

June 10, 2022

Administrator Chiquita Brooks-LaSure
Centers for Medicare and Medicaid Services (CMS)
Department of Health and Human Services
Attention: CMS–1767-P
P.O. Box 8016
Baltimore, MD 21244–1816

RE: CMS–1765-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 2023; Request for Information on Revising the Requirements for Long-Term Care Facilities to Establish Mandatory Minimum Staffing Levels; published at Vol. 87, No. 73 Federal Register 22720-22809 on April 15, 2022.

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 Skilled Nursing Facilities 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 metropolitan and rural communities, and 14 home health agencies, UnityPoint Health provides care throughout Iowa, central Illinois, and southern Wisconsin. In addition, UnityPoint Health partners with over 100 Skilled Nursing Facilities through our Accountable Care Organization, UnityPoint Accountable Care (UAC).

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

SKILLED NURSING FACILITIES (SNF) FY2023 RATE UPDATE

CMS is proposing a 2.8% market basket increase for FY2023.

Comment: While UnityPoint Health supports this rate increase, this increase does not match inflationary pressures or exponential increases to health care labor and supply costs exacerbated by the COVID-19 pandemic.

SNF QUALITY REPORTING PROGRAM (QRP) – INFLUENZA VACCINE

CMS is proposing the adoption of this new process measure for the SNF QRP, beginning with the FY2025 SNF QRP. The proposed Influenza Vaccination Coverage among Health Care Providers (HCP) measure

reports on the percentage of HCP who receive an influenza vaccine any time from when it first became available through March 31 of the following year. If adopted as proposed, SNFs will submit the measure data through the CDC National Healthcare Safety Network with an initial data submission period from October 1, 2022, through March 31, 2023.

Comment: UnityPoint Health understands the effectiveness of vaccines as well as the importance of other infection prevention measures, particularly as they relate to influenza and the safety of our health care workforce, patients, and communities. Similar to UnityPoint Health’s comments to CMS on *CMS-3415-IFC Omnibus COVID-19 Health Care Staff Vaccination* proposal in January 2022, UnityPoint Health opposes this measure; however, supports guidance that enables health care organizations to establish reasonable safety and quality standards for their own employees. Additionally, **UnityPoint Health remains concerned around adopting infection specific regulations for particular viruses as these actions set a precedent for future regulations that potentially burden both CMS as well as health care providers** – ultimately limiting the ability for the health care workforce to deliver high value and impactful care by instituting operational barriers. Again, UnityPoint Health agrees that vaccination should be included in any multi-pronged approach for reducing health system burden and safeguarding health care workers and the people they serve. Health care providers should be able to dictate the multi-pronged approach inclusive of other infection prevention measures (i.e., masking, social distancing, etc.) and scope without a federal mandate. Valued employees have been leaving the field, and future workers are deterred from pursuing these careers. As a result of this overly broad rule, similar to CMS’s COVID-19 HCP rule, UnityPoint Health is anticipating workforce challenges impacting the ability to routinely recruit and retain high quality health care personnel.

REQUEST FOR INFORMATION – STAFFING REQUIREMENTS

CMS is seeking feedback on the effects of direct care staffing (nurses, aides, and other professionals) requirements to improve the Long-Term Care Facility requirements for participation and promote thoughtful, informed staffing plans and decisions within facilities to meet residents’ needs, including maintaining or improving resident function and quality of life. Specifically, CMS is seeking input on establishing minimum staffing requirements for Long-Term Care Facilities.

Comment: UnityPoint Health opposes establishing staffing requirements through regulation and believes in providing high-quality, patient-centered care by allowing nurses the flexibility they need to do the work they were trained to perform. Facilities in all care settings need the flexibility to align and deploy resources in the most clinically appropriate manner to meet the unique diverse and dynamic needs of patients. The COVID-19 pandemic has shown the need for flexibility in nurse staffing and the necessity for nurses to be allowed flexibility to respond to the ever-changing environments. UnityPoint Health makes informed staffing decisions based on what is in the best interest of patients, nursing staff and the community. A “one-size fits all” staffing approach inhibits the ability to adapt to patient acuity, diversity of need and a wide-variety of quickly changing patient needs. **UnityPoint Health encourages CMS to promote facility-wide staffing plans and nursing committees, providing mechanisms for nurses to report staffing variations and safety concerns.**

REQUEST FOR INFORMATION - HEALTH EQUITY

CMS is requesting feedback from stakeholders on the development and inclusion of health equity quality

measures for the SNF Quality Reporting Program.

Comment: As part of an integrated health system, UnityPoint Health is committed to diversity, equity, and inclusion (DEI) at all levels of our organization and applauds CMS for prioritizing health equity within each of its annual prospective payment system rules to assure alignment across settings of care and for soliciting input from stakeholders regarding implementation and measurement. As many SNFs are likely at different stages of their health equity journey, **UnityPoint Health respectfully suggests that CMS deploy a phased approach to measuring and implementing health equity strategies, to carefully evaluate underlying data collection burden and accuracy, and to begin with a rewards or incentive program instead of a punitive system for performance.** UnityPoint Health will be submitting more detailed feedback on this request for information within our formal comment letter to *CMS–1771–P: Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes and Fiscal Year 2023 Rates* proposed rule and requests that CMS also review that comment letter for applicability to the SNF setting as well. Health equity approaches should not be siloed by care setting but promote uniform goals across care delivery settings.

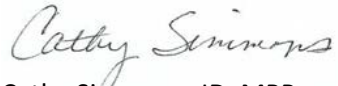
ADDITIONAL INPUT – AT HOME CARE DELIVERY AND PAYMENTS

In November 2020, CMS announced the Acute Hospital Care at Home waiver, building upon the Hospital Without Walls program. Acute Hospital Care at Home is for beneficiaries with defined acute conditions who require acute inpatient admission to a hospital and who require at least daily rounding by a physician and a medical team monitoring their care needs on an ongoing basis.

Comment: CMS should consider extending At Home programming to other care settings, including SNFs. UnityPoint Health, under the leadership of UnityPoint at Home (our Home Health arm), was one of the first six health systems with extensive experience providing acute hospital care at home approved for the new hospital waiver. UnityPoint Health was the first to enroll a patient and to bill and be reimbursed under this waiver. As of June 8, 2022, 105 health systems with 239 hospitals in 36 states have applied and been approved to participate in this waiver. By shifting care to home with the proper supports, UnityPoint Health has maintained high patient satisfaction rates and achieved outstanding clinical outcomes, including extremely low readmission rates. This was accomplished through a post-acute care bundling strategy under an accountable care organization waiver in which appropriate services are wrapped around the patient. Our bundles include a hospital to home (2-hour response time), primary care at home (4-hour response time), palliative care at home, and skilled nursing facility at home. While we recognize that CMS stood up the hospital at home waiver as a result of the COVID-19 pandemic to avoid exposure to and spread of the COVID-19 infection, its efficacy beyond the pandemic is undeniable. This program is a difference maker. **UnityPoint Health encourages CMS to consider implementing a comprehensive suite of post-acute care bundles, including SNF at Home, to drive improved health outcomes, heightened patient satisfaction and reduced health care costs.** SNF at Home can be a safe, high quality and cost-saving alternative for patients, and UnityPoint Health welcomes the opportunity to further discuss this bundle with CMS.

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

Sincerely,

A handwritten signature in cursive script that reads "Cathy Simmons".

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