



First Insight®

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First Connections

This e-newsletter is published by First Insight Corporation, developer of maximEyes®, paradEyes.com® and optometry.net™

Trends • News • Analysis • Tips

Inside This Issue:

- ▶ [ONC National Coordinator Announces Proposed EHR Certification Process](#)
- ▶ [PQRI 2010 Overview & What's New This Year](#)
- ▶ [It's Easier than Ever to Get ePrescribing Medicare Incentives](#)
- ▶ [New York State Medicaid Pays Providers to ePrescribe](#)
- ▶ [Minnesota Issues ePrescribe Mandate](#)
- ▶ [Utah Requires Practitioners to Provide Patients ePrescribing Option](#)
- ▶ [Why Faxing Prescriptions Do Not Qualify as Electronic Prescribing](#)
- ▶ [AMA Releases ePrescribing ROI Calculator](#)

ONC National Coordinator Announces Proposed EHR Certification Rule

On March 2, 2010, David Blumenthal, MD, head of the Office of the National Coordinator (ONC) for Health Information Technology, released a notice of proposed rulemaking (NPRM) for electronic health records certification.

The NPRM includes a proposed “two-phased approach” for establishing a certification program to test and certify electronic health records technology, in time for eligible professionals to qualify for meaningful use incentive payments in 2011.

Under the temporary certification program, the ONC National Coordinator would authorize organizations to test and certify EHR technology. The permanent certification program would transition much of the responsibility to organizations in the private sector.

Once the NPRM is posted in the Federal Register, ONC will accept public comments for 30 days for the temporary program and 60 days for the permanent program. ONC plans to issue separate final rules for each of the programs. > [Learn More](#)

While some EHR companies are announcing they are ARRA certified through CCHIT, this is not a guarantee that their system will comply as final criteria and standards have not been finalized or released by the federal government.

Once the Department of Health and Human Services (HHS) releases a final ruling, First Insight will immediately submit maximEyes software to be tested and certified in accordance with the ARRA certification process. Despite not having final certification criteria, First Insight's government relations team and maximEyes user consultants have taken a proactive approach by reviewing the unofficial criteria to get a head start—making sure we are well prepared in advance. ■

Ask Us About Our Early EMR/EHR Adopter Incentive!

First Insight guarantees to deliver certified EMR/EHR software that is compliant with federal government defined standards for meaningful use.

- [Request More Information \(click here\)](#)
- [Schedule Personalized Demo \(click here\)](#)
- [Call 800.920.1940, Option 1](#)

PQRI 2010 Overview & What's New This Year

Even though PQRI 2010 is still a voluntary program, you may be missing out on thousands of dollars in Medicare incentive payments. PQRI rewards eligible professionals with financial incentives who satisfactorily report data on specific quality measures.

In 2010, you can earn a maximum of 2 percent of total allowed charges for covered Medicare Part-B physician fee schedule (PFS) services during the reporting period.

Did you know that maximEyes EMR can simplify the PQRI process by prompting you when a patient qualifies for PQRI by adding accurate CPT codes to the patient's records?

Listed below is a quick overview of PQRI 2010. For more information, see [PQRI FAQs](#) or visit www.cms.hhs.gov/PQRI.

- New this year. There are two reporting options: January 1 through December 31, 2010 or July 1 through December 31, 2010.
- New this year. Under the Group Practice Reporting Option, a group practice may qualify to earn PQRI incentive payments equal to 2% of the group practice's total estimated Medicare Part B PFS allowed charges.
- There are eight measures related to eye care: 12, 14, 18, 19, 117, 139, 140 and 141. All eight measures were retained from 2009.
- Measure 139, Cataracts, is for surgeons only, not optometrists, even with a modifier.
- You must report Measures 191 and 192, Cataracts, via a **qualified registry**, rather than on the HCFA claim form.
- You must successfully report a minimum of three PQRI quality measures at least 80 percent of the time on claims during the PQRI reporting period.

continued on page 2

PQRI continued from page 1

- Allowable charges are that portion of the submitted charges that is approved for Medicare payment (including the deductible and copayments).
- CMS uses the taxpayer identification number (TIN) as the billing unit. Incentive payments earned are paid to the holder of the TIN.
- Bonuses will be paid out as a one-time lump sum starting in mid-2011. ■

It's Easier than Ever to Get ePrescribing Medicare Incentives

If you are an eligible provider who "successfully ePrescribes," you may receive a bonus payment of 2 percent of your overall

Medicare Part-B reimbursement for covered services. Amounts will vary depending on the annual allowable Medicare Part-B billings. For more information, check out [ePrescribing FAQs](#) or visit www.cms.hhs.gov/ERXincentive.



To qualify for 2010 ePrescribe incentives, you must:

- **Use a qualified electronic prescribing system**, such as the built-in ePrescribe link within [maximEyes software](#). First Insight was the first company focused exclusively on the ophthalmic industry to publicly launch a true end-to-end ePrescribing solution through our integration with [DrFirst's](#) award winning GoldRx[™] certified Rcopia[™] ePrescribing technology. [> Learn More](#)
- **Add G-code G8553 to your Superbill** to show the visit resulted in you sending an electronic prescription. CMS simplified the process in 2010 by reducing the number of G-codes to only one. Do not enter last year's G-codes or this will result in loss of eligibility for the incentives.
- **Bill the G-code for at least 25 unique E&M visits** during the calendar year, to indicate you sent at least one electronic prescription with each of those visits.

Don't wait too long or the financial incentives will disappear. In 2011-2012, the reward for ePrescribing will be 1 percent and 0.5 percent in 2013. Starting in 2013, CMS will issue a 1 percent penalty for not ePrescribing and the penalty increases to 2 percent in 2014. ■

New York State Medicaid Pays Providers to ePrescribe

Beginning January 1, 2010, for each filled e-prescription that a New York State Medicaid patient picks up from the pharmacy, the provider will receive \$0.80 from New York State Medicaid. This also includes up to five refills. [> Learn More](#) ■

Minnesota Issues ePrescribe Mandate

Beginning January 1, 2011, all providers must submit electronic prescriptions (Minnesota Statutes, section 62J.497). This law applies to all prescriptions and to all professionals who are authorized who prescribe in Minnesota. [> Learn More](#) ■

Utah Requires Practitioners to Provide Patients ePrescribing Option

Beginning July 1, 2012, Utah House Bill 128 requires that a practitioner provide each existing patient with the option to participate in electronic prescribing. The mandate is for practitioners who prescribe a drug or device. [> Learn More](#) ■

Why Faxing Prescriptions Do Not Qualify as an Electronic Prescription

Faxing a prescription is not a "true" electronic prescription. According to the Centers for Medicare and Medicaid Services (CMS), prescriptions must be sent electronically via a "qualified" electronic prescribing system. ■

AMA Releases ePrescribing ROI Calculator

Do you wonder how much time your practice could save each week by ePrescribing or how much your annual Medicare ePrescribing incentive payment might be if you used a qualified ePrescribing solution? If the answer is yes, check out the [American Medical Association ROI calculator](#). [> Learn More](#) ■

Upcoming 2010 Events

- Vision Expo East -- Booth MS1256
March 19-21, Javit's Center, NY
[> Download Free Exhibit Hall Pass](#)
- OptoWest – Booth 422
April 9-10, Indian Wells, CA
[> Download Free Exhibit Hall Pass](#)
- ASCRS – Booth 2545
April 10-13, Boston, MA
- Vision Source National Meeting – Exhibit Hall
April 15-17, Denver CO
- MaximEyes Users Conference
May 22-23, Portland, OR
[> Learn More](#)
- AOA "EHR: Deadlines Have Been Set"
June 16 – Noon to 3 pm
[> Register for Course #1003](#)
- AOA Optometry's Meeting – Booth 1124
June 17-19, Orlando, FL
- AOA Optometry's Meeting
"The Paperless Optometric Practice: Myth or Reality"
June 19, 4 pm to 5 pm
[> Register for Course #3120](#)