Advocacy Update
Jan. 9, 2014

Short survey underway to gauge physicians’ vendor readiness for ICD-10

The AMA continues to recognize that moving from ICD-9 to ICD-10 represents an unfunded mandate that will be very costly and burdensome for physicians. In an attempt to further demonstrate the challenges physicians face in adopting ICD-10, we are seeking information about the readiness of vendors to move to this new code set. We are concerned that many physicians have systems that may not deliver an upgrade to accommodate ICD-10 until well into 2014. Furthermore, all physicians who participate or plan to participate in the Meaningful Use program will need to upgrade to Version 2014 certified software that will be required to accommodate ICD-10.

The survey contains only 10 questions can be found by going to https://www.surveymonkey.com/s/NWK8XCS. Please complete the survey by Jan. 31.

ACA implementation announcement from CMS:

Verifying Patient Coverage in a Health Insurance Marketplace Plan

It is the beginning of the New Year and you’ll be verifying your patient’s insurance status when they show up in your office. With the beginning of the Health Insurance Marketplace, also known as Health Insurance Exchange, over a million people will have a new insurance plan. In many cases, this will be the first time they have had insurance in years. Many of these people will have signed up for their plan within the past few days. They may not have received their card yet or they may be unaware of the need to carry their insurance information. You may find your office needing to verify their coverage.

How do you verify their coverage?

If the marketplace in your state is run by the Federal government, it is best to call their plan’s customer service line, a list of all plans and their customer service numbers can be found in this data base. Here’s a fact sheet for using the data base. If you can’t find the number, call the Marketplace Call Center (1-800-318-2596).

If your state has its own health insurance exchange, contact your state. To find the website for your state exchange, select the name of your state in the box at the left hand side of the healthcare.gov website.

How else can you help your patient?

Remind your patients to keep all of their paperwork and receipts from all of their doctor’s appointments and from the pharmacy as well. They may need them for their insurer. Remind them they should carry their card at all times. If they don’t have a card, they can contact their plan to get a card.

If the patient is uninsured, they have until March 31st to sign up for non-employer based coverage. They can go to HealthCare.gov to sign up for a plan and apply for financial assistance. The vast majority of uninsured will qualify for financial assistance to reduce their costs. You can also download copies of fact sheets or educational material for your patients.
HHS extends EHR donation exception/safe harbor rules through 2021

The U.S. Department of Health and Human Services (HHS) Office of the Inspector General (OIG) and the Centers for Medicare and Medicaid Services (CMS) published companion rules that extend regulatory exemptions allowing physicians to accept donations of nearly-free electronic health records (EHRs) from certain health care entities without violating Stark self-referral and anti-kickback rules. (The receiving physicians must pay at least 15 percent of the cost of the technology.) The exception/safe harbor was scheduled to sunset on Dec. 31, 2013. Due to AMA’s advocacy, HHS extended the time physicians may accept donated EHRs under this exception/safe harbor through 2021. The rules also made several other notable changes:

• Labs are excluded from the types of entities that may donate EHRs.
• The definition of what type of software is considered “interoperable” for donation purposes was updated.
• The requirement prohibiting any action that limits or restricts the use, compatibility, or interoperability of donated items or services was clarified.
• The requirement related to electronic prescribing capability was removed.

The CMS rule can be found here and the OIG rule can be found here.

Informal review may be requested of 2014 eRx penalty

Physicians and practices (who self-nominated for the 2012 and/or 2013 Electronic Prescribing (eRx) group practice reporting option) who were not successful electronic prescribers under the 2012 or 2013 eRx Incentive Program are subject to a financial penalty in 2014. Those subject to the 2014 eRx penalty will receive 98.0 percent of the applicable Medicare Part B physician fee schedule allowed charge amount for all claims with dates of service from Jan. 1 through Dec.31, 2014.

A physician/practice who have been notified by CMS that they will be penalized may apply for an informal review through Feb. 28, 2014. Physicians/groups should submit their eRx informal review request via email to the informal review mailbox at eRxInformalReview@cms.hhs.gov. Complete instructions on how to request an informal review are available in the 2014 eRx Payment Adjustment Informal Review Made Simple educational document. For all other questions related to the eRx Incentive Program, please contact the QualityNet Help Desk at 866-288-8912 (TTY 1-877-715-6222) or via qnetsupport@sdps.org. Support is available Monday through Friday from 7 a.m.–7 p.m. CT.

Sign up for AMPAC’s 2014 political education programs

On Feb. 14–16, 2014 AMPAC (the AMA’s Political Action Committee) will host the annual Candidate Workshop in Arlington, Va. 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. In the 2012 elections, 13 graduates of the workshop were elected to federal and state office. About five slots remain for the workshop, so alert your physician members today!

AMPAC will conduct its annual Campaign School April 2–6, 2014, also in Arlington, Va., for AMA members who wish to become involved in the political process as advocates and volunteers for medicine-friendly candidates. The school is organized around a simulated congressional campaign, where participants are put on campaign “staff” teams and attend daily lectures on campaign strategy, media advertising and
political fundraising. Each team participates in nightly exercises such as creating a campaign strategy, taping a radio commercial, and writing a political fundraising letter. **About 10 slots remain for the school, so alert your physician members today!**

For both programs, all costs for AMA members, except transportation to the Washington, D.C. metro-area, are borne by AMPAC. For more information on these programs or an application, please see AMPAC’s online registration form at ampaonline.org/apply or contact Jim Wilson, political education programs manager, at jim.wilson@ama-assn.org.