



ADVOCACY UPDATE

October 19, 2010

2010 Electronic Prescribing incentive program update

According to the Centers for Medicare and Medicaid Services (CMS), it is not too late to start participating in the 2010 Electronic Prescribing (eRx) Incentive Program and potentially qualify to receive a full-year incentive payment. Eligible professionals (EPs) may begin reporting eRx at any time during the 2010 program year of Jan. 1-Dec. 31, 2010. Those who successfully report the eRx measure in 2010 will be eligible to receive an eRx incentive equal to 2.0 percent of their total Medicare Part B Physician Fee Schedule allowed charges for services performed during the reporting period. The eRx Incentive Program is a separate incentive program from the Physician Quality Reporting Initiative (PQRI), with different reporting requirements. To access all available educational resources on the eRx program please visit <http://www.cms.gov/eRxIncentive/>.

AMA Health IT Advisory Group meets with CMS and ONC on EHR incentive

The AMA's Health IT Advisory Committee, comprised of seasoned health IT physician experts and early electronic health record (EHR) adopters, together with AMA staff met with Dr. David Blumenthal, the Director of the Office of the National Coordinator for Health IT (ONC), as well as senior staff from CMS. As a result of AMA, state, and national specialty society advocacy, the final requirements for the EHR incentive program were substantially reduced from what CMS originally proposed. The AMA's Advisory Group urged the administration to improve the program in the following manner: create an appeals process; improve representation of small practitioners on the Secretary's Health IT Policy Committee and its workgroups; provide an evaluation process to examine physicians' participation rates and adoption barriers; ensure transparency for regional extension center policies; and establish a straightforward registration and attestation process. For more information on the EHR incentive program visit: www.ama-assn.org/go/hit. Information is also available on the web site about the AMA's next webinar on the incentive program, which is scheduled for November 4.

List of referring and ordering physicians in PECOS is online

As of July 6, all physicians who order and refer services were required to be in the Medicare enrollment database known as PECOS. In response to requests from the AMA, CMS posted a list of physicians who are already in the PECOS system on its website. They also posted a separate list of physicians who are in the process of enrolling in PECOS. Both databases are rather large and can take some time to download.

Physicians who refer or order and who are not yet enrolled in PECOS are strongly encouraged to start this process immediately. While CMS is not yet rejecting claims where referring / ordering physicians are listed but not yet in PECOS, they plan to do so in the future. For more information on Medicare enrollment visit the AMA website at www.ama-assn.org/go/regrelief and select "Medicare enrollment." Lists of physicians who are enrolled in PECOS or who are in the process can be found on the CMS website at:

http://www.cms.gov/MedicareProviderSupEnroll/06_MedicareOrderingandReferring.asp#TopOfPage.

DEA issues policy statement on prescribing for long term care patients

The AMA recently responded to a request for information from the Drug Enforcement Administration (DEA) on delays in dispensing controlled substance medications for patients at long term care facilities. We also worked with other medical societies on a "tip sheet" for physicians to help expedite dispensing. (Both the tip sheet and the AMA letter are available by selecting "DEA Issues" at www.ama-assn.org/go/regrelief).

On Oct. 6, the DEA published in the Federal Register a statement of its policy at <http://edocket.access.gpo.gov/2010/pdf/2010-25136.pdf> on the role of authorized agents in communicating controlled substance prescriptions to pharmacists. The policy statement includes a sample written agreement between a DEA-registered physician and an agent, such as a nurse at the long term care facility. It provides clarification that communication by facsimile or oral communication of a valid prescription for a Schedule III, IV, or V controlled substance may be delegated to an authorized agent, and that an agent may not call in an oral prescription for a Schedule II controlled substance on behalf of a practitioner, even in an emergency situation. However, for patients in a hospice program or a long term care facility, a practitioner or a practitioner's authorized agent can transmit a valid practitioner-signed prescription for a Schedule II controlled substance to a pharmacy via facsimile. The DEA statement of policy is helpful but it does not fully address the AMA's concerns about dispensing delays for urgently needed Schedule II drugs that may occur when physicians are neither available to sign a written prescription nor able to get in touch quickly with the pharmacist by phone.

Distribution of 2009 PQRI incentive payments and feedback reports

CMS will distribute 2009 PQRI incentive payments to successful participants between Oct. 25 and Nov. 12, 2010. The 2009 PQRI feedback reports will be available on the Physician and Other Health Care Professionals Quality Reporting Portal at <http://www.qualitynet.org/pqri> starting the second week of November. Participants may also contact their Carrier/MAC to request individual NPI-level reports at <http://www.cms.gov/MLN MattersArticles/downloads/SE0922.pdf>.

Effective Jan. 2010, CMS revised the manner in which incentive payment information is communicated to eligible professionals receiving electronic remittance advices. CMS has instructed Medicare contractors to use a new indicator of **LE** to indicate incentive payments instead of LS. **LE** will appear on the electronic remit. In an effort to further clarify the type of incentive payment issued (either PQRI or eRx incentive), CMS created a 4-digit code to indicate the type of incentive and reporting year. For the 2009 PQRI incentive payments, the 4-digit code is **PQ09**. This code will be displayed on the electronic remittance advice along with the **LE** indicator. For questions about the status

of PQRI incentive payments (during the distribution timeframe), please contact your Provider Contact Center. The *Contact Center Directory* is available on the CMS website at <http://www.cms.gov/MLNProducts/Downloads/CallCenterTollNumDirectory.zip>.

RUC completes five-year review of RBRVS

The AMA/Specialty Society RVS Update Committee (RUC) met Sept. 29-Oct. 2 to review more than 200 physician services identified by CMS and public commenters under the 4th Five-Year Review of the Resource-Based Relative Value Scale (RBRVS). CMS will review the RUC recommendations and publish the proposed changes in a Notice of Proposed Rulemaking in spring 2011. Implementation of any changes will occur on Jan. 1, 2012. Outside of this formal Five-Year Review process, the RUC continues to identify and address potential misvaluations within the RBRVS. The Final Rule on the 2011 Physician Payment Schedule is expected to be released in a few weeks and will include CMS decisions on a number of these RUC recommendations.

AMA makes recommendations on health insurance exchanges

As Patient Protection and Affordable Care Act (ACA) implementation continues, one of the most important issues will be the establishment of health insurance exchanges in all 50 states. The U.S. Department of Health and Human Services (HHS) is working on this issue at the federal level, and the states are preparing as well. In response to HHS' call for comments on exchanges, the AMA filed a **response** on Oct. 4 that included several recommendations on exchange implementation, including:

- Exchanges should include practicing physicians and patients in their governance structure.
- Qualified health plans (QHPs) sold on the exchanges should be transparent in their operations and provide the necessary information to patients.
- All QHPs should be allowed to participate in the exchanges in order to increase competition in a state's health insurance market.
- QHPs should be required to follow the AMA Health Insurer Code of Conduct Principles.
- Quality measures included in QHPs should be true quality measures and not cost-control measures that bear a quality label.
- Exchange plans should include payment rates established through meaningful negotiations and contracts and result in adequate physician payment levels.
- QHPs should follow administrative simplification procedures.
- Exchanges should not mandate physician participation.
- QHPs should be required to maintain adequate physician networks.

The AMA is also advocating to groups, such as the National Association of Insurance Commissioners and the National Governors Association, regarding the establishment and operation of exchanges at the state level. For more information on AMA advocacy efforts on ACA implementation at the state level, please visit the AMA **state Advocacy Resource Center Web site**.

Free educational video on physician profiling now available on AMA Web site

The AMA, in collaboration with Ohio State University, has created a presentation on physician profiling for physicians and the Federation of Medicine. This 35-minute film provides physicians with information about episodes of care, grouper methodologies, the efficiency index, AMA profiling-related activities and resources, and more. Visit the AMA's Web site at www.ama-assn.org/go/psa-webinars to **view this educational presentation**. Please feel free to share this presentation with your members.

Improve your practice's health, pledge to do your part during November's "Heal that Claim"™ month

The AMA's "Heal the Claims Process"™ campaign focuses on reducing the administrative burden physician practices face to ensure accurate payment on claims, thereby increasing the resources and time physicians can devote to caring for their patients. In preparation for November's "Heal that Claim"™ month, now is an excellent time for physician practices to evaluate their internal claims process and determine where they can improve. **"Prescription for a healthier practice: Physician claims process check-up"** is a checklist that helps physician practices examine their ability to analyze health insurer payments for accuracy and effectively address delays, denials and reductions in payment. The AMA also offers numerous practice resources that take physician practices through every step of the claims process, providing tips and helpful tools, such as checklists and health insurer follow-up logs. Visit www.ama-assn.org/go/healthatclaim to access these resources, **watch a free archived webinar** on performing a claims process check-up, and **pledge to do your part** to heal the claims process. Physician practices and medical associations alike can pledge their commitment for this campaign and have their name listed on the campaign Web site. Please contact Amy Farouk at amy.farouk@ama-assn.org for more information about how your organization can promote "Heal that Claim" month.

UnitedHealth Group settlement deadline passed, physicians will receive requested reports shortly

The filing deadline for the UnitedHealth Group UCR settlement was Oct. 5, 2010. As the result of AMA communications encouraging physicians to file, many out-of-network physicians filed claims. The AMA Web site that provides information and claims filing resources on the settlement had nearly 48,000 visits from Apr. 21 through Oct. 10, and AMA staff provided personal guidance to more than 500 physician practices. The AMA remains in contact with the settlement claims administrator, who is currently in the process of responding to the vast number of requests for reports that came in the last weeks before the filing deadline. Physicians who requested a report from the settlement claims administrator during the weeks leading up to Oct. 5 should receive their reports shortly. Visit www.ama-assn.org/go/ucrsettlement for timely updates on the settlement.

AMPAC announces 2011 political education programs

On Feb. 18-20, 2011 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.

AMPAC will conduct its annual Campaign School Apr. 13-17, 2011, also in Pentagon City, 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. For both programs, all costs for AMA members, except transportation to the Washington, DC metro area, are borne by AMPAC. For more information on these programs 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.