EMAF Board Contemplates “Top Ten” Regulatory Priorities

Following the Emergency Medicine Action Fund’s (EMAF) first board meeting in July 2011, a team of health policy consultants from Hart Health Strategies, Alston & Bird and Health Policy Alternatives collaborated to develop a list of recommendations where EMAF could facilitate positive change in existing and future regulations using the additional resources contributed through the fund.

“While implementation of several provisions began in the summer of 2010, with a series of interim final rules in order to meet early PPACA deadlines, many will continue to roll out for the next five years or more,” the consultants explained in a memo to EMAF board members. “As such, emergency medicine will need to position itself to benefit from the provisions, including the budget neutral value-based payment modifier. Still others, such as workforce planning and regionalization of emergency care require Congressional appropriations.”

The list of potential regulatory priorities under consideration includes:

- Patient Protections for Access to Hospital Emergency Services and Fair Payment
- Value-Based Payment Modifier & the Physician Feedback/Resource Use Reporting Program
- Hospital Readmissions
- Potentially Misvalued Service Initiative & Updated Five-Year Review
- Physician and Hospital Quality/Health IT Reporting Programs
- Accountable Care Organizations
- Medicaid Access
- Medicaid Inpatient Psych Demonstration
- Hospital Value Based Purchasing
- Payment Bundling Pilot Program
- Administrative Simplification & ICD-10

The consultant team, along with ACEP senior government affairs staff agree that this list includes some of the most critical issues facing the practice of emergency medicine and warrant short- and long-term strategies to ensure that emergency medicine benefits from changes resulting from these provisions.

VITAL SIGNS

Preserving the Future of our Specialty
Recently, the Centers for Medicare and Medicaid Services (CMS) announced the Bundled Payments for Care Improvement Initiative, a national pilot program mandated by the Affordable Care Act (ACA). CMS states that the pilot was designed to encourage doctors, hospitals and other health care providers to work together to better coordinate care for patients both when they are in the hospital and after they are discharged. Through this pilot, CMS will bundle payments for services delivered across an episode of care, such as heart bypass or hip replacement, rather than paying for those services separately. The pilot will begin by January 1, 2013.

The application process is now open for providers, and a frequently asked questions document is available on CMS’ web site for those interested in learning more.

The EMAF Board will contemplate these regulatory priorities at its upcoming meeting in San Francisco, determining which will remain in the “top ten.” ACEP senior government affairs staff, the consulting team, and EMAF Board Leaders will work together to develop an implementation strategy and timeline for taking action on the regulatory priorities.
GAO Issues Report on Medicare Physician Feedback Program

The Government Accountability Office (GAO) issued a report, Medicare Physician Feedback Program: CMS Faces Challenges with Methodology and Distribution of Physician Reports, describing difficulties the agency is facing with the program.

Emergency medicine has been concerned about the Physician Feedback Program and its use as the basis for the value-based payment modifier beginning in 2015 for some providers, and 2017 for all providers. To date, the dissemination of feedback reports has been limited to roughly 2,000 physicians in primary care practice, as well as 36 group practices. It is unclear how many of these physicians actually accessed and understood their feedback reports in Phases I and II of the program. Given the impact this program will have on emergency medicine reimbursements, GAO’s findings and recommendations to CMS are critical.

According to GAO, CMS faces challenges incorporating resource use and quality measures for physician feedback reports that are meaningful, actionable, and reliable. CMS had difficulty measuring the resources used by physicians to treat specific episodes of an illness, such as a stroke or a hip fracture, and the quality measures it used in the program’s most recent phase applied to a limited number of physicians. Finally, CMS faced challenges distributing feedback reports to physicians that its plans for improvement may not entirely address. As a result of their findings, GAO is recommending that CMS use methodological approaches that increase physician eligibility for reports, statistically analyze the impact of its methodological decisions on report reliability, identify and address factors that may have prevented physicians from reading reports, and obtain input from a sample of physicians on the usefulness and credibility of reports.

According to CMS, “From those 349 trading partners, 974 files were submitted and there were no significant error scenarios reported. Sixty-eight trading partners responded to a follow-up survey about National Testing Day. Of those who responded to the survey, 32 percent stated that they feel ready to process Version 5010 production transactions. In addition, 39 percent of the respondents stated that they were able to receive and process a 277CA while testing on National Testing Day.”

A National 5010 Testing Week has been scheduled for August 22 - 26, 2011. Check the Version 5010 section of the CMS website for more information about the transition to Version 5010.

About EMAF

In January 2011, the ACEP Board of Directors voted to create the Emergency Medicine Action Fund to generate additional financial support for our well established advocacy activities in Washington, DC.

This Action Fund will finance activities that complement ongoing work and enhance resources to address the issues that matter most to you.

The Action Fund can help us enhance our regulatory advocacy with policy makers to ensure emergency physicians receive fair payment for our services. It can also fund numerous meetings with regulators to help guarantee our patients receive the best care, and provide funding for studies to demonstrate the value of emergency medicine.

Find out more about the Action Fund’s goals, contribution levels, and governance structure by visiting www.acep.org/EMActionFund

HIPAA Version 5010 Testing Results Released from CMS

On June 15, 2011, the Centers for Medicare and Medicaid Services (CMS) Version 5010 Team held its first National Testing Day where 349 Medicare fee-for-service (FFS) trading partners conducted testing using the Version 5010 format that all covered entities are required to use starting January 1, 2012.