



September 2, 2014

Ms. Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Attn: CMS-9942-NC
PO Box 8016
Baltimore, MD 21244-8016
Letter Submitted On-Line at www.regulations.gov

RE: CMS-1612-P: Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015

Dear Ms. Tavenner:

On behalf of the American College of Nurse-Midwives (ACNM) I am pleased to submit these comments in response to the proposed rule titled “Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Clinical Laboratory Fee Schedule, Access to Identifiable Data for the Center for Medicare and Medicaid Innovation Models & Other Revisions to Part B for CY 2015,” published in the *Federal Register*, on July 11, 2014.¹ We hope that you find our comments helpful and look forward to your response in the final rule.

COMMENT

TABLE 24: Measures Proposed for Removal from the Existing PQRS Measure Set Beginning in 2015

PQRS Measure 335

In Table 24, CMS proposes removing PQRS measure 335, “Maternity Care: Elective Delivery or Early Induction Without Medical Indication at ≥ 37 and < 39 Weeks.” The rationale offered is that the measure steward, the AMA –PCPI, will no longer maintain the measure.

Although significant strides have been made in reducing early elective delivery without medical indication, there are still providers who engage in this practice. CMS’ own IQR data show that there are hospitals where the rates of such inductions are inappropriately high. According to the most recent CMS data, states vary from 2 to 22 percent for early elective delivery (EED) and even states with overall excellent EED rates have some hospitals with high rates.² Data gathered by the Leapfrog Group shows that although the national EED rate has dropped considerably,

¹ 79 FR 40318

² Centers for Medicare and Medicaid Services (CMS) website. Baltimore, MD: 2014. Available at <https://data.medicare.gov>. Last accessed August 2014.

there are still hospitals that have rates ranging between 20 and 30 percent. Clearly, hospital rates are driven by individual provider behavior.

The Joint Commission is the steward of a very similar measure, NQF Measure 0469, “Elective Delivery.” We believe that the Joint Commission’s measure could be used in application to individual providers and we encourage CMS to replace PQRS Measure 335 with that of the Joint Commission, so that this important aspect of maternity care can continue to be an option for reporting under the PQRS.

CONCLUSION

We thank you for the opportunity to comment on this proposed rule. Should you have any questions regarding our comments, please reach out to me directly.

Sincerely,

/JSB/

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