

Page 1

NIH Funding on the Chopping Block

CMS Likely to Rescind Lab Signature Requirements

Page 2

Meaningful Use Webinar

Is Your Practice Ready for 5010?

Page 3

ACR responds to CIGNA

ACR Comments on WellPoint Belimumab Policy

ACR Reviews policies for UHC and Regence

Reprocessing Claims Affected by Affordable Care Act

Advocacy News

Page 4

RheumPAC Supports Senator Orrin Hatch (R-UT)

BREAKING NEWS

NIH Funding on the Chopping Block

Research funds play a critical role in improving the quality of life for the over 50 million people in the United States with arthritis and other rheumatic diseases. Over seven million of those suffer from inflammatory rheumatic diseases, which can be life-changing, disabling and even life-threatening.

The current version of the 2011 fiscal year federal spending bill includes deep cuts to NIH research funding which is critical to sustaining research jobs and the discovery of new cures and innovative treatments for patients with chronic diseases.

What Can You Do?

Contact your U.S. Representative and explain the lasting effects these funding cuts will have on the jobs and quality of care of their constituents.

- Call your U.S. Representative using the AMA's Grassroots Hotline at (800) 833-6354.
- E-mail using the [ACR's Legislative Action Center](#).

Phone calls are best and remember to make your contact personal, use examples of patients who have benefited from innovative treatments or how the cuts could affect you and your colleagues.

Get Your Patients Involved

Do you have patients that have benefited from innovative treatments? Encourage them to contact Congress to advocate for the value of research funding. [Download](#) a printable patient flier online at www.rheumatology.org/advocacy.

PRACTICE MANAGEMENT NEWS

CMS Likely to Rescind Lab Signature Requirement

Included in the 2011 Medicare Physician Fee Schedule, this policy would require all lab requests to have the ordering physician's signature. Although not official, clinical labs are speculating that CMS will withdraw the new signature requirement that would take effect April 1.

PRACTICE MANAGEMENT NEWS CONTINUED

Meaningful Use Webinar

Please join the ACR for a live webinar titled: **Meaningful Use for Rheumatologists**

DATE: Tuesday, February 22

TIME: 8:00 - 9:00 PM EST

COST: Complimentary—Space is limited so [register](#) today!

In this introductory webinar on the Medicare and Medicaid Electronic Health Records Incentive Program—Meaningful Use—you will learn the nuts and bolts of the program including eligibility, timeline for reporting, and the EHR functional objectives and work flow requirements that you must meet in order to successfully achieve meaningful use and collect incentive payments of up to \$44,000.

Over the next two weeks, additional sessions will be added to address the CMS EHR Incentive Program criteria and what it means for your practice. Check the calendar of events at www.rheumatology.org/HIT for the latest program and scheduling details.

Is Your Practice Ready for 5010?

Implementation of version 5010 is not optional, and rheumatology practices should begin early testing and implementation well before January 1, 2012, to avoid disruption in patient flow and reimbursements.

If your practice electronically submits administrative transactions to verify patient insurance eligibility, file claims, or send or receive remittance either directly to insurance companies or through a clearinghouse, the transaction version for that system will have to be updated by January 1, 2012. The current version 4010 is outdated and cannot accommodate the necessary business transactions for physician practices and healthcare facilities.

In the 2009 Final Rule, the Department of Health and Human Services announced the implementation of a regulatory law to update the electronic transaction version form 4010 to 5010. Compliance to the *Health Insurance Portability and Accountability Act* (HIPAA) ruling is mandatory for all physicians and health professionals by January 1, 2012. You should begin upgrading now in order to meet the implementation deadline. Below are a few steps necessary for physicians to update to 5010:

1. Meet with your clearinghouse to confirm that its system will sustain the change to 5010.
2. Confirm with your practice management vendor, clearinghouse, and payors when they will begin testing for 5010.
3. Ask your clearinghouse if there will be any cost to you for the system change or for staff training.
4. Discuss with your practice management vendor and clearinghouse whether the systems will continue to support the current HIPAA version 4010 and 5010 during the transition phase.
5. Create a team or assign key staff to work with vendors on practice workflow and other daily transactions.
6. Generate a budget for expenses related to training, system changes, and other necessary resources that your practice will need for implementation

ACR Responds to CIGNA

The ACR in conjunction with the Arthritis Foundation sent a letter to CIGNA in response to their new fail-first policy which requires patients to have inadequate response to both adalimumab and etanercept before having access to any infusible product.

The implementation of this policy will lead to unnecessary delays and denials to appropriate therapies for patients which could lead to poor outcomes.

WellPoint Policy on Belimumab

The ACR sent comments to WellPoint in regards to their new policy on Belimumab for the treatment of systemic lupus erythematosus. Belimumab is currently under review by the U.S. Food and Drug Administration for a final rule.

Insurance Policies Currently Under Review:

- United HealthCare's abatacept policy
- Regence's new krystexxa policy

The ACR insurance subcommittee is reviewing both policies and will submit comments to UHC and Regence at the end of February.

5010 continued from page 3

To be forewarned is to be forearmed. Implementation of version 5010 is not optional, and rheumatology practices should begin early testing and implementation well before January 1, 2012 to avoid disruption in patient flow and reimbursements. For additional information, visit www.rheumatology.org/practice or contact [Antanya Chung](mailto:Antanya.Chung@rheumatology.org), CPC, CPC-I, CRHC, CCP, at achung@rheumatology.org or (404) 633-3777, ext. 818.

Reprocessing Claims Affected by Affordable Care Act

All claims billed in the first several months of 2010 that are affected by the Affordable Care Act and the 2010 Medicare Physician Fee Schedule for retroactive payments will be reprocessed soon. The Centers for Medicare and Medicaid Services has not given an exact date as to when physicians can expect payment.

The notice from CMS indicates that most adjustments will be made automatically and ask that physician offices do not resubmit claims as they will slow down the adjustment process and be denied as duplicates. For questions or additional information, contact the ACR practice management department at (404) 633-3777.

ADVOCACY NEWS

Senate Votes to Repeal 1099 Provision

On February 2, the Senate passed an amendment to the Federal Aviation Administration bill that would repeal the 1099 provision included in the Affordable Care Act.

Beginning in 2012, the provision would become an unnecessary burden on businesses requiring the filing of a 1099 form for all transactions over \$600. The House of Representatives must vote on the bill and the President must sign it before the repeal becomes law. The ACR sent [a letter of support](#) to Senators who voted for the amendment and will continue to advocate for improvements to the health care law.

ADVOCACY NEWS CONTINUED

Rep. Phil Gingrey Introduces Medical Liability Reform Legislation

Representative Phil Gingrey, MD (R-GA) and Representative David Scott (D-GA) have introduced the *Help Efficient, Accessible, Low Cost, Timely Healthcare (HEALTH) Act of 2011* (H.R. 5). The bill contains a \$250,000 cap on non-economic damages, preserves current state liability reform laws and includes other provisions that will reign in health care costs and preserve patients' access to medical care. The ACR joined the AMA and other specialty societies in a [letter of support](#) to Representative Gingrey.

Rep. Phil Roe Introduces Legislation to Repeal IPAB

Representative Phil Roe, MD (R-TN) introduced the *Medicare Decisions Accountability Act of 2011* (H.R. 452) which would repeal the Independent Payment Advisory Board established in the Affordable Care Act. In 2014, the health care law establishes a 15-member Independent Payment Advisory Board charged with recommending reductions in Medicare spending if spending exceeds a target growth rate. The College is opposed to any provisions that would empower an independent commission to mandate payment cuts for physicians and any other payment reductions under the Medicare physician payment system. The ACR sent a [letter of support](#) to Representative Roe and will continue to advocate for improvements to the health care law.

RheumPAC: Advancing Rheumatology on Capitol Hill

RheumPAC, the ACR's non-partisan political action committee, provides opportunities for the College to educate Congress on the importance—and especially the value—of rheumatology.

RheumPAC Supports Senator Orrin Hatch (R-UT)

Senator Hatch is the ranking member of the Senate Finance committee and a member of the Health, Education, Labor and Pensions committee. ACR President, David Borenstein, MD, attended a small event for Senator Hatch and had the opportunity to discuss the elimination of consultation codes, a permanent fix to the SGR, DXA reimbursement and many other issues affecting the rheumatology community.

