



March 28, 2016

Statement of Principles

Patient Access to Medical Rehabilitation in Medicare Advantage Plans

The undersigned members of the Coalition to Preserve Rehabilitation (CPR)¹ support this statement of principles on patient access to rehabilitation services in Medicare Advantage (MA) plans. While this statement of principles addresses Medicare Advantage plans specifically, CPR believes that similar principles should be applied to all managed care plans, including in Medicaid and the private market.

Our Medicare Advantage principles are as follows:

1. Medicare Advantage Plans Must Acknowledge the Critical Role of Rehabilitation in Patient-Centered Care

- a. **Rehabilitation is Fundamental:** Access to rehabilitative services and devices is of primary importance to the functional status and quality of life of beneficiaries with injuries, illnesses, disabilities and chronic conditions regardless of age. Rehabilitation includes a wide array of skilled therapy and other services and devices to improve, maintain, and slow deterioration of a patient's ability to function, and services to achieve these ends are medically necessary and covered by the Medicare program.²
- b. **Rehabilitation Outcomes:** Rehabilitation is effective and efficient patient care in that it increases the likelihood of improved long-term health, restored function, return to work, and independent living in the home and community, and maintains or slows deterioration of a patient's condition. MA plans should provide high quality rehabilitation services and measure functional outcomes and quality of life, including the use of patient-reported outcome measures.
- c. **Rehabilitation Team Approach:** In the case of inpatient rehabilitation facilities (IRFs), appropriate rehabilitation is determined by a rehabilitation physician in consultation with an interdisciplinary rehabilitation team of professionals by matching the individual's unique medical/functional needs and desired and achievable health outcomes with the level of intensity and mix of rehabilitation services and devices provided in a variety of rehabilitation settings.

¹ CPR is a coalition of national consumer, clinician, and membership organizations that advocates for policies to ensure access to rehabilitative care so that individuals with injuries, illnesses, disabilities and chronic conditions can regain and/or maintain their maximum level of health and independent function.

² *Jimmo v. Sebelius* settlement.

- d. Individualized Assessment: Medicare Advantage plans must support, enable and recognize the need for an individualized assessment of each patient, and rehabilitation coverage decisions must be based on these assessments. Beneficiaries should be engaged in the development of their person-centered plan of care which should include consideration of a person’s desired health outcomes, personal goals and aspirations, life experiences, and preferences for services and supports. Coverage decisions must be based on an individual’s medical and functional needs. For example, the rehabilitation needs of a patient recovering from a hip or knee replacement are significantly less than a person recovering from a catastrophic medical event such as a stroke, traumatic brain injury or spinal cord injury. Coverage decisions should be *not* be based on treatment norms, “rules of thumb,” or policies designed for the “average” patient or designed to achieve short-term cost savings at the expense of long-term patient outcomes.

2. **MA Plans Must Provide Access to at Least the Same Services and Care as Those Available to Beneficiaries in “Regular” Medicare**

- a. Consistent Level of Access: Beneficiaries participating in the Medicare Advantage program are entitled to the same level of access to rehabilitation care as beneficiaries in the regular Medicare program (i.e., fee-for-service program).³
- b. Medicare Coverage Criteria Prevails: Medicare Advantage plans must use Medicare coverage criteria in determining the appropriate setting, level of intensity and coordination, and mix of services to meet the individual needs of each MA patient. If an MA patient meets Medicare’s coverage and medical necessity requirements for a given type or setting of rehabilitation care, the MA patient must be afforded access to that setting of care.
- c. Undue Reliance on Proprietary Guidelines Prohibited: Medicare Advantage plans must not rely solely on, or give undue weight to, proprietary coverage guidelines (e.g., Milliman or Interqual guidelines) when making coverage and medical necessity decisions.

3. **Medicare Advantage Plans Must Not Erect Barriers to Rehabilitative Care**

- a. Must Adhere to *Jimmo*: Medicare Advantage plans must cover skilled therapy and skilled nursing services provided to beneficiaries in the skilled nursing facility setting, home health setting, and outpatient setting in order to assist the patient in improving and maintaining their condition or slowing the deterioration of the patient’s condition.⁴
- b. Access Barriers Prohibited: Medicare Advantage plans must not erect unnecessary or unreasonable barriers to rehabilitation care in any setting, such as prior authorization requirements that delay care, unnecessary documentation requirements, additional appeals requirements, or any other requirement not otherwise included in the regular Medicare fee-for-service program.

³ 10 42 C.F.R. § 422.10(c); § 422.101(a); § 422.101(b); MMCM, ch. 4 § 10.2.; and MMCM, ch. 4 § 10.3.

⁴ *Jimmo v. Sebelius* settlement.

- c. “Cherry Picking” Prohibited: Medicare Advantage plans must not employ tactics or otherwise seek to “cherry pick” patients by limiting the breadth of rehabilitation providers in their networks, contracting with physically or programmatically inaccessible medical facilities, or implementing policies designed to drive patients to other MA plans—or back to the regular Medicare program—by unreasonably denying or delaying appropriate, person-centered rehabilitation care.

- d. Must be Efficient, Transparent, and Competent: Medicare Advantage plans must execute timely and transparent decisions and appeals. To this end, Medicare Advantage plans must also have knowledgeable reviewers with rehabilitation expertise. These reviewers should have authority to make coverage decisions with oversight from a medical director with expertise in rehabilitation.

Signed,

CPR Steering Committee

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Endorsing Organizations

Academy of Spinal Cord Injury Professionals
ACCSES
American Association on Health and Disability
American Academy of Physical Medicine and Rehabilitation
American Congress of Rehabilitation Medicine
American Heart/Stroke Association
American Medical Rehabilitation Providers Association
American Music Therapy Association
American Occupational Therapy Association
American Physical Therapy Association
American Speech-Language-Hearing Association
American Therapeutic Recreation Association
Amputee Coalition
The Arc of the United States
Association of Academic Physiatrists
Association of Rehabilitation Nurses
Association of University Centers on Disabilities
Brain Injury Association of America
Center for Medicare Advocacy
Christopher and Dana Reeve Foundation
Disability Rights Education and Defense Fund
Easter Seals
Falling Forward Foundation
Lakeshore Foundation
National Association for the Advancement of Orthotics and Prosthetics
National Association of State Head Injury Administrators
National Council for Behavioral Health
National Council on Independent Living
National Disability Rights Network
National Multiple Sclerosis Society
National Stroke Association
Paralyzed Veterans of America
Parkinson's Action Network
Uniform Data System for Medical Rehabilitation
United Cerebral Palsy
United Spinal Association