

House Update: Where Things Stand in the House

- House-Passed Bills, HR 3962 & HR 3961
 - Bill Highlights
 - HR 3961 - Repeal of the SGR – Cost: \$200+ billion
 - HR 3962 – Cost: \$900+ billion
 - SGR Replaced by two “buckets”
 - Primary Care and Preventative Care (GDP + 2%)
 - All other services (GDP +1%)
 - Paid for by various Medicare cuts and “millionaire’s tax”



House Update: Where Things Stand in the House

- Imaging-related provisions in House Bill
 - Utilization rate assumption increase from 50% to 75% for Advanced Diagnostic Imaging Services (ADIS)
 - Increase in contiguous body part discount from 25% to 50%
 - No imaging utilization control policy (CPOE)
 - No RBM provision
 - Self-Referral amendment in Energy and Commerce offered and withdrawn (Study Language)
 - ACR is still negotiating imaging provisions and has not taken a position on underlying legislation (vs. AMA support)
- Waiting for Senate to complete deliberations to begin House/Senate Reconciliation Conference



Senate Update: Where Things Stand in Senate Committees of Jurisdiction

- Senate HELP Committee
 - Markup (amending process) of legislation was completed in mid-July. Mostly insurance reform provisions. No imaging provisions.
 - More “liberal” of jurisdictional committees, contains “Public Option”
- Senate Finance Committee
 - Max Baucus (D-MT) sought bipartisan approach, with minimal success
 - \$400+ billion in cuts to Medicare, including insurers, physicians, hospitals, home health, device and drug manufacturers



Senate Update: Where Things Stand in Senate

- Physician Measures in Merged Bill (HR 3590)
 - SGR? - 1 year sustainable growth rate (SGR) 0.5% update (vs. 21% cut under current law) January 2010 (Stabenow bill)
 - Primary Care/Surgeons 10% bonus (5 yrs) in shortage areas. Paid by .5% cut in all services
 - Expanded authority for MedPAC (IMAC, or MedPAC on steroids)
 - Expansion of Medicaid
 - Medical Malpractice – Sense of the Senate calling for an exploration of alternatives to the current system
 - Cost - \$849 Billion
 - Paid for by Medicare cuts (Medicare Advantage) and tax on “Cadillac” insurance plans



Senate Update: Where things stand in Senate

- HR 3590 Imaging Provisions
 - Increases the TC equipment utilization assumption rate from 50% to 65% for imaging equipment (was 90%); phased to no higher than 75% over 10 years
 - “CMS Innovation Center” section to study Utilization Reform Policy with mandatory use of appropriateness criteria (AC) by referring physicians - penalties for those consistently overriding recommendation
 - Contiguous Body parts on TC: 25% to 50%
 - Self-Referral disclosure provision (patient disclosure)—ACR working to improve provision
 - No RBMs



State Issues (Legislative and Regulatory)

- Appropriate Utilization of Imaging
 - Maryland law passed in 1993 – flagship for ACR, and currently under attack from other physician specialties. As of early December MD Court of Appeals is yet to deliver an opinion on the pending appeal. It is our hope that the Court will affirm the lower court’s decision in favor of the MD State Board of Physicians and MD Radiological Society.
- Use of Fluoroscopy
 - There is a movement among the states to expand the allowances for the use of fluoroscopic equipment to ancillary personnel other than Radiation Technologists. Most notably, despite objections from the ACR and the state medical association (among others), the Iowa board of nursing adopted a rule allowing Advanced Registered Nurse Practitioners to supervise fluoroscopic procedures.



State Issues (Legislative and Regulatory), Cont.

- Radiologist Assistant (now in 26 of 50 states)
 - The current list of states with RA recognition is as follows (26): Arizona, Arkansas, Colorado, Connecticut, Florida, Georgia, Kentucky, Illinois, Iowa, Maryland, Massachusetts, Minnesota, Mississippi, Montana, New Jersey, New Mexico, New York, Ohio, Oklahoma, Oregon, Pennsylvania, Tennessee, Virginia, Washington, West Virginia, and Wyoming. We expect more states to pursue RA legislation in the legislative session of 2010.
- State Legislation Opposing Certain Health Reforms 2009-2010
 - As part of the state-based responses to federal health reform legislation, state legislatures are using the legislative process to seek to limit or oppose selected state or federal actions (including single-payer provisions and mandates that would require purchase of insurance.) Thus far, formal resolutions or bills had been filed in Alabama, Arizona, Florida, Georgia, Indiana, Michigan, Minnesota, New Mexico, North Dakota, Ohio, Pennsylvania, South Carolina, West Virginia and Wyoming. (<http://www.ncsl.org/default.aspx?tabid=18906#Table1>)



State Issues (Legislative and Regulatory), Cont.

- Health Care Reform in States
 - In its efforts to curtail costs, Massachusetts convened a commission to examine the health care payment reform. Subsequently, the commission has issued a report advocating for a global payment through Accountable Care Organizations (ACOs). Massachusetts Senate Health Care Finance Committee held a hearing on the recommendations of the Health Care Payment Reform Commission in October of 2009. Doctor Semine, on behalf of the State radiological society, offered a testimony on the subject during the hearing.
 - MedSolutions is partnering with the North Carolina Division of Medical Assistance (DMA) for benefits management of covered radiology services performed on behalf of Medicaid recipients. Prior-authorization is required for included MR, CT, PET services with dates of service November 1, 2009 and thereafter. Studies performed without required authorization will be denied payment and providers may not seek reimbursement from any Medicaid recipient.



Economic News

- CMS final rule for the Medicare Physician Fee Schedule
 - Analysis
- CMS final rule for the Hospital Outpatient Prospective Payment System
 - Analysis
- ACR to submit comments to CMS on MFS and HOPPS final rules by end of December 2009
- Reimbursement for new technology?
 - Coverage for screening CT colonography



Medicare Physician Fee Schedule

- 2010 Final Rule released October 30, 2009. The ACR to submit comments to CMS by end of December 2009.
- Effective January 1, 2010, the conversion factor for the MPFS will be approximately \$28.42.
 - This is a 21.2 percent decrease from the current 2009 conversion factor of \$36.066. Medicare must run the SGR formula and implement this cut unless Congress overrides this mandate.



Impact Of Proposed Changes In The Medicare PFS

Specialty	Allowed charges	Impact of Work RVU Changes	Impact of PE RVU Changes	Impact of MP RVU Changes	Combined Impact
Radiology	5,056 M	0%	Full: -14% Tran: -3%	-2%	Full: -16% Tran: -5%
Radiation Oncology	1,809 M	0%	Full: -3% Tran: 0%	-2%	Full: -5% Tran: -1%
Interventional Radiology	225 M	0%	Full: -9% Tran: -2%	0%	Full: -10% Tran: -3%
Nuclear Medicine	74 M	-5%	Full: -15% Tran: -10%	-2%	Full: -23% Tran: -18%



CMS Proposal

- Changes formula for calculation payment for PE RVUs
- Finalize its proposal to increase the equipment usage assumption on equipment costing more than \$1M from 50% to 90% with a 4 year transition to the new practice expense values
- CMS Rationale: Based on MedPAC survey data and PPI survey data
- CMS open to receiving more comprehensive data from the public



Physician Practice Information Survey

- Done to update the AMA Socioeconomic Monitoring Survey
 - Last SMS survey 1999
 - CMS announced would accept supplemental survey data
 - ACR and ASTRO Supplemental Surveys finally implemented in 2006 and improved PE/HR over SMS data
- Specialties who did not conduct Supplemental Survey complained they were being disadvantaged by the process
 - All specialties paid \$25,000 including SNM, SIR



Physician Practice Information Survey

- CMS finalize its proposal to use the PPI survey data
- CMS will phase in implementation over four years from the current practice expense data to the practice expense data developed using the new PPI survey data



Malpractice RVUs

- MP RVUs almost completely from TC payments
 - CMS could not find MP insurance programs for technologists and found most technologists do not purchase their own MP
 - Imaging centers do not have specific MP policies but rather “errors and omissions” policies
 - CMS has used medical physics premiums as a surrogate for TC PLI
 - Moderate decreases to TC of about 5%
- Redistribution of MP RVUs
 - Increases other services including radiology PC

Malpractice RVUs

- CMS contacted insurance companies submitted by the RBMA in an attempt to collect premium data for the suppliers of TC services
- CMS was able to verify and are using this premium data in the calculation of the malpractice RVUs for TC services

Hospital Outpatient Prospective Payment System (HOPPS)

2010 Final Rule released October 30, 2009. The ACR to submit comments to CMS on December 29, 2009.

- Only affects the technical component that is paid to the hospital for hospital outpatient services
- This is the setting where we are seeing future policy concepts of bundling, episodes of care, etc. being implemented as a trial balloon for other payment systems
- CMS projects that CY 2010 payment rates under the HOPPS would result in a 1.9 percent increase in Medicare payment for provider



Hospital Outpatient Prospective Payment System

- The conversion factor for 2010 is \$67.406 from the current 2009 conversion factor of \$66.059
- No further proposal for packing/bundling for imaging for 2010 so that they may monitor the effects of the existing payment model on utilization and payment
- The ACR recommended to CMS to provide data analysis to the public and not to expand packaging/bundling until CMS can verify that the methodologies are working
- CMS will pay for the acquisition and pharmacy overhead costs of separately payable drugs and biologicals without pass-through status at the average sales price (ASP) plus 4 percent in CY 2010
- CMS will continue to require hospitals participating in HOP QDRP to report 7 chart-abstracted emergency department and perioperative measures, and 4 existing claims-based imaging efficiency measures.



Hospital Outpatient Prospective Payment System

- CMS revised and further defined several current policies for the physician supervision of outpatient services.
- CMS defines “direct supervision” for on-campus hospital outpatient services to mean that the physician or nonphysician practitioner must be present in the hospital or on-campus provider-based department of the hospital and immediately available to furnish assistance and direction throughout the performance of the procedure
- CMS will allow certain nonphysician practitioners to provide direct supervision for all hospital outpatient therapeutic services according to their state scope of practice rules and hospital-granted privileges. Under current policy, only physicians may provide the direct supervision of these services.



National Coverage Issue - Screening CTC

- CMS posted a final Coverage Decision on May 13, 2009 stating: “The evidence is inadequate to conclude that CT colonography is an appropriate colorectal cancer screening test under § 1861(pp)(1) of the Social Security Act. CT colonography for colorectal cancer screening remains noncovered.”
- Economics and GR are coordinating efforts with the CTC Coalition in responding to the negative CMS coverage decision.
- Additional coordination with the AGA and GI groups as well as the ACR Colon Cancer Committee and CTC Registry Committee is underway.
- We have met with CMS and HHS as well as the Coverage and Analysis sector and submitted 1) Coverage with Evidence Development (CED) study design, 2) Future Publications List, and 3) a legal analysis of the cost effectiveness and CED authority under CMS as applied to screening CTC.
- Additional meetings and dialogue are developing with the USPSTF regarding their report on CTC as the ACR continues to educate and advocate the importance of screening CTC coverage.



Government Relations and Economic Policy

Goals for the Future

- Fix the Medicare conversion factor formula
- No new imaging cuts in future health care legislation
- Push to implement more quality imaging
- Analysis and comment of the final rules for MFS and HOPPS
- Push for research to better support coverage criteria
- Solidly establish new technologies with coding and coverage



RADPAC's Impact on Capitol Hill

- Enactment of Medicare bill that replaced the 10.6% cut for this year's physician reimbursement with a positive update for the rest of 2008 (.5% increase) and for 2009 (1.1% increase).
- Inclusion in Medicare bill two imaging utilization provisions: mandatory accreditation for providers of advanced diagnostic imaging as well as an appropriateness criteria pilot program.
- Introduction of House bill H.R.2962 in June 2009 to exclude certain advanced diagnostic imaging services from the in-office ancillary services exception to the prohibition on physician self-referral.
- Establishing the National Institute for Biomedical Imaging and Bioengineering. This institute has a budget of \$280+ million per annum, increasing payments to physicians and facilities for mammograms (\$750 million over 10 years).



<http://www.radpac.org>



Quality Patient Care, Cont.

- The Medicare Improvements for Patients and Providers Act (MIPPA) requires all outpatient providers of Advanced Diagnostic Imaging Services (ADIS) to be accredited by an approved accrediting body by January 1, 2012
- ADIS = MRI, CT, Nuclear Medicine and PET
- ACR has applied to CMS to be an accrediting body
- CMS has announced that they expect to approve accrediting bodies by January 2010



Quality Patient Care, Cont.

Mammography facilities should be:

1. Accredited by an approved body
2. Certified by the U.S. Department of Health and Human Services (HHS) or a state certifier, and
3. Inspected by the HHS (or a state agency acting on behalf of the HHS)

Visit the [ACR Web site](#) to learn more about the College's accreditation programs. You can also call the ACR Accreditation Hotline at (800) 770-0145.



ACR Breast Imaging Centers of Excellence

- A center must be fully accredited in
 - Mammography by the ACR (or a state accrediting body)
 - Stereotactic Breast Biopsy by the ACR
 - Breast Ultrasound by the ACR (including biopsy)
- ACR provides
 - BICOE certificate
 - BICOE certification mark (for referral pads, letterhead, etc.)
 - Sample press release
- 425 centers of excellence (September 2009)



For more information, go to www.acr.org/accreditation/bicoe.aspx



The Alliance for Radiation Safety in Pediatric Imaging



- As imaging exams have replaced more invasive procedures, benefiting patients and revolutionizing medicine, exposure to medical radiation has increased, raising concerns among imaging providers. The Alliance asks practitioners to be aware that, in particular, children are more sensitive to radiation than adults, and cumulative exposure to their smaller, developing bodies could, over time, have adverse effects. The Image Gently campaign is an effort raise awareness of opportunities to lower dose used in pediatric exams and to help ensure that medical protocols for the imaging of children keep pace with advancing technology.



The Image Gently™ Message



CT helps us save kids' lives! Did you *also* know...

- ✓ When you image, radiation matters!
- ✓ Children are more sensitive to radiation
- ✓ What we do now lasts for *their* lifetime

So, when you image, **image gently™**

- ✓ More is usually not better
- ✓ When CT is the right thing to do:
 1. Child size the kV and mA
 2. One scan (single phase) is usually enough
 3. Scan only the indicated area

Sign the pledge: www.imagegently.org



The Alliance for Radiation Safety in Pediatric Imaging



- Has Grown from 4 organizations to more than 40
- Named most influential event in \$100 billion radiology industry by trade press (RT Image)
- 3000+ providers pledge to “image gently”
- 12,500 providers downloaded protocols to lower dose without a single negative article concerning pediatric radiation dose in main stream media.
- The community’s growing awareness of the campaign helped secure imaging manufacturers’ commitment to work toward standardized radiation settings on CT scanners and uniform technologist education to ensure that scanners are consistently set to radiation levels appropriate for children.
- More than 130,000 visits to www.imagegently.org



The Alliance for Radiation Safety in Pediatric Imaging



- Concept was included in the 2009 [National Quality Forum](#) Safe Practices for Better Healthcare recommendations
- Been honored by a [resolution in the U.S. House of Representatives](#)
- Campaign Spokespersons presented at the International Electrotechnical Commission meeting April 1, 2009, in New Orleans
- Campaign representative and ACR Pediatric Commission Chair, Don Frush, represented the Alliance at the World Health Organization meeting in Korea in June 2009
- The Alliance for Radiation Safety in Pediatric Imaging leadership was recently informed that the image gently campaign has been named to the 2009 Associations Advance America Honor Roll

