While probably the biggest piece of health care related legislation to come from the 2012 Unicameral Session was LB599, the low-income prenatal care program bill, other health care related legislation was also passed.

LB541 was passed in hopes of reinforcing the State’s Medicaid program’s fiscal integrity. The law allows the Department of Health and Human Services to contract with one or more recovery audit contractors who would provide services to:
- review provider claims and overpayment recovery;
- cost avoidance through identifying third-party liability;
- cost recovery of third-party liability through postpayment reimbursement; and
- identification and recovery of claims that were the result of accident or neglect and payable to a casualty insurer.

LB1083 clarifies permitted practices under the Nebraska Nurse Practitioner Act as well as clarifies that licensed nurses may be hired to provide home health care to family members and friends. LB788 changes the current state statute to reflect changes in the standards adopted by the federal government and the Centers for Medicare and Medicaid Services by expanding the ability to order respiratory therapy beyond a licensed physician to include a licensed physician assistant, a nurse practitioner and a certified registered nurse anesthetists.
The State of the QIS

By Tammy Schroeder

This past February, the Government Accountability Office (GAO) released a report of a study it performed regarding CMS’ implementation of the QIS (Quality Indicator Survey). CMS had developed the QIS to improve the efficiency, accuracy and consistency of the survey process. At the urging of Senators Charles Grassley (R-IA) and Herb Kohl (D-WI), the GAO looked into whether CMS was effectively monitoring the implementation process of the QIS. The GAO had two goals in mind: 1) evaluating whether progress is being made in the meeting the QIS objectives and 2) monitoring and facilitating the states’ implementation of the QIS.

CMS intends to have QIS implemented in all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands by 2018. As of September 2011, twenty-six states had trained or started training their surveyors on QIS. During the process of implementing QIS, CMS has commissioned three studies to evaluate QIS. The first two studies were to determine whether QIS could be used in the real world setting and whether it could help to meet the objectives for which QIS was developed. Both of those studies found that the survey process could be used by state surveyors and made recommendations for changes that would help to improve QIS. The third study was completed in 2011 and identified things in the QIS process that could affect the consistency with which surveyors identified quality problems.

The issue that the GAO study found is that while CMS has taken some steps to monitor the implementation of QIS, it doesn’t routinely monitor that implementation. The monitoring CMS does is mainly through quarterly telephone conferences with the state survey agencies that are meant to gather information on how each state’s training is going. However, not all states are participating in the calls and if they do they don’t always provide complete information on their progress.

The GAO also concluded that while the CMS has shown it is willing to make adaptations in QIS based on the commissioned studies, it hasn’t adopted performance goals and measures that would allow for routine and ongoing monitoring that would tell CMS if the QIS is achieving the what CMS set out to do with the system.

The GAO recommended that CMS take three steps to achieving their goals with QIS:

- Develop a way to routinely monitor whether progress is being made in meeting the goals and objectives set in establishing QIS;
- Create a system by which CMS can routinely monitor whether the state survey agencies are making progress in implementing QIS; and
- Develop a way to gather, compile and share information from state agencies that have or are in the process of implementing QIS regarding their experiences.

In a response to the GAO recommendations, the Department of Health and Human Services on behalf of CMS stated that it agreed with the findings of the study and would work to implement ways to meet those.

To be 70 years young is sometimes far more cheerful and hopeful than to be 40 years old.

Oliver Wendell Holmes
US author & physician (1809 - 1894)
The new Nebraska law makes no direct changes to those, and many company policies provide assurances of confidentiality. Reference release forms and applications must also be reviewed, and will most likely require alteration to be in compliance. And as before, an employer’s best practice is to keep tight controls on the release of such information, with only one person in a company designated (and properly trained) to release the information.