



UnityPoint Health

Government and 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-1748-P
P.O. Box 8016
Baltimore, MD 21244-8016

RE: CMS-1748-P - Medicare Program; Inpatient Rehabilitation Facility (IRF) Prospective Payment System for Federal Fiscal Year 2022 and Updates to the IRF Quality Reporting Program; published at Vol. 86, No. 68 Federal Register 19086-19126 on April 12, 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 IRF 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, 14 home health agencies, and 7 IRFs throughout our 9 regions, UnityPoint Health provides care throughout Iowa, central Illinois and southern Wisconsin. On an annual basis, UnityPoint Health provides 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:

FY 2022 IRF PPS Payment Update

CMS is proposing to update the IRF PPS payment rates for FY 2022 by an adjusted market basket increase of 2.2 percent.

Comment: UnityPoint Health supports this update.

Inpatient Rehabilitation Facility (IRF) Quality Reporting Program

CMS is proposing to publicly report the COVID-19 Vaccination coverage among healthcare personnel (HCP) measures beginning with the September 2022 Care Compare refresh or as soon as technically feasible based on data collection for Q4 2021. In addition, CMS is proposing an update to the Transfer of Health (TOH) information to the patient – Post-Acute Care (PAC) measures beginning with the FY 2023 IRF QRP.

Comment:

New Quality Reporting Measure HCP – 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, our IRFs 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 the proposed quality measure.**

Transfer of Health (TOH) information Measure – **UnityPoint Health agrees with updating the measure denominator for TOH to exclude patients discharged home under the care of an organized home health service or hospice.** This change will provide a more accurate calculation and reduce duplicative data collection.

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.

- 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 Health encourages CMS to partner with providers to better understand the development of future measures in this space.
- 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: Standardized Patient Assessment Data Elements (SPADE)– While not addressed in the IRF Proposed Rule FY 2022, **UnityPoint Health is pleased to see the continued pause in deploying the updated SPADE quality reporting.**

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.**

Request for Information

A. Fast Healthcare Interoperability Resource

CMS is seeking feedback on future plans to define digital quality measures for the IRF QRP. CMS is also seeking feedback on the potential use of Fast Healthcare Interoperable Resources (FHIR) for dQMs within the IRP 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.

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 hospital 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**, 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 the transparency of quality. For IRF, CMS is seeking comment on expanding measure development and adding aspects of SPADEs that could apply to IRF and address gaps in health equity in the IRF QRP.

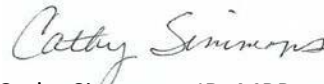
Comment: UnityPoint Health is supportive of diversity, equity and inclusion (DEI) and believes in Health Equity. **Additional recommendations in closing the health equity gap will be included within UnityPoint Health’s comment letter to CMS-1752-P, Hospital Inpatient Prospective Payment Systems (IPPS).**

We are pleased to provide input on this proposed rule and its impact on our health system, 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,



Kristina R. Miller, BSN, MBA, RN, NE-BC
Director, Inpatient Rehabilitation
Stroke & Sepsis Programs



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