



December 2, 2021

Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1753-FC
P.O. Box 8010
Baltimore, MD 21244-1810

Re: Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Price Transparency of Hospital Standard Charges; Radiation Oncology Model

Dear Administrator Brooks-LaSure:

On behalf of the American College of Physicians (ACP), I am pleased to share our comments on the Centers for Medicare and Medicaid Services' (CMS) 2022 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule. The College is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 161,000 internal medicine physicians (internists), related subspecialists, and medical students. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

Advancing to Digital Quality Measurement and the Use of Fast Healthcare Interoperability Resources (FHIR) in Outpatient Quality Programs—Request for Information

The College commends CMS for working collaboratively with the Office of the National Coordinator (ONC) on their work to improve interoperability and promoting the adoption of Fast Healthcare Interoperability Resource® (FHIR) standards and standards-based Application Programming Interfaces (APIs). **While the College is generally supportive of FHIR we emphasize that small and independent practices that are dependent upon third-party vendors to enable this functionality are worried by these proposals.** If a third-party vendor refuses to turn on the functionality, those practices will fail. This is the same issue seen in the reporting of quality measures and elsewhere. ACP hopes that CMS will consider small or independent practices and their capabilities when writing its proposals in these areas, and strongly encourages CMS to collaborate with stakeholders to greater understand the real-world circumstances that these practices face.

Requirements for the Ambulatory Surgical Center Quality Reporting (ASCQR) Program and the Hospital Outpatient Quality Reporting (OQR) Program

Under the ASCQR Program, CMS finalized the proposal to adopt the COVID-19 Vaccination of Health Care Personnel measure within this program, in addition to making the reporting of six voluntary or suspended measures mandatory.

CMS finalized four proposals impacting the Hospital OQR Program including adopting three new measures (notably including the COVID-19 Vaccination of Health Care Personnel), making the reporting of two voluntary or suspended measures mandatory, the removal of two measures, and an update to the validation policies of the Hospital OQR Program.

ACP [supports](#) the Biden administration's requirement that all health care workers to be vaccinated against highly transmissible diseases that pose a substantial risk of transmission, including COVID-19, as a condition of employment, and is supportive of the future adoption of the COVID-19 Vaccination of Health Care Personnel Measure. ACP also [supports](#) the OSHA requirement that workers at companies with over 100 employees be vaccinated or tested. Health care workers have an obligation to protect the health and well-being of their patients, and getting recommended immunizations, including the COVID-19 vaccine, is key to that protection. Throughout the pandemic, physicians and other health care workers have repeatedly demonstrated their dedication to caring for the patients who need them. Ensuring that the health care workers who interact with our patients are vaccinated is a critical part of caring for them, their families and loved ones.

ACP strongly [supports](#) the use of science, based on the best available evidence, in the fight against COVID-19 and believes that vaccination is an effective method for overcoming the PHE. Research has demonstrated that when employers require workers to get vaccinated, vaccination rates increase to over 90 percent.¹

Radiation Oncology Model

The Radiation Oncology (RO) Model will begin January 1, 2022, and end December 31, 2026. The rule's modifications are as follows:

- Adjustment to the pricing methodology (updated baseline period is 2017 to 2019 and lowered discounts to 3.5 [professional component] and 4.5 [technical component]).
- Removal of brachytherapy from included modalities and removal of liver cancer from included cancer types.
- Finalization of cases in which a beneficiary switches from traditional fee-for-service (FFS) to Medicare Advantage during an episode and before treatment is complete. CMS will consider this an incomplete episode and radiation therapy services will be paid under FFS.
- Modification to the current Pennsylvania Rural Health Model (PARHM) overlap policy to only exclude hospitals participating in the model, not just PARHM-eligible hospitals.
- Addition of an overlap policy for the Community Track of the Community Transformation track of the Community Health Access and Rural Transformation (CHART) Model
 - The RO Model excludes hospital outpatient departments that are participating in the CHART Model. For the CHART ACO Transformation track, CMS will follow the same policy for overlap between the RO Model and the Medicare Shared Savings Program ACOs.

¹ Hirsch L. After Mandate, 91% of Tyson Workers Are Vaccinated. The New York Times. <https://www.nytimes.com/2021/09/30/business/tyson-foods-vaccination-mandate-rate.html> [Accessed 12 November 2021]; Marcos C. United Airlines to Fire Workers Who Refused to Get a Vaccination. The New York Times. Available from: <https://www.nytimes.com/2021/09/29/business/united-airlines-vaccine-mandate.html> [Accessed 12 November 2021]; Hubler S. 'Mandates Are Working': Employer Ultimatums Lift Vaccination Rates, So Far. The New York Times. Available from: <https://www.nytimes.com/2021/09/30/us/california-vaccine-mandate-health-care.html> [Accessed 12 November 2021].

- Addition of an extreme and uncontrollable circumstances policy.

ACP is supportive of CMS's decision to apply the extreme and uncontrollable circumstances policy to the RO model during the COVID-19 PHE, which will potentially give RO model participants more flexibility on reporting requirements and results in the removal of the 2% quality withhold from the payment methodology.

Thank you for this opportunity to comment on CMS' 2022 Medicare Hospital Outpatient Prospective Payment System and Ambulatory Surgical Center Payment System Final Rule. We appreciate the opportunity to offer our feedback and look forward to continuing to work with the Agency to implement policies that support and improve the practice of internal medicine. Please contact Brian Outland, Director, Regulatory Affairs for the American College of Physicians, at boutland@acponline.org or 202-261-4544 with comments or questions about the content of this letter.

Sincerely,

A handwritten signature in black ink, appearing to read "William Fox". The signature is fluid and cursive, with the first name "William" written in a larger, more prominent script than the last name "Fox".

William Fox, MD, FACP
Chair, Medical Practice and Quality Committee
American College of Physicians