

Dear Colleague:
Urge CMS to Revise Overly Burdensome Reporting

From
Rep. Larry Bucshon (R-Ind.)
Rep. Ami Bera (D-Calif.)

Dear Colleague:

Under the current system, Medicare pays surgeons and other specialists a single fee when they perform complex procedures such as back surgery, brain tumor removal, joint replacement, heart surgery, or colon resection. This single fee covers the costs of the surgery plus all follow-up care within a 10- or 90-day timeframe. The surgeon gets one payment, and the Medicare beneficiary only pays a single co-pay. CMS included a policy within the Physician Fee Schedule (PFS) 2015 final rule that would have converted all 10- and 90-day global procedures to 0-day global procedures beginning in 2017. This change would have negatively impacted patients and providers alike.

An important provision of last year's MACRA legislation required CMS to instead collect data from a "representative sample" of providers, to facilitate accurate valuation of surgical services before proposing any changes to global payment structure. However, CMS has disregarded congressional direction and in the CY 2017 PFS proposed rule is proposing to collect all data for all 10- and 90-day global services from every physician who provides these services, creating an undue administrative burden in a year when physician practices will be fully occupied implementing MACRA payment systems.

CMS should not implement this policy to collect data from all practitioners who perform 10- and 90-day global services. Rather, CMS needs to include policy that reflects the law as passed to collect data from only a "representative sample."

We hope you will join us in urging CMS to revise this overly burdensome and ill-considered proposal. If you would like to sign on, or for more information, please contact Jeffrey Lucas in Congressman Bucshon's office at Jeffrey.Lucas@mail.house.gov or Erin O'Quinn in Congressman Bera's office at Erin.O'Quinn@mail.house.gov.

Draft Letter to CMS

September XX, 2016

Honorable Sylvia M. Burwell
Secretary
Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Mr. Andrew M. Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell and Acting Administrator Slavitt:

We are writing to express our opposition to the provision in the Centers for Medicare and Medicaid Services' (CMS) Physician Fee Schedule (PFS) proposed rule for calendar year (CY) 2017 to collect all data for all 10- and 90-day global services from all practitioners who perform these services, rather than from a "representative sample" of practitioners, which was required by The Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Congress was united in opposition to the policy in the CY 2015 PFS final rule that would have transitioned all 10- and 90-day global codes to 0-day global codes beginning in 2017, because of concerns that the change would compromise patient care and significantly increase administrative burdens. Instead, Congress required CMS to collect data, starting January 1, 2017, on the number and level of visits furnished during the global period. Specifically, Section 523 of MACRA explicitly calls for CMS to gather information needed to value surgical services from a "representative sample" of physicians. Beginning in 2019, CMS must use these data to facilitate accurate valuation of surgical services.

We appreciate that CMS is not proposing at this time to implement the 5% withhold for services on which the practitioner is required to report, and we encourage CMS to maintain its proposal to avoid implementing the 5% withhold in the final rule. However, the CY 2017 PFS proposed rule disregards congressional mandate and requires any practitioners who furnish a procedure that is a 10- or 90-day global code report the pre- and post- operative services furnished on a claim using proposed "G-codes." The proposal will impose an undue administrative burden on the surgical community, disproportionately directing provider resources toward compliance and away from patient care. This burden will likely be compounded by other new reporting requirements from MACRA implementation, which is the most significant physician payment change in 25 years. Taken as a whole this has the potential to negatively impact both quality and access for patients.

We ask that CMS not implement this proposal in the final rule but instead include policy that reflects the law as passed to collect data from a "representative sample" that is the least-burdensome, yet adequate sample to yield statically viable results.

Sincerely,