Dateline: January 14, 2011

Incoming Governor’s Cabinet Officials Announced

The majority of the cabinet members directing state agencies under Pennsylvania’s incoming governor Tom Corbett have been announced. The officials appointed by the Governor are still to be confirmed by the PA Senate. For up-to-date listing of the appointed secretaries and biographical information made available by the Corbett administration see http://www.governor.state.pa.us/portal/server.pt/community/cabinet_officials/2995

Gary Alexander Selected as PA Secretary of Public Welfare Nominee

On January 11 Pennsylvania Governor-elect Tom Corbett’s office announced that Governor-elect Corbett intends to nominate Gary D. Alexander, 42, of Greenville, Rhode Island, as PA Secretary of Public Welfare. Corbett’s announcement described Alexander "as the [Rhode Island] governor's chief adviser on all health care, social services and rehabilitative policies, overseeing more than 3,000 employees and a combined budget of more than $2.5 billion." It also credited Alexander "with crafting and designing the landmark and first in the nation Global Medicaid Waiver which has transformed the Rhode Island Medicaid program into a value-oriented and performance-driven health care system focused on the needs of the consumer." The news release also gave Alexander credit for "reforming the state's welfare system to focus on work first, which has resulted in a 30% decline in the state's welfare population over the past two years." The changes in the Medicaid program and the global waiver in Rhode Island, including the role of a consulting firm in the development of the waiver, are controversial. (See reports below.) Alexander received his bachelor's degree in political science from Northeastern University and his J.D. from Suffolk University School of Law and is an ordained deacon in the Armenian Orthodox Church. For Rhode Island coverage of the announcement see http://newsblog.projo.com/2011/01/pennsylvania-governor-picks-ri.html. For more background information on Gary Alexander see http://newsblog.projo.com/2009/06/alexander-gets.html. For information on the Lucas Group and its work on Medicaid reforms in Rhode Island and other states see http://www.lucasgroupinc.com/?cid=83 and http://www.lucasgroupinc.com/?cid=69. For more information contact PARF at parfmail@parf.org.

PA Workers' Compensation Medical Services Fee Schedule Increases 1.5%

In the January 15 edition of the Pennsylvania Bulletin, the Pennsylvania Department of Labor and Industry (L&I) published the amount of increase in the 2011 fee schedule for medical services provided under Workers’ Compensation. L&I says that for purposes of calculating the update to payments for medical treatment rendered on and after January 1, 2011, the percentage increase in the statewide average weekly wage is 1.5%. L&I also said that based upon the statewide average weekly wage that it determined for the fiscal year ending June 30, 2010 the maximum compensation payable under the Workers' Compensation Act sections 105.1 and 105.2 to shall be $858 per week for injuries occurring on and after January 1, 2011. FMI: See www.pabulletin.com
Current adultBasic Program Expected to End

Pennsylvania’s adultBasic insurance program is expected to end on February 28. The Commonwealth of Pennsylvania is preparing to send coverage termination notices to Pennsylvanians who rely on adultBasic, the program that provides affordable health insurance for working individuals. On January 11, Governor Ed Rendell wrote lawmakers, asking them to step in to save the program and warning that unless steps are taken now, 42,000 Pennsylvanians will lose their benefits at the end of February. In that letter, Rendell proposed that lawmakers borrow against tobacco settlement money and then pay it back with a special appropriation in the next state budget, by reaching a new agreement with the Blues or by coming up with some other funding source. In 2005, the Blues agreed to help finance adultBasic for six years, through December 31, 2010. Governor-elect Tom Corbett’s transition team signaled support for a plan that would allow adultBasic to lapse. Those who lose their insurance would be given the option of enrolling in “Special Care,” a more expensive health plan operated by the state’s Blue Cross/Blue Shield plans. “Special Care” was created by the Blues in 1992 as a low-cost, limited benefit health plan. Premiums are as much as 400% higher than adultBasic premiums and benefits are much more limited — restricting patients to four doctor visits per year and covering only catastrophic hospital care and limited outpatient procedures. The Pennsylvania Health Law Project called the "Special Care" program inadequate because it only "covers ... catastrophic care in the hospital and limited coverage for outpatient care." Pennsylvania faces a projected $4 billion to $5 billion budget deficit in the fiscal year beginning July 1. AdultBasic was to cost $164 million in this fiscal year, but funding fell about $55 million short, Rendell administration officials say. FMI: Contact PARF at parfmail@parf.org.

DPW Clarifies Procedures for Surrogate Decision-Making under Act 169

In the January 15 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) issued its statement of policy clarifying procedures under Act 169 for surrogate health care decision making applicable to individuals with mental retardation who are 18 years of age or older. Act 169 amended the law concerning advance health care directives and authorized a health care representative to make health care decisions for individuals who are not competent and do not have valid and applicable advance health care directives or court-appointed guardians of the person. Effective immediately, the statement updates the DPW interpretation of the laws and procedures for surrogate health care decision-making for individuals receiving mental retardation services through the DPW under Act 169 and other applicable law. On January 13 DPW announced that it was issuing a bulletin clarifying the roles of families and other parties in making healthcare choices for adults with special needs. The bulletin summarizes and clarifies numerous laws dealing with healthcare decision- making and affirms that the family of an adult with special needs can make medical decisions on that person’s behalf without having to seek authorization from the courts. The bulletin replaces and supersedes Bulletin 00-98-08, “Procedures for Substitute Health Care Decision-Making,” issued on November 30, 1998. The contact person for the statement of policy is Jill Morrow-Gorton, M.D., Medical Director, Office of Developmental Programs, (717) 783-5661, jmorrowgor@state.pa.us
PARF Comments on Plans for Integrating Care for Medicare-Medicaid Dual Eligibles

On January 14 PARF forwarded to the PA Departments of Aging and Public Welfare its comment on state plans to obtain federal funds for a 12-18 month planning effort to develop a proposed demonstration model for integrating care in the Commonwealth. On December 10, 2010, the Center for Medicare and Medicaid Innovation (CMMI) published a solicitation regarding State Demonstrations to Integrate Care for Dual Eligible Individuals. (See http://innovations.cms.gov/opportunities/opportunities.shtml.) The Departments of Aging and Public Welfare said it intended to submit jointly an application by February 1, 2011 and was seeking stakeholder input into what to propose as the strategic planning process as well as models for integrated care approaches. In its comments PARF said the any proposal should address the needs of people with chronic disability, should focus on maintaining health and improving function, and should establish high standards for qualifying providers and managed care entities. The proposal must incorporate a plan for evaluating the benefit and impact of the demonstration. CMMI will be funding up to 15 states with up to $1 million each to engage in short term strategic planning around integrating care for dual eligibles. FMI: Contact PARF at parfmail@parf.org.

Legislation on PA Family Caregiver Support Program to be Re-introduced

On January 6 Pennsylvania Representative Phyllis Mundy (D-Luzerne) said that she will reintroduce legislation that would allow local area agencies on aging (AAA) to take full advantage of state funding for the Pennsylvania Family Caregiver Support Program. The program reimburses eligible family members for the costs associated with caring for an older person provided they live in the same household. The program also provides grants for home modifications and buying assistive devices. The program's rules bar non-relatives or relatives living outside the senior’s home from accessing the program. Legislation proposed by Representative Mundy would mirror rules of the federal Family Caregiver Support Program, which does not require that the caregiver and care recipient be related or live together. The bill also would provide the first rate adjustment to reimbursement and grant limits. FMI: See http://www.pahouse.com/pr/120010611.asp.

L&I Reports on Payments to Home Health Aides under Overtime Provisions

On January 14 the PA Department of Labor & Industry reported that Bayada Nurses Inc. made payments totaling more than $1.4 million to 1,826 home health aides for overtime wages earned between 2008 and 2010. The payments result from a ruling by the PA Supreme Court on November 17, 2010 in the case of Bayada Nurses Inc. v. Department of Labor & Industry. The Court ruled that home health aides employed by an agency are subject to the overtime provisions of Pennsylvania’s Minimum Wage Act and are considered employees entitled to overtime wages. The court ruled that the home health aides employed by Bayada did not fall under the domestic services exemption of the Minimum Wage Act and were not jointly employed by Bayada’s clients because they provide services in the clients’ homes. More information is available online at www.dli.state.pa.us or by calling the Bureau of Labor Law Compliance at 1-800-932-0665.
ODP Webcast Course on Evidence Reports to CMS

On January 14 the PA DPW Office of Developmental Programs (ODP) distributed its announcement (ODP Communication Number: Announcement 008-11) on the release of ODP Evidence Reports to the Center for Medicaid and Medicare Services (CMS) webcast course. The course is the first of two required parts of the ODP Academy. The second part is a follow-up conference call discussion. ODP said that information on the follow-up conference call discussion will be provided in a future announcement. The announcement was directed to the Administrative Entity (AE) Leadership as stipulated in the 2010-2011 Operating Agreement in Section 8.1 FMI: See www.odpconsulting.net.

ODP Issues Memo on ODP FY 2011-2012 Rates & Rate Setting Methodology

On January 14 the PA DPW Office of Developmental Programs distributed its informational memo on ODP fiscal year 2011-2012 rates and rate setting methodology (ODP Communication Number: Announcement 007-11). ODP said that it has finalized various components of the FY 2011/2012 (Year 3) rate-setting methodology. The methodology applies to the Year 3 rates, effective from July 1, 2011 through June 30, 2012. Year 3 rates will be based on expenses and utilization reported in approved Year 3 cost reports (e.g., based on the FY 2009/2010 historical expense period), subject to adjustments described in the attached informational memo. Consistent with the FY 2009/2010 and FY 2010/2011 rate setting processes, the Year 3 rates will be assigned at the MPI – Service Location Code – Procedure Code/Modifier level based on the process detailed in attached Informational Memo 007-11. The announcement is intended for waiver direct service providers who will deliver one or more services in FY 2011/2012 with payment rates based on cost report data. FMI: See www.odpconsulting.net.

ODP Announces Training for Collaborative Planning Strategies

On January 14 the PA DPW Office of Developmental Programs (ODP) issued its announcement on training for collaborative planning strategies for individuals and their families. Collaborative Strategies for Planning with Individuals and their Families is a two-part training that comprises the Fall 2010 Support Coordinator (SC) Statewide Training. The Follow-up Training Activity is the second part of the training. Together the two parts of the training provide eight (8) hours of required SC Training for 2010. SCs and SC Supervisors are required to complete this Follow-up Training Activity as part of ODP’s 2010 SC Required Training. FMI: See www.odpconsulting.net for ODP Communication Number: Announcement 006-11.

HCSIS Diagnosis Screen Changes Now in Effect

On January 13 the PA DPW Office of Developmental Programs (ODP) announced that changes were made to the Diagnosis Description drop down options located on the Diagnosis screen in HCSIS, effective January 13, 2011. In ODP Announcement 005-11, ODP says that the changes were made in preparation for the HIPAA v 5010 initiative, which mandates that a valid ICD-9 diagnosis code is present on all HIPAA covered transactions, including 837 professional (837P) claim transactions, beginning January 1, 2012. To review ODP Announcement 005-11, see www.odpconsulting.net.
New Health Coverage Option for the Uninsured – The Pre-Existing Condition Plan

The U. S. Department of Health and Human Services (HHS) is seeking to increase provider awareness of new opportunities for uninsured patients who have a pre-existing condition to gain health coverage through a new federal program – the Pre-Existing Condition Insurance Plan. The program does not base eligibility on income and enrollees receive comprehensive health coverage at the same price that healthier people pay. To qualify for the program, applicants must: Be a citizen of the United States or residing in the nation legally; have been uninsured for at least 6 months; and have a pre-existing condition or have been denied coverage because of a medical condition. The Pre-Existing Condition Insurance Plan covers physician and hospital services and prescription drugs. All insurance benefits are available to enrollees – even to treat a pre-existing condition. Premiums vary by state and annual out-of-pocket expenses for enrollees are capped. HHS says that each state may use different methods to determine whether a person applying for the Pre-Existing Condition Insurance Plan has a pre-existing condition or whether he or she has been denied health coverage. As such, people need to check on how to establish eligibility in their state. For more information about the Pre-Existing Condition Insurance Plan and how to apply, visit www.PCIP.gov or, between the hours of 8am and 11pm EST, call 866-717-5826 (TTY: 866-561-1604). FMI: See www.hhs.gov and http://www.healthcare.gov/. See also http://www.healthcare.gov/news/blog/preexisting.html

Upcoming Webinar on the DOL Registered Apprenticeship Program

On January 26 at 3:00 p.m. to 4:30 p.m. EST the National Direct Service Workforce Resource Center is hosting a teleconference/webinar on the DOL Registered Apprenticeship Program. The teleconference/webinar will present the DOL Registered Apprenticeship program and the new Direct Support Professional (DSP) Registered Apprenticeship Standards. Call the Toll-Free number: 1-888-844-7278 and enter Participant Pass-code for phone: 2695711#. The Registered Apprenticeship is a successful training and employment model that is used in a variety of industries to train highly skilled workers. DOL says that it can be a critical part of the workforce strategy related to healthcare reform since it is considered as a way to train long-term services and supports workers and address some of the workforce challenges including recruitment, retention, and training. DOL says that the potential in utilizing the Registered Apprenticeship model is that worker skill levels can be raised along with the quality of services. This can lead to jobs with higher wages as workers show their increased value, creating the opportunity for upward mobility. This newly approved Department of Labor Registered Apprenticeship Program modeled after the National Alliance for Direct Support Professionals (NADSP) Credentialing Program addresses the need for a quality, competency-based model of instruction to educate direct support professionals (DSPs) and promote opportunities for advancement and career pathways in this workforce. The webinar will explain how the DOL Registered Apprenticeship program works in health and human services and long-term services and supports sectors. The new DSP Registered Apprenticeship Standards and state experiences with the Registered Apprenticeship programs to date will be presented. Presenters will include Laura Ginsberg, DOL Employment and Training Administration; Robyn Stone, Institute for the Future of Aging Services, and Lori Sedlezky, University of Minnesota, Joe Macbeth, National Alliance for Direct Support Professionals (NADSP), and others. Reserve your Webinar seat now at: https://www1.gotomeeting.com/register/779671785.
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HHS: Hospitals and Physicians Plan To Adopt Electronic Health Records

On January 13 the U.S. Department of Health and Human Services (HHS) released survey data that indicates significant proportions of hospitals and physicians already plan to adopt electronic health records and qualify for federal incentive payments. The survey data released by the HHS Office of the National Coordinator for Health Information Technology (ONC) shows that four-fifths of the nation’s hospitals and 41 percent of office-based physicians, currently intend to take advantage of federal incentive payments for adoption and meaningful use of certified electronic health records (EHR) technology. The survey information was released as the registration period opened for the Medicare and Medicaid EHR Incentive Programs. The data comes from surveys commissioned by ONC and carried out in the course of regular annual surveillance by the American Hospital Association (AHA) and the National Center for Health Statistics (NCHS), an agency of HHS Centers for Disease Control and Prevention (CDC). The AHA survey found that 81 percent of hospitals plan to achieve meaningful use of EHRs and take advantage of incentive payments. About two-thirds of hospitals (65 percent) responded that they will enroll during Stage 1 of the Incentive Programs in 2011-2012. The NCHS survey found that 41 percent of office-based physicians are currently planning to achieve meaningful use of certified EHR technology and take advantage of the incentive payments. Provider registration for the Medicare EHR Incentive Program and some Medicaid EHR Incentive Programs opened January 3, 2011. Survey results from NCHS and AHA can be obtained at:
http://www.cdc.gov/nchs/data/hestat/emr_ehr_09/emr_ehr_09.htm
and http://www.ahadata.com/ahadata/html/AHASurvey.html. Information about the incentive payments program is available on the CMS website at http://www.cms.gov/ehrincentiveprograms. Information about Regional Extension Centers (RECs) and technical assistance is available on the ONC website at http://healthit.hhs.gov/REC.

Physician, Nurses and Allied Health Professionals Open Door Forum on February 22

The next Physician, Nurses and Allied Health Professionals Open Door Forum is scheduled for Tuesday, February 22, 2011 from 2:00 p.m. to 3:00 p.m. EST. To participate, dial 1-800-837-1935 Conference ID 36839807. This call will be a conference call only. The Physicians, Nurses, and Allied Health Professionals Open Door Forum addresses the concerns and issues of Medicare and Medicaid physicians, non-physician practitioners, nurses, and other allied health care specialists. FMI: See http://www.cms.gov/OpenDoorForums/23_ODF_PNAHP.asp.

CMS Open Door Forum on Hospital, Hospital Quality on February 23

The next Hospital, Hospital Quality Open Door Forum is scheduled for Wednesday, February 23, 2011 from 2pm-3pmET. To participate, dial 1-800-837-1935 Conference ID 36842449. The forum will be a conference call only. The Hospital Open Door Forums (ODF) address the concerns and questions of the hospital service setting. Timely announcements and clarifications regarding important rulemaking, agency program initiatives, and other related areas are also included in the forums. FMI: See http://www.cms.gov/OpenDoorForums/18_ODF_Hospitals.asp.
CMS to Host Town Hall Meeting on Physician Quality Reporting System

On February 9 from 10:00 a.m. to 4:00 p.m. the Centers for Medicare & Medicaid Services (CMS) will host a Town Hall Meeting to discuss the Physician Quality Reporting System (formerly known as the Physician Quality Reporting Initiative, or PQRI). The purpose of the Town Hall Meeting is to solicit input from participating stakeholders on individual quality measures and measures groups being considered for possible inclusion in the proposed set of quality measures for use in the 2012 Physician Quality Reporting System and key components of the design of the Physician Quality Reporting System. Interested parties are invited to participate, either onsite at CMS headquarters (Central Building, 7500 Security Boulevard, Baltimore, Maryland 21244) or via teleconference. The meeting is open to the public; however, attendance is limited to space and teleconference lines available. CMS anticipates posting an audio download and/or transcript of the Town Hall meeting at http://www.cms.hhs.gov/PQRI and http://www.USQualityMeasures.org following the meeting. For security reasons, registration and requests for special accommodations must be completed no later than 5:00 pm EST on Fri Jan 28, 2011. Anyone interested in attending the meeting or participating by teleconference must register online at http://www.USQualityMeasures.org. For more information, please see the Federal Register meeting notice posted at http://edocket.access.gpo.gov/2010/pdf/2010-31301.pdf. To learn more about the 2012 Physician Quality Reporting System Call for Measures, please visit http://www.cms.gov/MMS/13_CallForMeasures.asp. The CMS Measures Management System website link in the Federal Register meeting notice has been updated. The correct link is http://www.cms.gov/MMS/13_CallForMeasures.asp.

CMS Seeks Comment on HCPCS

In the December 10, 2010 Federal Register (Volume 75, Number 237), the Centers for Medicare & Medicaid Services (CMS) offered formal notice that it is seeking comment on its Healthcare Common Procedure Coding System (HCPCS) collection instrument for a 60-day period. The CMS notice can be accessed at http://edocket.access.gpo.gov/2010/pdf/2010-31071.pdf. To obtain copies of the supporting statement and any related forms for the HCPCS collection, access CMS’ Website at http://www.cms.gov/PaperworkReductionActof1995. To offer comments regarding the proposed revision of the paperwork collection, follow the instructions in the Federal Register notice. To be assured consideration, comments and recommendations must be submitted by February 8, 2011. CMS said that although the form includes CMS proposed changes for 2013 the form is inadvertently dated 2012. CMS said it would correct the date prior to the 30-day comment period. FMI: See www.cms.gov.