



The Society for Cardiovascular Angiography and Interventions

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December 15, 2011

CMS, Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Attention: Document Identifier CMS-10417
Room C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850.

*OMB, Office of Information and Regulatory Affairs,
Attention: CMS Desk Officer*

Submitted via email to OIRA_submission@omb.eop.gov

**RE: Emergency Clearance: Public Information Collection
Requirements Submitted to the Office of Management and Budget
(OMB) [CMS-10417]**

Dear CMS Desk Officer:

The Society for Cardiovascular Angiography and Interventions SCAI is a medical professional society with over 4000 members representing the majority of practicing interventional cardiologists in the United States. SCAI promotes excellence in cardiovascular medicine through physician education and representation, and the advancement of quality standards to enhance patient care.

SCAI has reviewed the “Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB) [CMS-10417]” and urges the OMB to deny CMS’s request for emergency clearance due to potential inaccuracies and inconsistencies of information. CMS has not provided critical information to the public about the implementation of these prepayment review programs. In addition, the benefit of prepayment review compared to post-payment review has not been clearly established by CMS and in cases, the criteria for medical necessity is not available to patients or providers.

CMS asserts that its application pertains to information that will be requested by Medicare contractors to conduct prepayment review of claims to “determine proper payment or if there is a suspicion of fraud. Medicare contractors [will] request the information from providers or suppliers submitting claims for payment from the Medicare program when data analysis indicates aberrant billing patterns or other information which may present a vulnerability to the Medicare program.” CMS also states that emergency review is necessary because it “cannot reasonably comply with the normal clearance procedures in that public harm is reasonably likely to result if normal clearance procedures are followed.”

The recent CMS Paperwork Reduction Act filing to the OMB regarding these programs may have inaccurate and misleading information. For example, the paperwork reduction act filing states that the average practice cost will be one claim per practice with an estimate of 30 minutes in staff time. This estimate is misleading as the impact is not evenly spread among all providers; rather, a small subset of providers is expected to be affected at exceedingly high rates. Also, the filing states, “review may delay payment slightly until the contractor is able to make a determination.” However, we also have learned that these audits typically take 60 days. Sixty days is not a “slight” delay in payment; rather these delays historically have been considered unacceptable as to warrant the payment of interest by the carrier.

While the overarching description of the plan appears to be in the best interest of protecting the Medicare program, the OMB filing description, specifically in regards to the CMS funded FirstCoast prepayment review program slated for implementation on January 1, 2012 does not align with what the public has been told about this program. The application states that CMS will “typically” target providers whose claim patterns are outliers. However, FirstCoast plans to audit 100% of all claims for the targeted DRGs. CMS asserts that, “In many cases, before a contractor places a provider or supplier on prepayment complex medical review, the contractor would perform a probe review.” This is not the case with the FirstCoast program. The limited information that has been made available to the public about the prepayment review programs is different from the information that is included in the OMB filing.

These prepayment programs, particularly the FirstCoast program, have the potential to do more harm than good in support of efforts to provide the highest quality patient care to Medicare beneficiaries. The benefit of prepayment review as opposed to post-payment review has not been clearly established by CMS and in many cases, the criteria for medical necessity is not available to patients or providers.

The administrative burden placed on providers has been understated in CMS’s OMB filing and we urge immediate action to halt the implementation of these programs until they are more fully developed with transparency including an opportunity by the public to review and comment on the details regarding the intended implementation of these programs.

December 15, 2011

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If SCAI can be of assistance during the OMB 's review of CMS's "Emergency Clearance: Public Information Collection Requirements Submitted to the Office of Management and Budget (OMB) [CMS-10417]", please do not hesitate to contact SCAI's Ms. Dawn R. Hopkins, Director of Reimbursement & Regulatory Affairs at (800) 253-4636, ext. 510 or dhopkins@scai.org.

Sincerely,

A handwritten signature in dark ink, appearing to read "Chris White", with a long horizontal stroke extending to the right.

Christopher J. White, MD, FSCAI
President, SCAI

cc: James Blankenship, MD, FSCAI
Norm Linsky, SCAI
Wayne Powell, SCAI
Dawn R. Hopkins, SCAI