June 15, 2020

Seema Verma  
Administrator  
Centers for Medicare & Medicaid Services  
Attention: CMS-1729-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

SUBMITTED VIA REGULATIONS.GOV

RE: Comments to Notice of Proposed Rulemaking entitled “Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2021” (85 FR 22065) (CMS-1729-P)

Dear Administrator Verma:

Thank you for the opportunity to provide input on the Centers for Medicare and Medicaid Services (“CMS”) Notice of Proposed Rulemaking entitled “Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2021” (Vol. 85 Federal Register 22065, April 21, 2020) (CMS-1729-P) (“Proposed Rule”).

The Arizona Hospital and Healthcare Association ("AzHHA") is Arizona’s largest statewide trade association for hospitals, health systems, and affiliated healthcare organizations. We represent short-term acute care, behavioral health, post-acute care, and critical access hospitals, as well as their affiliated clinics and staff. AzHHA is also contracted with the state of Arizona, the federal government, and private foundations to administer programs to improve quality of care, patient safety, and emergency preparedness. AzHHA and its over 80 members are united with the common goal of improving healthcare delivery in Arizona.

In furtherance of this goal, we support efforts to reduce unnecessary regulatory burdens on healthcare providers. In the Proposed Rule, CMS proposes removing the post-admission physician evaluation ("PAPE") requirement. We believe that a comprehensive pre-admission evaluation is sufficient to determine whether a Medicare beneficiary is an appropriate candidate for care in an inpatient rehabilitation facility ("IRF") and that eliminating the PAPE requirement would constitute a helpful reduction in administrative burden for providers. Therefore, we urge CMS to finalize this proposal to eliminate the PAPE requirement.
In contrast, our members have expressed concern about CMS’ proposal to allow non-physician practitioners to perform certain patient care and oversight functions that are currently required to be performed by rehabilitation physicians. As you know, IRFs treat patients that are medically complex and require intense rehabilitation. The role of the rehabilitation physicians is extremely important for IRF patients’ overall recovery. We believe a physician-led approach to patient care within the IRF setting outweighs any incremental operational flexibility that could be gained by this proposal.

Furthermore, we believe this proposal may be inconsistent with Medicare’s IRF benefit structure, which explicitly requires supervision of each patient by a rehabilitation physician. Current regulations acknowledge the importance of rehabilitation physicians conducting regular face-to-face visits with the patient in order to “assess the patient both medically and functionally, as well as to modify the course of treatment as needed to maximize the patient's capacity to benefit from the rehabilitation process.” See 42 C.F.R. section 412.622(a)(3)(iv).

Due to our concerns that rendering the rehabilitation physician’s role as optional in the IRF setting would be inconsistent with current regulations and incompatible with promoting optimal health outcomes, AzHHA cannot support finalization of this proposal.

We appreciate the opportunity to comment on the Proposed Rule and thank you for your consideration. Should you or your staff wish to discuss these comments, please feel free to contact me directly at 602-445-4304 or djohnston@azhha.org.

Sincerely,

Debbie Johnston
Senior Vice President, Policy Development