

A good deal

RECs offer \$5,000 in services for \$300

MATT RAINWATERS



Armando Sanchez, MD, owner of Advanced Medical Group in San Antonio, and his wife and office manager, Rachel Sanchez, signed up for assistance from the Gulf Coast Regional Extension Center (REC). The REC helped them select and implement a certified electronic health record system.

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BY CRYSTAL CONDE Advanced Medical Group, owned by San Antonio family physician Armando Sanchez, MD, started using an electronic health record (EHR) in 2000. But to qualify for up to \$44,000 in Medicare incentives for demonstrating meaningful use from 2011 to 2016, the practice needed a new, certified EHR system. To ensure that it bought an appropriate system to meet its needs, the practice sought help from the Gulf Coast Regional Extension Center (REC) in November.

Texas has four RECs, which, among other services, help physicians achieve meaningful use and qualify for Medicare or Medicaid incentive payments. The Texas Medical Association worked hard to make sure physicians hold half of the seats on each REC’s governing board.

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The Texas RECs charge primary care physicians an annual subscription fee of \$300 for technical consulting services valued at more than \$5,000. Specialists who can attest to providing primary care services are also eligible to receive REC consulting services at the subsidized rate. Interested specialists should contact their regional RECs to discuss potential eligibility.

If a specialist is ineligible to receive subsidized-rate consulting, the REC can customize some services based on the needs of the practice. To identify the REC serving your region and to inquire about enrollment, visit the TMA website, www.texmed.org/rec.

Rachel Sanchez, Dr. Sanchez’s wife and office manager, says for the affordable price of \$300 the practice received many services, including one-on-one

EHR selection guidance from a REC consultant. The consultant visited the practice and examined its workflow, employee duties, and setup to make sound EHR recommendations.

“Working with the Gulf Coast REC has been a positive experience. It’s nice not to be alone in making the big EHR decisions for our solo practice. The consultant shared information with us on which certified EHRs work for practices similar to ours,” Ms. Sanchez said.

The practice’s REC consultant also reviewed the EHR vendor contract and arranged a phone conversation between Ms. Sanchez and the chief executive officer of the software company that provides the EHR.

“Having someone review the vendor contract and help us get answers to our questions about the EHR product gave

us more confidence in the decision we were making. Our consultant was impartial and let us make the final decision,” she said.

To be eligible for the Medicare or Medicaid incentive program, physicians must use EHRs certified by an Office of the National Coordinator for Health Information Technology (ONC) Authorized Testing and Certification Body. ONC lists all meaningful use certified products on its website, <http://onc-chpl.force.com/ehrcert>. When consulting the list, make sure the EHR product and version your practice plans to use or currently uses are certified.

At press time, Advanced Medical Group planned to implement its new EHR system April 4. Ms. Sanchez says the practice will be poised to demonstrate meaningful use at that time.

“Our consultant is going to continue helping us throughout the entire implementation. It has been valuable to work with an expert during this process. The REC consultants have forms, checklists, and timelines to follow to keep you organized,” she said.

Ms. Sanchez says the practice’s REC consultant functions as a group leader, incorporating all six employees into the implementation process.

“Our consultant brought the whole staff on board and made them aware of their responsibilities to make the implementation successful. I’d highly recommend REC services to other physicians,” Ms. Sanchez said.

RECs help achieve meaningful use

Physicians must choose to qualify for either the Medicare or Medicaid incentive program under the Centers for Medicare & Medicaid Services (CMS) meaningful use rules.

Physicians who can attest to meeting 90 days of meaningful use and hit the \$24,000 threshold should receive Medicare incentive payments in May. CMS bases the maximum payment amount on 75 percent of a physician’s Medicare allowable charges. Therefore, to qualify for the maximum reimbursement of \$18,000, a physician’s Medicare allowable charges must total \$24,000 for the



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year. But if a physician fails to reach \$24,000, Medicare still will reimburse the physician for 75 percent of the Medicare allowable charges. For example, if a physician's Medicare allowable charges total \$10,000 for the year, the reimbursement amount would be \$7,500.

Timothy Barker, MD, a Waco family physician and member of the CentrEast REC governing board, is the medical director of the Heart of Texas Community Health Center. Approximately 60 of the health center's physicians have signed up for CentrEast REC services for help in qualifying for Medicaid incentives.

"I know from my 14 years of experience with an EHR system that workflow design is a key factor in successfully leveraging the power of information technology [IT] to improve patient care and efficiency. While my organization has made much progress in improving efficiencies over the years, I believe that consultants from CentrEast will provide valuable assistance to improve on our current workflows, supporting our Medicaid meaningful use project," Dr. Barker said.

Non-hospital-based eligible physicians with at least 30-percent Medicaid patients can receive up to \$63,750 in incentive payments over six years, beginning in 2011. Non-hospital-based eligible pediatricians with at least 20-percent Medicaid patients could receive up to \$42,500 during the same period. Texas Medicaid officials indicate incentive payments for Texas physicians will begin around May. For the first payment year of the Medicaid program, physicians need only to go live with a certified EHR; they don't need to achieve meaningful use the first year. (See "Medicaid EHR Incentive Payments in May," at right.)

To qualify for the meaningful use incentives, physicians must meet 15 core criteria and select an additional five from a menu set of 10. To access the list of criteria, view the meaningful use rules, and learn how to register for the incentive programs, visit www.texmed.org/stimulus. (See "EHR Guidance from TMA," page 46.)

Medicaid EHR incentive payments in May

Two states, Kentucky and Oklahoma, have made the first incentive payments to physicians and hospitals in their Medicaid electronic health record (EHR) incentive programs. Texas Medicaid officials indicate payments for Texas physicians will start around May.

"The quick release of EHR incentive dollars should be a clear message to all physicians that these programs are not just bureaucratic talk from Washington. There is real money flowing to physicians," said Michael Stearns, MD, president of e-MDs.

Physicians can receive up to \$63,750 over six years for achieving meaningful use of a certified EHR if they have at least a 30-percent Medicaid patient volume. Pediatricians can qualify for up to \$42,000 with a 20-percent Medicaid volume. The program is state regulated, and Texas physicians who register and adopt, implement, or upgrade a certified EHR in year one of the incentive program are eligible to receive the first-year EHR incentive.

Medicaid incentives require physicians to meet meaningful use for 90 days in the second year of the program; it is not required in year one. Years three through six require achieving meaningful use for the full calendar year. Physicians may participate in only one EHR incentive program — Medicare or Medicaid — although they may switch programs once before 2015.

Those receiving federal Medicaid EHR incentives may still apply for e-prescribing and Physician Quality Reporting Initiative incentives, if eligible. Early adopters of EHRs are eligible for incentives; it does not matter when an EHR system was purchased as long as the product and version are certified for meaningful use. The Certified HIT Product List, <http://onc-chpl.force.com/ehrcert>, provides a complete listing of tested and certified EHRs.

Visit the Centers for Medicare & Medicaid Services (CMS) website, www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp, to register for the EHR incentive program. In addition to the CMS registration, there are Texas Medicaid requirements.

Regional extension centers have been established to help physicians with EHR selection, adoption, and achievement of meaningful use. Primary care physicians are eligible for onsite consulting services at a subsidized rate of only \$300 per year.

For more information, visit the TMA website, www.texmed.org/HIT; contact the TMA Health Information Technology helpline at (800) 880-5720; or e-mail HIT@texmed.org.

RECs expedite EHR adoption

The federal government subsidizes RECs' consulting services. The Health Information Technology for Economic and Clinical Health Act appropriated \$640 million in grant funds to create 62 RECs across the nation, including the four in Texas.

Texas RECs are:

- North Texas Regional Extension Center, anchored by the Dallas-Fort Worth Hospital Council, www.ntrec.org;
- Gulf Coast Regional Extension Center, led by The University of Texas Health Science Center at Houston, www.uthouston.edu/gcrec;
- CentrEast Regional Extension Center, directed by the Texas A&M Health Science Center-Rural and Community Health Institute, www.centreastrec.org; and
- West Texas Regional Extension Center, headed by Texas Tech University Health Sciences Center, <http://wtx.hitrec.org>.

Last year, Texas' RECs received a total of \$35.4 million from the ONC to help physicians implement and meaningfully use EHRs.

The government granted The Uni-

versity of Texas Health Science Center at Houston \$15.2 million; Dallas-Fort Worth Hospital Council \$8.4 million; Texas Tech University Health Sciences Center \$6.6 million; and Texas A&M University Health Science Center \$5.2 million.

Matt M. Murray, MD, vice chair of TMA's Ad Hoc Committee on Health Information Technology (HIT) and board chair of the North Texas REC, says the RECs receive federal subsidies for successfully providing on-site technical consulting to physicians who are selecting, implementing, or using an EHR system.

"The RECs in Texas collaborated with one another to develop a business strategy that leverages these federal subsidies to charge primary care physicians a small, token fee for high-quality IT consulting services," he said.

C. Mark Chassay, MD, MBA, an Austin family and sports medicine physician, is a member of the CentrEast REC governing board. He encourages physicians to sign up for help from their area REC.

"In looking at the CMS incentive programs, time is of the essence to attain the greatest value of incentive monies for achieving meaningful use," he said.

Dr. Barker says his large health orga-

nization could likely achieve meaningful use without REC assistance. He says support from the CentrEast REC, however, "will help us get there more quickly and ultimately with a more efficient system. I can't imagine a smaller practice meeting meaningful use without the help of a REC."

For \$300, all Texas RECs provide these services:

- EHR implementation and project management;
- HIT education and training;
- Vendor selection and financial consultation;
- Practice and workflow redesign;
- Privacy and security compliance education;
- Meaningful use analysis, tracking, and monitoring;
- Assistance in meeting meaningful use requirements for CMS incentives;
- Collaboration with state and national health information exchanges (HIEs); and
- Ongoing technical assistance.

Sidney Ontai, MD, MBA, a Plainview family physician and member of the West Texas REC governing board, says now is the best time for physicians to work with the RECs to adopt an EHR and qualify for meaningful use.

"Eventually, all third parties will be paying physicians for performance rather than unadjusted volume. It's next to impossible for physicians to measure their performance without the help of an EHR. Because of these one-time government subsidies and services, now is definitely the best time from a financial perspective to bite the bullet and buy an EHR," said Dr. Ontai, a member of TMA's Council on Practice Management Services and Ad Hoc Committee on HIT.

To speak to a TMA staff member regarding REC services, contact HIT Director Shannon Moore by calling (800) 880-1300, ext. 1411, or (512) 370-1411, or e-mailing shannon.moore@texmed.org; or contacting HIT Marketing and Resource Coordinator Tyler Patterson at (800) 880-1300, ext. 1372, or (512) 370-1372, or by e-mailing tyler.patterson@texmed.org.

EHR guidance from TMA

Physicians who need help selecting and implementing an electronic health record (EHR) system and achieving meaningful use may contact TMA to take advantage of the association's numerous resources.

In addition, TMA offers a meaningful use webinar that covers EHR benefits in quality of care, patient safety, and efficiency. The webinar summarizes eligibility for the Medicare and Medicaid incentives and what physicians need to do to meet meaningful use measures. This on-demand resource is \$25 and includes answers to some of the most common questions and access to additional tools.

Physicians can earn 1 *AMA PRA Category 1 Credit™* for completing the webinar and paying the \$25 continuing medical education processing fee. For more information, contact the TMA Knowledge Center at (800) 880-7955, or visit the Distance Learning Center on the TMA website, www.texmed.org/distance.aspx.

RECs focus on physicians

Kim Dunn, MD, executive director of the Gulf Coast REC, oversees operations to assure the center meets its goals, develops relationships with area physicians and stakeholders, and fulfills practitioners' needs to attain meaningful use. She says REC services benefit primary care physicians in many ways.

"REC consultants take a vendor-neutral approach and assume the role of advocate for the practice with the vendor community. Plus, the RECs are working with the local HIEs throughout the regions to assure practitioners' EHR selections will integrate with the community infrastructure," she said.

Dr. Murray says all four Texas RECs hold regular conference calls.

"The RECs want all physicians in Texas, no matter where they reside, to be confident that they can turn to their region's physician-oriented REC for effective, high-quality information technology consulting services," he said.

Primary care physicians should use REC services because the centers are trustworthy, physician-focused organizations specifically created to meet the technological needs of Texas physicians, Dr. Murray says.

"In addition to the steeply discounted cost, it is important to note that REC technical consultants are specifically focused on, and experienced with, the small physician practice," he said.

NPPs may perform service in new vaccine administration codes

Two new vaccine administration CPT codes, 90460 and 90461, have replaced codes 90465–90468, starting Jan. 1. You should report these new codes based on the number of vaccine components rather than on the number of injections and administrations:

- 90460 — Immunization administration through age 18 years via any

route of administration, with counseling by a physician or other qualified health care professional; first vaccine/toxoid component.

- 90461 — Immunization administration through age 18 years via any route of administration, with counseling by physician or other qualified health care professional; each additional vaccine/toxoid component (list separately in addition to code for primary procedure).

What is a “vaccine component”?

CPT says that a component refers to all antigens in a vaccine that prevent disease(s) caused by one organism. Combination vaccines are those vaccines that contain multiple vaccine components.

Who are “other qualified health professionals”?

For Texas, only nurses and physician assistants (PAs) fit the description of other qualified health care professional in the CPT guidelines, which state the term refers to “those providers whose scope of practice as defined by regulation permits them to perform the service represented by the specific code ... (with acknowledgement that) ... licensure and credentialing vary on a state-by-state and institutional basis... (and that) ... relevant state and institutional authorities should be consulted regarding the appropriate reporting of these services by qualified health care professionals.”

The Texas Board of Nurse Examiners licenses nurses and defines their scope of practice by specifying that nurses may not engage in activities that require the use of independent medical judgment. The Texas Medical Board licenses physician assistants and defines their scope as providing any medical service delegated by a physician that is in keeping with the PA's training, education, and experience.

For more information:

- Read the TMA white paper, “Delegation of Duties By a Physician to a Nonphysician,” www.texmed.org/Template.aspx?id=2095.
- Ask your liability carrier if you have insurance coverage for any nonphy-

sician practitioners (NPPs) who perform these new service codes.

- Also check with the individual carriers with which you contract to find out how the carriers recognize NPPs, if they need to be credentialed, and if you must bill their services a certain way.
- See the frequently asked questions on the American Academy of Pediatrics website, <http://practice.aap.org/content.aspx?aid=2980>.
- Visit the Texas Pediatric Society webpage on the new codes, www.txpeds.org/new-vaccine-administration-codes-2011.

Employee payroll taxes change for 2011

The tax bill Congress passed calls for a “payroll tax holiday,” a reduction of employees’ payroll taxes for 2011.

It’s not really a holiday but a reduction in Social Security taxes. For 2011, employees will pay 4.2 percent on their first \$106,800 of income. That is down 2 percent — from 6.2 percent — from 2010. Employers’ share of their employees’ Social Security contribution will remain at 6.2 percent on the first \$106,800 of income.

At the same time, the Making Work Pay tax credit, part of the 2009 federal stimulus package, expired at the end of 2010. (It gave employees a credit of 6.2 percent of wages, up to \$400, with a phase-out for those earning over \$75,000.)

Between these two changes, employees making more than \$20,000 a year will see an increase in their 2011 paychecks over 2010.

The IRS has released new withholding tables for employers for 2011. Log on to www.irs.gov/pub/newsroom/notice_1036.pdf. ■

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