Radiology Trends

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New Options for Accountable Care Organizations

Following criticism that the existing regulations were too financially unbalanced to promote widespread participation, CMS has recently issued three new initiatives for Accountable Care Organizations (ACOs). Dr. Donald Berwick, CMS administrator, also issued an online commentary hoping to bolster participation.

The Pioneer ACO Model will begin accepting applications this summer from those organizations already coordinating patient care. This program is expected to save Medicare approximately $430 million over three years.

Secondly, CMS is seeking comments on an Advanced Payment Initiative that would allow the practice access to some of their savings upfront for investment in infrastructure and staffing. Public comments are being accepted until June 17.

The third initiative is Accelerated Development Learning Sessions. These free educational sessions would teach practices interested in becoming an ACO what steps need to be taken and help them develop an action plan.

Immediate Past President of the AMA, Dr. J. James Rohack, commented that these initiatives were a move in the right direction but, “The benefits of this new care delivery model cannot be fully realized unless physicians in all practice sizes can be involved.”

Medical Liability Reform Passes Second Committee

After gaining approval in the House Judiciary Committee in February, the House Energy and Commerce Committee also approved a measure aimed at lowering malpractice costs in May. The bill sponsored by Phil Gingrey (R-GA) would cap non-economic damages at $250,000 and set a three-year statute of limitations. Gingrey’s bill would also equate the defendants’ liability to their share of the responsibility for the injury.

The Congressional Business Office estimates a savings of $34 billion in the first 10 years.

Did You Know?

According to the Social Security and Medicare boards of trustees the Medicare trust fund will be exhausted in 2024. This is five years earlier than predicted in 2010.

A Tennessee hospital will lose it’s Medicare funding on June 5th if patient safety is not improved. The hospital, near Knoxville, vowed to do what it takes to retain its Medicare funding. CMS will rescind the termination notice if the hospital remedies the issues found by inspectors.

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participation of 1.5% in 2015 and 2% for 2016 and beyond.

What is new for 2011 is an appeal process implemented by CMS. If you did not qualify for an incentive payment, and believe you qualified, you can appeal the decision with CMS. There is also an additional .5% Maintenance of Certification Program for 2011. In order to qualify you must successfully submit PQRS data for 12 months and participate in a project sponsored by your medical board. The American Board of Radiology has been “conditionally qualified” for the PQRS MOC incentive program. This program may involve continuing medical education, self-assessment programs and practice assessments. If interested go to the announcement section at: http://www.theabr.org/

Most of you are taking advantage of the incentive payment opportunities available through the Physician Quality Reporting System (PQRS) program. The program was previously known as the Physician Quality Reporting Initiative but when it became a permanent program it was changed to a system, thus the change from PQRI to PQRS. For 2011 the incentive is 1% of your annual Medicare payments for successful participation. This will decrease to .5% for years 2012-2014 and become a penalty for non-participation of 1.5% in 2015 and 2% for 2016 and beyond.

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Coding and Compliance Tips by Lori Shore

University of Michigan to Research Healthcare Policy

The University of Michigan has announced plans to build a research facility for the healthcare policy. Dr. James Wooliscroft, Dean of the University’s medical school and professor of medicine said, “The research done at our new institute will inform and influence public policy and enhance public and private efforts to improve the quality, safety, equity and affordability of healthcare services.” Plans are to bring research departments together in a collaborative effort to solve problems in one of the country’s largest healthcare research institutes.

ECHO May Become National Model for Telehealth

A New Mexico rural telehealth project Extension for Community Healthcare Outcomes (ECHO), created to help the underserved hepatitis C population, may become the national model for telehealth. In a report co-written by project director, Dr. Sanjeev Arora from the University of New Mexico School of Medicine, he said that Accountable Care Organizations “would be well-suited to adopting the ECHO model.” The project uses telehealth and clinical tools to help primary care physicians develop the skills needed to treat diseases outside of their scope of practice. ECHO has already been expanded to include other chronic conditions such as asthma, diabetes and rheumatoid arthritis.

Look for us in the May/June issue of the RBMA Bulletin.