

September 13, 2013

IN THIS REPORT...

1. House of Representatives Would Require Verification of Health Subsidy Status
2. AAFP Members Meet with Their Legislators Back Home
3. CMS Considers How to Make Public Some Medicare Physician Claims Data
4. Enforcement Is Postponed for Face-to-Face Requirement to Order DME
5. Regulatory Briefs

NEXT WEEK IN WASHINGTON...

- * The House of Representatives is scheduled to vote on a funding resolution that would maintain government services until December 15.
- * The CMS Advisory Panel on Outreach and Education will meet on September 16
- * The National Committee on Vital and Health Statistics meets September 16-18
- * On Wednesday, September 18, the Senate Special Aging Committee will hold a hearing titled, "Older Americans: The Changing Face of HIV/AIDS in America."
- * The Presidential Advisory Council on HIV/AIDS will meet on September 18-19
- * On Thursday, September 19, the House Energy and Commerce Subcommittee on Oversight and Investigations are slated to hold a hearing on CMS preparations for enrollment in health market places, beginning October 1.

1. HOUSE WOULD REQUIRE BETTER VERIFICATION OF HEALTH SUBSIDIES

On Wednesday, September 11, the House approved the *No Subsidies without Verification Act* (H.R. 2775), introduced by Rep. Diane Black (R-TN), by a vote of 235-191. The bill was introduced in response to an announcement that the government could no longer verify that each applicant, on the state's health insurance mark for subsidies exchange was actually qualified for that assistance. Instead, the Department of Health and Human Services (HHS) would rely on self-attestation and sample audits to protect the integrity of the new \$1 trillion entitlement program. In July, HHS issued a regulation that gives state-run health insurance exchanges some flexibility when examining whether people are qualified for insurance subsidies, which are tax credits that can be used right away to buy insurance. Some in Congress raised the concern that the rule would allow ineligible people to receive insurance subsidies, which would run up taxpayer costs.

The bill is likely to go nowhere in the Senate and the White House has said that President Obama would veto it if it came across his desk

2. AAFP MEMBERS MEET LEGISLATORS IN THEIR DISTRICTS

During the August recess, FamMedPAC provided campaign contributions so that several AAFP members could attend local events and meet their Representatives and Senators at home.

These small events and one-on-one meetings provide an excellent opportunity for our members to get to know their lawmakers and to promote AAFP's legislative agenda. AAFP members attended local events for the following:

- **Sen. Mark Begich (D-AK)**, who serves on the Senate Appropriations Committee, had dinner with AAFP Board member Dr. Barbara Doty in Anchorage.
- **Rep. Kevin Brady (R-TX)**, who chairs the Health Subcommittee of the House Ways and Means Committee, met with Dr. Stephen L. McKernan in Houston.
- **Rep. Jim McDermott (D-WA)**, the senior Democrat on the Health Subcommittee of the House Ways and Means Committee, met with AAFP member Dr. Mark Johnson and Karla Pratt, the Executive Vice President of the Washington Academy of Family Physicians in Seattle.
- **Rep. Tammy Duckworth (D-IL)** met with Dr. Alvia Siddiqi, Dr. Donald Lurye and Dr. Margaret Kirkegaard in Schaumburg, Illinois.
- **Rep. Pat Tiberi (R-OH)**, a member of the House Ways and Means Committee, met with FamMedPAC Board Chair Dr. Randy Wexler in Columbus.
- **Rep. Bruce Braley (D-IA)**, who serves on the House Energy and Commerce Committee, and is running for Senate, attended a fundraiser for his campaign hosted by FamMedPAC Board member Dr. Dave Carlyle at his home in West Okoboji, Iowa.
- **Rep. Paul Tonko (D-NY)**, a member of the House Energy and Commerce Committee, met with Vito Grasso, the Executive Vice President of the New York Academy of Family Physicians in Saratoga Springs.
- **Rep. Mike Thompson (D-CA)**, a member of the Health Subcommittee of the House Ways and Means Committee, met with Dr. Patricia Samuelson in Santa Rosa.
- **Rep. Bill Owens (D-NY)**, a member of the House Appropriations Committee, met with Vito Grasso, the Executive Vice President of the New York Academy of Family Physicians in Saratoga Springs.
- **Rep. Jarod Polis (D-CO)**, who serves on the House Education and Workforce Committee, met with Dr. John L Bender in Vail.

In addition to these local meetings, the AAFP staff attended events for the following Congressional legislators in Washington, DC this week:

- **Rep. Lois Capps (D-CA)**, who serves on the Health Subcommittee of the House Energy and Commerce Committee.
- **Rep. Jim Gerlach (R-PA)**, who serves on the Health Subcommittee of the House Ways and Means Committee

3. LETTER SENT ON POTENTIAL RELEASE OF MEDICARE PHYSICIAN CLAIMS DATA

The AAFP participated with 46 other national physician organizations and 49 state medical societies in a [letter](#) sent to CMS on September 5 pertaining to the agency's request for comments on the potential release of Medicare physician data. The letter recognized the potential value and importance of Medicare physician claims data and suggested that, if used correctly, this data can provide accurate and meaningful information to patients, physicians, and other stakeholders that can improve quality at the point of care.

The letter called on CMS to partner with physicians to develop policies that will promote the reliable and effective use of this information and urged CMS to consider carefully how use of this data may change over time, and the role it may play in an evolving Medicare system. However the letter argued that the public's interest in disclosure of claims and payment data resulting from government health care programs must be balanced against the confidentiality and personal privacy interests of physicians, their practice entities, and patients, who may be adversely impacted by disclosures. The letter urged CMS to take steps to ensure that the release of data does not mislead the public and advocated that the release of raw data

regarding physician claims for providing medical services should be limited for specific purposes and with appropriate safeguards.

4. ENFORCMENT DELAYED FOR DME FACE-TO-FACE ENCOUNTER REQUIREMENT

On September 9, CMS [announced](#) a delay in enforcement of the durable medical equipment face-to-face requirement. In a release, the agency stated, “We wanted to let you know about a recent announcement regarding the Durable Medical Equipment Face-to-Face encounter requirement. Due to continued concerns that some providers and suppliers may need additional time to establish operational protocols necessary to comply with face-to-face encounter requirements mandated by the Affordable Care Act for certain items of DME, CMS will start actively enforcing and will expect full compliance with the DME face-to-face requirements beginning by a date that will be announced in Calendar Year 2014.

Section 6407 of the ACA established a face-to-face encounter requirement for certain items of DME. The law requires that a physician must document that a physician, nurse practitioner, physician assistant or clinical nurse specialist has had a face-to-face encounter with the patient. The encounter must occur within the 6 months before the order is written for the DME.

Although many durable medical equipment suppliers and physicians are aware of and are currently complying with this policy, CMS is concerned that some may need additional time to establish operational protocols necessary to comply with this new law. As such, CMS expects that during the next several months, suppliers and physicians who order certain DME items will continue to collaborate and establish internal processes to ensure compliance with the face-to-face requirement. CMS expects all durable medical equipment suppliers to have fully established such internal processes and have appropriate documentation of required encounters by a date that will be announced in Calendar Year 2014. Those suppliers and physicians who are currently implementing the face-to-face requirement should continue to do so.”

5. REGULATORY BRIEFS

- On September 5, CMS issued revised [guidance](#) interpreting requirements for admissions and medical review criteria for Part A hospital inpatient services. This document is intended to clarify the types of practitioners who may furnish orders for inpatient services and the types of information that must be included in those orders.
- On September 12, HHS released a new [report](#) that shows that 6.8 million consumers saved an estimated \$1.2 billion on health insurance premiums in 2012, due to the “rate review” provision of the Affordable Care Act. Beginning on Sept. 1, 2011, the federal rate review rules under the health care law were implemented. These rules ensure that, in every state, insurance companies are required to submit for review and justify any proposed health insurance premium increase of 10 percent or more.