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# ***NORTH CAROLINA SOCIETY OF EYE PHYSICIANS & SURGEONS***

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## *eNews*

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### **NCSEPS Annual Meeting – It's not too late to register !!**

It's not too late. Sign up today for this year's NCSEPS Annual Meeting scheduled for September 16-17, 2011 at the Grove Park Inn Resort in Asheville, NC. An outstanding agenda of topics and faculty has been assembled and this year's event promises to continue our tradition of excellent meetings. The meeting brochure, program and registration information are available online at: <http://www.nceyemd.org/>.

See you in Asheville!

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### **Medicaid Cuts**

The following is a copy of a recent article announcing that Medicaid will be eliminating coverage of eye exams and glasses for adults . . . .

*News and Observer / August 28, 2011*

#### **Medicaid Cuts**

Lynn Bonner

North Carolina Medicaid recipients will see cuts to health services take effect in October. A \$354 million Medicaid cut in the state budget includes limits and other changes to services totaling \$16.5 million. **The state is eliminating coverage for eye exams and glasses for adults**, limiting payments for deep cleaning dental treatments for people who have gum disease and restricting outpatient physical therapy, occupational therapy and speech therapy for adults to three visits a year. The Medicaid service reductions were included in Gov. Beverly Perdue's proposed budget and adopted by the legislature. More health care limits may come as the state Medicaid office looks for more savings in the program. Lanier Cansler, secretary of the state Department of Health and Human Services, said the department looked for the least-damaging cuts. "When we have to control the Medicaid budget, we try to do the things that have the least damage on health. It's tough decisions," he said. Residents are just beginning to see the impact, said Adam Searing, director of the N.C. Health Access Coalition. "To take away people's grandparents' eyeglasses, why would you want to do that?" he asked.

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### **2011 a Legislative Success for NCSEPS Members**

Your membership in NCSEPS has been critical in the passage of several pieces of legislation this year which are very important to ophthalmologists, the provider community and your patients. Thank you for helping deliver our message to the Legislature. The following are highlights of the 2011 legislative session.

### ***Medical Liability Reform – SB33 and HB542***

The highlight of this year's session was the passage of medical liability reform legislation. The key provisions of SB33 and HB542 include . . .

- Cap on non-economic damages of \$500,000
- New standard of “clear and convincing evidence” for emergency room care
- Court now has flexibility in setting appeal bond amounts
- Separate trial for liability and damages
- Rule 9(j) expert must now review all available records
- Time limits on medical malpractice claims for minors
- Actual medical expenses can now be presented to the jury

What next . . . if you have not done so already, please be sure to thank your legislators who supported this landmark legislation. A notice was sent out statewide previously listing each House and Senate member indicating how they voted. If you need another copy, please respond ([ncoph@ncmedsoc.org](mailto:ncoph@ncmedsoc.org)) and another copy will be sent. Don't miss the opportunity to say thank you and help solidify our bipartisan relations with members of the General Assembly.

### ***NC Board of Optometry Investigatory/Confidentiality Protections – SB349***

The NC Optometry Board had legislation introduced this year seeking the same investigatory and confidentiality considerations for its licensees as physicians receive from the NC Medical Board. Their bill, as introduced, was touted as equivalent to the law that applies to physicians. Numerous omissions were noted, however, and once the discrepancies were resolved the bill passed without opposition.

### ***N.C. State Budget - Medicaid***

Cuts in reimbursement rates to physicians were averted in the budget debate this year. Coverage issues will continue to be a challenge, however, as noted herein, and we will continue to fight to forestall other cuts.

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## **Advocacy – Have you stepped up?**

### ***EyePAC***

There is a prevailing sentiment that when the Legislature is out of session and when we are not in a major election year that it is a down time for our advocacy program. Actually, just the opposite is true. There is no off season. We urgently need to re-build our Political Action Committee resources and need to be building relations at the local level with those who represent you and your patients in the General Assembly. If you have not made an **EyePAC** donation this year, please do so **ASAP**. We made and strengthened many relationships with legislators this session and need to build further on that experience for the future. Ophthalmology will definitely be facing future legislative challenges and investments and preparations must be made now.

### **Local Activities . . .**

. . . **with your legislators.** We would also like to come into your community and arrange a meeting with your legislators and area ophthalmologists. Just respond ([ncoph@ncmedsoc.org](mailto:ncoph@ncmedsoc.org)) to let us know you are interested and we will make it happen.

. . . **with your EyeMD colleagues.** We would also like to come to your area and convene a meeting of your colleagues to discuss the current state of affairs and what is on the horizon. Again, just let us know you are interested and will coordinate the arrangements.

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## **Meet your New NCSEPS Lobbyist – Connie Wilson**

The NCSEPS is pleased to introduce to you our new lobbyist, Ms. Connie Wilson (<http://lobbync.com/resume.html>). Connie is a former member of the NC General Assembly and our members in Mecklenburg County will likely remember her from her 13 years of service in the NC House of Representatives.

Connie has very quickly become a key member of our NCSEPS advocacy team and is eager to help the Society become more effective in the political and legislative process and to help you become more effective at the grassroots level.

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## **CODEquest 2012**

*Mark your calendar – February 4, 2012 / Grandover Resort & Conference Center / Greensboro, NC*

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### **Teach Your Members How to Chart and Code Accurately and Effectively Transition to ICD-10 with *CODEquest* *Ophthalmic Coding College Introducing ICD-10***

**In preparation for the biggest change in coding in over 20 years, the American Academy of Ophthalmology and the American Academy Ophthalmic Executives added an ICD-10 session to the popular CODEquest Seminar. This new course will teach ophthalmic professionals how to implement ICD-10 smoothly and successfully**

- ICD-10 is going to change everything!
- Are your member ophthalmologists and their staffs ready?
- An ICD-10 training plan will ensure the entire coding team is prepared and knows what to expect for the implementation of ICD-10 on October 1, 2013.

**Who Should Attend:** Physicians, allied health personnel, billers, coders, and administrators

**Course Length and Topics Covered:** A full day of instruction

#### **Morning Session (3 hours)**

- Step-by-step instructions to give attendees ICD-10 confidence including:
  - How physician and technician documentation must change
  - What coders and billers need to watch for to assure claims are submitted accurately
  - What administrators/office managers need to know to assure a smooth transition and coding compliance
  - Practical application and real world examples to assure proficiency with IDC-10

### Afternoon Session (3 hours)

- Specialty specific exams: Identify which level of E&M or Eye code is appropriate
- Testing services: Which are bundled, which have frequency edits with other tests as well as surgeries
- Correct application of modifiers for office visits, tests and surgeries
- Complex cases: Anterior chamber, cornea, glaucoma, oculoplastic, retina, and strabismus surgical cases including coding for complications that occur during surgery.
- Combined surgical cases: retinal/anterior segment, glaucoma/anterior segment
- Common coding errors: How to catch them before CERT, FMR, RAC and the OIG bring them to your attention

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## **Kentucky: What Happened**

*David Parke, MD / Executive Vice President / American Academy of Ophthalmology*

March 3, 2011

Dear Colleagues:

As most of you likely already know, the Kentucky state legislature and governor recently swept through expansive optometric-surgery legislation in a matter of days, despite the best efforts of ophthalmology and medicine to derail the bill. The following provides a brief synopsis of the events as they unfolded and the probable impact.

Both the Kentucky Medical Association (KMA) and the Kentucky Academy of Eye Physicians and Surgeons (KAEPS) employ lobbyists as well as online services to scan the system for medically related legislation. Neither organization detected SB110 (the optometric “Better Access to Quality Eye Care Act”) until 16 hours before the first committee hearing.

[As the Louisville Courier-Journal noted:](#) “The battle in Frankfort was almost over before it began. A friendly Senate committee (Licensing, not Health) approved the bill Feb. 8, the day after it was introduced, and the Senate passed it that week, 33-3. The House was equally hospitable, and its 81-14 vote made the bill the first to pass both chambers this session.”

The bill was well lubricated with about \$400,000 in direct campaign contributions by Kentucky optometrists. Again, to quote the Louisville Courier-Journal: “Optometrists greased the legislative machinery with campaign contributions to all but one legislator (a physician), totaling at least \$327,650 in the last two years, plus \$74,000 to [Kentucky Gov. Steve] Beshear's re-election campaign. And if employees and spouses of optometrists were added, the total would probably be significantly more.”

Once the bill was detected, KMA, KAEPS and the American Academy of Ophthalmology worked together to build coalitions and bring advocacy resources to bear. Despite no advance warning, ophthalmologists changed their schedules to accommodate the hearings, meetings and media events. Kentucky ophthalmologists including KAEPS President Woody Van Meter, Councilor Dr. David Jones and Dr. John Kitchens represented ophthalmology with passion and commitment. I'd also like to recognize Dr. Cindy Bradford, Academy Senior Secretary for Advocacy, and Academy Past-President Dr. Mike Brennan. Both of them traveled to Kentucky to give testimony and to meet with important officials. And, as always, Bob Palmer, director of State Governmental Affairs, coordinated ophthalmology's activities with tremendous experience and talent.

Medicine had tremendous support from both departments of ophthalmology in Lexington and Louisville, from the leadership of those universities, from the state osteopathic association and the college of osteopathic medicine. Key national ophthalmology subspecialty societies weighed in promptly with letters from their leaderships. The optometric bill was opposed by virtually every major state newspaper and by the Kentucky Hospital Association.

At the end of the day, quality of care, patient safety and sound policy were trumped by money and local politics.

Recent events should be a wake-up call for those ophthalmologists needing one. Three things appear clear. First, this is an issue for ALL ophthalmologists. Section 2, subheadings 6 and 7 of the Kentucky bill clearly bestows upon the Kentucky Board of Optometric Examiners the sole right to determine their future scope of practice:

*"(6) Nothing in this chapter shall be construed as allowing any agency, board, or other entity of this state other than the Kentucky Board of Optometric Examiners to determine what constitutes the practice of optometry.*

*(7) The board shall have the sole authority to determine what constitutes the practice of optometry and sole jurisdiction to exercise any other powers and duties under this chapter."*

This is not in the best interests of patient safety and quality patient care. Ophthalmology needs the active support of every member—and this includes contributions to [OPHTHPAC](#), the [Surgical Scope Fund](#) and state eye PACs.

There are a few silver linings that we must consider. Even though the number of states with “Oklahoma-like” bills has just doubled, it took more than a decade to happen, and medicine has had many successes in protecting patients in scope-of-practice issues.

The public in Kentucky is aligned with us: in [a recent poll](#), 79 percent of Kentuckians disagreed with the new law and said any surgeries should be done by ophthalmologists. While this support is too late for the fast-tracked legislation, it does confirm that ophthalmology’s patient safety messages carry the day when we are able to get them out. We also gained substantial media support. As an example, you may wish to check out this article from *The Atlantic*: [“Kentucky’s New Eye Surgeons: No Medical Degree Required.”](#)

All of this, however, doesn’t mean that new effective strategies and tactics aren’t needed to protect our profession’s capability to provide the highest quality of care to all citizens.

Please take the time to join your colleagues in Washington at the [Mid-Year Forum](#). Between issues such as physician payment reform, healthcare delivery system reform and scope-of-practice issues, individual participation in advocacy is more important than ever.

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## **Humana**

*– by **Conor Brockett**, Associate General Counsel / NC Medical Society*

Following a trend that has been seen in many states over the last few years, Humana has continued to exercise its right to terminate practices from its Medicare Advantage networks. Over the last 9-10 months NCMS has learned of at least three ophthalmology practices that were served with notices of termination. This was the most of any other specialty that NCMS heard from. The notices cite efficiency (COST!!) as the basis for the decision to terminate. When the practice requests the underlying data and rationale for the decision, the practice is provided with an uninformative Efficiency of Care Profile. The Profile, generated solely from Humana claims data, purports to be an accurate portrayal of how the practice rates against peers. It contains no specific patient data, nor does it describe the precise efficiency metrics being utilized. This gives the practice little opportunity to respond meaningfully to the Profile.

NCMS also suspects some problems with the appeals process that physicians are entitled to follow after receiving a termination letter from Humana. While some practices have been successful reversing the termination on appeal, there is still some indication that Humana is not completely fulfilling its obligation to make a fair appeals process available.

NCMS is one of several state medical associations that are engaged on this issue. Later this month NCMS will attend a face-to-face meeting with Humana in Chicago where many of these issues will be addressed head-on. If you have any additional information or experiences with Humana that will help in our discussions please send them to [cbrockett@ncmedsoc.org](mailto:cbrockett@ncmedsoc.org)

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## **Palmetto/Medicare Modifier 50**

*– by Conor Brocket, Associate General Counsel / NC Medical Society*

Shortly after taking over as North Carolina's Part B Medicare Administrative Contractor (MAC) this summer, Palmetto GBA received orders from CMS to reprocess ALL CLAIMS dating back to January 1, 2010. This was done to implement a fee schedule increase that was included in the Patient Protection and Affordable Care Act of 2010. During the reprocessing, many claims appended with a 50 modifier (and bilateral indicators) that had previously been processed and paid by CIGNA Gov't Services were now being retroactively denied and were generating recoupment requests and offsets. A difference between how Palmetto's and CGS's systems were configured to process modifier 50 claims was causing the problem. (As it turns out, Palmetto's system was/is correct.)

Many practices were experiencing recoupments on nearly every modifier 50 claim. After hearing from many ophthalmology practices and alerting Palmetto to the problem, Palmetto implemented a systems fix that would catch all of the future modifier 50 claims as they continue to reprocess so they would not trigger a recoupment request or offset. They assured us that they were not trying to get money back, and advised that any practice experiencing denials/recoupments on modifier 50 claims should send Palmetto a cover letter requesting a MASS APPEAL and attaching a listing of the claims subject to a reduction. Going forward, Palmetto is urging practices that have seen recoupments to ensure that they adjust their coding practices to meet Medicare's guidelines. Some great info is available at: <http://www.palmettogba.com/palmetto/providers.nsf/DocsCat/Providers~Jurisdiction%2011%20Part%20B~Browse%20by%20Topic~Modifier%20Lookup~8EEL958265?open&navmenu=|>

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## **AAO – 2011 Annual Meeting**

If you have not yet signed up for this year's Academy meeting, be sure to do so right away. Information is available online at: <http://www.aao.org/>. Online registration ends on September 28, so don't delay.

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## **Practice Management Resources**

### ***NC Medical Society Annual Meeting***

The 2011 NCMS Annual Meeting agenda will include a valuable practice management session, "*Practice Preparation for Health Information Technology – Know What You Don't Know*". This session is scheduled for Saturday afternoon, October 22, from 2:00pm until 4:30pm, and will be held at the Marriott City Center in Raleigh. Meeting information is available online at: [https://secure.ncmedsoc.org/pages/public/meetings\\_and\\_events/annual\\_meeting.html](https://secure.ncmedsoc.org/pages/public/meetings_and_events/annual_meeting.html).

### ***PractEssentials***

The NC Medical Society continues to expand its efforts to help medical practices run more efficiently, understand the latest technology and comply with the operational requirements that can be very confusing. Through PractEssentials (<http://www.ncmsfoundation.org/programs/practicemanagement/>) you can obtain much of the information and guidance you need. If you don't find the information you need at the website, email the NCMS Foundation at: [NCMSFoundation@ncmedsoc.org](mailto:NCMSFoundation@ncmedsoc.org).

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## Media Outreach – Back to School

The NCSEPS recently sent a media release statewide to print, television and radio outlets entitled, “Are your child’s eyes ready for school.” If you see coverage in your area, please let us know ([ncoph@ncmedsoc.org](mailto:ncoph@ncmedsoc.org)). Thank you.

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## Seats Open: Professional Advisory Committee – Commission for the Blind

We have been contacted by the Governor’s office seeking the names of ophthalmologists who would be interested in serving on the Professional Advisory Committee to the Commission for the Blind. Below is the statutory description of the Committee. If you would be interested in serving, please respond by September 20, 2011 to [ncoph@ncmedsoc.org](mailto:ncoph@ncmedsoc.org) with a copy of your curriculum vitae.

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| <p><b>Professional Advisory Committee--DHHS</b></p> <p><b>§ 143B-161. Professional Advisory Committee – creation, powers and duties.</b><br/>There is hereby created the Professional Advisory Committee of the Department of Health and Human Services. The Professional Advisory Committee shall advise the Commission for the Blind on matters concerning or pertaining to the procurement, utilization, and rendering of professional services to the beneficiaries of the Commission's aid and services. (1973, c. 476, s. 144; 1997-443, s. 11A.118(a).)</p> <p><b>§ 143B-162. Professional Advisory Committee – members; selection; quorum; compensation.</b><br/>The Professional Advisory Committee of the Department of Health and Human Services shall consist of nine members appointed by the Governor, three of whom shall be licensed physicians nominated by the North Carolina Medical Society whose practice is limited to ophthalmology, three optometrists nominated by the North Carolina State Optometric Society, and three opticians nominated by the North Carolina Opticians Association.<br/>Those nine members shall serve three-year terms staggered such that the terms of three members shall expire each year. A member of the Committee shall continue to serve until his successor is appointed and qualifies. Any appointment to fill a vacancy on the Committee created by the resignation, dismissal, death, or disability of a member shall be for the balance of the unexpired term.<br/>The Governor shall have the power to remove any member of the Committee from office in accordance with the provisions of G.S. 143B-16 of the Executive Organization Act of 1973.<br/>The Governor shall designate a member of the Committee to serve as chairman at his pleasure.<br/>Members of the Committee shall receive per diem and necessary travel and subsistence expenses in accordance with the provisions of G.S. 138-5.<br/>A majority of the Committee shall constitute a quorum for the transaction of business.<br/>All clerical and other services required by the Committee shall be supplied by the Secretary of Health and Human Services.<br/>The schedule for appointments to the Committee described in Section 1 of this act is as follows: The ophthalmologists and optometrists serving on the Committee on the date this act is ratified shall continue to serve until their respective terms expire. Initial appointments of the three opticians shall be made no later than July 2, 1979, shall become effective on that date, and shall be for one, two, and three-year terms, respectively. At the end of the respective terms of office of those nine members, the appointment of their successors shall be for terms of three years. (1973, c. 476, s. 145; 1979, c. 977, ss. 1, 2; 1997-443, s. 11A.118(a).)</p> |
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