



April 3, 2007

**Association of
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Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development – C
7500 Security Boulevard, Room C4-26-05
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Attention: CMS–10079 (OMB#: 0938–0907); Hospital Wage Index Occupational Mix Survey and Supporting Regulations in 42 CFR 412.64

Dear Ms. Harkless:

The Association of American Medical Colleges (AAMC) welcomes this opportunity to comment on the Centers for Medicare & Medicaid Services' (CMS or the Agency) notice entitled "*Hospital Wage Index Occupational Mix Survey and Supporting Regulations in 42 CFR 412.64.*" 72 Fed. Reg. 5055 (February 2, 2007). The Association's Council of Teaching Hospitals and Health Systems (COTH) comprises nearly 300 general acute nonfederal major teaching hospitals and health systems that receive Medicare payments under the IPPS. The Association also represents all 125 accredited U.S. allopathic medical schools; 96 professional and academic societies; 90,000 full-time clinical faculty; and the nation's medical students and residents.

Our letter addresses some of the proposed changes to the occupational mix survey instrument that will be used to collect data to calculate the 2010 occupational mix adjustment.

As mandated by law, an occupational mix adjustment is to be applied to the hospital wage index so that the adjusted wage index reflects only geographic differences in the prices hospitals pay for labor and not differences in the mix of their employees. Data on the occupational mix of employees for each hospital is to be collected every three years.

While the AAMC continues to believe that the occupational mix adjustment is unnecessary and burdensome for hospitals, we appreciate the time and effort that CMS staff have devoted to making this process as straightforward as possible.

The AAMC fully supports the proposal to extend the collection period from six months to one year, from July 1, 2007 and June 30, 2008. A one-year collection period would eliminate the seasonal fluctuations in patient volume and employment.

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We also appreciate CMS's proposal to allow hospitals 60 days to compile the data for this collection period. We concur with the American Hospital Association that, in the future, we urge CMS to start the data collection early enough so that hospitals would be allowed 90 days to compile and submit the data.

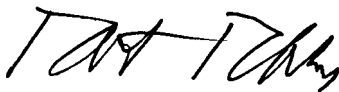
We also support CMS's proposal to eliminate the collection of the management personnel and staff nurse/clinician subcategories from the registered nurses (RNs) category. Furthermore, the AAMC welcomes the inclusion of surgical technologists to the licensed practical nurses (LPNs) category as well as the inclusion of both paramedics and unit secretaries in the "all other" category. The issue of whether to include unit secretaries in the "all other" category rather than the "nursing" category is complex. However, on balance, we believe the activities of unit secretaries are distinct enough from those of nurses such that CMS's proposal to include their hours and salaries in the "all other" category seems appropriate.

Finally, the AAMC supports the inclusion of cost centers 53 (Electrocardiology), 58 (Ambulatory Surgical Center (Non-Distinct Part)) and 59 (Other Ancillary).

We appreciate CMS's efforts to design an occupational mix survey instrument that would lessen the administrative burden on the hospital community, while ensuring that the data being collected are as accurate as possible.

If you have questions concerning these comments, please contact Karen Fisher at kfisher@aamc.org, or 202-862-6140, or Diana Mayes, at dmayes@aamc.org, or 202-828-0498.

Sincerely,



Robert M. Dickler
Senior Vice President
Division of Health Care Affairs