

December 7, 2012

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### NEXT WEEK IN WASHINGTON...

- \* National CMS outreach call on Medicaid/Medicare Payment Parity for Primary Care Physicians on December 12 at 4 p.m. EST.
- \* House Energy & Commerce Health Subcommittee will hold a hearing: "State of Uncertainty: Implementation of PPACA's Exchanges and Medicaid Expansion" on December 13 at 10 a.m.
- \* Senate Finance Committee will hold a hearing: "Improving Care for Dual-Eligibles" at 10 a.m. on December 13.

## 1. AAFP PRESSES LAME DUCK CONGRESS ON KEY FAMILY MEDICINE ISSUES

The AAFP continues to urge Congress to avert the scheduled 26.5 percent cut in Medicare physician payments and protect key federal funding programs. On Tuesday, December 4, the AAFP launched the final wave of the online grassroots advocacy campaign for the 2012 Lame Duck session.

The online advocacy campaign asks member to send letters to their legislators in DC focused on three key issues for family medicine:

- Preventing the Medicaid primary care payment increase from being used to fund a year-long "doc fix" for the SGR;
- Opposing any cuts to GME in order to protect primary care training; and
- Protecting Title VII Section 747 Primary Care Training Grants, the National Health Service Corps and the Agency for Healthcare Research and Quality from arbitrary across-the-board sequester cuts.

The campaign continues to utilize [aafp.org Speak Out pages](http://aafp.org/SpeakOutPages) and email marketing to allow members to take action. Since the Tuesday launch, 775 members have sent 2,370 letters to Congress in response to the current wave, and 1,739 members have sent 5,288 letters for entire Lame Duck session.

On Wednesday, December 5, the AAFP and almost all of its 50 chapters joined with other primary care organizations in letters to the [House](#) and the [Senate](#) expressing our strong opposition to proposals that would eliminate the Medicaid primary care payment increase as a means of financing the SGR fix. The Medicaid primary care payment rule was recently finalized

and released by the Centers for Medicare and Medicaid Services (CMS), and will be implemented starting January 1.

The AAFP and our state chapters were joined in this effort by the American Medical Association, American College of Physicians, American Academy of Pediatrics, American Osteopathic Association, and each of their state chapters in signing onto the letter that was sent both to the Senate and the House of Representatives. The letter urged legislators to oppose the proposal to eliminate the Medicaid Primary Care Parity Payments established by Section 1202 of the *Affordable Care Act*.

## **2. FUTURE SENATE BUDGET CHAIR WILL REFUSE BAD FISCAL CLIFF DEAL**

On December 4, the AAFP staff and over 100 individuals representing a wide variety of organizations with interests in issues related to health care, education, research and social services gathered on Capitol Hill for an “NDD Town Hall” meeting to hear about the prospects for non-defense discretionary spending from Sen. Patty Murray (D-WA) who will chair the Senate Budget Committee in the 113th Congress. Sen. Murray also serves on the Senate Appropriations and HELP Committees.

Sen. Murray told the group that she believes that our nation’s prosperity does not come from the top down, but out from the middle. She wants to protect the middle class and ensure that we provide adequately for the poor to provide them a hand up. As the former co-chair of the Super Committee which failed to reach agreement and brought on the threatened sequester, Sen. Murray feels fervently that we should not go over the cliff or down the slope or collide with the mountain. However, she insists that Democrats will not take a bad deal, because a bad deal is worse than no deal. A bad deal will lock in diminished revenues for another decade and prevent us from making the investments we need to make. She said that this is not a budget debate, but a debate about our values and priorities as a nation. Although she insisted that they are working to negotiate a deal, she mentioned that if we go over the cliff, Republicans can boast of cutting taxes and Democrats can take credit for increasing spending.

## **3. AAFP AND OTHERS THANK CMS FOR NEW PRIMARY CARE CODES**

On December 3, the AAFP joined with thirteen other medical specialty societies in a [letter](#) sent to the CMS to thank the agency for creating the new transitional care management (TCM) codes as part of the 2013 Medicare Physician Fee Schedule. The letter also urges CMS to make separate payment for the Complex Chronic Care Coordination codes as part of the 2014 Medicare physician fee schedule. More information on the TCM codes can be found on the AAFP’s Medicare Physician Fee Schedule [website](#).

## **4. 2013 FMAP & ENHANCED FMAP RELEASED**

On Friday, November 30 the HHS [issued a notice](#) announcing the release of Federal Medical Assistance Percentages (FMAP) and Enhanced Federal Medical Assistance Percentages (eFMAP) for Fiscal year 2014. Each year, HHS updates the FMAP and eFMAP are pursuant to the Social Security Act. The calculated percentages will be effective from October 1, 2013 thru September 30, 2014. FMAP and eFMAP rates are used in determining the amount of federal matching for state medical assistance (Medicaid) and Children’s Health Insurance Program (CHIP), among other things. For now, the new FMAP and eFMAP rates can be found on page 2 of the [Federal Register](#), and will eventually be posted to the [Office of the Assistant Secretary for Planning and Evaluation](#) website.