

June 17, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
200 Independence Avenue, SW
Washington, DC 20201

Subject: CMS-1710-P; Medicare Program; Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Federal Fiscal Year 2020 and Updates to the IRF Quality Reporting Program

Dear Ms. Verma:

On behalf of our more than 200 member hospitals and health systems, the Florida Hospital Association (FHA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) proposed rule for the inpatient rehabilitation facility (IRF) prospective payment system for fiscal year (FY) 2020 and updates to the IRF Quality Reporting program. We are concerned that the proposed changes to the patient assessment instrument and payment methodology will have a significant impact on how patients are grouped into specific case mix groups (CMGs), the establishment of payment weights and length of stay values for each CMG, and determination of the final payment amounts for patients.

When CMS proposes important changes in policy and payment methodology, it generally makes available case level data and information in the form of an impact file and limited data set file. This is common practice under the acute care hospital and outpatient PPS systems and for recent payment changes for other post-acute provider types. Such information was not released for the proposed FY2020 rule. Because stakeholders have not been able to obtain the data and information needed, we remain unable to evaluate the proposed weighted motor score methodology and resulting allocation of weight values and offer meaningful comments, including potential alternatives.

With the lack of data to allow providers to better assess the impact of this proposed rule, we recommend that CMS not finalize the proposal to weight the motor score for FY 2020. Rather, the Sections GG/H assessment items should remain unweighted until such time that CMS releases the necessary data and engages with stakeholders to develop a weighted motor score. Such an approach would facilitate the development of a weighted motor score that utilizes data from Sections GG/H assessments derived from the patient case mix and classification processes under the IRF PPS and not exclusively from data collection for quality reporting processes.

The FHA supports the proposal that IRFs are to determine who qualifies as a “rehabilitation physician” or medical director under the IRF PPS, and respectfully urge CMS

to finalize this proposal. The proposal reinforces that rehabilitation hospitals, alone, are responsible for determining who is qualified to provide medical rehabilitation care and services to their patients, and formally clarifies and codifies the autonomy that rehabilitation hospitals have always had in making these determinations. This clarification is needed, and we respectfully appreciate CMS recognizing such need and addressing it through the proposed definition of a “rehabilitation physician.”

FHA appreciates the opportunity to provide comments on the proposed rule. If you have any questions, please do not hesitate to contact me kathyr@fha.org.

Sincerely,

A handwritten signature in black ink that reads "Kathy Reep". The signature is written in a cursive, flowing style.

Kathy Reep
Vice President/Financial Services