

**Submitter :** Mr. Larry Ragel  
**Organization :** Passavant Area Hospital  
**Category :** Hospital

**Date:** 05/17/2007

**Issue Areas/Comments**

**Proposed FY 2008 IRF PPS Federal  
Prospective Payment Rates**

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In the proposed rule it is acknowledged that rural referral centers have experienced declining operating margins with the average capital margin since 1997 of .26% overall and yet the impact of the proposed rule will further erode payments to rural hospitals. I am writing to express my strong objection to the rules as proposed. Specifically the "behavioral offset" of 2.4% to account for upcoding as well as the reduction in capital payments for rural hospitals. This results in an overall reduction in payments to rural hospitals at a time when additional reporting requirements for quality indicators and new reporting requirements for "present on admission" are being imposed. Our inpatient Medicare payor mix is more than 70% and increasing. It is difficult for hospitals invest in new equipment and technology to continue to provide adequate services to the communities we serve in an environment of escalating costs and reduced reimbursement. Perhaps the behavioral offset could be applied to urban/teaching hospitals where the tendency to upcode may be more pronounced based on the complexity and volume of services provided.

**Submitter :** Ms. Michael Worley  
**Organization :** St. Mary's Health System  
**Category :** Physical Therapist

**Date:** 05/29/2007

**Issue Areas/Comments**

**75 Percent Rule Policy**

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05/29/2007

Department of Health and Human Services  
Centers for Medicare and Medicaid Services  
42 CFR Part 412

Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2008

RE: 75 Percent Rule Policy

I am writing to request reconsideration of the proposal to exclude co-morbidities from qualifying patients for inpatient rehabilitation. The proposal is scheduled to go into effect for patients discharged after July 1, 2008.

This proposal will prevent patients from receiving care that could allow them to function independently in the community and live at a higher quality of life. Not only is this beneficial to the patient, it reduces the burden on the health care system.

As an example, a morbidly obese patient with a knee replacement faces special challenges related to regaining mobility and independence. To deny that person access to the aggressive rehabilitation services of an inpatient rehabilitation facility increases the potential for a sedentary, dependent lifestyle. This not only lowers the quality of life for that individual, it also increases the risk for additional health problems. There is also additional burden placed on the health care delivery system to provide the care needed for daily living and for treatment of the complications associated with decreased mobility.

This proposal views patients as a diagnosis and does not take into account the holistic person. It is at odds with many of the quality improvement programs which CMS is encouraging and endorsing. It is my sincere hope that this provision will be removed before the regulation is finalized. Please allow those patients with special needs the opportunity for an optimal quality of life and avoid further burdening of an already strained health care delivery system.

Thank you for your consideration of this matter.

Sincerely,

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CMS-1551-P-2-Attach-1.DOC