



October 5, 2023

RE: AMRPA Time-Sensitive Request for More Streamlined & Transparent Medicare Certification Processes for Inpatient Rehabilitation Hospital Providers

Dear CMS Chronic Care Policy Group & Center for Program Integrity Leaders,

On behalf of the American Medical Rehabilitation Providers Association (AMRPA) and our inpatient rehabilitation hospital members, we write to convey our strong concern with the significant delays and administrative burdens that our members have experienced with the new Medicare certification processes for new inpatient rehabilitation hospitals and units (referred to by the Centers for Medicare and Medicaid Services (CMS) as inpatient rehabilitation facilities, or “IRFs”). The Medicare certification process – through which IRFs must obtain a CMS Certification Number (CCN) and complete a “tie-in” once the CCN is issued – is a prerequisite for IRFs to submit claims for Medicare payment and apply for contracts with Medicare Advantage (MA) payers, among other essential functions for new IRF providers. Given that Medicare is a dominant payer for IRFs, the timing issues experienced under the new processes create serious fiscal pressures for new providers. AMRPA therefore seeks immediate CMS action and oversight to ensure that new IRFs are not deterred from opening and that patient care is not jeopardized by lengthy and access to unnecessary certification delays.

As background, AMRPA is the national trade association representing more than 700 freestanding inpatient rehabilitation hospitals and rehabilitation units within acute care hospitals. Our hospitals and units focus on the care and functional recovery of some of the most vulnerable patients, such as individuals with traumatic brain injury, stroke, and spinal cord injury. Due to the highly complex patient population treated by our members, IRFs incur several distinct costs compared to other providers – such as advanced rehabilitation technologies, emergency response/prepared capabilities, and specialized staffing costs, including physicians and rehabilitation nurses. Recent inflationary pressures and contract labor costs have compounded these issues for all providers, particularly new IRFs. This cost structure makes it vitally important that new IRFs can immediately start processing claims for both traditional Medicare and Medicare Advantage once they begin providing services, particularly with Medicare beneficiaries representing such a high percentage of overall IRF discharges.

Despite the time-sensitivity regarding IRFs’ initial cash flow, AMRPA members have historically reported delays and process variabilities among the numerous entities involved in certification – including Medicare Administrative Contractors (MACs), CMS Regional Offices (now referred to as the CMS Survey & Operations Group locations (SOG locations)), the Center for Program Integrity Provider Enrollment Oversight Group (CPI PEOG), accrediting organizations, and state survey agencies. AMRPA understands that CMS looked to address these issues by creating a more streamlined and consistent process for IRF certification beginning in late 2022, with the MACs assuming the primary role in the CCN issuance/tie-in process and CPI PEOG performing an

oversight role. While AMRPA strongly supported CMS' efforts to improve and modernize the certification process, we understand that transition-related issues have resulted in even greater inconsistency across states, CMS Regional Offices, and MACs.

The delays that IRFs reported before the implementation of this new process have been exacerbated, with some members reporting delays longer than *150 days* from the time that they anticipated receiving a CCN and completing the tie-in process. Perhaps of greatest concern, AMRPA members are being referred to different entities as the primary authority on the new process, raising serious questions about how this new process is being overseen and how AMRPA members (and AMRPA itself) can work with CMS to ensure the most egregious delays are promptly resolved. These issues represent major financial obstacles for new IRFs and may ultimately deter providers from opening new hospitals and units – which would particularly disadvantage those patients in areas already struggling with adequate IRF capacity.

We further note that CMS recently granted new opening-related flexibilities to IRF units in the FY 2024 IRF PPS final rule, with CMS asserting that such changes are aligned with the goals of “reduc[ing] burden and complexity and mak[ing] it easier to open a new IRF unit.” While these regulatory changes will certainly help advance these goals, their overall impact will be limited unless CMS simultaneously addresses certification-related delays.

The immediate need for improved transparency and process-related education across entities involved with IRF certification is best illustrated by recent AMRPA member experiences. The following reports from the field are illustrative examples of the administrative and financial burdens facing many IRFs seeking certification:

- After facing an unexpected delay involving its CCN application, one member reached out to its MAC to inquire about its CCN status. The MAC responded that it was not aware of any new CCN process and directed the IRF to the SOG. The SOG initially offered to assist, but after several weeks, the SOG ultimately informed the IRF that the MAC is now the only entity that could issue the CCN. After multiple attempts to reach the MAC, the IRF was subsequently informed that the MAC was still not aware of the new process, and the IRF was once again directed to the SOG. The IRF was required to take out loans to remain operational through this lengthy and unnecessary delay.
- One AMRPA member reported that their hospital completed a lengthy CCN issuance and tie-in process, only to face issues in opening its IRF Internet Quality Improvement & Evaluation System (iQIES) account because the MAC and SOG locations had not submitted all required information into the applicable database. Difficulties in contacting the MAC and SOG to obtain the required information exacerbated the IRFs' delay in completing the certification process.
- One IRF system member reported a scenario in which two of its hospitals (in different states) that report to the same MAC were instructed to comply with entirely different CCN issuance processes, with a hospital in one state being directed to work with its SOG and the hospital in the other state being directed to work with the MAC. As expected, these separate processes also resulted in different timeframes under which the system's hospitals received

their CCNs, despite the fact that the new process was intended to address these types of variabilities.

These member experiences clearly demonstrate the need for a more consistent, transparent, and efficient certification process for all Medicare providers, particularly inpatient rehabilitation hospitals and units. In addition to ensuring that all entities involved in the CCN issuance and tie-in process have clearly defined roles and responsibilities – and that such roles and responsibilities are communicated to providers, along with appropriate points of contact – CMS must ensure that there is an appropriate oversight body that can ensure that CPI, MACs, SOG locations, and state survey agencies are all performing their assigned functions in a timely and comprehensive manner. Given the number of issues that have been reported since the 2022 system transition and the ongoing delays reported by members, we respectfully request that CMS undertake an immediate response to our concerns.

We have appreciated CMS’ partnership in resolving IRF enrollment and payment issues in the past, and AMRPA stands ready to provide any assistance that may be necessary to resolve the current certification issues facing new IRF providers. If you have any questions related to our concerns or recommendations, please contact Kate Beller, AMRPA Executive Vice President for Policy Development and Government Relations, at KBeller@amrpa.org, or Troy Hillman, AMRPA Director of Quality and Health Policy, at THillman@amrpa.org.

Sincerely,



Anthony Cuzzola
Chair, AMRPA Board of Directors
VP/Administrator, JFK Johnson Rehabilitation Institute, Hackensack Meridian Health