



March 15, 2021

Dominic J. Mancini
Deputy Administrator
Office of Management and Budget
Attention: 2021-00988
725 17th St., NW
Washington, D.C. 20503

Via Electronic Submission to: <http://www.regulations.gov> (OMB–2021–0001)

RE: Recommendations from the Metropolitan and Micropolitan Statistical Area Standards Review Committee to the Office of Management and Budget Concerning Changes to the 2010 Standards for Delineating Metropolitan and Micropolitan Statistical Areas (OMB–2021–0001)

Dear Deputy Administrator Mancini:

CHRISTUS Health appreciates the opportunity to provide comments to the Office of Management and Budget (OMB) on the Notice and Request for Comment to Recommendations from the Metropolitan and Micropolitan Statistical Area Standards Review Committee to the OMB Concerning Changes to the 2010 Standards for Delineating Metropolitan and Micropolitan Statistical Areas (published in the January 19, 2021 *Federal Register*).

CHRISTUS Health is a faith-based, not-for-profit health care system comprised of more than 600 centers, including long-term care facilities, community hospitals, walk-in clinics and health ministries. We are a community 45,000 strong, with over 15,000 physicians providing individualized care. Our ministries extend primarily through Texas, Louisiana, and New Mexico, where we serve many vulnerable populations across geographically diverse regions.

Based on our experience as a mission-driven organization, we oppose this far-reaching proposal in its current form. We respectfully urge its withdrawal and request reconsideration of the proposal based on additional input from impacted stakeholders.

One of the recommendations that gives us the greatest pause is the increase in the minimum urban area population threshold for areas to qualify as a Metropolitan Statistical Area (“MSA”) from 50,000 to 100,000. This change could have a wide-ranging, significant impact on several of our system

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hospitals. Under the current standards, a MSA must contain a Census Bureau-delineated urban area with a population of over 50,000. A micropolitan statistical area must contain a Census Bureau-delineated urban area with a population of 10,000 to 49,999.

To increase the MSA threshold to 100,000, from a wage index perspective, could radically alter the landscape of existing urban and rural hospital classifications. A current urban provider may ultimately be reclassified with a rural designation for wage index purposes. In fact, Hall Render conducted an analysis of these recommendations and the resulting downstream impacts on Medicare payments.¹ Of import, the article states, “Among other changes, one proposal would change nearly 150 areas from urban to rural for purposes of the Medicare Hospital Inpatient Prospective Payment System (“IPPS”). This change could cause large swings in Medicare payments for hospitals and other types of providers unless CMS revises its regulations.”²

As part of our own due diligence of the proposal’s potential impact on CHRISTUS Health ministries, we are in agreement with Hall Render’s reasoning. Specifically, we have concluded that the proposed changes have the potential to result in serious financial and economic implications where, using existing data, we may suffer a financial loss of several million dollars without any ability to recoup the shortfall through other means.

In addition to considering the negative financial implications for CHRISTUS Health and other health care providers, the OMB should wait to issue these recommendations until the 2020 Census Bureau data is finalized and published. Once the OMB has this information, a real-time analysis can occur that will accurately reflect current numbers, actual trends in growth, and community statistics.

This approach will give all affected parties the ability to fully understand the impact of this change and enable them to respond to recommendations using knowledge-driven, supportable points. Stakeholders then will be able to provide real numbers and detailed scenarios to help OMB better discern the implications of its proposals.

Further, the pandemic has had wide-ranging, negative effects on health care providers like CHRISTUS Health and the communities we serve. At this time, our focus remains on working to meet the needs of our patients during the public health emergency (PHE). The communities we serve throughout our ministries rely on us to provide necessary health care services as a front-line, safety-net provider. Given the timing and ongoing uncertainty, along with the outdated data on which the OMB relies, we are seriously concerned about our ability to fully analyze and prepare for the longer-term implications of the OMB’s current proposal on our ministries and the vulnerable populations we serve.

CHRISTUS Health therefore respectfully urges the OMB to cease implementation of this proposal until the PHE has ended. We further recommend delaying action on these proposed

¹ Hall Render, “[OMB Census Recommendations Could Have Huge Downstream Impacts on Medicare Payments | Hall Render.](#)” March 8, 2021. (CITE CHECK).

² Id.

recommendations until the 2020 Census Bureau data becomes available to ensure full, comprehensive analysis of all implications this approach will have.

On behalf of CHRISTUS Health, thank you for your consideration of our views. We welcome the opportunity to serve as a resource to the OMB, and please do not hesitate to contact us if we may provide any additional information or assistance.

Sincerely,



Randy Safady
Executive Vice President
Chief Financial Officer
CHRISTUS Health