

September 10, 2013

Marilyn Tavenner, Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attention: CMS-1601-P
Room 445-G
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, DC 20201

Re:CMS-1601-P – Medicare Program; Proposed Changes to the Ambulatory Surgical Center Payment System and CY 2014 Payment Rates

Dear Administrator Tavenner:

The Maryland Ambulatory Surgery Association (MASA) appreciates the work CMS has done to implement the ASC quality reporting program in 2012. Our association was pleased to receive notice of the high level of participation in quality reporting during the first year of the program despite the added expense and administrative burden, and anticipates increased participation in subsequent years, as has been the case for the physician and other facility programs. This data demonstrates that ASCs provide equal value to the hospital outpatient surgical experience, despite the growing disparity in reimbursement.

MASA is opposed to both of the ophthalmic quality measures and strongly urge that they be withdrawn. Both ophthalmic measures were designed for reporting by physicians and do not serve as measures of facility-level quality. These measures are inappropriate because the ASCs are not in a position to efficiently collect and report data that is captured by the physician following the encounter at the ASC and documented in medical records housed in the physician's practice. To collect this information from both the physician and the facility is duplicative.

CMS also proposed two endoscopy/polyp surveillance measures for inclusion in the ASC setting. Like the cataract measures discussed above, these measures are physician-level measures and are not indicative of the quality of care rendered in the ambulatory surgery center setting. In general, the two measures reflect the physician's decision-making, and accountability for the measure should be the responsibility of the physician.

MASA does not support the inclusion of any of the four proposed measures in the ASC Quality Reporting Program for the 2016. Asking ASCs to report these four quality measures are redundant, administratively burdensome and not reflective of the quality of care rendered in the ASC setting. This industry continues to grow as an integral part in the healthcare delivery

system throughout this country, and we strongly urge CMS to consider payment methodology and quality reporting measures that encourage and support these lower-cost, high-quality providers to continue to serve our Medicare patients.

Sincerely,

Andrea M. Hyatt, CASC
President, Maryland Ambulatory Surgery Association