As I write this message, fall is upon us and the seasons have begun to change. I am going to focus this president’s message on Electronic Health Records and practice management. There are two important points that I will cover. The first is HIPAA 5010 implementation and the second is EHR incentives and meaningful use.

If you currently send and receive HIPAA transactions, you will be required to upgrade to 5010 by January 1, 2012. Practices cannot process claims and cash flow will stop if your practice management system is not upgraded to process under the 5010 standard. Contact your practice management vendor to ensure your software is upgraded for 5010 compliance. Once you have the upgrade, test the system to ensure claims are going through whether you process through a clearinghouse or directly with the payer. If you are looking for a new system, consider upgrading to a companion practice management and EHR system. If you are unsure be sure to contact the TMA through their Knowledge Center (800) 880-7955 or visit the 5010 section of the TMA web site: www.texmed.org/5010.

The second important topic is physician incentives for EHR implementation and definition of meaningful use. Implementation of EHR can definitely be costly. Through the ARRA legislation, the federal government has set aside money to offset the cost of implementing these systems. There are two portals through which physicians can apply for these funds. Physicians may apply either through Medicaid or Medicare. Medicare incentive payments are based on 75 percent of Medicare allowable charges. To qualify for the maximum payment of $18,000 in the first year, a physician must bill Medicare $24,000 in allowable Part B charges. Incentives are based on the individual, not the practice. Physicians must register with CMS for the EHR incentive program. Physicians must demonstrate 90 days of meaningful use before requesting incentives for year one (full calendar year for years 2 through 5). Physicians must be registered through PECOS. Physicians participating in Medicare Advantage can receive incentive payments from only one plan and must meet the 80-20-20 rule. 80 percent of the overall Medicare payments must come from one only organization, 80 percent of the practice’s overall Medicare business must be from that organization, practice in a clinical setting at least 20 hours per week.

Medicaid eligible professionals must meet one of three patient volume thresholds. Have a minimum of 30 percent Medicaid volume or pediatricians must only have a minimum of 20 percent or Physicians that work in a FQHC or RHC. Eligible physicians could receive up to $63,750 over a six year period. Physicians are eligible for Medicaid incentives when they go live in year 1, 90 days of meaningful use in year 2 and full calendar year meaningful use in years 3-6. Physicians must still register on the CMS website to begin the process for the incentive program.

Meaningful use goals are to improve quality, safety, and efficiency, and reduce health disparities. Also to engage patients and families and to improve care coordination, to ensure adequate privacy and security protections for personal health information. There are 25 meaningful use criterias. Fifteen are core set that all physicians must meet. Ten are a menu set of which physicians must choose five. The meaningful use core set may be viewed on the CMS website. This may seem overwhelming but the TMA is ready to assist physician’s member through the portals mentioned above. Another valuable tool is the regional extension centers. We are located the West Texas REC. The centers can provide physicians with help in selection, implementation, meaningful use requirement, and attestation. Annual subscription fee is $300 per physician for primary care doctors. Specialists can call for customized services. I hope that the information was useful and please use the resources as mentioned above for your practice.

Jose Aun, M.D.
President, El Paso County Medical Society

SAVE THE DATE

El Paso County Medical Society
Installation

January 18, 2012
Incoming President
Dr. Bruce Applebaum
Border Health Caucus
Strategic Meeting

The Border Health Caucus held a strategic planning meeting in El Paso, September 23, 2011. Physicians from representing border cities in Texas along with TMA staff attended to review the organizational history and mission of the organization. The core team reviewed the accomplishments, challenges, and future endeavors. They discussed how to enhance the infrastructure, funding membership and relationship with other organizations.

Thank you to Dr. Jose Aun, Dr. Manny Aceasta, Dr. Bruce Applebaum, Dr. Manny Alvarez, Dr. Rajendra Marwah, Dr. Angel Rios from El Paso, Dr. Luis Benavides from Laredo, Dr. Hector Trevino from Eagle Pass, Darren Whitehurst, Jake Fuller, Hal Katz, Don Hairston and Patsy Slaughter who took the time from their schedules to assist with development of this most important plan. You can visit the Border Health Caucus website by accessing www.texmed.org and then inputting Border Health Caucus in the “search term” field.