

Dateline|Washington

prepared by the Division of Advocacy and Health Policy

Senate fails to pass Medicare fix

After passing in the House of Representatives by a large margin (355–59) on June 24, the Medicare Improvements for Patients and Providers Act of 2008 fell one vote short of approval in the Senate on June 26. This legislation would have stopped the 10.6 percent cut in Medicare reimbursement that went into effect July 1. The bill also would have stopped the 5.4 percent cut scheduled for January 1, 2009, and provided a positive 1.1 percent update for 2009. Nearly every physician organization (including the College), AARP, and countless other patient and provider groups supported this legislation, but the health plans and the President opposed it. In the end, 39 senators voted with the health plans and the President.

Thousands of Fellows called their legislators in the weeks preceding congressional action, urging them to support this bill. The response from the Fellows to this campaign was substantially larger than ever. Passage of this legislation has been the number-one priority for the College, and an active advocacy effort by surgeons and ACS staff continued into July to ensure that Congress would pass legislation to retroactively stop the 10.6 percent cut upon returning from their Fourth of July recess.

ACS comments on hospital payment rules

On June 12, the College submitted comments to the Centers for Medicare & Medicaid Services (CMS) regarding proposed regulations for inpatient prospective payment in fiscal year 2009. Among the College's concerns is proposed expansion of the hospital-acquired conditions rules, which prevent a hospital from coding patients into a higher-paying diagnosis-related group for specified complications if these conditions were absent upon admission. Most of the nine new conditions proposed either are not accurately detectable upon admission or are not reasonably preventable through existing evidence-based guidelines. In addition, the College expressed concern about CMS' proposal to add another 43 quality measures that hospitals must report to receive the full payment update for 2009. Other worrisome provisions call for changes in the Emergency Medical Treatment and Active Labor Act rules and proposed changes to the Stark III rules. To view the College's letter, go to http://www.facs.org/ahp/acs_comments_ipps_fy09.pdf.

PQRI feedback reports available

CMS has announced that final feedback reports on the 2007 Physician Quality Reporting Initiative (PQRI) are now available on a secure Web site. Reports are accessible to each practice that has at least one eligible health care professional who submitted 2007 PQRI quality measures data. Information in the documents includes individual reporting rates, clinical performance, and incentive payments, as well as summary information at the practice level. If they haven't already done so, CMS recommends that practices set up an online account so they can retrieve their reports immediately. Physicians, other health care professionals, and appropriate staff can register for access through CMS' new "Individuals Authorized Access to CMS Computer Services-Provider Community" (IACS-PC). For more information about the IACS-PC, go to <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0747.pdf> or <http://www.cms.hhs.gov/MLNMattersArticles/downloads/SE0753.pdf>. Details also are posted at <http://www.cms.hhs.gov/PQRI>.