

Philadelphia Medicine



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ICD-10 — tips for small provider practices

All healthcare providers covered by HIPAA must make the transition from ICD-9 to ICD-10 codes by the October 1, 2014, compliance deadline.

ICD-10 will affect every aspect of how your organization provides care, from software upgrades and patient registration and referrals, to clinical documentation and billing.

Key steps to prepare for ICD-10

With adequate planning and preparation, you can ensure a smooth transition for your practice. Whether you are just starting the planning process, or ahead of schedule, the checklist below can help make sure you keep your efforts on track.

1. Inform and educate staff about the transition to ICD-10.

- Appoint an ICD-10 coordination manager.
- Tell your staff about upcoming changes and your transition plan. Educate staff on changes in documentation requirements from health plans.
- Seek resources from CMS and professional and membership organizations to help with the transition.

2. Perform an impact assessment. Identify potential changes to existing work flow and business processes by looking at your current use of ICD-9.

- Make a list of staff members who

need ICD-10 resources and training, such as billing and coding staff, clinicians, management, and IT staff.

- Evaluate the effect of ICD-10 on other planned or ongoing projects (e.g., electronic health records).

3. Plan a comprehensive and realistic budget. Estimate and secure a budget, including costs such as software, hardware, staff training, and production costs.

4. Contact system vendors, clearinghouses, and/or billing services to assess their readiness and evaluate current contracts.

- Ask your vendors how they will support you in the transition to ICD-10.
- Request a timeline and cost estimate.

Getting ready for testing

Once you have completed the planning steps, prepare to test ICD-10. It is important to conduct internal testing of ICD-10 within a clinical practice as well as external testing with payers and other external business partners.

Resources

The CMS ICD-10 website at www.cms.gov/ICD10 offers resources and guidance to help plan for the ICD-10 transition. Tailored guidance and tips for planning are available on the provider resources page. To keep up to date on the latest news, sign up for weekly ICD-10 email update messages and follow @CMSSGov on Twitter.

ICD-10 Front-end claims testing week announced for March 2014

The Centers for Medicare and Medicaid Services (CMS) recently announced that Medicare Administrative Contractors (MACs) must give providers and suppliers the opportunity to submit ICD-10 test claims during the designated testing week, scheduled for March 3-7, 2014.

The ICD-10 testing week has been created to identify any potential problems before the Oct. 1, 2014, implementation date.

The test claims will be submitted through the Common Edits and Enhancements Module (CEM) or Common Electronic Data Interchange (CEDi). Trading partners, including physician practices, will have access to MACs and CEDi for testing with real-time help desk support. CMS says that the EDi help desk will be available with enough support to handle increased call volume during the testing week.

Participating providers and suppliers will receive an electronic acknowledgement confirming that the submitted test claims were accepted or rejected.

Get more information, including how to register for the testing week and what you can expect at pameds.org/icd10testingweek.

PCMS and PAMED staff are available if you have a questions: PCMS staff at 215-563-5343, Ext. 101 or PAMED 800-228-7823.

PCMS NEWS

ICD-10 Resources

Specialty-specific documentation training for physicians (online):

www.pameds.org/ICD10documentation

Spring 2014 regional workshops for practice coding staff:

www.pameds.org/icd10workshops

ICD-10 LinkedIn Group where you can share ideas with your colleagues and ask questions:

www.pameds.org/icd10linkedin

Test to check your vendor's readiness for ICD-10:

www.pameds.org/ICD10vendoreadiness

More ICD-10 resources:

www.pameds.org/icd10

Upcoming PCMS Educational Programs

All events are held at PCMS HQ unless otherwise noted by*

February

25 Rheumatoid Arthritis* 6:00 - 8:00 PM Place TBA

March

6 Medical Student Panel Discussion 6:00-8:00 PM

12 PCMS Board of Directors Meeting 4:00-5:30 PM

15 Advances in Pulmonary Care 7:30-Noon

25 Resident/Fellow Contract Review Program
6:00-8:00 PM

April

5 GI Update 7:30-Noon

22 Social Media: A Legal Perspective 6:00-8:00 PM

For additional program information, go to
philameds.org or call us at
215-563-5343, Ext. 113.

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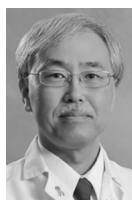
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Editorial

Are you noticing changes with the initiation of the PPA CA?

By Curtis T. Miyamoto, MD



We have now taken the next major step in the evolution of the Patient Protection and Affordable Care Act. Millions of Americans now have health insurance, many for the first time. Among the many changes: insurance companies no longer can deny coverage for pre-existing conditions and male and female premiums will be the same. There is a list of 10 minimum areas of coverage.

I recently called a patient information telephone number and was placed on hold for an hour. When I finally got through, I was told that throughout the day there were approximately 300 callers on hold. This increase in queries will likely continue for several months as the deadline for obtaining insurance has been extended to March 31. Over time, it is expected that the process will become more fluid and efficient.

The process is far from being complete and is likely, as with many things in medicine, to continue to evolve. With expanded coverage at relatively low rates, insurance companies will have less revenue to compensate physicians and hospitals.

This is resulting in many companies either currently, or in the near future, reaching out to providers to change their contracts. In most cases, this means lower reimbursement. This will undoubtedly challenge all of us to become more efficient and cost-conscious. There are additional quality measures going into effect as well, meaning more time-consuming documentation. Patience and adaptability are therefore mandatory for physicians, health systems, hospitals, patients and insurance companies. Everyone will need to work together for this new regimen to succeed.

I recently attended a hearing on the Healthy PA initiative, a program still in its formative stages and therefore critical for all of us to become knowledgeable about and sending comments.

It is expected that approximately two million people will be covered under Pennsylvania's program. The cost is

approximately \$20 billion annually. This is the main reason that Pennsylvania has not accepted the federal program as this would eventually result in an increased cost to the state.

Patients covered under the plan will be allowed only a limited number of physician visits. For many specialties, this could result in possible compromise in care. Another facet is the notion of personal responsibility. This may be the most controversial part of the program. For example, it will require that individuals apply for jobs monthly. A state program will be in place to facilitate this.

The process is far from being complete and is likely, as with many things in medicine, to continue to evolve. With expanded coverage at relatively low rates, insurance companies will have less revenue to compensate physicians and hospitals.

Another aspect will be a monthly cost. Although the cost is low, many patients who would qualify for the program have absolutely no resources and therefore any cost would likely constitute hardship.

There will be significant challenges on the provider side to take care of these patients. Again, although the number of patients is expected to increase, no additional funds will likely be available.

I encourage everyone to become familiar with this new plan and to comment openly. Positive suggestions on improvement, according to the governor's office, will definitely be considered.

At the Philadelphia hearing I attended there were very few physicians. There were many administrators and especially representatives from the social service and behavioral sciences.

Another significant note is that the program will not begin until January 1, 2015. It still needs to have federal approval which will not be automatic, especially with the job application requirement.

We in the Philadelphia County Medical Society will continue to advocate for our patients and are calling physicians. We will try to keep you updated with the changes.

Dr. Miyamoto is the President of PCMS.

Pennsylvania Medical Society legislative update

The following is a summary of some of the important physicians and patients legislative activity for 2013.

Healthy Pennsylvania

On September 16, 2013, Governor Corbett announced his Healthy Pennsylvania package of initiatives, and while his take on Medicaid expansion has grabbed all the headlines, the plan contains a number of other pro-physician, pro-patient measures.

Among those proposals, the governor endorsed increased medical student debt forgiveness, long a goal of the Pennsylvania Medical Society. According to a 2012 report, the mean debt for graduates from the class of 2012 was nearly \$167,000, not including premedical educational debt, driving many graduates away from primary care to higher paying specialties.

The governor also proposed additional funding to increase the number of in-state primary care residency slots, a move that could help the growth of the physician population in medically underserved areas.

Corbett also publicly announced his support for the establishment of a statewide controlled substance database and the proposed apology law. Not long afterward, the House passed a controlled substance database bill and the legislature enacted the state's new apology law.

Finally, the governor also announced his advocacy for healthcare technology and telemedicine. The Pennsylvania Medical Society strongly supports the development of a statewide health information exchange (HIE), and is pleased that the Corbett administration and legislature are moving forward with this initiative.

Controlled substance database

A bill that would create a controlled substances database, giving physicians better knowledge of prescriptions written for and filled by a patient, is one step closer to becoming law. The House of Representatives passed House Bill 1694 on Oct. 21, 2013, by a vote of 191-7. The success was the result of two years of effort by the Pennsylvania Medical Society and its members, who recognize the value such a database would have in reducing doctor-shopping and controlled substance abuse. Our "Pills for Ills, Not Thrills" campaign has played a major role in generating public support for the legislation.

Apology bill

Thanks in large part to physician advocacy, on October 25, 2013, Gov. Tom Corbett signed into law legislation preventing most physician apologies from being used against them in a medical liability lawsuit. Pennsylvania Medical Society members sent more than 1,300 messages to the state legislature in support of this legislation over the course of the two-year campaign. The legislation, now Act 79 of 2013, will protect most physician apologies except for admissions of negligence, which will remain admissible. It removes a barrier to open communication between physicians and patients after a poor outcome, which is essential to maintaining the physician-patient relationship. The new law does not take any legal right away from injured patients or impair their ability to file a personal injury action against a healthcare provider should they choose to do so. It also does not limit the amount that a patient can recover in such an action. The bill became effective on December 24, 2013. The Pennsylvania Medical Society has put together a short webinar that goes over the nuances of the new law. It can be accessed on the Society's website.

Physician Assistant bills signed into law

Do you have a physician assistant (PA) with whom you have worked for some time, and who has impressed you with his or her competence? Has your confidence in that PAs work reached the point where countersigning every one of his or her patient records has become an administrative burden rather than a necessity for patient safety? Could you be more productive, and do you believe patient safety would not be compromised if you were to countersign fewer of your PAs patient records going forward? If you can answer yes to all of those questions, help is on the way.

The Pennsylvania Medical Society will be working aggressively with the governor and legislature over the coming months to advance this positive package of healthcare measures.

Further info can be found on the PCMS website www.philamedsoc.org.

Does The Sunshine Act apply to you?

If you are a licensed physician in the US and you are not a medical resident, then The Physician Payments Sunshine Act applies to you.

The Physician Payments Sunshine Act OPEN PAYMENTS program began August 1, 2013, and requires transparency of any financial interactions between physicians or hospitals with any applicable manufacturers of covered biologicals, pharmaceuticals, medical devices and supplies that participate in federal healthcare programs and any ownership or investment interests in group purchasing organizations (GPOs).

The GPOs and manufacturers were required to collect the information on these financial interactions with physicians/hospitals from Aug. 1, 2013-Dec. 31, 2013, and report to CMS by March 31, 2014.

After the submission to CMS, physicians will have a minimum of 45 days to review these submitted reports and will have the opportunity to dispute any of the information.

Although it is not required, physicians should register with CMS to receive these reports starting Jan. 1, 2014. The onus is on the manufacturers and GPOs to report, but every physician should double-check the accuracy of the data prior to it becoming public record.

There is a free mobile app available to help physicians track and store this data at <http://go.cms.gov/openpayments>.

Change of address?

Phone 215-563-5343, Ext. 102 with any change of address, phone, fax number, or e-mail address.

All events are posted on the PCMS website. These include CME programs and seminars from outside sources. If you would like to post your event on the website, call 215-563-5343, Ext. 102



pcms people



Larry R. Kaiser, MD, FACS, Dean of Temple University School of Medicine and President/CEO of Temple University Health System, has been appointed to the Governing Council of the American Hospital Association's Constituency Section for Health Care Systems.

Host your event at PCMS
 Host your next party or conference/seminar at PCMS headquarters. Ample free parking. Contact Louise Eder on 215-563-5343, Ext. 107 to schedule an appointment.

Necrology 2013

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