

AAFP News: AFP Edition

Policy and Health Issues in the News

CMS Updates Schedule for Reviewing, Disputing Open Payments Data

Physicians who want to review data on payments they received from drug manufacturers before that information is made public must register soon with the Centers for Medicare and Medicaid Services (CMS). Under the Physician Payments Sunshine Act, pharmaceutical and medical device manufacturers are required to report payments or other transfers of value, including ownership and investment interests, to physicians and teaching hospitals. CMS has created a process through which physicians may dispute inaccurate data reported about them. To participate in the review process, physicians must be registered in both the CMS Enterprise Portal and the Open Payments system on or before August 27, 2014. The data will be published online on September 30. Data that are disputed but not resolved before the August 27 cutoff will still be made public, but will be marked as disputed. For more information, go to <http://www.aafp.org/news/government-medicine/20140718openpay.html>.

Home Health Proposal Could Lighten Family Physicians' Administrative Burden

Family physicians who refer their Medicare patients for home health services, order home health services, or certify patients' eligibility for the Medicare home health benefit could see their administrative load lighten just a little next year if a change proposed by CMS is approved. The proposed rule to the Medicare home health prospective payment system for 2015 includes three modifications to the home health face-to-face requirement that has been in effect since January 1, 2011. Of primary significance to family physicians, CMS has proposed eliminating the narrative requirement of the certification process in which the physician describes why the patient is homebound and explains the skilled nursing services, physical therapy, or speech language pathology services that the patient will require at home. However, physicians still would be required to certify that a face-to-face encounter with the patient occurred and to document the encounter date. In addition, the agency proposes to consider only medical records provided by the patient's certifying physician or discharging facility when determining a patient's initial eligibility for home health services. For more information, go to <http://www.aafp.org/news/government-medicine/20140709homehealthproposal.html>.

Proposed 2015 Medicare Fee Schedule Has Good and Bad News for Family Physicians

The proposed 2015 Medicare physician fee schedule recently released by CMS includes a new code for chronic care management, but also includes a 20.9% cut in physician payments called for by the sustainable growth rate (SGR) formula. In response, Reid Blackwelder, MD, president of the American Academy of Family Physicians, expressed the Academy's frustration with legislation that requires CMS to publish an annual physician fee schedule that slashes Medicare payments to physicians. Blackwelder called on Congress to pass the SGR Repeal and Medicare Provider Payment Modernization Act and, thus, end the recurring cycle of last-minute, temporary patches Congress passes each year to avert the scheduled cuts. On a positive note, CMS proposed that Medicare make a separate payment to physicians for chronic care management services. Specifically, the agency proposes a per-patient payment of \$41.92 that can be billed no more than once per month for patients with two or more chronic conditions. For more information, go to <http://www.aafp.org/news/government-medicine/201407092015mpfs.html>.

MEDWATCH: FDA Warns Against Lidocaine Solution for Teething Pain

Health care professionals should not prescribe oral viscous lidocaine 2% solution to treat infants and children with teething pain, according to the U.S. Food and Drug Administration (FDA). The agency recently issued a safety announcement explaining that topical pain relievers are not effective because they wash out of the child's mouth within minutes. The FDA warned that if an excessive amount of lidocaine is used, infants and young children can swallow too much, which can result in seizures, severe brain injury, and related heart issues. The FDA has reviewed at least 22 cases of serious adverse reactions—including death—in children five months to 3.5 years of age who were given oral viscous lidocaine 2% solution. The FDA also is advising against the use of over-the-counter topical medications for teething pain. For more information, go to <http://www.aafp.org/news/health-of-the-public/20140709lidocaineadvisory.html>.

— AFP AND AAFP NEWS STAFF

For more news, visit AAFP News at <http://www.aafp.org/news.html>. ■