

Philadelphia Medicine



Volume 105, No. 10

December 2009

Center for Patient Interactive Research will create partnership between physician and patient

Philadelphia-based National Center for Patient Interactive Research (CPIR) is developing, as its name suggests, “innovative approaches to the successful engagement of the patient in the care process, and to creating a true partnership between the patient, the physician and other care givers.”

How will this work in practice? First, in the physician’s office where the physician is coached to ask and listen, and to support the patient in setting personal goals for self-care; and second, as the patient leaves the physician’s office using simple, easily used and understood technologies, to report what services were provided – and what part needs to be played in managing his disease.

These technologies allow patients and caregivers to hardwire a therapeutic partnership that builds dignified accountability on the part of the patient. By supporting physicians in enabling patients to take better care of themselves outcomes are improved without further fatiguing the caregiver.

Also, these technologies establish a new gold standard for quality reporting allowing physicians to establish, in an unbiased manner, the consistency with which they are applying various quality initiatives tied to higher reimbursement, accreditations, PIM board certification requirements and various pay for performance programs.

CPIR believes that such patient-generated data will help to transform the current healthcare model because, it claims, “this is the only voice that is not being heard on a systematic, standardized and measurable basis.”

The organization’s executive director,

Bill Fox, gave recent testimony to the Federal Coordinating Council on Comparative Effectiveness Research, urging the Council to insure that patients are hardwired into developing HIT solutions designed to insure the consistent practice of evidence-based medicine.

Mr. Fox told *Philadelphia Medicine* that CPIR’s mission statement calls for the hardwiring of patient generated data into the current transformation of healthcare information technology.

“What gets measured gets paid for, and what gets paid for gets done,” he says.

“Only by hardwiring the patient into the billions of dollars pouring into healthcare for technology transformation will patients see the most bang for their hard earned healthcare buck.”

Bureaucracy run wild in US healthcare system?

American doctors and hospitals have to employ far more billing clerks than counterparts in, say, Germany or Canada, says Princeton University health economist Uwe Reinhardt.

“We have without any question the most complex, bureaucratic health system in the world. There is just no other nation that spends as much on paper and computers ... just claims-processing. To my mind, we get very little for that in terms of social value added.”

A study this year by the Medical Group Management Association found that “interaction” with insurers, other than for Medicare, costs medical practices \$21 billion to \$31 billion a year.

PCMS NEWS

Thank you for your membership in The Philadelphia County Medical Society

PCMS thanks you for your support. Your membership strengthens the Society and helps protect our patients. Please do your part to make your medical society stronger by encouraging your colleagues to become members of PCMS.

Questions or comments?

Call 215-563-5343, Ext. 101 or
E-mail: stat@philamedsoc.org

DMEPOS changes could affect patient access

Medicare is phasing in new requirements for physicians who order or refer patients for durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS), and it could spell trouble for patients who rely on DMEPOS like oxygen and nebulizers.

Beginning Jan. 4, 2010, claims will not be paid if:

- The ordering or referring physician is not on the claim.
- The ordering or referring physician on the claim is not enrolled in the Medicare Provider Enrollment, Chain, and Ownership System (PECOS).
- The ordering or referring physician is not eligible to order and refer.

This issue will not only affect physician suppliers of DMEPOS and independent supply companies but patients may also find it difficult to get a refill or replacement of their DMEPOS if a supplier has not been paid for a previous claim.

Visit the PECOS website at <https://pecos.cms.hhs.gov/pecos/login.do> to verify your PECOS enrollment, or call Highmark Medicare Services provider enrollment at 866 488-0549 if you do not have Internet access.

The Federal Trade Commission has delayed the Red Flags rule until June 1, 2010. For more information on the FTC’s decision:

<http://www2.ftc.gov/opa/2009/10/redflags.shtm>

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ISSN 0031-7306

Philadelphia Medicine is an editorial project management service of Healthcare Media International, Inc. (HMI). HMI provides writing, editing, and contract publishing and medical communication consulting services.

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 HEALTHCARE MEDIA INTERNATIONAL

Free for members Only

The following brief publications are free and available only to members of The Philadelphia County Medical Society and the Pennsylvania Medical Society

Regulations

Practice Guidelines for Physician Assistants and Certified Registered Nurse Practitioners

A resource for physician practices to understand licensure, scope of practice and reimbursement rules and guidelines for these positions.

Setting the Record Straight: What You Need To Know About Medical Records

From ownership rights to copying fees, "Setting the Record Straight" will help you make sure you're handling these vital documents appropriately and legally.

Disease Reporting

Includes lists of reportable diseases, how and where to report, confidentiality rules and penalties for failing to report.

Reimbursement

Act 6: A Crash Course in Auto Accident Reimbursement

A concise run down of the steps you need to take to get appropriately reimbursed for care of patients injured in a motor vehicle accident.

Your Right to Timely Payment Under Act 68

Provides details of physicians' rights under the Quality & Health Care Accountability & Protection Act, including provisions for prompt payment of clean claims within 45 days.

Collection Protocols for the Medical Practice

Manage your accounts receivable and prevent them from becoming delinquent. "Collection Protocols" includes tips on managing accounts and also useful collection techniques.

Workers' Compensation: The Application for Fee Review Process

FAQs and sample forms for when you have trouble getting paid for workers' compensation healthcare services or when an insurer is making you wait for payment.

Practice Management

Policy and Procedural Manuals/Employee Handbooks for Medical Practices

Use this brief publication to find the basic information that should be included in a comprehensive employee handbook for your practice.

Selecting Computer Hardware and Software for Your Medical Practice

Use this short paper to help you with the process of selecting a practice management system for your medical practice.

Setting Up a Practice—Areas to Consider

For physicians who are considering starting a practice. With all there is to consider, you'll probably miss something without a checklist like this.

Medical Liability

Arbitration of Medical Liability Claims

Focuses on private arbitration outside the judicial system that takes place if the physician and patient have a voluntary agreement to engage in arbitration.

Medical Professional Liability Insurance Options

Basic information and definitions for physicians considering new as well as traditional medical liability insurance options.

Lawsuit Protection Strategies

Designed to be an instructional tool for physicians so that they can have a more informed discussion with their legal and financial advisors.

Order any of these publications by calling 800-228-7823 or on the PMS website store: www.pamedsoc.org/store

Is opting out of Medicare an option for your practice?

By Anne E. Jorgensen

Extracts from an article in *Staying Well Within the Law*, a publication of Fox Rothschild, LLP, Attorneys at Law

The easiest way for the government to trim expenses is to cut reimbursement rates for providers, which it has done consistently over the years.

However, a growing number of physicians, including both general practitioners and specialists, have considered dropping out of the program or have dropped out of it by 'opting out.'

Any physician may opt out of participating in Medicare if he or she chooses by following a set of specific steps that are governed by rules, regulations and laws:

- A non-participating physician must inform his or her patients that he or she is opting out of Medicare.
- Following such notification, the physician must file with the Medicare Administrative Contractor in the area (which in Pennsylvania is Highmark Medicare Services) an affidavit that contains specific information that complies with applicable laws and regulations.
- Only after submitting the affidavit

would the physician be permitted to enter into those private contracts that would permit the physician to continue to provide treatment for Medicare beneficiaries and bill those patients directly.

- The private contracts must also meet certain regulations to be valid.
- Both the affidavit and private contract expire every two years and must be re-signed in order for the practitioner to maintain his or her opt-out status.

This process is important since a failure to properly opt out or maintain an opt-out could result in improper billing or filing of claims by the physician, resulting in an assessment of penalties against the physician.

Before making any decisions about opting out, a physician should be sure to gather all of the information needed to properly analyze the impact of the decision on his or her practice.

For more information about this topic, please contact Anne E. Jorgensen at 610-458-4950 or jorgensen@foxrothschild.com.

Watch your mail for notice from Highmark Medicare Services (HMS)

If you get a revalidation letter, be sure you respond. Your billing privileges will not be reactivated until you respond to the letter and your revalidation application is processed. Claims will not be paid from the date of the deactivation until the date of reactivation.

If a revalidation application is not received within 60 calendar days, your billing privileges will be revoked and you will not be allowed to re-enroll in Medicare for one year.

PCMS recommends that physicians—particularly those who receive electronic remittance advice (ERA) and electronic funds transfer (EFT)—confirm that their practice address is correct.

Call HMS: 877-235-8073 from 8AM to 4PM, Mon.-Fri.

Host your event at PCMS

Host your next party or conference/seminar at PCMS headquarters. Ample free parking. Contact Louise Eder on 215-563-5343, ext. 107 to schedule an appointment.

Flu concerns drive 256 calls to televised swine flu hotline

PCMS members team up with CBS-3 to help Philadelphia area residents

With swine and seasonal flu on the minds of many, members of PCMS joined forces with CBS-3 in Philadelphia on November 12 for a special call-in event to answer viewer questions about symptoms, vaccines, and other aspects of the viruses.

During the event, nine volunteers answered 256 calls that came from viewers throughout the greater Philadelphia area.

PCMS volunteers included Angel Angelov, MD; Carl Norden, MD; Larry Robinson, MD; Hester Sonder, MD; Deepthi Subramanya, MD; and Ben Sussman, DO, all of Philadelphia.



pcms people

Herbert E. Cohn, MD, has received the Achievement Award in Medicine from Thomas Jefferson University and Hospitals at its Jefferson Awards Gala.



Arthur H. Rubenstein, MD, MBBCh, Executive Vice President of the University of Pennsylvania for the Health System, and Dean, School of Medicine, has received

the Abraham Flexner Award for Distinguished Service to Medical Education from the Association of American Medical Colleges (AAMC). The Flexner Award was established by the AAMC in 1958 to recognize extraordinary individual contributions to medical schools and to the medical education community as a whole. in the way doctors were trained.

PCMS Members:

New Partner?

New Address?

Retiring?

Congratulatory Message?

Professional achievement?

Announce it here...

Call 215-563-5343, Ext. 102,
or E-mail:

stat@philamedsoc.org



Michael S. Weingarten, MD, spent two weeks volunteering this past summer to treat US troops wounded in Afghanistan and Iraq at Landstuhl Regional

Medical Center in Germany. Dr. Weingarten handled four to five cases in the OR daily, stabilizing patients for the flight to the US on specially designed C-17s known as Critical Care Air Transport flights.

The PCMS Website accepts typical classified ads. We also advertise upcoming events such as CME programs and seminars. Phone 215-563-5343, Ext. 102 for more information.

Change of address?

Phone 215-563-5343, Ext. 102 with any change of address, phone, fax number, or e-mail address.

Official Publication of the Philadelphia County Medical Society • www.philamedsoc.org

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