

# **Committee on Ways and Means**

## **Overview of Medicare Provisions in H.R. 6111, as amended**

### **Protecting Beneficiaries, Saving Money, Reforming Medicare**

#### **Improved Quality and Provider Payments**

- Provides an update for all physicians in 2007 and provides an additional payment for physicians that report quality measures to ensure both continued beneficiary access and improved quality of care.
- Provides a one-year update to dialysis facilities, ensuring continued access for beneficiaries suffering with end stage renal disease (ESRD).
- Extends several expiring provisions including those applicable to rural payments to physicians, direct payments to independent laboratories for physician pathology services, wage index reclassifications, and Medicare reasonable cost payments for lab tests in small rural hospitals.
- Includes voluntary quality reporting for hospital outpatient departments and ambulatory surgical centers starting no sooner than 2009.
- Requires reporting of anemia indicators in cancer patients receiving anti-anemia drugs to better manage their care.
- Provides for a post-payment review process to ensure the timely payment for drugs or biologicals that are delivered for patient use under the competitive acquisition program (CAP).

#### **Beneficiary Protections**

- Provides a one-year extension of the therapy exceptions process to ensure beneficiaries receive the physical, occupational, and speech language therapy services they need.
- Ensures beneficiary access to important preventive medicine by reimbursing health professionals for administering vaccines covered under the new Medicare prescription drug benefit (Part D).
- Requires the Office of Inspector General to conduct a study regarding the prevalence of and payment for “never events” in the Medicare program.
- Provides a three-year medical home demonstration to better coordinate the delivery of health care services for patients with one or more chronic conditions.

#### **Program Integrity Efforts**

- Reduces inaccurate Medicare overpayments through an expansion and extension of the recovery audit contractor program under the Medicare Integrity Program.
- Provides funding updates for four years for the Health Care Fraud and Abuse Control Account.