June 17, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW, Room 445-G
Washington, D.C. 20201

Re: 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; Proposed Rule (Federal Register, Vol. 84, No. 79, April 24, 2018)

Dear Ms. Verma:

On behalf of our 43 hospital-based and free-standing rehabilitation facility members, the Illinois Health and Hospital Association (IHA) is taking this opportunity to formally comment on the proposed rule establishing new policies and payment rates for hospital rehabilitation services for federal fiscal year (FFY) 2020. IHA has concerns with one particular provision and presents the following comments for your consideration:

**FACILITY-LEVEL ADJUSTMENTS:** For the sixth consecutive fiscal year, CMS has proposed no changes to the facility-level adjustment factors, continuing to apply factors based on 2014 data. These adjustments include the Low-Income Patient (LIP) adjustment, the teaching adjustment and the rural adjustment. The agency justifies this factor “freeze” by stating that it continues to evaluate claims data. **IHA supports this approach, but requests that when CMS is ready to incorporate updated factors, it shares the data upon which it bases its revisions in order for it to be properly vetted by the field.**

**WEIGHTING OF ADMISSION MOTOR SCORE:** To improve CMS’ ability to predict patient costs, CMS proposes to replace the previously finalized unweighted motor score with a weighted motor score to assign patients to CMGs. In order to meaningfully comment on the effect of the proposed motor score changes, **IHA requests that CMS make public the data is used to make this proposal and allow its analyses and conclusions to be vetted by the field.**
DEFINITION OF A “REHABILITATION PHYSICIAN”: Currently, a rehabilitation physician is defined as “a licensed physician with specialized training and experience in inpatient rehabilitation.” CMS proposes that the determination of whether or not a particular physician meets these criteria should be made by the inpatient rehabilitation facility. IHA supports this proposal.

Ms. Verma, thank you again for the opportunity to comment. If you have any questions or comments regarding this letter, please contact Sandy Kraiss, Vice President of Health Policy and Finance, at 630-276-5522 or skraiss@team-iha.org.

Sincerely,

A.J. Wilhelmi
President & CEO
Illinois Health and Hospital Association