PARF NEWS
Pennsylvania Association of Rehabilitation Facilities
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Dateline: July 13, 2012

PARF 2012 Annual Conference Early Registration and Discounts

PARF is urging members and non-members to make arrangements soon to attend the 2012 PARF Annual Conference – Rehabilitation 2012: Challenges & Commitments – to be held at the Nittany Lion Inn in State College, PA from Tuesday, September 18 to Friday, September 21. The 2012 PARF Annual Conference brochure and the Conference registration form are available at the PARF website at www.parf.org and on the PARF Conference webpage at http://www.parf.org/site2/?page_id=11. Special rates for early bird registration and hotel accommodations are available. The deadline for obtaining special discounted rates is Friday, August 10, 2012. Special rates for lodging for conference participants are in effect only until 11:59 pm on Saturday, August 18, 2012. Please contact the Nittany Lion Inn by calling 1-800-233-7505 or by visiting http://www.nittanylioninn.psu.edu/. Please identify yourself as a participant of the 2012 PARF Annual Conference using the PARF Reservation Identification Number to receive special PARF conference rates. Directions to the Nittany Lion Inn are available at http://www.pshs.psu.edu/. FMI: Contact PARF at parfeducation@parf.org.

PARF Seeks Nominations for 2012 Awards

PARF is seeking nominations for its 2012 PARF Annual Awards. The awards will be presented at the Annual Awards Luncheon, to be held Thursday, September 20, 2012 during the PARF Annual Conference at the Nittany Lion Inn, State College, PA. PARF Annual Awards will be presented in the following categories: Distinguished Career Award, Empowerment Happens Award, Distinguished Service Award, Rehabilitation Agency Recognition Award, and Rehabilitation Leadership Award. PARF Awards nomination materials are available to PARF members by contacting parfmail@parf.org. The deadline for submitting nominations is Friday, August 10, 2012. For additional information, contact PARF by phone at (717) 657-7608 or email parfeducation@parf.org or parfmail@parf.org.

PARF Mourns Loss of Marion Furlong

PARF mourns the loss of Marion Furlong who passed away on June 13 in Indiana. A service will be held at noon July 21, 2012, at the R. Cunningham Funeral Home and Crematory Inc., 2429 Wilmington Road, New Castle PA. A pioneer in the development of services for people with disabilities in Pennsylvania, Marion was a founder of Lark Enterprises in New Castle, PA (1957). She was also a founder and president of both the Pennsylvania Association of Workshop Directors and the Pennsylvania Association of Sheltered Workshops. In 1969, these two associations joined with the Association of Rehabilitation Centers to form PARF. Marion served on the PARF Board of Directors for six (6) terms and received the PARF Individual Distinguished Service Award (1997) and the PARF Distinguished Career Award (2000). Memorial contributions may be made to Lark Enterprises Inc., 315 Green Ridge Drive, Suite A-1, New Castle, Pa. 16105. FMI: See http://www.obitmax.com/obits/ncnews/i.php?id=3841. See the guestbook at www.ncnewsonline.com.
PA House Democratic Policy Committee to Hold Public Hearing on Affordable Care Act

On Tuesday July 17 the PA House Democratic Policy Committee will hold a public hearing to examine Pennsylvania’s implementation of the Patient Protection and Affordable Care Act (ACA). The hearing will be held from 2 p.m. to 4:30 p.m. Tuesday, July 17 at Drexel University, Paul Peck Alumni Center, Board Room, corner of 32nd and Market Streets, Philadelphia. The hearing will look at who is impacted by the federal health care law and where Pennsylvania currently stands in implementing the law. Testimony is to be presented by SEIU Health Care Pennsylvania, Pennsylvania Health Law Project, and Pennsylvania Health Access Network. The hearing is open to the public. FMI: See http://www.pahouse.com/PR/096071212.asp. See www.pahouse.com. For information on the site of the hearing see http://drexel.edu/alumni/peck.asp.

HB 1055 on Registration of Professional Employer Organizations Signed into Law

On July 6 legislation (House Bill 1055) to regulate and establish minimum standards for Professional Employer Organizations (PEOs) has been signed into law (Act 102 of 2012) by PA Governor Tom Corbett. Act 102 provides both a regulatory framework and uniformity for PEOs by requiring annual registration with the Department of Labor and Industry. PEOs are organizations that partner with small businesses, employing an average of five to 20 employees, to provide human resources, employee benefits management and many other valuable support services necessary to attract and retain high-quality personnel. The new law specifically clarifies regulator relationships and responsibilities pertaining to PEOs. HB 1055 was supported by the National Association of Professional Employer Organizations (NAPEO). With the signing of the bill into law (Act 102 of 2012), Pennsylvania is now one of more than 35 states that regulate PEOs. FMI: See www.legis.state.pa.us for a copy of HB 1055. See also PA Department of Labor and Industry posting on PEOs at http://www.portal.state.pa.us/portal/server.pt/community/professional_employer_arrangements/18212. See also http://www.napeo.org/docs/2012%20Pennsylvania%20Press%20Release%20-%20PEO%20Statute.pdf.

PA Adult Guardianship Legislation Signed Into Law

On July 5 major legislation on adult guardianships and protective proceedings was signed into law by Governor Tom Corbett. House Bill 1720 is now Act 108 of 2012. The new law enacts the Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act, which sets the ground rules for determining which state would have jurisdiction over adult guardianships, conservatorships and other protective proceedings. The act also sets up a system for resolving multi-state disputes. The law streamlines the transfers of guardianship from one state to another and does not alter how the Commonwealth currently determines guardianships or conservatorships. FMI: See www.legis.state.pa.us for a copy of HB 1720.
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DPW Asked by CMS to Explain Sharp Drop in Medicaid Enrollment in PA

On July 12 the Philadelphia Inquirer reported that Centers for Medicare and Medicaid Services (CMS) is asking the Pennsylvania Department of Welfare (DPW) to provide information concerning the elimination of thousands of people from the state’s Medicaid program since last summer. PI said that the Centers for Medicare and Medicaid Services (CMS) sent a letter on June 14 to DPW saying initial data showed 130,000 people, including 89,000 children, had been dropped from state Medicaid rolls in the period between August 2011 and January 2012. CMS said that DPW appeared to have not always correctly followed protocol in reviewing eligibility. The CMS letter notes that federal officials met with DPW in April 2012 and that DPW said at the time that it would review 12,000 cases -- including 3,000 involving pregnant women and newborns -- to determine if any had been wrongly rejected. CMS is seeking to understand whether DPW's review has revealed any "systemic problems"; whether DPW has found any cases of wrongful termination; whether those people have been added back onto the rolls; and whether DPW has a plan to ensure that new applications are processed correctly and timely. FMI: See http://www.governing.com/news/state/mct-cms-probes-sharp-drop-in-pennsylvania-medicaid-rolls.html?utm_source=related&utm_medium=direct&utm_campaign=mct-cms-probes-sharp-drop-in-pennsylvania-medicaid-rolls

DPW Receives PA Governor’s Award for Innovation to Benefits Appeals Process

On July 12 PA Department of Public Welfare Secretary announced that the Bureau of Hearings and Appeals has received a first-ever Pennsylvania Governor’s Innovator Award for dramatically reducing the work hours and processing time it takes to send welfare client appeals to the court system. The bureau receives 78,000 appeals annually. By August 2012 processing and transmission of all case files to the courts will be completed electronically. DPW says the change will save staff 80 hours of work per month and reduce the time it takes to get a case to Commonwealth Court from eight weeks to less than one week. DPW says that it has been working on moving to paperless transcripts since July 2011 in conjunction with the Commonwealth Court. For more information see the DPW website at www.dpw.state.pa.us

DPW Announces New Approach in Licensing Facilities

On July 3 PA Department of Public Welfare (DPW) announced that it is taking a new approach in its inspection and licensing of facilities as part of its consolidation of licensing functions under a single administrative structure in the DPW Office of Administration, effective July 1, 2012. In a letter dated July 3, 2012 sent to human service providers subject to DPW regulations under Chapters 2600 (personal care homes), Chapter 3800 (child residential facilities), Chapter 6400 (community homes for people with intellectual disabilities), Chapter 6500 (family living home agencies), Chapter 2380 (adult training facilities) and Chapter 2390 (vocational facilities) DPW said that as it consolidated licensing activity that for the first year of the consolidation initiative it intends to focus its efforts on technical assistance to improve regulatory compliance as opposed to the use of negative license sanctions such as provisional licenses, denials, revocations and non-renewals. FMI: For more information regarding the consolidation of DPW licensing call 1-866-503-3926.
ODP Announces New Web-based Scheduling Assistance for Use of SIS & PA Plus

On July 12 the PA DPW Office of Developmental Programs (ODP) issued ODP Announcement 059-12 on new web-based scheduling assistance for use of the Supports Intensity Scale and PA Plus. The ODP announcement notifies AEs, SCOs and SCs of the Ascend Scheduling Assistance Program (ASAP). ODP says that the new web-based scheduling system (ASAP) will be used for the Supports Intensity Scale (SIS®) and the PA Plus assessment scheduling process. (The SIS and the PA Plus is the standardized needs assessment for participants aged 16-72 within ODP Consolidated and Person/Family Directed Support (P/FDS) Waivers.) ODP says that this new web based system does not change the scheduling practice currently in place for individuals and families. ODP says that for more information reference should be made to ODP Bulletin #00-08-11, titled Supports Intensity Scale and PA Plus User’s Manual, or any approved revisions. FMI: See www.odpconsulting.net.

ODP Issues Announcement on Customer Service Telephone System

On July 13 PA DPW Office of Developmental Programs (ODP) issued Announcement 060-12 on changes made to ODP’s Customer Service Telephone System effective July 1, 2012. Effective July 1, 2012, callers will now direct dial the applicable Customer Service Line and have the opportunity to speak with a customer service representative regarding their questions and concerns. ODP said that it had concluded that the volume of calls no longer warranted providing five options to callers (the telephone system formerly provided options that connected the caller to the Provider Enrollment or Directed Services voice mailbox, the Customer Service Line, or transferred the caller to either the Claims Resolution Unit or the HCSIS Helpdesk). Hours typically maintained for the Customer Service Line are 8:30 AM to 4:00 PM, Monday through Friday, excluding holidays. FMI: See www.odpconsulting.net.

OLTL Rates for Service Coordination Services Announced

In the July 14 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) issued a notice on the PA Medical Assistance (MA) Fee Schedule and approval of the waiver amendments related to service coordination for the Home and Community-Based Services Aging, Attendant Care, COMMCARE, Independence and OBRA Waivers by the United States Department of Health and Human Services, effective June 27, 2012. DPW also announced fee schedule rates for service coordination services, including service coordination services in the Act 150 Program. The rates are effective for dates of service on and after July 1, 2012. The rates are at http://www.aging.state.pa.us/portal/server.pt/community/information_for_providers/19328. DPW said that it anticipates the proposed fee schedule rates will result in an estimated decrease of $1.885 million ($0.858 million in State funds) for FY 2012-2013. DPW says that the savings were previously reported in the public notice "Rate-Setting Methodology, Fee Schedule Rates and Vendor Goods and Services for the Medical Assistance Aging, Attendant Care, COMMCARE, Independence and OBRA Waivers and the Act 150 Program," published at 42 Pa. B. 3343. Interested persons are invited to submit written comments regarding the DPW notice by August 13 to DPW at the Office of Long-Term Living, Attention: Yvette Sanchez-Roberts, 555 Walnut Street, Fifth Floor, Harrisburg, PA 17101-1919. Comments can also be sent to RA-olttstreamlining@pa.gov. DPW says that comments will be considered in subsequent revisions to the MA Program Fee Schedule.
L&I Proposes Rules to Enforce Prohibition of Excessive Overtime in Health Care

In the July 14 edition of the *Pennsylvania Bulletin*, the PA Department of Labor of Industry (L&I) published proposed regulations implementing provisions of the *Prohibition of Excessive Overtime in Health Care Act*. The Act prohibits health care facilities or employers that provide clinical care services from requiring its employees to work in excess of an agreed to, predetermined and regularly scheduled daily work shift. The Act allows for mandating overtime for unforeseeable emergent circumstances and requires health care facilities or employers to use reasonable efforts to obtain staff before overtime may be mandated. In addition, the Act prohibits retaliation against employees for refusing to work in excess of its limitation. The proposed rulemaking establishes the complaint and hearing process for alleged violations. The proposed rule provides key definitions and enumerates the complaint and investigation procedure for alleged violations, the factors L&I will consider when imposing penalties, the notice of violation and penalty procedure, and the procedure to be used by a health care facility or employer to contest an adverse administrative decision. The proposed rule sets out the hearing process. The health care facilities and agencies affected include general or special hospitals, psychiatric hospitals, rehabilitation hospitals, hospices, ambulatory surgical facilities, long-term care nursing facilities, cancer treatment centers using radiation therapy on an ambulatory basis, inpatient drug and alcohol treatment facilities, facilities which provide clinically-related health services and are operated by the Department of Corrections, the Department of Health, the Department of Military and Veterans Affairs or the Department of Public Welfare, and mental retardation facilities operated by the Department of Public Welfare. Employees affected are those involved in direct patient care activities or clinical care services and who receive an hourly wage or are classified as a nonsupervisory employee for collective bargaining purposes. Employees include individuals employed through a personnel agency that contracts with a health care facility to provide personnel. Interested persons are invited to submit written comments, suggestions or objections regarding the proposed rulemaking to Karen Galli, Deputy Chief Counsel, 651 Boas Street, 10th Floor, Harrisburg, PA 17120, fax (717) 783-5027, kgalli@pa.gov by August 13, 2012.

MIG Support Available for Staff Development for Supported Employment Personnel

AHEDD has alerted PARF that through an initiative of the Medicaid Infrastructure Grant, AHEDD is coordinating reimbursement to PA for the following online courses through Virginia Commonwealth University’s Rehabilitation Research and Training Center (VCU-RRTC). The courses are: (a) Supported Employment Web-based Certificate Series (ACRE-certified) - August 20 - November 12, 2012; (b) Supported Competitive Employment for Individuals with Mental Illness (ACRE-certified) - August 20 - November 12, 2012; (c) Customized Employment - September 16 – October 15, 2012; (d) Customized Supported Self-Employment - September 24 through December 17, 2012; and (e) Into Adulthood: Transition to Work for Individuals with Autism - October 8 – November 19, 2012. Course costs are identified on the forms provided by AHEDD. Participants/agencies who want to participate in this reimbursement program must complete a form provided by AHEDD and send a check payable to AHEDD for each participant on or before August 3, 2012. AHEDD will register participants and submit a master list of attendees and block payment. For questions about the reimbursement program, contact Lori Tyndall, AHEDD (717) 763-0968 ext 130. For questions about the course curriculum available through VCU-RRTC see www.worksupport.com/training/index.cfm.
U.S. House of Representatives Votes Again to Repeal ACA

On July 11 the U.S. House of Representatives voted to repeal the Patient Protection and Affordable Care Act (ACA). The vote was a symbolic action by Republicans in the House which voted to overturn the health care reform law 244-155, with five Democrats joining all of the House Republicans in voting to eliminate the measure. It was the 33rd time that Republicans have moved to repeal all or parts of the legislation since the party took control of the House in January 2011. The Democratic-led Senate will not support a repeal. FMI: See http://www.kaiserhealthnews.org/Home/KHN.aspx.

U.S. Senate Considers Small Employer Tax Credit

On July 12 the U.S. Senate failed to end debate on the Small Business Jobs and Tax Relief Act (S. 2237) with a 53 to 44 vote on a 60-vote threshold. The bill now goes back onto the Senate calendar. S. 2237 is designed to give tax credits to small employers that increase wages, hire new employees, or buy new equipment. The small business bill provides a 10 percent tax credit for businesses that increased their payrolls in 2012 compared to 2011. The credit is capped at $500,000. Nonprofits would be able to apply the credit to their payroll tax liability. The bill also provides a tax deduction for companies that make major equipment purchases. The proposal is similar to one included in President Obama's FY13 budget and was a part of five small business initiatives announced by the White House. All five initiatives will be included in a larger proposal dealing with expiring tax provisions that Congress has begun considering. FMI: For background on the Senate vote, see http://thehill.com/blogs/floor-action/senate/237625-senate-fails-to-end-debate-on-small-business-bill. To follow the progress of the Senate on the bill, see www.senate.gov. For the vote see http://www.govtrack.us/congress/votes/112-2012/s177. For a copy of the bill see http://thomas.loc.gov/home/thomas.php and click bill number and enter S.2237 in Search box. See www.senate.gov.

U.S. Congress Uncertain on Deficit Reduction and Sequester

Congress does not seem ready to act (at least, not in the near future) to avoid the budget sequester – a series of automatic federal spending reductions—that is scheduled to take place at the end of calendar year 2012 under the Budget Control Act (PL 112-25). An amendment added to the recently passed Senate farm bill (S 3240) calls for several reports from the executive branch on the effects of the sequester, and a group of senators have asked defense contractors to provide information about the impact of the scheduled budget cuts. However, given the deadlines for these reports and the lack of established bipartisan workgroups to work out a deficit reduction agreement at this time, Congress is not expected to take any action until this fall at the earliest. With respect to taxes, on July 9, President Obama called lawmakers to extend the 2001 and 2003 tax cuts for all households making below $250,000, while allowing the cuts to expire for those households above this income threshold. Meanwhile, the House of Representatives is expected to consider a one-year extension of the tax cuts for all income groups later this month. Without action by Congress, the tax cuts are scheduled to expire at the end of this calendar year. FMI: For PL 112-25 and S 3240 see www.house.gov and www.senate.gov.
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DOL Reports on National Employment Rate for Americans with Disabilities

The US Department of Labor (DOL) has released its monthly update on employment data, including data on the employment rate for Americans with disabilities. The July 2012 report shows that the unemployment rate was higher again in June 2012 as the economy continued to lag. A total of 13.3 percent of those with disabilities were jobless in June, according to the DOL monthly employment report, compared to a 12.9 percent unemployment in the previous month. One year ago (June 2011) the unemployment rate was 16.9 percent. Meanwhile, the jobless rate for the general population remained flat at 8.2 percent as the economy added 80,000 new jobs. DOL began reporting on employment among people with disabilities in October 2008. Data on people with disabilities covers those over the age of 16 who do not live in institutions. Reports are released monthly. FMI: See http://www.bls.gov/news.release/empsit.t06.htm and www.labor.gov.

HHS Announces 89 New ACOs, Invites Applications

On July 9 the U.S. Department of Health and Human Services announced that a total of 89 new Accountable Care Organizations (ACOs) as of July 1 began serving 1.2 million people with Medicare in 40 states and Washington, D.C. ACOs are organizations formed by groups of doctors and other health care providers that have agreed to work together to coordinate care for people with Medicare. The 89 new ACOs have entered into agreements with CMS. The 89 ACOs announced on July 9 bring the total number of organizations participating in Medicare shared savings initiatives to 154. Beginning this year, new ACO applications will be accepted annually. The application period for organizations that wish to participate in the MSSP beginning in January 2013 is from August 1 through September 6, 2012. More information, including application requirements, is available on the Shared Savings Program Application web page. http://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/sharedsavingsprogram/Application.html. To learn more about the ACOs announced today, see the Fact Sheet. visit: http://www.cms.gov/apps/media/fact_sheets.asp

HHS Notifies States of Exemption from Individual Mandate under ACA

On July 10 the U.S. Department of Health and Human Services (HHS) notified all 50 state governors that it would exempt low-income individuals without Medicaid from the individual insurance mandate in those states that choose not to expand their Medicaid program under the Affordable Care Act (ACA). The U.S. Supreme Court ruled that the Obama administration could not withhold existing federal Medicaid funding from states that decline to expand their eligibility to the law's new threshold: 133 percent of the federal poverty level. The court decision effectively makes the Medicaid expansion optional. Some GOP governors have already stated that they will not voluntarily expand the program. In the July 10 letter, HHS noted that the law gave it some latitude in exempting individuals from the mandate if obtaining insurance would be a financial hardship. HHS said it would exercise that authority in states that opt out of the Medicaid expansion. FMI: For a copy of the July 10 letter from HHS to the states see http://www.governing.com/news/federal/gov-hhs-will-exempt-low-income-people-without-medicaid-from-mandate.html. For information on the mandate see www.hhs.gov.
SAMHSA Invites Applications for Targeted Capacity Expansion Program

The Substance Abuse and Mental Health Services Administration (SAMHSA) is inviting applications to be submitted by July 20, 2012 for the Targeted Capacity Expansion Program: Substance Abuse Treatment for Racial/Ethnic Minority Populations at High Risk for HIV/AIDS grants totaling up to $130.5 million over the course of a five year period. The purpose of this program is to facilitate the development and expansion of culturally competent and effective community-based treatment systems for substance use and co-occurring mental disorders within racial and ethnic minority communities in states with the highest HIV prevalence rates (at or above 270 per 100,000). The expected outcomes for the program include reducing the impact of behavioral health problems, reducing HIV risk and incidence, and increasing access to treatment for individuals with co-existing behavioral health, HIV, and hepatitis conditions. SAMHSA expects that up to $26.1 million will be available annually to provide up to 52 grants at up to $500,000 per grantee, over the five year grant period. The actual award amounts may vary, depending on the availability of funds. Eligible applicants are domestic public and private nonprofit, community-based organizations in States and Territories with HIV prevalence rates of 270/100,000. See Section III-1 of this RFA for complete eligibility information. A complete application package may be obtained from SAMHSA at 1-877-SAMHSA7 (726-4727) [TDD: 1-800-487-4889]. Download the required documents from the SAMHSA website at http://www.samhsa.gov/grants/apply.aspx. Applicants are encouraged to apply online using www.grants.gov. The application due date is July 20, 2012. Applications must be received by the due date and time to be considered for review. See Section IV-3 of the application announcement for submission requirements. Applicants with questions about program issues should contact David C. Thompson at (240)-276-1623 or David.Thompson@samhsa.hhs.gov or contact Kirk James at (240)-276-1617 or Kirk.James@samhsa.hhs.gov. For questions on grants management issues contact Eileen Bermudez at (240)-276-1407 or Eileen.Bermudez@samhsa.hhs.gov.

Social Security to Add Adult Huntington’s Disease to Compassionate Allowances Program

On July 13 the Social Security Administration announced that it will add symptomatic Huntington’s Disease to its Compassionate Allowances program for adults by the end of the year. SSA said that the expedited disability process will identify people with significant symptoms of this devastating neurological disease. SSA also said that Adult Huntington’s Disease will accompany the designation of Juvenile Huntington’s Disease as a Compassionate Allowance condition, which will be effective next month. The Compassionate Allowances program fast-tracks disability decisions to ensure that citizens with the most serious disabilities receive their benefit decisions within days instead of months or years. For more information on the Compassionate Allowances initiative, please visit www.socialsecurity.gov/compassionateallowances.
CMS to Release Comparative Billing Reports on Outpatient Physical Therapy Services

On July 20, the Centers for Medicare and Medicaid Services (CMS) will release a national provider Comparative Billing Report (CBR) addressing Outpatient Physical Therapy Services with the KX Modifier. The CBR is a documented analysis that shows a provider's billing pattern for various procedures or services and compares that billing to their peers. The CBRs that are produced by SafeGuard Services under contract with CMS compare provider's billing and payment patterns to those of their peers located in the state and across the nation. The reports are not available to anyone except the providers who receive them. CMS said that to ensure privacy the reports presents only summary billing information. No patient or case-specific data is included. These reports are intended to help providers better understand applicable Medicare billing rules and improve the level of care they furnish to their Medicare patients. For more information and to review a sample of the Outpatient Physical Therapy Services with the KX Modifier CBR, see the CBR Services website at http://www.safeguard-servicesllc.com/cbr/default.asp or call the SafeGuard Services’ Provider Help Desk, CBR Support Team at 530-896-7080.

CMS Posts FAQs on 3-Day Payment Window

On June 14 the Centers for Medicaid and Medicaid Services (CMS) posted a list of frequently asked questions (CR 7502) on Bundling of Payments for Services Provided to Outpatients Who Later Are Admitted as Inpatients. The posting addresses the 3-Day Payment Window and the impacts on wholly owned or wholly operated Physician Offices. In the calendar year (CY) 2012 Medicare Physician Fee Schedule (MPFS) final rule, published November 28, 2011, CMS finalized the 3-day payment window policy’s application to physician fee schedule services consistent with section 102 of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (PACMBPRA) (Pub. L. 111-192). The implementing manual instructions (as contained in CR 7502) were published on December 21, 2011. A compilation of frequently asked questions (FAQs) about CR 7502 and the CMS response(s) are provided. In its posting CMS notes that the hospital and hospital units subject to the 1-day payment window policy (instead of the 3-day payment window) are psychiatric hospitals and units, inpatient rehabilitation hospitals and units, long-term care hospitals, children’s hospitals and cancer hospitals. CMS says that a wholly owned or wholly operated physician practice (or other Part B entity) of the aforementioned hospitals would also be subject to a 1-day payment window when furnishing diagnostic services and related non-diagnostic services within 1 calendar day preceding an inpatient admission. FMI: See https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/AcuteInpatientPPS/Downloads/CR7502-FAQ.pdf.
CMS to Collect Data on Therapies for Payment Reform

On July 6 Centers for Medicare and Medicaid Services (CMS) posted a proposed rule (CMS-1590-P) on Medicare Revisions to Payment Policies Under the Physician Fee Schedule, DME Face-to-Face Encounters, Elimination of the Requirement for Termination of Non-Random Prepayment Complex Medical Review and Other Revisions to Part B for CY 2013. The proposed rule includes a proposal to collect data on patient function related to physical and occupational therapy, and speech language pathology services. Section 3005(g) of the Middle Class Tax Relief and Jobs Creation Act (MCTRJCA) requires CMS to implement, beginning on January 1, 2013, “. . . a claims-based data collection strategy that is designed to assist in reforming the Medicare payment system for outpatient therapy services subject to the limitations of section 1833(g) of the Act. Such strategy shall be designed to provide for the collection of data on patient function during the course of therapy services in order to better understand patient condition and outcomes. The proposed rule will appear in the July 30, 2012 edition of the Federal Register. CMS will be accepting comments on the proposed rule until September 04, 2012 and will respond to the comments when it publishes the final rule with comment period. The final rule is to be issued by November 1, 2012. FMI: See https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/PQRS/Downloads/2013-PFS-Proposed-Rule-CMS-1590-P_2012-16814_PI.pdf. See also www.cms.gov

CMS Issues Letters to States on Integrated Care and Reforms to Medicaid

On July 10 the Centers for Medicare and Medicaid Services (CMS) issued the first two letters in a series of communications providing states with guidance on designing and implementing care delivery and payment reforms within Medicaid programs. The two letters issued on July 10 (SMD # 12-001 on Integrated Care Models and SMDL# 12-002 - ICM# 2 on Policy Considerations for Integrated Care Models) describe the relevant statutory authorities and policy considerations for creating "Integrated Care Models" (ICMs) – including (but not limited to) medical/health homes, accountable care organizations, ACO-like models, and other arrangements that emphasize person-centered, continuous, coordinated, and comprehensive care. The letters provide state options for innovative models in fee for service Medicaid without requiring a waiver. (In its guidance CMS points out that many of the concepts describing the state plan option to pay for quality improvement in FFS programs without a waiver could also apply to capitated programs. CMS says that it plans to issue future guidance specifically addressing ICM implementation within risk-bearing managed care contracts.) The July 10 letters are available online at http://www.medicaid.gov/Federal-Policy-Guidance/Federal-Policy-Guidance.html. CMS said that it will be hosting a webinar in the coming weeks to present the content of these first two letters and state options for integrated care models in Medicaid programs. Webinar access information by CMS will be provided in advance of the sessions.
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CMS Open Door Forum for Physicians, Nurses & Allied Health Professionals on July 17

On July 17 at 2:00 pm (Eastern Time) the Centers for Medicare and Medicaid Services (CMS) will host the next Physicians, Nurses & Allied Health Professionals Open Door Forum. Please dial in at least 15 minutes before call start time. To participate by phone, dial: 1-800-837-1935 and enter Reference Conference ID#: 76249808. Persons participating by phone do not need to RSVP. TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880. A Relay Communications Assistant will help. The forum will be recorded and made available as an Encore Feature. The encore session is a recording of the call that can be accessed by dialing 1-855-859-2056 and entering the Conference ID, beginning 2 hours after the call ends and will be available for 3 business days. For ODF schedule updates, E-Mailing List subscription and Frequently Asked Questions, visit our website at http://www.cms.gov/opendoorforums.

CMS Hospital & Hospital Quality Open Door Forum on July 18

On Wednesday, July 18 at 2:00 pm (Eastern Time) the Centers for Medicare Medicaid Services (CMS) will host its CMS Hospital & Hospital Quality Open Door Forum. Please dial-in at least 15 minutes before call start time. The forum agenda includes announcements and updates and a review of the 2013 Outpatient prospective Payment System (OPPS) Proposed Rule. The next ODF is scheduled for Wednesday, August 8, 2012. This call will be Conference Call Only. To participate by phone, dial: 1-800-837-1935 and enter Reference Conference ID: 52261655. The encore session can be accessed by dialing 1-855-859-2056 and entering Conference ID: 52261655. Encore is an audio recording of the call that can be accessed by dialing 1-855-859-2056 and entering the Conference ID beginning 2 hours after the call has ended. The recording expires after 3 business days. For ODF schedule updates, E-Mailing List registration and Frequently Asked Questions, see the CMS ODF website at http://www.cms.gov/OpenDoorForums/

CMS Review of Medicare Shared Savings Program & Advance Payment Model on July 31

On Tuesday, July 31 the Centers for Medicare Medicaid Services (CMS) will host a National Provider Call on the Medicare Shared Savings Program and Advance Payment Model Application Process. The Tuesday July 31 provider call will be held from 1:30 pm to 3:00 pm ET. The date for the call has been changed from Monday, July 16 to Tuesday, July 31. Subject matter experts will provide an overview and updates to the Shared Savings Program application and Advance Payment Model application processes for the January 1, 2013 Shared Savings Program start date. A question and answer session will follow the presentations. The Shared Savings Program Application and the Advance Payment Model web pages have important information, dates, and materials on the application process. Call participants are encouraged to review the applications and materials prior to the call. In order to receive call-in information, you must register for the call on the CMS Upcoming National Provider Calls web page. Registration will close at 12 pm on the day of the call or when available space has been filled; no exceptions will be made. Please register early. See http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html