



# AAFP News: *AFP* Edition

*Policy and Health Issues in the News*

## **CMS Grants Physicians One-Month Extension on Meaningful Use Deadline**

Physicians participating in the Medicare Electronic Health Records (EHR) Incentive Program now have until the end of March to attest to meaningful use for 2013. The Centers for Medicare and Medicaid Services (CMS) extended the deadline by one month to give physicians and other eligible health care professionals more time to submit their meaningful use data and, in turn, qualify for an incentive payment. The extension does not affect deadlines for the Medicaid EHR Incentive Program. Successful participation in the incentive program will shield physicians from a CMS-assessed penalty that would, in effect, result in a 1% cut in a physician's Medicare payment in 2015. CMS said its registration and attestation system has been experiencing heavy user volume and suggested that physicians do their online attestation work during non-peak hours to avoid system delays and long waits. For more information, go to <http://www.aafp.org/news-now/government-medicine/20140212mudeadlineext.html>.

## **CMS Announces Updated Schedule for Sunshine Act Reporting**

Drug and device manufacturers are preparing to submit the first round of data on payments to physicians as part of requirements outlined in the Physician Payments Sunshine Act, which calls for increased transparency regarding financial arrangements between medical companies and physicians. The Sunshine Act requires medical device, pharmaceutical, and other companies to report payments or gifts to health care professionals, as well as ownership and investment interests. The threshold for reporting is \$10. Data will be submitted to CMS in two phases. The first phase, which ends on March 31, requires vendors to register with CMS and submit corporate profile information and aggregate 2013 payment data. The second phase, which begins in May, requires drug and device manufacturers to submit detailed payment information and legal confirmation of the data's accuracy. Physicians are not required to take any action during these two phases. Submission of all data on transfers of value that occurred between August 1, 2013, and March 31, 2014, must be completed by August 1, 2014. After that date, physicians will have 45 days to review and correct any inaccuracies, but CMS has not yet outlined how it will handle the correction process. For more information, go to <http://www.aafp.org/news-now/government-medicine/20140218sunshinesched.html>.

## **Physician Groups Urge Clinicians to Strongly Recommend HPV Vaccination**

The Centers for Disease Control and Prevention (CDC) and several physician groups are reaching out to primary care physicians, urging them to strongly recommend routine human papillomavirus (HPV) vaccination for 11- and 12-year-olds. In a recent "Dear Colleague" letter, the CDC, the American Academy of Family Physicians, the American Academy of Pediatrics, the American College of Obstetricians and Gynecologists, the American College of Physicians, and the Immunization Action Coalition stressed the importance of taking advantage of opportunities to vaccinate, because although immunization rates for other adolescent vaccines continue to improve, HPV vaccination rates have not. "A half-hearted recommendation to a patient may not only result in the patient leaving your practice unvaccinated, but may lead the patient to believe that HPV vaccine is not as important as the other adolescent vaccines," the letter says. For more information, go to <http://www.aafp.org/news-now/health-of-the-public/20140212hpcv-vaccltr.html>.

## **HHS Rule Expands Patient Access to Laboratory Test Results**

In a move designed to give patients more control over their medical records, patients will be able to obtain copies of their medical test results directly from the testing laboratory under a rule recently adopted by the U.S. Department of Health and Human Services (HHS). Although patients can continue to obtain laboratory results from their physicians, they now can request test results from the lab that administered the test without contacting their physician. Tests covered by the rule include any used to diagnose, treat, or prevent a disease; employment-related tests, such as drug screenings, are not subject to the new rule. Although HHS noted that many patients prefer to receive test results from their physician so they can discuss any necessary treatment, some physicians do not explain test results that are within normal limits. The new rule gives patients another option to obtain their results if their physician does not follow up with an explanation. For more information, go to <http://www.aafp.org/news-now/government-medicine/20140211labtestrule.html>.

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