



HCI-EBS 2011 donations

HCI-EBS, Inc. wishes to thank all of its clients for making 2011 a successful year. In lieu of Christmas cards this year HCI-EBS has decided to make donations to the following charities. We appreciate the support of our clients that make these donations possible.

MSV Foundation
 Habitat for Humanity
 Free Clinic of Central Virginia
 Society of St. Andrew
 NCMS Foundation
 Centra Health Foundation
 Greensboro Urban Ministry
 ADA Foundation
 Kids Haven
 Rush Homes
 Miller Home
 Roanoke Speech and Hearing
 Roanoke Rescue Mission

CMS Releases Final Rule for 2012 Physician Fee Schedule

CMS announced that unless Congress takes action prior to the end of the year, the payment rates for providers paid under the Medicare Physician Fee Schedule will drop by 27.4% based on the sustainable growth rate formula that is currently in place.

Other changes announced in the final rule include:

- The expansion of the multiple procedure payment reduction policy to the professional interpretation of advanced imaging services when furnished to the same patient by the same physician or group practice in the same session on the same day.
- The adoption of a new health risk assessment form (HRA) to be used in conjunction with the delivery of an Annual Wellness Visit.
- An expansion of the list of services that may be provided via telehealth to include smoking and tobacco cessation counseling services
- The implementation of a three day payment window for non-diagnostic services related to an inpatient admission when provided by a wholly owned or operated hospital entity, in which case the services will be paid at the lower facility rate effective July 1, 2012.
- The provision of new quality and cost measures used to establish a new value based program in which physicians and groups that qualify may receive an enhanced payment beginning in 2015.
- A number of other modifications to current programs including PQRS, e-prescribing and the EHR incentive program.

Deadlines Rescinded for Several Initiatives

CMS has recently announced delays in a number of initiatives. The new 5010 standards for the electronic transmission of health care claims is scheduled for implementation on January 1, 2012. Due to feedback on the rate of testing between covered entities and their trading partners, CMS has announced that enforcement of the rule is delayed until March 31, 2012.

The revalidation period for all Medicare enrolled providers has been extended through March, 2015. You will receive a notification by mail of the 60 day period within which you must revalidate the data in the PECOS system. You should also receive a telephone reminder from your Medicare contractor to revalidate. If you fail to do so in the required time frame you risk having your Medicare billing privileges deactivated.

HHS has announced a delay in the compliance date for Stage 2 meaningful use for those eligible professionals who have qualified as Stage 1 meaningful users during 2011. Under the current rule these initial qualifiers would have been expected to meet the more stringent Stage 2 standards in 2013. Those that wait until 2012 to meet the Stage 1 standards will have until 2014 to become successful under the Stage 2 meaningful use criteria. Now those early adopters from 2011 will also be able to wait until 2014 to meet the Stage 2 standards and remain eligible for the same incentives.

Finally, the Department of Labor has announced that the regulations which were originally proposed by HHS, and the Departments of Labor and the Treasury are being revised. Originally, these regulations were requiring that group health plans and health insurance issuers provide a Summary

of Benefits and Coverage to all beneficiaries by March 23, 2012. The departments acknowledge that the final rule will not be issued in time to meet this compliance date and hence health plans and issuers may wait to provide the Summary of Benefits and Coverage until after the final regulations are released.

If you have any questions or want additional information, please contact your consultant:

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