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Health Care Legislative & Regulatory Outlook Calendar Year 2012

This timeline chart of health care regulatory and legislative action expected in 2012 was prepared by Dan Boston, Monica Tencate, Billy Wynne, Jenny Gladieux, Katie Pahner, and Keith Snider, with Health Policy Source Inc., a health care consulting firm in Washington.

Date Due	Description	ACA §
FIRST QUARTER (January – March)		
1/1	Individualized reports required for the Medicare Physician Resource Use Feedback program. The Centers for Medicare & Medicaid Services must begin sending physicians and other practitioners reports regarding their resource use.	3003
1/1	Independence at Home demonstration program launches.	3024
1/1	Recovery Audit Contractor (RAC) Medicaid rule effective. The ACA rule expanding Recovery Audit Contractor program to Medicaid takes effect.	6411
1/1	Evaluating Integrated Care around a Hospitalization Medicaid demonstration project. HHS is required to establish a Medicaid demonstration project to study bundled payments for hospital and physician services. Program is for five years through Dec. 31, 2016.	2704
1/1 <i>delayed</i>	Medicaid Pediatric Accountable Care Organization (ACO) demonstration project. HHS is required to establish a demonstration project that allows qualified pediatric providers to be recognized and receive payments as ACOs under Medicaid. Program is for five years through Dec. 31, 2016. (Note: CMS has yet to provide guidance regarding this demonstration program at the state level.)	2706
1/1 <i>delayed</i>	Medicaid Adult Health Quality Measures final notice (CMS-2420-FN). CMS is required to establish a Medicaid Quality Measurement Program, as well as publish an initial set of adult health quality measures that are applicable to Medicaid-eligible adults. (Note: CMS, per its notice on Dec. 30, 2010, published an initial set of measures for which comments were due March 1, 2011.)	2701
1/6	First Briefs due to U.S. Supreme Court in Affordable Care Act case.	
1/12-13	MedPAC Payment recommendations. The Medicare Payment Advisory Commission (MedPAC) will vote on recommended payment updates for Medicare payment systems.	
1/17	Application Deadline for Comprehensive Primary Care Initiative.	3021
1/20-3/30 & 2/1-3/30	ACO application due dates. Applications due for the Medicare Shared Savings Program (Accountable Care Organizations) (Jan. 20, 2012, and March 30, 2012) and the Advance Payment Model (Feb. 1, 2012, and March 30, 2012).	3022
1/26	HHS Care Innovations Summit. CMMI and ONC to co-host the first ever Care Innovations Summit in Washington, DC.	

Date Due	Description	ACA §
1/27	First Application Deadline for CMMI Innovation Challenge Grants.	3021
Target late January	Changes to the Medicaid Demonstration Review and Approval Process final rule (CMS-2325-F). CMS plans to finalize its proposed rule, which was issued on Sept. 17, 2010, implementing section 10201M of the ACA that addresses concerns about transparency in the Medicaid demonstration review and approval process.	10201M
Target late January	Medicaid Community First Choice Option final rule with comment (CMS-2337-FC). CMS plans to finalize its proposed regulation issued on Feb. 25, 2011, that implements section 2401 of the ACA, which establishes an optional Medicaid benefit through which states (effective Oct. 1, 2011) could offer community-based attendant services and support to Medicaid beneficiaries with disabilities who would otherwise require the level of care offered in a hospital, nursing facility, or intermediate care facility for the mentally retarded.	2401
Targeted for late January	Medicaid Payments for Primary Care Services proposed rule (CMS-2370-P). CMS plans to release a proposed regulation outlining the requirements per section 1202S of the ACA under which Medicaid will pay for primary care services furnished on or after Jan. 1, 2013, and before Jan. 1, 2015, by a physician with a primary specialty designation of family medicine, general internal medicine, or pediatric medicine at a rate not less than 100% of Medicare Part B payment rates.	1202S
1/30	Medicare DME Competitive Bidding Program. CMS opens 60-day bid window for Round 2 of DME Competitive Bidding.	
Jan.-March	Application Deadline for Community Based Care Transitions Program/Partnership for Patients.	3021
2/6	Typical date for President to submit FY13 Budget Request to Congress. This marks the start of the budget/appropriations cycle. Last year, this date slipped.	
2/15	Area Health Education Centers (AHECs) grant applications due date. In accordance with section 5403 of the ACA and per the guidance issued by the Health Resources and Services Administration on Nov. 14, 2011, the date by which applications are due to the AHEC Infrastructure Development program is Feb. 15, 2012 (by 8 p.m. EST).	5403
February 2012	Medicare Advantage advance notice. CMS releases advance notice of capitation rates and projected enrollment for Medicare Advantage health plans.	
3/1-2	Provider payment regulations. Approximate deadline for CMS to issue proposed rules for Rate Year payment systems (long-term care hospitals and inpatient psychiatric facilities).	
Targeted for early March	Medicaid Eligibility Expansion under the ACA final rule (CMS-2349-F). CMS plans to finalize its proposed rule (published on Aug. 17, 2011) that sets forth the Medicaid eligibility changes and new operational coverage effective in CY 2014 per section 2001 of the ACA (including the corresponding FMAP rates). (Note: Comments on the proposed rule were due Oct. 31, 2011).	2001
Target for early March	Health Insurance Exchange final regulation. HHS expected to publish a final regulation implementing the health insurance exchanges.	1311
3/13	Last deadline for final briefs to Supreme Court on the Affordable Care Act case.	
3/15	Medicare Payment Advisory Commission (MedPAC) March report. MedPAC issues its annual "Report to the Congress" on Medicare payment issues.	
3/15	Medicaid and CHIP Payment and Access Commission (MACPAC) March report. MACPAC to release its report to Congress on Medicaid and the Children's Health Insurance Program (CHIP).	
3/15	Application Deadline for Bundled Payment for Care Improvement Demo Models 2-4.	3021
Ongoing	State Balancing Incentive Program (Medicaid) application period (ongoing). CMS will accept applications for participation in the Balancing Incentive Payments Program opportunity (per section 10202M of the ACA) on an ongoing basis beginning Sept. 1, 2011, through Aug. 1, 2014, or until the full provision of the \$3 billion has been expended, whichever date is sooner.	10202M
Q1 – Q3	Medicaid Global Payment Demonstration project guidance. It is possible we may see details unveiled by CMS on the Medicaid Global Payment Demonstration project before the close of FY 2012. The demonstration was slated to begin in FY 2010 through FY 2012. Under the demonstration, five states will be selected to participate to adjust payments made to an eligible safety net hospital system or network from a fee-for-service (FFS) payment structure to a global capitated payment model.	2705

Date Due	Description	ACA §
Q1 – Q4	Medicare Graduate Nurse Education program guidance. HHS, effective beginning in FY 2012 through FY 2015 per section 5509 of the ACA, is required to establish a Graduate Nurse Education Demonstration program under Medicare under which eligible hospitals may receive payment for the hospital's reasonable costs for the provision of qualified clinical training for advance practice nurses. While there is no specified statutory "start date," aside from the authorization and appropriation of funding, it is possible we may see some guidance on this program sometime in 2012.	5509
3/23	ACA Quality Reporting regulation. HHS due to publish regulation setting forth requirements for quality reporting activities by health plans under Section 2717 of ACA.	2717
3/23	Alternative Dental Health Care Provider Demonstration Project statutory effective date. Although this program was authorized but <i>not funded</i> (and is therefore subject to appropriations), section 5304 of the ACA requires HHS to, not later than two years upon enactment of the health care law, begin a demonstration program to establish training programs for alternative dental health care providers to increase access to dental health care services in rural, tribal, and underserved communities.	5304
3/23	Report on a demonstration program to integrate quality improvement and patient safety into clinical education of health professionals.	3508
3/23	Diversity Standards statutory effective date. Standards to more consistently measure race, ethnicity, sex, primary language, and disability status to be implemented.	4302
3/23	Worksite Wellness Plans. The Centers for Disease Control and Prevention is required to conduct a survey regarding national worksite health policies and programs to assess employer-based health policies and programs by this date.	4303
3/23	HHS five-year national, public education campaign focused on oral health prevention and education.	4102
3/23	Medical Diagnostic Equipment Standards implementation date. CMS is set to implement new accessibility standards for medical diagnostic equipment by March 23.	4203
3/23	Diabetes Care report to Congress. The CDC is required to submit to Congress a report on the impact of diabetes on the practice of medicine and the appropriateness of the level of diabetes medical education that should be required prior to licensure, board certification, and board recertification.	10407M
3/26-28	Supreme Court to hear Oral Arguments on Affordable Care Act case.	
3/30	Medicare DME Competitive Bidding Program. Deadline for providers to submit bids to participate in CB.	
3/31	Effective Deadline for Congress to Extend R&D and other Tax Credits/Policies that ended in CY11.	
Q1	Launch of the Innovations Advisors Program.	3021
Q1-Q2	Essential Health Benefits (EHBs) proposed regulation. HHS expected to publish a rule defining what minimum EHBs must be offered as coverage under the health insurance exchanges.	1302
SECOND QUARTER (April – June)		
April	Medicare Advantage (MA) final rates. CMS releases MA final rates and call letter to plans.	
April	Prescription samples regulation. HHS to detail reporting requirement related to prescription drug sample transparency.	6004
4/15	Technical Deadline for Congress to Pass FY13 Budget Resolution. This deadline is perennially missed. For FY12 Congress never adopted a Budget Resolution.	
5/1-2	Provider payment regulations. Approximate deadline for CMS to issue final rules for Rate Year payment systems (long-term care hospitals and inpatient psychiatric facilities).	
May	Medicare Trustees report. Medicare program trustees scheduled to issue annual report.	
6/1	Family-to-Family Health Information Centers grants program awards. HRSA, in accordance with a funding announcement issued on Oct. 17, 2011, has indicated that the projected award date under this program is June 1, 2012.	5507
6/1-2	Provider payment regulations. Approximate deadline for CMS to issue proposed rules for Fiscal Year payment systems (IPPS, inpatient rehabilitation facilities, skilled nursing facilities, and possibly hospice).	
About 6/15	MACPAC June report. MACPAC releases its annual report to Congress in which it provides further details on particular policy aspects of Medicaid and CHIP (e.g., the 2011 report focused on Medicaid managed care).	
About 6/15	MedPAC June report. MedPAC issues annual report on miscellaneous Medicare issues.	

Date Due	Description	ACA §
6/29	“Level One” Exchange grant applications due. The date by which “Level One” Exchange applications are due to HHS is June 29, 2012 (per the extension granted to states on Nov. 29, 2011; note: the original deadline was Dec. 31, 2011).	
6/26-27	Likely Last Possible Days for Supreme Court to Announce Decision on Affordable Care Act challenge.	
THIRD QUARTER (July – September)		
7/1	Administrative simplification regulation. HHS to release operating rules for administrative simplification electronic funds transfer (EFT) and payment transactions under the administrative simplification provision section 1104 of ACA.	1104
7/1	Medicaid payment adjustment for Health Care-Acquired Conditions (HACs) effective date. Per CMS’s final rule implementing this policy, which was released on June 1, 2011, although the final rule took effect on July 1, 2011, CMS clarified that compliance action will not be taken until July 1, 2012, to allow states additional time to develop and adopt their policies.	2702
8/1-2	Provider payment regulations. Approximate deadline for CMS to issue proposed rules for Calendar Year payment systems (physicians, home health agencies, hospital outpatient departments, ASCs, and potentially DME and/or clinical laboratories) and final rules on Fiscal Year payment systems (inpatient hospitals, inpatient rehabilitation facilities, skilled nursing facilities, and possibly hospice).	
8/23	Training and Certification Programs for Personal or Home Care Aides demonstration project statutory effective date. Per section 5507 of the ACA, HHS is required (and appropriations are provided) to award grants to states to conduct demonstration projects for the purposes of developing core training competencies and certification programs for personal or home care aides.	5507
September	Medicare Advantage (MA) data release. CMS announces MA premiums and enrollment data for 2013.	
Fall	Exchanges implementation. States are required to file an application seeking HHS approval of their exchange plans as part of the requirement that HHS certify the capability of states to operate exchanges by January 2013.	1311
9/30	End of FY 2012 Fiscal Year. Deadline for Congress to pass appropriations measures to fund FY 13. A continuing resolution by this date is likely to give Congress more time to complete this work.	
9/30	Farm Bill expires. Several key health policies will be addressed in this reauthorization process.	
9/30	Prescription Drug User Fee Act (PDUFA) and Medical Device User Fee Act (MDUFA) Authorization ends. Reauthorization will be a key area of legislative activity in 2012.	
9/30	Extension of Medicare-dependent hospital (MDH) program ends.	3124
9/30	Medicare Gainsharing demonstration ends.	3027
9/30	Medicare Subsidies Beneficiary Education campaign. Funding to organizations that identify and assist low-income Medicare beneficiaries with enrollment in Medicare subsidy programs ends Sept. 30, 2012.	3306
FOURTH QUARTER (October – December)		
10/1	Hospital value-based purchasing program effective date. Program takes effect beginning Oct. 1, 2012.	3001
10/1	Hospital Readmissions Reduction program. The Hospital Readmissions Reduction program, which institutes Medicare payment reductions of up to 3% to hospitals with high risk-adjusted rates of potentially avoidable readmissions for three conditions implemented, goes into effect on Oct. 1, 2012.	3025
10/1	Hospice payment reforms. Slated to take effect by Oct. 1, 2012.	3132
Fall	Medicare DME Competitive Bidding Program. CMS to announce payment rates in Round 2 Competitive Bidding areas.	
11/1-2	Provider payment final regulations. Deadline for CMS to release final rules for Calendar Year payment systems (physicians, home health agencies, hospital outpatient departments, ASCs, and potentially DME and/or clinical labs).	
12/29	Long-term Care Hospital (LTCH) Special Payment Provisions (“25% rule”). Extension of certain payment rules for LTCHs and of moratorium on the establishment of certain hospitals and facilities expires Dec. 29, 2012.	3106
12/31	Extension of CMS authority for section 1876 cost contracts (Medicare managed care). Authority expires Dec. 31, 2012.	3206

Date Due	Description	ACA §
12/31	"Bush Tax Cuts" expire.	