

THE LEGISLATIVE BULLETIN

A PUBLICATION OF THE VERMONT MEDICAL SOCIETY

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LEGISLATURE ISSUES FRAMEWORK FOR HEALTH CARE ACCESS AND COST CONTROL LEGISLATION

With their joint background hearings now concluded, the House Health Care and Senate Health and Welfare committees will now begin to focus on separate issues.

The House Health Care Committee will focus on issues related to access to health insurance coverage, including increased deductibles and co-pays in the state's Catamount program for the uninsured

In order to address the fiscal crises faced by the state in fiscal years 2011 and 2012, the Senate Health and Welfare Committee will be assessing a draft framework for cost control legislation for the current session. Their intent is to implement immediate responses to the current fiscal crisis while moving to more comprehensive efforts to achieve the sustained reduction in the rate of growth of medical cost.

One of the major tasks for the committee will be to assess the relative opportunities, risks and costs of the different options, prioritize the initiatives, and laying out a process for a more detailed design and final recommendations. A possible sequence of initiatives outlined in a memo developed by legislative staff includes the following:

In state fiscal year 2011:

- Implementing a hospital budget cap;
- Accelerating the expansion of Blueprint; and,
- Accelerating the implementation of accountable care organization (ACO) pilots and increase the number of pilots.

In state fiscal year 2012:

- Continuing hospital budget cap for second year;
- Completing expansion of Blueprint to 75 percent of Vermont population;
- Continuing expansion of ACOs to 50 percent of Vermont hospital service areas (HSAs); and,
- Beginning the transition to recommended global budgeting and payment model.

In state fiscal year 2013:

- Transitioning from hospital budget caps to global budgeting and payment.

The memo states that the current BISHCA hospital budget review process provides the opportunity to set explicit caps on statewide increases in hospital net operating revenue. In addition, it suggests that the general assembly legislate a process to design payment reforms such as the post acute bundling of payments for 30 days post discharge; eliminating payments for preventable readmissions; and value-based purchasing using an incentive pool which rewards specific improvement in quality.

VMS has actively participated in discussions related to statewide expansion of the state's chronic care initiative – the Blueprint for Health. It believes that the combination of an additional per member, per month (PMPM) fee to practices qualifying as a patient centered medical home, combined with the availability of local care coordination teams, has the potential for better care management of patients with chronic conditions, as well as providing much needed financial and infrastructure support for primary care practices.

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CMS DELAYS PECOS RULE; APRIL 5TH DEADLINE LOOMING

The Centers for Medicare & Medicaid Services (CMS) has announced that it will delay for three months a new rule that requires ordering and referring physicians to register for its new Provider, Enrollment Chain and Ownership System, also known as PECOS.

According to a notice sent out by CMS, the delay will give health care providers sufficient time to enroll in Medicare or for those who are already enrolled in Medicare, establish a current enrollment record. The new deadline is April 5, 2010, after which, CMS will deny Medicare reimbursement to physicians not in PECOS.

In its announcement of the rule's delay, CMS said that many physicians who are enrolled in Medicare do not have current enrollment records as required by PECOS. Enrollments considered current by CMS are those that have been registered in PECOS and contain the physician/non-physician practitioner's National Provider Identifier (NPI). Medicare-enrolled physicians who have not updated their enrollment record since November

2003 are especially encouraged to establish a current enrollment record.

To view the lists of physicians with up-to-date enrollments, visit VMS's Web site, www.VTMD.org.

The American Medical Association was among more than 50 medical groups to urge for the delay. In a letter sent to the Charlene Frizzera, the CMS's acting administrator, the groups said that "implementing this policy as scheduled will cut off access to care for millions of Medicare beneficiaries, interrupt reimbursement for legitimately provided items and services, interrupt care coordination, and add unfunded administrative mandates on a significant portion of physicians and other health care practitioners."

The groups estimated that as many as 200,000, or 30 percent, of enrolled Medicare physicians, a group primarily made up of physicians who enrolled prior to when CMS began using PECOS in 2003.

APRN RULES HEARING TO BE HELD FEB. 12

The Vermont Board of Nursing has scheduled a hearing on its proposed APRN rules. The rules would remove requirements that APRNs, including nurse practitioners, nurse midwives, nurse anesthetists and clinical nurse specialists, have a written collaboration agreement with a physician and practice under guidelines that are acceptable to both the nursing and medical professionals.

Board of Nursing Hearing Advanced Practice Registered Nurse Rules

Friday, February 12
2010 - 9:00 a.m.

M2D Conference Room - National Life Building
Montpelier, Vermont

For more information about the proposed rules and VMS's concerns about them, visit <http://www.vtmd.org/APRN/APRN%20Index.html>.

VMS members who would like to comment on the proposed rules are encouraged to contact VMS's Madeleine Mongan at mmongan@vtmd.org, or Paul Harrington at pharrington@vtmd.org or by calling (802) 223-7898.

HEALTH CARE ACCESS AND COST CONTROL LEGISLATION

(Cont'd from pg. 1) VMS will continue to advocate that any new payment models for delivery reform only be done with the full involvement of physicians and other health care practitioners – including hospitals and other health care facilities – and that it follow the Blueprint for Health's framework of careful planning, education, evaluation, and testing out in a limited number of pilot communities before it is implemented on a statewide basis.

PHYSICIANS' OPINIONS AND INPUT SOUGHT

Radiology Prior Authorization

The Douglas Administration's Office of Vermont Health Access (OVHA) FY 2011 budget includes a number of new Medicaid program reductions, one of which includes requiring prior authorization for radiology services.

Using evidenced-based guidelines and subject matter experts, OVHA proposes to require a prior authorization for:

- Computerized axial tomography scans (CT) and CT Angiography (CTA);
- Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiogram (MRA); and,
- Positron Emission Tomography (PET) and PET/CT.

The following will NOT be subject to prior authorization:

- The above imaging procedures performed during an inpatient admission or emergency room visit; and,
- All ultrasounds and mammograms

Prior Authorization Guidelines will be available on-line and also will be given to providers during the implementation of the program. In SFY '09, approximately 19,000 beneficiaries received these hi-tech imaging services, with a total annual cost of approximately \$9,540,000.

VMS is seeking comment on this proposed legislation. Please send your comments to VMS's Madeleine Mongan at mmongan@vtmd.org, or Paul Harrington at pharrington@vtmd.org or by calling (802) 223-7898.

Anti-Obesity Initiative

Attorney General William Sorrell is inviting Vermonters to work together to prevent obesity. The initiative's goal is to conduct a series of meetings and conference calls that produce, by Oct. 1, 2010, a report with recommendations for reducing obesity that complement the work of the Departments of Health and Education.

The kick-off meeting will be held Feb. 17, at the Pavilion Auditorium in Montpelier at 9 a.m. Besides attending the meetings and conference calls, physicians can provide their input into the process by submitting a questionnaire that the Attorney General's office is using to solicit obesity prevention ideas.

The questionnaire, and more information about the initiative, can be found at <http://www.atg.state.vt.us/issues/consumer-protection/obesity.php>. VMS members who submit questionnaires are also encouraged to submit them to Society staff so that it can be aware of member opinions. Questionnaires can be sent to Stephanie Winters at swinters@vtmd.org.

H.708 - An act relating to students with concussions participating in school athletic activities

H.708 has been introduced in the Vermont House of Representatives that proposes to ensure that a student suffering or suspected to be suffering from a concussion does not participate in school athletic activities until one day after (1) all symptoms disappear and (2) receiving an examination by and written permission to participate from a licensed medical professional.

Please review the bill at <http://www.leg.state.vt.us/docs/2010/bills/Intro/H-708.pdf> and send your comments to Stephanie Winters at swinters@vtmd.org or 802-223-7898.

SAVE THE DATE

Vermont Medical Society 197th Annual Meeting

Saturday, November 6, 2010 - Equinox, Manchester, Vermont

Make your reservations today! Call 1-877-854-7625.

Room Block Deadline is October 6, 2010

Make sure you tell them you are with the VMS

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