Cardiovascular Administrators
BI-MONTHLY NEWSLETTER

January/February 2012

Click here to visit the Cardiovascular Management pages on *CardioSource.org* for more information and resources for the management of your practice. Also click here for tools and resources.

Check out the new Cardiology Buyers Guide
For questions or more information contact us at (800) 816-6710 or *acc@multiview.com*.

ACC PQRI Wizard
The PQRIwizard is an easy to use, CMS PQRS qualified registry to help physicians and other eligible professionals quickly and easily participate in the PQRS program. Similar to online tax preparation software, the PQRIwizard helps guide professionals through a few easy steps to rapidly collect, validate, report and submit their results to CMS for payment.

Member Benefit Alert: *CardioSource World News*
Stay up-to-date with the NEW complimentary official magazine of the American College of Cardiology: *CardioSource World*

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Last Year for Maximum Payment Under the EHR Incentive Program

This year marks the last year for physicians interested in participating in the Medicare Electronic Health Record (EHR) Incentive Program to receive the maximum payment. Physicians can earn up to $44,000 over five years if they meet the program requirements and begin participating in 2011 or 2012. First-year participants must only comply with the program's requirements for 90 days. This means that participants in their first year have until Oct. 1 to comply.

Unlike the E-Prescribing Incentive Program, the EHR Incentive Program incentives are limited to physicians. Non-physician practitioners are not eligible for the program. To qualify for the Medicare EHR Incentive Program, physicians must be "meaningful users" of EHRs, meaning they must use an EHR that meets the government's certification requirements. They must also report on three core measures and three additional measures, many of which are applicable to cardiology. The program also requires that participants e-prescribe. It is important to note that the e-prescribing requirement for the EHR Incentive Program is different from the requirement for the E-Prescribing Incentive Program. EHR Incentive Program participants must comply with both to avoid the e-prescribing penalty.

For those interested in participating in the Medicare EHR Incentive Program, the

News. Click here to access the inaugural issue.

ACC Cardiology Careers
Let ACC's job board created just for cardiovascular professionals make finding the right candidate easy. Visit *www.CardioSource.org/CardiologyCareers* to learn more.

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ACC and the Centers for Medicare and Medicaid Services (CMS) have created a number of resources. Most recently, the ACC worked with CMS and the Office of the National Coordinator on a special webinar to discuss the benefits of EHR implementation, as well as to explain some of the program's requirements. The archived webinar is available at *CardioSource.org/HealthIT*. In addition, CMS recently released a guide for beginners to the EHR Incentive Program and has produced measure specification sheets for all of the core and optional requirements. All are available at *www.cms.gov/ehrincentiveprograms*. For ACC members attending ACC.12 in Chicago, don't miss the series of health IT related sessions and activities. More information on these activities, as well as the EHR incentive program, is available at *CardioSource.org/healthIT*. *(Source:* January/February issue of *Cardiology)*

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Complete Your EHR Incentive Program Survey

The ACC recently sent out an EHR Incentive Program Survey via email to its cardiovascular administrator members. The goal of the survey is to gauge members' experience with CMS' EHR Incentive Program, which provides incentive payments to eligible healthcare providers who use EHR technology in a "meaningful" way. The program was launched in 2011 and runs through to 2015. Now that it has been a full year since the program's launch, the ACC would like to know how many of its members have registered, if they have received bonus payments, and how their experience has been in general. Members' feedback on the survey is important because it will help form the ACC's comments as CMS seeks input on future stages of the program. If you have any questions about the survey or have not received it, please contact *Lgoldstein@acc.org*.

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UnitedHealthcare Modifies Cardiology Notification Program

After ACC and provider complaints, UnitedHealthcare extended the timeframe to submit Retrospective Notification for the Cardiology Notification Program from 14 to 30 calendar days. Effective Nov. 1, 2011, diagnostic cardiac catheterizations and electrophysiology (EP) implant procedures performed on an emergent basis, or during the course of an inpatient stay, can be submitted within 30 calendar days of the date of service. The ACC and numerous cardiovascular practices expressed to UHC the problems submitting these notifications within the original 14 day window.

The UHC Cardiology Notification Program requires ALL diagnostic cardiac catheterizations and EP implant procedures to be pre-notified regardless of setting. For emergent and hospital inpatient cases, notification must be sent within 30 calendar days of the date of service. The ACC continues to work with UHC to express our concerns with the administrative burden and clinical criteria. Feel free to contact ACC Advocacy at 800-253-4636 with feedback on this program.

Key Points to remember:

- The UHC Cardiology Notification Program currently only includes diagnostic cardiac catheterizations and EP implant procedures (pacemakers and ICDs). Notifications for cardiovascular imaging tests, such as nuclear cardiology,

cardiac computed tomography and cardiac magnetic resonance, are separate and listed under the UHC Radiology Notification Program.
- For more program details, visit UHC Cardiology Notification Program website.

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PINNACLE® Network's On Demand Webinar Series: Advancing the Business of Cardiovascular Care

Missed the recent Cardiovascular Care Summit in Las Vegas? Missed our webinar series last fall? At a loss or in need of a booster on surviving in private practice or integrating with a hospital system? Our series of six webinars is now available on demand and *at no charge*. Sponsored by ACC's PINNACLE Network, this series is presented by Navigant Healthcare (formerly Paragon Health) and has received rave reviews from attendees. Each webinar lasts approximately one hour and includes slides and other resources. Just click here to select the webinars you would like to view.

- **Sept. 7, 2011 -***Physician-Hospital Alignment: The Fundamentals of Integration*
- **Sept. 22, 2011 -***Integration is not Alignment: Constructing Sustainable Models*
- **Oct. 4, 2011 -***Effective Governance: Best Practices in Decision Making*
- **Oct. 18, 2011 -***Cardiovascular Service Line: Building a Foundation for Success*
- **Nov. 8, 2011-***Private Practice Success Strategies: How to Optimize Revenue Cycle Management*
- **Nov. 29, 2011 -***Aligning Incentives Through Co-Management Models*

Please Note: Due to feedback from our membership, we are moving our 2012 PINNACLE Network webinars to 7 p.m. – 8 p.m. EST, a time that should be more convenient and will enable members from both coasts to join us live. More information will be coming soon about upcoming webinars.

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ACC Partners With MCAG to Facilitate Member Participation in EHR Incentive Program

The ACC has partnered with the Managed Care Advisory Group (MCAG) to help members receive maximum incentive payments under the EHR Incentive Program. MCAG uses a dashboard to track physician progress in meeting the Meaningful Use requirements and help identify problem areas. Once requirements are met, MCAG will complete and send the application for the incentive bonus to CMS. More information on the program, including costs and answers to frequently asked questions, is available at *CardioSource.org/HealthIT*. *(Source:* January/February issue of *Cardiology)*

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Improve your Practice at ACC.12

Managing a cardiology practice has never been more challenging and ACC.12's

new **Practice Performance, Improvement & Administration Pathway** will help you navigate those challenges better than ever before. Register today!

At ACC.12, you'll find programming that gets to the heart of the challenges you face today, while preparing you for the cardiology practice of tomorrow.

- Bread-and-butter sessions on coding and reimbursement
- Learn what's new in physician compensation models
- Explore the in's and out's of data collection for quality reporting
- Hear the latest strategies for successful HIT implementation in cardiology
- Get an in-depth analysis of "meaningful use," and in-the-trenches advice on electronic health records

Plus, don't miss the ACC/MedAxiom/ACCA series on physician-hospital integration. Offered over three days, it delivers critical tips for success in negotiating contracts, defining physician value, avoiding pitfalls, and making it all work. ACC.12 will help you run your cardiology practice efficiently, so the focus stays on clinical quality and patient-centered care. Register now to save!

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The New Cardiovascular Administrator Membership Category

The American College of Cardiology is expanding its current Practice Administrator member category to welcome cardiovascular service line administrators to membership. Those engaged as managers in cardiovascular private practice, integrated practices, academic centers and hospital service lines are invited to join under the category, called Cardiovascular Administrators.

The new category is actually an expansion of the current category you are a member of: Practice Administrators. The current category, Practice Administrators, will be renamed Cardiovascular Administrators, and all members will be rolled into the new Cardiovascular Administrator membership type. You may have noticed that this change is already in progress, as the masthead of this newsletter has been changed.

The expansion is part of an overall strategy to help ensure the ACC has a role in cardiovascular care provided in hospital settings. According to the Council on Clinical Practice, with the increasing number of members in an integrated arrangement or under hospital employ, the new category will help the ACC meet members' clinical professional needs and advance patient-centered care.

New Cardiovascular Administrator members will be able to take advantage of the same membership benefits you enjoy, including access to *CardioSource*, access to *JACC* journals content, discounted registration to the Annual Scientific Session and live courses, discounted pricing on educational programs, access to the PINNACLE™ Network and its resources and more.

The administrator's perspective, in both the practice and hospital setting, is vital to quality patient care, the functioning of the practice and the professional performance of health care providers in practices and hospitals.

To learn more about the category, visit *www.CardioSource.org/JoinCA*.

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