



1760 Old Meadow Road  
Suite 500  
McLean, VA 22102

Phone: (703) 506-3292  
Fax: (703) 506-3292  
Web: [www.edpma.org](http://www.edpma.org)

August 31, 2009

*By Electronic Submission*

Charlene Frizzera  
Acting Administrator  
Centers for Medicare & Medicaid Services  
Department of Health and Human Services  
Room 445-G, Hubert H. Humphrey Building  
200 Independence Avenue, SW  
Washington, DC 20201

Re: CMS-1414-P; Proposed Rule - Medicare Program: Proposed Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates; Proposed Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates

Dear Acting Administrator Frizzera:

The Emergency Department Practice Management Association (EDPMA) is the nation's largest trade association that supports the delivery of emergency medical care to Americans. EDPMA's membership includes emergency department physician groups of all sizes as well as organizations that support these groups. Our membership impacts over half of the 125 million patients seen in U.S. emergency departments each year, representing one of the most important safety nets in America's health care system.

On behalf of EDPMA's members, we are writing to provide our comments on the Proposed Rule – Medicare Program; Proposed Changes to the Hospital Outpatient Prospective Payment System and CY 2010 Payment Rates; Proposed Changes to the Ambulatory Surgical Center Payment System and CY 2010 Payment Rates (the "Proposed Rule") as published by the Centers for Medicare & Medicaid Services ("CMS") on July 13, 2009 (74 Fed. Reg. 35,232).

#### Healthcare-associated Conditions ("HAC")

In the Proposed Rule, CMS does not expand HAC payment provisions to the hospital outpatient department. We support this cautious approach. EDPMA appreciates the wisdom of limiting outpatient reporting measures for HAC until such time that the effectiveness of the inpatient HAC measures can be demonstrated to support expansion to the outpatient area.

### Visit Reporting Guidelines

In the Proposed Rule, CMS is continuing to allow hospitals to use their own facility coding guidelines for emergency visits (74 Fed. Reg. 35,353). EDPMA has supported this approach in the past and urges CMS to continue this approach in 2010 and thereafter.

### Quality Reporting Measures

EDPMA strongly supports advancing quality and transparency in both the outpatient and inpatient settings. EDPMA members are committed to advancing and supporting quality initiatives and remain committed to supporting measures that improve outcomes, decrease variability, and decrease the cost of health care delivery. In the area of cost, EDPMA considers not only the cost associated with the delivery of care but the cost of the administrative burden to deploy and implement such programs. It is for that reason we support CMS' approach to the stabilization of measures through 2011.

In the Proposed Rule, CMS includes in its list for measures under consideration for CY 2012 the measure "Median Time for ED Arrival to ED Departure for Discharged ED Patients." EDPMA strongly supports the inclusion of this measure. EDPMA believes this measure will increase transparency for both providers and hospitals as they identify barriers to delivering timely, efficient, safe, high quality patient care in the emergency department.

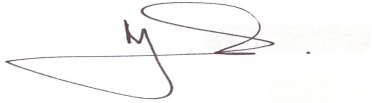
We remain hopeful that as the impact on both patient outcomes and cost containment become apparent to CMS, EDPMA will be able to disseminate data to further advance both the education and participation of quality reporting by EDPMA members and their hospital partners. EDPMA is committed to review future measures with respect to clinical feasibility, potential impact on patient care and outcomes, clinical and administrative expense, and any unintended consequences that may be associated with measure implementation.

### Conclusion

EDPMA is committed to excellence in patient care. We remain committed to providing quality data that improves patient outcomes. While EDPMA understands the importance of data in establishing "current state" and "desired state," we are concerned there is potential for increasing administrative costs when the data obtained may not improve patient care. We look forward to working with CMS as it continues to refine its approach in this area.

We appreciate the opportunity to comment on the Proposed Rule. Please do not hesitate to contact me or EDPMA's Executive Director, Tom Gibson, at (703) 506-3292 when considering issues facing America's emergency departments.

Sincerely,

A handwritten signature in black ink, appearing to read 'Randy Pilgrim', is written over a light-colored rectangular stamp or watermark.

Randy Pilgrim, MD, FACEP  
Chair, EDPMA Board of Directors