

Health Information Compliance Alert

Industry Notes: E-Prescribing Penalties Kicked In

Unfortunately for some practices (and their wallets), CMS's e-prescribing penalties have now taken effect. As you are probably aware, practitioners are subject to a one percent payment adjustment on your Part B pay this year if you didn't successfully participate in e-prescribing during 2011 and you didn't qualify for any of the exemptions that CMS offered.

"The 2012 e-prescribing payment adjustment has started," said CMS's **Lauren Fuentes** during a Jan. 24 Open Door Forum. "We'd like to advise eligible professionals to review their remittance advices for claims submitted for dates of service on or after Jan. 1, 2012."

"If you did not successfully e-prescribe in 2011, you still have an opportunity to avoid the 2013 payment adjustment [of 1.5 percent] by recording ten e-prescribing events via claims for services provided between Jan. 1 and June 30, 2012," Fuentes said. She advised practices to visit www.cms.gov/erx incentive for more information on the penalties.

Practitioners Collected \$3.1 Billion in EHR Incentives, HHS Says

CMS has put its money where its mouth is when it comes to electronic health records (EHRs), distributing \$3.1 billion in incentive payments for "meaningful use of health IT, particular EHRs," a Feb. 17 CMS news release announced.

Nearly 2,000 hospitals and over 41,000 doctors have collected the incentive payments, according to HHS Secretary **Kathleen Sebelius**. "Health IT is the foundation for a truly 21st century health system where we pay for the right care, not just more care," Sebelius said in the statement. "Health care professionals and hospitals are taking advantage of this unprecedented opportunity to begin using smarter, new technology that improves care and creates the jobs we need for an economy built to last."

To read more about the EHR incentive program, visit www.cms.gov/EHRIncentivePrograms.

CMS to Change NPI Listings in PECOS

You may have to tweak your procedures for checking whether your referring physicians are in Medicare's PECOS system.

Background: Although it still hasn't implemented the postponed claims edits for physician enrollment in PECOS, CMS wants doctors who order and refer for Medicare services to be enrolled in the online system. You should be checking each of your referring physicians against the PECOS enrollment database and NPI registry, experts advise.

Now that registry will look different, however. "In response to concerns raised by the provider community, CMS will no longer post the complete NPI on the ordering & referring reports," the agency says in an e-mail message to providers. The pending and enrolled PECOS reports now will contain only the last four digits of the docs' NPIs.

Links to the reports are in the "Downloads" section online at www.cms.gov/MedicareProviderSupEnroll/06_MedicareOrderingandReferring.asp.

If You Aren't Ready For 5010 Yet, It's Time To Kick Your Efforts Into High Gear

The April 1 enforcement deadline for using 5010 claim standards is fast approaching. "To ensure a smooth upgrade prior to April, you will need to complete both phase I internal and phase II external testing of Version 5010 transactions," CMS said in a message to providers. "As part of your external testing, you will need to conduct tests with outside trading partners, which include vendors, clearinghouses, billing services, and payers."

You should be collaborating with your vendor and asking pointed questions about deadlines, cost, and training, CMS

urged in the message posted to the MAC websites as well. "Your vendor is a critical partner in achieving Version 5010 compliance," the agency stresses. The agency will review top concerns about the transition, 5010 edits, and more.

CMS Puts CHOW Changes In PI Manual

Medicare's revisions to change in ownership (CHOW) rules have officially hit the books.

"Change in majority ownership occurs when an individual or organization acquires more than a 50 percent direct ownership interest in a home health agency (HHA) during the 36 months following the HHA's initial enrollment into the Medicare program or the 36 months following the HHA's most recent change in majority ownership (including asset sales, stock transfers, mergers, or consolidations)," CMS says in Jan. 20 Transmittal No. 404 (CR 7579). "This includes an individual or organization that acquires majority ownership in an HHA through the cumulative effect of asset sales, stock transfers, consolidations, or mergers during the 36-month period after Medicare billing privileges are conveyed or the 36-month period following the HHA's most recent change in majority ownership."

The change was included with a general update to Chapter 15 of Medicare's Program Integrity Manual online at www.cms.gov/transmittals/downloads/R404PI.pdf.