



Maryland
Hospital Association

June 17, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Room 445-G
Washington, DC 20201

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

Dear Ms. Verma:

On behalf of the Maryland Hospital Association's (MHA) 61-member hospitals and health systems, we appreciate the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) fiscal year (FY) 2020 proposed rule for the Inpatient Rehabilitation Facility (IRF) prospective payment system (PPS). We would appreciate further thought and consideration on the implications of the redistribution of case mix groups (CMGs) given their disparate impact. Additionally, we recommend a phased-in approach of the use of the proposed weighted motor score methodology based on additional data.

The proposed rule is the first significant reform of the CMGs since the IRF PPS was implemented in 2002. Changes to the IRF PPS must continue to balance incentivizing value-based care and ensuring Medicare beneficiaries have access to intensive and specialized rehabilitation programs offered by IRFs. Given that IRF revenue will fluctuate unpredictably as a result of the proposed rule, IRFs operations will be impacted. Additionally, our members say it has been difficult to replicate and analyze the impact of various technical aspects of the proposed rule due to a lack of adequate data and information.

While we appreciate the intent of the CMG reforms, we request CMS to be thoughtful in its approach to implementation given the disparate operational impacts. We therefore ask CMS to aid IRFs through data-sharing to ensure proper planning for these reforms.

We support the CMS proposed definition of a "rehabilitation physician." The proposed definition reinforces that rehabilitation hospitals are responsible for determining who is qualified to provide medical rehabilitation care services to patients. We appreciate the proposal to codify that each IRF can make its own determination whether a physician qualifies as a rehabilitation physician. This autonomy and underlying flexibility is of particular value to IRF members who often employ and are led by board-certified psychiatrists.

Thank you for your time and consideration of these comments on this proposed rule. We look forward to working with CMS as the process continues. If you have any questions, please contact Neal Karkhanis, Director of Government Affairs at nkarkhanis@mhaonline.org or Maansi Raswant, Vice President, Policy at mraswant@mhaonline.org.

Respectfully,

A handwritten signature in black ink, appearing to read 'Neal Karkhanis', with a long horizontal flourish extending to the right.

Neal Karkhanis
Director of Government Affairs

cc: Maansi Raswant, Vice President, Policy