DPW Establishes New Procedures for Licensing Human Services Programs

The PA Department of Public Welfare (DPW) Bureau of Human Services Licensing (BHSL) has released several announcements on new procedures for electronic recordkeeping and procedures for Self-Inspection of New Community or Family Living Homes under an Existing License. Ron Melusky, BHSL Director, will make a presentation on the new procedures and processes at the upcoming meeting of the PARF Residential Division to be held in Harrisburg at the Dixon University on Wednesday, January 9. Information on the meeting is available from PARF by contacting parfmail@parf.org. FMI: Questions may be directed to DPW at RA-pwarlheadquarters@pa.gov.

Senator Greenleaf Proposes New Violence Prevention Task Force

On December 27 PA Senator Stewart J. Greenleaf (R-Montgomery) announced plans to introduce a Senate Resolution to create the Task Force on the Prevention of Violence. Senator Greenleaf is a co-chair of the PA Senate Brain Injury Legislative Caucus and serves as the Majority chairman of the PA Senate Judiciary Committee. Senator Greenleaf said that the task force will be free to examine all issues surrounding cases of violence from firearm issues to bullying and mental health. Citing recent mass shootings, including the tragedy at Sandy Hook, Senator Greenleaf said that each event has left the nation in shock. He said that he believes the task force will provide meaningful direction and help the PA Legislature address many of the complex issues surrounding mass shootings. The task force would be composed of violence prevention experts and would report recommendations to the PA General Assembly for consideration in 2013. FMI: See http://www.pasenategop.com/news/2012/1212/greenleaf-122712.htm.

Webinar on 2013 CPT Psychiatric Changes & Coding on January 3

On January 3, 2013 from 12:00 Noon to 2:00 p.m. PCPA and Zetter HealthCare will host a webinar regarding the 2013 psychiatric CPT code changes and coding guidelines. Participants will gain an understanding of the difference between what used to be billed and what can now be billed, what portion of their documentation may be used, and what documentation is needed to allow for use of evaluation and management codes and add-on codes. Participants will learn elements and components of taking a history, performing the examination, and determining medical necessity as required for reimbursement. The presentation will also include several digital handouts and reference forms which will be supplied to participants prior to the webinar. The webinar is available for purchase as a live webinar or a recording. Detailed information including presenter biographies, fees, target audience, and registration can be accessed at http://www.cvent.com/d/tcqcsh. Webinar participants may purchase up to two hours of individualized phone/email consultation with Zetter HealthCare certified coders and chart reviewers at a discounted rate. FMI: Contact Jen Bankard at jen@paproviders.org.
PA Will Not Establish State-Run Health Insurance Exchange

On December 12 Pennsylvania Governor Tom Corbett announced that he had decided not to pursue a state-based health insurance exchange for Pennsylvania. In his announcement Governor Tom Corbett said that the US Department of Health and Human Services (HHS) had offered too little information concerning the operation of an exchange that would allow him to determine costs for operating an exchange. By law, the decision to establish a state-based exchange can be re-evaluated by states each year. The deadline for states to announce their plans for operating their own health insurance marketplaces in 2014 was December 14, 2012. Eighteen (18) states announced that they will plan their own exchanges. The 32 remaining states have until February 15, 2013 to indicate whether or not they want to set up a partnership exchange. FMI: See http://www.portal.state.pa.us/portal/server.pt?open=514&objID=1052970&parentname=ObjMgr&parentid=384&mode=2. See www.state.pa.us

PA Governor Corbett Explains Decision to Use Federal Health Insurance Exchanges

On December 24 PA Governor Corbett published a lengthy public explanation of his administration’s decision that it would not establish a state-run health insurance exchange but instead rely on a federally facilitated exchange – an exchange that would be operational by October 1, 2013, to allow consumers to purchase health insurance by 2014. In an article published in the Philadelphia Inquirer (Lack of information spurred call on exchanges/ Pennsylvania needs flexibility and clarity as it moves to implement certain portions of the Affordable Care Act), Governor Corbett outlined his stance on the development and use of the exchange. See http://articles.philly.com/2012-12-24/news/35984004_1_insurance-exchange-secretary-sebelius-insurance-marketplace. The Governor said that over the last two years, his administration has been studying the implications of building such an exchange in Pennsylvania and sent multiple letters to the U.S. Department of Health and Human Services (HHS) asking for clarification. The Governor said that his administration held discussions with interested parties, performed studies, lined up vendors, and obtained funding to assist with and prepare for the establishment of a state-based exchange, assuming that it might be the best option for Pennsylvania. However, he said, only after the initial decision date had been extended at request of the states did HHS issue some of the draft regulations needed to carry out the necessary research on key elements and functions of an exchange. He said that on December 10, HHS acknowledged a number of the questions the Corbett administration asked in August and provided some partial answers. Nonetheless, he said, receiving partial responses less than five days before the deadline for a decision made it difficult to come to a decision on major components of an exchange. Governor Corbett said that regular updates would be provided by the Pennsylvania Insurance Department. The exchange decision letter to HHS, along with three previous letters to HHS from the administration, can be found by clicking on “Affordable Care Act News” on the Pennsylvania Insurance Department’s website at www.insurance.pa.gov.
Novitas Solutions Suspends Pre-Approval of Therapy

In a December statement on Manual Medical Review of Therapy Services, Novitas Solutions announced that any therapy pre-approval requests received on or after December 17, 2012 will not be approved or disapproved. Claims associated with these requests will be subject to prepayment or post payment review. Novitas Solutions said that it is necessary and appropriate to allow 10 business days to approve requests. Requests received on or after December 17, 2012 would otherwise extend past December 31, 2012 (where there are no exception requests since a new cap starts on January 1, 2013). Novitas Solutions serves as the Part A Medicare Administrative Contractor (MAC) for Jurisdiction 12 (J12), which includes Delaware, New Jersey, Pennsylvania, Maryland, and the District of Columbia, and Jurisdiction H, which includes Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma and Texas. Novitas Solutions serves as the Part B Medicare Administrative Contractor (MAC) for Jurisdiction 12 (J12), which includes Delaware, New Jersey, Pennsylvania, Maryland, and the District of Columbia, and Jurisdiction H, which includes Arkansas, Louisiana and Mississippi. For Part B services, the A/B MAC Jurisdiction 12 includes the Counties of Arlington and Fairfax in Virginia and the City of Alexandria in Virginia. Services for the remainder of the state of Virginia are covered under A/B MAC Jurisdiction 11. For updates see https://www.novitas-solutions.com/bulletins/index.html. See also https://www.novitas-solutions.com/hot.html. For background on the therapy cap see also https://www.novitas-solutions.com/bulletins/all/news-09072012.htm

PVA Invites Proposals for Innovative Projects on Spinal Cord Injury

The Paralyzed Veterans of America Education Foundation, a grant-making organization of Paralyzed Veterans of America, seeks to fund innovative educational projects that enhance the quality of life of individuals with spinal cord injury or disease (SCI/D) and/or that increase the knowledge and effectiveness of health professionals in the SCI/D community. The foundation generally supports five types of projects: (1) Consumer, caregiver, and community education demonstration projects that seek to improve the health, independence, and quality of life of individuals with spinal cord injury or disease; (2) Professional development and education programs that improve the knowledge and competencies of professionals providing health care and related services to the SCI/D community, or fellowship/traineeship programs for professionals providing health care and related services to the SCI/D community; (3) Research utilization and dissemination projects that translate research findings into practice; (4) Assistive technology demonstration projects that improve the identification, selection, and use of assistive devices by people with SCI/D; and (5) Conferences and symposia designed to provide education and opportunities for collaboration among members of the SCI/D community. Proposals submitted for consideration of funding should be designed to educate, serve and benefit entire communities of individuals with spinal cord injury or diseases of the spinal cord rather than just individual project participants. A description of the potential for replication of proposed projects and dissemination plans are key elements of funding proposals. The foundation provides grants of up to $50,000 per year for one- or two-year projects. The application deadline is February 1, 2013. Link to Complete RFP at http://www.pva.org/site/c.ajIRK9NJLCjJ2E/b.6305829/k.6E40/PVA_Education_Foundation.htm.
PARF NEWS
Dateline: December 28, 2012

Child Injury Prevention Program No-Bid Grants Available

On December 15, 2012 edition of the Pennsylvania Bulletin the PA Department of Health (DOH) Bureau of Family Health announced the availability of Title V Funds through Child Injury Prevention Program Small No-Bid Grant. DOH said that its Bureau of Family Health is accepting small no-bid grant applications to support community based initiatives that directly address the promotion of community injury prevention practices targeted to children through 21 years of age. Grantees awarded funds through the Child Injury Prevention Program (Program) must use the funds for activities and materials to work to improve the health and safety of children through 21 years of age and reduce preventable child deaths and injury across this Commonwealth. Small no-bid grant awards shall not exceed $5,000. The Program will provide financial support to successful applicants in an effort to decrease the incidence of preventable child deaths and injury due to factors such as unsafe behaviors and actions and accidental death and injury of children in unsafe environments. Applications should be submitted to the Child Injury Prevention Program Administrator, Department of Health, Bureau of Family Health, Division of Child and Adult Health Services, Health and Welfare Building, 7th Floor East Wing, 625 Forster Street, Harrisburg, PA 17120, (717) 772-2762.

PHC4 Hospital Performance Report Released

On December 18 the Pennsylvania Health Care Cost Containment Council (PHC4) released its latest Hospital Performance Report, which includes calendar year 2011 inpatient discharge data. The report evaluates hospitals on twelve (12) medical conditions and surgical procedures for which new risk-adjustment processes are complete. It contains hospital-specific information about volume of cases, mortality, readmissions, and charges for patients admitted to 157 hospitals in the state. PHC4 plans to expand the number of conditions and measures in future annual reports. The report indicates that in-hospital mortality rates decreased significantly statewide between 2007 and 2011 for four of the 12 conditions included in the latest Hospital Performance Report. The sharpest decline was for Pneumonia-Aspiration, where the mortality rate dropped from 10.0% to 7.7%. Colorectal Procedures (3.2% to 2.6%), Kidney and Urinary Tract Infections (1.0% to 0.6%), and Chronic Obstructive Pulmonary Disease (1.0% to 0.8%) also showed significant declines in mortality rate between 2007 and 2011. No significant change occurred for the other eight conditions. Readmission rates showed a statistically significant decrease statewide from 2007 to 2011 for Chronic Obstructive Pulmonary Disease (from 23.5% to 22.1%) and Congestive Heart Failure (from 26.9% to 25.6%), but a significant increase for Chest Pain (from 10.9% to 12.9%). The other conditions and procedures showed no significant change. Among the other findings in the report are: -- For the 12 conditions reported, Chest Pain had the largest percentage decrease (-55%) in volume of patients admitted to hospitals in Pennsylvania. Chronic Obstructive Pulmonary Disease had the largest percentage increase (+22%) in admissions. -- Medicare fee-for-service was the primary payer for 41.7% of the Pennsylvania admissions in 2010 (the most recent year available) for the 12 conditions and procedures in this report. Those payments totaled more than $755 million. -- The condition with the highest average Medicare fee-for-service payment in 2010 was Colorectal Procedures, at $18,619 per hospitalization. The condition with the lowest average was Chest Pain, at $2,678. Copies of the Hospital Performance Report are free and available on the Council’s website at http://www.phc4.org.
PA House of Representatives Committee Chairs for 2013-2014 Announced

On December 19 PA House Speaker Sam Smith announced the chairs for each committee in the state House for 2013-2014. The list includes:


**Children and Youth:** Republican: Rep. Kathy Watson, 144th legislative district, Bucks County. Democrat: Rep. Louise Bishop, 192nd legislative district, Philadelphia County.


FMI: See [www.pahousegop.com](http://www.pahousegop.com) and [www.pahouse.com](http://www.pahouse.com).
PA Senate Committee Republican Chairs for 2013-2014 Announced

On December 19 PA Senate President pro tempore Joe Scarnati announced Republican Committee Chair appointments in the state Senate for 2013/2014. They are: Aging & Youth – Senator Bob Mensch (R-24); Agriculture & Rural Affairs – Senator Elder A. Vogel, Jr. (R-47); Appropriations – Senator Jake Corman (R-34); Banking & Insurance – Senator Don White (R-41); Communications & Technology – Senator Randy Vulakovich (R-40); Community, Economic & Recreational Development – Senator Kim L. Ward (R-39); Consumer Protection & Professional Licensure – Senator Robert M. Tomlinson (R-6); Education – Senator Mike Folmer (R-48); Environmental Resources & Energy – Senator Gene Yaw (R-23); Finance – Senator Mike Brubaker (R-36); Game & Fisheries – Senator Richard Alloway (R-33); Intergovernmental Operations – Senator-elect Scott E. Hutchinson (R-21); Judiciary – Senator Stewart J. Greenleaf (R-12); Labor & Industry – Senator John R. Gordner (R-27); Law & Justice – Senator Charles T. McIlhinney, Jr. (R-10); Local Government – Senator John H. Eichelberger, Jr. (R–30); Public Health & Welfare – Senator Patricia H. Vance (R-31); Rules & Executive Nominations – Senator Dominic Pileggi (R-9); State Government – Senator Lloyd K. Smucker (R-13); Transportation – Senator John C. Rafferty, Jr. (R-44); Urban Affairs & Housing – Senator David G. Argall (R-29) Veterans Affairs & Emergency Preparedness – Senator Lisa Baker (R-20). FMI: For related stories see www.pasenategop.com

PA Senate Committee Democratic Chairs for 2013-2014 Announced

PARF NEWS
Dateline: December 28, 2012

CMS National Provider Call on Medicare DSH Payments on January 8

On January 8 from 1:30 pm to 3:30 pm Eastern Time the Centers for Medicare & Medicaid Services (CMS) will host a CMS National Provider Call on Implementation of Section 3133 of the Affordable Care Act and Improvement to Medicare DSH Payments. To receive call-in information, you must register for the call on the CMS Upcoming National Provider Calls registration website. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early. The presentation for this call will be posted prior to the call on the FFS National Provider Calls web page. In addition, a link to the slide presentation will be emailed to all registrants on the day of the call.

CMS Offers Guidance on the Medicaid Expansion

On December 10 Centers for Medicare & Medicaid Services (CMS) released a document of Frequently Asked Questions (FAQ) on Exchanges, Market Reforms and Medicaid. The FAQ was designed to address some ongoing concerns with respect to the Medicaid expansion. In the guidance, CMS reinforces that there is no deadline by which states must decide if they want to expand Medicaid coverage to the optional eligibility group, and clarified that states electing to do so have the flexibility to drop this coverage later. CMS says that while states have the flexibility to start or stop the expansion, the federal match rates for medical assistance (FMAP) for the expansion population are tied to specific dates, outlined in statute. Accordingly, CMS says, states will receive 100 percent support for newly eligible adults in 2014 - 2016; 95 percent in 2017; 94 percent in 2018; 93 percent in 2019; and 90 percent in 2020 and beyond. So, if a state decides to expand its Medicaid coverage to 133 percent FPL in 2019, it must do so at the rate tied to that year (93 percent), and will not be eligible for the higher match rates available to participating states in previous years. The document also addresses Partial Expansions and whether or not a state may expand Medicaid to less than 133 percent FPL. CMS says that since the ACA does not provide for a phased-in or partial expansion, CMS will not allow states to expand coverage to less than 133 percent FPL and still receive the 100 percent match rate (which is only available from 2014-2016). However, during these years, CMS will consider state 1115 waiver applications to partially expand Medicaid, but the 'partial expansion population' would be subject to the state's regular FMAP, not the ACA's 100 percent match. CMS notes that in 2017, the 100 percent federal funding begins to phase down. At this time, CMS will make new demonstration opportunities available to states through broad-based State Innovation Waivers, which may be coupled with 1115 waivers to allow states to revise their Medicaid programs as well. However, states will only be able to get a comprehensive waiver from many of the law's requirements if they can show they would still be providing similar coverage and benefits as called for under the ACA. The FAQ on Exchanges, Market Reforms, and Medicaid is available at http://medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/Downloads/Governor-FAQs-12-10-12.pdf
CMS Updates Requirements on Data Collection for Therapy Visits

On December 21 the Centers for Medicare and Medicaid released a revised Change Request (CR) #: CR 8005 entitled *Implementing the Claims-Based Data Collection Requirement for Outpatient Therapy Services — Section 3005(g) of the Middle Class Tax Relief and Jobs Creation Act (MCTRJCA) of 2012*. CMS says that it will implement the CR requirements on January 7, 2013. To offer guidance to providers on the revised CR 8005 CMS issued a revised *MLN Matters® Number MM8005* on December 26, 2012. In the article, CPT code 96125 was added to the list of evaluation codes and information was added to provide direction for one-time therapy visits. Also, the transmittal numbers and the Web addresses for accessing the CR8005 transmittals are updated. All other information remains the same. CMS says that a separate CR (and related MLN Matters® Article) will be issued regarding the editing required for claims with therapy services on and after July 1, 2013, at which time Medicare will begin returning and rejecting claims, as applicable, that do not contain the required functional G-code/modifier information.

CMCS Informational Bulletin on Increased Medicaid Payment for Primary Care

On December 21, the Centers for Medicare & Medicaid Services (CMS) Center for Medicaid and CHIP Services issued a CMCS Informational Bulletin on Increased Medicaid Payment for Primary Care, providing information for states on the implementation of the Affordable Care Act’s provisions to raise payments for services furnished by certain primary care physicians in calendar years 2013 and 2014. The CMCS bulletin says that since the publication of the final rule on November 6, 2012, CMS has received questions from states and other stakeholders about this provision. CMS has developed two Question and Answer documents to address many of the questions received to date, one document related to fee-for-service implementation issues and a second on managed care delivery system implementation issues. The Questions and Answers may be accessed at: [http://www.medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/CMCS-Ask-Questions.html](http://www.medicaid.gov/State-Resource-Center/Frequently-Asked-Questions/CMCS-Ask-Questions.html). Under the provisions of the regulation, states are required to amend their Medicaid state plans to increase payment rates; therefore, CMS has issued a state plan preprint for this purpose. The preprint “Reimbursement Template -Physician Services, Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415,” may be accessed at: [http://www.medicaid.gov/AffordableCareAct/Provisions/Provider-Payments.html](http://www.medicaid.gov/AffordableCareAct/Provisions/Provider-Payments.html)

Mathematica Reports on SSA Work Supports Used by Medicaid Buy-In SSDI Participants

Mathematica recently announced the release of a new issue brief "Which Medicaid Buy-In Participants Use SSA Work Supports?" which describes the use of SSA work supports among the nearly three-quarters of Buy-In participants who also receive Social Security Disability Insurance. See [http://www.mathematica-mpr.com/publications/PDFs/Disability/WWD_Medicaid_Buy-In.pdf?spMailingID=5253014&spUserID=MTrO1mQ0OvTE2MjYYS1%26spJobID=60512235%26spReportId=NjA1MTIvMzUS1](http://www.mathematica-mpr.com/publications/PDFs/Disability/WWD_Medicaid_Buy-In.pdf?spMailingID=5253014&spUserID=MTrO1mQ0OvTE2MjYYS1%26spJobID=60512235%26spReportId=NjA1MTIvMzUS1). To better understand who might benefit most from program outreach, the researchers explored variation in use rates by age, education, and disabling health condition. The issues brief examines the relationship between work-support use, employment, and earnings.