

Energy & Commerce Committee Questions to Accompany June 28, 2013 Legislative Framework Release

1. Can you provide feedback on how the draft addresses tying measurement to payment? Do you prefer one type of payment model over the other? Are there other ways to link quality to payment than those provided in the draft?
2. Do you think the IG report will bring integrity to the reporting process? Does this process meet the required level of oversight? Are there any other safeguards, besides the IG, that could be implemented to ensure integrity in the reporting process?
3. If providers decide not to participate in the Update Incentive Program, should they be held to the same standard? How should their payment updates be applied if they do not report on quality measures?
4. What do we do with physicians who do not bill Medicare?
5. Do you think the policy, as outlined in the discussion draft, can accommodate early adopters and those with minimal quality standards by the time Phase II goes into effect?
6. The draft policy endeavors to ensure public and provider feedback. Do you feel that the policy succeeds in achieving this goal?
7. Should the new quality system align and coordinate with PQRS in the manner in which it provides feedback at the group level?
8. The draft envisions a repertoire of quality measures and clinical practice improvement activities. Some have suggested also including efficiency measures. Should we also explore efficiency measures and other improvement activities?
9. People have expressed concerns about the effect of non-compliant patients on outcomes and thus outcome measures. Do you believe the draft policy adequately addresses the issue and protects providers who are reporting on quality outcome measures in the setting of non-compliant patients (i.e.: one of many aspects of risk-adjustment)?
10. Should core competency categories be defined as those set forth under the National Quality Strategy?
11. The draft policy envisions an updated and streamlined process to submit and test alternative payment models outside the traditional pathway. Do you think the draft policy method provides ample opportunity for formulating and submitting alternative payment models?
12. The draft policy provides a process to obtain input on modifying and retiring alternative payment models that are on the public list. Please provide comments on this process.
13. Should the replacement payment model to SGR move further toward episodic care? Is this a direction that should be more fully explored, and if so how?