

United States Senate

WASHINGTON, DC 20510

June XX, 2014

The Honorable Marilyn Tavenner
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
P.O. Box 8013
Baltimore, MD 21244-8013

Dear Administrator Tavenner:

We are writing regarding the process currently undertaken by the Centers for Medicare and Medicaid Services (CMS) under its expanded authority to review and revise misvalued codes in the Medicare Part B program. We have concerns that the current process is not sufficiently transparent and does not allow adequate time for stakeholder engagement, feedback, and preparation before any changes are finalized.

As you know, the Patient Protection and Affordable Care Act (ACA) expanded the authority of CMS to periodically review physician services in the Medicare Part B program in order to identify any potentially misvalued codes. Where codes are found to be misvalued, CMS has taken steps to revise those payments.

Historically, CMS has sought the input of outside stakeholders as guidance to assist with the valuation process. Additionally, the Agency undergoes a separate and independent analysis for determining the relative value units (RVUs) for each service. However, when the results of CMS' analysis and the rationale for any payment modifications are only included in the final rule, as opposed to the annual proposed rule, the process limits the ability of providers to review the rationale and various methodologies used in revising the payment codes. It also makes it more difficult for providers to prepare for any changes to payment, including how any revisions might impact their practices and patients.

While we support the accurate valuation of reimbursement rates for services provided under the Medicare program, we are concerned that the current process is not sufficiently transparent and does not allow for adequate stakeholder engagement, feedback, and preparation before these changes are finalized. Providers and stakeholders need to be afforded adequate time to review and

comment on changes to their reimbursement rates. Patients must also have the opportunity to weigh in to discuss how policy changes may impact access to health care services.

Including changes in valuation in the annual proposed rule can help ensure that the public has adequate time to submit comments to CMS, thereby making the process more transparent and government more responsive to the concerns of patients and physicians. We respectfully request that you strongly consider revising the current process by publishing these reimbursement changes to existing codes in the annual physician fee schedule proposed rule.

We look forward to your response. Thank you for your attention to this matter.

Sincerely,