



Maryland
Hospital Association

November 19, 2020

Dr. Alyson Schuster
Deputy Director, Quality Methodologies
Health Services Cost Review Commission
4160 Patterson Avenue
Baltimore, Maryland 21215

Dear Dr. Schuster:

On behalf of the Maryland Hospital Association's 61 member hospitals and health systems, we appreciate the opportunity to comment on the Health Services Cost Review Commission's (HSCRC) *Draft Recommendations for the Quality-Based Reimbursement Program for Rate Year 2023*. We appreciate the collaborative process to engage with staff and offer input to shape the policy in the best interest of high-quality care for all Marylanders, particularly during the coronavirus public health emergency.

We support the recommendations, which are similar to existing policy. As HSCRC staff agrees, fair and equitable performance measurement is dependent upon adequately adjusting program methodology as needed due to COVID-19. We look forward to partnering in these efforts and urge staff to evaluate measurement throughout this pandemic.

The Centers for Medicare & Medicaid Services (CMS) will use Maryland's performance on the Statewide Integrated Health Improvement Strategy (SIHIS) to evaluate the future of the Total Cost of Care Model (the Model). Where appropriate, SIHIS measures should be included in payment policy to bolster performance and provide resources to hospitals. It is reasonable to include timely follow-up after acute exacerbations of chronic conditions to the Person and Community Engagement domain. This measure aligns with areas identified for improvement through evaluation of the Model. It is essential that hospitals have the tools in place to monitor progress on this measure in real-time. We urge staff to work with the field and partners, such as CRISP, to develop tools and resources to ensure success on this measure.

We support adding the Patient Safety Indicator (PSI) 90 measure to the Safety Domain, as this measure was previously included in the QBR program—eliminating issues of new, untested measures. Maryland's QBR program is generally modeled after the National Hospital Value-Based Purchasing (VBP) program, yet we think it is important to remember the distinct differences that drive performance for hospitals in the rest of the nation relative to Maryland. However, alignment between the two programs is necessary for comparisons.

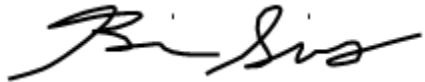
We support the low-volume, high-complexity exclusion for the Total Hip/Knee Arthroplasty measure. Originally intended for academic hospitals, members requested this exclusion extend to

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community hospitals. Therefore, we implore staff to change the exclusion to be based solely on sample size and case-mix index.

We look forward to the very important work of convening the QBR Redesign Work Group in the coming year and continuing to work with HSCRC staff on modifications to this program.

Sincerely,



Brian Sims, Director, Quality & Health Improvement

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