

ASC Provisions in Conference

Provision	House Bill	Senate bill
Productivity reduction for ASCs	Effective 2010	Effective 2011
ASC Cost reports	Require development 3 years after enactment; ASCs submit 18 months later	No provision
ASC Quality Reporting of Health Care Acquired Infections	Effective 2012, the Secretary may require additional data related to quality reporting, including health care associated infections o provision	No provision
ASC Value Based-Purchasing	No provision	<ul style="list-style-type: none"> • The Secretary is instructed to develop a value-based purchasing program for ASCs, including reporting collection and validation of quality data, and the structure of value-based payment adjustments. • The Secretary is instructed to consult with relevant affected parties in developing this plan. • By January 2011 the secretary shall submit a plan to Congress on implementing this program.

Coinsurance Waiver for Colonoscopies in Medicare?	Effective in 2011, waives coinsurance for designated preventive services (including colonoscopies) across provider settings.	Effective in 2011, coinsurance waived for services recommended with grade A or B by the U.S. Preventive Services Task Force.
Coinsurance Waiver for Colonoscopies in Private Insurance?	No cost sharing under “essential benefits package” for preventive items or services recommended with grade A or B by the U.S. Preventive Services Task Force.	Similar provision.
Medicare commission	No provision.	<ul style="list-style-type: none"> • The bill would establish a new Independent Payment Advisory Board, which is given broad powers to implement new payment and coverage policies in Medicare that achieve specified minimum (but not maximum) savings thresholds when global budget spending targets are exceeded. • A majority of the 15 member Board, appointed by the President with the consent of the Senate, must propose payment reductions when per capita spending in Medicare exceeds a blend of CPI and Medical CPI through 2019, and GDP+1% thereafter. • The recommendations are implemented, unless Congress enacts legislation that same year achieving at least the same target spending reductions. • Congress may only override the Board’s recommendations to achieve less savings with a three-fifths vote. • Eligibility and benefits cannot be cut, certain

		<p>providers (including hospitals) are protected through 2019 and revenue cannot be raised. But nothing prevents the Board from cutting the price or beneficiary access to certain items or procedures, or from changing long-standing statutory or regulatory policy.</p> <ul style="list-style-type: none">• Board is tasked to make advisory recommendations for nonfederal health programs.
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