From: Snyder, Suzanne
Sent: Monday, February 09, 2009 1:42 PM
To: 'IRFReporttocongress@chs.hhs.gov'
Subject: Monday February 9, 2009

I am not sure if I will get the chance to speak today at the open door forum. I wanted to pass on comments on behalf of my facility Carolinas Rehabilitation. Carolinas Rehabilitation is a 159 bed inpatient rehabilitation hospital in Charlotte, NC. We are a teaching hospital with a PM&R residency program of 11 residents. We are a research center and we are one of the 16 Brain Injury Model Systems. We are CARF accredited in 16 programs.

-75% Rule – in regards to the 60/75% rule we would ask you move away from the diagnostic categorization for selecting who is appropriate for rehabilitation. Often our "debility" patients are the most challenging and difficult to manage patients but we see significant practical improvement for them due to the application of acute inpatient rehabilitation. The 75% rule can and has limited admission to our facility for these types of patients (we include cancer, surgical complications, etc in this RIC category). The truth is that diagnosis alone cannot determine if a patient is appropriate for an IRF. In some regions, like ours, there is a large debility population that needs to be served to return to the community and lead purposeful lives. This debility population is larger than other regions and due to the lack of recognition of the variation of population needs our community is being underserved so we can meet the Medicare regulation. Applying a broad screen of accepted diagnoses denies access to needful patients.

-Medical necessity/appropriateness – Carolinas Rehabilitation has been subject to a Medicare Probe Audit (2006 to 2007). A total of 301 charts were requested by our FI. We have appealed each chart and we are still in the process of appealing to this day. Of our closed records 99.1% have been paid. Our success rate at the ALJ level is 93%. We have shown time and time again that our patients were admitted appropriately although it has been at great cost to our facility. Over the life of the Probe Audit we had a cash flow interruption of 4.2 million and 1.2 million dollars in reimbursement was denied. It is clear that the medical necessity criteria as applied were not reliable to determine appropriateness of inpatient admission to our facilities. We request that you create an expert consensus process using a Rehabilitation Advisory Panel to CMS to determine a clear definition for inpatient admissions that will allow auditors to reduce the amount of incorrect denials they are making.

Thank you for the opportunity to submit comments. I listened in on the February 2nd meeting and I hope you put great weight to the comments rendered by the AHA and AMRPA. They truly represent the IRF community and the best interests of Medicare beneficiaries.

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