PARF NEWS
Pennsylvania Association of Rehabilitation Facilities
3544 North Progress Avenue Suite 101, Harrisburg, PA 17110
Phone 717-657-7608 - Fax 717-657-8265
PARF Email: parfmail@parf.org

Dateline: May 20, 2011

PA House to Vote on FY 2011-2012 State Budget

On May 23 Pennsylvania legislators are to take up a state budget bill (HB 1485) that calls for cuts to higher-education cuts which are less than Governor Tom Corbett has proposed and for savings from reducing Medicaid waste and fraud – which are $470 million more than considered by the Governor. The PA Senate will take up the budget bill after House passage. The PA legislature must pass the spending plan before the fiscal year begins on July 1. The $27.3 billion House spending plan (HB 1485) calls for a 15 percent cut for the 14 state-owned universities and a 25 percent cut to four universities outside the state system. The House bill calls for deeper cuts in Medicaid funding. Hospitals would receive $70 million less in state and federal payments for Medical Assistance. Up to 164,300 residents could lose access to health care through Medicaid. During his Senate confirmation hearing Acting Secretary of Public Welfare Gary Snyder said that there would be savings by finding fraud but that he could not offer a specific estimate until more study was done. FMI: See www.pahouse.com and www.pahousegop.com. For a copy of the budget bill see www.legis.state.pa.us. Contact parfmail@parf.org.

PARF Seeks Restoration of Funding for Medicaid Waiver Services

PARF and other members of Pennsylvania disability budget coalitions are calling on state legislators to restore the funding for home and community based services under Medicaid waivers to the 2010-11 current year levels. The funding for home and community based services would be cut in state budgets proposed by Governor Corbett and House Republicans. The House budget bill (HB 1485) retains the Governor’s proposal to eliminate $27 million in state funding for housing and food for people with intellectual disabilities. That move is seen by PARF and other members of the Pennsylvania Intellectual Disabilities and Autism Coalition as a terrible mistake that threatens to force thousands of people from their homes. PARF along with members of the Pennsylvania Disability Budget Coalition is also seeking to reverse proposed cuts in the state budget for services to people with cognitive and physical disabilities. Under the Governor’s budget, state funds for Services to Persons with Disabilities (CSPPPD), which includes the Independence, OBRA and CommCare waivers, would have increased by $20 million. However, the proposed decrease in federal funds would have resulted in a net decrease of 8%. DPW officials had indicated that funding at the Governor’s proposed level would be sufficient to continue the program, including annualizing previous expansions and providing for new people. The House Republican budget reduces funding for this program and combines it with reduced funding for Attendant Care and for the Aging Waiver, in a new line item called “Home and Community Based Services.” For Attendant Care (which includes both the waiver and state-only Act 150), both state and federal funds would have been decreased in the Governor’s budget, amounting to a 16% reduction. The House Republican budget cuts the Attendant Care line item further, combing it with reduced funding for CSPPPD and for the Aging Waiver in the new budget line item “Home and Community Based Services.” FMI: For a copy of the budget bill see www.legis.state.pa.us and enter HB 1485. Contact parfmail@parf.org.
PA House Cuts in State Budget for Behavioral Health Opposed

Members of the Pennsylvania Behavioral Health Coalition, including PARF, are calling for the rejection of a House budget proposal that would reduce funding for cut behavioral health services. The House Republican budget proposal (HB 1485) proposal to cut $470 million from the Department of Public Welfare (DPW) budget would significant cuts to the Behavioral Health Services Initiative (BHSI), the Medical Assistance Transportation Program (MATP), and some aging services. In a letter to legislators, the coalition indicates that BHSI was cut by $4.3 million (8.26%) in the House budget proposal. If the House proposal is implemented, the BHSI budget will have been cut by $9.5 million since fiscal year 2007-2008, a 16.6 % cut over four years. In addition, the House proposal cuts $4.322 million from state mental health base dollars. The coalition says that while this cut is less than 1 %, when combined with the BHSI decrease, the overall impact on community based services results in a loss of over $8.5 million. In addition, the House budget proposal cuts $9.6 million (12.9 %) from the Governor’s proposed budget for MATP. The coalition points out that federal regulations require that the Medical Assistance Program assure that transportation is available for individuals to access needed services. FMI: See www.pahouse.com and www.pahousegop.com. For a copy of the budget bill see www.legis.state.pa.us. Contact parfmail@parf.org.

PA Motorcyclist Safety Legislation Proposed

On May 20 PA Representative Dan Frankel (D-Allegheny) is launching efforts to gain passage of legislation to restore Pennsylvania’s motorcycle helmet law. At a news conference in the Capitol he will announce the introduction of legislation to require additional insurance for motorcycle riders who choose not to wear a helmet. He also will introduce a bill to provide for special motorcycle license plates for riders under the age of 21. Representative Frankel will be joined by Christopher Hart, vice chairman of the National Transportation Safety Board, and other advocates. Dr. Kristen Mertz of the University of Pittsburgh, who co-authored a study on the impact of Pennsylvania’s 2003 repeal of the helmet requirement for motorcycle riders 21 and older, will also be at the news conference. The news conference will be held at 11 a.m. Monday, May 23 in the Capitol Media Center. See www.pahouse.com

Edinboro University 2011 Disabilities Conference

The Edinboro University 2011 Disabilities Conference will occur Thursday, August 4 to Friday, August 5, 2011, on the campus of Edinboro University of Pennsylvania in Edinboro, PA with preconference panel discussion and activities taking place on August 3. The theme of the annual conference, now in its second year, is “Transition, Independence and Empowerment.” The 2011 conference will focus on transition issues, particularly as they relate to requirements, resources, and requests. Each track will emphasize the process and ultimate goal of empowering students with disabilities for successful educational transitions leading to competitive employment and independent living. Sessions will be either 60 or 90 minutes in length. Individuals interested in submitting a proposal for a presentation, see www.edinboro.edu/empowerment and click on “Call for Proposal.” Individuals with questions regarding program content may contact Jennifer Boykin at (814) 732-1270 or jboykin@edinboro.edu or Valerie Hayes at (814) 732-2167 or vhayes@edinboro.edu
PARF NEWS
Dateline: May 20, 2011


On May 19 the Pennsylvania Health Care Cost Containment Council (PHC4) released its latest report – Cardiac Surgery in Pennsylvania 2008-2009. The report includes hospital and surgeon-specific information on coronary artery bypass graft (CABG) surgeries and/or valve surgeries performed in Pennsylvania hospitals. Statewide, the report found that in-hospital mortality for CABG surgery patients decreased 52.3 percent for patients undergoing coronary artery bypass graft (CABG) surgery since 1994. In-hospital mortality rates for these patients declined from 3.23 percent in 1994 to 1.54 percent in 2009 – the lowest point in 16 years. The PHC4 latest report on cardiac surgery includes information on 30,956 CABG and/or valve surgeries performed in Pennsylvania hospitals in 2008 and 2009 involving four cardiac surgical reporting groups. It also presents statewide data about cardiac surgery patients who contracted healthcare-associated infections (HAIs) in 2009. The report provides information on the number of surgeries performed, in-hospital and 30-day mortality rates, 7-day and 30-day readmission rates, and post-surgical lengths of stay for both hospitals and surgeons. Average hospital charges and average Medicare payments are listed for hospitals only. Copies of the report are free and can be downloaded from PHC4’s website at http://www.phc4.org. The report is available online at http://www.phc4.org/reports/cabg/09/.

PA MCOs Seek Expansion of HealthChoices Program

On May 18 the Pennsylvania Coalition of Medical Assistance Managed Care Organizations released a report prepared by the Lewin Group claiming that the managed care program for Pennsylvania's Medicaid recipients (HealthChoices) has saved the Commonwealth as much as $5.9 billion in state and federal funds over the past decade and is projected to save up to another $3.6 billion over the next five years. The report also claimed that if HealthChoices were to be expanded statewide the Commonwealth would save another $375 million over the next four years and up to a total of $1.1 billion through 2020. The report An Evaluation of Medicaid Savings from Pennsylvania's HealthChoices Program was prepared by the Lewin Group, a health care policy and research organization. The report was designed to measure past and future program savings compared to the traditional Medicaid fee-for-service (FFS) delivery system and highlights the quality and cost containment advantages derived from Medicaid Managed Care. The report also calculated cost savings that could be obtained by replacing the Department of Public Welfare's ACCESS Plus program and expanding HealthChoices statewide. The report estimated possible savings that would result by expanding HealthChoices statewide to the 42 counties where the ACCESS Plus program currently operates. The report says that compared to the enhanced Primary Care Case Management model, ACCESS Plus, HealthChoices is estimated to have resulted in a total savings of $1.1 to $1.4 billion in State funds over the past five years (CY2006 – CY2010). The report stated that "the potential savings occurring under ACCESS Plus are deemed to be far below the amount available through the HealthChoices model." Given the pressing need to maximize fiscal savings in Medicaid, the report concluded that this may be an opportune time to increase the role of HealthChoices in Pennsylvania. FMI: See the Lewin Group Report at http://www.pamco.org.
CMS Announces Initiatives on Accountable Care Organizations

On May 17 the Centers for Medicare & Medicaid Services (CMS) announced three Affordable Care Act (ACA) initiatives designed to help put physicians, hospitals, and other healthcare providers on the path to becoming Accountable Care Organizations (ACOs. First, the Center for Medicare and Medicaid Innovation is requesting applications for a new Pioneer ACO Model, which provides a faster path for mature ACOs that have already begun coordinating care for patients and are ready to move forward. Second, the Innovation Center is seeking comment on the idea of an Advance Payment Initiative that gives certain ACOs participating in the Medicare Shared Savings Program access to their shared savings up front. Finally, providers interested in learning more about how to coordinate patient care through ACOs can attend free new Accelerated Development Learning Sessions. The Accelerated Development Learning Sessions will teach providers interested in becoming ACOs what steps they can take to improve care delivery and how to develop an action plan for moving toward providing better coordinated care. For full CMS press release see http://www.CMS.gov/apps/media/press/release.asp?counter=3957. For a fact sheet see http://www.healthcare.gov/news/factsheets/accountablecare05172011a.html. Organizations interested in applying to the Pioneer ACO Model must submit a letter of intent on or before June 10, 2011. Applications must be received on or before July 18, 2011. The Pioneer ACO Request for Application, the Letter of Intent form and the Application form may be accessed at http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/pioneer-aco. The Innovation Center will hold an Open Door Forum to review the Pioneer ACO Model Request for Application on June 7, 2011. More information about the Advance Payment ACO Model can be found at: http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/advance-payment/. The Innovation Center will accept comments on the Advance Payment ACO Model, if submitted prior to June 17, 2011. Comments should be submitted via email to: advpayACO@cms.hhs.gov. Individuals wishing to attend the June Accelerated Development Learning Session in person may register at https://acoregister.rti.org. Registration is on a first come, first served basis. More information about the Medicare Shared Savings Program can be found at: http://www.cms.gov/sharedsavingsprogram/. The Medicare Shared Savings Program proposed rule can be downloaded at: http://edocket.access.gpo.gov/2011/pdf/2011-7880.pdf. Comments on the proposed rule, which can be submitted electronically to www.regulations.gov, must be received by June 6, 2012.

HHS to Require Review of Large Health Insurance Premium Increases

On May 19 the U.S. Department of Health and Human Services (HHS) issued a final regulation to ensure that large health insurance premium increases will be thoroughly reviewed and consumers will have access to clear information about those increases. The new rules are intended to help lower insurance costs by moderating premium hikes and provide consumers with greater value for their premium dollar. In 2011 rate increases of 10-percent or more must be reviewed by state or federal officials. The rule requires insurance companies to provide consumers with easy to understand information about the reasons for unreasonable rate increases and post the justification for those hikes on their website as well as on the HHS Affordable Care Act website, www.healthcare.gov. FMI: To obtain a copy of the final rule, see http://www.HealthCare.gov/news/factsheets/ratereview05192011a.html.
CMS Seeks Comment on Alignment Initiative

On May 16 the Centers for Medicare & Medicaid Services (CMS) published in the Federal Register Volume 76, Number 94, pages 28196-28207 its request for comment on opportunities for alignment under Medicaid and Medicare. CMS is seeking comments on opportunities to more effectively align benefits and incentives to prevent cost-shifting and improve access to care under the Medicare and Medicaid programs for individuals with both Medicare and Medicaid ("dual eligibles"). CMS says that the document also reflects CMS’ commitment to the general principles of the President’s Executive Order released January 18, 2011, entitled “Improving Regulation and Regulatory Review.” To be assured consideration, comments must be received no later than 5 p.m. See http://www.gpo.gov/fdsys/pkg/FR-2011-05-16/html/2011-11848.htm

CMS Plans for Establishment of a Federally Funded Research and Development Center

On May 13 the Centers for Medicare & Medicaid Services (CMS) published in the Federal Register Volume 76, Number 93 pages 28042-28043 its announcement of notice of the proposed establishment of a Federally Funded Research and Development Center (FFRDC). The notice announces the CMS intention to sponsor a FFRDC to facilitate the modernization of business processes and supporting systems and their operations. This is the second of three notices which must be published over a 90-day period in order to advise the public of the CMS intention to sponsor an FFRDC. Comments are due on July 5, 2011.

HHS OIG Focuses on Security of Electronic Patient Health Information

On May 17 the Department of Health and Human Services Office of Inspector General (HHS OIG) issued two new reports identifying significant concerns about the security of electronic patient health information. "Nationwide Rollup Review of the Centers for Medicare & Medicaid Services Health Insurance Portability and Accountability Act of 1996 Oversight" ("Nationwide Rollup") and "Audit of Information Technology Security Included in Health Information Technology Standards" ("HIT Standards") were issued simultaneously. "Nationwide Rollup" presents consolidated findings from prior nonpublic audits of seven hospitals. HHS OIG said that it found numerous, significant general IT security control vulnerabilities in the hospitals it audited, leaving patient health information at risk. "HIT Standards" discusses the lack of general IT security controls in the Health Information Technology (HIT) standards promulgated by the Office of the National Coordinator (ONC) within HHS. The report found that the ONC specifications focused on IT security application controls for communication between Electronic Health Record systems, but did not include basic, general IT security controls. High impact vulnerabilities include unencrypted laptops and portable drives containing sensitive personal health information, outdated antivirus software and patches, unsecured networks, and the failure to detect rogue devices intruding on wireless networks. These vulnerabilities placed the confidentiality, integrity, and availability of sensitive health information at risk. Individual report summaries are at http://go.usa.gov/jXL and http://go.usa.gov/jXM.
PARF NEWS
Dateline: May 20, 2011

HHS OIG Issues Advisory Opinion on Referral Service for Post Acute Care

On May 13, the U.S. Department of Health and Human Services Office of Inspector General (HHS OIG) issued an advisory opinion regarding an online referral service, whereby post-acute care providers would pay a fee to electronically receive and respond to referral requests from hospitals for post-discharge care. HHS OIG said that based on the facts presented in the request for an advisory opinion and supplemental submissions it has concluded that the Proposed Arrangement could potentially generate prohibited remuneration under the anti-kickback statute and that OIG could potentially impose administrative sanctions on the referral service company under sections 1128(b)(7) or 1128A(a)(7) of the Act in connection with the Proposed Arrangement. Any definitive conclusion regarding the existence of an anti-kickback violation requires a determination of the parties’ intent, which determination is beyond the scope of the advisory opinion process. See Advisory Opinion 11-06 http://oig.hhs.gov/fraud/docs/advisoryopinions/2011/AdvOpn11-06.pdf

CMS National Call on Medicare FFS Implementation of HIPAA Version 5010

The Centers for Medicare & Medicaid Services (CMS) will host its sixteenth national education call regarding Medicare FFS's implementation of HIPAA Version 5010 and D.0 transaction standards on Wednesday, May 25, 2011. This session will focus on a HIPAA 5010 status update for Medicare Fee-For-Service, HETS Eligibility Transaction, Coordination of Benefits Contractor, and Medicaid. In addition, resources and guidance will be provided for 5010 testing and to help the audience through the transition to implementation. To register for the call participants see http://www.eventsvc.com/palmettogba/052511. Fill in all required data. Verify that your time zone is displayed correctly in the drop down box. Click "Register". You will be taken to the "Thank you for registering" page and will receive a confirmation e-mail shortly thereafter. If you would like to submit a question related to this topic in advance of, during, or following the call, please email your inquiry to our new 5010 Fee-For-Service (FFS) Information Resource at 5010FFSInfo@cms.hhs.gov. Please note, this new resource will only accept emails the day before, the day of, and the day after this call. Your emailed questions will be answered as soon as possible, and may not be answered during the call. In order to receive the call-in information, individuals must register for the call.

National Provider Teleconference on Medicare Shared Savings Program

On May 24 a national provider teleconference will be held on Medicare Shared Savings Program rule proposed on March 31, 2011 by Centers for Medicare & Medicaid Services (CMS) to help doctors, hospitals, and other health care providers better coordinate care for Medicare patients through Accountable Care Organizations. CMS subject matter experts will give an overview of the Medicare Shared Savings Program proposed rule. A question and answer session will follow the presentation. The Tuesday, May 24, 2011 session will be held 1:30 p.m. to 3:00 p.m. ET for Medicare fee-for-service (FFS) providers. To register for this informative session, please go to http://www.cms.gov/sharedsavingsprogram/40_Events.asp on the CMS website. Registration will close at 1:30 p.m. ET on May 23, 2011, or when available space has been filled. No exceptions will be made.