



February 20, 2019

**Association of  
American Medical Colleges**  
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Ms. Seema Verma  
Administrator  
Centers for Medicare and Medicaid Services  
U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Washington, DC 20001

Dear Administrator Verma:

On behalf of the members of the Association of American Medical Colleges (AAMC), I am writing to ask that the Centers for Medicare and Medicaid Services (CMS) include a Request for Information (RFI) to solicit feedback on the Medicare Severity Diagnosis Related Group (MS-DRG) reassignment of percutaneous Extracorporeal Membrane Oxygenation (ECMO) in the upcoming Fiscal Year (FY) 2020 Inpatient Prospective Payment System (IPPS) proposed rule. This change, which was finalized outside of the normal rulemaking process, significantly reduced the reimbursement to hospitals that provide this life-saving treatment.

The AAMC is a not-for-profit association dedicated to transforming health care through innovative medical education, cutting-edge patient care, and groundbreaking medical research. Its members are all 152 accredited U.S. and 17 accredited Canadian medical schools; nearly 400 major teaching hospitals and health systems, including 51 Department of Veterans Affairs medical centers; and more than 80 academic societies. Through these institutions and organizations, the AAMC serves the leaders of America's medical schools and teaching hospitals and their more than 173,000 full-time faculty members, 89,000 medical students, 129,000 resident physicians, and more than 60,000 graduate students and postdoctoral researchers in the biomedical sciences.

Patients – both adult and pediatric – who require treatment with ECMO are critically ill and, without treatment, will likely not survive. The cost and complexity of care provided to these critically ill patients is unrelated to the method of cannulation. These patients often seek treatment in teaching hospitals and reducing reimbursement for this life-saving treatment may require some hospitals to reconsider whether to continue to offer it. The AAMC believes an RFI will provide CMS with broad stakeholder insight into the effects of this change.

Additionally, in the FY 2019 IPPS proposed rule, CMS proposed to keep ECMO cases as assigned in the current MS-DRG because the CMS clinical advisors indicated that, until there is a way to specifically identify percutaneous ECMO in claims data, it would not be clear what proposal to make. Based on the FY 2019 IPPS proposed action, many organizations determined that it was unnecessary to submit public comment on this specific issue but would monitor CMS actions in future rulemaking. Therefore, because CMS chose to finalize these changes without adequate opportunity for public comment, the AAMC feels that CMS should include in the FY 2020 IPPS an opportunity for stakeholders to elaborate on their concerns about the changes to the ECMO MS-DRG reassignment.

Administrator Verma

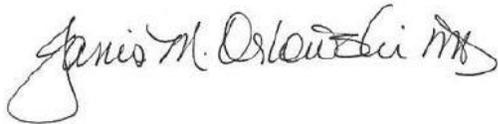
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### **Conclusion**

Thank you for your consideration of this request to include an RFI to solicit stakeholder feedback on the impact of this MS-DRG reassignment. We would be happy to work with CMS on this issue or other topics that involve the academic medical community. If you have questions, please feel free to contact Mary Mullaney at 202.909.2084 or [mmullaney@aamc.org](mailto:mmullaney@aamc.org).

Sincerely,

A handwritten signature in black ink that reads "Janis M. Orlowski M.D.". The signature is written in a cursive style with a large initial "J" and a stylized "M" at the end.

Janis M. Orlowski, M.D., M.A.C.P.

Chief Health Care Officer

cc: Ivy Baer, AAMC