

## **NEO HealthConnect Answers**

**September 2011**

### **Your practice can't afford to fall behind in race to beat 5010 conversion deadline**

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Source: Medical Economics eConsult

Some physician practices may be too slow out of the gate when it comes to meeting the deadline for conversion to Health Information Portability and Accountability Act (HIPAA) version 5010.

Just 29% of respondents to an American College of Physicians (ACP) [survey](#) say they have taken action to prepare for conversion to HIPAA version 5010. More than half of the respondents (52%), however, expected their practices to be compliant by the January 1, 2012, deadline.

That expectation may be overly optimistic. Not only do physicians need to upgrade their practice management systems or ensure that their billing service has made the necessary updates, they will need to collect and report additional information for claims to be processed, and change established billing practices.

Respondents who had not started to make the transition cited lack of staff and time, budget constraints, and competing transitions as the primary barriers to undertaking the conversion process.

Practices worried about the cost of converting to 5010 need to make room in their budgets or risk seeing their revenue diminished beginning in 2012. "If you are not ready, your claims will not be paid," according to the Centers for Medicare and Medicaid Services ([CMS Web site](#)). And it isn't just Medicare or Medicaid payments that will be affected. The new standards regulate and standardize the electronic transmission of specific healthcare transactions such as eligibility, claims, referrals, and remittances for all health plans, clearinghouses and billing services, and providers.

Some of the new requirements will alter practices' standard billing procedures. For instance, all practices must provide their street addresses and nine-digit zip codes rather than a post office box, and the "billing provider" can no longer be a billing service or clearinghouse. The new system also expands the number of diagnosis codes that can be reported from eight to 12.

According to the CMS [Small Providers Compliance Timeline](#), practices should now be finalizing testing of their systems with health plans and CMS, making any necessary changes in office procedures, and completing final deployment of new systems. For the 71% of practices that have yet to start the transition, the Medical Group Management Association and the American Medical Association recently developed an online practice

management system software [directory](#) that identifies vendors who are already 5010 compliant. The directory is available to members of those organizations.

The ACP survey was one of five concurrent surveys conducted to assess industry readiness for 5010 and ICD-10 conversions in which 396 individuals participated, mostly coders who work in physician practices. The ACP had 31 physician respondents.

## Help Planning for Version 5010 and ICD-10 is Available from CMS

Do you need help with the transition to Version 5010 or planning for ICD-10? The Centers for Medicare & Medicaid Services (CMS) has created an [interactive timeline widget](#) that is now available on the CMS ICD-10 website. This user-friendly tool can help you and your organization:

- Understand what you should be doing right now to prepare for the switches to Version 5010 and ICD-10
- Know the steps you'll need to take in the future and when
- Stay on top of approaching transition deadlines to help manage the implementation process

The content of the widget is tailored with specific information for large and small provider practices, payers and vendors. Also available are printer-friendly versions of the timeline information to download and use as check lists.

CMS also has other [new resources](#) to help you transition, including fact sheets and frequently asked questions for both Version 5010 and ICD-10. With the Version 5010 deadline fast approaching, it will be important to take advantage of these new resources now to ensure you are on the right track.

The transitions to Version 5010 and ICD-10 involve significant preparation, and require business and systems changes throughout health care industry. CMS is committed to helping you better prepare for Version 5010 and ICD-10.

Keep Up to Date on Version 5010 and ICD-10. Please visit [the ICD-10 website](#) for the latest news and resources to help you prepare, and to download and share the widget today!

## Surescripts Announces Network Upgrade For E-Prescribing Of Controlled Substances

### Certified Pharmacies and Prescriber Software Vendors Begin Limited Deployment

ARLINGTON, Va. - Sept. 12, 2011 - Surescripts today announced that it has upgraded its nationwide network to support electronic prescribing of controlled substances (EPCS). In addition to its deployment of the network upgrade, Surescripts has begun its initial certification of prescriber software vendors and pharmacy applications for EPCS. Certified vendors and pharmacies have, in turn, begun the initial deployment of EPCS in the United States. The deployment involves a select number of certified and audited vendors and their users located in states where EPCS is legal.

The announcement represents an important step in the industrywide collaboration between pharmacies, technology vendors, pharmacy benefit managers, Surescripts and other networks to plan and implement support for U.S. Drug Enforcement Administration and state pharmacy board rules.

For more information, [click here](#) .

## Greater Flexibility in e-Prescribing Means Greater Success

*By Patrick Conway, M.D., MSc, CMS Chief Medical Officer and Director of the Office of Clinical Standards & Quality*

Electronic prescribing plays a vital role in improving patient care and helping make our health care system more efficient. With electronic prescribing, providers can better manage patient prescriptions, reducing drug interactions or other preventable prescription errors. We've made several changes in the newly released final rule for the 2011 Electronic Prescribing (eRx) Incentive Program that will encourage more doctors and other health care professionals to adopt this technology and give them the added flexibility to help them succeed. In particular, the changes will better recognize those circumstances when the ability of professionals to meet the eRx requirements is limited and when the requirements clearly pose a significant hardship.

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) required an adjustment to payments, beginning in 2012, for eligible professionals who aren't successful electronic prescribers. After we published the 2011 Medicare Physician Fee Schedule Final Rule last fall, we heard about additional circumstances that could keep physicians and other health professionals from being successful e-prescribers. For example, some providers weren't sure whether certified electronic health record (EHR) technology that the Medicare and Medicaid EHR Incentive Programs require is also a "qualified" electronic prescribing system as required by the Medicare eRx Incentive Program. Others providers brought up additional hardship situations that the 2011 MPFS final rule didn't address.

Here's how we're addressing those additional concerns:

- We're modifying the 2011 electronic prescribing measure to say that a qualified electronic prescribing system for the purpose of the Medicare eRx Incentive Program includes certified EHR technology under the Medicare and Medicaid EHR Incentive Programs.
- We're adding four additional significant hardship exemptions that will make professionals exempt from the 2012 payment adjustment: (1) eligible professionals who register to participate in the Medicare or Medicaid EHR Incentive Program and adopt certified EHR technology; (2) eligible professionals who are unable to electronically prescribe due to local, state, or federal law or regulation; (3) eligible professionals who have limited prescribing activity; and (4) eligible professionals who have insufficient opportunities to report the e-prescribing measure due to limitations of the measure's denominator. The two hardship exemptions already available to professionals are (1) eligible professional or group practice practices in rural areas with limited high speed internet access; and (2) eligible professional or group practice practices in an area with limited available pharmacies for electronic

prescribing.

- We're extending the deadline for requesting significant hardship exemptions to November 1, 2011.
- We're allowing providers to report significant hardship exemptions to the 2012 eRx payment adjustment via a Web-based tool for eligible professionals or via a mailed letter for group practices that are participating in the eRx group practice reporting option for 2011.

We remain committed to the many benefits that come to patients with successful electronic prescribing, and we continue to encourage health care professionals to adopt this practice. However, we also can appreciate and acknowledge that this technology poses challenges to some providers. Changes in the final rule will help doctors and other health care providers in their efforts to become successful e-prescribers, ultimately leading to fewer errors and better care for patients.

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## 2011 Medicare Attestation Deadline Approaching

Is your practice planning to attest to Meaningful Use for 2011? If so, the final 90-day reporting period of the year will begin on October 2, 2011. Now is an excellent time to review the Meaningful Use measures in detail to make sure your practice will be successful.

NEO HealthConnect is here to offer assistance with your questions or concerns. Please contact us by calling 330-599-4595, or you can access helpful resources on our website: [www.neohc.org](http://www.neohc.org).

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## ONC Launches New Website - HealthIT.gov

*Blog post by Sarah Griswold*

As part of ONC's new consumer awareness campaign "Putting the I in Health IT," the ONC has launched a new website, [www.HealthIT.gov](http://www.HealthIT.gov). In support of the campaign's mission to make health IT personal, the site contains impactful real-life stories from those directly affected by and/or championing patient access to electronic health records, including recent ONC Regional Meeting presenters [Regina Holliday](#) and "[e-patient Dave](#)" deBronkart. In addition to promoting the campaign, the site provides health IT guidance to health care providers, patients, and their families. On the site, visitors will find informational resources and tools specifically geared towards each user's unique Health IT role and situation. For example, patients and families can access:

- A [glossary](#) of common Health IT acronyms
- Explanations of [e-Health tools](#)
- Advice on [securing personal health information](#)
- Links to [frequently asked questions](#)

Similarly, in addition to tangible [case studies](#) from fellow providers who have implemented EHRs and received incentive payments, providers and health professionals will find resources and guidance clarifying:

- The [benefits of EHRs](#)

- [How to implement EHRs](#)
- The goals [EHR interoperability](#) and [health information exchange](#) (HIE)

Finally, the site also contains breakdowns and links to ONC's programs and initiatives including the [State Health Information Exchange Cooperative Agreement Program](#).

## PI CME Available for Physicians - Another Tool to Assist with EHR Implementation

The Ohio State Medical Association has given its approval for physicians to participate in the Performance Improvement (PI) CME Program. Physicians can earn up to 20 Category 1 PI CME credits by completing this activity. Cost of the program is \$100. In Ohio, physicians must earn no less than 40 Category 1 CMEs at the time of their license renewal- so this provides half of those CMEs.

Information concerning the program, as well as registration information can be found on the OSMA website:

<http://www.osma.org/education/ehr-pi-cme-activity/electronic-health-records-pi-cme-activity>

## Stimulus Funds Received Locally

By now, most of you have heard about the EHR incentive payments being distributed throughout the country. Did you know that our local medical community has also benefited from those stimulus dollars through assistance from the staff at NEO HealthConnect? To date, Medicaid has paid local physicians approximately \$100,000 for meeting the Adopt, Implement, Upgrade requirement. Additionally, local providers have received more than \$450,000 through Medicare Meaningful Use attestation.

NEO HealthConnect, your Regional Extension Center, is **the** local source for EHR adoption and implementation assistance.

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### About NEO HealthConnect, Inc.

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