**The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA)**
**PL 110-275**

***ACC Summary: Provisions Impacting Cardiovascular Care***

In July 2008, the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) was approved by Congress and became law. Below is a summary of key provisions of the law that impact cardiovascular care.

**Physician Payment**
MIPPA blocked the 10.6 percent cut scheduled for July 1, 2008 and provided a .5 percent update through the end of 2008. It also blocked the 5 percent cut scheduled for 2009 and provides a 1.1 percent update for 2009.

It reapplies the budget neutrality adjustment for recent relative value unit (RVU) changes to the conversion factor, rather than work RVUs, effective January 1, 2009.

**Physicians Quality Reporting Initiative (PQRI)**
The law extended the physician quality reporting initiative (PQRI) through December 31, 2010 and increases the PQRI bonus from 1.5 percent to 2.0 percent for 2009 and 2010.

It made improvements to the PQRI, including a requirement for the endorsement of measures by a consensus-based, standard setting entity. It permits group practices to report, using a sampling methodology, on measures targeting high-cost, chronic conditions.

It also allows the Secretary of Health and Human Services to post on the CMS website the names of physicians or groups who satisfactorily submitted data on quality measures through PQRI.

In addition, the law requires the Secretary of Health and Human Services to provide confidential feedback to providers regarding their resource use and to submit a plan to Congress regarding transition to a value-based purchasing program for physicians.

**Imaging**
MIPPA requires accreditation of providers of the technical component for advanced diagnostic imaging services (MRI, CT, and nuclear medicine/PET) by an entity identified by the Secretary of Health and Human Services prior to January 1, 2012 to be eligible for the technical component payment. The Secretary of Health and Human Services must designate accrediting organizations by January 1, 2010. The accreditation organizations must have criteria to evaluate medical personnel, medical directors, supervising physicians, equipment, safety procedures, and quality assurance programs.

It also establishes a two-year, voluntary demonstration program to test the use of appropriateness criteria for advanced diagnostic imaging services by January 1, 2010.

The Secretary may not allow prior authorization to be used under the demonstration program.

**Electronic Prescribing**
MIPPA provides positive incentives for practitioners who use electronic prescribing (e-prescribing) in 2009 through 2013. It requires the use of e-prescribing in 2011 and beyond by reducing payments to providers who fail to e-prescribe. It provides a 2 percent bonus in 2009 and 2010 for e-prescribing, and 1 percent in 2011 and 2012. It imposes penalties of minus 1 percent in 2012, minus 1.5 percent in 2013, and 2 percent in 2014 and beyond for physicians who do not e-prescribe.

The law prohibits the application of financial incentives and penalties to those who write prescriptions infrequently, and permits the Secretary of Health and Human Services to establish a hardship exception to providers who are unable to use a qualified e-prescribing system.

**GPCI**
The MIPPA extends the 1.0 floor on the work geographic practice cost index (GPCI) through December 31, 2009.

**Cardiac Rehabilitation**
The law provides Medicare coverage for cardiac/pulmonary rehabilitation services as of January 1, 2009.

**Primary Care Services**
The law increases funding and expands authority for the Medical Home Demonstration Project established in TRHCA 2006. It authorizes the Secretary of Health and Human Services to expand the duration and scope of the demonstration if certain quality and/or savings targets are achieved, and waives application of administrative obstacles to launching the demonstration.

**Disparities**
MIPPA gives the Secretary of HHS the authority to develop approaches for data collection that measure disparities in health care services, implement strategies that address these disparities in a way that both protects patient privacy and minimizes burdens on the Medicare program, and evaluate the success of these efforts in reducing clinical outcome disparities.

**Prevention**
The law extends the time the time Medicare will pay for new participants to get a "welcome-to-Medicare" physical from within six months of joining the program to 12 months. The cost of the initial physical will no longer be counted against a participant's annual deductible. MIPPA also laid the groundwork for Medicare to add future preventive or screening services.

**Studies**

The law requires the Medicare Payment Advisory Commission to examine the possibility of using a standing network of providers to test innovative approaches to care coordination and other chronic care delivered to the Medicare patient population.

The law authorizes IOM studies on best practices in setting clinical decision-making protocols and on methodological standards for conducting systematic reviews of clinical effectiveness research.