



### CMA to Launch HIT List Program

The federal stimulus package passed earlier this year included billions of dollars to help physicians purchase and transition to electronic health records (EHRs). As part of CMA's efforts to help physicians adopt and become "meaningful users" of health information technology (HIT), we will soon be launching the CMA HIT List Program.

The HIT List will provide CMA/SCCMA members with objective and transparent physician reviews of products; an online vendor-neutral comparison tool; a secure online community for physicians to discuss products/technology and the success or failures of implementation; and direct assistance to select, implement, and become "meaningful users" of HIT.

CMA has selected 10 best-in-class EHR vendors and HIT service providers to participate in the HIT List Program. These vendors, selected via a thorough, physician-directed vetting process, will work with CMA to help physicians assess and implement EHRs and other HIT products. The selected vendors include: Allscripts, athenahealth, Cerner, eClinicalWorks, e-MDs, GE Healthcare, Greenway Medical Technologies, McKesson, NextGen, and Sage.

Through the HIT List program, CMA/SCCMA members will receive preferred pricing and members-only discounts from participating vendors. Members will also be guaranteed fair market practices on product upgrades, support, and maintenance fees, and have access to model EHR vendor contracts, as well as ongoing EHR educational seminars and webinars.

### CMS Announces Payment, Policy Changes for Physicians' Services

CMS announced, October 30, final changes to policies and payment rates for services to be furnished during calendar year 2010. The final rule implements a number of provisions in the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) including:

- CMS is finalizing its proposal to stop making payment for consultation codes other than the G codes that are used to bill for telehealth consultations, and to redistribute the resulting savings to increase payments for the existing evaluation and management services. CMS will adjust the payment for the surgical global period to reflect the higher value of the office visits furnished during the global period.
- CMS is increasing payment for the Initial Preventive Physical Exam (IPPE), also called the "Welcome to Medicare" visit, to be more in line with payment rates for higher complexity services. The IPPE benefit now pays for an initial assessment of key elements of a beneficiary's health within one year of the beneficiary's enrollment in Medicare Part B.
- Adding new Medicare benefit categories for cardiac and pulmonary rehabilitation services for chronic kidney disease (CKD) education beginning January 1, 2010.
- Increasing the Medicare share of payments for outpatient mental health services to 55 percent from 50 percent.
- Implementing a requirement that suppliers of the technical component of advanced imaging services be accredited beginning January 1, 2012. The accreditation requirement will apply to mobile units, physicians' offices, and independent diagnostic testing facilities that create the images, but will not apply to the physician who interprets them.

Taking all changes in the final rule into account, CMS projects that payments to general practitioners, family physicians, internists, and geriatric specialists will increase between 5 and 8 percent, prior to application of the negative update required by the SGR.

The final rule with comment will appear in the November 25, 2009 *Federal Register*. CMS will accept comments on designated provisions of the final rule with comment period until December 29, 2009, and will respond to all comments at a later date. Unless otherwise specified, the new payment rates and policies will apply to services furnished on or after January 1, 2010.

To view a copy of the final rule with comment period, you may go to:

[www.federalregister.gov/inspection.aspx#special](http://www.federalregister.gov/inspection.aspx#special).

### Did You Know?...

United Healthcare started a physician advocate program in the summer of 2008 to help Northern California providers with any issues they are experiencing, including claims and contracting issues. Vickie Newell is the designated advocate for Santa Clara County. You may still wish to contact Sandie Becker at SCCMA for assistance and she will act as a liaison, or you may want to go directly to the source. You may contact Vickie at 916/403-0648 or [Vickie.newell@uhc.com](mailto:Vickie.newell@uhc.com)