horizontal line drawn underneath the name.