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*National Advocates for
Asian American, Native Hawaiian &
Pacific Islander Health*

June 17, 2022

Administrator Chiquita Brooks-LaSure
Centers for Medicare & Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244

Re: FY 2023 Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System and Proposed Policy Changes [CMS-1771-P]

Dear Administrator Brooks-LaSure,

Thank you for the opportunity to comment on the proposed rule changes regarding the Inpatient Prospective Payment System (IPPS) and Long-Term Care Hospital Prospective Payment System. APIAHF is the nation's leading health policy organization working to advance the health and well-being of over 25 million Asian Americans, Native Hawaiians and Pacific Islanders (AA and NH/PI) across the U.S. and territories. APIAHF works to improve health access to and the quality of care for communities who are predominantly immigrant, many of whom are limited English proficient, and may be new to the U.S. healthcare system or unfamiliar with private or public coverage. We have long standing relationships with over 150 community-based organizations in over 40 states and the Pacific, to whom we provide capacity building, advocacy and technical assistance. We draw upon this extensive experience and the relationships fostered to understand the needs and barriers faced by AA and NH/PI communities across the country, and the impact that changes outlined in the proposed rule would have on those individuals and communities.

IX.E.5a. Proposed Hospital Commitment to Health Equity Measures

APIAHF applauds the commitment of the Center for Medicaid and Medicare Services (CMS) to advance health equity through measures that include hospital commitment to health equity as well as social drivers of health. In particular, the Hospital Commitment to Health Equity measure assesses hospital commitment to health equity by using a suite of equity-focused organizational competencies aimed at achieving health equity and includes five attestation domains and elements within each of those domains that a hospital must affirmatively attest to for the hospital to receive credit for that domain.

Health equity cannot be advanced without achieving data equity which incorporates the disaggregation of demographic data on patients into detailed race and ethnicity categories. The inclusion of data collection as an attestation domain is a critical component of measuring a hospital's commitment to health equity. However, minimum standards for federal data collection continue to follow the Office of Management and Budget's standards on race and ethnicity which do not require the collection of more granular race and ethnicity data. While Section 4302 of the Affordable Care Act encourages the collection of data into more granular categories, including for Asian and Native Hawaiian or Pacific Islander populations, many state agencies as well as hospitals continue to not collect this level of information.

Recommendation

- **APIAHF urges CMS to require hospitals to collect self-reported race and ethnicity data (Domain 2: Data Collection) that is disaggregated into specific race and ethnicity categories, using Section 4302 of the ACA rather than OMB standards as a minimum requirement.** Domain 2 of the Hospital Commitment to Health Equity Measure includes three elements, the first of which is that the hospital collects demographic information, including self-reported race and ethnicity and/or social determinant of health information on the majority of patients. To collect disaggregated data on the race and ethnicity of patients, hospitals may have to consider changes to their data collection procedures to allow for more granular self-reporting. Without demographic data on patients that is disaggregated the specific health needs and disparities of subpopulations cannot be known nor addressed. This is especially true for Asian Americans (AA), Native Hawaiians (NH) and Pacific Islanders (PI) who comprise more than 50 different ethnic groups. Without a measure that captures commitment to data collection through data equity, health equity cannot truly be achieved.
- **To better incentivize hospitals to meet all elements of a domain, CMS should consider other methodologies for calculating the measure; for example, each of the domain elements could be scored individually rather than as components of a whole.** The proposed rule does not allow for hospitals to receive partial credit for fulfilling elements within a domain. In order to receive credit for a domain, all or most elements of the domain must be met. Yet, such an approach to calculating the measure may not incentivize hospitals to meet all elements of a domain since they cannot increase their score on the measure by meeting some of the elements. Moreover, some domains might be harder to meet because they have multiple elements (e.g. Domain 1: Equity is a Strategic Priority). As a result, giving equal weight to each of the domains may not be the best approach for calculating the measure accurately.

IX.E.5b. Proposed Adoption of Two Social Drivers of Health Measures Beginning With Voluntary Reporting

APIAHF commends efforts by CMS to encourage hospitals to identify health-related social needs (HRSNs). Consistently pursuing identification of HRSNs will have significant benefits, including encouraging meaningful collaboration between healthcare providers and community-based organizations in implementing and evaluating related innovations in health and social care delivery. The two evidence-based measures: Screening for Social Drivers of Health and Screen Positive Rate for Social Drivers of Health would identify patients with health-related social needs, who are known to experience the greatest risk of poor health outcomes, and ultimately improve the accuracy of high-risk

prediction calculations. The Screen Positive Rate for Social Drivers of Health which would identify the proportion of patients who screened positive on the date of hospital admission for one or more of the following five HRSNs would be the first patient-level measurement of social drivers of health.

Recommendation

- **APIAHF urges CMS to consider requiring mandatory reporting as soon as possible to discourage hospitals from delaying the collection and reporting of these measures.** The rule proposes voluntary reporting for the first calendar year to allow hospitals who are not yet screening patients for HRSNs to get experience collecting these measures. However, voluntary reporting could also encourage hospitals that are capable of collecting these measures to delay collecting and reporting until reporting becomes mandatory; as a result, not requiring immediate reporting of these important measures would be a missed opportunity to collect and report this information especially if hospitals are already collecting and reporting this information.

IX.E.10 Form, Manner, and Timing of Quality Data Submission

APIAHF strongly supports the proposal to increase the number of publicly reported electronic clinical quality measures (eCQM) data to four quarters of data and to increase the mandatory measures to be reported from one to three, thereby increasing the total number of required eCQMs from four to six. To successfully participate in the Hospital Inpatient Quality Reporting (IQR) Program, hospitals must meet specific procedural, data collection, submission, and validation requirements. Increasing both the frequency and quantity of reported eCQMs would help to improve transparency and oversight over the submission of eCQMs. APIAHF particularly welcomes the proposed inclusion of maternity health measures- Cesarean Birth eCQM and Severe Obstetric Complications eCQM- as improving the maternal health crisis through better quality measurements is a significant priority in addressing health disparities for underserved communities and communities of color. The health disparities faced by AA and NH/PI women cannot be addressed without better data and accurate measurements around maternal health.

We appreciate the opportunity to comment on the FY2023 IPPS final rule, and express gratitude for your consideration. We look forward to working together with CMS to advance health equity, improve health outcomes, and enhance the quality of care through the Medicare program. If you have any questions or would like to discuss any of these comments further, please contact my staff at policy@apiahf.org.

Sincerely,



Juliet K. Choi