



FOR IMMEDIATE RELEASE

Contact: Taylor Harvey (202) 224-4515

June 3, 2015

Wyden Statement at Finance Committee Markup of Medicare Audits and Appeals Bill
As Prepared for Delivery

This morning the Finance Committee is considering a strong, bipartisan bill that will ease the tremendous backlog of Medicare appeals that have been frustrating seniors and providers in Oregon and across the country. In April, the Committee held a hearing to closely examine the Medicare appeals process, and it made clear swift action was needed to fix this broken system.

I'm pleased the Committee is proceeding in a bipartisan fashion, and I commend Chairman Hatch for leading that effort. It's a rare thing to have legislation before us that addresses the problem in an efficient, common-sense way, but that's just what's being considered today. So I want to briefly tick through several key points about this bill.

First, it gives HHS the resources it needs to keep up with the enormous increase in appeals. Chief Judge Nancy Griswold of the Office of Medicare Hearings and Appeals told the Committee her office can currently adjudicate 77,000 appeals in a year. This falls well short of the 474,000 appeals OMHA received in 2014. Our bill will let HHS bring on more people to work through the claims backlog at a much quicker pace.

Second, it creates a new track for lower-cost, less-complex cases to be considered by a different set of hearing officers. This allows HHS to use its resources more efficiently and process more appeals. Next, the bill requires CMS to better coordinate provider audits to ensure the entire process is more transparent and efficient, including the creation of an Ombudsman position at CMS. It also rewards providers who consistently bill correctly by exempting them from burdensome audits.

Here's the bottom line: this legislation will streamline the appeals and audits process so cases are resolved quickly and at the earliest possible step.

And it's important to remember that behind each case is a patient paying out-of-pocket while their appeal is being considered, or a provider who would rather focus on giving care than dealing with billing issues. And HHS is also working diligently to ensure taxpayer dollars are being spent as efficiently as possible. It's my view that the approach the Finance Committee is considering today is a win for all involved, and I look forward to working with all members to move this forward.

###