

MAD NEWS

The Newsletter of the
Massachusetts Academy of Dermatology
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PRESIDENT'S MESSAGE

By Louis Kuchnir MD

Despite the fact that we had to scramble to find a new venue for our Annual Meeting it went off without a hitch. As you know, the Woodstock Inn and surrounding area was washed out by flood waters from Hurricane Irene in early September.

Paul Wetzel and Marty Cohn contacted more than 20 places before presenting the Board of Directors with four workable options, the best of which was a return to the Portland Regency. Having hosted us in 2010 they were familiar with our format and needs, so logistically it all went very well. The speakers, their presentations and other aspects of the educational program also were very successful. The formal evaluations and comments were uniformly high and the program qualified for 12 Category 1 CME Credits, including 9 as risk management.

The Spring Meeting will be held on Wednesday, April 4th, 2012 at the Massachusetts Medical Society Conference Center in Waltham. As noted in this newsletter, that meeting will address some timely topics that are very important to our practices—audits and coding.

Many of us, including several of our Board members have experienced a recovery audit by Blue Cross Blue Shield of Massachusetts. The auditing company, an outside contractor to BCBSMA, asks for dozens of charts. After completing the audit and identifying mis-coding they ask for additional charts. In some cases the auditing is done by individuals who seem to know very little about dermatology coding.

This does not seem to make sense to most of us and some dermatologists have responded by challenging the request for additional charts to BCBSMA. We have heard this has resulted in cancellation of the second audit. Administrators at BCBSMA have agreed to come to the spring meeting to explain their perspective on recovery audits and the current program.

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SPRING BUSINESS MEETING SCHEDULED FOR APRIL 4TH

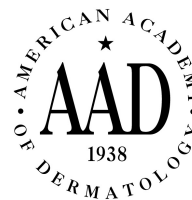
Our annual Spring Business Meeting will be held on Wednesday, April 4th at the Massachusetts Medical Society's Conference Center in Waltham. The meeting which traditionally focuses on practice management issues as opposed to clinical matters will run from 9:00 am to 4:30 pm.

Insurance company audits will be discussed in two sections. Blue Cross Blue Shield of Massachusetts which is currently conducting an audit program using an outside vendor will present on its policy and procedures for this campaign. They will also have people available to answer questions beyond the Q and A period following their presentation.

In addition, Atty. Paul Shaw from the Boston firm of K&L Gates will offer his views on how best to deal with insurance plan audits.

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MASSACHUSETTS DERMATOLOGISTS ACTIVE IN AAD



Several Massachusetts dermatologists have recently been elected or appointed to position on the national level

with the American Academy of Dermatology.

Dr. Suzanne M. Olbricht from Lahey Clinic is assistant secretary/treasurer of the Board of Directors. Drs. Thomas Rohrer and Alice Gottlieb join her as Board members.

Dr. Louis Kuchnir, MAD President, has been appointed to the Committee on Development of State Societies. Dr. Frederick Wax of Plymouth is our representative on the Advisory Board.

We should point out Dr. Mary Maloney from UMass Memorial previously served as assistant secretary / treasurer.

PRESIDENT'S MESSAGE

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On the coding front things are changing rapidly and it is difficult for physicians and their billing people to keep abreast of the changes. Our speaker on coding will be Dr. Dirk Elston one of the foremost experts on the subject in the country. Dr. Elston will be the President-Elect of the American Academy of Dermatology and we hope to have him update us on AAD issues.

As we advised in our summer Newsletter we have been contesting Harvard Pilgrim Healthcare's policy of short-paying modifier-25 claims. Thus far we haven't been successful but we haven't given up. Several other specialty societies are now involved in the effort and we anticipate bringing the issue to the MMS Interspecialty Committee.

Finally, everyone should have received their 2012 dues renewal notice which was mailed recently. If you did not receive it please call the MassAcademy office. Also, if another dermatologist in your office did not receive a notice, please encourage him or her to forgive the oversight and become a member.

And, of course send your dues payment in as soon as possible.

My best wishes to everyone for a Happy Holiday season and a Happy New Year in 2012!

**MARK YOUR
CALENDAR!**

2012 BUSINESS MEETING:

Wednesday, April 04

Mass Medical Society, Waltham, MA

2012 ANNUAL MEETING:

September 21-23

The Cliff House, Ogunquit, ME

2012 SPRING MEETING

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Dr. Dirk Elston a nationally recognized coding expert will address "Ten Mistakes You Don't Want to Make" in your coding activity. Dr. Elston has a featured column each month in Derm World Magazine. We are also considering a presentation on the forthcoming changes in ECD 10 codes.

Addressing risk management issues, Atty. David Szabo of the Boston firm of Edwards, Wildman & Palmer, will present on RM Considerations with Electronic Medical Records. Anne Huben-Kearny, Vice President of Coverys, will provide an update on malpractice issues based on their recent experience.

This year's meeting will be especially useful to both dermatologists and their staff and we encourage everyone to clear their schedule for April 4th.

LEGISLATIVE REPORT

By Martin Cohn

When the 187th session of the Massachusetts Legislature recessed, none of the bills we are working on emerged from committees. In fact, few bills that anyone is working on have emerged from the various committees. The Joint Committee of Public Health heard supportive testimony from us in spring hearings for S.1175, State Sen. James Timilty's bill to further regulate indoor tanning facilities and S.1113, State Sen. Thomas Kennedy's "truth in advertising" legislation that would require all persons in contact with clients and residents to wear a form of identification which readily discloses the name, licensure status, if any, and staff position. The committee also heard opposition to H.2372, State Rep. James O'Day's indoor tanning bill and S.1140, State Sen. Richard Moore's flawed bill to regulate medi-spas. We are watching S. 455, a bill in which an insurer shall not create specialty tiers that require payment of a percentage cost of prescription drugs and H. 2352 which would allow drug couponing.

We will begin plans for Our 8th Annual Skin Cancer Screening Day at the State House in May. Details will be announced as soon as they are available.

For updates about state and federal legislative issues, please visit our Web site. Also, please do not hesitate to contact me with any questions or concerns.

MEDICARE SGR FEE REDUCTION POSTPONED

The Medicare fee reduction of 27.4 percent scheduled to take effect on January 1st was frozen for two months when Congress finally passed and President Obama signed the “payroll tax reduction” bill on December 23rd. The fee reduction is called for under the Medicare Sustainable Growth Rate (SGR) formula. The bill passed with strong bipartisan support in the U.S. Senate, but had met opposition in the House of Representatives, where some members had sought action on a minimum 1-year reprieve. The bill is considered a stop-gap measure that delays the cuts until March 1, 2012, giving Congress time to work out additional funding channels.

The American Academy of Dermatology Association (AADA), along with other specialty societies is disappointed that the United States Congress has failed to approve legislation preventing the implementation of the SGR formula permanently or, at least for one year.

In a statement the Association said: “For more than a decade, the AADA has been advocating that Congress repeal the flawed sustainable growth rate formula rather than continue to use temporary extensions,” stated dermatologist David M. Pariser, MD, FAAD, president of the AADA. “Our message has been clearly delivered by AADA members and patients who have taken their concerns directly to their representatives. Congress knows the correct answer to this problem and it is time for them to act.”

A federal law requires Medicare payments to physicians to be modified annually using the Sustainable Growth Rate (SGR) formula. Because of flaws in how the law was designed, the formula has mandated physician fee cuts almost every year for the past decade. Shortterm congressional fixes have stopped the cuts, yet without a permanent solution, the cuts grow deeper each year. The cost to fix the problem has skyrocketed, thereby jeopardizing access to high-quality care for Medicare patients. Inaction by Congress threatens more than just patient access; it threatens jobs. The 21 percent cut may force physician practices to reduce professional and office staff, or shutter their doors completely.

SAFETY CITED IN NEW SCOPE-OF-PRACTICE POLICIES

The American Medical Association enacted several scope-of-practice policies addressing care provided at medical spas and during invasive procedures and anesthesia services.

A resolution adopted by the AMA House of Delegates during its Interim Meeting in November states that safeguards are needed to protect patients during cosmetic medical procedures performed at medical spas. The Association will advocate that these procedures, such as botulinum toxin injections and procedures involving laser and intense pulsed light, be considered within the practice of medicine.

Delegates directed the AMA to increase awareness about the dangers medical spa treatments can cause when they do not adhere to patient safety standards. The new policy calls for the creation of a formal complaint process to report such injuries in order to increase transparency.

The AMA said it will join interested state and medical specialty societies in continuing to study new treatments provided at medical spas to ensure patient safety.

Delegates also adopted policy calling on the AMA to convene a task force to develop guidelines for advocacy efforts regarding the appropriate level of supervision, education, training and provision of other invasive procedures by nonphysicians -- including those employing radiologic imaging.

The AMA later adopted policies stating that physicians are best qualified to lead the health care team, but also recognizing nonphysician practitioners as valuable components.



UNITED HEALTHCARE MAKES CHANGES TO IT'S MEDICARE ADVANTAGE AUDIT PROGRAM

As noted in Dr. Kuchnir's President's Message BCBSMA is one of many insurer's conducting audits throughout the country. Like others, they are using an outside contractor and some MAD members have experienced difficulty in dealing with them.

The following is a report from the AMA's Practice Management Group about a successful challenge to United Healthcare's audit program:

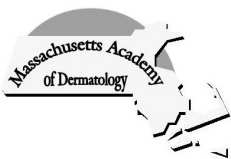
As a result of advocacy from the AMA and Federation—including the Medical Association of Georgia, California Medical Association and Texas Medical Association—United Healthcare announced that it is making several changes to the way in which it conducts its Medicare Advantage audit programs.

United has ended its relationship with MedAssurant, the company that previously conducted United's payment integrity audits. This

termination follows months of complaints from the AMA and Federation about the often confusing and onerous way MedAssurant operated.

Additionally, United confirmed that it is making significant changes to its Risk Adjustment Data Validation (RADV) audit request letters that include clarifying the reason for the audit; identifying the line of business being audited; and providing consistent information on follow-up medical record reviews, audit requests, and post audit claim payment determinations.

Finally, based on AMA and Federation guidance, United has updated its payment integrity audit recovery practices, which cover claims that it feels have been improperly coded. Currently, United asks physicians to refund the full amount paid on the original claim and then resubmit the claim using the recommended coding. In the first quarter of 2012 physicians will only need to resubmit the claim with the recommended coding and **refund only the difference** between the amount UHC originally paid and the amount that should have been paid using the new coding. Physicians who disagree with UHC's recommended coding should appeal the claims.



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