



UnityPoint Health

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June 4, 2021

Administrator Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS-1750-P
P.O. Box 1850
Baltimore, MD 21244-1850

RE: CMS-1750-P - Medicare Program; FY 2022 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates for Fiscal year Beginning October 1, 2021 (FY 2022); published at Vol. 86, No. 69 Federal Register 19480-19529 on April 13, 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 the IPF payment system and quality reporting. 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. UnityPoint Health has 5 IPFs. On an annual basis, UnityPoint Health hospitals, clinics and home health provide a full range of coordinated care to patients and families through more than 8.4 million patient visits.

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:

Inpatient Psychiatric Facilities Prospective Payment System (IPF PPS)

For FY 2022, CMS is proposing to update the IPF PPS payment rates by 2.1%.

Comment: UnityPoint Health supports this update.

Inpatient Psychiatric Facilities Quality Reporting (IPFQR) Program

For the FY 2023 payment determination and subsequent years, CMS is proposing to add the COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) measure to the IPFQR Program. CMS is also proposing to add the Follow-up After Psychiatric Hospitalization (FAPH) measure to the IPFQR Program. Additionally, CMS is proposing to remove the FUH measure from the IPFQR Program if the FAPH measure is adopted because the FAPH measure is more broadly applicable to a larger patient population. CMS is

proposing to remove three chart-abstracted measures from the IPFQR Program for the FY 2024 payment determination and subsequent years – measures include: (1) Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention, (2) Tobacco Use Treatment Provided or Offered and Tobacco Use Treatment, and (3) Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or any Other Site of Care).

Comments:

COVID-19 Vaccination Coverage Among Healthcare Personnel (HCP) Measure – UnityPoint Health opposes measuring COVID-19 Vaccination Coverage among HCP as a quality measure for a number of reasons as outline here. **First, the proposed measure is premature as the COVID-19 vaccine is currently approved only under 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, our IPFs 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’ attempt to curb the devastating impact of the COVID-19 pandemic; however, we have concerns with operationalizing this through a proposed quality measure.**

Follow-up After Psychiatric Hospitalization (FAPH) Measure – Overall, UnityPoint Health is supportive of measuring patient follow up visits; however, **we are concerned with the ability to accurately collect data and measure quality through fee for service (FFS) claims only for this setting.** While FUH is currently measured by FFS claims today, many of the mental illness and SUD services are often billed to Medicaid for dual eligible patients and in some cases are privately paid or grant funded. For the cases outlined above, these services will not be captured in the overall measurement through FFS claims alone. As such, the FUH is not accurately measuring the total quality of follow up visits today and, without changes to the way data is collected, FAPH will not accurately measure the quality of follow up visits either.

UnityPoint Health commends CMS on the additional flexibility within FAPH in allowing mental illness and SUD diagnoses in any positions on the follow-up visit claim. We feel this will allow additional follow up visits to be calculated in the quality measure, albeit still lacking in overall follow-up visit accuracy with claims data alone.

Removal of Measures – UnityPoint Health agrees with the removal of the three measures: (1) Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention, (2) Tobacco Use Treatment Provided or Offered and Tobacco Use Treatment, and (3) Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or any Other Site of Care). **UnityPoint Health agrees reporting is burdensome,** however the practice of scheduling follow up appointments at discharge and doing SBIRT for alcohol and tobacco are best practices that our organization intends to continue.

Request for Information

CMS is soliciting comments on addressing health equity in the IPFQR Program/seeking feedback in this RFI on ways to attain health equity for all patients through policy solutions. Specifically, CMS is requesting comment on future potential stratification of quality measure results by dual eligibility and other social risk factors in facility-specific reports, ways to improve demographic data collection, and the potential creation of a facility equity score to synthesize results across multiple measures and social risk factors.

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 System (IPPS).**

We are pleased to provide input on this proposed rule and its impact on our IPFs, 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 or 319-361-2336.

Sincerely,



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Behavioral Health Service Line



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