

June 13, 2018

The Honorable Alex Azar
Secretary
U.S. Department of Health & Human Services
200 Independence Ave., SW
Washington, D.C. 20201

The Honorable Seema Verma
Administrator
Centers for Medicare & Medicaid Services
200 Independence Ave., SW
Washington, D.C. 20201

File Code: CMS-1688-P: Fiscal Year 2019 Proposed IRF PPS Rule/FY2020 Proposed New Case Mix System

Dear Secretary Azar and Administrator Verma:

On behalf of our more than 200 member hospitals and health systems, including both hospital-based units and freestanding inpatient rehabilitation facilities (IRFs), the Florida Hospital Association (FHA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) fiscal year (FY) 2019 inpatient rehabilitation facility prospective payment system (IRF PPS) proposed rule. Our comments will focus on the proposal to stop using the Functional Independence Measure (FIMTM) to assess patients' functional abilities and deficits and on the proposed changes to rehabilitation physician protocols.

As published in the May 8, *Federal Register*, for the FY2020 payment year, CMS proposes to cease using the FIMTM instrument and associated function modifiers that help assign payment for each patient. The FIMTM data elements and measurement scale are used to score both motor and cognitive function at admission and discharge. As proposed, CMS would remove the FIMTM items 29 through 39 to instead use 22 data items from the quality indicators section of the IRF patient assessment instrument (IRF-PAI) to assign payment.

The FHA is very concerned that finalizing policies such as this that have major payment ramifications informed by only one year of data is wholly inconsistent with the core premise of the Improving Medicare Post-Acute Care Act of 2014 (IMPACT Act) of developing a complete evidentiary basis prior to anticipated reforms. We believe that CMS should withdraw the proposal, allowing IRFs to continue reporting through the FIMTM tool and for the data to continue as the basis for the payment system until such time as there has been sufficient time to study the accuracy of the quality indicators.

While we recognize that one of the justifications for the proposal from CMS is to reduce administrative burden on the providers, such a complex change should not be undertaken absent industry assessment and consensus as to the validity and reliability of the program's foundation. Clinicians have only been using the IMPACT Act quality indicators since 2017, which is much

too soon to determine their appropriateness for use in the IRF PPS. While clinicians are quite familiar with the use of the FIM™, the assessment process for the IMPACT Act items is new and not as well understood as it uses a different functional rating scale. The FHA encourages CMS to study and evaluate the accuracy and reliability of the IMPACT Act data as well as the implications of using a different data source before changes are made to the IRF PPS. Once such a validation is complete, the data should be utilized in a fashion that is consistent with the IMPACT Act's overarching purpose of informing policymakers on broader post-acute care payment and delivery reforms alternatives.

In the proposed rule, CMS also proposes two changes to reduce burden on rehabilitation physicians. First, the initial physician evaluation following an admission would be allowed to count as one of the three required face-to-face visits per week. In addition, a rehabilitation physician could lead the required weekly interdisciplinary team via video or teleconference without any additional documentation requirements.

The FHA strongly supports these proposals and urges CMS to adopt them for the new fiscal year. Both actions will serve to reduce physician burden and facilitate better patient care.

The FHA appreciates the opportunity to provide these comments for consideration in finalizing the IRF PPS rule. If there are questions on these comments, please do not hesitate to contact me at kathyr@fha.org.

Sincerely,



Kathy Reep
Vice President/Financial Services