



Got e-Prescribing?

You can still participate in the Medicare incentive program for e-Prescribing but you will need to begin soon to meet the Medicare requirements for the 2009 2% bonus payment. A spreadsheet estimator for e-Prescribing is available [here](#).

Check [here](#) for great reasons to e-Prescribe even if you are Medicare non-participating.

If you are e-Prescribing, a Top 10 list to maximize e-Prescribe value is available from us [here](#).

Visit [SureScripts](#) new website for more on e-Prescribing.

Current PrimaryData Specials

- Buy two seats, get a seat through April 17th on CCHIT certified [SpringCharts EHR](#).
- **I-Inc 25" widescreen** provides sharp, crisp image quality with fast 2ms response, Energy Star certified, 1920x1080 resolution, HDMI/VGA input, built-in speakers for \$260 through April 17th.
- **NEW! Dell Latitude XT2.** The first tablet PC with multi-touch screen technology uses natural gestures like a pinch or tap for scrolling, rotating, zooming and more. Intel® Core™ 2, 3GB memory, 80GB hard drive, wireless 802.11a/g/n, Windows Vista® Business w/media, executive leather carrying case, 3 year limited warranty/next business day on-site Dell service for \$2495 through April 17th.
- **Fujitsu** introduces the **FI-6130 sheet-fed scanner**, 40ppm/80ipm scanning in monochrome and grayscale, 300dpi color scanning at 30ppm/60ipm, 50-page automatic document feeder with enhanced hard embossed card scanning and application software for \$849 through April 17th.
- **e-Prescribing options to fit your practice** – integrated to EHR, practice management and document imaging solutions or standalone. See www.primarydatacorp.com/ePrescribe.htm for details. Time is short to be eligible for the 2009 2% Medicare e-Prescribing bonus payment.

Call **720-226-9270** for details or answers to your healthcare technology questions and needs.

If you wish to stop your subscription to PrimaryNews, please send an email with the subject "Stop" to news@primarydatacorp.com.



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PrimaryData

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Issue

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Healthcare
Technology
News and
Products

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PrimaryView

These are difficult times for our economy and for many medical practices. Patients with insurance often have higher deductibles or co-pays, an HSA, or no longer have insurance. Your receivables and collection efforts may need greater emphasis.

This issue was to focus on practice revenue management but with the important signing of ARRA we are highlighting major healthcare technology initiatives that it contains.

ARRA presents challenges and opportunities for medical practices of all sizes. There are several funding incentives for technology.

We realize that the upfront cost and time of implementing an EHR can be difficult for practices even with incentives, especially for smaller or solo practices. PrimaryData will do its part to deliver competitive and cost effective solutions that meet certification standards, that work well within your practice and fit your practice's care and financial goals.

Good luck with the challenges and your decisions. We'll cover practice revenue management next issue.

American Recovery and Reinvestment Act (ARRA) Healthcare Spending and Technology Provisions

Healthcare is near the top of the list for spending priorities in the ARRA of 2009. Healthcare spending addresses infrastructure, research for quality improvement with HIT, and enhanced resources. A website is available to monitor spending at www.recovery.gov.

Specific healthcare spending areas include:

- Grants to health centers;
- Health workforce shortages;
- National Institutes of Health to build, renovate, or repair non-Federal research facilities and conduct scientific research;
- Children and Family Services Programs and Aging Services Programs;
- Agency for Healthcare Research and Quality to carry out healthcare research and quality;
- Office of the National Coordinator for Health Information Technology.

Health Information Technology (HIT)

Immediate funding is available through many agencies within the U.S. Department of Health and Human Services for:

- HIT architecture that supports nationwide electronic exchange and use of health information in a secure, private, and accurate manner;
- Development and adoption of certified EHRs for providers not eligible for other support;
- Training on and developing best practices to integrate HIT, including EHR;

- Telemedicine infrastructure and tools;
- Promotion of interoperability of clinical data repositories or registries;
- Enhancing protection of health information;
- Public health department improvement and expansion of HIT use.

State Grants and Loans to Promote HIT

A program will be created to facilitate and expand use of health information among organizations through planning and implementation grants and loans to States or Indian tribes including:

- Participation in nationwide electronic use and exchange of health information;
- Identify local resources and complement Federal programs;
- Promote strategies to adopt and utilize HIT in medically underserved communities;
- Work with HIT Regional Extension Centers
- Promote EHR use for quality improvement, including quality measures reporting;
- Provide technical assistance.

Medicare and Medicaid EHR Incentives

Incentive payments starting in 2011 for meaningful use of certified EHR technology. [See inside](#) for further information on eligible professionals and incentives.

**Red Flag Rules
Begin May 1st**

The Federal Trade Commission released a new rule to protect consumers from identity theft by requiring creditors to implement a written identity theft prevention program and develop a mitigation plan..

This includes healthcare providers who regularly bill patients for services except providers who require prepayment for all services.

Healthcare providers are required to identify "red flags" that help determine if medical identity theft is occurring, train employees, detect when a red flag event occurs, take appropriate action and update plans for changes in potential risks.

The [World Privacy Forum](#) has a [list of potential triggers](#) for investigation, including:

- Dispute of a bill by a patient who claims to be the victim of identity theft;
- Patient received a bill for another individual or a bill for service they deny receiving;
- Records showing medical treatment inconsistent with a physical exam or medical history reported by patient;
- Patient or insurance company report denial for legitimate hospital stay;
- Patient provides fraudulent personal information to obtain health care services.

The [MGMA](#) and 26 national medical associations have [written their concerns](#) on the Red Flag rule as it relates to healthcare providers.

The Red Flag rules go into effect on May 1, 2009.

Spring ahead to replace fire alert batteries and review your data backup policies.

Privacy and Security in ARRA

Use of electronic health records and other healthcare technology can improve healthcare quality and save money. However their use also raises concerns about patient privacy and security.

The American Recovery and Restoration Act has provisions that address privacy issues.

- State attorney generals are to enforce privacy breaches;
- Establishes a federal breach notification requirement for health information not made indecipherable or encrypted;
- Organizations are required to notify patients if there is an unauthorized disclosure or use of their health information (Related Red Flag rules, left);
- Patients can request an audit to show all disclosures of health information made via electronic records;
- Patient authorization is required for the sale of their health information;
- Entities not known when HIPAA was written, as well as entities that do work on behalf of providers and insurers, are subject to the same privacy and security rules;
- Strengthens enforcement of federal privacy and security laws by increasing penalties and provides resources for enforcement and oversight.

Within 60 days of ARRA enactment the Secretary of HSS is scheduled to release guidance on what constitutes unsecured PHI which triggers notification requirements.

ARRA provides for HHS regional privacy advisors and has a requirement for an education initiative to enhance public understanding about PHI, protections, and rights.

Areas within HIPAA concern those who want to ensure their PHI is protected and that they can exercise their rights. Under ARRA covered providers must accept requests to not disclose PHI to a health plan for payment or operations if the individual has fully paid out-of-pocket for the service supplied by the provider.

Somewhat contradictory to HIPAA, under ARRA the covered entity disclosing information determines what is "minimum necessary" with use of a limited data set and de-identified information.

The George Washington School of Public Health and Health Services has released "[Patient Privacy in the Era of Health Information Technology: Overview of the Issues](#)" which reviews the privacy protections applicable to electronic health information, their scope and limitations, and industry and consumer perspectives on proposals for revising them and "[Health Information Technology in the United States: 2008](#)".

Health information technology and electronic health information exchange are critical tools for transforming our health care system and can enhance privacy and security if properly implemented and used.



EHR "meaningful use"

Physicians who "meaningfully use" a certified EHR starting in 2011 are eligible to receive Medicare incentive payments.

To demonstrate meaningful use, ARRA lists the following:

- Proof of certified system;
- Submission of claims with appropriate coding;
- Survey response;
- Anything else the Secretary may decide to be appropriate.

Patricia King, a health care attorney, recently posted three criteria for being a meaningful EHR user on [NetDoc](#) :

- The physician must use "certified EHR technology" in a meaningful manner, which includes e-Prescribing. The Office of the National Coordinator for Health Information Technology ([ONCHIT](#)) is to adopt an initial set of standards, implementation specifications and certification criteria before 12/31/09.

- Demonstrate that the certified EHR technology can provide for the electronic exchange of health information to improve the quality of health care, such as promoting care coordination.

- The physician must submit information on clinical quality measures specified by HHS.

For Medicaid funding the definition will be established through a means that is approved by the State and acceptable to the Secretary of HHS and the definition must agree with the definition used by Medicare.

Medicare and Medicaid Incentives Comparison

Physicians can choose either Medicare or Medicaid incentives under the American Recovery and Reinvestment Act of 2009 which includes \$17.2 billion for the use of qualifying Electronic Health Record systems.

• Medicare EHR Incentives

Medicare EHR incentives are scheduled to begin in 2011 for "meaningful use" of a "certified" EHR. Incentive payments are per provider and are equal to 75% of allowable Medicare Part B charges up to the following caps through 2015:

Payment Year	Maximum Incentive
1 st year	\$18,000 if 2001 or 2012 \$15,000 if 2013 \$12,000 if 2014
2 nd year	\$12,000
3 rd year	\$8,000
4 th year	\$4,000
5 th year	\$2,000

Payments increase by 10% for those located in a "health professional shortage area." Payments are not available to hospital-based professionals, such as a pathologists or emergency room physicians.

Each eligible professional demonstrating meaningful use of a certified EHR beginning in 2011 could receive up to \$44,000 in incentive payments from Medicare. Payment reductions begin in 2016 for those without an EHR..

• Medicaid EHR Incentives

To qualify for Medicaid payments, eligible providers must reach thresholds for percentages of patients who are eligible for Medicaid.

Eligible providers include physicians, dentists, certified nurse mid-wives and nurse practitioners, who are not provider-based with at least a 30% Medicaid patient load, pediatricians who are not provider-based with at least a 20% Medicaid patient load, and includes physician assistants practicing in federal qualified health centers or rural health clinics with at least 30% load of patients classified as "needy".

Providers can receive up to \$25,000 in year-one and earn up to \$10,000 annually for four more years for "meaningful use" of electronic health records for a total benefit of \$65,000.

Program payments cannot be more than 85% of average allowable costs for certified EHR technology.

The start date is believed to be 2011 as per Medicare. There is no Medicaid penalty for lack of a certified EHR.

Q&A Technology Tips

Q: What is a "certified EHR"?

A: The incentives from Medicare require "meaningful use" of a "certified EHR". How do you know if your EHR will qualify?

ARRA does not specify what certification criteria will be used, nor does it specify the organization that will set the criteria and test EHR vendors for compliance. It does specify that the criteria must be announced no later than December 31, 2009.

Currently [CCHIT](#) is the certification process for an EHR. With CCHIT some EHR vendors have elected to skip recertification every year due to costs, time and resources required.

If you are in the process of selecting an EHR or using an EHR, consider the following:

- Is the EHR currently CCHIT certified? This is a good indication that the vendor will re-certify their EHR and that it already meets many of the requirements.
 - Has the EHR vendor skipped a certification year or more? Ask why and if they are in the process of certifying for 2009.
 - Has the EHR vendor been in business for five or more years and what is the satisfaction level of their users? Having a satisfied installed base adds financial incentives to certify.
- [Visit CCHIT](#) for a list of certified EHR vendors and the year(s) of their certification and/or give us a call at 720-226-9270 to review.

**EYE ON IT
Current Trends**



ooVoo

ooVoo is free video calling where you can see up to six others at the same time with high resolution video.

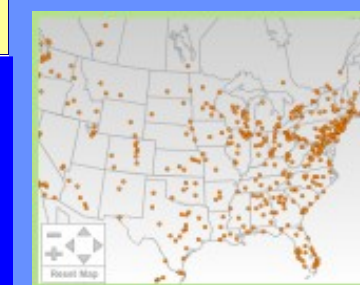
There are various free video products that we've tested but ooVoo was best at combining ease of setup and use, quality video and audio and multiple connections.

You can call cell phones and landlines, record your video calls, set up video chats from your website and those without ooVoo can connect via their web browser.

Teleconferencing is growing and ooVoo is an inexpensive way to explore this media. [Click here](#) to visit ooVoo.

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Front Page News**

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[Newseum](#), the world's most interactive museum located in Washington D.C., has a website that allows you to select front pages from 100's of papers around the world.

Select a continent and then select the local area to view their local newspaper's front page. [Click here](#) to visit.

Spring safety: If you backup to tape, review time in service and replace tapes as needed.