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Comments Received :

RE: Patient Access to Inpatient Rehabilitation Hospitals

Dear Administrator Brooks-LaSure:

It is my understanding that the Centers for Medicare and Medicaid Services (CMS) 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 am a PA and have been in practice for 20 years. From a professional standpoint I have seen remarkable recoveries and progress as a result of inpatient rehab. Patients have a much better outcome and chance at gaining their independence with IRF hospitals as opposed to the results I see coming out of skilled nursing. I hope you will focus your attention and resources on addressing the concerns outlined by IRF providers and other healthcare stakeholders, particularly the potential for decreased patient access to rehabilitation hospital services.

From a personal standpoint my father and aunt have been in IRF for two different diagnoses. They were not able to be independent prior to their stay and with inpatient rehab they gained their full independence and were able to return home. This is a huge impact on patient's as well as their families. IRF focuses on intense therapy to return patient to their lives as they were before their accidents or illnesses.

Each IRF plays a critical role in the health care of the community that it serves. They are an essential part of the continuum of care for medically complex patients, who are often a part of a community's most vulnerable population. IRFs provide intensive rehabilitation and medical management that enables beneficiaries to recover, regain their motor skills, return to their homes and communities, and resume active lives.

The current design of this demonstration has the potential to alter the types of patients who receive the medical rehabilitation that is provided in IRFs. This demonstration 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, they provide critical 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.

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 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.

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 reduce administrative burden, increased flexibility and meaningful support in order to positively impact their patients' lives.

Sincerely,
Shannon Polone,PA-C