

Radiology Trends

Did You Know?

Newly introduced legislation in the U.S. Congress would end an in-office exemption pertaining to anti-self referral laws for diagnostic imaging services.

CMS Angers Hospitals With Proposal To Recover Overpayments

Hospitals are seething over a proposal to nearly double the expected payment reduction meant to recoup overpayments tied to incorrect coding.

Under the inpatient prospective-payment system, all hospital patients are assigned to one of hundreds of DRG codes, a system of classifying any inpatient stay into diagnostic groups for the purposes of payment. After the new codes were introduced in 2008, CMS claimed that hospitals were abusing MS-DRGs to get higher payments. In the American Taxpayer Relief Act of 2012, Congress required CMS to recoup \$11 billion in alleged overpayments by the end of fiscal 2017.

“Congress was clear in its passage of physician payment reform last year that this cut should be 0.8%, but CMS ignored this directive and almost doubled the reduction,” Rick Pollack, CEO of the American Hospital Association, said a statement. “This cut poses another challenge to hospitals’ ability to care for their communities.”

CMS, however, estimated that another 0.8% reduction would have left the government \$5 billion short of recouping the overpayments. The agency said changing economic and healthcare trends upended its earlier projections and made it necessary to increase the cut.

CMS Unveils Quality Measures That Frame New Medicare Payment System

CMS is now answering questions in regards to how physicians will be paid under the proposed Quality Payment Program, the Medicare Access and CHIP Reauthorization Act. This program consolidates three existing payment models: the Physician Quality Reporting System, the Physician Value-based Payment Modifier and Medicare’s incentive program for achieving meaningful use of electronic health records.

Agency officials said the new consolidated program will offer physicians greater simplicity and flexibility, providing two paths for physician payments when it goes into effect in 2019. Physicians can choose to participate in the Merit-based Incentive Payment System, or MIPS, or have a significant amount of their revenue generated under a qualifying Alter-

native Payment Model, or APM.

The APM path will reflect traditional Medicare payments in its first two years and then will be opened to all payers, including Medicare Advantage plans, said Dr. Patrick Conway, the CMS’ chief medical officer. The proposed rule does clarify that few of CMS’ existing alternative payment models will count as advanced APMs. The American Medical Association took a more measured reaction to the rule.

“Our initial review suggests that CMS has been listening to physicians’ concerns,” AMA President Dr. Steven Stack said in a statement. “In particular, it appears that CMS has made significant improvements by recasting the EHR meaningful-use program and by reducing quality reporting burdens.”

CMS also will require related software to use open application program interfaces, commonly known as APIs, which regulators said should be used to allow patients to access their health information.

CMS plans to omit requirements for clinical decision support and computerized provider order entry in physician EHRs. By allowing physicians to choose from a number of categories, the program eliminates CMS’ “all-or-nothing” approach to meaningful use, the agency said. CMS will solicit comments on the rule over the next 60 days.

Medicaid Expansion Significantly Boosts Insurance Coverage Among Low-Income Adults

Researchers at UCLA have found that states that expanded Medicaid coverage under the Affordable Care Act saw a significant increase in rates of health insurance among low-income adults compared with states that did not expand the program. The study also found improved quality of coverage, more frequent use of health care, and increased rates of diagnoses for chronic health conditions. "Our findings are informative for residents and policymakers in states with ACA Medicaid expansions in place because it will help them understand the impacts of those expansions," said Laura Wherry, assistant professor of medicine at the David Geffen School of Medicine at UCLA, and the study's lead author. "It is also informative for policymakers and voters who are considering whether to expand Medicaid in their states because it will help them gauge the potential impacts of a Medicaid expansion in their states."

The researchers used data from the National Health Interview Survey, conducted by the National Center for Health Statistics, for adults age 19 through 64 with family incomes 138 percent below the federal poverty level. They looked at health insurance coverage—including Medicaid, private or none; coverage improvements compared to the prior year, visits to general practitioners or medical specialists; hospitalizations and ER visits, skipped or delayed medical care; usual source of care, diagnoses of diabetes, high cholesterol and hypertension; self-reported health, and depression. Comparing low-income adults in states that expanded Medicaid with those in states that didn't, they found differences including: higher rates of diabetes and cholesterol diagnoses, more visits to general practitioners, more overnight hospital stays and more Medicaid coverage.

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Coding and Compliance Tips by Lori Shore, CPC, RCC

Clinical Decision Support Is Nearing

Among the many new healthcare initiatives, clinical decision support is one area in which I feel radiologists win. Clinical decision support (CDS) only requires that the guidelines are consulted, not necessarily followed. For many years radiologists have been forced to read ill-advised studies ordered by referring physicians while often not being paid for them. It could be that the referring physicians are practicing defensive medicine or it could be that they just don't know what to order. By consulting a clinical decision support program and entering the patient's condition, the referring physician is steered toward the most appropriate imaging modality. Claims will need to contain some sort of indicator, which has not yet been disclosed, to show that the software was consulted. As we move away from the fee-for-service payment model towards more outcome-based payment systems, it becomes more important that the appropriate studies are ordered to remain profitable. The American College of Radiology (ACR) has developed R-Scan™, Radiology Support, Communication and Alignment Network. Participation is free and helps radiologists fulfill the requirements for the American Board of Radiology Maintenance of Certification (ABR MOC) Part 4. To learn more about RSCAN™ go to <https://rscan.org>.