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June 19, 2018

Seema Verma, Administrator  
Department of Health and Human Services  
Attention: CMS-1690-P  
P.O. Box 8010  
Baltimore, MD 21244-8010

**RE: Proposed FY 2019 Inpatient Psychiatric Facilities Prospective Payment System and Quality Reporting Updates (CMS-1690-P)**

On behalf of its 143 hospital members, the Missouri Hospital Association offers the following comments in response to the Centers for Medicare & Medicaid Services' request for comments about the fiscal year 2019 inpatient psychiatric facilities proposed payment and policy updates.

**REDUCING REGULATORY BURDEN IN MEANINGFUL MEASURES**

MHA is appreciative of CMS' efforts to reduce unnecessary regulatory burden. Specifically, the proposed rule would eliminate eight quality measures in the meaningful measures initiative. It is important to recognize that hospitals report quality measures not only to CMS, but to state agencies, accrediting and certifying bodies, research entities, health plan payers, and others. We encourage collaborative efforts to convene these entities to discuss how to focus on outcome improvement and sustainability.

**FACTOR 8**

CMS is requesting feedback on an additional removal factor used to evaluate future measures. Factor 8 would call for evaluation of a measure based upon the cost compared to the benefit of measurement's continued use. MHA supports removal of measures if the cost of reporting them outweighs the benefit to Medicare beneficiaries.

**POSSIBLE IPFQR PROGRAM MEASURES FOR FUTURE CONSIDERATION**

CMS requested input on the development of potential measures to be implemented for FY 2020 and beyond. MHA would like to provide comments about the proposed process measure — the administration of a standardized depression assessment instrument. We do not support a standardized depression assessment instrument for all patients. We do support the assessment of depression as part of a comprehensive assessment established by the Conditions of Participation. The hospital, along with its medical leadership, should oversee and be accountable for this process. In addition, CMS has requested feedback on a possible patient outcome measure based

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on the reported change in function or PHQ-9 (patient health questionnaire-9) related to the depression assessment. The measure would be collected at admission and again at discharge. MHA does not support this type of measure as an inpatient measure of improved outcome. Mental illness, including depression, is not a diagnosis resolved in the course of a limited inpatient admission. While depression can be purely episodic and resolve with time and treatment, due to the complex needs of the mental health patient, we do not believe this measure would be aligned with the CMS goal of promoting excellent care through quality measurement.

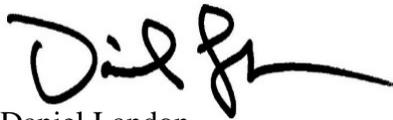
#### **DATA SUBMISSION REQUIREMENTS**

CMS is requesting feedback on the potential reporting of patient-level data in addition to aggregate data submission. The basis for this request is to validate data accuracy. MHA supports quality monitoring of data submission, which helps front-line providers to quickly adjust practices to deliver excellent care. Data submitted to CMS, while a value to CMS in determining compliance and regional or national trends, also must be valuable in assessing practice and bedside care. MHA requests that proposals first would be evaluated according to the eight factors identified by CMS and with the input of clinicians and hospitals.

#### **REQUEST FOR INFORMATION ON PROMOTING INTEROPERABILITY**

CMS is requesting information about advancing health information interoperability through changes to the Conditions of Participation. MHA is opposed to promoting interoperability through the CoPs. This strategy would place additional regulatory, financial and operational burdens on hospitals reliant on outside information technology vendors. Hospitals do not have the technical expertise or financial resources to create interoperable platforms capable of allowing transfer of information between different systems and providers.

Sincerely,

A handwritten signature in black ink, appearing to read 'D. Landon', with a long horizontal flourish extending to the right.

Daniel Landon  
Senior Vice President of Governmental Relations

dl/djb