



Action Alert

Wednesday, August 10, 2016

Use [Model Comment Letter](#) to Voice Concerns with Site-neutral Provisions of CMS's OPPS Proposed Rule

Comments are due Sept. 6

On July 6, the Centers for Medicare & Medicaid Services (CMS) released its proposed rule for the 2017 outpatient prospective payment system (OPPS), which, in addition to updating outpatient payment rates, proposes to implement the site-neutral provisions of the Bipartisan Budget Act of 2015 (BiBA). That law requires that, with the exception of dedicated emergency department services, services furnished in off-campus hospital outpatient departments (HOPDs) that began billing under the OPPS on or after Nov. 2, 2015 no longer be paid under the OPPS; instead **there would be no payment made directly to the hospital by Medicare.**

In addition, CMS proposes that:

- existing off-campus HOPDs that expand their services to include new clinical families would now receive the lower site-neutral rate for those services;
- any existing off-campus HOPD that relocates after Nov. 2 would lose its excepted status and be subject to site-neutral payments; and
- only if a hospital, in its entirety, has a change of ownership and the new owners accept the existing Medicare provider agreement from the prior owner, would the hospital's off-campus HOPDs be able to maintain their excepted status. Individual excepted off-campus HOPDs would not be permitted to be transferred from one hospital to another and maintain their excepted status.

The AHA is very concerned that the proposed rule, as written, would freeze the progress of off-campus clinical care in its tracks. **The AHA is asking CMS to delay these site-neutral policies until it can adopt much-needed changes in order to provide fair and equitable payment to hospitals, and we urge you to voice your concerns and reinforce our message.**

[Click here](#) for model comments to guide you in crafting your own letter to CMS on the site-neutral provisions of its proposed rule. All comments must be received no later than 5 p.m. ET on Sept. 6, 2016.

Comments may be submitted electronically at <http://www.regulations.gov>. Follow the instructions for "Comment or Submission." Attachments can be in Microsoft Word,

WordPerfect or Excel; however, CMS prefers Microsoft Word. CMS also accepts written comments (an original and two copies) via regular or overnight/express mail.

Via regular mail:

Centers for Medicare & Medicaid Services
Dept. of Health and Human Services
Attention: CMS-1656-P
P.O. Box 8013
Baltimore, MD 21244-1850

Via overnight or express mail:

Centers for Medicare & Medicaid Services
Dept. of Health and Human Services
Attention: CMS-1656-P
Mailstop: C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

AHA Executive Vice President of Government Relations and Public Policy Tom Nickels and Vice President of Payment Policy Joanna Hiatt Kim will highlight the AHA's concerns with the proposed rule during a **special members-only Town Hall webcast today at 2 p.m. ET**. They also will outline the steps hospital leaders can take – both with CMS and their federal legislators – to advocate for changes to these misguided policies so that hospitals can continue to provide the highest quality health care to their communities. [Click here](#) to log in.