

## Current PrimaryData Specials

• **SpringCharts EHR** – Many practices are getting ready to implement EHRs to prepare for 2011 incentives. SpringChart's features, certification and pricing will assist your clinic to meet the recently released meaningful use criteria for EHRs. We are offering **20% off** through December 15, 2010 AND including credit for the 1<sup>st</sup> year of maintenance. More at: [www.primarydatacorp.com/springmedical.htm](http://www.primarydatacorp.com/springmedical.htm) or call **303-204-5753** today for details.

• **Practice management systems** - To match the above EHR deal, we offer **20% off** pricing through December 15, 2010 on practice management systems that interface with SpringCharts and other EHRs. Get the business side of your practice in order!

• **Drs Document Retrieval System** – Drs has put together their own **20% off** on Drs Enterprise now through December 31, 2010. Call us for a demo today as this hybrid system has to be seen for the features and productivity it offers your practice.

• **Hardware - Dell Latitude XT2**, the first tablet PC with multi-touch screen technology, 2GB memory, 64GB solid-state hard drive, hand-writing recognition, Windows 7 Professional, 3-year warranty and on-site service, delivered and installed for \$2545. Now through December 15, 2010.

Call PrimaryData at **303-204-5753** for your healthcare technology questions and needs.

If you wish to stop receiving PrimaryNews, please send an email with the subject "Stop" to: [news@primarydatacorp.com](mailto:news@primarydatacorp.com). Happy Holidays for your practice and your families!



Please consider the environment before printing this document.

## Section 179 Info

Check with your accountant on [Section 179 deductions](#) and how they can benefit your practice's acquisition of healthcare technology. Effective 9/27/2010 the Section 179 limits were almost doubled which could mean a substantial boost to your bottom line!

Act now - as of midnight 12/31/2010 [Section 179](#) can't effect your 2010 profits anymore.

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**PrimaryData**

Practical care for your practice.

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Issue

15

November - December  
2010

Healthcare  
Technology  
News and  
Products

# PrimaryNews

## PrimaryView

Here they go again...

CMS has issued a final rule that calls for a 24.9% pay cut for physicians beginning Jan. 1. Donald Berwick, CMS administrator said, "While Congress has provided temporary relief from these reductions every year since 2003, a long-term solution is critical." Quite an understatement.

Most physicians agree that the Medicare payments are inequitable and unfair but there is little agreement on what to do. Among the proposals to address:

- Rewarding quality with financial incentives;
- Bundling payments for episodes of care;
- Shifting payments from procedures to management and counseling services;
- Increased generalist pay offset with a reduction in pay to other specialties.

Payment reform proposals need better understanding of physicians' concerns and a willingness to work across political aisles to finalize.

Payment reform is critical for our healthcare system and is required now.



## 5010 in 2011

Electronic healthcare transactions are transmitted in compliance with standards set forth by HIPAA and HHS. HHS announced that all covered entities should begin testing and migrating to Version 5010 beginning January 1, 2011. CMS will accept Version 5010 claims as of that date and will continue to accept Version 4010.

On January 1, 2012 clearinghouses and providers are required to use Version 5010 standards for electronic transactions, including claims, remittance, eligibility, and claims status requests and responses.

Upgrading from the current HIPAA 4010A1 transaction standards to the new 5010 standards addresses several key goals:

- Increase transaction uniformity
- Support pay for performance
- Streamline reimbursement transactions

Transactions specified in the Version 5010 standards include:

- **270/271** – Health Care Eligibility Benefit Inquiry and Response
- **276/277** – Health Care Claim Status Request and Response
- **278** – Health Care Services – Request for Review and Response; Health Care Services Notification and Acknowledgment
- **835** – Health Care Claim Payment/Advice

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• **837** – Health Care Claim (Professional, Institutional, and Dental), including coordination of benefits (COB) and subrogation claims.

5010 transactions will affect almost every aspect of a practice's reimbursement and revenue stream. In order to achieve compliance, physicians may need to update software systems and adjust for changes in workflow. Version 5010 enables reporting of ICD-10 diagnosis codes, required as of October 2013.

CMS offers resources for providers on 5010 and ICD-10 at [www.cms.gov/ICD10](http://www.cms.gov/ICD10). A summary for 5010 readiness includes:

- Contact your PMS vendor and ask what updates they are planning and when they expect to have it ready.
- Check implementation plans with payers, clearinghouses, and billing services.
- Identify potential changes to work flow and business processes.
- Assess staff training needs.
- Budget for time and related costs.
- Conduct test transactions using Version 5010 with payers and clearinghouses. Testing is critical.

Preparing for Version 5010 compliance starting January 1, 2011 will help you keep on top of your practice's cash flow.

**PrimaryData**

## iPad iOS 4.2 Update November Release

Developers already have the iOS 4.2 update and are integrating into their apps. Features include:

- **Multitasking** - Run all your favorite apps, and instantly switch between apps, without slowing performance or draining the battery

- **Folders** - Organize apps into folders with drag-and-drop simplicity. Faster access to your favorites. Browse and manage thousands of apps.

- **Universal Mail Inbox** - Messages from all your accounts in a unified inbox, messages organized by threads, and attachments can be opened in third-party apps.

- **AirPrint** - Documents, mail, webpages and photos can now be printed wirelessly from your iPad.

- **AirPlay** - Stream videos, music, and photos to the new Apple TV, and stream music to AirPlay speakers or receivers.

- **Keyboard, dictionary enhancements** - Choose from more than 30 new keyboards and dictionaries

- **Enhanced enterprise support** - Stronger security features, new device management capabilities, and improved enterprise integration.

The iPad's impact in healthcare will continue to be determined by the quality of the applications and ease of use.

Still backing up to tape? Disk-to-disk and cloud solutions offer better protection.

## Disaster Recovery Choices

Some practices put off creating a plan for disaster recovery because they view it as low-risk or they think disaster recovery is too expensive or complex - affordable only by large clinics. Both assumptions are wrong - and either can adversely affect your practice if disaster hits.

Solutions are available for every type of practice and budget. There are solutions that small and midsize practices can easily implement with low up-front costs.

At least 10% of businesses have been closed for at least 24 hours in the past three years from man-made causes and 30% from due to a natural disaster. You may not be in a flood plain but a broken water pipe can cause similar damage. Computer viruses, theft of data and even a flu-outbreak can put your data at risk. Only 6% of businesses that suffer catastrophic data loss will survive in the long term, and 43% never reopen.

Costs of a data disaster to a practice include:

- **Disrupted operations**
- **Lost patients**
- **Regulatory risks**
- **Damaged investor confidence**



An effective disaster recovery plan covers far more than simply having an on-site backup.

A disaster recovery solution allows a practice to restore its operations, even when on-site backups are not available, through the use of off-site backups that are accessible, up-to-date and secure.

Access to data in an EHR and a practice management system may not have the same weight. Time to recovery has associated costs. You can't afford to wait weeks to recover and you may not be able to afford instantaneous recovery. The right solution for your critical applications provides the appropriate mix of price, performance and accessibility.

There are three choices for disaster recovery:

- **Cold** - Systems added, restored after a disaster.
- **Hot** - Instantaneous access to data and servers.
- **Warm** - Cloud-based backup supplements on-site backup, quick access to networked servers.

There is a fourth choice:

- **No** disaster recovery plan.

If the fourth is yours, call us for a complimentary review.

## CMS Resources for EHR Incentives, Meaningful Use

The CMS [EHR Incentive Program Web site](#) has information for providers seeking incentive payments for meaningful use of EHRs.

Features include:

- [Frequently Asked Questions](#) Currently there are answers to 106 questions.

- Video on [EHR Program Basics](#)

- [EHR Incentive Timeline](#)

- [Fact sheets](#) including:
  - EHRs at a Glance
  - Medicare Incentive Program
  - Medicaid Incentive Program
  - Meaningful Use Final Rule

Example Q&A from CMS:

**Q:** What is the reporting period for eligible professionals (EPs) participating in the electronic health record (EHR) incentive programs?

**A:** For demonstrating meaningful use through both the Medicare and Medicaid EHR Incentive Programs, the EHR reporting period for an EP's first year is any continuous 90-day period within the calendar year. In subsequent years, the EHR reporting period for EPs is the entire calendar year. Under the Medicaid program, there is also an incentive for the adoption, implementation, or upgrade of certified EHR technology, which does not have a reporting period.

## Certification and Meaningful use

To qualify for Medicare and Medicaid EHR incentive payments, providers must use EHR technology that has been certified by an organization authorized by the Office of the National Coordinator for Health Information Technology (ONC-HIT). The certification program provides assurances that an EHR is technically capable of supporting providers efforts to achieve meaningful use.

The following organizations have been authorized to perform Complete EHR testing and certification:

- [Certification Commission for Health Information Technology](#) (CCHIT)
- [Drummond Group, Inc.](#) (DGI)
- [InfoGard Laboratories, Inc.](#)

Certification testing can cost an EHR developer upwards of \$30,000 for the initial testing. CMS anticipates that the requirements for meaningful use will be adjusted every two years which will require re-testing and re-certification.

Most EHR developers have issued position papers on certification stating that their EHR will be tested and they expect certification and that their EHR will be maintained so that it meets updated EHR certification requirements.

## Q&A Technology Tips

**Q: What are RECs?**

**A:** Regional Extension Centers (RECs) are U.S.-based not-for-profit health IT institutions or organizations tasked with providing technical advice and information to physician practices, hospitals and health clinics to implement and effectively use an electronic health record. Under the HITECH Act, \$677 million is allocated for the next two years to support a nationwide system of RECs. 62 RECs serving various regions of the country have been designated by the U.S. Department of Health and Human Services (HHS).



Standards and certification criteria for the certification of EHR technology is available from ONC-HIT [here](#).

Minimum requirements that providers must meet through their use of certified EHR technology in order to qualify for incentive payments is available [here](#).

An updated Certified EHR product list is at [onc-chpl.force.com/ehrcert](#).

Currently there are 48 complete EHRs certified for ambulatory settings. There are many more EHRs that are currently being tested and should be certified soon.

EHR certification does not guarantee EHR usability. Practices should perform their own due diligence and acceptance testing that on an EHR before making an initial investment.

**Tip** - Certification means nothing if you can not or do not use the technology.

Primary care providers in smaller practices and small and rural hospitals and health clinics are anticipated to benefit most from advice furnished by the REC in their specific region. However, these RECs will also serve as a resource for all providers in an area, giving assistance, as feasible, to any doctor, hospital or clinic making the request. Each REC organization has identified a target number of primary care physicians, based on population needs to be assisted in the first two years of the program.

The REC for Colorado is [CO-REC](#) an initiative of [CORHIO](#).

## EYE ON IT

### Current Trends [HP Slate 500 PC](#)



The HP Slate 500 Table PC enables connectivity and productivity for mobile users who use Windows apps. The HP Slate weighs 1.5 pounds, has an 8.9" touch screen, 2GB of memory, 64GB solid state drive, wireless b/g/n, integrated speakers and microphone, an inward VGA webcam and an outward 3MB camera, and runs Windows 7. Price starts at \$799.

## SOFTWARE

### Monthly Pick [Microsoft Lync](#) / [Polycom](#)

Microsoft Lync is a communication and collaboration platform that brings together VOIP, messaging, e-mail, video and conferencing integrated with Microsoft's productivity solutions.

Polycom offers dedicated clinical workstations with high definition audio and video capture capabilities to provide a seamless telemedicine experience. The units also connect to diagnostic tools such as otoscopes, fundoscopes, stethoscopes, and other clinical device to create a telemedicine capability that integrated with MS Lync.

Double your backup protection - onsite/offsite - at same time. Call us for info.