



ADVOCACY UPDATE

October 5, 2010

Congress must address SGR cuts in lame duck session

Congress adjourned for the election season leaving a great deal of unfinished business on the table, including action to stop the 23 percent Medicare cut called for by the sustainable growth rate (SGR) formula that is scheduled to take effect on December 1. Congress will return to Washington on November 15 for the first week of a lame duck session, followed by a Thanksgiving recess, and return again in December to complete its work. Lawmakers continue to say that they will not let the cuts take effect, but the experience of the last year gives cause for concern that a temporary rate reduction may occur.

The AMA, together with medical societies representing 50 states and the District of Columbia, as well as 66 national physician organizations, sent a joint letter urging Congress to act in the first week of the lame duck session to stabilize Medicare payments through the end of 2011 while a new payment plan is developed. The letter can be viewed at <http://www.ama-assn.org/ama1/pub/upload/mm/399/medicare-sign-on-letter-29sept2010>.

New SGR vote tracking tool available

Election Day isn't the only November deadline politicians have to keep in mind this year. They should also be reminded of what will happen on Nov. 30, when all Medicare-providing physicians will be exposed to a 23 percent cut. Remind your members to use the November election to secure a commitment from Congress to fix the SGR problem—attend a town hall, ask questions at a debate, call campaign offices—anything to hold them accountable. You can share these links with your physicians so they can see how their **representative** and **senators** have voted on this issue in the past.

AMA develops Medicare Options kit for physicians

From mid-November through December 31, physicians will have their annual opportunity to review and perhaps change their participation status with the Medicare program. Given the severe Medicare payment disruptions caused this year as Congress established, and then missed, multiple deadlines to stop payment cuts caused by the SGR formula, the AMA is encouraging physicians to prepare for this opportunity and review their options carefully. To help them choose the direction that is right for their practices, the AMA has developed the "**Know your options: Medicare participation guide.**" This kit contains a detailed explanation of the three available options:

participation (PAR), non-participation (non-PAR), and private contracting. It also includes a helpful calculator and various sample materials to help physicians share information with current, new, and prospective patients. The Medicare options kit is accessible to all physicians on-line at www.ama-assn.org/go/medicareoptions.

AMA hosts specialty meeting with Dr. Clancy on quality strategy

The AMA invited DC specialty society lobbyists to hear from Carolyn Clancy, MD, Administrator of the Agency for Healthcare Research and Quality, about the National Health Care Quality Strategy and Plan. On September 9, the Secretary of the Department of Health and Human Services (HHS) issued a request for feedback on the development of a quality strategy. This request was a preliminary step toward compliance with Section 3011 of the Affordable Care Act, which requires the Secretary to develop a national strategy on quality to improve the delivery of health care services, patient outcomes and population health. During the meeting, Dr. Clancy stressed that practicing physicians' views are fundamental to this effort. The Secretary must submit the first national strategy to Congress by January 1, 2011, and HHS is seeking comments on a proposed framework and set of "core principles" for a national strategy on quality. More information regarding this activity is located at <http://www.hhs.gov/news/reports/quality/nhcqsap.html>. The deadline to submit comments is Friday, October 15.

AMA organizes briefing for specialties on Medicare demonstrations

Innovations in the Medicare and Medicaid programs generally start out as demonstration projects. Usually involving multiple models structured around a common theme and undertaken in multiple sites, the Centers for Medicare and Medicaid Services (CMS) formally evaluates these projects and the lessons learned are applied in new nationwide programs. Recently the AMA arranged for CMS officials to brief specialty society Washington representatives on current and planned demonstration projects focusing on payment and delivery reforms such as the medical home, bundled payments and care transitions.

CMS indicated that results from the Physician Group Practice (PGP) demonstration will soon be published and some PGP sites will have the opportunity to transition into accountable care organization (ACO) pilots. The Care Management Performance demonstration project, which ended in June 2010, involved 700 small physician practices (< 10 physicians) in California, Arkansas, Massachusetts and Utah. A key finding from this demonstration is that it is difficult for small practices to engage in care management because they lack the infrastructure of larger systems. CMS is now exploring the kind of technical assistance it can provide to help small practices with these changes and enable to them to succeed in future reforms. For the new demonstration projects included in the Affordable Care Act, such as Independence at Home and Community-based Care Transitions, CMS is committed to applying the lessons learned from prior projects rather than reinventing the wheel.

AMA comments on legal issues and ACOs to the FTC, OIG, and CMS

The AMA has submitted comments to the Federal Trade Commission (FTC), the HHS Office of the Inspector General (OIG), and CMS on legal issues and ACOs. On October 5, the three federal agencies held a joint public workshop on "ACOs and Implications Regarding Antitrust, Physician Self-Referral, Anti-Kickback and Civil Monetary Penalty

Laws.” AMA President Cecil Wilson, MD, participated on the morning panels on antitrust issues. To view the AMA comments and other AMA resources on ACOs, go to www.ama-assn.org/go/paymentpathways and click on “AMA Advocacy on ACOs” at the bottom of the page.

Geisinger physician chosen to lead CMS Center for Innovation

Family physician Dr. Richard Gilfillan has been selected as acting director of the newly formed Center for Medicare and Medicaid Innovation within CMS. The Center was established by the Affordable Care Act to foster payment and delivery reforms, using a more flexible approach than has typically been the case with demonstration programs. Dr. Gilfillan was previously with the Geisinger Health Plan in Pennsylvania. He received his medical degree from Georgetown University, completed a family practice residency at Hennepin County Medical Center in Minneapolis, and earned an MBA from the Wharton School of the University of Pennsylvania.

CMS plans town hall on development of Physician Compare Website

CMS will host a town hall meeting regarding the development of a Physician Compare Website on October 27 from 1 p.m. – 5 p.m. ET. By January 1, 2011, section 10331 of the Affordable Care Act requires CMS to establish a Physician Compare Website containing information on physicians enrolled in Medicare and other eligible professionals who participate in the Physician Quality Reporting Initiative. The purpose of this town hall meeting is to solicit input from stakeholders to assist CMS in further development of this Website.

Interested parties are invited to participate, either onsite at CMS headquarters in Baltimore, Md., or via teleconference. To participate in the meeting, please register at www.usqualitymeasures.org/qm/. The deadline to register is 5 p.m. ET on Wednesday, October 13, 2010. For more information, regarding this event please see the Federal Register meeting notice posted at <http://www.federalregister.gov/articles/2010/09/24/2010-23792/medicare-program-town-hall-meeting-on-the-physician-compare-web-site-october-27-2010>.

AMA provides new resource on Affordable Care Act implementation

As implementation of Affordable Care Act provisions proceeds, the AMA is rapidly responding to regulatory proposals being issued by various federal agencies. To help keep physicians informed about the implementation of the new law, the AMA launched a new web page that summarizes and provides web links to key regulations and opportunities for public comment that have been issued so far. The page also includes links to comments submitted by the AMA. This resource can be accessed at www.ama-assn.org/go/ACaregs.

Medicare contractor provider satisfaction survey results for 2010 released

CMS has just released the results of its annual Medicare Contractor Provider Satisfaction Survey (MCPPS). The survey measures providers’ (including physicians’) satisfaction with their respective contractors based upon eight different areas: 1) ability to fully resolve problems without provider having to make multiple inquiries; 2) providing consistent written responses; 3) providing information through an automated telephone system (IVR)

that meets providers' needs; 4) providing easy access to information through IVR; 5) providing correct information in response to claims-based issues raised by provider; 6) ability to return calls in reasonable time; 7) responsiveness, attentiveness, and availability during the process of first-level appeals; 8) and prompt resolution of claims-related issues. Rated on a five point scale, the mean MCPSS score in 2010 is 3.80 when based on overall satisfaction and 3.66 when based on satisfaction by business function.

Results of the survey found physicians were among the least satisfied providers. While satisfaction with Part B contractors (74 percent) was comparable to other provider ratings, satisfaction with Part B Medicare Administrative Contractors (MACs) was significantly lower (67 percent). Lowest rates of satisfaction were expressed for provider enrollment (55 percent) and appeals (59 percent). Provider enrollment had a notably high rate of dissatisfaction at 29 percent. The results of the MCPSS can be found at:

<https://www.cms.gov/MCPSS/>.

California enacts Truth in Advertising legislation

After a two-year battle, Truth in Advertising legislation was signed by California Governor Arnold Schwarzenegger on September 29, 2010. The new law was strongly supported by the California Medical Association, and it also received support from the American Medical Association and the Scope of Practice Partnership.

The law requires health care providers to communicate to his or her patient the type of license and the highest level of academic degree obtained by the health care practitioner. The new law also requires health care practitioners who advertise on the Internet to prominently display the same information.

The bill applies to all health care practitioners with limited exceptions for certain health care facilities and laboratories. Please visit www.ama-assn.org/go/tia for more information on the AMA's Truth in Advertising campaign.