

ePrescribing Deadline is Near

The June 30 deadline for e-prescribing is only 3 weeks away. Medicare is requiring that providers report a minimum of 10 claims-based electronic prescriptions by June 30 or they WILL be assessed a 1% penalty on all approved Medicare charges during calendar year 2012. In addition, a total of 25 claims-based electronic prescriptions must be reported by December 31 to avoid a 1.5% penalty on approved Medicare charges during calendar year 2013.

For additional information and links to educational resources, please visit www.neohc.org and look for eRx under the "Resources" tab. You can also contact the NEO HealthConnect office at 330-599-4595 for assistance.

Medicaid Providers - Ohio's MPIP is Open

On June 1, 2011, the Ohio Department of Job and Family Services (ODJFS) began accepting applications for the new Medicaid Provider Incentive Program (MPIP). MPIP provides financial incentives to qualified Medicaid providers who adopt, implement or upgrade, and meaningfully use certified electronic health record (EHR) technology.

Ohio is among the first states in the nation to successfully launch a Medicaid EHR incentive program. Eligible health care practitioners who qualify can earn more than \$63,000 in federal incentive payments over six years.

Links with additional information, including Questions & Answers, have been added to the NEO HealthConnect website. If you believe you qualify for incentives under Medicaid, the information applies to you. Please see the *Resources > Attestation for Medicaid* page at www.neohc.org. For answers to your specific questions, please contact us at 330-599-4595.

HIPAA 5010 Conversion

All physicians, providers, and suppliers who bill Medicare Carriers, Fiscal Intermediaries (FIs), Medicare Administrative Contractors (A/B MACs), and Durable Medical Equipment MACs (DME MACs) for services provided to Medicare beneficiaries will be affected by the upcoming HIPAA 5010 Conversion.

The implementation of HIPAA 5010 presents substantial changes in the content of the data that you submit with your claims as well as the data available to you in response to your electronic inquiries. The implementation will require changes to the software, systems, and perhaps procedures that you use for billing Medicare and other payers. So it is extremely important that you are aware of these HIPAA changes and plan for their implementation.

The Administrative Simplification Act (ASCA) requires the use of electronic claims (except for certain rare exceptions) in order for providers to receive Medicare payment. Therefore, effective January 1, 2012, you must be ready to submit your claims electronically using the X12 Version 5010 and NCPDP Version D.0 standards. This also is a prerequisite for implementing the new ICD-10 codes. The Centers for Medicare & Medicaid Services

(CMS) will provide additional information to assist you and keep you apprised of progress on Medicare's implementation of HIPAA 5010 through a variety of communication vehicles. Remember that the HIPAA standards, including the X12 Version 5010 and Version D.0 standards, are national standards and apply to your transactions with all payers, not just with Fee-for-Service (FFS) Medicare. Therefore, you must be prepared to implement these transactions with regard to your non-FFS Medicare business as well. Medicare expects to begin transitioning to the new formats January 1, 2011 and ending the exchange of current formats on January 1, 2012. While the new claim format accommodates the ICD-10 codes, ICD-10 codes will not be accepted as part of the 5010 project. Separate MLN Matters® articles will address the ICD-10 implementation.

In preparing for the implementation of these new X12 and NCPDP standards, providers should also consider the requirements for implementing the ICD-10 code set as well. You are encouraged to prepare for the implementation of these standards or speak with your billing vendor, software vendor, or clearinghouse to inquire about their readiness plans for these standards.

To help answer questions, the CMS has provided numerous educational resources on their website, including a [5010 Reference Card](#) and a [Provider Action Checklist](#).

Free REC Services Update

As of June 8, NEO HealthConnect has only 97 slots remaining for free REC Services. Fourteen of those positions have been committed to practices and contracts will be finalized shortly.

Referrals

Are you aware of any colleagues who might need our services as they explore the adoption of electronic health records? Do you know of a practice that is live on a system, but would like assistance in meeting Meaningful Use? Please feel free to contact us with the referral, or pass along our contact information to your associate.

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About NEO HealthConnect, Inc.

NEO HealthConnect is a sub-recipient of the Ohio Health Information Partnership (OHIP). OHIP is funded through the Office of the National Coordinator, Department of Health & Human Services, grant number 90RC0012/01.