

Philadelphia Medicine



Volume 108, No. 8

October 2012

Fiscal and compliance changes for 2013 and 2014

Physicians get more time to comply with EHR requirements

Physicians and other eligible providers now have an extra year to satisfy Stage 2 meaningful use requirements for electronic health record (EHR) incentives.

The final rule finalizing Stage 2 meaningful use requirements, which was released by the Centers for Medicare and Medicaid Services (CMS) on Aug. 23, 2012, contains several additional provisions of importance to physicians. The rule:

- Delays the start of Stage 2 from 2013 to 2014.
- Reduces the reporting period in 2014 from one year to three months.
- Implements a new reporting process whereby the 90-day clinical quality measure reports will need to be submitted electronically.
- Lowers the threshold for patient participation with online portals from 10% to 5%.
- Requires that, beginning in 2014, all eligible professionals who have been participating for two or more years

must electronically report on clinical quality measure data.

- Adds a core objective that will require physicians to use secure electronic messaging to communicate relevant health information with their patients.
- Adds “recording clinical notes” as a menu objective for physicians and hospitals.
- Clarifies that eligible providers must provide a summary of care document for 50% of transitions of care and referrals, with 10% sent electronically and at least one successfully sent to a recipient with a different EHR vendor. This is good news for physicians as the proposed rule originally called for all 10% of submissions to be sent to different vendors.
- Modifies the definition of hospital-based physician through an application process that will allow physicians to demonstrate that they self-funded their EHR systems and are eligible to receive the incentive payment directly.

You are encouraged to contact your vendors, find out their timeline for recertification, and remain in contact with them throughout the process. It is important to be aware that once your EHR vendor becomes recertified, you will need to update the certification number on your registration page before submitting your attestation.

Eligible professionals must first achieve Stage 1 meaningful use requirements before moving to Stage 2. Medicare providers that do not successfully participate by 2015 will begin to face cuts in reimbursement.

CMS has indicated that Stage 3 will contain additional health data collection and reporting requirements.

The Pennsylvania State Board of Medicine will be emailing a “Special Notice” very shortly to all active MD licensees (for whom they have an email address on file) announcing a one-time waiver of renewal fees. More information will be included in the November issue of *Philadelphia Medicine*.

Host your event at PCMS

Host your next party or conference/seminar at PCMS headquarters. Ample free parking. Contact Louise Eder on 215-563-5343, Ext. 107 to schedule an appointment.

PCMS NEWS

Upcoming Events

Young Physicians/Residents/Fellows

An Evening at the “New” Barnes Museum: Friday, November 2
5:30 PM Social at PCMS headquarters
7:00 PM Barnes Museum

Cost: \$20 per person

Information: 215-563-5343, Ext. 113

All Members

Maximizing Revenue and ROI in the Age of Healthcare IT. Panel discussion with leading experts to address:

- Meaningful Use Attestation
- Cyber Insurance
- Leveraging Technology
- New Model of Care
- Electronic Health Records
- Revenue Opportunities
- and more. . .

Date: Tuesday, November 13

Time: 7:00 to 9:00 AM.

Continental Breakfast

Location: PCMS headquarters

For more information or to register, call 215-563-5343, Ext. 102

PCMS solicits nominees for 2013 awards

Important: All submissions should be forwarded electronically to PCMS at stat@philamedsoc.org.

Strittmatter Award: Honors a PCMS physician who has demonstrated to the Society the most valuable contributions to the healing art, surgical or medical. Forward nominating letter(s) and candidate's current c.v.

Cristol Award: Presented to a PCMS member for their dedication to organized medicine.

Submit the physician's name and list their PCMS activities.

Practitioner of the Year Award: For excellence in patient care and community service. Letter(s) of nomination may be sent by physicians, medical students and staff. Include current c.v. and written examples of community service.

The Dr. Vanitha Appadorai Vaidya Award for Humaneness in Medicine:

Presented to a PCMS Resident/Fellow for skills in working with people, patients, and their families and understanding human as well as clinical needs. Medical students, physicians and professional staff are urged to submit nominating letter(s). Include examples of nominee's humaneness.

Send nominations electronically to stat@philamedsoc.org before Dec. 1, 2012. Questions: 215-563-5343, Ext. 113. Awards will be presented during the PCMS President's Installation and Awards Night, June 8, 2013.

Philadelphia Medicine



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ISSN 0031-7306

Philadelphia Medicine is an editorial project management service of Healthcare Media International, Inc. (HMI). HMI provides writing, editing, and contract publishing and medical communication consulting services.

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HMI HEALTHCARE MEDIA INTERNATIONAL

Editorial

Colonoscope your congressman!

By Harvey B. Lefton, MD



As we enter the home-stretch of the presidential race, we are all concerned about what direction healthcare will take during the rest of the decade.

It has been estimated that there will be a shortage of 100,000 doctors by the year 2020. While we cannot change some of the factors contributing to this, such as the expense of medical school, the dwindling reward vs. remuneration for work done, the desire of many young physicians to avoid the grueling hours of practice of their predecessors and the lack of malpractice reform, we need to be involved in the future direction of our profession.

Some of the deficiencies of physician numbers will be met by technology which will turn care over to patients so they can monitor their own health. There will have to be some form of rationing of service as we go forward with the influx of baby boomers and newly insured people. They will put significant demands on our medical system. No politician will address this likely contingency, but we as physicians already experience these pressures in our daily tug of war with insurers. Our lives are difficult, and I do not anticipate technology making them easier.

I have found that most legislators have little knowledge or understanding of what we do every day. These are the people who will write the rules that govern your life.

What are we to do? We can avoid the problems altogether or be part of the solution. I hope you will all join the Philadelphia County Medical Society. Your support will be helpful as we face queries from insurers and government. *This is not enough.* It is time to get off the sideline and engage your legislators directly.

The unions have no difficulty in getting their rank and file to contact their representatives. It is time we directly contact our representatives and tell them

our thoughts directly. It is great to have your Society develop and communicate your position. Your officials will be more moved if they get calls from 10,000 constituents. I have found that most legislators have little knowledge or understanding of what we do every day. These are the people who will write the rules that govern your life. Certainly many of these rules are written by staffers and special interests that won't espouse your interests.

Develop professional relationships with lawmakers and let them know what you do every day. Tell them what your concerns for patients are about their legislation.

This is our ballgame and our patients' future. Many physicians are resigned to staying on the sidelines. It is time to get out of the bleachers and on to the playing field. Develop professional relationships with lawmakers and let them know what you do every day. Tell them what your concerns for patients are about their legislation.

Whoever wins this election, which both parties have deemed the most important in a generation, change is inevitable. We must make our voices heard by both parties. Personal ties will go a long way to help develop workable laws. So write, call, explain and engage your lawmakers. This is the most effective way to advance our concerns. Volunteer to meet with them and show them first hand what you do for your patients. Offer your personal services to your legislators.

And as one of my partners who took this to heart said: colonoscope your congressman!

Looking for office space?

PCMS headquarters has up to 4,000 sq. ft. of office space available for lease with onsite parking. Call 215-563-5343, Ext. 101.

Fiscal and compliance changes for 2013 and 2014

Physician value-based payment modifier to affect rates

In July, the Centers for Medicare and Medicaid Services (CMS) issued a proposed rule that would update payment policies and payment rates for services provided under the Medicare Physician Fee Schedule (MPFS) on or after Jan. 1, 2013. The rule includes proposals for implementing the physician value-based payment modifier (Value Modifier) required by the Affordable Care Act that would affect payment rates to physician groups based on the quality and cost of care they furnish to beneficiaries enrolled in the traditional Medicare Fee-for-Service program.

More details will be developed as implementation progresses over the next several years, but many physicians and practice managers are finding the following information helpful:

The Centers for Medicare and Medicaid Services (CMS) is proposing that group practices with 25 or more physicians be separated into two categories: those that have successfully met Physician Quality Reporting System (PQRS) requirements and those that have not.

- The Affordable Care Act (ACA) requires Medicare to implement a VBPM that will affect your reimbursement based on the quality and cost of care provided to Medicare beneficiaries enrolled in the traditional fee-for-service program.
- The VBPM will first be implemented in 2015 for group practices with 25 or more physicians. All practices, regardless of number of physicians, will be phased-in by Jan. 1, 2017.
- The Centers for Medicare and Medicaid Services (CMS) is proposing that group practices with 25 or more physicians be separated into two categories: those that have successfully met Physician Quality Reporting System (PQRS) requirements and those that have not.
- Those that have successfully met PQRS requirements would have two options and must select one by December 2013:
 - Continue their current reporting and have their VBPM set at 0%, meaning their reimbursement would not be affected
 - Have their VBPM calculated using a quality tiering approach, which would compare physicians based on PQRS measures, outcomes measures calculated based on claims data (30-day post discharge visits, readmission rates, acute prevention quality indicators, and chronic prevention quality indicators), and resource use measures. Practices that choose this option would earn an upward payment adjustment for high performance or be at risk for a downward payment adjustment for poor performance, with a maximum downward adjustment of 1.5% in 2015.

Those who have not successfully met PQRS requirements, including those who chose not to participate, would receive a downward payment adjustment of 1% in addition to the 1.5% PQRS penalty for 2015.

2015 adjustments will be based on 2013 data. CMS is proposing that adjustments in 2016 be based on data from 2014.

Some physicians will see increase in Medicaid reimbursement in 2013

In Pennsylvania, Medicaid reimbursement for primary care services is approximately 38% less than current Medicare payments for the same services. This will change in 2013 as a provision in the Affordable Care Act (ACA) equalizes Medicaid and Medicare payment rates for the next two years for primary care physicians practicing in family medicine, general internal medicine, or pediatric medicine.

Physicians outside of the three eligible specialty groups who provide primary care services, such as OB/GYNs, would not be eligible for the increased payment. The increase does not apply to Medicaid payments to federally qualified health centers or rural health clinics.

Proposed Medicare fee schedule creates payment opportunities for coordinating care

The proposed 2013 Medicare physician fee schedule would reimburse physicians for coordinating a patient's follow-up care after inpatient hospitalization, a skilled-nursing-facility stay, and specified outpatient services. It would also:

- Provide details on implementation of the value-based payment modifier
- Outline changes to the Physician Quality Reporting System (PQRS) and the ePrescribing incentive programs
- Expand the list of approved Medicare telehealth services
- Add categories to CMS' potentially misvalued code review
- Apply an MPPR policy to the technical component of certain cardiovascular and ophthalmology diagnostic services
- Expand scope of practice for nonphysician practitioners when permitted by state law
- Implement a face-to-face requirement as a condition of payment for certain high-cost durable medical equipment (DME) covered items
- Expand the Physician Compare website to include patient experiences
- Eliminate prepayment medical review limitations under certain circumstances.

Influenza season is here

Now is the perfect time to remind your patients that seasonal influenza vaccination is the best defense against the flu. Medicare provides coverage for one flu vaccine and its administration per influenza season for seniors and other Medicare beneficiaries with no co-pay or deductible. Talk with your Medicare patients about their risk for getting the flu and start protecting your patients as soon as your 2012–2013 seasonal flu vaccine arrives. And don't forget to immunize yourself and your staff.

For more information on coverage and billing of the flu vaccine and its administration, as well as related educational resources for healthcare professionals and their staff, visit www.philamedsoc.com.

pcms people

Former PCMS president elected to leadership role with American Cancer Society



Enrique Hernandez, MD, Professor and Chair of Obstetrics, Gynecology and Reproductive Sciences at Temple University School of Medicine, was recently elected Second

Vice President of the American Cancer Society. In this role, which puts him in line to be Society President in 2016, Dr. Hernandez will help set the organization's annual agenda as well as its strategic, long-term objectives.

"It is an honor to have a role in leading the world's largest volunteer organization dedicated to fighting cancer," said Dr. Hernandez. "My history with the Society dates back to the early 1980s when I was fortunate enough to receive financial support from the Society while I was doing my oncology fellowship."

Dr. Hernandez has served the Society in numerous leadership roles throughout

his career. Between 1988 and 1996 he was a member of the GYN Committee for the Society's Philadelphia Division. He was a member of the Board of Directors of the Society's Pennsylvania Division, serving as president from 2008 to 2010, and currently serves on the Board of Directors of the East Central Division.

In 2009, he was elected to the Society's national Board of Directors. Over the years he has been an important link to the Latino community and acted as a speaker at numerous cancer symposiums.

"I am thrilled with the appointment of Dr. Hernandez to the office of Second Vice President," said Frank McGrady, Executive Vice President of the American Cancer Society, and East Central Division Operating Officer. "He has been an asset to the organization in Philadelphia, served us well as a division board leader, and I know he will help us save more lives serving in his newest role."



Brian A. Hannah, MD, MS, has recently joined the PCMS Editorial Review Board. Dr. Hannah is the Chief Medical Information Officer (CMIO) at

Aria Health and is a board-certified internist. Early in his career, Dr. Hannah practiced as an emergency room physician. Dr. Hannah earned a medical degree from the University of Pennsylvania School of Medicine and a master's degree in information technology leadership from LaSalle University.

Change of address?

Phone 215-563-5343, Ext. 102 with any change of address, phone, fax number, or e-mail address.

Official Publication of the Philadelphia County Medical Society • www.philamedsoc.org

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Philadelphia Medicine
2100 Spring Garden Street
Philadelphia, PA 19130