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September 24, 2018

The Honorable Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201
Attn: CMS-1695-P

Re: Proposed Changes to the Medicare Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs for Calendar Year 2019

Dear Administrator Verma:

On behalf of AARP, we welcome the opportunity to submit comments regarding the proposed rule relating to the calendar year 2019 (CY 19) Medicare Hospital Outpatient Prospective Payment System. AARP, with its nearly 38 million members in all 50 States, the District of Columbia, and the U.S. territories, is a nonpartisan, nonprofit, nationwide organization that helps empower people to choose how they live as they age, strengthens communities, and fights for the issues that matter most to families, such as healthcare, employment and income security, retirement planning, affordable utilities and protection from financial abuse. Specifically, we comment on proposed site-neutral payment changes and respond to the requests for information on price transparency and electronic interoperability.

Controlling Unnecessary Increases in the Volume of Outpatient Services

AARP supports the proposal to reduce the payment differential between sites of service for the same outpatient evaluation and management visits. While this proposal is narrow – essentially removing “grandfathered status” from certain hospital outpatient departments (HOPDs) only for certain codes – we believe it is a step in the right direction. This change will have an immediate impact in lowering Medicare beneficiaries’ out-of-pocket costs. Because Medicare beneficiaries pay a percentage of billable costs, the higher reimbursement rates for HOPDs results in higher cost-sharing. Individuals

who seek care at a hospital out-patient department should not be subjected to higher cost-sharing than if they received the same service from the same provider at a physician's office. Medicare reimbursement should be based on the complexity and quality of the care provided, not the location.

Requests for Information on Promoting Interoperability and Price Transparency

Price Transparency

AARP believes individuals should know the financial costs of the health care they receive, and that price information can be a useful tool for consumers to make informed decisions about their care. A hospital's chargemaster or listed price menu is not a particularly useful source of information, however, because it does not reflect the person's actual out-of-pocket costs. We recommend that CMS require hospitals to post their hospital-specific Medicare rates and corresponding expected beneficiary out-of-pocket coinsurance amounts. This would offer more meaningful price transparency than hospital "standard charges", which Medicare does not pay.

Promoting Electronic Interoperability

AARP supports the continued promotion of electronic health information exchange and interoperability that is aimed at improving patient care by making medical records readily available to providers, patients, and their family caregivers, as appropriate. Electronic data exchange among hospitals, physicians, hospices, skilled nursing facilities (SNFs), and other post-acute care providers is especially important during care transitions when information relevant to the individual's next phase of care may be lost.

Having information useful to manage their own care when they are not directly interacting with their care team (e.g., after an encounter) is a critical support that individuals (and family caregivers, as appropriate) need, regardless of their condition or health status. Access to information electronically, such as discharge summaries and test results, greatly enhances opportunities to engage in one's own care. By sharing information with providers, caregivers, or other members of the individual's care team, it can help them better coordinate and manage their care needs. Under HIPAA privacy rules, health care providers must give individuals access, upon request, to the protected health information about them. People with the capacity to access their medical records and personal health information through patient portals or other electronic means should have the right and ability to do so without undue burden, as for many this can be easier than requesting and managing printed information. However, while AARP fully supports moving forward expeditiously on improved electronic access, many people will still need or prefer to access printed copies of their medical records or discharge/transfer summaries, or receive them by mail or fax. CMS should ensure that this right continues. According to a recent Federal Communications Commission progress report, nearly 34 million Americans lack access to broadband. Not everyone has the technology for electronic access, particularly many older Americans.

Thank you for the opportunity to comment on the proposed rule. If you have any questions about our comments or need more information, please feel free to contact Andrew Scholnick of our Government Affairs staff at 202-434-3770 or ascholnick@aarp.org.

Sincerely,

A handwritten signature in black ink, appearing to read "David Certner", with a long horizontal flourish extending to the right.

David Certner
Legislative Counsel and Legislative Policy Director