February 22, 2022

The Honorable Chiquita Brooks-LaSure
Administrator
Centers for Medicare & Medicaid Services
Department of Health and Human Services
CMS-1752-FC3,
Mail Stop C4-26-05
7500 Security Boulevard,
Baltimore, MD 21244-1850

RE: Medicare Program; Hospital Inpatient Prospective Payment Systems for Acute Care Hospitals; Changes to Medicare Graduate Medical Education Payments for Teaching Hospitals

The American College of Radiology (ACR), representing more than 40,000 diagnostic radiologists, interventional radiologists, radiation oncologists, nuclear medicine physicians and medical physicists, appreciates the opportunity to submit comments to the Centers for Medicare & Medicaid Services on the Fiscal Year (FY) 2022 Hospital Inpatient Prospective Payment System (IPPS) final rule with comment period.

The ACR provides comment on the following important issue:

1. The finalized provisions to implement sections 126, 127, and 131 of the Consolidated Appropriations Act of 2021, relating to payments to hospitals for direct graduate medical education and indirect medical education costs.

Finalized Policy
CMS has finalized provisions to implement sections 126, 127, and 131 of the CAA. Section 126 of the CAA makes available 1,000 new Medicare-funded graduate medical education positions to be distributed beginning in 2023. CMS specified that no more than 200 new residency positions per fiscal year will be granted. Hospitals located in one or more of the four statutorily specified categories will receive priority. Section 127 of the CAA amended to specify that in the case of a hospital not located in a rural area that established or establishes a medical residency training program (or rural track) in a rural area, the hospital, and each such hospital located in a rural area that participates in such a training, is allowed to receive an adjustment to its full-time equivalent (FTE) resident limit. Section 131 of the CAA amended section 1886(h)(2)(F) of the Act to provide an opportunity for hospitals with extremely low or $0 per resident amounts (PRAs) that meet certain criteria to reset and establish new PRAs if the hospital trains resident(s) in a cost reporting period beginning on or after enactment (December 27, 2020) and before the date that is 5 years after enactment (December 26, 2025).

ACR Comment and Perspective
The ACR shares CMS’s concerns about prioritization of residency slots. The ACR stresses the importance of including radiology when allocating the additional residency slots allowed by Section 126 of the CAA.
Radiology services and radiologists are central to the diagnosis and treatment of medical issues. A recent study in the American Journal of Roentgenology (AJR) showed that Medicare beneficiaries receiving care at rural and critical access hospitals were 6.9% and 18.0% less likely respectively to undergo advanced imaging.\textsuperscript{1} The ACR supports CMSs’ priorities of ensuring Medicare beneficiaries in rural areas have adequate access to radiology services.

The COVID-19 public health emergency (PHE) has led to an expansion of coverage of telehealth services and increase in utilization of virtual services by Medicare beneficiaries. The growing reliance on telehealth services by patients and providers, will likely lead to an increased reliance on radiology services as a continuation of care. As the demand for imaging services continues to increase, it is important that radiology residents receive the opportunity to further their graduate medical education. It is of importance to ensure that Medicare beneficiaries in underserved areas have access to radiology services. The ACR asks that CMS considers including radiology residency slots when allocating additional residency slots across the country.

Conclusion
The ACR appreciates the opportunity to comment on the FY 2022 IPPS final rule. We hope you find these comments provide valuable input for your consideration. If you have any questions, please do not hesitate to contact Christina Berry at eberry@acr.org or Kimberly Greck at kgreck@scr.org

Respectfully Submitted,

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