

[October 8, 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:

It is my understanding that the Centers for Medicare and Medicaid Services (CMS) is considering a demonstration that will require Inpatient Rehabilitation Facilities to submit to a review process for all Medicare claims submitted to the agency for payment. As a patient advocate for rehabilitation hospital services and a recovering Brain Injury from a brain tumor I hope you will focus your attention and resources on addressing the concerns outlined by IRF providers, particularly the potential for decreased patient access to rehabilitation hospital services.

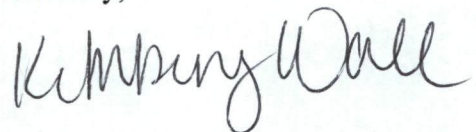
IRF played a critical role in my recovery after I woke up from brain surgery and couldn't swallow, talk, use my right hand or walk. I was able to get quick access to the care I needed and they helped me be able to go home to my family. With this proposed new requirement I don't feel people will get the access to the care they deserve. I know several people in the community that have required quick access to this level of care. Inpatient rehab is 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.

Sincerely,

A handwritten signature in black ink, reading "Kimberly Wall". The signature is written in a cursive, flowing style. The first name "Kimberly" is written with a large, prominent 'K' and the last name "Wall" is written with a large, prominent 'W'. The signature is positioned below the word "Sincerely,".

Kimberly Wall