

ONE HUNDRED THIRTEENTH CONGRESS
Congress of the United States
House of Representatives
COMMITTEE ON ENERGY AND COMMERCE
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June 11, 2014

Dr. Barbara J. Gage
Managing Director
Engelberg Center for Health Care Reform
The Brookings Institute
1775 Massachusetts Avenue, N.W.
Washington, D.C. 20036

Dear Dr. Gage:

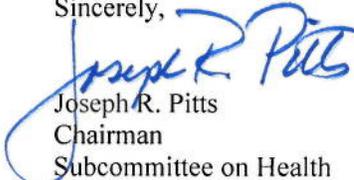
Thank you for appearing before the Subcommittee on Health on Wednesday, May 21, 2014, to testify at the hearing entitled "Keeping the Promise: Site of Service Medicare Payment Reforms."

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, June 25, 2014. 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 emailed 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 Joseph R. Pitts

1. In your testimony, you said that almost one in five Medicare beneficiaries is admitted to the hospital each year. Do you see PAC reforms as a way to better manage care, lower Medicare beneficiaries' costs, or something else?
2. In your testimony, you suggested that collecting standardized data nationally for two years prior to finalizing payment system changes to increase the sample size for less common cases and reduce the uncertainty associated with changes in the payment system. What should happen after two years?
3. You noted that hospitals are trying to predict readmission rates using internal data systems, but because each hospital uses its own version of these items, hospital outcomes cannot be compared across the local market. What steps do you think can be taken by Congress or CMS to improve HospitalCompare.gov and make it a more meaningful experience for users?
4. Would you offer your perspective on private sector efforts to give consumers tools that compare cost, quality, or outcomes for providers? I am thinking of efforts by companies like Castlight, or U.S. News and World Reports, or Leapfrog?
5. Medicare is currently facing insolvency, which would jeopardize care for millions of seniors that depend on the program. What policies or payment reforms would you recommend Congress consider to help keep the promise to seniors by saving Medicare from insolvency?
6. What do you think about the possible savings to the beneficiaries if Congress were to combine the A/B cost-sharing and adopt a catastrophic cap? This reform has been recommended by MedPAC, former Sen. Lieberman, and the President's Fiscal Commission.

The Honorable Henry A. Waxman

1. Under the current Medicare payment systems, there are no financial incentives for hospitals to refer patients to the most efficient or effective setting so that patients receive the most optimal but lowest cost care. Whether a patient goes to a home health agency or skilled nursing facility, for example, seems to depend more on the availability of PAC settings in a local market, patient and family preferences, or financial relationships between providers. Since patients access PAC care after a stay in the hospital, how can we best harness the hospitals to help ensure patients receive care in the right setting after a hospital stay?
2. In your testimony, you note that the probability and type of PAC service used at hospital discharge can be partially explained by the reason for hospitalization. The draft bipartisan legislation released by the Ways and Means Committee proposed that standardized data on patients is collected across PAC settings, including in the hospital. I understand that hospitals may have concerns with also being required to collect this data. What is your view on which entities should be collecting this patient specific data?