



ADVOCACY UPDATE

January 18, 2011

AMA testifies at IOM workshop on essential benefits

Gerald Harmon, MD, of the AMA's Council on Medical Service, represented the AMA at an Institute of Medicine (IOM) workshop on the essential benefits that must be offered by insurance plans in order to qualify for inclusion in health insurance exchanges under terms of the Accountable Care Act (ACA). His testimony, presented on Jan. 14, stressed the importance of maximizing patient choice of health plans and their respective benefit packages. Plans participating in the health insurance exchanges should provide an array of choices in terms of coverage, cost-sharing levels, and other features. Dr. Harmon stressed that the development of an essential benefits package should not undercut the vital role in the health insurance marketplace of high-deductible plans issued to individuals and families in conjunction with health savings accounts. Finally, he stressed the importance of keeping the essential benefits package up-to-date.

Medicaid RAC sign-on letter sent to CMS

On Jan. 10, the AMA and 80 state and specialty societies sent a letter to the Centers for Medicare and Medicaid Services (CMS) regarding that agency's proposed rule on the new Medicaid recovery audit contractor (RAC) program. Previously, the AMA secured positive changes to the Medicare RAC program, including a shortened look-back period, limits on medical record requests, and a requirement that contactors have a physician medical director on staff. The letter on the proposed rule for Medicaid RACs urged CMS to review these and other positive changes made to the Medicare RAC program as a result of physician input, and to institute corresponding requirements for the Medicaid RACs. The letter is posted on the AMA's RAC webpage at <http://www.ama-assn.org/ama1/pub/upload/mm/399/rac-letter-10jan2011.pdf>.

EHR incentive registration opens

Physicians interested in participating in the new Medicare / Medicaid Electronic Health Record (EHR) Incentive program for 2011 can register starting Jan. 3. In order to register physicians will need: 1) their National Provider Identifier (NPI); and 2) a record of their enrollment in the Medicare database known as the Provider Enrollment, Chain and Ownership System (PECOS). Of particular note, physicians participating in the Medicaid EHR program do NOT need to be in PECOS; additionally, Medicare physicians who are not yet in PECOS may still register for the EHR incentive program, but are encouraged to become enrolled in the database as soon as possible.

Physicians can maximize their incentive payments by starting their participation in either 2011 or 2012. More information on registering for the program can be found at http://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp#ToPage. The AMA also has information on the new incentive program at www.ama-assn.org/go/hit.

Enforcement of home health documentation requirements delayed

Last week, following advocacy by the AMA and others, CMS delayed enforcement of new documentation requirements for physicians ordering home health services until April 1. CMS is requiring physicians to document that they or an applicable non-physician practitioner has had a face-to-face encounter with the patient and the date of that encounter. The physician must also document how the patient's clinical condition supports a homebound status and the need for skilled services. The face-to-face encounter can occur up to 90 days prior or 30 days after the start of home health services. More information on the new requirements can be found at: <http://www.cms.gov/MLN MattersArticles/downloads/SE1038.pdf>.

Signature requirement on requisitions for lab tests delayed

In the 2011 Medicare Physician Fee Schedule final rule, CMS finalized its proposed policy requiring a signature by the treating physician or qualified nonphysician practitioner (NPP) on requisitions for clinical diagnostic laboratory tests paid under the clinical laboratory fee schedule, effective Jan. 1, 2011. The AMA opposed this proposal, arguing that it will create confusion and add additional burdens on physician practices. CMS is concerned that some physicians, NPPs, and clinical diagnostic laboratories are not aware of this policy, and so implementation has been delayed until April 1. In the meantime, the AMA continues to advocate for the proposal's withdrawal.

CMS to publish proposed rule on EMTALA

An Advance Notice of Proposed Rulemaking (ANPRM) has been issued to solicit public comments on the need to revisit through a notice of proposed rulemaking CMS's current policy on the applicability of the Emergency Medical Treatment and Labor Act (EMTALA) to hospital inpatients and to hospitals with specialized capabilities. CMS is specifically seeking comments on: 1) whether a hospital's EMTALA obligation ends once a patient is stabilized (current policy says the obligation ends after admission as an inpatient); and 2) whether the EMTALA obligation ends when a patient with an unstable condition is admitted as an inpatient and ultimately requires treatment only available at a hospital with specialized capabilities (current policy does not require hospitals with specialized capabilities to accept an appropriate transfer of an unstable patient who was admitted in good faith at the first hospital). The AMA will be submitting comments. The ANPRM can be found at <http://edocket.access.gpo.gov/2010/pdf/2010-32267.pdf>. Comments are due to CMS no later than 5pm on Feb. 22.

CMS launches Physician Compare web site

On Dec. 30, CMS launched *Physician Compare*, which expands and updates the agency's Healthcare Provider Directory. The new site, at www.medicare.gov/find-a-doctor, was required by the ACA and contains the same information that was in the Medicare Provider Directory about physicians enrolled in the program. The information is based on the data in PECOS, and lists for each professional the office contact and address information, medical specialty, education and clinical training, foreign languages

spoken, and gender. The tool can also help Medicare beneficiaries identify which physicians participate in the Medicare program. In addition, ***Physician Compare*** shows consumers whether the practice reported certain data to CMS through the Physician Quality Reporting System, formerly known as the Physician Quality Reporting Initiative (PQRI). Later in 2011, CMS plans to launch a second phase that will indicate whether professionals participated in the Medicare electronic prescribing program (see <https://www.cms.gov/eprescribing/>).

Slots remaining for AMPAC 2011 Candidate Workshop

On Feb. 18-20, AMPAC (the AMA's Political Action Committee) will host the annual Candidate Workshop in Pentagon City, Virginia. The Workshop is designed for AMA members and their spouses who are considering a run for public office, and includes training on campaign strategy and media advertising, as well as hands-on sessions in public speaking and fundraising. Graduates of the Workshop have been elected to public office across the country, including the U.S. Congress.

All costs for AMA members, except transportation to the Washington, DC metro area, are borne by AMPAC. For more information on this program or an application, please see AMPAC's new online registration form at <http://www.ampaonline.org/apply> or contact Jim Wilson, Political Education Programs Manager, at jim.wilson@ama-assn.org.

New physician's resource on ACOs available

Because the post-health reform environment presents new opportunities and risks for physician practices, the AMA has created the new educational resource ***ACOs, CO-OPs and Other Options: A "How-To" Manual for Physicians Navigating a Post-Health Reform World***. This resource is specifically designed to help physicians maximize the likelihood of success, while minimizing the risk of failure, regardless of how they choose to navigate the new post-health reform world.

Comprised of chapters written by seasoned, expert physician practice consultants, this resource takes the teachings of the past and translates them into valuable knowledge for the future. Topics include an overview of accountable care organizations (ACOs) and issues to consider such as governance, partnerships with hospitals or health insurers, and managing antitrust risks. The resource also discusses opportunities for consumer operated and oriented plans (CO-OPs) and provides guidance on earning incentive payments for electronic health records. Visit www.ama-assn.org/go/ACO to access this resource today.

Now available: 2011 Medicare Physician Fee Schedule by practice locality

With the update of the 2011 Medicare Physician Fee Schedule, now is an opportune time for your members to start taking advantage of a powerful new "online consultant:" the AMA's Practice Analysis Tools for Healthcare (AMA PATH™). This tool lets physicians develop an effective, defensible fee schedule and analyze their coding and billing practices through its three modules—the physician fee analyzer, procedure code utilization analyzer and modifier utilization analyzer. AMA PATH has now been updated to include the 2011 Medicare payment rates, which subscribers can compare against their practice costs and their practice-specific fee schedules. AMA PATH also lets subscribers select a percentage of Medicare rates to use in their fee schedule analysis. As a bonus

feature, subscribers can access a report of the 2011 Medicare Physician Fee Schedule for their locality for the procedures and services they use in AMA PATH.

Act now. The special introductory offer of \$299 for access through Dec. 31, 2011, has been extended to physician practices that purchase AMA PATH by Mar. 31. AMA members get the special rate of only \$224. Visit www.ama-assn.org/go/amapath to view a free archived webinar demonstration and learn how AMA PATH can prepare your members for the new year. In addition to the archived webinar demonstration, you can schedule a live webinar with AMA staff to answer your members' questions about this powerful new tool. Contact Amy Farouk at amy.farouk@ama-assn.org for more information.

AMA, Federation strategize for 2011 state legislative sessions

The AMA hosted its annual State Legislative Strategy Conference in Bonita Springs, Fla., on Jan. 6-8. Physician leaders and government affairs staff from the AMA, 30 state medical associations, 22 national medical specialty societies and the American Osteopathic Association attended the conference. The conference is a great opportunity for state-level physician advocates to learn about key state issues and to discuss how to best represent physicians and patients to state policymakers on these issues. With much of the implementation of the ACA occurring at the state level, this year's conference took on heightened importance. States are tasked with expanding their Medicaid programs, establishing health insurance exchanges, providing greater patient protections and numerous other ACA implementation requirements—and they will have to accomplish these tasks while their budgets remain mired in a sluggish economy. This will be a challenging time, and the conference focused on helping states with these matters. The AMA state Advocacy Resource Center (ARC) is a resource for those advocating on physician and patient issues at the state level. Please visit www.ama-assn.org/go/arc for more information.