Retina 2015 and Beyond  
*Keys to Management Success*

Panelists:
- Jeff Brockett, MHA / Texas Retina Associates / Dallas, TX
- Linda Georgian, COE / Inland Eye Institute / Colton, CA
- Bill Koch, COA, COE, CPC / The Retina Institute / St. Louis, MO
- Angela Chambers, RN, MBA / Associated Retina / Phoenix, AZ
- Warren Laurita, MBA / Retina Assoc. of Cleveland / OH

Financial Disclosures

Jeff Brockett, MHA  
Consultant and Speaker: Allergan, Genentech, Regeneron.  Independent Consulting, Sytlen Medical Information Systems

Linda Georgian, COE  
Independent contractor of Corcoran Consulting Group.

Bill Koch, COE, COA, CPC  
Consultant and Speaker: Allergan, Genentech, Regeneron.  Independent Consulting.

Angela Chambers, RN, MBA  

Warren Laurita, MBA  

Top Practice Management Challenges

Source: Medical Economics – December, 2014

- Top 5 Impacting all Practices and Specialties
- How these Challenges Apply to Retina and Ophthalmology
- Best Practices to Turn Challenges into opportunities
Challenge 1: Administrative Burdens

Key: Linda Georgian and Credentialing

Source: Medical Economics – December, 2014

Credentialing Changes

Linda Georgian, COE

- NPI and PTAN
- Medicare Revalidation
- Ordering / Referring
- Internet enrollment - PECOS
NPI and PTANs

- National Provider Identifier
  - As of May 28, 2008 used exclusively on claims and remittance advice
- PTAN – Formerly known as PIN
  - Provider Transaction Access Number
  - Established by individual MACs, not portable
  - Physicians obtain a new ID for each carrier
  - Not submitted on claims

Medicare Enrollment

- Required when something is new or changed
- Revalidation every 5 years doctor, 3 years optical
- Reactivation is required if no claims are submitted for 4 consecutive quarters
- You cannot file an application any sooner than 60 days prior to the provider’s start date.
- Applications take 60-180 days to process

Enrolling Ordering Provider

- Providers who order or refer Medicare services must be enrolled
- Ordering/referring doctor must be enrolled for service to be covered
- Enrollment can be obtained just for the purpose of ordering and referring
Revalidation

- Performed every 5 years for providers and every 3 years for DMERC
- Fee is charged for DMERC and ASC, waived for physicians and groups
- Both individual and group PTANS are being revalidated
- You have 60 days to respond or your billing privileges are deactivated
- Notices are sent to correspondence address on file

Internet Enrollment

- Provider Enrollment, Chain and Ownership System (PECOS)
- Individuals use their NPPES user name and password to access PECOS
- Groups must apply for an authorized user
- Faster, can upload attachments and sign electronically
- https://pecos.cms.hhs.gov/
Questions & Answers
Challenge 2: Independence vs. Employed

- Trend of mergers and collaborations
- Active organizations (specialty interest groups, societies)
- Payer driven organizations - ACOs
- Impact on and from referral sources
- Read the fine print of any agreements
- Déjà vu?

Key: Angela Chambers and ACOs

Source: Medical Economics - December, 2014

Impact of ACOs in Private Practice

Angela Chambers RN, MBA

What is an ACO?

- Accountable Care Organizations (ACOs) are groups of doctors, hospitals and other healthcare providers who come together voluntarily to provide high-quality, coordinated care to their Medicare patients. The goal of coordinated care is to ensure that patients, especially the chronically ill, get the right care at the right time, while avoiding unnecessary duplication of services and preventing medical errors.
- The Accountable Care Organization concept is one that is evolving, but generally, an ACO can be defined as a set of health care providers—including primary care physicians, specialists, and hospitals—that work together collaboratively and accept collective accountability for the cost and quality of care delivered to a population of patients.
- In Obamacare, each ACO has to manage the health care needs of a minimum of 5,000 Medicare beneficiaries for at least three years.
Summary of Overall Opinion of Impact

- Given the recent emergence of ACOs, providers considering participation in the CMS program do not have a long history of research on practicing ACOs to review.
- Information on the impact of ACOs is limited and points to key questions that still need to be answered as both the federal and private sectors prepare for widespread implementation of the model.
  - What are the key competencies required of ACOs?
  - What are the legal and regulatory barriers to effective ACO implementation?
  - How will quality benchmarks be established?
  - How can ACOs maintain patient satisfaction and engagement?

Summary of Overall Opinion of Impact

- Physician Group Practice Demonstration
  - In 2005, Medicare developed the Physician Group Practice Demonstration, a group of ten provider organizations and physician networks to test shared savings.
    - Providers are incentivized to coordinate care delivered to Medicare patients.
    - Physician groups receive cost and quality performance payments if they achieve Medicare savings of more than two percent and additional bonuses beyond the two percent threshold.
    - Performance payments are designed to reward both cost efficiency and performance on 32 quality measures phased in through the life of the demonstration.
    - Through year three of the program, all ten participating sites achieved success on most quality measures, and five collectively received over $25 million in bonuses as a share of $32 million in Medicare cost reductions (McClellan et al., 2010).

ACO Challenges

- Prevailing Fee-For-Service Payment
- Wrong-Sized Medical Staff
- Technology Platform Incompatibility
- Lack of Physician Leadership and Management Structure
- Resources & Staffing
- Legal
- Cultural
In 2014 Nationally 6% of population are enrolled in an ACO.

Source: Leavitt Partners Center for Accountable Care Intelligence

Questions & Answers
Challenge 3: Payers Dictating Healthcare

- I would rank #1
- Payer Audits
- Pharma Fee Schedules
- Retina is on the radar
- Protecting our practices

Key: Bill Koch - Compliance and Drug Management

Source: Medical Economics - December, 2014

Compliance and Drug Management

Bill Koch, COA, COE, CPC

Compliance Program

- Formal Compliance Program
- Written compliance plan
- Quality Assurance Program
  - Verbal commitment of compliance
  - Voluntary
Compliance Program

- OIG Compliance Program for Individual and Small Group Physician Practices
- Components of an effective compliance program
- Publication of the OIG’s Provider Self-Disclosure Protocol

Compliance Program

- Developing open lines of communication
- Designating a compliance officer or contact
- Implementing compliance and practice standards
- Conducting internal monitoring and auditing
- Responding appropriately to detected offenses and developing corrective action
- Conducting appropriate training and education
- Enforcing disciplinary standards through well-publicized guidelines

Drug Management

- Acquisition
  - Direct
  - Supplier
  - Compounding pharmacy
- Inventory management
  - Paper logs
  - Spreadsheets
  - Dedicated system
Drug Management

- Reconciliation
  - One ordered
  - One received
  - One utilized
  - One reimbursed
- Timely filing
- Aggressive appeals
- Impact on revenue stream
- Utilize Patient Assistance Programs

Questions & Answers

Challenge 4: Patients Dictating Healthcare

- Patient Out of Pocket Expenditures
- Social Media and Our Practices
- Does Patient Satisfaction = High Value Care?

Key: Warren Laurita - Marketing and Referral Management

Source: Medical Economics - December, 2014
Marketing and Referral Management

Warren Laurita, MBA

Marketing

• Deciding on your Target audience
• Ophthalmologist
• Optometrist

Referral Management

• Ophthalmologist
• Optometrist
  – Availability
  – Educational Programs
  – Ease in referring
Referral Management

- Ophthalmologist
- Optometrist
  - Availability
  - Educational Programs
  - Ease in referring
  - Referrals
  - Cataracts
  - Glaucoma

Referral Management

- Tracking Activity
  - Thank you calls
  - Follow-up calls

Referral Management

- Collaboration
  - Capturing the OD network
  - Through the Ophthalmologist
Marketing

• Patients & public

Questions & Answers

Challenge 5: Staff Retention

• Not all about compensation
• Training and engagement in the organization
• Staff utilization based on skill and need, not just job title
• Skilled, patient-focused staff can offset challenges 1-4!

Key: What is your staff retention secret?

Source: Medical Economics – December, 2014
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Thank You for Participating