



October 21, 2011

Donald M. Berwick, MD, MPP
 Administrator
 Centers for Medicare and Medicaid Services
 Department of Health and Human Services
 Attention: CMS-9982-P, CMS-9982-NC

RE: Proposed Rule and Notice for Comment on Summary of Benefits and Coverage and Uniform Glossary [CMS-9982-P], [CMS-9982-NC]

Dear Administrator Berwick:

I write on behalf of the Commission on Accreditation of Rehabilitation Facilities (“CARF”) to submit written comments on the proposed rule and notice for comment regarding the disclosure of the summary of benefits and coverage (SBC) and the uniform glossary to be made available to consumers within the new health insurance exchanges, as mandated by the Patient Protection and Affordable Care Act, amended by the Health Care and Education Reconciliation Act of 2010 (collectively known as the Affordable Care Act or “ACA”).

CARF is an international nonprofit accrediting organization providing accreditation in the health and human services fields—focusing on the areas of medical and vocational rehabilitation, employment, mental and behavioral health, substance abuse treatment, and community services for children, families, and the aging. It is critical to health insurance consumers with disabilities and chronic conditions, and those that acquire disabilities and conditions after purchasing insurance, that the Centers for Medicare and Medicaid Services (“CMS”) as well as the Department of Health and Human Services (“HHS”) appropriately define ACA’s medical terms related to rehabilitation services and devices.

It is similarly important that standards and consumer documents also reference the standards for accreditation, licensure and certification of providers and suppliers of health care services.

I. Definition of Rehabilitation

CARF supports the adoption in the health insurance exchanges of consumer materials developed by the National Association of Insurance Commissioners (NAIC) in coordination with the NAIC’s Consumer Information Subgroup, that define rehabilitation and other services and devices. It is important that consumers understand the definitions of medical terms such as

“rehabilitation,” “habilitation,” and “durable medical equipment” when making comparisons in benefit packages between private health plans under the exchanges.

“Rehabilitation Services” (as defined by NAIC)

Health care services that help a person keep, get back or improve skills and functioning for daily living that have been lost or impaired because a person was sick, hurt or disabled. These services may include physical and occupational therapy, speech-language pathology and psychiatric rehabilitation services in a variety of inpatient and/or outpatient settings.

“Habilitation Services” (as defined by NAIC)

Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn’t walking or talking at the expected age. These services may include physical and occupational therapy, speech language pathology and other services for people with disabilities in a variety of inpatient and/or outpatient settings.

“Durable Medical Equipment” (as defined by NAIC)

Equipment and supplies ordered by a health care provider for everyday or extended use. Coverage for DME may include: oxygen equipment, wheelchairs, crutches or blood testing strips for diabetics.

As the premier accreditation organization for the medical rehabilitation field, CARF supports, on behalf of our accredited organizations, the emphasis on *functioning* for daily living, and participation in life roles, in the NAIC’s rehabilitation and habilitation definitions. These services are critical in assisting people with disabilities and chronic conditions to maintain their independence in the community and avoid secondary conditions by helping them improve, restore, maintain or prevent deterioration of their ability to function and participate in daily life.

It is also important that consumers understand that rehabilitation and habilitation services encompass inpatient and outpatient care in a variety of settings, such as an inpatient rehabilitation hospitals, acute hospitals, skilled nursing facilities, long term care hospitals, home health agencies, private practices and other settings. In addition, the reference in the definition of rehabilitation to “psychiatric” rehabilitation services is an important type of service to include in this definition and addresses needed care for a whole sector of the population whose rehabilitation needs are not purely physical.

In addition, CARF supports the current definition of durable medical equipment or “DME,” and agrees that this term should not be defined as medical equipment that is useful “in the patient’s home” only, as the Medicare program describes it. This exclusionary language in the definition of Medicare DME has prevented individuals from accessing medical equipment needed to be mobile and as independent as possible in the community setting. Community participation is a key quality outcome of effective rehabilitation and is embedded in CARF’s standards as well as the World Health Organization’s International Classification of Function. Durable medical equipment represents a range of assistive technologies and devices that are

critical to the independence and well being of people with disabilities and chronic illnesses. In addition, we would like to alert you to the fact that the terms “orthotics” and “prosthetics” were not separately defined by the NAIC and that the Secretary of HHS has not included definitions for orthotics and prosthetics in the materials included in the proposed rule. Categorizing O&P care under the definition as DME applies a spectrum of rules intended for DME to a field that is very different in critical respects and causes problems in appropriately regulating the provision of orthotic and prosthetic care. This is the reason why the Medicare program defines DME separately from O&P and uses the term “DMEPOS,” (durable medical equipment, prosthetics, orthotics, and supplies) to describe these items and related services.

II. Licensed, Certified or Accredited Providers

CARF appreciates the focus on qualified professionals in the definition of “Provider.” In all settings, high quality care should be provided by fully accredited programs and appropriately licensed and credentialed professionals. As the cost of healthcare and human service programs continues to rise in this country and as the population continues to age and require more advanced, intensive services, the demand for independent, objective performance evaluation of our government-supported programs will also increase. Accreditation, licensure and certification are important mechanisms to measure quality and accountability of health care providers and the services and devices they provide, which is particularly important for individuals with complicated or comorbid conditions.

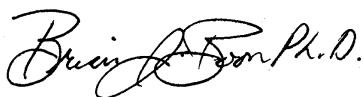
“Provider” (as defined by NAIC)

A physician (M.D. – Medical Doctor or D.O. – Doctor of Osteopathic Medicine), health care professional or health care facility *licensed, certified or accredited as required by state law.*” (Emphasis added.)

We note the absence of reference to federal accreditation requirements under this definition and request the Secretary to consider adding such references in this definition. CARF, therefore, recommends that HHS edit the definition of “provider” in the glossary of terms. While licensure is traditionally regulated by the state, several federal health care programs including the Veterans Administration and Medicare have federal accreditation requirements for certain health care programs and facilities. These requirements should also be recognized in the definition, and we recommend that the definition be edited to read “... licensed, certified or accredited *by a national third party accreditation system as required by state and federal law.*”

Thank you for the opportunity to comment on the proposed rule and notice for comment on the summary of benefits and coverage and glossary of terms.

Sincerely,



Brian J. Boon, Ph.D.
President/CEO