

# CMS Final Rule Talking Points

- The Centers for Medicare and Medicaid Services has released its final 2010 Medicare Physician Fee Schedule. The final rule includes policies that significantly cut payments for cardiovascular services. An overview of the rule is available at [www.acc.org](http://www.acc.org).
- The biggest cuts are related to practice expense. CMS chose to use the AMA's flawed Physician Practice Information Survey upon which to base the cuts. Nearly all services that cardiologists perform will see cuts ranging from 10 to more than 40 percent over four years. SPECT imaging is hit the hardest with a 36 percent cut in 2010 alone.
- Because of efforts by you, many members of Congress, and patients, CMS did attempt to mitigate the impact of practice expense portion of the rule by phasing in the changes over a four-year period. This means, not only are cuts phased in, but payment increases to other specialties are phased as well. Many specialties are not happy with the ACC for having engineered this partial solution.
- The bottom line is that the data used to determine the practice expense portion of the cuts was not reviewed or validated. Cuts of this magnitude—whether enacted this year or spread over four—cannot be absorbed and the ACC will continue to fight the implementation of this data until a rigorous review is conducted.
- These cuts are very bad public policy. Taken together with the payment cuts cardiology has already experienced, CMS' final rule is a grave threat to cardiology practices and to patient access. By shifting services from out-patient to in-patient, this new Medicare rule will more than double the costs of services, and therefore, increase the Part B Medicare premiums patients will have to pay. This is a double whammy; an unprecedented threat to access at twice to three times the cost.
- The ACC understands the very real impacts these cuts will have on practices and patients. We also have a keen eye to any issues related to health care reform. Our primary message is to strongly advocate for patient access to quality cardiovascular care. To this end, the College has developed a four-pronged strategy to support this message.
  1. We will submit legislation to prevent implementation of the rule and ensure practice viability and access are part of health care reform;
  2. We are planning both legal and regulatory action with the goal of protecting access to care and practice viability;
  3. We are organizing an unprecedented public awareness campaign; and
  4. We are going to mobilize members like you to help us fund and succeed in this most important challenge we and our patients and their families have ever faced.
- This fight has just begun and we will prevail. But we need your involvement now more than ever. While the outcome is not what we hoped, we are being heard, and we will not let up.
- The ACC strongly encourages you to use the following resources:
  - ACC Political Action Committee ([www.accpacweb.org](http://www.accpacweb.org))
  - ACC CardioAdvocacy Network ([www.acc.org/can](http://www.acc.org/can))
  - Practice Management Tools and Resources ([www.acc.org/practicemanagement](http://www.acc.org/practicemanagement))