Honorable Greg Waldon Chairman Energy & Commerce Committee 2123 Rayburn House Office Building Washington, DC 20515

Honorable Michael C. Burgess Chairman Health Subcommittee 2123 Rayburn House Office Building Washington, DC 20515

Dear Chairmen and Ranking Members,

Honorable Frank Pallone Ranking Member Energy & Commerce Committee 2322A Rayburn House Office Building Washington, DC 20515

Honorable Gene Green Ranking Member Health Subcommittee 2322A Rayburn House Office Building Washington, DC 20515

We, the undersigned Long-Term Acute Care Hospitals (LTCHs), respectively request that you wait to move forward on any post-acute care unified payment policy until all reports required by the Improving Medicare Post-Acute Care Transformation Act of 2014 (IMPACT Act), Public Law 113–185, are delivered to Congress.

Our group represents not-for-profit LTCHs of varying sizes from across the United States who collectively serve thousands of Medicare patients with the most complex care needs. We deliver care to diverse populations ranging in age, socio-economic background, and regions of the country --both urban and rural settings. As we pride ourselves on our expertise with high acuity patients, we only take patients meeting LTCH criteria, and we maintain the highest level of care and standing in our facilities. Our member LTCHs regularly meet to share "best practices," and offer a distinctive, united opinion on the proposed post-acute care policies.

Recently, government and outside groups have suggested that Congress could, and should, move forward with a proposed interim unified post-acute care payment system. The IMPACT Act requires submission of standardized data across post-acute care settings to compare quality leading to an updated payment system. As with most facilities within the post-acute care space, we comply with these submission requirements. Both the Centers for Medicare and Medicaid Services (CMS) and the Medicare Payment Advisory Commission (MedPAC) will utilize the collected data to deliver a final report to Congress on a proposed unified prospective payment system for post-acute care settings 5-years following the enactment of the IMPACT, or 2022. We are in agreement with the objective of proper payment for quality health care that is equitable across all settings however, the constant and conflicting changes in policy over the past decade has led to enormous uncertainty for our future resource needs. We strongly urge you to wait for these final reports from CMS and MedPAC rather than moving forward with any interim legislative overhaul of the post-acute payment system, so that any new system fully takes into account current data, quality, outcomes, acuity levels, and sites of service.

We appreciate your consideration of our observations for the future of a unified post-acute payment system. Please use us as a resource as you continue the legislative process.

Sincerely,

Asheville Specialty Hospital Asheville, NC

Aultman Specialty Hospital Canton, OH

Carolinas ContinueCARE Hospital at Kings Mountain Kings Mountain, NC

Carolinas ContinueCARE Hospital at Pineville Charlotte, NC

Carolinas ContinueCARE Hospital at University
Charlotte, NC

ContinueCARE Hospital at Baptist Health Corbin Corbin, KY

ContinueCARE Hospital at Baptist Health Masisonville Madisonville, KY

Continue CARE Hospital at Baptist Health Paducah Paducah, KY

ContinueCARE Hospital at Hendrick Medical Center Abilene, TX

ContinueCARE Hospital at Medical Center Odessa, TX

ContinueCARE Hospital at Midland Memorial Midland, Texas

ContinueCARE Hospital at Palmetto Health Baptist Columbia, SC

Continuing Care Hospital, KentuckyOne Health Lexington, KY

Craig Hospital Denver, CO

Gaylord Specialty Healthcare Wallingford, CT

HealthEast Bethesda Hospital St. Paul, MN

Henry Ford Allegiance Specialty Hospital Jackson, MI

Presence Holy Family Medical Center Des Plaines, IL

Regional Hospital for Respiratory and Complex Care - CHI Franciscan Seattle, WA

Shepherd Center Atlanta, GA

Tyler ContinueCARE Hospital Tyler, TX