



## **The Scramble Is On To Avoid Medicare Reimbursement Penalties**

By John Netti

Practice managers will feel like they are playing dodge ball this year as they try to maneuver through the challenges in getting to Meaningful Use. The carrot and stick approach that the Centers of Medicare and Medicaid (CMS) is using to achieve adoption of electronic health records (EHR) is nearing the stick phase and the stakes are very high are – a 2% Medicare reimbursement penalty that will begin in 2015 for those who do not reach the goal. For some, because there is so much to do in such a short period of time, the Meaningful Use train may have already left the station. At a minimum, medical practices will be scrambling in 2014 to avert the coming penalties.

Physician groups that are in the greatest trouble are those starting their first year in the Meaningful Use program in 2014. Instead of the twelve month time frame to get to Meaningful Use that other practices have, they will only have until the end of September. Many will have to select and implement an EHR, replace their practice management systems, implement a patient portal, and make all the necessary workflow changes needed to meet the measures. For many of these practices, there may just not be enough time.

The largest roadblocks for all practices however, will involve factors that are out of their control. Because all participants in the program must be using a 2014 certified version of an EHR, every practice will need to be upgraded. Even though a practice may be ready to get started, their vendors may not be able to get them the upgrade as soon as they would like it. The vendor roadblock is a result of one of two issues – the product is late being certified and/or a backlog in getting customers upgraded.

Most EHR companies have been working hard at getting their products ready and tested for 2014 with the Office of National Coordinator, the federal entity responsible for product certification. Some vendors however were not ready by January 1<sup>st</sup> for a number of reasons out of their control (government shutdown etc.). Once a product is certified, it doesn't necessarily mean a practice can automatically be upgraded. They usually will need to stand in line with other customers.

One of the most impactful aspects of Meaningful Use in 2014 will be the requirement to implement a patient portal. Although the technology itself will be relatively easy to set up and use, the portal will bring a whole new dimension to interacting with patients. Because a portal provides a great deal of visibility to the patient community, and because there is only one chance to make a good first

impression, a practice will want to give a good deal of attention to establishing internal processes, staff roles, responsibilities and education before rolling it out. For those in Stage 2, similar work will need to be done in the implementation of secure messaging as well.

Along with having to wrestle with EHR vendors to get their 2014 version upgrades, as well as preparing their organizations for new ways of interacting with patients, administrators will also be thinking about the looming threat of audits. There are several different types of EHR related audits currently taking place. CMS is conducting pre and post incentive payment audits for the meaningful use program. These can take the form of a simple review of reports that come from the certified system as well as the security risk analysis. If however there are red flags, auditors will continue to request information and could potentially come to the practice site. The penalty can range from CMS withholding current incentive payments and recouping previously paid amounts, to penalties associated with fraud... enough to keep any practice manager awake at night.

The Office of Civil Rights is focusing on HIPAA privacy, security and breach audits. Like privacy, HIPAA also has protections for electronic patient information. With the enormous increase in the amount of electronic protected health information due to EHRs, there is a hyper focus on ensuring compliance with the HIPAA security rule.

Even the most experienced practice administrators will have their planning skills tested as they attempt to maneuver through this year's EHR requirements. As if their plates are not already full enough with EHR issues, there is also ICD10 hanging in the background for later in the year. Although most practices will find a way to avoid the Medicare reimbursement penalties, 2014 will likely be remembered as the year of the scramble.

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