

February 25, 2022

Submitted electronically via: www.regulations.gov

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Attn: CMS-1752-FC3
P.O. Box 8013
Baltimore, MD 21244-8013

Re: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals; Changes to Medicare Graduate Medical Education Payments for Teaching Hospitals; Changes to Organ Acquisition Payment Policies (Docket No. CMS01752-FC3)

Dear Administrator Brooks-LaSure,

Vizient, Inc. appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services (CMS) final rule with comment period, “Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals; Changes to Medicare Graduate Medical Education Payments for Teaching Hospitals; Changes to Organ Acquisition Payment Policies” (hereinafter, “Final Rule”), as many of the topics included in the Final Rule have a significant impact on our members and the patients they serve.

Background

Vizient, Inc. provides solutions and services that improve the delivery of high-value care by aligning cost, quality and market performance for more than 50% of the nation’s acute care providers, which includes 95% of the nation’s academic medical centers, and more than 20% of ambulatory providers. Vizient provides expertise, analytics, and advisory services, as well as a contract portfolio that represents more than \$100 billion in annual purchasing volume, to improve patient outcomes and lower costs. Headquartered in Irving, Texas, Vizient has offices throughout the United States.

Recommendations

In our comments, we respond to various questions and policies included in the Final Rule. We appreciate CMS’s decisions to modify several policies proposed in the fiscal year (FY) 2022 Inpatient Prospective Payment System (IPPS) proposed rule, such as the deadline to apply for the slots. We thank CMS for the opportunity to share insights relating to distribution of additional graduate medical education (GME) positions and encourage the agency to continue to work with stakeholders to refine GME policies.

Section 126 of the Consolidated Appropriations Act: Distribution of Additional Residency Positions

The Consolidated Appropriations Act, 2021 (CAA), Section 126, made available 1,000 new Medicare-funded GME positions (up to 200 new positions for a FY), to be distributed beginning in FY 2023. For these positions, hospitals in four categories, which are specified in statute, are given priority. The four categories are: (1) Hospitals located in rural areas or that are treated as being located in a rural area; (2) Hospitals training a number of residents in excess of their GME cap; (3) Hospitals in states with new medical schools or additional locations and branches of existing medical schools; and (4) Hospitals that serve areas designated as Health Professional Shortage Areas (HPSAs). For this latter category, according to the Final Rule, at least 50 percent of a program's training time must occur at locations in a geographic HPSA. Per statute, in distributing the residency positions, the "demonstrated likelihood" of the hospital filling the positions made available within the first five training years must also be considered.

Qualification Criteria and Prioritization Criteria

In the Final Rule, CMS indicates that hospitals that qualify under one of the four categories are then subject to a prioritization criterion. To use that HPSA score to prioritize applications, CMS specifies that at least 50 percent of a program's training time occur at facilities physically located in a geographic or population HPSA. Vizient reiterates a point that CMS notes in the Final Rule, which is that the HPSA training percentage under the prioritization framework is not required by statute.¹ Further, Vizient believes the prioritization framework may be too rigid, confuses the application process given its similarity with the fourth qualification category and excessively favors those programs where training occurs within a HPSA. As such, Vizient suggests CMS work with stakeholders to identify an alternative prioritization framework for future years that is clearer and better addresses these concerns.

HPSA Scores

As noted in Vizient's FY 2022 IPPS proposed rule [comments](#), we have concern with CMS's heavy reliance on HPSA scores. We applaud CMS for seeking comment on feasible alternatives to HPSA scores as a proxy for health disparities to inform potential future rulemaking regarding prioritization. As noted on the Health Resources and Services Administration's website² there are certain components utilized for HPSA scoring. For example, Primary Care HPSA Scoring is based on four components: population-to-provider ratio, percent of population below 100% of the federal poverty level, infant health index and travel time to the nearest source of care outside the HPSA designation. As CMS is aware, a variety of factors contribute to health disparities. Should CMS decide to consider health equity when prioritizing applications, Vizient urges the agency to work with stakeholders to identify an alternative evaluation framework that was designed for health equity purposes.

¹ See Final Rule, stating "The HPSA training percentage under the prioritization "criterion," while not required by statute, is consistent with the Administration's policy to prioritize training programs that have a higher likelihood of training physicians that will practice in underserved communities with the greatest need."

² <https://www.hhs.gov/guidance/document/hpsa-and-muap-hpsa-scoring-criteria>

Generally, as CMS considers efforts to address health disparities in the Final Rule and other regulations, we encourage the agency to strive for more consistent terminology and clarity regarding how goals will be measured, where possible.

Prioritization

In the Final Rule, CMS indicates that hospitals with HPSA scores will be grouped by score, with priority given to those hospitals with the highest HPSA scores. Also, if there is a tie and insufficient slots, CMS notes that hospitals with 250 beds or fewer will receive priority. Given there will be additional years to distribute slots, Vizient encourages CMS to also consider learnings from the most recent application cycle to refine prioritization policies since more information will be known about which hospitals apply and which were provided additional slots. Should CMS consider future changes to HPSA score prioritization, Vizient encourages CMS to work with stakeholders in refining the approach for prioritization, including factors other than bed count.

Distribution Decisions

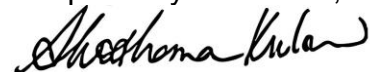
Vizient appreciates CMS's decision to delay the deadline to submit applications until March 31. Also, the agency indicates that CMS will provide notice to hospitals of the number of positions distributed to them by January 31 of the fiscal year increase, and the increase is effective beginning July 1 of the fiscal year. To the extent possible, Vizient encourages CMS to share distribution decisions earlier, to help hospitals prepare. In addition, Vizient recommends that CMS share information about applicants' awarded slots to help inform future refinements to policies related to the slots and for transparency purposes.

Conclusion

Vizient welcomes CMS's efforts to identify a framework to distribute additional GME positions as required by the CAA. We encourage CMS to continue to consider stakeholder feedback for distribution of the GME positions, even after 2023.

Vizient membership includes a wide variety of hospitals ranging from independent, community-based hospitals to large, integrated health care systems that serve acute and non-acute care needs. Additionally, many are specialized, including academic medical centers and pediatric facilities. Individually, our members are integral partners in their local communities, and many are ranked among the nation's top health care providers. In closing, on behalf of Vizient, I would like to thank CMS for providing us the opportunity to comment on the Final Rule. Please feel free to contact me, or Jenna Stern at jenna.stern@vizientinc.com, if you have any questions or if Vizient may provide any assistance as you consider these issues.

Respectfully submitted,



Shoshana Krilow

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Vizient, Inc.