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Acumen, LLC

To Whom It May Concern:

The American Association of Nurse Anesthetists (AANA) welcomes the opportunity to comment on the MACRA Episode-Based Cost Measures field test feedback survey. Our comments are based on the Episode-Based Cost Measures Mock Report and the codes lists for the Episode-Based Cost Measures as the Centers for Medicare & Medicaid Services (CMS) and Acumen are interested in the reporting format and the extent to which they provide clinicians with actionable information. The AANA makes the following comments and requests in the following areas:

**EPISODE-BASED COST MEASURES MOCK REPORT**
- Commend Acumen and CMS for Incorporating AANA Recommendations into Episode-Based Cost Measures Mock Report

**EPISODE BASED COST MEASURES CODES LIST**
- Remove Mention of CRNAs From the Definition of GF Modifier In Codes Lists for Episode-Based Cost Measure

**Background of the AANA and CRNAs**
The AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student nurse anesthetists, and AANA membership includes more than 53,000 CRNAs and student nurse anesthetists (SRNAs) representing over 90 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 43 million anesthetics to patients each year in the United States. Nurse
anesthetists have provided anesthesia in the United States for 150 years, and high-quality, cost-effective CRNA services continue to be in high demand. CRNAs are Medicare Part B providers and since 1989, have billed Medicare directly for 100 percent of the physician fee schedule amount for services.

CRNAs provide every aspect of the delivery of anesthesia services including pre-anesthesia patient assessment, obtaining informed consent for anesthesia administration, developing a plan for anesthesia administration, administering the anesthetic, monitoring and interpreting the patient's vital signs, and managing the patient throughout the surgery. CRNAs also provide acute and chronic pain management services. CRNAs provide anesthesia for a wide variety of surgical cases and in some states are the sole anesthesia providers in nearly 100 percent of rural hospitals, affording these medical facilities obstetrical, surgical, trauma stabilization, and pain management capabilities. According to a May/June 2010 study published in the journal of *Nursing Economic*$, CRNAs acting as the sole anesthesia provider are the most cost-effective model for anesthesia delivery, and there is no measurable difference in the quality of care between CRNAs and other anesthesia providers or by anesthesia delivery model.\(^1\) Furthermore, an August 2010 study published in *Health Affairs* shows no differences in patient outcomes when anesthesia services are provided by CRNAs, physicians, or CRNAs supervised by physicians.\(^2\) Researchers studying anesthesia safety found no differences in care between nurse anesthetists and physician anesthesiologists based on an exhaustive analysis of research literature published in the United States and around the world, according to a scientific literature review prepared by the Cochrane Collaboration.\(^3\) Most recently, a study published in *Medical Care* June 2016 found no measurable impact in anesthesia complications from nurse anesthetist scope of practice or practice restrictions.\(^4\)

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4. Negrusa B et al. Scope of practice laws and anesthesia complications: No measurable impact of certified registered nurse anesthetist expanded scope of practice on anesthesia-related complications. *Medical Care* June
CRNAs play an essential role in assuring that rural America has access to critical anesthesia services, often serving as the sole anesthesia provider in rural hospitals, affording these facilities the capability to provide many necessary procedures. The importance of CRNA services in rural areas was highlighted in a recent study which examined the relationship between socioeconomic factors related to geography and insurance type and the distribution of anesthesia provider type. The study correlated CRNAs with lower-income populations and correlated anesthesiologist services with higher-income populations. Of particular importance to the implementation of public benefit programs in the U.S., the study also showed that compared with anesthesiologists, CRNAs are more likely to work in areas with lower median incomes and larger populations of citizens who are unemployed, uninsured, and/or Medicaid beneficiaries.

EPISODE-BASED COST MEASURES MOCK REPORT

AANA Comment: Commend Acumen and CMS for Incorporating AANA Recommendations into Episode-Based Cost Measures Mock Report

We appreciate and commend CMS and Acumen for incorporating the AANA recommendations from the last cost measures field testing feedback into the most recent version of the episode-based cost measures mock report. For instance, we note that the mock report has added in information on the cost measure score in terms of dollar amounts to average share of cost per episode for providers in attributed clinician’s TIN and providers in different TINs. The latest version of the mock reports display helpful table and pie charts that breakdown the average share of cost per episode for services provided by clinicians within a TIN, the services associated with other clinicians within a TIN, and all other services. Furthermore, the mock report now provides an improved glossary of terms for the summary, results, and appendices tabs which defines terms


6 Liao, op cit.
used throughout the report to help guide clinician’s as they navigate the tabs. The addition of the interpretation language, such as the definitions provided for the episode risk score, percentile and percent difference in risk, will assist clinicians’ understanding of how their data relates to the national averages. We believe this high-level summary with interpretation is essential for clinicians to better appreciate episode cost variation. Another meaningful improvement noted is the breakdown of utilization and cost in relation to the risk brackets. This helps clarify the importance of the clinical themes that were identified within the episode, which will be more helpful to clinicians. We believe these latest versions of episode-based costs measures mock reports provide more helpful information and meaningful information as a result.

EPISODE BASED COST MEASURES CODES LIST

AANA Recommendation: Remove Mention of CRNAs From the Definition of GF Modifier In Codes Lists for Episode-Based Cost Measures

We appreciate that CMS and Acumen flagged all of the anesthesia modifiers and included them as the exclusion modifiers in the attribution list. In our review, we note that as part of the codes used in the attribution of episodes contained in the individual codes lists, one of the exclusion modifiers is the GF modifier, which inaccurately labels CRNAs as attributed to that modifier. Medicare policy explicitly states that the “GF” modifier is not to be used for CRNA services.\(^7\) As such, we request that CRNAs be removed from the code label for the “GF” modifier. Furthermore, we ask for clarification as to why the “GF” modifier is listed as an exclusion modifier as it does not apply to anesthesia services. We suggest further review of the “GF” modifier for this reason.

We thank you for the opportunity to comment on this survey. Should you have any questions regarding these matters, please feel free to contact the AANA Senior Director of Federal Government Affairs, Ralph Kohl, at 202.484.8400, rkohl@aanadc.com.

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Sincerely,

Garry Brydges, DNP, MBA, ACNP-BC, CRNA, AANA President

cc: Randall D. Moore, DNP, MBA, CRNA, AANA Chief Executive Officer
Ralph Kohl, AANA Senior Director of Federal Government Affairs
Romy Gelb-Zimmer, MPP, AANA Senior Associate Director Federal Regulatory and Payment Policy