

Congress of the United States

Washington, DC 20515

September 30, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Administrator Brooks-LaSure,

Inpatient Rehabilitation Facilities (IRFs) are a unique group of approximately 1,200 hospitals and hospital units. These facilities provide intensive rehabilitation therapy and sophisticated medical care to patients who are recovering from a major medical event. IRF care is covered by traditional Medicare, and is considered an essential service for beneficiaries when deemed “medically necessary.” Today we write to you about access to medically necessary inpatient rehabilitation care for MA enrollees.

By statute, Medicare Advantage must cover all services included under traditional Medicare (Parts A and B), including inpatient rehabilitation care. As the Centers for Medicare and Medicaid Services stipulates, “plans may not impose limitations, waiting periods or exclusions from coverage due to pre-existing conditions that are not present in original Medicare.”¹

Unfortunately, Medicare beneficiaries with MA may lack sufficient access to these facilities because CMS has not established network adequacy standards for IRFs within MA plan provider networks. This lack of network standards is unlike other post-acute settings of care, causing MA enrollees to face inadequate access to inpatient rehabilitation facilities. The Federal government is projected to spend hundreds of billions of dollars on MA within the next year. As stewards over these federal programs, we aim to ensure taxpayer dollars are spent on comprehensive, person-centered care that is commensurate with traditional Medicare services. To ensure MA plans are providing access to essential services, like IRF care, we urge CMS to add inpatient rehabilitation facilities to the MA network adequacy list at 42 CFR § 422.116. We also ask that CMS explore evaluating IRF utilization and prior authorization claims data from MA plans to further ensure patients are not receiving improper denials in IRF care.

Inpatient rehabilitation is an important form of care that helps patients recover from stroke, traumatic brain injury, spinal cord injury, or other injuries or illnesses leaving them debilitated. Our constituents deserve access to this high-quality setting of care with proven outcomes. According to clinical guidelines from the American Stroke Association, it is recommended that a patient recovering from a stroke specifically seek treatment at an available inpatient rehabilitation hospital due to the intensive medical care and physician oversight provided.² Clinical outcome data also demonstrate better functional outcomes for stroke

¹ CMS, Medicare Managed Care Manul, Ch. 4, 10.2.

survivors in inpatient rehabilitation hospitals compared to other care settings.³ Although more than half of all Medicare beneficiaries now receive coverage through an MA plan, MA patients utilize inpatient rehabilitation at less than half the rate of their counterparts in the traditional Medicare program.⁴

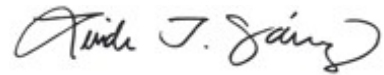
CMS' network adequacy standards at 42 CFR § 422.116 are designed to ensure MA enrollees have reasonable access to the same provider types as those who are enrolled in traditional Medicare. MA network adequacy time and distance standards exist for skilled nursing facilities, inpatient psychiatric hospitals, and acute care hospitals (among other provider types), but the current regulation's failure to recognize IRFs have resulted in no such protections for MA enrollees seeking inpatient rehabilitation care.⁵ We ask CMS help ensure access to inpatient rehabilitation by establishing a network adequacy standard for these facilities.

Thank you for your attention to this important matter. We look forward to receiving your response and continuing to work together on ways to improve health care programs for our senior population.

Sincerely,



Beth Van Duyne
Member of Congress



Linda T. Sánchez
Member of Congress



Carol D. Miller
Member of Congress



Earl L. "Buddy" Carter
Member of Congress



Terri A. Sewell
Member of Congress



John Joyce, M.D.
Member of Congress

² American Heart Association/American Stroke Association "[Guidelines for Adult Stroke Rehabilitation and Recovery: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association](#)" (May 2016).

³ Ickpyo Hong et al., "[Comparison of Functional Status Improvements Among Patients With Stroke Receiving Post-acute Care in Inpatient Rehabilitation vs Skilled Nursing Facilities](#)" (Dec. 2019) ("Care in an inpatient rehabilitation facility was associated with greater improvement in mobility and self-care compared with care in a skilled nursing facility, and a significant difference in functional improvement remained after accounting for patient, clinical, and facility characteristics at admission.").

⁴ In 2022, the utilization rate for IRF care in Medicare Advantage was only 0.4% versus 1.16% in traditional Medicare.

⁵ There are approximately 1,350 inpatient psychiatric hospitals in the United States, similar to the number of inpatient rehabilitation providers: 1,200.



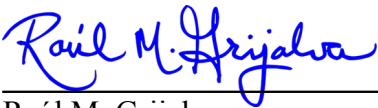
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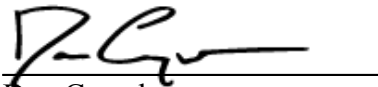
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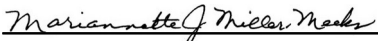
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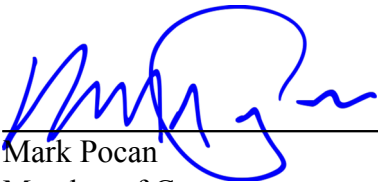
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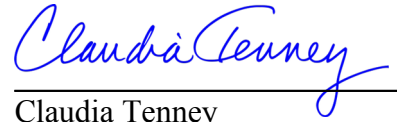
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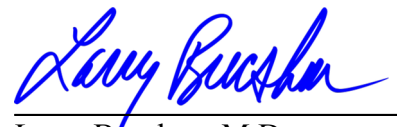
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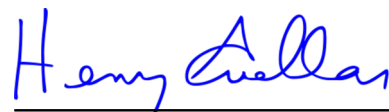
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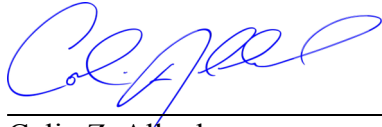
Steve Cohen
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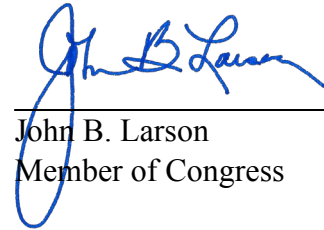
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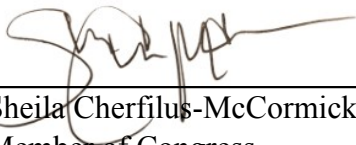
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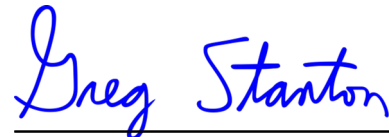
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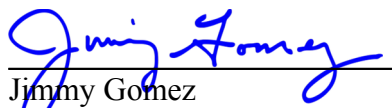
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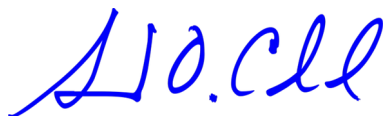
Brian Fitzpatrick
Member of Congress

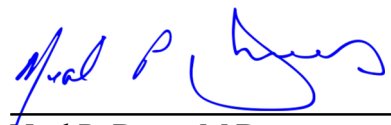

Jimmy Gomez
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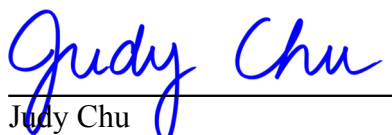

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