



**American Hospital
Association**

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

December 17, 2010

Donald M. Berwick, M.D., M.P.P.
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1498-IFC2
P.O. Box 8013
Baltimore, MD 21244-1850

RE: CMS-1498-IFC2; Medicare Program; Hospital Outpatient Prospective Payment System and CY 2011 Payment Rates; Ambulatory Surgical Center Payment System and CY 2011 Payment Rates; Payments to Hospitals for Graduate Medical Education Costs; Physician Self-Referral Rules and Related Changes to Provider Agreement Regulations; Payment for Certified Registered Nurse Anesthetist Services Furnished in Rural Hospitals and Critical Access Hospitals; Interim Final Rule with Comment (Vol. 75, No. 226), November 24, 2010

Dear Dr. Berwick:

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) interim final rule on payment for certified-registered nurse anesthetist (CRNA) services furnished in rural hospitals and critical access hospitals (CAHs).

Certain hospitals located in rural areas are eligible for reasonable cost-based reimbursement for CRNA services. In the fiscal year 2011 inpatient prospective payment system (PPS) rule, CMS finalized a policy that, effective for cost-reporting periods beginning on or after October 1, 2010, allows hospitals (including CAHs) that have reclassified from urban to rural to receive cost-based reimbursement for CRNA services. However, hospitals can only begin receiving this cost-based reimbursement at the beginning of a calendar year; thus, this policy essentially created two effective dates: January 1, 2011 for hospitals with cost-reporting periods beginning between October 1 and December 31, 2010, and January 1, 2012 for hospitals with cost-reporting



Donald Berwick, M.D., M.P.P.

December 17, 2010

Page 2 of 2

periods beginning on or after January 1, 2011. In the outpatient PPS final rule, CMS stated that it was not its intention to create two effective dates and revised the effective date for this policy to December 2, 2010. **We support CMS' decision to revise the effective date, which will allow all eligible hospitals and CAHs to begin receiving CRNA cost-based reimbursement on January 1, 2011.**

If you have any questions about our comments, please feel free to contact me or Joanna Kim, senior associate director for policy, at (202) 626-2340 or jkim@aha.org.

Sincerely,

Rick Pollack
Executive Vice President