

NEWS BREAK

December 16, 2010

URGENT New and Valuable Benefit for MMCMS/CMA Members!

There's still time to qualify for the 2010 Medicare Physician Quality Reporting Initiative (PQRI) bonus program. To help physicians maximize their bonus and minimize the administrative hassle, the California Medical Association (CMA) has partnered with DocSite to make its simple registry program available to members for just \$290 (retail price for nonmembers is \$350).

All you have to do is provide 2010 office visit data for 30 unique patients, answering four to 10 questions for each patient (depending upon measure group selected) to earn an additional 2 percent of your total allowed charges for covered Medicare Part B fee-for-service patients for the year. This bonus is in addition to the 2 percent e-prescribing bonus. It's worth thousands of dollars—don't miss out!

DECEMBER 31 IS THE DEADLINE. A members-only coupon code is required to access this discount. Visit the members-only website or call CMA's member help center to get your code.

Contact: CMA's member help center, 800/786-4CMA or memberservice@cmanet.org.

Legislature Puts off Budget Cuts until Brown Takes Office

State legislators last week delayed action on Governor Arnold Schwarzenegger's proposal for plugging a multibillion-dollar budget shortfall that entails nearly \$1 billion in cuts to health programs.

Lawmakers held hearings on the plan but said they would not act before Jerry Brown takes over as governor next month. They adjourned without scheduling any more meetings on his proposal this month. Brown is scheduled to be inaugurated on January 3rd.

Of particular interest to physicians, according to a California Medical Association (CMA) analysis, are plans to:

Impose Medi-Cal co-payments. Co-payments would be set at \$5 for physician office visits, \$50 for emergency room visits, and \$100 per day (up to \$200 maximum) for hospital stays. Provider reimbursement for the visit would then be reduced by a corresponding amount. CMA opposed this proposal when the governor made it last summer, as it would put physicians in the untenable position of either having to collect co-pays from the poor or denying them care.

Cap Medi-Cal prescriptions and office visits. Prescriptions (except for life-saving drugs) would be capped at six per month. Physician office or clinic visits would be capped at 10 per year. Both of these hard caps would unfairly target the sickest patients.

Eliminate certain over-the-counter Medi-Cal medications. The proposal would eliminate cough and cold medication and nutritional supplements. This could have the effect of denying patients access to cost-effective medications.

Increase Healthy Families subscriber premiums. Subscriber premiums for families with incomes from 150 percent to 200 percent of the federal poverty level (FPL) would see an increase from \$16 per month to \$30 per month, per child. For families with incomes from 200 percent to 250 percent of FPL, premiums would rise from \$24 to \$42, per child. In these difficult economic times, this would almost certainly have the effect of removing children from the Healthy Families Program, thus denying them access to care.

Increase Healthy Families ER co-payments. ER co-payments would be increased from \$15 to \$50.

Eliminate Healthy Families vision coverage. Coverage for all vision services would be eliminated. This cut is particularly hard on children, since it could possibly compromise children's ability to learn.

Important Update on PECOS and Ordering/Referring

The Centers for Medicare and Medicaid Services (CMS) announced a delay in the start of automatic denials for ordered services by physicians whose enrollment is not yet updated in the Provider Enrollment Chain and Ownership System (PECOS).

CMS has yet to notify contractors to turn on the automated edits that would deny claims for services that were ordered or referred by a physician or other eligible professional simply for lack of an approved file in PECOS.

CMS is working diligently to resolve backlog and other systems issues and will provide ample advance notice to the provider and beneficiary communities before CMS begins any such automatic denials.

Physicians are urged to complete the application process as soon as possible. Applications are generally processed within 60 days, but can take longer if the application is incomplete or additional information is needed.

Physicians who wish to take advantage of the incentive payments available for electronic prescribing, Physician Quality Reporting Initiative (PQRI), and electronic health record program must be enrolled in PECOS.

Physicians who need help with the enrollment process can contact CMA's member service center, 800/786-4CMA or memberservice@cmanet.org, for assistance.

