



AMRPA Statement on Proposed CMS IRF Choice Review Demonstration

The American Medical Rehabilitation Providers Association (AMRPA) is greatly concerned about the potential impact of the Centers for Medicare and Medicaid Services' (CMS) "Review Choice" demonstration proposal announced today on beneficiaries' access to necessary care provided in inpatient rehabilitation hospitals (referred to by CMS as "IRFs"). At a time when hospitals across the country are already facing unprecedented challenges tied to the COVID-19 public health emergency – including staff shortages and capacity issues – the administrative burdens created by this demonstration could be devastating to the field. With a broken administrative appeals process delaying objective reviews of the medical necessity of these admissions, the demonstration would create a chilling effect on patient admissions that will drive patients to inappropriate settings of care and create barriers to medically necessary inpatient rehabilitation hospital services.

"Inpatient Rehabilitation Hospitals play a distinct, critical role in the post-acute care continuum, ensuring Medicare beneficiaries with the most serious injuries and illnesses, including COVID-19, can maximize their recovery," said Anthony Cuzzola, Chair of the AMRPA Board of Directors and Vice President of JFK Johnson Rehabilitation Institute, part of Hackensack Meridian Health. "Rehabilitation hospital admission decisions are made by highly trained physicians with decades of experience. Evidence clearly shows that denying patients' access to medically necessary rehabilitation services adversely impacts patient recovery and outcomes, and this demonstration will exacerbate this problem."

IRFs are unique among post-acute care settings, providing intensive, multi-disciplinary and physician-led rehabilitation services to seriously debilitated patients. IRFs continue to serve as front-line providers in the COVID-19 pandemic, both rehabilitating COVID-19 patients and serving as a critical backstop to acute-care hospitals. CMS is now proposing to put additional admission-related burdens on IRFs – despite the fact that timely access to hospital-level care has never been more important. The critical role that IRFs have played before and during the pandemic response is affirmatively demonstrated by CMS and Congress' waiver of numerous admission requirements during the COVID-19 emergency to enable timely admissions to IRFs. Future Medicare policy must facilitate access to these critical services among vulnerable Medicare beneficiaries, whereas this demonstration would have the opposite effect.

All patients admitted to an IRF must undergo a comprehensive screening by a licensed clinician before having their admission approved by a specialized rehabilitation physician. This is why AMRPA has long-disputed the CMS improper payment rate used as justification for this demonstration. Just last year, AMRPA was party to an unprecedented global settlement where CMS agreed to settle all outstanding appeals of denied Medicare IRF claims at the highest rate ever agreed to by the agency. This settlement serves as tacit recognition that Medicare contractors frequently deny IRF claims on faulty grounds. AMRPA therefore opposes this demonstration and the rationales provided for it, and urges CMS to instead work with the Association to identify more patient-centered and targeted methods for protecting both program integrity and patient access to medically necessary care.

About AMRPA

AMRPA is the nation's only trade organization dedicated solely to the interests of inpatient rehabilitation and represents more than 650 freestanding rehabilitation hospitals and rehabilitation units of general hospitals. AMRPA member hospitals help their patients maximize their health, functional ability, independence and participation in society so they are able to return to home, work or an active retirement. For more information, visit amrpa.org and follow AMRPA on [Twitter](#), [Facebook](#) and [LinkedIn](#).