



the FILTER

Competitive Bidding Demonstration Project

Immediate Request for Action!!

Background

In 2003, Congress passed the Medicare Modernization Act of 2003 (MMA). This bill is primarily known for the prescription drug benefit for America's seniors. Hidden within this bill are other initiatives, which primarily are there to provide funding sources to pay for the prescription drug benefit. Some of those impact the laboratory. One is the 5-year freeze on the Medicare fee schedule. Another initiative, and much more ominous, is the mandate for the development of a Laboratory Competitive Bidding demonstration project.

Basically the Congress has mandated that the Center for Medicare and Medicaid Services (CMS), which oversees Medicare, develop a pilot project to put outreach (or non-patient) clinical laboratory services out on bid, rather than rely on the current Medicare clinical laboratory fee schedule. The government believes that it pays too much for laboratory testing and that by putting it out to bid, it will be able to demonstrate that it can obtain a lower price which could then be applied across the nation. CMS is required to come up with a demonstration project, in 2 geographical areas of the country. The first one will start in 2007 and go for 3 years and the other will start in 2008 and go for three years. After this "demonstration" is complete, the information will be evaluated, the cost savings realized will be analyzed, and the plan is to implement competitive bidding nationwide.

What Can I Do To Help?

Write to your senators and representatives; let them know that you are against competitive bidding for clinical laboratory services and the competitive bidding demonstrations scheduled to begin in a few months. Attached is an example letter that can be used; please feel free to edit to put emphasis on your specific facility or areas of concern. Don't wait... let our congressional leaders hear our LOUD VOICE.

To find your senator or representative: www.senate.gov & www.house.gov

The Impact of the Proposed Medicare Competitive Bidding Demonstration Project Taken from Washington G-2 Report

Medicare's competitive bidding demonstration for independent clinical laboratory services payable under Part B is scheduled for launch in its first site on April 1, 2007. A second demo is to begin in another site on April 1, 2008. In both areas, the demo will run for three years. The clinical laboratory industry has unanimously opposed the lab competitive bidding concept, saying it treats lab services as a commodity, rather than a complex medical service that is documented as providing 70-75% of medical decision-making in health care.

CMS Policy on Competitive Lab Bidding Demo

Q Which lab tests are included, excluded?

A "Demo tests" include all codes on the current Part B lab fee schedule for services that do not involve a face-to-face encounter with the beneficiary. Pap smears and colorectal cancer screening are excluded by law. CMS also is excluding new codes added to the lab fee schedule during the duration of the demo.

Continued from page 1 . . .

Q Where will the demo run?

A In two sites handled by the same local Medicare carrier. Sites are expected to be within a single state and will be based on Metropolitan Statistical Areas.

Q Which providers are covered?

A Clinical labs that provide demo tests to beneficiaries living in the demo site. This includes independent clinical labs as well as outreach testing by hospital and physician office labs.

Q Which labs must bid?

A "Required bidders" are those with \$100,000 or more in annual Part B fee-for-service payments as of calendar 2005 for demo tests provided to beneficiaries in the demo site.

Q Which labs don't have to bid?

A Small labs with less than the \$100,000 threshold, defined as "passive labs." But they may bid if they choose.

Q Which labs will be paid by Medicare?

A Both required and non-required bid winners will be paid the competitively bid price for demo tests in the demo site (regardless of where the lab is located). Price will be set based on a composite of bids received and other calculations. To win, labs must bid at or below the composite rate. Multiple winners are expected in each demo site. Demo-excluded tests will continue to be paid via the Part B lab fee schedule.

Q Which labs will not be paid by Medicare?

A Both required and non-required bidders that bid and lose. Medicare will pay them \$0 for demo tests (regardless of where the lab is located) for the duration of the demo. Similarly, Medicare will not pay for demo tests performed by required bidders that do not bid.

Q How will passive labs be paid?

A They will get the competitively bid rate for demo tests up to an annual ceiling of \$100,000. If they exceed this ceiling by \$25,000 or more, they will get \$0 for the duration of the demo.

Q Who can bill for demo tests?

A Only the lab that performs the test and only winning and passive labs are eligible for the demo payment rate. Non-winning labs cannot bill Medicare or the beneficiary, but may refer demo tests to a winning or passive lab. Strong opposition to this demonstration and the concept of competitive bidding must be voiced to our Congressional leaders and CMS. Should the demo occur and the concept implemented in every metropolitan statistical area across the nation the following would be evident:

- Beneficiary access to laboratory services will be more limited since services could only be obtained from winning laboratories.
- Hospital and clinic outreach laboratory services may close, impacting profitability, jeopardizing jobs, and limiting beneficiary access close to home.
- More, if not all, Medicare non-patient testing will be sent to large national reference laboratories, which may be located outside our state and may delay testing results.
- Since incentives exist for labs to decrease cost in order to submit low bids to win, the quality of laboratory services will be jeopardized, at a time when healthcare's focus is on improving quality and patient safety.

**Projected Impact for Hospitals and Our Rural Health Communities – Devastating!
Impact on our Rural Communities:**

- Access to full range of clinical laboratory services would be affected adversely. Local and/or regional laboratory services may not be winning bidders

- Courier transport & service levels may decrease due to increased cost to provide in rural settings – fewer pickups; unacceptable times (pickup times set by bid winner based on cost of service not facility need)
- Increased TAT for laboratory results equals increased time to disease diagnosis or clinical intervention; STAT or urgent testing may not be immediately available

Potential loss of quality support/service for rural laboratories (outreach consultation support not available)

- Fragmentation of total service at local level – Medicare B handled differently from IPs, OPs, other 3rd party payers; increased error potential; increased direct cost due to duplication in process
- Cost/test for hospital laboratory services performing outreach testing would increase for inpatients and outpatients (24-7 service coverage and minimum staffing still required; critical test offerings would still need to be available)
- Decreased reimbursement for passive laboratories, hospital outpatients, POLs – competitively bid fee schedule is predicted to be at a minimum 5% less (% predicted to be considerably higher for routine automated testing which is the majority volume of testing within our local and regional laboratories).
- Large national reference lab may win the bid – Glucose winning bid = \$2.50; current fee schedule = \$6.64

Impact for Providers & Medicare Beneficiaries:

- Physicians would lose the ability to choose the laboratory service they believe best serves the needs of their patients. Laboratory service choices related to patient convenience, quality of service, testing accuracy and timeliness of results would be replaced by government (CMS) allocation of service based on price and service coverage area.
- Patients may have to travel considerable distances, at great inconvenience, in order to obtain services from a bid winning laboratory. This may result in patients not receiving services in a timely manner or even at all.

Financial & Testing Volume Impacts:

- Even though competitive bidding as proposed, only affects the Medicare testing and revenue stream, it has the potential to completely shut down outreach services if the current Medicare testing percent is high.
- If originating hospitals and clinics must send Medicare non-patient testing to bid winners, they may choose to send 100% to that laboratory to avoid service fragmentation and the cost of performing duplicated processes.



The American Society for Clinical Laboratory Science promotes the *value* of the clinical laboratory science profession in all arenas possible, strives to be the *voice* for the laboratory practitioner in the workplace, the classroom, the community, the legislative arena and all for the good health of the public and is actively defining the *vision* of the future of

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It's as easy as sending an email with your request to NSCLSfilter@hotmail.com.



TREASURER'S REPORT

FISCAL YEAR 2005—2006

SUBMITTED BY KAREN KELLER, MT(ASCP)SH

Money Market Balance - 1 July 2006		\$17,002.21
Cash Receipts		
Interest Income	43.34	
Merion Publishing	<u>493.89</u>	
Total Money Market Cash Receipts	\$537.23	
Disbursements		
Transfers to Checking Account	<u>0.00</u>	
TOTAL Money Markey Disbursements	\$0.00	
Money Market Account Balance 31 July 2006		<u>\$17,539.44</u>
Checking Account Balance - 1 July 2006		\$1,653.68
Cash Receipts	<u>0.00</u>	
Total Checking Account Cash Receipts	\$0.00	
Disbursements		
President	340.00	
President-Elect	<u>488.10</u>	
TOTAL checking account disbursements	\$828.10	
Checking Account Balance 31 July 2006		<u>\$825.58</u>
NSCLS SUMMARY OF ASSETS:		
Money Market Balance 31 July 2006		17,539.44
Checking Account Balance 31 July 2006		825.58
Scholarship CD Balance 31 July 2006		13,345.09
Legislative CD Balance 31 July 2006		5,629.61
^NSCLS Spring Meeting Account 31 July 2006		<u>17,472.16</u>
NSCLS TOTAL ASSETS - 31 July 2006		\$54,811.88

^\$12103.07 is NSCLS balance prior to Spring 06 meeting.

^\$5369.09 is NSCLS recorded profit to date from the Spring 2006 NSCLS/ASCP/CLMA meeting.

TREASURER'S NOTE: This one-month report is to transition from a fiscal year running July 1 - June 30 to a fiscal year running August 1 - July 31. The new fiscal year time period is effective with the 2006-2007 fiscal year. NSCLS Society Regulations will be modified to reflect this change.

TREASURER'S REPORT

FISCAL YEAR 2006—2007

SUBMITTED BY KAREN KELLER, MT(ASCP)SH

Money Market Balance - 1 August 2006		\$17,539.44
Cash Receipts		
Money Market Interest Income	177.96	
Scholarship CD Interest Income	465.63	
2003 Spring Meeting Profit	1,000.00	
Uncleared Check #1040 from 2003 Mtg	102.20	
2005 Spring Meeting Profit	11,000.87	
2006 Spring Meeting Profit	5,369.09	
ASCLS Membership	<u>1,840.00</u>	
TOTAL Money Market Cash Receipts	\$19,955.75	
Disbursements		
Transfer to Checking Account	8,000.00	
Transfer to Savings CD	<u>10,000.00</u>	
TOTAL Money Market Disbursements	\$18,000.00	
Money Market Account Balance 31 October 2006		\$19,495.19
Checking Account Balance - 1 August 2006		\$825.58
Cash Receipts		
Transfer from Money Market	<u>8,000.00</u>	
Total Checking Account Cash Receipts	\$8,000.00	
Disbursements		
ASCLS Meeting - President	492.09	
ASCLS Meeting - President-Elect	1,512.43	
ASCLS Meeting - Members	2,524.35	
ASCLS Meeting - Students	1,674.62	
Bank Service Charge	5.00	
Board Meeting	46.30	
05-06 Budget Carryover for Filter	197.93	
Region VI Assessment	1,365.00	
President-Elect	89.24	
Treasurer - Fidelity Bond	92.00	
05-06 Budget Carryover for NMLW	146.71	
Transfer to Spring Meeting Account	<u>500.00</u>	
TOTAL Checking Account Disbursements	\$8,645.67	
Checking Account Balance 31 October 2006		\$179.91

Continued on page 6 . . .

TREASURER'S REPORT CONTINUED

NSCLS SUMMARY OF ASSETS:

Money Market Balance 31 October 2006	19,495.19
Checking Account Balance 31 October 2006	179.91
Scholarship CD Balance 31 October 2006	13,114.94
Legislative CD Balance 31 October 2006	5,687.36
Savings CD Balance 31 October 2006	10,043.32
NSCLS TOTAL ASSETS - 31 October 2006	\$48,520.72



American Society for
Clinical Pathology



CLMA
THE RESOURCE FOR LABORATORY PROFESSIONALS



Save the Date!

Collaboration at its Best!

Join ASCP, CLMA, IACLS, and NSCLS for our annual spring meeting on April 18, 19, & 20, 2007 in Council Bluffs, Iowa!

Over 60 hours of P.A.C.E. approved credit will be offered over the three day conference.

Attached to this email is an Outlook Calendar.vcs file. Add the meeting to your Outlook Calendar now!

Get your room booked early....

The Spring Meeting and accommodations will be at Harrah's Casino. Book your room early at 1-800-HARRAHS, tell them Reservation Code SO4NLAB. Special conference room rate is \$89.00/per room for 1 person, additional charges for more than one person apply.

Harrah's

GET THE LATEST INFORMATION ON:

- Hematology
- Chemistry
- Microbiology
- Safety
- Management and more!!



Keep checking either <http://www.ascls-ia.org> or <http://nscls.net> for the latest Spring Meeting Information!

A few words from the
PRESIDENT-ELECT
 Shelly Ballard, MT(ASCP)



As Co-Chair of the Membership Development committee and President-Elect, I would like to share with you the following goals I have set forth for myself for the coming year.

- Establish a Membership Development team to aide in the never ending membership contact tasks – reminders for lapsed membership, Christmas correspondence, commemorating membership anniversaries
- Develop Continuing Education opportunities for the NSCLS website (www.nscls.net)
- Reach out and share the benefits of ASCLS/NSCLS membership with clinical laboratory professionals across the state
- Energizing the ASCLS membership in Nebraska
- Recruiting members to become active at the state, regional and national levels
 Exploring new and different ways to promote professional cohesiveness at the annual NSCLS Spring Meeting

Your input and suggestions are very valuable to me and I hope that you will share them with me at sballard@sfmc-gi.org.



Every organization is only one generation away from extinction. We must recruit members who are willing to be active participants in achieving the goals of ASCLS . We must seek out fresh perspectives so that we can grow and continue to be relevant in the changing world of laboratory science. We must invest in the idea of an institutional legacy in order to survive. We must make sure that everyone who joins ASCLS can easily get answers to their questions and find ways to become active.

Four Steps to Direct Communication

By Julie Fuimano, Executive Coach



Do you feel yourself frustrated by the lack of responsiveness of team members? Or perhaps you wish your spouse and/or kids would listen to you more? Oftentimes, these frustrations can be traced to not directly communicating your expectations or not specifically asking for what you need.

Suzanne was unhappy in her relationship with her husband. She was upset and frustrated by his lack of participation with chores. She thought that he should be able to observe what needed to be done and then simply complete these tasks without her asking. When he didn't do those things she thought he should, she became resentful. However, she remained silent and would not instruct him on what needed to be done. Suzanne thought that if she could see it all, why couldn't he?

Her assumptions about how he "should" be, her inability to accept that he didn't think like she did, and the lack of communication between them, put distance in their relationship. Her husband, meanwhile, couldn't understand what was going on. He would ask her to come to bed and all she could think of was the dishes that needed to be done, the laundry that needed folding and the toys that needed to be put away. These chores may have been in her head but they certainly weren't in his. And instead of asking him to help, she would get angry and say "I can't go upstairs now!" and he, not knowing what else to do and not wanting to upset her further, would get out of her way and go to bed alone.

As a manager, Beth couldn't seem to understand why people would continue to behave in certain ways even though the rules were reviewed time and again. She loathed confrontation and therefore, her style was to manage people's behaviors indirectly through the use of memos and reminders in staff meetings. In leadership, however, people need clear instructions and expectations for their behavior. Without it, people behave the way they think they should and do whatever they know how to do. And your silence, especially if the behavior is ongoing, gives them permission to continue to do what they've always done – whether the behavior is acceptable or not.

Communication lapses occur in both personal and business relationships. In order to bring about the results you want in your relationships with others, you must learn to speak up and address issues can-

didly. There are four steps to communicating directly. They sound so simple but with each step there are obstacles that can get in your way. It takes greater awareness, lots of practice, compassion for your Self, and a willingness to try new behaviors - and to make mistakes - in order to develop your communication muscles.

Identify what you want. This is a big obstacle to successful relationships and productive employees. If *you* don't know what you want, how can you expect *others* to know? Stop and consider what it is you want from this person, or what needs to be done. Envision the outcome you seek. The clearer you are about your vision for success, the easier it will be to share it with others.

Make no assumptions. People are not mind-readers. They do not know what is going on inside your head! Once you know how you want things to be, don't assume that other people know what you're thinking or that they think the same way you do about how things should be. They have their own ideas and opinions and priorities. What's a priority for you may not even be on their radar. Don't assume anything; validate any assumptions you may have by asking questions to make sure all involved parties are on the same page.

Ask for what you need. Be clear and specific in your request. Don't make excuses and don't beg. Many times, people are intimidated or fearful of asking for what they want. Fear can be an obstacle to success. You have to rise above your fear and muster your courage to achieve what you want. You have every right to ask for what you need. You have no control over people's response to your request. You can only be responsible for speaking your truth in a way that can be heard.

When asking for what you need, eliminate the emotional energy and simply make a direct request. This means your voice should carry no emotional energy. The inability to manage emotions is a huge obstacle for most people because they simply weren't taught the skills to deal with them. You must handle your emotions separately from making your request. If you are emotional, the person is less likely to hear you or may become defensive or emotional themselves.

Suzanne's resentment could have cued her in to the fact that there was something she wasn't doing to honor herself. Resentment is usually anger at self. By learning to follow these four steps, Suzanne started to experience a closer relationship with her husband. He began to look for ways to help out and their communication improved as they started to talk more about other important subjects.

Beth also experienced improvements at work. Some people initially pushed back when she started making direct requests regarding their behaviors. Some of her staff, one in particular, is now on an action plan to improve her productivity. It may be effective; it may not, but whatever the result, the impact will be a positive one for the department. Most of her staff is grateful for the direction. People like direction and consistency. They want to know what is expected of them and to be corrected when it's necessary (in a way that's appropriate, of course.) People want to do a good job. They want to be great spouses and great employees. Most of the time people really just don't know how to be different. It's your job to teach them by communicating directly - *identify what you want, don't assume others think the same way as you or that they know what you're thinking, speak your truth simply and clearly, and do so without any emotional charge.* People are more productive, happier, and experience deeper, healthier and more meaningful

relationships when each party is willing and able to speak their truth directly. As you become more adept at it, you may need to teach others how to speak their truth as well. Don't assume they know how.

Julie Fuimano, MBA, RN is an Executive Coach with Nurturing Your Success Inc. She is passionate about partnering with people as they take the challenging journey to a new level of success. Clients report making better decisions, having more time for themselves, being able to say no to requests outside of their responsibilities and desires, being better able to manage emotions as well as conflicts, and an overall feeling of power and confidence. If you are discontent or frustrated with something in your life and are ready to give up the struggle for something better, or if you have a vision for success and want the courage and focus to make it happen, then contact Julie at (610) 277-2726 or write to Julie@NurturingYourSuccess.com to explore how coaching would work for you. If not now, when? Fuimano is a popular motivational speaker, world-renowned writer and author of the life manual and confidence builder, [The Journey Called YOU: A Roadmap to Self-Discovery and Acceptance](#) – available wherever books are sold. Sign up for her inspiring e-newsletter at www.NurturingYourSuccess.com.



Have you found yourself asking any of the following questions?

How is ASCLS organized?



What are my ASCLS membership rights & privileges?



What ASCLS-sanctioned meetings would benefit me?

How can I learn more about current laboratory science issues that impact me and the profession?



*If your answer is 'yes', you can settle your mind by checking out the *Beginners Guide to ASCLS* at www.nscls.net.*

President's Page. . .

Robbe Schweitzer, MT(ASCP)



Greetings NSCLS members! My reign as NSCLS president has only just begun, but the tremendous benefits of my position are already so evident to me. I traveled to Chicago in July to attend the ASCLS Annual meeting. Nebraska's presence at the meeting this summer was greater than ever... a trend that I hope will continue. It's so exciting to be surrounded by laboratorians from across the country with a passion for camaraderie, continuing education and laboratory legislative issues. If you have not attended a national meeting before, I would strongly encourage you to plan to attend the 2007 ASCLS Annual Meeting in San Diego on July 17th–21st.

We *value* Laboratorians

My current focus is a laboratory awareness campaign—penned 'We **value** Laboratorians' - in preparation for National Medical Laboratory Professionals week (April 22nd-28th). Look for more information about this campaign in the next Filter.

Student Forum Update

Lucas Christensen, Student Forum Chair

The first day of classes brought many new faces to the field of clinical laboratory science. We all had different backgrounds and different ideas of what to expect from this program. I quickly found out that this is going to be the most intense year of my life. It has been hard, but interesting and fun. I have found that this really is a field that has many opportunities for us when we graduate. We have now finished our first round of clinical rotations and are eagerly awaiting our next rotations. So much information in such a small amount of time is the general consensus of the students.

Along with the crazy life of going to school all day and studying hard at night, many students are also involved in NSCLS via the student forum. We have already had one fundraiser, a Husker ticket raffle, which was a huge success bringing around \$1600 into our account. With that fundraiser done and in the books, the student forum has decided that the next fundraiser will be a t-shirt/scrubs sale. Once again the students will be looking for this to be a success to help fund attendance at the spring meeting and possibly help pay for attendance at the national meeting next summer.

AMA Approved Clinical Laboratory Science Programs In Nebraska

CENTRAL COMMUNITY COLLEGE
[Medical Laboratory Technician Program](#)

East Highway 6, P.O. Box 1024
Hastings, NE 68902
Phone: 402-461-2451

Interim Program Director: Shirley Noble, MS, MT(ASCP)
Education Coordinator: Lori VanBoening, MT(ASCP)
Email : lvanboening@cccneb.edu

MID-PLAINS COMMUNITY COLLEGE
[Medical Laboratory Technician Program](#)

McDonald-Belton Campus
601 West State Farm Road
North Platte, NE 69101

Phone: 308.532.8980 or 800.658.4308 (ext. 254)
Medical Advisors: Dr. Byron Barksdale and Dr. Lyle Barksdale
Program Director: Martin Steinbeck, M.Ed., MT(ASCP)
Email : steinbeckm@mpcc.edu

NEBRASKA METHODIST HOSPITAL
[Clinical Laboratory Science Program](#)

8303 Dodge St.
Omaha, NE 68114

Phone: 402.354.4563
Medical Director: Christine Reyes, MD
Program Director: Julie Richards, MPA
Email : julie.richards@nmhs.org

SOUTHEAST COMMUNITY COLLEGE
[Medical Laboratory Technician Program](#)

Lincoln Campus Admissions
8800 O Street

Lincoln, NE 68520-9989
Phone: 402.437.2760 or 800.642.4075
Medical Director: Aina I. Silenieks, M.D.
Program Director: Janis Bibl, MT(ASCP)

UNIVERSITY OF NEBRASKA MEDICAL CENTER
[Clinical Laboratory Science Program](#)

987549 Nebraska Medical Center
Omaha, NE 68198-7549
Phone: 402.559.8366

Medical Director: James Wisecarver, MD
Program Director: Linda Feli, MS,MT(ASCP)SH
Education Coordinator: Karen Honeycutt, M.Ed,MT(ASCP)SM
Email : bkouba@unmc.edu

Lincoln, NE 68510
324 S. 53rd St.
Attn: Courtney Olson

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FALL Edition—2006

2006 – 2007 NSCLS OFFICERS

President	Robbe Schweitzer	turby10cj@yahoo.com
President-elect	Shelley Ballard	sballard@sfmc-gi.org
Past President	Melissa Heligso	mheligso@nebraskamed.com
Treasurer	Karen Keller	kkeller56@tconl.com
Secretary	Amy Stanley	amy_stanley@dadebehring.com
Senior Board Member	Christian Herdt	dr_woof@hotmail.com
Junior Board Member	Dan Brokenicky	Wolfgang13@excite.com
Student Forum Chair	Lucas Christensen	lechrist@unmc.edu
First Year Professional	Nicole Meier	nmeier01@hotmail.com
	Emily Hansen	ejh_11@hotmail.com