



American Association of
NURSE ANESTHESIOLOGY

October 1, 2024

Electronic Submission via: MAC_Procurement@cms.hhs.gov

Medicare Contractor Management Group
Centers for Medicare & Medicaid Services
Department of Health and Human Services
7500 Security Blvd.
Baltimore, MD 21244

RE: Request for Information concerning consolidation of A/B Medicare Administrative Contractors (MACs) for Jurisdiction 5 (J5) and A/B HH+H MAC Jurisdiction 6 (J6) into “Jurisdiction G”; for consolidation of A/B MAC Jurisdiction 8 (J8) and A/B HH+H MAC Jurisdiction 15 (J15) into “Jurisdiction Q”; and 10-Year MAC Contract Award Period of Performance

To Whom It May Concern:

The American Association of Nurse Anesthesiology (AANA) welcomes the opportunity to comment on this Request for Information. AANA makes the following comments and requests in the following areas:

RFI Question: What consolidation aspects may require analysis or development on the part of the Agency to ensure effective and efficient implementation and/or to ensure that this opportunity to improve Medicare fee-for-service program operations over the next several years is fully leveraged?

- **Ensure that Consolidation does not Slow Down Claims Processing and Payment**
- **Ensure that MACs are Implementing Policies in a Manner that Accurately Reflects Existing Medicare Statute, Regulations, and Policy**
- **Develop Plan to Ensure MACs Receive Feedback and Subject Matter Consultation from all Applicable Healthcare Providers**

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AANA is the professional association for Certified Registered Nurse Anesthetists (CRNAs) and student registered nurse anesthetists (SRNAs). 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>.

RFI Question: What consolidation aspects may require analysis or development on the part of the Agency to ensure effective and efficient implementation and/or to ensure that this opportunity to improve Medicare fee-for-service program operations over the next several years is fully leveraged?

AANA Comment: Ensure that Consolidation does not Slow Down Claims Processing and Payment

We appreciate that the Centers for Medicare & Medicaid Services (CMS) is asking for stakeholder feedback as the Agency considers consolidating four Medicare Administrative Contractor (MAC) jurisdictions into two. We would urge CMS to develop a plan to prevent the slowdown of claims being processed and properly paid. Considering that each of those existing jurisdictions is responsible for 4.6 percent to 7.6 percent of nation's current national A/B Medicare workload, this consolidation would double the workload for the two MACs that are awarded these contracts. As healthcare providers, including CRNAs, rely on timely payments of claims, anything that would slow down claims processing would be problematic for our members' practice and livelihood, and could impact patient access to care.

CMS's plan also should ensure that the MACs' transitions to new and unfamiliar regions due to consolidation are smooth, especially as it relates to claims processing. With the consolidation of jurisdictions, a MAC could be awarded a contract that includes states and regions that they have not covered in the past, so the MAC may not be familiar with state scope of practice laws. During previous transitions to new MACs in their states, our members have wrongly experienced denials of claims because the systems did not recognize CRNAs as being the type of authorized provider allowed to perform the service even though these services were within the CRNA's scope of practice. These denials primarily involve pain management and related codes outside of the typical anesthesia CPT codes (00100-01999). Such errors slow down proper payment from being made and are costly for members to fix, all of which can impact patient access to care. Therefore, CMS should ensure that the newly awarded MACs' claims edit systems are set up properly to prevent improper denials of claims. CMS also needs to continue to monitor this throughout the length of the contract award. We stand ready to proactively work with both CMS and the MACs on these matters.

AANA Comment: Ensure that MACs are Implementing Policies in a Manner that Accurately Reflects Existing Medicare Statute, Regulations, and Policy

We also would urge CMS to develop a plan to ensure that MAC policies accurately reflect Medicare statute, regulations, and policy. While the awarding of contracts for two jurisdictions could help ensure that policy implementation is consistent across jurisdictions, we do have concerns that changes in the number of jurisdictions could create issues as well. For instance, during previous transitions to new MAC in regions, our members have experienced unnecessary denials in medically necessary services, which were contrary to Medicare statute, regulation, and policy. These actions ultimately threaten patient access to care. For these reasons, it is essential that CMS develop a plan to ensure that the MACs awarded contracts are upholding Medicare statute, regulations, and policy in implementing their policies for the duration of the contract period.

AANA Comment: Develop Plan to Ensure MACs Receive Feedback and Subject Matter Consultation from all Applicable Healthcare Providers

Related to our recommendation above, we also request that CMS develop a plan to continue to ensure that MACs receive feedback and subject matter consultation on the development of draft policies from all applicable healthcare providers, not just physicians. While we appreciate the policy changes that CMS has implemented in recent years to address this, it is not clear if the consolidation of jurisdictions will hamper these efforts. According to 13.2.4.3 of Chapter 13 of the Medicare Program Integrity Manual, the MACs have the option of establishing one CAC per state or can establish one CAC per jurisdiction or a multi-jurisdictional CAC with representation from each state.¹ This could mean a reduced number of CAC members should a MAC not chose to implement one CAC per state, which could affect overall healthcare provider representation. As CACs and other subject matter experts are crucial in the development policies, it is imperative that practitioners, such as CRNAs, are represented on CACs so as to ensure that the LCD process reflect evidence-based policies, the perspective of practitioners who are not physicians, and protect robust patient access to medically necessary APRN services under Medicare.

Thank you for the opportunity to comment on this request for information. 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,

¹ See <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/pim83c13.pdf>.

Janet L. Setnor

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AANA President

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