

Provisions from PPACA seeking stakeholder input

| Provision | Scope of Work | Recommendations | Stakeholders | Time Frame |
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| Quality Reporting Requirements | <p>The Secretary of HHS shall establish quality reporting requirements for use by a group health plan, and a health insurance issuer offering group or individual health insurance coverage, with respect to plan or coverage benefits and health care provider reimbursement structures.</p> | <p>The Secretary will seek stakeholder input on the following criteria –</p> <ol style="list-style-type: none"> 1. Ways to improve health outcomes through the implementation of activities such as quality reporting, effective case management, care coordination, chronic disease management, and medication and care compliance initiatives, including through the use of the medical homes model for treatment or services under the plan or coverage. 2. Implementation activities to prevent hospital readmissions through a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate health care professional. 3. Implementation activities to improve patient safety and reduce medical errors through the appropriate use of best clinical practices, evidence based medicine, and health information technology under the plan or coverage; and 4. Ways to implement wellness and health promotion activities | <p>Experts in health care quality and other stakeholders deemed appropriate by the Secretary of HHS.</p> | <p>No later than 2 years after enactment.</p> |
| Health Information Transactions | <p>The Secretary shall adopt a single set of operating rules for each transaction with the goal of creating as much uniformity in the implementation of the electronic standards as possible.</p> | <p>The Secretary will seek stakeholder input to on ways to reduce the clerical burden by creating as much uniformity as possible.</p> | <p>Qualified non-profit stakeholder qualifications -</p> <ol style="list-style-type: none"> 1. The entity focuses its mission on administrative simplification. 2. The entity demonstrates a multi-stakeholder and consensus-based process for development of operating rules, including representation by or participation from health plans, health care providers, vendors, relevant Federal agencies, and other standard development organizations. 3. The entity has a public set of guiding principles that ensure the operating rules and process are open and transparent, and supports nondiscrimination and conflict of interest policies that demonstrate a commitment to open, fair, and | <p>The operating rules shall be adopted no later than July 1, 2011.</p> |

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| | | | nondiscriminatory practices. 4. The entity builds on the transaction standards issued under Health Insurance Portability and Accountability Act of 1996. 5. The entity allows for public review and updates of the operating rules. | |
| State Exchange Operations | The Secretary shall issue regulations that ensure that States meet certain requirements when establishing and operating health insurance exchanges. | The Secretary will seek stakeholder input on the following criteria – 1. The establishment and operation of Exchanges (including SHOP Exchanges). 2. The offering of qualified health plans through such Exchanges. 3. The establishment of the reinsurance and risk adjustment programs established in PPACA. 4. Other requirements as the Secretary determines appropriate. | Stakeholders include the National Association of Insurance Commissioners (NAIC) and its members and with health insurance issuers, consumer organizations, and such other individuals as the Secretary selects in a manner designed to ensure balanced representation among interested parties. | Standards will be set in place no later than Jan. 1, 2014. |
| National Strategy to Improve the Delivery of Health Care Services | The Secretary shall establish a national strategy to improve the delivery of health care services, patient health outcomes, and population health. | The Secretary will seek stakeholder input to ensure that the priorities include - 1. The greatest potential for improving the health outcomes, efficiency, and patient-centeredness of health care for all populations, including children and vulnerable populations. 2. Identify areas in the delivery of health care services that have the potential for rapid improvement in the quality and efficiency of patient care. 3. Address gaps in quality, efficiency, comparative effectiveness information and health outcomes measures and data aggregation techniques. 4. Improve Federal payment policy to emphasize quality and efficiency. 5. Enhance the use of health care data to improve quality, efficiency, transparency, and outcomes. 6. Address the health care provided to patients with high-cost chronic diseases. 7. Improve research and dissemination of strategies and best practices to improve patient safety and reduce medical errors, preventable | Stakeholders include not-for-profit census based entities (such as the National Quality Forum) that meet the requirements under 1890(a) of the SSA and state agencies charged with administering Medicaid and CHIP. | The initial strategy must be submitted to Congress by Jan. 1, 2011. |

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| | | admissions and readmissions, and health care-associated infections. 8. Reduce health disparities across health disparity populations geographic areas. 9. Address other areas as determined appropriate by the Secretary. | | |
| Health Care Quality Improvement – Quality Measure Development | The Secretary shall identify gaps in the standards for measuring the performance and improvement of population health or of health plans, providers of services, and other clinicians in the delivery of health care services. | The Secretary will seek input from stakeholders at least every 3 years on areas that need to be improved, updated or expanded when measuring quality of health care services provided. Areas of interest are, but limited to – 1. Outcome measurement for acute and chronic diseases, including, to the extent feasible, the 5 most prevalent and resource-intensive acute and chronic medical conditions. 2. Outcome measurement for primary and preventative care, including, to the extent feasible, measurements that cover provision of such care for distinct patient populations (such as healthy children, chronically ill adults, or infirm elderly individuals). | Stakeholders include not-for-profit census based entities (such as the National Quality Forum) that meet the requirements under 1890(a) of the SSA, AHRQ and CMS. | Acute and Chronic diseases measures — not later than 24 months after the date of enactment of this Act. Primary and Preventative care measures — not later than 36 months after the date of enactment of this Act. |
| Health Care Quality Improvement – Quality Measure Selection | The Secretary shall convene a multi-stakeholder group to provide input on the Quality Measures outlined above. | The multi-stakeholder group will provide input on the selection of quality measures to be used for acute and chronic diseases and primary and preventative care. | Stakeholders include not-for-profit census based entities (such as the National Quality Forum) that meet the requirements under 1890(a) of the SSA as well as the recommendations will be subject to public comment. | Recommendations are due by Feb. 1, 2012 and every 3 years there after. |
| Health Care Quality Improvement – Public Reporting of Performance Information | The Secretary shall establish and implement an overall strategic framework to carry out the public reporting of performance information and make available to the public, through standardized Internet websites, performance information summarizing data on quality measures. Such information shall be tailored to respond to the differing needs of hospitals | The Secretary will seek input on strategic framework may include methods and related timelines for implementing nationally consistent data collection, data aggregation, and analysis methods and the review and design on each Internet website. | Stakeholders include not-for-profit census based entities (such as the National Quality Forum) that meet the requirements under 1890(a) of the SSA as well as individuals selected by the Secretary. | Funds for this program have been authorized between FY 2010 and FY 2014. |

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| | and other institutional health care providers, physicians and other clinicians, patients, consumers, researchers, policymakers, States, and other stakeholders. | | | |
| CMS Innovation Center (CMI) | The Secretary shall establish the CMI to test innovative payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care furnished to individuals. | Stakeholders will provide input on models of payment and service delivery models to reduce program expenditures while preserving or enhancing the quality of care furnished to individuals chosen by the Secretary of HHS that will be tested around the country. | Stakeholders include representatives of relevant Federal agencies as well as clinical and analytical experts in medicine and health care management. | CMI will be established no later than Jan. 1, 2011. |
| Improving Payment Accuracy - Study on Home Health Agencies | The Secretary shall conduct a study on home health agency costs involved with providing ongoing access to care to low-income Medicare beneficiaries or beneficiaries in medically underserved areas, and in treating beneficiaries with varying levels of severity of illness. | The Secretary will seek stakeholder input on the following criteria - 1. Methods to potentially revise the home health prospective payment system to account for costs related to patient severity of illness or to improving beneficiary access to care. 2. Operational issues involved with potential implementation of potential revisions to the home health payment system, including impacts for both home health agencies and administrative and systems issues for CMS, and any possible payment vulnerabilities associated with implementing potential revisions. 3. Whether additional research might be needed. 4. Other items determined appropriate by the Secretary. | Stakeholders include groups representing home health agencies and groups representing Medicare beneficiaries, the HHS Inspector General and the Comptroller General. | A report will be submitted to Congress no later than March 1, 2011. |
| Reducing Wasteful Dispensing of Outpatient Prescription Drugs in Long Term Care Facilities | The Secretary shall require Prescription Drug Plan (PDP) sponsors to utilize specific, uniform dispensing techniques such as weekly, daily, or automated dose dispensing, when dispensing covered part D drugs to enrollees who reside in a long-term care facility in order to reduce waste associated with 30-day fills. | The Secretary shall seek input from stakeholders on ways to utilize specific dispensing techniques to reduce wasteful dispensing. | Representatives of nursing facilities, residents of nursing facilities, pharmacists, the pharmacy industry including retail and long-term care pharmacy, prescription drug plans, MA-PD plans, and any other stakeholders the Secretary determines appropriate. | Applies to plans beginning on or after January 1, 2012. |
| Medication Therapy | The Secretary shall establish a | The Secretary shall seek input on the design and implementation of | Stakeholders include Federal, State, | The MTM program |

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| <p>Management (MTM) Grants and Contracts</p> | <p>program to provide grants or contracts to eligible entities to implement medication therapy management (MTM) services provided by licensed pharmacists, as a collaborative, multidisciplinary, inter-professional approach to the treatment of chronic diseases for targeted individuals, to improve the quality of care and reduce overall cost in the treatment of such diseases.</p> | <p>MTM services provided under grants or contracts awarded.</p> | <p>private entities, public-private entities, academic entities, pharmacy and pharmacist organizations, health care organizations, consumer advocates, and others involved with the research, dissemination, and implementation of pharmacist-delivered MTM services.</p> | <p>shall be established no later than May 1, 2010.</p> |
| <p>Guidelines for Health Risk Assessments for Medicare</p> | <p>The Secretary shall establish publicly available guidelines for health risk assessments.</p> | <p>The Secretary shall seek input on from relevant groups and entities on guidelines for risk assessment on ways to identify chronic diseases, injury risks, modifiable risk factors, and urgent health needs of the individual ways to conduct the assessments.</p> | <p>“Relevant groups and entities” are not defined in PPACA.</p> | <p>No later than one year after date of enactment of PPACA.</p> |
| <p>Cultural Competency, Prevention, and Public Health and Individuals with Disabilities Training</p> | <p>The Secretary will develop cultural competency, prevention, and public health and individuals with disabilities training programs.</p> | <p>The Secretary will seek input for the development, evaluation, and dissemination of research, demonstration projects, and model curricula for cultural competency, prevention, public health proficiency, reducing health disparities, and aptitude for working with individuals with disabilities training for use in health professions schools and continuing education programs, and for other purposes determined as appropriate.</p> | <p>Health professional societies, licensing and accreditation entities, health professions schools, and experts in minority health and cultural competency, prevention, and public health and disability groups, community-based organizations, and other organizations as determined appropriate by the Secretary</p> | <p>Funds for the training programs have been established for 2010 – 2015.</p> |
| <p>Negotiated Rulemaking Committee, and Facilitator for Development of Methodology and Criteria for Designating Medical Underserved Populations and Health Professions Shortage Areas</p> | <p>The Secretary will develop a negotiated rulemaking process, a comprehensive methodology and criteria for the designation of medically underserved populations and shortage areas within health professions.</p> | <p>The Secretary will seek input from stakeholders on –</p> <ol style="list-style-type: none"> 1. The timely availability and appropriateness of data used to determine a designation to potential applicants for such designations. 2. The impact of the methodology and criteria on communities of various types and on health centers and other safety net providers. 3. The degree of ease or difficulty that will face potential applicants for such designations in securing the necessary data. 4. The extent to which the methodology accurately measures various barriers that confront individuals and population groups in seeking health care services. | <p>Relevant stakeholders include those who will be significantly affected by a rule such as national, State and regional organizations representing affected entities, State health offices, community organizations, health centers and other affected entities, and other interested parties.</p> | <p>The target date for release of the initial rule is July 1, 2010.</p> |

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| <p>Nursing Home Compare Website</p> | <p>The Secretary will establish a Nursing Home Compare Website that includes staffing data for each facility; links to State Internet websites with information regarding State survey and certification programs; links to State inspection reports; a standardized complaint form, summary information on the number, type, severity, and outcome of substantiated complaints for facilities; and the number of adjudicated instances of criminal violations by a facility or the employees of a facility.</p> | <p>The Secretary will seek review from stakeholders on the accuracy, clarity of presentation, timeliness, and comprehensiveness of information reported on such website as of the day before the date of the enactment of this subsection; and ways to modify or revamp such website in accordance with the review conducted.</p> | <p>Stakeholders include State long-term care ombudsman programs; consumer advocacy groups; provider stakeholder groups; and any other representatives of programs or groups the Secretary determines appropriate.</p> | <p>No later than one year after date of enactment of PPACA.</p> |
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