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September 24, 2018

Ms. Seema Verma
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1695-P
P.O. Box 8013
Baltimore, MD 21244-1850

RE: Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems and Quality Reporting Programs, CMS-1695-P

Dear Ms. Verma:

The Conference of Boston Teaching Hospitals (COBTH) welcomes this opportunity to comment on the proposed rule entitled “Medicare Program: Proposed Changes to Hospital Outpatient Prospective Payment and Ambulatory Payment Systems and Quality Reporting Programs,” 83 *Fed. Reg.* 37046 (July 31, 2018), issued by the Centers for Medicare and Medicaid Services (CMS or the Agency).

COBTH is an organization of twelve Boston-area teaching hospitals that works to advance policies critical to the core mission of academic medical centers: advancing medical education, funding biomedical research, improving patient care and serving vulnerable populations. Our member hospitals employ over 61,000 healthcare professionals who are engaged in training the next generation of physicians, nurses, and healthcare leaders.

As outlined discussed below, COBTH strongly opposes the proposals to cut Medicare reimbursements under the Outpatient Prospective Payment System (OPPS). These proposals are based on a misconception by CMS that increases in outpatient services are “unnecessary,” whereas they are the result of policy changes CMS has made to drive health care services to lower-cost outpatient settings. For example, CMS has implemented policy changes that moved services that were traditionally only furnished in the inpatient setting to outpatient departments. Finalizing the proposed cuts to hospitals will threaten access to medically necessary health care items and services for Medicare beneficiaries and will penalize the very hospitals that have done the most to further CMS’s goals and ensure beneficiaries’ access to those settings that are most appropriate.

Summary of Major Payment Policy Issues on Which COBTH Provides Comments

The following items reflect COBTH’s recommendations in regards to key proposals in the OPPS:

• ***Reducing Clinic Visit Payment.*** We do not believe that CMS has not substantiated the claim that the increase in the volume of hospital-based outpatient services is “unnecessary.” Increases in volume of services are driven by a significant array of factors including the growth of the Medicare population, improvements in post-discharge care, changes to hospital inpatient requirement and the Inpatient Only List (IPO), the closure of many oncology practices and community cancer clinics due to previous reimbursement cuts for Medicare Part B drugs and vary from market to market. We do not believe that CMS has the legal authority to expand site-neutral policies to off-

campus excepted provider-based departments (PBDs). We strongly recommend that the proposed cuts to excepted off-campus PBDs that provide medically necessary care to Medicare beneficiaries not be included in the final rule.

- **Expansion of 340B reimbursement cuts.** COBTH strongly opposes the proposed reduction in reimbursement for 340B drugs administered in excepted off-campus PBDs. As the annual cost of pharmaceuticals continues to rise, 340B drug program is essential in allowing hospitals to continue to provide life saving medication to vulnerable populations, notably seniors. Additionally, 340B sales represent just 3.6% of total domestic drug sales, making cuts to 340B is not an effective ineffective way to control rising drug costs but harms critical services and access provided by participating hospitals.

- **Clinical family of services.** COBTH recommends that proposed limits on items and services paid under the OPSS and furnished in excepted off-campus PBDs not be included in the final rule. Hospital affiliated outpatient facilities are capable of safely providing a wide variety of sophisticated care options that are often not feasible in other outpatient settings such as a physician's office. Maintaining the broad spectrum of services and procedures offered at these PBDs covered under the OPSS would allow continued medical innovation and will ensure access to quality, specialized care for Medicare recipients.

- **Cardiac catheterization reimbursement in ambulatory surgical centers (ASCs).** While there may be patients for whom performing this procedure in an ASC is appropriate, CMS should be clear that decisions about patient site of service must be made by treating physician and patient.

- **Public Reporting of Standard Charges Request for Information.** Standard charges do not provide patients with meaningful, actionable information about their cost-sharing responsibility which is the information that is most meaningful to patients. We recommend that CMS to work with hospitals, insurers, consumers, and other stakeholders to identify information that patients need to better understand the costs they will incur for hospitals.

- **Quality Measure Removals:** COBTH recommends that CMS finalize the proposals to remove measures that are burdensome or otherwise do not meet the goals of CMS's Meaningful Measures framework.

- **Delay Public Reporting on the HCAHPS "Communications About Pain" Questions:** Rather than remove the questions entirely, CMS should continue to test the questions and delay public reporting until the questions are valid, reliable, and do not pose a risk of unintended consequences.

- **Conditions of Participation:** CMS should not include a requirement for interoperability in the conditions of participation (CoPs) given the significant consequences if this requirement is not met, particularly since interoperability is still in its early stages.

COBTH's member hospitals are also members of the Association of American Medical Colleges (AAMC) and strongly support the in-depth comments submitted by AAMC on behalf of the nation's academic medical centers and teaching hospitals.

Sincerely,



John Erwin
Executive Director
Conference of Boston Teaching Hospitals