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Heart House

2400 N Street, NW
Washington, DC 20037-1153
USA

202.375.6000
800.253.4636
Fax: 202.375.7000
www.CardioSource.org

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June 28, 2012

Marilyn Tavenner

Acting Administrator

Centers for Medicare and Medicaid Services

Department of Health and Human Services

Baltimore, MD 21244

Dear Ms. Tavenner:

The American College of Cardiology (ACC) urges CMS to further delay the implementation of the updated "three day payment window" rule that is scheduled to go into effect on July 1, 2012. The ACC is a 40,000-member nonprofit medical society comprised of physicians, surgeons, nurses, physician assistants, pharmacists and practice managers, and bestows credentials upon cardiovascular specialists who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care.

We are concerned that the implications of this rule have not been fully considered and we believe there remains significant confusion on the part of physicians and hospital administrators on what exactly is required of them. For this reason, we urge a continued delay if it is not possible to rescind the requirement altogether.

Briefly, the rule requires physicians who are employed by hospitals but bill for technical components under the physician fee schedule to bill at the facility rate for related services that are provided in the three days prior to an inpatient admission. We understand CMS's intention to avoid unbundling of hospital services but believe that this policy is extraordinarily difficult to understand and to implement. As you may know, many cardiologists are employed in practices that are owned by hospital practices so this rule could have a significant impact on our members.

As a matter of administrative efficiency, many practices submit their charges on the same day that the patient is seen – enforcing the three day payment window policy would require practices to either hold their bills for three days to ensure that a patient is not admitted to the hospital or amend already filed claims if they learn that an admission has occurred.

Even if a physician practice were to delay billing, it may never learn if a patient has been admitted to the hospital. CMS requires the hospitals to notify the employed physicians if a patient is admitted but we think this will be nearly impossible to implement properly. We do not believe that most hospitals have integrated patient records with their owned physician practices to the degree that this could be completed automatically, so notification could require manual review. Such a review would be extraordinarily burdensome to identify a handful of patients that may be admitted in the coming three days.

All of these options add unnecessary costs and administrative complexity to the healthcare system. They are also extremely confusing. Although ACC has received a number of requests for clarifications of requirements from our members, we have been unable to provide them with sufficient detailed guidance. We understand this same confusion exists among many other specialty societies and professional organizations.

We strongly urge CMS to delay implementation of the three day payment window policy until the requirements have been fully explained and are well understood by the physician and hospital community. We would urge CMS to evaluate whether implementing this policy is worth the administrative burden at all.

We hope to discuss this issue further with you in more detail in the coming weeks. If you have questions about this letter, please contact Brian Whitman, Associate Director of Regulatory Affairs at bwhitman@acc.org or (202) 375-6396.

Sincerely,



William A. Zoghbi, MD, FACC
President