

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 Psychiatric Facility PPS Proposed Rule (CMS-1750-P)

Dear Ms. Brooks-LaSure:

On behalf of our 75 member hospitals providing inpatient psychiatric services, the Illinois Health and Hospital Association (IHA) appreciates the opportunity to comment on the federal fiscal year (FFY) 2022 Inpatient Psychiatric Facility (IPF) 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.

IHA supports many of CMS' proposed changes, including the removal of certain measures from the IPF Quality Reporting (IPFQR) Program, and changes to the IPF teaching policy that better align processes for displaced IPF residents with the inpatient PPS. In addition, we request CMS consider the following recommendations:

- Continue pursuing National Quality Forum (NQF) endorsement of the proposed COVID-19 Vaccination among Health Care Personnel (HCP) measure; and
- Revisit the specifications for the proposed Follow-up after Psychiatric Hospitalization (FAPH) measure and reapply for NQF endorsement.

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 IPFQR that are not NQF-endorsed, securing NQF endorsement is typically required when creating and implementing measures for Medicare quality reporting programs. 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.

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Follow-Up after Psychiatric Hospitalization (FAPH) Measure

CMS proposed a new measure for the IPFQR: Follow-up after Psychiatric Hospitalization (FAPH). CMS intends for this proposed measure to replace a current IPFQR measure: Follow-up after Hospitalization for Mental Illness (FUH), stating FAPH is a more expansive measure that captures more patients and provider types in both the numerator and denominator, and thus paints a better picture of patient adherence to follow-up treatment. CMS acknowledges there are factors that influence follow-up treatment adherence that are outside of a provider's control. It then states there are interventions it believes facilities can take to improve a patient's adherence to follow-up treatment, including pre-discharge transition interviews, appointment reminder letters or phone calls, meetings with outpatient clinicians before discharge, and meetings with inpatient staff familiar to patients at the first post-discharge appointment.

IHA urges CMS to reconsider use of this proposed quality measure. We understand CMS' intent is to replace the current NQF-endorsed FUH with FAPH, and appreciate that CMS' rationale is that FAPH looks at a larger patient population (including diagnoses of SUD or dementia) and provider population (no limit on the provider type completing the follow-up visit). However, CMS is citing the exception under Section 1886(s)(4)(D)(ii) of the Social Security Act that allows the Secretary of Health and Human Services to specify non-endorsed measures so long as due consideration is given to measures that have been endorsed or adopted by a consensus organization (such as NQF).

In this case, the similar, NQF-endorsed FUH measure is already part of the IPFQR. Furthermore, NQF declined endorsing FAPH citing issues that suggest the proposed measure does not improve the FUH measure enough to warrant replacing it. Finally, IHA does not see how FAPH, as proposed, measures a provider's actions on factors CMS stated would improve a patient's adherence to follow-up treatment. FAPH does not indicate whether a patient skips a follow-up appointment due to a lack of pre-discharge interviews or appointment reminders, which are under the provider's control. As specified, this measure would be capturing several patients who do not adhere to follow-up treatment due to factors outside the provider's influence, the very issue CMS states at the beginning of this section of the proposed rule. While IHA agrees with CMS that adherence to follow-up treatment correlates with a decrease in inpatient readmissions, this proposed measure does not shed light on whether the provider's actions or inactions influence patient decisions. Therefore, IHA urges CMS to revisit the specifications for this proposed measure and reapply for NQF endorsement before finalizing its inclusion in the IPFQR.

Removal of IPF Measures

IHA applauds CMS' continued review of Medicare quality programs to ensure efficient and effective quality measurement. To that end, we appreciate CMS' proposed removal of the following measures, as well as its rationale that there is little room for improvement due to consistently high performance nation-wide and its move away from burdensome chart-abstracted measures:

- Alcohol Use Brief Intervention Provided or Offered and Alcohol Use Brief Intervention (SUB-2/2a);
- Tobacco Use Brief Intervention Provided or Offered and Tobacco Use Brief Intervention (TOB-2/2a); and
- Timely Transmission of Transition record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care).

IHA supports the removal of these measures from the FFY 2024 IPFQR payment determination.

Proposed Updates to the IPF Teaching Policy

IHA supports CMS' proposed changes to the IPF teaching policy. We appreciate that the proposed changes result in better alignment between IPFs and inpatient PPS hospitals for displaced residents due to IPF closures. Aligning IPF and inpatient PPS processes will decrease confusion and better streamline the transfer process for both displaced residents and hospitals looking to accommodate displaced residents.

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