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Budget Chief Warns, Too Soon for Surplus

WASHINGTON, Oct. 15 (AP) — The White House budget director warned Congress today against spending budget surpluses that have not materialized, signaling battles ahead with Republicans who are already drafting plans for the money.

And in the first hint of what the White House might do if surpluses accumulate, the official, Franklin D. Raines, showed little enthusiasm for broad tax cuts, a priority for many Republicans. Instead, Mr. Raines said he preferred reducing the national debt while increasing spending for public works, technology and modernizing the military.

Mr. Raines said that in about a week the Administration would announce that the deficit for the fiscal year that just ended was less than \$30 billion, the smallest since 1974. Still, he said, the Administration expects a deficit in 1998, which would make it unwise to prepare to spend extra money soon.

"My friends, reducing the debt and deficits, at least when I was in the financial business, is not a surplus," Mr. Raines, a former investment banker, told a meeting of the National Association of Manufacturers. "Until they actually cross the line of balance, there is no surplus to be spent."

Republicans were quick to take issue with his assessment. Representative John A. Boehner of Ohio said he wanted to cut taxes by at least \$125 billion. That is the amount by which the Congressional Budget Office, a nonpartisan agency, has increased its estimate for revenue collections through 2002 since the spring, when the budget deal was initially struck.

Giuliani Is to Challenge Legality of President's Line-Item Veto in Fight Over Medicaid

By JAMES DAO

ALBANY, Oct. 15 — Mayor Rudolph W. Giuliani said today that he and an alliance of hospitals and labor unions would file a lawsuit on Thursday challenging the constitutionality of the Presidential line-item veto, contending that President Clinton did not have the right to strike down a Medicaid financing measure that benefited New York.

The suit, which will be filed in Federal District Court in Washington, will argue that the law, which took effect on Jan. 1, unconstitutionally shifted power over taxing and spending from Congress to the President.

An earlier challenge to the law ended inconclusively, in June, when

the the Supreme Court said it could not rule on the constitutionality of the measure. The court said that the plaintiffs in that challenge, who included Senator Daniel Patrick Moynihan of New York, did not have standing to sue because they had not suffered any personal injury from the line-item veto, which the President had not yet exercised.

In August, Mr. Clinton made his inaugural use of the veto, striking down three budget provisions, including the one involving New York's Medicaid financing. The provision concerns a set of taxes that New York State levies on hospitals and other health-care providers to help pay for Medicaid, the health-care program for the poor. The Federal Government has questioned the le-

gality of some of those taxes for years; the provision would have ratified them as legal.

Because the Federal Government partially reimburses states' spending on Medicaid, it has paid New York State as much as \$2.6 billion since 1992 to match the money New York has collected from those taxes. Many state and city officials are concerned that the Federal government will order the state to repay some or all of that money.

In an interview today, Mr. Giuliani said he was filing the suit because the President's veto had jeopardized the state's system for financing care for the needy, most of whom live in New York City. He said that he was dissatisfied with the progress of negotiations between the state and the

Clinton Administration over the disputed taxes. Last week, the White House proposed a settlement that was promptly rejected by Gov. George E. Pataki as inadequate.

"What I'm concerned about is that New York City is being treated fairly and that we get the money we are entitled to," Mr. Giuliani said. He said that he supports the concept of a Presidential line-item veto, but believes the power can be bestowed only by a constitutional amendment.

Joining the city as plaintiffs in the suit are 1199 National Health and Human Service Employees Union, District Council 37, the largest union of New York City's municipal workers, and the Greater New York Hospital Association. Mr. Moynihan will participate in a City Hall news con-

ference announcing the suit to show his support, but will not sign on as a plaintiff out of concern that his legal standing might be challenged by the court again.

The suit is likely to inflame tensions between the White House and New York political leaders of both parties. Both of the state's Senators, Mr. Moynihan, a Democrat, and Alfonso M. D'Amato, a Republican, are angry about the President's action, as is Dennis Rivera, the president of 1199 and a stalwart fund-raiser and campaign organizer for Mr. Clinton and Democrats in general.

In an interview today, Mr. Rivera said that he first learned about the President's line-item veto in August while meeting with Roy Romer, the chairman of the Democratic Nation-

al Committee, to plan a fund-raiser featuring Mr. Clinton. Mr. Rivera, whose union represents 120,000 health care workers, said he immediately spoke to White House officials and was told that the problem would be worked out. But he said nothing substantive has happened since then.

"It's a hell of a way to treat a friend," said Ken Sunshine, a spokesman for Mr. Rivera.

The White House declined tonight to comment on the lawsuit.

Zenia Mucha, a spokeswoman for Mr. Pataki, said the Republican Governor had also prepared a lawsuit challenging the line-item veto, but not on constitutional grounds. She said his suit would argue that Mr. Clinton had misused the power in this particular case.

The New York Times

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Master BBA Project List

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4/10/98	2:12 PM	Master list of BBA activities														
Unique ID	Act Section Number	Para	Topic	Provision	Eff Date	Lead Component	Lead Group	Project Mgr/ Task Owner	Next (or Hot) Milestone & Its Expected Date	Red, Yellow, or Green?	Complete?	Status	Comments	Last updated	Reg #	Policy output
BBA0001	4001		Medicare Plus Choice	General provisions	6/1/98	CHPP	PPPP/DI DS	T Hausner 61093	<u>Brief Administrator week of 4/16</u>	Y	N	<u>Regs team reviewing text</u>	Comments on reg text and preamble due. Under review by reg workgroup	3/10/98	HCFA-1030-IFC 3/98	regulation
BBA0005	4001	1851(a)	M+C Eligibility and enrollment	Eligibility	1/1/99	CBS	EEP	D McKeldin 69159		G	N	<u>Regs team reviewing text</u>		4/4/98		regulations, systems modification, manual instructions, education & outreach
BBA0010	4001	1851 (b)	M+C Eligibility and enrollment	Special rules for enrollment in M+C: residence requirements & MSAs	11/1/99	CBS	EEP	D McKeldin 69159		G	N	<u>Regs team reviewing text</u>		4/4/98		instructions to SSA, plans & agents, education and outreach, systems modifications; conforming regulation
BBA0020	4001	1851 (c)	M+C Eligibility and enrollment	Enrollment / Disenrollment process for beneficiary choice	11/1/99	CBS	EEP	D McKeldin 69159		G	N	<u>Regs team reviewing text</u>	This includes the establishment of the process for how an election is made changed including the form and the manner, how it is coordinated with the plans, the election forms, periods, effective dates and default rules.	4/4/98		instructions to SSA, plans, agents; task development for enrollment broker demo, contracts, system modifications /developments etc., education & outreach; conforming regulation
BBA0030	4001	1851 (e), (f)	M+C Eligibility and enrollment	Required election periods & effective dates of elections; initial; open; annual coordinated & special periods for disenrollment	1/1/99	CBS	EEP	D McKeldin 69159		G	N	<u>Regs team reviewing text</u>	Includes continuous open enrollment through 2001, age-ins, continuation of enrollment on leaving area. Annual thru 2003	4/4/98		systems modifications, instructions to SSA, plans & agents, IEP contract modifications, education & outreach; conforming regulation
BBA0031	4001	1851(f)	M+C Eligibility and enrollment	Effective dates for enrollment	1/1/99	CBS	EEP	D McKeldin 69159		G	N	<u>Regs team reviewing text</u>		4/4/98		
BBA0035	4001	1851 (g)	M+C Eligibility and enrollment	Guaranteed issue and renewal rules, including anti-discrimination. Anti-discrimination capacity limits first come, first serve	11/1/99	CBS	EEP	D McKeldin 69159		G	N	<u>Regs team reviewing text</u>		4/4/98		regulations, instructions, education & outreach
BBA0040	4001	1851 (d) (1) & (2)	M+C Information	Information to promote informed choice	10/15/98	CBS	EHP	J Drass 61354		G	N	Workplans in place; system chg. assess. in process; reviewing comments on fact sheets; plan comparison data update on target	procedures: prep & mailing Collection, accumulation & tabulation of data; also est. proc. for data not currently collected. The content is presc. in 1851(d) (1) & (2). See addendum.	4/4/98		Instructions to SSA, plans & agents, education & outreach, changes to data bases, possible contractual activities/change to the IEP
BBA0041	4001	1851 (2) (a)	M+C Information	Open season-annual coord. election period	10/1/99	CBS	EHP	J Drass 61354		G	N	Workplans in place; system chg. assess. in process; reviewing comments on fact sheets; plan comparison data updates on target.	Content is presc in 1851(d) (1)(2)(3)(4) & include gen info & info comparing plan opts. Dvpmnt of mats, prep & mailing proc. are reqd. Also need to est. proc for upgrading & expndg db comparing plan options, & contract for redesigning IEP, see addendum	4/4/98		

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BBA0042	4001	1851 (2) (b)	M+C Information	Newly eligible for M+C	10/1/98	CBS	EHP	J Drass 61354		G	N	Workplans in place; system chg. assess. in process; reviewing comments on fact sheets; plan comparison data updates on target.	Content is presc in 1851(d) (1)(2)(3)(4) & include gen info & info comparing plan opts. Dvpmnt of mats, prep & mailing proc. are reqd. Also need to est. proc for upgrading & expand db companing plan options, & contract for nedesagngng IEP	4/4/98		
BBA0060	4001	1851 (d) (5) (6)	M+C Information	Toll-free number	10/15/98	CBS	MCM	A Mazzarella 67501		G	N	BAFOs requested 4/3/98. Contract award mid to late April.		4/4/98		
BBA0065	4001	1851 (d) (5)	M+C Information	Internet site	10/15/98	CBS	EHP	J Drass 61354		G	N	Consumer site launched by the Secretary to partners on 3/16/98	Presumably before 10/15/98 (information campaign).	4/4/98		contracts, instructions to SSA & agents
BBA0090	4001	1851 (e) (3) (D)	M+C Information	Special information campaign	11/1/98	CBS	BS	E Lang 63199		G	N	Presented proposed implementation plan to RAs for clearance. RAs have provided their draft proposed plan. RO meeting to be 4/14-15 to finalize joint plan (see addendum)		3/2/98		instructions to SSA, plans & agents, education & outreach, changes to data bases, possible contractual activities
BBA0100	4001	1851 (e) (3) (C)	M+C Information	Health information fairs	11/1/99	CBS	BS	E Lang 63199		G	N	Presented proposed implementation plan to RAs for clearance. RAs have provided their draft proposed plan. Meeting will be scheduled to finalize joint plan. RO meeting to be 4/14-15 to finalize joint plan. (see addendum)	Similar to BBA0090, however more comprehensive approach.	3/2/98		instructions to SSA, plans & agents, education & outreach, changes to data bases, possible contractual activities/change to the IEP
BBA0120	4001	1852(d), (2)	M+C: Plan characteristics	Guidelines for standards for stabilization of care	6/1/99	OCSQ	CS	B Agnew 65964	Workgroup convened to review comments.	G	N	Federal Register notice soliciting public comments was published on 1/20/98, resulting in about 25 responses. Work will begin next year.	Guidelines done at HCFA's discretion with no firm due date. Probably will be disseminated via OPL.	3/24/98		guidelines
BBA0130	4001	1853 (b)	M+C Payment	Capitation rates	1/15/98	OAct	MMCE	S Mussey 66386		G	Y	Completed on schedule	Bill requires announcement of changes in methodology including update 45 days prior to publication of rates on 3/1. Bill requires new capitation rates as of 1/1/98.	1/16/98		new payment method
BBA0140	4001	1853(a) (3)	M+C Payment	Risk adjustment	3/1/99	OSP	RE/DPR	M Ingber 61913		G	N	Analysis in process.		2/23/98		report to congress
BBA0160	4001	1853(d)	M+C Payment	Revised geographic area upon request of State chief executive	2/1/98	OAct	MMCE	S Mussey 66386		G	Y	Complete. We received no requests from the states by the Feb 1 deadline. We will do nothing on this provision for the 1999 rates.	State Option. Payment years 1999 & Later. State CE makes request by previous Feb 1. Revisions will only be done when requested by states.	2/6/98		new payment method
BBA0170	4001	1853(e)	M+C: MSA	Deposits and account tracking	1/1/99	CHPP	PDI/DDP	C Mason 66680		G	N	Working on guidelines to determine amounts of deposit; in discussion ...	Effective date not clear	11/19/97		regulation, procedures
BBA0180	4001		M+C Payment	ACR submissions for current contractors	5/1/98	CHPP	PPPP/DI DS	T Hausner 61093	ACR instructions 2/1/98	Y	N	Decision made to use old forms with existing plans; expect to have instructions for these forms available by 3/25.		3/10/98	HCFA-1885-P 1/98	guidelines
BBA0190	4001	1851 (d)	M+C: Information requirements for beneficiary campaign	Provision of information	1/1/99	CHPP	PDI w(PPPP/DIDS)	D. Beals 69962, J. Minderler 66327		G	N	Draft reg text submitted.	Create format for submission by plans of information required to be given to beneficiaries.	3/30/98		guidelines
BBA0200	4001		M+C: information	Plan cost sharing for information activities	11/1/98	CHPP	PPPP/DI DS	T Hausner 61093		G	Y	Published IFC 12/2/97	Also applies to demos participating in coordinated enrollment	12/23/97	HCFA-1911-IFC	regulation

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BBA0210	4001	1851 (h)	M+C Plan characteristics	Development of marketing guidelines	6/1/98	CHPP	PPPP/DI DS w(HPPA)	T Hausner 61093		G	N	<u>Regs team reviewing text</u>	bill directs Secretary to develop guidelines (see 1856 of W&M) standards; one-stop approval	12/23/97		guidelines
BBA0220	4001		M+C Payment	Announcement of 1999 capitation rates	3/1/98	OAct	MMCE	S Mussey 66386		G	Y	Complete. Rates were published at 3:00 PM on 3/2/98. (3/1 was a Sunday)	Bill changes the required date for announcement of capitation rates from 9/7 to 3/1	3/5/98		minor payment change; M+C rate book
BBA0230	4001	1852	M+C Plan characteristics	Various sections including beneficiary protections, premiums, contracts, establishment of standards	6/1/98	CHPP	PPPP/DI DS	T Hausner 61093		G	N	partially completed	Includes all standards except those related to enrollment, information and PSO solvency. OCSQ, CBS will participate.	12/23/97		regulation, guidance
BBA0231	4001	1852 (f)	M+C Plan characteristics	Grievance Mechanism	1/1/98	CBS	EEP	M Edmonson 67529/Simons		G	N	Final touches being put on regulations context and preamble.		4/4/98		
BBA0232	4001	1852 (g)	M+C Plan characteristics	Coverage determinations, reconsiderations & appeals	1/1/98	CBS	EEP	M Edmonson 67529/Simons		G	N	Final touches being put on regulations context and preamble.		4/4/98		
BBA0233	4001	1852 (i)	M+C Plan characteristics	Information on advance directives	1/1/98	CBS	EEP	M Edmonson 67529/Simons		G	N	Final touches being put on regulations context and preamble.		4/4/98		
BBA0234	4001	1852 (k), (1)	M+C Plan characteristics	Treatment of services furnished by certain providers: (1) in general	6/1/98	CHPP	PPPP/DI DS	T Hausner 61093		G	N	<u>Regs team reviewing text</u>		2/10/98		
BBA0235	4001	1852 (e)	M+C Plan characteristics	Quality Assurance Program	1/1/99	OCSQ	CS	B Agnew 65964		G	N	<u>Regs team reviewing text</u>		2/24/98		regulation, guideline
BBA0240	4001	1856	M+C PSO	PSO solvency standards; publication of notice	9/19/97	CHPP	PPPP/DI DS	M Miller 61097, T Hausner 61093		G	Y	Manual instruction released 1/8/98	Coordinate with CBS on bene. education issues OCOS will participate	2/10/98		publication of notice
BBA0250	4001	1856	M+C PSO	PSO definition	6/1/98	CHPP	PPPP/DI DS	M Miller 61097		G	Y	<u>Manual instruction released 1/8/98. To be included in 1998 Medicare Handbook. Reg in final clearance at OMB</u>		2/10/98	HCFA-1027-IFC	regulation
BBA0260	4001	1856	M+C PSO	PSO solvency standards; publication of rule	4/1/98	CHPP	PPPP/DI DS	M Miller 61097	publish rule 4/1/98	G	N	<u>Reg advanced to OS, OA, and OMB for simultaneous clearance.</u>		3/10/98	HCFA-1011-FC	report of negotiated rulemaking committee to Secretary; regulation, final
BBA0270	4001	1856	M+C PSO	Adjusted community rate rules for PSOs	6/1/98	CHPP	PPPP/DI DS	T Hausner 61093		G	N	see BBA180		3/10/98		guidelines
BBA0290	4001		M+C Payment	Risk adjustment factors (OSP); collection of encounter data from plans(CHPP/PDI); reporting requirements	1/1/00	CHPP	PDI w(PPPP/DIDS)	C Tudor 66499 /S Sheingold 65896		G	N	First OPL issued on inpatient data. Final OPL in draft. Plans have selected Fis.	For data standards; administration of requirement 7/1/97 for hospital data, 1/1/98 for all other. OSP, OCSQ, OIS to participate.	12/23/97		guidelines
BBA0300	4001		M+C Plan characteristics	Plan statement of capacity (all plans); reporting requirements	6/1/98	CHPP	PPPP/DI DS	T Hausner 61093		G	N	<u>Regs team reviewing text</u>	processing and evaluating information	12/23/97		guidelines
BBA0310	4001		M+C Plan characteristics	Annual auditing of financial records (including ACRS); reporting requirements; oversight	11/1/98	CHPP	PPPP/DI DS	A D'Alborto 61100		G	N	<u>Regs team reviewing text</u>	presumably for contract years beginning in 1999; develop process and procedures -- may contract out	12/23/97		regulation
BBA0320	4001		M+C PSO	State licensure waiver requests by PSOs	4/1/98	CHPP	PPPP/DI DS	T Hausner 61093	waiver instructions 2/1/98	G	Y	Forms placed on internet on 2/27		3/10/98		guidelines, regulations
BBA0330	4001		M+C Plan characteristics	Standards pre-empting state laws	6/1/98	CHPP	PPPP/DI DS	T Hausner 61093		G	N	<u>Regs team reviewing text</u>	time frame assumes 4/1/98 is earliest possible existence of any new standard	12/23/97		regulation

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BBA0340	4001		M+C Plan characteristics	State premium tax prohibition	6/1/98	CHPP	PPPP/DI DS	T Hausner 61093		G	N	Regs team reviewing text		12/23/97		regulation
BBA0370	4001	1851 (b) (4)	M+C: MSA	Medical Savings Accounts demonstration	11/1/98	CHPP	PDI/DDP	C Mason 66680		G	N	Application/operations workgroups in progress; reg on track for 6/1/98; Policy issues development underway. Fix developed for flawed legislative language.	First contracts permitted 1/1/99; first coordinated open enrollment 11/98	12/2/97		demonstration
BBA0371	4001	1851 (b) (4) (B)	M+C: MSA	Evaluation	n/a	OSP	RE/DSH R	M Kendrix 66631		G	N	Awaiting implementation of the demonstration.		2/23/98		evaluation
BBA0372	4001	1851 (b) (4) (C)	M+C: MSA	Report to Congress	3/1/02	OSP	RE/DSH R	M Kendrix 66631		G	N	The report will be developed upon completion of the demonstration.	In addition to final, periodic reports due prior to final	2/23/98		report to Congress
BBA0380	4002	(b)	M+C Cost plans	Publication of new 1998 capitation rates	9/6/97	OAct	MMCE	S Mussey 66386		G	Y	Completed on schedule	Announcement of annual Medicare Choice capitation rates for 1998. CHPP to participate	12/8/97		notice
BBA0390	4002	(f)	M+C Legislative proposal	Technical and conforming amendments	2/5/98	OL		P Hickman 202-690-5950		G	N	Submitted proposed technical changes to the Hill in October; will submit additional technical and conforming changes in Feb-March 1998 timeframe.		2/5/98		legislative proposal
BBA0400	4002	(b) (2) (B)	M+C Cost plans	Report to Congress	1/1/01	CHPP	PPPP/DI DS	T Hausner 61093		G	N	Low priority because of 2001 due date	report on impact of elimination cost contracts on enrollees	12/23/97		report to Congress
BBA0410	4002	(b) (2) (A)	M+C Cost plans	Elimination of cost plans	12/31/02	CHPP	PPPP/DI DS	T Hausner 61093		G	N	Low priority because of 2001 due date		12/23/97		regulation
BBA0420	4002	(b) (1)	M+C Cost plans	HMO/CMP Part B-only enrollee grandfathering (transition) rules	6/1/98	CHPP	PPPP/DI DS	T Hausner 61093		G	N	Regs team reviewing text	continued enrollment of Part B-only if enrolled as of 12/31/98	12/23/97		regulation
BBA0430	4002	(a)	M+C Cost plans	1876 50/50 waivers; enrollment composition	9/1/97	CHPP	PPPP/DI DS	T Hausner 61093		G	Y	OPL 97.061 issued 11/25/97	waiver or modification of 50/50 permitted if "in public interest"; p.87	12/23/97		guidelines
BBA0440	4002	(j)	M+C Cost plans	Elimination of HCPPs	8/5/97	CHPP	PPPP/DI DS	T Hausner 61093		G	Y	no action necessary		12/23/97		regulation
BBA0450	4002	(b), (1)	M+C Risk plans	Grandfathered Part-B only payments	1/1/98	CHPP	PPPP/DI DS	T Hausner 61093		G	N	OPL 97.063 issued 12/11/97. Checking to see whether reg is needed.		12/23/97		new payment method
BBA0460	4003	(a),(b)	Medigap	Conforming Changes and Anti-duplication Provision for MSAs' Exclusion (Medigap)	8/5/97	CMSO	DEHP	F Harris 65957		G	N	May 8 NAIC model reg appears to meet legislation's requirements; no HCFA action appears needed.	Possible Federal Register notice to be done	1/13/98		regulations
BBA0465	4006		M+C: MSA	Tax treatment	12/31/98	CHPP	PDI/DDP	C Mason 66680		G	N	Reg on track for 6/1/98; consulting with Treasury	Regulation being developed by Treasury. HCFA working with Treasury to coordinate.	12/24/97		new system
BBA0470	4011	(d) (2)	Demonstrations	Evaluation of the Medicare+ Choice competitive pricing demonstration	12/31/02	OSP	RE	B Goody 66640		G	N	Awaiting implementation of the demonstration.	CHPP to participate	2/23/98		report to congress
BBA0480	4011		Demonstrations	Medicare+ Choice competitive pricing demonstration	1/1/99	CHPP	PDI/DDP	R Deacon 66622		Y	N	Advisory group almost complete	Secretary given authority to waive any 1876 or Medicare Plus provisions for demonstration; OSP to evaluate	3/30/98		demonstration
BBA0490	4012		Demonstrations	Medicare+ Choice competitive pricing demonstration	1/1/99	CHPP	PDI/DDP	R Deacon 66622		Y	N	Tech. Advisory members nominated; awaiting acceptance. May result in 2 month delay in project start.	Competitive pricing advisory committee makes recommendations on areas for demonstration, design of demonstration, and advise during implementation of demonstration. Area advisory committee makes recommendations on how to implement demo in given area.	3/30/98		competitive pricing advisory committee & area advisory committees
BBA0510	4014	(a)(2)	Demonstrations	SHMO-Final Report	3/31/01	OSP	RE	M Hulbert 68494		G	N	Ongoing & on track	The RTC is based on the evaluation, which is OSP's responsibility.	12/2/97		report to Congress
BBA0520	4014	(a)(1)	Demonstrations	SHMO extension	1/1/98	CHPP	PDI/DDP	T Theis 66654		G	N	When existing SHMO contracts expires, we will renew.		12/24/97		demonstration
BBA0530	4014	(c)	Demonstrations	SHMO: Plan for integration of Part C and SHMO	1/1/99	CHPP	PDI/DDP	T Theis 66654		Y	N	Payment methodology close to finalization, but still needs testing		12/24/97		report to congress
BBA0540	4015		Demonstrations	Medicare Subvention: Project for Military Retirees	1/1/98	CHPP	PDI/DDP	R Lambert 66624		Y	N	MOA and sites announced 2/12/98.	MOA signed by Secretary	3/9/98		demonstration

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BBA0545	4015		Demonstration	Subvention Evaluation	12/31/02	OSP	REG/DPS	B. Sobaski 66588		G	N	Developing the evaluation RFP.	The RTC is based on the evaluation, which is OSP's responsibility.	2/23/98		
BBA0550	4016	(c)	Demonstration	Coordinated care demonstration RTC	1/1/02	OSP	RE/DBR	R Mentnech 66692		G	N	Ongoing & on track	Report to Congress within 2 years of implementation and biannually thereafter; RTC is based on evaluation, which is OSP. CHPP to participate (demonstration)	2/23/98		demonstration
BBA0560	4016		Demonstration	Coordinated care	8/5/99	CHPP	PDI/DDP	C Jansto 67762		G	N	RFP for "Best Practices" mailed to contractors.	Demonstration implementation preceded by one-year study of best practices in private sector coordinate care. Implementation within 2 years of enactment	3/30/98		demonstration
BBA0570	4017		Demonstration	Municipal Health	3/31/98	CHPP	PDI/DDP	R Deacon 66622		G	N	Ongoing & on track; received transitional strategy from sites	Meeting with sites in Dec. regarding transition	3/30/98		report to congress
BBA0580	4018	(a)	Demonstration	Medicare enrollment broker	8/5/97	CBS	EEP	D McKeldin 69159/Burger		G	N	Data gathering on Demo models; site designation and demo logistics underway.	Used to evaluate use of 3rd party contractor to conduct enrollment/Disenrollment activities. Prior to implementation the Secretary is required to consult with affected parties concerning design, selection criteria and performance measures	4/4/98		demonstration
BBA0585	4019		Demonstration	Medicare enrollment broker evaluation	N/A	OSP	REG/DPS	S. Terrell 66601		G	N	Participating in demonstration development and implementation meetings with CHPP.	Awaiting implementation of the demonstration.	2/23/98		
BBA0590	4019		Demonstration	Community Nursing Organization RTC	6/30/00	OSP	RE/DSHR	M Hulbert 66494		G	N	RTC under development		2/23/98		report to congress
BBA0600	4021	(e)	Medicare	Bipartisan Commission Baby Boom	2/1/98	OSP	PPA	S Stephens 60630		G	N	The Commission has been selected and HCFA will provide support as requested.	The Commission (not HCFA) must provide a report by 3/1/99	1/27/98		support staff
BBA0610	4031	(a)	Medigap	Guaranteed Issue without Pre-existing Conditions after "Credible Coverage" (Medigap)	7/1/98	CMSO	DEHP	F Harris 65957		G	N	HCFA action depends upon NAIC action (\$4031 (e)).	In partnership with CHPPs; We are hoping to concur with NAIC's regs, in which case we won't have to issue any.	1/13/98		regulations
BBA0620	4031	(b)	Medigap	Limitations of Application of Pre-existing Conditions at Age 65 with Creditable Coverage (Medigap)	7/1/98	CMSO	DEHP	F Harris 65957		G	N	HCFA action depends upon NAIC action (\$4031 (e)).	In partnership with CHPPs	1/13/98		regulations
BBA0630	4031	(e)	Medigap	DHHS Regulatory Standards in Absence of NAIC Action (Medigap)	5/5/98	CMSO	DEHP	F Harris 65957		G	N	HCFA action depends upon NAIC action (\$4031 (e)).	In partnership with CHPPs	1/13/98		regulations
BBA0640	4032	(a)	Medigap	Addition of High Deductible Medigap Policies (Medigap)	1/1/98	CMSO	DEHP	F Harris 65957		G	N	HCFA action depends upon NAIC action (\$4031 (e)).	In partnership with CHPPs	1/13/98		regulations
BBA0650	4041		M+C PSO	Tax treatment of hospitals in PSOs	9/1/97	CHPP	PPPP	B Wynn 65674		G	N	IRS notification to be completed in early Jan 1998		12/23/97		possible guideline
BBA0660	4101		Prevention	Screening mammography	1/1/98	OCOS	CSSG	WMcQueeney 66870		G	Y	carriers and FIs paying claims. promotion campaign being developed with CDC.		4/7/98		instructions; minor payment change; education & health promotion
BBA0680	4102		Prevention	Screening Pap Smear and Pelvic Exams	1/1/98	OCOS	CSSG	WMcQueeney 66870		G	N	Carriers and FI's processing claims. Awareness campaign complete.		4/7/98		instructions; minor payment change; education & health promotion
BBA0700	4103		Prevention	Prostate Cancer Screening	1/1/00	OCOS	CSSG	WMcQueeney 66870		Y	N	Nothing started.	Benefit effective 01/00	4/7/98		instructions; minor payment change; education & health promotion
BBA0720	4104		Prevention	Coverage of Colorectal Screening	1/1/98	OCOS	CSSG	WMcQueeney 66870		G	N	Carriers processing claims. FI's holding claims for processing 5/4/98. Promotion campaign being developed with NCJ		4/7/98		instructions; minor payment change; education & health promotion
BBA0740	4105	(a)	Prevention	Diabetes Benefits--Screening tests	7/1/98	OCOS	CSSG	WMcQueeney 66870	3/31/98 change mgmt approval	G	N	Draft reg text has been completed. Reg team currently reviewing. Still anticipate June 1998 publication. Now scheduled for July DMERC implementation.	OL requested to draft letter to Congress advising that Test Strips will be implemented before Education.	4/7/98		

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BBA0741	4105	(b)	Prevention	Diabetes Benefits--education	7/1/98	OCOS	CSSG	WMcQueeney 66870		R	N	Looking for NPRM publication June '98 with final early '99. Administrator briefed 3/23/98.	OL requested to draft letter to Congress advising that Test Strips will be implemented before Education.	4/7/98		
BBA0770	4106		Prevention	Bone mass measurement	1/1/98	OCOS	CSSG	WMcQueeney 66870	3/31/98 change mgmt deadline	R	N	Reg team currently reviewing draft text. Still anticipate June 1998 publication. CHPP will not have sufficient information for instructions prior to 4/1. Earliest implementation date is now 9/1.	OCSQ continuing discussions with industry to determine coverage criteria.	4/7/98		instructions; minor payment change; education & health promotion
BBA0790	4107	(a)	Prevention	Vaccines Outreach Expansion	9/30/02	CBS			continuation of current program	G	Y	continuation: in coordination with CDC, \$8 million authorized each FY from HI /SMI trust funds		12/17/97		current function
BBA0800	4108	(a),(b)	Prevention	Study on Preventive Benefits	8/5/99	OCSQ	QMHA	C Gordon 61182	Complete contract action	G	N	Study design developed with IOM. Contact action being initiated.		3/6/98		report to congress
BBA0820	4201		Rural Health	Medicare Rural Hospital Flexibility Program	10/1/97	CHPP	PPPP/D AC	G Morey 64653		G	Y	Completed 8/29/97 PPS reg	Replaces EACH/RPCH. Payment for input/output on reasonable cost. States may get grants.	10/24/97		regulation
BBA0830	4201	(b)	Rural Health	Study of DRG-based alternative to 96-hour for Critical Access Hospitals (CAH)		CHPP	PPPP/D AC	G Morey 64653		Y	N	Request for funding for contract pending (C list)	DAC does not have the skills to conduct the study properly	2/10/98		
BBA0840	4202		Rural Health	Prohibiting Denial of Request by Rural Referral Centers for Reclassification on Basis of Comparability of Wages	10/1/97	CHPP	PPPP/D AC	A Rudolph 64546		G	Y	completed in 8/29/97 hospital PPS reg		10/24/97		regulation
BBA0860	4203		Rural Health	Hospital Geographic Reclassification Permitted for Purposes of Disproportionate share Payment Adjustments	10/1/97	CHPP	PPPP/D AC	A Rudolph 64546		G	Y	completed in 8/29/97 hospital PPS reg		10/24/97		regulation
BBA0870	4204		Rural Health	Medicare Dependent Small Rural Hospital Payment Extension	10/1/97	CHPP	PPPP/D AC	S Hetrick 64542		G	Y	completed in 8/29/97 hospital PPS reg		10/24/97		regulation
BBA0880	4205	(b)	Rural Health	Quality assessment; clinics	1/1/98	OCSQ	CS	M Collins 63189	publish QA guidelines in reg	Y	N	Guidelines on QAPI sent to RAs on 12/19/97; Regions distributed memo to RHCs. Conditions for QAPI will be published in CHPP RHC regulation in June 1998.	Knowing that the CHPP reg on RHCs (which will include reg text for condition on QAPI) was delayed, OCSQ sent out guidelines to RHC which are not enforceable but were sent out as preview. CHPP expects publication in June 1998. Risk of delay is low.	2/24/98		regulation
BBA0890	4205		Rural Health	Per visit payment limits for rural clinics	1/1/98	CHPP	PPPP/DI DS	R Ricktor 64632		G	Y	Implemented by PM A-97-20 released 12/97	Extends limitations to rural health clinics (other than those in rural hospitals with less than 50 beds) Interim final reg 2/98 (10/6 update)	2/10/98		regulation
BBA0900	4205		Rural Health	Waivers of staffing limits only to clinics in program	1/1/98	CHPP	PPPP/DI DS	H Klein 64641		G	N	Implemented by instruction to ROs. Regulation will follow.	OCSQ to participate. Final reg 6/98; Consulting with OGC in issues (10/6 update).	12/23/97		regulation, publication date 6/98
BBA0910	4205		Rural Health	Shortage area requirement: grandfathered clinics and new clinics	1/1/00	CHPP	PPPP/DI DS	H Klein 64641		G	N	RHC workgroup briefing 12/12; reg in process	Jan. 1st of 2nd year following enactment; OS on reg team	12/23/97		regulation, publication date 6/98
BBA0920	4206		Rural Health	Medicare Reimbursement for Telehealth services	1/1/99	CHPP	PPPP/DI DS	C Dobyski 64584		Y	N	Revised req to OS/OMB 3/17/98	Establish methodology for pmt and coverage of service.	3/10/98	HCFA-1906-P	regulation, reports to congress, new payment method
BBA0925	4206	(c) (d)	Rural Health	Telemedicine reports	1/1/99	CHPP	PPPP/DI DS	C Dobyski 64584		Y	N	Request for contractor funding pending (C list)	DIDS does not have the resources to conduct these studies. If CHPP/DPAPM or OSP cannot do must go to outside contractor. Will recommend funding to FMIB; otherwise report may be late.	2/10/98		study
BBA0940	4207	(a), (b), (c)	Rural Health	Informatics, Telemedicine, and Education Demonstration Project	6/1/98	OCSQ	CS	L. Kucken x66694	Receive and review solicitations.	G	N	Fed. Register notice (HCFA-3000-N) to request site proposals was published on 3/18/98.		3/24/98	HCFA-3000-N	demonstration
BBA0950	4207	(e)	Rural Health	Evaluation of the Informatics, Telemedicine, and Education Demonstration Project	n/a	OSP	RE/DBR	J Greer 66695		G	N	Participating in demonstration development and implementation meetings with OCSQ. Evaluation development in progress.	Evaluation required in statute, due 6 months after close of project (approximately 12/01).	2/23/98		interim reports, evaluation

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BBA0960	4301 & 4303		Fraud & Abuse	Exclusions: Permanent Exclusion for Crimes; Exclusion of Family Member of Sanctioned Individual	8/5/97	CHPP	PPAG	J Grant? 67160		G	N	<u>OIG has reg lead. HCFA will prepare instructions to contractors on excluded individuals/organizations.</u>		12/5/97		regulation
BBA0970	4302		Fraud & Abuse	Exclusions: Authority to refuse agreements w/ convicted felons	8/5/97	CHPP	PPA/DPE	J Grant 67160		G	N	Reg team formed and meeting	CHPP to lead reg team	1/13/98		regulation
BBA0980	4304	(a),(b)	Fraud & Abuse	Civil Money Penalties for Contracting with Excluded Providers and Kickbacks	8/5/97	???				G	N	<u>HCFA has no program role, but who is doing systems changes for this?</u>	CMP of up to \$50,000 plus up to 3 times amount of remuneration for each Kickback violation	10/24/97		regulation
BBA0990	<u>4311</u>	(a)	Fraud & Abuse	Changes to handbook, Toll-Free Number	1/1/98	CBS	EHP	J Drass 61354		G	N	Information to be incorporated into the Handbook/comparison Info. to be mailed Oct. 98 (see BBA0040.) Toll-free number included on EOMBs in February 1998.	Medicare handbook must contain additional information on Fraud	12/19/97		guidelines
BBA0995	4311	<u>(b); 1806 (a) (1), (2)</u>	Fraud & Abuse	<u>List of Services, payment amounts; EOMB</u>	1/1/99	CBS	MCM	M. Sanders, x66955		G	N	MSN Team Meeting held 3/2-6. Decided to refine MSN display format & focus test before implementation.		3/10/98		
<u>BBA0997</u>	<u>4311</u>	<u>(b); 1806 (b)</u>	<u>Fraud & Abuse</u>	<u>Bene right to request an itemized statement</u>	<u>1/1/99</u>	<u>???</u>				<u>G</u>	<u>N</u>	<u>Who is working on this? (Peggy Sparr feels that it should involve CBS)</u>				
BBA 1000	4312		Fraud & Abuse	Reporting: Disclosure of Information & Surety Bonds: Ambulance Services & Clinics, CORFs, Rehab. Agencies (and conforming amendments)	1/1/98	CHPP	PPA	C Robinson 66959		G	N	Reg team formed and meeting. Reg scheduled for May.		2/10/98	HCFA-1026-P	regulation
BBA 1001	4312		Fraud & Abuse	Reporting: Disclosure of Information & Surety Bonds: DME	1/1/98	CHPP	PPA	K Sullivan 65374		G	Y	Published on 1/20/98.		2/6/98	HCFA-1864-P	
BBA 1002	4312		Fraud & Abuse	Reporting: Disclosure of Information & Surety Bonds: HHA	1/1/98	CHPP	PPA	C Robinson 66959		G	N	CHPP and OCOS working with OGC to resolve issues		2/10/98	HCFA-1152-FC	
BBA 1110	4313	(a),(b)	Fraud & Abuse	Reporting: Disclosure of Identification Numbers (EINs and SSNs) by Providers	1/1/99	CHPP	PPA	C Robinson 66959		G	N	HCFA meeting with SSA and will develop report	Secretary must provide report to Congress on privacy protections for SSNs	1/13/98		regulation
BBA 1120	4313	(c)	Fraud & Abuse	Reporting: Verification of SSNs by SSAs	1/1/99	CHPP	PPA	C Robinson 66959		G	N	HCFA/SSA workgroup formed to develop Interagency Agreement - first meeting 1/22/98	The Secretary transmits SSNs to SSA for verification. HHS and SSA negotiate a rate for this work. CHPP to participate	2/10/98		new function
BBA 1130	4313	(d)	Fraud & Abuse	Reporting: Verification of EINs by IRS	1/1/99	CHPP	PPA	C Robinson 66959		G	N	HCFA/IRS workgroup formed to develop Interagency Agreement - first meeting 1/22/98	Secretary enters into IAA with IRS regarding verification of EINs	2/10/98		report to congress
BBA 1140	4314	1877 (g)(6)	Fraud & Abuse	Advisory Opinions on Physician Self-Referral	11/5/97	CHPP	PPPP/DIDS	J Sinshimer 64620		G	Y	Reg published 1/9/98	Written advisory opinions on whether a referral is prohibited, based on regulations from Section 1128D(b)(5). Regulation establishes process. OS on team	2/10/98	HCFA-	regulation
BBA 1150	4315		Fraud & Abuse	Replace reasonable charge methodology with fee schedules	8/5/97	CHPP	PDI/PPD DT w(CCPP/DPC)	MA Stevenson 61818/JKaiser & Hwiggan	Carriers to submit base fees to CO by 2/2/98. NPRM to be developed by DPC by 5/1/98.	G	N	See addendum	See addendum	3/30/98	HCFA-1010-P	regulation
BBA 1160	4316		Fraud & Abuse	Factors for inherent reasonableness determination (to all part B services other than physician services)	8/5/97	CHPP	CCPP/D CPC	B Long 60007		G	Y	published 1/7/98. Effective 3/9/98	Secretary has authority to delegate IR to Medicare carriers. Need to update 42 CFR 405.502(g).	3/16/98	HCFA-1908-IFC	regulation

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BBA1170	4317	(a),(b)	Fraud & Abuse	Diagnostic Information	1/1/98	OFM	PI	B Davison 68794		G	Y	Complete 1/8/98	4317(a) CHPP handling systems change definition. 4317 (b) OFM handling information generation work.	1/27/98		guidelines
BBA1180	4319	1847(c), (1)	Fraud & Abuse	Evaluation of the Competitive bidding demonstration projects	6/30/03	OSP	RE/DSH R	L Greenwald 66502		G	N	Development of evaluation RFP in progress.	Demonstrations are for 3 years. All demonstrations terminate 12/31/02. RTC will be based on the evaluation. CHPP will participate	2/23/98		report
BBA1190	4319		Fraud & Abuse	Competitive bidding demonstration projects	Sunsets on 12/31/02	CHPP	PDI/DDP w(CCPP/DPC)	H Silverman 67702 /B Long		G	N	Preparing materials to announce site in April '98	Demonstrations are for 3 years. All demonstrations terminate 12/31/02. The Sec would be authority to implement up to 5 competitive bid projects at 3 sites each. Requires that at least 1 demo per project. be for oxygen & oxygen equip.	3/30/98		demonstration
BBA1200	4320		Fraud & Abuse	Prohibiting unnecessary. & wasteful Medicare Payments for Certain Items	1/1/98	CHPP	CCPP/D CR	W Pleines 64528	Analyzed comments from HCFA components, revise draft & obtain new clearances as necessary 1/16/98.	G	N	Manual revision with prior consultation; no reg needed; sent for extended comments.	Amends section 1861(v) to specifically identify unallowable costs unrelated to patient care, and therefore not reimbursable under the Medicare program.	2/6/98		guidelines
BBA1210	4321	(a)	Fraud & Abuse	Post Hospital Referrals to HHA's	11/5/97	OCSQ	CS	M Vienna 66940/ D Jackson 60095	analyze comments on NPRM	G	N	ARA memorandum issued 10/31/97. Incorporated new requirements into hospital conditions of participation (HCFA-3745-P) published 12/19/97. Final rule expected in 1999. Follow up activities include analyzing comments for final hospital COP.		3/24/98		regulation
BBA1220	4321	(b)(c)	Fraud & Abuse	Maintenance and disclosure of post-hospital HHA information	8/5/98	OCSQ	CS	B Agnew 65964	Develop interim final with comment.	R	N	Will be added to final hospital COP as interim final w/ comment. OCSQ is exploring ways to expedite the COP by breaking it into smaller parts.		2/24/98		regulation
BBA1240	4331	(d) (6) (B)	Fraud & Abuse	Failure to report: govt. agencies	8/5/97	???				G	N	No HCFA program role, but who has the systems change?	Secretary to issue report	10/24/97		study
BBA1250	4401		PPS Hospitals	PPS Hospital Payment Update	10/1/97	CHPP	PPPP/D AC	D McGrane 64521		G	Y	completed 8/29/97	Retain current update cycle; one year freeze in fiscal 1998 (update=0); 1999 MB-1.9; 2000 MB-1.8; 2001, 2002 MB-1.1; 200 MB. Certain non teaching non DSH hospitals get two year preferential update. PPS Hospital Reg.	10/24/97	BPD-878-FC	regulation, minor payment change
BBA1260	4402		PPS Hospitals	Maintaining savings from temporary reductions in capital payments for PPS hospitals	10/1/97	CHPP	PPPP/D AC	C Black 64545		G	Y	completed in 8/29/97 hospital PPS reg (BBA1250)	PPS Hospital Reg.	10/24/97		regulation
BBA1270	4403	(b),(c)	PPS Hospitals	Disproportionate share	8/5/98	CHPP	PPPP/D AC	A Rudolph 64546	Report to Congress due 8/98	G	N	Report being developed.	new data may be collected if needed	12/23/97		report to congress, minor payment change
BBA1275	4403	(a)	PPS Hospitals	Disproportionate share payment adjustment	10/1/97	CHPP	PPPP/D AC	A Rudolph 64546		G	Y	Completed in 8/29/97 PPS reg (BBA1250)		12/23/97		regulation
BBA1280	4404		PPS Hospitals	Medicare capital asset sales price equal to book value	12/1/97	CHPP	CCPP/D CR	A Pash 64516		G	Y	published 1/9/98.	Deems the sales price of an asset to be its net book value.	1/9/98	HCFA-1004-FC	regulation, manual instruction, minor payment change
BBA1290	4405		PPS Hospitals	Elimination of IME and DSH attributable to outlier payments	10/1/97	CHPP	PPPP/D AC	D McGrane 64521		G	Y	completed in 8/29/97 hospital PPS reg (BBA1250)	PPS Hospital Reg.	12/9/97		regulation
BBA1300	4406		PPS Hospitals	Increase base payment rate to Puerto Rico hospitals	10/1/97	CHPP	PPPP/D AC	D McGrane 64521		G	Y	completed in 8/29/97 hospital PPS reg (BBA1250)	PPS Hospital Reg.	10/24/97		regulation

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BBA 1310	4407		PPS Hospitals	Certain hospital discharges to post acute care	10/1/98	CHPP	PPPP/D AC	S Phillips 64548	Publish proposed rule 4/1/98	G	N	OS briefed on proposed regulation. Final Draft in circulation as of 3/20.	Regulation for FY 99; Regulation for FY 2001; PPS Hospital Reg.	3/10/98	HCFA 1003-P	regulations
BBA 1320	4408		PPS Hospitals	Reclassification of certain counties as large urban areas under Medicare program	10/1/97	CHPP	PPPP/D AC	V Miller 64535		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation
BBA 1330	4409		PPS Hospitals	Geographic reclassification for certain disproportionately large hospitals	10/1/97	CHPP	PPPP/D AC	A Rudolph 64546		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation
BBA 1340	4410	(b)	PPS Hospitals	Exclusion of certain wages in reclassification of certain hospitals for FY 1998	10/1/97	CHPP	PPPP/D AC	V Miller 64535		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		11/26/97		regulation
BBA 1350	4410	(a)	PPS Hospitals	Floor on area wage index	10/1/97	CHPP	PPPP/D AC	V Miller 64535		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation
BBA 1360	4411		PPS Exempt Facilities	FY98 update factor = 0	10/1/97	CHPP	PPPP/D AC	A Greenberg 64601		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation
BBA 1370	4411		PPS Exempt Facilities	FY99-02 updates vary in relation to cost/target ratios	10/1/98	CHPP	PPPP/D AC	A Greenberg 64601		G	Y	Will be updated annually in PPS regulation.		11/26/97		regulation
BBA 1380	4412		PPS Exempt Facilities	15 % reduction in capital payments	10/1/97	CHPP	PPPP/D AC	L Hite 64537		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation
BBA 1390	4413		PPS Exempt Facilities	Rebasing option for certain facilities in operation before 1990	10/1/97	CHPP	PPPP/D AC	A Greenberg 64601		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation
BBA 1400	4414		PPS Exempt Facilities	Ceiling on target amounts (75th percentile for each category) excluding children's and cancer	10/1/97	CHPP	PPPP/D AC	G Shipe 64552		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation
BBA 1410	4415	(a), (c)	PPS Exempt Facilities	Reduction in bonus and relief payments	10/1/97	CHPP	PPPP/D AC	K Ellingson-Otto 64551		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		12/9/97		regulation
BBA 1415	4415	(d)	PPS Exempt Facilities	Report to Congress on effect of bonus relief payment on psych hospitals GME	10/1/99	CHPP	PPPP/D AC	Hartstein 64539 Greenberg 64601		Y	N	Request for funding for contract pending (C list)	DAC does not have the skills to conduct the study properly; recommend funding to FMIB; otherwise report may be late.	2/10/98		
BBA 1420	4416		PPS Exempt Facilities	Change in payment and target amount for new providers	10/1/97	CHPP	PPPP/D AC	A Greenberg 64601		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation
BBA 1430	4417		PPS Exempt Facilities	LTC hospital within a hospital	10/1/97	CHPP	PPPP/D AC	G Morey 64653		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation
BBA 1440	4418		PPS Exempt Facilities	Treatment of Certain Cancer Hospitals	8/1/98	CHPP	PPPP/D AC	G Shipe 64552		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		11/26/97		regulation
BBA 1445	4419	(a)	PPS Exempt Facilities	Elimination of exemptions for hospitals [except children's]	10/1/97	CHPP	PPPP/D AC	A Greenberg 64601		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)				
BBA 1450	4419	(b)	PPS Exempt Facilities	Report to Congress on exceptions and adjustment payments	10/1/98	CHPP	PPPP/D AC	A Greenberg 64601		G	N	To be included in annual PPS regulation starting FY99		10/24/97		report to congress
BBA 1460	4421		Inpatient rehabilitation	Inpatient Rehab PPS	10/1/00	CHPP	CCPP/DI PC	B Kuhl (TL) 64597, J Kaiser, L Wilson, L Feinberg & J Gordon		G	N	Reg in 1999/2000; see addendum for additional info	See Addendum	3/5/98		data collection, regulation
BBA 1470	4422		Long-Term Care Hospital PPS	Development of Proposal on Payments for Long-Term Care Hospital	10/1/99	CHPP	CCPP/DI PC	B Kuhl 64597		Y	N	Contingent upon funding	Requires the Sec. to develop a leg proposal for est a case-mix adjusted PPS for payment of long-term care hospitals	2/25/98		report to congress
BBA 1475	4431		SNF PPS	Extension of 1996 SNF cost limits	10/1/97	CHPP	CCPP/DI PC	B Kuhl 64597 & J Menning		G	Y	Published in FR on 10/1/97 (62 FR 51536)		2/6/98		FR notice
BBA 1478	4432	(b)	SNF PPS	SNF consolidated billing	7/1/98	CHPP	CCPP/DI PC	W Ullman 65667		Y	N	Team clearance package to be forwarded to OS and HCFA team members 2/20/98. Advanced to OS/OMB 3/6. To OA 3/5. OIG comments rec'd 3/10. CHPP working w/OIG to resolve issues. OS comments due 3/18. Expect OIG nonconcurrency.		3/19/98	HCFA-1913-IFC	regulation
BBA 1480	4432	(c)	SNF PPS	Quality of Care Medical review process under PPS	7/1/98	OCSQ	QMHA/C A	J Thomas 62908	Develop manual instruction	Y	N		New area which will require significant work and follows the publication of the SNF PPS reg. Manual instruction will be developed to implement this initiative.	2/24/98		regulation

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BBA 1490	4432	1888 (a) (e) (7)	SNF PPS	PPS for Swing bed hospital units	7/1/01	CHPP	CCPP/DI PC	L Wilson 64603		G	N	Implementation efforts will begin in FY 1999	CMSO involvement for assessment (MDS 2.0)	2/6/98		
BBA 1500	4432		SNF PPS	Transitional and final case mix PPS; PPS rates for SNFs	7/1/98	CHPP	CCPP/D PC	L Wilson 64603	HCFA/OS clearance 3/5/98	Y	N	See BBA1478; see addendum	See addendum	3/19/98	HCFA-1913-IFC	regulation (BPD-912-IFC)
BBA 1510	4441	(a)	Hospice	Payment Update for Hospice Services	10/1/97	CHPP	CCPP/D CPC	J Carter 64615		G	Y	Fully implemented through PM released via electronic mail 9/24/97; follow-up reg needed to conform to instructions		2/6/98		regulation (program memo)
BBA 1520	4441	(b)	Hospice	Payments for Hospice Services	10/1/98	CHPP	CCPP/D CR	N Massuda 65834 & Carol Blackford 65909		G	N	Completely new hospice cost report being developed.		3/19/98	HCFA-1912-IFC	regulation
BBA 1530	4442		Hospice	Payment for Home Hospice Care Based on Location Where Furnished.	10/1/97	CHPP	PPA w(CCPP/DPC)	M Turnipseed 66144 / J Carter		G	Y	Fully implemented through Program Memorandum issued 9/24/97; follow-up reg needed to conform to instructions		12/23/97		regulation
BBA 1540	4443		Hospice	Hospice Care Benefit Periods	8/5/97	CHPP	CCPP/D CPC	T Saltz 64480 & C Blackford; OCOS V Karpiak		G	N	PM with policy instructions released via E-mail 9/24/97; PM with transitional operational instructions released via e-mail 1/14/98. System changes remaining.	Changing the length of time hospice benefit can be used; initially implemented through instruction, with reg to follow. Replaces the 3d and 4th benefit periods with an unlimited number of 60 day periods.	3/16/98		regulation
BBA 1550	4444		Hospice	Other Items and services included in hospice care	8/5/97	CHPP	CCPP/D CPC	C Blackford 65909; OCOS V Karpiak	6/1/98 proposed rule to OS	G	Y	Fully implemented through PM; PM released via electronic mail 9/24/97; follow up reg needed to conform to instructions.	Initially implemented through instruction, with reg to follow. Clarifies that any item or service which may be paid for under title XVIII is covered under hospice if it is included in the plan of care.	3/16/98		regulation
BBA 1560	4445		Hospice	Permit contracting with independent physician groups	8/5/97	OCSQ	CS	L Merritt-Nixon 64652	revise hospice conditions of participation	G	Y	Program Memorandum issued 9/24/97 implementing this provision. New requirements will be included in hospice conditions of participation to be published later this year.		2/24/98		regulation
BBA 1570	4446		Hospice	Waiver of certain staffing requirements for hospice care programs in non-urbanized areas	8/5/97	OCSQ	CS	L Merritt-Nixon 64652	revise hospice conditions of participation	G	Y	Program Memorandum issued 9/24/97 implementing this provision. New requirements will be included in hospice conditions of participation to be published later this year.		2/24/98		
BBA 1580	4447		Hospice	Limitation on liability of beneficiaries for certain hospice coverage denials	8/5/97	CBS	EEP	J Collins 64618		G	Y	Guideline issued 9/24/97. COMPLETED		3/9/98		guideline
BBA 1600	4448		Hospice	Extending the period for physician certification of an individual's terminal illness	8/5/97	CHPP	CCPP/D CPC	T Saltz 64480	6/1/98 proposed rule to OS	G	Y	Fully implemented through PM; PM released via electronic mail 9/24/97; follow up reg need to conform to instructions.	Minor change to coverage and conditions of participation; implement first through instruction followed by reg. Removes the defined timeframes for physician certification to give hospices more flexibility.	2/6/98		regulation
BBA 1610	4451		Bad debt	Reductions in Payments for Enrollee Bad Debt	10/1/97	CHPP	CCPP/D CR	K Walker 67278	complete forms, inst., and elec. specifications 1/16/98	G	N	To be implemented via cost report and later as part of 1998 hospital PPS regulation.	See addendum; Annual reduction set for FY 98 and FY 99.	3/6/98	HCFA-1003-P	regulation, manual instruction
BBA 1620	4452		Hemophilia pass through	Permanent Extension of Hemophilia Pass Through Payment	10/1/97	CHPP	PPPP/D AC	A Culotta 64661		G	Y	completed in 8/29/97 hospital PPS reg (BBA 1250)		10/24/97		regulation

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BBA 1630	4453	(a)	Premium change	Reduction in Part A Medicare Premium for Certain Public Retirees	1/1/98	CBS	EEP	M Jefferson 64482		Y	N	Emergency Memo on eligibility requirements sent to SSA for Field Office distribution. Language being developed for other contractors. Meetings with each group will be held. See addendum	OIS will participate. Alternate plans arranged. Plan was developed with SSA to implement the provision including HCFA identifying the universe of addresses for a notice insertion in the premium bill. See addendum	2/20/98		instructions, SSA coordination, system changes; conforming regulation
BBA 1640	4454	(b)(a)	Miscellaneous affecting Medicaid	Coverage of Services in Religious Non-medical Health Care Institutions under the Medicare and Medicaid Programs	8/5/97	CMSO	FCHP	G Zelinger 65929		G	Y	State Medicaid Director letter issued 10/1/97		1/13/98		policy guidance
BBA 1650	4454	(a)	Nonmedical benefit	Religious Nonmedical Health Care Institutions	7/1/98	CHPP	CCPP/D CCM	JM Moore 63508		G	N	on May regs schedule	Provision takes effect 8/5/97; good faith applies until reg is published	12/8/97	HCFA-1909-IFC	regulation
BBA 1660	4501		Physician payment	Single conversion factor	1/1/98	CHPP	PPPP/D AC	F Thompson 64586		G	Y	Published 10/31/97 as part of annual physician fee schedule regulation.		11/26/97		regulation, minor payment change
BBA 1670	4502		Physician payment	Update to conversion factor	1/1/99	CHPP	PPPP/D AC	F Thompson 64586		G	Y	Published 10/31/97 as part of annual physician fee schedule regulation.		11/26/97		regulation, minor payment change
BBA 1680	4503		Physician payment	Replace Volume Performance Standard with sustainable growth rate	10/1/97	CHPP	PPPP/D AC	F Thompson 64586		G	Y	Published 10/31/97 as part of annual physician fee schedule regulation.		11/26/97		regulation, minor payment change
BBA 1690	4504		Physician payment	Conversion factor for anesthesia	1/1/98	CHPP	PPPP/D PAC	J Menas 64507		G	Y	Published 10/31/97 as part of annual physician fee schedule regulation.	46% of conversion factor for other physician services	11/26/97		regulation, minor payment change
BBA 1700	4505	(a)	Physician payment	Delay in implementing practice expense component.	1/1/98	CHPP	PPPP/D PAC	J Menas 64507		G	Y	Published 10/31/97 as part of annual physician fee schedule regulation.	1 year freeze; 4 year gradual transition DPAC tech. assistance to GAO	12/2/97		regulation, new payment method
BBA 1720	4505	(b)-(f)	Physician payment	Delay in implementing practice expense component.	3/1/98	CHPP	PPPP/D PAC	J Menas 64507		G	N	Reg under development. Partial specs sent to regs staff	OS participation	3/10/98		report to congress
BBA 1730	4506		Physician payment	High per discharge relative values for in-hospital physicians services	2/1/98	CHPP	PDI/PPA	S Sheingold 65896	database construction slated for 7/98	G	N	Design in progress; database construction slated for 7/98	calculation and notice to hospitals applicable to 1999 and 2001. OCSQ will participate.	12/2/97		regulation, new function
BBA 1740	4507	(a)(c)	Physician payment	Use of Private Contracts by Medicare beneficiaries	1/1/98	CHPP	PPPP/DI DS	A Heygster 64486		G	N	section of "Dear Dr." letter contains this; Q&A document to ROs 12/3/97; Program Memorandum in final clearance	NPRM in 1998 physician fee schedule; report due 10/1/01	12/23/97		instruction (12/97) followed by regulation
BBA 1750	4507	(b)	Physician payment	Report on private contracts	10/1/01	CHPP	PPPP/DI DS	A Heygster 64486		Y	N	Request for contract funding pending (C list)	Study requires collection of data outside Medicare sdata system; need outside contract for data system development and appropriate study design. Recommend funding to FMIB; otherwise report may be late.	2/10/98		study
BBA 1755 (was BBA0850)	4511, 4512		Other health professionals	Nurse practitioners, clinical nurse specialists, and physician assistants: removal of restrictions on settings & increased payments	1/1/98	CHPP	PPPP/D PAC	R Epps 64503		Y	N	Instruction in clearance. OGC confirmed that change can be implemented via program memo and then codified in 98 NPRM and final	Program memo needs OGC clearance; encouraging OGC action; may be delay in paying practitioners who performed services independently.	2/10/98		regulation, minor payment change
BBA 1760	4513	(a),(c)	Chiropractors	Elimination of requirement of X-Ray	1/1/00	OCSQ	CA	D Honemann 65702	Develop manual instruction	G	N	Manual instruction will be issued to implement this provision.	Manual instruction will be issued to implement this provision.	2/24/98		new coverage
BBA 1770	4521		Hospital outpatient	Elimination of FDO	10/1/97	CHPP	PPPP/D PAC	J Wellham 64510		Y	N	PM sent to CM for clearance.		3/10/98		regulation, payment change
BBA 1780	4522	(a) (b)	Hospital outpatient	Extension of reduced payments	10/1/97	CHPP	CCPP/D CR	T Talbott 64592	Complete forms, inst., and elec. specifications 1/16/98	G	N	See addendum	See addendum	1/9/98		extension of current provision
BBA 1790	4523		Hospital outpatient	Prospective payment	1/1/99	CHPP	PPPP/D PAC	J Wellham 64510		G	N	to be implemented via reg: NPRM 4/98; final 10/98		12/23/97	HCFA-1005-P 2/98; HCFA-1005-F 9/98	regulation

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BBA 1800	4523		Cancer hospitals	Prospective payment-cancer hospitals	1/1/00	CHPP	PPPP/D PAC	J Wellham 64510		G	N	to be implemented in hospital outpatient reg for CY 2000		12/23/97		regulation
BBA 1810	4531	(a)(1)	Ambulance services	Interim reductions in payments; payments for ambulance services determined on a reasonable cost basis	10/1/97	CHPP	PPPP/D AC	Robert Niemann x64569		G	N	See addendum sheet	See addendum sheet	3/19/98		payment change, instruction
BBA 1820	4531	(c)	Ambulance services	Authorize rural advanced life support by paramedics	6/1/98	CHPP	PPPP/D AC	M Blige 64642		G	N	On May regs schedule		12/23/97	HCFA-1813-FC	regulation
BBA 1830	4531	(b)	Ambulance services	Establish prospective fee schedule	1/1/00	CHPP	PPPP/D AC	M Blige 64642 /RNiemann 64569	Publish NOI 4/1/98	G	N	First HCFA/OS team meeting 11/20/97. Negotiated rulemaking required. Expect to hold 1st formal mtg. in fall '98. Notice of reg neg intent on July schedule.		12/23/97	HCFA-1002-NR	regulation, negotiated rule making
BBA 1840	4532	(e)	Ambulance services	Demonstration evaluation: Contracts with local governments	1/1/00	OSP	RE/DHS R	J Lubitz 66696		G	N	Awaiting development and implementation of the demonstration.	CHPP to participate	2/23/98		evaluation, report to congress
BBA 1850	4532		Ambulance services	Demonstration: Contracts with local governments	1/1/98	CHPP	PDI	H Silverman 67702		G	N	No action required. No effective date specified by statute. Start date T.B.D.	Up to 3 demos; not to exceed 3 years, evaluation due by 2000	12/2/97		demonstration
BBA 1860	4541	(a)(2)	Outpatient therapy	Adjustment of '98 reasonable costs; CORFs	1/1/98	CHPP	CCPP/D CR	J Gordon 64517		G	Y	Program Memorandum A-97-17 sent out 12/97	see addendum	12/23/97		regulation
BBA 1870	4541	(b)	Outpatient therapy	Application of standards to outpatient Occupational Therapy & Physical Therapy services in physician offices	1/1/98	CHPP	PPPP/D PAC	R Epps 64503		Y	N	Per OLIGA, statutory language not consistent with Cong. intent; alternatives need to be developed; manual changes in HCFA clearance; expect clearance in several weeks; risk that palliative services could be paid.		2/10/98		regulation
BBA 1880	4541	(a)(1)	Outpatient therapy	Payment based on fee schedule	1/1/99	CHPP	PPPP/D PAC	R Epps 64503	Publish in May	G	N	codes & payments under the fee schedule for independent PT/OT may not appropriately reflect services performed by other providers. May need to implement by 7/1/98 for SNFs because of consolidated billing requirements in sect 4432	Payment in 1998 blended rate; revise payment method for rehabilitation. agencies outpatient therapy services; expect to publish proposal May 1.	2/10/98	HCFA-1005-P	regulation
BBA 1890	4541	(c)	Outpatient therapy	Application of \$1500 annual limit to rehabilitation services	1/1/99	CHPP	PPPP/D PAC	R Epps 64503		G	N	To be included in annual physician reg (proposed in reg)	Application of \$1500 cap	12/23/97		new payment method regulation
BBA 1895	4541	(c)(2)	Outpatient therapy	Report on revised coverage policy	1/1/01	CHPP	PPPP/D PAC	R Epps 64503		G	N	Will start work on report after fee schedule completed		2/6/98		report to Congress
BBA 1900	4551	(c)	DME	Upgraded DME	8/5/97	CHPP	CCPP/D CPC w(PDI/P PDDT)	B Long 60007 & MA Stevenson		G	Y	1998 calculations completed; 1999 calculations begin in 1/98.	This is a discretionary reg which became unnecessary because of revisions to MCM 3170 Prior Consultation which is in draft form. (Denis Garrison, CBS)	3/30/98		regulation
BBA 1910	4551	(a)	DME	Payment Provisions	1/1/98	CHPP	CCPP/D CPC	J Kaiser 64499		G	Y	See addendum	Limit updates for DME and P&O	3/16/98		payment freeze
BBA 1920	4551	(b)	DME	Payment freeze for PEN	1/1/98	CHPP	CCPP/D CPC w(PPA)	J Kaiser 64499 & H Wiggins		G	Y	Instructions for loading 1995 payment screens into DMERC pricing files for use in paying claims on or after 1/1/98 issued to the DMERCs via a CHPP ARA memo dated 9/16/97.	Limits payment for PEN at 1995 levels.	3/16/98		regulation
BBA 1930	4552	(c)	DME	Service standards; oxygen suppliers	None	CHPP	PPA	C Robinson 66959		G	N	No action currently underway	Establish service standards for home oxygen suppliers.	12/23/97		regulation
BBA 1940	4552	(d)(2)	DME	PRO review of home oxygen equipment	8/5/97	OCSQ	PEN	A Jackson x66871	PRO contract modification	G	N	RFP issued on 3/25/98 to design an evaluation protocol for PRO evaluation of home oxygen equipment. PRO contract modification will be done to incorporate new reviews.	RFP issued on 3/25/98 to design an evaluation protocol for PRO evaluation of home oxygen equipment. PRO contract modification will be done to incorporate new reviews.	4/7/98		
BBA 1950	4552	(a)	DME	Payment reduction; oxygen	1/1/98	CHPP	CCPP/D CPC	B Long 60007		G	Y	See addendum	Reduce payment and freeze increases. 25% red for 1998, 5% red for 1999. Reds done through instr. Sec may establish separate payment classes.	3/16/98		instructions
BBA 1960	4553		Clinical labs	Payment reduction	1/1/98	CHPP	PPPP/D AC	A Greenberg 64601		G	N	1. Cost limit provisions effective 1/1/98 via cost report changes 2. fee schedule changes effective 1/1/98 via program memorandum	Freeze payments; lower national payment CAP	12/23/97		regulation

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BBA1970	4553	(c)	Clinical labs	Study on lab payments	8/5/99	CHPP	PPPP/D AC	A Greenburg 64601		Y	N	IOM lead; CHPP will provide technical support as requested	IOM to do study. CHPP believes that OSP should have the lead for managing the contract with IOM to design and conduct the study. Recommend FMIB to fund, otherwise report may be late.	2/10/98		report to congress
BBA1980	4554	(a)	Clinical labs	Determine whether Physician Office Labs (POLs) should be excluded from regional carriers	7/1/99	CBS	MCM	B Johnson 67314		R	N	Seeking to repeal the legislation. See addendum	Exec OMB has recommended that HCFA try to rescind the RLC legislation. Work efforts have slowed; we are not working with the team; and work on the SOW has ceased. this slowdown puts HCFA at high risk of not meeting 7/99 operational date. See addendum.	As of 4/4/98; repeal still in process		contract
BBA1990	4554	(a)	Clinical labs	Designate regional carriers for paying lab claims	7/1/99	CBS	MCM	B Johnson 67314		R	N	Seeking to repeal the legislation. See addendum	Exec OMB has recommended that HCFA try to rescind the RLC legislation. Work efforts have slowed; we are not working with the team; and work on the SOW has ceased. this slowdown puts HCFA at high risk of not meeting 7/99 operational date. See addendum.	As of 4/4/98; repeal still in process		new function
BBA2000	4554	(b)	Clinical labs	Uniform policy for clinical lab benefit	1/1/99	OCSQ	CA	G Bagley 64509	IA w/DAB; notice of intent to negotiate after convening process complete	Y	N	FMIB finding secured. Working on Inter-agency agreement with the DAB and notice of intent to negotiate to be published in the Federal Register in June 1998.	FMIB finding secured. Working on Inter-agency agreement with the DAB and notice of intent to negotiate to be published in the Federal Register in June 1998.	4/7/98	HCFA-3250-P-NR 5/98; HCFA-3250-F 10/98	regulation, negotiated rule making
BBA2010	4554		Clinical labs	Uniform policies for clinical diagnostic lab test, biennial review process	1/1/99	OCSQ	CA	G Bagley 64509		Y	N	Linked to successful implementation of negotiated rulemaking		2/24/98		new function
BBA2020	4555		Ambulatory surgical centers	Update change	10/1/97	CHPP	PPPP/D PAC	J Sanow 65723		G	Y	Program Memorandum transmittal #B-97-5 issued 9/97. Reg published 2/19/98	Two percentage point reduction in CPI - U update for ASCS for 1998 through 2002.	12/23/97	HCFA-1897-N	minor payment change
BBA2030	4556		Drugs	Updates for Drugs & Biologicals Reimbursement	1/1/98	CHPP	PPPP/D AC	R Niemann 64569		G	N	PM completed; changes to reg to be in CY 99 physician fee schedule.	In case where payment is not made on cost or prospective payment basis, payment is equal to 95% of average wholesale price	2/10/98		payment change
BBA2040	4557	(a)	Drugs	Coverage of oral anti-nausea drugs	1/1/98	OCSQ	CA	D Wolfson 64585		G	Y	Manual instruction released 1/8/98	Coordinate with CBS on bene. education issues OCOS will participate	1/27/98		new coverage
BBA2050	4557	(a)	Drugs	Coverage of oral anti-nausea drugs	1/1/98	OCSQ	CA	D Wolfson 64585		G	Y	Manual instruction released 1/8/98. To be included in 1998 Medicare Handbook.	OCSQ lead on coverage criteria, see BBA2040	1/27/98		education & health promotion
BBA2060	4558	(a)	Renal dialysis	Cost report audits	9/1/97	OFM	FS	G Whooley 63337		Y	N	Since audit resources are being applied to other BBA requirements this year, the bulk of the renal facilities will be audited in FYs 99 & 00.	For 1996 and then every 3 years; the BBA requires us to audit renal dialysis facilities once every three years.	12/23/97		new function
BBA2070	4558	(b)	Renal dialysis	Quality standards	1/1/00	OCSQ	QMHA	P Frederick 65785		G	N	In progress to develop measures by 1/99 and implement by 1/00	Develop and implement quality standard measures	1/27/98		new function
BBA2080	4559		Portable EKG	Temporary restoration of coverage for portable EKG transportation	1/1/98	CHPP	PPPP/D PAC	W Morse 65420		G	Y	Published in 10/31/97 Physician reg (see BBA1250)	annual physician regulation Coverage effective 1/1/98, report on 7/1/98; We believe recommendation to Congress belongs to OCSQ Restores payment at 96 level.	12/9/97		new coverage, coverage recommendation to congress, restore payment

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BBA2090	4571	(a)	Part B Premium Change	Part B Premium-25% of program costs	8/5/97	OAct	MMCE	C Warfield 66396		G	Y	Completed implementation 10/21/97	Annually in September, promulgate a monthly premium rate equal to 50% of the monthly actuarial rate for enrollees 65+	12/8/97		extension of current provision
BBA2100	4581		Special enrollment period	Protections Under the Medicare Program for Disabled Workers Who Lose Benefits Under a Group Health Plan (the "SEP" provision)	8/5/97	CBS	EEP	M Jefferson 64482		Y	N	New FTE reported on 3/30/98 to assist on this effort. Still awaiting OGC opinion.	CHPP will participate. The implementation of this provision is currently on hold awaiting OGC opinion on the legislative rationale. Early OGC response not probable.	4/4/98		regulation, major system change
BBA2110	4582		Payment of Part B surcharge amounts	Governmental Entities Eligible to Elect to Pay Part B Premium Surcharge for Eligible Individuals	8/5/97	CBS	EEP	S Clark 67451		G	N	Payment logistics and systems requirements underway. RO asst. solicited and RO payment process being developed		4/4/98		regulation, major system change
BBA2120	4601		Home health	Recapture savings temporary payment freeze for Home Health Services	10/1/97	CHPP	CCPP/D CPC	E Rees 68974 /M Bussacca		G	Y	Notice published 12/31/97.	Federal Register notice; Limits will not reflect any changes in the home health market basket with respect to cost reporting periods beginning on or after 7/1/96.	2/6/98	HCFA-1904-NC	regulation
BBA2130	4602		Home health	Interim Payments for Home Health Services-per visit	10/1/97	CHPP	CCPP/D CPC & PDI/PPD DT	E Rees 68974		G	Y	Published in FR 12/31/97		2/25/98	HCFA-1904-N	regulation
BBA2131	4602		Home health	Interim Payments for Home Health Services-bene limit	10/1/97	CHPP	CCPP/D CPC & PDI/PPD DT	E Rees 68974		G	N	HCFA-1905-FC pub'd 3/3/98, FR Vol. 63, No. 61 15718-15738. Oper/sys chgs still pending for proration and PS and R.	See addendum	4/3/98	HCFA-1905-IFC	
BBA2140	4603		Home health	Prospective Payment for home health services	10/1/99	CHPP	CCPP/D CPC	B Wardwell 64607		G	N	Publish notice of intent 2/1/99; Circ. IFC 6/1/99; Pub IFC 8/1/99.	See addendum	2/20/98		regulation
BBA2145	4603	1895 (c)	Home health	Requirements for Payment Information	10/1/98	CHPP	PPA	J Grant 67160		G	N	UPIN implemented; Work on the 15 minute increments provision has begun		2/10/98		bookkeeping standard
BBA2150	4604		Home health	Payment based on location where services furnished	10/1/97	CHPP	CCPP/D CPC w(PPAG)	E Rees 68974 /M Bussacca		G	Y	Instructions issued Program memo AB 97-18 issued 9/97, systems changes completed in the fall of 97.	Major system changes (with cost implications) and contractor instructions needed; req the submission of claims for home health services based on the geographic location at which the service is furnished. Significant operational issues	3/24/98		regulation (program memo)
BBA2160	4611	(c)	Home health	Maintaining Appeal rights for HH services	1/1/98	CBS	EEP	P Gilmore 66406		G	Y	Reg is conforming. Have sent letters to Chief Judge OHA, SSA and the RHHs. RO letter sent re. new amt. in controversy requirements. They were directed to contact their RHHs to make necessary changes. Complete		3/9/98		instruction; conforming regulation
BBA2170	4611	(e)	Home health	Maintaining Seamless Administration Through Fiscal Intermediaries Transition	1/1/98	OFM	FS	K Larson 61375		G	N	Monthly trust fund transfers are in process based on OACT estimates. The transfer amount will be adjusted when actual data becomes available.	The funds transfer will take place on a monthly basis based on an estimate from OACT. There is no impact on contractor reporting.	4/7/98		guidelines, instructions
BBA2180	4611		Home health	Modification of Part A Home Health Benefit for Individuals Enrolled under Part B	1/1/98	CHPP	CCPP/D CPC w(PPAG)	S Levy 69364/ M Notzon Co-lead with PPA's M Turnipseed		Y	N	Billing instructions issued to FI's in January 98. Awaiting systems changes.	Significant change. A/B shift. OSP will participate; instructions followed by reg.	3/24/98		regulation (program memo)
BBA2190	4611	(b)	Home health	Post Institutional Home Health Services Defined	1/1/98	CHPP	CCPP/D CPC w(PPAG)	M Notzon 65650 /S Levy Co-lead with PPA's M Turnipseed		G	N	Billing instructions issued to FI's in January 98. Awaiting systems change.	Significant change requiring implementing instructions, operational and billing systems changes. Significant work by Fis. CBS involvement because of implications for benes (premiums).	3/24/98		regulation
BBA2200	4612		Home health	Part time intermittent nursing definition	10/1/97	CHPP	CCPP/D CPC	S Levy 69364 /M Notzon		G	Y	Fully implemented through PM released 9/26/97; Follow-up reg needed to conform to instructions	defines PT or intermittent services	2/6/98		instruction (program memo)
BBA2210	4613		Home health	Definition homebound	10/1/98	CHPP	CCPP/D CPC	L Feinberg 67069/S Levy		G	N	12/97 Develop approach to study.		2/20/98		report to congress

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BBA2220	4614	(a),(b)	Home health	Normative standards for HHAs	10/1/97	OCSQ	CS	D Schoenemann 66771	Initiate contract action.	Y	N	OCSQ has written the scope of work for the project and proceeding with contract action with an outside organization to perform this initiative.	Establishes guidelines/thresholds for frequency & duration of home health services beyond which services will be denied payment. Scope of work has been written and contact action is proceeding.	3/24/98		regulation
BBA2230	4615		Home health	Home health drawing blood	3/1/98	CHPP	CCPP/D CPC	L Bonander 64479 /S Levy		G	Y	PM published 2/5/98.	Doesn't cover home health services when the sole basis of coverage is venipuncture for obtaining a blood sample.	3/6/98		instruction
BBA2240	4616	(a),(b)	Home health	Annual reports to Congress regarding Home Health cost Containment (A/B shift)	10/1/97	CHPP	CCPP/D CPC	S Levy 69364/M Nolzon		G	Y	Initial report to Congress sent 11/25/97	See addendum	2/6/98		estimate, reports to congress
BBA2250	4621		GME	Indirect graduate medical education payments PPS Hospitals	10/1/97	CHPP	PPPP/D AC	S Phillips 64548		G	Y	completed in 8/29/97 hospital PPS reg (see BBA 1250)	PPS Hospital Reg.	10/24/97		regulation
BBA2260	4622		GME	Payment to hospitals of indirect medical education costs for Medicare+Choice enrollees	1/1/98	CHPP	PPPP/D AC	S Phillips 64548		G	N	Regulation completed in 8/29 PPS rule (see BBA 1250); further details to be worked out by PPPP/DIDS and PPA/DCIP	PPS Hospital Reg. Regulation revised in 8/29 PPS rule; further details to be worked out by PPPP/DIDS and PPA/DCIP (10/9 update). Systems changes still in process; completion expected 4/1.	2/10/98		regulation, minor payment change
BBA2270	4623		GME	Limitation on number of residents and rolling average FTE count	10/1/97	CHPP	PPPP/D AC	M Hartstein 64539/Phillips		G	Y	<u>completed in 8/29/97 hospital PPS reg (see BBA 1250)</u>	Cost report period beg. on or after 10/97	10/24/97		regulation, minor payment change
BBA2280	4624		GME	Payments to hospitals for direct costs of graduate medical education of M+C enrollees	1/1/98	CHPP	PPPP/D AC	M Hartstein 64539		G	N	<u>completed in 8/29/97 hospital PPS reg (see BBA 1250)</u>	PPS Hospital Reg. Regulation revised in 8/29 PPS rule; further details to be worked out by PPPP/DIDS and PPA/DCIP (10/9 update). Systems changes still in process; completion expected 4/1.	2/10/98		regulation, minor payment change
BBA2290	4625		GME	Permitting payment to non-hospital providers	10/1/97	CHPP	PPPP/D AC	S Yurk 65316/ M Hartstein 64539		G	N	Included in current PPS proposed rule now in circulation; publication expected April 98		3/10/98	HCFA-1000-P	regulation
BBA2300	4626		GME	Incentive payments under plans for voluntary reduction in number of residents	2/5/98	CHPP	PPPP/D AC	M Hartstein 64539		Y	N	Draft now in joint circulation. Publication delayed, now expected in Apr '98.		3/10/98	HCFA-1001-P	regulation, interim final
BBA2310	4627		GME	Medicare special reimbursement rule combined residency programs	7/1/97	CHPP	PPPP/D AC	M Hartstein 64539/Christian		G	Y	complete in 8/29/97 hospital PPS reg (see BBA 1250)		10/24/97		regulation
BBA2320	4628		GME	Demonstration project on use of consortia	1/1/99	CHPP	PDI	S Mazumdar 66673		G	N	No effective date specified by statute.Waiting until GME regs published. On B list for funding.		12/24/97		demonstration
BBA2330	4629		GME	Recommendations on long-term policies regarding teaching hospitals and graduate medical education	8/5/99	CHPP	PPPP/D AC	M Hartstein 64539/Christian		G	N	CHPP lead for support only; analysis and recommendations by MedPAC	Support role only	12/23/97		commission
BBA2340	4630		GME	Study of hospital overhead & supervisory physician components of direct medical education costs	8/5/98	CHPP	PPPP/D AC	M Hartstein 64539		G	N	Request for funding for contract pending		12/23/97		report
BBA2350	4631		M+C	Permanent Extension and Revisions of Certain Secondary Payer Provisions.	8/5/97	CBS	EEP	M Jefferson 64482		G	Y	Complete 10/6/97				
BBA2360	4631	(a),(b)	Medicare Secondary Payer	Permanent extension & revision of provisions	8/5/97	CHPP	PPPP/DI DS	H Pollock 64474		G	Y	Instruction published	disabled in large group plans; ESRD; IRS/SSA/HCFA data match (OFM task); MSP prepayment extends coordination period from 18 to 30 months. CBS will participate.	10/24/97		instructions (12/97), then regulation; regulations, instructions to POMs, system modifications, education & outreach
BBA2370	4632	(a)	Medicare Secondary Payer	Clarification time & filing limitations	8/5/97	OFM	FS	L Vriezen 61492		G	N	This provision is self implementing. No reg needed at this time. A future reg change will be added to account for this when other sections of the MSP reg are changed. A Program Memorandum will be issued in the 4th quarter of FY98 to alert contractors.	Permits recovery of incorrect payments within 3 years after date of service 8/5/97. In short, if a service is provided by 8/5/97, HCFA can require a refund of our mistaken payment if we send the demand for refund by 8/5/2000.	2/10/98		guidelines

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BBA2380	4633		Medicare Secondary Payer	Recovery against third party administrators; clarification of beneficiary liability	8/5/97	OFM	FS	L Vriezen 61492		G	Y	4633 (a) is self implementing. Contractors will issue demands to TPAs if employers do not respond to the current demand letters. 4633(b) requires no action on HCFA's part.	4633(a) concerns restoring HCFA's right to recover from TPA's that was thrown out by the court decision in HIAA v. Shalala (Aug. 96). 4633(b) concerns beneficiary liability and no reg change is needed. Recovery is from the insurer employer or provider.	2/10/98		regulation
BBA2390	4641	(a)	Advance directives	Advance directives in patient medical record	9/1/98	OCSQ	CS	D Schoenemann 66771	change advance directives reg	G	N	Working on change to advanced directives reg	CBS support to OCSQ for bene protection issues	1/15/98		instructions, then regulation
BBA2400	4642		Organ procurement organization	Increased certification period for OPOs	8/1/98	CHPP	PPPP/DI DS	M Horney 64554		G	N	instruction being prepared	Analysis of criteria in process.	12/23/97		guideline
BBA2410	4643		Chief Actuary	Office of Chief Actuary	9/1/97	OICS	HRM	J Sheppard 65535		G	Y	Paperwork completed, Administrator concurred and signed 2/8/98	Establishes office of the Chief Actuary	3/12/98		self-implementing
BBA2420	4644		Date change, Congressional review	Conforming Amendments to comply with congressional review	1/1/98	CHPP	PPPP	N Edwards 64531		G	Y	Hospital part completed in PPS reg 8/29/97; physician reg published 10/31 this year to meet requirement	Change in publication dates: PPS/MGCRB	11/26/97		regulation
BBA2430	4701	1932 (a) (3) (A) (B)	Medicaid Managed Care	State Option to Use Managed Care	10/1/97	CMSO	FCHP	B Johnson 60615		G	N	Issue regulations on track; State Medicaid Director letters issued on 12/17 & 1/14		2/23/98	HCFA-2001-P	policy guidance, regulation
BBA2440	4701	1932 (a) (3) (C)	Medicaid Managed Care	Treatment of Certain County Operated HIOs	10/1/97	CMSO	FCHP	B Johnson 60615		G	Y	State Medicaid Director letter issued on 1/14/98		1/30/98		policy guidance
BBA2450	4701	1932 (a) (4)	Medicaid Managed Care	Process for Enrollment and Termination	10/1/97	CMSO	FCHP	B Johnson 60615		G	N	State Medicaid Director letter issued 1/21/98, Issue regulations on track		2/23/98		policy guidance, regulation
BBA2460	4701	1932 (a) (4) (D)	Medicaid Managed Care	Default Enrollment Process	10/1/97	CMSO	FCHP	B Johnson 60615 /N Martin 61068		G	N	State Medicaid Director letter issued 1/21/98, Issue regulations on track		2/23/98		policy guidance, regulation
BBA2470	4701	1932 (a) (5)	Medicaid Managed Care	Provision of Information	10/1/97	CMSO	FCHP	B Johnson 60615 /N Martin 61068		G	N	State Medicaid Director letter issued on 2/20/98, Issue regulations on track		3/9/98		policy guidance, regulation
BBA2480	4702	(a)	Medicaid Managed Care	Primary Care Case Management (PCCM) Services as State Option without Waiver	10/1/97	CMSO	FCHP	B Johnson 60615 /N Martin 61068		G	N	State Medicaid Director letter issued 1/21/98, Issue regulations on track		2/23/98		policy guidance, regulation
BBA2490	4703	(a)	Medicaid Managed Care	Elimination of 75/25 Restriction	6/20/97	CMSO	FCHP	B Johnson 60615 /N Martin 61068		G	N	State Medicaid Director letter issued 1/14/98, Issue regulations on track		2/23/98		policy guidance, regulation
BBA2500	4704	(a)1932(b)(1)	Medicaid Managed Care	Specification of Benefits--BBA 4704(a) SSA 1932(b)(1)	10/1/97	CMSO	QPM	R Weaver 65914		G	Y	State Medicaid Director letter issued 12/17/97		1/13/98		policy guidance
BBA2510	4704	(a)1932(b)(2)	Medicaid Managed Care	Assuring Coverage to Emergency Services-- SSA 1932(b)(2)	10/1/97	CMSO	QPM	R Weaver 65914		G	N	State Medicaid Director letter issued on 2/20/98, Issue regulations on track		3/9/98		policy guidance, regulation
BBA2520	4704	(a)1932(b)(3)	Medicaid Managed Care	Protection of Enrollee-provider Communications--BBA4704(a) SSA 1932(b)(3)	10/1/97	CMSO	QPM	N Martin 61068		G	N	State Medicaid Director letter issued on 2/20/98, Issue regulations on track		3/9/98		policy guidance, regulation
BBA2530	4704	(a)1932(b)(4)	Medicaid Managed Care	Grievance Procedures--BBA 4704(a) SSA 1932(b)(4)	10/1/97	CMSO	QPM	N Martin 61068	4/1/98 State Medicaid Director letter	G	N	State Medicaid Director letter issued on 2/20/98, Issue regulations on track		3/9/98		policy guidance, regulation
BBA2540	4704	(a)1932(b)(5)	Medicaid Managed Care	Demonstration of Adequate Capacity and Services--BBA 4704(a) SSA 1932(b)(5)	10/1/97	CMSO	QPM	R Weaver 65914	4/1/98 State Medicaid Director letter	G	N	State Medicaid Director letter issued on 2/20/98, Issue regulations on track		3/9/98		policy guidance, regulation
BBA2550	4704	(a)1932(b)(6)	Medicaid Managed Care	Protecting Enrollees Against Liability for Payment-- BBA4704(a) SSA 1932(b)(6)	10/1/97	CMSO	QPM	D Duzor 64626		G	Y	State Medicaid Director letter issued 12/30/97		1/13/98		policy guidance
BBA2560	4704	(a)1932(b)(7)	Medicaid Managed Care	Anti-discrimination--BBA4704(a) SSA 1932(b)(7)	10/1/97	CMSO	QPM	R Weaver 65914		G	N	State Medicaid Director letter issued on 2/20/98, Issue regulations on track		3/9/98		policy guidance, regulation
BBA2570	4704	(a)1932(b)(8)	Medicaid Managed Care	Compliance with Certain Maternity and Mental Health Requirements--BBA 4704(a) SSA 1932(b)(8)	10/1/97	CMSO	QPM	K McGinn 64581		G	Y	State Medicaid Director letter issued 1/20/98		1/27/98		policy guidance
BBA2580	4704	(b)	Medicaid Managed Care	Protection of Enrollees Against Balance Billing through Subcontractors--BBA 4704(b)	10/1/97	CMSO	QPM	K Blume 63241		G	Y	State Medicaid Director letter issued 12/30/97		1/13/98		policy guidance
BBA2590	4705	(a)1932(c)(1)	Medicaid Managed Care	Quality Assessment and Improvement Strategy--BBA 4705(a) SSA 1932(c)(1)	1/1/99	CMSO	QPM	N Martin 61068	State Medicaid Director 4/1/98	G	N	Issue regulations on track		2/23/98	HCFA-2003-IFC 5/98	policy guidance, regulation

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BBA2600	4705	(a)1932(c)(2)	Medicaid Managed Care	External Independent Review	10/1/97	CMSO	QPM	K Headen 66865		G	Y	State Medicaid Director letter issued on 2/20/98, procurement process proceeding slowly		3/25/98	HCFA-2015-IFC 5/98	policy guidance, regulation
BBA2610	4705	(b)	Medicaid Managed Care	Increased FFP for External Quality Review Organizations	10/1/97	CMSO	QPM	K Blume 63241		G	Y	HCFA 37 and MBES have been revised		1/30/98		Revised financial process, state Medicaid manual
BBA2611	4705	(b)	Medicaid Managed Care	Increased FFP for External Quality Review Organizations	10/1/97	CMSO	QPM	K Blume 63241		Y	N	Medicaid manual revision on track.	Pending OGC review	4/10/98		Revised financial process, state Medicaid manual
BBA2620	4705	(c)	Medicaid Managed Care	Quality assurance	8/6/99	OCSQ	CS	B Agnew 65964	QISMC refinement	G	N	QISMC to serve as basis for implementing provision	QISMC to serve as basis for implementing provision	2/24/98		study on quality assurance
BBA2640	4705	(c) (2)	Medicaid Managed Care	Studies and Reports	8/6/99	CMSO	OSP	T Gustafson 66510 /K Blume 63241		G	N	On track		1/13/98		Report to Congress
BBA2650	4706		Medicaid Managed Care	Solvency Standards	10/1/98	CMSO	QPM	K McGinn 64581		G	Y	State Medicaid Director letter issued 12/30/97		1/27/98		policy guidance
BBA2660	4707	1932 (d) (2)	Medicaid Managed Care	Restrictions on Marketing	10/1/97	CMSO	QPM	K McGinn 64581		G	N	State Medicaid Director letter issued 12/30/97, regulation on track		2/23/98		policy guidance, regulation
BBA2670	4707	1932 (d) (3)	Medicaid Managed Care	State Conflict-of-Interest Safeguards in Medicaid Risk Contracting	10/1/97	CMSO	QPM	K McGinn 64581		G	Y	State Medicaid Director letter issued 12/30/97		1/27/98		policy guidance
BBA2680	4707	1932 (d) (4)	Medicaid Managed Care	Physician Identifier for Participating Physicians (Fraud and Abuse)	10/1/97	CMSO	QPM	ML Morgan 62011		G	N	State Medicaid Director letter pending Medicare regulation		3/13/98		regulation
BBA2690	4707	1932 (e)	Medicaid Managed Care	Sanctions for Non-compliance	4/1/98	CMSO	QPM	ML Morgan 62011		G	Y	State Medicaid Director letter complete on 2/20	SMD on 2/20/98	2/23/98		policy guidance
BBA2700	4707	(b)	Medicaid Managed Care	Availability of FFP for Use of Enrollment Brokers	4/1/98	CMSO	QPM	M McDermott 63722		G	Y	HCFA 37 and MBES have been revised		2/6/98		Revise reporting, state Medicaid manual
BBA2701	4707	(b)	Medicaid Managed Care	Availability of FFP for Use of Enrollment Brokers	4/1/98	CMSO	QPM	M McDermott 63722		Y	Y	Medicaid manual revision on track.	Pending OGC review	4/10/98		
BBA2710	4707	1932 (d) (1)	Medicaid Managed Care	Prohibiting Affiliations with Individuals Debarred by Federal Agencies	10/1/97	CMSO	QPM	ML Morgan 62011		G	Y	State Medicaid Director letter issued on 2/20/98		3/13/98		policy guidance
BBA2720	4708	(a)	Medicaid Managed Care	Change in Threshold Amount for Contracts Requiring the Secretary's Prior Approval	10/1/97	CMSO	QPM	K McGinn 64581		G	Y	State Medicaid Director letter issued 1/14/98		1/27/98		policy guidance
BBA2730	4708	(b)	Medicaid Managed Care	Permitting Same Copayments in HMOs as in FFS	10/1/97	CMSO	FCHP	K McGinn 64581		G	Y	State Medicaid Director letter issued on 12/30/97		1/27/98		policy guidance
BBA2740	4708	1932(f)	Medicaid Managed Care	Assuring Timeliness of Provider Payments	10/1/97	CMSO	QPM	K McGinn 64581		G	Y	State Medicaid Director letter issued on 12/30/97		1/13/98		policy guidance
BBA2745	4708	1932(d)	Medicaid Managed Care	FFP Denial Rules	10/1/97	CMSO				G	Y	State Medicaid Director letter issued on 12/30/97		1/13/98		policy guidance
BBA2750	4709		Medicaid Managed Care	6-Month Guaranteed Eligibility for all Individuals Enrolled in Managed Care	10/1/97	CMSO	FCHP	M Sciulli 60691		G	Y	State Medicaid Director letter issued on 10/6/97		1/13/98		policy guidance
BBA2760	4710	(a), (b)	Medicaid Managed Care	Effective Dates	10/1/97	CMSO	QPM	D Duzor 64626		G	Y	Completed 12/10/97		12/10/97		self-implementing
BBA2770	4710	(c)	Medicaid Managed Care	Non-application to Waivers	10/1/97	CMSO	FCHP	B Johnson 60615		G	Y	Complete SMD letter issued on 3/25/98		4/6/98		policy guidance
BBA2780	4711	(a)	Medicaid provider payments	Flexibility in Payment Methods for Hospital Nursing Facility, ICF/MR, and Home Health Services	10/1/97	CMSO	FCHP	L Reed 63325		G	Y	State Medicaid Director letter issued on 12/10/97		1/13/98	HCFA-2004-FC 1/98	policy guidance
BBA2790	4711	(b)	Medicaid provider payments	Boren repeal and new rate-setting processes	8/6/01	OSP	RE/DBR	P Boben 66629		G	N	Initiated study development.	Acquire funding to implement the study from the "Commonwealth Foundation."	2/23/98		study on access; report to congress
BBA2810	4712	(a)	Medicaid provider payments	Phase-out Payment Based on Reasonable Costs	10/1/97	CMSO	FCHP	D Worgo 65919		Y	N	Two SMD letters.	Draft letters sent to OMB on 3/11/98.	3/13/98		policy guidance
BBA2820	4712	(b)	Medicaid provider payments	Transitional Payment under Managed Care Contracts	10/1/97	CMSO	FCHP	S Trieger 66612		Y	N	Two SMD letters.	Draft letters sent to OMB on 3/11/98.	3/13/98		policy guidance

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BBA2830	4713	(a)	Medicaid provider payments	Elimination of Obstetrical and Pediatric Payment Rate Requirements	10/1/97	CMSO	FCHP	M Sciulli 60691		G	Y	State Medicaid Director letter issued on 9/17/97		1/13/98		self-implementing
BBA2840	4714	(a), (b)	Medicaid provider payments	Medicaid Payment Rates for Certain Medicare Cost-sharing	8/5/97	CMSO	DEHP	B Nakielny 64466		G	Y	State Medicaid Director letter issued on 11/25/97		1/13/98		policy guidance
BBA2850	4715	(a)	Medicaid provider payments	Treatment of Veterans' Pensions under Medicaid	10/1/97	CMSO	DEHP	J Wilder 64579		Y	Y	Initial guidance issued to ROs, Medicaid manual in HCFA circulation, awaiting other component concurrence	Pending OGC review	4/10/98		policy guidance, Medicaid manual
BBA2860	4721	(a)	Federal payments to states	Reforming DSH under State Medicaid Programs	10/1/97	CMSO	QPM	M McDermott 63722		Y	N	Federal Register notice awaiting OS comments		3/13/98		regulatory
BBA2870	4721	(b)	Federal payments to states	Reforming DSH under State Medicaid Programs	10/1/97	CMSO	FCHP	L Reed 63325		G	Y	State Medicaid Director letter issued on 12/10/97		1/13/98		policy guidance
BBA2880	4722	(a)	Federal payments to states	Treatment of State Taxes Imposed on Certain Hospitals	10/1/97	CMSO	PCP	J Frizzera 69535		G	Y	State Medicaid Director letter issued on 10/9/97		1/13/98		policy guidance
BBA2900	4723	(b)	Federal payments to states	Additional Funding for State Emergency Health Services Furnished to Undocumented Aliens	10/1/97	CMSO	QPM	M McDermott 63722		G	N	State Medicaid Director letter issued on 11/25/97, HCFA 37 & 64 have been revised, Federal Register notice on track	FRN submitted to OS review on 1/26/98	1/30/98	HCFA-2000-N 12/97	policy guidance, reporting changes, publication of allotments
BBA2910	4724	(a)	Federal payments to states	Ban on Spending for Non-health Related Items	1/1/98	CMSO	QPM	ML Morgan 62011		G	Y	State Medicaid Director letter issued on 12/17/97		1/13/97		policy guidance
BBA2920	4724	(b)	Federal payments to states	Surety Bond-HHA	1/1/98	CMSO	QPM	ML Morgan 62011		G	Y	State Medicaid Director letter issued on 12/17/97		1/13/97		policy guidance
BBA2930	4724	(c)	Federal payments to states	Conflict of Interest	1/1/98	CMSO	QPM	ML Morgan 62011		G	Y	State Medicaid Director letter issued on 12/17/97		1/13/97		policy guidance
BBA2940	4724	(d)	Federal payments to states	Authority to Refuse Agreements with Felons	8/5/97	CMSO	QPM	ML Morgan 62011		G	Y	State Medicaid Director letter issued on 12/17/97		1/13/97		policy guidance
BBA2950	4724	(e)	Federal payments to states	Monitoring Dual Eligible Payments	8/5/97	CMSO	PCPG	C Brown 65659		G	N	Workgroup formed		1/13/97		operational guidance
BBA2960	4724	(f)	Federal payments to states	Protection Against Waste, Fraud, and Abuse (Beneficiary Reporting)	8/5/97	CMSO	QPM	ML Morgan 62011		G	Y	State Medicaid Director letter issued on 12/17/97		1/13/97		policy guidance
BBA2970	4724	(g)	Federal payments to states	Surety Bond-DME	10/1/98	CMSO	QPM	ML Morgan 62011		G	Y	State Medicaid Director letter issued on 12/17/97		1/13/97		policy guidance
BBA2980	4725	(a)	Federal payments to states	Increased FMAP for Alaska	10/1/97	CMSO	QPM	D Allen 63271		G	Y	Notification to Alaska completed and released by 10/3/97		11/26/97		adjust FMAs
BBA2990	4725	(a)	Federal payments to states	Increased FMAP for DC	10/1/97	CMSO	QPM	D Allen 63271		G	Y	Notification to DC completed		11/26/97		adjust FMAs
BBA3000	4726		Federal payments to states	Increase in Payment Limitation for Territories	10/1/97	CMSO	QPM	B Hanczaryk 62013		G	Y	Letter to the territories issued on 8/28/97		1/13/97		adjust territory payments
BBA3010	4731	(a),(b)	Medicaid eligibility	State Option of Continuous Eligibility for 12 Months and Clarification of State Options to Cover Children	10/1/97	CMSO	FCHP	J Rhoades 64462		Y	N	Revise SMM on track	Pending OGC review	4/10/98		policy guidance
BBA3020	4732	(a), (b), (c), (d), (e), (f)	Medicaid eligibility	Payment of Part B Premiums (qualifying individuals)	1/1/98	CMSO	QPM	M McDermott 63722		G	Y	Forms HCFA 37 & 64 have been revised, State Medicaid Director letter issued on 12/15/97, Federal Register Notice complete		1/30/98	HCFA-2005-NC 12/97	reporting changes, policy guidance, publication of allotments
BBA3030	4733		Medicaid eligibility	State Option to Permit Workers with Disabilities to Buy into Medicaid	8/5/97	CMSO	DEHP	R Trudel 63417		Y	Y	State Medicaid Director letter issued on 11/25/97, SMM revisions under development, awaiting other component concurrence	Pending OGC review	4/10/98		policy guidance
BBA3050	4734		Medicaid eligibility	Penalty for fraudulent eligibility	9/1/97	Justice, with OIG				G	N			10/17/97		administrative guidance
BBA3060	4735	(a), (b)	Medicaid eligibility	Treatment of Certain [hemophilia] Settlement Payments	8/5/97	CMSO	DEHP	R Trudel 63417		G	Y	State Medicaid Director letter issued 1/20/98		1/27/98		policy guidance
BBA3070	4741	(a), (b)	Medicaid benefits	Elimination of Requirement to Pay for Private Insurance	8/5/97	CMSO	DEHP	G Talvert 65928		G	N	Revised reg package underway, not a priority reg		3/13/98		policy guidance
BBA3080	4742		Medicaid benefits	Physician Qualification Requirements	8/5/97	CMSO	FCHP	G Zelinger 65929		G	Y	State Medicaid Director letter issued on 10/1/97		1/13/97		self-implementing

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BBA3090	4743	(a)	Medicaid benefits	Elimination of Requirement of Prior Institutionalization with Respect to Habilitation Services Furnished under a Waiver for Home or Community-based Services	10/1/97	CMSO	DEHP	B Coons 65921		G	Y	Two State Medicaid Director letters completed and released on 10/14/97 and 2/20/98		3/13/98		policy guidance
BBA3100	4744		Medicaid benefits	Study and Report on EPSDT Benefit	8/5/98	OSP	RE/DBR	P Eggers 66691		Y	N	Developing scope of work	Consult with States, provider and beneficiary organizations; and coordinate with OSP	12/17/97		report to congress
BBA3120	4751	(a), (b)	Medicaid administration	Elimination of Duplicative Inspection of Care Requirements for ICFs/MR and Mental Hospitals	8/29/97	CMSO	QPM	P Butler 66776		G	Y	State Medicaid Director letter issued on 12/17/97	Revise existing policy and issue an ICFs/MR State Medicaid Director letter	1/13/97		policy guidance
BBA3130	4752	(a)	Medicaid administration	Alternative Sanctions for Non-compliant ICFs/MR	8/29/97	CMSO	DEHP	C Graunke 66728		G	N	Establish monitoring process on track	Establish process to determine if alternative methods effective deter non-compliance	1/13/97		monitor compliance
BBA3140	4753	(a)	Medicaid administration	Modification of MMIS Requirements	1/1/98	CMSO	DS	R Friedman 64451		G	Y	State Medicaid Director letter issued to non MMIS states on 9/15/97, State Medicaid Director letter on SPR issued 1/20/98		1/30/98		policy guidance
BBA3160	4755	(b),(c)	Medicaid administration	Removal of Name from Nurse Aide Registry	8/6/99	CMSO	DEHP	C Graunke 66728		G	N	ongoing & on track	Enforce States' actions in removing names, and report to Congress within 2 years on the use of registries	1/13/98		report to congress
BBA3170	4756		Medicaid administration	Medically Accepted Indication	10/1/97	CMSO	FCHP	L Reed 63325		G	Y	State drug rebate letter completed and released by 9/11/97	Modify policy guidance to cite the DRUGDEX Information System as a qualified compendium, and issue a Drug State Medicaid Director letter	1/13/98		policy guidance
BBA3180	4757	(a)	Medicaid administration	Continuation of State-wide Section 1115 Medicaid Waivers	10/1/97	CMSO	FCHP	B Johnson 60615		G	Y	Completed	Establish "simplified" process to handle waiver requests, issue an 1115 State Medicaid Director letter, and consult with OSP, States, Regions, DHHS and OMB	12/10/97		policy guidance
BBA3190	4758		Medicaid administration	Extension of Moratorium	8/5/97	CMSO	DEHP	MJ Duckett 63294		G	Y	Completed		1/13/98		self-implementing
BBA3200	4759		Medicaid administration	Extension of Effective Date for State Law Amendment	8/5/97	CMSO	PCP	M Bowser 63270		G	Y	Completed		1/13/98		self-implementing
BBA3290	4801	1894 & 1934	PACE	Establishes PACE as a permanent provider under Medicare, allows States the option to pay for PACE services under their Medicaid plans.	8/5/98	CHPP	CCPP/D CCM	S Gladhill 61782		G	N	Awaiting word on rescheduling of date to OS. Draft reg being refined.	4801(a); Joint Medicare and Medicaid regulations must be published to allow PACE programs to begin operation 8/5/98. Publication must occur before 8/5/98.	3/9/98	HCFA-1903-IFC 2/98	regulations, old demonstration terms and conditions, policy guidance, inform stakeholders and invite demonstration proposals
BBA3295	4802		PACE	Provides for a PACE demonstration for proprietary providers.	None	CHPP	PDI/DDP	S Miller 66656		G	N	No effective date.	Not high priority.	3/9/98		report to congress
BBA3480	4803		PACE	Extension of the demonstration authority available for additional 3 years; transition	9/1/97	CHPP	PDI/DDP	S Miller 66656		G	N	Cross-agency teams formed to develop reg specifications. Publish IFC 4/30/98; to OS 12/1; to OMB 1/2/98; pub IFC 4/30/98	Processing applications as they are received.	3/9/98		letter to states
BBA3500	4804	(a),(b)	PACE	Secretary must conduct a study of the cost and quality effectiveness of for-profit demonstrations.	9/1/01	OSP	RE/DPR	B. Buzco 66593		G	N	Awaiting implementation of the for-profit demonstration	CMSO & CHPP will conduct the PACE demonstrations. OSP will evaluate the demonstration and develop the RTC.	2/23/98		study - report to congress
BBA3501	4804	(b)	PACE	Report to Congress on the status of the current PACE program.	9/1/01	OSP	REG/DP R	B. Buzco 66593		G	N	Work in progress.	The Report to Congress will developed jointly with CHPP and CMSO.	1/27/98		

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BBA3510	4901	2101	Children's Health Insurance Program	Enable States to expand coverage to low-income, uninsured children through insurance or Medicaid	10/1/97	CMSO		D Chang 202-690-5960	A fifth set of Q&As is currently being developed for issuance by 4/15. A regulations team has been assembled to develop CHIP regs for clearance by the end of May.	G	N		State Plan Model Application Template and instructions released 9/12/97. Letter sent to State officials 12/19 with information on regional conferences that were planned for the purpose of providing technical assistance to States.	No State is eligible for payments before 10/1/97	3/18/98		guidelines
BBA3520	4901	2102	Children's Health Insurance Program	General background, eligibility, outreach and quality	10/1/97	CMSO		D Chang 202-690-5960	A fifth set of Q&As is currently being developed for issuance by 4/15. A regulations team has been assembled to develop CHIP regs for clearance by the end of May.	G	N		Letter to State Officials summarizing legislation sent 8/27; letter on immigrant eligibility sent 1/14/98; on outreach sent 1/23; on tribal consultation and public processes sent 2/24. Frequently Asked Q&As released 9/11, 10/3, 10/10, and 11/26.	Regional conferences, held in January and February 1998, provided technical information and assistance needed to implement CHIP.	3/18/98	HCFA-2006-IFC 2/98; HCFA-2006-F 10/98	guidelines
BBA3530	4901	2103	Children's Health Insurance Program	Protection for lower-income families, no cost-sharing for certain preventive benefits	10/1/97	CMSO		D Chang 202-690-5960	State Model Application Template is currently being revised for issuance in April.	G	N		State Plan Model Application Template, containing assurances, released 9/12/97. Letters to State Officials on cost sharing and substitution of coverage sent 2/13/98.		3/18/98		guidelines
BBA3540	4901	2103	Children's Health Insurance Program	Coverage must be consistent with: benchmark; benchmark-equivalent; existing comprehensive State-based coverage; or Secretary-approved coverage	10/1/97	CMSO		D Chang 202-690-5960	A regulations team has been assembled to develop CHIP regs for clearance by the end of May. A Dear State letter on the interface between CHIP and the Vaccines for Children (VFC) program is being drafted.	G	N		State Plan Model Application Template, containing assurances, released 9/12/97.		3/24/98		guidelines
BBA3550	4901	2103	Children's Health Insurance Program	Limits on pre-existing condition exclusions	10/1/97	CMSO		D Chang 202-690-5960		G	N		State Plan Model Application Template, containing assurances, released 9/12/97.		12/4/97		guidelines

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BBA3560	4901	2104	Children's Health Insurance Program	Allotment formula	10/1/97	CMSO		D Chang 202-690-5960		G	N		Federal Register Notice 9/12/97. Financial letter with updated reserved allotment amounts sent to State officials 12/8.	1/27/98	HCFA-2114-IFC 1/98; HCFA-2114-F 6/98; HCFA-2014-N 8/98	federal register notice
BBA3570	4901	2105(b)	Children's Health Insurance Program	Enhanced FMAP	10/1/97	CMSO		D Chang 202-690-5960		G	N		Federal Register Notice 9/12/97. Financial letter on payment process and financial reporting forms sent to State officials 12/8.	1/27/98		guidelines
BBA3580	4901	2105(c), (2)	Children's Health Insurance Program	10 percent limit on expenditures not used for Medicaid or health insurance	10/1/97	CMSO		D Chang 202-690-5960	A fifth set of Q&As is currently being developed for issuance by 4/15. A regulations team has been assembled to develop CHIP financial regs for clearance at the end of March. A Dear State letter on variances (waivers) of the 10% limit is being drafted.	G	N		State Plan Model Application Template released 9/12/97. Frequently Asked Questions and Answers released 9/11, 10/3, 10/10, and 11/26. Letter to State Officials on financial issues sent 12/8; letter discussing administrative expenditures sent 1/23/98.	3/24/98		guidelines
BBA3590	4901	2105(c), (3)	Children's Health Insurance Program	Waivers for family coverage	10/1/97	CMSO		D Chang 202-690-5960		G	N		State Plan Model Application Template released 9/12/97.	1/27/98		guidelines
BBA3600	4901	2105(c), (4)	Children's Health Insurance Program	No federal funds, premiums, cost-sharing used for State match	10/1/97	CMSO		D Chang 202-690-5960	A fifth set of Q&As is currently being developed for issuance by 4/15. A regulations team has been assembled to develop CHIP financial regs for clearance at the end of March.	G	N		State Plan Model Application Template, containing assurances, released 9/12/97. Financial letter on payment process and financial reporting forms sent to State officials 12/8. Frequently Asked Q&As released 9/11, 10/3, 10/10, and 11/26.	3/18/98		guidelines
BBA3610	4901	2105(c), (7)	Children's Health Insurance Program	No payment for abortion	10/1/97	CMSO		D Chang 202-690-5960		G	N		State Plan Model Application Template, containing assurances, released 9/12/97.	1/27/98		guidelines

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BBA3620	4901	2105(d)	Children's Health Insurance Program	Maintenance of effort	10/1/97	CMSO		D Chang 202-690-5960	A fifth set of Q&As is currently being developed for issuance by 4/15.	G	N		State Plan Model Application Template, containing assurances, released 9/12/97. Frequently Asked Questions and Answers released 9/11, 10/3, 10/10, and 11/26.	3/18/98		guidelines
BBA3630	4901	2105	Children's Health Insurance Program	No duplicative payments	10/1/97	CMSO		D Chang 202-690-5960	A regulations team has been assembled to develop CHIP financial regs for clearance at the end of March.	G	N		State Plan Model Application Template, containing assurances, released 9/12/97. Financial letter on payment process and financial reporting forms sent to State officials 12/8.	3/18/98		guidelines
BBA3640	4901	2106	Children's Health Insurance Program	Process for submission, approval and amendment	10/1/97	CMSO		D Chang 202-690-5960	A regulations team has been assembled to develop CHIP state plan regs for clearance by the end of May.	G	N		State Plan Model Application Template released 9/12/97. State Plan Approval Process Letter sent to the State officials 12/2/97. Twenty-five States have submitted CHIP plans. Nine CHIP plans have been approved (AL, CO, SC, OH, FL, CA, IL, NY and MI).	4/6/98		guidelines
BBA3650	4901	2107	Children's Health Insurance Program	Certain provisions of Title XIX and Title XXI apply	10/1/97	CMSO		D Chang 202-690-5960	A fifth set of Q&As is currently being developed for issuance by 4/15. A regulations team has been assembled to develop Medicaid-related CHIP regs for clearance by the end of May.	G	N		State Plan Model Application Template released 9/12/97. Letter to State Medicaid Directors sent 10/10/97. Frequently Asked Questions and Answers released 9/11, 10/3, 10/10, and 11/26.	3/18/98		guidelines
BBA3660	4901	2107	Children's Health Insurance Program	Plans must include strategic objectives, performance goals and performance measures	10/1/97	CMSO		D Chang 202-690-5960		G	N		State Plan Model Application Template, containing assurances, released 9/12/97.	12/4/97		guidelines
BBA3670	4901	2107	Children's Health Insurance Program	States must collect data, maintain records and assure access for audits	10/1/97	CMSO		D Chang 202-690-5960		G	N		State Plan Model Application Template, containing assurances, released 9/12/97.	12/4/97		guidelines
BBA3680	4901	2108 (b) (2)	Children's Health Insurance Program	Report to Congress on effectiveness of CHIP plans	12/31/01	OSP	RE/DBR	P Pine 67718		G	N		Background information and issue identification underway.	12/4/97		report to congress
BBA3690	4901	2108	Children's Health Insurance Program	States must submit annual reports and an evaluation by 3/31/2000	10/1/97	CMSO		D Chang 202-690-5960		G	N		State Plan Model Application Template, containing assurances, released 9/12/97.	12/4/97		guidelines

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BBA3700	4901	2109	Children's Health Insurance Program	Health benefits coverage provided under Title XXI will be considered creditable coverage for ERISA and HIPAA	10/1/97	CMSO		D Chang 202-690-5960	A fifth set of Q&As is currently being developed for issuance by 4/15.	G	N		State Plan Model Application Template, containing assurances, released 9/12/97. Frequently Asked Questions and Answers released 9/11, 10/3, 10/10, and 11/26.	3/18/98		guidelines
BBA3710	4901	2110	Children's Health Insurance Program	Key terms are defined	10/1/97	CMSO		D Chang 202-690-5960	A fifth set of Q&As is currently being developed for issuance by 4/15. A regulations team has been assembled to develop CHIP regs for clearance by the end of May.	G	N		State Plan Model Application Template, containing assurances, released 9/12/97. Frequently Asked Questions and Answers released 9/11, 10/3, 10/10, and 11/26.	3/18/98		guidelines
BBA3720	4911	(a)	Children's Health Initiative Program	Optional use of State Child Health Assistance Funds for Enhanced Medicaid Match for Expanded Medicaid Eligibility	10/1/97	CMSO	FCHP	J Rhoades 64462		G	Y	State Medicaid Director letter complete	Being implemented through title XXI workgroups/steering committee	11/26/97		guidelines
BBA3730	4911	(b)	Children's Health Initiative Program	Optional use of Title XXI funds for enhanced Medicaid match for expanded Medicaid eligibility	10/1/97	CMSO	FCHP	J Rhoades 64462		G	Y	State Medicaid Director letter complete		12/2/97		guidelines
BBA3740	4912	(a)	Children's Health Initiative Program	Medicaid Presumptive Eligibility for Low-Income Children	8/5/97	CMSO	FCHP	J Rhoades 64462		G	Y	Completed		12/2/97		guidelines
BBA3750	4913	(a)	Children's Health Initiative Program	Continuation of Medicaid Eligibility for Disabled Children Who Lose SSI Benefits	7/1/97	CMSO	FCHP	B Tomlinson 64463		G	N	State Medicaid Director letter 11/13; Revised SMM on track	still coming to terms with loose ends, especially disability	12/4/97		policy guidance
BBA3810	5301	(a), (b), (c)	Welfare reform	SSI Eligibility for Aliens Receiving SSI on August 22, 1996 and Disabled Aliens Lawfully Residing in the United States on August 22, 1996	8/22/96	CMSO	FCHP	B Tomlinson 64463		G	Y	State Medicaid Director letter Complete—signed 12/8	State Medicaid Director letter addresss 5301-5307	12/18/97		policy guidance
BBA3820	5302	(b), (c)	Welfare reform	Extension of Eligibility Period for Refugees and Certain Other Qualified Aliens from 5 to 7 Years for SSI and Medicaid, and the Status of Cuban and Haitian Entrants	8/22/96	CMSO	FCHP	B Tomlinson 64463		G	Y	State Medicaid Director letter Complete—signed 12/8		12/18/97		policy guidance
BBA3830	5303	(b), (c), (d)	Welfare reform	Exemption for Certain Indians from Limitation on Eligibility for SSI and Medicaid Benefits	8/22/96	CMSO	FCHP	B Tomlinson 64463		G	Y	State Medicaid Director letter Complete—signed 12/8		12/18/97		policy guidance
BBA3840	5304		Welfare reform	Exemption from Restriction on SSI Program Participation by Certain Recipients on the Basis of Very Old Application	8/22/96	CMSO	FCHP	B Tomlinson 64463		G	Y	State Medicaid Director letter Complete—signed 12/8	Working in partnership with SSA	12/18/97		policy guidance
BBA3850	5304		Welfare reform	Exempts from SSI ban immigrants eligible based on applications filed before 1979.	9/1/97	SSA lead	SSA			G	N		CMSO will coordinate with SSA	10/17/97		letter to states
BBA3860	5305		Welfare reform	Reinstatement of Eligibility for Medicaid Benefits	8/22/96	CMSO	FCHP	B Tomlinson 64463		G	Y	State Medicaid Director letter Complete—signed 12/8		12/18/97		policy guidance

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BBA3870	5306	(b)	Welfare reform	Treatment of Certain Amerasian Immigrants as Refugees	8/22/96	CMSO	FCHP	B Tomlinson 64463		G	Y	State Medicaid Director letter Complete--signed 12/8		12/18/97		policy guidance
BBA3880	5307	(a)	Welfare reform	Verification of Eligibility for State and Local Public Benefits	8/22/96	CMSO	FCHP	B Tomlinson 64463		G	Y	State Medicaid Director letter Complete--signed 12/8		12/18/97		policy guidance
BBA3885	5561		Welfare reform	Alien Eligibility for Federal Benefits: Limited Application to Medicare and benefits under RRA	8/22/96	CBS	EEP	M Jefferson 64482		R	N	New staff person hired on 3/30/98 which will facilitate action on this project.	On hold--more urgent BBA implementations. This provision contains complicated issues requireing major reg writing effort. SSA willing to work on this ASAP as they want to know the systems implications, but we have no available resources.	4/4/98		
BBA3890	8015		Miscellaneous affecting Medicaid	Limitation on Pension for Certain Recipients of Medicaid-	8/29/97	CMSO	DEHP	J Wilder 64579		G	Y	ARA memo completed and released by 10/3/97		11/14/97		self-implementing

BBA #	Status	Comments
40	Medicare Compare workgroup meets weekly to address each problem and minimize the effect of delays on the release of Medicare Compare on the internet. Members have daily comm. with RO office to report plan status. Key OIS staff & mgrs involved.	Problems creating the current delay include: system problems that don't allow for data entry by plans, and plans without IDs, and as a result, unable to enter plan data.
	Workgroup in touch with updating contractor. Pater data collection process implemented on 2/28 for plans without access. 4 CBS and 12 CHPP case managers will service as liasons.	
41		Content is prescribed in 1851(d) (1)(2)(3)(4) & include general info & info comparing plan opts. Development of mats, prep & mailing proc. are rqd.
		Also need to est. proc for upgrading & expndg db comparing plan options, & contract for redesigning IEP
42		Content is presc in 1851(d) (1)(2)(3)(4) & include gen info & info comparing plan opts. Dvpmnt of mats, prep & mailing proc. are rqd.
		Also need to est. proc for upgrading & expand db companing plan options, & contract for nedeseqngng IEP
90	Per GC opinion Health Info Fairs/Special Infor Campaigns be conducted beyond the month of Nov.	
100	Per GC opinion Health Info Fairs/Special Infor Campaigns be conducted beyond the month of Nov.	
110	10/22: We need to talk to OGC as there is a problem with the legislative rationale--why give an SEP to everyone who doesn't have current.	
	Employment. status? M Jeffereson to write SOI If we have to implement. this provision, it'll need impl. regs & POMS.	
880	To be integrated into rural health payment reg - we will not meet due date because CHPP reg is scheduled to be 6/98.	
	OGC has said we cannot publish QA guidelines in a program memorandum, it must be through rulemaking.	
BBA0660.01	To be included in 1998 Medicare Handbook. Workgroup has been formed to revise handbook and include this provision.	OCSQ lead on coverage criteria
BBA0660.02	published 10/31/97 in physician fee final rule	
BBA0660.03	Published 10/31/97	Publish in FY 1998 physician fee schedule regulation
BBA0680.01		OCSQ lead on coverage criteria
BBA0680.02	published 10/31/97 in physician fee final rule	
BBA0680.03	Published 10/31/97	set payment amounts; Publish in FY 1998 physician fee schedule regulation
BBA0700.01		OCSQ lead on coverage criteria
BBA0700.02	Not started yet	
BBA0700.03	Not started yet	
BBA0700.04	Published 10/31/97	set payment amounts; Publish in FY 1998 physician fee schedule regulation
BBA0720.01	To be included in 1998 Medicare Handbook. Workgroup has been formed to revise handbook and include this provision.	OCSQ lead on coverage criteria
BBA0720.02	met with groups and published decision on barium enema 10/31/97 in physician fee schedule reg	
BBA0720.03	published new coverage rules 10/31/97 in physician fee reg	

Addendum

BBA #	Status	Comments
BBA0720.04	Published 10/31/97	set payment amounts for all services by 1/1/98 (rules of OPD's and ASC's effective 1/1/99); publish in FY 1998 physician fee schedule reg
BBA0740.01	To be included in 1998 Medicare Handbook. Workgroup has been formed to revise handbook and include this provision.	OCSQ lead on coverage criteria
BBA0740.02	Completed	expanded coverage of test strips and monitors not effective until 7/1/98 (per OGC and OL), change in payment effective 1/1/98
BBA0740.03	development of outcome measure to be accomplished w/NCQA contract in progress	
BBA0740.04	to be done after outcome measures are determined	
BBA0740.05	Completed. instructions via ARA memo 9/17/97. Carriers to implement fee schedule 1/1/98. 98 DMEPOS fee schedule loaded into NDM by PPDDT 11/4/97.	reduce payment for testing strips by 10% by 1/1/98
BBA0740.06	In progress.	Consult with Organizations in Establishing Payment under physician fee schedule by 7/1/98 uncertain about implementation method
BBA0770.01	To be included in 1998 Medicare Handbook. Workgroup has been formed to revise handbook and include this provision.	OCSQ lead on coverage criteria
BBA0770.02	analyzing different services that could be covered under this provision to develop coverage policy	CBS as partner for education, outreach
BBA0770.03	In progress	set payment amounts
1140		Applies to medical supplies, home dialysis supplies & equip, therap shoes, PEN supp & equip, electromyogram devices, blood prod,
		transfusion medicine & final reg. Request tech amend to add IOLs in Dr' office. Will need prop & final reg
1150	Instr for calc base fee sched amts & submitting them to CO issued to carriers 9/17/97;Draft reg team solicitation note and reg submitted to OCOS10/21/97;	
	Completed initial impact analysis & provided to CHPP division of Acute Care; progressing with reg development; PRM to be developed by DPC by 5/1/98.	
	Cell contents deleted.	
	Wok proceeding in accordance with project plan.	
1160	Cell contents deleted.	
1200		Medicare payments are prohibited for entertainment, gifts, fines, educational expenses Amends sect. 1861 (v) to specifically id unallowable costs unrelated to bene care so not reimbursable under Medicare.
1460	1886 amended by adding at the end a new sub sect pertaining to PPS for inpatient reha services. It has the foll prov's: estab pmt mthdgy 4 trans pd; def pmt unit;est bene case mx grp wt fact& case mx adjs; auth Sec 2 coll data to est & adm PPS;PPS amt...	Section 1886 is amended by adding at the end a new subsection pertaining to PPS for inpatient rehabilitation services. It has the following provisions
	The project is one week behind schedule. We appeared before the FMIB on 2/25/98 and are awaiting their final decision on funding.	(1) Establishes the payment methodology for the transition period.(2) Defines payment unit. (3) Establishes patient case mix groups, weighting factors for those groups, and case mix adjustments
		(4) Authorizes the Sec to collect the nec data to estab& admin PPS.(5) PPS amounts for FY 2001 & 2002= to 98% of the pmnt amt for operating & capital costs for rehab facilities had this subsection not been enacted.
		(6) Establishes an increase factor based on appropriate increase in the market basket index. (7) Provides additional payment for outliers.
		need to resolve data collection issues and begin collecting data; phase-in 10/2000 with fully implemented system in 2003; MDS Plus

BBA #	Status	Comments
		Emergency funding request has not been approved by the FMB and as a result necessary studies pertaining to data collection and other issues have not begun.
1500	Priority Reg; To OS early February 1998; Publish IFC 5/98	4432--Will require significant involvement of other HCFA components including: Rate Development - OSP Data/Systems Support - OICS,CHPP/PDIG Training and Operational Implementation - CBS
	Part of PPS reg	4432(a)1888(e)(4)(A)(ii) OICS Involvement
		4432(a)1888(e)(4)(F) CMSO is primary on automation.
		4432(b) Significant involvement of OFM & CBS.
		4432--CHPP/PPPG is primary.
		4-year phase-in starting 7/98; Will require significant involvement of other HCFA components including: rate development- OSP, Data/systems Support- OICS, CHPP/PDIG, Training & operational implementation-CBS, CMSO primary on automation
		We are currently experiencing a one week delay caused by the termination of the priority regulation review process. More significantly, the OIG has non-concurred on the regulation
		The amount of time required to address the non-concurrence can not be determined at this time, however, any delays at this point may impact our ability to meet the statutory due date(s).
		the delay is caused by the termination of the priority regulation review process and a non-concurrence by the OIG. The non-concurrence has only been relayed to HCFA/CHPP in draft (as of March 12). We are still awaiting the formal non-concurrence
		We have contacted OGC and ask them to review the language of the BBA provisions as it relates to the OIG's concerns. After OGC has reviewed the matter, we plan to contact the OIG to discuss their concerns.
		We are hopeful that we can reach an appropriate conclusion that will allow the regulation to proceed.
		Any delay at this point in the regulatory clearance process may jeopardize the timely publication of the regulation in late April causing HCFA to miss the statutory due date. A substantial delay of several weeks or more could cause HCFA to come close or
		This could potentially cause the disruption of our claims processing systems and chaos among the nursing home industry who need the information contained in the regulation to operate under the new system.
1540	to be released ASAP; CWF operational 4/1/98; Benes who elect hospice continue to have their claims paid.	
1610	To be implid via cost rpt (Later, reg rev as part of next year's PPS.) Cpmnt forms, instr, and e-specs 1/16/98. Begin provider prior consul & publish 60-day prior consul notice in the FR 2/1/98. End prior consul 5/1/98.	Amends 1861 (v) (1) by reducing the amount of hospital bad debt otherwise treated as allowable costs attributable to deductible & co-insurance.
	Cmpt chgs based on prior consul cmnts 7/1/98. Extnsive prior consu cmnts could result in add'l time necc to cmpt phase.	amounts by 25% for cost reporting periods beginning during FY98, by 40% for cost rptg periods beginning during FY99, and by 45% in subsequent years.
	Cmpt OMB clearance 10/1/98 simult with OMB clearance, cost reports, instr, & specs sent to vendors for valid of their programs. Publish 11/1/98.	
1630	3/1 develop final verificatrn form to provide evidence of State/Local govmt ammunity/clear via OMB. 5/1 Provide written manual inst. for SSA use in responding to bene inquiries, determine eligibility for reduction & processing premium reduction actions.	It was later determined that the notice could not be sent in the premium bill and SSA decided to process all cases in one PSC. These operational realities caused the implementation delay.
1650		Replaces X-ian Sci Benefit; Add new 1821 which: 1) defines relig non-med health care ins 2)est conds for covrg of these institutns

BBA #	Status	Comments
		3)provides proc for indiv to make an elec & exp lthe elec form 4) provides for monitor & safegrd agnst excess expenditures.
1780	To be impl via cost rept; Ltr rev part of 98's PPS; cpt fms, inst & spec 1/16/98;begin prov. prior cons & pub 60d prior con notice in FR 2/1/98;	Extends the 10% red in cap payments for hosp outpatt servs thru FY99 & during portion of FY 2K which occurs before 1/1/2000;
	End prior cons 5/1/98; cpt chgs based on prior cons cmnts 7/1/98; cmpt OMB clear 10/1/98 &get to vndrs for validation. Pub 11/1/98.	Extends the 5.8% red for non-capital outpt services paid on cost basis through FY 99 and portion of FY2K which occurs before 1/1/2000.
1810	Imptation done in conjtn with PPPPG and (FSG) OFM. FSG released prgrm memo 1/22/987 to ARAs requiring fiscal intermediaries to gather provider data to calculate base year ambulance costs per trip. Implementation to be handled via cost report.)	Requires that in determining the reasonable cost of ambulance services provided during FY 1998, FY 1999, and during so much of FY 2000 as precedes January 1, 2000, the Secretary shall not recognize the costs per trip in excess of
	Complete forms, instructions, and electronic specs 1/16/98. Begin provider prior consultation and publish 60-day prior consultation notice in the Federal Register 2/1/98.End prior consultation 5/1/98.	costs recognized as reasonable for ambulance services provided on a per trip basis during the previous FY increased by the percentage increase in the CPI-U as estimated for the 12-month period ending with the midpoint of the
	Complete changes based on prior consultation comments 7/1/98. (Extensive prior consultation comments could result in additional time needed to complete this phase.)	FY involved, reduced by 1 percentage point.
	Complete OMB clearance 10/1/98 (simultaneous with OMB clearance, cost reports, instructions, and specs sent to vndrs for validation of their programs.) Publish 11/1/98.	
1860		Amends section 1834 by adding a new section (k) payment for outpatient therapy services and CORFs. Payment for these services will be based on adjusted reasonable costs. Payment amount will be the lesser of:
		1) the charges imposed for the services, or 2) reasonable costs minus 10%. This applies to both operating and capital costs. It applies to both provider-based and free-standing rehab agencies, public health agencies, clinics, CORFs, SNFs and HHAs.
		A program memorandum will be issued alerting intermediaries of this provision to help them estimate interim rates. A second program memorandum will address the issue of cost reporting instructions.
1900		Conditions under which upgraded DME may be purchased by beneficiaries
		Sec auth to issue a reg which allows for the purchase or rental of upgraded DME.
1910	Instructions for implementing 1998 DMEPOS fee schedules	0% update for DME for 1998-2002. 1% update for P & O for 1998-2002. Both updates can be done through instr.
	issued to the carriers via a CHPP ARA memo dated 9/17/97	Cell contents deleted.
1950	Instructions for implementing 1998 DMEPOS fee schedules, including reduced oxygen fees, issued to carriers via a CHPP ARA memo dated 9/17/97.	
	The 1998 DMEPOS fee schedules will be loaded onto the NDM by PPDDT on 11/4/97.Carriers are to implement the fee schedules by 1/1/98. Discretionary reg - do not plan to do.	
1980		POLs are incl. in the RLC frmewrk, unless HCFA determines the Drs would be unduly burdened in billing more than one carrier.
		HCFA must analyze the issue, make a decision & inform affected entities before RLCs become operat'l-espec. if POLs are excluded.

BBA #	Status	Comments
	Since the government is precluded from entering contracts that have not been funded, we have ceased all activities leading to the selection of regional lab carriers and have submitted a proposal to repeal section 4554 (a) of the BBA. Tracking repeal.	OMB hasn't funded this effort for FY 99 & has suggested we repeal this portion of the legislation. See also comments in 1990.
1990	OICS will meet to review SOW prep process.	Create < or = 5 carriers for paying clinical diag. lab claims. Designate 1 carrier as statistical resource. Lab rep. required on carrier adv committee.
	RO/CO System Subgroup created. MCM steering committee endorsed direct select approach.	Other issues we are dev. are no. of regions/cars & if hospital lab claims should be processed at RLCs.
	Since the government is precluded from entering contracts that have not been funded, we have ceased all activities leading to the selection of regional lab carriers and have submitted a proposal to repeal section 4554 (a) of the BBA. Tracking repeal.	OMB hasn't funded this effort for FY 99 & has suggested we repeal this portion of the legislation.
2000	Reg neg will cost \$200-250,000 and take sev months of mtgs w/industry. Provision now on FMIB A list. Working with Dept Appeals Board (DAB) to finalize budget and timelines.	Adopt uniform coverage and administrative policies for clinical lab tests;
	Even with \$ earlier, would have been difficult to make 1/1/99 date. There are 800 lab services for which we must develop policies. Expect convening report from DAB by late January 98.	allows for temporary use of interim regional and interim national policies if no national policy has been developed CHPP to participate (lead will shift over course of task)
2131	cell contents deleted	1. Establishes a per beneficiary annual limitation calculated based on 75% of the 98% of the reasonable costs (including nonroutine medical supplies) for the agency's 12-month cost reporting period ending during FY 94 and based on 25% of 98%
	cell contents deleted	of the standardized regional average.
2140		Requires the Secretary to establish an HHA PPS. Claims for HHA services furnished on or after 10/1/98 may not be paid unless the claim has;
		1) a unique identifier for the physician who prescribed the services and, 2) contains a code that identifies the length of time of the service visit as measured in 15 minute increments.
		Eliminates PIP for HHAs. Requires bundling of services for payments to HHAs. Provides a contingency to extend cost limits with a 15% reduction if a HHA PPS is not established by 10/1/99.
		Extensive operational implications (contractors).
2240		Estimates of outlays under A/B shift for FY 98-2002 to W&M, Commerce and Finance. Annual report compares actual to estimated outlays. If actual are greater, must recommend controls for HH growth (copays or other) CHPP will participate