



**American Hospital
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STATEMENT ON CMS FINAL OPPTS RULE

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We are extremely disappointed that the Centers for Medicare & Medicaid Services (CMS) will move forward with sweeping changes that may hurt hospitals' ability to provide outpatient care. While we are pleased that CMS has decided not to collapse its codes for emergency room visits, we are very concerned that CMS is moving forward with consolidating all outpatient clinic visit codes into a single code representing a single level of payment. Hospitals that provide care for large numbers of complex patients will receive payment well below the cost of treating these patients.

CMS will proceed with packaging five new categories of items and services – such as drugs and certain lab tests – into the payment for the primary service. Additionally, the agency will finalize its comprehensive ambulatory payment classifications (APCs) to replace the existing device-dependent APCs, but has delayed their implementation until January 1, 2015.

We continue to have concerns that CMS may not have used accurate information in developing these policies, and that hospitals will have neither the time nor the data to understand how these

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changes will affect their ability to provide patient services. In adopting these proposals, CMS has put hospitals in the difficult position of having only 35 days to implement significant changes in Medicare's policies, procedures and payment formulas.

Additionally, the AHA is deeply disappointed that, despite our urging, CMS will move forward with enforcement of its direct physician supervision policy. Given the shortage of medical professionals, this policy may force small and rural hospitals and critical access hospitals to limit their hours of operation or cut services to comply with the provision, resulting in reduced access to outpatient care in communities across America. The AHA will continue to urge Congress to provide relief from this short-sighted policy.

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