

Medicaid Fee Cut Coverage

3 Percent Medicaid Fee Cut Takes Effect Oct. 26

The NC Department of Health and Human Services (DHHS) recently announced that [NC Tracks, beginning Oct. 26, will implement a 3 percent rate reduction for all physician services](#)

(PDF). This cut was passed by the NC General Assembly in 2013 and approved by the Centers for Medicare & Medicaid Services (CMS) in June of this year. The immediate cut is not applicable to those primary care providers who have attested to the increased reimbursement rates available through the Affordable Care Act. The timing of NC Tracks' re-processing of claims with dates of service Jan. 1, 2014, through Oct. 26, 2014, will be announced in future communications from DHHS. Physicians will be impacted by an additional 1 percent reduction scheduled to take effect on Jan. 1, 2015.

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Events



Election Day

Nov. 4, 2014

Chances are you'll be busy that day. Early voting begins Oct. 23, or you can request an absentee/mail ballot.

NCSEPS' Codequest 2015

Feb. 7, 2015

The Grandover Resort
Greensboro

Residents Forum Draws 25 Participants

NCSEPS and Wake Forest University Medical School partnered with OMIC Oct. 4 to bring a Residents Forum to Winston-Salem. Roughly 25 attendees took part in the event. Speakers included Robert Wiggins, MD, from Asheville Eye Associates and a member of the OMIC board, and Chip Holmes, JD, a defense lawyer from Parker Poe in Charlotte.

The forum was an opportunity for residents to learn about regulatory and advocacy-related issues that they had not previously been exposed to. In light of the positive feedback organizers received from participants, similar resident events are being planned for the near future.

NCSEPS President Susan Burden, MD, lead organizer of the event, reported, "This was a fantastic presentation that was extremely useful to both the residents and faculty. We are very grateful to Dr. Wiggins and Mr. Holmes for sharing their expertise."

NCSEPS, AAO Partner to Offer a Vision Screening for Veterans



Dr. Edward Isbey in action.

The North Carolina Society of Eye Physicians and Surgeons (NCSEPS) and the American Academy of Ophthalmology (AAO) partnered with the American Legion this summer to offer a vision screening at the Legion's 2014 Annual Convention in Charlotte. The vision screening took place Aug. 23 to 25, and was conducted by local ophthalmologists, technicians and other staff and medical students from Wake Forest University. The delegation, led by NCSEPS President Susan Burden, MD (Wake Forest University), reported that the screening exposed numerous cases of glaucoma and other pathologies that previously had not been diagnosed. "This public service screening is an opportunity to give back to our nation's veterans and

allows ophthalmologists to educate veterans and their family members on the importance of high quality eye care," said Dr. Burden. The AAO participates in the convention each year as part of its longstanding commitment to promoting visual health in veterans.

NCSEPS and AAO extend their appreciation to:

- Ninita H. Brown, MD (Duke Eye Center, Durham)
- Susan K. Burden, MD (Wake Forest University Eye Center, Winston-Salem)
- Stephen A. Daugherty, MD (Horizon Eye Care, Charlotte)
- Lewis R. Gaskin, MD (Horizon Eye Care, Charlotte)
- Leon W. Herndon, MD (Duke Eye Center, Durham)
- Edward K. Isbey, III, MD (Asheville Eye Associates)
- Mark L. Malton, MD (Horizon Eye Care, Charlotte)
- Michael H. Rotberg, MD (Lions Eye Clinic, Charlotte)
- David L. Smith, MD (Horizon Eye Care, Charlotte)
- Joe H. Woody, MD (Charlotte)
- Horizon Eye Care for providing administrative support

Dr. Burden and WFU medical students



Thanks to all who helped make this event successful for our veterans.

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Drs. Daugherty and Herndon



Dr. Lewis Gaskin



Dr. Mark Malton



Dr. Ninita Brown



The Short Session Finally Ends

By Connie Wilson, NCSEPS Lobbyist

On Aug. 20 the legislature officially adjourned its short session, which was anticipated to end in early July. Due to the acrimonious relationship between the two chambers, there were many issues that could not be resolved. The budget contained a provision outlining the intent of the legislature to have a session devoted to Medicaid reform in November following the elections. This idea became one of the casualties during the last week of the short session. Thus, Medicaid Reform will be put on the back burner until the 2015 long session, which starts on Jan. 14. There will be study commissions that meet in the interim, but the main focus for the rest of this year will be on hotly contested legislative races.

The final budget included many issues important to NCSEPS, including:

- A provision requiring the UNC system to study establishing an optometry school at one or more of its campuses. The NC Independent Colleges and Universities (NCICU) are encouraged to do a similar study on establishing a school of optometry affiliated with an NCICU college or university.
- A 1 percent provider rate cut for all fee-for-service payments for services rendered to Medicaid and Health Choice recipients on or after Jan. 1, 2015, except inpatient hospital services, home care services other than personal care services, private duty nursing, drugs, dispensing fees, nursing homes, all cost-based providers, services where rates or rate methodologies are set by the federal government or negotiated through a contract, hospice, CAP services, federally qualified health centers and rural health centers.
- A provision requiring the Department of Health and Human Service (DHHS) to develop recommendations for applying the health care transparency requirements enacted in 2013 to additional categories of health care providers.
- The repeal of the shared savings program and a 3 percent reduction in payments for the following services provided to Medicaid and Health Choice patients: inpatient hospital, physician (excluding primary care until Jan. 1, 2015), dental, optical services and supplies, podiatry, chiropractors, hearing aids, personal care services, adult care homes and dispensing drugs.
- Case weighting factor reduction: Effective Jan. 1, 2015, DHHS shall reduce by 2.1 percent percent the diagnosis related group (DRG) case weighting factors for all DRGs for inpatient services payments rendered to Medicaid and NC Health Choice recipients on or after Jan. 1, 2015. The reduction factor shall be applied uniformly to the case weighting factor assigned to each DRG.
- The Division of Medical Assistance must publish on its web site comprehensive details on Medicaid payments made to providers, including the provider's and practice's name and location, type of service provider and practice area, number of Medicaid patients seen, number of visits with Medicaid patients, number of procedures performed or items furnished for Medicaid patients, amount of Medicaid service payments received, the amount of Medicaid supplemental payments received, settlement payments received and Medicaid recoupments.
- A technical change to the Certificate of Need (CON) equipment exemption revising the statutory reference for the \$2 million threshold.

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BILL HIGHLIGHTS: Legislation of Interest

- [SB 477](#) – No Set Fee/Noncovered Vision Services. Became law on June 30, 2014, despite strong opposition from business and health insurance communities. Prohibits insurers from limiting the fee an optometrist can charge a patient for services or materials that are not covered by the insurer.
- [HB 1066/SB 805](#) – Establishment of New Optometry Schools/Study. Inserted as a provision in the budget and became law on Aug. 7, 2014.
- [HB 1181](#) – Partnership for a Healthy North Carolina 2014. The House version of the bill, passed in early July, called for the continuation of efforts to reform the state’s Medicaid system by moving toward an ACO model. In late July, the Senate passed a version relying on a managed care model. The House voted on July 30, 2014, not to agree to the Senate changes. NCSEPS supports the ACO Medicaid reform model in the House version of this bill and opposed the MCO model that is in the Senate version.

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Four Ways Eye MDs Can Help Advance CON Reform in the Coming Year

With strong support of the NCSEPS, the North Carolina Orthopaedic Association and allied physician groups, efforts to reform the state’s Certificate of Need (CON) laws have gained traction over the three years we have pressed this issue at the NC General Assembly. Recent conversations with key leaders in the state House and Senate fuel our optimism for gaining even more ground in 2015. Our coalition is poised to act on new opportunities and we are taking steps to ramp up our grassroots efforts. Here are four ways you can help support this effort and advance CON reform in the coming year:

1

Organize

We need help coordinating local meetings with legislators in your area. Please [contact us](#) if you are interested in lending your name to the effort. We need to book meeting locations and dates and we will help notify members to ensure a strong turnout.

2

Give

Your EyePAC leaders are looking at a number of very competitive races and will distribute EyePAC funds where they can have the greatest impact this fall. It’s not too late to show your support. Contribute [online](#) or mail in your [contribution form](#) (PDF).

3

Vote

Make a plan now for how you will vote on Nov. 4. In addition to Election Day voting, North Carolina allows one-stop early voting and absentee voting by mail. Learn more about your voting options at www.ncsbe.gov.

4

Participate

Attend the NCSEPS White Coat Wednesday event in Raleigh this spring (date TBD). White Coat Wednesday is our specialty’s lobby day at the North Carolina General Assembly. Watch for dates to be announced in early 2015.

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NCMS PAC Board of Directors Endorses
Judicial Candidates | [Read more](#)



Review the State Board of Elections’
Judicial Voter Guide | [Click here](#)

Get Ready for ICD-10 at NCSEPS' Codequest 2015!

NCSEPS and AAOE jointly present **Codequest 2015 & Practice Management Symposium, Saturday, Feb. 7 in Greensboro**, to help ophthalmology practices prepare for the Oct. 1, 2015, roll-out of ICD-10. This four-hour, in-depth coding seminar covers the most important coding topics of the year and provides extensive ICD-10 training. The AAOE will present an optional practice management session following the Codequest presentation. More information, including registration information, is available on the [save the date flier](#) (PDF).

Codequest instructor Sue Vicchilli, COT, OCS will cover:

- New CPT codes
- New Category III codes
- Impact of the new fee schedule
- Correct coding initiative
- Details of payers' policies to reduce private payer claim denials
- Guidelines to minimize fines imposed by payers and contractors
- Ways to take advantage of incentive programs to avoid penalties
- Examples of coding best practices

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EyePAC Is Up Against Two Important Deadlines

Each year, EyePAC works to identify state legislators and candidates who support the NCSEPS position on issues that matter to ophthalmologists in North Carolina. Our highest priority this election year is shoring up support for Certificate of Need reform. Right now, EyePAC is up against two important deadlines. The current State Board of Elections **reporting period ends Oct. 18**, giving us just days to end Q3 with strong numbers. And, more importantly, the general election is just weeks away! You will miss the opportunity to have an impact this election year if you don't take action now. Please take a moment to contribute [online](#) or complete a [contribution form](#) (PDF).

2014 EyePAC Heroes:

Chadwick R. Brasington, MD
Charlotte Eye, Ear, Nose &
Throat Associates, PA PAC
Cameron M. Stone, MD

2014 EyePAC Champions

Susan K. Burden, MD
Steven A. Dingeldein, MD
Terry L. Forrest, MD
Jeffrey B. Goldstein, MD
Cynthia A. Hampton, MD
Edward K. Isbey, III, MD
Carol A. Johnston, MD
Barry H. Teasley, MD

2014 EyePAC Friends

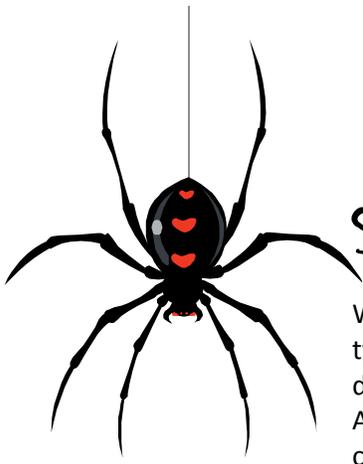
Michael W. Brennan, MD
William L. Haynes, MD
Kathryn J. Hecker-Magee, MD
Christine E. Lee, MD

2014 EyePAC Donors

William B. Anderson, Jr., MD
Matthew F. Appenzeller, MD
Donald L. Budenz, MD, MPH
David K. Harper, MD
Odette M. Houghton, MD
Joseph S. McCracken, MD
Brian E. Smith, MD
Sara E. Stoneburner, MD

EyePAC Donor Recognition Levels
EyePAC Hero \$1,000+
EyePAC Champion \$500+
EyePAC Friend \$365+
EyePAC Donor \$1+

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Spooky Similarities of Advocacy Events for Ophthalmologists

We're taking note this Halloween season of the similarities and differences between two important advocacy opportunities for NCSEPS members. What we've found is down-right eerie. Take a look at how the NCSEPS' **White Coat Wednesday** and the American Academy of Ophthalmology's (AAO) **Congressional Advocacy Day** complement one another, if you dare...

NCSEPS White Coat Wednesday (WCW)

- NC ophthalmologists
- Focus on legislative issues at the state level (Certificate of Need reform, Medicaid reform)
- Free (\$0) to participate
- Half-day event gets you back to your practice and patients quickly
- Meetings with legislative offices scheduled on your behalf by NCSEPS staff
- 1-hour legislative briefing by professional lobbyists
- Next WCW: Spring 2015 (date TBD)

AAO Congressional Advocacy Day (CAD)

- All US ophthalmologists
- Focus on legislative issues at the federal level (Medicare payment, SGR)
- Free (\$0) to participate
- One day away from your practice and patients
- Meetings with legislative offices scheduled on your behalf by NCSEPS staff
- 2.5-hour legislative briefing by AAO staff
- Next CAD: April 15-16, 2015

Ophthalmologists need not be afraid to take advantage of one, or both, of these opportunities to advocate on behalf of your profession and your patients. Let NCSEPS and AAO make it easy for you! *We'll* take care of the planning. *You'll* make room on your schedule for these important meetings.

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Above: NCSEPS members and Sen. Burr at the 2014 CAD.
Left: NCSEPS members attend the 2013 WCW.

Public Comment is Invited on the NC Medical Board's Telemedicine Position Statements

The North Carolina Medical Board approved discussion drafts of its Telemedicine and Contact With Patients Before Prescribing Position Statements at its September board meeting. The deadline for submitting comments and/or redline edits is **Wednesday, Nov. 5**. Submit your comments and edits to telemedicine@ncmedboard.org and kindly cc NCSEPS by email to ncoph@ncmedsoc.org. The discussion drafts can be reviewed here:

- Contact with patients before prescribing: [PDF](#) or [Word](#)
- Telemedicine: [PDF](#) or [Word](#)

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CMS Releases Quality and Resource Use Reports

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The Centers for Medicare and Medicaid Services (CMS) released the 2013 Quality and Resource Use Reports (QRURs) for all physicians and practices nationwide on Tuesday, September 30. The reports contain information on physicians' performance on various quality outcomes and cost measures. Accessing this information is important to understanding the impact of the physician Value-Based Payment Modifier, which will be implemented for the first time beginning in 2015. Download the [CMS Quick Reference Guide](#) to the 2013 QRUR, which provides context for accessing and interpreting these reports. CMS also notes that the 2013 QRURs are not available for groups and solo practitioners that participated in the Medicare Shared Savings Program, the Pioneer Accountable Care Organization Model or the Comprehensive Primary Care Initiative in 2013. [Read the CMS eHealth News announcement to learn more.](#)

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Meaningful Use Hardship Exception Deadline Extended to Nov. 30

CMS extended the hardship exception deadline to Nov. 30 amidst [pressure from the American Academy of Ophthalmology](#), members of Congress and others. The Academy encourages all eligible providers to apply for the exception by the Nov. 30 deadline to avoid a 1 percent penalty in 2015. 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 like Morganton Eye Physicians to be penalized for failing to comply with program requirements because of a technological failing by CMS."

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

U.S. Representatives Renee Ellmers (R-NC) 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.

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2014 NCSEPS Annual Meeting Offers Valuable Educational Content

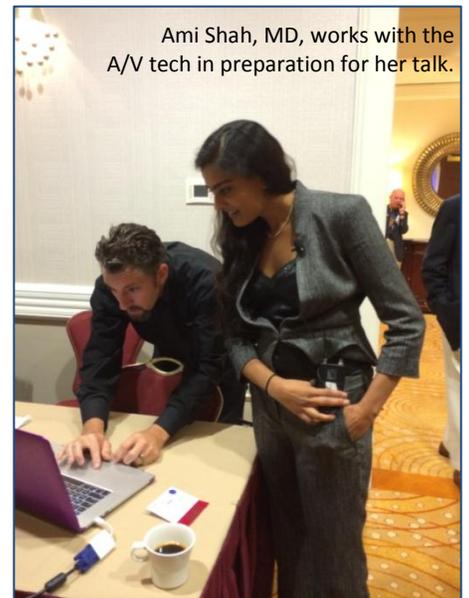
More than 45 ophthalmologists attended the recent NCSEPS 2014 Annual Meeting in Charlotte, enjoying a full-day of quality continuing medical educational content. The meeting kicked off on Friday, Sept. 12 with a two-hour opening session followed by a welcome reception and a dinner presentation. On Saturday, Sept. 13, the morning began with scientific sessions and the NCSEPS business meeting. Additional scientific sessions were presented after lunch. The scientific poster session included five presentations by medical students and ophthalmology residents. Attendees were able to claim up to 9.0 *AMA PRA Category 1 credits*TM.

"More practical info per minute at this conference..." – Dr. Timothy Martin

The program committee, led by Dr. Sara Stoneburner of Greensboro Ophthalmology Associates, developed an excellent program, which covered timely, practical material for the practicing ophthalmologist. Sessions included:

- "The Neurological Significance of Retinal Artery Occlusions" and "Recommendations of the AREDS 2 Study," **Miriam Ridley, MD**, Horizon Eye Care, Charlotte
- "Hydroxychloroquine Horror Stories and Homilies," **David Browning, MD**, Charlotte Eye, Ear, Nose and Throat Associates, Charlotte
- "Advances in OCT for Glaucoma," **Donald Budenz, MD, MPH**, UNC School of Medicine, Chapel Hill
- "Advances in Modern Cataract Surgery: Celebrating 65 Years After Harold Ridley," **Alan Carlson, MD**, Duke Eye Center, Durham
- "The Latest Updates on Treating Infectious Keratitis," **Derek DelMonte, MD**, Duke Eye Center, Durham
- "Parallels in the Pathophysiology of and Management of Intracranial Hypertension and Glaucoma," **Timothy J. Martin, MD**, Wake Forest School of Medicine, Winston-Salem
- "A Review of the Changing Microbial Spectrum, Manifestations, and Management of Pediatric Orbital Cellulitis" and "Eyelid Lumps and Bumps: A Review of Common Lid Lesions for the General Ophthalmologist," **Ami Shah, MD**, Oculofacial Plastic Surgery Consultants, Durham

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Derek DelMonte, MD, and Sandy Cohen, MD, discuss meeting topics.

The **NCSEPS 2015 Annual Meeting will be held Sept. 11-13, 2015**, at the Myrtle Beach Marriott at Grande Dunes. **Save the date!**

-----Educational Opportunities of Interest to Eye MDs-----

Upcoming NCMS Webinar Discusses the Various Payment Models for ACOs

The NC Medical Society (NCMS) wants every physician to understand what the accountable care model is and why it is important. Featuring Dr. Terry McInnis, founder and president of Blue Thorn, Inc., a health care consulting company, two NCMS webinars provide insight into the accountable care model and why it is important for all physicians to understand this model.

- The first webinar, an **introduction and overview** of accountable care, was presented on Sept. 26 and a recording is available [here](#).
- The follow-up webinar on the **various payment models** will be held on **Thursday, Oct. 16 from 6-7 p.m.** [Register now](#) for this second webinar.

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Workers' Compensation E-billing Webinar Available Online

Beginning Jan. 1, 2015, workers' compensation carriers will be required to send payments by electronic funds transfer (EFT). Please take the time now to contact your billing company and/or clearinghouse to discuss this new functionality. As part of the NC Medical Society's (NCMS) strategy to simplify billing and payment in workers' compensation, the NCMS advocated for this policy on behalf of all physicians who provide care to patients suffering from job-related injuries. Also part of this strategy, providers are already required to send their workers' compensation bills electronically. **If you are not already billing electronically, please contact the NCMS for guidance on e-billing**, or [review the archived NCMS e-billing webinar](#). NCMS will be offering another educational webinar on the new EFT rules this fall for medical billing and practice staff. Please watch for additional details and join us in the effort to streamline your workers' compensation workflows.

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Webinar on Medicare Advantage Contract Negotiations Available on Demand

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The American Academy of Ophthalmology and the American Society of Retina Specialists recently hosted a live webinar to help physicians evaluate and respond to contract policies to maximize reimbursement in the Medicare Advantage program. Nearly 200 ophthalmologists participated in "Medicare Advantage Contract Negotiations: What You Need to Know." This free webinar helps doctors understand and evaluate contract policies. It currently is available on demand for members who were not able to participate in the live event.

Members must register to [view the recording](#). Previously registered attendees can [log in to view the recording](#) using the email address used for registration.

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Sign Your Team Up for the Kanof Institute's Clinical Quality Program

Physicians and their teams learn how to build, improve and sustain care at a local level at the Kanof Institute for Physician Leadership's 2014-2015 Clinical Quality Program. Applications are still being accepted for 3-member teams. Apply [online](#) or contact [Tina Natt och Dag](#), 919-833-3836.

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