

How the Healthcare Reform Law Impacts Your Practice and Training Programs

Payment and Delivery Reforms

Psychiatric Services: Increases the payment rate for psychiatric services by 5 percent for two years, through the end of 2010.
Effective Date: Immediate.

Quality Measure Incentives: The law requires a mechanism under which a physician may provide data on quality measures through a Maintenance of Certification Program (MOCP) operated by a specialty body of the American Board of Medical Specialties (ABMS), with an additional 0.5% incentive payment for years 2011 through 2014 if certain requirements are met. These include satisfactorily submitting data on quality measures under the PQRI for a year and through the MOCP, and physicians must also participate in an MOCP for a year, more frequently than is required to qualify for or maintain Board certification status. *Effective Date:* 1/1/2011.

Accountable Care Organizations: The law establishes a new Center for Medicare and Medicaid Innovation at CMS to help develop and implement new payment methodologies. The law specifically authorizes Medicare to contract with accountable care organizations (ACOs) — a new payment model to improve the coordination of care under networks of providers.
Effective Date: 1/1/2012.

Electronic Health Record systems and E-Prescribing: The HITECH Act, adopted in 2009, provides many incentives for use of electronic health records. This bill is not officially part of the Affordable Care Act, but the same entities that developed the ACA package developed the HITECH package, and, in practice, federal agencies will coordinate HITECH Act implementation with ACA implementation, as if the HITECH Act were another part of the ACA package. The ACA will institute a series of changes to standardize billing and requires health plans to begin adopting and implementing rules for the secure, confidential, electronic exchange of health information. CMS officials will wait until ACA programs are implemented before developing Stage 2 EHR adoption standards, and the ACA administrative simplification provisions aimed at health plans and health plan clearinghouses will probably help shape the EHR standards.
Effective Date: 1/1/2011 and on going.

Physician Disclosures

Payments to Physicians and Teaching Hospitals: Require any manufacturer of a covered drug, device, biological, or medical supply that makes a payment or another transfer of \$10 or more value to a physician, a physician medical practice, a physician group practice, or a hospital with an approved medical residency training program to report quarterly to the Secretary of HHS. Payment means food, entertainment, gifts, consulting fees, honoraria and other items or services of value.

Research Funding: Research funding also must be reported, but does not have to be disclosed publicly for four years or until the product under development is approved, whichever comes first.

Public Access: the Secretary will publish this data in a searchable web-based format. Physicians will have a chance to review and correct the information before it is released to the public. *Effective Date:* 09/30/2013.

Incentives to Improve Workforce

Loan Repayment for Child and Adolescent Psychiatrists: Establishes a loan repayment program for up to \$35K per year, for pediatric sub-specialists and providers of mental and behavioral health services to children and adolescents who are or will be working in a Health Professional Shortage Area, Medically Underserved Area, or with a Medically Underserved Population. *Effective Date:* when appropriated.

Grants to Training Programs: Provides grants to schools for development, expansion, or enhancement of training programs in social work, graduate psychology, professional training in child and adolescent mental health, and pre-service or in-service training to paraprofessionals in child and adolescent mental health. *Effective Date:* when appropriated.