

Client Alert



Medical Management Strategies
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Medicare Fee Schedule

As many know, on December 23, 2011 the Medicare pay cut was averted by Congress for two months. In the meantime, the next two months will be on the 2011 Medicare Fee Schedule. The two-month patch avoided a Medicare pay cut of 27.4%. Please visit www.bobsayers.com for the most update information from Medical Management Strategies on how Medicare affects you and your practices.

CenCal News

On October 27, 2011 the Centers for Medicare and Medicaid Services (CMS) approved the State of California's plan to reduce some Medi-Cal reimbursement rates by 10%. The providers impacted by these rate reductions, soon to be implemented by the Department of Healthcare Services (DHCS), include clinics and physicians, laboratories, optometrists, pharmacists and nursing facilities.

As most know, Medi-Cal eligible members in Santa Barbara and San Luis Obispo Counties are covered by CenCal Health. It is important to clarify that these decisions impact the Fee for Service Medi-Cal Program. The negative financial impact to Medi-Cal Managed Care Plans, including CenCal Health, remains unknown. The health plan has many questions that remain unanswered and continues to clarify these recent changes.

Medical Management Strategies will keep you posted when Medi-Cal announces which reimbursement rates will be affected. For the most update news on CenCal please go to www.cencalhealth.org or www.medi-cal.ca.gov

ePrescribe 2012

As many providers already know, a 1% penalty will begin in 2012 for Medicare physicians who are not ePrescribing. In 2013, the penalty will be a 1.5% payment reduction and, in 2014, there will be a 2% reduction and any year after 2014 there will be a 2% reduction.

The Centers for Medicare and Medicaid Services just recently announced that they are not currently going to provide a 2012 electronic prescribing (eRx) incentive payment adjustment feedback report because of the high volume of significant hardship exemption requests received. As CMS continues to explore alternative means to notify eligible professionals that they are subject to the 2012 eRx payment adjustment, please review your remittance advices for claims submitted for dates of services on or after January 1, 2012.

For more information please visit

www.cms.gov

**Fast Fact:**

Did you know that the USA has 2.4 doctors per 1,000 people in the United States?

MMS supports the continual growth of the healthcare industry!

Medical Management Strategies

We're on the Web!

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PQRI 2012

Physician Quality Reporting Initiative (PQRI) extends through 2014 under the PQRI program, which provides incentives to physicians who report quality data to Medicare. Beginning in 2014, physicians who do not submit measures to PQRI will have their Medicare payments reduced. Eligible professionals who successfully report quality data for the quality reporting period designated by the Secretary for the applicable year will receive a 1.0% bonus in 2011 and a 0.5% bonus in years 2012 through 2014. Eligible professionals who do not successfully report quality data during the designated quality reporting period will have their Medicare payments reduced by 1.5% in 2015 and by 2.0% in 2016 and each subsequent year. The payment incentives and reductions are based on the Medicare fee schedule amounts (determined after applicable adjustments) for all covered services furnished by the eligible professional. The penalty applies to the applicable year and is not cumulative. Eligible professionals include physicians, physician assistants, nurse practitioners, clinical nurse specialists, certified registered nurse anesthetists, certified nurse-midwives, clinical social workers, clinical psychologists, registered dietitians or nutrition professionals, physical and occupational therapists, qualified speech-language pathologists and qualified audiologists.

To understand more about PQRI and understand each measure, please visit

www.cms.gov/pqrs

Providers and Practices interested in avoiding the upcoming penalties from Medicare for ePrescribe and PQRI please contact Ryan Loughlin @ 805.547.1255 ext. 102 for more information on how your practice can obtain an Electronic Health Record software system

Medicaid Quality Measures

The Department of Health and Human Services (HHS) has issued a final notice containing an initial set of 26 quality measures for Medicaid-eligible adults. The measures, which cover areas such as prevention, care coordination and chronic disease management, will be used for quality reporting. The healthcare reform law required HHS to post the core set of measures by Jan. 1, 2012. Additionally, the law mandates that HHS must develop a standardized quality reporting format by Jan. 1, 2013, and also publish any changes to the measures on a yearly basis. As stated by the HHS in their press release, "States that chose to collect the initial core set will be better positioned to measure their performance and develop action plans to achieve the three-part aims of better care, healthier people and affordable care." California and Medi-Cal have chosen to adopt these core measures.

To view all the measures, please visit:

<https://s3.amazonaws.com/public-inspection.federalregister.gov/2011-33756.pdf>

Annual Wellness Exam

Thanks to one of our many great doctors, Dr. Stephen Hilty shared with us his "How-To-Do" an Annual Wellness Exam documentation that helps breakdown these Medicare patient visits. Medical Management Strategies would be happy to supply any doctors whom request this documentation. To request, please email, Chris Wolman.... @..... cwolman@mmsofslo.com

About Medical Management Strategies...

Medical Management Strategies is committed to ensuring the financial success of our clients by providing first-rate revenue cycle management, medical billing, practice management consulting, and technology solutions. We firmly believe that the success of our clients is our future.