PARF NEWS
Pennsylvania Association of Rehabilitation Facilities
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RCPA Announces Selection of Board of Directors

The Rehabilitation and Community Providers Association (RCPA) –successor to PARF and the Pennsylvania Community Providers Association (PCPA) – has announced the appointment of its initial Board of Directors, effective July 1. RCPA is the organization formed upon the merger of PARF and PCPA, effective July 1, 2013. RCPA President and Chief Executive Officer Richard Edley made the announcement that the directors of the newly-formed RCPA are: Brad Barry, Child Guidance Resource Centers; Susan Blue, Community Services Group (Co-Chair); Jim Bobeck, Step by Step (Secretary); Stephen Christian-Michaels, Family Services of Western Pennsylvania; William Conaboy, Allied Services; Richard Edley, RCPA (President and CEO); Jon Evans, Safe Harbor Behavioral Health; William C. Folks, Eagleville Hospital; Karen Graff, Penndel Mental Health Center; Alan Hartl, Lenape Valley Foundation; Susan Hartman, HealthSouth Nittany Valley Rehab’ Ruth Lefton, MossRehab Hospital; William McCarthy, Stairways Behavioral Health; Dennis Nebel, Human Services Center (Treasurer); Joe Pierangeli, United Rehabilitation Services, Inc.; Jack Poplar, Acadia, Inc.; Claudia Roth, University of Pittsburgh Medical Center; Colleen Stuart, Venango Training and Development Center; Jeff Wilush, Horizon House (Co-Chair). The board members will meet in early July and set a schedule and agenda for the upcoming year. Edley said that there will be an announcement subsequent to that meeting as to Honorary Board Members who may participate on the board as past-chairs of their respective organizations prior to the merger. Finally, the RCPA Political Action Committee (PAC) is in the process of forming though the merger of the existing PACs. Alan Hartl, Lenape Valley Foundation, and Jim Gurreri, The Arc of Cumberland and Perry Counties, have agreed to serve as co-chairs with Richard Edley, RCPA, as treasurer. Please join us in congratulating these new board members and appointees.

FMI: For more information contact PARF at parfmail@parf.org.

IFO Revises Revenue Estimates, Improves Outlook for PA Budget

On June 17 the PA Independent Fiscal Office released its revenue projections for the end of this current fiscal year (FGY 2012-2013), presenting a brighter forecast than it offered in May – about $300 million to the better. The IFO concluded the state would end the current fiscal year with $28.7 million in revenues, an increase of 3.8 percent over the past fiscal year. And it projected the 2013-14 year would see $29 billion in revenue, a 1.2 percent increase. The new estimates are about $153 million more than anticipated in May for FY 2012-2013 and $147 million higher for FY 2013-2014. IFO says that some of that growth is due to projected increases in personal income tax collections as well as moderate growth of business profits. The IFO said the official estimate incorporated sustained, modest growth. The IFO also explained how some current economic challenges facing the state are affected by federal decisions on taxes, investment incentives and sequestration. FMI: To view the IFO recent update and summary see http://www.ifo.state.pa.us/resources/PDF/IFO_General_Fund_Snapshot_June_17_2013.pdf. The IFO full report is posted on its website at www.ifo.state.pa.us . To review the final updated report, see http://www.ifo.state.pa.us/resources/PDF/IFO_Official_Revenue_Estimate_June_2013_FINAL.pdf.
PA Senate Works on State Budget Bill and Proposed Reforms

On June 24 the PA Senate convenes and continues work on completing the state budget for Fiscal Year 2013-14. In developing the budget bill, Senate Republican leaders announced that a transportation funding plan, privatization of the sale of wine and liquor, reforms to public pension plans, and other significant bills (including the expansion of Medicaid in PA – see below) could be considered. Meanwhile on the docket are Senate Bill 379, sponsored by Senator Pat Vance (R-Cumberland), making benevolent gestures inadmissible as evidence of medical liability and Senate Bill 914, sponsored by Sen. Don White (R-Indiana), moving the Pennsylvania Insurance Department to a dedicated funding structure. FMI: See www.pasenategop.com

PA Senate Leaders Plan to Introduce Legislation to Expand Medicaid in Pennsylvania

The Pennsylvania Senate is expected to vote next week on a bill that sets conditions for the expansion of the Medicaid program in Pennsylvania. The Medicaid expansion would provide $3 billion annually to expand the program. The Governor claims the expansion would cost the state $340 million in the first year while the PA Independent Fiscal Office as well as House and Senate Democrats and some Republicans say it will save the state $165 million in the first year. Senate Republican leaders who are leading the effort to develop the legislation for consideration in the Senate have indicated that they are currently negotiating the terms and conditions with Senate Democrats. The bill would establish terms for negotiation of an agreement between the state and federal officials to allow Medicaid expansion. Senate leaders indicate that the conditions include a work requirement for adults and some (but not all) terms and conditions sought by Governor Tom Corbett. The Governor’s office maintains that it is not involved in any negotiations with the Senate Democrats about a Medicaid expansion bill. The Governor’s office repeated previous statements that the Governor is intent on reforming the Medicaid program and will continue discussions with the U.S. Department of Health and Human Services over the summer. However, Senate Republican leaders said that the Governor knows of the current activity of the Senate Republicans and Democrats and that the House Republican leaders will have an opportunity to comment on any legislative proposal. Federal and state officials have welcomed legislation as a means of advancing discussion between state and federal offices about more specific proposals leading to a final agreement. Senate leader Joe Scarnati (R-Jefferson) said the Senate proposal would likely be included as an amendment to the Welfare Code when that bill is passed next week. Passage would commit the state to enter into the Medicaid expansion if the federal government allowed Pennsylvania to include a work requirement and other accountability mandates in the Medicaid program. FMI: See www.pasenategop.com.

PA Senate Approves Legislation to Update Speech-Language and Hearing Act

On June 19 the PA Senate passed legislation providing important updates to the 30 year old law that governs the practice of Speech-Language and Hearing treatment in Pennsylvania. Senate Bill 137 now moves to the House of Representatives for consideration. The legislation provides for the for the proper credentialing and licensure of audiologists and makes changes in requirements for education, scope of practice, and use of national standards. Senate Bill 137 is the result of several years of discussion with the profession, state regulators and consumer groups. The legislation reforms the State Board of Examiners in Speech-Language and Hearing. See http://www.pasenategop.com/news/2013/0613/gordner-061913.htm To track the progress of the legislation, see www.legis.state.pa.us and enter SB 137. www.pasenategop.com
PA Senate Committee Amends HB 119 on Deemed Status for Accredited Hospitals

On June 19 the PA Senate Public Health and Welfare Committee considered legislation that has been approved by the PA House of Representatives that permits hospitals to use national accreditation surveys as evidence of compliance with Department of Health licensure renewal requirements (HB 1190). In an 11-0 vote the Senate committee approved an amendment to HB 1190 to include the provision (A02185) which provides for the initial period of time in which an accreditation-expiration and a licensure-expiration do not align and which makes other technical and clarifying changes. On June 20 the amended bill (HB 1190 PN 2090) was considered by the Senate and re-referred to the Senate Appropriations Committee. HB 1190 PN 2090 amends the Health Care Facilities Act authorizing the state to grant "deemed status" licensure to facilities accredited by an approved national accredited organization. A hospital that receives anything less than full accreditation shall be subject to full licensure survey by the department. The PA Department of Health would retain oversight over construction and renovation plans, as well as, any complaints filed against a hospital, regardless of whether they have obtained “deemed status” for the purposes of licensure. Those hospitals which are not accredited would still be subject to the Department of Health’s licensure regulations. The bill provides for the time period when a hospital’s accreditation cycle and licensure cycle may not be aligned. The bill requires the Department of Health to make the survey report available to the public. FMI: See http://www.pasenategop.com/committees/health/2013/061913/agenda.htm. To track the progress of HB 1190 PN 2090 see http://www.legis.state.pa.us/.

Governor Corbett Protests Federal Funding Cuts

On June 21 PA Governor Tom Corbett issued a statement objecting to ongoing federal cuts from Washington impacting Pennsylvania’s education, health and welfare and other programs by nearly $220 million. Governor Corbett said that Pennsylvania simply cannot afford to replace all the funds lost to federal sequestration. In education, the federal government has announced $75.6 million cuts across the state. Among the education cuts is a decrease of more than $22 million to special education. In health and human services, the federal sequestration is threatening a $1.2 million decrease to the Maternal Child Health Services Block Grant program, which provides community health nurses and newborn screening staff. An additional $1.6 million in federal funds will be cut from the public health preparedness program which reduces resources for training, travel and supplies. The Women, Infants and Children (WIC) program can expect a reduction of at least $6 million affecting services for approximately 6,500 Pennsylvania women and children each month. The sequestration will result in a $5.3 million reduction for community mental health and domestic violence services. Early intervention programs will experience $1 million in cuts. For more information, visit www.pa.gov

HCPCS 2013 Updates for Behavioral Health Services

The PA Department of Public Welfare (SDPW) has announced that its Medical Assistance Program Fee Schedule has been revised to reflect the 2013 HCPCS Behavioral Health Procedure Code updates effective for dates of service on or after June 24, 2013. Providers may access the on-line version of the fee schedule at http://www.dpw.state.pa.us/publications/forproviders/schedules/mafeeschedules/index.htm. For the most recent information related to the services provided refer to the on-line fee schedule which is updated daily. DPW says that additional information will be forthcoming. See www.dpw.state.pa.us
New PHRC Mediation Program to Resolve Employment Discrimination Disputes

On June 17 the Pennsylvania Human Relations Commission (PHRC) launched a mediation program to resolve employment discrimination complaints within a short time frame. Trained, neutral mediators will guide the process, which aims to produce settlements agreeable to both parties. There is no cost to those who choose mediation as a way of resolving their disputes, and they do not need to hire an attorney. The process is confidential. The commission will offer mediation as an option to anyone who files an employment discrimination complaint. Exceptions are for complaints filed against state agencies and a few other limited instances. The process is confidential. Cases will be handled by state attorneys who are trained, certified mediators. They have received specialized training by the commission in Pennsylvania equal opportunity law. If a settlement has not been reached within 10 days, the case will be investigated through normal commission procedures. The Equal Employment Opportunity Commission, or EEOC, has used mediation to resolve employment discrimination complaints for over 20 years. Virtually every state’s Fair Employment Practice Agency has a mediation program in place. The PHRC Mediation Program was developed as part of the governor’s innovation initiative. More information about mediation, and how to file discrimination complaints in Pennsylvania, is available in English and Spanish at www.phrc.state.pa.us

DPW Revises Medical Assistance (MA) Program Fee Schedule

In the June 22, 2013 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) announced changes to the Medical Assistance (MA) Program Fee Schedule. These changes are effective for dates of service on and after June 24, 2013. Under the fee schedule revisions DPW is adding and end-dating procedure codes as a result of implementing the 2013 updates made by the Centers for Medicare and Medicaid Services (CMS) to the Healthcare Common Procedure Coding System (HCPCS). The Department is also adding and end-dating other procedure codes. Some of the procedure codes being added to the MA Program Fee Schedule will require prior authorization. DPW says that fees for the new procedure codes will be published in an MA Bulletin that will be issued to all providers. A multitude of procedure codes are being added to the MA Program Fee Schedule as a result of the 2013 HCPCS updates. Some procedure codes are being added to the MA Program Fee Schedule as a result of significant program exception request and other procedure codes are being end-dated from the MA Program Fee Schedule either as a result of the 2013 HCPCS updates or because they were previously end-dated by CMS. DPW said that providers should submit claims using the end-dated procedure code, as set forth in the authorization issued by DPW. DPW will accept claims with the end-dated procedure code until June 24, 2014, for those services that were previously prior authorized. There is no fiscal impact anticipated in Fiscal Year (FY) 2012-2013. The estimated cost for FY 2013-2014 is $0.599 million ($0.277 million in State funds). The estimated cost for FY 2014-2015 is $0.450 million ($0.210 million in State funds). Interested persons are invited to submit written comments regarding this notice to the Department of Public Welfare, Office of Medical Assistance Programs, c/o Deputy Secretary's Office, Attention: Regulations Coordinator, Room 515, Health and Welfare Building, Harrisburg, PA 17120. Comments received will be reviewed and considered for any subsequent revisions to the MA Program Fee Schedule. FMI: See http://www.pabulletin.com/secure/data/vol43/43-25/1137.html. See also www.pabulletin.com.
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National Practice Standards for Peer Recovery Supporters: Deadline Extended

The International Association of Peer Supporters (IAPS - formerly the National Association of Peer Specialists) has created a draft document on core values of peer support and is seeking comment by June 25. IAPS is seeking input on the document from anyone who provides or receives peer support and not only from certified peer specialists. People who participate in other forms of peer support are also welcome to comment. To review the document and comment, go to: http://na4ps.wordpress.com/national-standards/. The deadline for comments on peer support has been extended beyond the June 21 deadline, and comments will now be accepted until Tuesday, June 25.

PA BH and Aging Coalition Conducts Survey on Needs of Older Adult Veterans

The Pennsylvania Behavioral Health and Aging Coalition which is funded by the PA Office of Mental Health and Substance Abuse Services (OMHSASS) is conducting three (3) surveys to gauge the behavioral health needs of older adult veterans and their families. The coalition is collecting information so it can inform the Commonwealth of Pennsylvania where older adult veterans (age 60+) and their family members access health care and the condition for which they seek assistance. The survey will also seek information on the quality of the care that is provided. The coalition estimates that each survey can be completed in less than 5 minutes. Surveys are confidential. Older adult veterans and family members can either complete the survey online at the link below, or they may call the coalition at 866-588-0223, extension 200. Older Adult Veterans should connect at www.research.net/s/oavet; family members of older adult veterans at www.research.net/s/famvet; and providers at www.research.net/s/oavprovider. The deadline for survey completion is open, but early response is requested. Please contact Rebecca May-Cole (866-588-0223, x200 or rebecca@olderpa.org) with questions. A flyer is available that can be used for broader outreach. See http://www.olderpa.org/Resources/Documents/Survey%20Announcement.pdf

DPW Increases Funds for Additional Class of DSH Payments

In the June 22, 2013 edition of the Pennsylvania Bulletin, the PA Department of Public Welfare (DPW) announced its intent to increase the funding allotted for Fiscal Year (FY) 2012-2013 for disproportionate share hospital (DSH) payments to certain qualifying Medical Assistance (MA) enrolled hospitals that advance the Department’s goal of enhancing access to multiple types of medical care in economically distressed areas of this Commonwealth. There will be no change in the qualifying criteria or payment methodology for this additional class of DSH payments. In making these payments, the Department ensures that no acute care general hospital receives any DSH payment that is in excess of its hospital-specific DSH upper payment limit and the Commonwealth is not exceeding its aggregate annual DSH allotment. The FY 2013-2014 fiscal impact as a result of this increase in the allocation for the additional class of DSH payments is $15.000 million ($6.858 million in State general funds and $8.142 million in Federal funds). 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 of the notice. DPW says that funds have been included in the budget to cover this increase. FMI: See www.pabulletin.com
Pennsylvania 2013 Community on Transition Conference on July 24-26

The Pennsylvania Community on Transition Conference will be held this year on July 24, 25, and 26 at Penn Stater Conference Center and Hotel in State College, PA. Registration for the 2013 PA Community on Transition Conference is now available. Participants should register for this event by visiting the website at [www.pattan.net](http://www.pattan.net). Click on the training calendar, find the date of the conference and click on the conference’s hyperlink. The primary purpose of the 2013 conference – *Don’t Stop Thinking About Tomorrow: Opportunity, Possibility, Action* – is to expand the capacity of local education agencies and communities, in partnership with youth, young adults and families, in promoting the successful transition of youth/young adults with disabilities to post-school outcomes of employment, post-secondary education and training, community participation, and healthy lifestyles. Participants will have the opportunity to learn about effective practices to assist youth/young adults with disabilities to explore possibilities, take advantage of their opportunities, and actively advocate for their future. The conference will feature: Keynote and feature presentations; approximately 100 breakout sessions; sessions and activities designed for youth and family partnership teams by the PA Youth Leadership Network; cross-stakeholder engaging sessions and networking opportunities; and accommodations and supports expo, featuring hands-on assistive technology exhibits, vendor displays, and resource tables.

Positive Practices Committee Video Conference on July 17

The PA DPW Office of Developmental Programs (ODP) has invited stakeholders to participate in the Statewide Positive Practices Committee Live Meeting and Video Conference on July 17, 2013 from 10am to 12 pm and 1 pm to 3:00 pm. Registration is required. The conference may be accessed at three locations: (1) PaTTAN Harrisburg 6340 Flank Drive, Harrisburg, PA 17112; (2) PaTTAN King of Prussia 200 Anderson Road, King of Prussia, PA 19046; and (3) PaTTAN Pittsburgh 3190 William Pitt Way, Pittsburgh, 15238. Please click on the link below and register to attend the Positive Practice Video Conference. See [http://surveys.odpconsulting.net/tool/index.php?sid=24171&lang=en](http://surveys.odpconsulting.net/tool/index.php?sid=24171&lang=en). For assistance with registration, call Jeffrey Wheeler (ODP Consulting System) at 1-800-446-5607, ext. 6881. Positive Practices Committee (PPC) is a joint initiative between the Department of Public Welfare’s Office of Developmental Programs and the Office of Mental Health and Substance Abuse Services. PPC consists of a large statewide group and multiple regional groups, tasked with building capacity and collaborating across offices to enhance community services and clinical support for people experiencing co-occurring intellectual disability and mental illness. Please join the Positive Practices Committee for a statewide videoconference presenting two topics of interest to people supporting individuals experiencing co-occurring intellectual disability and mental illness. Confirmation of registration will be sent to the email address you enter within 2 business days. Registration is not confirmed until email confirmation is sent. If you have any questions, please visit the OCS Help Desk Information page at [http://help.odpconsulting.net/i/](http://help.odpconsulting.net/i/). If you are unable to register online, please call one of the following people during regular weekday business hours: Jeffrey Wheeler (800-446-5607 x 6881), Audrey Shuey (800-360-7282 x 3925) or Angela Plantz (800-360-7282 x 3719).
IRRC Comments on Termination of Grandfather Provisions in Speech/Hearing Regulations

In the June 22, 2013 edition of the Pennsylvania Bulletin, the Independent Regulatory Review Commission published its comments on the proposed regulations of the State Board of Examiners in Speech-Language and Hearing. IRRC commented on the Board’s proposed rulemaking published in the April 13, 2013 Pennsylvania Bulletin regarding State Board of Examiners in Speech-Language and Hearing Regulation #16A-6806 (IRRC #3001) on Termination of Grandfather Provisions. The agency must consider the IRRC comments in preparing the final-form regulation. The final-form regulation must be submitted within 2 years of the close of the public comment period or it will be deemed withdrawn. See http://www.pabulletin.com/secure/data/vol43/43-25/1141.html.

IRRC Comments on Proposed Rules on Continuing Education for Occupational Therapists

In the June 22, 2013 edition of the Pennsylvania Bulletin, the PA Independent Regulatory Review Commission (IRRC) published its comments on the proposed regulations of the State Board of Occupational Therapy Education and Licensure (Board). The final-form rulemaking issued by the Board enacts the requirement that occupational therapists maintain continued competency by requiring occupational therapists to complete 24 contact hours per biennium in acceptable continued competency activities. Acceptable continued competency activities include: Distance and in-person education programs, writing on occupational therapy topics in peer-reviewed journals and other non-peer-reviewed publications, volunteerism related to occupational therapy—characterized as unpaid service, fieldwork supervision, mentorships and professional study groups – and presentation and instruction. IRRC said that the final-form rulemaking will have a fiscal impact on the regulated community in that each licensed occupational therapist will incur the costs associated with completion of 24 contact hours of continued competency activities as a condition of biennial renewal. The Board estimates an average cost of compliance with the continued competency requirements to be $300 per licensee annually. In addition, the final-form rulemaking will create additional paperwork for the regulated community in that licensed occupational therapists would be required to retain documentation supporting the completion of the continued competency activities for 4 years and provide that documentation to the Board upon request. The order is effective as of June 22, 2013. See www.pabulletin.com See http://www.pabulletin.com/secure/data/vol43/43-25/1117.html

Name Change for AmeriHealth Mercy Health Plan and Keystone Mercy Health Plan

Effective June 1, 2013, AmeriHealth Mercy Health Plan and Keystone Mercy Health Plan changed their names. This change is a result of the change in ownership announced in August 2011, in which Blue Cross Blue Shield of Michigan joined Independence Blue Cross as co-owner of the AmeriHealth Mercy Family of Companies. Keystone Mercy Health Plan officially changed to Keystone First. The new website address for Keystone First is www.keystonefirstpa.com. AmeriHealth Mercy Health Plan changed to AmeriHealth Caritas Pennsylvania. The new website address for AmeriHealth Caritas Pennsylvania is www.amerihealthcaritaspa.com. If you are an AmeriHealth Mercy Health Plan or Keystone Mercy Health Plan participating provider and have any questions about this change, you can contact Provider Services at 1-800-521-6007 Please note: AmeriHealth Northeast (plan code 41) will not be changing its name. AmeriHealth Caritas Pennsylvania will be the plan name for the New West (plan code 37) and Lehigh Capital (plan code 57) zones. AmeriHealth Northeast is a separate plan for the New East zone.
HHS Publishes Standards for Federally Facilitated Exchanges under ACA

On June 19 the U.S. Department of Health and Human Services (HHS) Centers for Medicare & Medicaid Services (CMS) published its proposed rule setting forth financial integrity and oversight standards with respect to Affordable Insurance Exchanges, Qualified Health Plan (QHP) issuers in federally facilitated exchanges (FFEs); and States with regard to the operation of risk adjustment and reinsurance programs. The proposed rules are on pages 37031 - 37095 (65 pages) at FR DOC #: 2013-14540. HHS CMS also proposed additional standards with respect to agents and brokers. The standards, which include financial integrity provisions and protections against fraud and abuse, are consistent with Title I of the Patient Protection and Affordable Care Act as amended by the Health Care and Education Reconciliation Act of 2010, referred to collectively as the Affordable Care Act. Starting on January 1, 2014, qualified individuals and qualified employers will be able to be covered by private health insurance through competitive marketplaces called Affordable Insurance Exchanges, or “Exchanges” (also called Health Insurance Marketplaces). This proposed rule sets forth oversight and financial integrity standards with respect to Exchanges, QHP issuers in Federally-facilitated Exchanges (FFEs), and States with regard to the operation of risk adjustment and reinsurance programs. It also proposes additional standards for special enrollment periods, survey vendors that may conduct enrollee satisfaction surveys on behalf of QHP issuers in Exchanges, issuer participation in an FFE, and States’ operation of a SHOP. Finally, it proposes additional standards for agents and brokers, geographic rating areas, and guaranteed availability and renewability. Nothing in these proposed regulations would limit the authority of the Office of the Inspector General of the U.S. Department of Health and Human Services (OIG) as prescribed by the Inspector General Act of 1978 or any other law. Although many of the proposed provisions in this proposed rule would become effective by 2014, we do not believe that affected parties will have difficulty complying with the provisions by their effective dates, because most of the proposed standards are based on existing standards currently in effect in the private market, were previously proposed through the Blueprint process, discussed in agency-issued sub-regulatory guidance, or were discussed in the preambles to the Exchange Establishment Rule,1 Premium Stabilization Rule,2 and the HHS Notice of Benefit and Payment Parameters for 2014.3 In addition to general comments on the substance of the proposed provisions, HHS CMS is seeking input on ways to implement these proposed policies to minimize burden. To be assured consideration, comments must be received no later than 5 p.m. on July 18. FMI: See https://www.federalregister.gov/articles/2013/06/19. For a copy of the regulation see http://www.gpo.gov/fdsys/pkg/FR-2013-06-19/pdf/2013-14540.pdf
HHS Reports Consumer Savings on Health Care Premiums in 2012

On June 20 the U.S. Department of Health and Human Services (HHS) announced that nationwide, 77.8 million consumers saved $3.4 billion up front on their premiums as insurance companies operated more efficiently. Additionally, consumers nationwide will save $500 million in rebates, with 8.5 million enrollees due to receive an average rebate of around $100 per family. The June 20 report includes the 2012 health insurer data required under the Affordable Care Act’s Medical Loss Ratio (MLR), or “80/20 rule.” The report shows that, compared to 2011, more insurers are meeting this standard and spending more on patient care. Created through the Affordable Care Act, the rule requires insurers to spend at least 80 cents of every premium dollar on patient care and quality improvement. The report found that the law motivated health care plans to lower prices or improve their coverage to meet the standard. This new standard and other Affordable Care Act policies contributed to consumers saving approximately $3.9 billion on premiums in 2012, for a total of $5 billion in savings since the program’s inception. To access the report released today, visit: http://www.cms.gov/cciio/Resources/Forms-Reports-and-Other-Resources/index.html#Medical%20Loss%20Ratio. For more information on MLR, visit: http://www.healthcare.gov/news/factsheets/2010/11/medical-loss-ratio.html

GAO Reports on Status of CMS Efforts to Establish Health Insurance Exchanges

On June 19 the U.S. General Accounting Office (GAO) released a report GAO-13-601 entitled Patient Protection and Affordable Care Act: Status of CMS Efforts to Establish Federally Facilitated Health Insurance Exchanges. The report is at http://www.gao.gov/assets/660/655291.pdf. The GAO report says that although testing of computer systems and training of consumer assistance guides are behind schedule, the Obama administration has met other deadlines in its efforts to open new marketplaces where millions of consumers might shop for insurance starting this fall. The federal government expects to operate these marketplaces (exchanges) in 34 states that opted not to run their own. Seven of those states are working as partners with the federal government. The other 16 states are setting up marketplaces on their own with federal funding. The report said that the Centers for Medicare and Medicaid Services (CMS) has many key activities remaining to be completed, including those that deal with eligibility and enrollment in the exchanges, development and implementation of a data hub that will connect the exchanges with other federal and state agencies to determine applicants’ eligibility, and review and certification of the health insurance plans offered to consumers. The GAO said that much remains to be accomplished within a relatively short amount of time for the exchanges to work properly on October 1. GAO said that while the deadlines missed so far may not affect the law’s implementation, additional missed deadlines closer to the start of enrollment could do so. In a response included in the report, the U.S. Department of Health and Human Services said the agency has made progress in establishing exchanges and that the exchanges would be up and running in all states by October 1. FMI: See http://www.gao.gov/assets/660/655291.pdf.

Upcoming CMS Open Door Forums on Hospitals and Home Health, Hospice & DME

The Centers for Medicare and Medicaid Services will be hosting two CMS Open Door Forums next week. The next Hospital & Hospital Quality Open Door Forum is scheduled for Tuesday, June 25, 2013 from 2:00pm – 3:00pm, ET. If you wish to participate, dial 1-800-837-1935; Conference ID: 97148514. The next Home Health, Hospice & Durable Medical Equipment (DME) Open Door Forum is scheduled for Wednesday, June 26, 2013 from 2:00pm – 3:00pm, ET. If you wish to participate, dial 1-800-837-1935; Conference ID: 97842778. See http://www.cms.gov/Outreach-and-Education/Outreach/OpenDoorForums/index.html. See also www.cms.gov.
CMS Releases New FAQs for ICD-10 Billing

The Centers for Medicare and Medicaid Services (CMS) has released three new FAQs about submitting ICD-10 claims around the October 1, 2014, deadline. These FAQs update previous information about submitting claims and explain how to split claims for services that span the October 1, 2014, transition date. The three new FAQs on ICD-10 billing discuss these topics: (a) How do I report ICD-10 codes on claims when the dates of service span from prior to October 1, 2014 to on or after October 1, 2014? (#8246) at https://questions.cms.gov/faq.php?id=5005&faqId=8246; (b) If I submit or process a transaction with an ICD-9 code for a date of service after October 1, 2014, am I HIPAA compliant? (#8248) at https://questions.cms.gov/faq.php?id=5005&faqId=8248; and (c) How long after the October 1, 2014 ICD-10 compliance date, must I continue to report and/or process ICD-9 codes? (#8252) at https://questions.cms.gov/faq.php?id=5005&faqId=8252. See these questions and many other FAQs about ICD-10 at https://questions.cms.gov/. See the CMS ICD-10 website for the latest news and resources to help prepare for the October 1, 2014, deadline. See http://www.cms.gov/Medicare/Coding/ICD10/index.html?redirect=/ICD10

CMS Guidance on State Alternative Applications for Health Coverage

On June 18 the Centers for Medicare & Medicaid Services (CMS) released guidance on state alternative applications for health coverage. CMS says that it is committed to providing technical assistance to states to facilitate the adoption of the model application and in their development of alternative applications. Beginning on October 1, 2013, the new Health Insurance Marketplace, also known as the Affordable Insurance Exchanges (Exchanges), and State Medicaid and Children’s Health Insurance Program (CHIP) agencies will use a single, streamlined application to determine eligibility for enrollment in Qualified Health Plans (QHPs) through the Marketplace, and for insurance affordability programs including advance payments of the premium tax credit (APTCs), cost-sharing reductions (CSRs), Medicaid, and CHIP. On April 30, 2013, CMS released the model single, streamlined application for coverage through the Marketplace and insurance affordability programs. The model single, streamlined application is available for review at http://www.cms.gov. This application, in both its paper and online versions, will be the sole application used by the Federally-facilitated Marketplace to facilitate eligibility determinations and enrollment in health coverage. State-based Marketplaces, as well as Medicaid and CHIP agencies, may choose to use the model single, streamlined application, or may develop an alternative single, streamlined application that is approved by CMS. In States utilizing the Federally-facilitated Marketplace, the Medicaid and/or CHIP agency may develop an alternative application, but the Medicaid and/or CHIP agency must still be able to accept and process the paper version of the model single, streamlined application if an applicant for coverage submits it. This guidance is intended to provide background on the development, review and approval of alternative applications. For additional information, please refer to the guidance, which is available online at http://www.medicaid.gov/AffordableCareAct/Provisions/Eligibility.html. See June 18, 2013 memo at http://www.medicaid.gov/AffordableCareAct/Provisions/Downloads/Alternative-App-Guidance-061813-508-comp.pdf
DOJ Issues Findings and Settles with Rhode Island and City of Providence

The focus of the recent U.S. Department of Justice (DOJ) report was on whether the State of Rhode Island and the City of Providence, including the Providence public school system, violated the obligation under the Americans with Disabilities Act (ADA), as interpreted by the U.S. Supreme Court in Olmstead v. L.C., 527 U.S. 581 (1999) that public entities must “administer services, programs, and activities in the most integrated setting appropriate to the needs of qualified individuals with disabilities.” In particular, the focus of the investigation was on the “serious risk” of unnecessary segregation imposed by the city and school district on students in the sheltered workshop at the Birch Vocational Program, a special education program for students with I/DD, ages 14-21, located inside a self-contained wing of a high school. Birch has been in operation for approximately 40 years, and has been designated exclusively for students with significant disabilities. As stated in a City-commissioned report, “almost all of the district’s students identified as having an intellectual disability at the secondary level attend Birch.” ACCSES noted that the investigation also focused on the “serious risk” of unnecessary placement in segregated adult day activity service programs, including in particular the sheltered workshop and day program “Training Thru Placement, Inc. (TTP).” Birch served as a direct pipeline to TTP. On June 13, 2013, DOJ filed a lawsuit in U.S. District Court, District of Rhode Island seeking declaratory and injunctive relief. The complaint, consistent with DOJ’s official report, alleges discrimination on the basis of disability in violation of ADA and Olmstead. On June 13, 2013, the State of Rhode Island, the City of Providence, and the DOJ entered into an interim settlement agreement. This settlement agreement resolves the DOJ’s findings of violations by the State and City with respect solely to individuals served by TTP and Birch programs. The parties acknowledge and agree that DOJ will continue its investigation of the remainder of the State’s day activity service system and will seek to remedy any and all violations of the ADA identified at the conclusion of its continuing investigation.

ACCSES Reviews DOJ Findings and Settlement with Rhode Island

On June 19 ACCSES, the national association of providers of community supports and employment services for people with disabilities, issued an analysis of the recent U.S. Department of Justice (DOJ) Letter of Findings and Settlement Agreement with the State of Rhode Island and City of Providence. DOJ had investigated the “serious risk” of unnecessary segregation imposed by the city and school district on students in a sheltered workshop in a special education program in Providence. ACCSES reviewed the June 7, 2013, U.S. Department of Justice (DOJ) official report and findings of the Civil Rights Division’s investigation of the City of Providence and the Providence Public School District’s system of providing transition-related educational services, including employment, vocational, and day services to persons with intellectual or developmental disabilities (I/DD). The ACCSES memorandum describes DOJ’s major findings and conclusions in its official report and complaint filed in district court; describes the major provisions of the settlement agreement; and analyzes the implications of the report and settlement agreement. ACCSES says that it is continuing to track the developments in Rhode Island.
PARF NEWS
Dateline: June 21, 2013

Senate HELP Committee Hearing on Workforce Investment Act Reauthorization

On June 20 the Senate HELP Committee held a hearing on “Developing a Skilled Workforce for a Competitive Economy: Reauthorizing the Workforce Investment Act.” In a statement Senator Tom Harkin (D-IA) said that the hearing was scheduled to address how federal policy can better support a skilled workforce through the reauthorization of the Workforce Investment Act. Senator Harkin noted that while the country continues to recover from one of the worst recessions in our history, everyone has not recovered at the same rate. He said that workers without postsecondary education or training have a harder time finding work than their counterparts who have that experience or a postsecondary credential. He noted that individuals with disabilities continue to face multiple barriers to employment. Harkein said that of the over 15 million adults with disabilities of working age, less than one third are participating in the labor force – and the numbers are even lower for individuals with significant disabilities. Senator Harkin said that too often, individuals with disabilities are working in segregated settings at less than minimum wage rather working in competitive integrated employment. He said that some of the biggest barriers to success in the labor market for people with significant disabilities can be low expectations and discriminatory attitudes. Harkin said that the Senate HELP Committee in its work on the reauthorization of the Rehabilitation Act in conjunction with WIA reauthorization has sought to make changes to Vocational Rehabilitation that set high expectations for all people with disabilities by strengthening VR’s emphasis on competitive, integrated employment and prioritizing services for young people with disabilities as they enter the workforce for the first time. See http://www.help.senate.gov/hearings/hearing/?id=71b21f85-5056-a032-5260-dc74934b2e27.

OFCCP Seminar on Preparing Small and New Supply and Service Contractors for OFFCP Audit

On July 16 the Philadelphia District Office of the Office of Federal Contract Compliance Programs (OFFCP) of the US Department of Labor (DOL) will host a seminar entitled OFCCP - Preparing Small and New Supply and Service Contractors for an OFFCP Audit. The seminar for small and new supply and service contractors will provide information on the components of written affirmative action programs as required by Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The seminar will also address how to execute positive outreach and recruitment of minorities, females, veterans and individuals with disabilities for hiring opportunities. The seminar will be held on July 16 from 10:00 am to 12:00 pm at Robert Nix Federal Building. 900 Market Street Room 311, Philadelphia, PA 19107. For more information on the Philadelphia event call 215-597-412. In western Pennsylvania on both July 7 and July 10 the OFFCP Pittsburgh District Office will also provide information on the components of written affirmative action programs as required by Executive Order 11246, as amended, Section 503 of the Rehabilitation Act of 1973, as amended, and the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The July 7 and July 10 seminars will be held from 10:00 am to 12:00 pm at William S. Moorhead Federal Building 1000 Liberty in Room 2103 in Pittsburgh, PA 15222. For more information on the Pittsburgh seminars call 412-395-6300. FMI: See http://www.dol.gov/ofccp/ and scroll down to seminar and workshop calendar for July 2013 and click on dates of July 7, 10 and 16.