Association of
American Medical Colleges
2450 N Street, N.W., Washington, D.C. 20037-1127
T 202 828 0400 F 202 828 1125
www.aamc.org

Submitted at:
OIRA_submission@omb.eop.gov

December 15, 2011

OMB, Office of Information and Regulatory Affairs
Attention: CMS Desk Officer
RE: *CMS-10417, Medicare Fee-for-Service Prepayment Medical Review*

Dear Sir or Madam:

The Association of American Medical Colleges (AAMC) is a not-for-profit association representing all 136 accredited U.S. and 17 accredited Canadian medical schools; nearly 340 major teaching hospitals and health systems; and nearly 90 academic and scientific societies. Through these institutions and organizations, the AAMC represents 128,000 faculty members, 75,000 medical students, and 110,000 resident physicians. We appreciate this opportunity to provide comments on the Information Collection Request, *Medicare Fee-For-Service Prepayment Medical Review* (76 Fed. Reg. 76737, December 8, 2011).

The AAMC is very concerned that CMS has greatly underestimated the impact on providers of its proposal that is part of an effort to more than double the number of claims reviews per year, going from the current 1.2 million to 2.7 million "non-postpayment" reviews. Even though the Agency has increased its estimate of the time per claim to 30 minutes, we believe that it will take additional time that was not accounted for in the estimate. Due diligence on the part of providers means that they must not only provide the documents requested, but also must scan and/or file the documents sent so that they have a record of what was submitted, and then must record the activity in a database (documenting the record request on the patient billing record at a minimum) to track outcomes and trends of the reviews. Eventually purging those files is another task associated with each review. At a minimum, these extra recordkeeping tasks could require an additional 15 minutes on top of the Agency's 30 minute estimate.

While the Association understands the need for reviews, the Agency should appreciate the burden on providers that are overwhelmed by the seemingly constant requests from the numerous contractors that are charged with conducting reviews. To the extent that these requests must be responded to in paper, the burden—financially and administratively--is even greater. The AAMC is aware of the esMD program, and invited CMS to make a presentation about it at our 2011 meeting of the Compliance Officers' Forum. Once that program is mature, and requests and responses can be accomplished by electronic exchanges, the burden—while still substantial—will be lessened. Until that time, the AAMC requests that CMS expand the prepayment review program at a slower rate so that providers do not have to devote an

unreasonable amount of resources responding to requests from contractors. AAMC members are committed to providing quality care that is medically necessary, and devote substantial effort to correct documentation. Extensive reviews without cause may force providers to divert resources from patient care to responding to document requests.

If you have questions, please contact me at ibaer@aamc.org or 202-828-0499.

Sincerely,

Ivy Baer, J.D., M.P.H.
Director and Regulatory Counsel
Health Care Affairs