

## **Estimated Sustainable Growth Rate and Conversion Factor, for Medicare Payments to Physicians in 2013**

Section 1848(d)(1)(E) of the Social Security Act (the Act) requires the Secretary to make available to the Medicare Payment Advisory Commission (MedPAC) and the public, by March 1, an estimate of the Sustainable Growth Rate (SGR) and conversion factor applicable to Medicare payments for physicians' services for the following year and the data underlying these estimates. Earlier in 2012, we provided the estimates and information applicable to physician fee schedule payments in calendar year 2013 in a letter to MedPAC and to the public via this web page. We are now updating the web page to be consistent with information contained in the physician fee schedule final rule with comment period for calendar year 2013, and to provide updated expenditure data. It is important to note that the SGRs are *estimated* and may be revised based on later data.

### **Medicare Sustainable Growth Rate**

Section 1848(f) of the Act, as amended by section 4503 of the Balanced Budget Act of 1997 (BBA) (Pub. L. 105-33), enacted on August 5, 1997, replaced the Medicare Volume Performance Standard (MVPS) with a Sustainable Growth Rate (SGR) provision. Section 1848(f)(2) of the Act specifies the formula for establishing yearly SGR targets for physicians' services under Medicare. The use of SGR targets is intended to control the growth in aggregate Medicare expenditures for physicians' services.

The SGR targets are not direct limits on expenditures. Payments for services are not withheld if the SGR target is exceeded by actual expenditures. Rather, the fee schedule update, as specified in section 1848(d)(4) of the Act, is adjusted to reflect the comparison of actual expenditures to target expenditures. If expenditures exceed the target, the update is reduced. If expenditures are less than the target, the update is increased. Under the statute, the update for a year is determined by comparing cumulative actual expenditures to cumulative target expenditures (referred to as "allowed expenditures" in the statute) from April 1, 1996 through the end of the year preceding the year at issue. For instance, the calendar year 2013 update reflects a comparison of cumulative actual to cumulative target expenditures from April 1, 1996 through December 31, 2012. Target expenditures for each year are equal to target expenditures from the previous year increased by the SGR (which is a percentage figure computed by combining four factors specified below).

The statute specifies a formula to calculate the SGR based on our estimate of the change in each of four factors. The four factors for calculating the SGR are as follows:

- (1) The estimated percentage change in fees for physicians' services.
- (2) The estimated percentage change in the average number of Medicare fee-for-service beneficiaries.
- (3) The estimated 10-year average annual percentage change in real gross domestic product (GDP) per capita.
- (4) The estimated percentage change in expenditures due to changes in law or regulations.

Prior to enactment of the Medicare Prescription Drug, Improvement and Modernization Act (known as the Medicare Modernization Act, or MMA), the statute required the SGR to be calculated using estimated projected growth in real GDP per capita. That is, the Secretary was required to use an estimate of a single year's real GDP per capita to determine the SGR. However, section 1848(f)(2)(c) of the Act, as amended by section 601(b) of the MMA, requires the Secretary to calculate the SGR using the 10-year annual average growth in real gross domestic product per capita.

Section 1848(d)(1)(E) of the Act requires publication in the *Federal Register* no later than November 1 of each year (beginning with 2000) of the actual conversion factor, update and allowed expenditures that will apply to physicians' services for the succeeding year. Another section of the law (section 1848(f)(1)) requires that we publish in the *Federal Register* no later than November 1 of each year, using the best available data as of September 1, the SGR for the following year, the contemporaneous year, and the preceding year. Based on the best data available to us as of September 1, 2012, the SGRs for CY 2011, CY 2012, and CY 2013 were included in the physician fee schedule final rule with comment period for 2013. In that rule, we provided (i) the final figure for the CY 2011 SGR, and our current estimates of the SGRs for CY 2012, and CY 2013, (ii) our current estimate of allowed expenditures under the SGR system through the end of CY 2013, and (iii) the physician fee schedule update and conversion factor for CY 2013.

Table 1 shows our current estimates of the aforementioned SGRs.

**Table 1. Current Estimates of SGRs for CY 2011, CY 2012, and CY 2013**

	CY 2011	CY 2012	CY 2013
Factor 1: Increase in Fees	0.2%	0.6%	0.3%
Factor 2: Increase in Enrollment	1.0%	1.6%	3.6%
Factor 3: Increase in 10-year moving average Real Per Capita GDP	0.6%	0.7%	0.7%
Factor 4: Increase due to changes in Law or Regulations	2.8%	2.1%	-23.3%
Total Sustainable Growth Rate	4.7%	5.1%	-19.7%

There may be differences between the initial estimate of the SGR for a year, a subsequent reestimate based on later data, and the final revision once the year is complete. Section 1848(f)(3) of the statute, as amended by section 211 of the BBRA, requires the adjustment of prior years' SGR component factors, to reflect later data, beginning with the SGR for FY 2000. The statute requires the final revision to the SGR for a given year be done the following year. Thus, consistent with the statute, we made the final revisions to the CY 2011 SGR in this year's physician fee schedule final rule with comment period. The two SGR elements that have exhibited the most volatility have been the fee-for-service enrollment numbers and real gross domestic product per capita.<sup>1</sup>

The MVPS/SGR targets for periods prior to CY 2012 are considered to be final. These targets are listed in Table 2 below. The MVPS applied for FY 1990 through FY 1997. The SGR applied beginning with FY 1998. Figures reflect a weighted average MVPS for FY 1991 through FY 1993 when there were two different MVPSs (one for surgical services, and one for all other services) and for FY 1994 through FY 1997 when there were three different MVPSs (for surgical services, primary care services, and all other services).

**Table 2 Physician MVPS / SGR**

Year	Physician MVPS / SGR
FY 1990	9.1%
FY 1991	7.3%
FY 1992	10.0%
FY 1993	10.0%
FY 1994	9.4%
FY 1995	7.5%
FY 1996	1.8%
FY 1997	-0.3%
FY 1998	3.2%
FY 1999	4.2%
FY 2000	6.9%
CY 2000	7.3%
CY 2001	4.5%
CY 2002	8.3%
CY 2003	7.3%
CY 2004	6.6%
CY 2005	4.2%
CY 2006	1.5%
CY 2007	3.5%
CY 2008	4.5%
CY 2009	6.4%
CY 2010	8.9%
CY 2011	4.7%

<sup>1</sup> We note that more recent data on these two elements are available during a year on several web sites. The latest measurements of real GDP for a quarter are available from the home page for the Bureau of Economic Analysis of the Department of Commerce ([www.bea.doc.gov](http://www.bea.doc.gov)). Population figures are available from the home page for the Census Bureau ([www.census.gov](http://www.census.gov)). Real GDP per capita can be calculated from these figures. In April of each year, when our Office of the Actuary puts the Trustees Report on the CMS Home page, we also post the projections of total Medicare Part B enrollment and of Medicare managed care enrollment for the current and subsequent calendar years, as well as for the preceding calendar year, consistent with the Trustees Report. Medicare fee-for-service enrollment could be determined from these figures.

## Allowed Expenditures for Physicians' Services

Section 1848(d)(3)(C) of the Act defines allowed expenditures for the period April 1, 1996 through March 31, 1997 to be equal to actual expenditures for physicians' services during that period as estimated by the Secretary. Annual allowed expenditures for subsequent periods are equal to annual allowed expenditures for the previous year increased by the SGR. The BBRA provided for a transition from a fiscal year to a calendar year SGR system. Beginning with CY 2000, the SGR is determined on a calendar year basis. We have described this transition in a notice that appeared in the *Federal Register* on April 10, 2000.

Table 3 shows quarterly allowed expenditures and cumulative allowed expenditures for the period from April 1, 1996 through December 31, 2012. (The table shows quarterly allowed expenditures for physicians' services to reflect any seasonality, which may occur in expenditures for physicians' services over a year.) We provide more information below on how quarterly figures are combined to determine allowed expenditures for a year.

Allowed expenditures for periods beginning in 1996 are somewhat higher than in previous reports. In making updates to the tabulation of actual expenditures, certain lab expenditures were discovered to have been inadvertently excluded from the measurement of actual expenditures starting in 1996. Therefore, the measurement of actual expenditures was lower than it should have been. Under section 1848(d) of the Act, we must include this spending in the measurement of actual expenditures for historical, current, and future periods. The 1996 base period for allowed expenditures also must reflect this higher expenditure level. Accordingly, the summary of allowed expenditures under the SGR system in Table 3 reflects the higher 1996 base period for the allowed expenditures related to these inadvertently excluded lab expenditures.

In the physician fee schedule final rule with comment period that appeared in the *Federal Register* on November 25, 2009, the scope of physicians' services, as specified by the Secretary, was changed to exclude physician-administered drugs from the calculation of allowed and actual expenditures for all years and the SGR beginning in CY 2010. Accordingly, the summary of allowed expenditures for physicians' services and the SGRs for CY 2011, CY 2012, and CY 2013 in Table 3 reflects this change.

**Table 3. Summary of Allowed Expenditures for Physicians' Services<sup>1</sup>**

Quarter	Applicable SGR	Quarterly Allowed Expenditures <sup>2</sup> [in billions]	Cumulative Allowed Expenditures <sup>3</sup> [in billions]
2Q1996		\$11.9	\$11.9
3Q1996		\$11.5	\$23.5
4Q1996		\$11.7	\$35.2
1Q1997		\$11.8	\$47.0
2Q1997	3.2%	\$12.3	\$59.4
3Q1997	3.2%	\$11.9	\$71.3
4Q1997	3.2%	\$12.1	\$83.4
1Q1998	3.2%	\$12.2	\$95.6
2Q1998	4.2%	\$12.8	\$108.4
3Q1998	4.2%	\$12.4	\$120.8
4Q1998	4.2%	\$12.6	\$133.5
1Q1999	4.2%	\$12.7	\$146.2
2Q1999	6.9%	\$13.7	\$159.9
3Q1999	6.9%	\$13.3	\$173.2
4Q1999	6.9%	\$13.5	\$186.7
1Q2000	7.3%	\$13.7	\$200.3
2Q2000	7.3%	\$14.7	\$215.0
3Q2000	7.3%	\$14.2	\$229.3
4Q2000	7.3%	\$14.5	\$243.7
1Q2001	4.5%	\$14.3	\$258.0
2Q2001	4.5%	\$15.4	\$273.4
3Q2001	4.5%	\$14.9	\$288.3
4Q2001	4.5%	\$15.1	\$303.4
1Q2002	8.3%	\$15.5	\$318.8
2Q2002	8.3%	\$16.7	\$335.5
3Q2002	8.3%	\$16.1	\$351.6
4Q2002	8.3%	\$16.4	\$368.0
1Q2003	7.3%	\$16.6	\$384.6

Quarter	Applicable SGR	Quarterly Allowed Expenditures <sup>2</sup> [in billions]	Cumulative Allowed Expenditures <sup>3</sup> [in billions]
2Q2003	7.3%	\$17.9	\$402.4
3Q2003	7.3%	\$17.3	\$419.7
4Q2003	7.3%	\$17.6	\$437.3
1Q2004	6.6%	\$17.7	\$455.0
2Q2004	6.6%	\$19.1	\$474.0
3Q2004	6.6%	\$18.4	\$492.5
4Q2004	6.6%	\$18.7	\$511.2
1Q2005	4.2%	\$18.4	\$529.6
2Q2005	4.2%	\$19.9	\$549.5
3Q2005	4.2%	\$19.2	\$568.7
4Q2005	4.2%	\$19.5	\$588.2
1Q2006	1.5%	\$18.7	\$606.9
2Q2006	1.5%	\$20.2	\$627.0
3Q2006	1.5%	\$19.5	\$646.5
4Q2006	1.5%	\$19.8	\$666.4
1Q2007	3.5%	\$19.3	\$685.7
2Q2007	3.5%	\$20.9	\$706.6
3Q2007	3.5%	\$20.2	\$726.7
4Q2007	3.5%	\$20.5	\$747.2
1Q2008	4.5%	\$20.2	\$767.5
2Q2008	4.5%	\$21.8	\$789.3
3Q2008	4.5%	\$21.1	\$810.3
4Q2008	4.5%	\$21.4	\$831.8
1Q2009	6.4%	\$21.5	\$853.3
2Q2009	6.4%	\$23.2	\$876.5
3Q2009	6.4%	\$22.4	\$898.9
4Q2009	6.4%	\$22.8	\$921.7
1Q2010	8.9%	\$23.4	\$945.1
2Q2010	8.9%	\$25.2	\$970.4
3Q2010	8.9%	\$24.4	\$994.8
4Q2010	8.9%	\$24.8	\$1,019.6
1Q2011	4.7%	\$24.5	\$1,044.2
2Q2011	4.7%	\$26.4	\$1,070.6
3Q2011	4.7%	\$25.6	\$1,096.2
4Q2011	4.7%	\$26.0	\$1,122.2
1Q2012	5.1%	\$25.8	\$1,148.0
2Q2012	5.1%	\$27.8	\$1,175.8
3Q2012	5.1%	\$26.9	\$1,202.7
4Q2012	5.1%	\$27.3	\$1,230.0
1Q2013	-19.7%	\$20.7	\$1,250.7
2Q2013	-19.7%	\$22.3	\$1,273.0
3Q2013	-19.7%	\$21.6	\$1,294.6
4Q2013	-19.7%	\$21.9	\$1,316.5

<sup>1</sup>As explained above, pursuant to the BBRA, the SGRs for FY2000, CY 2000, and all subsequent years are estimated and subsequently revised twice, based on later data. The 2011 figures (based on the CY 2011 SGR), and the 2012 figures (based on the CY 2012 SGR) are estimated and may change based on more recent information which affects these SGRs.

<sup>2</sup>Allowed expenditures for a quarter (such as 4Q2012) are equal to allowed expenditures for the same quarter in the previous year (4Q2011 in this example) increased by the SGR for the year in which that quarter occurs (in this case, -16.9 percent). For example, quarterly allowed expenditures of \$21.8 billion in 4Q2012 are equal to quarterly allowed expenditures of roughly \$26.2 billion (4Q2011) updated by the SGR of -16.9 percent ( $\$21.8 \text{ billion} = \$26.2 \text{ billion} \times 0.831$ ).

<sup>3</sup>Cumulative allowed expenditures for a quarter (such as 4Q 2012) are equal to the sum of cumulative allowed expenditures from the previous quarter for the same year (3Q2012) and quarterly allowed expenditures for that quarter. For example, cumulative allowed expenditures in 4Q2012 of \$1,204.6 billion are equal to the sum of cumulative allowed expenditures through 3Q2012 of \$1,182.8 billion and estimated allowed expenditures in 4Q2012 of \$21.8 billion ( $\$1,204.6 \text{ billion} = \$1,182.8 \text{ billion} + \$21.8 \text{ billion}$ ).

Note: Totals do not necessarily equal the sum of rounded components.

## Actual Expenditures for Physicians' Services

Table 4 shows, on a quarterly basis from April 1, 1996 through June 30, 2012, actual expenditures and cumulative actual expenditures for the period. These expenditures represent allowed charges tabulated by the quarter in which the service was furnished. Since there is a lag between the date that the service is furnished and the date that the payment is made, the most recent quarters depict incomplete data. The total allowed charges for these quarters are estimated by approximating the level of completeness of the data. This approximation is determined using historical trends. We will update these amounts periodically when we have reasonably complete data (approximately 6 months after the end of a quarter). As we have described above, we are showing actual expenditures on a quarterly basis to reflect any seasonal variation in expenditures that occurs over the year.

Actual expenditures for periods beginning in 1996 are somewhat higher than in previous reports. In making updates to the tabulation of actual expenditures, certain lab expenditures were discovered to have been inadvertently excluded from the measurement of actual expenditures starting in 1996. Therefore, the measurement of actual expenditures was lower than it should have been. Under section 1848(d) of the Act, we must include this spending in the measurement of actual expenditures for historical, current, and future periods. The base period for allowed expenditures reflects this higher expenditure level. Accordingly, the summary of actual expenditures under the SGR system in Table 4 reflects all expenditures related to these inadvertently excluded lab expenditures.

In the physician fee schedule final rule with comment period that appeared in the *Federal Register* on November 25, 2009, the scope of physicians' services, as specified by the Secretary, was changed to exclude physician-administered drugs from the calculation of allowed and actual expenditures for all years and the SGR beginning in 2010. Accordingly, the summary of actual expenditures for physicians' services in Table 4 reflects this change.

**Table 4. Summary of Actual Expenditures under the SGR**

Calendar Quarter	Benefits Processed thru 6/30/11 [in billions]	Approximate Completeness	Estimated Total Expenditures <sup>1</sup> [in billions]	Cumulative Total Expenditures <sup>1</sup> [in billions]
2Q1996	\$11.9	100.0%	\$11.9	\$11.9
3Q1996	\$11.5	100.0%	\$11.5	\$23.5
4Q1996	\$11.7	100.0%	\$11.7	\$35.2
1Q1997	\$11.8	100.0%	\$11.8	\$47.0
2Q1997	\$12.0	100.0%	\$12.0	\$59.1
3Q1997	\$11.6	100.0%	\$11.6	\$70.7
4Q1997	\$11.6	100.0%	\$11.6	\$82.3
1Q1998	\$12.0	100.0%	\$12.0	\$94.3
2Q1998	\$12.1	100.0%	\$12.1	\$106.4
3Q1998	\$11.7	100.0%	\$11.7	\$118.1
4Q1998	\$11.8	100.0%	\$11.8	\$129.9
1Q1999	\$12.5	100.0%	\$12.5	\$142.4
2Q1999	\$12.6	100.0%	\$12.6	\$154.9
3Q1999	\$12.3	100.0%	\$12.3	\$167.2
4Q1999	\$12.4	100.0%	\$12.4	\$179.6
1Q2000	\$13.6	100.0%	\$13.6	\$193.3
2Q2000	\$13.7	100.0%	\$13.7	\$206.9
3Q2000	\$13.5	100.0%	\$13.5	\$220.4
4Q2000	\$13.6	100.0%	\$13.6	\$234.0
1Q2001	\$15.2	100.0%	\$15.2	\$249.2
2Q2001	\$15.5	100.0%	\$15.5	\$264.7
3Q2001	\$15.2	100.0%	\$15.2	\$279.9
4Q2001	\$15.6	100.0%	\$15.6	\$295.5
1Q2002	\$15.8	100.0%	\$15.8	\$311.3
2Q2002	\$16.4	100.0%	\$16.4	\$327.7
3Q2002	\$16.2	100.0%	\$16.2	\$343.9
4Q2002	\$16.3	100.0%	\$16.3	\$360.3
1Q2003	\$16.9	100.0%	\$16.9	\$377.2
2Q2003	\$17.8	100.0%	\$17.8	\$395.0
3Q2003	\$17.8	100.0%	\$17.8	\$412.8
4Q2003	\$17.8	100.0%	\$17.8	\$430.7
1Q2004	\$19.4	100.0%	\$19.4	\$450.0
2Q2004	\$19.8	100.0%	\$19.8	\$469.8

Calendar Quarter	Benefits Processed thru 6/30/11 [in billions]	Approximate Completeness	Estimated Total Expenditures <sup>1</sup> [in billions]	Cumulative Total Expenditures <sup>1</sup> [in billions]
3Q2004	\$19.6	100.0%	\$19.6	\$489.5
4Q2004	\$19.7	100.0%	\$19.7	\$509.1
1Q2005	\$20.8	100.0%	\$20.8	\$529.9
2Q2005	\$21.5	100.0%	\$21.5	\$551.4
3Q2005	\$21.0	100.0%	\$21.0	\$572.4
4Q2005	\$20.6	100.0%	\$20.6	\$593.0
1Q2006	\$21.4	100.0%	\$21.4	\$614.4
2Q2006	\$21.4	100.0%	\$21.4	\$635.8
3Q2006	\$21.0	100.0%	\$21.0	\$656.8
4Q2006	\$21.3	100.0%	\$21.3	\$678.1
1Q2007	\$21.4	100.0%	\$21.4	\$699.4
2Q2007	\$21.5	100.0%	\$21.5	\$721.0
3Q2007	\$21.0	100.0%	\$21.0	\$742.0
4Q2007	\$21.1	100.0%	\$21.1	\$763.1
1Q2008	\$21.8	100.0%	\$21.8	\$784.9
2Q2008	\$22.1	100.0%	\$22.1	\$807.0
3Q2008	\$21.8	100.0%	\$21.8	\$828.8
4Q2008	\$21.6	100.0%	\$21.6	\$850.4
1Q2009	\$22.6	100.0%	\$22.6	\$873.0
2Q2009	\$23.2	100.0%	\$23.2	\$896.1
3Q2009	\$22.8	100.0%	\$22.8	\$918.9
4Q2009	\$22.5	100.0%	\$22.5	\$941.5
1Q2010	\$23.2	100.0%	\$23.2	\$964.7
2Q2010	\$24.1	100.0%	\$24.1	\$988.8
3Q2010	\$24.4	100.0%	\$24.4	\$1,013.1
4Q2010	\$24.3	99.9%	\$24.3	\$1,037.4
1Q2011	\$24.4	99.8%	\$24.4	\$1,061.9
2Q2011	\$24.8	99.6%	\$24.9	\$1,086.8
3Q2011	\$24.8	99.2%	\$25.0	\$1,111.8
4Q2011	\$24.7	98.3%	\$25.1	\$1,136.9
1Q2012	\$24.5	95.9%	\$25.6	\$1,162.4
2Q2012	\$17.7	70.7%	\$25.0	\$1,187.5

<sup>1</sup>Estimated and cumulative total expenditures are less likely to change as the approximate completeness approaches 100 percent.

Note: Totals do not necessarily equal the sum of rounded components.

### CY 2013 Physician Fee Schedule Update and Conversion Factor

The CY 2013 physician fee schedule update is determined according to a statutory formula by multiplying (i) one plus the percent change in the Medicare Economic Index (MEI), and (ii) one plus the update adjustment factor (UAF). The MEI measures the weighted average price change for various inputs involved with producing physicians' services. The UAF compares actual and target expenditures, and, for a given year, is determined by a formula, as shown below.

$$UAF_{2013} = \frac{\text{Target}_{2012} - \text{Actual}_{2012}}{\text{Actual}_{2012}} \times 0.75 + \frac{\text{Target}_{4/96-12/12} - \text{Actual}_{4/96-12/12}}{\text{Actual}_{2012} \times (1 + \text{SGR}_{2013})} \times 0.33$$

Substituting the estimated figures from tables 1, 3, and 4, as well as our current projections of actual expenditures for CY 2012 (summarized below) in this formula produces our current estimate of the UAF for CY 2013:

Target<sub>12</sub> = Estimated Allowed Expenditures for CY 2012 = \$107.8 billion (\$22.8 + \$27.8 + \$26.9 + \$27.3)

Actual<sub>12</sub> = Estimated Actual Expenditures for CY 2012 = \$102.0 billion

Target<sub>4/96-12/12</sub> = Estimated Cumulative Allowed Expenditures from 4/1/96 - 12/31/12 = \$1,230.0 billion

Actual<sub>4/96-12/12</sub> = Estimated Cumulative Actual Expenditures from 4/1/96 - 12/31/12 = \$1,238.9 billion

SGR<sub>2013</sub> = Estimated Sustainable Growth Rate for CY 2013 = -19.7 percent or -0.197

$$UAF_{2013} = \frac{107.8 - 102.0}{102.0} \times 0.75 + \frac{1,230.0 - 1,238.9}{102.0 \times 0.803} \times 0.33 = 0.006 = 0.6\%$$

Section 1848(d)(3)(D) of the Act does not allow the update adjustment factor for a given year to be greater than 3.0 percentage points nor less than -7.0 percentage points. Since the UAF for CY 2013 does not exceed these bounds, the CY 2013 UAF will be 0.6 percentage points.

The CY 2013 physician fee schedule update is required by law to be determined as if the scheduled conversion factors for CY 2007, CY 2008, CY 2009, CY 2010, CY 2011, and CY 2012 had not been overridden by legislative changes. Section 101 of the Tax Relief and Health Care Act of 2006 (MIEA-TRHCA) provided a 1-year update of 0 percent for the conversion factor for CY 2007 and specified that the conversion factor for CY 2008 must be computed as if the 1-year update had never applied. Section 101 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (MMSEA) provided a 6-month increase of 0.5 percent in the CY 2008 conversion factor, from January 1, 2008, through June 30, 2008, and specified that the conversion factor for the remaining portion of 2008 and the conversion factors for CY 2009 and subsequent years must be computed as if the 6-month increase had never applied. Section 131 of the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) extended the increase in the CY 2008 conversion factor that was applicable for the first half of the year to the entire year, provided for a 1.1 percent increase to the CY 2009 conversion factor, and specified that the conversion factors for CY 2010 and subsequent years must be computed as if the increases had never applied. The Department of Defense Appropriations Act of 2009, the Temporary Extension Act of 2010, and the Continuing Extension Act of 2010 together provided a 5-month update of 0 percent for January through May 2010, and specified that the conversion factors for the rest of CY 2010 and subsequent years be computed as if the increases had never applied. The Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 and the Physician Payment and Therapy Relief Act of 2010 together provided an update of 2.2 percent starting in June 2010, and specified that the conversion factor for CY 2011 and subsequent years be computed as if the increases had never applied. The Medicare and Medicaid Extenders Act of 2010 provided for the CY 2011 update to be a 0-percent update to the December 2010 conversion factor, and specified that the conversion factor for CY 2012 and subsequent years be computed as if the increases had never applied. The Temporary Payroll Tax Cut Continuation Act of 2011 together with the Middle Class Tax Relief and Job Creation Act of 2011 provided for the CY 2012 update to be 0 percent, and specified that the conversion factor for CY 2013 and subsequent years be computed as if the increases had never applied.

Section 1848(c)(2)(B)(ii)(II) of the Act requires that we make changes to relative value units (RVUs) in a budget-neutral manner. We ensure budget neutrality either by adjusting the conversion factor, rescaling the relative value units directly, or applying a separate scaling factor to the relative value units when calculating payments. For 2013, we are ensuring budget neutrality by adjusting the conversion factor for changes to RVUs by a budget neutrality adjustment of -0.1 percent (.99932).

As shown in table 5, the estimated CY 2013 conversion factor is determined by applying the CY 2013 MEI, the CY 2013 UAF, and the CY 2013 budget neutrality adjustments to the CY 2012 conversion factor that would have applied for CY 2012 but for the Temporary Payroll Tax Cut Continuation Act of 2011 and the Middle Class Tax Relief and Job Creation Act of 2011 (the CY 2012 pre-legislation conversion factor). The estimated CY 2013 conversion factor update of -26.5 percent is calculated by dividing the estimated CY 2013 conversion factor by the CY 2012 conversion factor and subtracting 1.

**Table 5. CY 2013 Physician Fee Schedule Conversion Factor**

CY 2006 Conversion Factor	\$37.8975
CY 2007 Pre-legislation Conversion Factor Update	-5.0% (0.94953)
CY 2007 Pre-legislation Conversion Factor	\$35.9848
CY 2008 Pre-legislation Conversion Factor Update	-5.3% (0.94674)
CY 2008 Pre-legislation Conversion Factor	\$34.0682
CY 2009 Pre-legislation Total	-11.5% (0.88502)
CY 2009 Pre-legislation Conversion Factor	\$30.1510

CY 2010 Pre-legislation Total	-5.9% (0.94149)
CY 2010 Pre-legislation Conversion Factor	\$28.3868
CY 2011 Pre-legislation Total	-10.2% (0.89830)
CY 2011 Pre-legislation Conversion Factor	\$25.4999
CY 2012 Pre-legislation Total	-3.3% (0.96750)
CY 2012 Pre-legislation Conversion Factor	\$24.6712
CY 2013 MEI	0.8% (1.00800)
CY 2013 Update Adjustment Factor	0.6% (1.00600)
CY 2013 Budget Neutrality Adjustment	-0.1% (0.99932)
CY 2013 Total	1.3% (1.01336)
CY 2013 Conversion Factor	\$25.0008
CY 2012 Conversion Factor	\$34.0376
CY 2013 Conversion Factor Update	-26.5% (0.73451)

Table 6 lists the historical MEI and physician updates from 1992 through 2012 and the scheduled values for 2013. The physician update reflects a weighted average for 1993 when there were two different updates (one for surgery and one for other services), and for 1994 through 1998 when there were three different updates (for surgery, primary care, and other services). The physician updates for CY 2010 and CY 2011 reflect the impact of the two different updates that were effective during parts of CY 2010. For January through May 2010, the physician update was 0 percent. For June through December 2010, the physician update was 2.2 percent.

**Table 6. Actual Medicare Economic Index Increases and Physician Updates for 1992-2013**

Year	Physician Medicare Economic Index Increase	Physician Update
Actual:		
1992	3.2%	1.9%
1993	2.7%	1.4%
1994	2.3%	7.0%
1995	2.1%	7.5%
1996	2.0%	0.8%
1997	2.0%	0.6%
1998	2.2%	2.3%
1999	2.3%	2.3%
2000	2.4%	5.5%
2001	2.1%	5.0%
2002	2.6%	-4.8%
2003	3.0%	1.4%
2004	2.9%	1.8%
2005	3.1%	1.5%
2006	2.8%	0.2%
2007	2.1%	0.0%
2008	1.8%	0.5%
2009	1.6%	1.1%
2010	1.2%	1.3%
2011	0.4%	0.9%
2012	0.6%	0.0%
2013	0.8%	-26.5%
<u>Average Annual</u>		
1992-2013	2.1%	0.3%
1998-2013	2.0%	-0.8%
<u>Cumulative</u>		
1992-2013	57.9%	6.5%

Note: The update of 1.7 percent for 2003 was effective on March 1, 2003; therefore the average update for that year was 1.4 percent. For 2006, the Deficit Reduction Act froze the physician fee schedule conversion factor. The conversion factor freeze, together with refinements to the relative value units, resulted in an update of 0.2 percent for 2006.



Questions on the information presented here may be addressed to:

M. Kent Clemens, F.S.A.  
Centers for Medicare & Medicaid Services  
Office of the Actuary  
N3-26-04  
Centers for Medicare & Medicaid Services  
Baltimore, MD 21244

or

[[kent.clemens@cms.hhs.gov](mailto:kent.clemens@cms.hhs.gov)]  
November 2012