

Dateline Washington

prepared by the Division of Advocacy and Health Policy

CMS acted to ensure care for Katrina's victims

Soon after Hurricane Katrina ripped through the Gulf coast this summer, the Centers for Medicare & Medicaid Services (CMS) took action to ensure that individuals enrolled in the Medicare, Medicaid, and State Children's Health Insurance programs would receive emergency care. Many of the programs' normal operating procedures were relaxed to speed care to the elderly, children, and people with disabilities. For example, because many hurricane victims were evacuated to facilities in neighboring states, CMS waived the normal burden of documentation for patients' eligibility to receive benefits. In addition, federal officials worked with state Medicaid agencies to coordinate interstate payment agreements. Other forms of relief that the CMS offered, which may be of interest to surgeons, are as follows:

- Normal licensing requirements for physicians, nurses, and other health care professionals who cross state lines to provide emergency care in stricken areas were waived, provided that they had been licensed in their home states.
- Certain privacy requirements were waived so that physicians could speak with family members about a patient's condition, even if the patient could not grant that permission.
- Hospital emergency departments were not be held liable under the Emergency Medical Treatment and Active Labor Act for transferring patients to other facilities for assessment, if the original facility was in an area where a public health emergency had been declared.

For more information about CMS' hurricane relief activities, go to www.cms.hhs.gov/katrina.

AHRQ assesses ICU safety, issues data on uninsured

A study by the Agency for Healthcare Research and Quality (AHRQ) published in the August issue of *Critical Care Medicine* indicates that patients in hospital intensive care units (ICUs) are at significant risk for preventable adverse events and serious medical errors. The Critical Care Safety Study: The Incidence and Nature of Adverse Events and Serious Medical Errors in Intensive Care shows that more than 20 percent of the patients admitted to two ICUs at an academic medical center experienced adverse events. Approximately 45 percent of those adverse events were considered preventable, and more than 90 percent occurred during routine care. AHRQ's press release about the study may be viewed at <http://www.ahrq.gov/news/press/pr2005/icuerrpr.htm>.

AHRQ also recently released data from the agency's 2004 Medical Expenditure Panel Survey, indicating that 48.3 million Americans (16.8% of the civilian population) were uninsured in early 2004. The study indicates that young adults aged 19 to 24 years were most likely to be uninsured, and 35 percent lacked coverage. Only 11.7 percent of children younger than age 18 were uninsured, but 29.4 percent had public insurance only. Additional survey data are available at www.meps.ahrq.gov/papers/st83/stat83.pdf.

CMS expands quality efforts

CMS and the Hospital Quality Alliance have added two measures for preventing postoperative infections, as well as a measure for treatment of pneumonia to the Hospital Compare Web site. The first two measures are part of a larger set of patient safety measures that will

be collected as part of the Surgical Care Improvement Project (SCIP). The SCIP—developed in collaboration with federal agencies, hospitals, and surgical organizations, including the College—is designed to improve patient safety and reduce the postoperative complications in U.S. hospitals by 25 percent by 2010. Hospital Compare is intended to serve as a tool for patients seeking to assess the quality of care at their local hospitals and can be accessed at <http://www.hospitalcompare.hhs.gov>.

In addition, CMS announced September 9 that it is soliciting proposals for the Medicare Health Care Quality Demonstration, a five-year initiative to uncover means for identifying, developing, testing, and disseminating health system improvements at the local or regional level. The goal is to support the adoption and use of medical decision-support tools, such as evidence-based guidelines. For further information about how and when to apply for participation in the project, visit the CMS Web site at <http://www.cms.gov/researchers/demos/mma646/>.

NIH offers student loan repayments

The National Institutes of Health (NIH) is accepting applications for its five loan repayment programs. The five loan repayment programs that the NIH offers are in clinical research, clinical research for individuals from disadvantaged backgrounds, contraception and infertility, health disparities, and pediatrics. Through these programs, the NIH repays up to \$35,000 of the qualified educational debt of health professionals pursuing careers in biomedical and behavioral research. To qualify, applicants must possess a doctoral-level degree, devote 50 percent or more of their time to research funded by a domestic not-for-profit organization or government entity, and have educational debt equal to or exceeding 20 percent of their institutional base salary. Applications must be submitted by December 1. To apply for or to learn more about the loan repayment programs, go to www.lrp.nih.gov.

HIPAA contingency plan for claims submissions ends

As of October 1, CMS is no longer processing electronic Medicare claims for payment that do not conform to the standards required in the Health Insurance Portability and Accountability Act (HIPAA). HIPAA required CMS to adopt standards for health care claims and other financial and administrative transactions in order to streamline claims processing, decrease paperwork, and reduce the cost of health care administration. The effective date for the claims submission standards was October 16, 2003, but CMS implemented a contingency plan to allow continued payment of claims that are not HIPAA-compliant until providers had sufficient time to become fully compliant.

As of June 2005, fewer than 1 percent of Medicare fee-for-service providers has submitted electronic claims that are not HIPAA-compliant, demonstrating that all providers can become compliant. CMS has made software available at little or no cost through Medicare carriers and intermediaries to enable providers to submit HIPAA-compliant claims. To find out more about the HIPAA claims submission requirements, go to the CMS “Medlearn Matters” article at: <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3956.pdf>.