



May 29, 2024

Chiquita Brooks-LaSure, Administrator  
Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
7500 Security Boulevard  
Baltimore, MD 21244-1850

Re: CMS-1804-P; Medicare Program; Inpatient Rehabilitation Facility Prospective Payment System for Federal Fiscal Year 2024 and Updates to the IRF Quality Reporting Program  
Submitted electronically via <http://www.regulations.gov>

Dear Administrator Brooks-LaSure,

Trinity Health appreciates the opportunity to comment on policies set forth in CMS-1804-P. Our comments and recommendations reflect a strong interest in public policies that support better health, better care and lower costs to ensure affordable, high quality, and people-centered care for all.

Trinity Health is one of the largest not-for-profit, Catholic health care systems in the nation. It is a family of 123,000 colleagues and more than 26,000 physicians and clinicians caring for diverse communities across 26 states. Nationally recognized for care and experience, the Trinity Health system includes 88 hospitals, 135 continuing care locations, the second largest PACE program in the country, 136 urgent care locations and many other health and well-being services. Trinity Health has 15 medical groups with 1,324 primary care providers and 4,193 specialty care providers. Based in Livonia, Michigan, its annual operating revenue is \$21.5 billion with \$1.4 billion returned to its communities in the form of charity care and other community benefit programs.

Trinity Health has 17 Clinically Integrated Networks (CINs) that are accountable for approximately 2 million lives across the country through alternative payment models. Our health care system participates in 14 markets with Medicare Shared Savings Program (MSSP) Accountable Care Organizations (ACOs), which includes eleven markets partnering in one national MSSP Enhanced Track ACO, Trinity Health Integrated Care. All of these markets participated in the “enhanced track”, which qualifies as an advanced alternative payment model (AAPM). Two of the 14 markets also participate in CPC+. In addition, we have participated since 2014 in the Bundled Payments for Care Improvement Advanced (BPCIA) initiative and the Comprehensive Care for Joint Replacement (CJR) program across 37 hospitals. Our work—and experience in value-based contracting—also extends beyond Medicare as illustrated by our participation in 123 non-CMS APM contracts.

Trinity Health is largely supportive of, or has no comments, on most the proposed rule. However, we have the following comments on the IRF Quality Reporting Program (QRP):

For the FY 2028 IRF QRP (beginning with patients admitted on October 1, 2026), CMS is proposing the adoption of four new items in the IRF Patient Assessment Instrument (PAI) as standardized patient assessment data elements under the following Social Determinants of Health (SDOH) categories: (1) living situation, (2) food, and (3) utilities.

In addition, beginning with FY2028 CMS proposes a modification of the transportation item under the SDOH category. These proposed transportation modifications will improve and align data collection.

Trinity Health fully supports modifying the transportation question and collecting the response only at admission. Trinity Health recommends CMS take this a step further and change the collection requirements for all items in the SloH/SDoH categories to admission-only, as this response is not going to change between admission and discharge for the vast majority of patients.

#### IRF-Patient Assessment Instrument (PAI)

The IRF PAI has nearly doubled in length over the last five years, which has significantly increased burden for IRFs. We urge CMS to do a comprehensive review on PAI components to determine whether any of the items can be removed to reduce burden on providers.

#### **Conclusion**

We appreciate CMS's ongoing efforts to improve policies across the delivery system. If you have any questions on our comments, please feel free to contact me at [jennifer.nading@trinity-health.org](mailto:jennifer.nading@trinity-health.org) or 202-909-0390.

Sincerely,

/s/

Jennifer Nading  
Director, Medicare and Medicaid Policy and Regulatory Affairs  
Trinity Health