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Coalition of State Rheumatology Organizations

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555 E. Wells Street, Suite 1100
Milwaukee, WI 53202-3823
**Phone:** 414.918.9825
**Email:** info@csro.info
**Website:** www.csro.info

September 8, 2025

Mehmet Oz, MD
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, DC 20201

Submitted electronically via www.regulations.gov

**Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems; Quality Reporting Programs; Overall Hospital Quality Star Ratings; and Hospital Price Transparency (CMS-1834-P)**

Dear Administrator Oz,

The Coalition of State Rheumatology Organizations (CSRO) is comprised of over 40 state and regional professional rheumatology societies whose mission is to advocate for excellence in the field of rheumatology, ensuring access to the highest quality of care for the management of rheumatologic and musculoskeletal disease. Our coalition serves the practicing rheumatologist.

*Site-Neutral Payment for Drug Administration Services*

***CSRO supports CMS' proposal to apply site-neutral payment rates to drug administration services furnished in excepted off-campus provider-based departments (PBDs).*** These locations are, in practice, physician offices billing under a hospital-connected TIN or NPI, but nothing about the infusions delivered distinguishes them from rheumatology practices providing the same infusions in the community. And, as they are not providing hospital-level care, it is inappropriate for Medicare's reimbursement to be exceedingly more.

As the agency is aware, the current payment differential has fueled consolidation by hospitals and health systems, which acquire independent practices to shift infusion services into higher-paying outpatient departments. This consolidation is further driven by incentives in the 340B program, where hospitals profit by acquiring physician offices and converting them into PBDs. These dynamics raise costs for Medicare and beneficiaries, limit patient choice, and weaken community-based rheumatology care.

Encouraging care in the office setting is appropriate, as it is the safest, most cost-effective, and most clinically appropriate site of service for the vast majority of rheumatology patients receiving medication infusions. When

patients do require higher-acuity care, they can be referred to *actual* hospital settings.

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Thank you for considering our feedback on these important issues to practicing rheumatologists who care for Medicare beneficiaries. Please do not hesitate to contact us at info@csro.info should you require additional information.

Sincerely,

Alabama Society For the Rheumatic Diseases
Alaska Rheumatology Alliance
Arizona United Rheumatology Alliance
California Rheumatology Alliance
Florida Society of Rheumatology
Georgia Society of Rheumatology
Kentuckiana Rheumatology Alliance
Maryland Society for the Rheumatic Diseases
Massachusetts, Maine & New Hampshire Rheumatology Association
Michigan Rheumatism Society
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South Carolina Rheumatology Society
Southern California Rheumatology Society
State of Oklahoma Association of Rheumatology
State of Texas Association of Rheumatologists
Tennessee Rheumatology Society
Virginia Society of Rheumatology
Washington Rheumatology Alliance
Wisconsin Rheumatology Association