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Docket: CMS-2020-0159
(CMS-10765) - Review Choice Demonstration for Inpatient Rehabilitation Facility (IRF) Services

Comment On: CMS-2020-0159-0001
Agency Information Collection Activities; Proposals, Submissions, and Approvals

Document: CMS-2020-0159-DRAFT-0002
Comment on CMS-2020-0159-0001

Submitter Information

Name: Ronald Hirsch, MD
Address:
Elgin, IL, 60124
Email: rhirsch@r1rcm.com

General Comment

Re- CMS-10765/OMB control number: 0938-New

In the CMS document entitled- Review Choice Demonstration for Inpatient Rehabilitation Facility Services- that was posted on the PRA listing at https://www.cms.gov/regulations-and-guidancelegislationpaperworkreductionactof1995pra-listing/cms-10765

It states:

Resubmissions will require additional documentation, when available
o Post-admission physician evaluation:
The purpose of the post-admission physician evaluation is to document the patient's status on admission to the IRF (within 24 hours), compare it to that which is noted in

the preadmission screening documentation, and begin development of the patient's expected course of treatment.

In CMS-1729-F, the requirement for a post-admission physician evaluation has been eliminated. While it still may be performed, it is not required. While I understand that "when available" indicates that it may not always be available, the inclusion of "within 24 hours" sets a standard that is no longer required. I can envision a denial by a MAC stating "the post-admission assessment was performed 32 hours after admission and therefore the claim is denied."

This document should be changed and clarification added that a post-admission evaluation, no matter what time is was performed, may be used to support the claim.

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Comment On: CMS-2020-0159-0001
Agency Information Collection Activities; Proposals, Submissions, and Approvals

Document: CMS-2020-0159-DRAFT-0003
Comment on CMS-2020-0159-0001

Submitter Information

Name: Ronald Hirsch

General Comment

If records are reviewed as part of this program, either pre- or post-payment, the admission should then be exempt from audit by any audit agency at any time unless there is a credible fraud investigation. The past reviews by Maximus have clearly demonstrated that the contracted audit agencies are ill equipped to properly interpret the regulations regarding IRF admissions and qualifications.

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Comment On: CMS-2020-0159-0001
Agency Information Collection Activities; Proposals, Submissions, and Approvals

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Comment on CMS-2020-0159-0001

Submitter Information

Name: Juli Martin
Address:
Saginaw, MI, 48602
Email: JMartin@chs-mi.com

General Comment

I have been a Director for Inpatient Rehabilitation in Michigan for over 20 years. During this time, the amount of charts audits and chart review have become an overwhelming burden. My inpatient unit is very strict with admission and continued stay criteria in an effort to prevent denials post discharge. We accept less than 30% of the patients we screen. At this time, there is a significant disparity between the ability to admit patients with Medicare and the patients with Medicare Advantage due to over zealous denials and preferential discharge dispositions to skilled nursing facilities. Patients are being denied care they desperately need and deserve, because insurance companies are enacting rules that are not in accordance with CMS regulations. This new audit proposal once again perpetuates the myth that inpatient rehabilitation units are committing Medicare fraud. The burden to answer and appeal these audits is overwhelming to the staff that would rather focus on quality measures and enhancing

outcomes. With the RAC audits, CMS has incentivized their contractors to deny claims, without just cause.