

January 6, 2012

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HHS YEAR IN REVIEW VIDEO

The U.S. Department of Health and Human Services (HHS) released a video, "[HHS Year in Review](#)." This video highlights the work done by Secretary Kathleen Sebelius and the Department in 2011 and the direction it will take in 2012.

The video highlights the Affordable Care Act, which is already altering health care delivery throughout the country. Preventive services are being provided to millions of Americans, such as physicals, flu shots, tobacco cessation programs, mammograms and colonoscopies, which can help detect diseases early and save on emergency procedures and promote healthy living. Innovation and technology are being promoted to keep the medical industry moving forward and improve service delivery. Almost 3 million seniors in the so called "donut hole" received a 50 percent discount on brand name prescriptions, saving almost 2 billion dollars. Secretary Sebelius is dedicated to allowing states the flexibility needed to implement Affordable Care Act provisions to best serve their populations.

The Partnership for Patients initiative is a "bottom up" approach bringing together patients, hospitals, insurance companies and other stakeholders to reduce health care acquired infections and mistakes-with the goal of saving 60,000 lives over the next three years.

The Million Hearts Campaign aims to improve prevention and care to combat heart disease and reduce heart attacks. The President's Council on Fitness, Sports, and Nutrition aims to educate and empower all Americans to adopt healthy lifestyles through physical activity and improved nutrition. Tobacco prevention programs such as requiring insurance providers to cover tobacco cessation counseling with no cost sharing are working to reduce death and illness from tobacco use throughout the country.

HHS held five summits on Medicare Fraud and partnered with law enforcement to recover nearly three billion dollars of taxpayer money.

The video can be found [here](#).

FROM THE ADMINISTRATION

Centers for Medicare and Medicaid Services

CMS Releases Guidance Regarding Expansion of the Recovery Audit Contractor Program to Medicaid

The Centers for Medicare and Medicaid Services (CMS) Center for Medicaid and CHIP Services (CMCS) released an informational bulletin with guidance regarding the expansion of Section 6411(a), the expansion of the Recovery Audit Contractor Program to Medicaid. Section 6411(a) of the Affordable Care Act, the Expansion of the Recovery Audit Contractor (RAC) Program, amends Section 1902(a)(42) of the Social Security Act and requires states to establish a RAC program to enable the auditing of claims for services furnished by Medicaid providers. Medicaid RACS must identify overpayments, recoup overpayments, and identify underpayments. The final rule was published on September 16, 2011 with an effective date of January 1, 2012.

CMS now authorizes states to pay their Medicaid RACs a contingency fee up to 17.5 percent, the current highest contingency fee paid to Medicare Recovery Auditors, for the recovery of improper payments.

CMS will issue future guidance with updates associated with the Medicaid RAC final rule as well as the Medicare Recovery Audit Program Statement of Work when the Medicaid RAC program is impacted.

More information can be found in the “Frequently Asked Questions” page regarding the Medicaid RAC Program, available [here](#).

The informational bulletin can be found in full [here](#).

CMS Releases Guidance on FY 2011 CHIPRA Performance Bonuses and CPT Code 96110

The Centers for Medicare and Medicaid Services (CMS) Center for Medicaid and CHIP Services (CMCS) released an informational bulletin announcing the awards of nearly \$300 million in Fiscal Year 2011 Children’s Health Insurance Program Reauthorization Act (CHIPRA) Performance Bonuses to 23 states. CHIPRA Performance Bonuses were established as an incentive and a mechanism for recognizing state efforts to simplify Medicaid and CHIP

enrollment and renewal processes and to help defray the cost of increasing the enrollment of eligible children in Medicaid.

To qualify for a Performance Bonus, states were required to simplify their programs through five of eight specific program features set out in the law. More information on the FY 2011 Performance Bonuses is available [here](#) under related resources.

The bulletin also addresses Medicaid implications for a recent change to Medicare billing code CPT 96110 (Developmental screening, with interpretation and report, per standardized instrument form). Many State Medicaid agencies have developed fee schedules based upon Medicare billing codes and associated relative value units published annually by Medicare. Under this change, Medicaid and other private payers will still be able to use the code 96110 even though it is a statutorily non-covered service under Medicare. In the next few weeks, Medicare will provide the relative value units for the code, at the request of Medicaid and concerned stakeholders. CMS also created a new code, G0451 (Developmental testing with interpretation and report, per standardized instrument form), and published associated relative value units, to ensure that physicians can continue to bill for the types of services encompassed under CPT 96110 when used for testing and not screening purposes.

The full informational bulletin is available [here](#).

CMS Releases Guidance Regarding Health Care Quality Measures and the Collaborative Application Lifecycle Management Tool

January 4, 2012

The Centers for Medicare and Medicaid Services released an [informational bulletin](#) with updates on the publication of the initial core set of adult health care quality measures, and the availability of CMS' Collaborative Application Lifecycle Management Tool (CALT).

The final notice of the initial core set of health care quality measures for Medicaid-eligible adults was published in the Federal Register on Wednesday, January 4. The notice is available [here](#).

The Collaborative Application Lifecycle Management Tool (CALT), the Application Lifecycle Management (ALM) platform environment is now available to state Medicaid agencies. The CALT is a collaborative tool that creates a centralized repository for storing, collaborating on and sharing deliverables and artifacts from IT projects in support of Medicaid administration and establishment of Exchanges.

More information about CALT is available [here](#).

The informational bulletin can be read in full [here](#).

CMS Releases Informational Bulletin Regarding Billing for Services Provided to Qualified Medicare Beneficiaries (QMBs)

January 6, 2012

The Centers for Medicare and Medicaid Services released an [informational bulletin](#) with information on the prohibition on "balance-billing" Qualified Medicare Beneficiaries (QMBs) for Medicare cost-sharing, including deductible, coinsurance, and copayments.

QMBs are people who are entitled to Medicare Part A and are eligible for Medicare Part B, have incomes below 100 percent of the Federal Poverty Level, and have been determined to be eligible for QMB status by their state Medicaid Agency. Medicaid pays for Medicare Part A and B premiums, deductibles, and co-payments for these qualified individuals. Medicare providers are prohibited from balance-billing QMBs for Medicare cost-sharing under Section 1902(n)(3)(B) of the Social Security Act, as modified by section 4714 of the Balanced Budget Act of 1997.

Providers who serve QMBs must bill the state Medicaid Agency for any cost-sharing amounts the state must cover. The claims process can be improved through effective communications between state Medicaid agencies and QMB providers. Some strategies are provided to improve this communication, including:

- Offer separate enrollment forms for QMB-only providers, or allow providers to identify as "QMB-only" on provider enrollment applications.
- Include guidance in all communications with QMB providers to emphasize that balance-billing of QMBs is a violation of the provider's Medicare agreement.
- Provide clear guidelines for QMB providers on Medicaid provider enrollment and billing processes.

The informational bulletin can be read in full [here](#).

Department of Health and Human Services

HHS Releases Over \$845 Million to States to Help Low-Income Households with Energy Costs

December 22, 2011

The U.S. Department of Health and Human Services (HHS) released more than \$845 million to states to support the Low Income Home Energy Assistance Program (LIHEAP) in order to help low-income households with energy costs. The \$845 million in block grant funds released in December is in addition to the \$1.7 billion released to states since October 2011. Including

these funds, states will have received a total of \$2.581 billion in LIHEAP block funds for Fiscal Year 2012.

For a complete list of additional funds available to states, click [here](#).

Centers for Disease Control and Prevention

CDC Releases First National Survey of Residential Care Facilities

The Centers for Disease Control and Prevention (CDC) released the first nationally representative survey of residential care facilities and their role in the long-term care industry. The report, "Residential Care Facilities: A Key Sector in the Spectrum of Long-term Care Providers in the United States," studied Residential Care Facilities (RCFs), defined as assisted living facilities and personal care homes, to gain a national view of these homes and the care delivered in them.

Key findings include:

- The prevalence of RCFs – in 2010 RCFs totaled 31,100 and beds totaled 971,900,
- Geographic diversity – RCFs are most commonly located in the West,
- The size of facilities – about one-half of RCFs had between four and ten beds,
- Payment – four in ten RCFs had one or more resident paying for some or all of their long-term care services through Medicaid, and
- Services provided – larger RCFs are more likely than smaller RCFs to provide occupational and physical therapy, and social services counseling and case management.

The full report is available [here](#).

FROM THE WHITE HOUSE

White House Disability Calls to Resume January 18

The White House Office of Public Engagement announced that they are resuming their monthly disability calls on January 18, 2012. These calls aim to keep members of the disability community informed of White House initiatives and to introduce Federal government employees who work on disability issues.

Anyone is welcome to join the email list, by visiting the website [here](#) and filling out the contact us form, or emailing disability@who.eop.gov and providing your full name, city, state, and organization.

The calls will address questions and issues raised through disability.gov.

FROM NASUAD

State Director Changes

Shelly Clark was named Manager of the Nebraska State Unit on Aging

Bobby Reynolds retired as Director of the West Virginia Bureau of Senior Services

FROM OTHER ORGANIZATIONS

AARP

AARP Report: “Aging in Place: A State Survey of Livability Policies and Practices”

The AARP Public Policy Institute released a report, “[Aging in Place: A State Survey of Livability Policies and Practices](#)” in conjunction with the National Conference of State Legislatures (NCSL). This report examines state policies that are needed to help older adults age in place. These policies include integrating land use, housing and transportation; efficiently delivering services in the home; providing more transportation choices, particularly for older adults who no longer drive; and improving affordable, accessible housing to prevent social isolation.

The findings indicate that the major factors that enable aging in place include land use, transportation, and housing. Effective land use policies can help older adults live within walking distance of services they need. Transportation options can help reduce reliance on personal cars for older adults. Affordable, accessible housing can decrease institutionalization and meet consumer demand.

A brief on the report is available [here](#).

The report can be found in full [here](#).

A webcast of the AARP Solutions Forum is available [here](#).

AARP Releases Winter Heating Costs Report

The AARP Public Policy Institute released their monthly [Winter Heating Costs Report](#). This report analyzes data from both the 2005 Residential Energy Consumption Survey and the November 2011 Short-Term Energy Outlook report. It examines heating-related energy consumption and expenditures among consumers age 65 and older based on income, heating fuel used, and geographic location. Analysis shows that winter heating costs are likely to be higher for older households heating with fuel oil than for those heating with natural gas or electricity. Winter heating costs are likely to be a greater burden on older low-income

households than on similarly aged higher-income households, even though low-income households tend to use less heating fuel than other groups.

The full report is available [here](#).

AARP Releases Report: “Experienced Voices: What Kind of Care Works Best for Dual Eligibles?”

The AARP Public Policy Institute released a report, “[Experienced Voices: What Kind of Care Works Best for Dual Eligibles?](#)” which includes insights from focus groups with older adults enrolled in both Medicare and Medicaid. The report is intended to complement state and federal efforts to develop innovative approaches to serving dual eligibles by offering consumer perspectives on what duals what from their models of care.

The report can be found [here](#).

GRANT OPPORTUNITIES

Grant Opportunity: Rural Policy Analysis Program

Agency Issuing Grant: HRSA

Eligible Applicants:

- State governments
- County governments
- City or township governments
- Public and State controlled institutions of higher education
- Native American tribal governments (Federally recognized)
- Native American tribal organizations (other than Federally recognized tribal governments)
- Nonprofits having a 501(c)(3) status with the IRS, other than institutions of higher education
- Private institutions of higher education
- For profit organizations other than small businesses

Close Date: January 17, 2012

Funding Opportunity Number: HRSA-12-096

CDFA Number: 93.155 -- Rural Health Research Centers

Grant Amount: \$225,000

Description: The purpose of the Rural Policy Analysis Program is to support research and analysis of key policy issues affecting rural communities to inform policy makers. The program is national in scope and looks at cross-cutting rural health and human services issues in order to identify trends and challenges. Funded projects should focus on the changing rural environment and outline how they would achieve the following: -1 facilitate public dialogue on key rural policy issues; -2 identify opportunities for integrating health and human services; -3 identify opportunities to demonstrate broad community impact of policies and programs in rural health and human services; and -4 provide analysis of policies and regulations that helps optimize positive impacts on rural health systems and communities. These activities should educate and inform rural decision makers and policy leaders as well as organizations focused on improving health and human services in rural communities such as State Offices of Rural Health, State Rural Health Associations, and the like.

[Click here for more info on this funding opportunity](#)

Applicants must apply for this grant through www.grants.gov

Grant Opportunity: Workforce Innovation Fund Grants

Agency Issuing Grant: Department of Labor

Eligible Applicants:

- State Workforce Agencies;
- Local Workforce Investment Boards;
- Entities eligible to apply for WIA Section 166 grants;
- Consortia of State Workforce Agencies;
- Consortia of Local Workforce Investment Boards; and
- Consortia of entities eligible to apply for WIA Section 166 grants

Close Date: March 22, 2012

Funding Opportunity Number: SGA/DFA PY 11-05

Grant Amount: individual grant amounts will range from \$1 million to \$12 million.

Description: The U.S. Department of Labor's (DOL) Employment and Training Administration (ETA) announces the availability of approximately \$98.5 million in Workforce Innovation Fund grants authorized by the Full-Year Continuing Appropriations Act, 2011 (P.L. 112-10) to support innovative approaches to the design and delivery of employment and training services that generate long-term improvements in the performance of the public workforce system, both in terms of outcomes for job seeker and employer customers and cost-effectiveness. ETA expects to fund approximately 20 to 30 grants. Grants made under the Workforce Innovation Fund will provide funds to (a) retool service delivery strategies and/or

policy and administrative systems and processes to improve outcomes for workforce system customers and (b) evaluate the effectiveness of such activities.

[Click here for more info on this funding opportunity.](#)

Applicants must apply for this grant through www.grants.gov

UPCOMING EVENTS

NOTICE THE DATE CHANGE: 2012 National Home and Community Based Services Conference -Tuesday, September 11-Thursday, September 13th, Washington, DC.

[Archived Friday Updates are available on NASUAD's website here.](#)