

Impact of H.R. 6331 on Internists and Patients

On Tuesday, July 15, 2008, the Medicare Improvements for Patients and Providers Act, H.R. 6331, became law after a large bipartisan majority in the Senate and House of Representatives voted to override President Bush's veto. Unlike past years' bills that only provided a temporary halt to Medicare cuts, H.R. 6331 includes many policies, championed by ACP, to improve coverage and payments for internists' services:

- ✓ **Cuts to be replaced with positive increases:** Reverses a 10.6% cut that began on July 1; instead, current rates will continue through the end of 2008. Provides a 1.1% update on January 1, 2009, instead of an expected 5.4% cut.
- ✓ **Higher pay for visits:** Beginning January 1, 2009, Medicare's relative value units—and as a consequence, payments—for office and hospital visits will increase substantially, resulting in an estimated average gain of another 1 percent in total Medicare payments to internists. This change, **which was included in the law specifically at ACP's request**, has particular benefit for internists because internists bill for more of these visit codes than most other specialties. It will also result in higher payments from many non-Medicare payers.
- ✓ **Ability for internists to qualify for up to 4% more in 2009 payments from quality reporting.** Internists will be able to qualify for a 2% bonus for participating in the voluntary Physicians Quality Reporting Initiative and another 2% bonus for using and reporting on e-prescribing systems, payable in 2010 for reporting in 2009.
- ✓ **More funding for a demo to pay internists for care coordination:** expands funding for a Medicare medical home demo that will study the impact on quality and cost of an exciting new program to reimburse internists in several hundred practices for care coordination. This demo is critical to ACP's efforts to fundamentally change Medicare payments to increase payments for internists' services.
- ✓ **Expanded coverage of preventive services:** Medicare is authorized to begin covering and paying for preventive services recommended by an expert advisory committee.
- ✓ **Reduced mental health co-payments:** Over the next several years, co-payments for mental health services will be reduced from the current 50% to the 20% that applies to all other services.
- ✓ **Continuation of "floor" on geographic adjustments.** The law extends an existing law that assures that internists in geographic locales with below-average costs of practice are not subjected to payment cuts.

Check www.acponline.org/advocacy on a regular basis for more details and updated information on how these provisions will affect you and your patients.