Lehigh County Medical Society

Established 1852

The mission of the Lehigh County Medical Society is to encourage physicians and healthcare professionals to have the highest moral and ethical standards; to counsel and censure them when necessary; to serve as a strong and united voice for our Lehigh County physicians, our patients and our community; to promote healthful living and well-being and to advance the highest standards of healthcare and service in our region through education, service and advocacy.

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MMXV No. 3 **May/Jun 2015** **The DR Bulletin**

PRESIDENT, Robert D. Barraco, M.D.

The 2015 OIG Work Plan: What Exactly Is It, and Why Are Physicians Always So Interested?

By: Mary Ellen Corum, Director of Practice Support, Pennsylvania Medical Society

The Office of Inspector General (OIG) has the task of protecting the integrity of Department of Health and Human Services (HHS) programs. It is an enforcement agency and has oversight of more than 300 HHS programs, of which Medicare and Medicaid are the largest. Its job is to detect and prevent fraud, waste, and abuse; identify opportunities to improve program efficiency and effectiveness; and hold accountable those who violate federal laws. The OIG carries out its work mainly through the use of audits and investigations.

As part of its ongoing objectives, the OIG has stated that reducing waste in Medicare Parts A and B and ensuring quality in nursing home care, hospice care, and home and community-based care, is among the top management challenges for the Department. It will examine the safeguards in place to ensure medical necessity, patient safety, and quality of care, looking to identify any integrity gaps or breaches. Patient access to care, including access to durable medical equipment, prosthetics, orthotics, and supplies, and the effect of competitive bidding program will be reviewed.

In order to focus on these broader objectives, every year the OIG releases its Work Plan, which identifies the areas of health care on which the agency will focus its fight against fraud and abuse in Medicare and Medicaid. New projects are revealed, as well as projects which will be carried over or continued from previous years' Work Plans.

The 2015 Work Plan added just three new project areas. They are:

- Hospital wage data used to calculate Medicare payments – Determine whether there are appropriate controls in place for the collection and reporting of wage data, to ensure that only eligible services and compensation are included in the wage data reported.
- Adverse events in post-acute care – Examine adverse events and temporary harm events to identify contributing factors, the extent to which the events were preventable, and the associated costs to Medicare.
- Independent Clinical Laboratory Billing Requirements – Medicare is the single largest payer of lab services, and the fact that lab spending has increased by almost 30 percent in a five-year period from 2005 and 2010 has got the attention of the OIG. It will use 13 measures to indicate possible questionable billing practices.

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Manuscripts offered for publication and other correspondence should be sent to 1620 W Highland St, Allentown, PA.

The DR Bulletin is published six time a year bi-monthly, beginning in January, by the Lehigh County Medical Society.

The editorial board reserves the right to reject and/or alter submitted material before publication. All manuscripts and letters should be typed double-spaced on 81/2" x 11" stationary.

Here are some of the projects that have been carried over or extended from previous Work Plan years:

• New inpatient admission criteria – A review will be done to determine the impact of new inpatient admission criteria on hospital billing, Medicare payments, and beneficiary copayments. The review will also report billing variations among hospitals.

• Medicare oversight of provider-based status - Provider-based status allows facilities owned and operated by hospitals to bill as hospital outpatient departments. This can result in higher payments for the facilities, and increased beneficiary coinsurance liabilities. The OIG wants to determine whether provider-based facilities meet the Centers for Medicare and Medicaid Services' criteria.

• Comparison of provider-based and free-standing clinics – Medicare payments for physician office visits in provider-based clinics and free-standing clinics will be compared to determine the difference in payments.

• Oversight of hospital privileging – Determine how hospitals assess medical staff candidates prior to granting initial privileges, including verification of credentials and review of the National Practitioner Databank. Medicare requires participating hospitals have a medical staff that operates under bylaws approved by the governing body.

• Part B services during nursing home stays – Congress directed OIG to monitor Part B billing for abuse during non-Part A stays to ensure that no excessive services are provided. Several broad categories of services, such as foot care, will be examined.

• Ophthalmologists – inappropriate and questionable billing – Driven by the fact that in 2010, Medicare allowed more than $6.8 billion for services provided by ophthalmologists. Claims data will be reviewed to identify "potentially inappropriate and questionable billing" for ophthalmology services during 2012.

• Imaging Services – payments for practice expenses – A review of Medicare Part B payments for imaging services to determine whether they reflect the expenses incurred and whether the utilization rates reflect industry practices. The focus will be on the practice expense components, including the equipment utilization rate.

It is no wonder that physicians have an interest in the OIG Work Plan each year. Look at the wide range of issues and services addressed in the OIG Work Plan. Who wouldn't find this scrutiny rather intimidating? The Work Plan does, however, provide a map of sorts that can make the challenge of navigating the world according to Medicare a bit less daunting.

REMEMBER

If you change your business or home address and/or phone or fax number, please notify the Lehigh County Medical Society.
Call: 610-437-2288

ATTENTION
Lehigh County Medical Society
MEMBERS

Does your Physician Group have a Website?

Contact the Lehigh County Medical Society and have your Website linked onto the Lehigh County Medical Society Website.
www.lcmedsoc.org
Call: 610-437-2288

Don't Delay: Why You Should Initiate Medicaid Revalidation NOW

By March 24, 2016, more than 100,000 Medicaid physician service locations in Pennsylvania must revalidate (re-enroll) or their enrollment will expire. Providers who enrolled in Medicaid for the first time after Oct. 1, 2013, do not have to revalidate at this time. As of the end of February, there were still 82,700 physician service locations that had not yet revalidated.

An expired or inactive enrollment will result in nonpayment for services provided. Enrollments will not be made retroactive to cover any lapsed enrollment periods.

But, you're saying, March 2016 is a long way off, why do I need to worry about it now? Here are several reasons why you should initiate revalidation NOW:

The March 26, 2016, revalidation deadline is closer than you think. Plus, that date is NOT the submission deadline; it's the deadline by which your enrollment application must be processed and approved and updates to the PROMISe™ system must be completed.

Pennsylvania's Department of Human Services (DHS) expects longer wait times for approvals so it's imperative to submit applications immediately.

Unlike with Medicare revalidation, you won't receive a written notice that it's time to revalidate. It's your responsibility to initiate the Medicaid revalidation process

There will be no retroactive billing for services provided during a deactivated enrollment period.

Revalidate for Medicaid now and avoid deactivation of your billing privileges and disruption to your reimbursement. For more information on both Medicaid and Medicare revalidation, go to www.pamedsoc.org/revalidation.

Members of the Pennsylvania Medical Society (PAMED) who have specific questions or need assistance can contact our practice support experts at 717-DOC-HELP (717-362-4357).

The Department of Public Welfare (now the DHS), issued information (updated March 7, 2014) to providers about the new re-enrollment requirements for currently enrolled providers.

The Affordable Care Act (ACA) requires DPW to validate all new providers and revalidate existing providers —regardless of provider type — by March 24, 2016, and at least every five years thereafter. This means that, by the deadline, all pro-

viders must have submitted a fully completed PROMISEe™ Provider Enrollment Application, along with the required documentation and have had their application processed and entered into DPW's enrollment system.

Enrollment applications may be submitted in one of three ways, unless otherwise specified in the application instructions:

Email: Ra-ProvApp@pa.gov

Fax: (717) 265-8284

Mail: DHS/OMAP/BFFSP, Attention Provider Enrollment Unit, PO Box 8045, Harrisburg, PA 17105-8045.

Providers will need to complete a full new enrollment application for their provider type for each service location. Once a completed application is submitted, DHS will conduct the required screening.

To determine your next re-enrollment deadline, log in to the provider portal for each service location.

The re-enrollment date will be displayed in the masthead of the provider portal for each service location. This is also the current expiration date for that service location based on the most recent application on file with DHS.

Physicians should also remember to inform DPW of any changes in their provider enrollment application, such as changes in ownership, contact information, or closed or invalid service locations.

More info at http://www.pamedsoc.org/

The Allentown Health Bureau has a vacancy and is looking to hire an RN/BSN.

Preferably the candidate will have experience in public health, vaccinating babies and young children, home visitation and population based health initiatives. The hours are primarily Monday through Friday from 8am to 4:30pm with few nights or weekend hours. If you are aware of any suitable candidates, please encourage them to apply on the city's website (allentownpa.gov).

Register in Open Payments So You're Prepared to Review Submitted Data Before It Goes Public

Physicians can now register in the Open Payments System and review their 2014 CY data. The official 45-day review and dispute period runs from April 6-May 20. Disputes that are initiated by May 20 will be flagged in the public release on June 30.

Physicians and teaching hospitals should register in the Open Payments system so that they can be prepared to review any data that may be submitted about them in the second year of data submission.

Applicable manufacturers and applicable group purchasing organizations (GPOs) are also now able to register or recertify their registration in the Open Payments system and begin data submission for any payments or transfers of value that occurred in 2014. March 31, 2015, is the deadline for all submissions.

All applicable manufacturers and GPOs must register or recertify their registration. Applicable manufacturers and GPOs can now submit corrected 2013 data (if needed) and submit their 2014 data to the Open Payments system.

This is the second year of Open Payments data submission, which is part of the Centers for Medicare and Medicaid Services' (CMS') ongoing efforts to increase transparency and accountability in health care.

CMS released the first year of Open Payments data on Sept. 30, 2014, to help consumers understand the financial relationships between the health care industry, and physicians and teaching hospitals. The 2013 data contained 4.45 million payments valued at nearly $3.7 billion. For an overview of the first round of public data, view CMS' fact sheet..

More information about the Open Payments is available at: www.cms.gov/openpayments.

Lehigh County Medical Society Welcomes the following New Members:

Satyam Arora, DO (NEP)
701 Ostrum St, Ste 602
Fountain Hill, PA 18015

Swomya Bal, MD (NEP)
701 Ostrum St, Ste 602
Fountain Hill, PA 18015

JoAnn Burke, DO (FM), 5848 Old Bethlehem Pike Ste 101, Center Valley, PA 18034

Maria Cristina Erazo, MD (IM-NEP)
451 Chew St., Ste 404
Allentown, PA 18102

Amy Lindmark, DO (PD)
Cedar Crest & I-78
Allentown, PA 18105

John Lindmark DO (PD)
Cedar Crest & I-78
Allentown, PA 18105

George A. Persin, DO (CD)
2649 Schoenersville Rd, Ste 301
Bethlehem, PA 18017

Steven Solga, MD (GE)
701 Ostrum St, Ste 604
Fountain Hill, PA 18015

NOTE: **Members of the Lehigh County Medical Society can now view the membership roster (Physician Directory) at our website: www.lcmedsoc.org or request a Membership Roster by calling the Lehigh County Medical Society at: 610-437-2288.**

LEHIGH COUNTY MEDICAL SOCIETY
1620 W. Highland St. Allentown, PA 18102-1033

RETURN SERVICE REQUESTED

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The vision of the Lehigh County Medical Society is to be a relevant and influential leader in the Pennsylvania Medical Society; to unite our physicians and to empower them to deliver compassionate, ethical and evidence based healthcare of the highest quality and value to our community.

The Lehigh County Medical Society will accomplish its mission and its vision by the following:

Legislative Advocacy within our State Medical Society and our Government
Community Education within the Public Health Arena
Member Education, Collaborative Relationships and Collegiality
Service Activities for our members and our community

SUPPORTING ADVERTISERS