



American Hospital  
Association

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December 28, 2009

Charlene Frizzera  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Hubert H. Humphrey Building  
200 Independence Avenue, S.W., Room 445-G  
Washington, DC 20201

***RE: CMS-1414-FC, Medicare Program: Changes to the Hospital Outpatient  
Prospective Payment System and CY 2010 Payment Rates (Vol. 74, No. 223), Nov. 20, 2009***

Dear Ms. Frizzera:

On behalf of our more than 5,000 member hospitals, health systems and other health care organizations, and our 40,000 individual members, the American Hospital Association (AHA) appreciates the opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS) hospital outpatient prospective payment system (OPPS) final rule for calendar year 2010.

In the OPPS final rule, CMS expresses concern about whether the current policy of requiring only general physician supervision in community mental health centers (CMHCs) is appropriate. CMS specifically requests comments on whether it should extend the direct supervision requirements that apply to hospital-based partial hospitalization program (PHP) services to those same services when they are furnished in CMHCs, stating that doing so may "unify the benefit and create more equity and consistency."

The supervision standard should be consistent among providers who furnish the same services and are paid at the same rate. Therefore, the AHA strongly recommends that CMHCs be required to meet the same direct supervision standards with which hospital-based programs will be required to comply as of January 1, 2010. To do otherwise would be inequitable; hospitals will incur greater costs than other providers and yet the level of Medicare payment will remain the same. The case for consistency in supervision requirements for these services is even more compelling when one considers that, at this time, the payment rates for PHP services, regardless of the setting in which they are provided, are calculated using only hospital-based PHP data. Therefore, CMHCs are granted a windfall both in terms of higher Medicare payments for PHP services and lower costs due to lower required levels of supervision. We do not believe that this requirement will place an undue burden on CMHCs nor have a negative impact on patient access to care because of the expanded ability of non-physician practitioners to provide direct supervision for PHP services.



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Thank you again for the opportunity to comment. If you have any questions, please contact me or Roslyne Schulman, senior associate director for policy, at (202) 626-2273 or [rschulman@aha.org](mailto:rschulman@aha.org).

Sincerely,

Rick Pollack  
Executive Vice President