

April 2, 2014

Dr. Mitchell Lew  
CEO and Chief Medical Officer  
Prospect Medical Systems  
1920 East 17th Street, Suite 200  
Santa Ana, CA 92705

Dear Dr. Lew:

Thank you for appearing before the Subcommittee on Health on Thursday, March 13, 2014, to testify at the hearing entitled “Keeping the Promise: Allowing Seniors to Keep Their Medicare Advantage Plans If They Like Them.”

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 with a transmittal letter by the close of business on Wednesday, April 16, 2014. Your responses should be mailed to Jessica Wilkerson, Legislative Clerk, Committee on Energy and Commerce, 2125 Rayburn House Office Building, Washington, D.C. 20515 and e-mailed in Word format to [jessica.wilkerson@mail.house.gov](mailto:jessica.wilkerson@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: Frank Pallone, Jr, Ranking Member, Subcommittee on Health

Attachment

**Attachment —Additional Questions for the Record**

**The Honorable Joseph R. Pitts**

1. The bipartisan, bicameral SGR bill has pretty strong incentives for physicians to take two-sided risk. Yet the only mature model in Medicare today where physicians truly take risk is in MA. Has the MA model been successful in providing better incentives for physicians and better care for patients? If so, do you think the coming cuts hurt the MA model?
2. Supporters of Obamacare often like to tout the law's handful of demonstration projects that experiment from capitated payments to providers. Can you talk about what your experience with capitated, accountable physician groups has been, and how it should inform the rest of Medicare? Do you think the goals of the capitation demos are similar to MA?
3. Some people suggest insurance companies are overpaid for MA and rates should be cut to fee-for-service levels for "equity." What do you think the impact of that will be on patients?
4. Would you explain concerns you have with the payment change for CY2015 related to the home-based health assessments?
5. Only about 20% of the reductions to MA in the ACA have been phased in as of the end of this year. That means the bulk of the \$300 B that is being taken out of the program will be cut in future years. What do you think the future of the program looks like in terms of access to doctors for seniors on MA?
6. Generally speaking, do you think MA or fee for service Medicare is better health care for most seniors?
7. Many elderly, frail, low-income individuals who are dually eligible for Medicare and Medicaid, are in special needs plans in the MA program. And at CMS, there is an effort to enroll many other "dual eligibles" in coordinated care plans or plans with capitated payments. From your perspective, would a dual get better care in FFS or MA?