

July 8, 2011

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## PARTNERSHIP FOR PATIENTS MEETS GOAL OF OVER 2,000 HOSPITALS PARTICIPATING

*July 8, 2011*

Kathleen Sebelius, Secretary of the U.S. Department of Health and Human Services (HHS), announced that nearly 4,500 organizations, including over 2,000 hospitals, have pledged their support for the Partnership for Patients. This Partnership is a new nationwide patient safety initiative developed by the Obama administration. The Partnership for Patients, a collaborative effort of private and public stakeholders, aims to reduce preventable harm in hospitals by 40 percent in the next three years. The Partnership also seeks to help patients heal successfully after discharge, to reduce unnecessary return visits and readmissions.

The Partnership has the potential to save up to \$35 billion in health care costs. Over the next ten years, the Partnership for Patients could reduce costs to Medicare by about \$50 billion and result in billions more in Medicaid savings.

Part of the Partnership for Patients are two funding opportunities, made available through the Affordable Care Act. The Community-Based Care Transitions Program provides up to \$500 million in funding for community based organizations in partnership with hospitals to help patients safely transition between settings of care. More information on this program can be found [here](#).

The CMS Innovation Center has posted a request for bids for state, regional, national, or hospital system organizations to manage improvement projects that affiliated hospitals may join. The solicitation can be found [here](#).

More information on the Partnership for Patients can be found [here](#).

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**FROM THE ADMINISTRATION**

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**Department of Health and Human Services****HHS Grants Boost Disaster Preparedness in Hospitals and Health Care Systems***July 1, 2011*

The U.S. Department of Health and Human Services (HHS) awarded more than \$352 million to continue improving disaster preparedness of hospitals and health care systems within every state, and three large metropolitan areas. These [Hospital Preparedness Program](#) (HPP) grants support preparedness activities for hospitals and health care facilities.

Grant recipients use the HPP funds to employ experts who have developed and maintained preparedness plans and to purchase equipment, including mobile medical units and equipment to communicate with local emergency responders. HPP funds have also been used to train and educate staff on disaster response. Grant recipients are required to test their capacity through disaster exercises. Grant recipients can also put systems in place to track the number of hospital beds available, which helps hospitals handle a surge of patients following a disaster, and new systems for utilizing volunteers.

To learn more about HPP, including grant awards to individual states, territories, or cities, click [here](#).

**Obama Administration Offers States New Ways to Improve Care and Lower Costs for Medicaid***July 8, 2011*

The U.S. Department of Health and Human Services (HHS) announced three new initiatives to help states improve the quality and lower the cost of care for the approximately nine million Americans who are eligible for both Medicare and Medicaid (Medicare-Medicaid enrollees). These initiatives are:

- A demonstration program to test two new financial models designed to help states improve quality and share in the lower costs that result from better coordinating care for individuals enrolled in Medicare and Medicaid.

- A demonstration program to help states improve the quality of care for people in nursing homes by providing these individuals with treatment they need without having to unnecessarily go to a hospital.
- A technical resource center available to all states to help them improve care for high-need high-cost beneficiaries.

The demonstration program is designed to align financing between Medicare and Medicaid to support improvements in the quality and cost of care for individuals eligible for Medicare and Medicaid through two models. In one model, a state, CMS, and health plan enter into a three-way contract where the managed care plan receives a prospective blended payment to provide comprehensive, coordinated care. In the other model, a state and CMS enter into an agreement by which the state would be eligible to benefit from savings resulting from managed fee for service initiatives designed to improve quality and reduce costs for both Medicare and Medicaid. The CMS Center for Medicare and Medicaid Innovation will test these models to determine whether they save money while preserving or enhancing the quality of care for Medicare-Medicaid enrollees.

The program to improve the quality of care for people in nursing homes is established by the CMS Innovation Center in collaboration with the CMS Medicare-Medicaid Coordination Office and seeks to reduce preventable inpatient hospitalizations among residents of nursing facilities by providing these individuals with the treatment they need without unnecessary trips to the hospital. Starting in the fall, CMS will competitively select independent organizations to partner with and implement evidence-based interventions at interested nursing facilities, such as including nurse practitioners in the facilities, supporting transitions between the hospital and the nursing facility, and implementing best practices relating to falls and other events that often lead to hospitalizations. The initiative supports the administration's Partnership for Patients goal of reducing hospital readmission rates by 20 percent by the end of 2013.

The technical assistance resource center will help states in delivering coordinated health care to high-need, high-cost beneficiaries, including those with chronic conditions and/or Medicare-Medicaid enrollees.

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

## HHS Releases Public Comment Period on Proposed Data Collection Standards

*June 29, 2011*

On June 29, the U.S. Department of Health and Human Services (HHS) announced new draft standards for collecting and reporting data on race, ethnicity, sex, primary language, and

disability status, and announced the Administration's plans to begin collecting health data on lesbian, gay, bisexual and transgender (LGBT) populations. The adoption and use of such standards are in accordance with Section 4302 of the Affordable Care Act, which requires HHS to ensure that any federally conducted or supported health care or public health program, activity, or survey collects and reports this information, as well as other demographic data on health disparities. The proposed standards are intended to help federal agencies refine their population health surveys in ways that will help researchers better understand health disparities and zero in on effective strategies for eliminating them. HHS is inviting public comments on the draft minority data standard collections until August 1.

To learn more about the process, to review the proposed standards, and to submit a comment, please visit: <http://minorityhealth.hhs.gov/section4302/>

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## Administration on Aging

### **Grant Opportunity: *National Adult Protective Services Resource Center***

*July 1, 2011*

The Administration on Aging announced a new grant opportunity for *the National Adult Protective Services Resource Center*. According to the grant application, non-profits and state and local governments are eligible to participate in a competition to establish this resource center. This center will provide current and relevant information and support to enhance the quality, consistency, and effectiveness of Adult Protective Services (APS) programs across the country.

Applicants must demonstrate a history of working in APS, a history of work in elder abuse, and experience operating a national resource center that provides technical assistance and information.

The deadline for submission is August 19, 2011.

For general information, click [here](#).

For the detailed grant application, click [here](#).

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## Centers for Medicare and Medicaid Services

### **Medicare Expands Coverage for Patients with Pacemakers that are FDA-Approved for Use with MRI Exams**

*July 7, 2011*

The Centers for Medicare & Medicaid Services (CMS) today expanded Medicare coverage of Magnetic Resonance Imaging (MRI) for beneficiaries with implanted pacemakers when used according to FDA-approved labeling in an MRI environment. A final National Coverage Determination (NCD) posted today provides access to the MRI environment for patients with FDA-approved pacemakers.

On February 8, the Food and Drug Administration (FDA) approved the RevoMRI SureScan Pacing System, which is designed for use in the MRI environment for certain MRI exams. Currently, there are no other pacemakers or implantable cardioverter defibrillators that are FDA-approved for use in the MRI environment.

“This swift action by CMS provides patients who need a pacemaker with greater access to MRI exams,” said Donald M. Berwick, M.D., CMS administrator. “The expedited review of this decision demonstrates our commitment and support of new technology that will help improve the health of our beneficiaries.”

MRI is a noninvasive method of imaging that has the capability of demonstrating a wide variety of soft-tissue lesions in various parts of the body. It is used to diagnose many medical conditions, such as cancer, and is used to look at various parts of the body, including the head, central nervous system, and the spine. MRI also has advantages over other imaging techniques such as computed tomography (CT) and conventional radiographs, including no radiation exposure and easier visibility of soft tissue.

However, MRI exposes the patient to high magnetic and radio-frequency fields that may cause the movement or heating of implanted medical devices that are ferromagnetic (e.g. surgical clips) or that have ferromagnetic components (e.g. pacemakers, prostheses). The American College of Radiology’s (ACR) guidance document on safe MRI Practices (Kanal, 2007) explicitly discusses the need to address potential risks of exposure for patients that may have ferromagnetic foreign bodies or implants.

The final coverage policy issued today follows a proposed decision issued in April 2011. The final decision memorandum is available on the CMS website [here](#).

## **CMS Proposes Changes to the Medicare Physician Fee Schedule for 2012**

*July 1, 2011*

CMS placed the Calendar Year (CY) 2012 Physician Fee Schedule (PFS) Proposed Rule on display at the *Federal Register* on July 1, 2011. The proposed rule includes proposed annual updates to the relative weights of physician services and other Medicare Part B payment policies to ensure that our payment systems are updated to reflect changes in medical practice and the relative value of services. The proposed rule would implement certain provisions of the Affordable Care Act and the Medicare Improvements for Patients and Providers Act of 2008, and in addition, the proposed rule discusses payments for Part B drugs; the Physician Quality Reporting System; the Electronic Prescribing (eRx) Incentive Program; the Physician Resource-Use Feedback Program and the value modifier; and other Part B related issues.

The proposed rule is scheduled for publication in the July 19, 2011 Federal Register, and the comment period closes on August 30, 2011.

It is currently available [here](#).

## **CMS Proposes Policy Changes and Payment Updates for Dialysis Facilities in 2012 and Requirements that Would Strengthen Incentives to Improve ESRD Treatment Outcomes**

*July 1, 2011*

The Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that would update Medicare policies and payment rates for 5,304 dialysis facilities paid under a new bundled Prospective Payment System (PPS) that was implemented in calendar year (CY) 2011. The proposed rule would also strengthen incentives for improved quality of care and better outcomes for beneficiaries diagnosed with End-stage Renal Disease (ESRD) through proposed improvements to the ESRD Quality Incentive Program (QIP).

The proposals in the proposed rule, if finalized, would be effective for dialysis treatments furnished on or after Jan. 1, 2012; and the proposed new requirements for the ESRD QIP would affect the payment year (PY) 2013 and PY 2014 program years.

CMS is also proposing to strengthen the QIP, under which payments to individual facilities are reduced if they do not achieve a high enough total performance score based on their performance with respect to measures that assess the quality of dialysis care. The initial ESRD QIP will affect payments in PY 2012 based on performance standards CMS established with respect to two anemia management measures and one measure of dialysis adequacy.

The proposed rule also includes two proposals for scoring a facility's performance under the ESRD QIP – one proposal relates to the two-measure framework proposed for PY 2013, and a second proposal outlines how CMS would score facilities under the eight-measure program proposed for PY 2015. The proposed PY 2013 scoring methodology would more closely align the ESRD QIP with the scoring methodology adopted for the Medicare Hospital Inpatient Value-Based Purchasing Program, make it easier to adopt new measures, and reward facilities not only for delivering high-quality care, but also for improving the standard of care they deliver over time.

CMS will accept comments on the proposed rule until Aug. 30, 2011, and will respond to them in a final rule to be issued by Nov. 1, 2011.

For more information, click [here](#).

## **CMS Proposes 2012 Medicare Home Health Payment Changes**

*July 5, 2011*

On Tuesday, Centers for Medicare and Medicaid Services (CMS) announced a number of proposed changes to Medicare home health payments for 2012 that if finalized will promote greater efficiency and payment accuracy.

A proposed rule was displayed at the *Federal Register* proposing 3.35 percent decrease in Medicare payments to home health agencies for CY 2012. This would be an estimated net decrease of \$640 million compared to CY 2011.

Provisions of the Affordable Care Act mandate that CMS apply a one percent reduction to the CY 2012 home health market basket amount; this would equate to a proposed 1.5 percent update for home health agencies next year. CMS also proposes to reduce home health prospective payment system rates by 5.06 percent in CY 2012 to account for the increase in the case-mix that is unrelated to changes in patient acuity.

In a separate proposed rulemaking (CMS-2348-P), CMS would require comparable face-to-face encounters for people receiving Medicaid home health services to adhere to the unifying nature of these provisions made under the Affordable Care Act.

The proposed rule is on display at the *Federal Register* and can be located [here](#).

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## FROM CONGRESS

### **Debt Ceiling and Deficit Reduction Negotiations Continue**

Talks to negotiate an agreement to raise the debt limit continued this week, with House Speaker John Boehner (R-Ohio) and other House Republican leaders continuing to reiterate that any deficit reduction plan that includes tax increases won't pass the House, as Democrats insist the plan include revenue increases, primarily in the form of closing tax breaks.

Earlier this week, President Obama said he would not sign a debt limit increase unless it extends until 2013, a position which could imperil any short-term debt increase aimed at avoiding a default as negotiators continued work. Obama also made clear that he prefers a broader approach to a deficit reduction package, pressing for an agreement that would trim the deficit by about \$4 trillion over ten years. This strategy is in line with the one favored by House leaders, who remain concerned that they would be unable to secure enough GOP votes to pass a series of incremental debt limit increases.

At the conclusion of negotiations at the White House on Thursday, both parties agreed to work through this weekend, and congressional leaders will again sit down with Obama at the White House on Sunday evening. It remains unclear exactly how the parties can resolve their differences, and the July 8 release of the [June jobs report](#), which found that unemployment rate rose to 9.2 percent last month, could make the ongoing negotiations more contentious, with both parties seizing on the data to make their competing cases for what should be included in the final agreement to boost the economy. Many congressional Republicans view the July 10 meeting as the deadline for striking any major agreement, in part because lawmakers would need time to write implementing legislation and move it through Congress, while President Obama has offered a more modest set of expectations for the weekend meeting, saying he expects that "the parties will at least know where each other's bottom lines are and will hopefully be in a position to then start engaging in the hard bargaining that's necessary to get a deal done."

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## FROM OTHER ORGANIZATIONS

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### Center on Disability and the Center for Personal Assistance Services

#### Survey for Personal Assistant Services Users Regarding Emergency Experiences

The Center on Disability at the Public Health Institute and the Center for Personal Assistance Services at UC San Francisco are conducting a research study to determine promising practices in preparing for emergencies among individuals with disabilities who use personal assistance services (PAS).

Anyone who uses PAS and has experienced disasters or emergencies may go to <http://www.surveymonkey.com/s/ZTXYZ69> to complete the survey. The survey should take approximately ten to fifteen minutes. Five individuals who complete the survey will receive a \$50 gift card.

Questions may be sent to Lewis Kraus at [deputy@adapacific.org](mailto:deputy@adapacific.org) or 510-285-5600.

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### Robert Wood Johnson Foundation, AARP, AARP Foundation

#### Future of Nursing Campaign for Action Call for Applications

The Future of Nursing: *Campaign for Action* is a collaboration created by the Robert Wood Johnson Foundation, AARP, and the AARP Foundation to ensure that all Americans have access to high quality, patient-centered care in which nurses contribute as essential partners in system-wide transformation. As part of this project, Action Coalitions are convened. Diverse groups of stakeholders at the state level will comprise these Action Coalitions, and will further the overall effort by capturing and sharing best practices, determining research needs, tracking lessons learned and identifying replicable models.

The *Campaign for Action* is inviting organizations to apply to be official Action Coalitions and receive technical assistance developed and coordinated by the Center to Champion Nursing in American *Campaign* staff. Action Coalitions are currently active in over 15 states; to build on this success, the *Campaign* will select up to 20 applicants in the next round of applications.

Applications will be accepted between July 7, 2011 and August 10, 2011. To be eligible, Action Coalitions must be led by at least two co-leads, representing a nursing and non-nursing organization, who undertake a long-term commitment to manage efforts in a particular region

or state. Each state should only have one state-level Action Coalition; multiple applications per state will not be considered.

More information on Action Coalitions and the *Campaign for Action* can be found [here](#).

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

The official call for applications can be found [here](#).

For more information, visit the [Frequently Asked Questions](#).

Applicants can participate in a webinar with *Campaign* staff on July 14, 2011 from 4:00 to 5:00 PM EST. Click [here](#) to register for the webinar, or for more information.

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## National Governors Association

### NGA Wants a Duals Refund

July 6, 2011

The National Governors Association is asking the U.S. Department of Health and Human Services to reimburse states for Medicaid funds spent to cover patients who should have received Medicare coverage as well. Gov. Scott Walker of Wisconsin and Gov. John Kitzhaber of Oregon, chairman and vice chairman of NGA's Health and Human Services Committee, sent a letter to HHS that states have spent over \$4 billion of their own funds to cover care that should have been covered under Medicare. California and Texas previously sent a letter to HHS in April and suggested a new waiver that could be used to reimburse these funds.

The NGA letter can be found [here](#).

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## American Psychological Association

### Inequity to Equity: Promoting Health and Wellness of Women with Disabilities

The American Psychological Association is sponsoring an interactive, interdisciplinary conference on October 17-18. The conference, *Inequity to Equity: Promoting Health and Wellness of Women with Disabilities*, will be held at the Kellogg Conference Hotel at Gallaudet University in Washington, DC.

The call for proposals deadline has been extended to July 15, 2011, and can be found [here](#).

For more information on the conference, click [here](#).

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## Kaiser Family Foundation

### ARRA-Enhanced FMAP Expires

July 1, 2011

July 1 marked the expiration of Medicaid's enhanced federal matching pay rates that states originally received as part of the American Recovery and Reinvestment Act of 2009 (ARRA) stimulus package. As included in ARRA, the enhanced Medicaid funding initially ran from October 2008 through December 2010, and the enhanced FMAP was continued, on a declining basis, through June 30, 2011. The end of this increase in federal matching funds means that an increase in the state share of Medicaid in all states comes at a time when states are still experiencing fiscal stress related to the economic downturn.

The Kaiser Family Foundation Commission on Medicaid and the Uninsured has released a fact sheet on how the enhanced federal Medicaid matching funds available to states through ARRA were used, and the implications for state Medicaid programs upon the June 30<sup>th</sup> expiration of that extra assistance, finding, in part, that states used the ARRA enhanced Medicaid funding to address Medicaid funding crunches, mitigate program cuts and address overall state budget shortfalls.

Fact sheet: <http://www.kff.org/medicaid/8205.cfm>



**National Home and Community Based Services Conference**

September 11-14, 2011  
Washington, DC

 

The banner features a background image of the U.S. Capitol building. The text is in a serif font, and the logos are in a sans-serif font.

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## UPCOMING EVENTS FROM OUR PARTNERS

The NASMHPD Annual 2011 Commissioners Meeting is being held Sunday, July 17 – Tuesday, July 19, 2011, at the Westin Alexandria, 400 Courthouse Square, Alexandria, Virginia 22314.

National Association of State Head Injury Administrators State of the States in Head Injury Meeting, October 3-6, 2011, Kansas City, MO.

National Association of Medicaid Directors Fall Conference, November 7-9, 2011, Washington, DC

Archived Friday Updates are available on NASUAD's website here.