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June 19, 2018

Seema Verma, Administrator  
Department of Health and Human Services  
Attention: CMS-1688-P  
P.O. Box 8016  
Baltimore, MD 21244-8016

**RE: Proposed FY 2019 Inpatient Rehabilitation Facility Prospective Payment System Payment and Policy Update Comments (CMS-1688-P)**

On behalf of its 143 hospital members, the Missouri Hospital Association offers the following comments in response to the Centers for Medicare & Medicaid Services' request for comments about the fiscal year 2019 inpatient rehabilitation facility proposed payment and policy updates.

**PHYSICIAN SUPERVISION REQUIREMENT**

CMS has proposed several revisions to certain IRF coverage requirements beginning in FY 2019. Specifically, CMS is proposing to allow the post-admission physician evaluation to count as one of the required face-to-face physician visits, to allow the rehabilitation physician to remotely conduct the interdisciplinary meeting without any additional documentation requirements, and to remove the requirement for admission order documentation. These proposals to reduce burden and allow for utilization of telemedicine capabilities are welcome strategies for increasing the efficiencies of IRF and are supported by MHA.

**FUNCTIONAL INDEPENDENCE MEASUREMENT**

MHA appreciates efforts by CMS to reduce reporting burden by removing duplicative patient assessment activities. However, we are concerned about the proposal to remove the functional independence measurement instrument and associated function modifiers in favor of data located in the quality indicators section of the IRF-PAI (patient assessment instrument) to determine a budget neutral case mix system for FY 2020. While the FIM™ instrument has a history of clinical utilization and validation, the functional and cognitive items mandated by the IMPACT Act have been in use beginning in FY 2017. Furthermore, these functional and cognitive items primarily were developed for the purpose of standardized quality assessment across post-acute care settings. These items have not been utilized long enough to adequately assess the accuracy, reliability and validity of these measures to group cases into a new case mix system. While MHA supports CMS' intent to reduce duplicative reporting burden, we would urge CMS to

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postpone the proposed removal and replacement of the FIM™ instrument for assigning cases into categories for the purpose of payment until the replacement items have been in use long enough to allow for scientific review and validation.

**ADVANCING HEALTH INFORMATION INTEROPERABILITY**

The IRF PPS proposed rule for FY 2019 includes a request for information for advancing health information interoperability through changes to the Conditions of Participation. On behalf of its members, MHA is opposed to promoting interoperability through the CoPs. This strategy would place additional regulatory, financial and operational burdens on hospitals and post-acute care providers who are reliant on outside information technology vendors. Hospitals and post-acute care providers do not have the technical expertise or financial resources to create interoperable platforms capable of allowing transfer of information between different systems and providers.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Landon', with a long horizontal flourish extending to the right.

Daniel Landon  
Senior Vice President of Governmental Relations

dl/djb