



Administrative Simplification

As of December 22, 2011

In 2011, the Academy:

- Supported CMS's proposal to retract a policy requiring the signature of a physician or qualified non-physician practitioner on a requisition for clinical diagnostic laboratory tests paid under the Clinical Laboratory Fee Schedule in a comment [letter](#) sent August 18. In 2010, the AAFP had urged CMS not to impose this policy, which went into effect in 2011. In a proposed [regulation](#) released in June 2011, CMS discussed that when, "developing educational and outreach materials, we realized how difficult and burdensome the actual implementation of this policy was for physicians and NPPs and that, in some cases, the implementation of this policy could have a negative impact on patient care."
- Responded in a [letter](#) sent June 29 to a request for comment on HHS's Preliminary Plan for Retrospective Review of Existing Rules. This is in accordance with Executive Order 13563 issued on January 18, 2011. In the letter, the AAFP expressed appreciation that the White House and HHS recognize the importance of a more streamlined, effective, and efficient regulatory framework. The letter then pointed out that regulations are prone to unintended consequences, many of which place unfunded financial mandates on physicians such as costs of providing translators for Medicare and Medicaid patients, time wasted on Part C and Part D prior authorization paperwork, overlapping documentation and certification requirements, convoluted quality and health information technology incentive programs, inconsistent claims review processes by CMS contractors, and the need to reevaluate the Medicare enrollment process and physician signature requirements.
- Sent a [letter](#) dated June 23 to CMS's Innovation Center urging the elimination of the 72-hour hospitalization requirement prior to skilled nursing home placement for Medicare beneficiaries. The AAFP stated that the hospitalization requirement for Medicare beneficiaries wastes valuable resources and that the AAFP believes this arbitrary waiting period is not in the best interest of the beneficiary's medical needs, nor is it in alignment with CMS's goal to reduce avoidable hospitalizations. This letter stems from Resolution #511 adopted by the 2010 Congress of Delegates.
- Encouraged CMS to reevaluate its Medicare signature requirements in a [letter](#) sent June 23. The AAFP stated that the current signature requirements place an overwhelming compliance burden on physicians, are unnecessarily time-consuming for physicians and their practice support staff, and that CMS should develop a comprehensive yet understandable policy. This letter stems from Resolution #311 adopted by the 2010 Congress of Delegates.
- On March 12, joined with several other national healthcare and consumer organizations in a [letter](#) to CMS requesting the agency postpone enforcement until July 1 before the agency begins enforcement of a revised documentation requirement that physicians must see patients "face to face" to certify those patients need home healthcare. On March 31, CMS responded and indicated they will enforce this deadline on April 1 and that they will monitor for problems and unintended consequences.