

**October 21, 2016**

## **Activities Within This Past Week: Your Chapter Acting on Your Behalf**

- **Conducted a webinar on Preparing for Alternative Payment Models: Help for Small Practices – a demonstration of “sharing allied health professionals, data, analytics, and other services”**
- **Held a post site analysis, with Iroquois Hospital Association, of the Take A Look Tour for Residents in Upstate New York September 28-30 and planning for the Spring 2017 event**
- **Held two Chapter Committees via Conference Call:**
  - **Member Engagement Committee**
  - **Geriatrics Task Force**
- **Presented at a live conference with the Home Care Association of New York State, discussing the alliance of primary care physicians with home care providers – opportunities, barriers and challenges**
- **Continued planning for the State’s mandate of a three hour CME course on pain management**
- **Met with New York eHealth Collaborative (NYeC) officials on the status of EHR adoption by physicians, and ways to address interoperability, access and support for practice transformation**
- **Held two district meetings – one in Syracuse on Hormonal Replacement Therapy and Physician Burnout, and one in Buffalo on Changing ABIM's Maintenance of Certification and Changes in the Management of Atrial Fibrillation in 2016**
- **Conducted a webinar on Preparing for Value Based Purchasing/An Introduction to MACRA**
- **Participated in the Annual Conference of County Health Officials discussing communication with physicians on adult immunization**

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## ***Practice Management***

### **What Physicians Need to Know: How the New Federal Overtime Rule Effective December 1 Impacts Your Employees**

**In May, the Department of Labor announced an update to overtime regulations that increased the threshold below which employees must receive overtime pay to \$47,476 - more than double its current \$23,660. The new regulations mean that both hourly and salaried workers are entitled to time and a half pay when they put in more than 40 hours a week.**

**The new rules makes millions of full-time healthcare workers eligible for overtime pay but is not limited to the healthcare industry. These rules emanate from the Federal Department of Labor and cross all industries. The changes go into effect December 1, and the threshold will automatically adjust every three years, based on wage growth over time.**

**On September 28, the House of Representatives passed legislation H.R 6094, possibly delaying the implementation of the new federal overtime pay rule until June 1, 2017. There is a possibility that the Senate will act on the bill or another version after the Presidential election.**

To explain these overtime rules and how specifically they affect physician practices, NYACP is hosting a lunch hour webinar. With the deadline approaching this webinar is essential in the event Congress does not act.

October 27, 2016: Changes to the Federal Overtime Rules  
12:00 PM • [Registration Link](#)

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## Medicare Deadline Looms for Review of Potential Payment Penalties and Physician Requests for Review of Errors

Late last month, the Centers for Medicare and Medicaid Services posted information on its web site that physicians can consult to determine whether they will be subject to 2017 payment penalties associated with the Physician Quality Reporting System (PQRS) and the Value Modifier. Practices that have concerns about the findings in their report(s) have until November 30 to file for an informal review of their data.

The penalties in question stem from policies in effect prior to the enactment of the Medicare Access and CHIP Reauthorization Act. Failure to successfully complete required PQRS reporting will result in a 2% penalty. Value Modifier penalties can range from 1% to 4% depending on the size of the practice and its performance on cost and quality measures. PQRS penalties will be communicated to physicians by mail as well as in the PQRS feedback reports posted on the CMS web site. Value Modifier penalties and bonuses can be found in Quality and Resource Use Reports (QRURs) posted on the web site only.

Additional information on accessing the reports and filing for an informal review can be found in the attached documents. Those who have questions, even if they are uncertain about penalty status, are urged to submit a request for informal review. Although in most cases a successful PQRS review will trigger an automatic review of related VM penalties, program officials say the safest course is to file requests for review of both PQRS and VM data.

- [Informal Review Request Period for the 2017 Value Modifier Open Now Through November 30, 2016](#)
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## MACRA Quality Payment Program Final Rule Provides a More Definitive Path for Transformed Medicare Payments



On October 14, 2016, Centers for Medicare and Medicaid Services (CMS) issued a final rule on the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) Quality Payment Program (the "Final Rule"). The Final Rule intends to simplify quality reporting requirements for physicians, as well as to incentivize participation in Alternative Payment Models (APMs). Attempting to heed calls for simplicity and flexibility, CMS made changes to the April 2016 proposed rule. CMS anticipates that the Final Rule's Quality Payment Program will eventually transform Medicare reimbursement for over 600,000 clinicians.

MACRA repealed the Sustainable Growth Rate formula and created two quality-based programs: the Merit-Based Incentive Payment System (MIPS) and the Advanced APMs. MIPS incentivizes clinicians by measuring performance in four categories: quality, resource use, clinical practice improvement activities and meaningful use of certified electronic health records (EHR) technology. MACRA also provides that clinicians participating in certain Center for Medicare and Medicaid Innovation payment models, certain Medicare Shared Savings Programs (MSSP) or other federal demonstration projects qualify for incentive payments under the Advanced APM structure.

[<<To read the full article and how it affects MIPS and Advanced APMs, please click here.](#)

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## OCR Issues New Guidance on HIPAA and Cloud Computing

The Office for Civil Rights (OCR) continues to issue guidance to covered entities and business associates on discrete arrangements under the HIPAA Privacy and Security Rules (HIPAA Rules). Most recently, OCR released guidance on "HIPAA and Cloud Computing" accompanied by a series of frequently asked questions (FAQs).

The guidance affirms that a covered entity (or business associate ) may engage a cloud service provider (CSP) to store electronic protected health information (ePHI) or to create, receive or transmit ePHI on the covered entity's (or business associate's) behalf provided that the parties enter into a HIPAA-compliant business associate agreement. OCR cautions, however, that "a covered entity (or business associate) that engages a CSP should understand the cloud computing environment or solution offered by a particular CSP so that the covered entity (or business associate) can appropriately conduct its own risk analysis and establish risk management policies."

OCR also clarifies that a CSP storing or maintaining encrypted ePHI on behalf of a covered entity or on behalf of a business associate is itself a business associate.

[<<To read the full article, please click here](#)

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## EHR Incentive Programs: Review Resources on 2016 Program Requirements

The Center for Medicaid and Medicare Services (CMS) has created materials to help providers attest successfully to the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs in 2016. Below are a few of the resources they offer:

- What You Need to Know for 2016 Tip Sheets for [Eligible Professionals \(EPs\)](#) and [Eligible Hospitals/Critical Access Hospitals \(CAHs\)](#)
- Specification Sheets for [EPs](#) and [Eligible Hospitals/CAHs](#)
- [Alternate Exclusions](#) Fact Sheet
- [Health Information Exchange](#) Fact Sheet
- [Broadband Access Exclusions](#) Tip Sheet
- [Security Risk Analysis](#) Tip Sheet
- [Patient Electronic Access](#) Tip Sheet
- Public Health Reporting in 2016 Tip Sheets for [EPs](#) and [Eligible Hospitals/CAHs](#)
- [Guide for EPs Practicing in Multiple Locations](#)



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## Public Health

### HIV and Chronic HBV/HCV Co-Infection May Increase Non-Hodgkin's Lymphoma Risk

*This article originally appeared in the ACP Internist*

HIV-infected patients receiving antiretroviral therapy (ART) who are co-infected with chronic hepatitis B virus (HBV) or hepatitis C virus (HCV) may have an increased risk for non-Hodgkin's lymphoma, a large European multicohort study found.

Researchers studied 18 of 33 cohorts from the Collaboration of Observational HIV Epidemiological Research Europe (COHERE) to investigate whether chronic HBV and HCV infection are associated with increased incidence of non-Hodgkin's lymphoma. The study [results](#) were published by Annals of Internal Medicine on Oct. 18.

Some patients had HBV, HCV, or dual infection at the time of cohort inclusion, and others acquired infection during the follow-up phase. There were 52,479 treatment-naive patients (2.6% with chronic HBV infection and 14.3% with HCV infection); of these, 40,219 (77%) later started ART. Median follow-up was 13 months for treatment-naive patients and 50 months for those receiving ART.

A total of 252 treatment-naive patients and 310 treated patients developed non-Hodgkin's lymphoma, with incidence rates of 219 and 168 cases per 100,000 person-years, respectively. The hazard ratios for non-Hodgkin's lymphoma with HBV and HCV infection were 1.33 (95% CI, 0.69 to 2.56) and 0.67 (95% CI, 0.40 to 1.12), respectively, in treatment-naive patients and 1.74 (95% CI, 1.08 to 2.82) and 1.73 (95% CI, 1.21 to 2.46), respectively, in treated patients.

The researchers noted that early diagnosis and treatment of HIV infection in conjunction with routine screening for chronic HBV or HCV infection is essential to further decrease non-Hodgkin's lymphoma morbidity and mortality in HIV-infected persons.

"Our findings provide strong evidence that HCV co-infected patients with poor immune status or restoration (CD4 count  $<0.250 \times 10^9$  cells/L) are at high risk for NHL [non-Hodgkin's lymphoma] and death and deserve high priority for access to well-tolerated, interferon-free, direct-acting antiviral treatment programs similar to those for patients with advanced liver fibrosis or cirrhosis," they wrote.

[To read the study results published by Annals of Internal Medicine on October 18, 2016, please click here.](#)

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## Protect Your Patients from Influenza this Season

As flu season is in full swing and winter approaches, it is important to remember to have your patients receive the influenza vaccination.



- Medicare Part B covers one influenza vaccination and its administration each influenza season for Medicare beneficiaries. Medicare may cover additional seasonal influenza vaccinations if medically necessary.
- The CDC recommends use of the Inactivated Influenza Vaccine (IIV) and the Recombinant Influenza Vaccine (RIV). The nasal spray vaccine or Live Attenuated Influenza Vaccine (LAIV) should not be used during 2016-2017.
- For More Information:
  - [Preventive Services](#) Educational Tool
  - [Influenza Resources for Health Care Professionals](#) MLN Matters® Article
  - [Influenza Vaccine Payment Allowances](#) MLN Matters Article
  - [CDC Influenza](#) website
  - Visit the [HealthMap Vaccine Finder](#) to find locations in your area that offer the recommended vaccines

In addition, NYACP has a Public Health and Education page that covers vaccination procedures and recommendations for New York State. [You can view the page here.](#)

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# ***Education***

## **Upcoming Events**

**Webinar: October 27, 2016: What Physicians Need to Know About Changes to the Federal Overtime Law and Its Impact on Your Practice Employees**

**12:00 PM • [Registration Link](#)**

**Did you know that the new federal overtime rules, to be effective on Dec. 1, 2016 will apply to the employees in your practice?**

- **New regulations increasing the minimum salary for exempt employees under the Fair Labor Standards Act become effective December 1, 2016.**
- **This session will cover compliance with the regulations and practical implications and strategies for reclassifying employees.**

**Manhattan: Wednesday, November 2, 2016**

**A MULTIPLE SMALL FEEDINGS OF THE MIND:**

**(1) Promoting Physician Wellness: Current ACP Initiatives**

**(2) Update on Zika Virus - Clinical and Public Health Perspectives**

**(3) Update in Oncology: Cancer in the 21st Century**

**6:00pm Registration • 6:30pm Dinner and Educational Program**

**New York Athletic Club - 180 Central Park South, New York NY 10019**

**[Event Flyer](#) • [Online Registration](#)**

**SAVE-THE-DATE**

**NYACP Annual Scientific Meeting & Poster Competition: Saturday, June 3, 2017**

**Hyatt Regency Hotel**

**125 E Main St, Rochester, NY 14604**

***Registration Information and Brochure coming soon!***

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