



Maryland
Hospital Association

June 25, 2018

Seema Verma, Administrator
Centers for Medicare & Medicaid Services
Department of Health & Human Services
Attention: CMS-1688-P, Mail Stop C4-26-05,
7500 Security Boulevard,
Baltimore, Maryland 21244-1850

Dear Ms. Verma:

On behalf of the 64 members of the Maryland Hospital Association (MHA), we appreciate the opportunity to comment on the proposed Inpatient Rehabilitation Facility Prospective Payment System (IRF PPS) rule. The rule proposes to change the functional assessment measures that are the key driver of how beneficiaries are grouped together for payment. We believe the Centers for Medicare & Medicaid Services (CMS) decision to recommend their use for payment is premature. We urge CMS to delay a definitive decision to use the new “section GG” measures for payment in fiscal 2020. Instead, utilize at least the next year to evaluate the reliability and validity of the measures as they’re used in practice.

We recognize the value of uniform measures across settings of care to assess beneficiaries’ needs and abilities. Adoption of the CARE tool for all continuing care settings is an important step that will allow CMS and clinicians to evaluate which settings are best suited to meet beneficiaries’ needs. Identifying the setting which produces the best outcomes for individual conditions and beneficiaries’ needs will support Medicare total cost of care savings. We support the intention to harmonize payments for similar beneficiaries in different settings. However, it is premature to conclude that the functional assessment measures in “section GG” are ready for use in determining case-mix groupings and payment.

As part of the quality reporting requirements, rehabilitation facilities have been collecting the proposed new measures from “section GG” of the CARE tool since October 2016. However, more due diligence is required for utilizing data that will drive the most fundamental aspects of reimbursement. Clinicians report that the guidance received during training on the CARE tool has been inconsistent and additional training and experience with the tool is needed. There has not been adequate opportunity to evaluate how clinicians across the nation have been using the measures and providers have not had enough experience comparing how they use the CARE tool measures to how others are using them. Although the measures have been pilot tested, it is not clear whether, in practice, they are being used consistently.

The proposal to eliminate the Functional Independence Measure (FIM) and utilize the CARE tool for case-mix grouping will redistribute revenue across facilities. Although the redistribution is intended to be revenue neutral to Medicare, individual facilities are unable to predict how their revenue will change. Providers have no insight into which elements may drive case-mix groupings and reimbursement for a patient assessed with the CARE tool compared to the FIM. This blind spot leaves providers unprepared and unable to budget for the change in revenue expected with use of a new tool. We recommend CMS evaluate and make available to providers at least one year's worth of data comparing FIM ratings, case-mix groupings and reimbursement compared to the same information when driven by the CARE tool. This additional time will allow CMS and providers to better understand whether the measures are working as intended.

The IMPACT Act mandated use of uniform measures across settings of care to *inform* policymakers on post-acute payment and care delivery alternatives. Deciding now to utilize these measures for payment precludes the opportunity for policymakers to evaluate patterns of care and make informed decisions. We urge CMS to delay a decision to use the new "section GG" measures for payment in fiscal 2020. Instead, utilize at least the next year to evaluate the reliability and validity of the measures as they're used in practice.

Thank you for the opportunity to comment on the fiscal year 2019 IRF PPS Proposed Rule.

Sincerely,



Traci La Valle
Vice President
Maryland Hospital Association