Westmoreland County Medical Society

APRIL, MAY, JUNE, JULY SECOND QUARTER 2017

Bulletin

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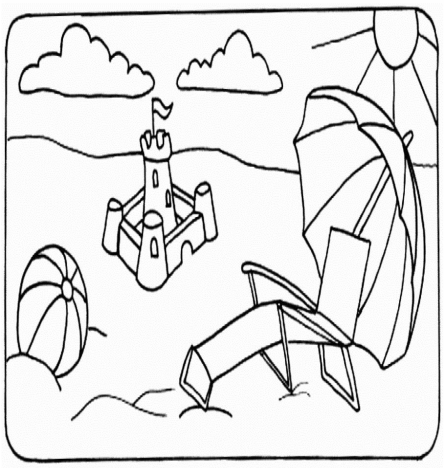
Summer 2017



THE PROPOSED 2018 MEDICARE PHYSICIAN FEE SCHEDULE – 10 THINGS PHYSICIANS SHOULD KNOW

Physicians and physician practices expecting negative Value-based Payment Modifier (VBPM) payment adjustments in 2018 for quality performance in 2016 would see reduced penalties – or, in certain cases, no VBPM penalties at all – under the proposed 2018 Medicare Physician Fee Schedule (PFS) released by the Centers for Medicare and Medicaid Services (CMS) on July 13, 2017.

Here's a look at ten things physicians and practices should know about the proposed 2018 Medicare PFS:

1) Revised VBPM Payment Adjustments

CMS is proposing these changes to reduce previously-finalized penalties:

- Hold all groups and solo practitioners who met 2016 Physician Quality Reporting System (PQRS) reporting requirements harmless from any negative VBPM payment adjustments in 2018.
- Reduce penalties for physicians/groups who did NOT meet PQRS minimum reporting requirements. CMS proposes reducing the penalty from negative 4 percent to negative 2 percent for groups with 10 or more eligible professionals, and it also proposes reducing the penalty from negative 2 percent to negative 1 percent for groups of 2-9 clinicians and solo practitioners.

2) Revised PQRS and Meaningful Use (MU) quality reporting requirements for 2016 performance

To align its old quality programs with the new Merit-based Incentive Payment System (MIPS), CMS is proposing revisions such as:

- Reducing the PQRS reporting requirement of 9 measures across 3 National Quality Strategy domains to only require reporting of 6, with no domain or cross-cutting measure requirement. Similar changes are being proposed for the Medicare Electronic Health Record (EHR) Incentive Program, also known as MU.

- Making the Consumer Assessment of Health Plans Survey (CAHPS) for PQRS Survey optional under the group reporting option (GPRO) for practices of 100 or more eligible clinicians. Under previous rules for PQRS in 2016, this had been a requirement for groups of 100 or more eligible clinicians.

These changes have the potential to enable physicians and practices to meet 2016 PQRS and MU reporting requirements, even if they did not meet the original 2016 requirements for those programs.

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Westmoreland County Medical Society

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A BRIEF DISCRIPTION AND PHOTOS FROM OUR 2017 SPRING GENERAL MEMBERSHIP MEETING CAN BE FOUND ON OUR WEBSITE AT WWW.WCMSPA.ORG.

PETS ARE LIKE FAMILY, BUT WHAT HAPPENS WHEN THE OWNER OF A PET GOES INTO THE HOSPITAL? THAT IS WHERE HOSPAWS COMES IN.

Hospaws is nonprofit organization located in Pennsylvania's Westmoreland County.

At Hospaws we are dedicated to help your pet(s) stay with you. Social Services from not only Veterans Hospital in Oakland, Excela Health, and other hospitals have contacted Hospaws for assistance.

In a case of being in a long term care facility, we will help you to make arrangements for up to 12 weeks of care for your pet(s). This may include in-home or foster care. This service is free to our Hospaws clients.

Our volunteers have all received criminal background checks and are insured and bonded.

Our organization is donation and volunteer based. All services are provided "as available".

Please visit us on Facebook or call 724-787-7304 for more information. Also visit our “Go Fund Me” page to make a donation.

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As the endorsed health insurance administrator of the Westmoreland County Medical Society, our goal is to be your helpful partner in making important insurance decisions such as:

- **Questions on existing coverage or alternative options**
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INtegrity First Corporation can also assist members with other lines of insurance such as:

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3) Payment Update
CMS says that proposed 2018 PFS conversion factor is $35.99, an increase to the 2017 PFS conversion factor of $35.89. This equates to approximately a 0.31% increase to the PFS.

4) Patient relationship codes

The Medicare and Chip Reauthorization Act (MACRA) required CMS to create patient relationship categories. CMS is proposing the use of Level II Healthcare Common Procedural Coding System (HCPCS) codes to indicate these new categories. These codes could then be reported by clinicians on a voluntary basis, starting Jan. 1, 2018.

5) Diabetes Prevention Program

CMS plans to implement the Medicare Diabetes Prevention Program (MDPP) expanded model starting in 2018. Look for details on this program – including guidance for practices who wish to offer these services – from the Pennsylvania Medical Society (PAMED) in the coming weeks.

6) Evaluation and management (E&M) coding

Most clinicians that bill under the PFS use E&M visit codes that distinguish things like level of complexity. CMS has heard that these codes are outdated and would like feedback on updating the guidelines to reduce administrative burden. In particular, CMS is asking for comments on the appropriateness of removing documentation requirements for the history and physical exam for E&M visits at all levels, due to the increased use of EHRs and a shift in focus to population health.

7) Appropriate use criteria for advanced diagnostic imaging

CMS' Appropriate Use Criteria Program was set to begin in 2018, and CMS is now proposing to delay until Jan. 1, 2019. The program would have denied payment for advanced diagnostic imaging services unless the clinician consulted and reported the use of appropriate use criteria, which are meant to assist clinicians with making treatment decisions.

8) Payment rates for non-excepted off-campus provider-based hospital departments (PBDs)

CMS proposes to set payment rates for services provided at non-excepted off-campus PBDs at 25 percent of the Hospital Outpatient Prospective Payment System (OPPS) payment rate for 2018. This affects outpatient departments that were not billing under the OPPS prior to Nov. 2, 2015 that are not located within 250 yards of hospital provider's main campus or remote location. CMS believes this proposal "will encourage fairer competition between hospitals and physician practices by promoting greater payment alignment."

9) Codes for Telehealth

CMS proposes eliminating the modifier for telehealth services, as well as adding several new codes to the list of telehealth services.

10) Stakeholder feedback is essential

CMS is asking for feedback in many areas, including:

- Solutions to achieve transparency, flexibility, program simplification, and innovation
- Whether emergency department (ED) visits are currently undervalued under the PFS
- Office-based laboratories' experiences with recent changes to the Clinical Laboratory Fee Schedule.

How to Submit Comments on the Medicare PFS

To learn more about the proposed 2018 Medicare PFS, check out CMS' Fact Sheet. CMS will publish the rule on the Federal Register on July 21, 2017 here. Public comments can be submitted through Sept. 11, 2017.

PAMED members with questions about the proposed 2018 Medicare PFS can contact our Knowledge Center at 855-PAMED4U (855-726-3348) or KnowledgeCenter@pamedsoc.org.

CMS to Remove Social Security Numbers from Medicare Cards

The Centers for Medicare and Medicaid Services (CMS) will be removing Social Security Numbers (SSNs) from all Medicare cards by April 2019, as required by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). CMS says the primary reason for the change is to fight medical identify theft for people with Medicare.

The nine-digit SSN will be replaced with a Medicare Beneficiary Identifier (MBI). The MBI will be 11 characters in length and made up of numbers and uppercase letters.

The transition period will begin no earlier than April 1, 2018 and run through Dec. 31, 2019. The MBI or the Health Insurance Claim Number (HICN) will be accepted during the transition period. Once the transition period ends you must use the MBI.

What's the Bottom Line for Physicians and Practices?

Physicians and practices are encouraged to check their EHR systems now to make sure your system does not require an update to accept the new MBI number. If your systems are not compatible with the new ID numbers, there is a risk that you will be unable to bill Medicare once the old ID numbers are no longer in use. CMS provides these MBI Format specifications which can be used to make changes to your systems.

The transition period will begin no earlier than April 1, 2018 and run through December 31, 2019. The MBI or the HICN will be accepted during the transition period. Once the transition period ends, you will be required to use the MBI.

For more details on the Social Security Number Removal Initiative (SSNRI), visit CMS' webpage here.

Medical Societies Raise Concerns Over SSNRI

The Pennsylvania Medical Society (PAMED) is one of 89 state and specialty medical societies that signed on to the American Medical Association's letter to CMS regarding SNNRI implementation.

According to the letter, multiple provider groups have expressed concerns that the SSNRI lacks a contingency system that will allow medical practices to obtain the MBI for a patient who arrives at an appointment without the new Medicare card. "An SSNRI transition plan that is totally dependent upon patient presentation of new Medicare cards to providers will result in delayed treatment and claim payment," says the letter.

The medical societies also addressed other potential issues connected to SSNRI, including the potential for beneficiary confusion about the new cards as well as insufficient industry education. Read the letter.

PAMED will share any further SSNRI updates with members as they become available.

Be On The Lookout For Fraudulent Faxed Prescriptions - Here's What You Should Know

Highmark has identified a scam in which fraudulent prescriptions are being faxed to physicians. Telemarketing companies are first reaching out to members to obtain their primary care physician's contact information and then faxing prescriptions to their physician's office to obtain authorization.

The Pennsylvania Medical Society (PAMED) has also heard from member practices who have received suspicious faxed prescriptions. Physicians and practices should be on the lookout for any prescriptions they did not initiate—not just for Highmark members but for patients who have health insurance coverage with other insurers as well.

In a May 17, 2017, news update, Highmark said it became aware of the scam after it began hearing from members who had received unwanted large quantities of medications and supplies. The fraudulent prescriptions/requests could include (but are not limited to):

* Compound creams, scar and skin creams, and topical pain creams
* Diabetic supplies
* Braces, including knee, neck, back, or wrist
* Acid reflux or GERD medication
* Non-steroidal anti-inflammatory drugs

These red flags could signal that you've received a fraudulent prescription:

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PENNSYLVANIA MEDICAL SOCIETY QUARTERLY LEGISLATIVE UPDATE

June 2017

As summer arrives in Harrisburg, conversations over the 2017-2018 state budget are well underway. Governor Tom Wolf kicked off the process with his budget address in February that outlined $32.2 billion in spending, including pledges for increased investments in education, seniors, and substance abuse services, while avoiding new broad-based tax increases. The Governor's budget offsets these increased investments by proposing a savings of $2 billion through waste cutting and government efficiency measures.

In response, in April, the Republican-majority House passed its budget bill by a strong party line vote (114-84) that proposes $31.5 billion in spending. The $815 million gap between the two plans is the closest Governor Wolf and the GOP legislature have had at this point in the process. More work still needs to be done, but for now, it seems realistic that the Governor and the General Assembly could agree to a finalized budget by the June 30, 2017 constitutional deadline.

Beyond the budget, the General Assembly has taken action on several bills of interest to PAMED already this year. Below is an update on that activity.

SB 25 – CRNP Independent Practice (Introduced by Senator Bartolotta)

This legislation would, among other things, eliminate the requirement that the State Board of Medicine or Osteopathic Medicine approve the combined practice of CNPs with physicians. It would also allow CNPs to be eligible to practice without a collaborative or written agreement, including being able to prescribe medications under their scope of practice. SB 25 was voted out of the Senate Consumer Protection and Professional Licensure Committee on April 18, 2017. It was subsequently passed in the Senate on April 26, 2017 (39-10).

In addition to government relations staff working with legislators from both the House and Senate to impress upon them the importance of physician-led teams working with patients, PAMED also generated a call-to-action targeted to physicians from the Senate committee members' districts in the days leading up to the vote.

Despite the final vote count, consideration of the bill, and more specifically, internal caucus discussions, generated a robust exchange between senators who vehemently oppose the measure and those who favor its passage. While a number of senators voiced serious concern about scheduling the bill for consideration, Senator Kim Ward's was the loudest as she made a significant attempt to amend the legislation to more narrowly define those specialty areas in which CNPs could practice. Ultimately, her amendment was not offered but her efforts generated productive conversations. Unfortunately, those discussions did not significantly move the needle but did positively affect some votes.

The legislation will now move to the House Professional Licensure Committee chaired by Rep. Mark Mustio (R-Allegheny). Although the measure was moved swiftly through the senate, we anticipate its progress will slow considerably in the House of Representatives.

Prior Authorization Legislation –Introduced by Rep. Marguerite Quinn (R-Bucks)

Representative Marguerite Quinn, along with 38 bi-partisan co-sponsors introduced HB 1293. This legislation will improve transparency, accessibility and consistent application of prior authorization by including a standard definition. It will also significantly streamline the process by requiring insurers to make available an electronic communications network that permits prior authorization requests to be submitted electronically, and authorizations and adverse determinations to likewise be returned electronically.

Over the past several months, government relations staff has been working closely with Rep. Quinn in developing this legislation and making improvements over last session's version. Prior to its introduction, staff met with house members to explain the need for the legislation and to secure an adequate number of legislative sponsors.

As a PAMED priority, staff is in the process of finalizing the physician and patient grassroots initiative in an effort to generate a considerable volume of constituent/patient contacts with legislators. In addition, PAMED staff has reached out to our network of practice administrators to learn more about the need for prior authorization reform and to collect examples of patients whose care has either been delayed by this process or potentially put at risk. Staff's intention is to share these patient vignettes with the legislature. Other grassroots activities focused on key legislators is also underway.

At this juncture, the House Bill 1293 has not been referred to committee. Once that process has taken place, PAMED will engage in

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direct physician contacts with committee members and begin the process of educating legislators as to how this process negatively impacts patient care.

Pennsylvania Orders for Life-Sustaining Treatment (POLST)

PAMED embarked on the POLST initiative several years ago in cooperation with a broad coalition of 27 different organizations. While legislative language was finalized in the summer of 2016, the decision was made to wait until 2017 to seek legislative sponsors. As planned, earlier this year PAMED was successful in securing Sen. Gene Yaw and Rep. Bryan Cutler to be our lead sponsors of our POLST initiative. Rep. Hickernell, an early advocate of this initiative, joined Rep. Cutler as a "joint sponsor" in the house. All three legislators, specifically our lead sponsors, are well regarded in their respective caucuses. Senator Yaw, well known as a "thought leader" within the Senate republican caucus, was very sensitive to the need to shed light on the importance of POLST. Rep. Cutler, also highly regarded, is universally recognized for his expertise on healthcare related issues and is a member of the House republican leadership team as its Majority Whip. Rep. Cutler's interest in POLST largely stems from personal experience surrounding the death of his parents.

Prior to the formal introduction of POLST legislation, PAMED organized a "key legislative staff" briefing that served as a primer to an issue that was largely unknown in the General Assembly. Presenting at the briefing were Drs. Judy Black (Pennsylvania National POLST Paradigm Program), Alex Nesbitt (Susquehanna Hospice and Palliative Care) and Daniel 3 Kimball who represented PAMED (All three PAMED members). Seventeen senior level legislative staffers attended the event.

On April 18, Sen. Yaw and Rep. Cutler held a joint press event to publicly announce the introduction of their respective pieces of legislation (Senate Bill 623 and House Bill 1193). The press event drew a number of legislative co-sponsors and members of our coalition to stand behind our sponsors during the event. Having two strong legislative sponsors clearly demonstrated unity between the two legislative bodies.

In an effort to keep all 27 coalition members up-to-date on the most recent legislative developments and to provide a means of verbally exchanging information, PAMED has been hosting a monthly telephone conference.

To date, neither bill has been formally introduced as PAMED and the bill sponsors continue to tweak legislative language. Formal introduction is expected in the coming weeks.

Credentialing

Working in cooperation with the Hospital and Health Systems Association (HAP), PAMED was successful in securing the passage of House Bill 125 from the House Health Committee. The legislation was subsequently passed by the full House on May 24, 2017 (190-0). HB 125 will now be considered by the Senate, where it will continue to face strong opposition from the entire insurance industry.

Telemedicine

Last session, legislation was introduced in both the Senate and House of Representatives to provide statutory guidelines related to the practice of telemedicine. As expected, the bills did not move but succeeded in generating discussion among key stakeholders. This session, ongoing efforts, largely taking place in the Senate, to address concerns from all stakeholders has delayed formal introduction of legislation. Two primary issues, guaranteed reimbursement for telemedicine services and a question of mandating the availability of video (PAMED and HAP are opposed to audio only) have thus far slowed down the advancement of this issue. PAMED is hopeful that these issues will be resolved in the near term and that legislation will be introduced shortly thereafter.

Our legislative sponsors remain the same from last session -- Sen. Elder Vogel and Rep. Marguerite Quinn.

Federal Medical Liability Legislation

HR 1215 has cleared both the House Judiciary and the House Energy and Commerce committees. PAMED had previously sent a letter to the House delegation from PA as well as key 4 congressional staff urging support for HR 1215. The bill may come up for a vote soon but because it is identified as health care reform, it could be delayed.

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- The prescription or certificate of medical necessity (CMN) will already be completed, including the number of refills.
- The quantity of the medication will be high.
- The requesting pharmacy will usually be out of state.
- The prescription could list multiple options

If you receive a suspicious prescription for a Highmark member that your office didn't initiate, you can contact the Highmark Fraud Hotline at 1-800-438-2478 or fax the prescription to 717-635-4590.

Practices also have the option to report instances of fraudulent prescriptions to the Pennsylvania Attorney General's Bureau of Consumer Protection. Visit the Bureau of Consumer's Protection's website for an online complaint form.

You can view Highmark's bulletin via its Provider Resource Center on Navinet to get more details on their investigation of the prescription scam.

PAMED members with questions can also contact our Knowledge Center at 855-PAMED4U (855-726-3348) or KnowledgeCenter@pamedsoc.org.

MEMBER BIRTHDAYS

APRIL 2017	MAY 2017	JUNE 2017	JULY 2017
Tiffany B. Helman, MD	Robert R. Lafontant, MD	Dieter Sauer, MD	Richard P. Bonfiglio, MD
Wylie L. Overly, MD	Thomas D. Ward, Jr., MD	Dale B. Fruman, MD	Henry C. Lewis, MD
Robert M. Zaccagnini, MD	Lee H. Sung, MD	Usha V. Kanakamedala, MD	Anthony J. Nicolette, Jr., MD
Guy R. Leone, MD	Lloyd G. Plummer, MD	Marcia M. Nelson, MD	Chitrinee Sachakul, MD
Jawdat A. Nikoula, MD	Charles A. Defrancesco, MD	Wilma C. Light, MD	Christopher Hunzeker, MD
Efren L. Leonida, MD	Geoffrey B. Monsour, MD	Mohammad M. Zaitoon, MD	Jonathan M. Wilson, MD
George M. Gavin, MD	Peter J. McConnell, MD	Bruno J. Casile, DO	Bharat Jain, MD
John S. Parker, MD	Steven E. Mills, MD	John S. Wilson, MD	Gustavo Gomez, MD
Edward L. Williamson, MD	Joy L. Boone, MD	Sabato A. Stile, MD	Debra R. McFadden, MD
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			Ralph A. Miranda, MD
			Edgar A. Boone, MD
			Joanne Bergquist, Exe Dir
			Walter D. Foster, MD

HEALTHY KEYSTONE KIDS INITIATIVE

BREASTFEEDING SUPPORT: THE KEYSTONE TO GOOD HEALTH!

Promoting Access to Lactation Services in Pennsylvania:
A Call for Physicians to Support Licensure of
International Board Certified Lactation Consultants (IBCLCs)

PROBLEM: **78% of Pennsylvania mothers choose to breastfeed, but 52% wean within 2 months.** Breastfeeding problems lead to *weaning* when mothers do not receive clinical lactation care. This deprives families of the lifelong benefits of breastfeeding. Families do not access lactation care because most insurers do not cover IBCLC services.

BACKGROUND: Successful breastfeeding offers huge benefits for families, the healthcare system, employers and Pennsylvania government. If our families could meet Healthy People 2010 goals, it would save at least **$701 million dollars** and **128 lives** '**annually'** by preventing a few illnesses and conditions common in babies and their mothers.

- 92% of first-time mothers, and 83% of all mothers, have breastfeeding problems in the week after hospital discharge, most problems are not resolved within 60 days.
- 80% of families don't breastfeed for a year as recommended by the American Academy of Pediatrics.
- 60% of mothers wean before meeting their own breastfeeding goals.

SOLUTION: Between one and three contacts with an IBCLC **triples** the probability of breastfeeding at one year. Effectiveness of IBCLCs has been confirmed by over **40 studies** which concluded that mothers continue breastfeeding when they receive lactation care from IBCLCs. The studies are summarized here: **http://tinyurl.com/IBCLCefficacy**

State licensure meets insurer criteria for credentialing and reimbursement.
Therefore, licensure enables access to care for families.
IBCLC licensure will increase access to the most *highly qualified, trained and vetted* lactation care providers.

- IBCLCs offer a valuable service for families and physicians, enhancing primary care services in the medical home.
- Licensure supports the integration of the IBCLC into standard healthcare practice to *prevent harm* from poor feeding, to *safely* maintain exclusive breastfeeding, and to extend any breastfeeding.
- IBCLCs work collaboratively with physicians in hospitals, physician offices, clinics, private practices and public health settings and are required to *document and report* to the primary healthcare providers.
- IBCLCs do not encroach on the scope of practice of physicians, nurses, midwives or any other healthcare provider.
- Licensure of IBCLCs will enable physicians to direct-bill for lactation care in their offices, saving physician time, increasing profitability while improving patient health and satisfaction.
- IBCLC care may reduce sick visits, especially for feeding difficulties, thereby supporting capitation limits and facilitating the goals of high quality, cost-effective healthcare.
- Access to professional lactation care will aid in reducing racial and socioeconomic health disparities.

WE ASK PHYSICIANS TO SUPPORT LICENSURE OF THE IBCLC

For more information, please contact:
Healthy Keystone Kids Initiative
Judith Gutowski
jlgutowski@comcast.net Cell: 724-331-6607
www.breastfeedpa.net