



The Society of Thoracic Surgeons

STS Headquarters

633 N Saint Clair St, Floor 23
Chicago, IL 60611-3658
(312) 202-5800
sts@sts.org

STS Washington Office

20 F St NW, Ste 310 C
Washington, DC 20001-6702
(202) 787-1230
advocacy@sts.org

www.sts.org

August 18, 2016

Mr. Andy Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1656-P, P.O. Box 8013
Baltimore, MD 21244-1850

Re: [CMS-1656-P] Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program

Dear Acting Administrator Slavitt,

On behalf of The Society for Thoracic Surgeons (STS), I write to submit comments on the Medicare Program: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record (EHR) Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program. Founded in 1964, STS is an international not-for-profit organization representing more than 7,000 cardiothoracic surgeons, researchers, and allied health care professionals in 90 countries who are dedicated to ensuring the best surgical care for patients with diseases of the heart, lungs, and other organs in the chest. The mission of the Society is to enhance the ability of cardiothoracic surgeons to provide the highest quality patient care through education, research, and advocacy.

Transplant Outcomes: Restoring the Tolerance Range for Patient and Graft Survival

The Medicare Conditions of Participation (CoP) for Organ Transplant programs contain an outcome requirements standard for one-year patient and graft survival. Currently, the outcome requirements standard for one-year patient and graft survival, or O/E ratio (measured by the number of observed events divided by the number of expected events), is 1.5. The expected number is based on the national average. However, the Centers for Medicare and Medicaid Services (CMS) notes that, as national performance has improved, it has become more difficult for transplant programs to maintain

compliance with this CoP. Therefore, CMS proposes to restore the CMS tolerance limit for patient and graft survival closer to the level allowed under the original 2007 rule by changing this threshold to 1.85, meaning that transplant programs would not be out of compliance unless the number of observed events (one-year patient deaths or graft failures) divided by the number of expected events exceeds 1.85. For consistency and to avoid unneeded complexity, CMS proposes to use the same 1.85 threshold for all organ types and for both graft and patient survival. **STS strongly supports these proposals. We believe changing the threshold to 1.85 would appropriately balance the need for CoP outcomes requirements standards while ensuring the thresholds do not hinder beneficiary access to available organs.**

Organ Procurement Organizations (OPOs): Changes to Definitions; Outcome Measures; and Documentation Requirements

Definition of “Eligible Death”: CMS proposes to replace the current definition of “eligible death” at 42 CFR §486.302 with the upcoming revised Organ Procurement and Transplantation Network (OPTN) definition of “eligible death,” scheduled to go into effect on January 1, 2017. Specifically, the revised OPTN definition of “eligible death” increases the maximum age for donation from 70 years of age to 75, replaces the automatic exclusion of patients with Multi-System Organ Failure with clinical criteria for each organ type that specifies such type’s suitability for procurement, and implements policies allowing recovery and transplantation of organs from an HIV positive donor into an HIV positive recipient in adherence to the Hope Act. **STS supports the proposed revision to the definition of “eligible death” at 42 FR §486.302 to be consistent with the upcoming revised OPTN definition of “eligible death.”**

Aggregate Donor Yield for OPO Outcome Performance Measures: CMS proposes to revise §486.318(a)(3) and §486.318(b)(3) to be consistent with the current OPTN/SRTR aggregate yield donor metric. Specifically, the OPTN/SRTR aggregate yield donor metric risk-adjusts based on 29 donor medical characteristics and social complexities. **STS supports this proposal, as STS agrees with CMS that this methodology is a more accurate measure for organ yield performance and accounts for differences between donor case-mixes across Donation Service Areas.**

Organ Preparation and Transport-Documentation with the Organ: CMS proposes to revise §486.346(b) to no longer require that paper documentation, with the exception of blood typing and infectious disease information, be sent with the organ to the receiving transplant center. **STS supports this proposal, as the data are already electronically accessible by the transplant center.**

Reductions in reimbursement to lung cancer screening: CMS proposes severe reductions in reimbursement to lung cancer screening G codes. If implemented, reimbursement for Codes G0296, low-dose CT lung cancer screening shared decision making session, and G0297 low-dose CT (LDCT) lung cancer screening, will be reduced by 64 and 44 percent, respectively, in comparison to 2016 payment rates. STS is deeply concerned about the impact of these reimbursement changes on patient access to lung cancer screening. If the reimbursement rates for the shared decision making visit and corresponding LDCT scan are too low, it will be cost

August 18, 2016
Acting Administrator Slavitt
3

prohibitive for hospital outpatient departments and many will not be able to afford to offer these services at all. **STS urges CMS to rescind these damaging cuts.**

Thank you for considering our comments. Should you have any questions, please contact STS Director of Government Relations Courtney Yohe at 202-787-1222 or cyohe@sts.org.

Sincerely,

A handwritten signature in black ink, appearing to read "Joseph E Bavaria". The signature is fluid and cursive, with a long horizontal stroke at the end.

Joseph E Bavaria, MD
President