Illinois Health and Hospital Association

June 7, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, D.C. 20201

Re: FFY 2022 Inpatient Rehabilitation Facility PPS Proposed Rule (CMS-1748-P)

Dear Ms. Brooks-LaSure:

On behalf of our 38 member hospitals providing inpatient rehabilitation services, the Illinois Health and Hospital Association (IHA) appreciates the opportunity to comment on the federal fiscal year (FFY) 2022 Inpatient Rehabilitation Facility (IRF) Prospective Payment System (PPS) proposed rule. IHA commends the Centers for Medicare & Medicaid Services (CMS) for its thorough analysis in the development of this rule, particularly the attention paid to addressing the ongoing COVID-19 pandemic and its impact on the IRF quality reporting program (QRP) while simultaneously moving the industry toward complete digitization of Medicare QRPs and seamless electronic data exchange.

Given all of the challenges and opportunities in front of the healthcare industry, we request CMS proceed cautiously with changes to the IRF QRP. Specifically, we request that CMS consider the following recommendations:

- Continue pursuing National Quality Forum (NQF) endorsement of the proposed COVID-19 Vaccination among Health Care Personnel (HCP) measure;
- Monitor revised IRF QRP reporting periods that rely on fewer quarters of data until normal reporting processes resume to ensure data reportability and reliability; and
- Ensure adequate time and resources for post-acute care (PAC) providers, including IRFs, to transition to electronic standards such as Fast Healthcare Interoperability Resource (FHIR).

COVID-19 Vaccination among HCP Measure

IHA appreciates the process CMS went through to assure the validity of the proposed COVID-19 Vaccination among HCP measure. Illinois hospitals look forward to full U.S. Food & Drug Administration (FDA) approval of the various COVID-19 vaccinations on the market, and IHA urges CMS to continue pursuing full NQF endorsement of the COVID-19 Vaccination among HCP measure in the coming months. While CMS has the authority to include measures in the IRF QRP that are not NQF-endorsed, securing NQF

endorsement is typically required when creating and implementing measures for the Medicare QRPs. We believe NQF endorsement of this measure is especially important because we agree with CMS that patients, particularly those most vulnerable to COVID-19, will consider the vaccination rate among HCP when deciding where to pursue medical services in the future. Providing such information through an NQF-endorsed measure affords patients greater certainty that the information they rely on is fully vetted and reliable.

Transfer of Health (TOH) Information to the Patient Post-Acute Care (TOH-Patient)

IHA supports CMS' proposal to remove patients discharged to the home under the care of a home health agency or hospice from the TOH-Patient measure. We appreciate CMS' continued review of measures used in its various Medicare QRPs to make changes that mitigate unnecessary provider burden.

Public Reporting of IRF QRP Measures Impacted by COVID-19 Exemptions

On behalf of Illinois hospitals and health systems, IHA thanks CMS for the temporary quality reporting exemptions granted to providers for Q4 2019, Q1 2020 and Q2 2020. We also agree with CMS' decision to freeze the data displayed on Care Compare with the December 2020 refresh values until the agency determines a way to adjust public data for the Public Health Emergency (PHE) and exempted reporting quarters in publicly displayed data.

As explained in the proposed rule, CMS' COVID-19 Affected Reporting (CAR) Scenario to progress with Care Compare refreshes in December 2021 appears adequate in ensuring data reportability and reliability. IHA requests that CMS continue to monitor modified Care Compare refreshes until normal reporting resumes to ensure the CAR approach produces valid and reliable results. Similarly, IHA requests CMS monitor the results of the Centers for Disease Control and Prevention's recommendation to use non-contiguous quarterly reporting for *Clostridium difficile* Infection (CDI), Catheter-Associated Urinary Tract Infection (CAUTI) and HCP Influenza measures until normal reporting of four contiguous quarters of data resumes.

Definition of Digital Quality Measures and Request for Information on Fast Healthcare Interoperability Resource (FHIR)

IHA appreciates CMS' tireless work to improve its quality programs and move toward more meaningful quality measurement. In this proposed rule, CMS requested feedback on the following definition of Digital Quality Measures (dQMs):

dQMs are quality measures that use one or more sources of health information that are captured and can be transmitted electronically via interoperable systems. A dQM includes a calculation that processes digital data to produce a measure score or measure scores. Data sources for dQMs may include administrative systems, electronically submitted clinical assessment data, case management systems, EHRs, instruments (for example, medical devices and wearable devices), patient portals or applications (for example, for collection of patient-generated health data), health information exchanges (HIEs) or registries, and other sources.

This proposed definition includes a long list of potential sources of digital data, and does not appear tailored to the post-acute care (PAC) environment. While we appreciate the Meaningful Measures 2.0 initiative is meant to innovate and modernize quality measurement across a wide variety of settings, we question whether such a broad definition allows CMS to utilize only the most valuable and impactful quality measures. We also question how this definition improves upon today's quality reporting program, beyond the fact that measures will be digital.

With regard to use of FHIR-based standards in the PAC setting, IHA generally agrees that electronic exchange of clinical information may lead to improved health and quality outcomes. However, fully moving to dQMs by 2025 is an ambitious goal, particularly because the adoption of health information technology is not uniform across provider settings. Many PAC providers lagged behind their acute care hospital counterparts on the path toward digitization even before the COVID-19 pandemic, primarily because PAC providers could not participate in the Electronic Health Record (EHR) incentive program established under the HITECH Act. As PAC providers build back from the COVID-19 PHE, they will need increased time and resources to move toward CMS' goal of a fully digital electronic health information system. To that end, we ask CMS to reconsider its timeline, and the monetary and technical assistance available, for providers to adopt the technologies necessary to realize the goals of the Meaningful Measures 2.0 initiative, including FHIR-based standards.

Finally, Illinois hospitals and health systems have expressed difficulties with the myriad standards and formats used by various stakeholders to electronically capture and exchange information. As CMS pursues enhanced digitization and interoperability, IHA urges CMS to work with others to ensure consistency in formatting and process standards across providers, vendors and payers. This will lesson provider burden and better equip the healthcare industry to realize improved communications and health outcomes.

Ms. Brooks-LaSure, thank you again for the opportunity to comment on this proposed rule. Please direct questions or comments to IHA.

Sincerely,

A.J. Wilhelmi
President & CEO
Illinois Health and Hospital Association