



January 19, 2021

Submitted via [NQF Portal](#)

Re: MAP MUC 2020 Comment Period – MUC20-0044 “SARS-CoV-2 Vaccination among Healthcare Personnel”

The American Medical Rehabilitation Providers Association (AMRPA) appreciates the opportunity to submit second round comments in response to the Measure Under Consideration (MUC) MUC20-0044 “SARS-CoV-2 Vaccination among Healthcare Personnel” following the MAP Post-Acute Care/Long-Term Care Workgroup meeting earlier this week. AMRPA is the national trade association representing more than 650 freestanding inpatient rehabilitation facilities and rehabilitation units of acute-care general hospitals (IRFs).¹ The vast majority of our members are Medicare participating providers. In 2018, IRFs served 364,000 Medicare beneficiaries with more than 408,000 IRF stays.²

AMRPA appreciates the Workgroup’s consideration of our initial comments submitted on January 6, 2021 and the recognition of many of the points we raised in your January 11 Workgroup meeting. AMRPA therefore strongly supports the subsequent vote for “do not support with potential for mitigation” with respect to MUC20-0044. AMRPA recognizes the importance of including diverse and well-designed quality measures that distinguish high-quality care in the IRF QRP. We also acknowledge how critical vaccination against COVID-19 is to mitigate the pandemic and the importance of ensuring IRFs receive top prioritization for vaccine distribution. However, for a number of policy and implementation-related concerns, AMRPA believes CMS must delay inclusion of MUC20-0044 in the IRF QRP for at least a year and provide considerably more detail on its planned approach in the intervening months. AMRPA believes a number of questions must be addressed before the aforementioned measure can adequately differentiate high-quality rehabilitation care, provide meaningful information to discharge planners, patients and caregivers, and not unfairly penalize a hospital for circumstances outside its control (for example, if the surveillance occurred shortly before an employee was to receive their next dose). We would appreciate the opportunity to engage with NQF as it undertakes this analysis and applaud the current direction of your work in this area.

AMRPA thanks the National Quality Forum for allowing us the opportunity to provide feedback on the inclusion of COVID-19 vaccination among healthcare personnel in the IRF QRP.

¹ Inpatient rehabilitation facilities (IRFs) – both freestanding and units located within acute-care hospitals – are fully licensed hospitals that must meet Medicare Hospital Conditions of Participation (COPs) and provide hospital-level care to high acuity patients. IRFs’ physician-led care, competencies, equipment and infection control protocols are just some of the features that distinguish the hospital-level care provided by IRFs from most other PAC providers.

² MEDICARE PAYMENT ADVISORY COMM., REPORT TO THE CONGRESS, MEDICARE PAYMENT POLICY xiii-xxvi (2020).

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AMRPA stands ready to work with NQF to help ensure meaningful quality measures continue to be included in the IRF QRP. Should you wish to discuss these comments further, please contact Kate Beller, JD, AMRPA Executive Vice President for Government Relations and Policy Development (kbeller@amrpa.org / (973) 224-4501) or Remy Kerr, AMRPA Health Policy and Research Manager (rkerr@amrpa.org / (423-431-8401).

Sincerely,

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