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United States Senate

COMMITTEE ON FINANCE WASHINGTON, DC 20510-6200

October 6, 2017

The Honorable Seema Verma, M.P.H. Administrator Centers for Medicare and Medicaid Services 7500 Security Boulevard Baltimore, MD 21244

Dear Administrator Verma:

As Chairman of the Senate Committee on Finance, the committee with the largest jurisdiction in either House of Congress, responsible for overseeing more than 50 percent of the federal budget and major portions of the American healthcare system, including Medicare, Medicaid and the Children's Health Insurance Program (CHIP), I commend your initiative to make the health care system more effective, simple and accessible. In particular, I support the inclusion of the Request for Information (RFI) in a series of proposed payment rules issued by your agency that seeks feedback from patients, providers, and other stakeholders on how Medicare can increase quality of patient care while reducing health system costs and regulatory burden. A thorough review of regulations in conjunction with the providers actually furnishing this care to beneficiaries represents a pragmatic approach to identifying requirements that are outdated, unneeded, or contrary to high-quality, efficient care.

In the proposed payment rules with the RFI, CMS solicits ideas to promote regulatory relief, program simplification, and flexibility in the creation of innovative approaches to health care delivery. An example of a rule with the RFI on Medicare flexibilities and efficiencies that is illustrative is the Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs for 2018 proposal.¹ Language included in the RFI details the range of ideas on which CMS seeks public feedback:

Ideas could include recommendations regarding payment system redesign, elimination or streamlining of reporting, monitoring and documentation requirements, operational flexibility, feedback mechanisms and data sharing that would enhance patient care, supporting doctor-patient relationship in care delivery, and facilitating patient-centered care. They could also include recommendations regarding when and how CMS issues regulations and policies, and how CMS can simplify rules and policies for Medicare beneficiaries, clinicians, providers and suppliers.²

I appreciate your commitment to reducing unnecessary and costly administrative burden. I am confident that this can be done while also ensuring that providers are accountable for adhering to

¹ <u>https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2017-Fact-Sheet-items/2017-07-13.html</u> ² <u>https://www.federalregister.gov/documents/2017/07/20/2017-14883/medicare-program-hospital-outpatient-prospective-payment-and-ambulatory-surgical-center-payment</u>

Letter to The Honorable Seema Verma, M.P.H. Page 2

program requirements, protecting beneficiaries' access to care, and safeguarding program integrity to protect taxpayer dollars.

As Chairman of the Senate Committee on Finance, I am committed to helping you achieve these goals of maintaining flexibility and efficiency throughout the Medicare program. Realizing that CMS is likely to receive recommendations for actions that are beyond the agency's statutory authority, I am especially interested in promising RFI recommendations that require Congressional action. To help Congress evaluate possible actions to improve Medicare through reducing regulatory burden, I ask that you share a list of the specific ideas that pertain to each of the payment systems (as well as any overarching ideas) that require legislative authority.

Thank you for your leadership in advancing the national conversation on right-sizing the regulatory environment as a way to strengthen Medicare and our broader health care delivery system. I look forward to collaborating to identify the most effective actions to facilitate improvement in the quality of care provided to patients. If you have any questions, please contact

Sincerely,

Senator Orrin Hatch (R-UT) Chairman Senate Committee on Finance