

Congress of the United States
Washington, DC 20515

July 25, 2018

The Honorable Seema Verma, Administrator
Centers for Medicare & Medicaid Services
7500 Security Blvd.
Baltimore, MD 21244

Dear Administrator Verma:

Medicare beneficiaries rely on rehabilitation hospitals and hospital-based units (i.e. IRFs) to care for and rehabilitate the patients in our communities who have experienced major medical events, such as traumatic brain injuries, spinal cord injuries, and strokes. As Medicare seeks to change how these patients' functional abilities and impairments are assessed and categorized under the Inpatient Rehabilitation Facility Prospective Payment System ("IRF PPS"), we ask that the analyses be conducted to ensure there are no adverse impacts on Medicare beneficiaries who need and benefit from inpatient rehabilitation hospital care.

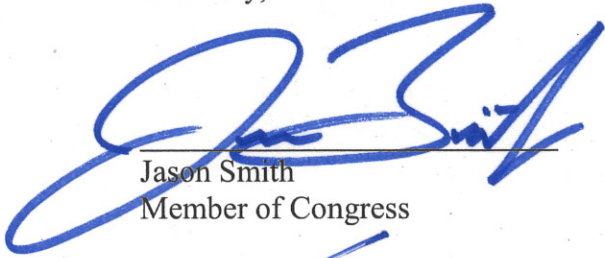
Specifically, in the Proposed Rule for the FY 2019 Inpatient Rehabilitation Facility Prospective Payment System ("IRF PPS") Proposed Rule, CMS seeks to discontinue the use of clinical data derived from certain functional assessment items within the existing IRF assessment instrument, and to begin utilizing data collected by a new set of functional assessment items which providers started collecting in October 2016.

We believe the proposal to eliminate the use of a longstanding patient assessment framework should be done with thoughtful and careful consideration of the impact on patients. We request specific answers to the following questions:


1. Given that IRF providers have only been collecting the new assessment data elements for a little over a year, what recent studies or correlation analyses has CMS performed to determine that the assessment data generated by the new Section GG is sufficiently reliable for use in the IRF payment system?
2. What is CMS doing to ensure that providers understand how to use the new functional assessment items consistently across different locations and post-acute settings?
3. What additional training or resources will CMS provide to IRF providers to eliminate any confusion associated with collecting the new assessment data?
4. Why has CMS proposed this new IRF patient assessment framework without assigning any weights to the new functional assessment items?
5. How did CMS determine which new functional assessment items should be used for purposes of IRF patient classification, and which ones should not?

The accuracy, efficacy, and validity of the new items should be sufficiently understood in order to appreciate how it may impact patient care. In this regard, many of our IRF constituents have conveyed their concerns that such understanding and validation is insufficient. For that reason we thank you for your careful attention to these questions and concerns.

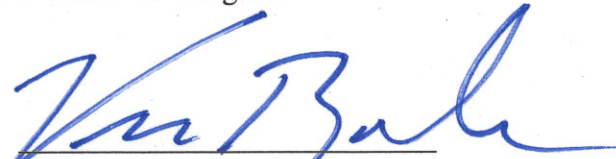
Sincerely,



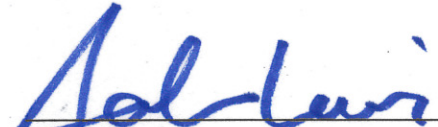
Jason Smith
Member of Congress




Terri Sewell
Member of Congress



Vern Buchanan
Member of Congress



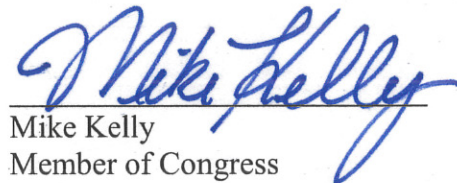
John Lewis
Member of Congress




Kenny Marchant
Member of Congress




Mike Thompson
Member of Congress



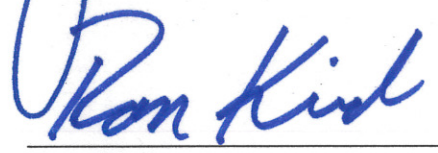
Mike Kelly
Member of Congress



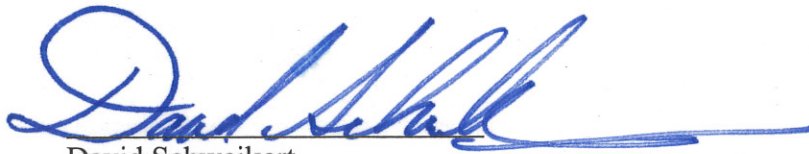
John B. Larson
Member of Congress



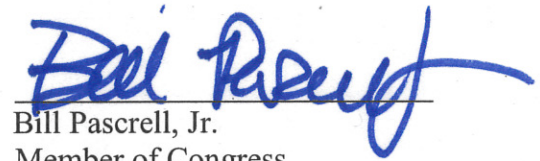
Tom Rice
Member of Congress



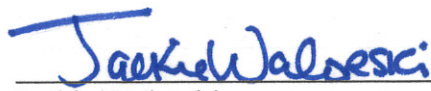
Ron Kind
Member of Congress



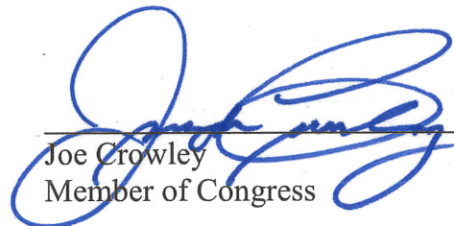
David Schweikert
Member of Congress



Bill Pascrell, Jr.
Member of Congress



Jackie Walorski
Member of Congress



Joe Crowley
Member of Congress

Mike Bishop

Mike Bishop
Member of Congress

Danny K. Davis

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