# Congress Reverses Medicare's Physician Pay Cut

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After several delays, Congress has acted to reverse a scheduled 10.6% cut to physician fees under Medicare and thus avert an estimated 5.4% cut that would have taken effect in January 2009.

The legislation (H.R. 6331), which passed the House and Senate by veto-proof margins in early July, extends the 0.5% increase in place for the first half of 2008 and provides a 1.1% update for 2009. The bill also includes controversial cuts to the Medicare Advantage program, authorizes increased bonus payments for the Physician Quality Reporting Initiative (PQRI), and delays implementation of the Competitive Acquisition Program for durable medical equipment. The Medicare Advantage cuts had been the basis for President Bush's threatened veto, which had not been issued at press time.

Meanwhile, officials at the Centers for Medicare and Medicaid Services released the 2009 Medicare Physician Fee Schedule proposed rule including new measures for the PQRI, new requirements for physicians offering diagnostic testing services, and plans to reevaluate services and supplies potentially valued incorrectly.

For the PQRI, Medicare's voluntary pay-for-reporting program, the agency is recommending 56 new measures for 2009, bringing the total number to 175. Officials at the Centers for Medicare and Medicaid Services also are proposing new "measures groups" that allow physicians to report on subsets of measures related to a particular clinical condition. For example, new measures groups for 2009 include coronary artery disease, coronary artery bypass surgery, HIV/AIDS, rheumatoid arthritis, care during surgery, and back pain.

In addition, CMS plans to begin allowing physicians to report on certain measures through electronic health records in 2009, pending successful testing this year.

Although the CMS proposal does not include bonus payments for physicians as part of the program, the pay fix legislation passed in Congress does. For 2009, physicians participating in PQRI will be eligible for bonuses of up to 2% of total allowable Medicare charges for successful reporting of measures. The legislation authorized additional bonuses of 2% for electronic prescribing quality measures.

The CMS proposal also would require physicians who perform diagnostic testing services to meet most of the quality and performance standards established for Independent Diagnostic Testing Facilities, including requiring a supervising physician to prove proficiency in the performance and interpretation of each diagnostic procedure and maintenance of an inventory of diagnostic testing equipment. The proposed rule also gives physicians a glimpse of the CMS thinking on the possible expansion of the agency's hospital-acquired conditions policy. Beginning Oct. 1, CMS will begin withholding payment to hospitals for certain conditions and infections acquired after admission.

While the agency did not propose any changes in policy, it wrote in the proposed rule that the hospital-acquired condition payment policy could be expanded into other settings, including hospital outpatient departments, skilled nursing facilities, and physician practices. ■

*The proposed rule was published in the Federal Register on July 7 and can be found at www.cms.hhs.gov/center/physician.asp. CMS expects to issue a final rule by November.*



# Child Mental Health Web Site

The Child Health and Development Interactive System has launched a new Web site, www.chadis.com, which features a demonstration video and a listing of mental health assessment tools for different age ranges. Managed by Total Child Health Inc., the CHADIS system enables pediatricians and other clinicians to administer and analyze previsit online questionnaires including Ages & Stages; Kutcher Adolescent Depression Screen; Pediatric Symptom Checklist and Vanderbilt Follow-Up; Parent and Teacher Informant; and Adverse Childhood Experiences. The American Academy of Pediatrics has named CHADIS as part of the "Pediatric Office of the Future." ■