A number of initiatives directly affecting your medical practice or revenue cycle management (RCM) company are “in play” right now. Any one of these three initiatives can severely impact your operation.

Unfortunately most practices and RCM companies will be affected by all three but fortunately, they can all be avoided. However, the clock is definitely ticking!

I. EHR Adoption: 2013 is the last calendar year in which to adopt, implement and use EHR in order to avoid two things:

1. Missing out on the significant Medicare incentives available to physicians (“eligible professionals” or “EPs”) for not Meaningfully Using an EHR by 12/31/13.

2. Being on the list to incur a 1% penalty against your 2015 Medicare claims for not Meaningfully Using a certified EHR by 12/31/13. Penalties will increase to 2%, then to 3% in ensuing years for not using EHR and will remain constant until an EHR is implemented and used.

On the Medicare incentives side, the maximum amount is already reduced by $5,000 per EP, having been $44,000 for EPs who were able to attest to their EHR use by 12/31/12. (We are happy to report that so many ADS clients using our MedicsDocAssistant EHR were able achieve MU by 12/31/12 putting them on track to realize their full $44,000 potential over the course of the three stage program.)

The maximum overall Medicare incentive for EPs who achieved their MU in 2013, or who will achieve it in 2013 is $39,000, down by $5,000 over the course of the entire program. Missing MU in 2013 completely will reduce an EP’s Medicare incentive by $20,000 to a maximum of $24,000 over the course of the program.

As such, EPs who do not attest to achieving Stage 1 MU by 12/31/13 will incur a $20,000 loss in maximum Medicare incentives plus be on the penalty list as described in #2 above.

Now is the time to adopt the MedicsDocAssistant EHR. The first quarter of 2013 is already over, and “crunch time” is here with clients implementing to ensure their EPs have enough time to (1) achieve their Medicare Stage 1 MU incentives, (2) their maximum Medicare incentives over the course of the program, and (3) to ensure avoiding unnecessary penalties against 2015 Medicare claims.

The MedicsDocAssistant EHR will seamlessly integrate with your ADS Medics practice management (billing) system creating a completely unified solution. The system’s built-in MU Dashboard operates in real time guiding EPs to achieving MU, and allowing them to attest as soon as MU is achieved.

CMS reported that as of 4/18/13, $12.7 billion in EHR incentives has been paid to EPs who have achieved and attested to MU on a certified EHR. While the financial incentives are great and should be taken full advantage of, the benefits and features that the MedicsDocAssistant EHR brings to medical practices are extraordinary, not the least of which is in helping to provide the utmost in medical care to your

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patients.

(Special note to our RCM company clients: you will want your clients to adopt the MedicsDocAssistant EHR as well, with integration back to your ADS practice management system. Doing so helps to ensure that your clients remain your clients. Contact ADS for ways in which the MedicsDocAssistant EHR can be implemented for your clients to use.)

For all of these reasons, 2013 has to be the year you adopt the MedicsDocAssistant EHR, and adopting at this point in the year will help ensure maximum incentives and avoiding penalties.

Contact ADS at 800-899-4237, Extension 2264 or by emailing info@adsc.com to schedule a personalized overview of the MedicsDocAssistant EHR for your practice or RCM company.

II. PQRS: What started out years ago as PQRI (Physicians Quality Reporting Initiative) has morphed into PQRS (System).

PQRI was a voluntary program….practices may or may not have chosen to report to CMS on their quality of care for patients falling into certain categories. A typical PQRI example: reporting on all female patients age 18-65 with a diagnosis of asthma.

Those who reported were able to obtain an additional 0.5% incentive their Medicare reimbursements and there was no penalty for not reporting.

PQRS is different not just in its acronym, but in its penalties as well in that while PQRS is still voluntary, EPs will now be penalized (“adjusted”) by 1.5% against their 2015 Medicare claims for not reporting on PQRS in 2013. By the way, the 0.5% incentive is still in effect for 2014.

If you have not been reporting on PQRS, you can still begin doing so to avoid penalties and to take advantage of the 0.5% Medicare incentive. Simply use the “explosion codes” feature on your ADS system to enter the additional Quality Data Codes to a patient’s visit whenever the patient falls into one of the practice’s chosen PQRS measures.

Contact ADS Support if assistance is needed in using the “explosion code” feature on your ADS system. Don’t miss out on your PQRS incentive and risk having “adjustments” to your 2015 Medicare claims.

III. e-Rx: EPs who do not electronically prescribe in 2013 will obtain a 2% penalty against their 2015 Medicare claims. That penalty rises yearly for EPs who continue to not use e-prescribing.

This issue is also avoidable by using MedicsRx™ to transmit prescriptions electronically to your patients’ pharmacies.

The MedicsDocAssistant EHR or your ADS Medics practice management system has MedicsRx “basic.” Electronic transmitting can also be added eliminating the penalty for non-electronic prescribing.

MedicsRx provides for comprehensive medication management capability retaining your patients’ medication information including medications prescribed, dosages, and refills. MedicsRx also issues alerts on allergies, interactions, and out-of-formulary medications based on the patient’s insurance.

Prescribers can establish their own “favorites” list of medications. Medications are quickly selected and transmitted, including prescriptions for Controlled Substances.

MedicsRx will streamline your prescribing needs, maintain a comprehensive database of information on your patients’ medications, and help eliminate penalties all at the same time!

Contact ADS Support if assistance is needed in using MedicsRx.

Penalties Recap: Your 2015 claims can be subjected to significant penalties which are avoidable, but please remember…the clock is the enemy!
ExpressBill: The Pros and Cons

Why you do NOT need ExpressBill:

1. You love printing to large quantities of paper especially when paper is not needed.
2. Changing printer cartridges gives you an inexplicable feeling of fulfillment.
3. There’s something therapeutic about folding patient statements evenly into thirds.
4. Stuffing those tri-folded statements into envelopes reminds you of your childhood at Holiday time.
5. It is satisfying to see the addressee information lined up neatly in the window of each envelope.
6. Really, is there anything more comforting than the taste of envelope glue? And there’s never a problem in having multiple helpings.
7. You actually prefer the leaky water bottle sealer and then the challenge of keeping everything else on your desk dry.
8. Putting postage on envelopes…talk about therapeutic! Upper right hand corner, make sure stamp is upright. Upper right hand corner, make sure stamp is upright. Upper right hand corner, make sure stamp is upright…repeat hundreds or possibly thousands of times.
9. Sorry…you use a postage machine? So it’s good that someone stands there and watches the statement envelopes go through. It’s like having an in-house airplane spotter.
10. The excitement of mailing them, and the last-minute spontaneity of not knowing whether you’ll keep them loose, or put them in rubber banded bundles.

Why you DO need ExpressBill:

The ten reasons above are eliminated since you will electronically download your patient statement data to ExpressBill. Clean, neat statement mailers are produced and sent to patients typically within one business day of ExpressBill receiving the data.

Statement mailers have your practice information and return address imprinted on them, and ExpressBill can even use your logo on each statement. The frequency of statement mailings - weekly, monthly, etc. - is controlled by you. Statements for any “special” patients can be held back simply by using settings in your ADS billing system.

Patients send their payments directly to you…not to ExpressBill.

ExpressBill statements are currently only .68¢ each which includes postage. No doubt, this makes for a significant return on investment to your practice or revenue cycle management company when considering the paper needed, printer cartridge usage, envelopes, and person-hours involved in processing your patient statements.

Join the thousands of practices and revenue cycle management companies using ExpressBill, and eliminate the grind of self-generating your patient statements. Contact ADS at 800-899-4237, Extension 2033 for more information on ExpressBill, and electronically off-load this drudgery-laden task!
Industry Snapshot: Sequester

“Sequester” and “Sequestration” have become keywords in the news over the past few months.

What is it? The sequester is a set of government spending cuts as called for in the Budget Control Act which was signed into law in August, 2011 and which became effective on March 1, 2012.

How much is getting cut? Ultimately, $1.2 trillion ($1,200,000,000,000) in budget cuts will be spread over nine years and will affect defense and domestic programs equally by $6 billion ($600,000,000,000).

Why is it? Sequestration is very politically charged and we are definitely staying out of the politics of it. Plenty of information is available on the “why’s of sequestration should you wish to research it. In any case, it’s here.

How does it involve your practice? Part of the domestic budget cuts apply to Medicare’s FFS program (Parts A and B). Claims filed on or after 4/1/13 will incur a 2% reduction in reimbursements. DME claims will also be adjusted by 2% if the date of service or the beginning rental date is on or after 4/1/13.

The 2% adjustment will be calculated after determining co-insurance, any applicable deductible, and any applicable Medicare secondary payment adjustments.

How does it involve your patients? Applicable Medicare payments that are remitted directly to patients will also be subject to the 2% reduction. CMS encourages practices to explain this to patients for whom claims are submitted on an unassigned basis.

What can be done? Organizations such as MGMA, medical societies, and associations are urging physicians and office staff members to prevail upon their representatives in Washington to stop these cuts.

If you are so inclined, you may want to visit these organizations’ and associations’ websites for suggested wording to use when emailing your representatives in Washington. See also www.senate.gov and www.house.gov to identify and contact your representatives.

Articles in our ADSvantage newsletters that pertain to governmental information (e.g., CMS, Medicare, Medicaid, Stimulus Act, HIPAA, PQRS, etc.) are presented under our best understanding of them. Each of these entities’ websites should be consulted, or they should be contacted directly for details, exclusions, or if clarifications are needed. ADS is not responsible for typographical errors in its newsletters.