

January 13, 2012

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NEXT WEEK IN WASHINGTON...

* The House of Representatives begins the second session of the 112th Congress when it reconvenes on January 17. The Senate returns the following week.

1. CMS ANNOUNCES HOW IT WILL HANDLE TEMPORARILY EXTENDED PAYMENTS

On January 4, the Centers for Medicare & Medicaid Services released additional information regarding the *Temporary Payroll Tax Cut Continuation Act* (HR 3765). Regarding physician payments, CMS states:

Section 301 of the TPTCCA prevents a payment cut for physicians that would have taken effect on January 1, 2012. An update of zero percent is effective for claims with dates of service January 1, 2012, through February 29, 2012. While the physician fee schedule update will be zero percent, other changes to the relative value units used to calculate the fee schedule rates must be budget neutral. To make those changes budget neutral, the conversion factor must be adjusted for 2012. CMS is currently developing the 2012 Medicare Physician Fee Schedule (MPFS) to implement the zero percent update. As previously advised, Medicare claims administration contractors will be holding new, January 2012 claims for up to 10 business days in order to effectively test and implement the new 2012 MPFS. We expect these claims to be released into processing no later than January 18, 2012. Claims with dates of service prior to January 1, 2012, are unaffected. Finally, Medicare contractors will be posting the new rates on their websites no later than January 11, 2012.

2. CMS LAUNCHES ADVANCE PAYMENT ACO APPLICATION

On December 22, CMS posted the Advanced Payment Model Application [website](#). Through the Advance Payment Model, physician-based and rural Accountable Care Organizations (ACOs) participating in the Shared Savings Program may be eligible to receive advance payments that will be recouped from any shared savings they might earn later. Deadlines for the Advance Payment Model application are:

- April 1, 2012 start date: Applications accepted between Jan. 3 and Feb. 1.
- July 1, 2012 start date: Applications accepted between March 1 and March 30.

Also on this website, CMS posted a [template](#) to help determine potential eligibility. The agency also created the Advance Payment application [worksheet](#), which applicants must complete and upload it to the CMS web tool as part of the application process.

CMS conducted an educational presentation on the application process in early January and made [slides](#) available.

Save the date: On Wednesday, January 25, AAFP President Glen Stream MD, MBI, FAFP will address the Advance Payment ACO Model and application process in a conference call with other primary care physician organizations and CMS officials. Further details will be announced soon.

3. AAFP CONCURS WITH HHS VACCINATION GOALS FOR 2020

In a [letter](#) sent January 11 to the HHS Adult Immunization Working Group, the AAFP stated that the recommendations to achieve the 2020 goal of 90-percent influenza vaccine coverage for healthcare personnel as consistent with AAFP policy to immunize healthcare workers. The AAFP supports annual mandatory influenza immunization for health care personnel (HCP) except for religious or medical reasons (not personal preferences). If HCP are not vaccinated, policies to adjust practice activities during flu season are appropriate (e.g. wear masks, refrain from direct patient care). In the letter, the AAFP recognizes that influenza is a serious public health concern and that individuals are exposed to this and other illnesses in places in the community besides healthcare facilities.

4. REGULATORY BRIEFS

- On December 21, CMS announced that it is no longer technically feasible for CMS to provide a 2012 Electronic Prescribing ([eRx](#)) Incentive Program payment adjustment feedback report as originally intended.
- On December 23, the CDC [updated](#) vaccine recommendations for HPV4 for males and HepB for those with diabetes.
- On December 28, HHS [awarded](#) nearly \$300 million in performance bonuses to states for help enrolling eligible children in health coverage.
- On December 29, CMS announced delaying implementation of the Prepayment Review and Prior Authorization for Power Mobility Devices (PMD) demonstration and the Recovery Audit Prepayment Review demonstration. Both demonstrations were originally announced November 15, 2011. CMS sites receiving comments/suggestions that the agency will carefully consider. CMS will provide at least 30 days' notice before the demonstrations begin. The Part A to Part B rebilling demonstration announced in November still remains on schedule and began January 1, 2012.
- Also on December 29, CMS extended the 2012 Annual Participation Enrollment Period through Tuesday, February 14, 2012. The enrollment period now runs until Tuesday, February 14, 2012. The effective date for any participation status change during the extension, however, remains Sunday, January 1, 2012, and will be in force for the year.
- On January 3, HHS [announced](#) 73 individuals from 27 states and the District of Columbia for the [Innovation Advisors](#) program which is designed to help health professionals deepen skills that will drive improvements to patient care and reduce costs. HHS indicated that the 73 were selected from 920 applications
- On January 5, HHS released an interim [final rule](#) with comment under which HHS adopts standards for the Health Care Electronic Funds Transfers (EFT) and Remittance Advice transaction (RA) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Comments are due by March 12 and the AAFP is currently reviewing the regulation.

- On January 9, the annual report of national health expenditures ([NHE](#)) was published and it indicates that growth in U.S. health spending slowed in 2010 for the second consecutive year. The report indicates that, “Physician and clinical services spending, which accounted for 20 percent of total health care spending, grew 2.5 percent to reach \$515.5 billion in 2010, slowing from 3.3-percent growth in 2009.”
- On January 9, the National Coordinator for Health Information Technology [announced](#) an open call for entries in the Healthy New Year Video Challenge, designed to highlight personal stories of patients and families using health technology to improve health.
- On January 9, CMS [announced](#) how qualified entities can apply for access to Medicare data for research purposes. Organizations interested in applying to the Qualified Entity Certification Program for Medicare Data are encouraged to visit www.QEMedicareData.org. There is no deadline for submitting applications for certification as a Qualified Entity and applications will be accepted on a rolling basis.
- On January 12, HHS used it’s “[rate review](#)” authority and [announced](#) unreasonable health insurance premium increases in Alabama, Arizona, Pennsylvania, Virginia, and Wyoming impacting nearly 10,000 residents.
- On January 17 from 1:30pm – 3pm ET, CMS will conduct an educational call on the Physician Quality Reporting System & Electronic Prescribing Incentive Program. [Registration](#) is required. A CMS presentation will be posted [online](#) prior to the call.
- On January 20, the Centers for Disease Control and Prevention (CDC) will conduct two webinars regarding the National Healthy Worksite Program, which is an initiative to establish and evaluate comprehensive workplace health programs to improve the health of workers and their families. Registration is required for each webinar, all times EST:
 - [January 20](#), 12–1 pm; and
 - [January 20](#), 3–4 pm.
- On January 24 from 9a - 5pm ET in Washington, DC, the Office of Minority Health within the U.S. Department of Health and Human Services will hold their Meeting of the Advisory Committee on Minority Health. This meeting is open to the public but [preregistration](#) is required.
- On January 25, 2012 from 1pm – 2:30pm ET, CMS will conduct the National Medicare Education Program (NMEP) [Webinar](#).