June 9, 2025

Mehmet Oz MD, MBA
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attention: CMS-1833-P
7500 Security Blvd.
Baltimore, MD 21244

RE: CMS-1833-P –Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes (90 Fed.Reg. 18002, April 30, 2025)

Dear Administrator Oz:

The American Association of Nurse Anesthesiology (AANA) welcomes the opportunity to comment on this Propose Rule: Medicare Programs; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals and the Long-Term Care Hospital Prospective Payment System and Policy Changes and Fiscal Year 2026 Rates; Requirements for Quality Programs; and Other Policy Changes (90 Fed.Reg. 18002, April 30, 2025). The AANA makes the following comments and requests:

- Support Updates to The Risk Adjustment Methodology for the COMP-HIP-KNEE Measure
- Clarify Whether FHIR Standards Can Support Measures for the IPPS And Other CMS Programs Including MIPS

AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists. AANA membership includes more than 65,000 CRNAs and SRNAs, representing about 88 percent of the nurse anesthetists in the United States. CRNAs are advanced practice registered nurses (APRNs) who personally administer more than 58 million anesthetics to patients each year in the United States. For further information, see: https://www.aana.com/about-us.

Support Updates to The Risk Adjustment Methodology for the COMP-HIP-KNEE Measure

AANA appreciates that the Centers for Medicare & Medicaid Services (CMS) is updating the risk adjustment methodology for the COMP-HIP-KNEE measure to use individual International Classification of Diseases, Tenth Revision (ICD-10) codes in place of Hierarchical Condition Categories (HCCs). AANA agrees with CMS' assessment that updating the risk adjustment methodology will enhance the specificity and clinical relevance of the model. ICD-10-CM codes allow for a more granular and direct capture of patients' diagnoses and comorbidities at the time of hospitalization. This improved specificity can strengthen the accuracy of risk adjustment by better accounting for the diverse clinical factors that influence patient outcomes following hip and knee replacement procedures. Additionally, greater diagnostic specificity may support providers like CRNAs in performing comprehensive preoperative evaluations and tailoring perioperative anesthesia care plans and postoperative monitoring, particularly for patients with complex comorbidities undergoing hip and knee replacement procedures. AANA supports this methodological advancement and encourages CMS to continue collaborating with stakeholders to monitor the impact of the change and ensure continued transparency and validity in the implementation process.

Clarify Whether FHIR Standards Can Support Measures for the IPPS And Other CMS Programs Including MIPS

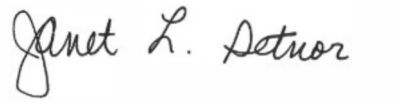
AANA appreciates CMS' continued efforts to enhance interoperability, improve data quality, reduce provider burden, and support better patient care and outcomes through the transition to digital quality measurement (dQM) in CMS quality programs. In developing the approach to use Health Level Seven® (HL7®) Fast Healthcare Interoperability Resources® (FHIR®) standards in electronic clinical quality measure (eCQM) reporting, we recommend that CMS explore whether and how FHIR standards can adequately support the diverse range of quality measures used across programs like the Inpatient Prospective Payment System (IPPS), the Merit-Based Incentive Payment System (MIPS), and the Hospital Inpatient and Outpatient Quality Reporting Programs.

A key challenge is the variation in attribution models and reporting levels across programs. Some quality measures are designed to evaluate facility-level performance (e.g., hospital-level readmission rates or infection rates), while others assess individual clinician performance (e.g., MIPS clinician-level measures). While measures across programs may share similar clinical intent and draw from overlapping data elements such as diagnoses, procedures, medications, or lab results, the attribution logic can significantly affect how the data must be aggregated, normalized, and interpreted. FHIR® must be flexible enough to distinguish whether a measure result is being assigned to a hospital, a group practice, or an individual clinician. This complexity must be carefully addressed in FHIR®-based implementation guides, as misalignment could compromise measure validity, create unintended clinician burden, or lead to inconsistent performance assessments.

Additionally, challenges around data completeness, source, and cross-setting data integration must be addressed to fully support accurate measure calculation, especially for episodes of care that span multiple providers or care settings. As such, the AANA requests that CMS clarify expectations and timelines for when and how different provider types will be expected to adopt FHIR®-based eCQM reporting, including support for small or resource-limited providers. We stand ready to work with CMS on these matters.

Thank you for the opportunity to comment on this proposed rule. Should you have any questions regarding these matters, please contact AANA Director of Regulatory Affairs, Romy Gelb-Zimmer at 202-484-8400, rgelb-zimmer@aana.com.

Sincerely,



Janet Setnor, MSN, CRNA, Col. (Ret), USAFR, NC
AANA President

cc: William Bruce, MBA, CAE, AANA Chief Executive Officer
Ingrid Lusis, AANA Chief Advocacy Officer
Romy Gelb-Zimmer, MPP, AANA Director of Regulatory Affairs