



## New ABN Form

Medicare has released a new ABN form which adds language notifying patients that it does not discriminate and how to request the ABN in an alternate format such as large print. Otherwise there are no changes in the notice itself or in the way practices are expected to use it.

The new form must be used beginning June 21, 2017. Form CMS-R-131 has an expiration date of 03/2020 in the lower left corner of the form.

The new ABN can be accessed at <https://www.cms.gov/Medicare/Medicare-General-Information/BNI/Downloads/ABN-Forms-English-and-Spanish.zip>

*If you have any questions or want additional information, please contact Bryan Burke at 1-800-572-5275 or [bburke@hci-ebs.com](mailto:bburke@hci-ebs.com).*

## New Opioid Treatment Regulations in Virginia

The Virginia Board of Medicine has issued regulations governing the prescribing of opioids and buprenorphine in conjunction with recent legislation passed by the General Assembly. The law takes effect July 1, 2018.

The new law excludes the treatment of pain for cancer, or patients in hospice or in palliative care. It also excludes treatment for pain during an in-patient hospital admission or a nursing home using a sole source pharmacy, as well as for patients in a clinical trial.

The law distinguishes between treatment of acute pain and chronic pain. For acute pain, the prescriber should first consider non-pharmacological treatment. If an opioid is selected for treatment, it should be short acting and the lowest possible dose for the fewest possible days, but no longer than seven days unless extenuating circumstances apply. If the opioid is prescribed in conjunction with a treatment for a surgical procedure, the pre-

scription should be for no longer than fourteen days.

For chronic pain, the provider should document an appropriate history and examination and discuss with the patient the risks and benefits of the treatment plan and the proper storage and disposal of controlled substances. The provider must document the patient's informed consent in the medical record, query the Prescription Monitoring Program, and provide a written treatment agreement for patient signature to include the parameters of treatment and any behaviors necessitating referral, cessation of treatment or dismissal from the practice. The agreement also should outline that the prescriber may obtain drug screens or serum medication levels, may query the PMP, and may consult with other prescribers and pharmacies. The treatment plan should be reviewed every three months including a recheck of the PMP.

## eCW Agrees to Pay \$155 Million to Settle FCA Lawsuit

A leading EHR vendor, eClinicalWorks (eCW) and several of its employees have agreed to pay \$155 million to the federal government to resolve a False Claims Act lawsuit which alleged that eCW falsified its attestation to certain certification standards which caused its users to inaccurately report information to CMS with respect to meaningful use objectives and measures.

The lawsuit named eCW's CEO, COO and Chief Medical Officer as well as the software developer and two project managers. As part of the settlement, eClinicalWorks has agreed to accept a five year Corporate Integrity Agreement (CIA) which requires eCW to retain an Independent Software Quality Oversight Organization to monitor its software control systems and to provide written semi-annual reports to the OIG with a summary of its findings and recommendations.

The CIA also requires eCW to allow its customers to receive updated versions of the software at no additional cost as they become available and to allow its customers to have their data transferred to another EHR software

provider without any additional service charges or penalty. eCW customers must exercise this data transfer option within one year of the notification of such an option. The transferred data must be provided to the customer or to a designee of the customer in a commercially reasonable, structured format which allows the data to be migrated into and useable within the subsequent EHR system.

The eClinicalWorks EHR retains its certification status and we believe that it is unlikely that CMS will come after any provider who attested to meaningful use using the eCW platform and received incentive payments from the federal government.

*If you have any questions or want additional information, please contact your consultant: Will Hunter at [whunter@hci-ebs.com](mailto:whunter@hci-ebs.com)  
Dan Tuckwiller at [dtuckwiller@hci-ebs.com](mailto:dtuckwiller@hci-ebs.com)  
Bryan Burke at [bburke@hci-ebs.com](mailto:bburke@hci-ebs.com)  
Bryson Goss at [bgoss@hci-ebs.com](mailto:bgoss@hci-ebs.com)  
Dwight Martin at [dmartin@hci-ebs.com](mailto:dmartin@hci-ebs.com)  
Ron Otwell at [rotwell@hci-ebs.com](mailto:rotwell@hci-ebs.com)  
Barry Brooks at [bbrooks@ihsmso.com](mailto:bbrooks@ihsmso.com)  
or call us at 1-800-572-5275*

## SSNRI Initiative

Medicare plans to eliminate social security numbers from Medicare beneficiaries' Medicare cards by April, 2019. Medicare plans to create new Medicare beneficiary identifiers (MBIs) which will replace the Health Insurance Claims Numbers (HICNs) which have been social security based in an attempt to reduce the risk of identity theft and the improper use of Medicare benefits.

Medicare plans to begin issuing the new cards in April, 2018. There will be a transition period for practices to continue to use either number through December, 2019. Practices are encouraged to work with their software vendors to confirm that the billing system will be able to handle the new numbers and to develop a strategy to transition from the old identifiers to the new MBIs. Once the MBI has been created for a beneficiary, the new MBI will appear on the 835 remittance even if the former HICN was used on the claim. Medicare has established a website for additional communication and resources for the Social Security Number removal initiative (SSNRI).

([www.cms.gov/medicare/ssnri/index.html](http://www.cms.gov/medicare/ssnri/index.html))



