COBTH
CONFERENCE OF BOSTON TEACHING HOSPITALS
11 Beacon Street, Suite 710
Boston, MA 02108
Phone: 617-723-6100
Fax: 617-723-6111
www.cobth.org

June 17, 2022

***Submitted electronically via www.regulations.gov***

Chiquita Brooks-LaSure
Administrator
Center for Medicare & Medicaid Services
P.O. Box 8013
Baltimore, MD 21244-1850

**RE: CMS-1771-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 2023 Rates; Quality Programs and Medicare Promoting Interoperability Program Requirements for Eligible Hospitals and Critical Access Hospitals; Costs Incurred for Qualified and Non-qualified Deferred Compensation Plans; and Changes to Hospital and Critical Access Hospital Conditions of Participation**

Dear Administrator Brooks-LaSure:

The Conference of Boston Teaching Hospitals, on behalf of our 12 member hospitals, appreciates the opportunity to comment on the Centers for Medicare and Medicaid Services' (CMS) hospital inpatient prospective payment system (IPPS) proposed rule for fiscal year (FY) 2023. Below, we highlight several proposals of critical importance to our members and provide some recommendations that we urge CMS to adopt as part of the final rule.

**Hospital-Acquired Condition (HAC) Reduction Program and Hospital Value-Based Purchasing (VBP) Program**
COBTH's member hospitals continue to operate under enormous constraints caused by the ongoing COVID-19 pandemic and its effects, including an increase in overall patient acuity due to delays in seeking care. To that end, we support CMS's proposal to extend its measure suppression policy in the HAC and VBP programs, which would allow the agency to continue to suppress measure data if the COVID-19 pandemic has significantly affected the measures and the resulting quality scores. COBTH also supports the proposal to risk-adjust measures for COVID-19, which would help better reflect the high volume of COVID-19 patients cared for at our member hospitals. We urge CMS to finalize these proposals.

**Health Equity Measures in Hospital Inpatient Quality-Reporting (IQR) Program**
COBTH's member hospitals are committed to the health of our patients and communities, including through addressing social determinants of health. We support CMS's efforts to better capture health equity and social determinants of health through changes to the IQR program, and believe that tracking of health equity-related data is critical to addressing long standing health care disparities.

In general, COBTH encourages CMS to attempt to use existing measures already collected by hospitals when possible and to avoid adding too many new measures simultaneously. Hospitals already have an enormous reporting burden and it is important to ensure any new measures can be reported timely and accurately. We strongly encourage CMS to consult with hospital stakeholders on the addition of any new measures to ensure the value of the measure is commensurate with the reporting burden it creates.

**Proposed "Birthing-Friendly" Hospital Designation**

COBTH's hospitals are strongly committed to reducing racial disparities in maternal health, and support CMS's efforts to create a new "Birthing-Friendly" hospital designation. We encourage CMS to use existing perinatal quality measures used broadly by hospitals to make determinations about applying this designation, and to get input from hospitals and health care providers on the most appropriate measures to ensure demonstration of high-quality, equitable birthing care. It is important that these measures be applied in a clear, consistent, and incremental way to ensure hospitals have the opportunity to make any necessary reporting or operational changes to meet the requirements.

**New COVID-19 Treatment Add-on Payments**

COBTH supports CMS's proposal to extend the New COVID-19 Treatment Add-on Payment (NCTAP) through the end of the current national public health emergency declaration. COBTH hospitals expect to be handling considerable COVID-19 inpatient admissions even beyond the public health emergency, and this payment add-on will enable our hospitals to continue providing the most appropriate treatments for COVID-19.

**Redistributive Wage Index**

COBTH continues to be concerned with the disparities that persist under the Medicare Wage Index, however, we believe that CMS's efforts to address these disparities unfairly punish high wage index hospitals. COBTH member hospitals are located in the Greater Boston area and are high wage index hospitals due to a variety of factors, including the highest cost of living and average wages in Boston, MA. Additionally, COBTH's members are facing staffing difficulties due to the ongoing national physician and nursing shortage, operating in a high-cost environment, and continued upward pressure on wages. These conditions have only been exacerbated by the COVID-19 pandemic. To that end, we support CMS's proposal of continuing the transitional five-percent cap on wage index reductions for all hospitals to provide some measure of stability.

**Climate Change and the Health Care System**

We appreciate CMS's interest in the impact of our health care system on the climate. As frontline providers, we see the negative effects that our climate crisis is having on our patients' and communities' overall health status. In the City of Boston, our member hospitals are all actively working to comply with a new Building Emissions Reduction and Disclosure Ordinance, which requires gradual reduction of carbon emissions until carbon neutrality is reached across the City in 2050. To that end, we think it is important to note that hospitals labor under a variety of municipal, state, and federal requirements when it comes to energy use and emissions. We urge CMS to take these various requirements into account when working with hospitals and the health care system on reducing carbon emissions. We firmly support the goals of strengthening our climate and health by

reducing carbon emissions and want to work with CMS on how we can advance these goals effectively in the health care sector.

**Graduate Medical Education**
COBTH supports CMS's proposed changes to the calculation for the adjusted weighted DGME count and CMS' proposal to allow Medicare GME affiliation agreements within certain rural track FTE limitations. We join with the AAMC in encouraging future rulemaking to allow rural track programs to enter into affiliation agreements following the conclusion of the cap-building period, and are grateful to CMS for these thoughtful proposals.

**Disproportionate Share Hospital Payments**
We urge CMS to recalculate Factor 2 to account for the potential for more uninsured individuals than is currently included in the proposed calculation of Factor 2, and use more recent data and update its estimates of the Medicare DSH amount to more accurately reflect both discharge volume and the uninsured rate. This would yield figures that more accurately reflect changes in discharge volume and health insurance coverage and losses. We also urge CMS to include in the Medicaid fraction individuals receiving benefits under an 1115 demonstration waiver.

In addition to the foregoing, we strongly support the in-depth recommendations submitted by the Association of American Medical Colleges on behalf of the nation's academic medical centers and teaching hospitals, and the comprehensive recommendations of the Massachusetts Health and Hospital Association on behalf of our member hospitals and sister hospitals statewide.

Please do not hesitate to be in touch with any questions or if we can provide additional information on these or other matters.

Sincerely,

Patricia McMullin
Executive Director
Conference of Boston Teaching Hospitals

Anna Esten
Government & Community Affairs Specialist
Conference of Boston Teaching Hospitals