

# MICHIGAN SECTION AACC NEWSLETTER

## FALL 2013

Raymond Karcher, editor

Chair's Corner

Gloria Sukes

Autumn is here - the leaves are colorful, children are back to school and the Healthcare Exchanges are open for enrollment. A wise man once said, "The only constant is change." There is much speculation about how the Patient Protection and Affordable Care Act (PPACA) will change healthcare and the coming year will allow us the opportunity to see those changes in action. The one factor that we are all certain of is that reimbursements are decreasing and clinical laboratories need to be alert to operational expenses and consider every possibility to keep costs in line. Earlier this year Centers for Medicare & Medicaid Services (CMS) announced that they would examine the Clinical Laboratory Fee Schedule (CLFS) and review each code to make appropriate adjustments to the payment rate based on "technological changes" such as instruments, labor, techniques, supplies, skills and devices needed to perform the test. Although this may be interpreted that a payment could increase, it's more likely that we will see declines. Active participation within AACC is always a good way to network with your colleagues and learn what actions they are taking to prepare for the future and proactively address these changes. I hope to see all of you at the November 13<sup>th</sup> meeting and enjoy the last of our beautiful fall weather!

Gloria

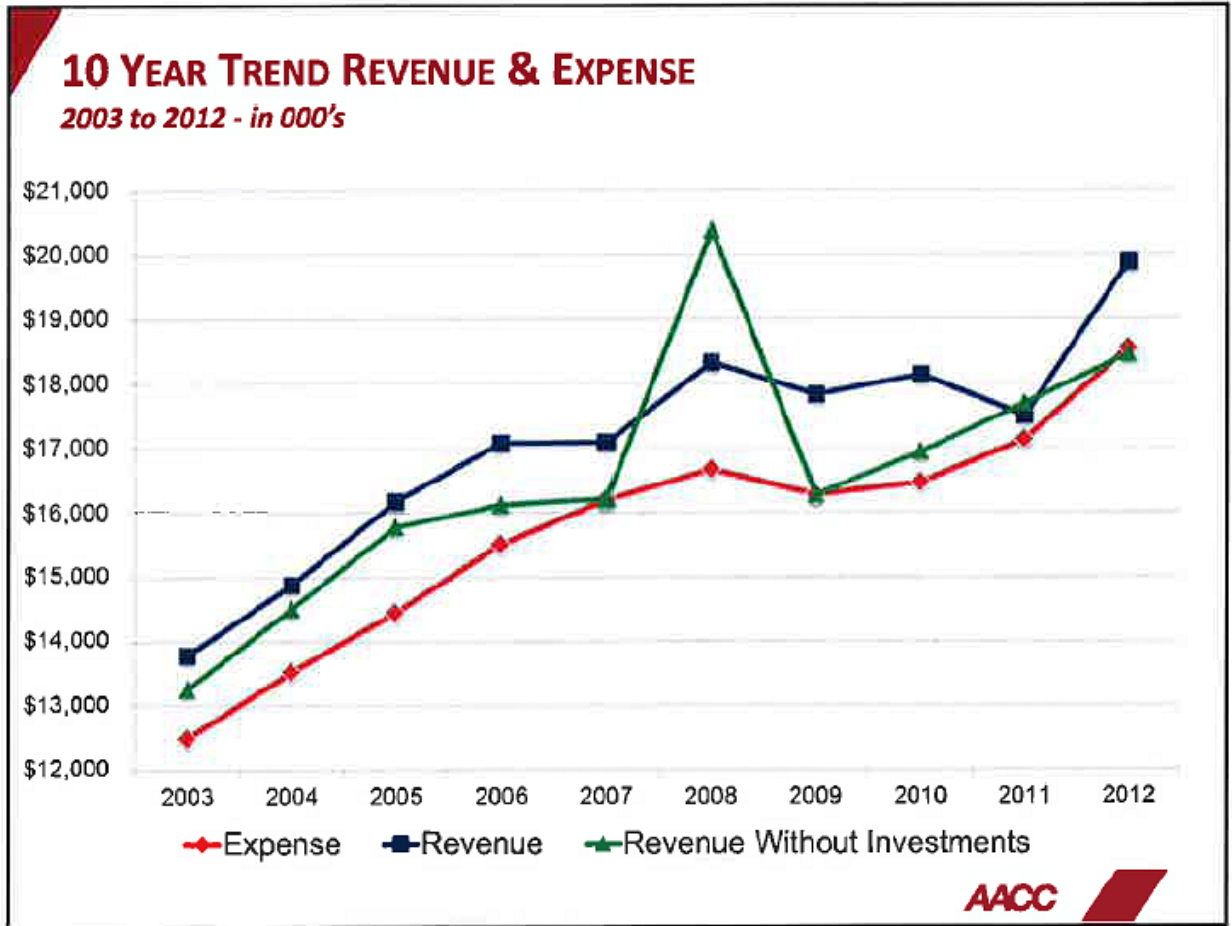
House of Delegate's Report

Veronica Luzzi

HOUSE OF DELEGATE MEETING – JULY 27, 2013 – HOUSTON, TEXAS

Dr. Jack Zakowski, chair of the HOD led the meeting with welcomes and introductions. He provided the roster of delegates and the house of steering committee and asked the members to approve the minutes. Then the meeting proceeded with the following highlights:

- 1) AACC Status Reports:
  - Dr. Christenson, President: He described the strategic goals of the AACC as focusing on 5 areas: value of membership, best practices, science and innovation, AACC's resources, and global influence
  - Ms. Kreizman, CEO: She introduced herself and praised to support the AACC strategic goals.
  - Dr. Bennett, Treasurer: He presented the AACC financial position year end 2012 (see summary slide 1).



He also reminded the audience that in 2014, membership is going up:

Full member	\$220
Affiliate member	\$130
Student member	\$35

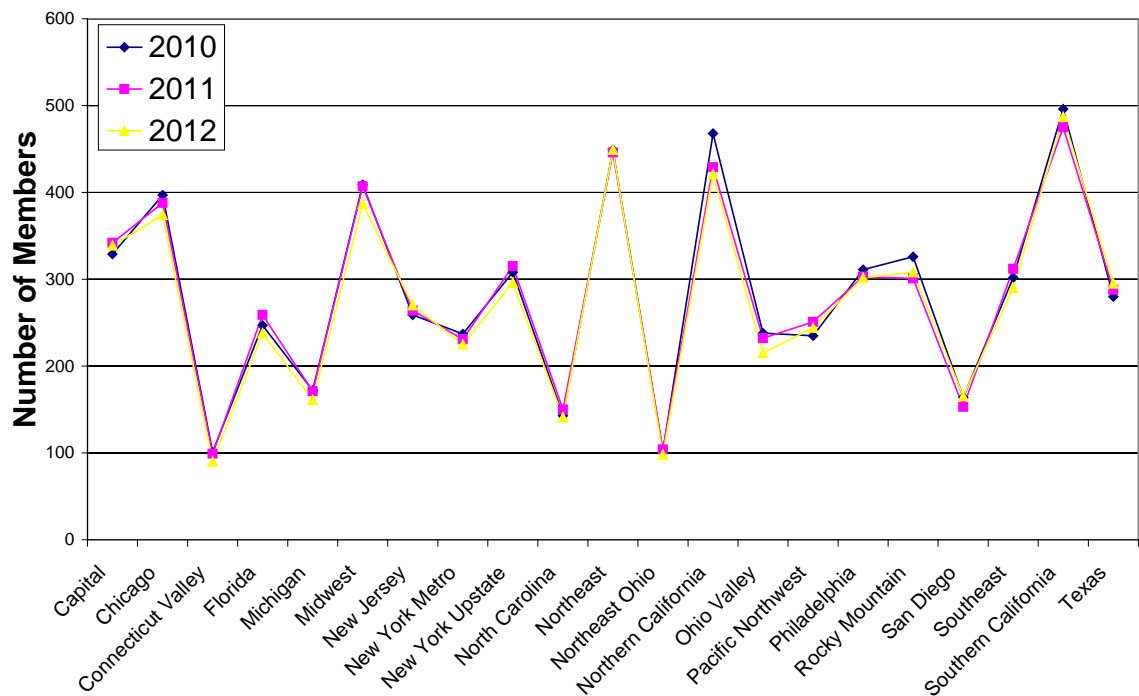
- 2) The number of members per section was shared at the meeting. See table below and graph.

AACC Local Section membership: sections are encouraged to promote membership. Current:

Local Section	2010	2011	2012
Capital	329	342	339
Chicago	397	388	374
Connecticut Valley	101	99	90
Florida	247	259	238
Michigan	172	171	161
Midwest	409	407	387
New Jersey	259	264	270

New York Metro	237	231	225
New York Upstate	308	315	296
North Carolina	143	150	141
Northeast	449	446	449
Northeast Ohio	102	104	98
Northern California	468	429	421
Ohio Valley	238	232	215
Pacific Northwest	235	251	244
Philadelphia	311	303	302
Rocky Mountain	326	301	308
San Diego	164	153	165
Southeast	302	312	290
Southern California	496	475	487
Texas	280	288	295

**AACC Membership by Local Sections**



- 3) The Connecticut Valley section decided to dissolve after more than 3 years of inactivity. Some of the cited reasons leading to this decision were numbers of active members willing to serve (many had served multiple times) and no new members wanted to volunteer to serve as officials.
- 4) Virtual meetings: Recording of Local Section Meetings and Posting of Meeting Presentations: To implement this new feature, download the instructions from the AACC website; complete the 'Permission to Record' form in the AACC Local Section Administration and on the AACC House of Delegates webpage. Each

local section will be charged \$59.60 annually for this service, and will be automatically deducted from the Section's allotment check. April Gascon at 1.800.892.1400, ext 8701 will be the membership coordinator.

- 5) Collaboration with Divisions: Dr. Lorin Bachman shared the idea of having co-located meetings and using the 'Division Speakers Bureau'. For more information, go to:
- 6) During the meeting, local sections concerns were addressed:  
Michigan: concern about the time needed to have AACC broadcast an email. Originally this time was 1 month in advance. In response to our concern, the AACC main office will need the broadcast 2 weeks in advance. They will need the following information: desired delivery date, target audience, subject line, message text, attachments or links.  
San Diego: Webinar broadcasting is not convenient for San Diego members. Options? During the meeting different options were discussed, for example, access to the presentations after the broadcasting time at a different cost.  
Rocky Mountain: How to increase participation to local meetings? What worked and what did not? Dr. Straseski conducted a survey with local sections and presented her findings. In a nutshell: it worked to invite the president of AACC, have residents and students participate, vendor's sponsors, coordinating with national meeting, collaboration with local chapters.
- 7) Local Section Health Fairs – Dr. Koch explained how great would be if the local sections would organize health fairs for the community. He described his experience in Atlanta.

HOD elections took place and after a short summary, the meeting was adjourned.

Veronica

## Legislative Liaison Report

Raymond Karcher

These are excerpts from Government Affairs Updates by Vince Stine at the National Office.

In two separate proposed rules, originally published in the July 19th Federal Register, the Centers for Medicare and Medicaid Services (CMS) is once more proposing cuts in laboratory payments.

The first proposal, Medicare Program; Revisions to Payment Policies under the Physician Fee Schedule, Clinical Laboratory Fee Schedule & Other Revisions to part B for CY 2014 (CMS-1600-P), would give the agency authority to review every laboratory CPT code to determine whether advances in technology have reduced costs for performing the test, thus warranting reductions in payments for that test. If the agency moves forward

with this proposal, CMS would start with the older tests gradually reaching the most recently developed tests. Every test code would be evaluated every five years.

The second proposed rule, Medicare and Medicaid Programs: Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs...(CMS-1601-P), would include "laboratory tests (other than molecular pathology tests....) that are integral, ancillary, supportive, dependent on, or adjunctive to the primary services provided in the hospital outpatient setting" as part of a single outpatient prospective payment. To be included, the test would have to be ordered on the same date of care and be related to the primary service. According to CMS, this change would also impose a 20 percent co-payment on those laboratory tests subjected to bundling.

(This item doesn't affect us in Michigan, but has implications which are onerous.) It is a proposed Local Coverage Decision by Palmetto (Medicare Administrator) for the WV, VA, SC, & NC region. The draft LCD on Lynch Syndrome (DL33779) outlines an algorithm for testing that must be followed for payment. If an alternate order of testing is performed, it would require all documentation be submitted with each claim. There is significant variability within the range of normal practice based on the clinical situation and resources, and the requirement to submit documentation for each claim creates unnecessary burden and delays for labs/providers and for Palmetto. In addition, the draft LCD includes BRAF testing (CPT code 81210) and immunohistochemistry testing (CPT code 88342) to be medically necessary ONLY in conditions related to Lynch Syndrome, which of course is not correct. (AACC submitted comments pertinent to this proposal.)

The Centers for Medicare and Medicaid Services (CMS) recently released its new Individualized Quality Control Plan (IQCP), which will give laboratories alternative options for complying with the CLIA'88 quality control requirements. CMS is planning a two-year transition plan to implement IQCP, while phasing out the equivalent quality control (EQC) option. Therefore, for the next two years labs will have the option of meeting the CLIA QC requirements by: (1) following the CLIA standards as written; (2) adopt IQCP; or (3) continue to use EQC. Here is a link to the CMS notice and IQCP option: <http://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/SurveyCertificationGenInfo/Downloads/Survey-and-Cert-Letter-13-54.pdf>.

AACC will be conducting a webinar on this topic with Judy Yost on November 14th. For more information about the program, please go to the AACC site at <https://www.aacc.org/events/meetings/Pages/7768.aspx#>.

The Centers for Medicare and Medicaid Services (CMS) published a proposed rule in the September 23, 2013 Federal Register (FR pages 58386-58414) <http://www.gpo.gov/fdsys/pkg/FR-2013-09-23/pdf/2013-22821.pdf>, which outlines a new enforcement model for sanctioning clinical laboratories that send their proficiency testing (PT) samples to another laboratory for testing. The propose rule would create three categories of sanctions for PT referral:

\* Repeat referral cases - the laboratory license is revoked for one year and the

laboratory owner and director are barred for one year. There could also be a civil monetary penalty (CMP).

\* Single infraction - the laboratory license is suspended or limited in conjunction with other sanctions, including required staff training, a CMP and a directed plan of action. Further if the laboratory license is suspended state on-site monitoring would be mandated.

\* Laboratory reports error prior to reporting results - laboratory would pay a CMP and comply with a directed plan of correction, which would include staff training.

There are no bills pending in the Michigan Legislature that affect laboratories.

Ray

### Local Interest

Please welcome Ken Symkowski back to Michigan. Ken has returned to a position as Clinical Chemist at Beaumont Health System, Royal Oak.

# Michigan Section AACC Fall 2013 Dinner Meeting

**Date:** Wednesday, November 13, 2013

**Location:** Weber's Inn

3050 Jackson Road

Ann Arbor, MI 48103

<http://www.webersinn.com/contact/driving-directions-to-webers>

**Registration Fee:** None      *Advance Registration PLEASE by November 7, 2013*

**Registrant's Name** \_\_\_\_\_

**Affiliation** \_\_\_\_\_

## **Program:**

<b>4:45 – 5:15 PM</b>	<b>Registration / Social ½ hour</b>
<b>5:15 – 5:30 PM</b>	<b>Business meeting: Nomination of Officers.</b>
<b>5:30 – 6:00 PM</b>	<b>Using Lean Management to Decrease Troponin I Turnaround Time. Veronica Luzzi, Ph.D., DABCC</b>
<b>6:00 – 7:00 PM</b>	<b>High Sensitivity Cardiac Troponin: What Are The Benefits? Robert Christenson, Ph.D., DABCC, President, AACC</b>
<b>7:15 – 8:00 PM</b>	<b>Buffet Dinner</b>

**Mail or email registration to:** Don Giacherio      [dgiacher@umich.edu](mailto:dgiacher@umich.edu)  
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Ann Arbor, MI 48103  
Phone 734-936-6719