



Florida

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Editor: Antonio E. Martinez, M.D.



PRESIDENT'S MESSAGE

Message from the President

by Janice B. McCall, MD, FSP President

I would like to encourage you as pathologists and as members of the FSP to make plans to be part of the Winter Meeting at Disney's Grand Floridian Resort and Conference Center at Walt Disney World, February 17 - 19, 2012. Our program chairman, Dr. Chen, has once again enlisted an outstanding group of speakers including Dr. Bruce Wenig, Dr. Robert Kurman, and Dr. Kevin O. Leslie. With so many pressures and changes impacting the practice of pathology, the weekend will

offer opportunities for reviewing and updating pathology skills, networking with colleagues, making contact with the vendors who provide pathology support, and escaping to the "Wonderful World of Disney."

If you are planning to dine at any of the Disney restaurants, you may want to consider making those reservations soon as many of the more popular restaurants can fill weeks before the meeting. Dining reservations can be made by calling 407-WDW-DINE. Walt Disney World

recently changed the cancellation policy; beginning October 26, 2011, a credit card will be required to guarantee the dining reservations at more than 15 WDW restaurants. If reservations are not cancelled at least one day in advance, then \$10 per person will be charged.

I hope to see you in Orlando in February.



EXECUTIVE DIRECTOR'S MESSAGE

From the Executive Director: Changing of the Season and a New Year Approaching

by Barbara FitzGerald Beatty, Executive Director

Autumn is a great time of year. The hurricane season is over with relatively little consequence this year. The fresh cool air, football weekends and approaching holidays make Fall worthy of our enthusiasm. But, despite the inviting distractions, Fall is a busy time for the Florida Society of Pathologists. FSP is in full swing in our preparations for the 2012 Anatomic Pathology Conference to be held February 17- 19, 2012, at the incredible Disney Grand Floridian Resort, Lake Buena Vista, FL. If you haven't already registered, you can go to our website www.flpath.org and look at the incredible faculty and register now before the rates increase closer to the meeting.

The Executive Committee met in

July, and again by conference call in October, and are moving forward on several new projects: the ability to be a SAMs (Self-Assessment Modules) provider for Category I CME required by the American Board of Pathology as part of the Maintenance of Certification Program; searching for the finest faculty for our 2012 Summer and 2013 Winter Meetings; finding better investment funds for our reserves; reinstating the quarterly newsletter and frequent e-blasts to communicate with the membership; enhancing our resident opportunities; and connecting with our Residency Program Directors to convey to the residents the importance of belonging to their State Pathology organizations (hopefully, FSP for all

those who find positions in Florida!). Of course, the 2011-2012 Legislative Cycle will be an important one. Read our Legislative Consultant's column in this newsletter for what we anticipate may be battles in the next several months.

These are just a few of the many ongoing items being tackled by the Executive Committee and the FSP Leadership. Learn more about these and other matters of interest by attending the Saturday Business Meeting, February 18, 2012, held in conjunction with the Winter Meeting. FSP is working for its members — we appreciate your continued support.

May this autumn season be successful and fruitful for each of you!



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LEGISLATIVE UPDATE



Let's Get Ready...Again!

by Amy J. Young, FSP Legislative Consultant

It seems as though the 2011 Legislative Session just adjourned and yet we have already been back in Tallahassee for several months preparing for an early Session which convenes in January, 2012 (please see Session dates below.)

The last several years have been tough with issues surfacing that would have significantly lowered your bottom line and impacted your daily practices.

Much of that dynamic was due to the limited political experience of our new Governor. On top of that, for the first time ever, we had a Republican veto proof majority and over 45% of the 120 member House was Brand NEW... meaning never served in Tallahassee before. Many of them had never even been to Tallahassee. The danger of this combined situation was that:

1. We had to make new friends FAST, and

2. We really had to scramble to educate them on pathology issues and the potential impact that many of their decisions may have on our daily practice, reimbursement rates, etc.

The result of so many new faces resulted in amendments popping up right and left that would have, for instance, allowed optometrists and ARNPs to order clinical laboratory tests in an effort to also become directors of the clinical labs (HB 119 and SB 1736). Fortunately, through our campaign efforts we had great access to most Legislators (seasoned and novices) which helped our success rate tremendously.

As usual, we also worked hard and were successful in killing amendments that kept popping up on several health care "trains" that would have tied physician reimbursement rates to a Medicare fee schedule. This is always a tough battle to fight especially with so many new Legislators in Florida who need to

continuously be educated on why this harms pathology so significantly. We distributed talking points to Legislators to illustrate that under a Medicare reimbursement schedule, pathologists will be denied reimbursement for the professional component of clinical pathology services and will not be reimbursed for professional supervision and oversight. In addition, pathologists may not be adequately compensated for providing anatomic pathology services to patients

Another hard fought battle was won when we defeated an amendment sponsored by Senator Hays and lobbied by former AHCA Secretary Tom Arnold, on the Senate Medicaid bill (SB 1972). When Tom was Secretary and Dr. Rey and I spent time in administrative hearings on this issue, he was very supportive of the FSP position. Now he is a hired gun for insurance companies, DaVita, etc.

The amendment would have allowed Phlebotomists to be placed in a physician's office by any clinical lab or third party. This would obviously be an inducement to send the specimens to that particular lab, since the phlebotomist would be providing a service to the patients and the doctor's office at no charge.

We also believed the amendment would be a violation of the Starke law. This vote came down to the wire in a full Senate Appropriation Committee hearing, but thankfully we won that vote... this time!

I want to personally thank all of you who made timely calls to Legislators after our "Call to Action" was sent to the FSP membership. We spent many hours weeding through thousands of pages of legislation to make sure this amendment

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Let's Get Ready...Again!

was killed at every stop.

We anticipate the upcoming Session will also be a great challenge!! We hope that you will continue to donate generously to the FSP PAC and continue to respond when we reach out to you to contact your Legislators on these key issues.

SESSION DATES: Due to Reapportionment efforts in Florida, the Legislature convenes in a Winter Session instead of Spring. I am already working on my cold weather wardrobe, as the temperature dips to freezing temperatures in January and February.

Important 2011 committee meeting dates are as follows: the weeks of September 19; October 3; October 17; October 31; November 14; and December 5. The 2012 Legislative Session: Tuesday, January 10, 2012 to Friday, March 9, 2012 .

HB 0119: Relating to Motor Vehicle Personal Injury Protection Insurance Boyd 09/15/11 (C: 0254)

Motor Vehicle Personal Injury Protection Insurance: Cites act as "Comprehensive Insurance Fraud Investigation and Prevention Act"; provides intent; revises provisions relating to crash reports; authorizes officer to testify at trial or provide affidavit; revises requirements relating to form submitted by providers; revises provisions relating to payment; provides that time for paying or denying claim is tolled during investigation of fraudulent act; specifies when benefits are not payable; provides that claimant violating certain provisions is not entitled to payment; authorizes recovery of payments; forbids those failing to comply with certain provisions from billing injured person or insured; provides that insurer has right to conduct reasonable investigations; revises reimbursement limitation; requires provider to ensure that insured understands services provided; revises discovery provisions; authorizes insurer to provide discount to insured selecting preferred provider; authorizes nonpayment for nonemergency services by nonpreferred provider in certain circumstances. Effective Date: July 1, 2012

09/15/11 HOUSE Now in Insurance & Banking Subcommittee

SB 0134: Relating to Advertising of Legal and Medical Referral Services: Margolis 09/08/11

Advertising of Legal and Medical Referral Services; Requiring that advertising from a medical or lawyer referral service for services related to motor vehicle accidents comply with certain requirements regarding content; requiring that advertisements or unsolicited written communications from certain legal referral services for services related to motor vehicle accidents comply with the Supreme Court of Florida's Rules Regulating The Florida Bar; requiring that published advertisements from a lawyer referral service be filed with The Florida Bar along with an affidavit meeting certain criteria; requiring advertisements or unsolicited written communications from a lawyer referral service to display

certain information; requiring that a referring person or entity provide certain financial information to the person referred to a lawyer, medical clinic, or health care provider; prohibiting a lawyer referral service from conditioning participation in the service based on certain criteria; prohibiting a medical referral service from making referrals only to a medical clinic or health care provider in which the referral service has a financial or ownership interest; providing civil and criminal penalties for violations relating to the advertising of legal and medical referral services; providing for relief to persons injured by a violation of the act, including attorney's fees and costs, etc. EFFECTIVE DATE: July 1, 2012

09/08/11 SENATE Referred to Health Regulation; Judiciary; Budget

SB 0208: Relating to Health Care Fraud Joyner 09/21/11

Health Care Fraud; Revising the grounds under which the Department of Health or corresponding board is required to refuse to admit a candidate to an examination and refuse to issue or renew a license, certificate, or registration of a health care practitioner; providing an exception; requiring a delinquent licensee whose license becomes delinquent before the final resolution of a case regarding Medicaid fraud to affirmatively apply by submitting a complete application for active or inactive status during the licensure cycle in which the case achieves final resolution by order of the court; providing that failure by a delinquent licensee to apply for an active or inactive license before the expiration of that licensure cycle renders the license null, etc. EFFECTIVE DATE: July 1, 2012

09/21/11 SENATE Referred to Health Regulation; Budget

HB 0243: Relating to Expert Testimony Metz 09/29/11 (I: 0378)

Expert Testimony: Provides that witness qualified as expert by knowledge, skill, experience, training, or education may testify in form of opinion as to facts at issue in case; requires courts to interpret & apply principles of expert testimony in conformity with specified U.S. Supreme Court decisions; subjects pure opinion testimony to such requirements; provides that facts or data that are otherwise inadmissible may not be disclosed to jury by proponent of opinion or inference unless court determines that probative value of facts or data in assisting jury to evaluate expert's opinion substantially outweighs prejudicial effect. Effective Date: July 1, 2012

09/29/11 HOUSE Filed

SB 0254: Relating to Motor Vehicle Personal Injury Protection Insurance Bennett 09/21/11 (C: 0119)

Motor Vehicle Personal Injury Protection Insurance;

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Let's Get Ready...Again!

Revising provisions relating to the contents of written reports of motor vehicle crashes; requiring that an application for licensure as a mobile clinic include a statement regarding insurance fraud; defining the term “no-fault law”; adding licensed acupuncturists to the list of practitioners authorized to provide, supervise, order, or prescribe services; providing that an insurer’s failure to send certain specification or explanation waives other grounds for rejecting an invalid claim; revising the insurer’s reimbursement limitation; authorizing the insurer to deny a claim if the provider does not submit a properly completed statement or bill within a certain time; authorizing an insurer to contract with a preferred provider; authorizing an insurer to provide a premium discount to an insured who selects a preferred provider; providing that an insured forfeits the premium discount if the insured uses nonemergency services performed by a nonpreferred provider in specified circumstances, etc. EFFECTIVE DATE: July 1, 2012

09/21/11 SENATE Referred to Banking and Insurance; Transportation; Budget

HB 0309: Relating to Radiological Personnel Oliva 10/07/11 (I: 0376)

Radiological Personnel: Clarifies legislative policy; redefines term “radiation” & defines term “specialty technologist” as those terms relate to certification of radiological personnel; provides titles for persons who hold certificate as specialty technologist; authorizes person holding certificate as specialty technologist to perform specific duties allowed for specialty technologist as defined by DOH; requires that duties be consistent with scope of practice of national registry for particular advanced, postprimary, or specialty area; provides criteria for certification as specialty technologist; provides for applicant for certification as specialty technologist to be certified only by endorsement rather than by examination; authorizes department to issue certificate by endorsement to practice as specialty technologist to applicant who meets certain criteria. Effective Date: July 1, 2012

10/07/11 HOUSE Filed

SB 0362: Relating to Surgical Technology Lynn 09/29/11

Surgical Technology; Creating part XVII of ch. 468, F.S., relating to minimum requirements to practice surgical technology; prohibiting a person from practicing surgical technology in a health care facility unless he or she meets certain criteria; providing an exception for a specified time; prohibiting a health care facility from employing or contracting for the services of a surgical technologist unless the surgical technologist meets certain requirements; requiring continuing education for persons qualified to practice surgical technology; requiring a health care facility to verify that a person who is qualified to practice surgical technology meets continuing education requirements and maintains the credential of certified surgi-

cal technologist; requiring a health care facility to supervise persons employed or contracted by a health care facility to practice surgical technology; providing that the act does not prohibit certain licensed health care practitioners and medical and osteopathic students from performing tasks or functions related to surgical technology; requiring the Agency for Health Care Administration to adopt rules, etc. EFFECTIVE DATE: July 1, 2012

09/29/11 SENATE Filed

SB 0376: Relating to Radiological Personnel Flores 09/29/11 (I: 0309)

Radiological Personnel; Clarifying legislative policy; redefining the term “radiation” and defining the term “specialty technologist” as those terms relate to the certification of radiological personnel; providing titles for persons who hold a certificate as a specialty technologist; authorizing a person holding a certificate as a specialty technologist to perform the specific duties allowed for a specialty technologist as defined by the Department of Health; requiring that the duties be consistent with the scope of practice of a national registry for the particular advanced, postprimary, or specialty area; providing criteria for certification as a specialty technologist; providing for an applicant for certification as a specialty technologist to be certified only by endorsement rather than by examination; authorizing the department to issue a certificate by endorsement to practice as a specialty technologist to an applicant who meets certain criteria, etc. EFFECTIVE DATE: July 1, 2012

09/29/11 SENATE Filed

SB 0450: Relating to Emergency Medical Services Oelrich 10/05/11 (I: 0241)

Emergency Medical Services; Deleting the requirement for emergency medical technicians and paramedics to complete an educational course on the modes of transmission, infection control procedures, clinical management, and prevention of human immunodeficiency virus and acquired immune deficiency syndrome; redefining the term “basic life support” for purposes of the Raymond H. Alexander, M.D., Emergency Medical Transportation Services Act; revising the requirements for certification or recertification as an emergency medical technician or paramedic; revising the requirements for certification for an out-of-state trained emergency medical technician or paramedic; revising requirements for an institution that conducts an approved program for the education of emergency medical technicians and paramedics; revising the requirements that students must meet in order to receive a certificate of completion from an approved program, etc. EFFECTIVE DATE: July 1, 2012

10/05/11 SENATE Filed

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Is Your Pathology Practice Ready for 5010?

by Donald T. Cohen, CPA, President and Founder of MedReceivables Advisor, LLC

In 1966, the passage of the Health Insurance Portability and Accountability Act (HIPAA) required the US Department of Health and Human Services to follow specific standards for transmitting electronic healthcare information in order to establish privacy and security measures to prevent unauthorized access to private medical information. Initial use of these electronic healthcare transactions, known as 4010, was implemented in August 2000. An updated version known as 4010A1 was adopted in May 2002.

By January 1, 2012, the newest version of HIPAA electronic transaction standards "5010" will be mandatory for all providers, including pathologists, physicians, healthcare specialists and healthcare clearinghouses and payers, who submit and conduct transactions electronically. This new software was designed to address technical issues and more strictly define data values and how they are used, as well as accommodate for new business needs. Version 5010 sets new standards that regulate the electronic transmission of healthcare transactions including eligibility, claim status, referrals, claims and remittances.

If you electronically submit administrative queries and transactions such as patient eligibility, filing a claim or receiving remittance advice, either directly or via a third party, the software you currently use will need to be updated. The imminent concern for your pathology practice is implementation and full functionality of 5010 transactions prior

to or by the compliance date of January 1, 2012. Transactions submitted after January 1, 2012 that are not 5010 compliant will be rejected. This will disrupt the processing of and receipt of payments for your practice.

If you have not yet begun the conversion to 5010, now is the time to implement a plan and budget for costs, including expenses for changes to your system, resource materials, training and any consultant fees. After your budget is established, here are several steps you should take immediately to update, prepare for and test your software conversion:

- Determine with your practice management or software vendor how soon the available updates can be installed in your system. The conversion of your pathology practice will depend on this readiness.
- Meet with your clearinghouse, billing service and payers to determine when their upgrades will be completed and how soon you can begin testing 5010 transactions with them.
- Identify any workflow changes in your pathology practice relevant to data collection or reporting that might need to be made in order to meet the new 5010 compliance requirements.
- Make sure your staff receives and completes all necessary training.
- Conduct internal testing of 5010 to assure that you successfully can generate and send transactions.

- Finally, conduct external testing with your third-party payers and clearinghouses to make sure you successfully can send and receive transactions.

Although no one is required to begin using 5010 transactions prior to the compliance deadline of January 1, 2012, if your system and that of your clearinghouse or payer is up and running, you can begin using them now. Being prepared in advance and using the transactions prior to the deadline will facilitate a smoother transition, enable you to see how they work and allow you time to identify and solve any issues that might affect your practice.

Donald T. Cohen is president and founder of MedReceivables, LLC, a full-service, privately held medical billing company which specializes in serving hospital-based practices in Florida. He has more than 30 years of accounting experience related to the financial complexities facing Florida hospital-based medical practices. The majority of his clientele are Florida pathologists, radiologists and emergency room physicians. With more than 40 years of combined professional management experience, the experts at MedReceivables understand the complexity of the financial issues facing hospital-based pathology practices and work to deliver the highest caliber of service focused on maximizing profitability.

 FOR YOUR INFORMATION



FSP Invests Our Reserves!

The FSP Executive Committee has reviewed various investment opportunities to have a great growth rate on our reserves. After almost a year review, it was determined to invest a conservative amount of funds in the Vanguard GNMA Fund Investor Shares (VFIIX). If you look at the performance of this fund since inception, and in the past year, it has averaged 6.5 percent. The Fund is comprised of Intermediate Term Government Bonds with a low risk potential. This bond fund specializes in

government mortgage-backed securities. The fund primarily invests in GNMA securities, which are backed by the full faith and credit of the US Government and typically offer higher yield than U.S. Treasuries. With small risk and a conservative growth, the FSP Investment Fund will allow greater growth on our otherwise banked reserves, but are fully liquid should a battle develop and the funds are needed to fight for pathologists and pathology labs in Florida! Once again, FSP working for you!

Kudos...

Margaret Havens Neal, M.D., Recipient of the 2011 American Society of Cytopathology President's Award



The President's Award was established in 1992 and is presented annually to an ASC member. Selection of the recipient is at the discretion of the current ASC President. The 2011 President's Award was presented to Dr. Margaret Havens Neal on Monday, November 7, during the ASC Awards Presentation. The President's Award was established in 1992 and is presented annually to an ASC member. Dr. Neal serves as Vice President of the Florida Society of Pathologists. Congratulations, Dr. Neal!

Barrett's Esophagus and the Development of Adenocarcinoma-Incidence and Surveillance in an Era of Cost Containment

by Antonio Martinez, M.D.

A recent Danish study reported on the incidence of adenocarcinoma in patients undergoing surveillance for Barrett's esophagus¹. The findings, supported by a similar study recently reported from Northern Ireland, found the incidence (0.12%) to be significantly lower than the currently published number (0.5%).² As cost issues are at the forefront of medicine and our economy, the cost-effectiveness of surveillance for Barrett's esophagus is called into question.

As pathologists, we have all seen and followed patient's esophageal biopsies over the years in an effort to detect, and potentially treat, precursor lesions that may eventuate in adenocarcinoma. What has always piqued my curiosity is the fact that many remain stable, even with some degree of dysplasia, while others present de novo with full-blown adenocarcinoma. One of the obvious ques-

tions is, "which patients will progress or which are at risk of progression", so that we may stratify them appropriately for surveillance purposes. This is where our pathology and clinical colleagues in the research setting need to focus their efforts in developing biomarkers that can better identify such patients. Until then, we will continue to serve in our important role in identifying precursor lesions of a potentially lethal disease.

1. *Frederik Hvid-Jensen, M.D., Lars Pedersen, Ph.D., Asbjørn Mohr Drewes, M.D., Dr. Med. Sci., Henrik Toft Sørensen, M.D., Dr. Med. Sci., and Peter Funch-Jensen, M.D., Dr. Med. Sci. N Engl J Med 2011; 365:1375-1383*

2. *Bhat S, Coleman HG, Yousef F, et al. Risk of malignant progression in Barrett's esophagus patients: results from a large population-based study. J Natl Cancer Inst 2011;103:1049-1057*

Let's Get Ready...Again!

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HB 4015: Relating to Privacy of Firearm Owners Kriseman 09/15/11 (I: 0248)

Privacy of Firearm Owners: Repeals provisions relating to medical privacy concerning firearms; deletes provisions providing that unless information is relevant to patient's medical care or safety, or safety of others, inquiries regarding firearm ownership or possession should not be made by licensed health care providers or health care facilities, that patient may decline to provide information regarding ownership or possession of firearms, clarifying that physician's authority to choose his or her patients is not altered by act, prohibiting discrimination by licensed health care providers or health care facilities based solely upon patient's firearm ownership or possession, & prohibiting harassment of patient regarding firearm ownership during an examination by licensed health care provider or health care facility. Effective Date: July 1, 2012

09/15/11 HOUSE Now in Criminal Justice Subcommittee

HB 4023: Relating to Damages for Wrongful Death Rouson 09/15/11

Damages for Wrongful Death: Repeals provisions relating to prevention of recovery of damages for wrongful death by adult children of decedent or by parents of adult child with respect to claims for medical negligence; conforms provisions to changes made by act. Effective Date: July 1, 2012

09/15/11 HOUSE Now in Civil Justice Subcommittee

WWW.FLPATH.ORG HAVE YOU BEEN THERE LATELY?



Have you accessed the Members Only section of the Florida Society of Pathologists website lately? To request your code, please contact the FSP office or send an email to info@flpath.org.

The website www.flpath.org has plenty of information available only to members. For example: *Florida Pathology Today* newsletters are posted as soon as they go to press; the Legislative button has articles available only to members; and members may update their contact information directly through the website through the Members Only button.



HIPAA 5010 Transmission

by Jeff Howard and Ray Howard, Ray Howard & Associates

CMS has changed the electronic transmission protocol from 4010A to 5010 protocol to be effective January 1, 2012. The electronic transmission requirements are the responsibility of the software vendor and the electronic clearing houses. However, the provider is ultimately responsible as it will be the provider's claims that will be denied if they are transmitted in the old format. Providers are urged to contact their billing service or software vendors and electronic claims clearing houses and obtain certification that they will be 5010 protocol compliant as of January 1, 2012. CMS is urging all parties to test prior to the effective date to ensure they are compliant.

ICD-10: ICD-10 is scheduled to become effective October 1, 2013. This is a major change with a significant increase in the number of ICD codes. One of the main issues in ICD-10 changes is a movement from five (5) digits under ICD-9 to six (6) digits under ICD-10. Providers will need to ensure their billing computer will accommodate six (6) digits. Many computer systems are

hard coded and limited to five (5) digits. Providers are encouraged to discuss this area with their software vendor or billing service to ensure that the system will accommodate six (6) digits for diagnosis. CMS has stated that there will not be any extensions on ICD-10 as there has been adequate notice for providers to prepare. There are crosswalks from ICD-9 to ICD-10 that are available. Providers may be well served to obtain a copy early and start the process of selecting the appropriate ICD-10 codes.

ADVANCED BENEFICIARY NOTICE (ABN): CMS published a new ABN that was released on March 20, 2011 and became effective at that time. The deadline for using the CMS-R-131 (03/11) ABN is November 1, 2011.

MANAGED CARE CONTRACTING: Pathologists as a hospital based group are in a unique position of strength to negotiate managed care contracts. Managed care plans as a general rule will negotiate far better with a hospital based physician group than with a clinic based physician group. Good managed care contract negotiations begin with good

relationships with hospital administration to ensure that hospital administration understands that pathologists must receive a fair reimbursement in order to maintain a competent and appropriate level of staffing. Thereafter, negotiations become the key. Good, firm negotiations with a managed care plan should produce a reasonable reimbursement rate for the pathologists. It is recommended that pathologists not tie their reimbursement to Medicare Relative Value Units (RVUs) if at all possible. If the reimbursement is tied to RVUs, the next best step is to tie the reimbursement to a specific year Medicare reimbursement to ensure that the reimbursement is locked in and cannot be cut. Providers are encouraged to seek a yearly cost of living increase on the conversion factor.

HIPAA AUDITS: In June 2011 CMS awarded KPMG, LLP a \$9.2 million contract to administer HIPAA Audits in 2012. The HIPAA audits may be random or could be triggered by a breach involving improper disclosure of Protected Health Information (PHI) that compromises the security or privacy of the information which may pose a significant risk of financial disclosure or other harm to the affected individual. The office of Civil Rights which is under HHS has access to all reported breaches under the HITECH Act. Pathology practices, which include billing offices and billing services, are encouraged to review their HIPAA guidelines to ensure they are conforming to the HITECH Act for privacy.

COMPLIANCE: Previously compliance plans were optional for medical practices. CMS is now requiring that all practices have a compliance plan in place. All providers are encouraged to obtain proper guidance and establish a proper compliance plan whether they have their own billing office or use a billing service. It is anticipated that there will be random audits checking on compliance plans. Compliance and HIPAA are two separate areas under CMS. Both must be structured separately.



FLORIDA SOCIETY OF PATHOLOGISTS

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For more information and to register, visit www.flpath.org.

Legal Update: Fall 2011

by Jessica S. Cohen, Physicians Independent Management Services, Inc.

Jessica S. Cohen is the in-house counsel for Physicians Independent Management Services, Inc., a medical billing and practice management company providing services to pathology groups across the state, including Ruffolo, Hooper & Associates, M.D., P.A. She specializes in health law and negotiates managed care contracts, employment agreements, and other pathologist and laboratory specific matters. Her email address is cohenj@pims-inc.com.

Hospital-Based Physicians: Vigilance Required: Over the past year, the health care industry has had a target on its back, with hospital-based physicians, including pathologists, dodging bullets left and right. The excitement began with the passage of the Patient Protection & Affordable Care Act of 2010 (“PPACA”) and the Health Care & Education Reconciliation Act of 2010, signed into law by President Barack Obama on March 23, 2010, forever changing the health care system as we knew it and with the potential to change the way pathologists

receive compensation forevermore. PPACA, coupled with challenges to hospital-based pathologist compensation in the state of Illinois, make it clear that pathologists must stay vigilant.

On June 1, 2011, hospital-based physicians took a hit in the state of Illinois, as Illinois Public Act 96-1523 took effect, amending portions of the Illinois Insurance Act. The statute prohibits out-of-network hospital-based physician providers from billing insured patients for anything above the deductibles and/or co-pays which would have applied if the hospital-based physician providers were in-network providers for the patients. The statute specifically applies only to providers of emergency department services, neonatology, pathology, anesthesiology, or radiology—in sum, hospital-based physicians.

The Illinois hospital-based physicians refused to take this hit lying down and fought back. On June 24, 2011, in the case now titled Peoria Tazewell Pathology Groups v. Messmore, a group of hospital-based pathologists and physicians filed suit, claiming the statute was unconstitutional based upon its arbitrary and unfair nature, as well as the effect of prohibiting these physicians from pursuing a live-

lihood without the assurance that they will receive reasonable compensation in exchange for services. This litigation has not yet been decided by the Illinois court system as of press date.



In a move which may again change the health care system as we know it,

the Obama Administration filed a Writ of Certiorari (petition) to the United States Supreme Court on September 27, 2011, asking the Court to rule on PPACA’s constitutionality. This action improves the likelihood that the Supreme Court will hear the case, but delays any ultimate decision on the matter for another year, at least.

It is important for all pathologists across the country to be mindful of these legislative and legal shifts and stay vigilant to avoid unfavorable statutes in Florida. However, if PPACA survives the current repeal efforts, the implementation of health insurance exchanges will eventually require changes to fee schedules and billing. Moreover, the Center for Medicare and Medicaid Innovation’s (CMMI) newly established bundled payment program requires further vigilance to ensure pathologists receive any payment for their services, particularly under the model where CMS makes a single bundled payment for all services provided during the inpatient stay by the hospital physicians and all other practitioners to the hospital.

As pathologists, vigilance is a necessity to protect your right to receive compensation, at a fair rate, for services rendered. As we see how the playing field unfolds over the next few months, particularly with the Illinois hospital-based physician litigation and PPACA’s constitutionality, pathologists must be on the forefront to ensure our voices are heard and the importance of the services you provide are recognized and compensated pursuant to insurance exchanges, bundled payments, or any other bullets thrown your way.

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Florida Society of Pathologists 2011 Summer Conference Photo Highlights Ritz-Carlton Key Biscayne



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Managing Debt and Planning for Future Financial Freedom

by Amy Rich

A brilliant pathologist once told me that “you are only as good as what you know you don’t know.” As a pathologist in training, one of the earliest lessons to learn is that sometimes you need help from a colleague, or may need to send a difficult case out to an expert for his or her valued opinion. Similarly, as a medical professional there are many times that it becomes impossible to handle all of the financial decisions at hand due to a lack of time and financial expertise. Recently, the residents at Orlando Health have started an educational course for how to best manage debt now and prepare for a successful future free from the bondage of debt and financial stress. Today I will share some ideas and resources for what we can be doing at each stage in residency to make wise decisions for the future.

To begin, there are some common traits of all financially successful physicians, regardless of their stage of training. They work hard, with commitment and passion towards excellence in their field. They never take their market position for granted; in short, they focus on quality outcomes and nurture professional relationships to ensure both maintenance and growth in their business. They are team players both within their group and with collaborating physicians. They are proactive planners who recognize a small sacrifice of time and resources today will save vast amounts of energy and money later. Similarly, they are financially disciplined and prioritize items of importance such as health, life and disability insurance, future savings and debt reduction over items of luxury such as fancy cars, homes or jewelry. Most importantly, they create a personal team of professional experts outside of their field of knowledge, delegating some responsibility rather than attempting to do everything themselves.

The first two years of residency is all about creating good habits for the future. While the primary goal is to learn how to do your job as a resident, it is also a time to put the characteristics of wealth into practice. If you have debt outside of educational loans, such as credit card debt, put aside a small percentage (10% or more) of your paycheck each month to pay it off. Increase the amount you pay towards loans every year. While the resident’s salary is modest, live within your means, abstaining from purchases that you can’t afford and instead focusing on debt reduction. Remember that a budget only works if you are honest with yourself about what you are actually spending. An accountability partner can help keep you on track.

Additionally, the first two years are a great

time to build your resume with research projects and start networking via leadership positions within your hospital, or the state and national level professional organizations. Also, spend time talking to your attendings about their career choices; take them out for coffee or lunch, and pick their brains about what fellowship choice might be best for you. The end of second year is the perfect time to apply for grants to support an away rotation outside of your institution at a place where you would like to go for fellowship. The away rotation should be scheduled for early to mid third year, and is essentially a month long “interview” for a fellowship position. If you are able to secure a position while you are there, it will save time, energy and money during third and fourth year. This will also allow you to study for boards worry free.

Third year is truly the critical year for solidifying your knowledge of pathology and preparing for your future career. If you haven’t started yet, educate yourself on the basics of the business of medicine, such as malpractice insurance and billing. Make contact with a hospital endorsed independent advisor who can help guide and educate you in this area. General financial advisors are usually not familiar with the business of medicine in specific, and may provide less applicable advice. Some important issues that an independent physician advisor can help you address are bulleted below:

- Review your medical school loans. Since programs change frequently, you can start asking questions with your lender, and possibly seek outside loan repayment programs via your physician advisor.
- Continue living well within your means and paying off all non-educational loan debt. If you do not have credit card or other high interest debt, start tackling your student loans. Try paying back at least interest, if possible, so your principal doesn’t continue to rise over the years as interest capitalizes.
- Own your own disability and life insurance that you can take with you wherever you work in the future; lock in rates now while you are young and healthy.
- Make a written 5-year plan for your career and personal life so that you can make decisions today that will allow you to attain those goals. Be accountable to someone else for making wise financial decisions.
- After fellowship is secured, begin looking for jobs in your geographical area of interest. Go on job interviews and practice negotiating

contracts; see what is available to you.

- Never make financial decisions based on emotion or greed. Only make financial decisions based on reason and facts from a reliable and proven source. An independent hospital-endorsed physician advisor can help you plan and find the right resources for success.

Hopefully in fourth year you have or will soon have fellowship determined, and it is then time to be sure you address all the other success factors you may not have taken time to complete in the first three years. If you wait until fellowship to get insurance, for example, it will still be available to you, but for a higher price. Plan and act now to save tomorrow.

Finally, negotiating a contract for your first job after fellowship requires that you educate yourself on several factors that will influence the desirability of a particular employment. These include: the type of employment you desire (independent, hospital employee, partnership track), compensation (including bonus), insurance coverage (both malpractice and tail insurance), restrictive covenants, termination, etc. Nearly everything in a contract is negotiable, and this is definitely an area that requires expertise. Have your physician advisor help you obtain the right legal resources to make sure that you know what you are signing, and alert you to red flags for possible problems in the future.

- Contracts should be clear, concise, equitable, and define your workload expectations.
- If your employer won’t pay for tail insurance, ask that the equivalent amount be added to your signing bonus.
- If your state medical board does not require groups to give you a list of your patients when you leave, make sure you assert that right in your contract.
- Make sure that the termination provision addresses your way out as well.

I hope that this article inspires you to make healthy financial decisions for your future starting today. A wealth of medical knowledge is best supported by a conscience free from the burden of debt, so that you can better help the patient and yourself.

The information in this article was adapted from educational materials obtained from Physicians Consulting Group. For additional information for how you can plan your path, contact Eric Roukey at: 321-231-1403, eric@forthedocs.com.

Shopping For Medical Malpractice Insurance?

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FSP Announces Research Paper Award

The FSP recognizes the importance of participation and involvement of the residents in the society. I am proud to announce the opportunity for pathology residents to win a research award. The FSP Executive Committee has allocated \$500 to be awarded to a pathology resident or group of residents who are currently in an ACGME-accredited training program in the state of Florida. The award will be issued at the 2012 FSP Annual Winter meeting being held February 17-19, 2012, at the Grand Floridian Resort, Walt Disney World.

Rules of Participation for the FSP Residents' Research Award:

- Deadline is December 31, 2011. The paper must be postmarked by this date or sent by email by 5:00 p.m., Eastern Standard Time, on this date.
- Please submit a completed application form (below) for each paper submitted.
- Corresponding author must be a Florida pathology resident or fellow who is in an ACGME residency program at the time of application. This includes residents from both combined AP/CP programs and programs that are CP or AP only.
- The research paper submitted must be *original work*, which may have been submitted or accepted for publication, but not yet published by the time of application.
- There is no restriction on the type of research as long as the paper is of importance for anatomic or clinical pathology.
- More than one paper can be submitted.
- There is no minimum or maximum length of the research paper; however, if the paper is longer than six pages, it must include an abstract of one page or less.
- Each paper will be judged by three FSP research award subcommittee members. These subcommittee members will not be from the applicant's own residency program.

Keep in mind the six judging criteria will include the following:

1. Overall quality
2. Originality
3. Thoroughness
4. Level of difficulty
5. Medical significance
6. Clarity of explanation

If you have any questions, don't hesitate to contact me at my email address, lizette.vila@uf.edu.

APPLICATION FOR FSP RESIDENT RESEARCH AWARD 2012

Title: _____

Author(s): _____

Institution(s): _____

Name: _____

Address: _____

Phone: _____

Email: _____

I _____, confirm that this paper submitted to the FSP research award subcommittee is original research work, created and performed at _____ (residency training program).

Signature: _____

Date: _____

Send a cover sheet with the information requested on the form and your paper via email to bbeatty@flpath.org or send the completed form and your paper via U.S. mail to Florida Society of Pathologists, 222 S. Westmonte Drive, #101, Altamonte Springs, FL 32714.