Jefferson County Medical Society

PULSE

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"Brace for Impact" (Landing on the Hudson)

A Letter from the President

By: Christopher W. Old, M.D., F.A.C.P.

I am looking forward, as your president, to a very challenging and exciting year with you. In February, we had the privilege of joining approximately twenty-six other physicians from the Sixth Congressional District and almost one hundred other physicians from around the State at MASA's annual Governmental Affairs Conference in Washington, D.C. Over the course of three days we had the opportunity to meet our senators, congressmen and their staffs to discuss health care matters that will impact all of us. While we were there, Congress was debating the President's stimulus proposals and it was clear that changes are ahead in the health care field.

One of the changes that will occur in the near future is the reporting of how the performance of Alabama physicians compares to national averages, more specifically, the HEDIS-Health Care Effectiveness Data and Information Set. Blue Cross/Blue Shield is conducting a series of meetings across the state to discuss the new Physician Quality and Transparency Program that is being implemented. Details of the program are described in BC/BS's Special Bulletin 2008-21, which was released in December 2008. Beginning in July 2009, the public will have access to "data related to excellence in preventive care and the treatment of various diseases" which has been compiled from BC/BS claims data. From March through June, physicians will have the opportunity to review information related to how their practice performs on as many as sixteen "Physician Quality Indicators". The physicians will have the opportunity to provide supplemental information to explain any deviations, e.g., a pediatrician might note that the parents of specifically-identified patients have been counseled regarding immunizations but have declined to have their children immunized. Details about the program can be obtained from BC/BS via its website at www.bcbsal.org/providers.

Another change is that physicians will soon be required to have twenty-five hours of Category I CME per year. Our practice has been actively involved in the UPTODATE Program. This is an evidence-based, peer review information resource available via the web, desktop and PDA. The UPTODATE community includes a faculty of more than 3,800 leading physicians in virtually all areas of medicine, with approximately 340,000 subscribers. The faculty members write topic reviews that include a synopsis of the literature, latest evidence and specific recommendations for patient care. We have used this service for over fifteen years and find it invaluable. The physician also earns CME credits through simply reviewing the literature on UPTODATE. For more information, their website is www.uptodate.com.

I also wanted to take this opportunity to make you aware of some of the things the JCMS regularly handles for its members. As members, we sometimes forget what a resource the JCMS is and can be!

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I Didn't Go To Medical School To Deal With This

By: Kim Garner Huey, CPC, CCS-P, CHCC, PCS

"I didn't go to medical school to deal with coding" – I wish I had a nickel for every time a doctor said that to me in anger! I sympathize, but in today's health care world, you have to understand at least the basics of coding or you will not make it. You will not be able to bill for your services, and you will not be able to keep the money you are paid.

Many physicians have never even seen the claim form that is used to bill for their services, an official form known as a CMS-1500. Many of us old-timers still call it a HCFA-1500 (hick-fa) because that was the name for so many years, before President Bush changed the name of that federal agency from "Health Care Financing Administration" to

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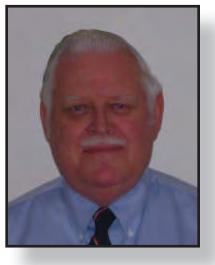
FACTA IDENTITY THEFT RULES APPLY TO MEDICAL BUSINESS ENTITIES



By: Jim Blaszczynski

Many of you may not have heard of the Fair and Accurate Credit Transactions Act (FACTA) Red Flag Rule that was issued in 2008. This legislation requires businesses of all sizes, from mom and pop shops to nationwide corporations, to comply with the regulations by May 1, 2009. To comply, businesses must have in place an Identity Theft Prevention Plan per FTC guidelines; train employees about how to handle private data of employees and customers and the company's intellectual property and that of its contractors/service providers; and maintain verification of the training meetings which were held. Updates to the plan and follow-up mandatory meetings will be an on-going requirement. The FTC has taken the position that this regulation will apply to physician offices unless full payment is collected at the time services are rendered. Even now, as this article is going to press, the AMA and numerous other groups are challenging the regulations applicability to medical practices, but the deadline is fast approaching and medical offices are required to comply.

The FTC generally defines Red Flags as follow: alerts, notifications, or warnings from a consumer reporting agency; suspicious documents; suspicious personally identifying information, such as a suspicious address; unusual use of – or suspicious activity relating to – a covered account; and notices from customers, victims of identity theft, law enforcement authorities, or other businesses about possible identity theft in connection with covered accounts.

The broad scope of the Red Flag Rule reflects an on-going and growing concern about the problem of identity theft by the federal government. Of the more than 2,300 data security breaches recorded by the Identity Theft Resource Center in the last four to five years, medical business entities (hospitals, medical clinics and doctor's offices) are well represented. Medical identity theft, i.e., using another person's identity information to obtain healthcare or medical goods or services, was the number one concern for many families in 2008, and is a growing problem for insurers, providers, and health care clients who face added costs when someone fraudulently uses another's insurance to pay for his own care.

Some examples of medical identity theft that medical practices or their patients might encounter include:

(1) a patient being told that he has already met his yearly deductible when he has had few medical prescriptions or services in that year;
(2) a patient getting a reminder from a doctor's office about an upcoming appointment, yet the patient has no knowledge of the doctor nor did he make the appointment;
(3) a patient's medical records, photo ID and insurance documents show discrepancies in age, race, or physical de-

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"Centers for Medicare and Medicaid Services". When I started in this field in the early 1980s, claim forms had a space for a code, but also had a space for words that described the service provided. It was important to get the code right, but you also had the opportunity to describe the service in words. Now, the claim forms have no space for words, only codes - a code for what service was provided and a code for why it was provided. The **physician** is held responsible for the accuracy of those codes.

How is the physician held responsible for the codes on the claim form? His/her signature on the front of the form, or the electronic equivalent thereof, indicates: "I certify that the services shown on this form were medically indicated and necessary for the health of the patient and were furnished by me, or were furnished incident to my professional services by my employee under my immediate supervision. NOTICE: Any one who misrepresents or falsifies essential information to receive payment from Federal funds requested by this form may upon conviction be subject to fine and imprisonment under applicable Federal laws." Any time a claim is filed, the physician is attesting that the codes accurately represent the services he provided and that the services were medically necessary to treat the patient. So a physician cannot ignore coding nor can he completely turn it over to someone else.

What should a physician do?

Use the appropriate staff. Perhaps you feel you do not need a certified coder. That may be true if you have a small practice and you do very few procedures; however, you must still have someone who has a basic understanding of the coding process. The more complex procedures you perform, the more likely it is that you do need a certified coder. There are basic coding certifications and there are advanced specialty-specific coding certifications. I recently worked with a six-physician cardiovascular and interventional radiology group that did not have a certified coder. The physicians felt that they could handle their own coding rather than employ a certified coder. This group bills in excess of $1 million every month. In reviewing just a few claims, I found mistakes that would have generated enough revenue to pay a coder's salary for two months.

Be sure that your staff has the appropriate resources. There are coding changes every year, so yes, you do need to purchase new coding books every year. A set of all three coding books – CPT for procedures, HCPCS for drugs and supplies, and ICD-9 for diagnoses - can be purchased for approximately $300 (**discounted prices are available through the JCMS**).

Pursue educational opportunities for your staff through coding newsletters, audio conferences, local professional society meetings and coding classes. I attend the AMA/CPT Coding Symposium every year, and it is a wonderful conference, but it is very expensive - almost $1000 for conference registration plus travel expenses for three days in Chicago. You may not be able to afford this for your staff, but it is imperative that they are able to stay updated with coding changes. For example, the code for subcu/IM injections has changed twice in the last five years, and the payment policy has also changed. If you or your staff was unaware of this change, claims were rejected or you may not have known the code could be billed at all! A friend of mine went to work with a Family Practice physician so I shared this one tip with her: Use modifier 25 on an office visit code to bill for injection administration on the same date. At first, the physician did not believe her, but then he did the math and found that he could legitimately generate another $10,000 per year for his practice. Check aapc.com for meeting announcements for the local chapters of the American Academy of Professional Coders. The JCMS also offers a number of coding classes throughout the year, and its members receive discounted pricing for staff members who attend.

No, you did not go to medical school to deal with coding, but it is a reality that you have to deal with in order to get paid for what you do. Having the right staff and the right resources for those staff will ensure that you bill for the appropriate reimbursement and that you are able to keep that revenue if claims are reviewed.

Kim Garner Huey, CPC, CCS-P, CHCC, PCS
kim@kimthecoder.com

In Memoriam

The JCMS wants to acknowledge the recent passing of the following JCMS members:

Carole Wilkerson Samuelson, M.D.
February 14, 2009
Lonnie W. Funderburg, M.D.
March 13, 2009

Governmental Update

On February 8-10, 2009, JCMS President Chris Old, M.D., President-Elect Robert Levin, M.D., and Vice President Mike Harrington, M.D., along with approximately twenty-six other physicians from the Sixth Congressional District participated in MASA's Government Affairs Conference in Washington, D.C. This was the thirty-second such conference organized by MASA and is an excellent opportunity for physicians to gain insight into matters which will affect the way medicine is practiced in the future. The meeting began on Sunday afternoon with a President's Forum led by JCMS member, Dr. Pam Varner, who is the President of MASA. Participants were updated on various hot topics ranging from Blue Cross/Blue Shield's new Quality and Transparency program to the status of the Sustained Growth Rate formula.

On Monday, attendees heard from AMA representatives Richard Deem and Todd Askew, political consultant Stuart Rothenburg and others on the latest news and predictions from Washington regarding the stimulus package, healthcare reform and Medicare/Medicaid legislation. Following lunch, Carlyle Gregory offered pointers on "How to Communicate with Your Congressman". The Sixth District physicians then had the opportunity to meet as a group and outline the talking points they wanted to raise with the members of Congress. On Monday evening, MASA hosted a reception at the Capitol in honor of Alabama's Congressional Delegation. Senators Shelby and Sessions joined the event immediately after casting their votes relating to the stimulus package. On Tuesday, the physicians had the opportunity to meet with both Senators and their staff members, as well as a number of Congressmen and their staff members, to discuss positive changes which need to be made as part of the healthcare reform plans. The following day, while Senator Sessions addressed the Senate Budget Committee, he referred to his recent discussions with Alabama physicians and informed the committee, in part, that physician offices are small businesses that create jobs and bolster the local economy and that they need certainty to plan for the future—note projected cuts in reimbursements. He emphasized that Congress "needs to do better" in addressing the massive shortfall for Medicare and Medicaid.

All Senators and Congressmen, as well as their staff members, emphasized how important it is for physicians to voice their opinions and keep the representatives informed on matters related to health care and the practice of medicine. They emphasized that relationship will be particularly important as Congress undertakes a massive reform of the current healthcare system.

New Members

Shilpi Agarwal, M.D.	Resident
Wael A. Aljaroudi, M.D.	Resident
Daniel S. Atherton, M.D.	Resident
Kevin P. Bevis, M.D.	Resident
Amayi M. Bloodsaw, M.D.	Resident
Wesley M. Cleaves, M.D.	Resident
James R. Conner, M.D.	Resident
Ashley L. Dahl, M.D.	Resident
J. Patrick Druhan, M.D.	Resident
Audra W. Eason, M.D.	Resident
Joseph B. Eason, M.D.	Resident
Carlos Fernandez, M.D.	Resident
Kevin W. Henderson, M.D.	Resident
Robert D. Hines, IV, M.D.	Resident
Duane W. King, M.D.	Family Practice
Erin M. Klein, M.D.	Resident
Aaron C. Kovaleski, M.D.	Resident
Barkha B. Manne, M.D.	Resident
Kenneth C. McCollough, Jr, M.D.	Resident
Greyson L. McGowin, M.D.	Resident
Allie M. Metcalfe, M.D.	Resident
Michael D. Mitchell, M.D.	Resident
Rory A. Myer, M.D.	Resident
Mathien W. Nader, M.D.	Resident
Frederick H. Norris, IV, M.D.	Resident
Nicholas G. Papajohn, M.D.	Resident
Scott H. Pfitzer, M.D.	Resident
Erin L. Prince, M.D.	Resident
Natalie T. Reddington, M.D.	Obstetrics/Gynecology
Nathaniel Reyes, M.D.	Resident
Wesley D. Reynolds, M.D.	Resident
Eric P. Ritter, M.D.	Resident
Megan D. Seibert, M.D.	Resident
Stephanie D. Simmons, M.D.	Resident
Gabriel E. Starace, M.D.	Resident
Kevin Charles Staudinger, M.D.	Occupational Medicine
Ryan D. Swain, M.D.	Resident
Saritha Uppala, M.D.	Resident
Ralph M. Weatherford, M.D.	Resident
Charles G. Wells, M.D.	Resident
Jessica G. Zarzour, M.D.	Resident

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Our current activities include the following:

● We work closely with MASA, the AMA and specialty societies to represent the interests of physicians at the local, state and national levels of government. The recent D.C. meeting is a prime example; we also interact in state legislative matters and local ordinances such as recent smoking ordinances in Birmingham and Hoover. We serve as a conduit by furnishing information to legislators and relaying pertinent information to our members.

● JCMS operates a physician referral service for people who are seeking physicians and furnishes information regarding member physicians to the public or other physicians.

● The Mediation and Medical Ethics Committee resolves many disputes between patients and physicians or even between physicians, which might otherwise end in lawsuits.

● We develop and administer public health policy through the Jefferson County Board of Health – five of the six directors are JCMS Board Members – and actively intervene on a number of issues that arise regarding public health matters.

● The JCMS provides opportunities for social and professional networking, leadership development (including participation in Leadership Birmingham) and physician communication.

● We serve as a resource and a link to local media outlets on medical-related matters.

● We provide member discounts on a variety of goods and services including office supplies, digital imaging services and equipment, coding classes, account collection and credit card processing services.

● JCMS, through the Jefferson County Medical Foundation Trust, operates an answering service and paging service. We have an updated, sophisticated system that has a number of potential benefits to physician practices.

This year we want to develop interest in several new areas. We want to explore a young-physician mentoring program, linking medical students to private practice physicians. This program would teach the younger physicians about the various aspects of private practice, including the business aspects associated with private practice. Additionally, we would like to explore networking with other medical societies such as the Shelby County Medical Society, incorporating their physicians as one large network. We are in the process of surveying other state medical societies to get new ideas about how we can expand our services and I would welcome any suggestions our members might have.

In closing, let me reflect on some nostalgic and personal issues I have seen through practicing medicine in Birmingham for over thirty years. Physicians and patients are much more informed today, in part ***Continued on Page 6***

A Special Thanks!

Many thanks to all who participated in the AMA Foundation Sharing Card. The JCMSA raised $6100 for the Scholar's Fund (tuition help for medical students) and the Fund for Better Health (grants to AMA affiliated organizations for promoting better health). The Alliance thanks the UAB Medical School for covering the expenses of the printing for the Solicitation Letters as well as the Sharing Card. Special Thanks to Dr. William Huggins for contributing his photograph of the old Fire Station for the card.

Sue Cybulsky, Susan Dasher, Nell Williams

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from the Internet. Unfortunately, we as physicians are quickly losing our autonomy, authority and control over health care issues and over the care of our patients. I see a growing loss of enthusiasm and zeal among practicing physicians. The Feds and insurance carriers see the practice of medicine strictly as a business or a strict science rather than as an art. They refer to our patients simply as "clients". Nationalization of health care is around the corner. Under President Obama's new stimulus package, 1.1 billion dollars will be used for "comparative effectiveness research", comparing drugs, medical devices, surgery and other methods of treating various conditions. This governmental data will be used by insurers or Health and Human Services to deny coverage for more extensive and expensive treatments, eventually rationalizing health care. We will see algorithmically-mandated medicine where pre-set health care plans will be forced upon us. This Orwellian approach will fracture the doctor-patient relationship. If we as the physician do not dance to the Health and Human Services' music, our reimbursement for health care will be proportionately less. Pharmacists and nurse practitioners will assume a greater role in the care of our patients.

Physicians will eventually follow the path of our nurse colleagues. For example, my dialysis head nurse spends more than ninety percent of her time on computer forms satisfying HHS-directed mandates. I recently visited a large hospital in southern Florida where the nurses routinely make "computer rounds" with their patients using stand up rolling computers. Nursing assistants see and examine the patient and the RN rarely went into the patient's room; her main task was to manage patient care and enter data into the computer. This model may well become our model. I envision us in the future sitting at our computer terminals much like the *sensory homunculus man* we studied in medical school neurology. He has a large head, large thumbs (for texting!), withering arms and disused legs as he makes his rounds, filling out paperwork with little time for direct patient ("client") care!

My advice to you is to GET INVOLVED in your county, state and specialty medical societies. Many physicians seem disinterested in such activities. We seem to have lost our enthusiasm and passion for change. Medical societies may be the last bastion of networking physician to physician. We treat patients, not "clients". The only way we can change is to get involved. I urge you, if you are not a member of the Medical Society, join and get involved today. Either work for change through such involvement or do not complain when the avalanche of change is upon us.

Reserve Your Passes Now!!

Time is running out if you plan to attend the JCMS Barons Event on May 3, 2009. The Barons will take on the West Tennessee Diamond Jaxx at Regions Field beginning at 2:05. We have reserved the Robin Ventura Patio and will be serving hot dogs and hamburgers to JCMS members and their families. Space will be limited, so let us know you would like to attend by sending your name, contact information and the number of tickets you will need to Martha Wise at mwise@jcmsalabama.org or by calling her at 933-8601.

See you at the ballpark!!!

JCMS Needs Your E-mail Address!!

A year or so ago we asked JCMS members to furnish an e-mail address to allow us to communicate in a more cost effective and timely manner. We use e-mail to distribute *Pulse*, news and legislative updates and event invitations. While the majority of you sent us your address, we still have not heard from many of you. We will not disclose your email address to any outside organization or use it for purposes not related to the Medical Society. You can send your e-mail address to us by phone at 205-933-8601, by fax at 205-939-0680, by mail to 901 18th Street South, Birmingham, AL 35209, or by e-mail to krussell@jcmsalabama.org. Please feel free to contact Martha Wise, Executive Director, with any questions.

Implementation of Routine HIV Testing

UAB's Center for AIDS Research will be conducting a study to examine the implementation of CDC's new HIV testing recommendations and would like to ask you for your help. During the months of April and May a survey will be mailed to members of the Jefferson County Medical Society, who are actively practicing in Internal Medicine, Family Medicine or OB/GYN.

Please let us know if you need any additional information regarding this study or would like to learn more about it!?

Phone: (205) 934-7186

Thank you for your support!

UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

Upcoming Events

Apr. 20	Executive Committee Meeting – 5:30 p.m.
Apr. 21	The Wayne Finley 811 Breakfast Club Meeting – Ms. Claire Caldwell will speak on the research of her father, Dr. Tom Caldwell, regarding the "Early Days of Health Care in Western Jefferson County" at 8:30 a.m. in the JCMS Board Room.
May 3	JMCS Members Barons outing – game begins at 2:05 p.m.
May 18	Executive Committee Meeting – 5:30 p.m. Board of Directors Meeting – 6:30 p.m.
May 19	The Wayne Finley 811 Breakfast Club Meeting – Mr. Tim Pennycuff, UAB Archivist, will speak on "Medical Education in Alabama, 1859-2009" at 8:30 a.m. in the JCMS Board Room.
June 3	Ethics Committee Meeting
June 15	Foundation Trust Meeting – 5:00 p.m. Executive Committee Meeting – 5:30 p.m.

Contact Juanita Pruitt at 933-8601 or jpruitt@jcmsalabama.org for more information regarding any of the above events.

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scriptions.

As previously mentioned, one of the main issues in the Red Flag Rule, and the primary point of argument by the AMA, is whether a medical business entity is a "creditor" within the meaning of the regulation. The FTC is taking the position that if a patient does not pay in full for all the care/services he or she is receiving, at the time of the visit, the provider has extended credit to that patient, who now has a "customer covered account", and the provider is therefore a creditor, subject to the regulation. The "customer account" may be maintained on an on-going basis since the "customer" may be a long term patient. The patient's file contains numerous kinds of personal information that must be protected, including his social security number, date of birth, health insurance cards, driver's license or photo ID. Possession of this private data leads to significantly higher risk of identity theft, which now happens every four seconds.

Of the 2,300 recent data breaches recorded by the Identity Theft Resource Center, multiple studies found that errors made by internal staff caused 52% of the breaches. Thus, more emphasis needs to be placed on training personnel regarding the handling of private/confidential and intellectual property information. Not only should you take steps to protect the personal information of your patients, you should ensure that you are not placing your own employees at risk for identity theft. If you have others handle business operations such as health insurance plans, billing, payroll, etc. on your behalf, they might create a risk of the data being compromised or disclosed, with the potential for civil and criminal liability, which follows the data.

Some healthcare organizations have asked whether compliance with HIPAA requirements will also satisfy the Red Flag Rule. Both have very important and interlocking objectives, but they are not duplicative. While HIPAA focuses on the protection and use of personally identifiable protected health information, the Red Flag Rule goes beyond that scope. It focuses on identifying and validating "persons" in relation to the information they present to you. No longer can you assume that the patient who presents a health insurance card for "John Smith" is in fact "John Smith". You must have processes and procedures in place to identify, detect and respond to the "red flags" of potential identity theft.

From a business owner's standpoint, the Red Flag Rule helps create a "culture of security" that reinforces the owner's concern about protecting company assets. It is prudent for medical business entities to begin investigating how the Red Flag Rule can be implemented in their offices. The May 2009 deadline is approaching. Non-compliance after that date could result in fines, penalties, and prosecution of business owners by the Federal Trade Commission.

Jim Blaszczynski is a Certified Identity Theft Risk Management Specialist who can be contacted at (205) 262-9137.

Editor's Note: Red Flag Rule advocacy efforts continue

According to Mark Jackson, MASA's Director, Legislative Affairs, the AMA sent a letter to the FTC on September 30, 2008, which strongly objected to applying the so-called Red Flag Rule to physicians. The FTC responded on February 4 and continues to assert that physicians who regularly bill their patients for services rendered (including co-payments and coinsurance) are considered creditors and so must develop and implement written identity theft prevention programs for their practices by May 1, in order to be in compliance with the Red Flag Rule. Ninety-nine state medical societies and national specialty societies joined the AMA on a sign-on letter that was sent to the FTC on February 23. While the joint letter continues to stress that physicians are not creditors, it also urges the FTC to comply with the Administrative Procedure Act (APA) by issuing another rule that provides an opportunity for public comment. The AMA feels strongly that the FTC did not comply with the APA, since physicians were not mentioned in previously issued proposed or final rules. While the AMA continues its efforts to redirect the FTC policy, it is also developing guidance material to help physicians comply with the regulation. It has also committed to keeping organized medicine apprised of developments with both the FTC and the educational materials.

Jefferson County Medical Society

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