RPA REPORT

ARPE, CBRPA AND RPAS REPORT

Volume 6, Issue 12

December 2013

Response to SRPE Proclamation

Editor's Note: Contrary to the SRPE assertion, the monthly newsletter, *RPA Report*, is a collaborative effort involving the Boards of Directors of CBRPA, ARPE and RPAS and any RPA who wishes to contribute information. Dr. Van Valkenburg places the articles in the final copy and sends it to all RPAs. The article in the November newsletter entitled *"RPA Contacts CMS for Information"* was not an "*opinion piece"* as erroneously labeled by Jason Barrett, SRPE President. The SRPE response was written on SRPE letterhead by the current president; therefore, one can unfortunately assume the response is the formal position of SRPE.

~~~~~~

The acrimonious SRPE response was unexpected and unjustified. The focus of the November article was primarily to: 1) demonstrate that CMS recognizes that RPAs are indeed working in the field, 2) outline a process for billing for RPA services and 3) assert that RPAs can provide services to Medicare patients. The information did not contend that RPAs could independently bill for their services. The information quoted in the article from the CMS staff is not new information and is contained in the CMS Policy Manual that was cited at the end of the article.

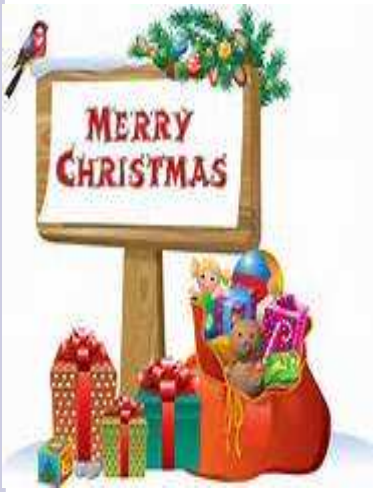
SRPE asserts that having an NPI number is of no significance. Question: If the MARCA bill should pass and a radiologist bills for the procedure, how will CMS know if an RPA did the procedure? CMS only recognizes NPI numbers on the forms. Apparently it is unknown or unnoticed by SRPE that having an NPI number has helped RPAs in the workforce in that it identifies the RPA as a separate level in the medical imaging profession. In fact, several billing companies have requested the RPAs use their NPI numbers on the reimbursement forms. The only groups recommending that RPAs not obtain an NPI number are the ICRA group members, SRPE, AST, ARRT and ACR.

The CMS article was never meant to undermine the efforts of obtaining federal legislation. The focus was to demonstrate that RPAs can currently work without being afraid that they cannot do procedures on Medicare patients and that radiologists can bill for the services. There are currently over 450 RPAs working, including the members of the SRPE Board, and their radiologists are billing for their services and not one person, neither RPA nor radiologist, has been charged with fraud in any state or federal court for billing fraud. The November newsletter article only reinforced what is already being done. In reference to the fraud assertion, since RPAs do not bill for their services and the radiologists do, is SRPE maintaining that all radiologists doing this billing are committing fraud? When using accusatory language prudence should be followed to be certain of the appropriate target. Continued on next page.

Quote of the Month:

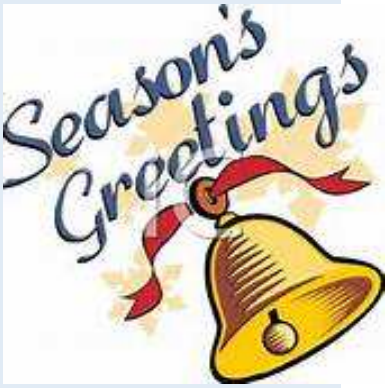
When eating bamboo sprouts, remember the man who planted them.

~Chinese Proverb


~~~~~~

SRPE Proclamation—continued

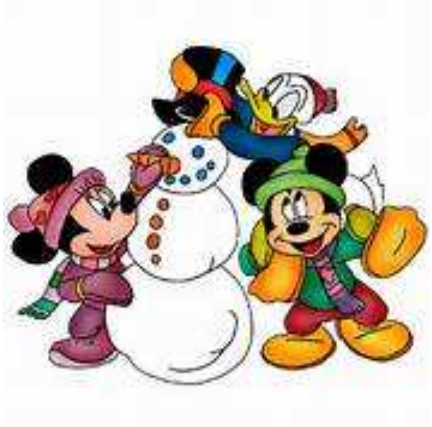
SRPE was extensive in the analysis of the family practitioner article. This article was used as an example and not to allege medical imaging follows the same criteria or model. However, if any RPA goes to work for a family practitioner, they can use the analysis to establish parameters of practice. The CMS policy manual was also cited in the newsletter article but its contents ignored. CPT codes exist for various types of E & M services; examples are surgery, emergency room, long term care or whenever patient observation is deemed as part of the service. The E & M codes are usually accompanied by a procedural CPT code (E&M/CPT) since most patients do not go to a health care facility just to be observed. As medical imaging departments perform an increasing number of interventional therapeutic procedures, such as paracentesis, thoracentesis, pain management, fluid drainage, PICC placement, and joint aspirations, to name a few, patient observation is mandatory. Some CPT codes have the E & M services embedded in the code and but for those that do not, the E & M services should be billed.



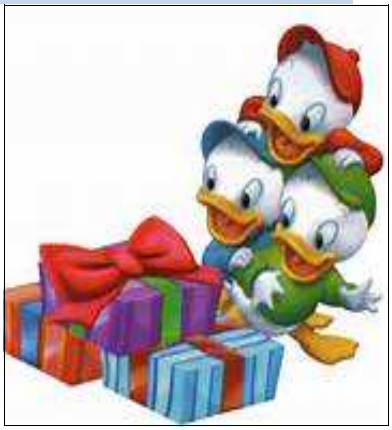
It appears that the overriding objective of the SRPE response was to assert that SRPE should be regarded as the only source of information regarding any CMS and federal issues. This is similar to a professional politician saying "Believe only me." The last paragraph in the SRPE proclamation states that the President does not claim to be "the consummate CMS expert" and although he asserts the SRPE proclamation is factual, he is, after all, "just stating his opinion" making the SRPE response an opinion article. From prior communications it appears that the SRPE President has attended one or two meetings with CMS. Other RPAs continue to research and read the latest CMS and federal publications and seek information on their own from known credible sources.

The November newsletter article contained good useful information for RPAs. The RPA who contacted CMS had the courage to go to the source and was gracious enough to share the information received. That consideration is appreciated. ARPE, CBRPA and RPAS commend and will continue to support SRPE for their efforts in regard to the federal legislation and will not interfere in that endeavor , but will continue to support the legislative effort.

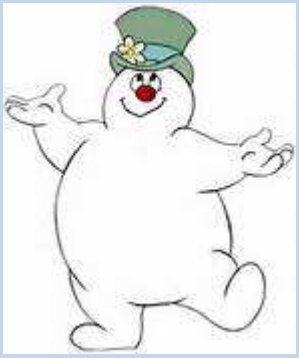
PLAN YOUR FLORIDA VACATION NOW for Oct 16-20



WISHING YOU A TRULY MERRY CHRISTMAS AND THE VERY BEST IN THE NEW YEAR. Looking forward to seeing old friends and new acquaintances in Florida!!



Radiologists Not Paid for ED Services



More than one-fourth of emergency radiological services went completely uncompensated over a four-year period according to research presented Monday at the Radiological Society of North America's annual conference in Chicago.

For the study, researchers led by Richard Duszak, chief medical officer of the Harvey L. Neiman Health Policy Institute of the American College of Radiology, examined patient- and physician-redacted billing claims for 2,935 radiologists across 40 states from January 2009 through December 2012. Duszak, who also serves on FierceHealthIT's Editorial Advisory Board, and colleagues found that, not only did more than 96 percent of the radiologists provide uncompensated care to ED patients, but that radiologists received no compensation at all for services to such patients more than 28 percent of the time.

The researchers also noted that the "frequency and magnitude" of uncompensated care likely was underestimated. According to the RSNA Daily Bulletin, "Given the 'safety net' role of EDs for uninsured patients, uncompensated services are increasingly a challenge to all specialists and appear to be a particularly common problem for radiologists." Duszak said,. He added that the aim of the research is to help boost awareness of the problem for healthcare policy makers which in turn could help to assure that it won't become so widespread as to decrease the access of ED patients to necessary radiological services.

Of all uncompensated services provided more than 52 percent were rendered to uninsured patients, according to Duszak and his colleagues. U.S. hospitals provided $41.1 billion in uncompensated care in 2011, according to a survey published in January by the American Hospital Association. For the survey, AHA looked at more than 4,900 hospitals and found that uncompensated care costs represented 5.9 percent of their total expenses in 2011. The AHA survey did not distinguish between charity care and bad debt when calculating uncompensated care costs.

Source: Bowman, Dan , http://www.fiercehealthit.com , December, 2013

Recertification Process Begins In January

RPAs who became certified in 2004 will have to become recertified in 2014. The recertification policies and instructions were electronically sent in November. This information is also available on the www.cbrpa.org web site. The recertification examination will be available on January1, 2014.

A time limit for the exam is four (4) hours and consists of 50 questions. The time begins when entering the exam and continues to be counted down to the limit. If one exits the test and then attempts to log in, the time may have expired and that attempt will be counted as the first attempt. Each person will be given three attempts to successfully pass the exam. A score of 38 or 75% is required to pass. Passwords are required for each attempt and a fee will be charged for each attempt.

The exam will be challenging and cover the topics listed in the content specifications. All exams questions will be randomized from a bank of questions so each individual will receive a different form of the test. Review the documents on the web site and if you still have questions, contact CBRPA.

Radiology Workforce to Stay Steady Through 2016

What's the job outlook for radiologists? It depends on which of the many cues you're considering.

First there are the negative signs, including the sluggish recovery from the recession, that have kept many senior radiologists from retiring, healthcare reforms push for less imaging, decreases in reimbursement, increased use of advanced practice providers, patient fear of radiation and research cuts in the form of sequestration. Carolyn Meltzer, MD, chair of radiology and imaging sciences at Emory University in Atlanta, detailed the outlook at a session at RSNA 2013.

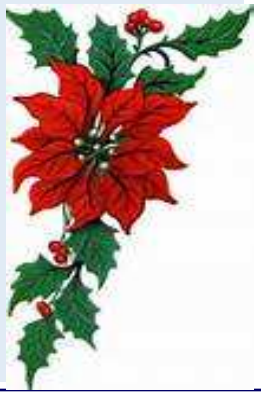
Some signs point to a need for more radiologists: More baby boomers are becoming heavy users of healthcare, millions of uninsured are entering the market and patients are becoming more engaged in their care and demanding more scans. But most agree, the trajectory for actual numbers of radiologists needed is trending flat for the next several years.

Edward Bluth, MD, radiologist at Ochsner Medical Center in New Orleans and chairman of the Commission on Human Resources for ACR, summarized the following findings from the ACR 2013 workforce survey at the session.

*The largest numbers of radiologists are in the South; the smallest in New England.
*About 50 percent are in private practice, down slightly from last year's survey.
*7 percent of practicing radiologists are older than 65.
*20 to 21 percent are general radiologists, down slightly from the previous year.
*The largest group of radiologists to be hired in 2013 were expected to be general radiologists (16 percent) followed by general interventionalists (14 percent).
*The largest number of jobs in 2016 are projected to be in the South; the fewest will be in the Northeast.
*The largest numbers of jobs in 2016 will be in private practice followed by academic universities.
* In 2012, 1,400 radiologists were hired; in the projection for 2013 was 1,500. For perspective, 1,200 residents finish each year.
*The numbers going up in 2013 are general radiologists and breast imagers; the numbers going down are in body imaging and pediatrics.
*The study concluded that all residents are expected to find jobs, but they may not be in the geographic area they prefer and they may not land in the specialty they prefer.

Still, there is room for change in the predictions, Bluth said since workforce needs will change depending on retirement, individual finances and health issues of practicing radiologists. … "Also there are 2,100 practicing radiologists over the age of 65." The flat projected growth "assumes all the economic conditions remain the same. We don't really understand the influence totally that Obamacare will give us and Accountable Care Organizations," he said. Results of the survey are published in the October issue of the Journal of the American College of Radiology.

Source: Frellick, Marcia, RSNA 2013 Residents, Chicago, December 10, 2013



Radiology physician extenders: Plan their roles before hiring

The primary purpose of hiring a radiology physician extender is to achieve more efficiency. One of the ways radiology groups began looking at several years ago was reducing the time spent in non-billable activities and in performing procedures that the hospital affiliation requires but that are relatively time-intensive for their reimbursement.

A variety of challenges were encountered in moving to this model. A major one was that different radiologists have different ideas about the goal in using the extenders and the occasions when they should be used. It is vital to achieve a consensus within the group for the use of physician extenders: What hours should they cover: weekday daytime only or evenings? What about weekends?

In deciding the precise role of physician extenders, make sure they are maximizing the benefit for the whole group and not just a portion of it. Set expectations for everyone by deciding if the goal is to improve lifestyle, add service, expand a part of the practice, or make some of the radiologists more available to read from the work list and do nonprocedural work.

Another challenge was deciding what exact help is needed where it is needed. A nurse practitioner may be most appropriate for aiding with consultations and clinical follow-ups with a mix of procedures. A radiology practice assistant may be more beneficial if the intent is largely to help with or perform procedures. This should be discussed as a group before hiring rather than find out later you hired for the wrong purpose. That said, finding a good worker with a broad skill set may be best to increase flexibility. Discuss as a group what type of procedures the extender will perform and seek consensus on this. Differences in the way the extender is employed can prove confusing for both the extender and the hospital department and can result in communication problems, impaired efficiency and disgruntled staff.

Challenges are also encountered in appropriate use and billing for the extenders. It is critical that everyone in the practice knows and understands hospital and state rules for credentialing, as well as CMS guidelines for physician extender use and billing and third-party payer requirements for billing. There are considerable differences in what procedures various types of extenders can perform and bill for. It is critical that the billing office knows these rules as well and that you are rigorous in following proper billing practices. Nurse practitioners may bill at a reduced rate for their own services in some cases but some types of radiology practice assistants may not be able to. It may still make sense to have them assist in or perform procedures, even if they may not be billed, as long as they are allow the radiologist more time for billable activities.

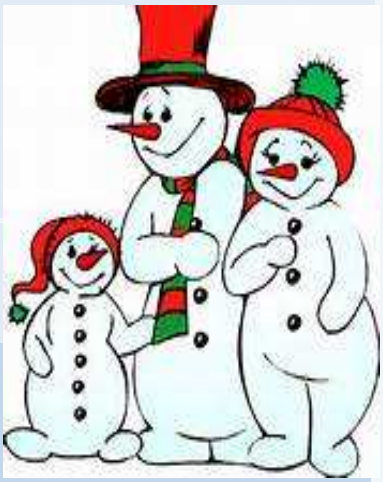
Once there is broad agreement on who you need and the role that person will fill, explore all options for cost containment. If you are hiring an extender who will improve throughput in a hospital-based department or who will be facilitating scheduling and nursing, consider asking the hospital to share expenses. Also, you can consider training someone already known to you, such as a technologist, who can undergo training while working for you. A trade between paying for schooling and a commitment to work for you for some time may prove very cost-effective.

Once the extenders arrive, make sure they are maximized when at work. Have a variety of clinical and nonclinical tasks they can perform. Not every day is busy with procedures. Define for them what they should do when there are not procedures to perform. They can help the practice in a number of ways, for instance, by signing medical records. This also gets back to the idea of staggered work schedules. If you hire more than one extender, you should mandate early on that they understand each other's roles and can share each other's work as much as possible. Recognize, however, that different types of extenders may be trained for certain tasks and may be credentialed for diffeent jobs. Be careful not to ask them to overstep their bounds. Continued on next page.

Radiology physician extenders —continued

Lastly, regularly review their performance. This should be an ongoing internal business practice. Ask them to keep logs of their procedures and track both billings and reimbursements for them. Recognize that while billable dollars may not reflect the whole of their productivity or benefit, it does form a basis for determining changes in their productivity. Performance reviews with the extenders are critical as well, as they serve to keep expectations on the same page and circumvent potential problems.

Dr. Woodcock is medical director for MRI at St. Joseph's Hospital in Atlanta. He is also a member of the executive board of Atlanta Radiology Consultants and is the practice's executive officer for finance. He may be reached at rjwatlrad@gmail.com.



Source: Richard Woodcock, M.D. December 2013 Blog | September 08, 2010 | Practice Management

By http://www.diagnosticimaging.com/radiology-physician-extenders-plan-their-roles-hiring#sthash.rGRJRAFF.dpuf

RPAS REPORT

Legislatively, there is not much to report. Congress is winding down with very few bills being passed. With the new session of Congress beginning in 2014, the federal bills, MARCA and CARE, will face new challenges in starting the process all over again. However, many of the Senators and Representatives will be home during the holidays and this would be a good time to talk with them about providing support for these legislative efforts.

Some technologists in several states have been working this fall in preparing legislation to be introduced in their respective states. Some are attempting to have the radiographers in their state licensed; some are attempting to introduce legislation requiring education in order to operate ionizing radiation equipment,: while other states are attempting to license the advanced practice technologist.

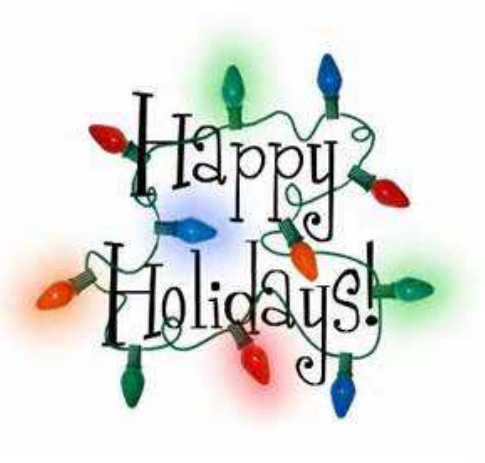
All RPAs should investigate activities within their state and, as recognized leaders within the profession, they should become involved in the process . Support, especially from voters within a district carries a great deal of weight, especially in an election year. A comment has been heard, "I really don't want to get involved in politics." However, this "cop-out" is a lame excuse because when you consider the overall situation, just about everything in life is about politics. Functioning as a RPA within a healthcare system is a political situation, so accept that fact and realize much of your career is about educating others about your position , especially legislators. Comments have also been made about the progress of the nurses. Nurses have been involved politically in all realms in relation to health care. Perhaps their model should be followed, not only in legislatures but also within each and every hospital.

RPA REPORT

225 Dupont Drive
Lander, WY 82520
Phone: 307-335-5201
Fax: 307-335-5229
Email: jvan225@bresnan.net

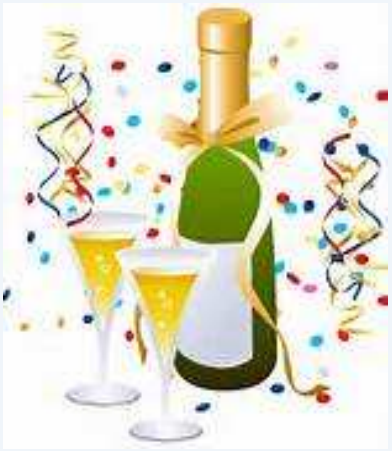
WEB SITES:

ARPE—rpe academy.org
CBRPA — cbrpa.org
RPAS — RPASociety

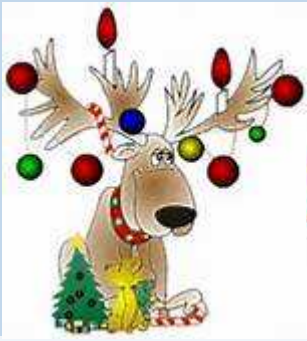


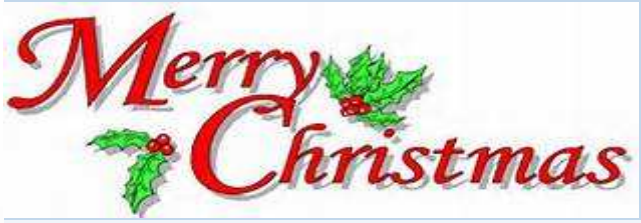
Christmas - that magic blanket that wraps itself about us, that something so intangible that it is like a fragrance. It may weave a spell of nostalgia. Christmas may be a day of feasting, or of prayer, but always it will be a day of remembrance - a day in which we think of everything we have ever loved.

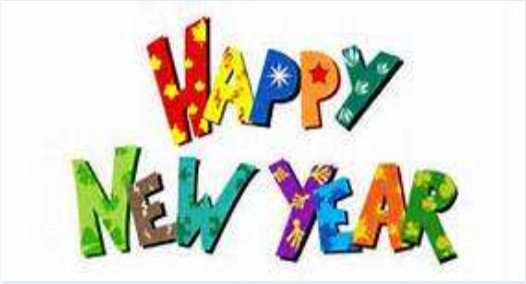
~Augusta E. Rundel



Board Members of ARPE, CBRPA and RPAS wish you a very peaceful and fulfilling Christmas !!







Best wishes for a healthy and happy New Year!

Whether we want them or not, the New Year will bring new challenges; whether we seize them or not, the New Year will bring new opportunities. ~Michael Josephson

The Board Members of ARPE, CBRPA and RPAS will continually work and represent the RPAs in all endeavors with whatever agency shows interest. The encouragement and support from RPAs fuels the dedication and progress of our profession!!