

# GI Quality and Practice Management News

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Practice Mgmt

Quality

Consulting

Coding

Courses

Products

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CMS released its 2010 physician fee schedule on Oct. 30. This final rule includes implementation details for the 2010 Physician Reporting Quality Initiative (PRQI) program. A [summary of the rule](#) from the AGA is also available. While the PQR program is only authorized through 2010, additional funding is being addressed in the health-reform legislation currently being debated in Congress.

For 2010, successful participants in the PQR program are eligible for an incentive payment equal to 2 percent of the estimated total allowed Medicare charges. For gastroenterology, CMS selected the first GI-specific measure group, which is related to hepatitis C care. The hepatitis C measure group will be reportable through either claims-based reporting or registry-based reporting. Interestingly, despite opposition from GI societies, CMS has decided to hold its position and designate measure #83, hepatitis C: testing for chronic hepatitis C-confirmation of hepatitis C viremia, as a registry-only measure.

CMS will post an initial list of registries qualified for the 2010 PQR by Dec. 31, 2009, and a second list in the summer of 2010 when additional registries have been vetted. Data reported through registries for the 2010 PQR would not be due to CMS until Feb. 28, 2011. The AGA continues to move forward with its registry development efforts. The AGA Digestive Health Outcomes Registry will launch the first of a series of registries addressing a broad range of conditions and procedures in spring 2010.

CMS has posted the 2010 PQR quality measures, detailed specifications and related release notes for the individual [PQR quality measures and measures groups](#). It is important to keep in mind that these PQR measure documents for the current program year may be different from the PQR measure documents for 2009. Eligible providers are responsible for ensuring that they are using the correct PQR program year materials.

The PQR reporting period for 2010 is Jan. 1, 2010, to Dec. 31, 2010, for claims-based reporting. The AGA is pleased that CMS decided to add the ability for a six-month reporting period for claims-based measures beginning in 2010. CMS will continue to allow half-year reporting for measures groups, registries and electronic health records.

The CMS e-prescribing incentive program will continue in 2010 with simplified reporting requirements and more reporting options. These include a new process for group practices to be considered successful e-prescribers. Eligible professionals or group practices that meet the program requirements for 2010 will be eligible for an incentive payment of 2 percent. Eligible professionals will need to report the e-prescribing code at least 25 times during the reporting period to be considered a successful e-prescriber.

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## Medicare Says Goodbye to Consultation Codes, Are Private Payors Next?

Though strongly opposed by many in the medical community, CMS is moving forward with their proposal to eliminate all the consultation codes (CPT 99241-99255) effective Jan.1, 2010.

[Read more.](#)

## Webinar

Learn how this ruling will impact your practice by registering for a one-hour Webinar jointly hosted by AGA and MGMA. [Register today.](#)

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## Save the Date!

## PRACTICE MANAGEMENT ESSENTIALS

May 1 & 2  
New Orleans, LA

Registration opens Jan. 6.

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### Stay Current with Billing & Reimbursement

New changes in billing and reimbursement issues can significantly impact your practice. Understanding modifiers, CMS policy changes and a laundry list of other issues can help ensure the financial success of your practice.

McVey Associates, along with the AGA Center for Practice Management, is offering a series of four audio conferences timed with the quarterly release of the correct coding initiative edits.

[Read more.](#)

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### House Passes Bill to Help Physicians Purchase HIT

The cost of purchasing health information technology (HIT), such as an electronic medical record, can be prohibitively expensive for small practices. Recently, the House of Representatives passed the Small Business Financing and Investment Act, legislation that would help small businesses access capital and includes important provisions to help small health-care providers purchase HIT. The legislation creates a new lending program to provide reduced cost loans for health-care providers to purchase HIT that would be guaranteed up to 90 percent and would have a subsidized deferment of up to three years.

[Read more.](#)

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### Don't Leave Money on the Table — Choose & Implement Your EMR Today

Take advantage of AGA's special member-only stimulus pricing — save more than 35 percent off of list price on the *EMR Field Guide for Gastroenterology*. Find step-by-step instructions for selecting and implementing an EMR. This book is a must have for every GI practice.



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### 2008 PQRI Results Announced

On Nov. 13, 2009, [CMS announced](#) that more than 162,800 physicians and other eligible professionals participated in the 2008 Physician Quality Reporting Initiative. Of those, more than 85,000 professionals satisfactorily reported quality-related data under the program and received incentive payments totaling more than \$92 million, compared to \$36 million in 2007 ([read a fact sheet on the program](#)).

CMS added many new features and measures, including structural measures that focus on the use of electronic health records and e-prescribing technology in the 2008 program. It was also the first time that reporting quality data through a qualified medical registry was an option (although none were specific to GI).

[Read more.](#)

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### Accessing PQRI Feedback Reports & Help Desk Resources

CMS has created an alternative feedback report request process for eligible professionals (EPs) requesting Physician Quality Reporting Initiative (PQRI) feedback reports based on their individual national provider identifier (NPI). It is not necessary for EPs requesting a feedback report based on their individual NPI to register in the Individuals Authorized Access to CMS Computer Services system to use the alternative feedback report request process.

Individual EPs can simply call their respective carrier or A/B Medicare administrative contractor provider contact center to request confidential 2007 PQRI re-run and 2008 PQRI feedback reports that will contain information based on their individual NPI.

[Read more.](#)

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### **On-Demand Clinical Reference Tools**

AGA Institute has teamed up with Epocrates, maker of mobile clinical reference tools, to offer AGA members access to its products at a 20 percent discount. Each product is designed to help save you time and make better clinical decisions.

[Read more.](#)

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### **Early Bird Registration Closes Dec. 18 for Clinical Congress**

There is just one week left to save \$75 on your [Clinical Congress](#) registration fee. Early bird registration closes on Friday, Dec. 18. That is also the last day to reserve a hotel room at the Venetian® & Palazzo® in Las Vegas, NV at the discounted rate.

The two-day congress, which will be held Jan. 15 and 16, will offer an extraordinary educational experience that will immediately impact your practice. More interactive and relaxed than larger clinical meetings, the congress will provide attendees with a thorough review of the most clinically relevant issues in the field.

[Read more.](#)

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### **Your PDR Will be Arriving Soon**

Your complimentary copy of the 2010 Physician Desk Reference (PDR) will be arriving soon. In the PDR, you will notice several changes, including the integration of the PDR with the Health Care Notification Network (HCNN).

AGA has partnered with HCNN to ensure that FDA-required drug alerts reach you immediately via e-mail or fax. To continue to receive your PDR, please confirm your contact information and AGA affiliation on the verification form included with your 2010 PDR. At the same time, you can also register to start receiving FDA-mandated drug alerts instantly in your inbox. To start receiving these alerts and avoid any further delay, visit the [AGA Institute/HCNN Web site](#) and register today.

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### **Phone Consults Offer Cost Savings**

The AGA Center for Practice Management has expanded its services to include phone consultations.

Phone consultations offer a cost-effective way to have one-on-one access to a practice management expert. Consultants can help answer questions and cover topics such as training new front office staff, medical record review, evaluating work flow concerns and educating multiple staff at a time on correct coding practices.

[Read more.](#)

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### **Use GICareerSearch.com to Staff Your Practice**

GICareerSearch.com, AGA Institute's online job bank, is the single most efficient resource for recruiting each type of position for your GI practice. From the office manager to the physician assistant to the GI physician, GICareerSearch.com gives you direct access to a highly targeted, qualified pool of candidates, allowing you to find the right talent for your practice's unique culture.

GICareerSearch.com provides a number of recruitment tools to help you find the most highly-qualified candidates. As a user, the site gives you access to a posted résumé database where you can search the online résumés of each candidate and receive e-mail notifications when new candidates post their résumés.

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