

NEO HealthConnect Answers

December 2011

Director's Update

I recently returned from Washington DC, where I attended the Annual Federal Regional Extension Center Update meeting. I had the opportunity to listen to speakers from around the country discuss what they are doing in their respective communities moving EMR adoption forward. What I learned was exciting news. Compared to almost any other region of the country, we are doing well. Enrollment for NEOHC free services closed this month with a total of 349 providers engaged and moving forward. We exceeded our original goal by 8%, thanks to your participation. Nearly 50% of you have selected an EMR, and almost 45 of you have been paid your 2011 incentive payment for either achieving Medicare Meaningful Use or by Adopting/Implementing/Upgrading under the Medicaid program. While we have a long way to go in the upcoming year, as a community we have made significant strides forward in getting to the "Meaningful Use" of an Electronic Medical Record.

At this point it seems appropriate to review what needs to be done in the immediate and upcoming months. For those of you who are finishing your Medicare attestation this month, congratulations! If you need help as you enter this final stage, please call in. Remember also that if you will attest to Medicare this year, you can participate in the PQRS bonus program. More information is defined later in this newsletter. If you have attested this year to Medicaid, congratulations to you as well! You may be able to participate in the eRx bonus program. Both of these programs can give you a 1% bonus on your 2011 Medicare receivables. If you are not attesting this year, you can participate in both programs and earn a 2% bonus. You can focus on these programs beginning in January; don't worry about that for now. We talk about registry tools below, so read on.

E-prescribing penalties apply to all Medicare providers, and begin January 1, 2012 - less than 3 weeks from today. Remember that you must have 25 prescriptions submitted electronically by December 31, in addition to using the G code on the HICFA 1500 form, in order to avoid those penalties.

5010 compliance is upon all of us. I would hope that by now all of your systems are 5010 compliant. If you are not, you could have problems with your claims beginning in January. Please take the time now to check the status of your 5010 compliance.

There is a lot going on, and the holidays compound already time-compressed issues. If any of the information referenced here does not make sense, please call the office ASAP to get help.

At this time, I also want to take a moment to recognize Lynn Kwolek and Jim Thompson for their outstanding work. None of this would be possible without their efforts.

Again, thank you for your support. We look forward to a prosperous and successful 2012.

Enjoy the Holidays and keep in touch.

Regards,

Mark Norris
Executive Director

2011 PQRS and eRx Bonus Programs

It's not too late to participate in the 2011 PQRS and eRx bonus programs. Successful PQRS participants can earn up to 1% of their total estimated Medicare Part B PFS allowed charges for covered professional services furnished

during that same reporting period.

Individual eligible professionals do not need to sign-up or pre-register in order to participate in the Physician Quality Reporting. However, to qualify for the incentive payments, an eligible professional must meet the criteria for satisfactory reporting specified by CMS for a particular reporting period and must have submitted either through claims-based reporting, certified EHR technology, or an approved [registry](#).

CMS has published a [guide](#) for getting started with PQRS that explains the steps to take to earn the bonus.

Information for earning the [e-prescribing incentive](#) is also available on the CMS website.

CMS Announces Version 5010, D.0 And 3.0 Standard Enforcement Discretion Period

The Centers for Medicare & Medicaid Services' Office of E-Health Standards and Services (OESS), has announced that it would not initiate enforcement action with respect to any HIPAA covered entity non-compliant with the ASC X12 Version 5010 (Version 5010), NCPDP Telecom D.0 (NCPDP D.0) and NCPDP Medicaid Subrogation 3.0 (NCPDP 3.0) standards until 90 days after their January 1, 2012 compliance date, or until March 31, 2012. The compliance date for implementation of these updated standards remains January 1, 2012. For more information, view the [complete statement](#).

REC Services Update

At November 30, 2011, NEO HealthConnect fulfilled its goal of enrolling 323 Primary Care Providers in the Regional Extension Center program to provide free assistance with EHR adoption. You are the reason for our success and we appreciate the opportunity to provide assistance to your practices.

Proposed Meaningful Use Timeline Changes Encourage Adoption of EHRs

In response to significant input from multiple stakeholders, expert testimony, and countless hours of review, analysis and deliberation, HHS [announced](#) its intention to delay the start of Stage 2 meaningful use for the Medicare and Medicaid EHR Incentive Programs for a period of one year for those first attesting to [meaningful use](#) in 2011. CMS intends to propose such a delay in the Stage 2 meaningful use Notice of Proposed Rulemaking (NPRM), which is scheduled to be published in February 2012.

Why Did CMS Make this Decision?

Input from the vendor community and the provider community makes clear that the current schedule for compliance with Stage 2 meaningful use objectives in 2013 poses a challenge for those who are [attesting](#) to meaningful use in 2011.

The current timetable would require EHR vendors to design, develop, and release new functionality, and for providers to upgrade, implement, and begin using the new functionality as early as October 2012.

What are the Benefits to the Proposed Delay?

CMS believes that a proposed delay will be beneficial for several reasons:

- CMS hopes that this will give vendors added time to develop certified EHR technologies for Stage 2, as well as give providers additional time to implement new software and meet the new requirements of Stage 2.
- CMS also intends to propose maintaining the current expectation for those first attesting to meaningful use

in 2012, so that all providers attesting to meaningful use in 2011 or 2012 will begin Stage 2 in 2014.

- CMS believes this provides an added incentive for providers to attest to meaningful use in 2011 and rewards early participants.

Under the Medicare and Medicaid EHR Incentive Programs, providers who attest early receive greater incentives. And now those providers who first attest in 2011 are eligible for three payment years for meeting the Stage 1 criteria, while those first attesting in 2012 can only have two payment years under Stage 1 criteria.

Are Medicaid Program Participants Affected?

Because Medicaid providers can receive an incentive payment for adopting, implementing, or upgrading to certified EHR technology in their first year of [Medicaid EHR Incentive Program](#) participation, Medicaid providers will still be able to attest to Stage 1 meaningful use for the next two years (first for a 90-day period, then for a 365-day period). Therefore, most Medicaid providers do not attest to Stage 2 requirements until 2014 at the earliest.

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