



New I-9 Form Released

US Citizenship and Immigration Services has released a new I-9 Form. The form can be downloaded from their site at:

<https://www.uscis.gov/i-9>

The new form, dated 11/14/2016, must be in use by January 22, 2017, for all new employees. Until then employers have the option of using the older version dated 03/08/2013 or the new form. The new form contains new features which make it easier to complete on a computer including drop down lists, calendars for date selection, on screen field instructions, and prompts to ensure accurate data entry.

In addition, there is a new dedicated area on page 2 that allows for easier entry of additional information rather than having to add it in the margins. There is also a supplemental page for the preparer/translator certification.

MACRA Final Rule Released

On October 14, 2016, the Department of Health and Human Services released the final rule for the Quality Payment Program as part of the MACRA legislation. There are two tracks for providers the Advanced Alternative Payment Model (APM) and the Merit-Based Incentive Payment System (MIPS). Advanced APMs include risk sharing care models such as ACOs, patient centered medical homes and certain federal demonstration programs. Clinicians who participate in these APMs avoid the MIPS reporting requirements and are eligible for a 5% bonus.

Most providers will participate under the MIPS program. Exclusions from MIPS include those who bill Medicare less than \$30,000 annually and provide care for fewer than 100 Medicare beneficiaries. MIPS will evaluate clinicians across four dimensions - Quality, Cost, Advancing Care Information, and Practice Improvement Activities. In 2017 cost will not be considered. You are allowed to submit

data either individually or as a group. If you have participated in PQRS or meaningful use in the past, then you will recognize many of the measures.

2017 is considered a transition year and there is flexibility in reporting. If you want to maximize your incentive you should plan to report for the entire calendar year, however you are able to submit data for any consecutive 90 days and could earn a small incentive. If you elect to submit a single measure in the quality or improvement activity category or all five measures in the advancing care information category for one patient, you will avoid a penalty in 2019.

Reporting can be submitted via claims, EHR, a registry, a qualified clinical data registry, or through the CMS web interface. All data must be submitted by March 31, 2018.

If you have questions, please contact your consultant or you can reach Bryan Burke at bburke@hci-ebs.com or 1-800-572-5275.

2017 Medicare Physician Fee Schedule

CMS is establishing new codes for 2017 and will provide payment for services that were previously bundled. There are new codes for non face-to-face prolonged E/M services. Codes 99358 and 99359 are intended to be used by the billing physician or other practitioner and not clinical staff for the additional work performed outside of the E/M visit such as review of medical records, diagnostic test results, and ongoing care management. CMS is also introducing new CCM codes (99487 and 99489) for complex chronic care services outside of a patient visit. These services require moderate to high medical decision making and clinical staff time may be included in reporting these codes.

New temporary codes for behavioral health integration services are also added. These include codes G0502, G0503, G0504 for services delivered under the psychiatric collaborative care model in which a supervising physician, a

behavioral health manager and a psychiatric consultant form an interdisciplinary team to address depression or substance abuse conditions in a primary care setting. The team provides structured care management with clinical assessments using validated tools with a particular focus on those patients not meeting their clinical goals.

The data collection process for resources used in furnishing global services has been significantly modified. The data collection is scheduled to start on July 1, 2017, and will be a claims-based process using code 99024 for post-op visits for a small subset of only 260 CPT codes and will be limited to groups of 10 or more practitioners in 9 specific states which do not include Virginia or North Carolina.

The flu vaccine codes in the 2017 CPT book are revised to remove all of the age indications. Code 90674, flucelvax, will be accepted 1/1/17.

Overtime Rule Delayed

A judge in Texas has issued an injunction blocking the executive order issued by President Obama which would have doubled the salary cap for workers to be exempt from the federal overtime pay requirements. The new rules were scheduled to take effect December 1st.

For now employers should follow the current overtime rules and wait to see if the new administration addresses this issue in 2017.

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