

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives

COMMITTEE ON ENERGY AND COMMERCE

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July 29, 2013

Ms. Nina Owcharenko
Director
Center for Health Policy Studies
The Heritage Foundation
214 Massachusetts Avenue, N.E.
Washington, D.C. 20002

Dear Ms. Owcharenko:

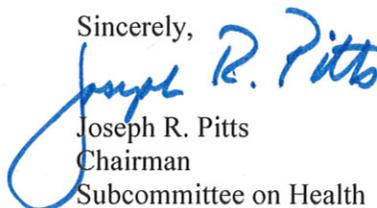
Thank you for appearing before the Subcommittee on Health on Monday, July 8, 2013, to testify at the hearing entitled "Making Medicaid Work for the Most Vulnerable."

Pursuant to the Rules of the Committee on Energy and Commerce, the hearing record remains open for ten business days to permit Members to submit additional questions for the record, which are attached. The format of your responses to these questions should be as follows: (1) the name of the Member whose question you are addressing, (2) the complete text of the question you are addressing in bold, and (3) your answer to that question in plain text.

To facilitate the printing of the hearing record, please respond to these questions by the close of business on Monday, August 12, 2013. Your responses should be mailed to Sydne Harwick, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to Sydne.Harwick@mail.house.gov.

Thank you again for your time and effort preparing and delivering testimony before the Subcommittee.

Sincerely,



Joseph R. Pitts
Chairman
Subcommittee on Health

cc: The Honorable Frank Pallone, Jr., Ranking Member, Subcommittee on Health

Attachment

Attachment—Additional Questions for the Record

The Honorable Michael Burgess

1. Low provider reimbursement rates are a large factor in the decreasing number of primary care providers willing to accept Medicaid patients. How can the federal government ensure provider rates are set at levels that encourage provider buy-in?
2. As you are aware, the ACA attempted to address Medicaid's low reimbursement rates by offering a short-term increase in payments to primary-care physicians. Do you know who is responsible for paying for these increased reimbursement rates? Who would pay for these increased rates past 2015? How will this increased cost affect future funding levels for Medicaid and state budgets? Do you believe these increased primary-care rates have increased the number of participating physicians in the Medicaid program?

The Honorable Gus Bilirakis

1. In a recent hearing on Medicare benefit redesign, I asked the panel would it be worthwhile to have the government set an actuarial value and allow for multiple Medicare plans in the marketplace. With Medicaid, at least in Florida, we seem to have taken steps to do that. Consumers may have 31 different benefit packages to choose among, that may be more options than consumers have in the Health Exchanges. Is it a good idea to provide diversity of plan options to Medicaid beneficiaries?
2. The Administration seems focused on expanding Medicaid. How many people are Medicaid eligible and are not enrolled? Shouldn't we be focused on getting care to those groups before we focus on expanding Medicaid? Additionally, this expansion of patients will increase the patient load on the Medicaid system. Has there been an influx in doctors taking Medicaid? What will this patient surge do to the system?
3. How much has this administration embraced experiments in Medicaid? Florida recently got their waiver to roll out a statewide competitive managed care plan, but it took almost two years to obtain the waiver. What has been the experience of other states who applied for waivers, how was it interacting with CMS during the process, and how long did it take for CMS to approve the waiver?
4. The recent Oregon Medicaid study published in the New England Journal of Medicine seemed to show that individuals on Medicaid did not have better health outcomes than individuals without health insurance. Have you seen the study and what lessons should we take from it?
5. What reforms are needed to help beneficiaries transition off of Medicaid and into private insurance? What are the challenges that beneficiaries face?

The Honorable Renee Ellmers

1. I am concerned by the high rates of improper payment rates associated with eligibility errors in Medicaid, which over the 2010-2012 period averaged \$20 Billion annually according to CMS. Every dollar that is spent in error on someone that could potentially

not be a truly eligible Medicaid beneficiary, is a dollar that is taken from our most vulnerable citizens. With Medicaid enrollment at over 70 million now and 1 in 4 Americans expected to become a Medicaid beneficiary as a result of the ACA, do you believe there are measures in place to ensure proper eligibility verification?

2. What impact do you think the delay of the employer mandate reporting requirements might have on the number of individuals improperly enrolled in Medicaid?