ORHP Regulatory Update

TASC 90 Call

August 14, 2013

Inpatient PPS/LTCH Final Rule

On August 2, CMS issued a FY 2014 final rule. Highlights include:

- Clarified that CAHs must be able to provide inpatient care on-site.
- Establishes a "two midnights" policy regarding inpatient admissions.
- Hospitals may no longer claim FTE residents training at a CAH for GME/IME purposes. CAHs training residents may receive payment based on 101% of Medicare share of reasonable costs.
- Implements ACA Medicare DSH payment adjustment. DSH hospitals will receive 25% of their current payments, with the remaining 75% adjusted for decreases in uninsured rate.
- Expiration of the Medicare-Dependent Hospital Program.
- A 2% payment reduction for hospitals with excess readmissions. Adds conditions subject to the payment reduction.
- Finalizes the Hospital-Acquired Condition Reduction program framework for implementation in FY 2015, including a 1% payment reduction for the lowest-performing hospitals.
- Mandated payment adjustment to recoup prior years' documentation and coding overpayments.

The rule will appear in the August 19 Federal Register. Until then, a display version can be downloaded at: http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1

For more information, access CMS fact sheets at: http://www.cms.gov/apps/media/fact_sheets.asp

Outpatient PPS/ASC

On July 8, CMS issued a CY 2014 proposed rule. CMS proposes to:

- Enforce direct supervision requirement for hospital outpatient therapy services at CAHs and other small rural hospitals
- Amend CoPs for hospital and CAH "incident to" therapeutic outpatient services and supplies to require that individuals furnishing them do so in compliance with applicable state law.
- Implement Medicare EHR Incentive Program changes to allow participation by EPs at Method II CAHs
- Package 7 new categories of supporting items and services with primary services
- Replace 5 levels of outpatient visit codes with a single HCPCS code for each type of outpatient hospital visit, one for clinic, and one for each type of ED visit (24 hour and non-24 hour)
- Add 5 new measures for the OQR program, affecting CY 2016 payment with data collection beginning in CY 2014
- Set performance (2014) and baseline (2012) periods for the CY 2016 VBP
- Change the contracting process and regulations governing eligibility for QIOs

The rule was published in the July 19 Federal Register and is viewable at:
http://www.gpo.gov/fdsys/pkg/FR-2013-07-19/pdf/2013-16555.pdf

Physician Fee Schedule

On July 8, CMS issued a CY 2014 proposed rule. CMS proposes to:

- Apply the outpatient therapy cap on CAHs (using PFS payment rates to calculate)
- Redefine a rural HPSA for purposes of telehealth originating site eligibility by using the ORHP rural definition
- Require compliance with state law as a CoP for "incident to" services
- Continue implementation of the physician value modifier
  - Applicable to physicians in groups of 10 or more eligible professionals
  - Increase payment risk from 1% to 2%
  - Align quality measures and reporting mechanisms with PQRS
- Update PQRS, eRx, MSSP/ACO, and Physician Compare
- Update the Ambulance Fee Schedule
  - Rural ground ambulance payment increases 3%
  - Non-emergency ESRD patient transport payment reduced 10% (ATRA Sec. 637)
  - Beginning studies of ambulance service data
- Implement a process to change CLFS payment amounts based on changes in technology

The rule was published in the July 19 Federal Register and is viewable at:
http://www.gpo.gov/fdsys/pkg/FR-2013-07-19/pdf/2013-16547.pdf

ACA: Marketplace Navigators

The Navigator Final Rule establishes the Navigator program and sets standards for navigators, non-navigator assistance personnel, and certified application counselors who will provide in-person assistance to consumers needing help enrolling in health insurance through the Marketplace. These standards will apply in states with a Federally Facilitated Marketplace or a State Partnership Marketplace.

The rule includes conflict-of-interest provisions, training standards, and qualifications to ensure that enrollment assistance staff provide quality, sound, consumer-protective assistance to individuals applying for enrollment in a qualified health plan (QHP) or federal health insurance program including Medicaid and the Children's Health Insurance Program (CHIP).

Certified application counselors may also help consumers apply for advance payments of the premium tax credit and cost-sharing reductions to reduce or offset the costs of plans offered through the exchange marketplace. The rule specifies that certified application counselors can provide such advice and assistance in a number of health care settings, including hospitals.

The Navigator Final Rule can be viewed at:
http://www.gpo.gov/fdsys/pkg/FR-2013-07-17/pdf/2013-17125.pdf.

ACA – Certified Application Counselors

Certified Application Counselors will provide information to consumers and facilitate enrollment in QHPs through the Marketplace. Recently released Certified Application Counselor Final Guidance establishes the process for the Federally Facilitated and State Partnership Marketplaces to designate organizations to certify their staff and volunteers to participate in the program. States with State-based Marketplaces can establish their own processes for the Certified Application Counselor program.

The guidance provides information about which organizations may be designated to participate in the program and how this designation process works. In order to apply to become designated to participate, an organization must fill out an application. If the organization is approved, it must enter into an agreement with the Marketplace and then it will be listed on the Marketplace's website as having certified application counselors available to help consumers.

The guidance is available at:
http://www.cms.gov/CCIIO/Resources/Regulations-and-Guidance/Downloads/CAC-guidance-7-12-2013.pdf

ACA – Final Rule for Medicaid, CHIP and the Marketplace

Open enrollment: Medicaid and CHIP agencies must begin accepting the single streamlined application during the initial open enrollment period. The final rule outlines how Marketplaces will coordinate with state Medicaid and CHIP agencies in receiving, processing, and sharing information on applications.

Verifying employer coverage: Under the final rule, applicants for premium tax credits will be required to attest whether they have employer coverage and, if so, its cost and extent. In most instances in 2014, there will be no electronic data available to confirm the attestation. In these cases, the Marketplace will randomly sample cases in which it only has the attestation and contact the employer to verify the information.

ACA - Outreach and Enrollment

CMS outreach and education web page organized by provider type and including a number of topics.

- Outreach and Education page: http://www.cms.gov/Outreach-and-Education/Outreach-and-Education.html

CMS hosts National Provider Calls to educate and inform participants about new policies and/or Medicare changes.

- National Provider Calls info: http://www.cms.gov/Outreach-and-Education/Outreach/NPC/National-Provider-Calls-and-Events.html