AMERICAN COLLEGE OF GASTROENTEROLOGY

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March 15, 2017

The Honorable Tom Price, M.D.
Secretary
Department of Health and Human Services (HHS)
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20201

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services (CMS)
7500 Security Boulevard
Baltimore, MD 21244

Dear Dr. Price and Ms. Verma,

The American College of Gastroenterology (ACG) is a physician organization representing clinical gastroenterologists and other gastrointestinal specialists. Founded in 1932, the College currently counts roughly 14,000 among its membership of physicians and health care providers of gastroenterology specialty care. ACG is contacting you to urge CMS to reconsider mandatory participation in the Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery Survey (OAS CAHPS) beginning CY 2018.

As Regulatory Reform Task Forces begin examining the existing regulatory requirements for health care providers, we urge reconsideration of the administrative requirements in the CY 2017 OPPS Final Rule relating to mandatory use of the OAS CAHPS survey in ASCs, as well as other needed changes to the survey that currently result in low response rates. We believe revisions to these requirements, including making the survey optional in the ASC setting, would be appropriate as part of the Administration's broader efforts to reduce the cost burden associated with practicing medicine.

We write to convey our concerns regarding the CAHPS policy set out in the CY 2017 Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center Payment System Final Rule. Beginning in 2018, CMS will mandate implementation of the Consumer Assessment of Healthcare Providers and Systems Outpatient and Ambulatory Surgery (OAS CAHPS) survey, in order to measure patient care experience within ASCs and hospital outpatient departments (HOPDs). ACG believes this is a one example of an overly burdensome regulatory mandate for ASC facilities and why the survey should continue to be voluntary in any community-based (non-hospital) setting.

The OAS CAHPS Survey contains 37 questions, some of which ACG finds repetitive, redundant, and nonessential, particularly the 13 demographic questions. Further, the survey includes 24 questions focused on patient experience, while allowing a facility to augment with up to 15 additional questions, which contributes to the fact that it is a needlessly lengthy survey that patient's often refuse to complete, impacting scoring methodology. The length of the survey is complicated by the lack of an electronic option to collect the required information.

An additional administrative burden for physicians practicing in these settings is the required number of completed surveys. Although CMS has offered facilities with lower patient censuses to submit an exemption request if they treat fewer than 60 survey-eligible patients during the eligibility period, ASCs, which are typically small businesses, may find the requirement of 300 completed surveys excessively onerous, particularly given that the survey is not user-friendly and unreasonably lengthy. When CMS implemented a similar survey for inpatient hospitals, the agency only required 100 completed surveys. We do not think it is appropriate to set an even higher bar for lower acuity health care facilities, which are designed to offer reasonably priced and convenient surgical care to their communities.

It has also been extremely difficult to estimate the burdens borne by ASCs once a facility contracts with a CMS required survey vendor. Outreach to the OAS CAHPS Survey website and helpline unfortunately does not help facilities compare and contrast the prices and services of each approved-vendor. Instead, ASC staff are expected to contact each survey administrator individually. This task alone has proven burdensome for ASC staff, and unfortunately still has not gleaned much price or cost information. In addition, CMS continues to use time and cost burden estimates associated with the OAS CAHPS Survey-based measures contained in OMB Control Number 0938–1240.[1][2] However, these estimates should be reviewed as there is no apparent financial cost estimate. Yet, according the CMS, ASC facilities must bear both the administrative and financial cost associated with selecting a vendor.[3] Clearly there must be a cost to facilities and this cost should be reviewed prior to finalizing any mandated participation.

ASCs provide a safe, convenient and cost-effective environment for gastrointestinal (GI) procedures provided to Medicare beneficiaries. CMS recognizes this in the final rule:

> "First, other than certain preventive services where coinsurance and the Part B deductible is waived to comply with sections 1833(a) (1) and (b) of the Act, the ASC coinsurance rate for all procedures is 20 percent. This contrasts with procedures performed in HOPDs under the OPPS, where the beneficiary is responsible for copayments that range from 20 percent to 40 percent of the procedure payment (other than for certain preventive services). Second, in almost all cases, the ASC payment

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[1]Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital. [CMS–1656–FC and IFC]. https://oascahps.org/OAS_CY2017FinalRule.pdf

[2] https://www.reginfo.gov/public/do/PRAViewICR?ref_nbr=201505-0938-003

[3] Question: Who will pay for the additional expense of contracting with a CMS-approved vendor? Answer: The expense will be for the facility. On the OAS CAHPS website is a list of CMS-approved vendors. We suggest facilities shop for the vendor who can provide the best service. Also, the mail-only mode is the least expensive survey mode. Webinar: CY 2017 OPPS/ASC Final Rule: Ambulatory Surgical Center Quality Reporting (ASCQR) Program (November 30, 2016).
https://www.qualitynet.org/dcs/ContentServer?c=Page&pagename=QnetPublic%2FPage%2FQnetTier2&cid=1228772885868 [Note: Link is to a computer hard drive location]

> rates under the ASC payment system are lower than payment rates for the same procedures under the OPPS. Therefore, the beneficiary coinsurance amount under the ASC payment system will almost always be less than the OPPS copayment amount for the same services."[4]

However, physicians practicing in ASCs will be mandated to survey patients using the OAS CAHPS while other patient satisfaction surveys remain optional. In developing and implementing the new Merit-based Incentive Payment System (MIPS), Congress and CMS very deliberately determined that the CAHPS for MIPS survey should be voluntary rather than mandatory for physicians, even those in large group practices. As HHS and CMS consider opportunities to repeal, replace, or otherwise modify burdensome regulations, we would encourage you to consider changes to this requirement. The regulatory burden associated with surveying patients, especially in light of the requirements specified in the CY 2017 OPPS Final Rule, may put a thumb on the scale of GI physicians weighing where to treat their patients.

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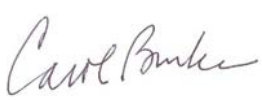
ACG focuses on the issues confronting the gastrointestinal specialist in delivering high quality patient care. Our members practice in a range of settings from hospitals and ASCs to the community, and are faced with an increasing array of federal, state, and nongovernmental complexity to navigate. The primary activities of the ACG have been, and continue to be, promoting evidence-based medicine and optimizing the quality of patient care.

Finally, our leadership extends our warmest congratulations to you both for your confirmation and applauds your dedication to public service. We wish you the best of luck during this critical juncture in health care policy and hope to be able to serve as a resource throughout the reform process. With all of the other pressing matters before your department, we appreciate your attention to the important survey issues raised in this letter and we look forward to working with you on this and other matters in the future.

Sincerely,



Carol A. Burke, MD FACG
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Chair, ACG Legislative and Public Policy Council
American College of Gastroenterology

[4] Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Nonexcepted Off-Campus Provider-Based Department of a Hospital; Hospital Value-Based Purchasing (VBP) Program; Establishment of Payment Rates Under the Medicare Physician Fee Schedule for Nonexcepted Items and Services Furnished by an Off-Campus Provider-Based Department of a Hospital. [CMS–1656–FC and IFC]. https://oascahps.org/OAS_CY2017FinalRule.pdf