



**Government & External Affairs**  
1776 West Lakes Parkway, Suite 400  
West Des Moines, IA 50266  
unitypoint.org

June 4, 2021

Administrator Chiquita Brooks-LaSure  
Centers for Medicare and Medicaid Services (CMS)  
Department of Health and Human Services  
Attention: CMS–1746-P  
P.O. Box 8016  
Baltimore, MD 21244–8016

RE: CMS–1746-P - Medicare Program; Prospective Payment System and Consolidated Billing for Skilled Nursing Facilities; Updates to the Quality Reporting Program and Value-Based Purchasing Program for Federal Fiscal Year 2022; published at Vol. 86, No. 71 Federal Register 19954-20022 on April 15, 2021.

Submitted electronically via <http://www.regulations.gov>

Dear Administrator Brooks-LaSure,

UnityPoint Health appreciates this opportunity to provide comments on this proposed rule related to SNF rates, quality reporting and value-based purchasing. UnityPoint Health is one of the nation’s most integrated health care systems. Through more than 33,000 employees and relationships with more than 480 physician clinics, 40 hospitals in urban and rural communities, and 14 home health agencies throughout our 9 regions, UnityPoint Health provides care throughout Iowa, central Illinois and southern Wisconsin. In addition, UnityPoint Health partners with over 100 Skilled Nursing Facilities (SNF) through our Accountable Care Organization, UnityPoint Accountable Care (UAC).

UnityPoint Health appreciates the time and effort of CMS in developing this proposed rule. We respectfully offer the following input on specific areas outlined below:

### **Proposed SNF PPS Rate Setting Methodology and FY 2022 Update**

*CMS is proposing a 2.3 percent market basket update for FY 2022.*

**Comment: UnityPoint Health supports this update.**

### **Skilled Nursing Facility (SNF) Quality Reporting Program (QRP)**

*CMS is seeking input on the importance, relevance, appropriateness, and applicability of each of the measures and concepts under consideration listed in Table 27 for future years in the SNF QRP. Measures include: Frailty, Patient Reported Outcomes, Shared Decision-Making Process, Appropriate Pain Assessment and Pain Management Processes, and Health Equity. In addition, CMS is proposing a new measure for the SNF QRP Beginning with FY 2023 SNF QRP: COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) measure.*

**Comments:**

Proposed New Quality Reporting Measures – UnityPoint Health opposes measuring COVID-19 Vaccination Coverage among Healthcare Personnel (HCP) as a quality measure for a number of reasons as outlined here. **First, the proposed measure is premature as the COVID-19 vaccine is currently approved only under an emergency use authorization (EUA).** We are unaware that HHS has mandated COVID-19 vaccines; however, through a number of CMS proposed rules currently within the public notice and comment period, it appears that CMS is indirectly mandating vaccines for healthcare workers via its proposal to measure, and potentially tie, COVID-19 vaccination adherence to reimbursement. Today, UnityPoint Health reports this information under the HHS COVID-19 reporting requirement as directed through the federal public health emergency (PHE) and thus, additional reporting of this measure becomes duplicative. In addition, SNFs as well as other sites of service typically keep employee health records outside of their electronic health record (EHR) due to health privacy concerns. With that said, attempting to identify and collect data on employee vaccine adherence is inherently difficult and burdensome. **UnityPoint Health appreciates CMS' attempts to curb the devastating impact of the COVID-19 pandemic; however, we have concerns with operationalizing this through a proposed quality measure.**

Future Quality Reporting Measures – UnityPoint Health supports developing future quality measures and appreciates that CMS has signaled some areas of interest so that providers are engaged more downstream in this process.

- Frailty – **UnityPoint generally supports quality measures on the topic of Frailty.** The SNF patient population is at a high risk for falls and, as such, UnityPoint Health has implemented process improvement initiatives developing screenings addressing frailty and fall risks. UnityPoint Health has utilized a number of frailty assessments such as Johns Hopkins Health Care Solution Frailty Assessment Calculator and BIDMC of Boston Senior Health Calculator as well as the CMS Kautter model. UnityPoint Health looks forward to further details around this topic as they are proposed.
- Patient Reported Outcomes - UnityPoint Health places an elevated importance on patient safety and patient experience. As a health system, UnityPoint Health has surveyed patients and families for a number of years and values patient reported outcomes as key data in improving the safety and experience of the patients and communities served. **Understanding that patient reported outcomes are subjective, it is important to analyze and develop strategies that improve safety and the experience of our patients. UnityPoint encourages CMS to partner with providers to better understand the development of future measures in this space.**
- Appropriate Pain Assessment and Pain Management Processes - With a focus on the opioid epidemic, appropriate pain management become somewhat of a delicate and challenging subject. Often patients are not discharged with pain medications and many times they arrive at SNFs with acute pain. As a result, these SNF patients struggle to gain early strides in recovery due to uncontrolled pain management, which may impact patient lengths of stay goals, in some cases by an extra 24 to 48 hours. **UnityPoint Health agrees this is an area to focus on and would recommend stakeholder involvement to address transitions of care concerns.**
- Health Equity – UnityPoint Health values health equity and will be sharing our recommendations in our comment letter to CMS-1752-P, Hospital Inpatient Prospective

Payment Systems (IPPS).

- **Other: Advance Directives** – Within a SNF care setting, advance directives become vital in ensuring patient wishes are understood and delivered upon across care settings. UnityPoint Health uses IPOST as a gold standard and this has proven to work well in reduction of readmissions. **UnityPoint Health feels additional focus should be placed on advance directives, specifically during transitions of care.** Should CMS decide to prioritize this measure, UnityPoint Health recognizes that performance readiness will vary by provider. Instead of penalizing providers for poor performance, **UnityPoint Health recommends either a pay for reporting quality measurement timeframe and/or coupling quality measurement with funding for advance directive training.**

As new measures are developed, **UnityPoint Health encourages CMS to uphold concepts of meaningful measures in streamlined measure sets. This includes balancing current and new measures to maintain consistency and reduce reporting burden.**

### Skilled Nursing Facility Value-Based Purchasing Program (SNF VBP)

*CMS is seeking comments on measures and measure concepts considered for an expanded SNF VBP Program measure set.*

**Comment:** UnityPoint Health will be focusing our comments on length of stay (LOS). Many UnityPoint Health SNFs care for short-term transitional care patients with an average LOS of 14 days. The functional outcomes currently reported by CMS are problematic for these types of facilities. The ‘less than 100 day’ category is too large to differentiate quality outcomes while achieving cost savings with a shorter length of stay. Therefore, transitional SNFs appear to have inferior performance when compared to long-term care SNF that average a higher number of days within the ‘less than 100 day’ category. **UnityPoint Health recommends comparing the Minimum Data Set section GG: Functional Abilities and Goals with LOS to develop an outcome ratio.** Because functional status directly impacts LOS, this recommendation would take into account greater LOS with more complex patients exhibiting lower functional abilities assessment scores.

### Request for Information

#### A. Fast Healthcare Interoperability Resource

*CMS is seeking feedback on future plans to define digital quality measures for the SNF QRP. CMS is also seeking feedback on the potential use of Fast Healthcare Interoperable Resources (FHIR) for dQMs within the SNF QRP aligning where possible with other quality programs. To enable transformation of CMS’ quality measurement enterprise to be fully digital, CMS has posed specific questions.*

**Comment:** With health care systems historically the first to implement electronic health records (EHRs) and FHIR, the biggest concerns lie within the variation of FHIR versions, lack of version requirements, and variation in industry timelines. With three different versions of FHIR and no version requirements, this puts limitations on a provider’s ability to connect to certain application interfaces. There is no consistency in who is required to have FHIR, how to submit data, and when to submit data. This becomes a large challenge for providers who attempt to submit data utilizing these vendors and payors. UnityPoint Health uses a combination of DSTU 2, STU 3 and R4 FHIR Versions to meet our requirements for sending data. Since 2017, four main versions have been released in addition to sub-versions released to correct errors or issues in technological builds, meaning vendors and providers have had to sort through up to six version updates to land at v4.1.0, the most recent “Permanent Home” version of FHIR.

It should be noted that not all organizations are at v4.1.0 yet because vendors and providers are not required to meet ONC CURES Edition CEHRT.

Variation also exists within care settings. For example, hospice, SNFs, and other post-acute care settings are often behind in technology use, largely due to lack of federal support, funding, and program inclusion around the use of EHRs. For UnityPoint Health, post-acute care facilities were not actively participating in Promoting Interoperability (formerly known as Meaningful Use), and therefore many of their software requirements do not contain FHIR components at all. As such, these care settings became delayed in the FHIR timeline as well.

While UnityPoint Health appreciates the attempt to align health care interoperability resources, integrated health systems have competing information technology builds and priorities across care settings, which is true on a smaller scale for providers and smaller organizations. When UnityPoint Health rolled out an EHR through Meaningful Use requirements in the inpatient setting, it was a multiyear process. **Overall, UnityPoint Health recommends slowing down the implementation and updates of new standards in health care interoperability, allowing all parties, including CMS' technology, to catch up and align as an industry.** Specifically, we urge CMS to consider:

- **A stair step approach to implementation for SNFs**, first incentivizing milestones along the way and, at an appropriate point in the timeline, introducing a negative incentive to promote long-term adherence.
- **Biennial updates to FHIR for all providers.** If releases are consistent and across the board, providers can better plan for resourcing, allocations, and cost.
- **Incorporating social determinates of health (SDOH) as part of the standardized CCD documentation applicable to all providers.** This will allow the integration of such information into a patient's chart and ultimately promote transparency in Health Equity.
- **Standardized reporting requirements across all programs** to enable utilization of software and quality measures across all care settings allowing better continuity of care. This will facilitate vendors and providers to concentrate efforts universally and lessen the chances for some providers and/or care settings to be left behind.
- **Program incentives for stakeholders to partner with vendors in pilot programs and models.** Payment or flexibilities to participating providers would encourage a robust testing environment in which stakeholder input is included.

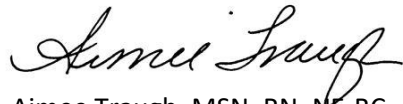
#### **B. Closing the Health Equity Gap in Post-Acute Care Quality Reporting Programs**

*CMS is committed to closing the equity gap and has a portfolio of programs aimed at transparency of quality. For SNF, CMS is seeking comment on expanding measure development and adding aspects of SPADEs that could apply to SNF and address gaps in health equity in the SNF QRP.*

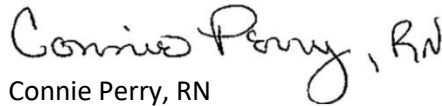
**Comment:** UnityPoint Health is supportive of diversity, equity and inclusion (DEI) and believes in Health Equity. **Additional recommendations in closing the health equity gap will be included within UnityPoint Health's comment letter to CMS-1752-P, Hospital Inpatient Prospective Payment Systems (IPPS).**

UnityPoint Health is pleased to provide input on this proposed rule and its impact on SNFs, our patients and communities served. To discuss our comments or for additional information on any of the addressed topics, please contact Cathy Simmons, Executive Director, Government & External Affairs at [cathy.simmons@unitypoint.org](mailto:cathy.simmons@unitypoint.org) or 319-361-2336.

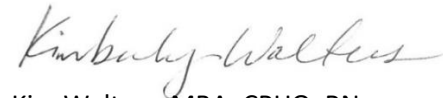
Sincerely,



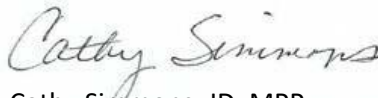
Aimee Traugh, MSN, RN, NE-BC  
Director, Care Management  
UnityPoint Health



Connie Perry, RN  
Care Navigator, Population Health  
UnityPoint Health



Kim Walters, MBA, CPHQ, RN  
Clinical Effectiveness Specialist  
UnityPoint Accountable Care



Cathy Simmons, JD, MPP  
Executive Director, Government & External Affairs  
UnityPoint Health