July 10, 2020

Ms. Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Room 445-G
Hubert Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

RE: Docket #CMS-1735-P: Medicare Program; 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 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals, proposed rule

Dear Ms. Verma:

The Association for Professionals in Infection Control and Epidemiology (APIC) wishes to thank the Centers for Medicare & Medicaid Services (CMS) for the opportunity to provide input into its Medicare Program; 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 2021 Rates; Quality Reporting and Medicare and Medicaid Promoting Interoperability Programs Requirements for Eligible Hospitals and Critical Access Hospitals (IPPS/LTCH PPS). APIC is a nonprofit, multidisciplinary organization representing over 15,000 infection preventionists (IPs) whose mission is to create a safer world through prevention of infection.

APIC appreciates that CMS recognizes the impact COVID-19 continues to have on the healthcare environment, and in doing so, has minimized the proposed changes within the IPPS/LTCH PPS proposed rule. During response and recovery to the pandemic, many quality departments have had personnel reallocated, furloughed or offered early separation packages. These changes have brought significant challenges within hospitals to not only respond to the pandemic, but also maintain the quality reporting requirements. With that in mind, APIC anticipates that healthcare organizations are going to need to reassess their status for required data submissions. In an effort to help realign a return to normal business operations and promote accurate healthcare quality data during this unprecedented time, it might be helpful for CMS to provide reminders for required submissions and timeframes to organizations and healthcare settings.

Spreading knowledge. Preventing infection.”
Proposed Changes to the New Technology Add-On Payment Policy for Certain Antimicrobial Products

APIC is grateful for the continued attention CMS gives to the significant public health threat that antimicrobial resistance poses.

Hospital-Acquired Condition (HAC) Reduction Program: Proposed Updates and Changes (42 CFR 412.170)

APIC agrees with the proposal to align hospital submission quarters for the Inpatient Quality Reporting (IQR) and the HAC Reduction programs.

We support aligning hospital selection for the IQR and HAC Reduction Program and reducing validation pool counts from the current up to 600 to up to 400 hospitals in beginning with the FY 2024 program year. We also support achieving this by reducing the random validation pool count from up to 400 to up to 200 in FY 2024. Both of these changes will decrease administrative burden on the 200 random facilities that would have previously been selected while still maintaining validation of facilities that meet the targeting criteria.

APIC appreciates alignment of submissions between the IQR and HAC Reduction programs with digital submission as the standard. However, we have concerns that now might not be the right time. Whereas, per CMS’s estimate two-thirds of hospitals already submit medical records via electronic files, the shortened notification resulting from the waiver of the 60-day publication date of this final rule may not allow the remaining one-third to implement electronic file submissions in time to meet the first submission deadline. While we have learned that the COVID-19 pandemic is unpredictable, we are already seeing rising case counts across the country and many believe it is likely there will continue to be an increase in cases in the fall of 2020 combined with the start of influenza season, making it more difficult for facilities to implement such a change.

**Recommendation:** APIC suggests that implementation be deferred until Q1 FY2022. As a transition measure aimed at reducing the financial burden of paper-based submission reimbursement (per page for paper and flat rate for digital), CMS could use the lower digital reimbursement rate for the paper-based submissions.

Alignment of the IQR and HAC Reduction validation processes is an important step; however, APIC does not agree with instituting a composite validation score for chart abstracted measures and electronic clinical quality measures (eCQMs) at this time. The validation methodology is different and the current eCQM measure submission requirement does not equate to the complexity of chart abstracted measure validation.

**Recommendation:** APIC suggests that a composite validation score be deferred until the eCQM validation processes can be developed, put into place and validated.

In prior comments, APIC has supported the Extraordinary Circumstances Exception. As we all have recently learned, the exception has been invaluable during these unprecedented times. For that reason we believe it is counterproductive to subject a facility to a targeting criteria validation once they have...
been granted an Extraordinary Circumstances Exception. Extraordinary circumstances represent a hospital’s inability to function under normal circumstances and during that time operations of the facility would most likely have been disrupted. That disruption could impact validation.

**Recommendation:** Modify the validation targeting criteria to defer validation to the first validation period following the expiration of an Extraordinary Circumstances Exception.

**Proposed Changes to the PPS-Exempt Cancer Hospital Quality Reporting (PCHQR) Program**

APIC supports the reporting of NHSN risk-adjusted healthcare-associated infection measures such as CLABSI and CAUTI in the oncology populations. However, it should be noted that not all PPS-Exempt and other cancer hospitals are homogenous in their services, patient populations, and case mixes. Some hospitals may not generate enough data to report on a quarterly basis.

**Recommendation:** A more granular presentation of data may be more helpful for consumers, such as comparing transplant units to transplant units where available.

**Waiver of the 60-Day Delayed Effective Date for the Final Rule**

APIC acknowledges the CMS response to the COVID-19 pandemic and appreciates the flexibilities afforded to inpatient short term as well as long term acute care hospitals. Recognizing the increased burden, we understand the waiver of the 60-day publication date and appreciate the 30-day delay in the effective date.

APIC appreciates the opportunity to provide our perspective on the IPPS/LTCH PPS and we look forward to continuing to work with CMS to ensure patient safety through the prevention and control of infections.

Sincerely,

Connie Steed, MSN, RN, CIC, FAPIC
2020 APIC President