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# The JPA Examiner

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## WASHINGTON DEFINES 'MEANINGFUL USE'

### Penalties loom for practices failing to adopt qualifying EHRs

The government has adopted a policy of offering a combination of rewards and penalties to establish compliance with the Medicare electronic health record (EHR) incentive program. Mandated as part of the American Recovery and Reinvestment Act of 2009 (ARRA), the Medicare incentive program offers up to \$44,000 over five years to eligible health providers who are "meaningful users" of a certified EHR. This aspect of the bill is known as the HITECH Act.

On Dec. 30, 2009, the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS) released documents shedding light on what physicians and hospitals must do to qualify for the Electronic Health Records (EHR) incentive payments under the Act. To qualify for incentives, physicians and hospitals must demonstrate use of "certified EHR technology" in a "meaningful manner." The first incentive payout will be made in 2011 (Stage 1).

ARRA stipulates that eligible professionals who are not meaningful users of a certified EHR will face the following cuts in their Medicare reimbursement levels:

- 1 percent decrease in 2015
- 2 percent decrease in 2016
- 3 percent decrease in 2017
- Up to 5 percent decrease, beginning in 2019



### How to Achieve Meaningful Use in Stage 1

The table on page 3 of this newsletter provides samples of the meaningful use objectives for both eligible physicians and hospitals for the Stage 1 adoption year (2011). The table also highlights the required EHR technology criteria to accomplish those objectives and what criteria the government will use to

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### Year 2009-10

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## Showing our value

No matter how the national healthcare reform debate ends up, it is clear that physicians and healthcare delivery systems need to focus their efforts on demonstrating excellent clinical outcomes. Patients, insurance payers, employers and regulators are requiring documented



performance outcome information in the form of a report card.

The Jackson Physicians Alliance (JPA) is committed to being a leader in delivering healthcare quality. JPA will be providing its members education sessions, practice transformation tools and leadership coaching to help the

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## Payer News

### Guidelines to Good Health Updated

Blue Care Network provides Guidelines to Good Health to encourage members and health care providers to work together in maintaining good health. BCN has adopted Michigan Quality Improvement Consortium clinical guidelines for many areas of clinical care including preventive services for healthy infants, children, adolescents and adults. The guidelines are always available at [MiBCN.com/guideline](http://MiBCN.com/guideline). BCN guidelines are a resource for physicians and may not always apply to everyone. All MQIC guidelines are available online at [mqic.org](http://mqic.org).

#### Proventil HFA and Saizen removed

On April 1, 2010, Proventil HFA and Saizen will be removed from the BCBSM/BCN Custom Formulary and will not be covered for most members with a Blue

Care Network drug rider. This decision supports BCN's efforts to provide high quality, cost-effective care for members.

#### Providers may discuss decisions with physician reviewers

If you would like to discuss your patient's condition or treatment with one of BCN's physician reviewers, call Care Management at 248-799-6312 between 8:30 a.m. and 5 p.m. Monday through Friday.

#### Physicians should not sign own qualification form

Some Blue Care Network health care providers are also BCN members that have joined Healthy Blue Living, which requires the completion and signature of a qualification form by members' primary care physician. Some health care providers



have submitted qualification forms for themselves as patients. In keeping with the BCN Provider Manual and the AMA Code of Medical Ethics, BCN will not accept self-signed qualification forms.

#### Get Medicare drug formulary updates

BCN updates BCN Advantage formulary each month. To find these changes, visit [MiBCN.com](http://MiBCN.com), click on Find a Drug, then click on BCN Advantage.

#### e-referral application forms update

e-referral application forms have been revised. The Tax ID field is now marked with an asterisk as a required field. The forms are on [www.ereferrals.bcbsm.com](http://www.ereferrals.bcbsm.com) > Sign Up for e-referral.

### PIP 2010 Manual

Priority Health has combined the PIP brochure and technical manual into one document for 2010. The 2010 PIP manual was mailed to all PCP practices in December 2009. You may also access complete 2010 PIP information through our Provider Center ([www.priorityhealth.com/provider/manual/performance/pip2010](http://www.priorityhealth.com/provider/manual/performance/pip2010)). To view PIP information online, you will need to log in.

To kick off the 2010 PIP year, you

will begin receiving your first 2010 PIP reports around March 20, 2010 via Filemart. Member data will need to be entered through Patient Profile as it has been in previous years.

Priority Health has retired and added the following incentive measures:

#### Retired 2009

- Tobacco
- Persistence of ACE/ARM Statin Therapy



- Generic Prescriptions filled: Adult Patient Population

#### Added 2010

- Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis
- Optimal Diabetes Care
- E-Prescribing
- Generic Prescriptions Filled: Selected Therapeutic Classes
- ED Visits per Thousand Members
- Patient Registry Utilization

### Value

*From page 1*

physicians achieve their quality targets. Over the course of the year, JPA will be developing and distributing a "dashboard" quality report, at the PO, practice and individual provider level that highlights current performance in key quality areas and provides peer benchmark opportunities. It is anticipated that overall, JPA network performance will be published and shared with the public and area employers. The overall dashboard will incorporate metrics demonstrating quality, patient satisfaction, financial performance, efficiency and safety compliance.

JPA is not alone in this quest to demonstrate its performance outcomes. This effort is being addressed nationally by many POs, PHOs, IPAs, and integrated healthcare delivery systems. In large part, this effort is being driven by healthcare financing. Purchasers of healthcare are seeking to be more prudent decision-makers. Additionally, advancements in health information technology are providing tools for greater data capture and analysis. The use of a patient registry, e-prescribing and the electronic medical/health record all have increased significantly this past year.

Further, advancements will include patient portals, regular health information exchange of information, and adoption of clinical outcome based protocols.

Healthcare reform, whether formally acknowledged or not, is well underway. In many geographic regions, strategic efforts are being made to transform an often disjointed system into coordinated systems of care known as Accountable Service Organizations (ASOs). Integral to all this effort is providing a quality report card highlighting the outcomes that can be expected using the provider network.

## Healthcare Trends Assessment

The 2010 JPA Healthcare Trends Assessment is now available. This document profiles JPA's membership and tracks progress in a number of key areas over the years. It also highlights healthcare trends locally, statewide, and nationally. Highlights include:

- JPA continues to see growth both in its membership and bottom line. 2009 resulted in bonus payouts to the membership. There was also considerable advancement with the insurance payer P4P programs.
- The recession has hit Jackson County hard, and healthcare has seen the impact in the rise of the number of uninsured and the number of people unemployed. Not surprisingly, this puts greater pressure on the local healthcare delivery financial environment.

### Predominate Healthcare Industry Trends include:

1. Continued adoption of EMR and electronic administrative tools.

*Presently over 50% of JPA member practices are working with or implementing an electronic medical record.*

2. Greater healthcare delivery system collaboration and establishment of accountable service organizations providing integrated and coordinated healthcare.

*For the past year, JPA has been looking at ways to integrate care and work more collaboratively with all area providers.*

3. There will be greater desire for information transparency regarding costs, outcomes data, and patient registry management.

*More healthcare delivery decision-making is being transitioned to consumers and they want to be informed. JPA is developing registry capabilities and publishing a quality measure report card.*

4. The patient centered medical home (PCMH) concept continues to grow in popularity.

*Regardless of any imminent healthcare reform on the federal level, PCMH concepts were embraced in the 2009 ARRA-HITECH Act. JPA is embracing and developing this concept of care.*

If you are interested in obtaining a complete copy of the report, please e-mail Cheryl at CherylM@JPADocs.com.

## Meaningful Use

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### SAMPLE MEANINGFUL USE CRITERIA

Meaningful Use Objectives	Corresponding EHR Software Features	Meaningful Use Measures
Generate lists of patients by specific conditions	Electronically select, sort, retrieve, and output a list of patients and patients' clinical information	Generate at least one report listing patients with a specific condition
Send reminders to patients for preventive/follow-up care	Electronically generate a patient reminder list for preventive or follow-up care	Reminders sent to at least 50% of all unique patients 50 and over

measure meaningful use compliance.

CMS defines "meaningful use" as using an EHR for achieving key objectives. The objectives fall under these general topics:

- Improving quality, safety, efficiency, care coordination, population and public health;
- Reducing health disparities;
- Engaging patients and their families; and,
- Ensuring adequate privacy and security protections for personal health information.

CMS has also outlined specific measurements for how the government will determine if an EHR is being used in a meaningful manner for the Stage 1 adoption year. Updated definitions of meaningful use for Stage 2 (2013) and Stage 3 (2015) EHR adoption periods will be released in the year before those periods begin.

How long does EHR software have to be used in a meaningful manner to qualify for incentive payments? In the first year of adoption, CMS states that a physician or hospital must be using an EHR in a meaningful manner for a minimum of 90 days in order to qualify for incentives. In subsequent years, the EHR must be used in a meaningful manner for the entire year.

The ONC's interim ruling details what software features EHR technology must have to become certified. Samples of the criteria are listed in the second column of the above table. These criteria form the basis for the definition of "certified EHR technology."

The government's meaningful use definition dictates to physicians and hospitals what activities they should be using their EHR for; what EHR software features are needed to accomplish these tasks (certified EHR technology); and how the government is going to measure these tasks to determine whether or not they are being performed to their satisfaction.

### CCHIT Certification

There are a number of EHRs certified by the Certification Commission for Health Information Technology (CCHIT) and the ONC feels 90% of EHRs that are CCHIT-certified will also become certified under their proposed certification criteria. The ONC believes that a significant number of the remaining EHRs will require only minor upgrades to comply.

To check if your EHR is CCHIT-certified, visit [www.cchit.org/products/CCHIT\\_Certified](http://www.cchit.org/products/CCHIT_Certified). NextGen 5.6 is fully certified for 2011.

## Medicare PECOS enrollment record available

The Centers for Medicare and Medicaid Services (CMS) recently released the Medicare Provider Enrollment, Chain and Ownership System (PECOS) Enrollment Record, which contains the National Provider Identifier (NPI) and the name of all physicians and non-physician practitioners (NPPs) eligible to order and refer within the Medicare program. All physicians and NPPs listed in this enrollment record have current enrollment records in the Medicare program.

CMS has also established an Internet-based PECOS, which allows physicians, non-physician practitioners and provider supplier organizations to enroll, make a change, view their information on file with Medicare, or check on status of a Medicare enrollment application via the Internet.

For more information, visit [www.cms.hhs.gov/MedicareProviderSupEnroll/04\\_InternetbasedPECOS](http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS).

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**Making  
Healthcare Better**

## *Looking for a specific topic in The JPA Examiner?*

E-mail comments, ideas or suggestions to [ErinW@RMSresults.com](mailto:ErinW@RMSresults.com).

## In the Door

**Welcome the following new JPA  
physician members:**

**Tisha  
Kamneodsuphaphol, MD**  
*Pediatric Hospitalist*

**Tawfig Kanj-Ahmad MD**  
*Hospitalist*



## Update Your Business Associate Agreements

In 2009, President Obama signed the American Recovery and Reinvestment Act (ARRA). The healthcare spending portion of the bill, the HITECH Act, included changes to HIPAA.

Outside vendors who work with your practice and receive PHI, known as Business Associates, are now held to the same HIPAA standards as practices themselves. The Department of Health and Human Services (HHS) can take enforcement action against a business associate that fails to comply with the Privacy or Security Rules.

Previously, Business Associates were not directly regulated under HIPAA because the law applied to "covered entities" such as providers and insurers. Business associates will now be required to take action if they find that a practice is violating HIPAA. If the business associate knows of something a practice is doing that breaches the business associate contract, the business associate must either fix the breach, terminate the business associate contract, or report the non-compliance to HHS. Business Associate Agreements (BAA) need to be updated and re-issued based upon the ARRA changes. Should you have questions, please contact Cheryl.



*Save the Dates!!*

**March 30, 2010**



**NCQA PCC® PCMH Overview Meeting**

*JPA will be providing an overview of the NCQA PCC® Patient Centered Medical Home accreditation process at 6:00 p.m. Tuesday March 30 at the Allegiance (Foote Hospital) Auditorium.*

**April 29, 2010 - General Membership Meeting**

*JPA will host a General Membership Meeting at the Commonwealth Commerce Center. Contact Cheryl for details.*