

NEWSLINE

Published monthly for members of the Medical Society of the District of Columbia

D.C. Council Holds Hearing on Health Care Reform, Healthy DC Act

On May 2, 2008, the DC Council held a hearing on legislation designed to cover 22,000 District residents currently uninsured, and not eligible for either Medicaid or the Alliance. MSDC President, Joseph E. Gutierrez and Society Executive Vice President, Edward Shanbacher, joined approximately 35 witnesses in appearing before the Council's Committee of the Whole. The legislation envisions a subsidized commercial insurance product that would be affordable to those District residents for whom health care insurance is out of reach. The subsidy would be paid for by increasing the tax on tobacco, taxing HMO premiums, increasing the tax on commercial insurance premiums, and a contribution from CareFirst. In his testimony, Dr. Gutierrez, while supporting the laudable goal of covering the uninsured, emphasized the precarious financial plight of too many District medical practices and the need to reduce the amount of uncompensated care. Dr. Gutierrez went on to applaud efforts to reduce tobacco use by doubling the tobacco tax. And, in what is viewed as

a key strategy in reducing health care disparities in the District, the legislation proposes increasing the fee-for-service Medicaid rates to a level equal to Medicare (see related story). Currently, DC Medicaid rates are set at 48% of Medicare, and seen as a major factor in the scarcity of medical practices in Wards 7 & 8. Almost all of the witnesses testified in favor of the legis-

lation, and in support of an immediate increase in Medicaid rates. Testifying in opposition to the legislation were representatives of the HMO industry and the tobacco industry. Amendments to the legislation are expected in the coming weeks, with final action on the bill possible by mid-July. Additional details are available on the Society's web site.

District of Columbia Medicaid Rates! Ouch!

A 2007 report by Public Citizen recently highlighted what all District providers already knew – namely, that DC Medicaid rates are woefully inadequate. The report goes on to say, "In the District of Columbia, the disparities are also considerable. A 60-minute consultation for a new or established patient (CPT Code 99244) earns \$86.98, which is only 55 percent of what the high parity states pay for the same procedure (\$157.92). And because this same service earns \$201.81 under Medicare, the difference in Medicare-to-Medicaid fees is 2.3-fold. As long as Medicaid fee schedules short-change providers, the program and its clientele will be considered less worthy and access to care will be restricted for the poorest, neediest Americans. Fee differences between Medicare and Medicaid consign Medicaid to second-class status, and its beneficiaries to lower-tier care. Beyond the issue of disparate payments is the fact that many states pay too little; as a result, they have difficulty getting doctors to take Medicaid patients.

This results in limited access to mainstream medical care for many.

The disparities among state Medicaid programs are equally worrisome. The existing differences are largely arbitrary, unrelated to population needs, physicians' competence, practice expenses, cost of living or any other reasonable explanatory factor. How then to account for the fact that an emergency department visit earns a fee three times as high in Delaware as it does in New York? And that a visit to an ophthalmologist in Pennsylvania is reimbursed at a rate that is less than one-third that paid to a practitioner in North Carolina? The fact is that what physicians are paid under Medicaid is the result of the accumulation of many decisions that are only tangentially related to equity for practitioners and greater access to patients." The Medical Society encourages its members to contact members of the DC Council and urge adoption of legislation to increase Medicaid rates.

SAVE THE DATE!

Medical Society
Gala Dinner Dance

Saturday, November 1, 2008

Mandarin Oriental
Washington, DC

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MSDC Files Amicus Brief in Lawsuit Against Consumers Checkbook

On May 1, 2008, the Medical Society, along with 16 other medical societies, filed a “friend-of-the-court brief” in a Freedom of Information Act (FOIA) case brought by Consumers’ Checkbook that is pending in the federal court of appeals for the District of Columbia. Checkbook’s FOIA request seeks Medicare claims data that would identify individual physicians and could be combined with the publicly-available physician fee schedule to determine physician incomes from Medicare. The Department of Health and Human Services denied Checkbook’s request on grounds that the claims data it is protected under “FOIA Exemption 6,” which applies when a disclosure of government-held information would result in “a clearly unwarranted invasion of individual privacy.” In response to the denial, Checkbook sued, and the federal

district court ordered HHS to disclose the requested claims data. HHS then filed this appeal.

The medical societies’ brief argues that disclosure of the requested information would violate the privacy rights of physicians and would harm patients and the public interest. Among other things, the brief shows that claims data alone cannot be used to assess accurately the quality of physician services or develop reliable physician rankings, which are among the purported goals behind Checkbook’s request. Disclosure of the requested data would therefore mislead patients about the quality of their physicians’ services and incomes from Medicare and thereby interfere with the physician-patient relationship. A decision in the case is not expected for several months.

The District of Columbia Joins States with Largest Improvement from 2001 to 2007 in the Area of Physician Discipline

According to Public Citizen, in a report released last month, ten states have experienced at least a 10-place improvement in ranking between the 2001-3 ranking and the 2005-7 ranking: Arkansas from 29th to 16th; Delaware from 50th to 29th; *District of Columbia from 42nd to 22nd*; Hawaii from 51st to 21st; Illinois from 35th to 12th; Maine from 34th to 24th; Nebraska from 28th to 5th; Rhode Island from 46th to 23rd; Tennessee from 44th to 28th and Vermont from 19th to 8th. The District’s Board of Medicine is Chaired by Fred Finelli, M.D. and includes MSDC members John J. Lynch, M.D. and Raymond Tu, M.D. Dr. Tu represented the Board at the recent Annual Meeting of the Federation of State Medical Boards in San Antonio.

Is your medical staff represented?

Make your voice heard at the 2008 AMA-OMSS Annual Assembly
Hyatt Regency Chicago

Together we are stronger. The American Medical Association (AMA), through its Organized Medical Staff Section (OMSS), is the only advocate and representative body at the national level for hospital medical staff and other physician organizations. A unifying force and effective agent for change, the AMA-OMSS is your place to advocate for self-governance, the patient-physician relationship, physician autonomy in medical decision-making and other pressing issues facing medical staffs today.

Take action. Help us advocate for your medical staff—add your voice to the call for change. Present and discuss ideas and concerns by submitting resolutions, testifying at hearings, caucusing with your colleagues and participating in discussions. You can also vote on issues such as protection of medical staff members’ personal proprietary information, physicians’ ownership of hospitals and health facilities, tiering of physicians by health plans, and more.

Increase your knowledge. Participate in unique education programs that offer insight and perspective on topics such as: medical staff organization, principles for strengthening the physician-hospital relationship, the Joint Commission Standard MS.1.20, physician-owned hospitals and hospitalists.

Create positive change. Through the AMA-OMSS, you can influence patient care, the systems for delivering care, public policy, legislative and regulatory action, accreditation standards, and so much more. With your participation, we can make a difference. **Together we are stronger.**

For more information or to register, visit www.ama-assn.org/go/omss or call (800) 262-3211, ext. 4761.

AB11:08-0420.PDF:4/08



Important NPI Date Approaching for Claims and Cash Flow

Pursuant to the Health Insurance Portability and Accountability Act (HIPAA), old legacy numbers will not be accepted on any electronic claims after May 23. Claims will only be accepted with a National Provider Identification (NPI) number. That deadline applies to all payers—public and commercial.

Physicians are strongly urged to test sending their claims with just their NPI as soon as possible to avert claims processing and cash flow interruptions that could occur after May 23. Physicians also should ensure that all of their information in the NPI database is up to date. Incorrect information in the NPI database can affect a payer's ability to identify a physician and pay his or her claims.

Physicians can change or update their information by visiting <https://nppes.cms.hhs.gov/NPPES> or calling (800) 465-3203. In section 3C of the paper form, physicians are encouraged to write their legacy numbers in the optional field labeled

“other identifiers.”

Medicare has taken several steps to prepare for the May 23 deadline. As of March 1, claims sent to Medicare must not contain a legacy number alone; they must contain an NPI or both an NPI and a legacy number. The Centers for Medicare and Medicaid Services (CMS) has said that 98 percent of claims have been submitted successfully since mid-March.

However, some physicians are experiencing disrupted cash flow and claims processing, particularly if Medicare has been unable to appropriately “match” a physician's old legacy number to their new NPI number in their systems. In some cases, physicians have been required to re-enroll in order for Medicare to establish a good match. The AMA has strongly advocated through numerous phone calls and letters to CMS against policies that adversely impact physicians in this way.

Coming This Fall: A New Effort That Will Help Physicians Fight for Accurate Health Care Claims Payments and Reduce the Administrative Costs Involved in Submitting Claims

Cure for Claims Month is a campaign to heal the health care claims process and cut the national average of what physician practices spend on submitting claims from 10 to 18 percent to just 1 percent. The campaign urges physicians and their practices to, in November (when many health insurers unfairly hold back claims payment), hold payers accountable by reviewing and auditing claims for accuracy.

The PMC Web site offers a number

of resources covering every aspect of managing a physician practice, ranging from contracting with insurers and setting a fee schedule to working through appeals and collections. Visit www.ama-assn.org/go/pmc to access the PMC's online resources. New tools are added frequently, so check back often for updates.

It's Never Too Late to Join an MSDC Committee

Do you want to play an important role in MSDC activities? If so, consider serving on an MSDC committee. We are currently seeking volunteers to serve on the following five bodies: Finance Committee; Physician Health Committee; Professional Standards Committee; Leadership Development/Nominating Committee; and the Legislation Committee.

For details on the goals and objectives of each committee and/or to express interest in serving on a committee, contact MSDC President Joseph Gutierrez, MD or MSDC Executive Vice President K. Edward Shanbacker (phone 202-466-1800 x101, email shanbacker@msdc.org).

AED Program Available to MSDC Members at Discount Rate

The George Washington Medical Faculty Associates and MSDC have partnered to offer MSDC members a complete Automated External Defibrillator (AED) Program at a discounted rate. This program offers a “one-stop shop” for all components of an AED Program, including prescription and purchase of an AED, medical direction and oversight, registration (where necessary), training and access to the MFA's Online Tracking System.

For more information contact Kyle Majchrzak, MFA's AED program director, phone 202-741-2944, e-mail kmajchrzak@mfa.gwu.edu.

Medical Collections

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Take Me Out to the Ball Game!

Join the Medical Society and Alliance Foundation

For a Baseball Game

Washington Nationals vs. Texas Rangers

Saturday, June 21, 2008 • 7:10 pm • Nationals Park
Tickets: \$21 each (\$5 from each ticket Benefits MSAF)

To purchase tickets, go to www.msdc.org



AMA Committed to Enforcement of BCBS Settlement

Transparency and fairness allow physicians to focus on patients

CHICAGO – The American Medical Association (AMA) announced that it will begin enforcement of the national Blue Cross and Blue Shield (BCBS) settlement as a signatory medical society to the agreement. The AMA joins 27 other participating medical societies that are able to provide direct assistance to physicians when a BCBS plan or subsidiary has failed to comply with the national BCBS settlement.

The AMA's participation in enforcement of the BCBS settlement was initiated last month when a Miami federal court finalized the settlement of a nationwide physician class action lawsuit brought against Blue Cross and Blue Shield Association and more than 30 affiliated plans and subsidiaries.

"The AMA believes that the transparency and fairness mandated by this settlement will allow physicians to redirect their limited resources from battling for fair payment to caring for patients," said AMA President Ronald M. Davis, M.D. "The AMA stands ready to ensure physicians receive all the protections offered by the national BCBS settlement."

The provisions of the settlement resolve contentious business practices that have long frustrated physicians and jeopardized the delivery of high-quality patient care. Key provisions address recognition of coding guidelines, prompt payment, medical necessity, physician credentialing, as well as disclosure of fee schedules, claims procedures and pay-

ment policies.

Several provisions contained in the BCBS settlement apply as of April 21, 2008, and will become enforceable as soon as any appeals filed in the next 30 days are resolved. To assist physicians in finding accurate information about the settlement, the AMA offers an interactive on-line map that lists which BCBS plans and subsidiaries have settled, state-specific provisions of the agreement, and the effective dates of the various provisions.

Physicians can find additional information regarding the BCBS settlement, or inquire about assistance with an enforcement issue, by visiting the AMA website at: www.ama-assn.org/go/settlements.

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CCHIT Launches EHR Education Site for Physicians

The Certification Commission for Healthcare Information Technology recently launched a new Web site, www.EHRDecisions.com, designed to help educate physicians on EHR selection and the value of choosing CCHIT Certified® products. The site will help physicians better determine their readiness for moving to electronic health records, get started on the selection process, and be wiser in the actual purchase and contract negotiations. There also will be advice on how to derive the full potential benefits from an EHR, from both a business and clinical standpoint. The site will provide physician readers with a direct pipeline to Certification Commission leadership and other experts, who will post regularly.

The Web site features news from the Certification Commission, as well as from the electronic health records industry as a whole. Readers will have the ability to post comments and questions regarding EHR certification and adoption issues. The site will be expanded over time from short articles by experts, informal blogs, and news feeds to community forums, podcasts and videos.

www.EHRDecisions.com

FOR RENT: 3 Washington Circle, available July 1, 2008, near Foggy Bottom metro. Psychiatrist/therapist. Large, quiet office overlooking court yard. Share waiting room. Parking space available. \$1500/month. Bernard Malloy 202-333-6483.



Pediatric Practice in the Spring Valley DC area (The Pediatric Village). We are looking for a pediatrician to cover call during our August vacation. Please call Dr. Cheryl Edmonds at 202-244-1553 for specifics.

2440 M Street, NW - Medical Building. I have a newly renovated 3000 square foot office space, configured to share with two additional physicians. My internal medicine boutique practice will be state of the art, with electronic medical records/electronic practice management/electronic prescriptions, digital chest x-ray, interpretive EKG, etc. Parking available in the building. Contact Charles J. Bier, M.D., (W) 202-333-7003, (M) 202-498-0731, or e-mail: drbier@bigplanet.com.

For Sale – 2 Foggy Bottom Medical Condos at 3 Washington Circle, NW. Prime location near GW Hospital and Metro. 3,000 SF at \$1,950,000 (incl. 1 parking sp) and 1,500 SF at \$975,000 (incl. 1 parking sp). Onsite patient parking available. 24 hour security. Contact ML Clark Real Estate at 202-244-8532.

Downtown Premier medical office space in a premier building, 2141 K. St, NW Washington DC. 4000 square foot, new, beautifully decorated office space available for sublet five days a week. Large offices, exam rooms, waiting area. Mini-Ct for sinuses. Beautiful furniture, paintings, fish tank, the works. Reasonable rent. Call 301 718 7979 or fax to 301-718-7747.

Uptown Premier medical office space in premier building, the Barlow Building, 5454 Wisconsin Ave, Chevy Chase, Maryland. Brand new 4000 square foot office, turn key. Large offices, including corner office, exam rooms, waiting area. Beautiful furniture, fish tank, paintings, the works. Phone, fax, copy, even nursing

support. Reasonable rates. Call 301-718-7979 or fax 301-718-7747.

For Sale: Condo medical office, 2317 Sq. Ft., 3 Washington Circle, NW, across from GW Hospital, 1 block from Metro, all rooms with sinks, 2 bathrooms, separate private doctor's entrance off the street, ideal for 1-3 MD's, \$1.3 M. Call 202-466-7711.

Extraordinary NP or PA position available in one of DC's premier pediatric and adult allergy practices. Two beautiful brand new offices, downtown and Chevy Chase. Warm, friendly staff. A nice place to work. Excellent starting salary and a full range of benefits including health insurance. Must love patients. Call 301-718-7979 or fax resume to 301-718-7747.

Space available for sublet (2 consultation rooms, 3 exams room and reception desk all furnished) attached to an existing Internal Medicine practice. Prime location on 19th Street NW near Metro. Potential to share electronic medical record system, equipment, and staff if desired. Please contact Sylvia at 202-728-9630 for details.

Georgetown: large office to sublet. Spacious, large windowed, well furnished, office for rent. Rental includes use of waiting room, bathroom and kitchenette with refrigerator and microwave. This office is part of a large two office suite. The other office is occupied by a full time practicing psychiatrist. Location is on Thomas Jefferson Street NW between M St and the canal. Please call for further information; 202-965-8938.

Check out all classified ads at: <http://www.msdc.org>. Click on Classified Ads.

Would you like to place an ad? Contact Barbara Allen for details, e-mail allen@msdc.org, phone 202-466-1800, ext. 103. MSDC members can post ads at no charge!

AAMC Recommends Ban on Pharmaceutical Gifts to Medical Schools

Late last month, the American Association of Medical Colleges issued new guidance to its member medical colleges pertaining to gifts from industry. According to the New York Times, "Drug and medical device companies should be banned from offering free food, gifts, travel, and ghost-writing services to doctors, staff, and students in all 129 of the nation's medical colleges," according to the Association of American Medical Colleges (AAMC). Besides "the gift, food, and travel bans, the report recommended that medical schools should 'strongly discourage participation by their faculty in industry-sponsored speakers' bureaus,' in which doctors are paid to promote the benefits of drugs and devices." Additionally, the AAMC "recommended that schools set up centralized systems for accepting free drug samples, or 'alternative ways to manage pharmaceutical sample distribution that do not carry the risks to professionalism with which current practices are associated.'" And, these "rules should apply to faculty members even when they are off-duty, or away from school."

Medical Equipment Available for DC Residents

The Washington Area Wheelchair Society, in partnership with the Assistive Technology Program, is offering new, used, and recycled durable medical equipment to residents at its new equipment recycling center in the Christopher Price Building, 1301 Belmont Street NW, Suite 1D. The Disability Equipment Recycling Program offers wheelchairs, walkers, crutches, hospital beds, shower chairs, computers, and other assistive technology to disabled or ill people who have no other means of getting equipment; users also get help filling out paperwork for insurance or other benefits. The center is also accepting donations of used equipment, which can be refurbished for use by those in need. For more info, call (202) 332-2595, TTY (202) 332-2596.

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