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Received Date : 10/07/2021 10:36 PM

Comments Received :

October 7, 2021

Chiquita Brooks-LaSure, Administrator

Shalanda Young, Acting Director

Submitted electronically to www.regulations.gov

Re: Proposed Review Choice Demonstration (RCD) for Inpatient Rehabilitation Facility Services (CMS-10765)

Dear Administrator Brooks-LaSure and Acting Director Young:

I am a physiatrist in Lima, Ohio and I am writing to strongly oppose the proposed Review Choice Demonstration (RCD) for Inpatient Rehabilitation Facilities (IRFs).

Physiatrists have a key role in admitting appropriate patients to IRF's for intensive, coordinated, multidisciplinary rehabilitative care. A 100% pre-claim or post-payment review of all Medicare beneficiary admissions by a third party, Medicare Audit Contractors, will fundamentally transform the kinds of patients who have access to IRF care, taking admission decisions out of the hands of trained rehabilitation physicians and placing them in the hands of non-physicians who perform nothing more than an after-the-fact paper review of the record. This will fundamentally alter the patients who have access to IRF care.

This demonstration will introduce significant access issues for patients in need, despite CMS' claims to the contrary, exacerbating pre-existing barriers to access for IRF patients. Medicare beneficiaries are patients in need of complex care and close monitoring, and IRF patients have more complex needs than patients appropriate for other PAC settings.

This demonstration will create even more provider burden than already exists, as physicians are dangerously burnt out. I appreciate that in recent years, CMS has recognized the importance of reducing provider burden across the Medicare program and implore CMS to maintain that effort now. The proposed demonstration would add a significant burden to our work because physicians and other clinical members of the rehab team will be required to prepare the documentation for the pre-claim or post-payment reviews for a shocking 100% of claims. CMS states that only clerical staff will be involved in this documentation – this will clearly not be the case, especially since most hospitals have eliminated clerical staff. In addition, the kind of information required for this type of review requires a physician to review the patient file and defend medical necessity, which is time consuming, especially with review of 100% of charts.

CMS offers that "trained nurse reviewers" will determine if a patient requires IRF services. CMS agreed in its most recent version of the RCD that physicians would be involved, but only a rehabilitation physician that meets the regulatory requirements for admitting patients should be permitted to deny claims at the MAC. IRF coverage requirements require a "rehabilitation physician" to direct IRF care and determine admission. A nurse reviewer who has never met the patient should not have the ability to override the admitting physician's determination.

An alternative option to this proposal to ensure Medicare dollars are appropriately and efficiently spent in IRFs is to require tighter regulatory standards for the role of rehabilitation physician.

If CMS insists on moving forward with this demonstration in the face of widespread opposition, I insist that this demonstration be delayed until after the COVID-19 public health emergency as physicians are already over worked and burned out from caring for patients with post COVID syndrome on top of our regular patients.