

Ohio MGMA Legislative Update

Presented September 16, 2011 at the Ohio MGMA Annual Fall Conference:

Urge Joint Deficit Reduction Committee to Consider Entitlement Reform; Highlight Repeal of Sustainable Growth Rate (SGR) Formula and Independent Payment Advisory Board (IPAB)

In a letters to the Co-Chairs of the Joint Select Committee on Deficit Reduction MGMA and many Medical groups, urged them to consider entitlement reform as they work to achieve the required \$1.2 trillion in budgetary savings over 10 years. They specifically ask the committee to repeal the IPAB, ensure fair Medicare physician payment, including the repeal of the SGR, and enact real medical liability reform.

The 12-member Joint Committee held their first meeting, which was public, on Thursday, September 8, and included members' opening statements and a discussion of the committee's rules. The committee's official deadline to report out deficit reduction recommendations is November 23. The package of recommendations will then be considered by the House and Senate with a vote deadline of December 23. If the proposal fails to be enacted by the end of the year, \$1.2 trillion in mandatory spending cuts to defense and domestic programs (including a 2% reduction in payments to all Medicare providers) will be made.

Therefore, OMGMA members should continue to contact their legislators and ask for his/her support on those entitlement reforms:

- Permanent repeal and replacement of the Sustainable Growth Rate (SGR) formula. Physicians currently face yet another 29.5% reduction effective January 1, 2012, with additional cuts pending if Congress fails to act this year;
- Repeal of the Independent Payment Advisory Board (IPAB), made up of 15 unelected, unaccountable members appointed by the President and required to make recommendations to Congress on how to lower costs to the Medicare program and by supporting the House bill introduced by Congressman Philip Roe (R-TN), Medicare Decisions Accountability Act of 2011 ([H.R. 452](#)), and the Senate bill introduced by Senator John Cornyn (R-TX), "Health Care Bureaucrats Elimination Act" ([S. 668](#)); and
- Provide Medicare beneficiaries and providers the right to privately contract on a case by case basis without penalty by supporting private contracting legislation, the "Medicare Patient Empowerment Act" [H.R. 1700/S. 1042](#) that allows patients the right to obtain medical services from the physician of his/her choice.

FDA and Industry Reach Prescription Drug User Fee Act (PDUFA) Agreement

A draft agreement (attached), released Thursday, between drugmakers and the FDA, increases industry user fees by 6% in exchange for improved communication with the agency and greater consistency in the drug approval process. The deal is a result of months

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of negotiations between drugmakers and the FDA and included input from patient and provider groups. It would fund the drug approval process through 2015. The agency also will develop a five-year plan to further standardize the process it uses to decide whether a drug's benefits outweighs its risks. The deal must be approved by Congress before September 2012.

Medicare FFS Implementation of HIPAA Version 5010 and D.0 Transactions

The HIPAA 5010 compliance date is fast-approaching. There are only 4 months left until full implementation on Sunday, January 1, 2012.

September 15-16—CMS Announces Second ACO Accelerated Development Learning Session - San Francisco, CA

CMS has announced the second of four Accelerated Development Learning Sessions intended to provide potential ACO participants with the opportunity to learn about core functions of an ACO to be held September 15-16 in San Francisco, CA; exact location TBD.

Registration and additional information is available on the [registration website](#).

Plenary sessions will be made available via webcast, and all materials from the sessions will be publicly available on the [Innovation Center Website](#).

Attestation for Medicare Electronic Health Record (EHR) Incentive Program

On April 18, attestation for the Medicare EHR Incentive Program began. Eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) can attest through the CMS web-based attestation system to qualify for Medicare EHR incentive payments.

CMS has several resources to assist EPs with navigating the Medicare EHR Incentive Program:

- A new [attestation page](#) on the CMS EHR web site, where participants in the Medicare EHR Incentive Program can find important information on attestation.
- The Meaningful Use Attestation Calculator that allows EPs and eligible hospitals to check whether they have met meaningful use guidelines before they attest in the system. The calculator prints a copy of each EP's or eligible hospital's specific measure summary.
- The Eligible Professional User Guide and the Eligible Hospital and Critical Access Hospital User Guide that provides step-by-step guidance for EPs and eligible hospitals on navigating the attestation system.

Medicare EHR Incentive Program—Tools for Providers

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- **Interactive Eligibility Tool for Eligible Professionals:** Are you eligible to participate in the Medicare or Medicaid EHR Incentive Program? Use the tool found at the bottom of the eligibility page on the CMS web site.
- **Registration Webinar for Eligible Professionals:** How do I register? CMS created a video containing step-by-step instructions to ensure the registration process is a success.
- **Medscape Participant Self-Assessment, Medicare and Medicaid EHR Incentives: What Do You Know and Do You Know Enough? Earn CME credit.** Take the Medscape EHR self-assessment. Participation may require the user to log into Medscape; however, registration is free and does not require any commitment.

Educational Resources Now Available for 2011 Electronic Prescribing Incentive Program

Two new educational resources on the 2011 Electronic Prescribing Incentive (eRx) Program are now available on the CMS and ASCRS web sites:

- **eRx Incentive Program Made Simple—**This fact sheet provides step-by-step advice for participating in the 2011 Electronic Prescribing Incentive Program.
- **eRx Incentive Program Made Simple Quick Reference Chart**

To review all available Electronic Prescribing Incentive Program educational resources, please visit http://www.CMS.gov/ERxIncentive/09_Educational_Resources.asp.

Educational Resources Now Available for 2011 Physician Quality Reporting System

Three new educational resources on the 2011 Physician Quality Reporting System are now available on the CMS web sites:

- **Satisfactorily Reporting 2011 Physician Quality Reporting System Measures: Claims and Registry—**This fact sheet provides guidance on claims-based and registry-based reporting and describes steps that eligible professionals/practices should take prior to undertaking Physician Quality Reporting System reporting. This also provides helpful tips for eligible professionals and their billing staff.
- **Physician Quality Reporting System Made Simple for Reporting the Preventive Care Measures Group—**This fact sheet provides quick, easy-to-understand instructions for eligible professionals on how to satisfactorily participate in the 2011 Physician Quality Reporting System using the Preventive Care Measures Group.
- **Physician Quality Reporting System (Physician Quality Reporting, formerly called Physician Quality Reporting Initiative or PQRI) Reporting Periods for 2011—**This fact sheet explains the two reporting periods for the 2011 Physician Quality Reporting System: 12 months (Saturday, January 1, through Saturday, December 31, 2011) and 6 months (Friday, July 1, through Saturday, December 31, 2011).

To review all available Physician Quality Reporting System educational resources, please visit http://www.CMS.gov/PQRS/30_EducationalResources.asp.

Physicians Begin Receiving 2010 Medicare PQRs Incentive Payments

CMS last week began distributing incentive payments to physicians who participated in the 2010 Physician Quality Reporting System (PQRS) program. Last year, ophthalmology was one of the top three specialties in total receipt of PQRS dollars. Ophthalmologists who successfully participated in the PQRS program can expect to receive an incentive payment of 2 percent of their Medicare fee-for-service allowed charges for services provided in 2010. Incentive payments will continue to arrive through September. Ophthalmologists who participated in the PQRS program, but do not receive incentive payments, should review their PQRS feedback reports through the QualityNet portal and follow up with their Medicare Administrative Contractor.

https://www.qualitynet.org/portal/server.pt/community/pqri_home/212

On Aug. 29, CMS reviewed the instructions for accessing feedback reports during a national provider call. The presentation from that call can be viewed on the CMS website in the "Downloads" section.

Physician Involvement in Comparative-Effectiveness Research

The Patient Centered Outcomes Research Institute (PCORI) has released recommendations for national comparative-effectiveness research. The institute has also proposed broad criteria for comparative-effectiveness research grants. PCORI is an independent body created by the health-care reform law to direct comparative-effectiveness research, which examines the relative clinical benefits of two or more treatments. <http://www.pcori.org/>

Apply for Exemption From the 2012 E-Prescribing Penalty on CMS Website

CMS, the agency that administers Medicare, has finalized new hardship exemptions for physicians who were unable to meet Medicare e-prescribing requirements in 2011 and now face a 1 percent penalty for 2012. Physicians can request a hardship exemption on the CMS website. Physicians were required to e-prescribe 10 times between Jan. 1 and June 30 to avoid the penalty. The deadline to request an exemption is **Nov. 1**.

https://www.qualitynet.org/portal/server.pt/community/communications_support_system/2

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