



Liberty Place, Suite 700
325 Seventh Street, NW
Washington, DC 20004-2802
(202) 638-1100 Phone
www.aha.org

January 11, 2008

Kerry N. Weems
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W.
Washington, D.C. 20004

Re: Critical Access Hospital Data Reporting

Dear Mr. Weems:

We are writing to follow-up on conversations members of our team have had with several key Centers for Medicare & Medicaid Services (CMS) officials to highlight the importance of our request for clarification of the new policy on public transparency that was announced by a CMS contractor during a conference call late last month.

As you know, Congress mandated in the *Tax Relief and Health Care Act of 2006* that the Health and Human Services Secretary begin to collect outpatient quality data from hospitals and publicly report it. This mandate supplements the successful effort begun by the Hospital Quality Alliance in 2003 to collect a standard set of quality information from all hospitals and share that data with the public. In 2005, submission of data for the inpatient quality measures was linked to hospitals paid under the Medicare inpatient prospective payment system (PPS) receiving their full market-basket update. *The Tax Relief and Health Care Act of 2006* also mandated a similar link between the collection of outpatient quality data and the full Medicare payment update given to hospitals participating in the outpatient PPS.

While there is no link between payment and the submission of quality data for critical access hospitals (CAHs), they also would like the opportunity to submit data because of their commitment to public transparency and quality improvement. In fact, approximately half of CAHs have already chosen to submit quality data as evidence of this commitment.



In the final fiscal year 2008 outpatient PPS regulation, CMS announced it had chosen seven outpatient measures for this first experience with collecting the data:

- five that examine the care for patients experiencing heart attacks who are seen in a hospital's emergency department, stabilized and transferred to a facility with greater capacity to provide therapies designed to restore blood flow to the heart muscle; and
- two that assess steps taken to prevent surgical wound infections for ambulatory surgery patients.

The surgical care measures are derived from the work of the Surgical Care Improvement Project and are appropriate for any location in which common surgeries are performed. The heart attack measures were specifically developed as part of the work undertaken to identify measures relevant to rural providers. They are most relevant for small hospitals that tend to stabilize and transfer the majority of patients who present at their emergency rooms with heart attack symptoms. Large, urban and suburban hospitals tend to see these patients in their emergency departments and admit them, not transfer them.

On the December 12 call about the outpatient measures hosted by the Florida quality improvement organization with which CMS has contracted to provide hospitals with assistance in reporting these outpatient measures, it was announced that CAHs would not be allowed to submit the outpatient measures.

On behalf of the 1,300 CAHs that serve rural America, we would appreciate CMS addressing this matter in a manner that would allow these organizations to participate in this important effort to promote transparency and quality improvement. We look forward to hearing from you and trust you will contact us if we can provide further clarification in regard to our concerns.

Sincerely,

Rick Pollack
Executive Vice President