

TAX RELIEF AND HEALTH CARE ACT OF 2006
All CMS Provisions
As of March 2, 2007

Section of the Law	Link to CMS Implementing Document	Subject	Effective Date	Release Date	Status/Additional Information
101 (a)	Issuance – Change Request 5448 Change Request 5459	Physician payment and quality improvement – Conversion Factor Increase Provides that the 2007 physician fee schedule conversion factor would be the same as the 2006 conversion factor. While the legislation eliminates the reduction in the negative 5 percent update, the negative 5 percent budget-neutrality adjustment remains.	1/1/07	12/15/06 12/22/06	
101 (b)	Issuance – Change Request 5448 Change Request 5459	Physician payment and quality improvement. Establishes a quality reporting system.	7/1/07	12/15/06 12/22/06	
101 (d)	N/A	Physician payment and quality improvement. Establishes a Physician Assistance and Quality Initiative Fund in the amount of \$1.35 billion and requires the Secretary to spend such funds for physician payment and quality improvement initiatives which may include application to future physician updates. (Provides \$60 million for implementation 2007-09.)	10/1/07	12/20/06	Self Implementing
101 (e)	N/A	Physician payment and quality improvement. Provides \$60 million for implementation 2007-09.	10/1/07	12/20/06	Self Implementing
102	Issuance – Change Request 5448 Change Request 5443	Extension of floor on Medicare work geographic adjustment. Extends the 1.0 floor in the work geographic index for any locality for which the index is less than 1.0 established in the MMA for services furnished from January 1, 2007 through December 31, 2007.	1/1/07	12/15/06 12/22/06	
104	Issuance – Change Request 5443 Change 5468	Extension of treatment of certain physician pathology services under Medicare. Extends direct payments for the technical component for certain pathology services	1/1/07	12/22/06 1/5/07	

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		permitted by the MMA for services furnished during CY 2007.			
105	Issuance – Change Request 5493	Extension of Medicare reasonable costs payments for certain clinical diagnostic laboratory tests furnished to hospital patients in certain rural areas. Extends cost-based payments (MMA 416) to certain rural hospitals for clinical diagnostic laboratory tests covered under Part B for an additional year from July 1, 2006 through June 30, 2007.	7/1/06*	2/2/07	
106 (c)	Self-implementing	Hospital Medicare reports and clarifications. Eliminates the annual report mandated under section 1886(e)(3) of the Social Security Act.	1/1/07	12/20/06	
107 (a)	Issuance – Change Request 5448	Payment for brachytherapy. Extends the MMA special payment rule for brachytherapy devices for 2007.	1/1/07	12/15/06	
201	Issuance – Change Request 5443	Extension of exemptions process for Medicare therapy caps. Extends the exemption process for therapy caps established in the Deficit Reduction Act (DRA) until December 31, 2007.	12/20/06	12/22/06	
202(a)	Issuance – Change Request 5443	Payment for administration of part D vaccines. Provides for payment under Part B in 2007 of the administration of a Part D covered vaccine.	1/1/07	12/22/06	
202(b)	Issuance – Change Request 5443	Payment for administration of part D vaccines. Beginning in 2008, includes administration of a Part D covered vaccine under Part D.	1/1/08	12/22/06	
203(c)	N/A	OIG study on “never events”. Makes \$3 million available until January 1, 2010 to carry out the requirements of this section.	12/20/06	12/20/06	Self-Implementing
205	N/A	Medicare DRA technical corrections. Provides a technical correction to allow the rural PACE pilot grant awardees’ access to outlier expense payments from FYs 2006 through 2010.	10/1/05	N/A	Self-Implementing

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206	Issuance – Manual Instructions	Limited Continuous Open Enrollment of Original Medicare Enrollees Into MA Non-Prescription Drug Plans. Provides individuals in original FFS Medicare the option, in the years 2007 and 2008, of enrolling in an MA plan that does not offer prescription drugs. This option would be available if no other enrollment periods are available to the individual and would be available once during each of the two years. States that the individual's enrollment in a PDP, that is, whether enrolled in a PDP or not enrolled in a PDP, cannot be changed as a result of a decision to enroll in a non-prescription drug MA plan under this provision.	1/1/07	2/7/07	
301	N/A	Offsetting adjustment in Medicare Advantage Stabilization Fund. Reduces initial capitalization of fund from \$10 billion to \$3.5 billion. Changes date of initial availability of funds from January 1, 2007 to January 1, 2012.	1/1/12	N/A	
303	N/A	Funding for the Health Care Fraud and Abuse Control Account. Provides annual funding updates based on changes in the consumer price index through 2010, with stable funding at 2010 levels for subsequent years.	12/20/06	12/20/06	Completed updates to the budget estimates and budget documentation for the FY07 and FY08 budget processes (January 07).
304	N/A	Implementation funding. Provides \$45 million from the Medicare Trust Funds to the CMS Program Management Account to implement provisions included and amendments made under titles I, II, and III of this division, except section 203.	12/20/06	12/20/06	Self-Implementing
401	N/A	Extension of Transitional Medical Assistance (TMA) and Abstinence Education Program. Extends Transitional Medical Assistance and Abstinence Education programs, as under current law, to continue through June 30, 2007.	12/20/06	12/20/06	Self-Implementing

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403	N/A	<p>Change in Threshold for Indirect Hold Harmless Provision of Broad-Based Health Care Taxes. Phases-down the allowable provider tax rate from 6 percent to 5.5 percent, effective the second quarter of FY 2007 through the end of FY 2011.</p>	4/1/07	12/20/06	Self Implementing
405 (c)	State Medicaid Director's Letter	<p>Medicaid DRA Technical Corrections - Additional Miscellaneous Technical Corrections. Documentation (Section 6036). Expands exemption from documentation requirements to an individual declaring to be a citizen or national of the United States eligible for Medicare, SSI, SSDI, old-age and survivors insurance benefits as a result of disability or Title IV-B or IV-E foster children.</p> <p>Imposes a new requirement for ACF and State Foster Care agencies to have in effect procedures for verifying the citizenship or immigration status of a child in foster care under Title IV-B or IV-E and includes the conformity with this requirement in the review of child and family services programs.</p> <p>Makes several technical changes to section 1903, as amended by section 6036 of the DRA.</p>	12/20/06	2/22/07	