

Committee on Ways and Means

H.R. 6111, Tax Relief and Health Care Act of 2006

Why Should Physicians be Treated Differently?

Most Provider Groups in Medicare Report on Quality; Physicians Currently Don't

Hospitals

Since 2004, hospitals that do not report quality measures to CMS have had their inpatient payments cut. CMS has proposed doing the same for hospital's outpatient payments in 2009.

Skilled Nursing Facilities (SNFs)

Since 2002, all SNFs participating in Medicare are required to submit quality and performance information to CMS. CMS then posts this information on their "Nursing Home Compare" website.

Home Health

Since 2000, all Medicare-certified home health agencies are required to complete and submit health assessment information for their patients. Since 2003, CMS has posted this quality performance information on the CMS website.

Hospice

CMS will soon require all hospices that want to treat Medicare beneficiaries to examine patient outcomes, identify problems, and determine solutions.

Durable Medical Equipment (DME)

In 2006, CMS began incorporating quality and accreditation standards for DME suppliers. These are the first-ever standards for suppliers in this industry.

Clinical Labs

The *Clinical Laboratory Improvement Act*, which was enacted in 1988, mandates proficiency testing for certain lab tests - parallel to quality standards and certification.

Oncology Drugs

In 2004, CMS began a two-year demonstration program to evaluate quality and outcomes data for oncology drugs administered in a physician office.

Medicare Advantage

Since 1997, all health care plans participating in Medicare have been required to report on health care quality and performance.

Prescription Drug Plans

All prescription drug plans are required to report to CMS on performance measures. CMS will begin posting this information on their website this November.