THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Charles W. Boustany, Jr., M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Dr. Boustany:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

The Social Security Act (the Act) allows an ESRD facility to be excluded from the four-year transition period. Facilities that choose to opt out receive payments based on the full payment rate under the ESRD PPS for renal dialysis services provided on or after January 1, 2011, rather than a blended payment under the transition. The Act also requires that CMS make an adjustment to payments during the transition so that the estimated total amount of payments under the ESRD PPS, including payments under the transition, equals the estimated total amount of payments that would otherwise occur under the ESRD PPS without such a transition.

Initially, CMS calculated the transition budget neutrality adjustment using projections of which facilities would choose to be excluded from the transition period. These projections were based on the best data available at the time. In the August 2010 ESRD PPS Final Rule, CMS applied a transition budget neutrality adjustment factor of 3.1 percent to ESRD payments for calendar year 2011.

CMS recently completed its collection and analysis of data on providers that actually elected to opt out of the transition, and on April 1, 2011, CMS issued an interim final rule with comment period to revise this adjustment. For services furnished on April 1 to December 31, 2011, a zero percent transition budget neutrality adjustment factor will be applied to payments made to ESRD facilities, resulting in a 3.1 percent payment increase. I am confident that Medicare's ESRD payments will continue to be sufficient to ensure quality dialysis services for beneficiaries.

I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. I will also provide this response to the cosigners of your letter.

Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Diane Black
U.S. House of Representatives
Washington, DC 20515

Dear Representative Black:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable David Reichert
U.S. House of Representatives
Washington, DC 20515

Dear Representative Reichert:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Kathleen Sebelius

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Paul Gosar
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gosar:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Kathleen Sebelius

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Patrick J. Tiberi
U.S. House of Representatives
Washington, DC 20515

Dear Representative Tiberi:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Kathleen Sebelius

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Aaron Schock
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schock:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Peter Roskam
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roskam:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Kathleen Sebelius

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Marsha Blackburn
U.S. House of Representatives
Washington, DC 20515

Dear Representative Blackburn:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Michael C. Burgess
U.S. House of Representatives
Washington, DC 20515

Dear Representative Burgess:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Bob Gibbs
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gibbs:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Bill Posey
U.S. House of Representatives
Washington, DC 20515

Dear Representative Posey:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable John Fleming
U.S. House of Representatives
Washington, DC 20515

Dear Representative Fleming:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Jean Schmidt
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schmidt:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Tim Walberg
U.S. House of Representatives
Washington, DC 20515

Dear Representative Walberg:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Mike Rogers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rogers:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

The Social Security Act (the Act) allows an ESRD facility to be excluded from the four-year transition period. Facilities that choose to opt out receive payments based on the full payment rate under the ESRD PPS for renal dialysis services provided on or after January 1, 2011, rather than a blended payment under the transition. The Act also requires that CMS make an adjustment to payments during the transition so that the estimated total amount of payments under the ESRD PPS, including payments under the transition, equals the estimated total amount of payments that would otherwise occur under the ESRD PPS without such a transition.

Initially, CMS calculated the transition budget neutrality adjustment using projections of which facilities would choose to be excluded from the transition period. These projections were based on the best data available at the time. In the August 2010 ESRD PPS Final Rule, CMS applied a transition budget neutrality adjustment factor of 3.1 percent to ESRD payments for calendar year 2011.

CMS recently completed its collection and analysis of data on providers that actually elected to opt out of the transition, and on April 1, 2011, CMS issued an interim final rule with comment period to revise this adjustment. For services furnished on April 1 to December 31, 2011, a zero percent transition budget neutrality adjustment factor will be applied to payments made to ESRD facilities, resulting in a 3.1 percent payment increase. I am confident that Medicare's ESRD payments will continue to be sufficient to ensure quality dialysis services for beneficiaries.

I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. I will also provide this response to the cosigners of your letter.

Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Lynn Jenkins
U.S. House of Representatives
Washington, DC 20515

Dear Representative Jenkins:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Billy Long
U.S. House of Representatives
Washington, DC 20515

Dear Representative Long:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. I will also provide this response to the cosigners of your letter.

Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Jim Gerlach
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gerlach:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Stevan Pearce
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pearce:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Bill Cassidy
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cassidy:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES

WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Devin Nunes
U.S. House of Representatives
Washington, DC 20515

Dear Representative Nunes:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Sam Johnson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Johnson:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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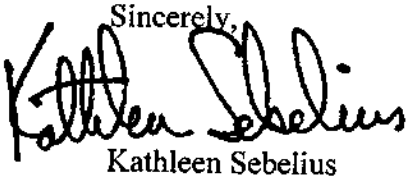
Sincerely,



Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Brett Guthrie
U.S. House of Representatives
Washington, DC 20515

Dear Representative Guthrie:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. I will also provide this response to the cosigners of your letter.

Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Renee Ellmers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ellmers:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Ted Poe
U.S. House of Representatives
Washington, DC 20515

Dear Representative Poe:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Adam Kinzinger
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kinzinger:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Erik Paulsen
U.S. House of Representatives
Washington, DC 20515

Dear Representative Paulsen:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Leonard Lance
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lance:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Vern Buchanan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Buchanan:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Nan Hayworth
U.S. House of Representatives
Washington, DC 20515

Dear Representative Hayworth:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

The Social Security Act (the Act) allows an ESRD facility to be excluded from the four-year transition period. Facilities that choose to opt out receive payments based on the full payment rate under the ESRD PPS for renal dialysis services provided on or after January 1, 2011, rather than a blended payment under the transition. The Act also requires that CMS make an adjustment to payments during the transition so that the estimated total amount of payments under the ESRD PPS, including payments under the transition, equals the estimated total amount of payments that would otherwise occur under the ESRD PPS without such a transition.

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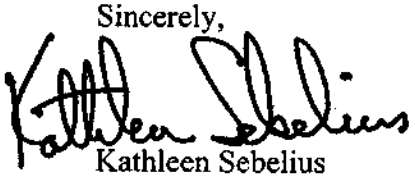
I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. I will also provide this response to the cosigners of your letter.

Sincerely,



Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Geoff Davis
U.S. House of Representatives
Washington, DC 20515

Dear Representative Davis:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Robert Dold
U.S. House of Representatives
Washington, DC 20515

Dear Representative Dold:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Charlie Bass
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bass:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Robert Hurt
U.S. House of Representatives
Washington, DC 20515

Dear Representative Hurt:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Steve Scalise
U.S. House of Representatives
Washington, DC 20515

Dear Representative Scalise:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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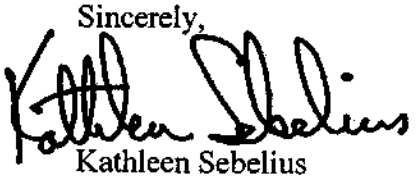

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Phil Gingrey
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gingrey:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Joe Heck
U.S. House of Representatives
Washington, DC 20515

Dear Representative Heck:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Shelley Berkley
U.S. House of Representatives
Washington, DC 20515

Dear Representative Berkley:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Jim McDermott
U.S. House of Representatives
Washington, DC 20515

Dear Representative McDermott:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Ron Kind
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kind:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Carolyn B. Maloney
U.S. House of Representatives
Washington, DC 20515

Dear Representative Maloney:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Ben R. Lujan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lujan:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Ben Chandler
U.S. House of Representatives
Washington, DC 20515

Dear Representative Chandler:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Adam Smith
U.S. House of Representatives
Washington, DC 20515

Dear Representative Smith:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Linda Sanchez
U.S. House of Representatives
Washington, DC 20515

Dear Representative Sanchez:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

The Social Security Act (the Act) allows an ESRD facility to be excluded from the four-year transition period. Facilities that choose to opt out receive payments based on the full payment rate under the ESRD PPS for renal dialysis services provided on or after January 1, 2011, rather than a blended payment under the transition. The Act also requires that CMS make an adjustment to payments during the transition so that the estimated total amount of payments under the ESRD PPS, including payments under the transition, equals the estimated total amount of payments that would otherwise occur under the ESRD PPS without such a transition.

Initially, CMS calculated the transition budget neutrality adjustment using projections of which facilities would choose to be excluded from the transition period. These projections were based on the best data available at the time. In the August 2010 ESRD PPS Final Rule, CMS applied a transition budget neutrality adjustment factor of 3.1 percent to ESRD payments for calendar year 2011.

CMS recently completed its collection and analysis of data on providers that actually elected to opt out of the transition, and on April 1, 2011, CMS issued an interim final rule with comment period to revise this adjustment. For services furnished on April 1 to December 31, 2011, a zero percent transition budget neutrality adjustment factor will be applied to payments made to ESRD facilities, resulting in a 3.1 percent payment increase. I am confident that Medicare's ESRD payments will continue to be sufficient to ensure quality dialysis services for beneficiaries.

I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. I will also provide this response to the cosigners of your letter.

Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Norman D. Dicks
U.S. House of Representatives
Washington, DC 20515

Dear Representative Dicks:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Timothy J. Ryan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ryan:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Leonard L. Boswell
U.S. House of Representatives
Washington, DC 20515

Dear Representative Boswell:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Tim Holden
U.S. House of Representatives
Washington, DC 20515

Dear Representative Holden:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Jesse L. Jackson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Jackson:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Pedro R. Pierluisi
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pierluisi:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Jason Altmire
U.S. House of Representatives
Washington, DC 20515

Dear Representative Altmire:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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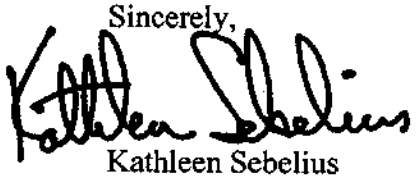

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Jerry F. Costello
U.S. House of Representatives
Washington, DC 20515

Dear Representative Costello:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Joe Donnelly
U.S. House of Representatives
Washington, DC 20515

Dear Representative Donnelly:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Jay Inslee
U.S. House of Representatives
Washington, DC 20515

Dear Representative Inslee:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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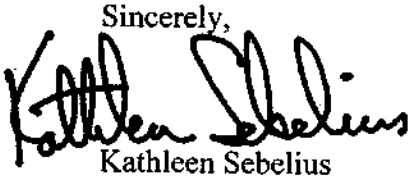

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Charles A. Gonzalez
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gonzalez:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable G.K. Butterfield
U.S. House of Representatives
Washington, DC 20515

Dear Representative Butterfield:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Gene Green
U.S. House of Representatives
Washington, DC 20515

Dear Representative Green:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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May 25, 2011

The Honorable Joseph Crowley
U.S. House of Representatives
Washington, DC 20515

Dear Representative Crowley:

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I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. I will also provide this response to the cosigners of your letter.

Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Bobby L. Rush
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rush:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable John B. Larson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Larson:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Ted Deutch
U.S. House of Representatives
Washington, DC 20515

Dear Representative Deutch:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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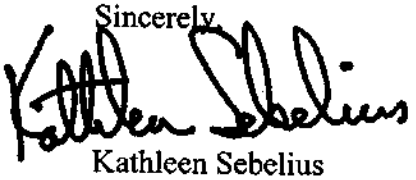

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable John Carney
U.S. House of Representatives
Washington, DC 20515

Dear Representative Carney:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Kenneth Thompson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Thompson:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable David Scott
U.S. House of Representatives
Washington, DC 20515

Dear Representative Scott:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Diana L. DeGette
U.S. House of Representatives
Washington, DC 20515

Dear Representative DeGette:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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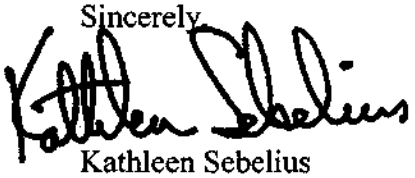

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable David Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Chris Van Hollen
U.S. House of Representatives
Washington, DC 20515

Dear Representative Van Hollen:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable John Barrow
U.S. House of Representatives
Washington, DC 20515

Dear Representative Barrow:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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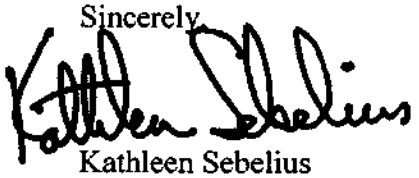

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Loretta Sanchez
U.S. House of Representatives
Washington, DC 20515

Dear Representative Sanchez:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Edward Markey
U.S. House of Representatives
Washington, DC 20515

Dear Representative Markey:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Eliot L. Engel
U.S. House of Representatives
Washington, DC 20515

Dear Representative Engel:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Charles Rangel
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rangel:

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CMS recently completed its collection and analysis of data on providers that actually elected to opt out of the transition, and on April 1, 2011, CMS issued an interim final rule with comment period to revise this adjustment. For services furnished on April 1 to December 31, 2011, a zero percent transition budget neutrality adjustment factor will be applied to payments made to ESRD facilities, resulting in a 3.1 percent payment increase. I am confident that Medicare's ESRD payments will continue to be sufficient to ensure quality dialysis services for beneficiaries.

I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. I will also provide this response to the cosigners of your letter.

Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

May 25, 2011

The Honorable Ed Pastor
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pastor:

Thank you for your letter expressing concern about the transition budget neutrality adjustment factor that is used to adjust payments under the new Medicare End Stage Renal Disease (ESRD) Prospective Payment System (PPS). I am pleased to report that the Centers for Medicare & Medicaid Services (CMS) recently completed its collection and analysis of data on providers that elected to opt out of the transition. Using this data, CMS issued an interim final rule with comment period that will revise the adjustment, resulting in payment increases for ESRD facilities.

The Social Security Act (the Act) allows an ESRD facility to be excluded from the four-year transition period. Facilities that choose to opt out receive payments based on the full payment rate under the ESRD PPS for renal dialysis services provided on or after January 1, 2011, rather than a blended payment under the transition. The Act also requires that CMS make an adjustment to payments during the transition so that the estimated total amount of payments under the ESRD PPS, including payments under the transition, equals the estimated total amount of payments that would otherwise occur under the ESRD PPS without such a transition.

Initially, CMS calculated the transition budget neutrality adjustment using projections of which facilities would choose to be excluded from the transition period. These projections were based on the best data available at the time. In the August 2010 ESRD PPS Final Rule, CMS applied a transition budget neutrality adjustment factor of 3.1 percent to ESRD payments for calendar year 2011.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

October 10, 2012

The Honorable Aaron Schock
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schock:

Thank you for your letter regarding the Centers for Medicare & Medicaid Services's (CMS) Financial Alignment Demonstration (Demonstration) for Medicare-Medicaid enrollees. I appreciate hearing from you about this initiative.

Congress established authority under the Affordable Care Act to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and CHIP while preserving or enhancing the quality of care provided to beneficiaries. Congress also directed CMS to consider models that would allow states to test and evaluate fully integrated care for Medicare-Medicaid enrollees in order to improve the quality of the health care they receive and reduce costs under both programs. The Demonstration, which is consistent with these Affordable Care Act authorities and directions, requires CMS to evaluate the quality of care and changes in spending for each model tested. The statute also requires the Secretary of Health and Human Services to determine, and the Chief Actuary to certify, that the Demonstration is expected to improve the quality of care without increasing spending, reduce spending without reducing the quality of care, or improve the quality of care and reduce spending. The Demonstration must be modified or terminated if these conditions are not met.

I appreciate your concern for Medicare-Medicaid enrollees and their greater and more complex health needs compared to individuals who are eligible for only one of these programs. With this in mind, CMS and the states are designing the Demonstration in a manner that incorporates the strongest aspects of both Medicare and Medicaid to best meet the needs of enrollees, their caregivers, and providers. Demonstration plans will be required to pass both a thorough review to ensure they have robust provider networks and a readiness review of plan systems, including those for enrollment and care coordination. CMS and the states will actively monitor each plan's performance; either CMS or the state may halt enrollment if a plan fails to meet established standards.

In addition, CMS has contracted with an independent evaluator to measure and evaluate the impact of the Demonstration. The evaluation will analyze the impacts on specific states and subpopulations of Medicare-Medicaid enrollees on cost, quality of care and health outcomes, utilization of services, and beneficiary access to and experience of care. This rigorous evaluation will establish accountability to protect taxpayer dollars.

In terms of the role of Medicare Part D, the Demonstration will incorporate the successful Part D approach by establishing payments for Part D coverage based on the standardized national average monthly bid amount that results from the Part D competitive bidding process. Moreover, the Demonstration will require the same Part D beneficiary protections, including coverage of drugs in protected classes and network adequacy standards.

Medicare-Medicaid enrollees will retain the same enrollment rights they have under Part D and Medicare Advantage programs. They can disenroll at any time from the Demonstration and can choose whether to enroll in traditional Medicare with a Prescription Drug Plan or a Medicare Advantage plan not participating in the Demonstration.

I appreciate you taking the time to share your feedback. CMS will continue to engage with Congress on the progress of the Demonstration and work to ensure transparency and accountability. I look forward to working with you to ensure the highest quality care for these individuals. I will also provide this response to the co-signers of your letter.

Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

October 10, 2012

The Honorable Devin Nunes
U.S. House of Representatives
Washington, DC 20515

Dear Representative Nunes:

Thank you for your letter regarding the Centers for Medicare & Medicaid Services's (CMS) Financial Alignment Demonstration (Demonstration) for Medicare-Medicaid enrollees. I appreciate hearing from you about this initiative.

Congress established authority under the Affordable Care Act to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and CHIP while preserving or enhancing the quality of care provided to beneficiaries. Congress also directed CMS to consider models that would allow states to test and evaluate fully integrated care for Medicare-Medicaid enrollees in order to improve the quality of the health care they receive and reduce costs under both programs. The Demonstration, which is consistent with these Affordable Care Act authorities and directions, requires CMS to evaluate the quality of care and changes in spending for each model tested. The statute also requires the Secretary of Health and Human Services to determine, and the Chief Actuary to certify, that the Demonstration is expected to improve the quality of care without increasing spending, reduce spending without reducing the quality of care, or improve the quality of care and reduce spending. The Demonstration must be modified or terminated if these conditions are not met.

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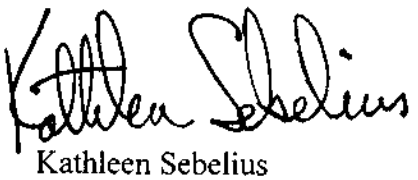

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

October 10, 2012

The Honorable Peter Roskam
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roskam:

Thank you for your letter regarding the Centers for Medicare & Medicaid Services's (CMS) Financial Alignment Demonstration (Demonstration) for Medicare-Medicaid enrollees. I appreciate hearing from you about this initiative.

Congress established authority under the Affordable Care Act to test innovative payment and service delivery models to reduce program expenditures under Medicare, Medicaid, and CHIP while preserving or enhancing the quality of care provided to beneficiaries. Congress also directed CMS to consider models that would allow states to test and evaluate fully integrated care for Medicare-Medicaid enrollees in order to improve the quality of the health care they receive and reduce costs under both programs. The Demonstration, which is consistent with these Affordable Care Act authorities and directions, requires CMS to evaluate the quality of care and changes in spending for each model tested. The statute also requires the Secretary of Health and Human Services to determine, and the Chief Actuary to certify, that the Demonstration is expected to improve the quality of care without increasing spending, reduce spending without reducing the quality of care, or improve the quality of care and reduce spending. The Demonstration must be modified or terminated if these conditions are not met.

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I appreciate you taking the time to share your feedback. CMS will continue to engage with Congress on the progress of the Demonstration and work to ensure transparency and accountability. I look forward to working with you to ensure the highest quality care for these individuals. I will also provide this response to the co-signers of your letter.

Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

October 10, 2012

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

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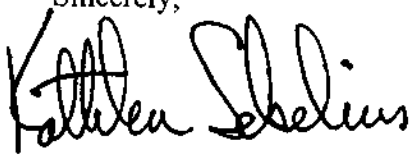

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Joseph R. Pitts
Chair, Subcommittee on Health
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pitts:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

As part of the potentially misvalued code initiative, HHS received recommendations for revised practice expense inputs from the American Medical Association Specialty Society Relative Value Scale Update Committee (AMA RUC) for intensity modulated radiation therapy (IMRT) and stereotactic body radiation therapy (SBRT) services. While the AMA RUC indicated that the radiation equipment was in use for 60 and 90 minutes for each of these services, respectively, these equipment times differed significantly from publicly available information that patients can expect IMRT treatment to take between 10 and 30 minutes and SBRT to take up to 60 minutes. Based on the publicly available information, we proposed for calendar year (CY) 2013 to reduce the time the equipment is assumed to be in use to 30 minutes for IMRT and 60 minutes for SBRT plus additional time that the equipment is unavailable for use with another patient. We continued to include additional clinical labor time beyond the equipment use time of 30 or 60 minutes, respectively, for positioning the patient for treatment, performing safety checks, and for other work that occurs before and after treatment.

HHS issued the CY 2013 MPFS final rule with comment period on November 1, 2012. After careful consideration of all comments, we finalized revisions to the equipment times for IMRT and SBRT. We also reviewed and revised the equipment inputs and prices used to value the services. These changes resulted in an estimated one percent decrease in payments to radiation oncologists and radiation therapy centers during 2013 from changes to the practice expense

inputs on IMRT and SBRT, rather than the 7 and 8 percent reductions that had been estimated at the time of the proposed rule. However, other policies finalized in the final rule, such as the transition to the Physician Practice Information Survey, will result in additional payment adjustments to radiation oncologists and radiation therapy centers.

I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. Please do not hesitate to contact me if you have any further thoughts or concerns. I will also provide this response to the co-signers of your letter.

Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Frank Pallone
Ranking Member, Subcommittee on Health
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pallone:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. Please do not hesitate to contact me if you have any further thoughts or concerns. I will also provide this response to the co-signers of your letter.

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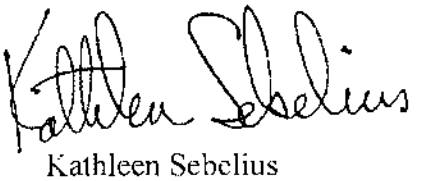

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Debbie Wasserman Schultz
U.S. House of Representatives
Washington, DC 20515

Dear Representative Wasserman Schultz:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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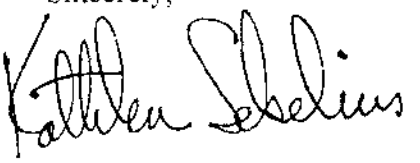

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable John Dingell
U.S. House of Representatives
Washington, DC 20515

Dear Representative Dingell:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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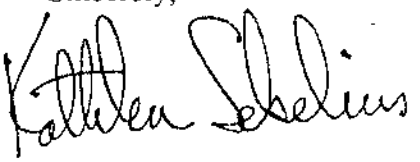

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable David Roe
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roe:

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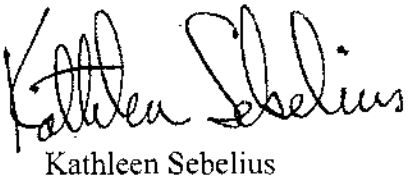

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Dear Representative Price:

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I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. Please do not hesitate to contact me if you have any further thoughts or concerns. I will also provide this response to the co-signers of your letter.

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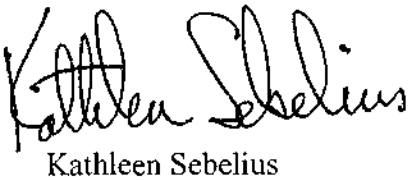

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Phil Gingrey
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gingrey:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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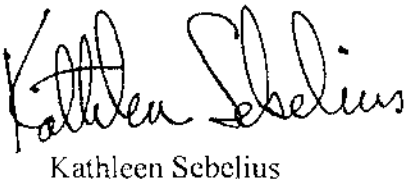

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Leonard Lance
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lance:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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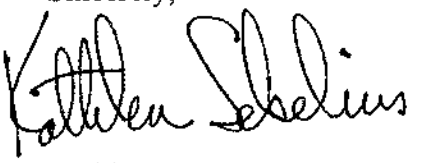

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Gus Bilirakis
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bilirakis:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Dennis Ross
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ross:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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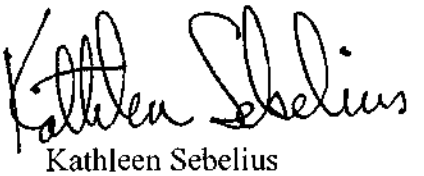

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Scott DesJarlais
U.S. House of Representatives
Washington, DC 20515

Dear Representative DesJarlais:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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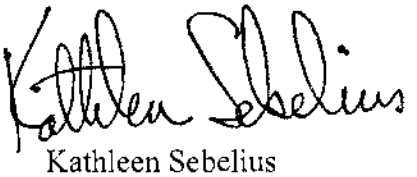

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Martha Roby
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roby:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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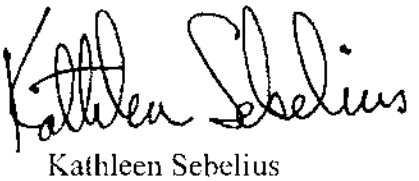

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Brett Guthrie
U.S. House of Representatives
Washington, DC 20515

Dear Representative Guthrie:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Aaron Schock
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schock:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Pete Olson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Olson:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Vern Buchanan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Buchanan:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Marsha Blackburn
U.S. House of Representatives
Washington, DC 20515

Dear Representative Blackburn:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. Please do not hesitate to contact me if you have any further thoughts or concerns. I will also provide this response to the co-signers of your letter.

Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Joe Heck
U.S. House of Representatives
Washington, DC 20515

Dear Representative Heck:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Mike Rogers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rogers:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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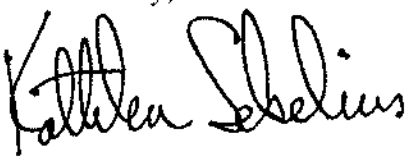

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Michele Bachmann
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bachmann:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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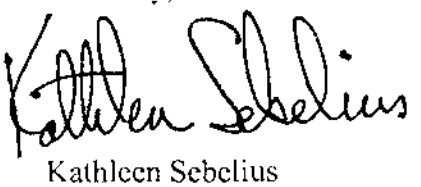

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Steve Stivers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Stivers:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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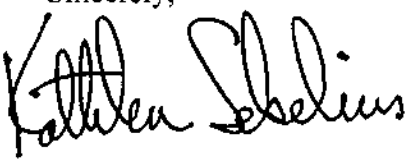

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Daniel Webster
U.S. House of Representatives
Washington, DC 20515

Dear Representative Webster:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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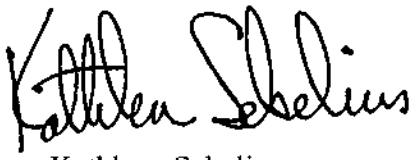

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Devin Nunes
U.S. House of Representatives
Washington, DC 20515

Dear Representative Nunes:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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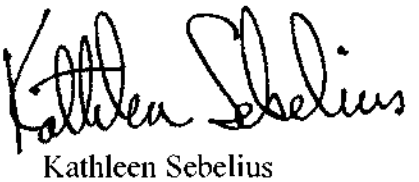

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Kurt Schrader
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schrader:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Jim Langevin
U.S. House of Representatives
Washington, DC 20515

Dear Representative Langevin:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Robert Brady
U.S. House of Representatives
Washington, DC 20515

Dear Representative Brady:

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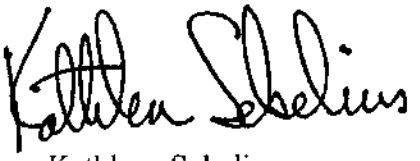

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Kathy Castor
U.S. House of Representatives
Washington, DC 20515

Dear Representative Castor:

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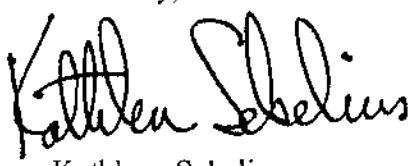

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Martin Heinrich
United States Senate
Washington, DC 20510

Dear Senator Heinrich:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable David Cicilline
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cicilline:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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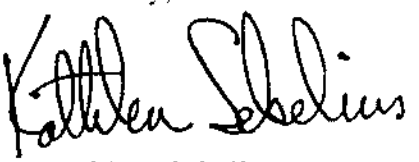

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Steve Cohen
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cohen:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Allyson Schwartz
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schwartz:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Hank Johnson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Johnson:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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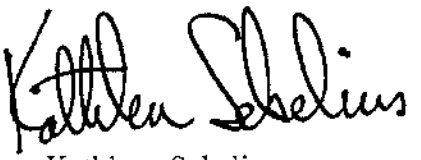

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Raul Grijalva
U.S. House of Representatives
Washington, DC 20515

Dear Representative Grijalva:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable John Larson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Larson:

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Dave Loebsack
U.S. House of Representatives
Washington, DC 20515

Dear Representative Loebsack:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable John Barrow
U.S. House of Representatives
Washington, DC 20515

Dear Representative John Barrow:

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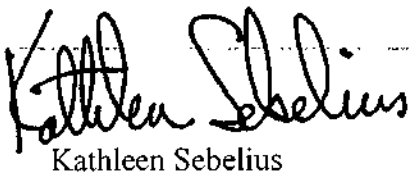

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Lois Capps
U.S. House of Representatives
Washington, DC 20515

Dear Representative Capps:

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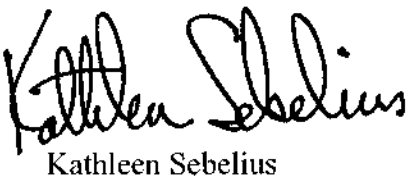

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Bill Pascrell
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pascrell:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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January 30, 2013

The Honorable Collin Peterson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Peterson:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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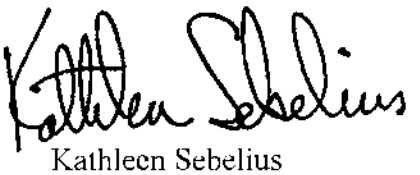
I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. Please do not hesitate to contact me if you have any further thoughts or concerns. I will also provide this response to the co-signers of your letter.

Sincerely,



Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Michael Turner
U.S. House of Representatives
Washington, DC 20515

Dear Representative Turner:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Jim Gerlach
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gerlach:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. Please do not hesitate to contact me if you have any further thoughts or concerns. I will also provide this response to the co-signers of your letter.

Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Cathy McMorris Rodgers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rodgers:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable C.W.'Bill' Young
U.S. House of Representatives
Washington, DC 20515

Dear Representative Young:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Bill Posey
U.S. House of Representatives
Washington, DC 20515

Dear Representative Posey:

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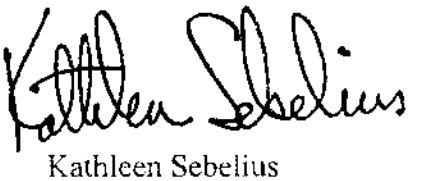

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Erik Paulsen
U.S. House of Representatives
Washington, DC 20515

Dear Representative Paulsen:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Peter Roskam
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roskam:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Paul Gosar
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gosar:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Steve Scalise
U.S. House of Representatives
Washington, DC 20515

Dear Representative Scalise:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Kathleen Sebelius

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Jeff Miller
U.S. House of Representatives
Washington, DC 20515

Dear Representative Miller:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Chris Smith
U.S. House of Representatives
Washington, DC 20515

Dear Representative Smith:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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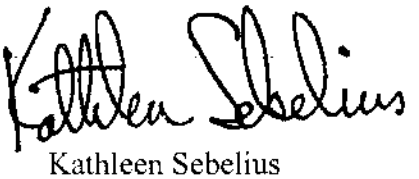

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable John Mica
U.S. House of Representatives
Washington, DC 20515

Dear Representative Mica:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Tom Rooney
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rooney:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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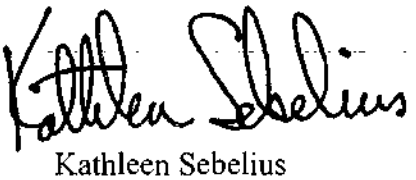

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Jon Runyan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Runyan:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Lynn Jenkins
U.S. House of Representatives
Washington, DC 20515

Dear Representative Jenkins:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable David McKinley
U.S. House of Representatives
Washington, DC 20515

Dear Representative McKinley:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Carolyn McCarthy
U.S. House of Representatives
Washington, DC 20515

Dear Representative McCarthy:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Charles Rangel
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rangel:

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Linda Sanchez
U.S. House of Representatives
Washington, DC 20515

Dear Representative Sanchez:

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Jim Matheson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Matheson:

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable C.A. Dutch Ruppersberger
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ruppersberger:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Steve Israel
U.S. House of Representatives
Washington, DC 20515

Dear Representative Israel:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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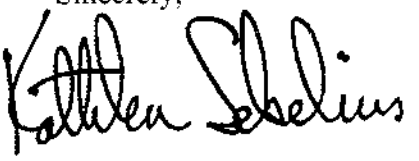

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Brian Higgins
U.S. House of Representatives
Washington, DC 20515

Dear Representative Higgins:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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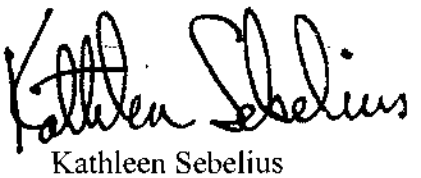

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Michael Burgess
U.S. House of Representatives
Washington, DC 20515

Dear Representative Burgess:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Jan Schakowsky
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schakowsky:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Peter Welch
U.S. House of Representatives
Washington, DC 20515

Dear Representative Welch:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Gerald Connolly
U.S. House of Representatives
Washington, DC 20515

Dear Representative Connolly:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Ron Kind
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kind:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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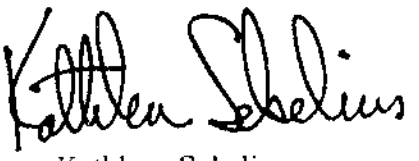

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Susan Davis
U.S. House of Representatives
Washington, DC 20515

Dear Representative Davis:

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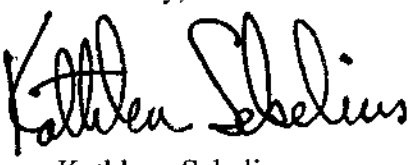

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Adam Kinzinger
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kinzinger:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Mike Coffman
U.S. House of Representatives
Washington, DC 20515

Dear Representative Coffman:

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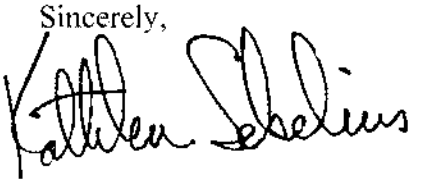

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Tim Griffin
U.S. House of Representatives
Washington, DC 20515

Dear Representative Griffin:

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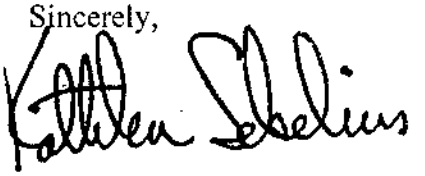

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Robert Latta
U.S. House of Representatives
Washington, DC 20515

Dear Representative Latta:

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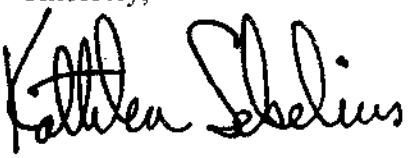

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Alan Nunnelee
U.S. House of Representatives
Washington, DC 20515

Dear Representative Nunnelee:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

The Department of Health and Human Services (HHS) establishes values for the practice expense portion of services that are paid under MPFS by using a combination of practice expense inputs for individual services based on the typical case for a service and surveys of aggregate physician specialty practice expenses. Since 2008 HHS has been reviewing practice expense inputs for certain services under the potentially misvalued codes initiative. The Affordable Care Act codified in statute this initiative beginning in 2010.

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HHS issued the CY 2013 MPFS final rule with comment period on November 1, 2012. After careful consideration of all comments, we finalized revisions to the equipment times for IMRT and SBRT. We also reviewed and revised the equipment inputs and prices used to value the services. These changes resulted in an estimated one percent decrease in payments to radiation oncologists and radiation therapy centers during 2013 from changes to the practice expense

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I appreciate your interest in this important issue as we work towards our mutual goal of strengthening the Medicare program for all beneficiaries. Please do not hesitate to contact me if you have any further thoughts or concerns. I will also provide this response to the co-signers of your letter.

Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Rich Nugent
U.S. House of Representatives
Washington, DC 20515

Dear Representative Nugent:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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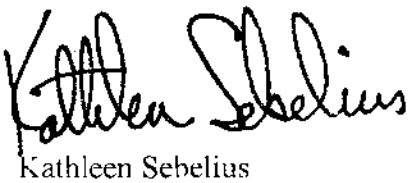

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Austin Scott
U.S. House of Representatives
Washington, DC 20515

Dear Representative Scott:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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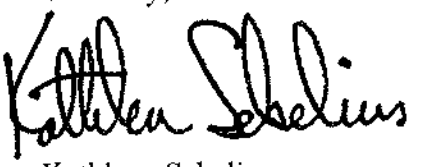

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

January 30, 2013

The Honorable Dave Reichert
U.S. House of Representatives
Washington, DC 20515

Dear Representative Reichert:

Thank you for your letter expressing concern regarding payment for certain radiation oncology services under the Medicare Physician Fee Schedule (MPFS). I appreciate your bringing these concerns to my attention. I am writing to inform you how this issue was addressed through the rulemaking process.

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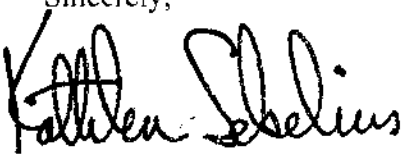

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Lynn Westmoreland
U.S. House of Representatives
Washington, DC 20515

Dear Representative Westmoreland:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

The education and outreach campaign is running in all states with a Federally-facilitated Marketplace or State Partnership Marketplaces that are not conducting consumer assistance. As part of our comprehensive outreach and education effort for the Health Insurance Marketplace, we are using a mix of television, radio, and digital advertising. We are focusing our current efforts on television and radio. As open enrollment continues, we will shift our focus from traditional to digital media in order to reach the uninsured and guide them to HealthCare.gov, where they can apply and enroll in a plan.

Again, thank you for your letter. I appreciate your interest in this important issue as we work towards our goal for all Americans to live healthier and more productive lives. Please do not hesitate to contact me with any further thoughts or concerns. I will also provide a copy of this response to the co-signers of your letter.

Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Robert Aderholt
U.S. House of Representatives
Washington, DC 20515

Dear Representative Aderholt:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Trent Franks
U.S. House of Representatives
Washington, DC 20515

Dear Representative Franks:

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December 11, 2013

The Honorable David Scweikert
U.S. House of Representatives
Washington, DC 20515

Dear Representative Scweikert:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Rick Crawford
U.S. House of Representatives
Washington, DC 20515

Dear Representative Crawford:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Steve Womack
U.S. House of Representatives
Washington, DC 20515

Dear Representative Womack:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Paul Cook
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cook:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Doug Lamborn
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lamborn:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Ron DeSantis
U.S. House of Representatives
Washington, DC 20515

Dear Representative DeSantis:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Jeff Miller
U.S. House of Representatives
Washington, DC 20515

Dear Representative Miller:

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December 11, 2013

The Honorable Richard Nugent
U.S. House of Representatives
Washington, DC 20515

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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December 11, 2013

The Honorable Trey Radel
U.S. House of Representatives
Washington, DC 20515

Dear Representative Radel:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Tom Rooney
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rooney:

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WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Ileana Ros-Lehtinen
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ros-Lehtinen:

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Dennis Ross
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ross:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Ted Yoho
U.S. House of Representatives
Washington, DC 20515

Dear Representative Yoho:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Doug Collins
U.S. House of Representatives
Washington, DC 20515

Dear Representative Collins:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Paul Broun
U.S. House of Representatives
Washington, DC 20515

Dear Representative Broun:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Phil Gingrey
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gingrey:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Jack Kingston
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kingston:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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December 11, 2013

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

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December 11, 2013

The Honorable Austin Scott
U.S. House of Representatives
Washington, DC 20515

Dear Representative Scott:

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December 11, 2013

The Honorable Tom Graves
U.S. House of Representatives
Washington, DC 20515

Dear Representative Graves:

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December 11, 2013

The Honorable Steve King
U.S. House of Representatives
Washington, DC 20515

Dear Representative King:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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December 11, 2013

The Honorable Raúl Labrador
U.S. House of Representatives
Washington, DC 20515

Dear Representative Labrador:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Rodney Davis
U.S. House of Representatives
Washington, DC 20515

Dear Representative Davis:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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December 11, 2013

The Honorable Todd Rokita
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rokita:

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WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Marlin Stutzman
U.S. House of Representatives
Washington, DC 20515

Dear Representative Stutzman:

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December 11, 2013

The Honorable Andy Barr
U.S. House of Representatives
Washington, DC 20515

Dear Representative Barr:

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December 11, 2013

The Honorable Charles Boustany
U.S. House of Representatives
Washington, DC 20515

Dear Representative Boustany:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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December 11, 2013

The Honorable Bill Cassidy
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cassidy:

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December 11, 2013

The Honorable Steve Scalise
U.S. House of Representatives
Washington, DC 20515

Dear Representative Scalise:

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December 11, 2013

The Honorable Kerry Bentivolio
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bentivolio:

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December 11, 2013

The Honorable Bill Huizenga
U.S. House of Representatives
Washington, DC 20515

Dear Representative Huizenga:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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December 11, 2013

The Honorable Tim Walberg
U.S. House of Representatives
Washington, DC 20515

Dear Representative Walberg:

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Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Sam Graves
U.S. House of Representatives
Washington, DC 20515

Dear Representative Graves:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Vicky Hartzler
U.S. House of Representatives
Washington, DC 20515

Dear Representative Hartzler:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Billy Long
U.S. House of Representatives
Washington, DC 20515

Dear Representative Long:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Blaine Luetkemeyer
U.S. House of Representatives
Washington, DC 20515

Dear Representative Luetkemeyer:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Jason Smith
U.S. House of Representatives
Washington, DC 20515

Dear Representative Smith:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Ann Wagner
U.S. House of Representatives
Washington, DC 20515

Dear Representative Wagner:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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December 11, 2013

The Honorable Steven Palazzo
U.S. House of Representatives
Washington, DC 20515

Dear Representative Palazzo:

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December 11, 2013

The Honorable Renee Ellmers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ellmers:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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December 11, 2013

The Honorable George Holding
U.S. House of Representatives
Washington, DC 20515

Dear Representative Holding:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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December 11, 2013

The Honorable Richard Hudson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Hudson:

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December 11, 2013

The Honorable Mark Meadows
U.S. House of Representatives
Washington, DC 20515

Dear Representative Meadows:

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December 11, 2013

The Honorable Robert Pittenger
U.S. House of Representatives
Washington, DC 20515

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December 11, 2013

The Honorable Bob Gibbs
U.S. House of Representatives
Washington, DC 20515

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December 11, 2013

The Honorable Bill Johnson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Johnson:

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December 11, 2013

The Honorable Jim Jordan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Jordan:

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December 11, 2013

The Honorable Robert Latta
U.S. House of Representatives
Washington, DC 20515

Dear Representative Latta:

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December 11, 2013

The Honorable Steve Stivers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Stivers:

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December 11, 2013

The Honorable Patrick Tiberi
U.S. House of Representatives
Washington, DC 20515

Dear Representative Tiberi:

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December 11, 2013

The Honorable Brad Wenstrup
U.S. House of Representatives
Washington, DC 20515

Dear Representative Wenstrup:

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December 11, 2013

The Honorable Jim Bridenstine
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bridenstine:

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December 11, 2013

The Honorable Tom Cole
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cole:

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Sincerely,

Kathleen Sebelius

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable James Lankford
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lankford:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Markwayne Mullin
U.S. House of Representatives
Washington, DC 20515

Dear Representative Mullin:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Scott Perry
U.S. House of Representatives
Washington, DC 20515

Dear Representative Perry:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Mick Mulvaney
U.S. House of Representatives
Washington, DC 20515

Dear Representative Mulvaney:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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December 11, 2013

The Honorable Tom Rice
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rice:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Marsha Blackburn
U.S. House of Representatives
Washington, DC 20515

Dear Representative Blackburn:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Stephen Fincher
U.S. House of Representatives
Washington, DC 20515

Dear Representative Fincher:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Scott DesJarlais
U.S. House of Representatives
Washington, DC 20515

Dear Representative DesJarlais:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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December 11, 2013

The Honorable Phil Roe
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roe:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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December 11, 2013

The Honorable John Carter
U.S. House of Representatives
Washington, DC 20515

Dear Representative Carter:

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December 11, 2013

The Honorable Michael Conaway
U.S. House of Representatives
Washington, DC 20515

Dear Representative Conaway:

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December 11, 2013

The Honorable John Culberson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Culberson:

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December 11, 2013

The Honorable Blake Farenthold
U.S. House of Representatives
Washington, DC 20515

Dear Representative Farenthold:

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December 11, 2013

The Honorable Bill Flores
U.S. House of Representatives
Washington, DC 20515

Dear Representative Flores:

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December 11, 2013

The Honorable Louie Gohmert
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gohmert:

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December 11, 2013

The Honorable Michael McCaul
U.S. House of Representatives
Washington, DC 20515

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December 11, 2013

The Honorable Randy Neugebauer
U.S. House of Representatives
Washington, DC 20515

Dear Representative Neugebauer:

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December 11, 2013

The Honorable Pete Olson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Olson:

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December 11, 2013

The Honorable Pete Sessions
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December 11, 2013

The Honorable Lamar Smith
U.S. House of Representatives
Washington, DC 20515

Dear Representative Smith:

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December 11, 2013

The Honorable Steve Stockman
U.S. House of Representatives
Washington, DC 20515

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The education and outreach campaign is running in all states with a Federally-facilitated Marketplace or State Partnership Marketplaces that are not conducting consumer assistance. As part of our comprehensive outreach and education effort for the Health Insurance Marketplace, we are using a mix of television, radio, and digital advertising. We are focusing our current efforts on television and radio. As open enrollment continues, we will shift our focus from traditional to digital media in order to reach the uninsured and guide them to HealthCare.gov, where they can apply and enroll in a plan.

Again, thank you for your letter. I appreciate your interest in this important issue as we work towards our goal for all Americans to live healthier and more productive lives. Please do not hesitate to contact me with any further thoughts or concerns. I will also provide a copy of this response to the co-signers of your letter.

Sincerely,

Kathleen Sebelius

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Randy Weber
U.S. House of Representatives
Washington, DC 20515

Dear Representative Weber:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Roger Williams
U.S. House of Representatives
Washington, DC 20515

Dear Representative Williams:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Chris Stewart
U.S. House of Representatives
Washington, DC 20515

Dear Representative Stewart:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Randy Forbes
U.S. House of Representatives
Washington, DC 20515

Dear Representative Forbes:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

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Kathleen Sebelius

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Bob Goodlatte
U.S. House of Representatives
Washington, DC 20515

Dear Representative Goodlatte:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Lynn A. Westmoreland
U.S. House of Representatives
Washington, DC 20515

Dear Representative Westmoreland:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

December 11, 2013

The Honorable Marsha Blackburn
U.S. House of Representatives
Washington, DC 20515

Dear Representative Blackburn:

Thank you for your letter inquiring about the U.S. Department of Health and Human Services' outreach campaign to educate Americans about the Health Insurance Marketplace.

Research shows that many uninsured people would like to have health insurance, but they are unaware of the Health Insurance Marketplace or how to take advantage of it. The goal of the campaign is to increase awareness of the Marketplace and educate potential enrollees about their new health insurance options. It is our job to ensure that Americans have the information they need to make informed health care decisions.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Dave Camp
Chairman
Committee on Ways and Means
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Camp:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

The Continuing Appropriations Act of 2014 requires the Secretary of the U.S. Department of Health and Human Services (HHS) to submit a report to Congress no later than January 1, 2014, detailing Marketplace procedures to verify eligibility for premium tax credits and cost-sharing reductions. That report was transmitted to Congress on December 31, 2013; enclosed is a copy for your reference. This report outlines the statutory and regulatory requirements that Marketplaces must follow to verify eligibility for advance payment of premium tax credits (APTC) and cost-sharing reductions (CSRs) and the processes Marketplaces use to verify each eligibility-related data element that applicants provide.

Section 1411 of the Affordable Care Act provides the Secretary with the authority to establish a program that determines whether an individual meets the eligibility requirements for enrollment in a qualified health plan (QHP) through the Marketplace and eligibility for APTC and CSRs. Section 1411(b) specifies the minimum information an applicant must provide, including name, address, date of birth, social security number (if applicable), citizenship or immigration status, and, in the case of an applicant for APTC or CSRs, information regarding household income, family size, and employer-sponsored coverage. Section 1411(c) specifies methods for verifying much of this information, which the Secretary may modify pursuant to the authority in Section 1411(c)(4)(B). In addition, Section 1411(d) provides authority for the Secretary to determine the method for verifying an applicant's information, when Section 1411(c) does not otherwise specify the verification process. Both State-based and Federally-facilitated Marketplaces must adhere to statutory and regulatory requirements for verifying applicant information.

Since October 1, 2013, approximately 3 million people nationwide have enrolled in a private health insurance plan through the Federally-facilitated and State-based Marketplaces, both of which experienced enrollment surges in December. When compared with HealthCare.gov enrollment from October 1 through the first weeks of December, enrollment nearly doubled in the days before the deadline to obtain coverage beginning January 1, 2014. Nationwide, December enrollment in the State-based and Federally-facilitated Marketplaces was nearly five times that of October and November combined. I expect these numbers to continue to increase through the end of March when open enrollment ends.

Additionally, approximately 3.9 million Americans learned they are eligible for coverage through Medicaid or the Children's Health Insurance Program (CHIP) in October and November. These numbers include new eligibility determinations and some Medicaid and CHIP renewals.

As evidenced by the December enrollment surge, interest in new coverage options remains high, and the system is working well for the vast majority of individuals. We will continue our outreach efforts and seek to ensure that individuals can enroll and receive accurate and timely eligibility determinations.

Again, thank you for your letter and for your continued interest in ensuring that Americans have access to affordable health coverage options made available through the Marketplaces. Please do not hesitate to contact me with any further thoughts or concerns. I will also provide a copy of this response to the co-signers of your letter.

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Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Paul Ryan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ryan:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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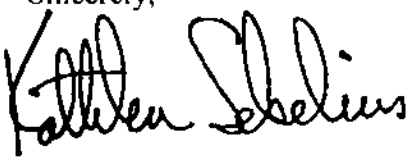

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Kevin Brady
U.S. House of Representatives
Washington, DC 20515

Dear Representative Brady:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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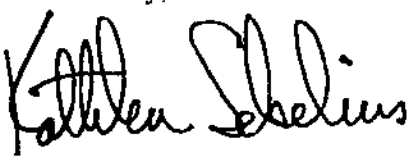

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Thomas Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Mike Kelly
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kelly:

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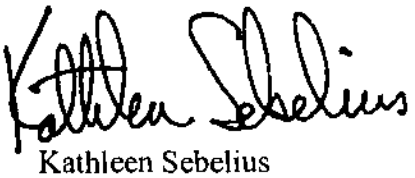

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable James B. Renacci
U.S. House of Representatives
Washington, DC 20515

Dear Representative Renacci:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Vern Buchanan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Buchanan:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

The Continuing Appropriations Act of 2014 requires the Secretary of the U.S. Department of Health and Human Services (HHS) to submit a report to Congress no later than January 1, 2014, detailing Marketplace procedures to verify eligibility for premium tax credits and cost-sharing reductions. That report was transmitted to Congress on December 31, 2013; enclosed is a copy for your reference. This report outlines the statutory and regulatory requirements that Marketplaces must follow to verify eligibility for advance payment of premium tax credits (APTC) and cost-sharing reductions (CSRs) and the processes Marketplaces use to verify each eligibility-related data element that applicants provide.

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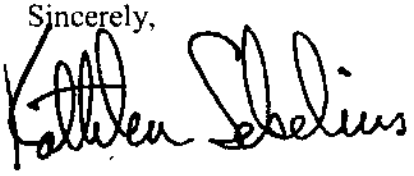

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Diane Black
U.S. House of Representatives
Washington, DC 20515

Dear Representative Black:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

The Continuing Appropriations Act of 2014 requires the Secretary of the U.S. Department of Health and Human Services (HHS) to submit a report to Congress no later than January 1, 2014, detailing Marketplace procedures to verify eligibility for premium tax credits and cost-sharing reductions. That report was transmitted to Congress on December 31, 2013; enclosed is a copy for your reference. This report outlines the statutory and regulatory requirements that Marketplaces must follow to verify eligibility for advance payment of premium tax credits (APTC) and cost-sharing reductions (CSRs) and the processes Marketplaces use to verify each eligibility-related data element that applicants provide.

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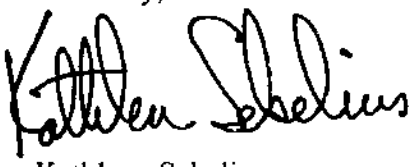

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Kenny Marchant
U.S. House of Representatives
Washington, DC 20515

Dear Representative Marchant:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

The Continuing Appropriations Act of 2014 requires the Secretary of the U.S. Department of Health and Human Services (HHS) to submit a report to Congress no later than January 1, 2014, detailing Marketplace procedures to verify eligibility for premium tax credits and cost-sharing reductions. That report was transmitted to Congress on December 31, 2013; enclosed is a copy for your reference. This report outlines the statutory and regulatory requirements that Marketplaces must follow to verify eligibility for advance payment of premium tax credits (APTC) and cost-sharing reductions (CSRs) and the processes Marketplaces use to verify each eligibility-related data element that applicants provide.

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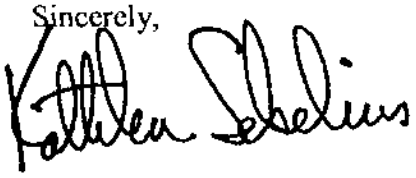

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Todd Young
U.S. House of Representatives
Washington, DC 20515

Dear Representative Young:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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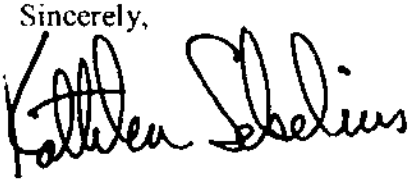

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Tim Griffin
U.S. House of Representatives
Washington, DC 20515

Dear Representative Griffin:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

The Continuing Appropriations Act of 2014 requires the Secretary of the U.S. Department of Health and Human Services (HHS) to submit a report to Congress no later than January 1, 2014, detailing Marketplace procedures to verify eligibility for premium tax credits and cost-sharing reductions. That report was transmitted to Congress on December 31, 2013; enclosed is a copy for your reference. This report outlines the statutory and regulatory requirements that Marketplaces must follow to verify eligibility for advance payment of premium tax credits (APTC) and cost-sharing reductions (CSRs) and the processes Marketplaces use to verify each eligibility-related data element that applicants provide.

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Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Lynn Jenkins
U.S. House of Representatives
Washington, DC 20515

Dear Representative Jenkins:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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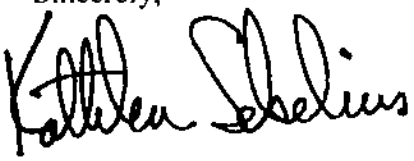

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Adrian Smith
U.S. House of Representatives
Washington, DC 20515

Dear Representative Smith:

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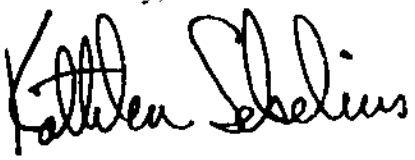

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Jim Gerlach
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gerlach:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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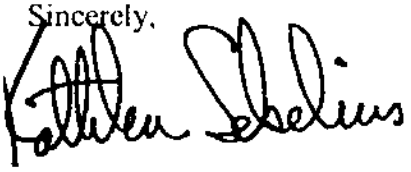

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Patrick Tiberi
U.S. House of Representatives
Washington, DC 20515

Dear Representative Tiberi:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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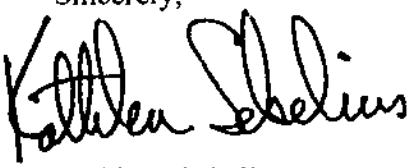

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Devin Nunes
U.S. House of Representatives
Washington, DC 20515

Dear Representative Nunes:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

The Continuing Appropriations Act of 2014 requires the Secretary of the U.S. Department of Health and Human Services (HHS) to submit a report to Congress no later than January 1, 2014, detailing Marketplace procedures to verify eligibility for premium tax credits and cost-sharing reductions. That report was transmitted to Congress on December 31, 2013; enclosed is a copy for your reference. This report outlines the statutory and regulatory requirements that Marketplaces must follow to verify eligibility for advance payment of premium tax credits (APTC) and cost-sharing reductions (CSRs) and the processes Marketplaces use to verify each eligibility-related data element that applicants provide.

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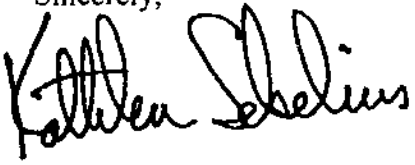

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Peter Roskam
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roskam:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

The Continuing Appropriations Act of 2014 requires the Secretary of the U.S. Department of Health and Human Services (HHS) to submit a report to Congress no later than January 1, 2014, detailing Marketplace procedures to verify eligibility for premium tax credits and cost-sharing reductions. That report was transmitted to Congress on December 31, 2013; enclosed is a copy for your reference. This report outlines the statutory and regulatory requirements that Marketplaces must follow to verify eligibility for advance payment of premium tax credits (APTC) and cost-sharing reductions (CSRs) and the processes Marketplaces use to verify each eligibility-related data element that applicants provide.

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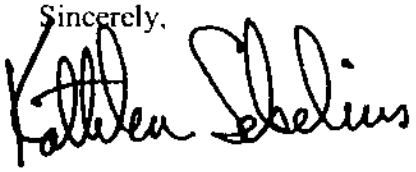

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Dave Reichert
U.S. House of Representatives
Washington, DC 20515

Dear Representative Reichert:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

The Continuing Appropriations Act of 2014 requires the Secretary of the U.S. Department of Health and Human Services (HHS) to submit a report to Congress no later than January 1, 2014, detailing Marketplace procedures to verify eligibility for premium tax credits and cost-sharing reductions. That report was transmitted to Congress on December 31, 2013; enclosed is a copy for your reference. This report outlines the statutory and regulatory requirements that Marketplaces must follow to verify eligibility for advance payment of premium tax credits (APTC) and cost-sharing reductions (CSRs) and the processes Marketplaces use to verify each eligibility-related data element that applicants provide.

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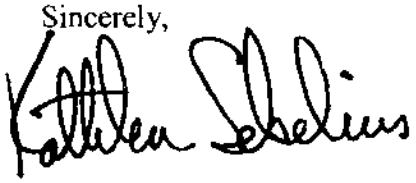

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Aaron Schock
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schock:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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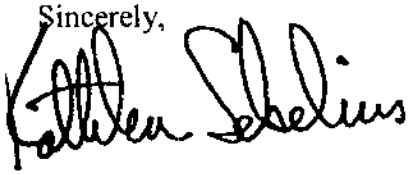

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Tom Reed
U.S. House of Representatives
Washington, DC 20515

Dear Representative Reed:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Erik Paulsen
U.S. House of Representatives
Washington, DC 20515

Dear Representative Paulsen:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

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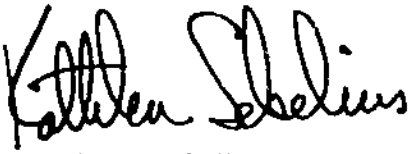

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Sam Johnson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Johnson:

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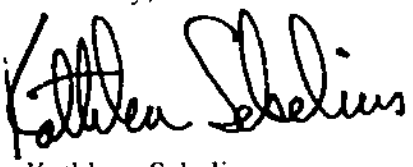

Kathleen Sebelius

Enclosure

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 6, 2014

The Honorable Charles W. Boustany, Jr.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Boustany:

Thank you for your letter regarding the verification of applicant information in connection with eligibility determinations made by Health Insurance Marketplaces (Marketplaces).

The Continuing Appropriations Act of 2014 requires the Secretary of the U.S. Department of Health and Human Services (HHS) to submit a report to Congress no later than January 1, 2014, detailing Marketplace procedures to verify eligibility for premium tax credits and cost-sharing reductions. That report was transmitted to Congress on December 31, 2013; enclosed is a copy for your reference. This report outlines the statutory and regulatory requirements that Marketplaces must follow to verify eligibility for advance payment of premium tax credits (APTC) and cost-sharing reductions (CSRs) and the processes Marketplaces use to verify each eligibility-related data element that applicants provide.

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Kathleen Sebelius

Enclosure

ENCLOSURE

Verification of Household Income and Other Qualifications for the Provision of Affordable Care Act Premium Tax Credits and Cost-Sharing Reductions

Introduction

The Continuing Appropriations Act 2014, Pub. L. No. 113-46, Division B, 127 Stat. 558 (2013) requires the Secretary of Health and Human Services ("Secretary") to submit a report to Congress no later than January 1, 2014 which details the procedures employed by the Exchanges to verify eligibility for premium tax credit (PTC) and cost-sharing reductions (CSRs). Under regulations adopted by the Secretary to implement section 1411 of the Patient Protection and Affordable Care Act, Pub. L. No. 111-148, 124 Stat. 119 (2010), as amended by the Health Care and Education Reconciliation Act of 2010, Pub. L. No. 111-152, 124 Stat. 1029 (2010) (collectively, the Affordable Care Act (ACA)), Exchanges make eligibility determinations for advance payments of the premium tax credit using these verification procedures; those advance payments are later reconciled based on a determination of PTC eligibility made by the Department of the Treasury. The Secretary is issuing this report to provide Congress with a description of the statutory and regulatory requirements that Exchanges must follow to verify eligibility for advance payments of the premium tax credit (APTC) and CSRs. This report also provides descriptions of the operational processes Exchanges use to carry out eligibility-related verification of information provided by applicants.

In accordance with statute and applicable implementing regulations, when a consumer submits an application for insurance affordability programs (which include APTCs, CSRs, Medicaid, the Children's Health Insurance Program (CHIP), and the Basic Health Program (BHP)), the Exchange verifies information provided by the consumer on the application as a component of making an eligibility determination. The processes for verifying information in order to determine eligibility for enrollment in a qualified health plan (QHP) through the Exchange and for APTC under section 36B of the Internal Revenue Code (the Code) and CSRs under section 1402 of the ACA are specified in the ACA and its implementing regulations. Pursuant to both statute and applicable regulations, the Exchanges have implemented numerous processes to carry out the verification of information provided by applicants.

Section 1411 of the ACA requires the Secretary to establish a program for determining whether an applicant meets the citizenship or lawful presence requirements for eligibility for enrollment in a QHP through the Exchange, and, if the applicant is seeking eligibility for APTC or CSRs, whether the applicant meets the income and coverage requirements for eligibility for APTC and CSRs.[1] Section 1411(b) specifies minimum information required to be provided by an applicant, including name, address, date of birth, social security number (if applicable, based on the applicant's citizenship or

[1] Note: Pursuant to section 1402(d) of the ACA and 45 CFR 155.350, an Exchange must determine individuals who are members of Federally recognized tribes, as defined in section 4(d) of 25 U.S.C. 450b(d), eligible for CSRs if household income is at or below 300 percent of the Federal Poverty Level, and issuers shall eliminate any cost-sharing for covered services under a QHP. Additionally, an Exchange must determine such individuals eligible for CSRs regardless of income for covered services that are furnished through an Indian health care provider, and the issuer shall eliminate any cost-sharing for covered services under a QHP.

immigration status), and immigration status. For applicants seeking eligibility for APTC or CSR, section 1411(b) also specifies that the applicant must provide information regarding income and family size, and information regarding employer sponsored coverage. Section 1411(c) requires that some of this information (specifically, citizenship and lawful presence attestations and household income) must be verified against specified Federal records. In addition, section 1411(d) provides authority for the Secretary to determine the method through which other information provided by an applicant, for which the verification process is not otherwise specified in section 1411, is to be verified.

All Exchanges, including both State-based Exchanges (SBEs) and Federally-facilitated Exchanges (FFEs), must follow the applicable statutory and regulatory requirements to carry out the verification process. The individual verifications that Exchanges are required to perform as part of the eligibility determination process and the statutory and regulatory requirements pursuant to which these processes are performed are identified in the next section of this report. In addition, the operational processes that Exchanges use to perform the verifications are also described in the next section. CMS developed the Federal Data Services Hub (FDSH) and the FFEs' eligibility and enrollment system consistent with Federal statutes, regulations, and guidelines as well as industry standards that ensure the security, privacy, and integrity of systems and the data that flows through them. CMS also has security and privacy agreements with all Federal agencies, SBEs, and other state agencies connecting to the Hub.

While all Exchanges are required by statute and regulation to perform the eligibility verifications outlined in this report, including the required usage of available Federal data sources to perform eligibility verifications, there is some flexibility in how Exchanges can implement and perform these verifications. For example, the operational processes that SBEs employ may differ somewhat from those the FFEs employ. In addition to the Federal data sources available through the FDSH, which is being used by SBEs as the primary data source for performing eligibility verifications, SBEs in some cases have access to State data sources that can be utilized as an additional data source for performing the eligibility verifications, in coordination with those available at the Federal level. The ability for States to use additional data sources for purposes of conducting verifications of certain eligibility information is specified in 45 CFR 155.315 and 155.320, and the additional data sources are approved by HHS as part of the Exchange Blueprint, as specified in 45 CFR 155.315(h) and 45 CFR 155.105(d) and (e).

In order to oversee and validate the processes that SBEs use to perform eligibility-related verifications, the Department of Health and Human Services (HHS) has developed several tools. These oversight tools ensure that SBEs meet all statutory and regulatory requirements and also ensure that the operational processes that the SBEs employ appropriately verify applicant information and determine eligibility for enrollment. The tools and methods that HHS uses for oversight and validation of SBE processes are described in the third section of this report.

Section II: Statutory and regulatory requirements for verifications and operational processes for verifications[2]

The following paragraphs describe each verification that an Exchange is required to carry out to verify eligibility for APTC and CSRs. Certain attestations or other information provided by either the applicant, or application filer in cases where the application filer is applying on behalf of others in the household, are required to be verified by the Exchange. Attestations about tax filing associated with receipt of APTCs are required to be made by the tax filer. Each subsection below describes the statutory and regulatory requirements for a specific verification, as well as the operational processes that Exchanges use to perform that verification.

Verification of Social Security number

Section 1411(c)(2) of the ACA states that for citizenship or immigration status, the Secretary shall submit specified information to the Commissioner of Social Security to determine whether the information provided by the applicant or application filer is consistent with the information in the records of the Commissioner. The information provided to the Social Security Administration (SSA) includes the applicant's name, date of birth, Social Security number, and an attestation that the individual is a citizen, if applicable. 45 CFR 155.315 describes the verification process related to eligibility for enrollment in a QHP through the Exchange, and section 155.315(b) describes the process for validation of Social Security number. It states that, for any individual who provides his or her Social Security number to the Exchange, the Exchange must transmit the Social Security number and other identifying information to HHS, which will submit it to SSA. If the Exchange is unable to verify the Social Security number through SSA or SSA indicates that the individual is deceased, the Exchange must provide the applicant with a 90 day inconsistency period as provided in 45 CFR 155.315(b)(2) and (f) to provide documentary evidence or otherwise resolve the inconsistency.

FFEs and SBEs use the operational process of electronic data matching with SSA to carry out the validation of Social Security numbers (SSNs).

Verification of citizenship, status as a national, or lawful presence

Section 1411(c)(2)(B) of the ACA states that for an individual who attests that he or she is an alien lawfully present in the United States or is a citizen but with respect to whom the Commissioner of Social Security has notified the Secretary that the individual's attestation of citizenship is inconsistent with the information in the Commissioner's records, the Secretary shall submit specified information to the Secretary of Homeland Security for verification of citizenship or lawful presence. The information submitted to the Department of Homeland Security (DHS) includes the individual's name, date of birth, identifying information with respect to the individual's immigration status, and the attestation that the

[2] Except for certain tax-filing related attestations from the tax filer (who may or may not be the applicant), the attestations discussed in the verification process may be provided by the applicant or the application filer who submits the application on behalf of the applicant.

individual is a non-citizen lawfully present or an attestation that the individual is a citizen, as applicable. 45 CFR 155.315(c)(1) describes the process required for verification of citizenship, status as a national, or lawful presence. It states that for an applicant for whom an attestation is provided that attests to citizenship and the applicant's SSN, the Exchange must transmit the SSN and other identifying information to HHS, which will submit the information to SSA. Section 155.315(c)(2) states that for an applicant who attests to lawful presence or attests to citizenship and for whom the Exchange cannot verify the claim of citizenship through SSA, and who has documentation that can be verified through DHS, the Exchange must transmit information from the applicant's documentation and other identifying information to HHS, which will submit the information to DHS.

FFEs and SBEs use the operational process of electronic data matching with SSA and DHS to carry out the verification of citizenship, status as a national, or lawful presence. For an applicant for whom an attestation as to citizenship is provided and for whom the Exchange cannot verify the claim of citizenship through SSA, the applicant is asked if he or she is a naturalized or derived citizen, and if so whether he or she has naturalization or citizenship documentation verifiable by DHS. If the applicant does, the Exchange must transmit the information to HHS, which will submit the information to DHS. For an applicant for whom an attestation of citizenship, status as a national, or lawful presence is provided and for whom the Exchange cannot verify the attestation through SSA or DHS, the Exchange must provide the applicant with a 90 day inconsistency period as specified in 45 CFR 155.315(c)(3) and (f) to provide documentary evidence or otherwise resolve the inconsistency.

Verification of Residency

Section 1411(b)(1)(A) of the ACA requires an applicant for enrollment in a qualified health plan offered through an Exchange to provide the name, address, and date of birth of each individual applying for coverage. 45 CFR 155.305(a)(3) specifies the eligibility standards for residency and states that an applicant must meet the following standards: if he or she is an individual who is age 21 and over, is not living in an institution as defined in 42 CFR 435.403(b), is capable of indicating intent, and is not receiving an optional State supplementary payment as addressed in 42 CFR 435.403(f), then the service area of the Exchange of the individual is the service area of the Exchange in which he or she is living and intends to reside or has entered with a job commitment or is seeking employment; or if he or she is an individual who is under the age of 21, is not living in an institution as defined in 42 CFR 435.403(b), is not eligible for Medicaid based on receipt of assistance under title IV-E of the Social Security Act as addressed in 42 CFR 435.403(g), is not emancipated, is not receiving an optional State supplementary payment as addressed in 42 CFR 435.403(f), then the Exchange service area of the individual is the service area of the Exchange in which he or she resides or is the service area of the Exchange of a parent of caretaker.

45 CFR 155.315(d) specifies the verification of residency required for an eligibility determination for enrollment in a QHP through the Exchange. Section 155.315(d) states that the Exchange must verify the attestation of an applicant's residency, which is made subject to penalty of perjury and other applicable penalties, including those specified in section 1411(h) of the ACA, by doing the following: examining electronic data sources that are available to the Exchange and which have been approved by HHS for

this purpose and accepting the attestation except under specified circumstances. If the information provided about an applicant's residency is not reasonably compatible with other information provided by the applicant, the Exchange must examine electronic data sources available to the Exchange that have been approved by HHS for this purpose. If the information in these data sources is not reasonably compatible with the information provided by the applicant, the Exchange must provide the applicant with a 90 day inconsistency period as specified in 45 CFR 155.315(f) to provide documentary evidence to resolve the inconsistency.

Please note that there are separate residency verification rules for Medicaid and CHIP.

Verification of incarceration status

Section 1312(f)(1)(B) of the ACA states that an individual shall not be treated as a qualified individual if, at the time of enrollment, the individual is incarcerated, other than incarceration pending the disposition of charges. A qualified individual is defined in section 1312(f)(1)(A) of the ACA with respect to an Exchange as: an individual who is seeking to enroll in a QHP in the individual market offered through the Exchange and who resides in the State that established the Exchange, but excluding individuals who are incarcerated other than pending the disposition of charges. 45 CFR 155.315(e) specifies the requirements for verification of incarceration status. It states that the Exchange must verify the attestation, which is made subject to penalty of perjury and other applicable penalties, including those specified in section 1411(h) of the ACA, that an applicant is not incarcerated by: relying on electronic data sources that are available to the Exchange and which have been approved by HHS for this purpose, or if an approved data source is unavailable, accepting the attestation; however, if the attestation provided by the applicant or application filer is not compatible with information from approved data sources or other information from the applicant or in the records of the Exchange, the Exchange must provide the applicant with a 90 day inconsistency period as specified in 45 CFR 155.315(f) to provide documentary evidence to resolve the inconsistency.

Verification of minimum essential coverage (MEC) other than through employer sponsored insurance (ESI)

45 CFR 155.320 describes the verification process related to additional eligibility criteria for insurance affordability programs. Section 36B(c)(2)(B) of the Code makes APTC and CSR available to enrollees for coverage months for which they are eligible. Section 36B(c)(2)(B) specifies that a coverage month shall not include any month with respect to an individual if, for such month, the individual is eligible for minimum essential coverage (as defined in section 5000A(f) of the Code) other than through the individual market. Accordingly, 45 CFR 155.320(b) specifies the Exchange must verify whether an applicant is eligible for MEC other than through an eligible employer-sponsored plan, Medicaid, CHIP or the BHP, using information obtained by transmitting specified identifying information to HHS for verification purposes. When the Exchange transmits identifying information to HHS, this information is used to verify whether the applicant is eligible for coverage through Medicare, the Veterans Health Administration, TRICARE (Department of Defense), and the Peace Corps. The Exchange must also verify whether an applicant has already been determined eligible for coverage through Medicaid, CHIP,

or the BHP using information obtained from the agencies administering such programs. The process by which the Exchanges verify eligibility for MEC through an employer-sponsored plan is discussed below.

FFEs and SBEs use the operational process of electronic data matching for verification of MEC other than ESC.[3]

Verification of household income and family size

Section 1411(b)(3) of the ACA specifies information that must be provided for all applicants claiming APTC or CSRs. Such applicants are required to provide information regarding income and family size described in section 6103(l)(21) of the Code for the taxable year ending with or within the second calendar year preceding the calendar year in which the plan year begins. In addition, applicants are required to provide information regarding changes in circumstances that may occur with respect to the eligibility information specified in section 1412(b)(2) of the ACA. This includes information with respect to individuals who were not required to file an income tax return for the taxable year ending with or within the second calendar year preceding the calendar year in which the plan year begins or individuals who experience changes in marital status or family size or significant reductions in income.

45 CFR 155.320(c) specifies the requirements for verification of household income and family/household size as related to eligibility for insurance affordability programs. Section 155.320(c)(1) requires tax return data regarding modified adjusted gross income (MAGI) and family size to be requested for all individuals whose income is counted in calculating a tax filer's household income and for whom the Exchange has an SSN.

45 CFR 155.320(c)(3)(i) specifies the requirements for the family size verification process for eligibility for APTC and CSRs. The Exchange must require an attestation identifying the number and names of the individuals that comprise a tax filer's family; such attestations are provided under penalty of perjury and other applicable penalties, including those specified in section 1411(h) of the ACA. To the extent the applicant or application filer attests that tax return data regarding MAGI-based income represents an accurate projection of a tax filer's family size for the benefit year for which coverage is requested, the Exchange must determine the tax filer's eligibility for APTC and CSRs based on the family size data in the tax return data. To the extent that tax return data are not available, or an applicant attests that a change in circumstances has occurred or is reasonably expected to occur such that the tax return data does not represent an accurate projection of a tax filer's family for the benefit year for which coverage is requested, the Exchange will accept the attestation of the tax filer's family size unless the Exchange finds that an attestation of a tax filer's family size is not reasonably compatible with other information provided by the application filer for the family or in the records of the Exchange. With the exception of

[3] Electronic data matching with Medicaid and CHIP agencies is subject to the State agency's ability to provide data at this time. Exchanges verify Medicaid and CHIP eligibility using data from the Medicaid and CHIP agency in the State in which the Exchange is operating, in those States in which the Medicaid and CHIP agency is able to provide data at this time. Section 1411 explicitly addresses verification of employer-sponsored coverage but does not address verification of existing enrollment/eligibility in Medicaid and CHIP programs. Note that each new applicant will also have at least an assessment of Medicaid and CHIP eligibility as part of the APTC and CSR eligibility determination.

tax return data, the Exchange must use data obtained through other electronic data sources to verify the attestation. If such data sources are unavailable or information in such data sources is not reasonably compatible with the applicant's attestation, the Exchange must request additional documentation in accordance with the procedures specified in 45 CFR 155.315(f).

The FFEs and SBEs currently do not have access to a data source with information that could be used to verify an applicant's attestation regarding family size, such as prior eligibility records, and are therefore accepting applicant attestations at this time. HHS will continue to evaluate whether electronic data sources may be available to verify family size in the future.

45 CFR 155.320(c)(3)(ii) specifies the requirements for the annual household income verification process for eligibility for APTC and CSRs. The Exchange must compute annual household income based on tax return data and must require an applicant to attest regarding the tax filer's projected annual household income, which is done under penalty of perjury and other applicable penalties, including those specified in section 1411(h) of the ACA. To the extent the attestation indicates the tax return income represents an accurate projection of the tax filer's household income for the benefit year for which coverage is requested, the Exchange must determine eligibility for APTC and CSRs based on the tax return information. To the extent tax return data are not available or an applicant attests that a change in circumstances has occurred or is reasonably expected to occur, and the tax return data therefore does not represent an accurate projection of the tax filer's household income for the benefit year for which coverage is requested, the Exchange must require the applicant to attest to the tax filer's projected household income for the year for which coverage is requested.

FFEs and SBEs use the operational process of electronic data matching with IRS, SSA, and current sources of income to verify annual household income.

Section 155.320(c)(3)(iii) describes the requirements for the verification process for increases in household income and states the following: if an applicant's attestation of projected household income, which is made under penalty of perjury and other applicable penalties, including those specified in section 1411(h) of the ACA, indicates a tax filer's income has increased or is reasonably expected to increase from the income reflected in tax return data for the benefit year for which coverage is requested and the Exchange has not verified the applicant's MAGI-based income to be within the applicable Medicaid or CHIP MAGI-based income standards, the Exchange must accept the applicant's attestation for the tax filer's family. However, if MAGI-based income sources available to the Exchange indicate that the applicant's projected annual household income is in excess of his or her attestation by a significant amount, or if other information provided by the applicant indicates that his or her projected annual household income is in excess of his or her attestation by a significant amount and information from MAGI-based income sources is not available or is not reasonably compatible with the applicant's attestation, then the Exchange must request additional documentation to support the attestation in accordance with the procedures specified in 45 CFR 155.315(f)(1) through (4).

FFEs and SBEs use the operational process of electronic data matching with current income sources including, for the FFEs and some SBEs, data matching with Equifax Workforce Solutions. For SBEs,

another common data source used to verify current income is state wage data from the State Wage Information Collection Agency (SWICA).

Section 155.320(c)(3)(iv) specifies the requirements for the alternate verification process for decreases in annual household income and situations in which tax return data are unavailable. It states that a tax filer qualifies for the alternate verification process if an applicant attests to projected annual income in accordance with section 155.320(c)(3)(ii)(B); the tax filer does not meet the criteria for the verification process for increases in household income; the applicants in the tax filer's family have not established MAGI-based income to be within the applicable Medicaid or CHIP MAGI-based income standards; and one of the following criteria is met: the Department of the Treasury does not have tax return data that may be disclosed for the tax filer that is at least as recent as the calendar year two years prior to the calendar year for which APTC or CSRs would be effective; the applicant attests that the applicable family size has changed or is reasonably expected to change for the benefit year; the applicant attests that a change in circumstances has occurred or is reasonably expected to occur and so the tax filer's annual household income has decreased or is reasonably expected to decrease; the applicant attests that the tax filer's tax filing status has changed or is reasonably expected to change; or an applicant in the tax filer's family has filed an application for unemployment benefits.

If a tax filer qualifies for an alternate verification process and the applicant's attestation to projected household income is greater than ten percent below the annual household income computed by the Exchange based on the tax return data, or if tax return data are unavailable, then the alternate verification procedures are specified in 45 C.F.R. 155.320(c)(3)(vi). That section states that, for an applicant in this situation, the Exchange must attempt to verify the applicant's attestation of the tax filer's projected annual household income by using annualized data from the MAGI-based income sources and other electronic data sources approved by HHS, based on evidence showing that such data sources are sufficiently accurate and offer less administrative complexity than paper verification. If an applicant's attestation regarding a tax filer's projected annual household income indicates that the tax filer's annual household income has increased or is reasonably expected to increase from the data regarding MAGI-based income for the benefit year for which coverage is requested, and the Exchange has not verified the applicant's MAGI-based income through the verification process for Medicaid and CHIP for MAGI-based household income to be within the applicable Medicaid or CHIP MAGI-based income standard, the Exchange must accept the applicant's attestation, unless the Exchange finds that the applicant's attestation of the tax filer's annual household income is not reasonably compatible with other information provided by the application filer or available to the Exchange through MAGI-based income data sources, in which case the Exchange must request additional documentation using the procedures specified in 45 C.F.R. 155.315(f). If electronic data are not available or the applicant attests to a projected annual household income that is more than ten percent below the annual household income computed using MAGI-based income sources, the Exchange must follow the inconsistency process specified in 45 C.F.R. 155.315(f)(1) through (4). If following a 90 day inconsistency period, an applicant has not provided additional information and data sources indicate that an applicant in the tax filer's family is eligible for Medicaid or CHIP, the Exchange must not provide the applicant with eligibility for APTC, CSRs, Medicaid, CHIP, or the BHP. If following a 90 day inconsistency period the Exchange is unable to verify the applicant's attestation, the Exchange must determine the applicant's

eligibility based on the Exchange's computation of annual household income based on tax return data. If following a 90 day inconsistency period the Exchange is unable to verify the applicant's attestation and the tax return data are unavailable, the Exchange must determine the tax filer ineligible for APTC and CSRs.

FFEs and SBEs use the operational process of electronic data matching with current income sources and additional documentation requested from the applicant.

Verification related to enrollment in an eligible employer-sponsored plan and eligibility for qualifying coverage in an eligible employer sponsored plan

For applicants who are applying for APTC or CSRs on the basis that the applicant's (or related individual's) employer is not treated under section 36B(c)(2)(C) of the Internal Revenue Code as providing minimum essential coverage (MEC) or affordable MEC, section 1411(b)(4) of the ACA specifies the information that must be provided regarding employer sponsored coverage. This information includes the name, address, employer identification number (if available) of the employer; whether the applicant (or related individual) is a full-time employee and whether the employer provides minimum essential coverage; if the employer provides minimum essential coverage, the lowest cost option for the applicant (or related individual) and the applicant's (or related individual's) required contribution under the employer-sponsored plan; and if the applicant claims an employer's minimum essential coverage is unaffordable, the information regarding income and family size specified in section 1411(b)(3) of the ACA and discussed above.

45 CFR 155.320(d) specifies the verification related to enrollment in an eligible employer-sponsored plan and eligibility for qualifying coverage in an eligible employer-sponsored plan. The Exchange must verify whether an applicant reasonably expects to be enrolled in an eligible employer-sponsored plan or eligible for qualifying coverage in an eligible employer-sponsored plan for the benefit year for which coverage is requested. The Exchange must obtain data about enrollment in and eligibility for an eligible employer-sponsored plan from any electronic data sources available to the Exchange and which have been approved by HHS, based on evidence showing that such data sources are sufficiently current, accurate, and minimize administrative burden. Additionally, the Exchange must obtain any data regarding enrollment in an employer-sponsored plan or eligibility for qualifying coverage in an eligible employer-sponsored plan based on Federal employment by transmitting identifying information to HHS to provide the necessary verification, and must obtain any available data from the SHOP that corresponds to the state in which the Exchange is operating. Data from the SHOP are not currently available for this purpose, but will be used for verification once the data are available. The Exchange accepts the applicant's attestation regarding the employer-sponsored coverage verification unless the applicant's attestation is not reasonably compatible with the foregoing verification information obtained by the Exchange, other information provided by the applicant, or other information in the records of the Exchange. If the attestation is not reasonably compatible with this information, the Exchange must follow the inconsistency procedure specified in 45 CFR 155.315(f). Additionally, for applicants for whom the Exchange does not have any of the foregoing verification information, the Exchange must select a statistically significant random sample of applicants and verify the attestation regarding

employer-sponsored coverage by following the procedures specified in 45 CFR 155.320(d)(3)(iii) to contact the employer(s) listed on the application. If the Exchange receives relevant information from an employer, the Exchange must determine the applicant's eligibility based on such information. If, after a 90 day period, the Exchange has not obtained the necessary information from an employer, the Exchange must determine eligibility based on the attestation provided with the application. The Exchange has the option to perform verifications using this statistically significant random sample method for the first year of operations, and must use this method for eligibility determinations for APTC and CSRs that are effective on and after January 1, 2015. Alternatively, for the first year of operations, the Exchange may accept the applicant's attestation regarding enrollment in an eligible employer-sponsored plan and eligibility for qualifying coverage in an eligible employer-sponsored plan for the benefit year for which coverage is requested.

To support employer-sponsored coverage verification, the application for APTC or CSRs must include information regarding the applicant's access to employer-sponsored coverage on the application.

Section III: Procedures Employed by CMS to Ensure Appropriate Verifications of Eligibility Performed by State-based Exchanges

Under 45 CFR 155.105, in order for a State to receive approval from HHS to operate a State-based Exchange (SBE), a State must complete and submit an Exchange Blueprint that documents how the Exchange meets, or will meet, all applicable requirements, and must demonstrate operational readiness to operate an SBE. The Exchange Blueprint application, published in May 2012, identifies the set of discrete requirements that an SBE must meet in order to receive this approval. These requirements include the capacity to determine eligibility for APTC and CSRs, to conduct verifications of eligibility pursuant to 45 CFR 155, Subpart D, and to electronically connect to data sources to conduct such verifications.

Under the Exchange Blueprint, SBEs must be able to perform required eligibility verifications by matching applicant data against the Federal data sources discussed above through an automated connection with the FDSH. SBEs must provide supporting documentation to demonstrate their ability to meet these requirements in order to receive Blueprint approval from CMS. SBEs were required to submit their Blueprint applications to HHS by December 15, 2012 and, as provided under 45 CFR 155.105, HHS granted SBEs approval of their Blueprint applications on a conditional basis on January 1, 2013. Conditional approval means that each SBE has a set of conditions with timelines that must be met in order to receive full approval as an SBE. The conditional approval of the SBE Blueprint applications was based on the evidence of progress towards meeting the Blueprint requirements, along with assurances each SBE provided that they would meet the requirements in areas where they had not yet achieved operational readiness as of January 1, 2013. CMS took this approach towards granting approval by the required January 1, 2013 date on the basis that all SBEs were still actively in the process of completing implementation of information systems functionality and operational processes to perform Blueprint-required activities when the Blueprint applications were due to CMS on December 15, 2012.

As part of demonstrating their ability to perform Blueprint-required activities correctly and in an automated manner, SBEs were required to perform a set of CMS-defined end-to-end information system tests. To this end, CMS developed 23 test scenarios, representing 75 test cases, for SBEs to conduct. Each test scenario is designed to test the ability to meet a particular requirement in the Exchange Blueprint and contains a set of 3 to 4 test cases. Each set of test cases that are associated with a test scenario vary in degree of difficulty from more basic test cases to more complex test cases. These tests, known as "Blueprint tests," allow SBEs to complete a standard set of tests using CMS-specified data inputs to arrive at CMS-specified outcomes. This approach standardizes the testing and evaluation of results by CMS. Among the 23 Blueprint test scenarios are 10 test scenarios (listed below and representing 30 test cases) that address the ability of an SBE to correctly verify and determine eligibility for QHP coverage through the Exchange, both with and without eligibility for APTC and CSRs.

- [redacted] **The Marketplace has the capacity to accept and process applications, updates, and responses to redeterminations from applicants and enrollees online.**
- [redacted] **The Marketplace has the capacity to conduct periodic data matching pursuant to 45 CFR 155, subpart D and act on the results of the data matching**
- [redacted] **The Marketplace has the capacity to conduct annual redeterminations and process responses through all channels pursuant to 45 CFR 155, subpart D.**
- [redacted] **The Marketplace has the capacity to conduct verifications pursuant to 45 CFR 155, subpart D, and is able to connect to data sources, such as the Data Services Hub, and other sources as needed.**
- [redacted] **The Marketplace has the capacity to determine individual eligibility for QHP coverage through the Marketplace.**
- [redacted] **The Marketplace has the capacity to determine eligibility for Medicaid and CHIP based on MAGI or**
  The Marketplace has the capacity to assess eligibility for Medicaid and CHIP based on MAGI.
- [redacted] The Marketplace has the capacity to determine eligibility for Advance Payments of the Premium Tax Credit (APTC) and Cost Sharing Reductions (CSRs), including calculating maximum APTC, independently or through the use of a Federally-managed service.
- [redacted] **The Marketplace has the capacity to accept applications and updates, conduct verifications, and determine eligibility for individual responsibility requirement and payment exemptions independently or through the use of Federally-managed services.**
- [redacted] The Marketplace has the capacity to process QHP selections and terminations using electronic enrollment transaction standards in coordination with issuers and CMS.
- [redacted] **The Marketplace has the capacity to compute actual APTC.**

CMS defined the input data for states to use in performing these 10 Blueprint test scenarios such that SBEs would produce certain a certain set of eligibility verification and determination outcomes if the tests was performed correctly. These 10 Blueprint test scenarios also required states to make calls to the FDSH verification services so that the FDSH could respond to the verification calls by providing the appropriate Blueprint test input data to states so they could complete the Blueprint test. Thus, in order to complete these 10 Blueprint tests, SBEs needed to have first gone through the step of establishing connectivity to the FDSH. This step was completed by all SBEs by October 1, 2013. Therefore, since October 1, 2013, SBEs have been able to utilize the FDSH to perform eligibility verifications as part of their Exchange operations. Both the CMS Blueprint tests and establishment of FDSH connectivity were

intended to supplement and occur in conjunction with each SBE's own internal testing of eligibility verification and eligibility determination functionality.

As evidence that SBEs performed the Blueprint tests correctly, each SBE was required to provide evidence and supporting documentation demonstrating their usage of the CMS-specified input data and how they achieved the CMS-specified test outcomes. As part of this evidence and supporting documentation, each SBE was also required to submit a certification of the Blueprint test results from the SBE's Independent Verification and Validation (IV&V) entity. These are entities that each SBE contracts with to perform independent oversight of the SBE's information system implementation effort.

Blueprint testing began in the summer of 2013. Blueprint testing by SBEs will continue through the end of December 31, 2013 and into 2014, so that SBEs can perform tests using certain enhancements to the FDSH verification services that are not yet available. This would include testing an SBE's ability to conduct eligibility re-determinations using the FDSH quarterly eligibility verification service, as well as testing an SBE's ability to correctly submit monthly and annual eligibility reports to CMS and IRS which are required of SBEs beginning in 2014.

Conclusion

We note that application filers must attest, under penalty of perjury, that they are not providing false or fraudulent information when completing an application. In addition to the existing penalties for perjury, section 1411(h) of the ACA applies penalties when an individual fails to provide correct information based on negligence or disregard of program rules, or knowingly and willfully provides false or fraudulent information. Moreover, the IRS will reconcile APTC to actual PTC eligibility when consumers file their annual tax returns, and it will recoup overpayments and provide refunds when appropriate, subject to statutory limits. These safeguards all apply no matter which type of Exchange is operating in a State.

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Cory Gardner
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gardner:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

Despite these lower than projected overall Part D program costs, the competitive structure has not achieved the same low prices for low-income subsidy (LIS) beneficiaries that are available under the Medicaid program. One analysis found that Part D plan sponsors paid $18.7 billion to purchase the top 100 drugs most frequently used by dual-eligible beneficiaries and received rebates and discounts that reduced their total costs for these drugs by 14 percent. However, if the Part D sponsors had been able to obtain the Medicaid rebate amounts for these drugs, their total costs would have been reduced by 34 percent. As a result, the federal government paid $3.7 billion more in 2006 and 2007 for the top 100 drugs used by dual-eligibles under Part D than it would have paid under Medicaid.[1] A more recent analysis found that the rebates obtained by Medicaid in 2009 reduced Medicaid spending for the top 100 brand-name drugs with the highest total Part D costs by 45 percent, while the rebates obtained by Medicare Part D plans for these drugs reduced Medicare costs by just 19 percent.[2] An analysis of publicly released Part D prescription drug prices found that they are 20 to 30 percent higher than the estimated prices in Medicaid if such prices reflect the manufacturers' rebates.

This proposal would require manufacturers to pay Medicaid-comparable rebates for brand-name and generic drugs provided to Part D LIS enrollees, enabling the federal government to achieve comparable savings. The proposal would apply to all LIS enrollees, including Medicare-Medicaid full-benefit dual eligibles (for whom manufacturers were required to pay Medicaid rebates prior to the implementation of Part D) and other qualifying low-income individuals. As of February 2012, there

[1] House Committee on Oversight and Government Reform Majority Staff Report, "Medicare Part D: Drug Pricing and Manufacturer Windfalls," July 2008.
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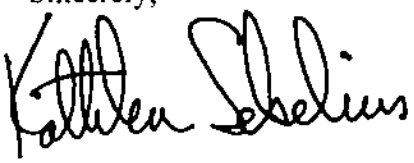

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Kevin Yoder
U.S. House of Representatives
Washington, DC 20515

Dear Representative Yoder:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

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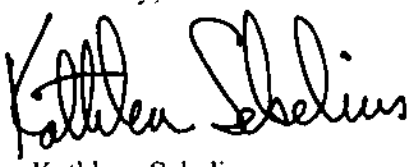

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Marsha Blackburn
U.S. House of Representatives
Washington, DC 20515

Dear Representative Blackburn:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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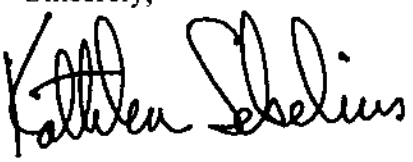

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Scott Tipton
U.S. House of Representatives
Washington, DC 20515

Dear Representative Tipton:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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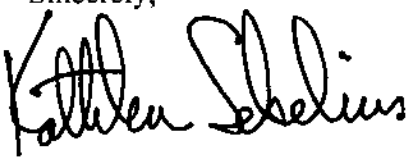

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Tom Rooney
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rooney:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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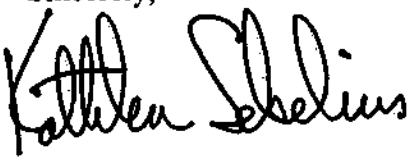

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Patrick Meehan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Meehan:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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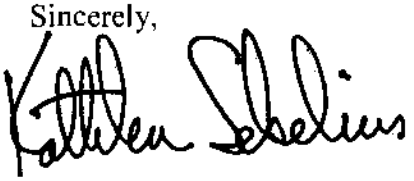

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Cathy McMorris Rodgers
U.S. House of Representatives
Washington, DC 20515

Dear Representative McMorris Rodgers:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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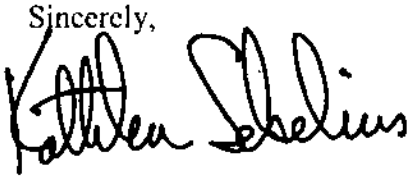

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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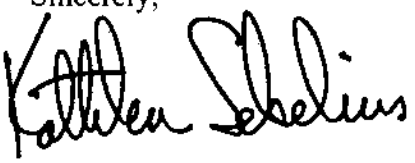

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Patrick Tiberi
U.S. House of Representatives
Washington, DC 20515

Dear Representative Tiberi:

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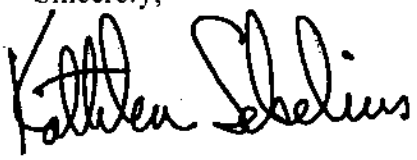

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Lou Barletta
U.S. House of Representatives
Washington, DC 20515

Dear Representative Barletta:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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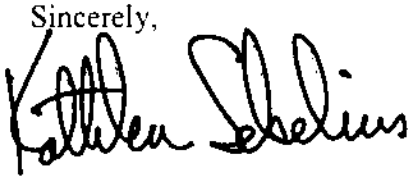

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Blake Farenthold
U.S. House of Representatives
Washington, DC 20515

Dear Representative Farenthold:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

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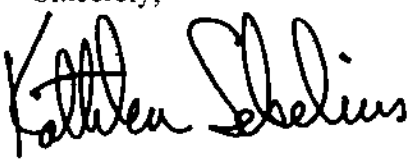

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Rob Bishop
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bishop:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

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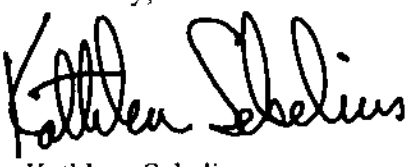

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Robert Hurt
U.S. House of Representatives
Washington, DC 20515

Dear Representative Hurt:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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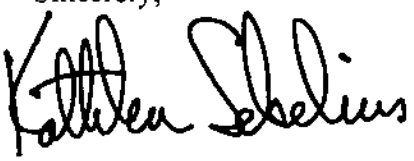

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Scott Perry
U.S. House of Representatives
Washington, DC 20515

Dear Representative Perry:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Erik Paulsen
U.S. House of Representatives
Washington, DC 20515

Dear Representative Paulsen:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Jim Renacci
U.S. House of Representatives
Washington, DC 20515

Dear Representative Renacci:

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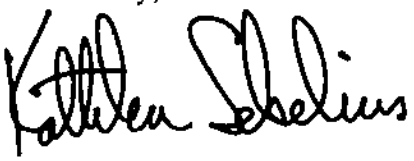

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Joe Heck
U.S. House of Representatives
Washington, DC 20515

Dear Representative Heck:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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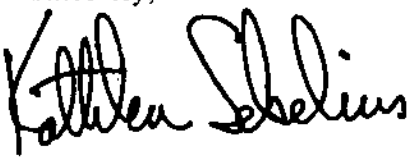

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Leonard Lance
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lance:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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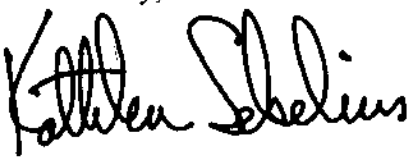

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Jim Bridenstine
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bridenstine:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

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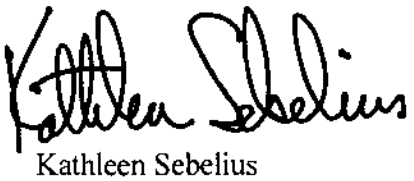

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Mike Pompeo
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pompeo:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

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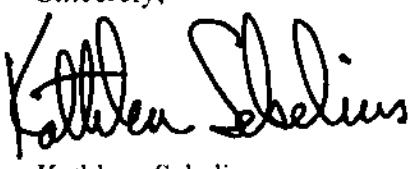

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Brett Guthrie
U.S. House of Representatives
Washington, DC 20515

Dear Representative Guthrie:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

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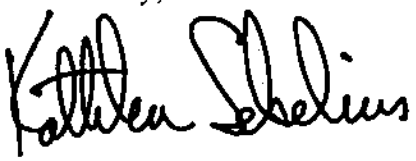

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Aaron Schock
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schock:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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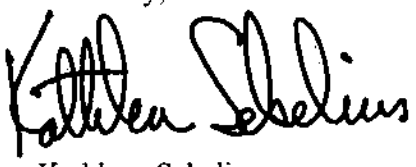

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Bob Gibbs
U.S. House of Representatives
Washington, DC 20515

Dear Representative Gibbs:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Randy Hultgren
U.S. House of Representatives
Washington, DC 20515

Dear Representative Hultgren:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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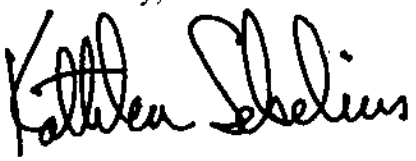

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Mark Amodei
U.S. House of Representatives
Washington, DC 20515

Dear Representative Amodei:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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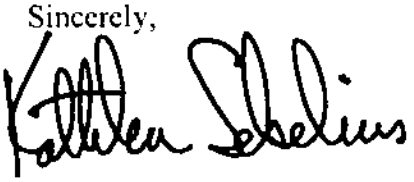

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Robert Pittenger
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pittenger:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Dennis A. Ross
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ross:

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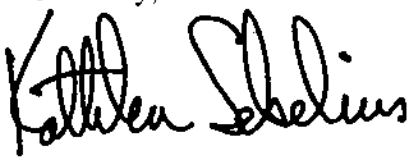

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Peter Roskam
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roskam:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

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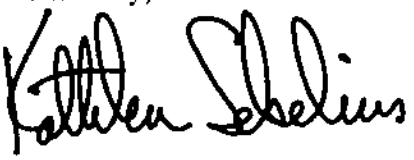

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Chuck Fleischmann
U.S. House of Representatives
Washington, DC 20515

Dear Representative Fleischmann:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

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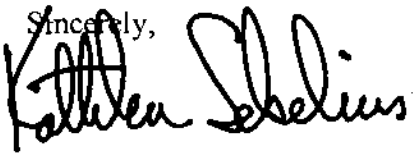

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Todd Rokita
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rokita:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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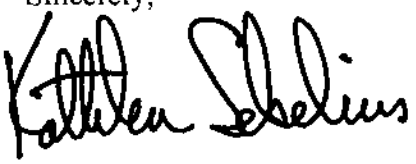

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Martha Roby
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roby:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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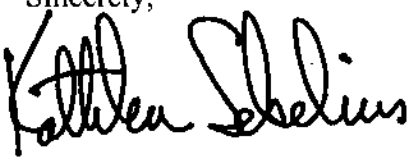

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Ron Desantis
U.S. House of Representatives
Washington, DC 20515

Dear Representative Desantis:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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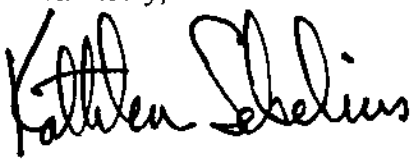

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Renee Elmers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Elmers:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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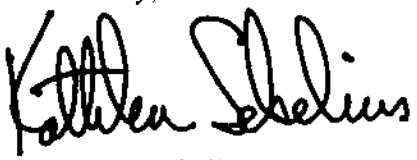

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Jackie Walorski
U.S. House of Representatives
Washington, DC 20515

Dear Representative Walorski:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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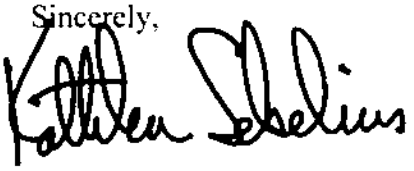

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable John Fleming
U.S. House of Representatives
Washington, DC 20515

Dear Representative Fleming:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Tom Cotton
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cotton:

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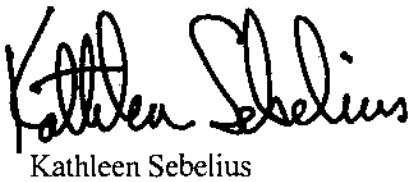

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Tom Marino
U.S. House of Representatives
Washington, DC 20515

Dear Representative Marino:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

Despite these lower than projected overall Part D program costs, the competitive structure has not achieved the same low prices for low-income subsidy (LIS) beneficiaries that are available under the Medicaid program. One analysis found that Part D plan sponsors paid $18.7 billion to purchase the top 100 drugs most frequently used by dual-eligible beneficiaries and received rebates and discounts that reduced their total costs for these drugs by 14 percent. However, if the Part D sponsors had been able to obtain the Medicaid rebate amounts for these drugs, their total costs would have been reduced by 34 percent. As a result, the federal government paid $3.7 billion more in 2006 and 2007 for the top 100 drugs used by dual-eligibles under Part D than it would have paid under Medicaid.[1] A more recent analysis found that the rebates obtained by Medicaid in 2009 reduced Medicaid spending for the top 100 brand-name drugs with the highest total Part D costs by 45 percent, while the rebates obtained by Medicare Part D plans for these drugs reduced Medicare costs by just 19 percent.[2] An analysis of publicly released Part D prescription drug prices found that they are 20 to 30 percent higher than the estimated prices in Medicaid if such prices reflect the manufacturers' rebates.

This proposal would require manufacturers to pay Medicaid-comparable rebates for brand-name and generic drugs provided to Part D LIS enrollees, enabling the federal government to achieve comparable savings. The proposal would apply to all LIS enrollees, including Medicare-Medicaid full-benefit dual eligibles (for whom manufacturers were required to pay Medicaid rebates prior to the implementation of Part D) and other qualifying low-income individuals. As of February 2012, there

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Thank you again for bringing your concerns to our attention. I look forward to continuing to work with you and other members of Congress to ensure the continued success of the Medicare Part D program. I will also provide this response to the co-signers of your letter.

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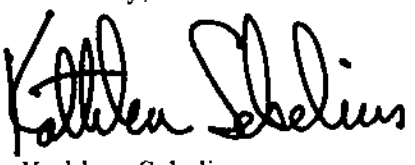

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable David Roe
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roe:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

As you point out, beneficiaries are overwhelmingly satisfied with their Medicare Part D coverage, and the overall program has cost significantly less than projected. We want to build on this success by continuing to improve quality and lower costs in Part D by increasing transparency, decreasing barriers to competition, and ensuring appropriate beneficiary protections.

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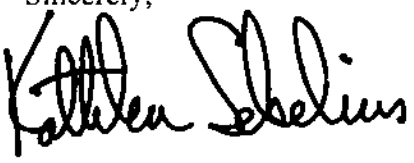

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Pete Olson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Olson:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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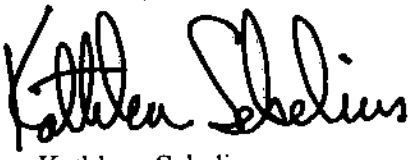

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 10, 2014

The Honorable Chris Stewart
U.S. House of Representatives
Washington, DC 20515

Dear Representative Stewart:

Thank you for your letter to President Obama expressing concern about the budget proposal to align Medicare drug payments with Medicaid policies for low-income beneficiaries. President Obama appreciates hearing from you and asked me to respond to you directly.

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Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 28, 2013

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your recommendations for implementing the Medicare Quality Improvement Organization (QIO) program provisions included in the Trade Adjustment Assistance Extension Act of 2011. I appreciate your longstanding interest in improving the quality of care in the Medicare program.

I agree that community involvement is essential in the QIO improvement projects and appreciate your recommendations with respect to maintaining state-based QIO contracts and continued involvement of local physicians in the peer review process. The Centers for Medicare & Medicaid Services (CMS) require certain contract functions to be carried out at the local level and by local physicians. As you may know, there is nothing in the new legislation that would preclude the continuation of this physician involvement.

The breadth and number of the QIO's responsibilities have grown significantly since the program's inception. Consistent with the Institute of Medicine's report in 2006 on the QIO program, a modified structure that takes advantage of the continuously evolving approaches to quality improvement may lead to more effective conduct of some QIO activities. We will be examining this issue in the coming months.

Regarding dividing functions among different organizations, we are committed to avoiding fragmentation in QIOs and to targeting the quality improvement efforts that will be most effective in achieving high-quality health care for beneficiaries. I also agree that QIOs should meet high standards and avoid conflicts of interest. I assure you that these will continue to be goals of the QIO program.

Thank you for your commitment to ensuring quality care for our Medicare beneficiaries. I look forward to speaking with you as we implement key provisions of the QIO program. I will also provide this response to Representative Ron Kind.

Sincerely,

Kathleen Sebelius

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

February 28, 2013

The Honorable Ron Kind
U.S. House of Representatives
Washington, DC 20515

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Renee Ellmers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ellmers:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

You recommend removing the requirement for full-year reporting in 2015 and to instead allow for a 90-day reporting period. On January 29, 2015, the Centers for Medicare and Medicaid (CMS) announced its intent to engage in rulemaking to update the Medicare and Medicaid EHR Incentive Programs beginning in 2015. One of the changes CMS is considering proposing in the rule is to shorten the 2015 EHR reporting period to 90 days, as well as to realign hospital EHR reporting periods to the calendar year. The new rule is intended to be responsive to provider concerns about implementation, information exchange readiness, and other related concerns in 2015. It is also intended to propose changes reflective of developments in the industry and goals of the EHR Incentive Programs.

CMS is working on multiple tracks to be responsive to stakeholder input. The rulemaking referenced in the January 29, 2015 announcement is separate from the forthcoming Stage 3 proposed rule, which is expected to be released this spring. CMS intends to limit the scope of the Stage 3 proposed rule to the requirements and criteria for meaningful use in 2017 and subsequent years.

Again, thank you for your letter. I appreciate your suggestions for improvements to the Medicare and Medicaid EHR Incentive Programs. I will provide a copy of this response to the co-signers of your letter.

Sincerely,

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Jason Chaffetz
U.S. House of Representatives
Washington, DC 20515

Dear Representative Chaffetz:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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Sincerely,

Sylvia M. Burwell

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Michael Burgess
U.S. House of Representatives
Washington, DC 20515

Dear Representative Burgess:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Patrick Meehan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Meehan:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Glenn Thompson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Thompson:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Mike Kelly
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kelly:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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FEB 2 3 2015

The Honorable David Schweikert
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schweikert:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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FEB 2 3 2015

The Honorable Diane Black
U.S. House of Representatives
Washington, DC 20515

Dear Representative Black:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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The Honorable Chris Stewart
U.S. House of Representatives
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Dear Representative Stewart:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

You recommend removing the requirement for full-year reporting in 2015 and to instead allow for a 90-day reporting period. On January 29, 2015, the Centers for Medicare and Medicaid (CMS) announced its intent to engage in rulemaking to update the Medicare and Medicaid EHR Incentive Programs beginning in 2015. One of the changes CMS is considering proposing in the rule is to shorten the 2015 EHR reporting period to 90 days, as well as to realign hospital EHR reporting periods to the calendar year. The new rule is intended to be responsive to provider concerns about implementation, information exchange readiness, and other related concerns in 2015. It is also intended to propose changes reflective of developments in the industry and goals of the EHR Incentive Programs.

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Again, thank you for your letter. I appreciate your suggestions for improvements to the Medicare and Medicaid EHR Incentive Programs. I will provide a copy of this response to the co-signers of your letter.

Sincerely,

Sylvia M. Burwell

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Marsha Blackburn
U.S. House of Representatives
Washington, DC 20515

Dear Representative Blackburn:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

You recommend removing the requirement for full-year reporting in 2015 and to instead allow for a 90-day reporting period. On January 29, 2015, the Centers for Medicare and Medicaid (CMS) announced its intent to engage in rulemaking to update the Medicare and Medicaid EHR Incentive Programs beginning in 2015. One of the changes CMS is considering proposing in the rule is to shorten the 2015 EHR reporting period to 90 days, as well as to realign hospital EHR reporting periods to the calendar year. The new rule is intended to be responsive to provider concerns about implementation, information exchange readiness, and other related concerns in 2015. It is also intended to propose changes reflective of developments in the industry and goals of the EHR Incentive Programs.

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Sincerely,

Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Rob Bishop
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bishop:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Pete Olson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Olson:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Jackie Walorski
U.S. House of Representatives
Washington, DC 20515

Dear Representative Walorski:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Robert E. Latta
U.S. House of Representatives
Washington, DC 20515

Dear Representative Latta:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Gregg Harper
U.S. House of Representatives
Washington, DC 20515

Dear Representative Harper:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Phil Roe
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roe:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Trent Franks
U.S. House of Representatives
Washington, DC 20515

Dear Representative Franks:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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FEB 2 3 2015

The Honorable Robert Pittenger
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pittenger:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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FEB 2 3 2015

The Honorable Curt Clawson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Clawson:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Pat Tiberi
U.S. House of Representatives
Washington, DC 20515

Dear Representative Tiberi:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

FEB 2 3 2015

The Honorable Vicky Hartzler
U.S. House of Representatives
Washington, DC 20515

Dear Representative Hartzler:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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FEB 2 3 2015

The Honorable Doug Lamalfa
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lamalfa:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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FEB 2 3 2015

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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FEB 2 3 2015

The Honorable Bill Flores
U.S. House of Representatives
Washington, DC 20515

Dear Representative Flores:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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FEB 2 3 2015

The Honorable Dan Beneshek
U.S. House of Representatives
Washington, DC 20515

Dear Representative Beneshek:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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FEB 2 3 2015

The Honorable Kevin Cramer
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cramer:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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FEB 2 3 2015

The Honorable David Scott
U.S. House of Representatives
Washington, DC 20515

Dear Representative Scott:

Thank you for your letter regarding the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. I appreciate your support of providers participating in EHR Incentive Programs and concern regarding a provider's ability to implement a full-year reporting period in 2015.

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WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable David Vitter
United States Senate
Washington, DC 20510

Dear Senator Vitter:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

As you know, the USPSTF is an independent, volunteer panel of national experts in prevention that makes evidence-based recommendations about clinical preventive services. The Agency for Healthcare Research and Quality (AHRQ) provides ongoing administrative, research, technical, and dissemination support to the USPSTF. As an independent panel of non-federal experts, the USPSTF's recommendations are determined by the members of the panel, not AHRQ or the U.S. Department of Health and Human Services.

I have shared your letter with the USPSTF so they have it as they consider the comments they received from the public on their draft recommendation statement and as they work to develop a final recommendation.

I look forward to continuing to work with you to improve women's health. If you should have any additional comments or concerns, please do not hesitate to let me know.

Sincerely,

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Frederica Wilson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Wilson:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

As you know, the USPSTF is an independent, volunteer panel of national experts in prevention that makes evidence-based recommendations about clinical preventive services. The Agency for Healthcare Research and Quality (AHRQ) provides ongoing administrative, research, technical, and dissemination support to the USPSTF. As an independent panel of non-federal experts, the USPSTF's recommendations are determined by the members of the panel, not AHRQ or the U.S. Department of Health and Human Services.

I have shared your letter with the USPSTF so they have it as they consider the comments they received from the public on their draft recommendation statement and as they work to develop a final recommendation.

I look forward to continuing to work with you to improve women's health. If you should have any additional comments or concerns, please do not hesitate to let me know.

Sincerely,

Sylvia M. Burwell

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Elizabeth Esty
U.S. House of Representatives
Washington, DC 20515

Dear Representative Esty:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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Sincerely,

Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Donald M. Payne, Jr.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Payne:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Heidi Heitkamp
United States Senate
Washington, DC 20510

Dear Senator Heitkamp:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Cathy McMorris Rodgers
U.S. House of Representatives
Washington, DC 20515

Dear Representative McMorris Rodgers:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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Sincerely,

Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Debbie Wasserman Schultz
U.S. House of Representatives
Washington, DC 20515

Dear Representative Wasserman Schultz:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Renee Ellmers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ellmers:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Rosa L. DeLauro
U.S. House of Representatives
Washington, DC 20515

Dear Representative DeLauro:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Kelly Ayotte
United States Senate
Washington, DC 20510

Dear Senator Ayotte:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Kirsten Gillibrand
United States Senate
Washington, DC 20510

Dear Senator Gillibrand:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Susan Collins
United States Senate
Washington, DC 20510

Dear Senator Collins:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Michael Bennet
United States Senate
Washington, DC 20510

Dear Senator Bennet:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Pat Roberts
United States Senate
Washington, DC 20510

Dear Senator Roberts:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Jerry Moran
United States Senate
Washington, DC 20510

Dear Senator Moran:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Mark Kirk
United States Senate
Washington, DC 20510

Dear Senator Kirk:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Cory Gardner
United States Senate
Washington, DC 20510

Dear Senator Gardner:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Marsha Blackburn
U.S. House of Representatives
Washington, DC 20515

Dear Representative Blackburn:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Lois Capps
U.S. House of Representatives
Washington, DC 20515

Dear Representative Capps:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable John Conyers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Conyers:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Michael Burgess
U.S. House of Representatives
Washington, DC 20515

Dear Representative Burgess:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Doris Matsui
U.S. House of Representatives
Washington, DC 20515

Dear Representative Matsui:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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JUN 0 2 2015

The Honorable Bill Flores
U.S. House of Representatives
Washington, DC 20515

Dear Representative Flores:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Alcee Hastings
U.S. House of Representatives
Washington, DC 20515

Dear Representative Hastings:

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JUN 0 2 2015

The Honorable Charles Boustany
U.S. House of Representatives
Washington, DC 20515

Dear Representative Boustany:

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JUN 0 2 2015

The Honorable Alan Grayson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Grayson:

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JUN 0 2 2015

The Honorable Peter Roskam
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roskam:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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I look forward to continuing to work with you to improve women's health. If you should have any additional comments or concerns, please do not hesitate to let me know.

Sincerely,

Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Pete Olson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Olson:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Lois Frankel
U.S. House of Representatives
Washington, DC 20515

Dear Representative Frankel:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Jim Renacci
U.S. House of Representatives
Washington, DC 20515

Dear Representative Renacci:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Tom Reed
U.S. House of Representatives
Washington, DC 20515

Dear Representative Reed:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Marcia Fudge
U.S. House of Representatives
Washington, DC 20515

Dear Representative Fudge:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Chris Collins
U.S. House of Representatives
Washington, DC 20515

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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JUN 0 2 2015

The Honorable Diane Black
U.S. House of Representatives
Washington, DC 20515

Dear Representative Black:

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JUN 0 2 2015

The Honorable Charles Rangel
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rangel:

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JUN 0 2 2015

The Honorable Brett Guthrie
U.S. House of Representatives
Washington, DC 20515

Dear Representative Guthrie:

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JUN 0 2 2015

The Honorable Stacey Plaskett
U.S. House of Representatives
Washington, DC 20515

Dear Representative Plaskett:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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JUN 0 2 2015

The Honorable Pat Meehan
U. S. House of Representatives
Washington, DC 20515

Dear Representative Meehan:

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JUN 0 2 2015

The Honorable Al Green
U.S. House of Representatives
Washington, DC 20515

Dear Representative Green:

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JUN 0 2 2015

The Honorable Chris Smith
U.S. House of Representatives
Washington, DC 20515

Dear Representative Smith:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Nita Lowey
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lowey:

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JUN 0 2 2015

The Honorable Chris Gibson
U.S. House of Representatives
Washington, DC 20515

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JUN 0 2 2015

The Honorable Steve Cohen
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cohen:

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JUN 0 2 2015

The Honorable Ann Wagner
U.S. House of Representatives
Washington, DC 20515

Dear Representative Wagner:

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JUN 0 2 2015

The Honorable Judy Chu
U.S. House of Representatives
Washington, DC 20515

Dear Representative Chu:

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JUN 0 2 2015

The Honorable Susan Brooks
U.S. House of Representatives
Washington, DC 20515

Dear Representative Brooks:

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The Honorable Paul Tonko
U.S. House of Representatives
Washington, DC 20515

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The Honorable Scott Tipton
U.S. House of Representatives
Washington, DC 20515

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The Honorable Patrick Murphy
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JUN 0 2 2015

The Honorable Barbara Comstock
U.S. House of Representatives
Washington, DC 20515

Dear Representative Comstock:

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JUN 0 2 2015

The Honorable Diane DeGette
U.S. House of Representatives
Washington, DC 20515

Dear Representative DeGette:

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JUN 0 2 2015

The Honorable Ted Deutch
U.S. House of Representatives
Washington, DC 20515

Dear Representative Deutch:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

As you know, the USPSTF is an independent, volunteer panel of national experts in prevention that makes evidence-based recommendations about clinical preventive services. The Agency for Healthcare Research and Quality (AHRQ) provides ongoing administrative, research, technical, and dissemination support to the USPSTF. As an independent panel of non-federal experts, the USPSTF's recommendations are determined by the members of the panel, not AHRQ or the U.S. Department of Health and Human Services.

I have shared your letter with the USPSTF so they have it as they consider the comments they received from the public on their draft recommendation statement and as they work to develop a final recommendation.

I look forward to continuing to work with you to improve women's health. If you should have any additional comments or concerns, please do not hesitate to let me know.

Sincerely,

Sylvia M. Burwell

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Bobby Rush
U.S. House of Representatives
Washington, DC 20515

Dear Representative Rush:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

As you know, the USPSTF is an independent, volunteer panel of national experts in prevention that makes evidence-based recommendations about clinical preventive services. The Agency for Healthcare Research and Quality (AHRQ) provides ongoing administrative, research, technical, and dissemination support to the USPSTF. As an independent panel of non-federal experts, the USPSTF's recommendations are determined by the members of the panel, not AHRQ or the U.S. Department of Health and Human Services.

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Sincerely,

Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Ted Lieu
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lieu:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

As you know, the USPSTF is an independent, volunteer panel of national experts in prevention that makes evidence-based recommendations about clinical preventive services. The Agency for Healthcare Research and Quality (AHRQ) provides ongoing administrative, research, technical, and dissemination support to the USPSTF. As an independent panel of non-federal experts, the USPSTF's recommendations are determined by the members of the panel, not AHRQ or the U.S. Department of Health and Human Services.

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Sincerely,

Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Jackie Speier
U.S. House of Representatives
Washington, DC 20515

Dear Representative Speier:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Katherine Clark
U.S. House of Representatives
Washington, DC 20515

Dear Representative Clark:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

As you know, the USPSTF is an independent, volunteer panel of national experts in prevention that makes evidence-based recommendations about clinical preventive services. The Agency for Healthcare Research and Quality (AHRQ) provides ongoing administrative, research, technical, and dissemination support to the USPSTF. As an independent panel of non-federal experts, the USPSTF's recommendations are determined by the members of the panel, not AHRQ or the U.S. Department of Health and Human Services.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Mimi Walters
U.S. House of Representatives
Washington, DC 20515

Dear Representative Walters:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 02 2015

The Honorable Leonard Lance
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lance:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Bob Dold
U.S. House of Representatives
Washington, DC 20515

Dear Representative Dold:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable Kristi Noem
U.S. House of Representatives
Washington, DC 20515

Dear Representative Noem:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 0 2 2015

The Honorable David Cicilline
U.S. House of Representatives
Washington, DC 20515

Dear Representative Cicilline:

Thank you for your letter regarding the United States Preventive Services Task Force (USPSTF) recommendations on breast cancer screening. We share your strong commitment to supporting women's health and prevention, and agree that mammography is an important tool in the fight against breast cancer.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Lois Capps
U.S. House of Representatives
Washington, DC 20515

Dear Representative Capps:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

I share your concerns regarding the prevalence of lung cancer and agree that this is an important new preventive benefit for Medicare beneficiaries who meet specific criteria. The Centers for Medicare & Medicaid Services (CMS) issued the final national coverage determination (NCD) for lung cancer screening with LDCT on February 5, 2015. The coverage and eligibility requirements for these services can be found in the NCD on the CMS coverage website at: www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274.

CMS is working diligently to develop Medicare Administrative Contractor (MAC) claims processing instructions and will provide coding and billing guidance in the near future. Additionally, CMS plans to release a Medicare Learning Network article for practitioners interested in furnishing these services. Coverage information for Medicare beneficiaries is available on the Medicare.gov website at: www.medicare.gov/coverage/lung-cancer-screening.html.

Thank you for the work you are doing on behalf of your constituents. I look forward to working with you in the future on additional areas of mutual interest. I will also provide this response to the co-signers of your letter.

Sincerely,

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Andy Barr
U.S. House of Representatives
Washington, DC 20515

Dear Representative Barr:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable James P. McGovern
U.S. House of Representatives
Washington, DC 20515

Dear Representative McGovern:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Ralph Abraham
U.S. House of Representatives
Washington, DC 20515

Dear Representative Abraham:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Alma Adams
U.S. House of Representatives
Washington, DC 20515

Dear Representative Adams:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Bradley Byrne
U.S. House of Representatives
Washington, DC 20515

Dear Representative Byrne:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Yvette D. Clarke
U.S. House of Representatives
Washington, DC 20515

Dear Representative Clarke:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable John Culberson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Culberson:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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JUN 10 2015

The Honorable Rodney Davis
U.S. House of Representatives
Washington, DC 20515

Dear Representative Davis:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Rosa DeLauro
U.S. House of Representatives
Washington, DC 20515

Dear Representative DeLauro:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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JUN 10 2015

The Honorable Sam Farr
U.S. House of Representatives
Washington, DC 20515

Dear Representative Farr:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Bob Goodlatte
U.S. House of Representatives
Washington, DC 20515

Dear Representative Goodlatte:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Raúl M. Grijalva
U.S. House of Representatives
Washington, DC 20515

Dear Representative Grijalva:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

I share your concerns regarding the prevalence of lung cancer and agree that this is an important new preventive benefit for Medicare beneficiaries who meet specific criteria. The Centers for Medicare & Medicaid Services (CMS) issued the final national coverage determination (NCD) for lung cancer screening with LDCT on February 5, 2015. The coverage and eligibility requirements for these services can be found in the NCD on the CMS coverage website at: www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274.

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Thank you for the work you are doing on behalf of your constituents. I look forward to working with you in the future on additional areas of mutual interest. I will also provide this response to the co-signers of your letter.

Sincerely,

Sylvia M. Burwell

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Alcee L. Hastings
U.S. House of Representatives
Washington, DC 20515

Dear Representative Hastings:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

I share your concerns regarding the prevalence of lung cancer and agree that this is an important new preventive benefit for Medicare beneficiaries who meet specific criteria. The Centers for Medicare & Medicaid Services (CMS) issued the final national coverage determination (NCD) for lung cancer screening with LDCT on February 5, 2015. The coverage and eligibility requirements for these services can be found in the NCD on the CMS coverage website at: www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274.

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Brian Higgins
U.S. House of Representatives
Washington, DC 20515

Dear Representative Higgins:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Michael M. Honda
U.S. House of Representatives
Washington, DC 20515

Dear Representative Honda:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Brenda Lawrence
U.S. House of Representatives
Washington, DC 20515

Dear Representative Lawrence:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Doris Matsui
U.S. House of Representatives
Washington, DC 20515

Dear Representative Matsui:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

I share your concerns regarding the prevalence of lung cancer and agree that this is an important new preventive benefit for Medicare beneficiaries who meet specific criteria. The Centers for Medicare & Medicaid Services (CMS) issued the final national coverage determination (NCD) for lung cancer screening with LDCT on February 5, 2015. The coverage and eligibility requirements for these services can be found in the NCD on the CMS coverage website at: www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=274.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Betty McCollum
U.S. House of Representatives
Washington, DC 20515

Dear Representative McCollum:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Rick Nolan
U.S. House of Representatives
Washington, DC 20515

Dear Representative Nolan:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Donald M. Payne, Jr.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Payne:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Tom Price
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Jan Schakowsky
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schakowsky:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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JUN 10 2015

The Honorable Adam Schiff
U.S. House of Representatives
Washington, DC 20515

Dear Representative Schiff:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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JUN 10 2015

The Honorable David Scott
U.S. House of Representatives
Washington, DC 20515

Dear Representative Scott:

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JUN 10 2015

The Honorable José E. Serrano
U.S. House of Representatives
Washington, DC 20515

Dear Representative Serrano:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Kyrsten Sinema
U.S. House of Representatives
Washington, DC 20515

Dear Representative Sinema:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2015

The Honorable Steve Stivers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Stivers:

Thank you for your letter asking about the steps that the Department of Health and Human Services is taking to promote public education, access, and adherence related to Medicare coverage of lung cancer screening with low dose computed tomography (LDCT).

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LOIS CAPPS
24TH DISTRICT, CALIFORNIA

2231 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0524
(202) 225-3601
www.capps.house.gov

COMMITTEE ON
ENERGY AND COMMERCE

Congress of the United States
House of Representatives

DISTRICT OFFICES:

☐ 1411 MARSH STREET, SUITE 205
SAN LUIS OBISPO, CA 93401
(805) 546-8348

☐ 301 EAST CARRILLO STREET, SUITE A
SANTA BARBARA, CA 93101
(805) 730-1710

☐ 1101 SOUTH BROADWAY, SUITE A
SANTA MARIA, CA 93454
(805) 349-3832

May 22, 2015

The Honorable Sylvia Mathews Burwell
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Burwell:

After twenty years of research and testing, and three years of evidence reviews by the U.S. Preventive Services Task (USPSTF) and the Centers for Medicare and Medicaid Services (CMS), low dose computed tomography (LDCT) screening for lung cancer has joined mammography and colonoscopy as a covered preventive service proven to detect cancer at an early stage and reduce mortality. We commend the Department of Health and Human Services (HHS) for recognizing the value of this technology and urge HHS to integrate this cost-effective, life-saving benefit into public health expeditiously.

Given that lung cancer causes more deaths each year than breast, prostate, and colon cancers combined, detecting lung cancer at an early, treatable, and even curable stage has the potential to save many thousands of lives a year. Exactly how many will depend on steps taken by HHS to promote public education, access, and adherence. We are also hopeful that the implementation of screening will lead to refinements in risk assessment and increased knowledge of other factors in the development of lung cancer.

Therefore, we respectfully pose the following questions to HHS in order to provide us with information on your efforts to enhance awareness of this change:

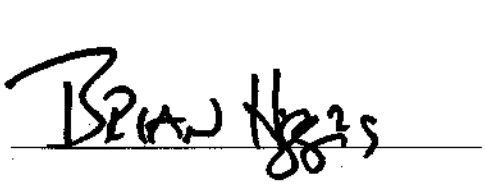
1. What is the process for disseminating information to patients, physicians, and insurance companies?
2. When will providers have the information needed to bill Medicare for the screening?
3. Which agency within HHS will take the lead on promoting public awareness of this screening benefit?

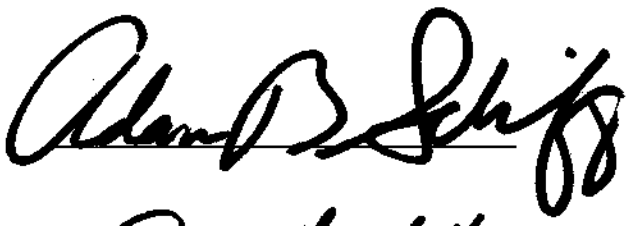
We appreciate your attention to this important matter and look forward to your response.

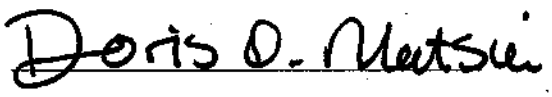
Sincerely,

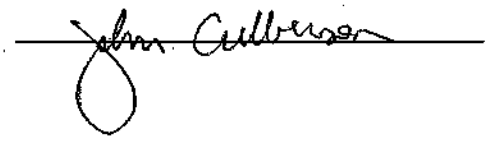
LOIS CAPPS
Member of Congress

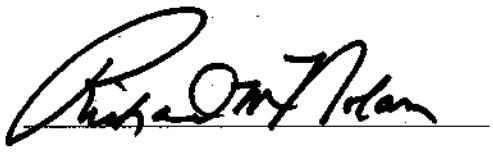
ANDY BARR
Member of Congress

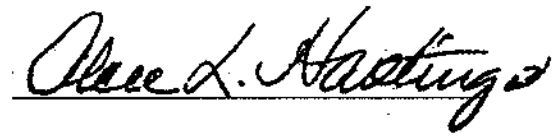


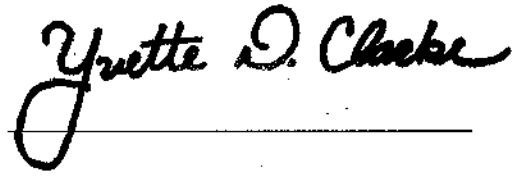












Cosigners: (28)

Lois Capps
Andy Barr
James P. McGovern
Ralph Abraham
Alma Adams
Bradley Byrne
Yvette D. Clarke
John Culberson
Rodney Davis
Rosa DeLauro
Sam Farr
Bob Goodlatte
Raúl M. Grijalva
Alcee L. Hastings
Brian Higgins
Michael M. Honda
Brenda Lawrence
Doris Matsui
Betty McCollum
Rick Nolan
Donald M. Payne, Jr.
Tom Price
Jan Schakowsky
Adam Schiff
David Scott
José E. Serrano
Kyrsten Sinema
Steve Stivers

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Michael C. Burgess, MD
U.S. House of Representatives
Washington, DC 20515

Dear Representative Burgess:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

Thank you again for your support. I will also send this response to the cosigners of your letter.

Sincerely,

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Ami Bera, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bera:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Tom Price, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Eliot Engel
U.S. House of Representatives
Washington, DC 20515

Dear Representative Engel:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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Sincerely,

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Marsha Blackburn
U.S. House of Representatives
Washington, DC 20515

Dear Representative Blackburn:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Phil Roe, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Roe:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Andy Harris, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Harris:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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Sincerely,

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Joe Heck, D.O.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Heck:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Devin Nunes
U.S. House of Representatives
Washington, DC 20515

Dear Representative Nunes:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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OCT 2 0 2015

The Honorable Bill Flores
U.S. House of Representatives
Washington, DC 20515

Dear Representative Flores:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Dan Benishek, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Benishek:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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OCT 2 0 2015

The Honorable Mike Simpson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Simpson:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Ralph Abraham, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Abraham:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Larry Bucshon, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Bucshon:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Renee Ellmers
U.S. House of Representatives
Washington, DC 20515

Dear Representative Ellmers:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Pat Tiberi
U.S. House of Representatives
Washington, DC 20515

Dear Representative Tiberi:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Richard Neal
U.S. House of Representatives
Washington, DC 20515

Dear Representative Neal:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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OCT 2 0 2015

The Honorable Pete Olson
U.S. House of Representatives
Washington, DC 20515

Dear Representative Olson:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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OCT 2 0 2015

The Honorable Paul D. Tonko
U.S. House of Representatives
Washington, DC 20515

Dear Representative Tonko:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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OCT 2 0 2015

The Honorable Chris Collins
U.S. House of Representatives
Washington, DC 20515

Dear Representative Collins:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable H. Morgan Griffith
U.S. House of Representatives
Washington, DC 20515

Dear Representative Griffith:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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OCT 2 0 2015

The Honorable Bill Pascrell, Jr.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Pascrell:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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OCT 2 0 2015

The Honorable Mike Kelly
U.S. House of Representatives
Washington, DC 20515

Dear Representative Kelly:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Brian Babin
U.S. House of Representatives
Washington, DC 20515

Dear Representative Babin:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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OCT 2 0 2015

The Honorable Peter Welch
U.S. House of Representatives
Washington, DC 20515

Dear Representative Welch:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
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OCT 2 0 2015

The Honorable Todd Young
U.S. House of Representatives
Washington, DC 20515

Dear Representative Young:

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Kenny Marchant
U.S. House of Representatives
Washington, DC 20515

Dear Representative Marchant:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable Diane Black
U.S. House of Representatives
Washington, DC 20515

Dear Representative Black:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

OCT 2 0 2015

The Honorable John Fleming, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Fleming:

The Centers for Medicare & Medicaid Services (CMS) appreciates your joint letter, in support of our proposed framework in the Medicare Physician Fee Schedule proposed rule to implement the Appropriate Use Criteria (AUC) requirements established under Section 218 of the Protecting Access to Medicare Act of 2014. We will fully consider your comments as we finalize the AUC requirements, to be published in the final rule in November 2015.

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THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUN 10 2016

The Honorable Tom Price, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter about the importance of utilizing the Physician-focused Payment Model Technical Advisory Committee (PTAC) to develop new alternative payment models (APMs) and for sharing your recommendations for steps we can take to realize the promise of this provision of the Medicare Access and CHIP Reauthorization Act (MACRA).

We share your goal of increasing the variety, efficacy, and number of alternative payment models (APMs), including Advanced APMs, and APMs for specialists, rural physicians, and small practices. We also share your enthusiasm for the valuable role of the PTAC in reviewing and making recommendations on physician-focused payment models (PFPMs). We look forward to physician and medical specialty groups engaging with the PTAC to propose models as well as to receiving recommendations from the PTAC. We hope to leverage the expertise of both stakeholders and the PTAC to inform the design of future APMs.

On April 27, 2016, we issued a proposed rule to implement key provisions of MACRA. The proposed rule would implement many of these changes through a unified framework called the "Quality Payment Program." This program includes both the Merit-Based Incentive Payment System (MIPS) and Advanced APMs. Effective implementation of the Quality Payment Program is a top priority for the Department with the goal of linking clinician payments to value and quality. Delivering new opportunities for physicians and other clinicians to engage with Medicare through APMs is one of the pillars of the Quality Payment Program.

The rule proposes the PFPM criteria for the PTAC to use in making comments and recommendations on models. These criteria are available for public comment in the proposed rule, and we look forward to receiving input on these criteria from the public. We believe that the proposed criteria will encourage physician and medical specialty groups to submit robust proposals for new, innovative APMs. We also believe that this process will help physician and medical specialty groups in designing APMs that appeal to CMS as well as physicians.

The PTAC is developing concrete steps for the PFPM review process and has requested public comment on a draft proposal process. We believe these public comments will be helpful to stakeholders in planning for the process and receiving input from the PTAC during its review. The PTAC will use their expertise to help prioritize concepts and help to guide submission of proposals.

In addition to the criteria proposed in the QPP NPRM, we are taking steps to increase the transparency of CMS's process for designing and testing APMs. We have published a list of factors CMS considers in the selection of models for testing (https://innovation.cms.gov/Files/x/rfi-websitepreamble.pdf). Furthermore, in order to facilitate and potentially expedite the consideration of models for testing by CMS following PTAC review and recommendation, we have proposed "supplemental information elements" stakeholders may include in their PFPM proposals to assist CMS review. We believe these materials will better position stakeholders to submit robust proposals to the PTAC.

We are eager to review all proposals recommended by the PTAC and believe that proposals to the PTAC could fill gaps in our current portfolio and, therefore, be a priority for testing. We are hoping to collaborate closely with the PTAC through consideration of their comments and recommendations on PFPMs and through sharing information about alternative payment model design, including the design of Advanced APMs.

Thank you for insight and for your commitment to transforming our nation's health care delivery system through expanding opportunities for providers to participate in APMs. If you or your staff have questions, please feel free to contact Jim Esquea, Assistant Secretary for Legislation, at (202) 690-7627. I will also provide this response to the co-signers of your letter.

Sincerely,

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

JUL 0 1 2016

The Honorable Tom Price
U.S. House of Representatives
Washington, D.C. 20515

Dear Representative Price:

Thank you for your letter regarding the potential for a Medicare home health services prior authorization demonstration. The Centers for Medicare & Medicaid Services (CMS) is tasked with ensuring access to quality care for Medicare beneficiaries and minimizing provider burden, while also protecting the Medicare Trust Funds from fraud and other improper payments.

On June 8, 2016, CMS announced a pre-claim review demonstration for home health services. This will be a three-year demonstration in Illinois, Florida, Texas, Michigan, and Massachusetts. The demonstration will begin in Illinois no earlier than August 1, 2016, and the remaining states will phase in during 2016 and 2017.

This announcement follows a Paperwork Reduction Act (PRA) notice published in the Federal Register on February 5, 2016, indicating that CMS was seeking to develop and implement a Medicare demonstration project for the prior authorization of home health services. The PRA notice was not an announcement of a demonstration for home health services, and as such, did not include detailed information about how such a potential demonstration would work. However, CMS received significant number of comments regarding the possibility of a prior authorization demonstration and took the comments into consideration as we developed the pre-claim review demonstration for home health services.

I share your concern about beneficiary access to home health services. The demonstration has been carefully designed and will be implemented in such a way so as to not cause a delay in care. The pre-claim review process is different from prior authorization in that the start of home health services can begin before the pre-claim review is conducted. The pre-claim review will occur after the home health agency (HHA) conducts the required intake and assessment procedures, and submits the initial Request for Anticipated Payment, after the first service has been provided, but before the final claim submission. In this way, there should be no delay for the start of services while the submitted pre-claim review is being conducted. This demonstration should not change a beneficiary's ability to receive home health services. Once a HHA submits a pre-claim review request, Medicare will review the submitted documentation to determine if all coverage requirements for home health services are met and will issue a pre-claim review decision generally within 10 days for initial submissions and 20 days for subsequent submissions following a non-affirmed decision.

Compared to current procedures, HHAs with a provisionally affirmed pre-claim review decision will know early in the process that they have the correct documentation necessary for payment as long as they continue to meet all coverage requirements.

If no pre-claim review request is submitted, when the final claim is submitted for reimbursement, it will be subjected to pre-payment review. Such claims subjected to prepayment medical review that are determined to be payable will be paid with a 25 percent reduction of the full claim amount. The payment reduction requirement will begin three months after the start of the demonstration in each state so that HHAs have an opportunity to learn the new pre-claim review process. Under the demonstration, a HHA will be able to use the standard procedures in place today to begin furnishing home health services before the pre-claim review occurs without a payment reduction. The reduction will only apply to claims that are submitted without a pre-claim review decision and undergo a pre-payment review. Those claims submitted with a non-affirmed decision will be denied and all ordinary claim appeal rights will apply. Any application of the 25 percent reduction for failure to obtain pre-claim review would not be transferable to the beneficiary.

The pre-claim review demonstration will not create any new or additional documentation requirements. This demonstration will also provide HHAs with assurances that a beneficiaries' condition meets Medicare's coverage requirements. CMS will share detailed reasons of any non-affirmed pre-claim review decisions with the HHA, and the HHA will be given unlimited resubmissions of any non-affirmed pre-claim review requests. This allows the HHA to resubmit all necessary documentation in order to obtain a provisional affirmation before the final claim is submitted. If a HHA receives a non-affirmed pre-claim review decision, it may either resubmit the pre-claim review request with additional documentation or submit the claim for payment. If the claim nevertheless is submitted for payment, the claim will be denied and all ordinary claim appeal rights will be afforded. By having a provisionally affirmed pre-claim review decision, the HHA will be afforded some assurance that its claim will be paid as long as all Medicare guidelines continue to be met. Generally, the claims that have a provisionally affirmed pre-claim review decision will not be subject to additional review, making sure there is no duplication in review and further reducing provider burden.

We will test the demonstration under section 402(a)(1)(J) of the Social Security Amendments of 1967 (42 U.S.C. 1395b-1(a)(1)(J)), which authorizes the Secretary to "develop or demonstrate improved methods for the investigation and prosecution of fraud in the provision of care or services under the health programs established by the Social Security Act." We believe the demonstration will provide a wealth of data to analyze, which will provide for new ways of identifying, investigating, and combating fraudulent behavior. Among other things, we will analyze the number of claims submitted, the referral of potential fraud cases to investigators, and the development of fraud cases, as necessary. The data will be used for the purpose of making comparisons between the demonstration and non-demonstration states. The rates of prior authorization requests that are provisionally affirmed and non-affirmed will also be collected, along with the rate and adjudication status of appealed claims. CMS will collect qualitative information to help determine whether and to what extent the prior authorization process improved upon existing methods for investigating and prosecuting fraud and reducing improper payment rates for home health services.

Based on our previous experience, Department of Health and Human Services (HHS) Office of Inspector General (OIG) reports, Government Accountability Office (GAO) reports, and Medicare Payment Advisory Commission (MedPAC) findings, there is extensive evidence of fraud and abuse in the Medicare home health program. In particular, the OIG, GAO, and MedPAC have found significant evidence of fraud and abuse in Medicare's home health benefit in the demonstration states. Moreover, most of these states have also been identified as high-risk states that have select cities and counties under the temporary moratoria on home health provider enrollment authorized under the Affordable Care Act. Finally, the Medicare improper payment rate for home health services increased from 17.3 percent in 2013 to 51.4 percent in 2014 and the Fiscal Year 2015 HHS Agency Financial Report reported a further increase to 59 percent in 2015.

This demonstration will also help prevent fraud because it will educate HHAs about the necessary documentation prior to payment of final claims, and will make sure only medically necessary home health services are being provided to Medicare beneficiaries. In addition, by reviewing all home health, claims in the demonstration states, it will help identify patterns that may be indicative of potential fraud. Claims where potential fraud is suspected will be referred to the appropriate entity.

During the course of the demonstration, as well as when it concludes, CMS will monitor and analyze data to evaluate the impact of the demonstration on fraud and other improper payments in the demonstration states, and may consider if a more focused risk-based approach to pre-claim review is warranted in the future. In addition, the demonstration will help assist in developing improved procedures for the investigation and prosecution of Medicare fraud occurring among HHAs providing services to Medicare beneficiaries, while still making sure eligible beneficiaries receive timely care in their homes, and the Medicare Trust Funds are preserved and protected for all Medicare beneficiaries. Finally, we will closely monitor Medicare utilization in the demonstration states for any unintended consequences, such as an increase in the length of hospital stays or in the number of readmissions.

Thank you again for sharing your views on this important issue. If you or your staff have questions, please feel free to contact Jim Esquea, Assistant Secretary for Legislation, at (202) 690-7627. I will also provide this response to the co-signers of your letter.

Sincerely,

Sylvia M. Burwell

THE SECRETARY OF HEALTH AND HUMAN SERVICES
WASHINGTON, D.C. 20201

DEC 16 2016

The Honorable Tom Price, M.D.
U.S. House of Representatives
Washington, DC 20515

Dear Representative Price:

Thank you for your letter regarding the implementation of the new system for establishing Medicare payment rates for clinical diagnostic laboratory tests required by the Protecting Access to Medicare Act of 2014 (PAMA). Successful implementation of this new payment system is important for the Centers for Medicare & Medicaid Services (CMS), as well as our beneficiaries. I appreciate your bringing these views to my attention.

You note the importance of obtaining accurate data from laboratories to use in establishing the new payment rates. I couldn't agree more. As CMS developed the regulations for this new payment system, the importance of obtaining accurate data was a major focus of the decisions made. In addition, CMS has conducted national provider calls, provided guidance materials, and met with laboratory organizations to provide information on the data reporting requirements and use of the data reporting system. Under the new payment system, reporting entities will be held accountable for determining whether they are required to report applicable information, for reporting such data, and for certifying the completeness and accuracy of their data, with time for such activities built into the implementation timeframe.

With respect to your concern that CMS does not plan to verify the data submitted, I note that it is not operationally feasible for CMS to verify such reporting, and requiring independent verification would be burdensome and costly for the industry. CMS will engage in several activities that will contribute to the accuracy of the data that will be used to set rates, including making the underlying data available to the public, publishing preliminary payment rates on the CMS website, and providing an opportunity to comment on these rates. The approach we are using for reporting entities under this payment system is consistent with other data reporting regimens under Medicare, in which providers are deemed responsible for knowing their reporting obligations and certifying the accuracy of their data, such as the data reported on average sales price by drug manufacturers. Reporting entities are also subject to civil monetary penalties (CMPs) for failing to report, or making a misrepresentation or omission in reporting applicable information. These provisions are similar to the current enforcement scheme under section 1847A(d)(4) of the Social Security Act with regard to the reporting of average sales price data by the manufacturer of a drug or biological. We believe that possible assessments of CMPs by the Office of Inspector General will sufficiently serve to incentivize reporting entities to appropriately report information as they do in the average sales price reporting context.

With regard to your suggestion that we incorporate flexibility for small reporting entities under this payment system similar to that provided under the Medicare Access and CHIP Reauthorization Act of 2015 reporting program for clinicians, the final regulations for the new payment system under PAMA include provisions to minimize the burden on small laboratories. For example, under the finalized low expenditure threshold for applicable laboratories, CMS estimates that approximately 95 percent of physician office laboratories and 55 percent of independent laboratories will not be required to report. It should also be noted, since Medicare payment for clinical diagnostic laboratory tests will be based upon the applicable information reported, it would not be appropriate to allow individual reporting entities to choose when to begin reporting. Rather, the data collection and reporting periods were adjusted in the final rule to allow all reporting entities sufficient time to comply in a meaningful way.

I appreciate your interest in this important issue as we work toward our mutual goal of strengthening the Medicare program for all beneficiaries. If you or your staff have questions, please feel free to contact Jim Esquea, Assistant Secretary for Legislation, at (202) 690-7627. I will also provide this response to the co-signers of your letter.

Sincerely,

Sylvia M. Burwell

Sylvia M. Burwell

Congress of the United States
Washington, DC 20515

November 7, 2016

The Honorable Sylvia Matthews Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Secretary Burwell:

We are writing reiterate the importance of successful implementation of the Protecting Access to Medicare Act of 2014 (PAMA), which requires the Centers for Medicare and Medicaid Services (CMS) to establish a market-based payment system for the Clinical Laboratory Fee Schedule (CLFS). We are concerned that under the process outlined in final regulations issued on June 17, 2016, many laboratories, especially small community and regional laboratories, may not have the necessary reporting capabilities in place. These laboratories could struggle to properly report data and comply with the regulations, which could result in significant problems for CMS' implementation efforts, as highlighted in a recent report issued by the Office of the Inspector General (OIG). In addition, the impact of these regulations could ultimately threaten the ability of small laboratories to provide needed services to Medicare beneficiaries.

The laboratory payment reform mandated by PAMA relies on an assessment of private market rates for laboratory services, which are reported by applicable laboratories. Updating the CLFS is a highly complex task with significant implications for all stakeholders. The reforms to the CLFS must be accomplished in a deliberate and measured manner, providing the necessary time for stakeholders to comply with guidance that has only recently been issued.

We understand the Agency also has concerns about its ability to obtain accurate payment rate information through the PAMA reporting process. During a recent PAMA Advisory Panel hearing, the Agency stated that it does not know how it will collect data for Automated Test Panels and related chemistry tests. These tests are primarily used by physicians to manage patient care. It is critically important CMS work with laboratory stakeholders to develop a manageable reporting solution to capture the data in order to set payment rates for these tests.

The OIG has also indicated that CMS does not plan to verify the accuracy of the data it receives. The importance of accurate data cannot be overemphasized. Given that CMS must use these data to establish new payment rates, the Agency must ensure that data can be captured correctly for all tests.

CMS recently allowed for flexibility in reporting for clinicians during the implementation of the Medicare Access & CHIP Reauthorization Act of 2015 (MACRA), understanding the potential for issues faced by small group and individual clinicians. We request that the Agency consider a similar approach in implementing the laboratory reporting provisions in PAMA. Flexibility would enable more laboratories to accurately report the necessary data to support the transition to the new payment system.

Laboratories will be subject to significant civil monetary penalties if they are unable to report data in accordance with the Agency's timelines. We want to ensure all laboratories have the opportunity to be successful in complying with the PAMA regulations to support payment reform. We urge CMS to consider flexibilities in implementation, particularly for small laboratories, to ensure that the data that serve as the basis of the new payment system are sound. Unduly rushed and incomplete data collection risks inaccurate rate setting which would negatively impact small community and regional laboratories and the patients they serve.

We are committed to the successful implementation of laboratory payment reform. We look forward to continuing to work with CMS to ensure a smooth transition throughout implementation.

Sincerely,

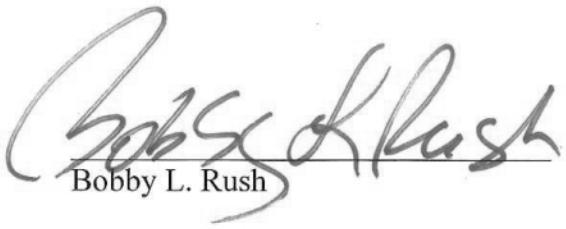
Greg Walden

Patrick Meehan

Steve Chabot

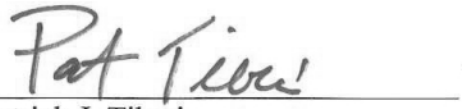
Nydia M. Velázquez

Joseph R. Pitts

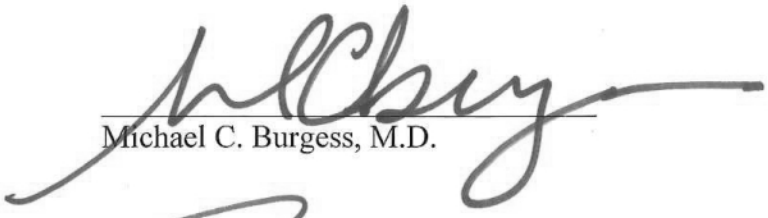


Bobby L. Rush

Bill Pascrell, Jr.

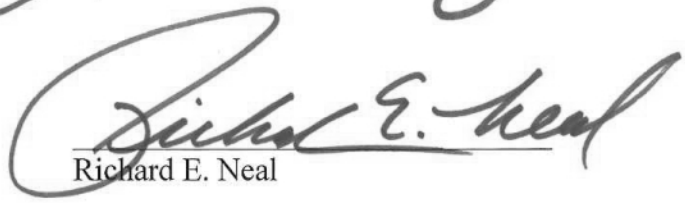


Patrick J. Tiberi



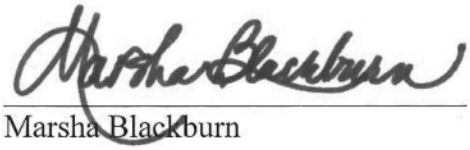
Michael C. Burgess, M.D.

Kurt Schrader



Richard E. Neal

Tom Price, M.D.



Marsha Blackburn

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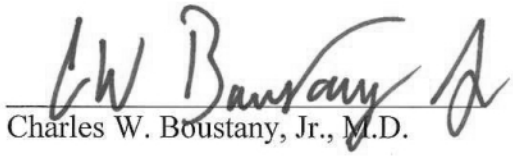

Charles W. Boustany, Jr., M.D.

Chris Collins

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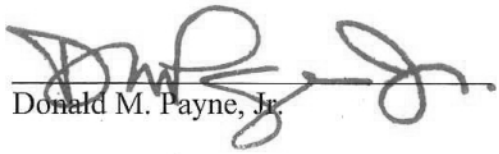
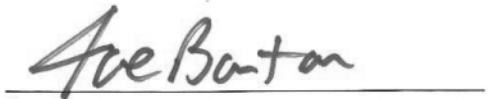
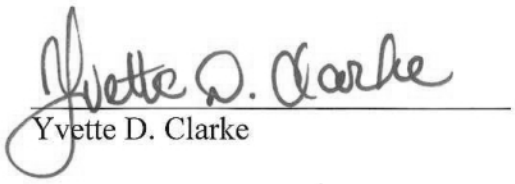
Lynn Jenkins, C.P.A.



Donald M. Payne, Jr.



Joe Barton



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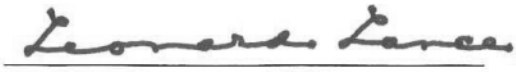

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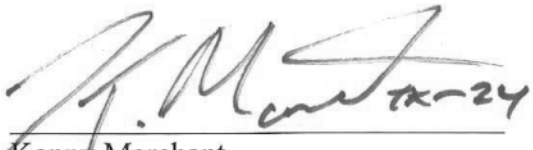

Kenny Marchant

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Brenda L. Lawrence

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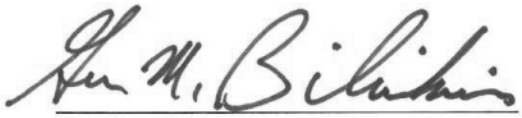

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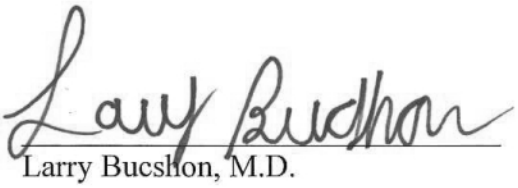

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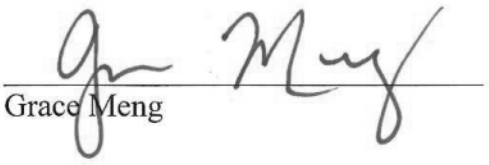

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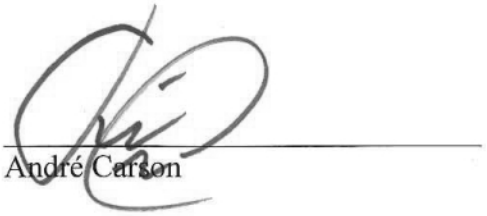

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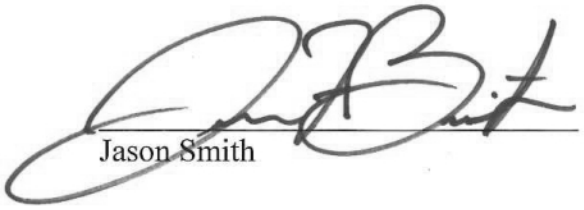

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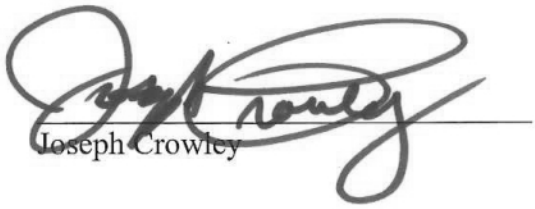
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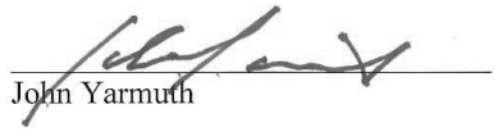
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Mike Thompson

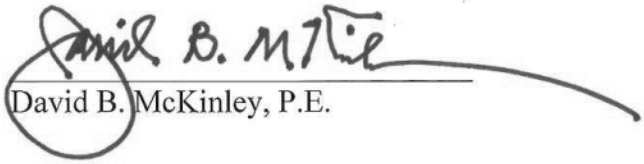

Pete Olson


Erik Paulsen


Chris Van Hollen


Scott Peters


David G. Reichert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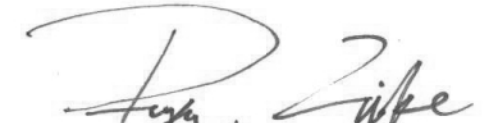
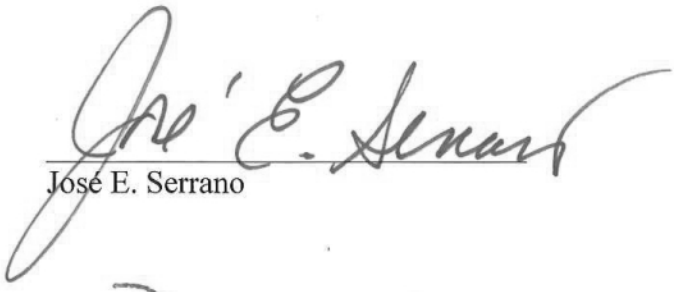

Ryan Zinke


Jody Hice


Ralph Abraham, M.D.

Gregg Harper



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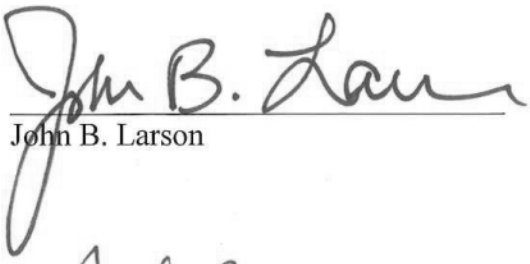

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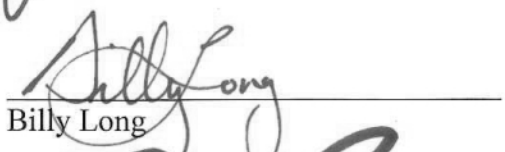
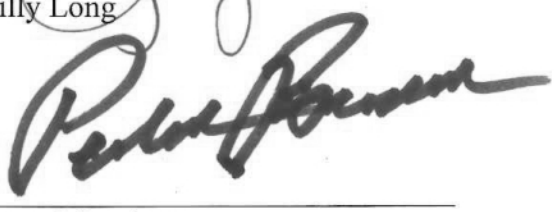


Billy Long

C. A. Dutch Ruppersberger



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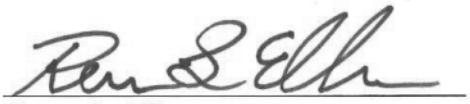
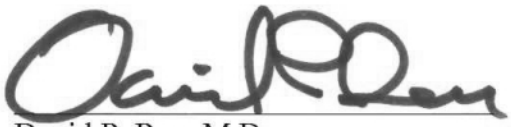
Bill Johnson



Renee L. Ellmers



David P. Roe, M.D.

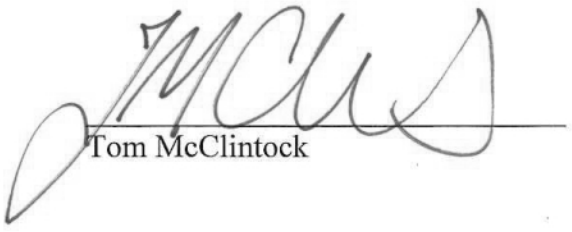
Earl L. 'Buddy' Carter

Aumua Amata C. Radewagen

Peter T. King

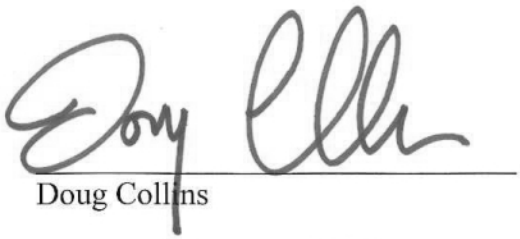
Mike Pompeo

H. Morgan Griffith



Tom McClintock

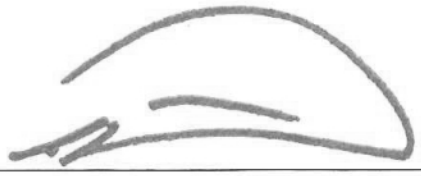
Brian Babin



Doug Collins

Ryan A. Costello

Carlos Curbelo



Scott DesJarlais, M.D.

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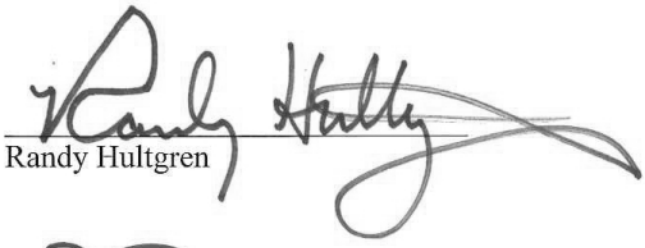

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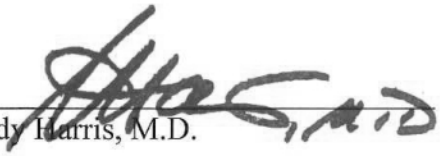
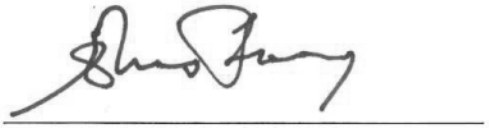


Andy Harris, M.D.

Evan Jenkins



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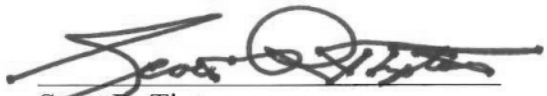

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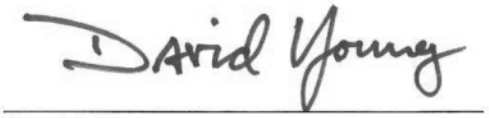

David Young

Cathy McMorris Rodgers

Sanford D. Bishop, Jr.

Tom Emmer

Adam Kinzinger