

Alabama MD[®]

The official newsletter of the Medical Association of the State of Alabama

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Technology Symposium

Registration is open for MASA's 2013 Technology Symposium – Sept. 20-21 in Montgomery.



Physician Placement Register



Leadership Opportunities



Practice Management Tips



Continuing Medical Education



Medicaid Transformation

Read updates on Alabama Medicaid and frequently asked questions about the upcoming transformation.

The Medical Association of the State of Alabama exists to serve, lead and unite physicians in promoting the highest quality of healthcare for the people of Alabama through advocacy, information and education.

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Six steps to avoid or mitigate risk of potential OCR enforcement

by Brent Wills, Esq., Gilpin Givhan, PC

The U.S. Department of Health and Human Services (HHS) Office of Civil Rights (OCR) continues to ratchet up its enforcement efforts in regard to HIPAA. Add to this that the proliferation of information security breaches intensifies seemingly every day. Moreover, earlier this year, HHS published its final, “omnibus” regulation (the HITECH Final Rule or the Final Rule) to finalize and implement numerous provisions of the HITECH Act. OCR will begin enforcement with respect to many of these provisions of the Final Rule beginning Sept. 23, 2013.

Below are six steps physician practices should take now to protect themselves against potential breaches and OCR enforcement:

1. Perform a security risk analysis. This is the most critical component to a HIPAA compliance program, and yet OCR reports that 80 percent of health care providers subject to the recent “pilot” round of OCR HIPAA audits did not have an appropriate risk analysis.

2. Encrypt mobile electronic devices. Half of breaches involving unsecured protected health information (PHI) result from theft or

loss of an unencrypted laptop, smart phone, flash drive, or other mobile device. Encrypted devices may be exempt from HITECH’s self-reporting requirements. In addition, encryption may be required to obtain cyber insurance, or comparable protections (see below).

3. Update business associate agreements. Except for certain, “grandfathered” agreements, business associate agreements must be updated not later than Sept. 23, 2013, to comply with HITECH. Physicians should also closely examine these agreements to understand what protections, if any, are included to protect them in the event of a data breach or similar incident.

4. Other HITECH updates. The Final Rule also requires specific updates to notices of privacy practices and other privacy-related policies and procedures. Physicians must comply with these requirements not later than Sept. 23.

5. Consider cyber insurance. Many health care providers are looking to cyber insurance, or comparable products, to protect against the potentially catastrophic risks and costs

associated with data breaches and potential HIPAA violations, but the types and scope of existing products vary widely. It is critical that physicians considering these products understand what they are (and are not) getting for their premium dollars.

6. Evaluate compliance processes. There is no substitute for compliance. While security risk analysis should be a top priority, appropriately tailored policies and procedures, regular and meaningful workforce training and sanctions, and timely and complete documentation of compliance are the cornerstones of effective HIPAA compliance. From an enforcement standpoint, moreover, in most cases, OCR’s rationale for imposing (or threatening) penalties is based not on the breach, but on an entity’s failure to put in place and follow appropriate compliance processes.

This article provides an overview of the issues addressed herein; it is not intended to, nor should it be interpreted as, legal advice. If you have specific questions about the legal issues addressed in this article, please contact appropriate legal counsel.

Practice Management: Medicare payment, policy changes

by Bill Cockrell, MASA Council on Medical Service



On July 8, CMS issued its “Proposed Policy and Payment Changes to the Medicare Fee Schedule for 2014.” As has become an annual event, projected cuts (24.4 percent in 2014) in the Medicare fee schedule due to SGR requirements are presented. On the positive side of this issue, there is significant and promising work being pursued in Congress to address a permanent SGR fix. Following are some other significant CMS plans outlined in the proposed policy changes.

The proposed rules continue to take steps

to expand access to primary care services by paying for complex care coordination services beginning in 2015. This would be accomplished by providing coverage for non-face-to-face complex chronic care services for Medicare beneficiaries who have multiple chronic conditions.

As part of CMS’s “misvalued” services initiative, CMS is proposing to adjust fee schedule amounts of more than 200 codes where Medicare pays more for services furnished in an office than in an outpatient hospital department or Ambulatory Surgical center (ASC). This will reduce the rates paid for in office services since the resource costs required to furnish a service are generally expected to be higher in a hospital or ASC.

The proposed rule

would also modify the Physician Quality Reporting System (PQRS) program, the Medicare Shared Savings Program and the Medicare EHR Incentive Program. These changes would also continue the implementation of the physician value-based modifier (Value Modifier) which would adjust payments to individual physicians or groups of physicians based on the quality of care furnished to Medicare beneficiaries compared to cost. For example, the 2016 physician payment rates would apply the Value Modifier to all groups of 10 or more eligible professionals. For groups of 10 or more that do not participate in PQRS, CMS is proposing to apply a 2 percent payment reduction under the Value Modifier. This program will be expanded to cover all physicians over the next few years.

Another part of the proposed rule outlines the next phase of CMS’s Physician Compare *see Practice Management, page 3*

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Medisys helps physicians manage health care changes



Are looming deadlines and decreasing reimbursements getting you down this summer? With healthcare deadlines, changes and uncertainty in today's market, we understand what today's clinic really needs: A partnership for their practice that will offer the

kind of support and dependability that is not easily found in today's medical technology community, **and** at an affordable price. You can trust MediSYS to offer exactly what you need.

Your practice can stay on target with MediSYS – a proven leader with over 28 years experience of supporting and partnering with practices throughout Alabama and the southeast. We have made it our goal to offer ongoing continuing education to our clients concerning incentive plans and penalties. With our continuing education program, MediSYS clients can trust that they are partnering with an industry leader who understands the demands in today's medical offices. Offering user group meetings specific to current changes and requirements at no additional charge, providing on-line classes and pre-recorded educational tools have given our providers and staff complete flexibility and confidence in their understanding of industry demands.

Also, with reimbursement changes, your clinic needs to file claims and trust that they will be paid quickly and easily through your software. MediSYS sends more claims than any other vendor or clearinghouse to BCBS of Alabama with **no** per claim charge. With MediSYS, providers know that their claims will be paid more quickly – usually more than three times faster than our national competitors. We work hard to streamline processes and provide proven software that will keep your profits up and your costs down.

If you are looking for a partner, not a vendor, MediSYS is the right choice. With over 600 clinics in Alabama alone, MediSYS is the leader in healthcare technology. Contact MediSYS today and schedule your free demonstration in order to meet upcoming deadlines. Our cloud based EHR offers secure access, anytime, anywhere. You can count on MediSYS to provide the tools your clinic needs for higher reimbursements, a faster turnaround time on claim processing and complete support as you work through upcoming EHR incentive programs. Contact us today to be better prepared and better supported at sales@medisysinc.com.

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Don't miss out on these upcoming deadlines, which could cost your clinic thousands of dollars if forgotten.

- Oct. 3** Last Date of Service (DOS) to use as start date for 90 day MU reporting period
- Dec. 31** Last DOS for 25 G8553 paid applicable Medicare claims during calendar year to possibly qualify for eRX incentive or offset eRX penalty
- Dec. 31** Last DOS to submit at least 1 PQRS measure to avoid the PQRS penalty (levied in 2015)
- Dec. 31** Last DOS for 2013 MU reporting period

MediSYS clients throughout the state have collected well over \$4 million in incentive money. They have a partner who is willing to go the extra mile to keep their practice prepared.

Practice Management, cont.

website. In 2014, the proposal calls for CMS to publicly report on all measures collected through the Group Practice Reporting Option (GPRO) for groups of all sizes participating in the 2014 PQRS GPRO. As part of the Physician Compare program, CMS has also begun to collect patient experience survey data – the Clinician and Group Consumer Assessment of Healthcare Providers and Systems (CG-CAHPS) for practices participating in the PQRS GPRO program. CMS intends to publicly report on these measures for group practices with 100 or more eligible professionals in 2014.

While there are more proposed changes, one more that may impact Alabama is the elimination of the 1.00 floor on the Medicare fee schedule Geographic Practice Cost Indices (GPCI). This would be phased in over 2014 and 2015. CMS projects that 51

localities will have a work GPCI below 1.00.

As a summary of the above, here are some quick takeaways:

- CMS will never run out of acronyms,
- The move from volume to performance (quality and chronic care) based payment models will continue,
- Physicians must be diligent in participating in appropriate quality reporting programs and address issues where their data may be inconsistent with CMS findings,
- More and more information, however clear it is to the average patient, will be provided on the internet, and
- The need to continue to look for ways to participate in new delivery models will continue.

To review the proposed rule in its entirety, visit: <http://www.ofr.gov/inspection.aspx?AspxAutoDetectCookieSupport=1>.

MASA, AHRQ offer free online CME

MASA's Department of Continuing Medical Education has added the Agency for Healthcare Research and Quality (AHRQ) to its list of resources. AHRQ seeks to improve the quality, safety, efficiency and effectiveness of health care by translating research findings into **free**, evidence-based clinician and patient resources.

Access these materials at www.EffectiveHealthCare.ahrq.gov or order FREE printed copies of clinician and patient research summaries by calling the AHRQ Publications Clearinghouse at (800) 358-9295 and provide the code C-02.

For other CME resources visit www.masalink.org/education.aspx.



The Physician Placement Register provides information on practice opportunities, medical equipment or facilities, and information on physicians who want to locate in Alabama.

For deadline information or to place a listing, contact Lori

Quiller at (334) 954-2500, (800) 239-6272 or lquiller@masalink.org.

Although MASA believes the ads contained in these columns to be from reliable sources, MASA does not investigate the organizations or individuals included and assumes no liability concerning them. Every effort is made to avoid errors and omissions, but MASA cannot accept responsibility for clerical or printer's errors.

View MASA's online Physician Placement Register and review the guidelines for submissions at www.masalink.org/PPR.

PHYSICIANS

Gastroenterology

Capital City Gastroenterology has an opportunity for a full-time BC/BE gastroenterologist for this well established and busy practice. The candidate needs to have successfully completed an accredited GI medicine program with advanced skills and experience in ERCP as well as all other GI procedures (except EUS). Successful completion of GI Fellowship training requirements desired. Competitive salary package and relocation assistance are also available. Contact Bonita Lancaster at blancaster@baptistfirst.org.

org or call (334) 273-4527 or Colleen Amaya at cbamaya@baptistfirst.org or (334) 273-4260 for details..

Gastroenterology

Baptist Health in Montgomery is seeking a BC/BE GI physician for an employed position with an award-winning hospital system. Candidates can expect the opportunity to include a generous salary based on experience plus a production incentive, as well as relocation assistance. Contact Bonita Lancaster at blancaster@baptistfirst.org or call (334) 273-4527 or Colleen Amaya at cbamaya@baptistfirst.org or (334) 273-4260 for details.

Pulmonary/Critical Care

Baptist Health is assisting Montgomery Pulmonary Consultants in recruitment of a partner. This well-established group of six physicians practices the full spectrum of pulmonary critical care and sleep medicine. The group participates in an intensivist program, and performs endobronchial ultrasound as well as navigational bronchoscopy. This is a very unique opportunity with high earning potential and quality lifestyle. Call is shared equally, including every third weekend. Competitive financial package including a relocation allowance, income guarantee, office overhead and medical malpractice coverage. Rapid progression to partnership if desired. Contact Bonita Lancaster at blancaster@baptistfirst.org or call (334) 273-4527 or Colleen Amaya at cbamaya@baptistfirst.org or (334) 273-4260 for details.

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Pediatrics

Well established pediatric primary care group seeking full time physician BE/BC in pediatrics to join practice located in Birmingham. Partnership potential, call 1:3, malpractice, health insurance, 401(k), flexible schedule. Please submit CV to bd1@bhamsurg.com.

Pediatrician

HealthyKids of Gardendale, P.C., a pediatric practice 12 miles north of downtown Birmingham, is seeking a BC/BE pediatrician for 4-5 days per week, no in-patient duties, call 1:5. Excellent opportunity. Please submit CV and questions to bevsalter62@charter.net.

OFFICE SPACE

Dacula

PRICE REDUCED. 2,861 ft. free-standing building for sale as physician's office. Just over a block to Decatur General Hospital. Certified leaded x-ray room, four bathrooms, eight exam rooms, fireproof vault room for records, break room with refrigerator, dishwasher, microwave, built-in sink, 17 parking spaces and handicap access. 25-year-old all-brick exterior. Appraised at \$345K. For details, contact Dr. Robert Carrell at rcarrell1@charter.net.

Important Dates

August 2-4

Alabama Society of Allergy and Immunology 34th Annual Postgraduate Course Meeting
Hilton Sandestin
specsoc@aol.com

August 9-11

Prescribing and Pharmacology of Controlled Drugs: Critical Issues and Common Pitfalls
Perdido Beach Resort, Orange Beach
www.masalink.org/Prescribing

August 13

Alabama Quality Assurance Foundation's 2nd Annual Health Information Technology Symposium, Birmingham
www.aqaf.com/hit

September 20-21

MASA's Technology Symposium: Optimizing Technology in your Medical Practice
Renaissance Montgomery Hotel and Spa, Montgomery
www.masalink.org/TechSymposium

September 27-29

Annual Meeting and Fall Pediatric Update
The Wynfrey Hotel, Birmingham
www.alaap.org

October 31 - Nov. 2

Southern Medical Association Annual Scientific Assembly
Sandestin Golf and Beach Resort, Destin, Fla.
<http://sma.org/assembly/>

November 22-24

Medical Ethics, Prescribing and Pharmacology of Controlled Drugs, and ER/LA Opioid REMS
The Wynfrey Hotel, Birmingham
www.masalink.org/Prescribing

December 5

Ensuring Quality in the Collaborative Practice
Birmingham Marriott
www.masalink.org/CollaborativePractice

May 22-25, 2014

MASA Annual Session
Baytowne Conference Center
Destin, Fla.



OPENING FOR ASSOCIATE CONTRACTOR MEDICAL DIRECTOR

Cahaba Government Benefit Administrators, LLC (Cahaba GBA) is a CMS Medicare Administrative Contractor and a CMS Contracted Carrier/Intermediary for more than 40 years.

Cahaba GBA is an affiliate of Blue Cross and Blue Shield of Alabama, an Independent Licensee of the Blue Cross and Blue Shield Association.

Cahaba GBA has an opening for an Associate Contractor Medical Director.

Eligible candidates should have 3 years of experience as a board-certified Doctor of Medicine or Doctor of Osteopathy and be licensed to practice medicine in the U.S.

For details, visit our website: www.bcbsal.jobs. Click on **Search All Cahaba GBA Jobs**. Job Opening 6363.

Facility offers new options in mental health care in South Alabama

by Lori Quiller, staff writer

Patients struggling with mental illness, and physicians looking for options in the Mobile County area, have a new source for mental health treatment.

Officially opened in July 2012, EastPointe's clinical and medical professionals provide care for adult patients who are admitted either voluntarily or involuntarily for treatment focusing on stabilizing psychiatric symptoms and preventing long-term commitment.

"Our goal here is to be able to treat our patients at a level that they are able to return home as quickly as possible," said Jarrett Crum, hospital administrator. "Then, we can follow-up with the patient with a treatment plan to make sure the patient stays on the right track."

EastPointe is a 66-bed facility that was originally constructed in 1986 by Bradford Healthcare. The Alabama Department of Mental Health purchased it many years later and operated the Searcy State Hospital's assessment center from the facility during the 1990s. ADMH eventually vacated the building in 2004 and an alcohol and drug rehabilitation organization took over part of the facility from 2005 to 2012.

AltaPointe Health Systems acquired the property in 2008 and began extensive renovations in 2011. Although the facility looks completed from the outside, it's a work in progress on the inside with construction continuing on a new, long-term care unit.

EastPointe is an adult-only care facility, according to Crum. As patients are either referred to the facility or are admitted, each patient must complete a psychiatric diagnostic evaluation and receive 24-hour clinical care for a stay anywhere from three to seven days, depending upon the severity of the symptoms.

A day in the life...

EastPointe doesn't have the look and feel of what one might think of as a mental health care facility when standing in front of the manicured landscape and newly redesigned entry.

The relaxed and welcoming feel of EastPointe is designed to seem more like a getaway or spa and is meant to put patients and their loved ones at ease. Soft, warm colors and gentle light offer a nurturing atmosphere.

Patients come to EastPointe either of their own free will or on an involuntary basis having been referred to the facility through the court system.

According to Crum and Sandra Parker, MD, AltaPointe Health Systems' chief medical officer, patients admitted to EastPointe on an involuntary basis are thoroughly evaluated by a psychiatrist and a physician who performs a physical on the patient. The patient is then assigned a therapist and a nurse for the duration of the treatment assessment.

Physicians treating involuntary patients are faced with three choices for their patients at the end of the assessment process. They must recommend to the probate court to either involuntarily commit the patient for in-patient treatment, out-patient treatment or dismissal.

Patients who are voluntarily admitted for treatment are admitted through a separate unit of the facility and are housed in semi-private rooms.



Therapy regimens range from group therapy, activity therapy and even yoga.

Voluntary or involuntary, the goal is the same – restoring the mental well-being of the patient. This comes with a unique set of challenges depending upon the diagnosis.

"I really have to commend our staff," said Dr. Parker. "The patients don't mean to hurt anyone when we're treating them, but they can before you know it. Our front-line staff are amazing at handling all the challenges that come their way every day. They don't have an easy job, but they do it with grace and respect toward our patients. That's what we hope makes a real difference here."

Free training available to help patients quit tobacco use



The University of Wisconsin School of Medicine and Public Health offers a free web-based CME/CE program on treating tobacco use and dependence at <http://www.ocpd.wisc.edu/tobaccocme.html>. More than 30,000 clinicians have completed this CME/CE program since it was launched on Medscape with the publication of the 2008 PHS Clinical Practice Guideline, *Treating Tobacco Use and Dependence*. The program has been updated and is now available directly through the University of Wisconsin. Participants earn one hour of CME/CE credit and the program is free of charge.

The Alabama Department of Public Health offers a free five-minute training video on how to refer patients who want to quit to the Alabama Tobacco Quitline. The training can be found at <http://www.adph.org/tobacco/index.asp?id=5552>. Register and view the brief training and begin referring your patients for free treatment.

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Optimizing Technology In Your Medical Practice



MASA's annual Technology Symposium – Optimizing Technology in your Medical Practice – returns to Montgomery on Sept. 20-21, 2013. Those who have an EHR can learn how to get the most out of their systems and gain insights from the experts on how to optimize technology in the practice of medicine. New sessions include voice recognition, remote monitoring, telemedicine, how to use technology to increase professional and personal productivity, and preparing for

ICD-10. The symposium is designed for beginner and advanced users, with plenty of breaks for visits with technology vendors.

Sign up before Aug. 16 to save!!!

**Early Bird Rate for MASA members and office staff is \$195.
Regular Rate of \$250 applies after Aug. 16.**

**Early Bird Rate for nonmembers is \$295.
Regular Rate of \$350 applies after Aug. 16.**

The deadline to register is Sept. 11

Visit www.masalink.org/TechSymposium

Continuing Medical Education:

The Medical Foundation of Alabama designates this live activity for a maximum of 11 *AMA PRA Category 1 Credits™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This activity has been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Medical Foundation of Alabama and the Medical Association of the State of Alabama. The Medical Foundation of Alabama is accredited by the Medical Association of the State of Alabama to provide continuing medical education for physicians.

**Hotel reservations should
be made by Aug. 20 through the Renaissance
Montgomery Hotel and Spa at (800) 468-3571 with
room code "MASA."**

This event is partially funded by a grant from ALREC. ALREC is supported by federal funds from the Office of the National Coordinator, Department of Health and Human Services. Activity under this award is made possible by funds awarded through the American Recovery and Reinvestment Act of 2009 (ARRA).

Friday, September 20, 2013

- 1:00 p.m. Registration
- 1:00 p.m. Exhibit Hall Open
- 1:30 p.m. **Medicaid, Medicare, HIE and ALREC Update,**
Dan Roach, MD – ALREC
- 2:30 p.m. **PDMP: An Update**
Nancy Bishop, RPh, ADPH; Q&A – Jerry Harrison, MD
- 3:15 p.m. **Break in Exhibit Hall**
- 3:45 p.m. **Maximizing Use of EHR**
Steve Furr, MD, and Buddy Smith, MD
- 4:45 p.m. **Quality Measures in EHR**
Jerry Harrison, MD, and Buddy Smith, MD
- 5:15 p.m. **Your Hospital Has an EMR – Now What?**
Jorge Alsip, MD, UAB CMIO
- 6:00 p.m. **Reception with Exhibitors in Exhibit Hall**

Saturday, September 21, 2013

- 7:30 a.m. Registration/Full Breakfast
- 7:30 a.m. Exhibit Hall Open
- 8:00 a.m. **Is Technology Becoming More Helpful or More Headache? Making the Right Choices in a Complicated IT World**
Derek Kosiorek, MGMA Health Care Consulting Group
- 8:45 a.m. **Voice Recognition**
Steve Furr, MD
- 9:15 a.m. **The New Mobile World: How Smartphones and Wearable Computers will Change Healthcare**
Derek Kosiorek – MGMA Health Care Consulting Group
- 10:00 a.m. **Break with Exhibitors**
- 10:30 a.m. **Social Media: Positives and Negatives**
Melvin Rutherford, JD, Proassurance
- 11:15 a.m. **Preparing for ICD-10**
Ken Bradley, Navicure
- 12:00 p.m. **Lunch in Exhibit Hall**
- 12:45 p.m. **Healthcare and Social Media: Successfully Engaging Patients Online**
Jamie Verkamp, (e)Merge Medical Marketing Consultants
- 1:30 p.m. **How to Use Technology to Increase Professional and Personal Productivity**
Steve Furr, MD, and Jerry Harrison, MD
- 2:30 p.m. **Break with Exhibitors**
- 2:45 p.m. **Websites for Medical Practices**
Jamie Verkamp, (e)Merge Medical Marketing Consultants
- 3:30 p.m. **Telemedicine and How to Get Paid Using It**
Bill Goetter, MD
- 4:00 p.m. **Break with Exhibitors**
- 4:15 p.m. **Remote Monitoring**
Barbie Oliver, ALREC
- 5:00 p.m. **Dismiss**