Congress of the United States Washington, DC 20515

September 18 2014

The Honorable Marilyn Tavenner Administrator Centers for Medicare and Medicaid Services 200 Independence Avenue, SW Washington, DC 20201

Dear Administrator Tavenner,

We are writing to express our concern regarding the provision contained in Centers for Medicare and Medicaid Services' (CMS) Physician Fee Schedule (PFS) proposed rule for calendar year (CY) 2015 to convert all 10- and 90-day global procedures to 0-day global procedures beginning in 2017.

We urge CMS not to finalize this proposal in the 2015 Physician Fee Schedule Final Rule and, instead, work with the surgical community and Congress on ways to address the concerns articulated in the proposed rule.

We believe that disrupting global surgical payments will be detrimental to beneficiary care, increase administrative burdens, and hinder the ongoing, systematic efforts to improve and coordinate the delivery of quality health care.

Global payments incentivize providers to coordinate care. We believe that supporting a coordinated, team approach to healthcare is the best way to ensure that patients receive the highest quality, and most efficient care. Without the global payment, we are concerned that surgeons will lose the ability to coordinate postoperative care for critically ill patients. Patients may also be less inclined to attend their follow-up appointments as a result of additional co-pays for each visit.

In addition to compromising individual patient care, eliminating the surgical global payment will limit the collection of patient outcomes information if patients elect to forgo follow-up or seek treatment from other health care providers. Obstructing the use of clinical data registries is a significant setback in the progress that has been made in disease tracking and quality improvement.

Further, current bipartisan, bicameral legislation to repeal and replace the flawed sustainable growth rate formula calls for a "period of stability" in physician pay to allow physicians to transition to alternative payment models. This proposal intends to introduce new complexities into an already flawed system and stymie that progress.

Finally, under CMS' proposal, each pre- and post-operative service will have to be coded and billed separately – increasing the administrative burden to surgeons and the cost to CMS for processing all of these additional claims. The American Medical Association estimates that the

elimination of the global period will result in 63 million additional claims filed to account for post-surgical evaluation and management services. Even if physicians could accommodate this enormous increase in volume, it is not clear that CMS would have the ability to process the information it is requesting.

We urge you not to finalize this proposal in the 2015 PFS Final Rule. Instead, we recommend that CMS work with Congress and the stakeholder community to develop other ways to address the concerns outlined by CMS in the proposed rule while facilitating the development of alternative payment models in the future.

Sincerely,

LARRY BUCSHON, M.D.

Member of Congress

PHIL ROE, M.D.

Member of Congress

BILL POSEY

Member of Congress

ANDY HARRIS, M.D.

Member of Congress

CHARLES BOUSTANY, M.D.

Member of Congress

Member of Congress

AMIBERA, M.D. Member of Congress

TOM PRICE, M.D. Member of Congress

MICHAEL BURGESS, M.D.

Member of Congress

PAUL BROUN, M.D.

Member of Congress

PATRICK MEEHAN

Member of Congress

DIANE BLACK

Member of Congress



RAUL RUIZ, M.D. Member of Congress

ERIK PAULSEN Member of Congress

DENNIS A. ROSS Member of Congress

ALLYSON SCHWARTZ Member of Congress

PETER ROSKAM Member of Congress

ANNE WAGNER Member of Congress

BRAD WENSTRUP Member of Congress

DAN BENISHEK, M.D. Member of Congress

Member of Congress

MARSHA BLACKBURN Member of Congress

STEN SINEMA Member of Congress

RONKIND

Member of Congress

JOE HECK, D.O. Member of Congress

BILL JOHNSON Member of Congress

BRETT GUTHRIE

Member of Congress

MATERIAL SECTION