Sent: 25 Nov 2015 01:44:11 +0000 **To:** Druckman, Jennifer (CMS/OL)

Cc: Uehlecke, Nicholas

Subject: Available for a quick call tomorrow?

Hey Jennifer,

We need some immediate feedback about a tweak in the MU blanket hardship exception language. We are attempting to incorporate H.R. 3940 in the omnibus, so time is of the essence. In a nutshell, we are considering pushing up the deadline for the blanket hardship application by 3 months (from July 1st to April 1st). It would be helpful to learn more about how CMS plans to implement the blanket hardship exception in order to determine how feasible an April 1st deadline is for both providers and CMS.

I am available tomorrow morning. Let us know what time works best for you.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Shatynski, Kristen

Sent: 4 Mar 2016 16:51:56 +0000 **To:** Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL);Druckman, Jennifer (CMS/OL);Dupee,

Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff,

Caleb;DiBlasio, Carla;Donheffner, Kristen;Newlin, Manda (CMS/OL)

Subject: Checking in - F2F bill TA

Hi Elinor,

Hope you're doing well. I wanted to check in on the status of the written TA for the F2F draft bill. Do you have any updates?

Thanks!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730 From: Uehlecke, Nicholas

Sent: 4 Nov 2015 16:36:45 +0000 **To:** Druckman, Jennifer (CMS/OL)

Cc: DiBlasio, Carla

Subject: CMS EHR Briefing Follow Up

Importance: High

Hey Jen -

Dr. Price's office and I would like to set up a quick call with the folks (I'm trying to remember who was there but can't) that briefed us (I think it was last week but lets be honest my brain is fried) - regarding the hardship exemption etc. If possible for this to be a rush request would greatly appreciate it but it can be early next week too. Thanks so much.

Nick

Sent: 26 Feb 2016 20:32:09 +0000

To: Druckman, Jennifer (CMS/OL)

Cc: Chadwick, Alpheus K. (CMS/OL)

Subject: Follow-up to call with Chairman Price and Patrick Conway

Hey Jennifer,

Thanks so much for arranging the call with Patrick Conway and Congressman Price. I know Dr. Price thought it was a helpful conversation. Dr. Price would like me to follow-up with you in another phone call to discuss options for Congress to create greater flexibility in the program in 2016 that would also be helpful/workable for CMS. Do you have time for a call early next week?

Additionally, Dr. Price would like me to arrange another call for him to discuss orthopedic issues with CMS, including CJR and a shoulder coding issue. I informed Al last night of Dr. Price's intention of bringing it up with Patrick Conway this morning, but Al led me to believe that we would need to setup a separate call for that.. and that would be possible. We greatly appreciate the helpful dialogue!

Thanks again! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











Sent:28 Apr 2016 13:54:42 +0000To:Simpkins, Alyson R. (CMS/OA)Cc:Druckman, Jennifer (CMS/OL)

Subject: Follow-up to phone convo w/ Dr. Conway last night

Alyson,

Thanks so much for reaching out to our office yesterday prior to the MACRA rule release. I know Dr. Price greatly appreciated speaking with Dr. Conway last night. However I wanted to follow-up on one important point that Chairman Price has asked me to clarify.

I'm not sure if Dr. Conway was confusing the facts or maybe he misunderstood Dr. Price's question. However, Dr. Price asked Dr. Conway last night if the proposed MACRA rule incorporated 90-day reporting periods under the new Meaningful Use program. Dr. Conway responded by saying yes, there will be 90-day reporting periods but he couldn't remember which years.

We are still digesting the rule, but after taking a look at parts of the rule, it's my understanding that the proposed rule does *not* change the 2016 MU reporting period (which remains 365-days), and it continues to impose a 365-day reporting period for the new "Advancing Care Information" performance category going forward. Can you please clarify this point? Can you shed light on what Dr. Conway was referring to last night in his conversation with Dr. Price about 90-day reporting?

I also need to follow-up with Jen Druckman about a number of outstanding CJR-related items, so I'll be sure to do so.

Thanks so much! Carla

Carla DiBlasio
Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Burney, Ira (CMS/OL)
Sent: 24 Jun 2016 17:24:37 -0400

To: DiBlasio, Carla;jordan_bartolomeo@isakson.senate.gov;Street, Amanda;Graff,

Caleb

Cc: Druckman, Jennifer (CMS/OL);OToole, Meghan (CMS/OL)

Subject: Follow-up to Yesterday's Conversation

We took a quick look at the diagnosis codes that could fit under "catastrophic spinal cord or acquired brain injuries or other paralyzing neuromuscular conditions."

We have initially looked at ICD-9 codes since those codes would seem to apply for cost reporting periods beginning during FY 2015. However, since the ICD-10 codes were implemented for services furnished beginning with October 1, 2015, it is possible that ICD-10 codes might also have to be looked at (or the base period moved to a year earlier to avoid this issue). Do you know when the cost reporting period begins for the targeted facilities?

We have not run these ICD-9 codes by the program experts yet, but wanted to get something to you today. The codes are listed below, and it is possible that other codes could also apply. It would be a rulemaking issue for the Secretary to identify the specific diagnosis codes that would fit under these conditions.

We are not confident that the current language would include only the intended hospitals and that the intended hospitals would be able to meet the requirements.

Catastrophic spinal cord:

806 Fracture of vertebral column with spinal cord injury

806.0 Closed fracture of cervical vertebra with spinal cord injury

806.00 Closed fracture of C1-C4 level with unspecified spinal cord injury

806.01 Closed fracture of C1-C4 level with complete lesion of cord

806.02 Closed fracture of C1-C4 level with anterior cord syndrome

806.03 Closed fracture of C1-C4 level with central cord syndrome

806.04 Closed fracture of C1-C4 level with other specified spinal cord injury

806.05 Closed fracture of C5-C7 level with unspecified spinal cord injury

806.06 Closed fracture of C5-C7 level with complete lesion of cord

806.07 Closed fracture of C5-C7 level with anterior cord syndrome

806.08 Closed fracture of C5-C7 level with central cord syndrome

806.09 Closed fracture of C5-C7 level with other specified spinal cord injury

806.1 Open fracture of cervical vertebra with spinal cord injury

806.10 Open fracture of C1-C4 level with unspecified spinal cord injury

806.11 Open fracture of C1-C4 level with complete lesion of cord

806.12 Open fracture of C1-C4 level with anterior cord syndrome

806.13 Open fracture of C1-C4 level with central cord syndrome

806.14 Open fracture of C1-C4 level with other specified spinal cord injury

806.15 Open fracture of C5-C7 level with unspecified spinal cord injury

806.16 Open fracture of C5-C7 level with complete lesion of cord

806.17 Open fracture of C5-C7 level with anterior cord syndrome

806.18 Open fracture of C5-C7 level with central cord syndrome

806.19 Open fracture of C5-C7 level with other specified spinal cord injury 806.2 Closed fracture of dorsal vertebra with spinal cord injury 806.20 Closed fracture of T1-T6 level with unspecified spinal cord injury 806.21 Closed fracture of T1-T6 level with complete lesion of cord 806.22 Closed fracture of T1-T6 level with anterior cord syndrome 806.23 Closed fracture of T1-T6 level with central cord syndrome 806.24 Closed fracture of T1-T6 level with other specified spinal cord injury 806.25 Closed fracture of T7-T12 level with unspecified spinal cord injury 806.26 Closed fracture of T7-T12 level with complete lesion of cord 806.27 Closed fracture of T7-T12 level with anterior cord syndrome 806.28 Closed fracture of T7-T12 level with central cord syndrome 806.29 Closed fracture of T7-T12 level with other specified spinal cord injury 806.3 Open fracture of dorsal vertebra with spinal cord injury 806.30 Open fracture of T1-T6 level with unspecified spinal cord injury 806.31 Open fracture of T1-T6 level with complete lesion of cord 806.32 Open fracture of T1-T6 level with anterior cord syndrome 806.33 Open fracture of T1-T6 level with central cord syndrome 806.34 Open fracture of T1-T6 level with other specified spinal cord injury 806.35 Open fracture of T7-T12 level with unspecified spinal cord injury 806.36 Open fracture of T7-T12 level with complete lesion of cord 806.37 Open fracture of T7-T12 level with anterior cord syndrome 806.38 Open fracture of T7-T12 level with central cord syndrome 806.39 Open fracture of T7-T12 level with other specified spinal cord injury 806.4 Closed fracture of lumbar spine with spinal cord injury 806.5 Open fracture of lumbar spine with spinal cord injury 806.6 Closed fracture of sacrum and coccyx with spinal cord injury 806.60 Closed fracture of sacrum and coccyx with unspecified spinal cord injury 806.61 Closed fracture of sacrum and coccyx with complete cauda equina lesion 806.62 Closed fracture of sacrum and coccyx with other cauda equina injury 806.69 Closed fracture of sacrum and coccyx with other spinal cord injury 806.7 Open fracture of sacrum and coccyx with spinal cord injury 806.70 Open fracture of sacrum and coccyx with unspecified spinal cord injury 806.71 Open fracture of sacrum and coccyx with complete cauda equina lesion 806.72 Open fracture of sacrum and coccyx with other cauda equina injury 806.79 Open fracture of sacrum and coccyx with other spinal cord injury 806.8 Closed fracture of unspecified vertebral column with spinal cord injury 806.9 Open fracture of unspecified vertebral column with spinal cord injury 952 Spinal cord injury without evidence of spinal bone injury 952.0 Cervical spinal cord injury without evidence of spinal bone injury 952.1 Dorsal (thoracic) spinal cord injury without evidence of spinal bone injury

952.0 Cervical spinal cord injury without evidence of spinal bone injury 952.1 Dorsal (thoracic) spinal cord injury without evidence of spinal bone injury 952.2 Lumbar spinal cord injury without evidence of spinal bone injury 952.3 Sacral spinal cord injury without evidence of spinal bone injury convert 952.4 Cauda equina spinal cord injury without evidence of spinal bone injury 952.8 Multiple sites of spinal cord injury without evidence of spinal bone injury 952.9 Unspecified site of spinal cord injury without evidence of spinal bone injury

Acquired brain injuries:

854 Intracranial injury of other and unspecified nature

854.0 Intracranial injury of other and unspecified nature without mention of open intracranial wound 854.00 Intracranial injury of other and unspecified nature without mention of open intracranial wound, unspecified state of consciousness

854.01 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with no loss of consciousness

854.02 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with brief [less than one hour] loss of consciousness

854.03 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with moderate [1-24 hours] loss of consciousness

854.04 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level

854.05 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with prolonged [more than 24 hours] loss of consciousness without return to pre-existing conscious level

854.06 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with loss of consciousness of unspecified duration

854.09 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with concussion, unspecified

854.1 Intracranial injury of other and unspecified nature with open intracranial wound

854.10 Intracranial injury of other and unspecified nature with open intracranial wound, unspecified state of consciousness

854.11 Intracranial injury of other and unspecified nature with open intracranial wound, with no loss of consciousness

854.12 Intracranial injury of other and unspecified nature with open intracranial wound, with brief [less than one hour] loss of consciousness

854.13 Intracranial injury of other and unspecified nature with open intracranial wound, with moderate [1-24 hours] loss of consciousness

854.14 Intracranial injury of other and unspecified nature with open intracranial wound, with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level 854.15 Intracranial injury of other and unspecified nature with open intracranial wound, with prolonged [more than 24 hours] loss of consciousness without return to pre-existing conscious level

854.16 Intracranial injury of other and unspecified nature with open intracranial wound, with loss of consciousness of unspecified duration

854.19 Intracranial injury of other and unspecified nature with open intracranial wound, with concussion, unspecified

348 Other conditions of brain

348.0 Cerebral cysts

348.1 Anoxic brain damage

348.2 Benign intracranial hypertension

348.3 Encephalopathy, not elsewhere classified

348.30 Encephalopathy, unspecified

348.31 Metabolic encephalopathy

348.39 Other encephalopathy

| 348.4 | Com | pression | of | brain |
|--------|-----|------------|----|------------|
| 5 10.1 | | 01 0331011 | 0. | O 1 4 11 1 |

348.5 Cerebral edema

348.8 Other conditions of brain

348.81 Temporal sclerosis

348.82 Brain death

348.89 Other conditions of brain

348.9 Unspecified condition of brain

349 Other and unspecified disorders of the nervous system

349.0 Reaction to spinal or lumbar puncture

349.1 Nervous system complications from surgically implanted device

349.2 Disorders of meninges, not elsewhere classified

349.3 Dural tear

349.31 Accidental puncture or laceration of dura during a procedure

349.39 Other dural tear

349.8 Other specified disorders of nervous system

349.81 Cerebrospinal fluid rhinorrhea

349.82 Toxic encephalopathy

349.89 Other specified disorders of nervous system

349.9 Unspecified disorders of nervous system

Other paralyzing neuromuscular conditions:

-

330 Cerebral degenerations usually manifest in childhood

330.0 Leukodystrophy

330.1 Cerebral lipidoses

330.2 Cerebral degeneration in generalized lipidoses

330.3 Cerebral degeneration of childhood in other diseases classified elsewhere

330.8 Other specified cerebral degenerations in childhood

330.9 Unspecified cerebral degeneration in childhood

_

332 Parkinson's disease

332.0 Paralysis agitans

332.1 Secondary parkinsonism

336 Other diseases of spinal cord

336.0 Syringomyelia and syringobulbia

336.1 Vascular myelopathies

336.2 Subacute combined degeneration of spinal cord in diseases classified elsewhere

336.3 Myelopathy in other diseases classified elsewhere

336.8 Other myelopathy

336.9 Unspecified disease of spinal cord

340 Multiple sclerosis

341 Other demyelinating diseases of central nervous system

341.0 Neuromyelitis optica

341.1 Schilder's disease

- 341.2 Acute (transverse) myelitis
 - 341.20 Acute (transverse) myelitis NOS
 - 341.21 Acute (transverse) myelitis in conditions classified elsewhere
 - 341.22 Idiopathic transverse myelitis
- 341.8 Other demyelinating diseases of central nervous system
- 341.9 Demyelinating disease of central nervous system, unspecified

344 Other paralytic syndromes

- 344.0 Quadriplegia and quadraparesis
 - 344.00 Quadriplegia, unspecified
 - 344.01 Quadriplegia, C1-C4, complete
 - 344.02 Quadriplegia, C1-C4, incomplete
 - 344.03 Quadriplegia, C5-C7, complete
 - 344.04 Quadriplegia, C5-C7, incomplete
 - 344.09 Other quadriplegia
- 344.1 Paraplegia
- 344.2 Diplegia of upper limbs
- 344.3 Monoplegia of lower limb
 - 344.30 Monoplegia of lower limb affecting unspecified side
 - 344.31 Monoplegia of lower limb affecting dominant side
 - 344.32 Monoplegia of lower limb affecting nondominant side
- 344.4 Monoplegia of upper limb
 - 344.40 Monoplegia of upper limb affecting unspecified side
 - 344.41 Monoplegia of upper limb affecting dominant side
 - 344.42 Monoplegia of upper limb affecting nondominant sde
- 344.5 Unspecified monoplegia
- 344.6 Cauda equina syndrome
 - 344.60 Cauda equina syndrome without mention of neurogenic bladder
 - 344.61 Cauda equina syndrome with neurogenic bladder
- 344.8 Other specified paralytic syndromes
 - 344.81 Locked-in state
 - 344.89 Other specified paralytic syndrome
- 344.9 Paralysis, unspecified

Sent: 17 Mar 2016 02:59:12 +0000

To: Martino, Maria (CMS/OL); Howell, Cherie A. (CMS/OL)

Cc: Druckman, Jennifer (CMS/OL)

Subject: FW: Follow-up to call with Chairman Price and Patrick Conway

Attachments: Final signed CCJR letter.pdf, Shoulder Coding Letter to CMS 2-25-16.pdf

Hi Maria and Cherie,

I received an auto reply message from Al Chadwick. Chairman Price is serious about setting a phone call with Patrick Conway about CJR before it's implemented on April 1st. We would greatly appreciate your assistance in setting up a call next week.

Thanks so much! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: DiBlasio, Carla

Sent: Wednesday, March 16, 2016 3:41 PM **To:** 'Chadwick, Alpheus K. (CMS/OL)'

Cc: Dugan, Meghan

Subject: RE: Follow-up to call with Chairman Price and Patrick Conway

Hey Al,

I hope you're doing well. I had the pleasure of speaking with Jen Druckman last week. She instructed me to follow-up with you to setup a call with Patrick Conway and Congressman Price so they may discuss CJR. Is there any availability for a call next week? I've copied our scheduler, Meghan Dugan.

Thanks, as always! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











Sent: Wednesday, March 02, 2016 12:54 PM

To: 'Chadwick, Alpheus K. (CMS/OL)'

Subject: RE: Follow-up to call with Chairman Price and Patrick Conway

Thanks Al!

I apologize I've been stuck in meetings all day. I've attached the letter my boss recently sent to CMS on the shoulder issue. I've also attached the letter my boss sent to CMS on CJR back in September. I realize that CMS responded and CJR was since finalized. However, many of his concerns remain the same.

I was hoping to learn more about Patrick Conway's ideas for reform in the Meaningful Use program for 2016. This was follow-up to the phone with Patrick Conway last week. I believe I emailed you and Jennifer Druckman about it last week.

I'll call you this afternoon in between meetings. Let me know if you prefer a specific time, and I'll do my best to accommodate. My schedule has been in flux today. Thanks so much for your patience.

Best, Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Chadwick, Alpheus K. (CMS/OL) [mailto:Alpheus.Chadwick@cms.hhs.gov]

Sent: Wednesday, March 02, 2016 10:51 AM

To: DiBlasio, Carla

Subject: RE: Follow-up to call with Chairman Price and Patrick Conway

Hello Carla -

Can you give me a call this afternoon to discuss your orthopedic issues/CJR/shoulder coding issues call request? Thanks.

Al Chadwick
Office of Legislation/Congressional Affairs Group
Centers for Medicare & Medicaid Services
200 Independence Ave, SW
Room 351G
Washington, DC 20201

202-690-5519 (Phone) 202-690-8168 (Fax) alpheus.chadwick@cms.hhs.gov

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Friday, February 26, 2016 3:32 PM

To: Druckman, Jennifer (CMS/OL) **Cc:** Chadwick, Alpheus K. (CMS/OL)

Subject: Follow-up to call with Chairman Price and Patrick Conway

Hey Jennifer,

Thanks so much for arranging the call with Patrick Conway and Congressman Price. I know Dr. Price thought it was a helpful conversation. Dr. Price would like me to follow-up with you in another phone call to discuss options for Congress to create greater flexibility in the program in 2016 that would also be helpful/workable for CMS. Do you have time for a call early next week?

Additionally, Dr. Price would like me to arrange another call for him to discuss orthopedic issues with CMS, including CJR and a shoulder coding issue. I informed Al last night of Dr. Price's intention of bringing it up with Patrick Conway this morning, but Al led me to believe that we would need to setup a separate call for that.. and that would be possible. We greatly appreciate the helpful dialogue!

Thanks again! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











Congress of the United States Washington, DC 20515

September 21, 2015

Mr. Andrew Slavitt
Acting Administrator
Centers for Medicare & Medicaid Services
Hubert H. Humphrey Building
200 Independence Avenue, SW
Washington, D.C. 20201

Patrick Conway, M.D., MSc
Deputy Administrator, Innovation & Quality
Chief Medical Officer
Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, MD 21244

Dear Mr. Slavitt and Dr. Conway:

CMS recently proposed the Comprehensive Care for Joint Replacement Model (CCJR), a new episode-based payment model for lower extremity joint replacement (LEJR) that would apply to 75 Metropolitan Statistical Areas (MSA's) for five years. The CCJR proposed payment model represents a significant change for beneficiaries and providers because it constitutes the first mandatory Medicare episode payment model promulgated under CMS' CMMI authority. Other CMS proposed models, including the Bundled Payments for Care Improvement (BPCI) on which the CCJR model was based, have all been voluntary. Given this substantial change for Medicare beneficiaries and providers, we raise certain questions and ask that you delay the implementation of the CCJR payment model for at least one year.

HHS has a goal of tying 85 percent of all traditional Medicare payments to quality or value by 2016 and 90 percent by 2018 through programs such as Hospital Value Based Purchasing. To be sure, increasing value by means of improved outcomes and reduced cost is a goal that we all share. As a result, the questions below relate not to the goal itself but, rather, how the Centers for Medicare and Medicaid Services (CMS) seeks to achieve it.

1. We recognize the uniquely positive influence that patient choice has in achieving quality, responsiveness, effectiveness, and efficiency of healthcare services. Systems that foster patient choice have proven to work, whereas those that supplant patient choice with centralized control have often led to shortages, rationing, and poor outcomes. If it ultimately places post-acute care (PAC) funding with hospital control, the CCJR model would likely create a strong incentive for hospitals to acquire post-acute care facilities and orthopedic surgery practices, or preclude independent practices from performing surgeries at the hospital. There is a considerable body of evidence suggesting that healthcare market consolidation can have deleterious effects on patients, providers, and taxpayers. ¹ It also appears likely that hospitals would be compelled to

Between 1998 and 2012, there were 1,113 mergers and acquisitions involving a total of 2,277 hospitals. Mergers have nearly doubled in recent years. There were 95 hospital mergers in 2014, 98 in 2013, and 95 in 2012. Compare that with

restrict the provision of additional services by Medicare beneficiaries' physicians in order to mitigate the risk that hospitals will face under the CCJR program. What safeguards are incorporated into the proposed CCJR model, and are under consideration in any possible future iteration, that would guard against hospital-driven vertical integration or other forms of market consolidation that could lead to higher costs? Consequently, what protections are incorporated into the proposed CCJR model to maintain a patient's freedom to choose their provider, course of treatment, and medical services?

- 2. We are concerned that patients requiring higher-cost complex surgeries (such as hip fractures and ankle replacement procedures) or who suffer from multiple chronic conditions may find it more difficult to find hospitals willing to serve them, since the greater risk of complications or the higher level of post-acute care associated with their condition would be logically viewed by hospitals as increasing their risk under the proposed CCJR model. Additionally, since the CCJR model excludes "non-elective" joint replacement surgeries (many of which involve complex hip fractures) from its quality framework, but otherwise maintains such cases for "target price" and episode expenditure purposes, this could potentially place too much emphasis on the cost of these vulnerable patients' post-acute care without adequate consideration of their outcomes and the quality of care they receive. What safeguards are incorporated into the proposed CCJR model to ensure that patients with complex surgeries or chronic conditions would have access to the full spectrum of hospitals, physicians, and post-acute care providers under CCJR that they are able to access today?
- 3. Small and rural hospitals are a crucial resource for numerous communities. The risk placed on hospitals by CCJR, as well as the oversight and administrative responsibilities that hospitals would have to bear for 90 days post-discharge may be so burdensome that small and rural hospitals may have little option other than to be subsumed into larger systems or refrain from offering lower extremity joint replacement surgeries. What safeguards are incorporated into the proposed CCJR program to address the specific needs and circumstances of small and rural hospitals?

50 mergers in 2005, and 54 in 2006. American Hospital Association, *Trendwatch Chartbook 2012: Trends Affecting Hospitals and Health Systems*, http://www.aha.org/research/reports/tw/chartbook/index.shtml. See also: Glenn Melnick and Emmett Keeler, "The Effects of Multi-Hospital Systems on Hospital Prices," *Journal of Health Economics*, Vol. 26 (2007), pp. 400–413. See also: Martin Gaynor, "What Do We Know About Competition and Quality in Health Care Markets?" National Bureau of Economic Research *Working Paper* No. 12301, June 2006, http://www.nber.org/papers/w12301.pdf In 2005, only a quarter of physician medical practices were owned by hospitals. By 2008, the majority of physician practices were hospital owned. Gardiner Harris, "More Doctors Giving Up Private Practices," *The New York Times*, March 25, 2010. (See also House Committee on Ways and Means, Hearing on Health Care Industry Consolidation, September 9, 2011 and House Committee on Small Business, Subcommittee on Investigations, Oversight, and Regulations, "Health Care Realignment and Regulation: The Demise of Small and Solo Medical Practices?" July 19, 2012.) In 2014, the share of doctors who have an ownership stake in their practice was estimated to be down to about one-third, and only 2 percent of newly licensed physicians were seeking a solo practice. David Rotham, "Hospital Networks Need a Hippocratic Oath," *The New York Times*, March 6, 2014. See also: Xu T, Wu AW, Makary MA. The Potential Hazards of Hospital Consolidation: Implications for Quality, Access, and Price. *JAMA*. Published online August 13, 2015.

- 4. This CCJR model requires sophisticated coordination of care that will demand additional providers within the post-acute setting to collaborate with hospitals to define and monitor a patient's care plan. The CCJR proposed rule indicates that forcing post-acute care providers to invest in Electronic Health Records (EHRs) will accomplish the needed coordination, as hospitals that rely on post-acute care providers without EHRs may not be eligible for reconciliation payments in the future. How would this mandatory approach within the CCJR model prevent forced relationships between providers based on the meaningful use of EHRs, rather than allowing these choices to be based on who provides the best quality of care, keeps patients the safest, and does the best job of coordinating with the hospital and other providers?
- 5. The total amount of gainsharing payments for a calendar year paid to an individual physician, nonphysician practitioner, or physician group practice who is a CCJR collaborator cannot exceed a cap equal to 50 percent of the total Medicare approved amounts under the Physician Fee Schedule (PFS) for services furnished to the participant hospital's CCJR beneficiaries during a CCJR episode by that physician, non-physician practitioner, or members of the physician group practice. Why are you limiting gainsharing payments to providers who will be responsible for much of the care-redesign required in this model? Additionally, why are post-acute care providers not meaningfully included in the CCJR bundle to ensure quality care is provided over the entire continuum of care?

In light of the January 1, 2016 effective date proposed by the Agency, we request your response to these questions no later than October 1, 2015. The CMS proposal represents a significant change to our healthcare delivery system which could have a negative impact on patient choice, access and quality. Given the fact that the proposed rule will not be finalized until almost the year's end, it will give physicians, hospitals and post-acute providers little or no time to prepare for this abrupt shift in payment for these high-volume procedures and the changes in care delivery that they will require. As a result, we ask that you seriously reconsider the CCJR payment model. At a minimum, we ask that you delay the implementation of the CCJR payment model for at least one year.

Yours truly,

² CMS assumes that hospitals will enter sharing arrangements with post-acute care providers. See pg. 41297 of the CMS proposed CCJR rule.

Tom Price, M.D. Phil Roe, M.D. Scott DesJarlais, M.D. Charles Boustany, M.D. Joseph Heck, DO Paul Gosar, DDS Brian Babin, DDS Andy Harris, M.D. Brad 7 Brad Wenstrup, DPM Rubén Hinojosa Todd Young Devin Nunes Jason Smith Jim Renacci

Austin Scott Pete Olson Mark Meadows Lynn Westmoreland Rick Allen Pete Sessions Bill Flores Kurt Schrader Barry Loudermilk

Steve Chabot Louie Gohmert Jackie Walorski Mac Thornberry Daniel Webster Ryan Costello Mike Coffman Tom Rice Ileana Ros-Lehtinen Dina Titus

| Hevin Brady | AM. Bolina. Gus Bilirakis |
|--------------------------|-----------------------------|
| Mike Kelly | Jeb Hensarling |
| John Fleming, MD | Carlos Curbelo |
| Steve Cohen | Bob Goodlatte Rat Tilin |
| Bruce Westerman | Pat Tiberi |
| Renee Ellmers Jody Hice | Leonard Lance Low Barletta |
| Jody Hice | Lou Barletta |

Larry Bucshon, M.D.

David Scott

Dan Benishek, M.D.

Deynn Jenkins

Lynn Jenkins

Lenn Sewell.

Terri Sewell

Congress of the United States Washington, DC 20515

February 25, 2016

Andy Slavitt
Acting Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
Hubert H. Humphrey Building
200 Independence Avenue SW
Washington, DC 20201

Dear Acting Administrator Slavitt,

CMS relies on Correct Coding Initiative (CCI) software to issue and deny payments. Since 2013, edits made to CCI have bundled several codes together for shoulder surgery have resulted in denied payment when these procedures are performed together. Specifically, these edits have denied CPT code 29823, Arthroscopic Shoulder Debridement, extensive, with several other arthroscopic shoulder procedures such as CPT code 29827, Arthroscopic Rotator Cuff Repair, or CPT code 29824, Arthroscopic distal claviculectomy. These are distinctly separate procedures.

This issue is of extreme importance to the American Association of Orthopaedic Surgeons (AAOS), the American Orthopaedic Society for Sports Medicine (AOSSM), the Arthroscopy Association of North America (AANA), and the American Shoulder and Elbow Surgeons (ASES). The societies have written multiple letters to CMS and the third party that owns and implements the CCI software (called the National Correct Coding Initiative-NCCI) and held multiple conference calls and face-to-face meetings with CMS and NCCI, including a meeting at CMS headquarters in May 2015 with Marc Hartstein, Director of the Hospital and Ambulatory Policy Group, and other CMS officials. After the May 2015 meeting, several documents were submitted to CMS indicating the CCI edits the societies felt were erroneous along with materials describing anatomically why these edits were incorrect. CMS stated they would take the request under review to change their edits and the policy manual for January 1, 2016. These edits and policy manual were released recently and did not result in any correction to the policy or edits in question.

Earlier this year, the AAOS submitted a request to meet with you, personally, about this issue. However, we recently received news that the request was denied, and they were offered an opportunity to meet with the Deputy Director of the Center for Medicare. The AAOS has already discussed this issue with other members of the CMS and it is important that this issue be fully understood. Therefore, we are asking you to reconsider their request and would like to encourage you, personally, to orchestrate a meeting to discuss the shoulder coding issue.

Sincerely,

Tom Price, M.D.

John Barrasso, M.D.

 From:
 Druckman, Jennifer (CMS/OL)

 Sent:
 4 Aug 2016 14:10:08 +0000

To: 'DiBlasio, Carla'

Cc: Street, Amanda; Chadwick, Alpheus K. (CMS/OL)

Subject: FW: House Budget Committee Dr. Price health Meeting Request

Hi Carla,

I'm working on scheduling this and I was hoping you had a few minutes today to talk about this request so I can make sure I involve the right folks. I know that Amanda is out this week, so I was hoping you had a few minutes to discuss.

Let me know. I'm at 202-690-8062.

Thanks, Jennifer

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Friday, July 29, 2016 11:19 AM

To: Chadwick, Alpheus K. (CMS/OL) < Alpheus.Chadwick@cms.hhs.gov >; Howell, Cherie A. (CMS/OL)

<Cherie.Howell@cms.hhs.gov>

Cc: Graff, Caleb <Caleb.Graff@mail.house.gov>; DiBlasio, Carla <Carla.Diblasio@mail.house.gov>; Beck,

Gary <Gary.Beck@mail.house.gov>; Miranda, Eric <Eric.Miranda@mail.house.gov>

Subject: Re: Meeting Request

Hi Cherie,

My name is Amanda Street and I work for the House Budget Committee as one of the health care advisors. I just sent Al a follow up email to one I sent yesterday afternoon, and it looks like he won't be back into the office until next week at which point I'll be heading out of town – gotta love recess!

Is there any chance that you can help us with the requests below to meet with staff that works on CMMI models and the actuary(ies) who analyze/score the models?

Many thanks! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Street, Amanda" <Amanda.Street@mail.house.gov>

Date: Friday, July 29, 2016 at 10:08 AM

To: "Chadwick, Alpheus K. (CMS/OL)" < Alpheus. Chadwick@cms.hhs.gov >

Cc: "Graff, Caleb" < Caleb.Graff@mail.house.gov >, "DiBlasio, Carla"

<<u>Carla.Diblasio@mail.house.gov</u>>, "Beck, Gary" <<u>Gary.Beck@mail.house.gov</u>>, "Miranda, Eric"

<<u>Eric.Miranda@mail.house.gov</u>> **Subject:** Re: Meeting Request

Hi Al,

I apologize for the multiple emails, but I was doing some research on CMS actuaries because we're trying to setup a meeting with Paul Spitalnic or whoever would be the lead/has worked on estimating CMMI models.

Are you able to assist us in connecting with them as well? I found an email address for Paul and I'm happy to reach out directly, but if it's better to work through your office I'm happy to do that as well.

I am actually heading out of town next Tuesday, so if there's any way that we could identify times to meet with folks later in August between today and Tuesday that would be greatly appreciated!

Thanks so much for your assistance!

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Street, Amanda" < Amanda. Street@mail.house.gov >

Date: Thursday, July 28, 2016 at 11:43 AM

To: "Chadwick, Alpheus K. (CMS/OL)" < Alpheus. Chadwick@cms.hhs.gov >

Cc: "Graff, Caleb" <Caleb.Graff@mail.house.gov>, "DiBlasio, Carla"

<<u>Carla.Diblasio@mail.house.gov</u>>, "Beck, Gary" <<u>Gary.Beck@mail.house.gov</u>>, "Miranda, Eric" <<u>Eric.Miranda@mail.house.gov</u>>

Subject: Meeting Request

Hi Al,

I hope this finds you well! I know it's been a while since we last had an opportunity to interact since I moved from Dr. Price's personal office to the Budget Committee, but I know you've been a great resource to my counterpart Carla DiBlasio in the interim.

We're contacting you today to assist us in securing a meeting with staff from CMMI in the coming weeks. We'd like to set up a meeting with Dr. Price's health team (copied) that will provide us with an opportunity to a closed door, off the record meeting for the purposes of getting additional background information on the program. We've been looking at the demos coming out of CMMI for some time, but now that we're in recess it'd be great to have an opportunity to meet with folks from the CMMI team to help us garner a better understanding of the program.

Can you assist us in setting up this meeting? We're available to meet any time after the first week of August.

Thank you so much and we look forward to hearing from you! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994 From: Street, Amanda

Sent: 20 Nov 2015 15:00:07 +0000 **To:** Druckman, Jennifer (CMS/OL)

Cc: DiBlasio, Carla;Palmer, Ashley;Graff, Caleb;May, Rick Subject: HR 3940, Meaningful Use Hardship Relief Act of 2015

Importance: High

Hi Jennifer,

I hope this email finds you well! I know that Carla from Dr. Price's office and Nick from WnM have been working with you closely on this issue. We are currently working fast and furiously to see what opportunities there may be too push the bill forward as priority for the omnibus package that is being crafted. We have the authorizing committees focused on relaying the message to the appropriators, but we believe there's even greater chance of success if CMS could relay this priority to OMB and also made the push with the appropriators.

Can you or your team make this request to OMB today to ensure that our efforts to push HR 3940 across the finish line create the greatest chance of success?

Many thanks, Amanda and the Price team

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994 From: Street, Amanda

Sent: 21 Oct 2016 15:43:42 +0000 **To:** Druckman, Jennifer (CMS/OL)

Subject: Part B premiums

Hey Jen,

Hope you're doing well! I was wondering if you could help me connect with someone at CMS in regards to the Part B premium rate for next year, given that the SS COLA was just announced earlier this week. I'm trying to get more information about what the anticipated spending is for next year and how that'll impact the premium for next year given the low COLA.

Thanks so much for any help you're able to provide! Amanda

--

Amanda Street House Budget Committee B234 Longworth House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994
 From:
 Druckman, Jennifer (CMS/OL)

 Sent:
 17 Nov 2016 14:20:28 +0000

To: DiBlasio, Carla

Cc: Chadwick, Alpheus K. (CMS/OL); Martino, Maria (CMS/OL); Scott, Anne B.

(CMS/OL); Newlin, Manda (CMS/OL)

Subject: Quality Payment Program Update

Hi Carla,

We wanted to touch base with you this morning on two items, first, to let you know that today CMS is updating the website for the Quality Payment Program (QPP). The update will include additional information, including the following: Draft 2017 Measure Specifications; a Measure Specifications Implementation Guide and a Measure Specifications Fact Sheet; and a document on How to Design an APM Toolkit. In addition, CMS is opening the self-nomination process for registries and qualified clinical data registries, and fact sheets about these processes have been added to the website. All the information can be found on the QPP website at: https://qpp.cms.gov/education.

In addition, we below are answers to specific questions that you had asked us about the Merit-Based Incentive Payment System as well as certain Alternative Payment Models.

Please let us know if you have any questions.

Thanks, Jen

Q: How does the MIPS payment formula work? What is the performance curve? For example, if a group practice obtains a near-perfect score—but only submitted for a 90-day time period rather than a year--- will they still be eligible for the maximum adjustment or the exceptional bonus?

A: In general, if a group practice achieves a near perfect score based on data submitted for 90 days, this total score will be treated the same way as a total score that is based on a full year of reporting.

MIPS Payment Formula – The performance threshold is the dividing line that determines which MIPS eligible clinicians receive a positive payment adjustment and which receive a negative adjustment. For the transition year, CMS finalized a low performance threshold, 3 out of a possible 100 points. Eligible clinicians with a final score at or above the performance threshold will receive a zero or positive adjustment factor on a linear sliding scale.

Moreover, MIPS has an "additional performance threshold" to reward exceptional performance through another positive MIPS adjustment factor. \$500 million will be distributed to those whose final scores exceed an additional performance threshold, which is established in the first year at 70 points. Positive payment adjustments for exceptional performance will be applied on a linear scale for scores that range between the additional performance threshold of 70 to a perfect final score of 100.

In the first year of MIPS, clinicians who want to fully participate and achieve a high score should submit complete data under the 3 required performance categories: Quality; Advancing Care Information; and Improvement Activities.

For each of the 3 categories, data can be submitted for a period of 90 days or a longer period of time up to one year. For the quality performance category, it may be that a longer performance period will provide greater assurance of reliability with respect to the submitted data, and clinicians who have the ability to submit data for a period of time greater than 90 days are encouraged to do so.

- For example, there is a 20 case minimum threshold for each measure to ensure that it can be scored reliably for a clinician or group. Although clinicians will receive a base score for submitting data on each measure even if the case minimum isn't met, a clinician or a group striving for a high score and choosing to submit data for only 90 days should ensure that the measure data submitted meets the 20 case minimum. This will allow the measure to be scored and depending on performance, potentially receive a higher score up to the maximum number of points.
- In addition, there are some measures that require a reporting period that spans more than 90 days -- for example, those that have a specified time period for required followup or those looking for improvement in an outcome. These measures are not as conducive to reporting for 90 days, and clinicians choosing this shorter time period should consider other available MIPS measures.

Q: Is there a difference between the maximum adjustment and the exceptional bonus?

A: As required by law, there are two payment adjustments –

- The first payment adjustment is either positive or negative based on the total score and where that score falls relative to the performance threshold. The performance threshold is the dividing line that determines which MIPS eligible clinicians receive a negative payment adjustment and which receive a positive adjustment. For the transition year, CMS finalized a low performance threshold, 3 out of a possible 100 points. Eligible clinicians with a final score at or above the performance threshold will receive a zero or positive adjustment factor on a linear sliding scale. The exact positive adjustment amounts will be determined after the performance period in order to maintain budget neutrality.
- The additional payment adjustment for exceptional performance is to reward exceptional performance through another positive MIPS adjustment factor. \$500 million will be distributed as a bonus to those whose final scores exceed an additional performance threshold, which is established in the first year at 70 points. Positive payment adjustments for exceptional performance will be applied on a linear scale for scores that range between the additional performance threshold of 70 to a perfect final score of 100.

Q: Why is there no *formal* appeals process? In addition, there is an informal appeals process for PQRS and MU. What is this process, and have we published it somewhere?

A: In section 1848(q)(13) of the Social Security Act, as established by MACRA, the law specifically allows for a targeted review under MIPS and requires the Secretary to establish a process under which a MIPS eligible professional can seek an informal review of the calculation of the payment adjustment. We have established this informal review process in the recently released final rule for the QPP. (Please see the discussion of the targeted review process in the final rule beginning on page 77353 at this link – https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-25240.pdf

The process that is finalized is laid out on page 77358.)

- For information on the current PQRS informal review process, please see the document at the following link --https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015PQRSIR2017PayAdjMadeSimple.pdf
- For information on the current appeals process for the Medicare EHR Incentive Program, please see the following link -- https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/AppealsAudits_EHRAppealsOverview-.pdf

Q: When will non-patient facing codes become available (for example for radiologists)?

A: The final rule defines a non-patient facing MIPS eligible clinician as a clinician who bills 100 or fewer patient-facing encounters during a specified period of time. The encounter codes to determine if a clinician is a non-patient facing MIPS eligible clinician will be published on the CMS website in the next few months.

Q: Cost of Compliance – A recent GAO report on the cost of compliance has different compliance costs than CMS. GAO states that the average annual cost is \$40,000 per doctor annually; the CMS rule states it is \$1,200 per doctor. What is the difference?

A: The two estimates were derived in different ways and measured different compliance costs, as explained below –

Estimate in Final QPP Rule – The estimate in the final rule was made based on estimated time and labor costs. In addition, the rule explains that the burden associated with submitting quality measures will vary depending on the submission method selected by the clinician or group (e.g., claims, registry, EHR, etc.). As an example, for quality measure submission, the estimate takes into consideration the following: start-up costs (reviewing measure specifications, selecting a submission option, incorporating submission of measures into the office work flow), and data submission costs. The estimated annual cost of submitting quality measures per clinician or group varies between \$1,206 for EHR submission and \$1,796 for claims submission.

<u>GAO Report</u> – The GAO report referenced (Health Care Quality – HHS Should Set Priorities and Comprehensively Plan Its Efforts to Better Align Health Quality Measures) includes a reference on page 12 to an article that appeared in *Health Affairs* in March 2016. This article was based on a web-based survey of 1,000 randomly selected physician practices from four specialties. The survey asked about time spent by physicians and staff on activities related to reporting and

inspecting quality data. The focus was on <u>all</u> quality data required from all payers, not only Medicare data. The time estimates were converted into costs. The article also states that the study had multiple limitations, including a relatively low response rate.

Q: Some are concerned MIPS will limit the number of specialty measures. How are measures eliminated, and explain the process to eliminate specialty measures?

A: Increasing the availability of specialty measures is a priority, recognizing that clinicians need to report measures that are most relevant and pertinent to their practices. On the QPP website, all the MIPS quality measures are listed, and they are further categorized by specialty (in 30 separate specialty areas). This can be seen at this link: https://qpp.cms.gov/measures/quality. Scroll down to where it says "Select Measures" and on the right click on the drop-down menu for the specialty measure set.

In addition to selecting measures from this list, specialty clinicians can report through a Qualified Clinical Data Registry, which includes additional measures and in some cases specialty-specific measures, depending on the registry.

Q: Impact Table for Small Practices – Can we get a copy of the Impact Table for small practices that suggests that 90 percent of small practices will not be impacted?

A: Please see tables 62 and 63 of the final rule at: https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-25240.pdf

The tables can be found on pages 77530 and 77531.

Note that table 62 shows the estimated payment year 2019 impact on total allowed charges by practice size. Table 63 shows the estimated impact using an alternative scoring model.

Q: CJR - Will CJR and BPCI be considered APMs for 2017 and 2018?

A: For performance year 2017, CMS has determined that CJR and BPCI models 2-4 are not Advanced APMs. CJR currently does not qualify as an Advanced APM because it does not require participants to use certified electronic health record technology (CEHRT), one of the criteria that a model must meet in order to be an Advanced APM. However, we have proposed to create a track in CJR that would include a CEHRT use requirement. If this proposal is finalized, we anticipate that the CJR CEHRT Track would meet the criteria in the final Quality Payment Program rule to be an Advanced APM for performance year 2018. In addition, building on BPCI, we intend to implement a new voluntary bundled payment model for CY 2018 where the model would be designed to meet the criteria to be an Advanced APM. We will publish a final 2018 performance year Advanced APM list before January 1, 2018.

Sent: 9 Dec 2015 18:38:18 +0000 **To:** Druckman, Jennifer (CMS/OL)

Cc: Street, Amanda

Subject: Question about MU blanket hardship

Hey Jen,

I hope you're doing well. I wanted to check in with you regarding the MU blanket hardship exception. More specifically, I'm wondering what steps CMS could take (in theory) to provide a blanket hardship exception? It's my understanding that the MU statute, which explicitly states the need to evaluate hardship applications on a case by case basis, would preclude CMS from granting a blanket hardship exception unless Congress takes action. Can you clarify this point with me? We'd love to setup a phone call with you if that's easiest.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











Sent: 22 Mar 2016 00:57:54 +0000

To: Druckman, Jennifer (CMS/OL)

Cc: Chadwick, Alpheus K. (CMS/OL)

Subject: Question in preparation for Wednesday's call

Hey Jen,

I hope your week is off to a great start! I spoke to Dr. Price this evening about the call we have scheduled with Patrick Conway on Wednesday at 11 am. Congressman Price plans to focus his attention on the CJR program and the upcoming implementation of CJR. In preparation for the phone call, Congressman Price was hoping I could track down the answer to one major question he has.

Congressman Price asked me to track down the portion of the CMMI statute that affords CMS the authority to promulgate mandatory programs. Can you share the section of the statute that CMS is relying as it releases mandatory demos? (E.g. CJR)

I know that the Congressman plans to focus on specific issues within CJR, but he was hoping to gain clarification on this question before the call.

Thanks so much! Carla

Carla DiBlasio
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











Sent: 12 Jan 2016 19:11:41 +0000

To: Druckman, Jennifer (CMS/OL)

Cc: Chadwick, Alpheus K. (CMS/OL)

Subject: Question re: the passage of S. 2425

Good Afternoon,

Pursuant to <u>S. 2425</u> being signed into law by the President on December 28th, CMS was granted additional authority to offer hardship exemptions to participants in the Meaningful Use Program (Medicare & Medicaid EHR Incentive Program).

The law institutes new opportunities for physicians and hospitals to apply for hardship exemptions and imposes new deadlines for these opportunities. To be able to maximize the important flexibility created by this law, it's imperative that the necessary guidance for program participants be released as soon as possible. Could you provide any update on when we can expect the guidance for participants to be released? When will CMS' updated website be ready for use (in applying for a hardship exemption)? How does CMS anticipate informing the provider community about how to leverage the new hardship exemption pathways?

As you know, the first submission deadline is March 15th, therefore we hope CMS can issue guidance to allow for at least 60-days for providers to prepare their applications.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Shatynski, Kristen

To: Hiller, Elinor A. (CMS/OL); Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL);

Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen; Newlin,

Manda (CMS/OL); Mason, Graham

Subject: call follow-up

Date: Wednesday, June 1, 2016 10:59:12 AM

Hi All -

Thanks again for taking the time out of your day to discuss the bill text. The feedback was much appreciated!

Kristen

From: Shatynski, Kristen

Sent: Friday, May 27, 2016 9:44 AM

To: 'Hiller, Elinor A. (CMS/OL)'; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner,

Kristen; Newlin, Manda (CMS/OL); Mason, Graham

Subject: RE: Checking in - F2F bill TA

Sounds good – thank you very much!

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:44 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham **Subject:** RE: Checking in - F2F bill TA

Great. We can use the following dial in at 10am on Wednesday: WebEx: 1-877-267-1577; Meeting

Number: (b)(6)

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Friday, May 27, 2016 9:39 AM

To: Hiller, Elinor A. (CMS/OL) <<u>Elinor.Hiller@cms.hhs.gov</u>>; Levin, Sarah

<<u>Sarah.Levin@mail.house.gov</u>>; Grabert, Lisa <<u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James

<James.Paluskiewicz@mail.house.gov>; Ferraina, Steven (CMS/OL) <Steven.Ferraina@cms.hhs.gov>;

Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov >; Woronoff, Arielle

<<u>Arielle.Woronoff@mail.house.gov</u>>; Graff, Caleb <<u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

Let's do 10

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:37 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham Subject: RE: Checking in - F2F bill TA

I have a conflict starting at 11:15. Could we do 10:00 or 10:30? Thanks!

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Friday, May 27, 2016 9:33 AM

To: Hiller, Elinor A. (CMS/OL) < <u>Elinor.Hiller@cms.hhs.gov</u>>; Levin, Sarah

<<u>Sarah.Levin@mail.house.gov</u>>; Grabert, Lisa <<u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James

<James.Paluskiewicz@mail.house.gov>; Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>;

Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov >; Woronoff, Arielle

<a href="mail-house.g

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>> **Subject:** RE: Checking in - F2F bill TA

How about Wednesday morning at 11?

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:11 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham **Subject:** RE: Checking in - F2F bill TA

Hi Kristen,

Thanks for checking back on this. Can we find a time that works mid next week for a walk through, possibly Wednesday morning?

Elinor

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Thursday, May 26, 2016 2:17 PM

To: Levin, Sarah <<u>Sarah.Levin@mail.house.gov</u>>; Hiller, Elinor A. (CMS/OL)

< <u>Flinor.Hiller@cms.hhs.gov</u>>; Grabert, Lisa < <u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James

<<u>James.Paluskiewicz@mail.house.gov</u>>; Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>;

Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov>; Woronoff, Arielle

<a href="mail-house.g

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

Hi Elinor – any updates on this?

From: Levin, Sarah

Sent: Monday, May 16, 2016 5:25 PM

To: Shatynski, Kristen; 'Hiller, Elinor A. (CMS/OL)'; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner,

Kristen; Newlin, Manda (CMS/OL); Mason, Graham

Subject: RE: Checking in - F2F bill TA

And Elinor—to jump on this can we at some point talk with the CERT folks on their HH data? I think the Payment Accuracy group has info that is relevant here.

From: Shatynski, Kristen

Sent: Friday, May 13, 2016 11:29 AM

To: 'Hiller, Elinor A. (CMS/OL)' < Elinor.Hiller@cms.hhs.gov; Grabert, Lisa

<<u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James <<u>James.Paluskiewicz@mail.house.gov</u>>;

Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>; Druckman, Jennifer (CMS/OL)

<<u>Jennifer.Druckman@cms.hhs.gov</u>>; Levin, Sarah <<u>Sarah.Levin@mail.house.gov</u>>; Woronoff, Arielle

Arielle.Woronoff@mail.house.gov">, Graff, Caleb < Caleb.Graff@mail.house.gov; DiBlasio, Carla

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda.Newlin@cms.hhs.gov>; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>> **Subject:** RE: Checking in - F2F bill TA

Hi Elinor,

Can we set up a call for next Wednesday to walk through the technical comments? We were looking for some clarification on section 2 and also had some questions about the funding in section 3.

Thanks!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Thursday, April 28, 2016 2:03 PM

To: Grabert, Lisa; Paluskiewicz, James; Shatynski, Kristen

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla; Sanchez, Monica; Donheffner, Kristen; Newlin,

Manda (CMS/OL)

Subject: RE: Checking in - F2F bill TA

All,

Please find attached a clean version of technical comments on the language shared with us, providing one possible approach to achieve what we understand to be the desired intent. This does not represent an Administration position on the legislative language. We are happy to discuss. Please let me know if you have questions.

Thanks!

Elinor

From: Grabert, Lisa [mailto:Lisa.Grabert@mail.house.gov]

Sent: Tuesday, April 26, 2016 3:49 PM

To: Hiller, Elinor A. (CMS/OL) <<u>Elinor.Hiller@cms.hhs.gov</u>>; Paluskiewicz, James

<<u>James.Paluskiewicz@mail.house.gov</u>>; Shatynski, Kristen <<u>Kristen.Shatynski@mail.house.gov</u>>

Cc: Ferraina, Steven (CMS/OL) < <u>Steven.Ferraina@cms.hhs.gov</u>>; Druckman, Jennifer (CMS/OL)

<<u>Jennifer.Druckman@cms.hhs.gov</u>>; Dupee, Jennifer <<u>Jennifer.Dupee@mail.house.gov</u>>; Levin,

Sarah <<u>Sarah.Levin@mail.house.gov</u>>; Woronoff, Arielle <<u>Arielle.Woronoff@mail.house.gov</u>>;

Simonelli, Adrianna <<u>Adrianna.Simonelli@mail.house.gov</u>>; Graff, Caleb

<<u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla <<u>Carla.Diblasio@mail.house.gov</u>>; Sanchez, Monica

<Monica.Sanchez@mail.house.gov>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov>

Subject: Re: Checking in - F2F bill TA

Hi Elinor,

I am checking-in on the progress for TA, on behalf of the W&M. Thanks!

Lisa

From: <Hiller>, "Elinor A. (CMS/OL)" <<u>Elinor.Hiller@cms.hhs.gov</u>>

Date: Friday, April 8, 2016 9:53 AM

To: "Paluskiewicz, James" < <u>James.Paluskiewicz@mail.house.gov</u>>, "Shatynski, Kristen"

< Kristen. Shatynski@mail.house.gov>

Arielle" < Arielle. Woronoff@mail.house.gov >, "Simonelli, Adrianna"

<<u>Adrianna.Simonelli@mail.house.gov</u>>, "Graff, Caleb" <<u>Caleb.Graff@mail.house.gov</u>>, "DiBlasio,

Carla" < Carla. Diblasio@mail.house.gov >, "Sanchez, Monica" < Monica. Sanchez@mail.house.gov >,

"Donheffner, Kristen" < Kristen.Donheffner@mail.house.gov >, "Newlin, Manda (CMS/OL)"

<Manda.Newlin@cms.hhs.gov>

Subject: RE: Checking in - F2F bill TA

Thanks for checking in, JP and Kristen. We hope to have something for you very soon.

Elinor

From: Paluskiewicz, James [mailto:James.Paluskiewicz@mail.house.gov]

Sent: Thursday, April 7, 2016 1:13 PM

To: Shatynski, Kristen < Kristen < Kristen < Kristen.Shatynski@mail.house.gov>; Hiller, Elinor A. (CMS/OL)

<<u>Elinor.Hiller@cms.hhs.gov</u>>

Cc: Ferraina, Steven (CMS/OL) < Steven.Ferraina@cms.hhs.gov>; Druckman, Jennifer (CMS/OL) < Jennifer.Druckman@cms.hhs.gov>; Dupee, Jennifer < Jennifer.Dupee@mail.house.gov>; Grabert, Lisa < Lisa.Grabert@mail.house.gov>; Levin, Sarah < Sarah.Levin@mail.house.gov>; Woronoff, Arielle < Arielle.Woronoff@mail.house.gov>; Simonelli, Adrianna < Adrianna.Simonelli@mail.house.gov>; Graff, Caleb < Caleb.Graff@mail.house.gov>; DiBlasio, Carla < Carla.Diblasio@mail.house.gov>; Sanchez, Monica < Monica.Sanchez@mail.house.gov>; Donheffner, Kristen < Kristen.Donheffner@mail.house.gov>; Newlin, Manda (CMS/OL) < Manda.Newlin@cms.hhs.gov>

Subject: RE: Checking in - F2F bill TA

Yes, Elinor thank you for all your hard work on this. This remains something that is very much on our radar screen if we can get agreement, so anything you can provide to us is much appreciated realizing the time constraints that we face this session! JP

From: Shatynski, Kristen

Sent: Thursday, April 07, 2016 1:01 PM

To: Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla; Sanchez, Monica; Donheffner, Kristen; Newlin, Manda (CMS/OL)

Subject: RE: Checking in - F2F bill TA

Hi Elinor.

Checking in again. I appreciated talking to you a little while back and definitely understand the nuances of the settlement language, but we just want to make sure that there's plenty of time to clean up the bill text. We've got about 45 legislative days left, so anything you could do to move things along would be great.

As always, thanks for your help!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building From: Shatynski, Kristen

Sent: Friday, March 04, 2016 11:52 AM

To: Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla;

Donheffner, Kristen; Newlin, Manda (CMS/OL)

Subject: Checking in - F2F bill TA

Hi Elinor,

Hope you're doing well. I wanted to check in on the status of the written TA for the F2F draft bill. Do you have any updates?

Thanks!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730 From: DiBlasio, Carla
To: <u>Yen, Lisa (CMS/OL)</u>

Cc: <u>Uehlecke, Nicholas</u>; <u>Burney, Ira (CMS/OL)</u>; <u>Druckman, Jennifer (CMS/OL)</u>

Subject: Follow-up re: early deadline for MU hardship exception

Date: Tuesday, December 1, 2015 11:20:57 AM

Attachments: image001.png

image002.png image003.png image004.png image005.png

Hi all -

I hope you had a wonderful Thanksgiving holiday. I wanted to check in with you to determine whether you had a chance to confirm with operations and your legal dept on the feasibility of pushing up the deadline for MU hardship applications by 3 months (from July 1st to April 1st)?

Based on our phone call on November 25th, you thought this would be feasible even when you take into account the possibility of offering a blanket hardship exception. It sounded like the FAQ released by CMS in October would allow CMS to circumvent the normal rulemaking process, which could potentially make a blanket hardship exception available for providers within a more timely manner. Please let me know if you were able to confirm that it would be feasible to push up the hardship deadline by 3 months.

We are moving quickly on the bill and greatly appreciate your feedback.

Many thanks!!

Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Yen, Lisa (CMS/OL) [mailto:Lisa.Yen@cms.hhs.gov]

Sent: Wednesday, November 25, 2015 11:31 AM

To: DiBlasio, Carla

Cc: Uehlecke, Nicholas; Burney, Ira (CMS/OL) Subject: RE: Available for a quick call tomorrow?

Great – let's plan for 11:45 am. I set up a conference line – Call-in number: 1-877-267-1577 and

Meeting Number:

(b)(6)

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Wednesday, November 25, 2015 11:18 AM

To: Yen, Lisa (CMS/OL)

Cc: Uehlecke, Nicholas; Burney, Ira (CMS/OL) Subject: RE: Available for a quick call tomorrow?

Yes that sounds great. Thanks!

From: Yen, Lisa (CMS/OL) [mailto:Lisa.Yen@cms.hhs.gov]

Sent: Wednesday, November 25, 2015 11:11 AM

To: DiBlasio, Carla

Cc: Uehlecke, Nicholas; Burney, Ira (CMS/OL)
Subject: RE: Available for a quick call tomorrow?

Hi Carla – are you available after 11:30 am?

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Wednesday, November 25, 2015 10:01 AM

To: Yen, Lisa (CMS/OL) Cc: Uehlecke, Nicholas

Subject: RE: Available for a quick call tomorrow?

Thanks so much, Lisa!

From: Yen, Lisa (CMS/OL) [mailto:Lisa.Yen@cms.hhs.gov]

Sent: Wednesday, November 25, 2015 10:00 AM

To: DiBlasio, Carla

Subject: Re: Available for a quick call tomorrow?

Hi Carla - I am checking with others in OL who are familiar with this issue on their availability and will get back to you.

Thanks!

Lisa

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Tuesday, November 24, 2015 08:45 PM

To: Yen, Lisa (CMS/OL)

Subject: FW: Available for a quick call tomorrow?

Are you available for a call tomorrow, Lisa?

Thanks!

From: DiBlasio, Carla

Sent: Tuesday, November 24, 2015 8:44 PM To: 'Jennifer.Druckman@cms.hhs.gov'

Cc: Uehlecke, Nicholas

Subject: Available for a quick call tomorrow?

Hey Jennifer,

We need some immediate feedback about a tweak in the MU blanket hardship exception language. We are attempting to incorporate H.R. 3940 in the omnibus, so time is of the essence. In a nutshell, we are considering pushing up the deadline for the blanket hardship application by 3 months (from July 1st to April 1st). It would be helpful to learn more about how CMS plans to implement the blanket hardship exception in order to determine how feasible an April 1st deadline is for both providers and CMS.

I am available tomorrow morning. Let us know what time works best for you.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501



From: Shatynski, Kristen

To: Hiller, Elinor A. (CMS/OL); Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL);

Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen; Newlin,

Manda (CMS/OL); Mason, Graham

Subject: RE: call follow-up

Date: Tuesday, June 7, 2016 10:24:20 AM

Good Morning! How is the updated text coming along? Do you think you'll have something soon?

From: Shatynski, Kristen

Sent: Wednesday, June 01, 2016 10:59 AM

To: 'Hiller, Elinor A. (CMS/OL)'; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; 'Ferraina, Steven (CMS/OL)'; 'Druckman, Jennifer (CMS/OL)'; Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner,

Kristen; 'Newlin, Manda (CMS/OL)'; Mason, Graham

Subject: call follow-up

Hi All -

Thanks again for taking the time out of your day to discuss the bill text. The feedback was much appreciated!

Kristen

From: Shatynski, Kristen

Sent: Friday, May 27, 2016 9:44 AM

To: 'Hiller, Elinor A. (CMS/OL)'; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner,

Kristen; Newlin, Manda (CMS/OL); Mason, Graham

Subject: RE: Checking in - F2F bill TA

Sounds good – thank you very much!

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:44 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham **Subject:** RE: Checking in - F2F bill TA

Great. We can use the following dial in at 10am on Wednesday: WebEx: 1-877-267-1577; Meeting

Number: (b)(6)

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Friday, May 27, 2016 9:39 AM

To: Hiller, Elinor A. (CMS/OL) < <u>Elinor.Hiller@cms.hhs.gov</u>>; Levin, Sarah

<<u>Sarah.Levin@mail.house.gov</u>>; Grabert, Lisa <<u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James <<u>James.Paluskiewicz@mail.house.gov</u>>; Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>;

Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov >; Woronoff, Arielle

<a href="mail.house.g

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

Let's do 10

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:37 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham Subject: RE: Checking in - F2F bill TA

I have a conflict starting at 11:15. Could we do 10:00 or 10:30? Thanks!

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Friday, May 27, 2016 9:33 AM

To: Hiller, Elinor A. (CMS/OL) < <u>Elinor.Hiller@cms.hhs.gov</u>>; Levin, Sarah

<Sarah.Levin@mail.house.gov>; Grabert, Lisa <Lisa.Grabert@mail.house.gov>; Paluskiewicz, James

<<u>James.Paluskiewicz@mail.house.gov</u>>; Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>;

Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov >; Woronoff, Arielle

<<u>Arielle.Woronoff@mail.house.gov</u>>; Graff, Caleb <<u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda.Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

How about Wednesday morning at 11?

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:11 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham Subject: RE: Checking in - F2F bill TA

Hi Kristen,

Thanks for checking back on this. Can we find a time that works mid next week for a walk through, possibly Wednesday morning?

Elinor

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Thursday, May 26, 2016 2:17 PM

To: Levin, Sarah <<u>Sarah.Levin@mail.house.gov</u>>; Hiller, Elinor A. (CMS/OL)

<<u>Elinor.Hiller@cms.hhs.gov</u>>; Grabert, Lisa <<u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James

<<u>James.Paluskiewicz@mail.house.gov</u>>; Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>;

Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov >; Woronoff, Arielle

<a href="mail-house.g

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

Hi Elinor – any updates on this?

From: Levin, Sarah

Sent: Monday, May 16, 2016 5:25 PM

To: Shatynski, Kristen; 'Hiller, Elinor A. (CMS/OL)'; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner,

Kristen; Newlin, Manda (CMS/OL); Mason, Graham

Subject: RE: Checking in - F2F bill TA

And Elinor—to jump on this can we at some point talk with the CERT folks on their HH data? I think the Payment Accuracy group has info that is relevant here.

From: Shatynski, Kristen

Sent: Friday, May 13, 2016 11:29 AM

To: 'Hiller, Elinor A. (CMS/OL)' < Elinor. Hiller@cms.hhs.gov >; Grabert, Lisa

<Lisa.Grabert@mail.house.gov>; Paluskiewicz, James <James.Paluskiewicz@mail.house.gov>;

Ferraina, Steven (CMS/OL) < Steven. Ferraina@cms.hhs.gov >; Druckman, Jennifer (CMS/OL)

<Jennifer.Druckman@cms.hhs.gov>; Levin, Sarah <Sarah.Levin@mail.house.gov>; Woronoff, Arielle

; Graff, Caleb <

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

Hi Elinor,

Can we set up a call for next Wednesday to walk through the technical comments? We were looking for some clarification on section 2 and also had some questions about the funding in section 3.

Thanks!

Kristen

Kristen Shatynski, Ph.D.

Legislative Assistant
Office of Representative Greg Walden
2185 Rayburn House Office Building
202-225-6730

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

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Manda (CMS/OL)

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All,

Please find attached a clean version of technical comments on the language shared with us, providing one possible approach to achieve what we understand to be the desired intent. This does not represent an Administration position on the legislative language. We are happy to discuss. Please let me know if you have questions.

Thanks!

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Cc: Ferraina, Steven (CMS/OL) < <u>Steven.Ferraina@cms.hhs.gov</u>>; Druckman, Jennifer (CMS/OL)

<<u>Jennifer.Druckman@cms.hhs.gov</u>>; Dupee, Jennifer <<u>Jennifer.Dupee@mail.house.gov</u>>; Levin,

Sarah <<u>Sarah.Levin@mail.house.gov</u>>; Woronoff, Arielle <<u>Arielle.Woronoff@mail.house.gov</u>>; Simonelli, Adrianna <<u>Adrianna.Simonelli@mail.house.gov</u>>; Graff, Caleb

Caleb.Graff@mail.house.gov; DiBlasio, Carla Caleb.Graff@mail.house.gov; Sanchez, Monica

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Date: Friday, April 8, 2016 9:53 AM

To: "Paluskiewicz, James" < <u>James.Paluskiewicz@mail.house.gov</u>>, "Shatynski, Kristen" < <u>Kristen.Shatynski@mail.house.gov</u>>

Cc: "Ferraina, Steven (CMS/OL)" < Steven.Ferraina@cms.hhs.gov>, "Druckman, Jennifer (CMS/OL)" < Jennifer.Druckman@cms.hhs.gov>, "Dupee, Jennifer" < Jennifer.Dupee@mail.house.gov>, Lisa Grabert < lisa.grabert@mail.house.gov>, "Levin, Sarah" < Sarah.Levin@mail.house.gov>, "Woronoff, Arielle" < Arielle.Woronoff@mail.house.gov>, "Simonelli, Adrianna" < Adrianna.Simonelli@mail.house.gov>, "Graff, Caleb" < Caleb.Graff@mail.house.gov>, "DiBlasio, Carla" < Carla.Diblasio@mail.house.gov>, "Sanchez, Monica" < Monica.Sanchez@mail.house.gov>, "Donheffner, Kristen" < Kristen.Donheffner@mail.house.gov>, "Newlin, Manda (CMS/OL)"

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<Manda.Newlin@cms.hhs.gov>

Thanks for checking in, JP and Kristen. We hope to have something for you very soon.

Elinor

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Sent: Thursday, April 7, 2016 1:13 PM

To: Shatynski, Kristen < Kristen & (CMS/OL) < Elinor.Hiller@cms.hhs.gov

Cc: Ferraina, Steven (CMS/OL) < Steven.Ferraina@cms.hhs.gov>; Druckman, Jennifer (CMS/OL) < Jennifer.Druckman@cms.hhs.gov>; Dupee, Jennifer.Dupee@mail.house.gov>; Grabert, Lisa < Lisa.Grabert@mail.house.gov>; Levin, Sarah < Sarah.Levin@mail.house.gov>; Woronoff, Arielle < Arielle.Woronoff@mail.house.gov>; Simonelli, Adrianna < Adrianna.Simonelli@mail.house.gov>; Graff, Caleb < Caleb.Graff@mail.house.gov>; DiBlasio, Carla < Carla.Diblasio@mail.house.gov>; Sanchez, Monica < Monica.Sanchez@mail.house.gov>; Donheffner, Kristen < Kristen.Donheffner@mail.house.gov>; Newlin, Manda (CMS/OL) < Manda.Newlin@cms.hhs.gov>

Subject: RE: Checking in - F2F bill TA

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Sent: Thursday, April 07, 2016 1:01 PM

To: Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla; Sanchez, Monica; Donheffner, Kristen; Newlin, Manda (CMS/OL)

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move things along would be great.

As always, thanks for your help!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730

From: Shatynski, Kristen

Sent: Friday, March 04, 2016 11:52 AM

To: Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla;

Donheffner, Kristen; Newlin, Manda (CMS/OL)

Subject: Checking in - F2F bill TA

Hi Elinor,

Hope you're doing well. I wanted to check in on the status of the written TA for the F2F draft bill. Do you have any updates?

Thanks!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730

From: Shatynski, Kristen

To: Hiller, Elinor A. (CMS/OL); Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL);

Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen; Newlin,

Manda (CMS/OL); Mason, Graham

Subject: RE: call follow-up

Date: Tuesday, June 7, 2016 10:24:20 AM

Good Morning! How is the updated text coming along? Do you think you'll have something soon?

From: Shatynski, Kristen

Sent: Wednesday, June 01, 2016 10:59 AM

To: 'Hiller, Elinor A. (CMS/OL)'; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; 'Ferraina, Steven (CMS/OL)'; 'Druckman, Jennifer (CMS/OL)'; Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner,

Kristen; 'Newlin, Manda (CMS/OL)'; Mason, Graham

Subject: call follow-up

Hi All -

Thanks again for taking the time out of your day to discuss the bill text. The feedback was much appreciated!

Kristen

From: Shatynski, Kristen

Sent: Friday, May 27, 2016 9:44 AM

To: 'Hiller, Elinor A. (CMS/OL)'; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner,

Kristen; Newlin, Manda (CMS/OL); Mason, Graham

Subject: RE: Checking in - F2F bill TA

Sounds good – thank you very much!

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:44 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham Subject: RE: Checking in - F2F bill TA

Great. We can use the following dial in at 10am on Wednesday: WebEx:

Number: (b)(6)

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Friday, May 27, 2016 9:39 AM

To: Hiller, Elinor A. (CMS/OL) < <u>Elinor.Hiller@cms.hhs.gov</u>>; Levin, Sarah

<<u>Sarah.Levin@mail.house.gov</u>>; Grabert, Lisa <<u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James <<u>James.Paluskiewicz@mail.house.gov</u>>; Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>; Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov >; Woronoff, Arielle

<a href="mail.house.g

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

Let's do 10

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:37 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham Subject: RE: Checking in - F2F bill TA

I have a conflict starting at 11:15. Could we do 10:00 or 10:30? Thanks!

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Friday, May 27, 2016 9:33 AM

To: Hiller, Elinor A. (CMS/OL) < <u>Elinor.Hiller@cms.hhs.gov</u>>; Levin, Sarah

<Sarah.Levin@mail.house.gov>; Grabert, Lisa <Lisa.Grabert@mail.house.gov>; Paluskiewicz, James

<<u>James.Paluskiewicz@mail.house.gov</u>>; Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>;

Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov >; Woronoff, Arielle

<<u>Arielle.Woronoff@mail.house.gov</u>>; Graff, Caleb <<u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda.Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

How about Wednesday morning at 11?

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:11 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham Subject: RE: Checking in - F2F bill TA

Hi Kristen,

Thanks for checking back on this. Can we find a time that works mid next week for a walk through, possibly Wednesday morning?

Elinor

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Thursday, May 26, 2016 2:17 PM

To: Levin, Sarah <<u>Sarah.Levin@mail.house.gov</u>>; Hiller, Elinor A. (CMS/OL)

<<u>Elinor.Hiller@cms.hhs.gov</u>>; Grabert, Lisa <<u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James

<<u>James.Paluskiewicz@mail.house.gov</u>>; Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>;

Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov >; Woronoff, Arielle

<a href="mail-house.g

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

Hi Elinor – any updates on this?

From: Levin, Sarah

Sent: Monday, May 16, 2016 5:25 PM

To: Shatynski, Kristen; 'Hiller, Elinor A. (CMS/OL)'; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner,

Kristen; Newlin, Manda (CMS/OL); Mason, Graham

Subject: RE: Checking in - F2F bill TA

And Elinor—to jump on this can we at some point talk with the CERT folks on their HH data? I think the Payment Accuracy group has info that is relevant here.

From: Shatynski, Kristen

Sent: Friday, May 13, 2016 11:29 AM

To: 'Hiller, Elinor A. (CMS/OL)' < Elinor. Hiller@cms.hhs.gov >; Grabert, Lisa

<Lisa.Grabert@mail.house.gov>; Paluskiewicz, James <James.Paluskiewicz@mail.house.gov>;

Ferraina, Steven (CMS/OL) < Steven. Ferraina@cms.hhs.gov >; Druckman, Jennifer (CMS/OL)

<Jennifer.Druckman@cms.hhs.gov>; Levin, Sarah <Sarah.Levin@mail.house.gov>; Woronoff, Arielle

; Graff, Caleb <

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov >; Mason, Graham

<<u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

Hi Elinor,

Can we set up a call for next Wednesday to walk through the technical comments? We were looking for some clarification on section 2 and also had some questions about the funding in section 3.

Thanks!

Kristen

Kristen Shatynski, Ph.D.

Legislative Assistant
Office of Representative Greg Walden
2185 Rayburn House Office Building
202-225-6730

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Thursday, April 28, 2016 2:03 PM

To: Grabert, Lisa; Paluskiewicz, James; Shatynski, Kristen

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla; Sanchez, Monica; Donheffner, Kristen; Newlin,

Manda (CMS/OL)

Subject: RE: Checking in - F2F bill TA

All,

Please find attached a clean version of technical comments on the language shared with us, providing one possible approach to achieve what we understand to be the desired intent. This does not represent an Administration position on the legislative language. We are happy to discuss. Please let me know if you have questions.

Thanks!

Elinor

From: Grabert, Lisa [mailto:Lisa.Grabert@mail.house.gov]

Sent: Tuesday, April 26, 2016 3:49 PM

To: Hiller, Elinor A. (CMS/OL) < <u>Elinor.Hiller@cms.hhs.gov</u>>; Paluskiewicz, James

<<u>James.Paluskiewicz@mail.house.gov</u>>; Shatynski, Kristen <<u>Kristen.Shatynski@mail.house.gov</u>>

Cc: Ferraina, Steven (CMS/OL) < <u>Steven.Ferraina@cms.hhs.gov</u>>; Druckman, Jennifer (CMS/OL)

<<u>Jennifer.Druckman@cms.hhs.gov</u>>; Dupee, Jennifer <<u>Jennifer.Dupee@mail.house.gov</u>>; Levin,

Sarah <<u>Sarah.Levin@mail.house.gov</u>>; Woronoff, Arielle <<u>Arielle.Woronoff@mail.house.gov</u>>; Simonelli, Adrianna <<u>Adrianna.Simonelli@mail.house.gov</u>>; Graff, Caleb

Caleb.Graff@mail.house.gov; DiBlasio, Carla Caleb.Graff@mail.house.gov; Sanchez, Monica

<Monica.Sanchez@mail.house.gov>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>;

Newlin, Manda (CMS/OL) < Manda. Newlin@cms.hhs.gov>

Subject: Re: Checking in - F2F bill TA

Hi Elinor,

I am checking-in on the progress for TA, on behalf of the W&M. Thanks!

Lisa

From: <Hiller>, "Elinor A. (CMS/OL)" <<u>Elinor.Hiller@cms.hhs.gov</u>>

Date: Friday, April 8, 2016 9:53 AM

To: "Paluskiewicz, James" < <u>James.Paluskiewicz@mail.house.gov</u>>, "Shatynski, Kristen" < <u>Kristen.Shatynski@mail.house.gov</u>>

Cc: "Ferraina, Steven (CMS/OL)" < Steven.Ferraina@cms.hhs.gov>, "Druckman, Jennifer (CMS/OL)" < Jennifer.Druckman@cms.hhs.gov>, "Dupee, Jennifer" < Jennifer.Dupee@mail.house.gov>, Lisa Grabert < lisa.grabert@mail.house.gov>, "Levin, Sarah" < Sarah.Levin@mail.house.gov>, "Woronoff, Arielle" < Arielle.Woronoff@mail.house.gov>, "Simonelli, Adrianna" < Adrianna.Simonelli@mail.house.gov>, "Graff, Caleb" < Caleb.Graff@mail.house.gov>, "DiBlasio, Carla" < Carla.Diblasio@mail.house.gov>, "Sanchez, Monica" < Monica.Sanchez@mail.house.gov>, "Donheffner, Kristen" < Kristen.Donheffner@mail.house.gov>, "Newlin, Manda (CMS/OL)"

Subject: RE: Checking in - F2F bill TA

<Manda.Newlin@cms.hhs.gov>

Thanks for checking in, JP and Kristen. We hope to have something for you very soon.

Elinor

From: Paluskiewicz, James [mailto:James.Paluskiewicz@mail.house.gov]

Sent: Thursday, April 7, 2016 1:13 PM

To: Shatynski, Kristen < Kristen & (CMS/OL) < Elinor.Hiller@cms.hhs.gov

Cc: Ferraina, Steven (CMS/OL) < Steven.Ferraina@cms.hhs.gov>; Druckman, Jennifer (CMS/OL) < Jennifer.Druckman@cms.hhs.gov>; Dupee, Jennifer.Dupee@mail.house.gov>; Grabert, Lisa < Lisa.Grabert@mail.house.gov>; Levin, Sarah < Sarah.Levin@mail.house.gov>; Woronoff, Arielle < Arielle.Woronoff@mail.house.gov>; Simonelli, Adrianna < Adrianna.Simonelli@mail.house.gov>; Graff, Caleb < Caleb.Graff@mail.house.gov>; DiBlasio, Carla < Carla.Diblasio@mail.house.gov>; Sanchez, Monica < Monica.Sanchez@mail.house.gov>; Donheffner, Kristen < Kristen.Donheffner@mail.house.gov>; Newlin, Manda (CMS/OL) < Manda.Newlin@cms.hhs.gov>

Subject: RE: Checking in - F2F bill TA

Yes, Elinor thank you for all your hard work on this. This remains something that is very much on our radar screen if we can get agreement, so anything you can provide to us is much appreciated realizing the time constraints that we face this session! JP

From: Shatynski, Kristen

Sent: Thursday, April 07, 2016 1:01 PM

To: Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla; Sanchez, Monica; Donheffner, Kristen; Newlin, Manda (CMS/OL)

Subject: RE: Checking in - F2F bill TA

Hi Elinor,

Checking in again. I appreciated talking to you a little while back and definitely understand the nuances of the settlement language, but we just want to make sure that there's plenty of time to clean up the bill text. We've got about 45 legislative days left, so anything you could do to

move things along would be great.

As always, thanks for your help!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730

From: Shatynski, Kristen

Sent: Friday, March 04, 2016 11:52 AM

To: Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla;

Donheffner, Kristen; Newlin, Manda (CMS/OL)

Subject: Checking in - F2F bill TA

Hi Elinor,

Hope you're doing well. I wanted to check in on the status of the written TA for the F2F draft bill. Do you have any updates?

Thanks!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730

From: <u>Druckman, Jennifer (CMS/OL)</u>

To: "DiBlasio, Carla"

Cc: Uehlecke, Nicholas; Burney, Ira (CMS/OL); Eric J. Knickrehm (CMS/OL) (Eric.Knickrehm@cms.hhs.gov);

Robinson, William (CMS/OL)

Subject: RE: Follow-up re: early deadline for MU hardship exception

Date: Tuesday, December 1, 2015 2:45:00 PM

Attachments: image001.png

image002.png image003.png image004.png image005.png

Hi Carla,

We've checked in with folks and it seems we would be able to implement a shorter hardship exception period. However, a shorter period will result in less time for eligible professionals to apply for the hardship exception which could lead to fewer applications for the exception.

We'll need to go through notice and comment rulemaking to define the term "blanket exception."

We also have one technical comment that we recently received that we want to bring to your attention. The language refers to the "EHR reporting period", however, we have received input that the language should actually refer to the payment adjustment year (for the 2017 payment adjustment, the EHR reporting year is 2015). The reason is that the hardship exception is only needed for a payment adjustment, so it is only granted for payment adjustment years. With this new comment, the language would read this way:

Sections 1848(a)(7)(B) and 1886(b)(3)(B)(ix)(II) of the Social Security Act (42 U.S.C. 1395w–4(a)(7)(B), 1395ww(b)(3)(B)(ix)(II)) are each amended by inserting respectively, "(or through a blanket exception with respect to the 2015 EHR Reporting Period payment adjustment under subparagraph (A) for 2017)" and "(or through a blanket exception with respect to the payment adjustment under subclause (I) for fiscal year 2017", after "on a case-by-case basis".

Please let me know if you have any questions. These technical comments are in response to your request and do not reflect an Administration position on this language.

Thanks, Jennifer

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Tuesday, December 1, 2015 11:21 AM

To: Yen, Lisa (CMS/OL)

Cc: Uehlecke, Nicholas; Burney, Ira (CMS/OL); Druckman, Jennifer (CMS/OL)

Subject: Follow-up re: early deadline for MU hardship exception

Hi all -

I hope you had a wonderful Thanksgiving holiday. I wanted to check in with you to determine

whether you had a chance to confirm with operations and your legal dept on the feasibility of pushing up the deadline for MU hardship applications by 3 months (from July 1st to April 1st)?

Based on our phone call on November 25th, you thought this would be feasible even when you take into account the possibility of offering a blanket hardship exception. It sounded like the FAQ released by CMS in October would allow CMS to circumvent the normal rulemaking process, which could potentially make a blanket hardship exception available for providers within a more timely manner. Please let me know if you were able to confirm that it would be feasible to push up the hardship deadline by 3 months.

We are moving quickly on the bill and greatly appreciate your feedback.

Many thanks!!

Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501



From: Yen, Lisa (CMS/OL) [mailto:Lisa.Yen@cms.hhs.gov]

Sent: Wednesday, November 25, 2015 11:31 AM

To: DiBlasio, Carla

Cc: Uehlecke, Nicholas; Burney, Ira (CMS/OL)
Subject: RE: Available for a quick call tomorrow?

Great – let's plan for 11:45 am. I set up a conference line – Call-in number: (b)(6)

Meeting Number (b)(6)

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Wednesday, November 25, 2015 11:18 AM

To: Yen, Lisa (CMS/OL)

Cc: Uehlecke, Nicholas; Burney, Ira (CMS/OL) Subject: RE: Available for a quick call tomorrow?

Yes that sounds great. Thanks!

From: Yen, Lisa (CMS/OL) [mailto:Lisa.Yen@cms.hhs.gov]

Sent: Wednesday, November 25, 2015 11:11 AM

To: DiBlasio, Carla

Cc: Uehlecke, Nicholas; Burney, Ira (CMS/OL) Subject: RE: Available for a quick call tomorrow?

Hi Carla – are you available after 11:30 am?

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Wednesday, November 25, 2015 10:01 AM

To: Yen, Lisa (CMS/OL) Cc: Uehlecke, Nicholas

Subject: RE: Available for a quick call tomorrow?

Thanks so much, Lisa!

From: Yen, Lisa (CMS/OL) [mailto:Lisa.Yen@cms.hhs.gov]

Sent: Wednesday, November 25, 2015 10:00 AM

To: DiBlasio, Carla

Subject: Re: Available for a quick call tomorrow?

Hi Carla - I am checking with others in OL who are familiar with this issue on their availability and will get back to you.

Thanks!

Lisa

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Tuesday, November 24, 2015 08:45 PM

To: Yen, Lisa (CMS/OL)

Subject: FW: Available for a quick call tomorrow?

Are you available for a call tomorrow, Lisa?

Thanks!

From: DiBlasio, Carla

Sent: Tuesday, November 24, 2015 8:44 PM To: 'Jennifer.Druckman@cms.hhs.gov'

Cc: Uehlecke, Nicholas

Subject: Available for a quick call tomorrow?

Hey Jennifer,

We need some immediate feedback about a tweak in the MU blanket hardship exception language. We are attempting to incorporate H.R. 3940 in the omnibus, so time is of the essence. In a nutshell, we are considering pushing up the deadline for the blanket hardship application by 3 months (from July 1st to April 1st). It would be helpful to learn more about how CMS plans to implement the blanket hardship exception in order to determine how feasible an April 1st deadline is for both providers and CMS.

I am available tomorrow morning. Let us know what time works best for you.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: OToole, Meghan (CMS/OL)

To: DiBlasio, Carla; Burney, Ira (CMS/OL)

Cc: jordan bartolomeo@isakson.senate.gov; Street, Amanda; Graff, Caleb; Druckman, Jennifer (CMS/OL)

Subject: RE: Follow-up to Yesterday"s Conversation Date: Wednesday, June 29, 2016 12:15:00 PM

We can use this call-in number at 2 pm.

(b)(6)

Meeting Number: (b)(6)

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Wednesday, June 29, 2016 11:13 AM

To: Burney, Ira (CMS/OL) <ira.burney@cms.hhs.gov>

Cc: jordan_bartolomeo@isakson.senate.gov; Street, Amanda <Amanda.Street@mail.house.gov>;

Graff, Caleb < Caleb. Graff@mail.house.gov>; Druckman, Jennifer (CMS/OL)

<Jennifer.Druckman@cms.hhs.gov>; OToole, Meghan (CMS/OL) <Meghan.OToole@cms.hhs.gov>

Subject: RE: Follow-up to Yesterday's Conversation

Thanks so much, Ira!

Let's do 2:00 pm.

From: Burney, Ira (CMS/OL) [mailto:ira.burney@cms.hhs.gov]

Sent: Wednesday, June 29, 2016 11:02 AM

To: DiBlasio, Carla

Cc: jordan_bartolomeo@isakson.senate.gov; Street, Amanda; Graff, Caleb; Druckman, Jennifer

(CMS/OL); OToole, Meghan (CMS/OL)

Subject: Re: Follow-up to Yesterday's Conversation

Sorry, meant to respond last night but juggling schedule. How about a call at 2 or 3 pm today?

On Jun 29, 2016, at 10:50 AM, DiBlasio, Carla < Carla. Diblasio@mail.house.gov> wrote:

Sorry to be a pest. Any chance we can do a quick call on this?

We are really under the gun to hit a tough deadline, so we greatly appreciate all of your help!

Thanks so much!

From: DiBlasio, Carla

Sent: Tuesday, June 28, 2016 10:00 PM

To: 'Burney, Ira (CMS/OL)'; 'jordan bartolomeo@isakson.senate.gov'; Street, Amanda;

Graff, Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: RE: Follow-up to Yesterday's Conversation

Thanks again, Ira.

I took a look at your helpful notes. I have a couple questions, and I'm sure my colleagues may have questions, as well.

Do you have time for a follow-up call tomorrow?

Thanks so much! Carla

From: Burney, Ira (CMS/OL) [mailto:ira.burney@cms.hhs.gov]

Sent: Tuesday, June 28, 2016 6:40 PM

To: DiBlasio, Carla; 'iordan_bartolomeo@isakson.senate.gov'; Street, Amanda; Graff, Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: RE: Follow-up to Yesterday's Conversation

We've thought about your questions about language and the diagnosis codes you sent. Attached are some thoughts. Please let us know if you would like to discuss.

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Tuesday, June 28, 2016 4:36 PM

To: Burney, Ira (CMS/OL); 'jordan bartolomeo@isakson.senate.gov'; Street, Amanda;

Graff, Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: RE: Follow-up to Yesterday's Conversation

Hey all,

My apologies for multiple emails today. However, I just got off the phone with the W&M Committee and learned that we need to finalize this language by COB *this Thursday*, in order to introduce it during the pro forma session this Friday at 9:00 am, in time for the W&M markup early next week. Our sincere apologies for this challenging timeline - we were taken by surprise ourselves. We also still need to circle back with CBO before introduction on Friday.

Any feedback you can provide at your earliest convenience would be greatly appreciated.

Thanks so much!!

Carla

From: DiBlasio, Carla

Sent: Tuesday, June 28, 2016 12:47 PM

To: 'Burney, Ira (CMS/OL)'; 'jordan bartolomeo@isakson.senate.gov'; Street, Amanda;

Graff, Caleb

Cc: 'Druckman, Jennifer (CMS/OL)'; 'OToole, Meghan (CMS/OL)'

Subject: RE: Follow-up to Yesterday's Conversation

Good afternoon,

I've attached the complete list of codes that the relevant facilities commonly use, intended for inclusion in the language. This is a lengthy list. What are your thoughts on this list of codes? And how do you recommend we incorporate this lengthy list into our language?

Many thanks for your helpful feedback.

From: DiBlasio, Carla

Sent: Friday, June 24, 2016 7:20 PM

To: 'Burney, Ira (CMS/OL)'; jordan bartolomeo@isakson.senate.gov; Street, Amanda;

Graff, Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: RE: Follow-up to Yesterday's Conversation

Thanks so much, Ira!

Wow, this is a lot of codes. Thanks for taking the time to do this. The cost reporting for one facility starts in October and another starts in April.

You mentioned that you're not confident that the current language would include only the intended hospitals and that the intended hospitals would be able to meet the requirements. We would like to do everything we can to tighten up the language so it captures these facilities, and we welcome any additional recommendations you may have.

Have a wonderful weekend!

Carla DiBlasio
Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501

From: Burney, Ira (CMS/OL) [mailto:ira.burney@cms.hhs.gov]

Sent: Friday, June 24, 2016 5:25 PM

To: DiBlasio, Carla; jordan_bartolomeo@isakson.senate.gov; Street, Amanda; Graff, Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: Follow-up to Yesterday's Conversation

We took a quick look at the diagnosis codes that could fit under "catastrophic spinal cord or acquired brain injuries or other paralyzing neuromuscular conditions."

We have initially looked at ICD-9 codes since those codes would seem to apply

for cost reporting periods beginning during FY 2015. However, since the ICD-10 codes were implemented for services furnished beginning with October 1, 2015, it is possible that ICD-10 codes might also have to be looked at (or the base period moved to a year earlier to avoid this issue). Do you know when the cost reporting period begins for the targeted facilities?

We have not run these ICD-9 codes by the program experts yet, but wanted to get something to you today. The codes are listed below, and it is possible that other codes could also apply. It would be a rulemaking issue for the Secretary to identify the specific diagnosis codes that would fit under these conditions.

We are not confident that the current language would include only the intended hospitals and that the intended hospitals would be able to meet the requirements.

Catastrophic spinal cord:

```
806 Fracture of vertebral column with spinal cord injury
806.0 Closed fracture of cervical vertebra with spinal cord injury
       806.00 Closed fracture of C1-C4 level with unspecified spinal cord injury
       806.01 Closed fracture of C1-C4 level with complete lesion of cord
       806.02 Closed fracture of C1-C4 level with anterior cord syndrome
       806.03 Closed fracture of C1-C4 level with central cord syndrome
       806.04 Closed fracture of C1-C4 level with other specified spinal cord injury
       806.05 Closed fracture of C5-C7 level with unspecified spinal cord injury
       806.06 Closed fracture of C5-C7 level with complete lesion of cord
       806.07 Closed fracture of C5-C7 level with anterior cord syndrome
       806.08 Closed fracture of C5-C7 level with central cord syndrome
       806.09 Closed fracture of C5-C7 level with other specified spinal cord injury
806.1 Open fracture of cervical vertebra with spinal cord injury
       806.10 Open fracture of C1-C4 level with unspecified spinal cord injury
       806.11 Open fracture of C1-C4 level with complete lesion of cord
       806.12 Open fracture of C1-C4 level with anterior cord syndrome
       806.13 Open fracture of C1-C4 level with central cord syndrome
        806.14 Open fracture of C1-C4 level with other specified spinal cord injury
       806.15 Open fracture of C5-C7 level with unspecified spinal cord injury
       806.16 Open fracture of C5-C7 level with complete lesion of cord
       806.17 Open fracture of C5-C7 level with anterior cord syndrome
       806.18 Open fracture of C5-C7 level with central cord syndrome
       806.19 Open fracture of C5-C7 level with other specified spinal cord injury
806.2 Closed fracture of dorsal vertebra with spinal cord injury
       806.20 Closed fracture of T1-T6 level with unspecified spinal cord injury
       806.21 Closed fracture of T1-T6 level with complete lesion of cord
       806.22 Closed fracture of T1-T6 level with anterior cord syndrome
       806.23 Closed fracture of T1-T6 level with central cord syndrome
       806.24 Closed fracture of T1-T6 level with other specified spinal cord injury
       806.25 Closed fracture of T7-T12 level with unspecified spinal cord injury
```

806.26 Closed fracture of T7-T12 level with complete lesion of cord 806.27 Closed fracture of T7-T12 level with anterior cord syndrome

806.28 Closed fracture of T7-T12 level with central cord syndrome

806.29 Closed fracture of T7-T12 level with other specified spinal cord injury

806.3 Open fracture of dorsal vertebra with spinal cord injury

806.30 Open fracture of T1-T6 level with unspecified spinal cord injury

806.31 Open fracture of T1-T6 level with complete lesion of cord

806.32 Open fracture of T1-T6 level with anterior cord syndrome

806.33 Open fracture of T1-T6 level with central cord syndrome

806.34 Open fracture of T1-T6 level with other specified spinal cord injury

806.35 Open fracture of T7-T12 level with unspecified spinal cord injury

806.36 Open fracture of T7-T12 level with complete lesion of cord

806.37 Open fracture of T7-T12 level with anterior cord syndrome

806.38 Open fracture of T7-T12 level with central cord syndrome

806.39 Open fracture of T7-T12 level with other specified spinal cord injury

806.4 Closed fracture of lumbar spine with spinal cord injury

806.5 Open fracture of lumbar spine with spinal cord injury

806.6 Closed fracture of sacrum and coccyx with spinal cord injury

806.60 Closed fracture of sacrum and coccyx with unspecified spinal cord injury

806.61 Closed fracture of sacrum and coccyx with complete cauda equina lesion

806.62 Closed fracture of sacrum and coccyx with other cauda equina injury

806.69 Closed fracture of sacrum and coccyx with other spinal cord injury

806.7 Open fracture of sacrum and coccyx with spinal cord injury

806.70 Open fracture of sacrum and coccyx with unspecified spinal cord injury

806.71 Open fracture of sacrum and coccyx with complete cauda equina lesion

806.72 Open fracture of sacrum and coccyx with other cauda equina injury

806.79 Open fracture of sacrum and coccyx with other spinal cord injury

806.8 Closed fracture of unspecified vertebral column with spinal cord injury

806.9 Open fracture of unspecified vertebral column with spinal cord injury

952 Spinal cord injury without evidence of spinal bone injury

952.0 Cervical spinal cord injury without evidence of spinal bone injury

952.1 Dorsal (thoracic) spinal cord injury without evidence of spinal bone injury

952.2 Lumbar spinal cord injury without evidence of spinal bone injury

952.3 Sacral spinal cord injury without evidence of spinal bone injury convert

952.4 Cauda equina spinal cord injury without evidence of spinal bone injury

952.8 Multiple sites of spinal cord injury without evidence of spinal bone injury

952.9 Unspecified site of spinal cord injury without evidence of spinal bone injury

Acquired brain injuries:

854 Intracranial injury of other and unspecified nature

854.0 Intracranial injury of other and unspecified nature without mention of open intracranial wound

854.00 Intracranial injury of other and unspecified nature without mention of open intracranial wound, unspecified state of consciousness

854.01 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with no loss of consciousness
854.02 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with brief [less than one hour] loss of consciousness
854.03 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with moderate [1-24 hours] loss of consciousness
854.04 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level
854.05 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with prolonged [more than 24 hours] loss of consciousness without return to pre-existing conscious level
854.06 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with loss of consciousness of unspecified duration
854.09 Intracranial injury of other and unspecified nature without mention of

854.1 Intracranial injury of other and unspecified nature with open intracranial wound 854.10 Intracranial injury of other and unspecified nature with open intracranial wound, unspecified state of consciousness 854.11 Intracranial injury of other and unspecified nature with open intracranial wound, with no loss of consciousness 854.12 Intracranial injury of other and unspecified nature with open intracranial wound, with brief [less than one hour] loss of consciousness 854.13 Intracranial injury of other and unspecified nature with open intracranial wound, with moderate [1-24 hours] loss of consciousness 854.14 Intracranial injury of other and unspecified nature with open intracranial wound, with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level 854.15 Intracranial injury of other and unspecified nature with open intracranial wound, with prolonged [more than 24 hours] loss of consciousness without return to pre-existing conscious level 854.16 Intracranial injury of other and unspecified nature with open intracranial wound, with loss of consciousness of unspecified duration 854.19 Intracranial injury of other and unspecified nature with open intracranial wound, with concussion, unspecified

open intracranial wound, with concussion, unspecified

348 Other conditions of brain

348.0 Cerebral cysts

348.1 Anoxic brain damage

348.2 Benign intracranial hypertension

348.3 Encephalopathy, not elsewhere classified

348.30 Encephalopathy, unspecified

348.31 Metabolic encephalopathy

348.39 Other encephalopathy

348.4 Compression of brain

- 348.5 Cerebral edema
- 348.8 Other conditions of brain
 - 348.81 Temporal sclerosis
 - 348.82 Brain death
 - 348.89 Other conditions of brain
- 348.9 Unspecified condition of brain

349 Other and unspecified disorders of the nervous system

- 349.0 Reaction to spinal or lumbar puncture
- 349.1 Nervous system complications from surgically implanted device
- 349.2 Disorders of meninges, not elsewhere classified
- 349.3 Dural tear
 - 349.31 Accidental puncture or laceration of dura during a procedure
 - 349.39 Other dural tear
- 349.8 Other specified disorders of nervous system
 - 349.81 Cerebrospinal fluid rhinorrhea
 - 349.82 Toxic encephalopathy
 - 349.89 Other specified disorders of nervous system
- 349.9 Unspecified disorders of nervous system

Other paralyzing neuromuscular conditions:

330 Cerebral degenerations usually manifest in childhood

- 330.0 Leukodystrophy
- 330.1 Cerebral lipidoses
- 330.2 Cerebral degeneration in generalized lipidoses
- 330.3 Cerebral degeneration of childhood in other diseases classified elsewhere
- 330.8 Other specified cerebral degenerations in childhood
- 330.9 Unspecified cerebral degeneration in childhood

332 Parkinson's disease

- 332.0 Paralysis agitans
- 332.1 Secondary parkinsonism

336 Other diseases of spinal cord

- 336.0 Syringomyelia and syringobulbia
- 336.1 Vascular myelopathies
- 336.2 Subacute combined degeneration of spinal cord in diseases classified elsewhere
- 336.3 Myelopathy in other diseases classified elsewhere
- 336.8 Other myelopathy
- 336.9 Unspecified disease of spinal cord

340 Multiple sclerosis

341 Other demyelinating diseases of central nervous system

- 341.0 Neuromyelitis optica
- 341.1 Schilder's disease
- 341.2 Acute (transverse) myelitis
 - 341.20 Acute (transverse) myelitis NOS
 - 341.21 Acute (transverse) myelitis in conditions classified elsewhere
 - 341.22 Idiopathic transverse myelitis
- 341.8 Other demyelinating diseases of central nervous system
- 341.9 Demyelinating disease of central nervous system, unspecified

344 Other paralytic syndromes

- 344.0 Quadriplegia and quadraparesis
 - 344.00 Quadriplegia, unspecified
 - 344.01 Quadriplegia, C1-C4, complete
 - 344.02 Quadriplegia, C1-C4, incomplete
 - 344.03 Quadriplegia, C5-C7, complete
 - 344.04 Quadriplegia, C5-C7, incomplete
 - 344.09 Other quadriplegia
- 344.1 Paraplegia
- 344.2 Diplegia of upper limbs
- 344.3 Monoplegia of lower limb
 - 344.30 Monoplegia of lower limb affecting unspecified side
 - 344.31 Monoplegia of lower limb affecting dominant side
 - 344.32 Monoplegia of lower limb affecting nondominant side
- 344.4 Monoplegia of upper limb
 - 344.40 Monoplegia of upper limb affecting unspecified side
 - 344.41 Monoplegia of upper limb affecting dominant side
 - 344.42 Monoplegia of upper limb affecting nondominant sde
- 344.5 Unspecified monoplegia
- 344.6 Cauda equina syndrome
 - 344.60 Cauda equina syndrome without mention of neurogenic bladder
 - 344.61 Cauda equina syndrome with neurogenic bladder
- 344.8 Other specified paralytic syndromes
 - 344.81 Locked-in state
 - 344.89 Other specified paralytic syndrome
- 344.9 Paralysis, unspecified

From: Druckman, Jennifer (CMS/OL)

To: "Street, Amanda"; "Graff, Caleb"; "DiBlasio, Carla"

Cc: Chadwick, Alpheus K. (CMS/OL); OToole, Meghan (CMS/OL); Newlin, Manda (CMS/OL)

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Date: Monday, August 22, 2016 2:49:00 PM

Hi All,

Our Office of the Actuary is available this week for a deeper dive on the impact statement for the CJR rule. Would **Wednesday, August 24 at 4:00 pm or Thursday, August 25 at 4:00 pm** work for your schedules? Let us know.

Thanks,

Jen

From: Druckman, Jennifer (CMS/OL)

Sent: Thursday, August 18, 2016 10:38 AM

To: 'Street, Amanda' <Amanda.Street@mail.house.gov>; Graff, Caleb

<Caleb.Graff@mail.house.gov>; DiBlasio, Carla <Carla.Diblasio@mail.house.gov>

Cc: Chadwick, Alpheus K. (CMS/OL) <Alpheus.Chadwick@cms.hhs.gov>; OToole, Meghan (CMS/OL)

<Meghan.OToole@cms.hhs.gov>; Newlin, Manda (CMS/OL) <Manda.Newlin@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Hi All,

Just wanted to provide a few updates in advance of our call today. First, you had asked about the evaluation plans for the CJR model. Attached is the scope of work document for the evaluation plan. As this is an open procurement, we appreciate your discretion with this close hold document. We will have our evaluation folks available on the phone, but as the procurement is open, they won't be able to say much more than this right now.

Second, we confirmed that the Office of Actuary was involved in drafting the impact statement for the rule. The contact for that piece is out of the office until next week. I'll looking for times with him for potentially next week for you to have a deeper dive into the impact statements.

Finally, you had asked for the list of attendees, here are the folks we expect to join (other analysts may join as well):

Innovation Center

- Amy Bassano, Deputy Director of the Innovation Center
- Chris Ritter, Director of the Patient Care Models Group
- Renee Mentnech, Director of the Research and Rapid Cycle Evaluation Group

Office of Legislation

- Jen Druckman
- Meghan O'Toole

Manda Newlin

Let me know if you have any questions.

Thanks, Jen

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 11, 2016 12:45 PM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; Graff, Caleb < <u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla < <u>Carla.Diblasio@mail.house.gov</u>>

Cc: Chadwick, Alpheus K. (CMS/OL) < Alpheus.Chadwick@cms.hhs.gov >; OToole, Meghan (CMS/OL)

<<u>Meghan.OToole@cms.hhs.gov</u>>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Perfect – we really appreciate it, Jen. Have a great weekend and we'll chat next week!

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < <u>Jennifer.Druckman@cms.hhs.gov</u>>

Date: Thursday, August 11, 2016 at 12:44 PM

To: "Street, Amanda" < Amanda.Street@mail.house.gov >, "Graff, Caleb"

<<u>Caleb.Graff@mail.house.gov</u>>, "DiBlasio, Carla" <<u>Carla.Diblasio@mail.house.gov</u>>

Cc: "Chadwick, Alpheus K. (CMS/OL)" <<u>Alpheus.Chadwick@cms.hhs.gov</u>>, "OToole, Meghan (CMS/OL)" <<u>Meghan.OToole@cms.hhs.gov</u>>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

We'll try to send that to you before the call.

Thanks,

Jen

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 11, 2016 12:42 PM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; Graff, Caleb < <u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla < <u>Carla.Diblasio@mail.house.gov</u>>

Cc: Chadwick, Alpheus K. (CMS/OL) <<u>Alpheus.Chadwick@cms.hhs.gov</u>>; OToole, Meghan (CMS/OL) <<u>Meghan.OToole@cms.hhs.gov</u>>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Awesome! Thanks so much, Jen!

Is there any chance you could provide us with a list of folks who will be on the call beforehand?

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < <u>Jennifer.Druckman@cms.hhs.gov</u>>

Date: Thursday, August 11, 2016 at 12:35 PM

To: "Street, Amanda" < Amanda.Street@mail.house.gov>, "Graff, Caleb"

<<u>Caleb.Graff@mail.house.gov</u>>, "DiBlasio, Carla" <<u>Carla.Diblasio@mail.house.gov</u>>

Cc: "Chadwick, Alpheus K. (CMS/OL)" <<u>Alpheus.Chadwick@cms.hhs.gov</u>>, "OToole, Meghan

(CMS/OL)" < Meghan.OToole@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Great, we're confirmed for Thursday, August 18 at 4:30 pm.

Please dial (b)(6) and use meeting number: (b)(6)

Thanks,

Jen

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 11, 2016 12:28 PM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; Graff, Caleb < <u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla < <u>Carla.Diblasio@mail.house.gov</u>>

Cc: Chadwick, Alpheus K. (CMS/OL) <<u>Alpheus.Chadwick@cms.hhs.gov</u>>; OToole, Meghan (CMS/OL) <<u>Meghan.OToole@cms.hhs.gov</u>>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Hey Jen,

I think we can make that work - Thanks so much! Let's go ahead and get that on the schedule.

--

Amanda Street
House Budget Committee
207 Cannon House Office Building

Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov>

Date: Thursday, August 11, 2016 at 12:22 PM

To: "Street, Amanda" < Amanda.Street@mail.house.gov >, "Graff, Caleb"

<<u>Caleb.Graff@mail.house.gov</u>>, "DiBlasio, Carla" <<u>Carla.Diblasio@mail.house.gov</u>>

Cc: "Chadwick, Alpheus K. (CMS/OL)" < <u>Alpheus.Chadwick@cms.hhs.gov</u>>, "OToole, Meghan

(CMS/OL)" < Meghan.OToole@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Hi Amanda,

We've heard back from folks and unfortunately we can't make Tuesday work. Any chance that **Thursday, August 18 at 4:30 pm** might work for a call?

Thanks, Jen

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 11, 2016 10:00 AM

To: Druckman, Jennifer (CMS/OL) < ! Graff, Caleb < ! DiBlasio, Carla < Carla < Carla < Carla < <a href="mailto:Carla.Diblasio.Diblasi

Cc: Chadwick, Alpheus K. (CMS/OL) <<u>Alpheus.Chadwick@cms.hhs.gov</u>>; OToole, Meghan (CMS/OL)

<<u>Meghan.OToole@cms.hhs.gov</u>>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Hey Jen,

Thanks so much for circling back. We understand that folks are in and out during the month of August, and we really appreciate you working to make a call happen. If we could aim for Tuesday of next week, that's definitely the best day for us if that works for you all as well.

We really appreciate you sending along the links as well. We'll be sure to review them and will follow up with any additional questions.

Thanks again! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515 Main: 202-226-7270

Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov>

Date: Wednesday, August 10, 2016 at 5:45 PM

To: "Street, Amanda" < <u>Amanda.Street@mail.house.gov</u>>, "Graff, Caleb"

<a href="mail.house.g

Cc: "Chadwick, Alpheus K. (CMS/OL)" <<u>Alpheus.Chadwick@cms.hhs.gov</u>>, "OToole, Meghan

(CMS/OL)" < Meghan.OToole@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Hi Amanda.

My apologies for the delay in sending over options for a call, we're dealing with a lot of vacations and critical staff are out of the office. I expect to be in touch with times for next week. Let me know if there are particular days that are better for the group.

In the meantime, we pulled together the information that we discussed on the call last week. Below are links to the regulatory impact analysis for the CJR proposed rule and CJR final rule, as well as the CMS Actuary's Certifications for the Diabetes Prevention Program and Pioneer ACO Model, the two Innovation Center models that have met the criteria for expansion. If you have any questions about these materials, please let us know.

We'll be back in touch soon with options for a call.

Thanks, Jen

Regulatory Impact Analysis in CJR proposed rule: starting on page 103, https://www.gpo.gov/fdsys/pkg/FR-2015-07-14/pdf/2015-17190.pdf

Regulatory Impact Analysis in CJR final rule: starting on page 259, https://www.gpo.gov/fdsys/pkg/FR-2015-11-24/pdf/2015-29438.pdf

Actuary Certification for the Diabetes Prevention Program: https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf

Actuary Certification for the Pioneer ACO Model: https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Pioneer-Certification-2015-04-10.pdf

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Tuesday, August 9, 2016 9:53 AM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; Graff, Caleb < <u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla < <u>Carla.Diblasio@mail.house.gov</u>>

Cc: Chadwick, Alpheus K. (CMS/OL) <<u>Alpheus.Chadwick@cms.hhs.gov</u>>; OToole, Meghan (CMS/OL) <<u>Meghan.OToole@cms.hhs.gov</u>>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Hey Jen,

Thanks again for the call last week. We just wanted to check in and see if any progress had been made in setting up a conversation with the folks who are the leads on CJR.

Thanks so much and we'll talk to you soon! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov>

Date: Thursday, August 4, 2016 at 11:30 AM

To: "Graff, Caleb" < Caleb.Graff@mail.house.gov>, "DiBlasio, Carla"

<<u>Carla.Diblasio@mail.house.gov</u>>, "Street, Amanda" <<u>Amanda.Street@mail.house.gov</u>>

Cc: "Chadwick, Alpheus K. (CMS/OL)" <<u>Alpheus.Chadwick@cms.hhs.gov</u>>, "OToole, Meghan (CMS/OL)" <<u>Meghan.OToole@cms.hhs.gov</u>>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Great, we're confirmed for 12:30 today. Please use this number: (b)(6), ID (b)(6)

Thanks,

Jen

From: Graff, Caleb [mailto:Caleb.Graff@mail.house.gov]

Sent: Thursday, August 4, 2016 11:23 AM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; DiBlasio, Carla < <u>Carla.Diblasio@mail.house.gov</u>>; Street, Amanda < <u>Amanda.Street@mail.house.gov</u>>

Cc: Chadwick, Alpheus K. (CMS/OL) <<u>Alpheus.Chadwick@cms.hhs.gov</u>>; OToole, Meghan (CMS/OL) <<u>Meghan.OToole@cms.hhs.gov</u>>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

A call in number would be great!

Thanks!

Caleb Graff
House Budget Committee
Health Policy Advisor
Main: 202-226-7270

Direct: 202-226-7317

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Thursday, August 04, 2016 11:23 AM

To: DiBlasio, Carla < <u>Carla.Diblasio@mail.house.gov</u>>; Street, Amanda

Amanda.Street@mail.house.gov">

Cc: Chadwick, Alpheus K. (CMS/OL) < Alpheus.Chadwick@cms.hhs.gov >; Graff, Caleb

<<u>Caleb.Graff@mail.house.gov</u>>; OToole, Meghan (CMS/OL) <<u>Meghan.OToole@cms.hhs.gov</u>>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

How about at 12:30, would that work? Let me know if you would like me to get a call in number.

Thanks,

Jen

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Thursday, August 4, 2016 11:20 AM

To: Druckman, Jennifer (CMS/OL) < Jennifer.Druckman@cms.hhs.gov >; Street, Amanda

Amanda.Street@mail.house.gov">

Cc: Chadwick, Alpheus K. (CMS/OL) < Alpheus. Chadwick@cms. hhs.gov >; Graff, Caleb

<<u>Caleb.Graff@mail.house.gov</u>>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Thanks so much, Jen

Are you available to chat around 12:00 pm?

Carla DiBlasio
Senior Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Thursday, August 04, 2016 10:27 AM

To: Street, Amanda

Cc: DiBlasio, Carla; Chadwick, Alpheus K. (CMS/OL); Graff, Caleb

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Great, glad you are still on email, Amanda. Caleb, let me know when is a good time to chat.

Regards, Jennifer

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 4, 2016 10:19 AM

To: Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov>

Cc: DiBlasio, Carla < <u>Carla.Diblasio@mail.house.gov</u>>; Chadwick, Alpheus K. (CMS/OL) < <u>Alpheus.Chadwick@cms.hhs.gov</u>>; Graff, Caleb < <u>Caleb.Graff@mail.house.gov</u>>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Hey Jennifer,

Thanks so much for circling back. I'm copying my colleague Caleb as well since he's working on this as well at the committee.

Thanks again!

Amanda Street 207 Cannon House Office Building Washington, D.C. 20515

Main: 202-226-2720 Direct: 202-226-1994

On Aug 4, 2016, at 10:10 AM, Druckman, Jennifer (CMS/OL)

<Jennifer.Druckman@cms.hhs.gov> wrote:

Hi Carla,

I'm working on scheduling this and I was hoping you had a few minutes today to talk about this request so I can make sure I involve the right folks. I know that Amanda is out this week, so I was hoping you had a few minutes to discuss.

Let me know. I'm at 202-690-8062.

Thanks, Jennifer

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Friday, July 29, 2016 11:19 AM

To: Chadwick, Alpheus K. (CMS/OL) < <u>Alpheus.Chadwick@cms.hhs.gov</u>>; Howell, Cherie

A. (CMS/OL) < Cherie. Howell@cms.hhs.gov>

Cc: Graff, Caleb < Caleb.Graff@mail.house.gov >; DiBlasio, Carla

<<u>Carla.Diblasio@mail.house.gov</u>>; Beck, Gary <<u>Gary.Beck@mail.house.gov</u>>; Miranda,

Eric < Eric. Miranda@mail.house.gov>

Subject: Re: Meeting Request

Hi Cherie,

My name is Amanda Street and I work for the House Budget Committee as one of the health care advisors. I just sent Al a follow up email to one I sent yesterday afternoon, and it looks like he won't be back into the office until next week at which point I'll be heading out of town – gotta love recess!

Is there any chance that you can help us with the requests below to meet with staff that works on CMMI models and the actuary(ies) who analyze/score the models?

Many thanks! Amanda

--

Amanda Street
House Budget Committee
207 Cannon House Office Building
Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Street, Amanda" < Amanda. Street@mail.house.gov>

Date: Friday, July 29, 2016 at 10:08 AM

To: "Chadwick, Alpheus K. (CMS/OL)" < Alpheus. Chadwick@cms.hhs.gov >

Cc: "Graff, Caleb" < Caleb. Graff@mail.house.gov >, "DiBlasio, Carla"

<<u>Carla.Diblasio@mail.house.gov</u>>, "Beck, Gary" <<u>Gary.Beck@mail.house.gov</u>>,

"Miranda, Eric" < Eric. Miranda@mail.house.gov>

Subject: Re: Meeting Request

Hi Al,

I apologize for the multiple emails, but I was doing some research on CMS actuaries because we're trying to setup a meeting with Paul Spitalnic or whoever would be the lead/has worked on estimating CMMI models.

Are you able to assist us in connecting with them as well? I found an email address for

Paul and I'm happy to reach out directly, but if it's better to work through your office I'm happy to do that as well.

I am actually heading out of town next Tuesday, so if there's any way that we could identify times to meet with folks later in August between today and Tuesday that would be greatly appreciated!

Thanks so much for your assistance!

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Street, Amanda" < Amanda.Street@mail.house.gov>

Date: Thursday, July 28, 2016 at 11:43 AM

To: "Chadwick, Alpheus K. (CMS/OL)" < Alpheus. Chadwick@cms.hhs.gov >

Cc: "Graff, Caleb" < <u>Caleb.Graff@mail.house.gov</u>>, "DiBlasio, Carla"

<<u>Carla.Diblasio@mail.house.gov</u>>, "Beck, Gary" <<u>Gary.Beck@mail.house.gov</u>>,

"Miranda, Eric" < Eric. Miranda@mail.house.gov>

Subject: Meeting Request

Hi Al,

I hope this finds you well! I know it's been a while since we last had an opportunity to interact since I moved from Dr. Price's personal office to the Budget Committee, but I know you've been a great resource to my counterpart Carla DiBlasio in the interim.

We're contacting you today to assist us in securing a meeting with staff from CMMI in the coming weeks. We'd like to set up a meeting with Dr. Price's health team (copied) that will provide us with an opportunity to a closed door, off the record meeting for the purposes of getting additional background information on the program. We've been looking at the demos coming out of CMMI for some time, but now that we're in recess it'd be great to have an opportunity to meet with folks from the CMMI team to help us garner a better understanding of the program.

Can you assist us in setting up this meeting? We're available to meet any time after the first week of August.

Thank you so much and we look forward to hearing from you! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994 From: Street, Amanda

To: <u>Druckman, Jennifer (CMS/OL)</u>

Cc: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL); DiBlasio, Carla; Janeczko, Susan (CMS/OL); Baker, Brett (Finance);

Hoffmann, Matt

Subject: Re: MPP Demo TA Call

Date: Monday, October 26, 2015 9:43:18 AM

Attachments: DMECBP bill -9.1.15.pdf

Hi Jen,

I hope you had a relaxing weekend. I'm just circling back on this request. Have you had an opportunity to consider it? Please let me know if you need any more information on our end so we can get the additional TA to CBO as soon as possible.

Many thanks!

--

Amanda Street
House Budget Committee
207 Cannon House Office Building

Washington, DC 20515 Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda"

Date: Tuesday, October 20, 2015 at 3:31 PM **To:** "Baker, Brett (Finance)", "Hoffmann, Matt"

Cc: "Jennifer.Druckman@CMS.hhs.gov", "lisa.yen@cms.hhs.gov", "ira.burney@cms.hhs.gov",

"DiBlasio, Carla", "Susan.Janeczko@cms.hhs.gov"

Subject: Re: MPP Demo TA Call

Hi Jen,

I hope you're doing well. I just wanted to follow-up to be sure you received this request last week. Please let me know if you need any additional information.

Many thanks!

Amanda

__

Amanda Street

House Budget Committee 207 Cannon House Office Building

Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda" on behalf of "Street, Amanda"

Date: Friday, October 16, 2015 at 4:01 PM

To: "Brett-Baker@finance.senate.gov", "Hoffmann, Matt"

Cc: "Jennifer.Druckman@CMS.hhs.gov", "lisa.yen@cms.hhs.gov", "ira.burney@cms.hhs.gov",

"DiBlasio, Carla", "Susan.Janeczko@cms.hhs.gov"

Subject: Re: MPP Demo TA Call

Hi Jen,

I hope this email finds you well! Thank you again for the TA you all provided on the MPP demo. I apologize for not following up sooner, but in your previous email you mentioned that you'd also be able to provide us a timeline. Have you been able to complete that work, and if so could you share that?

Additionally, we have added one more component to the bill. The first section would now provide a new reimbursement for non-CBA areas. Would you mind taking a look at that section (first 2 pages) and provide us with TA on that section? Most importantly here is also the timing, and what the earliest CMS would be able to implement a new payment amount. For examples, if a new reimbursement model was passed prior to the end of this year, could it be implemented on Jan 1, 2016?

We are working with CBO to get the legislation scored as quickly as possible and we appreciate your assistance.

Hope you have a wonderful weekend! Amanda

--

Amanda Street
House Budget Committee
207 Cannon House Office Building
Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

On Aug 21, 2015, at 6:24 PM, Baker, Brett < Brett.Baker@mail.house.gov > wrote:

Thanks for sending this along.

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Friday, August 21, 2015 03:24 PM Eastern Standard Time

To: Baker, Brett; Yen, Lisa (CMS/OL) < <u>Lisa.Yen@cms.hhs.gov</u>>; Burney, Ira (CMS/OL)

<ira.burney@cms.hhs.gov>

Cc: Street, Amanda; DiBlasio, Carla; Janeczko, Susan (CMS/OL)

<<u>Susan.Janeczko@cms.hhs.gov</u>> Subject: RE: MPP Demo TA Call

Hi Brett,

Please find attached the technical comments on this bill. Let us know if you would like to discuss.

We're still working on the timeline and expect to have that for you soon.

These technical comments are in response to your specific request and do not represent an Administration position on the legislative language.

Have a good weekend! Jen

From: Baker, Brett [mailto:Brett.Baker@mail.house.gov]

Sent: Tuesday, August 18, 2015 4:05 PM To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: Druckman, Jennifer (CMS/OL); Street, Amanda; DiBlasio, Carla

Subject: Re: MPP Demo TA Call

Thanks again for the July 29 TA call. Can you guys give us a sense as to when we'll get the written TA? You guys raised some important issues for us to consider and we want to make sure that we reflect on them all and get a chance to review any of the specific issues that we may not have had time to discuss on our phone call.

Brett

Brett Baker
Professional Staff
Committee on Ways and Means
Subcommittee on Health
1135 Longworth House Office Building
Phone: (202) 225-3943

From: <Yen>, Lisa Yen <<u>lisa.yen@cms.hhs.gov</u>>

Date: Thursday, July 23, 2015 6:03 PM

To: Brett Baker < <u>brett.baker@mail.house.gov</u>>, Ira Burney < <u>ira.burney@cms.hhs.gov</u>> **Cc:** "Druckman, Jennifer (CMS/OL)" < <u>Jennifer.Druckman@CMS.hhs.gov</u>>, "Street,

Amanda" < Amanda.Street@mail.house.gov >, "DiBlasio, Carla"

<<u>Carla.Diblasio@mail.house.gov</u>> **Subject:** RE: MPP Demo TA Call

(b)(6)

From: Baker, Brett [mailto:Brett.Baker@mail.house.gov]

Sent: Thursday, July 23, 2015 3:36 PM

To: Burney, Ira (CMS/OL); Yen, Lisa (CMS/OL)

Cc: Druckman, Jennifer (CMS/OL); Street, Amanda; DiBlasio, Carla

Subject: MPP Demo TA Call

I checked with my colleagues with Mr. Price after we talked earlier today and Wednesday at 11 am does work for us. We look forward to receiving the agency's technical assistance on the Market Pricing Program demonstration language. Please send a dail-in number for the call when you have chance. Thanks.

Brett

Brett Baker
Professional Staff
Committee on Ways and Means
Subcommittee on Health
1135 Longworth House Office Building
Phone: (202) 225-3943

From: DiBlasio, Carla

To: <u>Druckman, Jennifer (CMS/OL)</u>
Cc: <u>Street, Amanda; Burney, Ira (CMS/OL)</u>
Subject: RE: Question about MU blanket hardship
Date: Wednesday, December 9, 2015 5:02:27 PM

Attachments: image001.png

image002.png image003.png image004.png image005.png

Will do, thanks!

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Wednesday, December 09, 2015 5:02 PM

To: DiBlasio, Carla

Cc: Street, Amanda; Burney, Ira (CMS/OL)

Subject: RE: Question about MU blanket hardship

Great, we're confirmed for 5:15. Please call the following number: (b)(6) and use Meeting

Number: (b)(6)

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Wednesday, December 9, 2015 4:10 PM

To: Druckman, Jennifer (CMS/OL)

Cc: Street, Amanda; Burney, Ira (CMS/OL)

Subject: RE: Question about MU blanket hardship

That'd be perfect, thanks Jennifer!

Amanda from the Budget Committee will be joining the call, as well.

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Wednesday, December 09, 2015 3:29 PM

To: DiBlasio, Carla

Cc: Street, Amanda; Burney, Ira (CMS/OL)

Subject: RE: Question about MU blanket hardship

Hi Carla,

Doing well, keeping busy over here! Are you available for a call at 5:15 today to discuss? Let me know.

Thanks, Jennifer

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Wednesday, December 9, 2015 1:38 PM

To: Druckman, Jennifer (CMS/OL)

Cc: Street, Amanda

Subject: Question about MU blanket hardship

Hey Jen,

I hope you're doing well. I wanted to check in with you regarding the MU blanket hardship exception. More specifically, I'm wondering what steps CMS could take (in theory) to provide a blanket hardship exception? It's my understanding that the MU statute, which explicitly states the need to evaluate hardship applications on a case by case basis, would preclude CMS from granting a blanket hardship exception unless Congress takes action. Can you clarify this point with me? We'd love to setup a phone call with you if that's easiest.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: DiBlasio, Carla

To: OToole, Meghan (CMS/OL); Druckman, Jennifer (CMS/OL)

Cc: Street, Amanda; Graff, Caleb; Burney, Ira (CMS/OL); jordan bartolomeo@isakson.senate.gov

Subject: RE: Request for a call re: LTCH language Date: Thursday, June 23, 2016 1:14:40 PM

Attachments: <u>image001.png</u>

image002.png image003.png image004.png image005.png

Excellent, thanks!

From: OToole, Meghan (CMS/OL) [mailto:Meghan.OToole@cms.hhs.gov]

Sent: Thursday, June 23, 2016 1:14 PM

To: DiBlasio, Carla; Druckman, Jennifer (CMS/OL)

Cc: Street, Amanda; Graff, Caleb; Burney, Ira (CMS/OL); jordan bartolomeo@isakson.senate.gov

Subject: RE: Request for a call re: LTCH language

Here is a call-in number we can use at 5 pm today.

(b)(6)

Meeting Number:

(b)(6)

Thanks, Meghan

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Thursday, June 23, 2016 1:04 PM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>

Cc: Street, Amanda <<u>Amanda.Street@mail.house.gov</u>>; Graff, Caleb.<u>Graff@mail.house.gov</u>>;

Burney, Ira (CMS/OL) < <u>ira.burney@cms.hhs.gov</u>>; OToole, Meghan (CMS/OL) < <u>Meghan.OToole@cms.hhs.gov</u>>; <u>jordan_bartolomeo@isakson.senate.gov</u>

Subject: RE: Request for a call re: LTCH language

Hey Jen,

Thanks so much for your response. We'd love to chat with you today. I think the only time that works today is 5 pm. I am also looping in Jordan from Sen. Isakson's office. We've been working closely with Sen. Isakson's office on this language, so it will be helpful for Jordan to join.

Many thanks!

Carla

Carla DiBlasio Policy Advisor/Legislative Counsel Congressman Tom Price, M.D. (GA-06) 100 Cannon House Office Building

Washington, DC 20515 | 202.225.4501



From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Thursday, **J**une 23, 2016 11:06 AM

To: DiBlasio, Carla

Cc: Street, Amanda; Graff, Caleb; Burney, Ira (CMS/OL); OToole, Meghan (CMS/OL)

Subject: RE: Request for a call re: LTCH language

Hi Carla,

We've had a chance to take a look. Do you have any availability for a call today, Thursday, June 23 at 1:00, 4:00, or 5:00 pm or tomorrow, Friday, June 24 after 2:00 pm? Let me know.

Thanks,

Jen

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Tuesday, June 21, 2016 10:14 PM

To: Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov>

Cc: Street, Amanda <<u>Amanda.Street@mail.house.gov</u>>; Graff, Caleb <<u>Caleb.Graff@mail.house.gov</u>>

Subject: Request for a call re: LTCH language

Hey Jen,

Apologies for the late night email. I hope this email finds you well! We've been working closely with Sen. Isakson's office on the attached LTCH language. We are coming across a couple issues as we're working with CBO to get the language scored. We'd greatly appreciate the opportunity to speak with you about the attached TA and updated bill text this week. Unfortunately, we are facing a tighter timeline than we'd prefer. Do you have a couple minutes to chat this week?

Thanks so much, Carla

Carla DiBlasio

Policy Advisor/Legislative Counsel Congressman Tom Price, M.D. (GA-06) 100 Cannon House Office Building Washington, DC 20515 | 202.225.4501



From: Grossman, Edward

To: <u>DiBlasio, Carla; Druckman, Jennifer (CMS/OL); Uehlecke, Nicholas</u>

Cc: Street, Amanda; Burney, Ira (CMS/OL); Knickrehm, Eric J. (CMS/OL); Shapiro, Jessica; Cross, Jesse

Subject: RE: TA for Radiation Therapy Language
Date: Wednesday, December 2, 2015 2:17:36 PM

Attachments: <u>image001.png</u>

image002.png image003.png image004.png image005.png

Also copying Jessica & Jesse who also work in this area, if they want to participate as well. Ed

From: DiBlasio, Carla

Sent: Wednesday, December 02, 2015 12:40 PM To: 'Druckman, Jennifer (CMS/OL)'; Uehlecke, Nicholas

Cc: Street, Amanda; Burney, Ira (CMS/OL); Knickrehm, Eric J. (CMS/OL); Grossman, Edward

Subject: RE: TA for Radiation Therapy Language

Great!

I'm looping in Ed Grossman, as well. He is going to join us.

Thanks so much!

Carla

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Wednesday, December 02, 2015 12:30 PM

To: Uehlecke, Nicholas; DiBlasio, Carla

Cc: Street, Amanda; Burney, Ira (CMS/OL); Knickrehm, Eric J. (CMS/OL)

Subject: RE: TA for Radiation Therapy Language

Please use this dial in information: (b)(6) Meeting Number: (b)(6) at 4:30 pm

today.

Thanks, Jennifer

From: Druckman, Jennifer (CMS/OL)

Sent: Tuesday, December 1, 2015 7:05 PM **To:** 'Uehlecke, Nicholas'; DiBlasio, Carla **Cc:** Street, Amanda; Burney, Ira (CMS/OL)

Subject: RE: TA for Radiation Therapy Language

Sure, I'll send a dial in number in the morning.

Thanks,

From: Uehlecke, Nicholas [mailto:Nicholas.Uehlecke@mail.house.gov]

Sent: Tuesday, December 1, 2015 7:04 PM

To: DiBlasio, Carla; Druckman, Jennifer (CMS/OL)

Cc: Street, Amanda; Burney, Ira (CMS/OL)

Subject: Re: TA for Radiation Therapy Language

Thanks Carla -

Jen would cms be able to provide a dial in or should we?

From: DiBlasio, Carla

Sent: Tuesday, December 1, 2015 6:59 PM

To: 'Druckman, Jennifer (CMS/OL)'

Cc: Uehlecke, Nicholas; Street, Amanda; Burney, Ira (CMS/OL)

Subject: RE: TA for Radiation Therapy Language

Thanks Jen,

4:30 pm tomorrow sounds great. I think Nick may be able to join the call by then, as well.

Thanks again!

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Tuesday, December 01, 2015 6:34 PM

To: DiBlasio, Carla

Cc: Uehlecke, Nicholas; Street, Amanda; Burney, Ira (CMS/OL)

Subject: RE: TA for Radiation Therapy Language

Hi Carla,

Happy to discuss this language, how does 4:30 pm on Wednesday work for you? Let me know.

Thanks,

Jen

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Tuesday, December 1, 2015 12:30 PM

To: Druckman, Jennifer (CMS/OL)

Cc: Uehlecke, Nicholas; Street, Amanda **Subject:** TA for Radiation Therapy Language

Hey Jennifer,

I hope you had a nice Thanksgiving! I wanted to touch base with you regarding the attached radiation therapy language. It's my understanding that CMS was in touch with Nick Uehlecke regarding the language. However, Nick had an emergency last night so I wanted to check in with you to determine if you were able to provide any TA on the language? Happy to chat over the phone if that's easiest.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501



From: Cross, Jesse

To: Street, Amanda; Baker, Brett (Finance); D"Aquila, Dennis (Thune)

Cc: Burney, Ira (CMS/OL); DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer (CMS/OL); Yen, Lisa (CMS/OL);

Lucas, Jane (Thune)

Subject: RE: TA on bill regarding competitive bidding Date: Friday, December 11, 2015 5:16:32 PM Attachments: DME-COMPETITIVE-BIDDING 05 xml.pdf

Hi all.

An updated draft based on today's phone call is attached. Please be sure to review it, particularly as the expanding references to 1834(h) and 1842(s) get rather complicated.

Best.

Jesse

Jesse M. Cross Assistant Counsel Office of the Legislative Counsel U.S. House of Representatives 337 Ford House Office Building

Tel: (202) 225-6060

Email: Jesse.Cross@mail.house.gov

From: Street, Amanda

Sent: Friday, December 11, 2015 9:47 AM

To: Baker, Brett (Finance) <Brett_Baker@finance.senate.gov>; D'Aquila, Dennis (Thune)

<Dennis D'Aquila@thune.senate.gov>

Cc: Cross, Jesse <Jesse.Cross@mail.house.gov>; Burney, Ira (CMS/OL) <ira.burney@cms.hhs.gov>; DiBlasio, Carla <Carla.Diblasio@mail.house.gov>; Shapiro, Jessica <Jessica.shapiro@mail.house.gov>; Druckman, Jennifer (CMS/OL) <Jennifer.Druckman@cms.hhs.gov>; Yen, Lisa (CMS/OL) <Lisa.Yen@cms.hhs.gov>; Lucas, Jane (Thune) <jane_lucas@thune.senate.gov>

Subject: Re: TA on bill regarding competitive bidding

Great! Let's go ahead and plan for 2pm.

We have a conference line we can use for the call: *Call in (b)(6) Passcode: (b)(6)

Thank you all so much and look forward to speaking with you then!

--

Amanda Street

House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Baker, Brett (Finance)" < Brett Baker@finance.senate.gov >

Date: Friday, December 11, 2015 at 9:44 AM

To: "D'Aquila, Dennis (Thune)" < <u>Dennis_D'Aquila@thune.senate.gov</u>>, "Street, Amanda" < <u>Amanda.Street@mail.house.gov</u>>

Cc: "Cross, Jesse" < "Burney">"Burney, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>, "DiBlasio, Carla" <<u>Carla.Diblasio@mail.house.gov</u>>, "Shapiro,

Jessica" <<u>Jessica.shapiro@mail.house.gov</u>>, "Druckman, Jennifer (CMS/OL)"

<Jennifer.Druckman@cms.hhs.gov>, "Yen, Lisa (CMS/OL)" <<u>Lisa.Yen@cms.hhs.gov</u>>, "Lucas,

Jane (Thune)" < jane_lucas@thune.senate.gov>

Subject: Re: TA on bill regarding competitive bidding

I can do 2 pm.

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE network.

From: D'Aquila, Dennis (Thune)

Sent: Friday, December 11, 2015 9:40 AM To: Street, Amanda; Baker, Brett (Finance)

Cc: Cross, Jesse; Burney, Ira (CMS/OL); DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer (CMS/OL);

Yen, Lisa (CMS/OL); Lucas, Jane (Thune)

Subject: Re: TA on bill regarding competitive bidding

2 would work best for us.

From: Street, Amanda

Sent: Thursday, December 10, 2015 11:09 PM

To: Baker, Brett (Finance)

Cc: Cross, Jesse; Burney, Ira (CMS/OL); DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer (CMS/OL);

D'Aquila, Dennis (Thune); Yen, Lisa (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Either time works for me.

Amanda Street 207 Cannon House Office Building Washington, D.C. 20515 Main: 202-226-2720

Direct: 202-226-1994

On Dec 10, 2015, at 10:00 PM, Baker, Brett (Finance) < Brett_Baker@finance.senate.gov > wrote:

2:30 pm on tomorrow works best for me but I can make 2 pm work if that is best for others.

Nice to be reunited with House Leg Counsel.

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE network.

From: Cross, Jesse

Sent: Thursday, December 10, 2015 9:58 PM

To: Burney, Ira (CMS/OL)

Cc: Street, Amanda; DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer (CMS/OL);

D'Aguila, Dennis (Thune); Baker, Brett (Finance); Yen, Lisa (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi all,

A 2 PM call should work for us in Leg Counsel.

Best,

Jesse

On Dec 10, 2015, at 8:53 PM, Burney, Ira (CMS/OL) < ira.burney@cms.hhs.gov > wrote:

We could do a call tomorrow on the language. The best times for us tomorrow would be 2PM or later. Would 2PM or a later time work?

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, December 10, 2015 7:43 PM

To: Yen, Lisa (CMS/OL)

Cc: Burney, Ira (CMS/OL); DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL); D'Aquila, Dennis (Thune); Baker, Brett

(Finance)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa and Ira,

Thank you again for taking the time the other day to walk through the language on the new reimbursement system. Based on our conversation, Jesse sent over an updated draft that I shared with you all and our friends over in the Senate, Dennis and Brett. There are still a few lingering questions that need to be addressed that I think we can work through relatively quickly, but it'd be helpful if we could bring Brett and Dennis into the conversation. Would y'all be available for a follow up discussion with the whole group tomorrow?

Many thanks! Amanda From: Yen, Lisa (CMS/OL)

To: Street, Amanda; Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: RE: TA on bill regarding competitive bidding Date: Monday, December 7, 2015 11:35:20 AM

Sure – 3:30 works for us. I set up a conference line for that time (b)(6) and Meeting

Number: (b)(6) We will talk to you then!

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Monday, December 7, 2015 11:03 AM **To:** Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

Sorry for the multiple emails, but 3:30pm actually works better if that works for you all too. Thank you again!

Amanda Street

House Budget Committee 207 Cannon House Office Building

Washington, DC 20515 Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda" < Amanda. Street@mail.house.gov >

Date: Monday, December 7, 2015 at 11:00 AM

To: "Yen, Lisa (CMS/OL)" < Lisa.Yen@cms.hhs.gov >, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" < Carla. Diblasio@mail.house.gov >, "Cross, Jesse"

<<u>Jesse.Cross@mail.house.gov</u>>, "Shapiro, Jessica" <<u>Jessica.shapiro@mail.house.gov</u>>,

"Druckman, Jennifer (CMS/OL)" < Jennifer.Druckman@cms.hhs.gov

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delay in getting back to you, and thank you so much for your flexibility on time. Are you all still available for a call today at 3pm?

Thank you so much! Amanda

--

Amanda Street
House Budget Committee
207 Cannon House Office Building
Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)" < <u>Lisa.Yen@cms.hhs.gov</u>>

Date: Friday, December 4, 2015 at 6:21 PM

To: "Street, Amanda" < <u>Amanda.Street@mail.house.gov</u>>, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" < <u>Carla.Diblasio@mail.house.gov</u>>, "Cross, Jesse"

<<u>Jesse.Cross@mail.house.gov</u>>, "Shapiro, Jessica" <<u>Jessica.shapiro@mail.house.gov</u>>,

"Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov >

Subject: Re: TA on bill regarding competitive bidding

Hi Amanda - we're available on Monday 12/7 between 11 am and 4 pm. Let us know a time that works for you then.

Thanks and have a good weekend! Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Friday, December 04, 2015 04:43 PM To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla < Cross, Jesse Jesse Jesse.Cross@mail.house.gov>>

Shapiro, Jessica < Jessica.shapiro@mail.house.gov >; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delayed response, but thank you so much for the TA on the first section of the bill. This is incredibly helpful and many of the points you raised are consistent with feedback I'd received from CBO and others. Would you all have time for a conversation next week?

Many thanks!

Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720

Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)"

Date: Thursday, December 3, 2015 at 6:32 PM **To:** "Street, Amanda", "Burney, Ira (CMS/OL)"

Cc: "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica", "Druckman, Jennifer (CMS/OL)"

Subject: RE: TA on bill regarding competitive bidding

Hi Amanda – Attached are our technical comments on section 1 of this bill. Let us know if it would be helpful to have a call to walk through these comments. We are available for a call tomorrow if you let us know some times that work for you.

These technical comments are in response to your request and do not reflect the Administration's position on this language.

Thanks!

Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Wednesday, November 18, 2015 2:52 PM
To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)
Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica
Subject: Re: TA on bill regarding competitive bidding

My apologies for the multiple emails, but I did want to be sure we shared the full language of the bill. You all have reviewed Section 2 of the bill, which includes the market pricing program demonstration.

Many thanks,

Amanda

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda"

Date: Wednesday, November 18, 2015 at 2:43 PM

To: "<u>lisa.yen@cms.hhs.gov</u>", "<u>ira.burney@cms.hhs.gov</u>" **Cc:** "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica"

Subject: TA on bill regarding competitive bidding

Hi Ira and Lisa,

We are working with our leg counsel on a new rate for non-CBAs set to begin in 2016. They've asked us to reach out given many of the items we are working to reform are in regulation rather than statue and would appreciate some additional guidance as to how the current language would be interpreted. Would you mind taking a look?

We are particularly interested in the section (b) that establishes a bid ceiling for contracts beginning on or after Jan 1, 2017 and our language that includes a reference to section 1834 (a)(1)(F). The particular area in question is highlighted below.

I've also copied our counsels, Jesse and Jessica, to correct me in case I've missed anything.

Thank you so much! Amanda

SECTION 1. REVISION OF PAYMENTS FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM.

- (a) TRANSITION TO IMPLEMENTATION OF FEE SCHEDULE PAYMENT ADJUSTMENTS USING INFORMA- TION FROM COMPETITIVE BIDDING PROGRAMS.—Section 1834(a)(1) of the Social Security Act (42 U.S.C. 1395m(a)(1)) is amended by adding at the end the following new subparagraph:
 - "(J) TRANSITION TO IMPLEMENTATION OF PAYMENT ADJUSTMENTS USING INFORMATION FROM COMPETITIVE BIDDING PROGRAMS.—
 - "(i) IN GENERAL.—In implementing subparagraph (F) and paragraphs (1) and (2) of section 414.210(g) of title 42, Code of Federal Regulations, with respect to items and services furnished on or after January 1, 2016, and before January 1, 2018, the fee schedule amount that would otherwise be determined for each area under this section shall be adjusted to the lesser of—
 - "(I) the applicable percent of the regional price determined under clause (i) of such paragraph (1) for the State in which such area is located (or, in the case of an area located within the District of Columbia, for such District); and
 - "(II) the fee schedule amount that would otherwise be determined for such area under this section on January 1, 2015, updated by the covered item update described in para- graph (14)(L) for the year in which the items and services to which such fee schedule applies are furnished.

- "(ii) APPLICABLE PERCENT.—For purposes of clause (i)(I), the term 'applicable percent' means—
 - "(I) for an area defined as a rural area for purposes of such section 414.210(g) or an area in a frontier State (as defined in section 1886(d)(3)(E)(iii)(II)), 130 percent; and
 - "(II) for any other area, 120 percent.
- "(iii) PHASE-IN.—The adjustment de- scribed in clause (i) shall be implemented over a two-year period and in a manner that phases in such adjustment in equal increments in each year of such two-year period, with such adjustment being fully implemented with respect to items and services furnished in 2017."
- b) BID CEILING FOR COMPETITIVE ACQUISITION FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM.—Section 1847(b)(5) of the Social Security Act (42 U.S.C. 1395w–3(b)(5)) is amended—
 - (1) in subparagraph (A)— (A) by inserting ", subject to subparagraph (E)," after "subsection (a)(2)"; and(B) by inserting ", subject to subparagraph (E)," after "Based on such bids"; and
 - (2) by adding at the end the following new sub-paragraph:
 - "(E) BID CEILING FOR DURABLE MEDICAL EQUIPMENT.—In the case of covered items (as defined in section 1834(a)(13)) for which payment would otherwise be made under section 1834(a) that are furnished with respect to competitive bid contracts that begin on or after January 1, 2017, payment under this section for such items may not exceed the amount that would otherwise be paid for such items under section 1834 (without the application of subsection (a)(1)(F) of such section) if such items and services were furnished on January 1, 2015, updated by the covered item update described in section 1834(a)(14)(L) for the year in which such covered item is furnished."

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: Yen, Lisa (CMS/OL)

To: Street, Amanda; Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: RE: TA on bill regarding competitive bidding Date: Monday, December 7, 2015 11:35:20 AM

Sure – 3:30 works for us. I set up a conference line for that time: (b)(6) and Meeting

Number (b)(6) e will talk to you then!

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Monday, December 7, 2015 11:03 AM **To:** Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

Sorry for the multiple emails, but 3:30pm actually works better if that works for you all too. Thank you again!

Amanda Street

House Budget Committee 207 Cannon House Office Building

Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda" < Amanda. Street@mail.house.gov >

Date: Monday, December 7, 2015 at 11:00 AM

To: "Yen, Lisa (CMS/OL)" < Lisa.Yen@cms.hhs.gov >, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" < Carla. Diblasio@mail.house.gov >, "Cross, Jesse"

<<u>Jesse.Cross@mail.house.gov</u>>, "Shapiro, Jessica" <<u>Jessica.shapiro@mail.house.gov</u>>,

"Druckman, Jennifer (CMS/OL)" < Jennifer.Druckman@cms.hhs.gov

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delay in getting back to you, and thank you so much for your flexibility on time. Are you all still available for a call today at 3pm?

Thank you so much!

Amanda

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Amanda Street
House Budget Committee
207 Cannon House Office Building
Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)" < <u>Lisa.Yen@cms.hhs.gov</u>>

Date: Friday, December 4, 2015 at 6:21 PM

To: "Street, Amanda" < <u>Amanda.Street@mail.house.gov</u>>, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" < <u>Carla.Diblasio@mail.house.gov</u>>, "Cross, Jesse"

<<u>Jesse.Cross@mail.house.gov</u>>, "Shapiro, Jessica" <<u>Jessica.shapiro@mail.house.gov</u>>,

"Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov >

Subject: Re: TA on bill regarding competitive bidding

Hi Amanda - we're available on Monday 12/7 between 11 am and 4 pm. Let us know a time that works for you then.

Thanks and have a good weekend! Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Friday, December 04, 2015 04:43 PM To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla < Cross, Jesse Jesse Jesse.Cross@mail.house.gov>>

Shapiro, Jessica < Jessica.shapiro@mail.house.gov >; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delayed response, but thank you so much for the TA on the first section of the bill. This is incredibly helpful and many of the points you raised are consistent with feedback I'd received from CBO and others. Would you all have time for a conversation next week?

Many thanks!

Amanda

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720

Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)"

Date: Thursday, December 3, 2015 at 6:32 PM **To:** "Street, Amanda", "Burney, Ira (CMS/OL)"

Cc: "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica", "Druckman, Jennifer (CMS/OL)"

Subject: RE: TA on bill regarding competitive bidding

Hi Amanda – Attached are our technical comments on section 1 of this bill. Let us know if it would be helpful to have a call to walk through these comments. We are available for a call tomorrow if you let us know some times that work for you.

These technical comments are in response to your request and do not reflect the Administration's position on this language.

Thanks!

Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Wednesday, November 18, 2015 2:52 PM
To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)
Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica
Subject: Re: TA on bill regarding competitive bidding

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Many thanks,

Amanda

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda"

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To: "<u>lisa.yen@cms.hhs.gov</u>", "<u>ira.burney@cms.hhs.gov</u>" **Cc:** "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica"

Subject: TA on bill regarding competitive bidding

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I've also copied our counsels, Jesse and Jessica, to correct me in case I've missed anything.

Thank you so much! Amanda

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 - "(II) the fee schedule amount that would otherwise be determined for such area under this section on January 1, 2015, updated by the covered item update described in para- graph (14)(L) for the year in which the items and services to which such fee schedule applies are furnished.

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: Newlin, Manda (CMS/OL)
Sent: 15 Jul 2016 13:49:31 +0000
To: Carla.Diblasio@mail.house.gov

Cc: Druckman, Jennifer (CMS/OL); Martino, Maria (CMS/OL); Chadwick, Alpheus K.

(CMS/OL)

Subject: RE: A couple simple MACRA questions

Hi Carla,

We wanted to get back to you about your MACRA-related questions.

- 1) When will the MACRA comments become fully available for public consumption?

 The comments submitted in response to the MACRA proposed rule are publically posted here: https://www.regulations.gov/docket?D=CMS-2016-0060. To date, it appears there have been over 3,900 comments submitted.
- 2) When does CMS plan to release the list of patient-facing encounter codes? Will it be before the final rule?

As discussed in the MACRA proposed rule (81 FR 28174), we propose to define a non-patient-facing MIPS eligible clinician for MIPS at § 414.1305 as an individual MIPS eligible clinician or group that bills 25 or fewer patient-facing encounters during a performance period. We consider a patient-facing encounter as an instance in which the MIPS eligible clinician or group billed for services such as general office visits, outpatient visits, and surgical procedure codes under the physician fee schedule. We intend to publish the proposed list of patient-facing encounter codes on a CMS Web site similar to the way we currently publish the list of face-to-face encounter codes for PQRS. We are still determining the timing as to when these codes would be published.

3) Under MACRA, what percentage of the upside risk goes directly to the physician? In other words, if a physician successfully generates substantial savings under an advanced APM, does the physician get to keep any said savings?

The amount of payments and/or savings that a physician receives under an Advanced APM would be determined by the terms and conditions specific to the Advanced APM. The proposed MACRA rule does <u>not</u> make any changes to the financial arrangements of any Advanced APMs (or APMs). The MACRA proposal provides that if a physician has sufficient payments or patients in an Advanced APM, then the physician would be excluded from MIPS adjustments and receive a 5% Medicare Part B incentive payment for the particular payment year (81 FR 28294). At the same time, the physician would receive payments and/or savings through the Advanced APM as stipulated by the Advanced APM's terms and conditions.

We hope this information helps. Please let us know if you have any additional questions.

Thanks, Manda

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Monday, July 11, 2016 10:21 PM

To: Chadwick, Alpheus K. (CMS/OL) < <u>Alpheus.Chadwick@cms.hhs.gov</u>> **Subject:** A couple simple MACRA questions

Hey Al,

I hope this email finds you well! A couple simple questions came up recently and my boss wanted me to check in with you. We'd greatly appreciate your response to the following questions:

4) MACRA comments for public consumption:

When will the MACRA comments become fully available for public consumption? It's our impression that only a few of the MACRA comments are currently posted online and folks were hoping to see all comments given the great importance of the proposed rule on MACRA implementation.

5) <u>Clarifying and ensuring maximum flexibility for non-patient-facing physicians within the MIPS program:</u>

Dr. Price requests that CMS disclose the list of non-patient facing codes before the release of the final MACRA rule. When does CMS plan to release the list of codes? Will it be before the final rule?

6) Shared savings for physicians under advanced APMS:
Under MACRA, what percentage of the upside risk goes directly to the physician? In other
words, if a physician successfully generates substantial savings under an advanced APM, does
the physician get to keep any said savings?

Thanks so much! Carla

Carla DiBlasio
Senior Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501

From: DiBlasio, Carla

Sent: 15 Jul 2016 14:11:30 +0000 **To:** Newlin, Manda (CMS/OL)

Cc: Druckman, Jennifer (CMS/OL); Martino, Maria (CMS/OL); Chadwick, Alpheus K.

(CMS/OL)

Subject: RE: A couple simple MACRA questions

Thanks so much for the response!

Have a wonderful weekend, Carla

Carla DiBlasio
Senior Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501

From: Newlin, Manda (CMS/OL) [mailto:Manda.Newlin@cms.hhs.gov]

Sent: Friday, July 15, 2016 9:50 AM

To: DiBlasio, Carla

Cc: Druckman, Jennifer (CMS/OL); Martino, Maria (CMS/OL); Chadwick, Alpheus K. (CMS/OL)

Subject: RE: A couple simple MACRA questions

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We hope this information helps. Please let us know if you have any additional questions.

Thanks, Manda

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Sent: Monday, July 11, 2016 10:21 PM

To: Chadwick, Alpheus K. (CMS/OL) < Alpheus. Chadwick@cms.hhs.gov >

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Thanks so much! Carla

Carla DiBlasio
Senior Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building

From: Shatynski, Kristen

Sent: 27 May 2016 13:39:02 +0000

To: Hiller, Elinor A. (CMS/OL);Levin, Sarah;Grabert, Lisa;Paluskiewicz,

James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio,

Carla; Donheffner, Kristen; Newlin, Manda (CMS/OL); Mason, Graham

Subject: RE: Checking in - F2F bill TA

Let's do 10

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:37 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham **Subject:** RE: Checking in - F2F bill TA

I have a conflict starting at 11:15. Could we do 10:00 or 10:30? Thanks!

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Friday, May 27, 2016 9:33 AM

To: Hiller, Elinor A. (CMS/OL) < Elinor. Hiller@cms.hhs.gov >; Levin, Sarah

<<u>Sarah.Levin@mail.house.gov</u>>; Grabert, Lisa <<u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James

<James.Paluskiewicz@mail.house.gov>; Ferraina, Steven (CMS/OL) <Steven.Ferraina@cms.hhs.gov>;

Druckman, Jennifer (CMS/OL) < Jennifer.Druckman@cms.hhs.gov >; Woronoff, Arielle

<<u>Arielle.Woronoff@mail.house.gov</u>>; Graff, Caleb <<u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>; Newlin,

Manda (CMS/OL) < Manda. Newlin@cms. hhs.gov>; Mason, Graham < Graham. Mason@mail. house.gov>

Subject: RE: Checking in - F2F bill TA

How about Wednesday morning at 11?

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Friday, May 27, 2016 9:11 AM

To: Shatynski, Kristen; Levin, Sarah; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen;

Newlin, Manda (CMS/OL); Mason, Graham **Subject:** RE: Checking in - F2F bill TA

Hi Kristen,

Thanks for checking back on this. Can we find a time that works mid next week for a walk through, possibly Wednesday morning?

Elinor

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Thursday, May 26, 2016 2:17 PM

To: Levin, Sarah <Sarah.Levin@mail.house.gov>; Hiller, Elinor A. (CMS/OL)

<<u>Lisa.Grabert@mail.house.gov</u>>; Paluskiewicz, James <<u>James.Paluskiewicz@mail.house.gov</u>>; Ferraina, Steven (CMS/OL) <<u>Steven.Ferraina@cms.hhs.gov</u>>; Druckman, Jennifer (CMS/OL) <<u>Jennifer.Druckman@cms.hhs.gov</u>>; Woronoff, Arielle <<u>Arielle.Woronoff@mail.house.gov</u>>; Graff, Caleb <<u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla <<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>; Newlin, Manda (CMS/OL) <<u>Manda.Newlin@cms.hhs.gov</u>>; Mason, Graham <<u>Graham.Mason@mail.house.gov</u>> **Subject:** RE: Checking in - F2F bill TA

Hi Elinor – any updates on this?

From: Levin, Sarah

Sent: Monday, May 16, 2016 5:25 PM

To: Shatynski, Kristen; 'Hiller, Elinor A. (CMS/OL)'; Grabert, Lisa; Paluskiewicz, James; Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Woronoff, Arielle; Graff, Caleb; DiBlasio, Carla; Donheffner,

Kristen; Newlin, Manda (CMS/OL); Mason, Graham

Subject: RE: Checking in - F2F bill TA

And Elinor—to jump on this can we at some point talk with the CERT folks on their HH data? I think the Payment Accuracy group has info that is relevant here.

From: Shatynski, Kristen

Sent: Friday, May 13, 2016 11:29 AM

To: 'Hiller, Elinor A. (CMS/OL)' <Elinor.Hiller@cms.hhs.gov>; Grabert, Lisa

 $<\underline{\text{Lisa.Grabert@mail.house.gov}}; \ \textbf{Paluskiewicz, James} < \underline{\text{James.Paluskiewicz@mail.house.gov}}; \ \textbf{Ferraina,}$

Steven (CMS/OL) < Steven. Ferraina@cms.hhs.gov >; Druckman, Jennifer (CMS/OL)

<<u>Jennifer.Druckman@cms.hhs.gov</u>>; Levin, Sarah <<u>Sarah.Levin@mail.house.gov</u>>; Woronoff, Arielle

<Arielle.Woronoff@mail.house.gov>; Graff, Caleb <Caleb.Graff@mail.house.gov>; DiBlasio, Carla

<<u>Carla.Diblasio@mail.house.gov</u>>; Donheffner, Kristen <<u>Kristen.Donheffner@mail.house.gov</u>>; Newlin,

Manda (CMS/OL) < <u>Manda.Newlin@cms.hhs.gov</u>>; Mason, Graham < <u>Graham.Mason@mail.house.gov</u>>

Subject: RE: Checking in - F2F bill TA

Hi Elinor,

Can we set up a call for next Wednesday to walk through the technical comments? We were looking for some clarification on section 2 and also had some questions about the funding in section 3.

Thanks!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730 From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Thursday, April 28, 2016 2:03 PM

To: Grabert, Lisa; Paluskiewicz, James; Shatynski, Kristen

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla; Sanchez, Monica; Donheffner,

Kristen; Newlin, Manda (CMS/OL) **Subject:** RE: Checking in - F2F bill TA

All,

Please find attached a clean version of technical comments on the language shared with us, providing one possible approach to achieve what we understand to be the desired intent. This does not represent an Administration position on the legislative language. We are happy to discuss. Please let me know if you have questions.

Thanks!

Elinor

From: Grabert, Lisa [mailto:Lisa.Grabert@mail.house.gov]

Sent: Tuesday, April 26, 2016 3:49 PM

To: Hiller, Elinor A. (CMS/OL) < Elinor.Hiller@cms.hhs.gov>; Paluskiewicz, James

<<u>James.Paluskiewicz@mail.house.gov</u>>; Shatynski, Kristen <<u>Kristen.Shatynski@mail.house.gov</u>>

Cc: Ferraina, Steven (CMS/OL) < Steven.Ferraina@cms.hhs.gov >; Druckman, Jennifer (CMS/OL)

<Jennifer.Druckman@cms.hhs.gov>; Dupee, Jennifer <Jennifer.Dupee@mail.house.gov>; Levin, Sarah

<<u>Sarah.Levin@mail.house.gov</u>>; Woronoff, Arielle <<u>Arielle.Woronoff@mail.house.gov</u>>; Simonelli,

Adrianna < Adrianna. Simonelli@mail.house.gov >; Graff, Caleb < Caleb. Graff@mail.house.gov >; DiBlasio,

Carla < Carla. Diblasio@mail.house.gov >; Sanchez, Monica < Monica. Sanchez@mail.house.gov >;

Donheffner, Kristen < Kristen.Donheffner@mail.house.gov >; Newlin, Manda (CMS/OL) < Manda.Newlin@cms.hhs.gov >

Subject: Re: Checking in - F2F bill TA

Hi Elinor,

I am checking-in on the progress for TA, on behalf of the W&M. Thanks!

Lisa

From: <Hiller>, "Elinor A. (CMS/OL)" <Elinor.Hiller@cms.hhs.gov>

Date: Friday, April 8, 2016 9:53 AM

To: "Paluskiewicz, James" < James. Paluskiewicz@mail.house.gov >, "Shatynski, Kristen"

< Kristen. Shatynski@mail.house.gov >

Cc: "Ferraina, Steven (CMS/OL)" <
"Druckman, Jennifer (CMS/OL)" < Jennifer.Druckman@cms.hhs.gov>, "Dupee, Jennifer" < Jennifer.Dupee@mail.house.gov>, Lisa

Grabert < "Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">"Isaa.grabert@mail.house.gov<">

Arielle" <Arielle.Woronoff@mail.house.gov>, "Simonelli, Adrianna"

<<u>Adrianna.Simonelli@mail.house.gov</u>>, "Graff, Caleb" <<u>Caleb.Graff@mail.house.gov</u>>, "DiBlasio, Carla"

<Carla.Diblasio@mail.house.gov>, "Sanchez, Monica" < Monica.Sanchez@mail.house.gov>,

"Donheffner, Kristen" < Kristen" description Kristen" description Kristen" description Kristen <a hr

<<u>Manda.Newlin@cms.hhs.gov</u>> **Subject:** RE: Checking in - F2F bill TA

Thanks for checking in, JP and Kristen. We hope to have something for you very soon.

Elinor

From: Paluskiewicz, James [mailto:James.Paluskiewicz@mail.house.gov]

Sent: Thursday, April 7, 2016 1:13 PM

To: Shatynski, Kristen < Kristen. Shatynski@mail.house.gov >; Hiller, Elinor A. (CMS/OL)

<<u>Elinor.Hiller@cms.hhs.gov</u>>

Cc: Ferraina, Steven (CMS/OL) < Steven.Ferraina@cms.hhs.gov >; Druckman, Jennifer (CMS/OL) < Jennifer.Druckman@cms.hhs.gov >; Dupee, Jennifer < Jennifer.Dupee@mail.house.gov >; Grabert, Lisa < Lisa.Grabert@mail.house.gov >; Levin, Sarah < Sarah.Levin@mail.house.gov >; Woronoff, Arielle < Arielle.Woronoff@mail.house.gov >; Simonelli, Adrianna < Adrianna.Simonelli@mail.house.gov >; Graff, Caleb < Caleb.Graff@mail.house.gov >; DiBlasio, Carla < Carla.Diblasio@mail.house.gov >; Sanchez, Monica < Monica.Sanchez@mail.house.gov >; Donheffner, Kristen

<<u>Kristen.Donheffner@mail.house.gov</u>>; Newlin, Manda (CMS/OL) <<u>Manda.Newlin@cms.hhs.gov</u>>

Subject: RE: Checking in - F2F bill TA

Yes, Elinor thank you for all your hard work on this. This remains something that is very much on our radar screen if we can get agreement, so anything you can provide to us is much appreciated realizing the time constraints that we face this session! JP

From: Shatynski, Kristen

Sent: Thursday, April 07, 2016 1:01 PM

To: Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla;

Sanchez, Monica; Donheffner, Kristen; Newlin, Manda (CMS/OL)

Subject: RE: Checking in - F2F bill TA

Hi Elinor,

Checking in again. I appreciated talking to you a little while back and definitely understand the nuances of the settlement language, but we just want to make sure that there's plenty of time to clean up the bill text. We've got about 45 legislative days left, so anything you could do to move things along would be great.

As always, thanks for your help!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building From: Shatynski, Kristen

Sent: Friday, March 04, 2016 11:52 AM

To: Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla;

Donheffner, Kristen; Newlin, Manda (CMS/OL)

Subject: Checking in - F2F bill TA

Hi Elinor,

Hope you're doing well. I wanted to check in on the status of the written TA for the F2F draft bill. Do you have any updates?

Thanks!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730 From: DiBlasio, Carla

Sent: 6 Nov 2015 21:13:38 +0000

To: Druckman, Jennifer (CMS/OL)

Subject: Re: CMS EHR Briefing Follow Up

Thanks so much, Jen! We'll be in touch.

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501

On Nov 6, 2015, at 1:57 PM, Druckman, Jennifer (CMS/OL) <Jennifer.Druckman@cms.hhs.gov> wrote:

Hi Nick,

I understand Rep. Price has introduced his bill. Assuming the text in his bill is this same as this (I haven't seen the introduced bill):

1 SEC. 2. AUTHORIZING A BLANKET MEANINGFUL USE SIGNIFICANT HARDSHIP EXCEPTION FOR 2015.

- 3 Sections 1848(a)(7)(B) and 1886(b)(3)(B)(ix)(II) of
- 4 the Social Security Act (42 U.S.C. 1395w-4(a)(7)(B),
- 5 1395ww(b)(3)(B)(ix)(II)) are each amended by inserting
- 6 "(or through a blanket exception with respect to the 2015
- 7 EHR reporting period)" after "on a case-by-case basis".

Our only technical comment is that we will have to define "blanket exception" in rulemaking. Other than that technical comment, CMS would view this legislation positively because we are in favor of additional flexibility.

Let me know if you have any questions and happy to discuss further.

Thanks, Jen

From: Uehlecke, Nicholas [mailto:Nicholas.Uehlecke@mail.house.gov]

Sent: Thursday, November 5, 2015 1:25 PM

To: Druckman, Jennifer (CMS/OL); Knickrehm, Eric J. (CMS/OL)

Cc: DiBlasio, Carla

Subject: Re: CMS EHR Briefing Follow Up

Hey Jen – just a friendly ping on this – thank you!

From: <Druckman>, "Jennifer (CMS/OL)" <Jennifer.Druckman@cms.hhs.gov>

Date: Wednesday, November 4, 2015 at 12:38 PM

To: Nicholas Uehlecke < nicholas.uehlecke@mail.house.gov >, "Knickrehm, Eric J.

(CMS/OL)" < Eric. Knickrehm@cms.hhs.gov>

Cc: "DiBlasio, Carla" < Carla. Diblasio@mail.house.gov>

Subject: Re: CMS EHR Briefing Follow Up

Hi Nick, I will be back in touch with times.

Thanks, Jen Jennifer L. Druckman Sent from BlackBerry

From: Uehlecke, Nicholas [mailto:Nicholas.Uehlecke@mail.house.gov]

Sent: Wednesday, November 04, 2015 11:36 AM

To: Druckman, Jennifer (CMS/OL)

Cc: DiBlasio, Carla < Carla. Diblasio@mail. house.gov>

Subject: CMS EHR Briefing Follow Up

Hey Jen -

Dr. Price's office and I would like to set up a quick call with the folks (I'm trying to remember who was there but can't) that briefed us (I think it was last week but lets be honest my brain is fried) - regarding the hardship exemption etc. If possible for this to be a rush request would greatly appreciate it but it can be early next week too. Thanks so much.

Nick

From: Druckman, Jennifer (CMS/OL)
Sent: 1 Dec 2015 23:24:53 +0000

To: 'Uehlecke, Nicholas';DiBlasio, Carla;Street, Amanda;Palmer, Ashley;Graff, Caleb

Cc: Burney, Ira (CMS/OL);Knickrehm, Eric J. (CMS/OL);Robinson, William

(CMS/OL);Levin, Sarah

Subject: RE: Follow-up re: early deadline for MU hardship exception

Hi Nick,

We took a quick look and this language appears to address the new technical comment we sent today.

Thanks, Jen

From: Uehlecke, Nicholas [mailto:Nicholas.Uehlecke@mail.house.gov]

Sent: Tuesday, December 1, 2015 4:21 PM

To: Druckman, Jennifer (CMS/OL); DiBlasio, Carla; Street, Amanda; Palmer, Ashley; Graff, Caleb **Cc:** Burney, Ira (CMS/OL); Knickrehm, Eric J. (CMS/OL); Robinson, William (CMS/OL); Levin, Sarah

Subject: Re: Follow-up re: early deadline for MU hardship exception

Hey Jen, LC output of your new thoughts. Let us know.

From: Uehlecke, Nicholas

Sent: 2 Dec 2015 15:02:16 +0000

To: Druckman, Jennifer (CMS/OL);DiBlasio, Carla;Street, Amanda;Palmer,

Ashley; Graff, Caleb

Cc: Burney, Ira (CMS/OL);Knickrehm, Eric J. (CMS/OL);Robinson, William

(CMS/OL);Levin, Sarah

Subject: Re: Follow-up re: early deadline for MU hardship exception

Thanks all

From: <Druckman>, "Jennifer (CMS/OL)" <<u>Jennifer.Druckman@cms.hhs.gov</u>>

Date: Tuesday, December 1, 2015 at 6:24 PM

To: Nicholas Uehlecke < nicholas.uehlecke@mail.house.gov >, "DiBlasio, Carla"

<<u>Carla.Diblasio@mail.house.gov</u>>, Amanda Street <<u>Amanda.Street@mail.house.gov</u>>, Ashley Palmer

<<u>Ashley.Palmer@mail.house.gov</u>>, Caleb Graff <<u>Caleb.Graff@mail.house.gov</u>>

Cc: "Burney, Ira (CMS/OL)" <ira.burney@cms.hhs.gov>, "Knickrehm, Eric J. (CMS/OL)"

<<u>Eric.Knickrehm@cms.hhs.gov</u>>, "Robinson, William (CMS/OL)" <<u>William.Robinson@cms.hhs.gov</u>>,

"Levin, Sarah" < Sarah.Levin@mail.house.gov>

Subject: RE: Follow-up re: early deadline for MU hardship exception

Hi Nick,

We took a quick look and this language appears to address the new technical comment we sent today.

Thanks,

Jen

From: Uehlecke, Nicholas [mailto:Nicholas.Uehlecke@mail.house.gov]

Sent: Tuesday, December 1, 2015 4:21 PM

To: Druckman, Jennifer (CMS/OL); DiBlasio, Carla; Street, Amanda; Palmer, Ashley; Graff, Caleb **Cc:** Burney, Ira (CMS/OL); Knickrehm, Eric J. (CMS/OL); Robinson, William (CMS/OL); Levin, Sarah

Subject: Re: Follow-up re: early deadline for MU hardship exception

Hey Jen, LC output of your new thoughts?. Let us know.

From: Uehlecke, Nicholas

Sent: 1 Dec 2015 21:20:30 +0000

To: Druckman, Jennifer (CMS/OL);DiBlasio, Carla;Street, Amanda;Palmer,

Ashley;Graff, Caleb

Cc: Burney, Ira (CMS/OL);Knickrehm, Eric J. (CMS/OL);Robinson, William

(CMS/OL);Levin, Sarah

Subject: Re: Follow-up re: early deadline for MU hardship exception

Attachments: h3940_02_xml.pdf

Hey Jen, LC output of your new thoughts. Let us know.

[DISCUSSION DRAFT]

| 1 | SEC [AUTHORIZING A BLANKET MEANINGFUL USE | | | | |
|----|---|--|--|--|--|
| 2 | SIGNIFICANT HARDSHIP EXCEPTION]. | | | | |
| 3 | (a) Physicians' Services.—Section 1848(a)(7)(B) | | | | |
| 4 | of the Social Security Act (42 U.S.C. 1395w-4(a)(7)(B)) | | | | |
| 5 | is amended by inserting "(or through a blanket exception | | | | |
| 6 | with respect to the payment adjustment for 2017)" after | | | | |
| 7 | "on a case-by-case basis". | | | | |
| 8 | (b) Hospital Services.—Section | | | | |
| 9 | 1886(b)(3)(B)(ix)(II) of the Social Security Act (42 | | | | |
| 10 | U.S.C. 11395 ww(b)(3)(B)(ix)(II)) is amended by inserting | | | | |
| 11 | "(or through a blanket exception with respect to the pay- | | | | |
| 12 | ment adjustment for fiscal year 2017)" after "on a case- | | | | |
| 13 | by-case basis''. | | | | |

From: Robinson, William (CMS/OL)
Sent: 3 Mar 2016 18:46:36 -0500
To: Druckman, Jennifer (CMS/OL)

Subject: RE: Follow-up to call with Chairman Price and Patrick Conway

Hi Carla,

It was good speaking with you. I wanted to make sure you had the information about the numbers of hardships applications so far this year. As of 2/24, we have had 59 hospitals and 30,082 eligible professionals apply for an exception. We anticipate more will come in over the coming months and – as we discussed we Congressman Price – providers now have until July 1, 2016 to get their application in.

Also, here are the details for the last two years of hardship exception applications. Note that the first year the payment adjustment kicked in was 2015. Let us know if you have any questions.

2015: 91 Hospitals / 35,916 EPs
2016: 89 Hospitals / 31,789 EPs

Thanks,

From: Druckman, Jennifer (CMS/OL) **Sent:** Friday, February 26, 2016 4:05 PM

To: Robinson, William (CMS/OL)

Subject: FW: Follow-up to call with Chairman Price and Patrick Conway

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Friday, February 26, 2016 3:32 PM **To:** Druckman, Jennifer (CMS/OL) **Cc:** Chadwick, Alpheus K. (CMS/OL)

Subject: Follow-up to call with Chairman Price and Patrick Conway

Hey Jennifer,

Thanks so much for arranging the call with Patrick Conway and Congressman Price. I know Dr. Price thought it was a helpful conversation. Dr. Price would like me to follow-up with you in another phone call to discuss options for Congress to create greater flexibility in the program in 2016 that would also be helpful/workable for CMS. Do you have time for a call early next week?

Additionally, Dr. Price would like me to arrange another call for him to discuss orthopedic issues with CMS, including CJR and a shoulder coding issue. I informed Al last night of Dr. Price's intention of bringing it up with Patrick Conway this morning, but Al led me to believe that we would need to setup a separate call for that.. and that would be possible. We greatly appreciate the helpful dialogue!

Thanks again!

Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501









From: DiBlasio, Carla

Sent:28 Apr 2016 15:22:04 +0000To:Simpkins, Alyson R. (CMS/OA)Cc:Druckman, Jennifer (CMS/OL)

Subject: RE: Follow-up to phone convo w/ Dr. Conway last night

Thanks so much!!

From: Simpkins, Alyson R. (CMS/OA) [mailto:Alyson.Simpkins@cms.hhs.gov]

Sent: Thursday, April 28, 2016 10:05 AM

To: DiBlasio, Carla

Cc: Druckman, Jennifer (CMS/OL)

Subject: RE: Follow-up to phone convo w/ Dr. Conway last night

Thank you Carla. I will relay to Dr. Conway and either he or someone from his team will be in touch to clarify.

Regards, Alyson

Alyson R. Simpkins| Executive Assistant to Dr. Patrick Conway, Office of the Administrator, Centers for Medicare & Medicaid Services | 200 Independence Ave. SW, 314G-04 | Washington, DC 20201 | OA Main: 202.690.6726 | D: 202.205.8518 | F: 202.690-6262 | alyson.simpkins@cms.hhs.gov

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Thursday, April 28, 2016 9:55 AM

To: Simpkins, Alyson R. (CMS/OA) < <u>Alyson.Simpkins@cms.hhs.gov</u>> **Cc:** Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>

Subject: Follow-up to phone convo w/ Dr. Conway last night

Alyson,

Thanks so much for reaching out to our office yesterday prior to the MACRA rule release. I know Dr. Price greatly appreciated speaking with Dr. Conway last night. However I wanted to follow-up on one important point that Chairman Price has asked me to clarify.

I'm not sure if Dr. Conway was confusing the facts or maybe he misunderstood Dr. Price's question. However, Dr. Price asked Dr. Conway last night if the proposed MACRA rule incorporated 90-day reporting periods under the new Meaningful Use program. Dr. Conway responded by saying yes, there will be 90-day reporting periods but he couldn't remember which years.

We are still digesting the rule, but after taking a look at parts of the rule, it's my understanding that the proposed rule does *not* change the 2016 MU reporting period (which remains 365-days), and it continues to impose a 365-day reporting period for the new "Advancing Care Information" performance category going forward. Can you please clarify this point? Can you shed light on what Dr. Conway was referring to last night in his conversation with Dr. Price about 90-day reporting?

I also need to follow-up with Jen Druckman about a number of outstanding CJR-related items, so I'll be sure to do so.

Thanks so much! Carla

Carla DiBlasio
Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: DiBlasio, Carla

Sent: 29 Jun 2016 17:37:24 +0000

To: OToole, Meghan (CMS/OL);Burney, Ira (CMS/OL)

Cc: 'jordan_bartolomeo@isakson.senate.gov';Street, Amanda;Graff,

Caleb; Druckman, Jennifer (CMS/OL); Dorney, Thomas

Subject: RE: Follow-up to Yesterday's Conversation

Attachments: PRICEG_060_xml.pdf

We've made our best attempt to account for all of your comments and concerns in the attached updated draft. This is hot of the press from leg counsel. We would love to discuss this updated draft at 2 pm if that's possible.

Thanks so much!

From: DiBlasio, Carla

Sent: Wednesday, June 29, 2016 12:21 PM

To: 'OToole, Meghan (CMS/OL)'; Burney, Ira (CMS/OL)

Cc: jordan_bartolomeo@isakson.senate.gov; Street, Amanda; Graff, Caleb; Druckman, Jennifer

(CMS/OL); Dorney, Thomas

Subject: RE: Follow-up to Yesterday's Conversation

Great thanks!

I am looping in Tom Dorney from Rep. John Lewis's office in hopes that he can also join the call at 2 pm. We've had the privilege of also working with Mr. Lewis's staff on this.

From: OToole, Meghan (CMS/OL) [mailto:Meghan.OToole@cms.hhs.gov]

Sent: Wednesday, June 29, 2016 12:16 PM **To:** DiBlasio, Carla; Burney, Ira (CMS/OL)

Cc: jordan_bartolomeo@isakson.senate.gov; Street, Amanda; Graff, Caleb; Druckman, Jennifer

(CMS/OL)

Subject: RE: Follow-up to Yesterday's Conversation

We can use this call-in number at 2 pm.

1-877-267-1577

Meeting Number: 991 412 699

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Wednesday, June 29, 2016 11:13 AM

To: Burney, Ira (CMS/OL) < ira.burney@cms.hhs.gov>

Cc: jordan bartolomeo@isakson.senate.gov; Street, Amanda < Amanda.Street@mail.house.gov >; Graff,

Caleb < Caleb.Graff@mail.house.gov >; Druckman, Jennifer (CMS/OL)

<Jennifer.Druckman@cms.hhs.gov>; OToole, Meghan (CMS/OL) <Meghan.OToole@cms.hhs.gov>

Subject: RE: Follow-up to Yesterday's Conversation

Thanks so much, Ira!

From: Burney, Ira (CMS/OL) [mailto:ira.burney@cms.hhs.gov]

Sent: Wednesday, June 29, 2016 11:02 AM

To: DiBlasio, Carla

Cc: jordan_bartolomeo@isakson.senate.gov; Street, Amanda; Graff, Caleb; Druckman, Jennifer

(CMS/OL); OToole, Meghan (CMS/OL)

Subject: Re: Follow-up to Yesterday's Conversation

Sorry, meant to respond last night but juggling schedule. How about a call at 2 or 3 pm today?

On Jun 29, 2016, at 10:50 AM, DiBlasio, Carla < Carla. Diblasio@mail.house.gov > wrote:

Sorry to be a pest. Any chance we can do a quick call on this?

We are really under the gun to hit a tough deadline, so we *greatly* appreciate all of your help!

Thanks so much!

From: DiBlasio, Carla

Sent: Tuesday, June 28, 2016 10:00 PM

To: 'Burney, Ira (CMS/OL)'; 'jordan_bartolomeo@isakson.senate.gov'; Street, Amanda;

Graff, Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: RE: Follow-up to Yesterday's Conversation

Thanks again, Ira.

I took a look at your helpful notes. I have a couple questions, and I'm sure my colleagues may have questions, as well.

Do you have time for a follow-up call tomorrow?

Thanks so much!

Carla

From: Burney, Ira (CMS/OL) [mailto:ira.burney@cms.hhs.gov]

Sent: Tuesday, June 28, 2016 6:40 PM

To: DiBlasio, Carla; 'jordan bartolomeo@isakson.senate.gov'; Street, Amanda; Graff,

Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: RE: Follow-up to Yesterday's Conversation

We've thought about your questions about language and the diagnosis codes you sent. Attached are some thoughts. Please let us know if you would like to discuss.

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Tuesday, June 28, 2016 4:36 PM

To: Burney, Ira (CMS/OL); 'jordan bartolomeo@isakson.senate.gov'; Street, Amanda;

Graff, Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: RE: Follow-up to Yesterday's Conversation

Hey all,

My apologies for multiple emails today. However, I just got off the phone with the W&M Committee and learned that we need to finalize this language by COB *this Thursday*, in order to introduce it during the pro forma session this Friday at 9:00 am, in time for the W&M markup early next week. Our sincere apologies for this challenging timeline - we were taken by surprise ourselves. We also still need to circle back with CBO before introduction on Friday.

Any feedback you can provide at your earliest convenience would be greatly appreciated.

Thanks so much!! Carla

From: DiBlasio, Carla

Sent: Tuesday, June 28, 2016 12:47 PM

To: 'Burney, Ira (CMS/OL)'; 'jordan_bartolomeo@isakson.senate.gov'; Street, Amanda;

Graff, Caleb

Cc: 'Druckman, Jennifer (CMS/OL)'; 'OToole, Meghan (CMS/OL)'

Subject: RE: Follow-up to Yesterday's Conversation

Good afternoon,

I've attached the complete list of codes that the relevant facilities commonly use, intended for inclusion in the language. This is a lengthy list. What are your thoughts on this list of codes? And how do you recommend we incorporate this lengthy list into our language?

Many thanks for your helpful feedback.

From: DiBlasio, Carla

Sent: Friday, June 24, 2016 7:20 PM

To: 'Burney, Ira (CMS/OL)'; jordan_bartolomeo@isakson.senate.gov; Street, Amanda;

Graff, Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: RE: Follow-up to Yesterday's Conversation

Thanks so much, Ira!

Wow, this is a lot of codes. Thanks for taking the time to do this. The cost reporting for one facility starts in October and another starts in April.

You mentioned that you're not confident that the current language would include only the intended hospitals and that the intended hospitals would be able to meet the requirements. We would like to do everything we can to tighten up the

language so it captures these facilities, and we welcome any additional recommendations you may have.

Have a wonderful weekend!

Carla DiBlasio
Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501

From: Burney, Ira (CMS/OL) [mailto:ira.burney@cms.hhs.gov]

Sent: Friday, June 24, 2016 5:25 PM

To: DiBlasio, Carla; jordan_bartolomeo@isakson.senate.gov; Street, Amanda; Graff, Caleb

Cc: Druckman, Jennifer (CMS/OL); OToole, Meghan (CMS/OL)

Subject: Follow-up to Yesterday's Conversation

We took a quick look at the diagnosis codes that could fit under "catastrophic spinal cord or acquired brain injuries or other paralyzing neuromuscular conditions."

We have initially looked at ICD-9 codes since those codes would seem to apply for cost reporting periods beginning during FY 2015. However, since the ICD-10 codes were implemented for services furnished beginning with October 1, 2015, it is possible that ICD-10 codes might also have to be looked at (or the base period moved to a year earlier to avoid this issue). Do you know when the cost reporting period begins for the targeted facilities?

We have not run these ICD-9 codes by the program experts yet, but wanted to get something to you today. The codes are listed below, and it is possible that other codes could also apply. It would be a rulemaking issue for the Secretary to identify the specific diagnosis codes that would fit under these conditions.

We are not confident that the current language would include only the intended hospitals and that the intended hospitals would be able to meet the requirements.

Catastrophic spinal cord:

806 Fracture of vertebral column with spinal cord injury

806.0 Closed fracture of cervical vertebra with spinal cord injury

806.00 Closed fracture of C1-C4 level with unspecified spinal cord injury

806.01 Closed fracture of C1-C4 level with complete lesion of cord

806.02 Closed fracture of C1-C4 level with anterior cord syndrome

806.03 Closed fracture of C1-C4 level with central cord syndrome

806.04 Closed fracture of C1-C4 level with other specified spinal cord injury

806.05 Closed fracture of C5-C7 level with unspecified spinal cord injury

806.06 Closed fracture of C5-C7 level with complete lesion of cord

806.07 Closed fracture of C5-C7 level with anterior cord syndrome

```
806.08 Closed fracture of C5-C7 level with central cord syndrome
       806.09 Closed fracture of C5-C7 level with other specified spinal cord injury
806.1 Open fracture of cervical vertebra with spinal cord injury
       806.10 Open fracture of C1-C4 level with unspecified spinal cord injury
       806.11 Open fracture of C1-C4 level with complete lesion of cord
       806.12 Open fracture of C1-C4 level with anterior cord syndrome
       806.13 Open fracture of C1-C4 level with central cord syndrome
       806.14 Open fracture of C1-C4 level with other specified spinal cord injury
       806.15 Open fracture of C5-C7 level with unspecified spinal cord injury
       806.16 Open fracture of C5-C7 level with complete lesion of cord
       806.17 Open fracture of C5-C7 level with anterior cord syndrome
       806.18 Open fracture of C5-C7 level with central cord syndrome
       806.19 Open fracture of C5-C7 level with other specified spinal cord injury
806.2 Closed fracture of dorsal vertebra with spinal cord injury
       806.20 Closed fracture of T1-T6 level with unspecified spinal cord injury
       806.21 Closed fracture of T1-T6 level with complete lesion of cord
       806.22 Closed fracture of T1-T6 level with anterior cord syndrome
       806.23 Closed fracture of T1-T6 level with central cord syndrome
       806.24 Closed fracture of T1-T6 level with other specified spinal cord injury
       806.25 Closed fracture of T7-T12 level with unspecified spinal cord injury
       806.26 Closed fracture of T7-T12 level with complete lesion of cord
       806.27 Closed fracture of T7-T12 level with anterior cord syndrome
       806.28 Closed fracture of T7-T12 level with central cord syndrome
       806.29 Closed fracture of T7-T12 level with other specified spinal cord injury
806.3 Open fracture of dorsal vertebra with spinal cord injury
       806.30 Open fracture of T1-T6 level with unspecified spinal cord injury
       806.31 Open fracture of T1-T6 level with complete lesion of cord
       806.32 Open fracture of T1-T6 level with anterior cord syndrome
       806.33 Open fracture of T1-T6 level with central cord syndrome
       806.34 Open fracture of T1-T6 level with other specified spinal cord injury
       806.35 Open fracture of T7-T12 level with unspecified spinal cord injury
       806.36 Open fracture of T7-T12 level with complete lesion of cord
       806.37 Open fracture of T7-T12 level with anterior cord syndrome
       806.38 Open fracture of T7-T12 level with central cord syndrome
       806.39 Open fracture of T7-T12 level with other specified spinal cord injury
806.4 Closed fracture of lumbar spine with spinal cord injury
806.5 Open fracture of lumbar spine with spinal cord injury
806.6 Closed fracture of sacrum and coccyx with spinal cord injury
       806.60 Closed fracture of sacrum and coccyx with unspecified spinal cord injury
       806.61 Closed fracture of sacrum and coccyx with complete cauda equina lesion
       806.62 Closed fracture of sacrum and coccyx with other cauda equina injury
       806.69 Closed fracture of sacrum and coccyx with other spinal cord injury
806.7 Open fracture of sacrum and coccyx with spinal cord injury
       806.70 Open fracture of sacrum and coccyx with unspecified spinal cord injury
       806.71 Open fracture of sacrum and coccyx with complete cauda equina lesion
       806.72 Open fracture of sacrum and coccyx with other cauda equina injury
       806.79 Open fracture of sacrum and coccyx with other spinal cord injury
806.8 Closed fracture of unspecified vertebral column with spinal cord injury
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952 Spinal cord injury without evidence of spinal bone injury

- 952.0 Cervical spinal cord injury without evidence of spinal bone injury
- 952.1 Dorsal (thoracic) spinal cord injury without evidence of spinal bone injury
- 952.2 Lumbar spinal cord injury without evidence of spinal bone injury
- 952.3 Sacral spinal cord injury without evidence of spinal bone injury convert
- 952.4 Cauda equina spinal cord injury without evidence of spinal bone injury
- 952.8 Multiple sites of spinal cord injury without evidence of spinal bone injury
- 952.9 Unspecified site of spinal cord injury without evidence of spinal bone injury

Acquired brain injuries:

854 Intracranial injury of other and unspecified nature

854.0 Intracranial injury of other and unspecified nature without mention of open intracranial wound

854.00 Intracranial injury of other and unspecified nature without mention of open intracranial wound, unspecified state of consciousness

854.01 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with no loss of consciousness

854.02 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with brief [less than one hour] loss of consciousness

854.03 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with moderate [1-24 hours] loss of consciousness

854.04 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level

854.05 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with prolonged [more than 24 hours] loss of consciousness without return to pre-existing conscious level

854.06 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with loss of consciousness of unspecified duration

854.09 Intracranial injury of other and unspecified nature without mention of open intracranial wound, with concussion, unspecified

854.1 Intracranial injury of other and unspecified nature with open intracranial wound 854.10 Intracranial injury of other and unspecified nature with open intracranial wound, unspecified state of consciousness

854.11 Intracranial injury of other and unspecified nature with open intracranial wound, with no loss of consciousness

854.12 Intracranial injury of other and unspecified nature with open intracranial wound, with brief [less than one hour] loss of consciousness

854.13 Intracranial injury of other and unspecified nature with open intracranial wound, with moderate [1-24 hours] loss of consciousness

854.14 Intracranial injury of other and unspecified nature with open intracranial wound, with prolonged [more than 24 hours] loss of consciousness and return to pre-existing conscious level

854.15 Intracranial injury of other and unspecified nature with open intracranial wound, with prolonged [more than 24 hours] loss of consciousness without return to pre-existing conscious level

854.16 Intracranial injury of other and unspecified nature with open intracranial wound, with loss of consciousness of unspecified duration

854.19 Intracranial injury of other and unspecified nature with open intracranial wound, with concussion, unspecified

348 Other conditions of brain

348.0 Cerebral cysts

348.1 Anoxic brain damage

348.2 Benign intracranial hypertension

348.3 Encephalopathy, not elsewhere classified

348.30 Encephalopathy, unspecified

348.31 Metabolic encephalopathy

348.39 Other encephalopathy

348.4 Compression of brain

348.5 Cerebral edema

348.8 Other conditions of brain

348.81 Temporal sclerosis

348.82 Brain death

348.89 Other conditions of brain

348.9 Unspecified condition of brain

349 Other and unspecified disorders of the nervous system

349.0 Reaction to spinal or lumbar puncture

349.1 Nervous system complications from surgically implanted device

349.2 Disorders of meninges, not elsewhere classified

349.3 Dural tear

349.31 Accidental puncture or laceration of dura during a procedure

349.39 Other dural tear

349.8 Other specified disorders of nervous system

349.81 Cerebrospinal fluid rhinorrhea

349.82 Toxic encephalopathy

349.89 Other specified disorders of nervous system

349.9 Unspecified disorders of nervous system

Other paralyzing neuromuscular conditions:

330 Cerebral degenerations usually manifest in childhood

330.0 Leukodystrophy

330.1 Cerebral lipidoses

330.2 Cerebral degeneration in generalized lipidoses

330.3 Cerebral degeneration of childhood in other diseases classified elsewhere

330.8 Other specified cerebral degenerations in childhood

330.9 Unspecified cerebral degeneration in childhood

332 Parkinson's disease

- 332.0 Paralysis agitans
- 332.1 Secondary parkinsonism

336 Other diseases of spinal cord

- 336.0 Syringomyelia and syringobulbia
- 336.1 Vascular myelopathies
- 336.2 Subacute combined degeneration of spinal cord in diseases classified elsewhere
- 336.3 Myelopathy in other diseases classified elsewhere
- 336.8 Other myelopathy
- 336.9 Unspecified disease of spinal cord

340 Multiple sclerosis

341 Other demyelinating diseases of central nervous system

- 341.0 Neuromyelitis optica
- 341.1 Schilder's disease
- 341.2 Acute (transverse) myelitis
 - 341.20 Acute (transverse) myelitis NOS
 - 341.21 Acute (transverse) myelitis in conditions classified elsewhere
 - 341.22 Idiopathic transverse myelitis
- 341.8 Other demyelinating diseases of central nervous system
- 341.9 Demyelinating disease of central nervous system, unspecified

344 Other paralytic syndromes

- 344.0 Quadriplegia and quadraparesis
 - 344.00 Quadriplegia, unspecified
 - 344.01 Quadriplegia, C1-C4, complete
 - 344.02 Quadriplegia, C1-C4, incomplete
 - 344.03 Quadriplegia, C5-C7, complete
 - 344.04 Quadriplegia, C5-C7, incomplete
 - 344.09 Other quadriplegia
- 344.1 Paraplegia
- 344.2 Diplegia of upper limbs
- 344.3 Monoplegia of lower limb
 - 344.30 Monoplegia of lower limb affecting unspecified side
 - 344.31 Monoplegia of lower limb affecting dominant side
 - 344.32 Monoplegia of lower limb affecting nondominant side
- 344.4 Monoplegia of upper limb
 - 344.40 Monoplegia of upper limb affecting unspecified side
 - 344.41 Monoplegia of upper limb affecting dominant side
 - 344.42 Monoplegia of upper limb affecting nondominant sde
- 344.5 Unspecified monoplegia
- 344.6 Cauda equina syndrome
 - 344.60 Cauda equina syndrome without mention of neurogenic bladder
 - 344.61 Cauda equina syndrome with neurogenic bladder
- 344.8 Other specified paralytic syndromes
 - 344.81 Locked-in state
 - 344.89 Other specified paralytic syndrome

344.9 Paralysis, unspecified

| | (Original Signature of Memb | oer) |
|------------------------------|-----------------------------|------|
| 114TH CONGRESS 2D SESSION | H. R | |

To amend title XVIII of the Social Security Act to provide for a temporary exception to the application of the Medicare long-term care hospital site neutral provisions for certain spinal cord specialty hospitals.

IN THE HOUSE OF REPRESENTATIVES

| Mr. | Price of | Georgia | introduced | the | following | bill; | which | was | referred | to | $th\epsilon$ |
|-----|----------|---------|------------|-----|-----------|-------|-------|-----|----------|----|--------------|
| | | Commit | tee on | | | | | | | | |
| | | | | | | | | | | | |

A BILL

To amend title XVIII of the Social Security Act to provide for a temporary exception to the application of the Medicare long-term care hospital site neutral provisions for certain spinal cord specialty hospitals.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,

| 1 | SECTION 1. TEMPORARY EXCEPTION TO THE APPLICATION |
|----|---|
| 2 | OF THE MEDICARE LTCH SITE NEUTRAL PRO- |
| 3 | VISIONS FOR CERTAIN SPINAL CORD SPE- |
| 4 | CIALTY HOSPITALS. |
| 5 | (a) Exception.—Section 1886(m)(6) of the Social |
| 6 | Security Act (42 U.S.C. 1395ww(m)(6)) is amended— |
| 7 | (1) in subparagraph (A)(i) by striking "and |
| 8 | (E)" and inserting ", (E), and (F)"; and |
| 9 | (2) by adding at the end the following new sub- |
| 10 | paragraph: |
| 11 | "(F) TEMPORARY EXCEPTION FOR CER- |
| 12 | TAIN SPINAL CORD SPECIALTY HOSPITALS.— |
| 13 | For discharges in cost reporting periods begin- |
| 14 | ning during fiscal years 2018 through 2023, |
| 15 | subparagraph (A)(i) shall not apply (and pay- |
| 16 | ment shall be made to a long-term care hospital |
| 17 | without regard to this paragraph) if such dis- |
| 18 | charge is from a long-term care hospital that, |
| 19 | in its cost reporting period that began during |
| 20 | fiscal year 2014, met each of the following re- |
| 21 | quirements: |
| 22 | "(i) Not-for-profit.—The long- |
| 23 | term care hospital was a not-for-profit |
| 24 | long-term care hospital. |
| 25 | "(ii) Primarily providing treat- |
| 26 | MENT FOR CATASTROPHIC SPINAL CORD |

| 1 | OR ACQUIRED BRAIN INJURIES OR OTHER |
|----|--|
| 2 | PARALYZING NEUROMUSCULAR CONDI- |
| 3 | TIONS.—At least 50 percent of the dis- |
| 4 | charges from the long-term care hospital |
| 5 | were classified under MS–LTCH–DRGs |
| 6 | 28, 29, 52, 57, 551, 573, or 963. |
| 7 | "(iii) Significant out-of-state ad- |
| 8 | MISSIONS.—The long-term care hospital |
| 9 | admitted inpatients (including both indi- |
| 10 | viduals entitled to, or enrolled for benefits |
| 11 | under this title and individuals not so enti- |
| 12 | tled or enrolled) from at least 20 of the 50 |
| 13 | States, determined based on such data, |
| 14 | submitted by the hospital to the Secretary, |
| 15 | as the Secretary may require. Notwith- |
| 16 | standing any other provision of law, the |
| 17 | Secretary may implement the previous sen- |
| 18 | tence by program instruction or other- |
| 19 | wise.". |
| 20 | (b) Study and Report on the Status and Via- |
| 21 | BILITY OF CERTAIN SPINAL CORD SPECIALTY LONG- |
| 22 | TERM CARE HOSPITALS.— |
| 23 | (1) Study.—The Comptroller General of the |
| 24 | United States shall conduct a study on the status |
| 25 | and viability of long-term care hospitals described in |

| 1 | section 1886(m)(6)(F) of the Social Security Act, as |
|----|--|
| 2 | added by subsection (a). Such report shall include |
| 3 | an analysis of the following: |
| 4 | (A) Challenges related to classification and |
| 5 | facility licensure by State agencies for such |
| 6 | long-term care hospitals, as demonstrated by |
| 7 | such hospitals. |
| 8 | (B) The adequacy of Medicare payment |
| 9 | rates for such long-term care hospitals. |
| 10 | (C) Utilization data to determine the prev- |
| 11 | alence of Medicare beneficiaries who have been |
| 12 | diagnosed with catastrophic spinal cord or ac- |
| 13 | quired brain injuries or other paralyzing neuro- |
| 14 | muscular conditions. |
| 15 | (2) Report.—Not later than September 30, |
| 16 | 2023, the Comptroller General shall submit to Con- |
| 17 | gress a report on the study conducted under para- |
| 18 | graph (1), together with recommendations for such |
| 19 | legislation and administrative action as the Comp- |
| 20 | troller General determines appropriate. |

 From:
 Druckman, Jennifer (CMS/OL)

 Sent:
 22 Aug 2016 18:49:22 +0000

To: 'Street, Amanda';'Graff, Caleb';'DiBlasio, Carla'

Cc: Chadwick, Alpheus K. (CMS/OL);OToole, Meghan (CMS/OL);Newlin, Manda

(CMS/OL)

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Hi All,

Our Office of the Actuary is available this week for a deeper dive on the impact statement for the CJR rule. Would **Wednesday, August 24 at 4:00 pm or Thursday, August 25 at 4:00 pm** work for your schedules? Let us know.

Thanks, Jen

From: Druckman, Jennifer (CMS/OL)

Sent: Thursday, August 18, 2016 10:38 AM

To: 'Street, Amanda' <Amanda.Street@mail.house.gov>; Graff, Caleb <Caleb.Graff@mail.house.gov>;

DiBlasio, Carla < Carla. Diblasio@mail.house.gov>

Cc: Chadwick, Alpheus K. (CMS/OL) <Alpheus.Chadwick@cms.hhs.gov>; OToole, Meghan (CMS/OL)

<Meghan.OToole@cms.hhs.gov>; Newlin, Manda (CMS/OL) <Manda.Newlin@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Hi All,

Just wanted to provide a few updates in advance of our call today. First, you had asked about the evaluation plans for the CJR model. Attached is the scope of work document for the evaluation plan. As this is an open procurement, we appreciate your discretion with this close hold document. We will have our evaluation folks available on the phone, but as the procurement is open, they won't be able to say much more than this right now.

Second, we confirmed that the Office of Actuary was involved in drafting the impact statement for the rule. The contact for that piece is out of the office until next week. I'll looking for times with him for potentially next week for you to have a deeper dive into the impact statements.

Finally, you had asked for the list of attendees, here are the folks we expect to join (other analysts may join as well):

Innovation Center

- Amy Bassano, Deputy Director of the Innovation Center
- Chris Ritter, Director of the Patient Care Models Group
- Renee Mentnech, Director of the Research and Rapid Cycle Evaluation Group

Office of Legislation

- Jen Druckman
- Meghan O'Toole

Manda Newlin

Let me know if you have any questions.

Thanks, Jen

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 11, 2016 12:45 PM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; Graff, Caleb < <u>Caleb.Graff@mail.house.gov</u>>; DiBlasio, Carla < <u>Carla.Diblasio@mail.house.gov</u>>

Cc: Chadwick, Alpheus K. (CMS/OL) < Alpheus.Chadwick@cms.hhs.gov >; OToole, Meghan (CMS/OL)

< Meghan. OToole@cms.hhs.gov >

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Perfect – we really appreciate it, Jen. Have a great weekend and we'll chat next week!

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < Jennifer.Druckman@cms.hhs.gov>

Date: Thursday, August 11, 2016 at 12:44 PM

To: "Street, Amanda" < Amanda.Street@mail.house.gov >, "Graff, Caleb"

<Caleb.Graff@mail.house.gov>, "DiBlasio, Carla" <Carla.Diblasio@mail.house.gov>

Cc: "Chadwick, Alpheus K. (CMS/OL)" <Alpheus.Chadwick@cms.hhs.gov>, "OToole, Meghan

(CMS/OL)" < Meghan.OToole@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

We'll try to send that to you before the call.

Thanks, Jen

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 11, 2016 12:42 PM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; Graff, Caleb < Caleb.Graff@mail.house.gov>; DiBlasio, Carla < Carla.Diblasio@mail.house.gov>

Cc: Chadwick, Alpheus K. (CMS/OL) Alpheus.Chadwick@cms.hhs.gov; OToole, Meghan (CMS/OL)

<Meghan.OToole@cms.hhs.gov>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Awesome! Thanks so much, Jen!

Is there any chance you could provide us with a list of folks who will be on the call beforehand?

--

Amanda Street House Budget Committee 207 Cannon House Office Building

Washington, DC 20515 Main: 202-226-7270 Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms. hhs.gov>

Date: Thursday, August 11, 2016 at 12:35 PM

To: "Street, Amanda" <Amanda.Street@mail.house.gov>, "Graff, Caleb"

<Caleb.Graff@mail.house.gov>, "DiBlasio, Carla" <Carla.Diblasio@mail.house.gov>

Cc: "Chadwick, Alpheus K. (CMS/OL)" < Alpheus. Chadwick@cms.hhs.gov > , "OToole, Meghan

(CMS/OL)" < Meghan.OToole@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Great, we're confirmed for Thursday, August 18 at 4:30 pm.

Please dial 1-877-267-1577 and use meeting number: 992 261 670.

Thanks, Jen

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 11, 2016 12:28 PM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; Graff, Caleb < Caleb.Graff@mail.house.gov>; DiBlasio, Carla < Carla.Diblasio@mail.house.gov>

Cc: Chadwick, Alpheus K. (CMS/OL) Alpheus.Chadwick@cms.hhs.gov; OToole, Meghan (CMS/OL)

<Meghan.OToole@cms.hhs.gov>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Hey Jen,

I think we can make that work - Thanks so much! Let's go ahead and get that on the schedule.

--

Amanda Street
House Budget Committee
207 Cannon House Office Building
Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov>

Date: Thursday, August 11, 2016 at 12:22 PM

To: "Street, Amanda" < Amanda. Street@mail.house.gov >, "Graff, Caleb"

<Caleb.Graff@mail.house.gov>, "DiBlasio, Carla" <Carla.Diblasio@mail.house.gov>

Cc: "Chadwick, Alpheus K. (CMS/OL)" < Alpheus. Chadwick@cms.hhs.gov > , "OToole, Meghan

(CMS/OL)" < Meghan.OToole@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Hi Amanda,

We've heard back from folks and unfortunately we can't make Tuesday work. Any chance that **Thursday, August 18 at 4:30 pm** might work for a call?

Thanks, Jen

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 11, 2016 10:00 AM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; Graff, Caleb < Caleb.Graff@mail.house.gov>; DiBlasio, Carla < Carla.Diblasio@mail.house.gov>

Cc: Chadwick, Alpheus K. (CMS/OL) Alpheus Chadwick@cms.hhs.gov; OToole, Meghan (CMS/OL)

<Meghan.OToole@cms.hhs.gov>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Hey Jen,

Thanks so much for circling back. We understand that folks are in and out during the month of August, and we really appreciate you working to make a call happen. If we could aim for Tuesday of next week, that's definitely the best day for us if that works for you all as well.

We really appreciate you sending along the links as well. We'll be sure to review them and will follow up with any additional questions.

Thanks again! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov>

Date: Wednesday, August 10, 2016 at 5:45 PM

To: "Street, Amanda" <Amanda.Street@mail.house.gov>, "Graff, Caleb"

<<u>Caleb.Graff@mail.house.gov</u>>, "DiBlasio, Carla" <<u>Carla.Diblasio@mail.house.gov</u>>

Cc: "Chadwick, Alpheus K. (CMS/OL)" <Alpheus.Chadwick@cms.hhs.gov>, "OToole, Meghan

(CMS/OL)" <Meghan.OToole@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Hi Amanda,

My apologies for the delay in sending over options for a call, we're dealing with a lot of vacations and critical staff are out of the office. I expect to be in touch with times for next week. Let me know if there are particular days that are better for the group.

In the meantime, we pulled together the information that we discussed on the call last week. Below are links to the regulatory impact analysis for the CJR proposed rule and CJR final rule, as well as the CMS Actuary's Certifications for the Diabetes Prevention Program and Pioneer ACO Model, the two Innovation Center models that have met the criteria for expansion. If you have any questions about these materials, please let us know.

We'll be back in touch soon with options for a call.

Thanks,

Jen

Regulatory Impact Analysis in CJR proposed rule: starting on page 103, https://www.gpo.gov/fdsys/pkg/FR-2015-07-14/pdf/2015-17190.pdf

Regulatory Impact Analysis in CJR final rule: starting on page 259, https://www.gpo.gov/fdsys/pkg/FR-2015-11-24/pdf/2015-29438.pdf

Actuary Certification for the Diabetes Prevention Program: https://www.cms.gov/Research-Statistics-Data-and-Systems/Research/ActuarialStudies/Downloads/Diabetes-Prevention-Certification-2016-03-14.pdf

Actuary Certification for the Pioneer ACO Model: https://www.cms.gov/Research-Statistics-Data-and-systems/Research/ActuarialStudies/Downloads/Pioneer-Certification-2015-04-10.pdf

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Tuesday, August 9, 2016 9:53 AM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; Graff, Caleb < Caleb.Graff@mail.house.gov>; DiBlasio, Carla < Carla.Diblasio@mail.house.gov>

Cc: Chadwick, Alpheus K. (CMS/OL) Alpheus.Chadwick@cms.hhs.gov; OToole, Meghan (CMS/OL)

<Meghan.OToole@cms.hhs.gov>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Hey Jen,

Thanks again for the call last week. We just wanted to check in and see if any progress had been made in setting up a conversation with the folks who are the leads on CJR.

Thanks so much and we'll talk to you soon! Amanda

--

Amanda Street
House Budget Committee
207 Cannon House Office Building
Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov>

Date: Thursday, August 4, 2016 at 11:30 AM

To: "Graff, Caleb" <Caleb.Graff@mail.house.gov>, "DiBlasio, Carla"

<<u>Carla.Diblasio@mail.house.gov</u>>, "Street, Amanda" <<u>Amanda.Street@mail.house.gov</u>> Cc: "Chadwick, Alpheus K. (CMS/OL)" <Alpheus.Chadwick@cms.hhs.gov>, "OToole, Meghan

(CMS/OL)" < Meghan.OToole@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Great, we're confirmed for 12:30 today. Please use this number: 1-877-267-1577, ID: 998 073 879.

Thanks, Jen

From: Graff, Caleb [mailto:Caleb.Graff@mail.house.gov]

Sent: Thursday, August 4, 2016 11:23 AM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>>; DiBlasio, Carla < Carla.Diblasio@mail.house.gov>; Street, Amanda < Amanda.Street@mail.house.gov>

Cc: Chadwick, Alpheus K. (CMS/OL) Alpheus.Chadwick@cms.hhs.gov; OToole, Meghan (CMS/OL)

<Meghan.OToole@cms.hhs.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

A call in number would be great!

Thanks!

Caleb Graff House Budget Committee Health Policy Advisor Main: 202-226-7270

Direct: 202-226-7317

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Thursday, August 04, 2016 11:23 AM

To: DiBlasio, Carla < Carla. Diblasio@mail.house.gov >; Street, Amanda

<<u>Amanda.Street@mail.house.gov</u>>

Cc: Chadwick, Alpheus K. (CMS/OL) < Alpheus.Chadwick@cms.hhs.gov >; Graff, Caleb < Caleb.Graff@mail.house.gov >; OToole, Meghan (CMS/OL) < Meghan.OToole@cms.hhs.gov >

Subject: RE: House Budget Committee Dr. Price health Meeting Request

How about at 12:30, would that work? Let me know if you would like me to get a call in number.

Thanks, Jen

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Thursday, August 4, 2016 11:20 AM

To: Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov >; Street, Amanda

<Amanda.Street@mail.house.gov>

Cc: Chadwick, Alpheus K. (CMS/OL) < Alpheus. Chadwick@cms.hhs.gov>; Graff, Caleb

<Caleb.Graff@mail.house.gov>

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Thanks so much, Jen

Are you available to chat around 12:00 pm?

Carla DiBlasio
Senior Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Thursday, August 04, 2016 10:27 AM

To: Street, Amanda

Cc: DiBlasio, Carla; Chadwick, Alpheus K. (CMS/OL); Graff, Caleb

Subject: RE: House Budget Committee Dr. Price health Meeting Request

Great, glad you are still on email, Amanda. Caleb, let me know when is a good time to chat.

Regards, Jennifer

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, August 4, 2016 10:19 AM

To: Druckman, Jennifer (CMS/OL) < Jennifer. Druckman@cms.hhs.gov>

Cc: DiBlasio, Carla < Carla.Diblasio@mail.house.gov>; Chadwick, Alpheus K. (CMS/OL) < Alpheus.Chadwick@cms.hhs.gov>; Graff, Caleb < Caleb.Graff@mail.house.gov>

Subject: Re: House Budget Committee Dr. Price health Meeting Request

Hey Jennifer,

Thanks so much for circling back. I'm copying my colleague Caleb as well since he's working on this as well at the committee.

Thanks again!

Amanda Street 207 Cannon House Office Building Washington, D.C. 20515 Main: 202-226-2720

Direct: 202-226-1994

On Aug 4, 2016, at 10:10 AM, Druckman, Jennifer (CMS/OL)

<Jennifer.Druckman@cms.hhs.gov> wrote:

Hi Carla,

I'm working on scheduling this and I was hoping you had a few minutes today to talk about this request so I can make sure I involve the right folks. I know that Amanda is out this week, so I was hoping you had a few minutes to discuss.

Let me know. I'm at 202-690-8062.

Thanks, Jennifer

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Friday, July 29, 2016 11:19 AM

To: Chadwick, Alpheus K. (CMS/OL) < Alpheus. Chadwick@cms.hhs.gov>; Howell, Cherie A.

(CMS/OL) < Cherie. Howell@cms.hhs.gov>

Cc: Graff, Caleb < Caleb.Graff@mail.house.gov >; DiBlasio, Carla

<Carla.Diblasio@mail.house.gov>; Beck, Gary <Gary.Beck@mail.house.gov>; Miranda,

Eric < Eric. Miranda@mail.house.gov>

Subject: Re: Meeting Request

Hi Cherie,

My name is Amanda Street and I work for the House Budget Committee as one of the health care advisors. I just sent AI a follow up email to one I sent yesterday afternoon, and it looks like he won't be back into the office until next week at which point I'll be heading out of town – gotta love recess!

Is there any chance that you can help us with the requests below to meet with staff that works on CMMI models and the actuary(ies) who analyze/score the models?

Many thanks! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Street, Amanda" < Amanda. Street@mail.house.gov>

Date: Friday, July 29, 2016 at 10:08 AM

To: "Chadwick, Alpheus K. (CMS/OL)" < Alpheus. Chadwick@cms.hhs.gov >

Cc: "Graff, Caleb" < Caleb.Graff@mail.house.gov >, "DiBlasio, Carla"

<<u>Carla.Diblasio@mail.house.gov</u>>, "Beck, Gary" <<u>Gary.Beck@mail.house.gov</u>>,

"Miranda, Eric" < Eric. Miranda@mail.house.gov>

Subject: Re: Meeting Request

Hi Al,

I apologize for the multiple emails, but I was doing some research on CMS actuaries because we're trying to setup a meeting with Paul Spitalnic or whoever would be the lead/has worked on estimating CMMI models.

Are you able to assist us in connecting with them as well? I found an email address for Paul and I'm happy to reach out directly, but if it's better to work through your office I'm happy to do that as well.

I am actually heading out of town next Tuesday, so if there's any way that we could identify times to meet with folks later in August between today and Tuesday that would be greatly appreciated!

Thanks so much for your assistance!

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994

From: "Street, Amanda" < Amanda.Street@mail.house.gov >

Date: Thursday, July 28, 2016 at 11:43 AM

To: "Chadwick, Alpheus K. (CMS/OL)" < Alpheus. Chadwick@cms.hhs.gov >

Cc: "Graff, Caleb" <Caleb.Graff@mail.house.gov>, "DiBlasio, Carla"

<Carla.Diblasio@mail.house.gov>, "Beck, Gary" <Gary.Beck@mail.house.gov>,

"Miranda, Eric" < Eric. Miranda@mail.house.gov>

Subject: Meeting Request

Hi Al,

I hope this finds you well! I know it's been a while since we last had an opportunity to interact since I moved from Dr. Price's personal office to the Budget Committee, but I know you've been a great resource to my counterpart Carla DiBlasio in the interim.

We're contacting you today to assist us in securing a meeting with staff from CMMI in the coming weeks. We'd like to set up a meeting with Dr. Price's health team (copied) that will provide us with an opportunity to a closed door, off the record meeting for the purposes of getting additional background information on the program. We've been looking at the demos coming out of CMMI for some time, but now that we're in recess it'd be great to have an opportunity to meet with folks from the CMMI team to help us garner a better understanding of the program.

Can you assist us in setting up this meeting? We're available to meet any time after the first week of August.

Thank you so much and we look forward to hearing from you! Amanda

__

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-7270 Direct: 202-226-1994 From: DiBlasio, Carla

Sent: 17 Nov 2016 18:14:57 +0000 **To:** Druckman, Jennifer (CMS/OL)

Cc: Chadwick, Alpheus K. (CMS/OL); Martino, Maria (CMS/OL); Scott, Anne B.

(CMS/OL); Newlin, Manda (CMS/OL)

Subject: RE: Quality Payment Program Update

Apologies for not responding right away. Thanks so much!!

Carla DiBlasio
Senior Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Thursday, November 17, 2016 9:21 AM

To: DiBlasio, Carla

Cc: Chadwick, Alpheus K. (CMS/OL); Martino, Maria (CMS/OL); Scott, Anne B. (CMS/OL); Newlin,

Manda (CMS/OL)

Subject: Quality Payment Program Update

Hi Carla,

We wanted to touch base with you this morning on two items, first, to let you know that today CMS is updating the website for the Quality Payment Program (QPP). The update will include additional information, including the following: Draft 2017 Measure Specifications; a Measure Specifications Implementation Guide and a Measure Specifications Fact Sheet; and a document on How to Design an APM Toolkit. In addition, CMS is opening the self-nomination process for registries and qualified clinical data registries, and fact sheets about these processes have been added to the website. All the information can be found on the QPP website at: https://qpp.cms.gov/education.

In addition, we below are answers to specific questions that you had asked us about the Merit-Based Incentive Payment System as well as certain Alternative Payment Models.

Please let us know if you have any questions.

Thanks, Jen

Q: How does the MIPS payment formula work? What is the performance curve? For example, if a group practice obtains a near-perfect score—but only submitted for a 90-day time period rather than a year--- will they still be eligible for the maximum adjustment or the exceptional bonus?

A: In general, if a group practice achieves a near perfect score based on data submitted for 90 days, this total score will be treated the same way as a total score that is based on a full year of reporting.

MIPS Payment Formula – The performance threshold is the dividing line that determines which MIPS eligible clinicians receive a positive payment adjustment and which receive a negative adjustment. For the transition year, CMS finalized a low performance threshold, 3 out of a possible 100 points. Eligible clinicians with a final score at or above the performance threshold will receive a zero or positive adjustment factor on a linear sliding scale.

Moreover, MIPS has an "additional performance threshold" to reward exceptional performance through another positive MIPS adjustment factor. \$500 million will be distributed to those whose final scores exceed an additional performance threshold, which is established in the first year at 70 points. Positive payment adjustments for exceptional performance will be applied on a linear scale for scores that range between the additional performance threshold of 70 to a perfect final score of 100.

In the first year of MIPS, clinicians who want to fully participate and achieve a high score should submit complete data under the 3 required performance categories: Quality; Advancing Care Information; and Improvement Activities.

For each of the 3 categories, data can be submitted for a period of 90 days or a longer period of time up to one year. For the quality performance category, it may be that a longer performance period will provide greater assurance of reliability with respect to the submitted data, and clinicians who have the ability to submit data for a period of time greater than 90 days are encouraged to do so.

- For example, there is a 20 case minimum threshold for each measure to ensure that it can be scored reliably for a clinician or group. Although clinicians will receive a base score for submitting data on each measure even if the case minimum isn't met, a clinician or a group striving for a high score and choosing to submit data for only 90 days should ensure that the measure data submitted meets the 20 case minimum. This will allow the measure to be scored and depending on performance, potentially receive a higher score up to the maximum number of points.
- In addition, there are some measures that require a reporting period that spans more than 90 days -- for example, those that have a specified time period for required followup or those looking for improvement in an outcome. These measures are not as conducive to reporting for 90 days, and clinicians choosing this shorter time period should consider other available MIPS measures.

Q: Is there a difference between the maximum adjustment and the exceptional bonus?

A: As required by law, there are two payment adjustments –

The first payment adjustment is either positive or negative based on the total score and
where that score falls relative to the performance threshold. The performance
threshold is the dividing line that determines which MIPS eligible clinicians receive a
negative payment adjustment and which receive a positive adjustment. For the

transition year, CMS finalized a low performance threshold, 3 out of a possible 100 points. Eligible clinicians with a final score at or above the performance threshold will receive a zero or positive adjustment factor on a linear sliding scale. The exact positive adjustment amounts will be determined after the performance period in order to maintain budget neutrality.

• The additional payment adjustment for exceptional performance is to reward exceptional performance through another positive MIPS adjustment factor. \$500 million will be distributed as a bonus to those whose final scores exceed an additional performance threshold, which is established in the first year at 70 points. Positive payment adjustments for exceptional performance will be applied on a linear scale for scores that range between the additional performance threshold of 70 to a perfect final score of 100.

Q: Why is there no *formal* appeals process? In addition, there is an informal appeals process for PQRS and MU. What is this process, and have we published it somewhere?

A: In section 1848(q)(13) of the Social Security Act, as established by MACRA, the law specifically allows for a targeted review under MIPS and requires the Secretary to establish a process under which a MIPS eligible professional can seek an informal review of the calculation of the payment adjustment. We have established this informal review process in the recently released final rule for the QPP. (Please see the discussion of the targeted review process in the final rule beginning on page 77353 at this link – https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-25240.pdf

The process that is finalized is laid out on page 77358.)

- For information on the current PQRS informal review process, please see the document at the following link --https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2015PQRSIR2017PayAdjMadeSimple.pdf
- For information on the current appeals process for the Medicare EHR Incentive Program, please see the following link -- https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/AppealsAudits_EHRAppealsOverview-.pdf

Q: When will non-patient facing codes become available (for example for radiologists)?

A: The final rule defines a non-patient facing MIPS eligible clinician as a clinician who bills 100 or fewer patient-facing encounters during a specified period of time. The encounter codes to determine if a clinician is a non-patient facing MIPS eligible clinician will be published on the CMS website in the next few months.

Q: Cost of Compliance – A recent GAO report on the cost of compliance has different compliance costs than CMS. GAO states that the average annual cost is \$40,000 per doctor annually; the CMS rule states it is \$1,200 per doctor. What is the difference?

A: The two estimates were derived in different ways and measured different compliance costs, as explained below –

Estimate in Final QPP Rule – The estimate in the final rule was made based on estimated time and labor costs. In addition, the rule explains that the burden associated with submitting quality measures will vary depending on the submission method selected by the clinician or group (e.g., claims, registry, EHR, etc.). As an example, for quality measure submission, the estimate takes into consideration the following: start-up costs (reviewing measure specifications, selecting a submission option, incorporating submission of measures into the office work flow), and data submission costs. The estimated annual cost of submitting quality measures per clinician or group varies between \$1,206 for EHR submission and \$1,796 for claims submission.

<u>GAO Report</u> – The GAO report referenced (Health Care Quality – HHS Should Set Priorities and Comprehensively Plan Its Efforts to Better Align Health Quality Measures) includes a reference on page 12 to an article that appeared in *Health Affairs* in March 2016. This article was based on a web-based survey of 1,000 randomly selected physician practices from four specialties. The survey asked about time spent by physicians and staff on activities related to reporting and inspecting quality data. The focus was on <u>all</u> quality data required from all payers, not only Medicare data. The time estimates were converted into costs. The article also states that the study had multiple limitations, including a relatively low response rate.

Q: Some are concerned MIPS will limit the number of specialty measures. How are measures eliminated, and explain the process to eliminate specialty measures?

A: Increasing the availability of specialty measures is a priority, recognizing that clinicians need to report measures that are most relevant and pertinent to their practices. On the QPP website, all the MIPS quality measures are listed, and they are further categorized by specialty (in 30 separate specialty areas). This can be seen at this link: https://qpp.cms.gov/measures/quality. Scroll down to where it says "Select Measures" and on the right click on the drop-down menu for the specialty measure set.

In addition to selecting measures from this list, specialty clinicians can report through a Qualified Clinical Data Registry, which includes additional measures and in some cases specialty-specific measures, depending on the registry.

Q: Impact Table for Small Practices – Can we get a copy of the Impact Table for small practices that suggests that 90 percent of small practices will not be impacted?

A: Please see tables 62 and 63 of the final rule at: https://www.gpo.gov/fdsys/pkg/FR-2016-11-04/pdf/2016-25240.pdf

The tables can be found on pages 77530 and 77531.

Note that table 62 shows the estimated payment year 2019 impact on total allowed charges by practice size. Table 63 shows the estimated impact using an alternative scoring model.

Q: CJR - Will CJR and BPCI be considered APMs for 2017 and 2018?

A: For performance year 2017, CMS has determined that CJR and BPCI models 2-4 are not Advanced APMs. CJR currently does not qualify as an Advanced APM because it does not

require participants to use certified electronic health record technology (CEHRT), one of the criteria that a model must meet in order to be an Advanced APM. However, we have proposed to create a track in CJR that would include a CEHRT use requirement. If this proposal is finalized, we anticipate that the CJR CEHRT Track would meet the criteria in the final Quality Payment Program rule to be an Advanced APM for performance year 2018. In addition, building on BPCI, we intend to implement a new voluntary bundled payment model for CY 2018 where the model would be designed to meet the criteria to be an Advanced APM. We will publish a final 2018 performance year Advanced APM list before January 1, 2018.

From: DiBlasio, Carla

Sent: 22 Mar 2016 15:25:23 +0000 **To:** Druckman, Jennifer (CMS/OL)

Cc: Chadwick, Alpheus K. (CMS/OL); Newlin, Manda (CMS/OL); Yen, Lisa (CMS/OL)

Subject: RE: Question in preparation for Wednesday's call

Thanks so much, Jen!

We greatly appreciate your quick response.

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Tuesday, March 22, 2016 10:00 AM

To: DiBlasio, Carla

Cc: Chadwick, Alpheus K. (CMS/OL); Newlin, Manda (CMS/OL); Yen, Lisa (CMS/OL)

Subject: RE: Question in preparation for Wednesday's call

Hi Carla,

Please disregard this earlier information. For the CJR model, CMS is implementing the model under its authority in section 1115A(b) of the Social Security Act. This section allows the Secretary to select models to be tested where the Secretary determines that there is evidence that the model addresses a defined population for which there are deficits in care leading to poor clinical outcomes or potentially avoidable expenditures. The statute permits the Secretary to choose to test models described in section 1115A(b)(2)(B), but does not limit the Secretary to only those models. The Secretary has the discretion to select other models for testing, provided they meet the requirements under section 1115A(b).

The Secretary has identified LEJR procedures as meeting the statutory requirements for testing of a model under section 1115A(b). The CJR model tests a defined population -- Medicare beneficiaries receiving LEJR procedures -- for which there are deficits in care leading to poor clinical outcomes or potentially avoidable expenditures. Total hip arthroplasty and total knee arthroplasty procedures are very high volume procedures that together represent the largest payments for procedures under Medicare. These high expenditure, high utilization procedures are commonly furnished to Medicare beneficiaries, and there currently exists significant variation in spending for these procedures and their related care during recovery across the country. Given those facts, the intent of the CJR model is to promote quality and financial accountability among providers and suppliers furnishing services during episodes of care surrounding an LEJR procedure.

Realizing the full potential of new payment models will require the engagement of an even broader set of providers than have participated to date, providers who may only be reached when new payment models are applied to an entire class of providers of a service. As such, we are interested in testing and evaluating the impact of a bundled payment approach for LEJR procedures in a variety of circumstances, especially amongst those hospitals that may not otherwise participate in such a test.

Please let me know if you have any questions.

Thanks, Jen From: Druckman, Jennifer (CMS/OL) Sent: Tuesday, March 22, 2016 9:56 AM

To: 'DiBlasio, Carla' < Carla. Diblasio@mail.house.gov>

Cc: Chadwick, Alpheus K. (CMS/OL) < Alpheus.Chadwick@cms.hhs.gov >; Newlin, Manda (CMS/OL)

<<u>Manda.Newlin@cms.hhs.gov</u>>; Yen, Lisa (CMS/OL) <<u>Lisa.Yen@cms.hhs.gov</u>>

Subject: RE: Question in preparation for Wednesday's call

Carla, my apologies, I sent the wrong item, be back in touch with info about CJR shortly.

Thanks, Jen

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Monday, March 21, 2016 8:58 PM

To: Druckman, Jennifer (CMS/OL) < <u>Jennifer.Druckman@cms.hhs.gov</u>> **Cc:** Chadwick, Alpheus K. (CMS/OL) < <u>Alpheus.Chadwick@cms.hhs.gov</u>>

Subject: Question in preparation for Wednesday's call

Hey Jen,

I hope your week is off to a great start! I spoke to Dr. Price this evening about the call we have scheduled with Patrick Conway on Wednesday at 11 am. Congressman Price plans to focus his attention on the CJR program and the upcoming implementation of CJR. In preparation for the phone call, Congressman Price was hoping I could track down the answer to one major question he has.

Congressman Price asked me to track down the portion of the CMMI statute that affords CMS the authority to promulgate mandatory programs. Can you share the section of the statute that CMS is relying as it releases mandatory demos? (E.g. CJR)

I know that the Congressman plans to focus on specific issues within CJR, but he was hoping to gain clarification on this question before the call.

Thanks so much! Carla

Carla DiBlasio
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: DiBlasio, Carla

Sent: 4 Feb 2016 22:52:55 +0000

To: Druckman, Jennifer (CMS/OL); Chadwick, Alpheus K. (CMS/OL)

Cc: Dugan, Meghan

Subject: RE: Question re: the passage of S. 2425

Hi Jennifer and Chadwick,

Congressman Price still has questions about the implementation of the S. 2425 hardship application/process. We would greatly appreciate you working with us to find a time for this phone call as soon as possible.

Thanks so much! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Dugan, Meghan

Sent: Thursday, January 21, 2016 2:00 PM

To: DiBlasio, Carla; 'Druckman, Jennifer (CMS/OL)'; 'Chadwick, Alpheus K. (CMS/OL)'

Subject: RE: Question re: the passage of S. 2425

I am happy to facilitate a time for this call. Would February 1 at 1:00 PM work for your scheduling purposes?

Meghan

From: DiBlasio, Carla

Sent: Wednesday, January 20, 2016 8:28 PM

To: 'Druckman, Jennifer (CMS/OL)'; 'Chadwick, Alpheus K. (CMS/OL)'

Cc: Dugan, Meghan

Subject: RE: Question re: the passage of S. 2425

Good evening,

Chairman Tom Price would like to request a phone call with Mr. Andy Slavitt to discuss the implementation of S. 2425, including when physicians can expect to see guidance on this. He is very concerned about the fact that physicians now have less than 60 days to submit a hardship application under the March 15th deadline for the new streamlined hardship application process.

The phone call should not take long, so many thanks for your assistance in setting this up. I've copied our scheduler, Meghan Dugan, who will be able to help confirm a time.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: DiBlasio, Carla

Sent: Tuesday, January 12, 2016 2:12 PM **To:** 'Druckman, Jennifer (CMS/OL)' **Cc:** 'Chadwick, Alpheus K. (CMS/OL)'

Subject: Question re: the passage of S. 2425

Good Afternoon,

Pursuant to <u>S. 2425</u> being signed into law by the President on December 28th, CMS was granted additional authority to offer hardship exemptions to participants in the Meaningful Use Program (Medicare & Medicaid EHR Incentive Program).

The law institutes new opportunities for physicians and hospitals to apply for hardship exemptions and imposes new deadlines for these opportunities. To be able to maximize the important flexibility created by this law, it's imperative that the necessary guidance for program participants be released as soon as possible. Could you provide any update on when we can expect the guidance for participants to be released? When will CMS' updated website be ready for use (in applying for a hardship exemption)? How does CMS anticipate informing the provider community about how to leverage the new hardship exemption pathways?

As you know, the first submission deadline is March 15th, therefore we hope CMS can issue guidance to allow for at least 60-days for providers to prepare their applications.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Shatynski, Kristen

Sent: 20 Jan 2016 23:11:29 +0000 **To:** Hiller, Elinor A. (CMS/OL)

Cc: Ferraina, Steven (CMS/OL);Druckman, Jennifer (CMS/OL);Dupee,

Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff,

Caleb; DiBlasio, Carla; Donheffner, Kristen; Newlin, Manda (CMS/OL)

Subject: RE: seeking information on home health appeals

Many thanks Elinor for sending! We're going to digest this and we'll be in touch with follow-up questions.

Thanks again!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Wednesday, January 20, 2016 5:35 PM

To: Shatynski, Kristen

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla;

Donheffner, Kristen; Newlin, Manda (CMS/OL)

Subject: RE: seeking information on home health appeals

Kristen,

Included below are data for FYs 2013 and 2014 processed home health appeals at both the MAC and QIC levels, as well as medical necessity-specific data at the QIC level. Claims that failed to meet the face-to-face narrative requirement are a subset of the claims reviewed for medical necessity. Please note that as with the previous data, our data do not distinguish between medical necessity reviews and other types of appeals (e.g. incorrect coding) at the MAC level. At the QIC level, medical necessity reviews are sent to a separate panel for clinical review, which allows CMS to track medical necessity reviews at the QIC level. The data also include the associated reversal rates, which represent the percentage of claims with Favorable and Partially Favorable dispositions.

MAC Level - Overall Home Health Processed Appeals:

| | FY2013 | FY2014 |
|----------|--------|--------|
| Total | | |
| claims | 94,948 | 86,178 |
| Reversal | | |
| rate | 3.6% | 6.8% |

QIC Level – Overall Home Health Processed Appeals:

| | FY2013 | FY2014 |
|----------|--------|--------|
| Total | | |
| claims | 98,373 | 83,009 |
| Reversal | | |
| rate | 1.2% | 2.0% |

QIC Level - Home Health Processed Appeals that Went through Medical Necessity Review:

| | FY2013 | FY2014 |
|----------|--------|--------|
| Total | | |
| claims | 90,886 | 79,474 |
| Reversal | | |
| rate | 1.2% | 2.0% |

Included below are data for FYs 2013 – 2015 for those claims that underwent medical necessity review at the QIC level, broken down by date of service (DOS)/service end date. Given the timely filing requirements for submitting a claim (e.g., 1 year from DOS), timely appeal requirements (e.g., 120 days and 180 days to file redeterminations and reconsiderations, respectively), and timely decision requirements (e.g., 60 days to adjudicate redeterminations and reconsiderations), as shown here, most appeals are processed about 2 years after the service end date. If a claim is denied upon post-payment review, the process can take additional time (e.g., there is a 3-year look back period for certain review contractors). As you know, there is currently no backlog of appeals at the MAC or QIC levels of appeal.

QIC Level - Home Health Processed Appeals (in claims) that Went through Medical Necessity Review by Service End Date:

| | Арр | Appeal Processed Date | | |
|------------------|--------|-----------------------|--------|--|
| Service End Date | FY2013 | FY2014 | FY2015 | |
| FY2006 | 1 | 0 | 0 | |
| FY2007 | 26 | 11 | 2 | |
| FY2008 | 233 | 170 | 73 | |
| FY2009 | 919 | 629 | 425 | |
| FY2010 | 2,460 | 1,690 | 841 | |
| FY2011 | 69,373 | 4,924 | 1,649 | |
| FY2012 | 16,865 | 49,549 | 2,430 | |
| FY2013 | 712 | 21,572 | 40,754 | |
| FY2014 | 0 | 691 | 23,276 | |
| FY2015 | 0 | 0 | 983 | |
| DOS Unavailable* | 297 | 238 | 229 | |
| Total Claims | 90,886 | 79,474 | 70,662 | |

^{*}Appeals for which the date of service is not available are expedited appeals where Quality Improvement Organizations conducted the first level of appeal, which do not contain the detailed claim level information available for standard appeals.

Please let us know if you have additional questions.

Elinor

From: Shatynski, Kristen

Sent: Monday, December 28, 2015 1:05 PM

To: 'Hiller, Elinor A. (CMS/OL)'

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla;

<u>kristen.donherrner@mail.house.gov</u>; Newlin, Manda (CMS/OL) **Subject:** RE: seeking information on home health appeals

Hi Elinor,

Thanks for sending this information. Can you send the data for FY 2013 – 2014? Also are you able to break the data out by dates of service?

Thanks!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730

From: Hiller, Elinor A. (CMS/OL) [mailto:Elinor.Hiller@cms.hhs.gov]

Sent: Tuesday, December 22, 2015 11:47 AM

To: Shatynski, Kristen

Cc: Ferraina, Steven (CMS/OL); Druckman, Jennifer (CMS/OL); Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli, Adrianna; Graff, Caleb; DiBlasio, Carla;

<u>kristen.donherrner@mail.house.gov</u>; Newlin, Manda (CMS/OL) **Subject:** RE: seeking information on home health appeals

Hi Kristen,

I handle appeals issues within OL, and Jen asked me to get back to you on this request. While we do not have data specific to the overall number of home health denials due to failure to meet the face-to-face narrative requirement, we do have information related to home health appeals, which I hope will be helpful.

CMS maintains appeals data for the first two CMS levels of appeal: the MAC redetermination and QIC reconsideration levels. However, CMS' appeals data does not capture the specific denial reason (ie. denials for failing to meet the face-to-face narrative requirement).

Denials based on failure to meet the face-to-face narrative requirement are a subset of the broader category of medical necessity denials. At the MAC level, our data does not distinguish between medical

necessity reviews and other types of appeals (e.g. incorrect coding). At the QIC level, medical necessity reviews are sent to a separate panel for clinical review, which allows CMS to track medical necessity reviews at the QIC level.

Included below is FY 2015 overall data on processed home health appeals at both the MAC and QIC levels, as well as medical necessity-specific data at the QIC level. As noted above, claims that failed to meet the face-to-face narrative requirement are a subset of the claims reviewed for medical necessity.

The data also includes the associated reversal rates. The reversal rates represent the percentage of claims with Favorable and Partially Favorable dispositions.

MAC Level – FY15 Overall Home Health Processed Appeals:

| Total claims | 79,637 |
|---------------|--------|
| Reversal rate | 8.9% |

QIC Level - FY15 Overall Home Health Processed Appeals:

| Total claims | 73,545 |
|---------------|--------|
| Reversal rate | 2.6% |

QIC Level - FY15 Home Health Processed Appeals that Went through Medical Necessity Review:

| Total claims | 70,662 |
|---------------|--------|
| Reversal rate | 2.5% |

Elinor Hiller
Director, Medicare Parts C & D/Program Integrity Analysis Group
CMS Office of Legislation
(202) 690-5413
elinor.hiller@cms.hhs.gov

From: Shatynski, Kristen [mailto:Kristen.Shatynski@mail.house.gov]

Sent: Friday, November 20, 2015 4:48 PM

To: Druckman, Jennifer (CMS/OL)

Cc: Dupee, Jennifer; Paluskiewicz, James; Grabert, Lisa; Levin, Sarah; Woronoff, Arielle; Simonelli,

Adrianna; Graff, Caleb; DiBlasio, Carla; Donheffner, Kristen **Subject:** seeking information on home health appeals

Hi Jennifer,

Kristen Shatynski here from Representative Greg Walden's office. Representatives Walden, Blumenauer, and Price are working on legislation that would make changes to the home health face-to-face documentation requirement. It's still a work in progress but one of the sections directs the Secretary of HHS to establish a process under which home health agencies can choose to enter into a settlement agreement for claims in appeal that were denied due the face-to-face documentation requirement.

Could you obtain some data for us on the number of those denied claims in the appeals process, in addition to information on the rate of overturned vs upheld denials?

Thank you for your help!

Kristen

Kristen Shatynski, Ph.D. Legislative Assistant Office of Representative Greg Walden 2185 Rayburn House Office Building 202-225-6730
 From:
 Druckman, Jennifer (CMS/OL)

 Sent:
 2 Sep 2016 16:54:25 +0000

To: 'Street, Amanda';OToole, Meghan (CMS/OL);Chadwick, Alpheus K. (CMS/OL)
Cc: Graff, Caleb;DiBlasio, Carla;Wikelius, Kristin (CMS/OL);Martino, Maria (CMS/OL)

Subject: RE: Submit NTF presentation for the record

Hi Amanda,

Thanks for checking on this. We've spoken to the Innovation Center team and confirmed that this witness/BPCI site would not be in breach of their BPCI contract to submit the presentation for the record.

Regards, Jennifer

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, September 1, 2016 10:08 AM

To: Druckman, Jennifer (CMS/OL) <Jennifer.Druckman@cms.hhs.gov>; OToole, Meghan (CMS/OL) <Meghan.OToole@cms.hhs.gov>; Chadwick, Alpheus K. (CMS/OL) <Alpheus.Chadwick@cms.hhs.gov> **Cc:** Graff, Caleb <Caleb.Graff@mail.house.gov>; DiBlasio, Carla <Carla.Diblasio@mail.house.gov>

Subject: Submit NTF presentation for the record

Hey guys,

Hope this finds you well. As you may know, the Budget committee will be holding a hearing next week on the scoring conventions of CMMI, and one of the witnesses has an association with Signature Medical Group. They would like the attached PowerPoint to be submitted for the record as part of the witness testimony. This presentation was used in an earlier off the record discussion with Ways and Means committee (I believe it was reviewed by CMS at that time) and have since further scrubbed the data, but would like assurances from CMMI/CMS that it would not be in breach of their BPCI contract to submit it.

If you could get back to us by next Tuesday at the latest that would be wonderful.

Thank you so much! Amanda

Sent from my iPhone

From: Grossman, Edward

Sent: 2 Dec 2015 19:17:33 +0000

To: DiBlasio, Carla; Druckman, Jennifer (CMS/OL); Uehlecke, Nicholas

Cc: Street, Amanda; Burney, Ira (CMS/OL); Knickrehm, Eric J. (CMS/OL); Shapiro,

Jessica; Cross, Jesse

Subject: RE: TA for Radiation Therapy Language

Also copying Jessica & Jesse who also work in this area, if they want to participate as well.

Ed

From: DiBlasio, Carla

Sent: Wednesday, December 02, 2015 12:40 PM **To:** 'Druckman, Jennifer (CMS/OL)'; Uehlecke, Nicholas

Cc: Street, Amanda; Burney, Ira (CMS/OL); Knickrehm, Eric J. (CMS/OL); Grossman, Edward

Subject: RE: TA for Radiation Therapy Language

Great!

I'm looping in Ed Grossman, as well. He is going to join us.

Thanks so much!

Carla

From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Wednesday, December 02, 2015 12:30 PM

To: Uehlecke, Nicholas; DiBlasio, Carla

Cc: Street, Amanda; Burney, Ira (CMS/OL); Knickrehm, Eric J. (CMS/OL)

Subject: RE: TA for Radiation Therapy Language

Please use this dial in information: 1-877-267-1577 Meeting Number: 991 394 796 at 4:30 pm today.

Thanks, Jennifer

From: Druckman, Jennifer (CMS/OL)
Sent: Tuesday, December 1, 2015 7:05 PM
To: 'Uehlecke, Nicholas'; DiBlasio, Carla
Cc: Street, Amanda; Burney, Ira (CMS/OL)
Subject: RE: TA for Radiation Therapy Language

Sure, I'll send a dial in number in the morning.

Thanks,

Jen

From: Uehlecke, Nicholas [mailto:Nicholas.Uehlecke@mail.house.gov]

Sent: Tuesday, December 1, 2015 7:04 PM

To: DiBlasio, Carla; Druckman, Jennifer (CMS/OL)

Cc: Street, Amanda; Burney, Ira (CMS/OL)

Subject: Re: TA for Radiation Therapy Language

Thanks Carla -

Jen would cms be able to provide a dial in or should we?

From: DiBlasio, Carla

Sent: Tuesday, December 1, 2015 6:59 PM

To: 'Druckman, Jennifer (CMS/OL)'

Cc: Uehlecke, Nicholas; Street, Amanda; Burney, Ira (CMS/OL)

Subject: RE: TA for Radiation Therapy Language

Thanks Jen,

4:30 pm tomorrow sounds great. I think Nick may be able to join the call by then, as well.

Thanks again!

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Druckman, Jennifer (CMS/OL) [mailto:Jennifer.Druckman@cms.hhs.gov]

Sent: Tuesday, December 01, 2015 6:34 PM

To: DiBlasio, Carla

Cc: Uehlecke, Nicholas; Street, Amanda; Burney, Ira (CMS/OL)

Subject: RE: TA for Radiation Therapy Language

Hi Carla,

Happy to discuss this language, how does 4:30 pm on Wednesday work for you? Let me know.

Thanks, Jen

From: DiBlasio, Carla [mailto:Carla.Diblasio@mail.house.gov]

Sent: Tuesday, December 1, 2015 12:30 PM

To: Druckman, Jennifer (CMS/OL)
Cc: Uehlecke, Nicholas; Street, Amanda
Subject: TA for Radiation Therapy Language

Hey Jennifer,

I hope you had a nice Thanksgiving! I wanted to touch base with you regarding the attached radiation therapy language. It's my understanding that CMS was in touch with Nick Uehlecke regarding the language. However, Nick had an emergency last night so I wanted to check in with you to determine if you were able to provide any TA on the language? Happy to chat over the phone if that's easiest.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











From: Baker, Brett (Finance)
Sent: 11 Dec 2015 14:44:41 +0000

To: D'Aquila, Dennis (Thune);Street, Amanda

Cc: Cross, Jesse; Burney, Ira (CMS/OL); DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer (CMS/OL); Yen, Lisa (CMS/OL); Lucas, Jane (Thune)

Subject: Re: TA on bill regarding competitive bidding

I can do 2 pm.

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE network.

From: D'Aquila, Dennis (Thune)

Sent: Friday, December 11, 2015 9:40 AM **To:** Street, Amanda; Baker, Brett (Finance)

Cc: Cross, Jesse; Burney, Ira (CMS/OL); DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer

(CMS/OL); Yen, Lisa (CMS/OL); Lucas, Jane (Thune) **Subject:** Re: TA on bill regarding competitive bidding

2 would work best for us.

From: Street, Amanda

Sent: Thursday, December 10, 2015 11:09 PM

To: Baker, Brett (Finance)

Cc: Cross, Jesse; Burney, Ira (CMS/OL); DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer

(CMS/OL); D'Aquila, Dennis (Thune); Yen, Lisa (CMS/OL) **Subject:** Re: TA on bill regarding competitive bidding

Either time works for me.

Amanda Street 207 Cannon House Office Building Washington, D.C. 20515 Main: 202-226-2720

Direct: 202-226-1994

On Dec 10, 2015, at 10:00 PM, Baker, Brett (Finance)

<Brett Baker@finance.senate.gov> wrote:

2:30 pm on tomorrow works best for me but I can make 2 pm work if that is best for others.

Nice to be reunited with House Leg Counsel.

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE net work.

From: Cross, Jesse

Sent: Thursday, December 10, 2015 9:58 PM

To: Burney, Ira (CMS/OL)

Cc: Street, Amanda; DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer (CMS/OL);

D'Aquila, Dennis (Thune); Baker, Brett (Finance); Yen, Lisa (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi all,

A 2 PM call should work for us in Leg Counsel.

Best,

Jesse

On Dec 10, 2015, at 8:53 PM, Burney, Ira (CMS/OL) < ira.burney@cms.hhs.gov> wrote:

We could do a call tomorrow on the language. The best times for us tomorrow would be 2PM or later. Would 2PM or a later time work?

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, December 10, 2015 7:43 PM

To: Yen, Lisa (CMS/OL)

Cc: Burney, Ira (CMS/OL); DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL); D'Aquila, Dennis (Thune);

Baker, Brett (Finance)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa and Ira,

Thank you again for taking the time the other day to walk through the language on the new reimbursement system. Based on our conversation, Jesse sent over an updated draft that I shared with you all and our friends over in the Senate, Dennis and Brett.

There are still a few lingering questions that need to be addressed that I think we can work through relatively quickly, but it'd be helpful if we could bring Brett and Dennis into the conversation. Would y'all be available for a follow up discussion with the whole group tomorrow?

Many thanks! Amanda From: D'Aquila, Dennis (Thune)
Sent: 11 Dec 2015 14:40:55 +0000

To: Street, Amanda; Baker, Brett (Finance)

Cc: Cross, Jesse; Burney, Ira (CMS/OL); DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer (CMS/OL); Yen, Lisa (CMS/OL); Lucas, Jane (Thune)

Subject: Re: TA on bill regarding competitive bidding

2 would work best for us.

From: Street, Amanda

Sent: Thursday, December 10, 2015 11:09 PM

To: Baker, Brett (Finance)

Cc: Cross, Jesse; Burney, Ira (CMS/OL); DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer

(CMS/OL); D'Aquila, Dennis (Thune); Yen, Lisa (CMS/OL) **Subject:** Re: TA on bill regarding competitive bidding

Either time works for me.

Amanda Street 207 Cannon House Office Building Washington, D.C. 20515 Main: 202-226-2720

Direct: 202-226-1994

On Dec 10, 2015, at 10:00 PM, Baker, Brett (Finance)

<Brett Baker@finance.senate.gov> wrote:

2:30 pm on tomorrow works best for me but I can make 2 pm work if that is best for others.

Nice to be reunited with House Leg Counsel.

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE net work.

From: Cross, Jesse

Sent: Thursday, December 10, 2015 9:58 PM

To: Burney, Ira (CMS/OL)

Cc: Street, Amanda; DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer (CMS/OL);

D'Aquila, Dennis (Thune); Baker, Brett (Finance); Yen, Lisa (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi all,

A 2 PM call should work for us in Leg Counsel.

Best,

Jesse

On Dec 10, 2015, at 8:53 PM, Burney, Ira (CMS/OL) <ira.burney@cms.hhs.gov> wrote:

We could do a call tomorrow on the language. The best times for us tomorrow would be 2PM or later. Would 2PM or a later time work?

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, December 10, 2015 7:43 PM

To: Yen, Lisa (CMS/OL)

Cc: Burney, Ira (CMS/OL); DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL); D'Aquila, Dennis (Thune);

Baker, Brett (Finance)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa and Ira,

Thank you again for taking the time the other day to walk through the language on the new reimbursement system. Based on our conversation, Jesse sent over an updated draft that I shared with you all and our friends over in the Senate, Dennis and Brett.

There are still a few lingering questions that need to be addressed that I think we can work through relatively quickly, but it'd be helpful if we could bring Brett and Dennis into the conversation. Would y'all be available for a follow up discussion with the whole group tomorrow?

Many thanks! Amanda From: Baker, Brett (Finance)

Sent: 11 Dec 2015 03:00:25 +0000

To: Cross Josse Burney Jra (CMS)

To: Cross, Jesse; Burney, Ira (CMS/OL)

Cc: Street, Amanda; DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer

(CMS/OL);D'Aquila, Dennis (Thune);Yen, Lisa (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

2:30 pm on tomorrow works best for me but I can make 2 pm work if that is best for others.

Nice to be reunited with House Leg Counsel.

Sent from my BlackBerry 10 smartphone on the Verizon Wireless 4G LTE network.

From: Cross, Jesse

Sent: Thursday, December 10, 2015 9:58 PM

To: Burney, Ira (CMS/OL)

Cc: Street, Amanda; DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer (CMS/OL); D'Aquila,

Dennis (Thune); Baker, Brett (Finance); Yen, Lisa (CMS/OL) **Subject:** Re: TA on bill regarding competitive bidding

Hi all,

A 2 PM call should work for us in Leg Counsel.

Best,

Jesse

On Dec 10, 2015, at 8:53 PM, Burney, Ira (CMS/OL) <ira.burney@cms.hhs.gov> wrote:

We could do a call tomorrow on the language. The best times for us tomorrow would be 2PM or later. Would 2PM or a later time work?

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, December 10, 2015 7:43 PM

To: Yen, Lisa (CMS/OL)

Cc: Burney, Ira (CMS/OL); DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL); D'Aquila, Dennis (Thune); Baker, Brett (Finance)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa and Ira,

Thank you again for taking the time the other day to walk through the language on the new reimbursement system. Based on our conversation, Jesse sent over an updated draft that I shared with you all and our friends over in the Senate, Dennis and Brett.

There are still a few lingering questions that need to be addressed that I think we can work through relatively quickly, but it'd be helpful if we could bring Brett and Dennis into the conversation. Would y'all be available for a follow up discussion with the whole group tomorrow?

Many thanks! Amanda From: Cross, Jesse

Sent: 11 Dec 2015 02:58:11 +0000

To: Burney, Ira (CMS/OL)

Cc: Street, Amanda; DiBlasio, Carla; Shapiro, Jessica; Druckman, Jennifer

(CMS/OL);D'Aquila, Dennis (Thune);Baker, Brett (Finance);Yen, Lisa (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi all,

A 2 PM call should work for us in Leg Counsel.

Best,

Jesse

On Dec 10, 2015, at 8:53 PM, Burney, Ira (CMS/OL) < ira.burney@cms.hhs.gov> wrote:

We could do a call tomorrow on the language. The best times for us tomorrow would be 2PM or later. Would 2PM or a later time work?

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, December 10, 2015 7:43 PM

To: Yen, Lisa (CMS/OL)

Cc: Burney, Ira (CMS/OL); DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman,

Jennifer (CMS/OL); D'Aquila, Dennis (Thune); Baker, Brett (Finance)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa and Ira,

Thank you again for taking the time the other day to walk through the language on the new reimbursement system. Based on our conversation, Jesse sent over an updated draft that I shared with you all and our friends over in the Senate, Dennis and Brett.

There are still a few lingering questions that need to be addressed that I think we can work through relatively quickly, but it'd be helpful if we could bring Brett and Dennis into the conversation. Would y'all be available for a follow up discussion with the whole group tomorrow?

Many thanks!

Amanda

From: Burney, Ira (CMS/OL)
Sent: 10 Dec 2015 20:53:15 -0500

To: Street, Amanda

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer

(CMS/OL);D'Aquila, Dennis (Thune);Baker, Brett (Finance);Yen, Lisa (CMS/OL)

Subject: RE: TA on bill regarding competitive bidding

We could do a call tomorrow on the language. The best times for us tomorrow would be 2PM or later. Would 2PM or a later time work?

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Thursday, December 10, 2015 7:43 PM

To: Yen, Lisa (CMS/OL)

Cc: Burney, Ira (CMS/OL); DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer

(CMS/OL); D'Aquila, Dennis (Thune); Baker, Brett (Finance) **Subject:** Re: TA on bill regarding competitive bidding

Hi Lisa and Ira,

Thank you again for taking the time the other day to walk through the language on the new reimbursement system. Based on our conversation, Jesse sent over an updated draft that I shared with you all and our friends over in the Senate, Dennis and Brett.

There are still a few lingering questions that need to be addressed that I think we can work through relatively quickly, but it'd be helpful if we could bring Brett and Dennis into the conversation. Would y'all be available for a follow up discussion with the whole group tomorrow?

Many thanks! Amanda From: Street, Amanda

Sent: 11 Dec 2015 00:42:37 +0000

To: Yen, Lisa (CMS/OL)

Cc: Burney, Ira (CMS/OL);DiBlasio, Carla;Cross, Jesse;Shapiro, Jessica;Druckman,

Jennifer (CMS/OL);D'Aquila, Dennis (Thune);Baker, Brett (Finance) **Subject:** Re: TA on bill regarding competitive bidding

Hi Lisa and Ira,

Thank you again for taking the time the other day to walk through the language on the new reimbursement system. Based on our conversation, Jesse sent over an updated draft that I shared with you all and our friends over in the Senate, Dennis and Brett.

There are still a few lingering questions that need to be addressed that I think we can work through relatively quickly, but it'd be helpful if we could bring Brett and Dennis into the conversation. Would y'all be available for a follow up discussion with the whole group tomorrow?

Many thanks! Amanda

Amanda Street 207 Cannon House Office Building Washington, D.C. 20515 Main: 202-226-2720

Direct: 202-226-1994

On Dec 7, 2015, at 5:58 PM, Yen, Lisa (CMS/OL) <Lisa.Yen@cms.hhs.gov> wrote:

Hi Amanda – Per your request at the end of the call, the reference to enteral nutrients, equipment and supplies is section 1842(s)(3). We competitively bid these items and are applying the adjusted rates in the non-competitive bid areas using the authority in that section.

Let us know if you have any questions.

Thanks! Lisa

From: Yen, Lisa (CMS/OL)

Sent: Monday, December 7, 2015 4:11 PM **To:** 'Street, Amanda'; Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: RE: TA on bill regarding competitive bidding

Here is the link to the final rule: http://www.gpo.gov/fdsys/pkg/FR-2014-11-06/pdf/2014-26182.pdf

Page 66262 is where the regulations 424.10(g) begin.

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Monday, December 7, 2015 11:03 AM **To:** Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

Sorry for the multiple emails, but 3:30pm actually works better if that works for you all too. Thank you again!

__

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda" < Amanda.Street@mail.house.gov>

Date: Monday, December 7, 2015 at 11:00 AM

To: "Yen, Lisa (CMS/OL)" <Lisa.Yen@cms.hhs.gov>, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" <Carla.Diblasio@mail.house.gov>, "Cross, Jesse"

<Jesse.Cross@mail.house.gov>, "Shapiro, Jessica"

<Jessica.shapiro@mail.house.gov>, "Druckman, Jennifer (CMS/OL)"

<Jennifer.Druckman@cms.hhs.gov>

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delay in getting back to you, and thank you so much for your flexibility on time. Are you all still available for a call today at 3pm?

Thank you so much!

Amanda

Amanda Street

House Budget Committee 207 Cannon House Office Building

Washington, DC 20515 Main: 202-226-2720 Direct: 202-226-1994 From: "Yen, Lisa (CMS/OL)" < Lisa.Yen@cms.hhs.gov>

Date: Friday, December 4, 2015 at 6:21 PM

To: "Street, Amanda" < Amanda. Street@mail.house.gov>, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" < Carla. Diblasio@mail.house.gov >, "Cross, Jesse"

<Jesse.Cross@mail.house.gov>, "Shapiro, Jessica"

<Jessica.shapiro@mail.house.gov>, "Druckman, Jennifer (CMS/OL)"

<Jennifer.Druckman@cms.hhs.gov>

Subject: Re: TA on bill regarding competitive bidding

Hi Amanda - we're available on Monday 12/7 between 11 am and 4 pm. Let us know a time that works for you then.

Thanks and have a good weekend! Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Friday, December 04, 2015 04:43 PM **To**: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla < Carla. Diblasio@mail.house.gov >; Cross, Jesse

<<u>Jesse.Cross@mail.house.gov</u>>; Shapiro, Jessica <<u>Jessica.shapiro@mail.house.gov</u>>;

Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delayed response, but thank you so much for the TA on the first section of the bill. This is incredibly helpful and many of the points you raised are consistent with feedback I'd received from CBO and others. Would you all have time for a conversation next week?

Many thanks! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)"

Date: Thursday, December 3, 2015 at 6:32 PM **To:** "Street, Amanda", "Burney, Ira (CMS/OL)"

Cc: "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica", "Druckman, Jennifer

(CMS/OL)"

Subject: RE: TA on bill regarding competitive bidding

Hi Amanda – Attached are our technical comments on section 1 of this bill. Let us know if it would be helpful to have a call to walk through these comments. We are available for a call tomorrow if you let us know some times that work for you.

These technical comments are in response to your request and do not reflect the Administration's position on this language.

Thanks! Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Wednesday, November 18, 2015 2:52 PM
To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)
Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica
Subject: Re: TA on bill regarding competitive bidding

My apologies for the multiple emails, but I did want to be sure we shared the full language of the bill. You all have reviewed Section 2 of the bill, which includes the market pricing program demonstration.

Many thanks, Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda"

Date: Wednesday, November 18, 2015 at 2:43 PM **To:** "lisa.yen@cms.hhs.gov", "ira.burney@cms.hhs.gov" **Cc:** "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica" **Subject:** TA on bill regarding competitive bidding

Hi Ira and Lisa,

We are working with our leg counsel on a new rate for non-CBAs set to begin in 2016. They've asked us to reach out given many of the items we are working to reform are in regulation rather than statue and would appreciate some additional guidance as to how the current language would be interpreted. Would you mind taking a look?

We are particularly interested in the section (b) that establishes a bid ceiling for contracts beginning on or after Jan 1, 2017 and our language that includes a reference to section 1834 (a)(1)(F). The particular area in question is highlighted below.

I've also copied our counsels, Jesse and Jessica, to correct me in case I've missed anything.

Thank you so much! Amanda

SECTION 1. REVISION OF PAYMENTS FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM.

- (a) TRANSITION TO IMPLEMENTATION OF FEE SCHEDULE PAYMENT ADJUSTMENTS USING INFORMA- TION FROM COMPETITIVE BIDDING PROGRAMS.—Section 1834(a)(1) of the Social Security Act (42 U.S.C. 1395m(a)(1)) is amended by adding at the end the following new subparagraph:
 - "(J) TRANSITION TO IMPLEMENTATION OF PAYMENT ADJUSTMENTS USING INFORMATION FROM COMPETITIVE BIDDING PROGRAMS.—
 - "(i) IN GENERAL.—In implementing subparagraph (F) and paragraphs (1) and (2) of section 414.210(g) of title 42, Code of Federal Regulations, with respect to items and services furnished on or after January 1, 2016, and before January 1, 2018, the fee schedule amount that would otherwise be determined for each area under this section shall be adjusted to the lesser of—
 - "(I) the applicable percent of the regional price determined under clause (i) of such paragraph (1) for the State in which such area is located (or, in the case of an area located within the District of Columbia, for such District); and
 - "(II) the fee schedule amount that would otherwise be determined for such area under this section on January 1, 2015, updated by the covered item update described in para- graph (14)(L) for the year in which the items and services to which such fee schedule applies are furnished.
 - "(ii) APPLICABLE PERCENT.—For purposes of clause (i)(I), the term 'applicable percent' means—
 - "(I) for an area defined as a rural area for purposes of such section 414.210(g) or an area in a frontier State (as defined in section 1886(d)(3)(E)(iii)(II)), 130 percent; and
 - "(II) for any other area, 120 percent.

- "(iii) PHASE-IN.—The adjustment de- scribed in clause (i) shall be implemented over a two-year period and in a manner that phases in such adjustment in equal increments in each year of such two-year period, with such adjustment being fully implemented with respect to items and services furnished in 2017.".
- b) BID CEILING FOR COMPETITIVE ACQUISITION FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM.—Section 1847(b)(5) of the Social Security Act (42 U.S.C. 1395w–3(b)(5)) is amended—
 - (1) in subparagraph (A)— (A) by inserting ", subject to subparagraph (E)," after "subsection (a)(2)"; and(B) by inserting ", subject to subparagraph (E)," after "Based on such bids"; and
 - (2) by adding at the end the following new sub-paragraph:
 - "(E) BID CEILING FOR DURABLE MEDICAL EQUIPMENT.—In the case of covered items (as defined in section 1834(a)(13)) for which payment would otherwise be made under section 1834(a) that are furnished with respect to competitive bid contracts that begin on or after January 1, 2017, payment under this section for such items may not exceed the amount that would otherwise be paid for such items under section 1834 (without the application of subsection (a)(1)(F) of such section) if such items and services were furnished on January 1, 2015, updated by the covered item update described in section 1834(a)(14)(L) for the year in which such covered item is furnished."

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

From: Street, Amanda

Sent: 8 Dec 2015 22:04:25 +0000

To: Yen, Lisa (CMS/OL);Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding Attachments: DME-COMPETITIVE-BIDDING_05_xml[2].pdf

Hey Lisa and Ira,

Based on our conversation yesterday, Jesse and Jessica have developed the attached language. We still have a few decisions that need to be made on enteral nutrition and clearing price, but wanted to run this latest version by you to see if it otherwise addresses the concerns you mentioned and/or if you see any other areas of concern.

Thank you so much! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building

Washington, DC 20515 Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda" < Amanda.Street@mail.house.gov>

Date: Monday, December 7, 2015 at 6:02 PM

To: "Yen, Lisa (CMS/OL)" < Lisa.Yen@cms.hhs.gov >, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" < Carla. Diblasio@mail.house.gov>, "Cross, Jesse"

<Jesse.Cross@mail.house.gov>, "Shapiro, Jessica" <Jessica.shapiro@mail.house.gov>,

"Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms. hhs.gov>

Subject: Re: TA on bill regarding competitive bidding

Thank you so much, Lisa. I really appreciate it! I'll be sure to take another look at that.

Thank you all again for your time this afternoon! Have a wonderful evening! Amanda

111

Amanda Street
House Budget Committee
207 Cannon House Office Building
Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)" <Lisa.Yen@cms.hhs.gov>

Date: Monday, December 7, 2015 at 5:57 PM

To: "Street, Amanda" < Amanda.Street@mail.house.gov >, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" < Carla. Diblasio@mail.house.gov >, "Cross, Jesse"

<Jesse.Cross@mail.house.gov>, "Shapiro, Jessica" <Jessica.shapiro@mail.house.gov>,

"Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov>

Subject: RE: TA on bill regarding competitive bidding

Hi Amanda – Per your request at the end of the call, the reference to enteral nutrients, equipment and supplies is section 1842(s)(3). We competitively bid these items and are applying the adjusted rates in the non-competitive bid areas using the authority in that section.

Let us know if you have any questions.

Thanks!

Lisa

From: Yen, Lisa (CMS/OL)

Sent: Monday, December 7, 2015 4:11 PM **To:** 'Street, Amanda'; Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: RE: TA on bill regarding competitive bidding

Here is the link to the final rule: http://www.gpo.gov/fdsys/pkg/FR-2014-11-06/pdf/2014-26182.pdf

Page 66262 is where the regulations 424.10(g) begin.

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Monday, December 7, 2015 11:03 AM **To:** Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

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Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

Sorry for the multiple emails, but 3:30pm actually works better if that works for you all too. Thank you again!

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<ira.burney@cms.hhs.gov>

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<Jesse.Cross@mail.house.gov>, "Shapiro, Jessica" <Jessica.shapiro@mail.house.gov>,

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Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delay in getting back to you, and thank you so much for your flexibility on time. Are you all still available for a call today at 3pm?

Thank you so much! Amanda

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Main: 202-226-2720 Direct: 202-226-1994

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Date: Friday, December 4, 2015 at 6:21 PM

To: "Street, Amanda" < Amanda.Street@mail.house.gov >, "Burney, Ira (CMS/OL)"

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Subject: Re: TA on bill regarding competitive bidding

Hi Amanda - we're available on Monday 12/7 between 11 am and 4 pm. Let us know a time that works for you then.

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Sent: Friday, December 04, 2015 04:43 PM **To**: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla < <u>Carla.Diblasio@mail.house.gov</u>>; Cross, Jesse < <u>Jesse.Cross@mail.house.gov</u>>;

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Many thanks! Amanda

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)"

Date: Thursday, December 3, 2015 at 6:32 PM **To:** "Street, Amanda", "Burney, Ira (CMS/OL)"

Cc: "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica", "Druckman, Jennifer (CMS/OL)"

Subject: RE: TA on bill regarding competitive bidding

Hi Amanda – Attached are our technical comments on section 1 of this bill. Let us know if it would be helpful to have a call to walk through these comments. We are available for a call tomorrow if you let us know some times that work for you.

These technical comments are in response to your request and do not reflect the Administration's position on this language.

Thanks! Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Wednesday, November 18, 2015 2:52 PM
To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)
Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica
Subject: Re: TA on bill regarding competitive bidding

My apologies for the multiple emails, but I did want to be sure we shared the full language of the bill. You all have reviewed Section 2 of the bill, which includes the market pricing program demonstration.

Many thanks, Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

From: "Street, Amanda"

Date: Wednesday, November 18, 2015 at 2:43 PM **To:** "lisa.yen@cms.hhs.gov", "ira.burney@cms.hhs.gov" **Cc:** "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica" **Subject:** TA on bill regarding competitive bidding

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We are particularly interested in the section (b) that establishes a bid ceiling for contracts beginning on or after Jan 1, 2017 and our language that includes a reference to section 1834 (a)(1)(F). The particular area in question is highlighted below.

I've also copied our counsels, Jesse and Jessica, to correct me in case I've missed anything.

Thank you so much! Amanda

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 - "(I) the applicable percent of the regional price determined under clause (i) of such paragraph (1) for the State in which such area is located (or, in the case of an area located within the District of Columbia, for such District); and
 - "(II) the fee schedule amount that would otherwise be determined for such area under this section on January 1, 2015, updated by the covered item update described in para- graph (14)(L) for the year in which the items and services to which such fee schedule applies are furnished.

- "(ii) APPLICABLE PERCENT.—For purposes of clause (i)(I), the term 'applicable percent' means—
 - "(I) for an area defined as a rural area for purposes of such section 414.210(g) or an area in a frontier State (as defined in section 1886(d)(3)(E)(iii)(II)), 130 percent; and
 - "(II) for any other area, 120 percent.
- "(iii) PHASE-IN.—The adjustment de- scribed in clause (i) shall be implemented over a two-year period and in a manner that phases in such adjustment in equal increments in each year of such two-year period, with such adjustment being fully implemented with respect to items and services furnished in 2017."
- b) BID CEILING FOR COMPETITIVE ACQUISITION FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM.—Section 1847(b)(5) of the Social Security Act (42 U.S.C. 1395w—3(b)(5)) is amended—
 - (1) in subparagraph (A)— (A) by inserting ", subject to subparagraph (E)," after "subsection (a)(2)"; and(B) by inserting ", subject to subparagraph (E)," after "Based on such bids"; and
 - (2) by adding at the end the following new sub-paragraph:
 - "(E) BID CEILING FOR DURABLE MEDICAL EQUIPMENT.—In the case of covered items (as defined in section 1834(a)(13)) for which payment would otherwise be made under section 1834(a) that are furnished with respect to competitive bid contracts that begin on or after January 1, 2017, payment under this section for such items may not exceed the amount that would otherwise be paid for such items under section 1834 (without the application of subsection (a)(1)(F) of such section) if such items and services were furnished on January 1, 2015, updated by the covered item update described in section 1834(a)(14)(L) for the year in which such covered item is furnished."

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Amanda Street
House Budget Committee
207 Cannon House Office Building
Washington, DC 20515

[DISCUSSION DRAFT]

| 1 | SEC. $__$. REVISION OF PAYMENTS FOR DURABLE MEDICAL |
|----|--|
| 2 | EQUIPMENT UNDER THE MEDICARE PRO- |
| 3 | GRAM. |
| 4 | (a) Transition to Implementation of Fee |
| 5 | SCHEDULE PAYMENT ADJUSTMENTS USING INFORMA- |
| 6 | TION FROM COMPETITIVE BIDDING PROGRAMS.—Section |
| 7 | 1834(a)(1) of the Social Security Act (42 U.S.C. |
| 8 | 1395m(a)(1)) is amended by adding at the end the fol- |
| 9 | lowing new subparagraph: |
| 10 | "(J) Transition to implementation of |
| 11 | PAYMENT ADJUSTMENTS USING INFORMATION |
| 12 | FROM COMPETITIVE BIDDING PROGRAMS.— |
| 13 | "(i) In general.—In implementing |
| 14 | clauses (ii) and (iii) of subparagraph (F) |
| 15 | and paragraphs (1), (2), and (3) of section |
| 16 | 414.210(g) of title 42, Code of Federal |
| 17 | Regulations, with respect to items and |
| 18 | services furnished on or after July 1, |
| 19 | 2016, and before January 1, 2019, the fee |
| 20 | schedule amount that would otherwise be |
| 21 | determined for each area under this sec- |

| 1 | tion shall, subject to clause (ii), be ad- |
|----|--|
| 2 | justed to the lesser of— |
| 3 | "(I) 130 percent of the price ap- |
| 4 | plied to such items and services under |
| 5 | such paragraph (1), (2), or (3), as ap- |
| 6 | plicable, for areas described in such |
| 7 | applicable paragraph; or |
| 8 | "(II) the fee schedule amount |
| 9 | that would otherwise be [paid] / [de- |
| 10 | termined for such area under this |
| 11 | section (without the application of |
| 12 | subsection $(a)(1)(F)$ of such section) |
| 13 | on January 1, 2015, updated by the |
| 14 | covered item update described in |
| 15 | paragraph (14)(L) for the year in |
| 16 | which the items and services to which |
| 17 | such fee schedule applies are fur- |
| 18 | nished. |
| 19 | "(ii) Incremental phase-in.— |
| 20 | "(I) In General.—In imple- |
| 21 | menting clause (i) for a period de- |
| 22 | scribed in any of the following sub- |
| 23 | clauses, the Secretary shall, instead of |
| 24 | applying the adjustment described in |
| 25 | such clause for an area described in |

| 1 | such clause, apply the adjustment de- |
|----|---|
| 2 | scribed in such respective subclause. |
| 3 | "(II) FIRST INCREMENT.—For |
| 4 | items and services furnished on or |
| 5 | after July 1, 2016, and before July 1, |
| 6 | 2017, the adjustment described in this |
| 7 | subclause is the sum of 1/3 of the ad- |
| 8 | justment that would be applied under |
| 9 | clause (i) for such period and area |
| 10 | without application of this clause and |
| 11 | 2/3 of the adjustment described in |
| 12 | subclause (II) of clause (i) for such |
| 13 | period and area. |
| 14 | "(III) SECOND INCREMENT.— |
| 15 | For items and services furnished on |
| 16 | or after July 1, 2017, and before Jan- |
| 17 | uary 1, 2018, the adjustment de- |
| 18 | scribed in this subclause is the sum of |
| 19 | 2/3 of the adjustment that would be |
| 20 | applied under clause (i) for such pe- |
| 21 | riod and area without application of |
| 22 | this clause and 1/3 of the adjustment |
| 23 | described in subclause (II) of clause |
| 24 | (i) for such period and area.". |

| 1 | (b) Bid Ceiling for Competitive Acquisition |
|----|--|
| 2 | FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDI- |
| 3 | CARE PROGRAM.—Section 1847(b)(5) of the Social Secu- |
| 4 | rity Act (42 U.S.C. 1395w-3(b)(5)) is amended— |
| 5 | (1) in subparagraph (A)— |
| 6 | (A) by inserting ", subject to subpara- |
| 7 | graph (E)," after "subsection (a)(2)"; and |
| 8 | (B) by inserting ", subject to subpara- |
| 9 | graph (E)," after "Based on such bids"; and |
| 10 | (2) by adding at the end the following new sub- |
| 11 | paragraph: |
| 12 | "(E) BID CEILING FOR DURABLE MEDICAL |
| 13 | EQUIPMENT.— |
| 14 | "(i) In general.—The ceiling for a |
| 15 | bid submitted for applicable covered items |
| 16 | may not be less than the fee schedule |
| 17 | amount that would otherwise be [paid] / |
| 18 | [determined] for such items under section |
| 19 | 1834(a) on January 1, 2015, updated by |
| 20 | the covered item update described in sec- |
| 21 | tion 1834(a)(14)(L) for the year with re- |
| 22 | spect to which the bid is submitted for |
| 23 | such applicable covered item. |
| 24 | "(ii) Application to New Covered |
| 25 | ITEMS.—The Secretary shall establish a |

| 1 | process for purposes of applying clause (1) |
|----|--|
| 2 | with respect to applicable covered items for |
| 3 | which no fee schedule amount would other- |
| 4 | wise be paid under section 1834(a) on |
| 5 | January 1, 2015. |
| 6 | "(iii) Applicable covered items |
| 7 | DEFINED.—For purposes of this subpara- |
| 8 | graph, the term 'applicable covered items' |
| 9 | means covered items (as defined in section |
| 10 | 1834(a)(13)) for which payment would |
| 11 | otherwise be made under section 1834(a) |
| 12 | that are furnished with respect to rounds |
| 13 | of competition that begin on or after Janu- |
| 14 | ary 1, 2017.". |
| 15 | (e) Requirement in Determining Adjustments |
| 16 | Using Information From Competitive Bidding Pro- |
| 17 | GRAMS.—Section 1834(a)(1)(G) of the Social Security Act |
| 18 | $(42~\mathrm{U.S.C.}~1395\mathrm{m(a)}(1)(\mathrm{G})$ is amended by adding at the |
| 19 | end the following new sentence: "In the case of items and |
| 20 | services furnished on or after January 1, 2019, in making |
| 21 | any adjustments under clause (ii) or (iii) of subparagraph |
| 22 | (F), the Secretary shall take into account the average |
| 23 | travel distance and cost associated with furnishing items |
| 24 | and services in a competitive acquisition area, the average |
| 25 | volume of items and services furnished by providers in |

F:\P\H14\CMS\MEDCR\DME-COMPETITIVE-BIDDING_05.XML

[Discussion Draft]

6

- 1 such an area, [Review: this no longer has meaning:][the
- 2 clearing price of items and services, and the number of
- 3 providers in competitive acquisition areas compared to the
- 4 number of providers in non-competitive acquisition areas.
- 5 In implementing the preceding sentence, the Secretary
- 6 shall solicit and take into account stakeholder input.".

From: Street, Amanda

Sent: 7 Dec 2015 23:02:30 +0000

To: Yen, Lisa (CMS/OL);Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

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Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Wednesday, November 18, 2015 2:52 PM
To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)
Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica
Subject: Re: TA on bill regarding competitive bidding

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Many thanks, Amanda

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda"

Date: Wednesday, November 18, 2015 at 2:43 PM

To: "lisa.yen@cms.hhs.gov", "ira.burney@cms.hhs.gov"
Cc: "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica"
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 - "(i) IN GENERAL.—In implementing subparagraph (F) and paragraphs (1) and (2) of section 414.210(g) of title 42, Code of Federal Regulations, with respect to items and services furnished on or after January 1, 2016, and before January 1, 2018, the fee schedule amount that would otherwise be determined for each area under this section shall be adjusted to the lesser of—
 - "(I) the applicable percent of the regional price determined under clause (i) of such paragraph (1) for the State in which such area is located (or, in the case of an area located within the District of Columbia, for such District); and
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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

From: Yen, Lisa (CMS/OL)

Sent: 7 Dec 2015 17:57:52 -0500

To: Street, Amanda; Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: RE: TA on bill regarding competitive bidding

Hi Amanda – Per your request at the end of the call, the reference to enteral nutrients, equipment and supplies is section 1842(s)(3). We competitively bid these items and are applying the adjusted rates in the non-competitive bid areas using the authority in that section.

Let us know if you have any questions.

Thanks!

Lisa

From: Yen, Lisa (CMS/OL)

Sent: Monday, December 7, 2015 4:11 PM **To:** 'Street, Amanda'; Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: RE: TA on bill regarding competitive bidding

Here is the link to the final rule: http://www.gpo.gov/fdsys/pkg/FR-2014-11-06/pdf/2014-26182.pdf

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Sent: Monday, December 7, 2015 11:03 AM **To:** Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

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Sent: 7 Dec 2015 16:10:45 -0500

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SECTION 1. REVISION OF PAYMENTS FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM.

- (a) TRANSITION TO IMPLEMENTATION OF FEE SCHEDULE PAYMENT ADJUSTMENTS USING INFORMA- TION FROM COMPETITIVE BIDDING PROGRAMS.—Section 1834(a)(1) of the Social Security Act (42 U.S.C. 1395m(a)(1)) is amended by adding at the end the following new subparagraph:
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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

From: Street, Amanda

Sent: 7 Dec 2015 16:00:47 +0000

To: Yen, Lisa (CMS/OL);Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delay in getting back to you, and thank you so much for your flexibility on time. Are you all still available for a call today at 3pm?

Thank you so much!

Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building

Washington, DC 20515 Main: 202-226-2720 Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)" <Lisa.Yen@cms.hhs.gov>

Date: Friday, December 4, 2015 at 6:21 PM

To: "Street, Amanda" <Amanda.Street@mail.house.gov>, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" < Carla. Diblasio@mail.house.gov >, "Cross, Jesse"

<Jesse.Cross@mail.house.gov>, "Shapiro, Jessica" <Jessica.shapiro@mail.house.gov>,

"Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov>

Subject: Re: TA on bill regarding competitive bidding

Hi Amanda - we're available on Monday 12/7 between 11 am and 4 pm. Let us know a time that works for you then.

Thanks and have a good weekend! Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Friday, December 04, 2015 04:43 PM **To**: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla <Carla.Diblasio@mail.house.gov>; Cross, Jesse <Jesse.Cross@mail.house.gov>;

Shapiro, Jessica <Jessica.shapiro@mail.house.gov>; Druckman, Jennifer (CMS/OL)

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Main: 202-226-2720 Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)"

Date: Thursday, December 3, 2015 at 6:32 PM **To:** "Street, Amanda", "Burney, Ira (CMS/OL)"

Cc: "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica", "Druckman, Jennifer (CMS/OL)"

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To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)
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From: "Street, Amanda"

Date: Wednesday, November 18, 2015 at 2:43 PM

To: "lisa yen@cms bhs goy" "ira hurney@cms bhs

To: "lisa.yen@cms.hhs.gov", "ira.burney@cms.hhs.gov"
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207 Cannon House Office Building

Washington, DC 20515 Main: 202-226-2720 Direct: 202-226-1994 From: Yen, Lisa (CMS/OL)

Sent: 4 Dec 2015 18:21:03 -0500

To: 'Amanda.Street@mail.house.gov';Burney, Ira (CMS/OL)

Cc:

'Carla.Diblasio@mail.house.gov';'Jesse.Cross@mail.house.gov';'Jessica.shapiro@mail.house.gov';Druckman, Jennifer (CMS/OL)

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994 From: Street, Amanda

Sent: 4 Dec 2015 21:43:32 +0000

To: Yen, Lisa (CMS/OL);Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

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 - "(E) BID CEILING FOR DURABLE MEDICAL EQUIPMENT.—In the case of covered items (as defined in section 1834(a)(13)) for which payment would otherwise be made under section 1834(a) that are furnished with respect to competitive bid contracts that begin on or after January 1, 2017, payment under this section for such items may not exceed the amount that would otherwise be paid for such items under section 1834 (without the application of subsection (a)(1)(F) of such section) if such items and services were furnished on January 1, 2015, updated by the covered item update described in section 1834(a)(14)(L) for the year in which such covered item is furnished.".

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994 From: Yen, Lisa (CMS/OL)

Sent: 3 Dec 2015 18:32:19 -0500

To: Street, Amanda; Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: RE: TA on bill regarding competitive bidding Attachments: DME Payments - Sec 1 --Tech Cmts.docx

Hi Amanda – Attached are our technical comments on section 1 of this bill. Let us know if it would be helpful to have a call to walk through these comments. We are available for a call tomorrow if you let us know some times that work for you.

These technical comments are in response to your request and do not reflect the Administration's position on this language.

Thanks!

Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Wednesday, November 18, 2015 2:52 PM
To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)
Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica
Subject: Re: TA on bill regarding competitive bidding

My apologies for the multiple emails, but I did want to be sure we shared the full language of the bill. You all have reviewed Section 2 of the bill, which includes the market pricing program demonstration.

Many thanks, Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building

Washington, DC 20515 Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda"

Date: Wednesday, November 18, 2015 at 2:43 PM **To:** "lisa.yen@cms.hhs.gov", "ira.burney@cms.hhs.gov" **Cc:** "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica"

Subject: TA on bill regarding competitive bidding

Hi Ira and Lisa,

We are working with our leg counsel on a new rate for non-CBAs set to begin in 2016. They've asked us to reach out given many of the items we are working to reform are in regulation rather than statue and would

appreciate some additional guidance as to how the current language would be interpreted. Would you mind taking a look?

We are particularly interested in the section (b) that establishes a bid ceiling for contracts beginning on or after Jan 1, 2017 and our language that includes a reference to section 1834 (a)(1)(F). The particular area in question is highlighted below.

I've also copied our counsels, Jesse and Jessica, to correct me in case I've missed anything.

Thank you so much! Amanda

- (a) TRANSITION TO IMPLEMENTATION OF FEE SCHEDULE PAYMENT ADJUSTMENTS USING INFORMA- TION FROM COMPETITIVE BIDDING PROGRAMS.—Section 1834(a)(1) of the Social Security Act (42 U.S.C. 1395m(a)(1)) is amended by adding at the end the following new subparagraph:
 - "(J) TRANSITION TO IMPLEMENTATION OF PAYMENT ADJUSTMENTS USING INFORMATION FROM COMPETITIVE BIDDING PROGRAMS.—
 - "(i) IN GENERAL.—In implementing subparagraph (F) and paragraphs (1) and (2) of section 414.210(g) of title 42, Code of Federal Regulations, with respect to items and services furnished on or after January 1, 2016, and before January 1, 2018, the fee schedule amount that would otherwise be determined for each area under this section shall be adjusted to the lesser of—
 - "(I) the applicable percent of the regional price determined under clause (i) of such paragraph (1) for the State in which such area is located (or, in the case of an area located within the District of Columbia, for such District); and
 - "(II) the fee schedule amount that would otherwise be determined for such area under this section on January 1, 2015, updated by the covered item update described in para- graph (14)(L) for the year in which the items and services to which such fee schedule applies are furnished.
 - "(ii) APPLICABLE PERCENT.—For purposes of clause (i)(I), the term 'applicable percent' means—
 - "(I) for an area defined as a rural area for purposes of such section 414.210(g) or an area in a frontier State (as defined in section 1886(d)(3)(E)(iii)(II)), 130 percent; and
 - "(II) for any other area, 120 percent.

- "(iii) PHASE-IN.—The adjustment de- scribed in clause (i) shall be implemented over a two-year period and in a manner that phases in such adjustment in equal increments in each year of such two-year period, with such adjustment being fully implemented with respect to items and services furnished in 2017."
- b) BID CEILING FOR COMPETITIVE ACQUISITION FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM.—Section 1847(b)(5) of the Social Security Act (42 U.S.C. 1395w—3(b)(5)) is amended—
 - (1) in subparagraph (A)— (A) by inserting ", subject to subparagraph (E)," after "subsection (a)(2)"; and(B) by inserting ", subject to subparagraph (E)," after "Based on such bids"; and
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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

SECTION 1. REVISION OF PAYMENTS FOR DURABLE MEDICAL EQUIPMENT UNDER THE MEDICARE PROGRAM.

- (a) TRANSITION TO IMPLEMENTATION OF FEE SCHEDULE PAYMENT ADJUSTMENTS USING INFORMA- TION FROM COMPETITIVE BIDDING PROGRAMS.—Section 1834(a)(1) of the Social Security Act (42 U.S.C. 1395m(a)(1)) is amended by adding at the end the following new subparagraph:
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 - "(II) the fee schedule amount that would otherwise be determined for such area under this section on January 1, 2015, updated by the covered item update described in para- graph (14)(L) for the year in which the items and services to which such fee schedule applies are furnished.
 - ''(ii) APPLICABLE PERCENT.—For purposes of clause (i)(I), the term 'applicable percent' means—
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 - (1) in subparagraph (A)— (A) by inserting ", subject to subparagraph (E)," after "subsection (a)(2)"; and(B) by inserting ", subject to subparagraph (E)," after "Based on such bids"; and

Comment [LY]: We would not be able to implement these changes by Jan 1, 2016. New calculations would need to be done that would take some time. Then the new pricing file would be given to the contractors to update their systems to use to pay claims. With end of the year

Comment [OL]: Subparagraph (F) includes payments for competitive bidding areas and non-competitive bidding areas. Should the reference be more specific to clauses (ii) and (iii) of subparagraph (F), which are the payments for non-competitive bidding areas?

Comment [OL]: Paragraph (3) of section 414.202(g) is payment adjustments for items in no more than 10 competitive bidding areas. These items include TENS, infusion pumps, Group 2 complex rehab power wheelchairs, etc. It seems that the revised rates (as a result of this

Comment [OL]: Since this provision ends before January 1, 2018 and subsection (c), requiring a new methodology for determining adjustments, starts on January 1, 2019, it is unclear what the payment methodology would be during 2018.

Comment [OL]: The regional price is only used for the contiguous U.S. areas. The non-contiguous U.S. areas do not have a regional price and use the national average. In addition, items bid in less than 10 competitive bidding areas are based on the national average price and do not

Comment [LY]: Should this be an "or" rather than "and? Otherwise, it may seem the amount is the applicable percentage of the regional price subtracted by the fee schedule amount.

Comment [LY]: There is a bit of confusion about how this two-year phase-in would work, especially with the requirement that the adjustment be fully phased in for items and services furnished in 2017.

(2) by adding at the end the following new sub-paragraph:

"(E) BID CEILING FOR DURABLE MEDICAL EQUIPMENT.—In the case of covered items (as defined in section 1834(a)(13)) for which payment would otherwise be made under section 1834(a) that are furnished with respect to competitive bid contracts rounds of competition that begin on or after January 1, 2017, payment under this section for such items may not exceed the amount that would otherwise be paid for such items under section 1834 (without the application of subsection (a)(1)(F) of such section) if such items and services were furnished on January 1, 2015, updated by the covered item update described in section 1834(a)(14)(L) for the year in which such covered item is furnished."

(c) REQUIREMENT IN DETERMINING ADJUSTMENTS USING INFORMATION FROM COMPETITIVE BIDDING PROGRAMS.—Section 1834(a)(1)(G) of the Social Security Act (42 U.S.C. 1395m(a)(1)(G) is amended by adding at the end the following new sentence: "In the case of items and services furnished on or after January 1, 2019, in making any adjustments under clause (ii) or (iii) [of subparagraph (F)], the Secretary shall, [after soliciting and receiving stakeholder input with respect to the implementation this sentence], take into account the average travel distance and cost associated with furnishing items and services in [a competitive acquisition area], the average volume of items and services furnished by providers in [such an area], the clearing price of items and services, and the number of providers in competitive acquisition areas compared to the number of providers in non-competitive acquisition areas."

Comment [LY]: Round 1 2017, which has already started the supplier bidding process, could be affected by this new requirement. In order not to disrupt this round, the language could refer to rounds of competition after January 1, 2017. A similar reference was used in section 522 of MACRA.

Comment [LY]: Is the intent that the ceiling for the bids submitted be the original DME fee schedule rates? If so, the language should reference "bids submitted" or "ceiling of the bids submitted" rather than "payment" and that it should not be less than the amount that otherwise be paid...

Comment [LY]: The bidding is done at a point in time and the single payment amounts (based on the bids) are generally determined about a year later. The single payment amounts apply are generally for a 3-year period so it would be difficult if the amount is tied to when the item is furnished rather than when the bids are submitted. The language could reference the year in which the bids are submitted to address this issue.

Comment [LY]: There is no definition of what clearing price means in statute or in regulations.

From: Yen, Lisa (CMS/OL)

Sent: 4 Dec 2015 18:21:03 -0500

To: 'Amanda.Street@mail.house.gov';Burney, Ira (CMS/OL)

Cc:

'Carla.Diblasio@mail.house.gov';'Jesse.Cross@mail.house.gov';'Jessica.shapiro@mail.house.gov';Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Amanda - we're available on Monday 12/7 between 11 am and 4 pm. Let us know a time that works for you then.

Thanks and have a good weekend! Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Friday, December 04, 2015 04:43 PM **To**: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla <Carla.Diblasio@mail.house.gov>; Cross, Jesse <Jesse.Cross@mail.house.gov>;

Shapiro, Jessica <Jessica.shapiro@mail.house.gov>; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delayed response, but thank you so much for the TA on the first section of the bill. This is incredibly helpful and many of the points you raised are consistent with feedback I'd received from CBO and others. Would you all have time for a conversation next week?

Many thanks! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)"

Date: Thursday, December 3, 2015 at 6:32 PM **To:** "Street, Amanda", "Burney, Ira (CMS/OL)"

Cc: "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica", "Druckman, Jennifer (CMS/OL)"

Subject: RE: TA on bill regarding competitive bidding

Hi Amanda – Attached are our technical comments on section 1 of this bill. Let us know if it would be helpful to have a call to walk through these comments. We are available for a call tomorrow if you let us know some times that work for you.

These technical comments are in response to your request and do not reflect the Administration's position on this language.

Thanks! Lisa

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Wednesday, November 18, 2015 2:52 PM
To: Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)
Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica
Subject: Re: TA on bill regarding competitive bidding

My apologies for the multiple emails, but I did want to be sure we shared the full language of the bill. You all have reviewed Section 2 of the bill, which includes the market pricing program demonstration.

Many thanks, Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda"

Date: Wednesday, November 18, 2015 at 2:43 PM

To: "lisa.yen@cms.hhs.gov", "ira.burney@cms.hhs.gov"
Cc: "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica"
Subject: TA on bill regarding competitive bidding

Hi Ira and Lisa,

We are working with our leg counsel on a new rate for non-CBAs set to begin in 2016. They've asked us to reach out given many of the items we are working to reform are in regulation rather than statue and would appreciate some additional guidance as to how the current language would be interpreted. Would you mind taking a look?

We are particularly interested in the section (b) that establishes a bid ceiling for contracts beginning on or after Jan 1, 2017 and our language that includes a reference to section 1834 (a)(1)(F). The particular area in question is highlighted below.

I've also copied our counsels, Jesse and Jessica, to correct me in case I've missed anything.

Thank you so much! Amanda

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994 From: Yen, Lisa (CMS/OL)

Sent: 7 Dec 2015 16:10:45 -0500

To: Street, Amanda; Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: RE: TA on bill regarding competitive bidding

Here is the link to the final rule: http://www.gpo.gov/fdsys/pkg/FR-2014-11-06/pdf/2014-26182.pdf

Page 66262 is where the regulations 424.10(g) begin.

From: Street, Amanda [mailto:Amanda.Street@mail.house.gov]

Sent: Monday, December 7, 2015 11:03 AM **To:** Yen, Lisa (CMS/OL); Burney, Ira (CMS/OL)

Cc: DiBlasio, Carla; Cross, Jesse; Shapiro, Jessica; Druckman, Jennifer (CMS/OL)

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

Sorry for the multiple emails, but 3:30pm actually works better if that works for you all too. Thank you again!

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994

From: "Street, Amanda" < Amanda. Street@mail.house.gov >

Date: Monday, December 7, 2015 at 11:00 AM

To: "Yen, Lisa (CMS/OL)" <Lisa.Yen@cms.hhs.gov>, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" <Carla.Diblasio@mail.house.gov>, "Cross, Jesse"

<Jesse.Cross@mail.house.gov>, "Shapiro, Jessica" <Jessica.shapiro@mail.house.gov>,

"Druckman, Jennifer (CMS/OL)" < Jennifer. Druckman@cms.hhs.gov>

Subject: Re: TA on bill regarding competitive bidding

Hi Lisa,

My apologies for the delay in getting back to you, and thank you so much for your flexibility on time. Are you all still available for a call today at 3pm?

Thank you so much! Amanda

--

Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515 Main: 202-226-2720 Direct: 202-226-1994

From: "Yen, Lisa (CMS/OL)" < Lisa.Yen@cms.hhs.gov>

Date: Friday, December 4, 2015 at 6:21 PM

To: "Street, Amanda" < Amanda. Street@mail.house.gov >, "Burney, Ira (CMS/OL)"

<ira.burney@cms.hhs.gov>

Cc: "DiBlasio, Carla" < Carla. Diblasio@mail.house.gov>, "Cross, Jesse"

<Jesse.Cross@mail.house.gov>, "Shapiro, Jessica" <Jessica.shapiro@mail.house.gov>,

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Cc: DiBlasio, Carla < cross, Jesse < Jesse.Cross@mail.house.gov; Cross, Jesse < Jesse.Cross@mail.house.gov;

Shapiro, Jessica <Jessica.shapiro@mail.house.gov>; Druckman, Jennifer (CMS/OL)

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Main: 202-226-2720 Direct: 202-226-1994

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Cc: "DiBlasio, Carla", "Cross, Jesse", "Shapiro, Jessica", "Druckman, Jennifer (CMS/OL)"

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Amanda Street House Budget Committee 207 Cannon House Office Building Washington, DC 20515

Main: 202-226-2720 Direct: 202-226-1994 From: DiBlasio, Carla

Sent:22 Jun 2016 02:14:12 +0000To:Druckman, Jennifer (CMS/OL)Cc:Street, Amanda;Graff, Caleb

Subject: Request for a call re: LTCH language

Attachments: CMS TA on Shepherd Language.docx, FINAL Shepherd language_May 2016.pdf

Hey Jen,

Apologies for the late night email. I hope this email finds you well! We've been working closely with Sen. Isakson's office on the attached LTCH language. We are coming across a couple issues as we're working with CBO to get the language scored. We'd greatly appreciate the opportunity to speak with you about the attached TA and updated bill text this week. Unfortunately, we are facing a tighter timeline than we'd prefer. Do you have a couple minutes to chat this week?

Thanks so much, Carla

Carla DiBlasio
Policy Advisor/Legislative Counsel
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











SEC. _____. TEMPORARY EXCEPTION TO THE APPLICATION OF MEDICARE LTCH SITE NEUTRAL PROVISIONS FOR CERTAIN SPINAL CORD SPECIALTY HOSPITALS.

- (a) EXCEPTION.—Section 1886(m)(6) of the Social Security Act (42 U.S.C. 1395ww(m)(6)) is amended—
 - (1) in subparagraph (A)(i) by striking "and (E)" and inserting ", (E), and (F)"; and
 - (2) by adding at the end the following new subparagraph:
 - "(F) TEMPORARY EXCEPTION FOR CERTAIN SPINAL CORD SPECIALTY HOSPITALS.—In the case of a For discharges in cost reporting periods beginning during occurring in-fiscal years 2017/2018 through 20221, subparagraph (A)(i) shall not apply (and payment shall be made to a long-term care hospital without regard to this paragraph) if such discharge is from a long-term care hospital that in its cost reporting period during fiscal year 2015
 - "(i) is-was a not-for-profit long-term care hospital;
 - <u>"(ii)</u> that primarily provide<u>ds</u> extensive medical, surgical, or rehabilitation services <u>with respect to MS-LTC-DRGs</u> relating to catastrophic spinal cord or acquired brain injuries, or other paralyzing neuromuscular conditions; and
 - "(iii) admitted inpatients from at least 20 different States in the previous fiscal year.".

(b) STUDY AND REPORT ON THE STATUS AND VIABILITY OF CERTAIN SPINAL CORD SPECIALTY LONG TERM CARE HOSPITALS.—

- (1) STUDY.—The Secretary of Health and Human Services shall conduct a study on the status and viability of long-term care hospitals described in section 1886(m)(6)(F) of the Social Security Act, as added by subsection (a). Such report shall include an analysis of the following:
 - (A) Challenges related to classification and facility licensure by State agencies for such long-term care hospitals.
 - (B) The adequacy of Medicare reimbursement payment rates for such long-term care hospitals.
 - (C) The adequacy of patient access to such long-term care hospitals.
- (2) REPORT.—Not later than September 30, 2020, the Secretary of Health and Human Services shall submit to Congress a report on the study conducted under paragraph (1), together with recommendations for such legislation and administrative action as the Secretary determines appropriate.

Comment [A]: This lead-in language tracks the language for site-neutral payment in subclauses (I) and (II) of section 1886(m)(6)(B)(i).

Comment [A]: Implementation of the amendments made by this bill would involve notice and comment rulemaking, e.g., identify the parameters of clause (ii). Even if legislation were enacted imminently, the rulemaking issues here would not be able to be addressed in the cycle for the FY 2017 LTCH PPS rule.

Comment [A]: From an operational perspective, it would be helpful to make the determination about an LTCH meeting the criteria set forth below one time, such as during fiscal year 2015, rather than repeatedly. The edit in clause (iii) conforms to this change.

Comment [A]: Additional information would be needed from the hospital regarding the mix of their services for these diagnoses.

Comment [A]: Are the admitted "inpatients" just Medicare beneficiaries or all patients? Medicare might not have data on inpatients admitted who are not Medicare beneficiaries.

Comment [A]: This limits the study to the two hospitals.

Comment [A]: The Secretary would not have information on challenges that an LTCH has in classification and licensure as those are issues for State agencies.

Comment [A]: What is meant by the "adequacy of access" and how would it be measured? Medicare would only have utilization data.

Comment [A]: The analysis for a report on this date would not be based on much data particularly given the date change above.

GOE16143 S.L.C.

| 1 | SEC TEMPORARY EXCEPTION TO THE APPLICATION |
|----|---|
| 2 | OF MEDICARE LTCH SITE NEUTRAL PROVI- |
| 3 | SIONS FOR CERTAIN SPINAL CORD SPE- |
| 4 | CIALTY HOSPITALS. |
| 5 | (a) Exception.—Section 1886(m)(6) of the Social |
| 6 | Security Act (42 U.S.C. 1395ww(m)(6)) is amended— |
| 7 | (1) in subparagraph (A)(i) by striking "and |
| 8 | (E)" and inserting ", (E), and (F)"; and |
| 9 | (2) by adding at the end the following new sub- |
| 10 | paragraph: |
| 11 | "(F) Temporary exception for cer- |
| 12 | TAIN SPINAL CORD SPECIALTY HOSPITALS.— |
| 13 | For discharges in cost reporting periods begin- |
| 14 | ning during fiscal years 2018 through 2022, |
| 15 | subparagraph (A)(i) shall not apply (and pay- |
| 16 | ment shall be made to a long-term care hospital |
| 17 | without regard to this paragraph) if such dis- |
| 18 | charge is from a long-term care hospital that, |
| 19 | in its cost reporting period that began during |
| 20 | fiscal year 2015— |
| 21 | "(i) was a not-for-profit long-term |
| 22 | care hospital; |
| 23 | "(ii) primarily provided extensive |
| 24 | medical, surgical, or rehabilitation services |

GOE16143 S.L.C.

| 1 | with respect to MS-LTC-DRGs relating to |
|----|--|
| 2 | catastrophic spinal cord or acquired brain |
| 3 | injuries or other paralyzing neuromuscular |
| 4 | conditions; and |
| 5 | "(iii) admitted inpatients (including |
| 6 | both individuals entitled to, or enrolled for |
| 7 | benefits under this title and individuals not |
| 8 | so entitled or enrolled) from at least 20 |
| 9 | different States, determined based on data |
| 10 | submitted by the hospital to the Sec- |
| 11 | retary.". |
| 12 | (b) STUDY AND REPORT ON THE STATUS AND VIA- |
| 13 | BILITY OF CERTAIN SPINAL CORD SPECIALTY LONG- |
| 14 | TERM CARE HOSPITALS.— |
| 15 | (1) STUDY.—The Secretary of Health and |
| 16 | Human Services shall conduct a study on the status |
| 17 | and viability of long-term care hospitals described in |
| 18 | section 1886(m)(6)(F) of the Social Security Act, as |
| 19 | added by subsection (a). Such report shall include |
| 20 | an analysis of the following: |
| 21 | (A) Challenges related to classification and |
| 22 | facility licensure by State agencies for such |
| 23 | long-term care hospitals, as demonstrated by |
| 24 | such hospitals. |

GOE16143 S.L.C.

| 1 | (B) The adequacy of Medicare payment |
|----|--|
| 2 | rates for such long-term care hospitals. |
| 3 | (C) Utilization data to determine the prev- |
| 4 | alence of Medicare beneficiaries who have been |
| 5 | diagnosed with catastrophic spinal cord or ac- |
| 6 | quired brain injuries or other paralyzing neuro- |
| 7 | muscular conditions. |
| 8 | (2) Report.—Not later than September 30 |
| 9 | 2022, the Secretary of Health and Human Services |
| 10 | shall submit to Congress a report on the study con- |
| 11 | ducted under paragraph (1), together with rec- |
| 12 | ommendations for such legislation and administra- |
| 13 | tive action as the Secretary determines appropriate. |

From: DiBlasio, Carla

Sent: 8 Mar 2016 01:17:20 +0000 **To:** Druckman, Jennifer (CMS/OL)

Cc: Street, Amanda; Jamease Kowalczyk (Jamease. Kowalczyk@cbo.gov); Kevin

McNellis (Kevin.McNellis@cbo.gov);Graff, Caleb;Grossman, Edward;Grabert, Lisa;Miranda,

Eric; Chadwick, Alpheus K. (CMS/OL)

Subject: Request for TA for CJR delay bill Attachments: CJR updated bill_3-2-16.pdf

Hey Jennifer,

I hope you're doing well! Congressman Price is aiming to introduce the attached legislation next week. The measure delays the Comprehensive Care Joint Replacement (CJR) payment model until Jan. 1st, 2018. We have been working with CBO to get scoring feedback to help ensure that it's budget neutral.

The bill asks HHS/CMS to adjust the hospital update so as to offset the additional expenditures resulting from a delay of CJR. In order to keep this strictly budget neutral, the language directs HHS/CMS to make the FY 17 hospital update adjustment large enough to pay for extra expenditures not just for FY 17 (viz., 10/1/16 through 9/30/17), but also from 4/1/16 to 9/30/16. Thus, we ensure that any adjustment in the IPPS increase shall only apply for FY 17 and will not be taken into account in computing the update rate for any succeeding fiscal year. We've included language to avoid compounding payment cuts.

In speaking with CBO last week, it became apparent that we really need technical assistance from CMS in order to better determine the scoring implications. Are you available for a phone call this week to discuss the bill and, more specifically, how our IPPS offset would likely be implemented?

Let us know what works best for you this week.

Many thanks, as always! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











[DISCUSSION DRAFT]

114TH CONGRESS 2D SESSION

H.R.

To delay and suspension of implementation of the comprehensive care for joint replacement (CJR) payment model for episode-based payment for lower extremity joint replacement (LEJR) under the Medicare program in a budget neutral manner.

IN THE HOUSE OF REPRESENTATIVES

Mr. Price of Georgia introduced the following bill; which was referred to the Committee on _____

A BILL

- To delay and suspension of implementation of the comprehensive care for joint replacement (CJR) payment model for episode-based payment for lower extremity joint replacement (LEJR) under the Medicare program in a budget neutral manner.
 - 1 Be it enacted by the Senate and House of Representa-
 - 2 tives of the United States of America in Congress assembled,
 - 3 SECTION 1. FINDINGS.
 - 4 Congress finds the following:

| 1 | (1) Patient choice has a uniquely positive influ- |
|----|---|
| 2 | ence in achieving quality, responsiveness, effective- |
| 3 | ness, and efficiency of health care services. |
| 4 | (2) The implementation of a Medicare payment |
| 5 | model for comprehensive care for joint replacement |
| 6 | (CJR) represents a significant change to the health |
| 7 | care delivery system which could have a negative im- |
| 8 | pact on patient choice, access, and quality. |
| 9 | (3) Patients with higher-cost complex surgeries |
| 10 | (such as hip fractures and ankle replacement proce- |
| 11 | dures) or who suffer from multiple chronic condi- |
| 12 | tions may especially be at risk in the implementation |
| 13 | of that model. |
| 14 | (4) The implementation of that model begin- |
| 15 | ning April 1, 2016, provides physicians, hospitals |
| 16 | and post-acute providers with inadequate time to |
| 17 | prepare for this abrupt shift in payment for these |
| 18 | high-volume procedures and the changes in care de- |
| 19 | livery that they require. |

| 1 | SEC. 2. DELAY AND SUSPENSION OF IMPLEMENTATION OF |
|----|--|
| 2 | COMPREHENSIVE CARE FOR JOINT REPLACE- |
| 3 | MENT (CJR) MEDICARE PAYMENT MODEL |
| 4 | FOR LOWER EXTREMITY JOINT REPLACE- |
| 5 | MENT (LEJR) IN A BUDGET NEUTRAL MAN- |
| 6 | NER. |
| 7 | (a) In General.—The Secretary of Health and |
| 8 | Human Services shall not implement (and shall suspend |
| 9 | any further implementation of) before January 1, 2018, |
| 10 | the testing of the Comprehensive Care for Joint Replace- |
| 11 | ment Model (CJR) (as contained in the rule published in |
| 12 | the Federal Register on November 24, 2015 (80 Fed. Reg. |
| 13 | 73274-73554)) to be conducted under section 1115A of |
| 14 | the Social Security Act (42 U.S.C. 1315a) as an episode- |
| 15 | based payment model for lower extremity joint replace- |
| 16 | ment (LEJR) in 67 Metropolitan Statistical Areas during |
| 17 | a 5-year performance period. This section shall not apply |
| 18 | to implementation of such model that has occurred before |
| 19 | the date of the enactment of this Act and, to the extent |
| 20 | that any financial liability may arise as a result of the |
| 21 | implementation of this section, such liability shall be pay- |
| 22 | able from the Federal Hospital Insurance Trust Fund |
| 23 | under section 1817 of the Social Security Act (42 U.S.C. |
| 24 | 1395i). |
| 25 | (b) Construction.—Nothing in this section shall be |
| 26 | construed to affect the authority of the Secretary to re- |

quire the participation of providers of services, suppliers, and beneficiaries in the testing or expansion of any other innovative payment and service delivery model under section 1115A of the Social Security Act (42 U.S.C. 1315a). 5 (c) Budget Neutral Implementation.—In order to implement this section on a budget-neutral basis, the Secretary shall provide for such adjustment in the applica-8 ble percentage increase applied under section 1886(b)(3)(B)(i) of the Social Security Act (42 U.S.C. 1395ww(b)(3)(B)(i)) for discharges in each fiscal year be-10 ginning with fiscal year 2017 as the Secretary estimates 12 will result in this section not changing the net Federal expenditures under title XVIII of the Social Security Act 13 for such fiscal year (or, in the case of the adjustment for 14 15 fiscal year 2017, for the period beginning on April 1, 16 2016, and ending on September 30, 2017). Any such adjustment for discharges in a fiscal year shall only apply to payments for discharges occurring during such fiscal year and shall not be taken into account in computing pay-

20 ment rates for discharges in subsequent fiscal years.

f:\VHLC\030216\030216.053.xml March 2, 2016 (11:07 a.m.) From: Street, Amanda

Sent: 1 Sep 2016 14:08:15 +0000

To: Druckman, Jennifer (CMS/OL);OToole, Meghan (CMS/OL);Chadwick,

Alpheus K. (CMS/OL)

Cc: Graff, Caleb; DiBlasio, Carla

Subject: Submit NTF presentation for the record

Attachments: BPCI National Trend Factor updated 020816 (1).pptx, ATT00001.htm

Hey guys,

Hope this finds you well. As you may know, the Budget committee will be holding a hearing next week on the scoring conventions of CMMI, and one of the witnesses has an association with Signature Medical Group. They would like the attached PowerPoint to be submitted for the record as part of the witness testimony. This presentation was used in an earlier off the record discussion with Ways and Means committee (I believe it was reviewed by CMS at that time) and have since further scrubbed the data, but would like assurances from CMMI/CMS that it would not be in breach of their BPCI contract to submit it.

If you could get back to us by next Tuesday at the latest that would be wonderful.

Thank you so much! Amanda

Sent from my iPhone



BPCI National Trend Factor Analysis

Signature Medical Group St. Louis

The National Trend Factor (NTF) plays a significant part in an Initiator's success or failure in the BPCI program. As such, we have outlined some concerns that we have regarding how it is calculated and the impact that we have noticed on program participants. Concern #1 – Discrepancy between price changes and NTF changeThere has been limited visibility on how it is actually calculated. For our primary episode bundle (DRG 470), the NTF was 0.9595 for the Q1 2015 reconciliation. This implies that costs were 4% less in 2015 than in 2012. To understand the drivers of this change, we have attempted to split this factor into its Price and Utilization components. We have calculated the following Price factor for a DRG 470 Bundle by looking at the CMS Final Rule pricing for the various provider types, assuming a mix that is consistent with the 2012 baseline data for Signature Convener groups:

| | | | | Price Factor | % Mix in '12 | Price Factor |
|-------------------------|-----------------|---------|---------|--------------|----------------------|--------------|
| | TY 2013 | TY 2014 | Q1 2015 | '12 to Q1'15 | DRG 470 ² | Portion |
| IP (CY) ¹ | 2.3% | 0.9% | 1.4% | 1.04614 | 51.7% | 0.54074 |
| Part B (CY) | 0.4% | 0.7% | 1.1% | 1.02215 | 10.6% | 0.10826 |
| SNF (CY) ¹ | 1.7% | 1.5% | 2.0% | 1.05238 | 20.0% | 0.21087 |
| HH (CY) | 0.0% | (1.1%) | 3.2% | 1.02127 | 9.5% | 0.09691 |
| IRF (CY) ¹ | 1.9% | 1.9% | 2.2% | 1.06094 | 3.8% | 0.04040 |
| OP (CY) | 1.8% | 1.7% | 2.3% | 1.05912 | 3.2% | 0.03403 |
| LTCH (CY) ¹ | 0.8% | 1.6% | 1.1% | 1.03488 | 0.3% | 0.00265 |
| PSYCH (CY) ¹ | 2.0% | 2.2% | 2.5% | 1.06876 | 0.0% | 0.00000 |
| DME | 0.0% | 0.0% | 0.0% | 1.00000 | 0.9% | 0.00916 |
| DRG 470 Price Fa | actor 2012 - Q1 | 2015 | | | | 1.04302 |

Note:

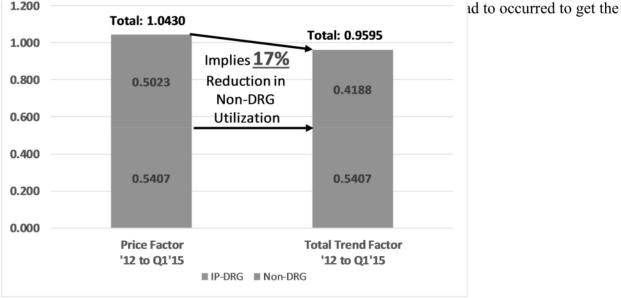


^{1.} Price increase % adjusted to Calendar Year from Fiscal Year of Oct 1 to Sep 30.

^{2.} Based upon 2012 baseline data for Signature Convener groups.

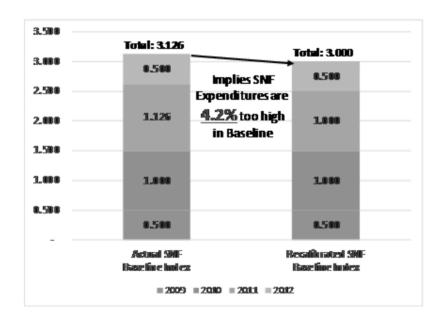
The previous table shows that if Price was the sole component of the NTF, it would have been 1.04302. We understand and appreciate the fact that utilization can have a significant impact on the overall costs of a bundle, but to what extent? The following chart shows the kind of reduction that would be needed of the variable component of a bundle to get to the 0.9595 NTF.In this chart, we assumed that the IPPS DRG 470 could not have utilization changes (i.e. it is binary in that either the DRG occurs or does not) and therefore all utilization changes for the bundle would have to come from the non-IPPS DRG components. As you can see,

this implies that from 2012 current NTF of 0.9595.





Is it possible that something is awry with the NTF calculation? Is the grouping logic the same for both the baseline and performance period? Are all exclusions calculated the same for both periods? Could there be pricing anomalies in one of the periods that is throwing off the calculation? An example would be the SNF overpayment in 2011 that was subsequently corrected in 2012—this would create a pricing spike in the baseline period that would not be present in the performance period. Per CMS press release, SNF payments were 12.6% too high in 2011: The chart above attempts to index the amount of impact from overpayment of SNFs in 2011. Assuming that SNF is 20% of a DRG 470 bundle, the baseline NTF is 84 basis points too high (4.2% times 20%). Recalibrating would cause NTF to go from 0.9595 to 0.9676 (0.9595 / New Baseline of 0.9916).





Concern # 2 – Including Managed Bundles in NTF Calculation Artificially Increases CMS's DiscountWith the advent of the CJR program, a significant percentage of Orthopedic cases will be part of some type of managed bundled program. Actively managing these bundles will decrease the NTF and artificially increase CMS's discount: As an example, the table above shows that if BPCI/CJR participants collectively were to reduce episode costs by 2%, they would actually impact the NTF by 0.7% and force breakeven to be 2.7%. However, a more perver-6% 8% 10% a specific participant only managed a 4% reduction. nt would actually end up owing CMS 1.4% 72% less Actual CMS Discount ent calculation methodology, participants are disincentivized from sharing hest 2.7% 3.4% 4.0% 4.7% 5.4% Surely this cannot be the intent of CMS.0% 4.0% 6.0% 8.0% Actual Incentive (because of impact to NTF) (0.7%)4.6% 0.6% 2.0% 3.3%

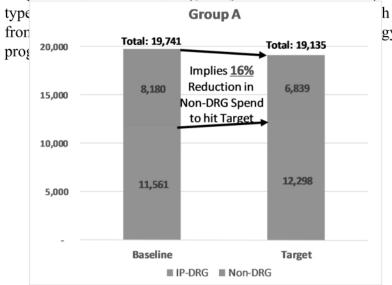


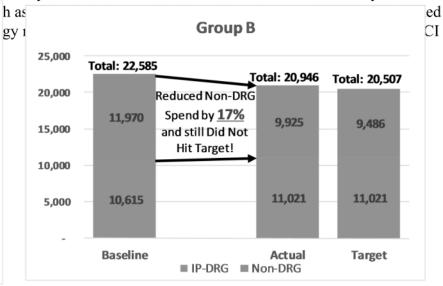
Concern #3 – When NTF is Negative, it Adversely Impacts those Facilities that Were Already Successful in the Baseline PeriodWe've seen this with several of our groups--those that were successful in the baseline period of managing costs get squeezed on the variable (non-IPPS DRG) costs when the NTF is negative. The following table demonstrates the % decrease in the non-DRG costs that is needed just to get to Target:

| | Baseline | | | | Target | | % Change |
|----------|----------|---------|---------|--------|--------|---------|----------|
| Baseline | IP-DRG | Non-DRG | NTF | Target | IP-DRG | Non-DRG | Non-DRG |
| 19,000 | 12,000 | 7,000 | 0.95953 | 17,866 | 12,000 | 5,866 | -16% |
| 20,000 | 12,000 | 8,000 | 0.95953 | 18,807 | 12,000 | 6,807 | -15% |
| 21,000 | 12,000 | 9,000 | 0.95953 | 19,747 | 12,000 | 7,747 | -14% |
| 22,000 | 12,000 | 10,000 | 0.95953 | 20,687 | 12,000 | 8,687 | -13% |
| 23,000 | 12,000 | 11,000 | 0.95953 | 21,628 | 12,000 | 9,628 | -12% |
| 24,000 | 12,000 | 12,000 | 0.95953 | 22,568 | 12,000 | 10,568 | -12% |
| 25,000 | 12,000 | 13,000 | 0.95953 | 23,508 | 12,000 | 11,508 | -11% |
| 26,000 | 12,000 | 14,000 | 0.95953 | 24,449 | 12,000 | 12,449 | -11% |
| 27,000 | 12,000 | 15,000 | 0.95953 | 25,389 | 12,000 | 13,389 | -11% |
| 28,000 | 12,000 | 16,000 | 0.95953 | 26,329 | 12,000 | 14,329 | -10% |
| 29,000 | 12,000 | 17,000 | 0.95953 | 27,270 | 12,000 | 15,270 | -10% |



The following are a couple of our groups and the actual impact that this has issue had on their ability to manage to the Target Price (DRG 470):For Group A, their implied non-DRG spend has to be less than \$7,000 just to hit Target. For Group B, they had a loss in Q1 2015 NPRA even though they reduced Non-DRG spend by 17%! It is hard to believe that CMS would be okay with these







Concern #4 – The Projection of Non-DRG Payments (Variable Portion of Bundle) Puts the Sustainability of the Program in QuestionAs shown in the table below using reasonable assumptions, the non-DRG portion of the DRG 470 bundle Target Price gets squeezed to approx. \$7,700 by 2020, a reduction of 30% compared to 2012.

| Annual Inflation Rate Assumption ¹ Trend Factor Assumption (non-BPCI/non-CJR) ² | 1.015 |
|---|-------|
| Trend Factor Assumption (BPCI/CJR) ³ | 0.975 |
| , , , | 2012 |

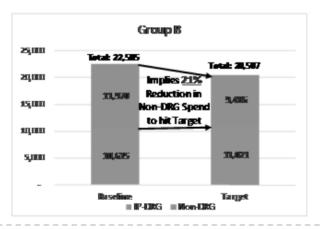
| | 2012 | 2013 | 2010 | 2017 | 2018 | 2019 | 2020 |
|--|--------|----------|---------|---------|---------|---------|---------|
| % of Episodes in BPCI/CJR ⁴ | | 14.0% | 29.0% | 34.0% | 34.0% | 34.0% | 34.0% |
| Weighted Avg Trend Factor Annual Increase ⁵ | | | 1.00352 | 1.00151 | 1.00151 | 1.00151 | 1.00151 |
| National Trend Factor ESTIMATED ⁶ | | 0.959530 | 0.96291 | 0.96436 | 0.96582 | 0.96727 | 0.96873 |
| Episode Payment ESTIMATED ⁷ | 25,452 | 24,422 | 24,508 | 24,545 | 24,582 | 24,619 | 24,656 |
| Target Price | | 23,934 | 24,018 | 24,054 | 24,091 | 24,127 | 24,163 |
| IP-DRG Payment ESTIMATED ⁸ | 14,465 | 15,242 | 15,474 | 15,708 | 15,947 | 16,188 | 16,434 |
| Non-DRG (Variable) IMPLIED ⁹ | 10,987 | 8,691 | 8,544 | 8,346 | 8,144 | 7,938 | 7,729 |
| % Growth Non-DRG Pmts Portion from 2012 | | -21% | -22% | -24% | -26% | -28% | -30% |
| , | | | | | | | |

Note:

- 1. Assumed same inflation as annual average from 2013 through 2015
- 2. Assumed non-managed episodes would increase at rate of inflation
- 3. Assumed managed (BPCI/CJR) episodes would be managed below CMS 2% target
- 4. Assumes 14% in BPCI and 20% in CJR, with 4/1/16 start for CJR
- 5. Weighted average calculated using national % of episodes in BPCI/CJR
- 6. Previous NTF times Trend Factor Annual Increase
- 7. Estimated NTF times 2012 Episode Payment
- 8. Previous year IP-DRG Payment times Annual Inflation Rate
- 9. Target Price less IP-DRG Payment



Concern #5 – The Wage Factor Adjustment does not Adequately Adjust for the Impact to the Variable (Non-DRG) Portion of the Bundle As previously shown, the only part of the bundle that is within the control of an Initiator is the Non-DRG portion—the IP-DRG portion is fixed in price (by CMS) and utilization (either the episode occurs, or it does not). A Wage Factor that is negative may exacerbate the reduction in the implied non-DRG Target Price. Below is the Reconciliation Report for Q1 2015 of Group B:As can be see above, the Wage Adjustment Factor for Group B was 0.96562. However, the average IP-DRG Payments went from \$10,615 in the baseline to make 021 in the perior management of 1.0393. Because there are thore factors than Wase index unal age into carculating the free DRG (English) DR IPPS Price from the first of the first of the first of the first from the first f fourthe non-lesses pouses 0.965621**dle:** \$20,926 \$20,507 \$4,306,557 \$4,492,844 \$4,398,722 \$92,165





National Trend Factor Proposed Solutions:

Solution # 1 – Give Visibility into National Trend Factor Calculation

Given the importance of the NTF on the pricing methodology, program participants need to have a better understanding of how it is calculated. We understand that there is a sea of data that goes into calculating it, but there has got to be a way of breaking it down into understandable components. Solution #2 – Exclude Managed Bundles (BPCI/CJR) from NTF Calculation

As shown previously, including managed bundles in the NTF calculation causes the CMS Discount to artificially increase. If CMS's intent is to reduce spending by 2% relative to results without the BPCI program, it does not make sense to include the BPCI/CJR bundles in the NTF calculation. Adopting this solution would also go a long way towards mitigating the payment trend that could put the sustainability of the program in question. Solution #3 – Apply the CMS Discount only to the Non-DRG (Variable Portion) of the Bundle

The DRG portion of the bundle is fixed (i.e. utilization cannot be changed) and is subject to price increases each year. It is unfair to expect program participants to achieve utilization reductions that have to overcome a fixed component—a 2% reduction with 50% fixed means that a 4% reduction in variable is needed just to break even! Solution # 4 – Replace Wage Adjustment Factor with IP-DRG FactorIf Solution # 3 is not adopted, an adjustment in the payment methodology needs to be made to account for the growth in the fixed component of the bundle (and implied reduction in variable target of the bundle). One way to do this would be to adjust bundles based upon the factor increase in the IP-DRG payments. This would allow for a growth in Total Bundle Target consistent with the growth in IP-DRG payment. Solution # 5 – Develop trend factors addressing DRG and Non-DRG components of the target pricing calculation The DRG portion trend factor would be calculated on price adjustments and the Non-DRG portion of the trend factor could include price and utilization adjustments.



From: DiBlasio, Carla

Sent:1 Dec 2015 17:30:21 +0000To:Druckman, Jennifer (CMS/OL)Cc:Uehlecke, Nicholas;Street, AmandaSubject:TA for Radiation Therapy Language

Attachments: Radiotherapycuts offset.pdf

Hey Jennifer,

I hope you had a nice Thanksgiving! I wanted to touch base with you regarding the attached radiation therapy language. It's my understanding that CMS was in touch with Nick Uehlecke regarding the language. However, Nick had an emergency last night so I wanted to check in with you to determine if you were able to provide any TA on the language? Happy to chat over the phone if that's easiest.

Many thanks! Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











[DISCUSSION DRAFT]

| 1 | SEC TRANSITIONAL PAYMENT RULES FOR RADIATION |
|----|---|
| 2 | THERAPY SERVICES UNDER THE MEDICARE |
| 3 | PHYSICIAN FEE SCHEDULE. |
| 4 | (a) In General.—Section 1848(b) of the Social Se- |
| 5 | curity Act (42 U.S.C. 1395w-4(b)) is amended by adding |
| 6 | at the end the following new paragraph: |
| 7 | "(8) Special rule for radiation therapy |
| 8 | SERVICES.—The code definitions and payment |
| 9 | amounts that would otherwise be determined under |
| 10 | this section for radiation treatment delivery and re- |
| 11 | lating imaging services (identified in 2016 by |
| 12 | HCPCS G-codes G6001 through G6015) that are |
| 13 | furnished in 2017 and 2018 shall be the same as the |
| 14 | code definitions and payment amounts for such serv- |
| 15 | ices that are furnished in 2016.". |
| 16 | (b) Report to Congress on Alternative Pay- |
| 17 | MENT MODEL.—Not later than 18 months after the date |
| 18 | of the enactment of this Act, the Secretary of Health and |
| 19 | Human Services shall submit to Congress a report on the |
| 20 | development of an episodic alternative payment model for |
| 21 | payment under the Medicare program under title XVIII |

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[Discussion Draft]

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- 1 of the Social Security Act for radiation therapy services
- 2 furnished in nonfacility settings.

From: DiBlasio, Carla

Sent: 24 Mar 2016 16:06:15 +0000

To: Druckman, Jennifer (CMS/OL)

Cc: Chadwick, Alpheus K. (CMS/OL)

Subject: Thank you + quick update

Attachments: Final HIP Act_ CJR Delay.pdf

Hey Jen!

Thanks so much for kindly taking the time to help arrange the call with Patrick Conway. I know Congressman Price really appreciated the opportunity to speak with Dr. Conway. Congressman Price wanted me to reach out right away to inform you that he just introduced H.R. 4848, a bill that would delay CJR until Jan. 1st, 2018. I think I had mentioned the bill to you over the phone at one point, but I forgot to remind you that we just introduced it. I know Dr. Price had every intention of giving Dr. Conway a heads up on the call that he just introduced the bill, so he wanted to extend his apologies for not sharing that piece of information on the call. It totally slipped his mind.

Nonetheless, the call was very helpful and it truly means a lot to Congressman Price that Dr. Conway is willing to speak 15 minutes to have an open conversation about the CJR program. We have a number of follow-up questions based on the conversation with Dr. Conway, so I'll plan to shoot those over to you.

Thank you so much, as always!

Carla

Carla DiBlasio, Esq.
Policy Advisor
Congressman Tom Price, M.D. (GA-06)
100 Cannon House Office Building
Washington, DC 20515 | 202.225.4501











| | (Original Signature of Member) |
|--------------|--------------------------------|
| 14 CONCIDERS | |

114TH CONGRESS 2D SESSION

H.R.

To delay and suspend implementation of a comprehensive care for joint replacement (CJR) payment model for episode-based payment for lower extremity joint replacement (LEJR) under the Medicare program in a budget neutral manner.

IN THE HOUSE OF REPRESENTATIVES

| Mr. Price of | f Georgia | introduced | the | following | bill; | which | was | referred | to | the |
|--------------|-----------|------------|-----|-----------|-------|-------|-----|----------|----|-----|
| | Commit | tee on | | | | | | _ | | |
| | | | | | | | | | | |

A BILL

To delay and suspend implementation of a comprehensive care for joint replacement (CJR) payment model for episode-based payment for lower extremity joint replacement (LEJR) under the Medicare program in a budget neutral manner.

- 1 Be it enacted by the Senate and House of Representa-
- 2 tives of the United States of America in Congress assembled,
- 3 SECTION 1. SHORT TITLE.
- 4 This Act may be cited as the "Healthy Inpatient Pro-
- 5 cedures Act of 2016" or the "HIP Act".

1 SEC. 2. FINDINGS.

2 Congress finds the following: 3 (1) Patient choice has a uniquely positive influ-4 ence in achieving quality, responsiveness, effective-5 ness, and efficiency of health care services. 6 (2) The implementation of a Medicare payment 7 model for comprehensive care for joint replacement 8 (CJR) represents a significant change to the health 9 care delivery system which could have a negative im-10 pact on patient choice, access, and quality. 11 (3) Patients with higher-cost complex surgeries 12 (such as hip fractures and ankle replacement proce-13 dures) or who suffer from multiple chronic condi-14 tions may especially be at risk in the implementation 15 of that model. 16 (4) The implementation of that model begin-17 ning April 1, 2016, provides physicians, hospitals, 18 and post-acute providers with inadequate time to 19 prepare for this abrupt shift in payment for these 20 high-volume procedures and the changes in care de-

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21

livery that they require.

| 1 | SEC. 3. DELAY AND SUSPENSION OF IMPLEMENTATION OF |
|----|--|
| 2 | A COMPREHENSIVE CARE FOR JOINT RE- |
| 3 | PLACEMENT (CJR) MEDICARE PAYMENT |
| 4 | MODEL FOR LOWER EXTREMITY JOINT RE- |
| 5 | PLACEMENT (LEJR) IN A BUDGET NEUTRAL |
| 6 | MANNER. |
| 7 | (a) In General.—The Secretary of Health and |
| 8 | Human Services shall not implement (and shall suspend |
| 9 | any further implementation of) before January 1, 2018, |
| 10 | the testing of a Comprehensive Care for Joint Replace- |
| 11 | ment Model (CJR) (described in the rule published in the |
| 12 | Federal Register on November 24, 2015 (80 Fed. Reg. |
| 13 | 73274-73554)) to be conducted under section 1115A of |
| 14 | the Social Security Act (42 U.S.C. 1315a) as an episode- |
| 15 | based payment model for lower extremity joint replace- |
| 16 | ment (LEJR). This section shall not apply to implementa- |
| 17 | tion of such model that has occurred before the date of |
| 18 | the enactment of this Act. |
| 19 | (b) Construction.—Nothing in this section shall be |
| 20 | construed to affect the authority of the Secretary to re- |
| 21 | quire the participation of providers of services, suppliers, |
| 22 | and beneficiaries in the testing or expansion of any other |
| 23 | innovative payment and service delivery model under sec- |
| 24 | tion 1115A of the Social Security Act (42 U.S.C. 1315a). |
| 25 | (c) Offsetting Additional Expenditures |
| 26 | THROUGH REDUCTIONS IN AMOUNTS APPROPRIATED TO |

| 1 | THE PREVENTION AND PUBLIC HEALTH TRUST FUND.— |
|----|---|
| 2 | Notwithstanding any other provision of law, the amount |
| 3 | otherwise appropriated to the Prevention and Public |
| 4 | Health Trust Fund under section $4002(b)$ of the Public |
| 5 | Health Service Act (42 U.S.C. 300u–11(b))— |
| 6 | (1) for fiscal year 2017 is reduced (and re- |
| 7 | seinded) by $$180,000,000$ (or $$185,000,000$ if this |
| 8 | Act is enacted before July 1, 2016); and |
| 9 | (2) for fiscal year 2018 is reduced (and re- |
| 10 | scinded) by \$50,000,000. |