

August 27, 2010

NOTE: This is a special report on current federal regulations implementing health care reform and the AAFP's participation in the development and review process.

IN THIS REPORT...

1. Medicare physician payment toolkit developed for family physicians and their patients
2. AAFP submits formal comment letter to CMS proposed 2011 physician fee schedule
3. Letter sent to the National Quality Forum requesting further details regarding NQF's partnership for applying measures to improve quality
4. Academy submits comments to HIPAA privacy regulation
5. Medicare expands coverage for tobacco cessation counseling

NEXT WEEK IN WASHINGTON...

* Comments are due Aug. 27 for the Proposed Changes to the Hospital Outpatient Prospective Payment System and CY 2011 Payment Rates which includes important Graduate Medical Education provisions.

* Both chambers of Congress are in recess. The Senate will reconvene on September 13. The House will return on September 14.

1. MEDICARE SGR TOOLKIT FOR FAMILY PHYSICIANS AND THEIR PATIENTS

As part of an ongoing effort to replace the current Medicare physician payment system with a more equitable system that better rewards the provision of primary care services, the AAFP has developed a [toolkit](#) to help family physicians and their patients generate support for fixing the system.

2. AAFP COMMENTS TO CMS ON PROPOSED 2011 PHYSICIAN FEE SCHEDULE

The AAFP recently sent detailed [comments](#) to the Centers for Medicare & Medicaid Services (CMS) regarding the agency's proposed [rule](#) for the 2011 Medicare physician fee schedule. In this letter addressed to CMS Administrator Donald Berwick, M.D., the Academy expressed its appreciation for the agency's efforts in addressing primary care issues "within the parameters permitted by the current statute." A significant portion of the letter was dedicated to comments regarding provisions of the Patient Protection and Affordable Care Act (PPACA) of 2010.

Examples of our feedback include:

- Suggestions to improve the coding and definitions that relate to the new Annual Wellness Visit benefit;
- Agreement with the CMS proposal regarding removing barriers to preventive services in Medicare; and
- Advice on how to strengthen the Incentive Payment Program for Primary Care Services so that laboratory and other ancillary services are not counted against an eligible provider's reporting denominator.

3. LETTER TO THE NATIONAL QUALITY FORUM ON APPLYING QUALITY MEASURES

In anticipation of the National Quality Forum's (NQF) Board of Directors meeting on September 23, AAFP recently sent recommendations regarding NQF's plan to formalize the structure and operating procedures for the Partnership for Applying Measures to Improve Quality (PAM). In this [letter](#) to NQF, the Academy expressed appreciation for NQF's proactive solicitation of public input regarding NQF's potential new responsibilities if it is assigned to serve as a neutral convener, as required by health care reform legislation. Specifically, AAFP requested an explanation on the proposed member selection criteria, questioned the sequencing of the nominating process, and urged NQF to balance in representation the various workgroup chairs so that no single industry group unfairly enjoys a majority.

4. ACADEMY SUBMITS COMMENTS ON HIPAA PRIVACY REGULATION

AAFP recently sent formal regulatory [comments](#) to the Office for Civil Rights within the U.S. Department of Health and Human Services (HHS) regarding the regulation entitled "Modification to the HIPAA Privacy, Security and Enforcement Rules under the Health Information Technology for Economic and Clinical Health Act." Largely focusing on the administrative burdens that these proposals would impose on family physicians and their practices, Academy comments also raised concern about how this new regulation could affect the ability of primary care physicians to diagnose, refer and treat their patients without the undue burden of separating these records from the patient's general record and obtaining patient authorization for all disclosures. In addition to sending comments, the AAFP participated in a coalition letter with the American Medical Association and other physician organizations.

5. MEDICARE EXPANDS COVERAGE FOR TOBACCO CESSATION COUNSELING

This week, CMS expanded Medicare coverage of evidence-based tobacco cessation counseling programs. Prior to this expansion, Medicare only covered tobacco cessation programs for beneficiaries already diagnosed or showing symptoms of a tobacco related disease. With this new [coverage decision](#), any Medicare beneficiary that is a smoker can receive tobacco cessation counseling.