



North Carolina Neurological Society Newsletter, November 2014

In this edition:

(click on the title to go to the article)

[Traumatic Brain Injury Subcommittee
Begins Legislative Study Meetings](#)

[Consulting Opportunities with N.C.-based
Physician Re-entry Program Available
NOW!](#)

[Get Ready for the L-o-n-g Session](#)

[Meaningful Use Hardship Exception
Deadline Extended to Nov. 30](#)

[NCNS Annual Meeting Offers Great Value
Close to Home](#)

[NCNS Joins N.C. Coalition to Protect
Patients](#)

[Bi-Partisan Federal Bill Would Give
Providers More Time to Achieve
Meaningful Use Requirements](#)

[Opportunities to Learn About the
Accountable Care Model](#)

[Survey: What's the Impact of a 4 Percent
Medicaid Cut?](#)

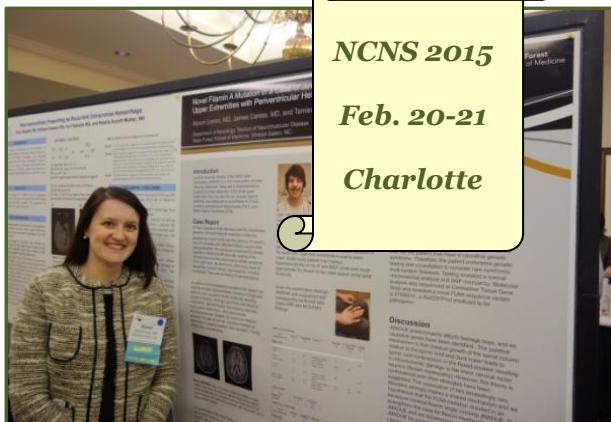
IC Proposes Revised Fee Schedule, Hopes to Improve Access in Neurology

The N.C. Industrial Commission has proposed the first workers' compensation fee schedule update in nearly 20 years. The update appeared today, Nov. 17, as a proposed administrative rule in the [North Carolina Register](#). The proposed fee schedule ties workers' compensation rates to Medicare. One of the forces that propelled this action is the difficulty that injured workers currently experience when they require neurological care. If approved, the fee schedule will take effect July 1, 2015.

Under the proposal, payments for neurological services will change in different ways; some services will be paid more, some less, and some about the same. However, a preliminary analysis suggests that a neurology practice might expect an 18% increase in its overall workers' comp revenue. Here are some key services in which neurologists will see increases:

- E&M services will be paid at 140 percent of Medicare. (CPT 99214: currently \$103.13, **proposed \$144.59**)
- Physical medicine services will be paid at 140 percent of Medicare. (CPT 97750: currently \$31.66, **proposed \$45.11**)
- Neurology codes will be paid at 153 percent of Medicare. (CPT 95831: currently \$31.58, **proposed \$39.98**)

The NCNS was represented on a Medical Society Task Force formed to study workers' comp payment rates and to make recommendations to the Industrial Commission. Many of the Task Force's recommendations have been incorporated into this proposal. Please note that the proposed rule is just the first step in a long rulemaking process, and the NCNS cautions that this update is far from a done deal. The proposed rule is now being analyzed by the NCNS and the North Carolina Medical Society (NCMS). Please watch for a detailed summary to be released in the coming days.



NCNS 2015

Feb. 20-21

Charlotte

Traumatic Brain Injury Subcommittee Begins Legislative Study Meetings

The *Traumatic Brain Injury Subcommittee of the Oversight Committee on Health and Human Service*, a study committee appointed for the 2014-2015 interim period between legislative sessions, held its first meeting on Oct. 16, 2014, and a second meeting on Nov. 17, 2014. NCNS staff attended the meetings on behalf of the NCNS. At the October meeting, most of the discussion was devoted to allocation of state resources, rehabilitation, accommodating TBI patients' non-medical needs, societal impact, and the need for support services in the community. [Dr. Erwin Manalo](#), a physical medicine/rehabilitation physician at Vidant Health in Greenville, made some brief remarks and his comments didn't get into clinical care as much as the other issues noted above. The focus of the November meeting was a report on progress made toward completing the requirements of a HRSA grant. The [meeting agendas](#) and the [materials presented](#) are available online for your inspection. Please [contact us](#) if there are key issues or advice that you feel should be shared with the subcommittee from Neurology's perspective. The subcommittee will continue to meet periodically until the legislature returns on Jan. 14.

[Return to In This Edition.](#)

Consulting Opportunities with N.C.-based Physician Re-entry Program Available NOW!

The [Center for Personalized Education for Physicians](#) (CPEP) has an immediate need for Neurologists to conduct structured clinical interviews at its office in downtown Raleigh on Dec. 10 and Dec. 11. The exact times are flexible and a stipend is available for participating physicians. The NCNS and the NCMS encourage you join us in supporting CPEP and the valuable service it provides our physician community. For more information, please contact Bill O'Neill at boneill@cpepdoc.org or 919-238-6436.

CPEP is a non-profit group that assists physicians in the process of reentering clinical practice after a prolonged absence as well as providing general competence assessment and remedial education services. CPEP is recruiting N.C. physicians from various specialties to serve as occasional consultants and associate medical directors (AMDs). Consulting physicians conduct structured clinical interviews with participants in order to gain insight into their experience, thought processes and clinical judgment. AMDs oversee the interview process and are responsible for the final assessment reports. These positions do come with stipends, but consultants and AMDs are more frequently motivated by a desire to give back to both their profession and their community. We invite you to learn more about the available [consultant](#) and [AMD](#) opportunities.

[Return to In This Edition.](#)

Get Ready for the L-o-n-g Session

Neurologists have a lot on the line in the upcoming legislative session. Don't sit on the sidelines! Let us help you engage in meaningful conversations with policymakers on the issues that impact your practice and your patients. **Start now by planning to attend the NCNS White Coat Wednesday in Raleigh.** Spring dates will be announced in the coming weeks. In the meantime, let us help you to coordinate and prepare for local meetings with your elected representatives. Contact us at ncneuro@ncmedsoc.org.

[Return to In This Edition.](#)

Meaningful Use Hardship Exception Deadline Extended to Nov. 30

All eligible providers are encouraged to apply for the meaningful use hardship exception by the new Nov. 30 deadline to avoid a 1 percent penalty in 2015. CMS extended the hardship exception deadline to Nov. 30 amidst pressure from physician groups, members of Congress and others. This action follows a September 2014 ruling by CMS in which providers were given more ways to meet the 2014 requirements for “meaningful use” of an electronic health record system. However, first-time attestors trying to complete the process and avoid the 2015 penalty in advance of the October deadline were unable to do so because of a computer glitch in CMS’ own system. [Sen. Kay Hagan \(D-NC\) also weighed in](#) (PDF), writing, “it is unacceptable for providers... to be penalized for failing to comply with program requirements because of a technological failing by CMS.”

[Return to In This Edition.](#)

NCNS Joins N.C. Coalition to Protect Patients

The NCNS and more than a dozen organizations that represent physicians in the state have banded together in the [North Carolina Coalition to Protect Patients](#) (NCCPP), a statewide organization dedicated to promoting physician leadership of health care teams as the cornerstone of patient safety in North Carolina. NCCPP supports our NCNS advocacy efforts by informing policy-makers and opinion-shapers through a targeted media and educational campaign. The NCCPP website, www.protectNCpatients.com, is a resource for up-to-date patient safety legislation being considered in N.C., as well as headlines and commentary on patient safety issues that are important to our specialty.

[Return to In This Edition.](#)

Bi-Partisan Federal Bill Would Give Providers More Time to Achieve Meaningful Use Requirements

U.S. Representatives Renee Ellmers (R-N.C.) and Jim Matheson (D-Utah) recently introduced The Flexibility in Health IT Reporting Act ([H.R.5481](#)). The bipartisan bill would let providers demonstrate meaningful use with only three months of reporting in 2015. Currently, CMS requires one full year of reporting. Rep. Ellmers also sent a [letter to CMS](#) urging the agency to refrain from penalizing providers as a result of the computer glitch that left first-time meaningful use attestors unable to meet the October deadline.

[Return to In This Edition.](#)

2014 NCMS Legislative Summary Now Available

The NCMS announces the availability of its [2014 Legislative Summary](#). The document features a complete summary on the key legislative issues that NCMS was engaged on during the 2014 “short session” of the N.C. General Assembly.

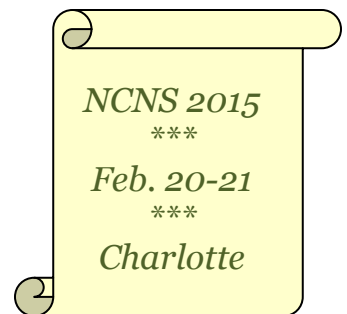
[Return to In This Edition.](#)



NCNS Annual Meeting Offers Great Value Close to Home 2014 Reflection and 2015 Program Sneak Peak!

Eighty-seven (87) neurologists gathered for continuing medical education, collegiality and socializing at the 2014 Annual Meeting, Feb. 21-23, 2014, in Pinehurst. Recognized for its quality, convenience and value, the NCNS Annual Meeting attracts neurologists and exhibitors from across the state and region. Attendees at the 2014 conference took in sessions on **polyneuropathy, stroke care, epilepsy management, peripheral neuropathy, concussion management techniques, and neuromodulation**, among others. Physicians earned up to 9.25 *AMA PRA Category 1 Credits*[™] for their participation.

Under the direction and leadership of your 2015 Annual Meeting Program Chair **Robert Yapundich, MD** (Hickory), NCNS is putting the finishing touches on next year's meeting program. The meeting will be held Feb. 20-21, 2015, at the [Ballantyne Hotel](#) in Charlotte, N.C.



NCNS 2015 Program Sneak Peak:

- Broaden your arsenal in combating migraine by attending this lecture: *"Migraine Therapy: Cutting Edge Innovation,"* presented by **Stuart Tepper, MD** of the Cleveland Clinic.
- Take your care of stroke patients to the next level! Learn *"Medical Management of Stroke,"* from **Larry Goldstein, MD** of Duke University.
- Join **Greg Esper, MD** (Emory University) as he navigates the audience through the transition to a value-based health care world in his lecture, *"The Business of Neurology: Adapting to the World of Value-Based Care."*
- And, dare we say, **have a good time at NCNS 2015!** Social events are planned for both Friday and Saturday nights.



Return to In This Edition.

Opportunities to Learn About the Accountable Care Model

Recent reports of huge incentive pay days are piquing physicians' eagerness to learn more about the accountable care model and why it is important in the current health care climate. Several resources are now available to help neurologists and practice managers learn about accountable care.

- The jointly presented Toward Accountable Care (TAC) Consortium and NCNS "[Accountable Care Guide for Neurologists](#)" is now available from the TAC Consortium website, along with additional resources.
- The American Academy of Neurology (AAN) webinar "[Accountable Care Organizations: The Role of Neurologists in New Health Care Models](#)" is available through the AAN website for a fee.
- The first of two NCMS webinars featuring Dr. Terry McInnis, founder and president of Blue Thorn, Inc., a health care consulting company, "[Physician Opportunities in Accountable Care: What You Need to Know](#)" provides an introduction and overview of accountable care. This webinar is free of charge.
- The NCMS' follow-up webinar, "[Physician Opportunities in Accountable Care: Payment Models](#)" delves into the various payment models. This webinar is free of charge.

[Return to In This Edition.](#)

Medicaid Fee Cut Coverage

Survey: What's the Impact of a 4 Percent Medicaid Cut?

(Reprinted with permission from the North Carolina Medical Society)

The North Carolina Medical Society (NCMS) continues to work to oppose Medicaid rate cuts enacted by the General Assembly during the 2014 short session that will take effect in the near future. Please [take this brief survey](#) to let us know how your practice will respond to the impending cuts, your responses will help our continued advocacy efforts on this important issue.

The General Assembly recently enacted a 3 percent rate reduction in Medicaid for physician services, which the NCMS expects to be implemented in December. Primary care physicians who qualified for the increased payment rates under the ACA are exempt from this reduction until Jan. 1, 2015, when the increased ACA rates expire. Additionally, the General Assembly's 2014 budget calls for another 1 percent reduction to payment rates for Medicaid providers. This brings the total coming rate reductions for physician services to approximately 4 percent in 2015 and beyond.

[Return to In This Edition.](#)