



May 17, 2024

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, S.W., Room 445-G
Washington, DC 20201

Re: CMS–1808–P: Medicare and Medicaid Programs and the Children’s Health Insurance 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 2025 Rates; Quality Programs Requirements; and Other Policy Changes Proposed Rule (Vol. 89, No. 86), May 2, 2024.

Dear Administrator Brooks-LaSure:

The American Hospital Association (AHA) represents 5,000 member hospitals, health systems and other health care organizations, our clinician partners — including more than 270,000 affiliated physicians, 2 million nurses and other caregivers — and 43,000 health care leaders who belong to our professional membership groups. The Federation of American Hospitals (FAH) is the national representative of more than 1,000 leading tax-paying hospitals and health systems throughout the United States. Together, our members provide patients and communities with access to high-quality, affordable care. The AHA and FAH appreciate the opportunity to comment on the Transforming Episode Accountability Model (TEAM) proposals in the Centers for Medicare & Medicaid Services’ (CMS) inpatient prospective payment system (PPS) proposed rule for fiscal year (FY) 2025.

The AHA and FAH are both working closely with our hospital and health system members to assess the impact of the proposed rule on the critically important work they do in caring for their patients and communities. We are committed to providing thoughtful consideration of TEAM, but the scope of the rule is extremely broad. For example, the five types of surgical procedures proposed for inclusion in TEAM comprised over 11% of inpatient PPS payments in FY 2023 — a staggering amount that doesn’t even include the outpatient payments that would be part of the model. In addition, based on initial feedback, we are concerned that CMS is not providing hospitals with the necessary tools to be successful under the program or appropriately balancing the risk versus reward equation. Additional time beyond 60 days is necessary to fully evaluate and analyze these proposed policies and their full impact across the health care spectrum. This is particularly true given that the agency proposed another hospital-based mandatory payment model just four weeks after it proposed TEAM.

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Therefore, we respectfully request that CMS extend the June 10 deadline for commenting on the rule's TEAM proposals by at least an additional 30 days to July 10. We further ask that such an extension be issued as soon as possible to be of the most use to interested stakeholders. Doing so would help us ensure we are able to give the model the most thoughtful consideration and thereby most effectively move the health care system toward the provision of more accountable, coordinated care.

We appreciate your consideration of this request. Please contact us if you have questions or feel free to have a member of your team contact Jennifer Holloman, AHA's senior associate director for policy, at jholloman@aha.org or Don May, FAH's senior vice president for policy, at dmay@fah.org.

Sincerely,

/s/

Stacey Hughes
Executive Vice President
American Hospital Association

/s/

Charlene MacDonald
Executive Vice President
Federation of American Hospitals