DPW Secretary Appoints New Deputies at OLTL, OCYF, and OMHSAS

On September 29 PA Department of Public Welfare (DPW) Secretary Gary Alexander announce three new appointments to the executive staff: Bonnie Rose, Beverly Mackereth, and Blaine Smith. Alexander announced that Bonnie Rose will assume the position of Deputy Secretary for the Office of Long Term Living. Bonnie Rose has over 35 years of leadership experience in DPW in the Medical Assistance and Long Term Care fields. She has served in various positions including her most recent as the Bureau Director for Provider Support in the Office of Long Term Living. Bonnie Rose will start on October 3rd. Former State Representative Beverly Mackereth will be the new Deputy Secretary for the Office of Children, Youth and Families. Beverly Mackereth is currently Executive Director of the York County Department of Human Services. She has also served eight years as the Pennsylvania State Representative for the 196th District and has a long history of public service. Beverly Mackereth will start on November 8th. Blaine Smith will be the new Deputy Secretary for the Office of Mental Health and Substance Abuse Services. Blaine is currently Executive Director for Central Pennsylvania Behavioral Health Collaborative. He has previously served as Director of Finance, Home Nursing Agency, Altoona; and Chief Fiscal Officer of the Blair County Mental Health/Mental Retardation and Drug & Alcohol Offices. Blaine Smith will start on November 15th. FMI: See www.dpw.state.pa.us.

DPW Reports to PA Senate Committee on ODP Payment Practices & Plans

On September 28 the PA Senate Public Health and Welfare Committee held a hearing on the review of past payment practices of the PA Department of Public Welfare (DPW) Office of Developmental Programs (ODP). Tim Costa, DPW Executive Deputy Secretary, said that there has been a significant lack of fiscal oversight of ODP program funds. Costa said that DPW would have fiscal and programmatic regulations in place by the end of 2011. Costa offered details of a FY 2011-2012 state budget shortfall that DPW anticipates. He said the current ODP budget will be $58.5 million over budget this year – just for services to individuals already enrolled in the programs. DPW said that service utilization by existing recipients is expected to grow. Costa said the ODP budget has increased by over 60 percent since fiscal year 2004-05 and the number of enrolled service recipients has gone up by 27 percent during the same period. The DPW executive secretary also said that 16,000 individuals remain on the ODP waiting list. To view a video and audio recording of the hearing, click on http://www.pasenategop.com/ and, once on the website, scroll down on the left, and under Committee Hearings/Meetings - Wednesday, September 28 - 9 a.m. Review of the past payment practices of the Office of Developmental Programs - Senate Public Health & Welfare Committee Majority Caucus Room click on Audio - Video. The hearing is approximately one-hour. A copy of testimony offered to the Senate Committee by the PA Department of Public Welfare is available to PARF members through PARF. If more information is needed, please contact PARF at parfmail@parf.org.
PARF NEWS
Dateline: September 30, 2011

PARF Medical Division Asks Congress to Reject Proposed Medicare Cuts

On September 30 PARF issues an alert asking for member action to ask for No More Cuts to Inpatient Rehabilitation Facilities in Deficit Reduction Plans & Medicare Physician Payment Fixes. PARF asked members to reach out to its members of Congress to assure that proposed cuts in Medicare payments to inpatient rehabilitation facilities are rejected by Congress. On September 15, the Office of Management and Budget (OMB) released the President’s plan for increasing jobs and reducing the federal deficit. The plan – Living within Our Means and Investing in the Future: The President’s Plan for Economic Growth and Deficit Reduction – proposes to reduce the deficit by $3 trillion. Medicare and Medicaid would be cut by $320 million, of which $42 billion in cuts would be made to post acute care providers. Of most concern, the OMB/President’s proposal would: 1. Reduce or eliminate payment updates to post acute care providers for FYs 2014-2021 ($32 billion savings/10 years); 2. Establish site neutral payments ($4 billion/10 years); and 3. Reinstitute the 75% compliance threshold beginning in 2013 ($3 billion/10 years). During its September 2011 meeting, the Medicare Payment Advisory Commission (MedPAC) issued draft recommendations for reforming the Sustainable Growth Rate (SGR) formula for Medicare physician payments and later released specific recommendations for offsetting SGR reform. The MedPAC list of offsets includes raising the compliance threshold for IRFs to 75%. In its proposal MedPAC cited the Commission’s comment letter to the Centers for Medicare and Medicaid Services (CMS) sent in 2003. The recommendation is outdated given subsequent Congressional action in 2007. The Commission will make its final decisions about the recommendations for SGR reform and any offsets during its October meeting. PARF urged members educate their Members of Congress about the effect any cuts will have on patients served by rehabilitation hospitals and units. Members of Congress will be asked to oppose any cuts to inpatient rehabilitation facilities (hospitals and units), the site neutral payment policy, and restoration of the 75% Rule that are in both the deficit reduction legislation and the proposed Medicare physician fee fix legislation. PARF is working in collaboration with the American Medical Rehabilitation Providers Association (AMRPA). FMI: Contact PARF at parfmail@parf.org. For proposals see www.whitehouse.gov and www.medpac.gov.

PHC4 Reports on Financial Margins of Ambulatory Surgery Centers

On September 27 Pennsylvania Health Care Cost Containment Council (PHC4) released its 2011 report on ambulatory surgery centers (ASCs) in Pennsylvania, indicating that the centers remained financially healthy overall fiscal year 2010. The statewide average operating and total margins for ASCs were 26.20% and 26.29%, respectively. The margins remained in the 26.00% to 26.30% range over the last three-year period (FY08 to FY10). The ASCs’ average total margins among the nine (9) regions in Pennsylvania ranged from a low of 17.66% to a high of 35.04%. Eight new facilities opened and four closed, for a net growth of only four facilities in FY10. In the period from FY01 to FY10, the number of ASCs increased from 98 to 262, an average increase of 18 facilities per year. ASCs reported 1.0 million outpatient visits and $993.9 million net outpatient revenue during FY10. The number of outpatient procedures performed by ASCs increased only 2.0% during FY10, compared to an increase of 7.2% in FY09. The report and press release are available on the PHC4 website at: http://www.phc4.org/reports/fin/10/.
Governor Corbett Announces Advisory Council on Privatization and Innovation

On September 29 Governor Tom Corbett announced a new Governor’s Advisory Council on Privatization and Innovation. The council will explore if any functions now performed by state government might be better and more cost-effectively performed by the private sector. Council members will assist in conducting a thorough examination of state government functions and services. The council’s mission is to use innovation to achieve a combination of quality, cost savings, expertise and effectiveness. It will also examine roadblocks to privatization.

Experts Urge Caution in Assessing Upcoming FY 2011-2012 PA Revenue Reports

On October 3 the Pennsylvania Department of Revenue will report on revenue collections for September, one of the five big revenue months of the fiscal year. The report will offer a picture of the strength of the economy and the effect of this change to the revenue estimates. So far Pennsylvania tax collections are trailing official revenue targets for the first two months of the 2011-12 Fiscal Year. However, Pennsylvania’s revenue collections for July and August are running well ahead of the same two-month period in 2010-11. Some experts are pointing out that while actual tax collections are below official estimates, some of that underperformance may be attributed to a change in the way the revenue estimates for FY 2011-2012 were made. The FY 2011-12 estimates predict a larger share of annual revenue coming in during the first half of the fiscal year than revenue estimates of the past several years. If FY 2011-12 collection patterns are similar to most recent years, they say. Such a change may make budget “shortfalls” more common in the first half of the fiscal year, followed by surpluses in the second half.

Low Income Adults in PA Uninsured after adultBasic Terminated

On September 26 Kaiser Health News (KHN) reported that six months after Pennsylvania terminated adultBasic, the state-funded health plan for low-income adults, many of the nearly 41,000 former enrollees who lost their coverage at the end of February likely have been left uninsured. About 40 percent have enrolled in either Medicaid or the limited benefit Blue Cross Blue Shield plan that was opened to them, according to data provided to KHN by the Pennsylvania Insurance Department. Some of the remaining 23,000 individuals who lost their coverage may have found other options, but the insurance department believes many are accessing free or reduced-cost care through community health centers. The insurance department numbers are similar to an analysis by the Pennsylvania Budget and Policy Center (PBPC). AdultBasic was one of only a few health plans funded entirely by states to provide coverage to low-income adults who do not qualify for Medicaid, the joint federal-state health insurance for the poor. It was funded by the state's tobacco settlement and donations from the state's four Blue Cross plans, and it cost $166 million in 2010. AdultBasic enrollees paid $36 a month, while the state's cost was $600 per member per month. With the state facing a $4 billion deficit, PA Governor Corbett closed the program on February 28, leaving 505,624 on the waiting list. Those who have been uninsured for at least six months can sign up for the state high-risk pool created under the 2010 federal health law. But it costs $283 per month, more than seven time adultBasic.

OLTL Changes Definition of Community Integration Services, Places Limits on CI

On September 29 PA Office of Living Term Living (OLTL) issued a bulletin on changes to the definition of community integration services and new limits on community integration services. The bulletin establishes changes to the COMMCARE, Independence and OBRA waivers and Specialized Services / Peer Counseling Evaluation of Durable Medical Equipment Grant Providers. Changes reflected in the bulletin will go into effect on October 1, 2011 for new OLTL waiver participants --- and on January 1, 2012 for participants with current approved ISPs. Webinars are being hosted by the PA Office of Living Term Living (OLTL) on the changes to Community Integration Services. Webinars are scheduled for Tuesday, October 4 and Wednesday, October 5. The information was distributed by OLTL on Friday, September 30, 2011. If you have questions, contact Jennifer Crossley at 717-705-8887 or c-jcrossle@pa.gov. The webinar on Community Integration Changes will be held on Tuesday, October 4, 2011 at 9:00 am and 1:00 pm and on Wednesday, October 5 at 9:00 am. Questions should be referred to OLTL’s Bureau of Individual Support at 717-787-8091. Any questions/responses to the bulletin should be sent to PARF at parfmail@parf.org.

OLTL Circulates Commcare Waiver ISP Revision Form

On September 29 the Pennsylvania Office of Long Term Living (OLTL) forwarded to PARF for delivery to CommCare service providers Commcare Waiver ISP Revision Form. The form is to be used for submitting to OLTL any changes in the Individual Service Plans for clients in the CommCare waiver. OLTL has asked providers to fax the completed CommCare Waiver ISP Revision Form to OLTL. If more information or assistance is needed, please call PARF at parfmail@parf.org.

ODP Statewide Vacancy Report Available

On September 30 the PA Office of Developmental Programs (ODP) issued ODP Announcement 127-11 on the ODP Statewide Vacancy Report. ODP sought to inform all interested parties that in addition to being available on the Administrative Entity Information Center (AEIC), the ODP Statewide Vacancy Listing report is now available on the Supports Coordination Organization Information Center (SCOIC) of the ODP Consulting System website. The ODP Statewide Vacancy Listing is a report of all 6400 residential vacancies throughout the state, including contact information and home characteristics. To access this report via the AEIC: Go to http://aeinfo.odpconsulting.net/ and choose ODP Business Practice > Waiver Capacity Management >Statewide Vacancy Report. To access this report via the SCOIC: Go to http://scoic.odpconsulting.net/ and choose ODP Business Practice > Waiver Capacity Management >Statewide Vacancy Report. FMI: See www.odpconsulting.net.
DPW Announces Funding for MA Rehabilitation Adjustment Payments for FY 2011-2012

In the October 1, 2011 edition of the Pennsylvania Bulletin the PA Department of Public Welfare (DPW) announced its intent to allocate funding for several disproportionate-share-hospital (DSH) and supplemental hospital payments made to qualifying Medical Assistance (MA) enrolled hospitals. DPW implemented modifications to certain existing DSH and supplemental payments and established several new DSH and supplemental payments to hospitals using revenues from the Quality Care Assessment Account. On September 25, DPW modified its methodologies for the payment of Inpatient DSH and Direct Medical Education (DME). DPW also implemented a new class of DSH payments for small and sole-community hospitals and new classes of supplemental payments including MA Dependency payments, MA Rehabilitation Adjustment payments, MA Stability payments and Enhanced Payments to Certain Disproportionate Share Hospitals. CMS approved the State Plan Amendment (SPA) authorizing these payments and their payment methodologies on December 29, 2010. For the MA Rehabilitation Adjustment Payments for FY 2011-2012, DPW intends to allocate $18.619 million ($8.365 million in State General Funds) for these supplemental payments. DPW does not intend to change its approved State Plan provisions addressing the qualifying criteria for these MA Rehabilitation Adjustment supplemental payments. Interested persons are invited to submit written comments regarding this notice to the Department of Public Welfare, Office of Medical Assistance Programs, c/o Regulations Coordinator, Room 515, Health and Welfare Building, Harrisburg, PA 17120. Comments received within 30 days will be reviewed and considered for any subsequent revision to this notice. FMI: See www.pabulletin.com

PA Department of Corrections Receives Federal Funding for MH/SA Program

The PA Department of Corrections has been awarded two new federal grants totaling more than $600,000 to help provide treatment for female offenders with mental health and substance abuse issues and support criminal justice research within the state prison system. The first grant awarded by the U.S. Department of Justice is a Second Chance Act Grant, will be used to support treatment and recovery services for female offenders at the State Correctional Institution (SCI) at Muncy. Approximately 100 to 150 female offenders with dual co-occurring mental health and substance abuse disorders, who are within 18 months of their parole eligibility date and who will return to Allegheny, Dauphin or Philadelphia counties, will benefit from this grant. The funds will be used over a two-year period to support a specialized therapeutic community at SCI Muncy. The program will provide integrated mental health and substance abuse treatment services in addition to supportive services addressing education, family relations, safety, and housing. A second grant totaling $209,323 has also been awarded to DOC by the Department of Justice. The National Institute of Justice grant award, made under the “Criminal Justice Researcher-Practitioner Fellowship Placement Program,” will fund a one-year project that places an academic professor from the University of Maryland as an embedded criminologist within the DOC to provide technical assistance with the agency’s research agenda. The DOC Office of Planning, Research and Statistics will coordinate the grant, which is to start January 1, 2012. FMI: See September 29, 2011 release “Department of Corrections Receives Two Significant Federal Grants” at http://www.state.pa.us/portal/server.pt/community/media/3013/home. See also www.state.pa.us.
Pennsylvania Artists with Disabilities Celebrated at State Art Exhibit in October

An Art Exhibit “Celebrating Artists with Disabilities” sponsored by the Pennsylvania Association of Rehabilitation Facilities (PARF) and the Governor’s Office for People with Disabilities will take place in the lower rotunda of the Capitol building during the entire month of October. The work in the exhibit was selected by Bryn Mawr Rehab Hospital Art Ability, All About Art at Moss Rehab, and Center City Arts - Stairways Behavioral Health Center for the Arts and Humanities. The event is part of the state activities celebrating National Disability Employment Awareness Month (NDEAM). A program will be held on October 13, 2011 at 11:00 am in the Main Rotunda of the Capitol. For more information contact PARF at parfmail@parf.org.

PARF Presents Special Session on CARF and CMS Quality Domains

On October 12 PARF in partnership with CARF presents a special session on Aligning CMS Quality Domains and National Standards for Home and Community Based Waiver Services. The session will be held Wednesday, October 12, 2011 from 9:30 AM – 12:00 PM (Registration at 9:00 AM) at Dixon University, 2986 North 2nd Street, Harrisburg, PA. Registration Fee (refreshment and materials included) is for PARF Members $39.00 per person and for Non-Members $59.00 per person. Paul Andrew, Managing Director of Employment and Community Services, CARF International, will present the session. This session will provide the audience with an overview of the CMS Quality Domains and how the CARF standards can be used to achieve alignment of purpose, philosophy, and ultimately desired outcomes in people’s lives with achievement of requirements at the licensing, certification level. The participant will be able to identify the CMS Quality Domains. The participant will be able to identify the relationship of CARF International Standards to those quality domains. The participant will also be able to ascertain the advantages of aligning the state licensing system to international accreditation standards for efficient and cohesive quality development and delivery. FMI: For more information and registration, contact PARF at: parfmail@parf.org.

PA Conference on Cultural Diversity and People with Disabilities

On October 5 the PA state conference on cultural diversity and people with disabilities will be held in Philadelphia, PA. The state conference entitled Empowering The Forgotten Ones through Systems Change is scheduled for Wednesday, October 5 from 8:30 am to 4:30 pm at Temple University, Student Center (South), 1755 N 13th Street (Between Cecil B. Moore Ave. & W. Montgomery), Philadelphia, PA 19122. The conference includes: workshops on model programs and practices for working with immigrants and culturally diverse individuals with disabilities; presentations on initiatives in other states to integrate immigrants into service delivery systems; keynote presentations by national experts, including Tawara Goode, Director of the National Center for Cultural Competence, and Daphne Kwok, Chair of the President's Advisory Commission on Asian Americans and Pacific Islanders; discussions regarding the formation of a multicultural coalition of persons with disabilities in the Commonwealth. PARF was a sponsor of the conference. FMI: For more information on registration and conference sessions and events, see http://archive.constantcontact.com/fs052/1102424121817/archive/1107810614858.html.
U.S. House Approves CR, Plans to Act on Six-Week Resolution

On September 26 the U.S. Senate approved a continuing resolution (CR) that will last until early next week when the House returns from recess and a longer, six week CR which will last until November 18. On September 29 the U.S. House of Representatives approved a continuing resolution (CR) that would fund the federal government through October 4 and allow the House to return from recess to approve a longer term, six week continuing resolution to fund the federal government through November 18 (H.R. 2608). The six week measure would fund the federal government at a rate of $1.043 trillion for the length of the CR. The bill also includes $2.65 billion in funding for the Federal Emergency Management Agency (FEMA) for FY 2012, but it does not include supplemental FEMA appropriations for FY 2011. The CR includes $2.65 billion in funds for FEMA for FY 2012. After the House of Representatives approves the six week CR, the House and Senate will immediately begin negotiations over a FY 2012 omnibus spending bill. The spending bill is expected to be acted on by Congress on the floor in early to mid-November. Although Congress has agreed to a top line spending figure of $1.043 trillion for discretionary spending via the Budget Control Act which was approved in August, there are significant differences between the individual spending bills approved by the House and Senate. When the House approved their spending bills earlier this year, they were operating under a top line figure of $1.017 trillion. The Senate approved their spending bills under a $1.043 trillion limit. FMI: See [www.house.gov](http://www.house.gov). For a copy of the Continuing Resolution see [http://www.rules.house.gov/Media/file/PDF_112_1/Floor_Text/FY12CR%20FY11914.pdf](http://www.rules.house.gov/Media/file/PDF_112_1/Floor_Text/FY12CR%20FY11914.pdf).

U.S. House Releases Draft FY 2012 Labor, Health & Human Services Funding Bill

On September 29 the House Committee on Appropriations released its draft FY 2012 Labor, Health and Human Services (LHHS) funding bill. The legislation includes funding for programs within the Department of Labor, the Department of Health and Human Services (HHS), the Department of Education, and other related agencies. Overall, the bill is funded $4 billion less than FY 2011 levels. HHS would receive $70.2 billion, $200 million less than FY 2011. The bill would provide the Centers for Medicare and Medicaid Services (CMS) with $3.2 billion for program management, an eight percent decrease from last year and prohibits CMS from using funds for the Center for Consumer Information and Insurance Oversight. The Administration for Children and Families would receive $16.4 billion, a decrease of 4.8 percent, including $3.4 billion for the Low Income Home Energy Assistance Program, a decrease of $1.3 billion from last year. Funding for the Department of Education is cut by $2.4 billion (3 percent) from FY 2011 and the Race to the Top program, along with more than 30 other education programs, is eliminated. Title I state grants under the Elementary and Secondary Education Act are increased by $1 billion above FY 2011 and state grants under the Individuals with Disabilities Education Act (IDEA) are increased by $1.2 billion, raising the federal share of funding from 16.1 percent to 17.3 percent. The Department of Labor’s Employment and Training Administration is reduced by 23 percent over FY 2011 to $7.5 billion, shifting employment and training programs to a federal fiscal year and cutting $2.4 billion in advance appropriations for FY 2013. Statewide activities set-aside would be limited to no more than 10 percent and the Workforce Innovation Fund would be eliminated. State Unemployment Insurance and Wagner Peyser (employment service) grants are reduced by $370.4 million. FMI: See [http://appropriations.house.gov/News/DocumentSingle.aspx?DocumentID=262231](http://appropriations.house.gov/News/DocumentSingle.aspx?DocumentID=262231).
U.S. Department of Justice Asks U.S. Supreme Court to Rule on Affordable Care Act

On September 28 the U.S. Department of Justice asked the Supreme Court to review the constitutionality of the 2010 Affordable Care Act. A final ruling is now expected by next summer. The Justice Department called upon the justices to review the decision of a three-judge panel of the U.S. Court of Appeals for the 11th Circuit in Atlanta. The court is the only appeals court, thus far, to rule that Congress exceeded its power in passing the law. The administration’s petition for a review is considered nearly guaranteed because it completes the conditions that almost always assure a Supreme Court review: a decision by a lower court that an act of Congress is unconstitutional, along with conflicting opinions in other courts, and an agreement by all parties that the Supreme Court is needed to settle the dispute. FMI: For the DOJ announcement see http://blogs.usdoj.gov/blog/archives/1606. See also www.justice.gov. For a report see http://www.nytimes.com/2011/09/29/us/justice-dept-asks-supreme-court-for-health-care-ruling.html

President Obama Signs Combating Autism Reauthorization Act of 2011 into Law


US Labor Department Awards Disability Employment Initiative Funding

On September 27 the U.S. Department of Labor announced $21,166,560 for seven states under the Disability Employment Initiative to improve education, training, and employment opportunities and outcomes for youth and adults who are unemployed, underemployed and/or receiving Social Security disability benefits. This round of funding is the second under the Disability Employment Initiative, which now supports 16 state projects. All projects under this initiative build upon the department's Disability Program Navigator Initiative by hiring staff with expertise in disability and workforce issues. The grants also support extensive collaboration across multiple workforce and disability service systems in each state. FMI: Visit http://www.dol.gov/odep/. See http://www.dol.gov/opa/media/press/eta/eta20111421.htm.

DOL Announces $2.2 million for ‘Add Us In’ Initiative

On September 30 the U.S. Department of Labor (DOL) announced four two-year cooperative agreements totaling $2,165,998 to consortia led by the Board of Trustees of the University of Illinois in Chicago, the National Organization on Disability in New York City, TransCen Inc. in Rockville, Md., and the World Institute on Disability in Oakland, Calif. These awards represent the second round of funding provided through the "Add Us In" initiative of the U.S. Department of Labor's Office of Disability Employment Policy. The goal of the "Add Us In" initiative is to identify and develop strategies to increase the capacity of small businesses and communities, including underrepresented and historically excluded communities, to employ youth and young adults with disabilities. To learn more about the Add Us In initiative, visit http://www.dol.gov/odep/
DOL Funds Consortia to Improve Employment Opportunities for People with Disabilities

On September 28 the U.S. Department of Labor's Office of Disability Employment Policy announced a total of $3,787,000 in continued funding for organizations managing consortia that develop models, provide technical assistance and share best practices to improve employment opportunities for people with disabilities. The National Technical Assistance, Policy and Research Center for Employers on Employment of People with Disabilities at Cornell University (Ithaca, New York) is receiving $1,520,000. The National Technical Assistance and Research Center to Promote Leadership for Employment and Economic Independence for Adults with Disabilities is being awarded $1,092,500. Housed at Rutgers University's John J. Heldrich Center for Workforce Development in New Brunswick, N.J., the NTARC manages a consortium to develop effective practices and policies to enhance employment for adults with disabilities. The Institute for Educational Leadership in the District of Columbia is receiving $950,000 for the National Collaborative on Workforce and Disability for Youth which will manage a consortium to develop effective practices and policies to enhance employment opportunities for youth with disabilities. Additionally, $104,500 is being awarded to the Workplace Inc. in Bridgeport, Conn., and $120,000 to the SkillSource Group Inc. in Vienna, Va. to lead consortia that would develop innovative models of providing inclusive Registered Apprenticeship training to youth and young adults with disabilities. For more information, visit http://www.dol.gov/odep/. See http://www.dol.gov/opa/media/press/odep/odep20111400.htm.

MIMH Offers Free Conference on Vocational Outcomes and Traumatic Brain Injury

On Friday, October 7 at 2:30 p.m. EDT (1:30pm CDT) the Missouri Institute of Mental Health (MIMH) Training will be offering a free web conference Understanding and Improving Vocational Outcomes following Traumatic Brain Injury. CEUs are available. The seminar is intended to increase awareness of roles of demographic factors (e.g., gender, ethnicity, age) in vocational outcomes; increase knowledge of roles of co-morbid issues (e.g., multiple disabilities, psychological factors) in vocational outcomes; increase understanding of current models of vocational rehabilitation, and; increase awareness of current research on interventions to improve vocational outcomes. Eric Hart, Clinical Assistant Professor for the University of Missouri-Columbia Department of Health Psychology and Psychology Consultant to the Sleep Medicine Program at MU, will present. See www.MIMHTraining.com for details. Click on http://webconferences.mimhtraining.com/category/current/.

Recommendations on Quality Measures Considered for CMS Physician Quality Reporting

The Centers for Medicare & Medicaid Services (CMS) continues to accept quality measure suggestions to be considered for use in Physician Quality Reporting System future rule-making years. To learn more about the Physician Quality Reporting System Call for Measures and instructions on submitting candidate measure(s), visit the CMS Measures Management System (MMS) Website. All suggestions must be received by CMS no later than October 7, 2011, 5:00 p.m. EST. CMS will determine what individual measures and measures group(s) to include in the proposed set of quality measures, and after a period of public comment, the agency will make the final determination with regard to the final set of quality measures for Physician Quality Reporting System future rule-making years. FMI: See www.cms.gov.
HHS Launches Comprehensive Primary Care Initiative

On September 28 the U.S. Department of Health and Human Services (HHS) launched a new initiative made possible by the Affordable Care Act under which Medicare will work with commercial and state health insurance plans to offer additional support to primary care physicians who better coordinate care for their patients. This collaboration, known as the Comprehensive Primary Care initiative will begin as a demonstration project available in five to seven health care markets across the country. Public and private health care payers interested in applying to participate in the Comprehensive Primary Care Initiative must submit a Letter of Intent by November 15, 2011. In the selected markets, Medicare and its partners will enroll interested primary care providers into the initiative. Primary care practices that choose to participate in this initiative will be given support to better coordinate primary care for their Medicare patients. FMI: See http://innovations.cms.gov/documents/pdf/cpc_initiative_solicitation.pdf

For more information, please see the Comprehensive Primary Care initiative web site at: http://innovations.cms.gov/areas-of-focus/seamless-and-coordinated-care-models/cpci/


Interested parties may obtain answers to specific questions by e-mailing CMS at: CPCi@cms.hhs.gov. For more information about the CMS Innovation Center, please visit: http://www.innovations.cms.gov.

CMS Focuses on Heart Disease and Stroke

On September 29 CMS offered recognition of World Heart Day, which was created to inform people around the globe that heart disease and stroke are the world’s leading cause of death, claiming more than 17 million lives each year. On September 13 the U.S. Department of Health and Human Services, with several key partners, launched Million Hearts, an initiative that aims to prevent 1 million heart attacks and strokes over the next five years. Million Hearts is focused on empowering Americans to make healthy choices and on improving care by addressing the major risk factors for cardiovascular disease. FMI: See http://www.hhs.gov/news/press/2011pres/09/20110913a.html.

2012 ICD-10-PCS GEM Files Available from CMS

The Centers for Medicare & Medicaid Services (CMS) has posted the 2012 ICD-10 Procedure Coding System (PCS) General Equivalence Mappings (GEMs) files to the CMS website. These files are available on the 2012 ICD-10-PCS and GEMs webpage at http://www.cms.gov/ICD10/11b15_2012_ICD10PCS.asp. To access the files, scroll to the bottom of the page to the “Downloads” section. Also available on the 2012 ICD-10 PCS and GEMs webpage are: (a) Official ICD-10-PCS Coding Guidelines; (b) 2012 Version – What’s New; (c) Code Tables and Index; (d) Code Descriptions – Long and Abbreviated Titles; (e) Development of the ICD-10-PCS; (f) ICD-10-PCS Reference Manual and Slides; and, (g) Addendum. FMI See the CMS ICD-10 website at www.cms.gov/icd10.
HHS Extends Comment Period on Health Exchanges and Standards

On September 30 the U.S. Department of Health and Human Services published proposed rule as CMS-9989-N2, entitled “Patient Protection and Affordable Care Act; Establishment of Exchanges and Qualified Health Plans, and Standards Related to Reinsurance, Risk Corridors and Risk Adjustment; Extension of Comment Period.” See Federal Register Volume 76, Number 190 (Friday, September 30, 2011)] [Pages 60788-60789]. See http://www.gpo.gov/fdsys/pkg/FR-2011-09-30/html/2011-25202.htm. HHS extends the comment period for two proposed rules published in the Federal Register on July 15, 2011. One proposed rule would implement the new Affordable Insurance Exchanges ("Exchanges"), consistent with Title I of the Affordable Care Act. The other proposed rule would implement standards for states related to reinsurance and risk adjustment, and for health insurance issuers related to reinsurance, risk corridors, and risk adjustment. The comment period for both proposed rules, which would have ended on September 28, 2011, is extended to 5 p.m. EST on October 31, 2011.

CMS Seeks Comment for Development of National Coverage Determinations

The Centers for Medicare and Medicaid Services (CMS) is inviting public input concerning any items and services that anyone believes may be inappropriately used (i.e., underused, overused, or misused) or provides minimal benefit in hospitals, clinics, emergency departments, doctors’ offices, or in other healthcare settings. CMS encourage individuals to submit specific comment during a 60 day period beginning September 28, 2011 and ending November 27, 2011 about items and services including surgical procedures, diagnostic tests or procedures, imaging or radiology services, lab tests, or durable medical equipment (such as wheelchairs); treatments for diseases such as cancer, heart disease, kidney disease or gastrointestinal disease; or procedures such as orthopedic or eye procedures. CMS says that it will review the comments based on: Relevance to the National Coverage Determination (NCD) authority under Part A and Part B and the potential impact on the Medicare program and its beneficiaries. FMI: https://www.cms.gov/medicare-coverage-database/details/medicare-coverage-document-details.aspx?MCDId=19. See https://www.cms.gov/center/coverage.asp.

ORHP Grants Available for Rural Health Care Services Outreach

The federal Office of Rural Health Policy (ORHP) has announced the release of the FY 2012 Rural Health Care Services Outreach Grant Program (Announcement Number: HRSA-12-083). The ORHP Outreach Program supports projects that demonstrate effective models of outreach and service delivery through collaboration, adoption of an evidence-based or promising practice model, demonstration of health outcomes, and sustainability. Applicants may propose funding for up to three (3) years from May 1, 2012 to April 30, 2015. The maximum award is up to $150,000 per year. To apply, see https://apply07.grants.gov/apply/UpdateOffer?id=79450. The deadline is November 22, 2011. A technical assistance call is available for playback until November 22, 2011 at 9:59 PM CST. To access the playback, please call: 1-800-229-6331. FMI: See http://www.grants.gov/search/search.do;jsessionid=CsSPT7yJT4CfVH4xDBvKGX8y75v1cGcLHnNG2KvnpnT7T86JvMR!-271650999?oppId=124153&mode=VIEW. For further questions on this funding opportunity, please contact program coordinator Kathryn Umali at phone 301-443-7444. Email kumali@hrsa.gov.
Parf News
Dateline: September 30, 2011

CMS Advises Immediate Action on HIPAA 5010 Compliance

As of January 1, 2012, Version 5010 will be required for all HIPAA standard transactions and HIPAA Version 4010A1 will no longer be accepted by Medicare. All trading partners must operate in HIPAA Version 5010. The Centers for Medicare and Medicaid Services (CMS) strongly encourages providers to begin exchanging Version 5010 transactions with the Medicare Administrative Contractor (MAC) now to ensure compliance with the January 1, 2012 date. CMS offers free billing software that is Version 5010 compliant. Please contact your MAC, FI or Carrier to obtain the latest Version of PC-Ace Pro32. CMS also provides the Medicare Remit Easy Print (MREP) software to view and print compliant HIPAA 5010 - 835 remittance advices. See http://www.cms.gov/AccessDataApplication/02_MedicareRemitEasyPrint.asp to view this software. Medicare FFS providers could take advantage of the many resources we have provided on the 5010 dedicated website located at https://www.cms.gov/Versions5010andD0/. Testing now will allow time for any needed corrections prior to Jan 1, 2012 – the date when only 5010 transactions will be accepted.

DMEPOS Competitive Bidding Round 2 Begins

The Medicare Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Competitive Bidding Program Round 2 and the national mail-order competitions are coming soon! In Fall 2011 CMS is scheduled to announce a bidding schedule and begin a bidder education program. The bidder registration period to obtain user ID and passwords also begins. In Winter 2012 bidding begins. CMS advises that suppliers interested in bidding should prepare now and update contact information: DMEPOS suppliers can update their enrollment via the internet-based Provider Enrollment, Chain, and Ownership System (PECOS) or by using the 2011-07-11 version of the CMS-855S enrollment form. Suppliers not currently using PECOS can learn about this system at http://www.cms.gov/MedicareProviderSupEnroll or see http://www.CMS.gov/MLNProducts/downloads/MediEnroll_PECOS_DMEPOS_FactSheet_ICN904283.pdf. Information and instructions on how to submit a change of information via the hardcopy CMS-855S enrollment form may be found on the NSC website at www.PalmettoGBA.com/NSC (follow links for Supplier Enrollment, Change of Information, Change of Information Guide). Providers are encouraged to become licensed and to obtain accreditation. FMI: See http://www.CMS.gov/MedicareProviderSupEnroll/01_Overview.asp.

CMS National Provider Call on Revalidation of Medicare Provider Enrollment

On October 27 from 12:30 to 2:00 p.m. ET the Centers for Medicare and Medicaid Services (CMS) will hold a National Provider Call to discuss the revalidation of Medicare provider enrollment information. Most providers and suppliers who are enrolled in the Medicare program will have to revalidate their enrollment which will be reviewed under the new risk screening criteria required by the Affordable Care Act Section 6401(a). The target audience is all providers and suppliers enrolled with Medicare prior to March 25, 2011 and those who expect to receive payment from Medicare for services provided. For more information about provider enrollment revalidation, review the Medicare Learning Network’s® Special Edition Article #SE1126 “Further Details on the Revalidation of Provider Enrollment Information.” http://www.cms.gov/MLNMattersArticles/downloads/SE1126.pdf.