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SUBCOMMITTEE ON HEALTH

September 18, 2019

Seema Verma
Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Hubert Humphrey Building
200 Independence Avenue, SW
Washington DC 20201

Dear Administrator Verma:

I am writing to you today to thank the Centers for Medicare and Medicaid Services' continued work to reduce burdensome regulations through the "Patients over Paperwork" initiative. I believe there are additional areas, however, that CMS can decrease the time and resources clinicians spend on compliance while increasing the focus on patient care.

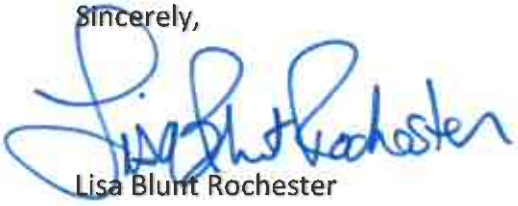
Specifically, I wish to call attention to outpatient therapy services as it relates to the requirement that a physician approve therapy plans of care. It is my understanding that if a patient presents a referral approved by a physician or non-physician provider (NPP) to a therapist at the initial therapy visit, the therapist cannot receive payment unless they go back to the referring provider and get the plan of care reapproved, even though the referring provider has already approved the referral. Acquiring a physician certification for a patient that has presented a referral for therapy services is duplicative for both the therapy practice and the referring physician. I believe that removing this requirement would reduce administrative burden while maintaining patient care.

I believe that approval of the plan of care should be required only if the patient does not have an order for therapy services and propose that payment should be dependent upon either an order or approved plan of care, but not both. Therefore, I urge CMS to consider the following recommendations regarding the outpatient therapy services benefit:

- Keep the requirement to create a plan of care, including the plan of care elements like the frequency, duration, and treatment goals.
- If a plan of care was created in response to a referral, the plan of care does not need to be approved.
- If an additional plan of care is created during the episode of care with a new end of care date, it would have to be certified unless preceded by a new referral, etc.
- Therapy services should still be available to those without a referral. If an individual's plan of care was created without a referral, it must be certified by a physician.

I appreciate the steps CMS has already taken on reducing burdensome paperwork. Thank you in advance for your cooperation and attention to this matter. Please reach out to Betsey Coulbourn on my staff at Betsey.Coulbourn@mail.house.gov or 202-225-4165 with any questions.

Sincerely,



Lisa Blunt Rochester
Member of Congress