ADVOCACY UPDATE

January 19, 2010

AMA Continues to press CMS on consultation policy

The AMA has strongly urged the Centers for Medicare and Medicaid Services (CMS) to delay for a year the implementation of its' new consultations billing policy. Our efforts have included multiple discussions between Rebecca Patchin, MD, the AMA's Chair of the Board of Trustees, and Secretary Sebelius. As we previously informed the Federation, the administration informed the AMA that the General Counsel for the Department of Health and Human Services determined that CMS can not delay a single section of the final Medicare Physician Fee Schedule Rule (MPFS). Rather, CMS must either delay or move forward with the implementation of the entire rule. Consequently CMS decided to implement the final MPFS. Since CMS implemented the MPFS, the AMA has continued to press senior CMS officials to clarify the consultation policy and educate physicians. We understand that the policy is causing considerable concern and confusion. CMS has assured us that it will release some additional materials in the near future. We will alert the Federation as soon as we receive more information.

2010 Medicare payment schedule summary now available

Every year the 2010 Medicare physician payment schedule contains numerous policy changes that will affect different practices in different ways. Some of the major changes this year include revised practice expense relative values, elimination of Medicare payment for consultation codes, new quality reporting options and simpler reporting requirements for the e-prescribing incentive program. To learn more about these changes, including projected payment impacts for each specialty, go to **www.ama-assn.org/go/medicarepaymentkit** and click on “2010 Medicare Physician Payment Schedule.” An updated version of the AMA’s “Medicare Participation Options for Physicians” document is also available at this site, including information on a recent extension of the deadline for participation decisions to March 17, 2010.

CMS corrects AMA-identified payment errors

During the final days of 2009, CMS posted revisions to the recently updated professional liability insurance (PLI) relative value units for 2010 affecting more than 3,500 codes. Even before CMS had sent a correction notice to the *Federal Register*, AMA staff realized with alarm that the PLI changes for about 50 of these codes, primarily for neurosurgery and cardiac surgery procedures, would produce payment reductions of about $350 per code. Due to the AMA’s efforts, CMS rectified the error and post corrected PLI values for the affected codes prior to the codes going into effect.

AMA works with long-term care physicians regarding Schedule II drugs

Physicians caring for hospice and nursing home patients have been facing growing problems in securing timely access to urgently needed Schedule II drugs for their patients. Recent pharmacy investigations by the Drug Enforcement Administration (DEA) have increased fears among long-term care pharmacists that they will be targeted by the DEA if they do not have a written prescription before they dispense these drugs. Another contributor to the problem is a lack of clarity in the definition of an "emergency" prescription, as oral prescriptions for Schedule II drugs meet DEA requirements only in an emergency. The problem is most acute for patients transitioning from hospitals to long-term care facilities. Some facilities are even readmitting patients to the hospital because they cannot obtain needed drugs in a timely manner in the nursing home. The AMA recently brought together representatives of interested specialty societies (the American Medical Directors Association, the American Academy of Hospice and Palliative Medicine, the American Geriatrics Society, the American Academy of Family Physicians and the American Osteopathic Association) in an effort to better understand what is causing the dispensing delays and identify potential solutions that can be discussed with the DEA and the Senate Special Committee on Aging, which is interested in developing a legislative remedy.

CMS expands payment dispute resolution process

Last year, CMS established a payment dispute resolution process for physicians who encountered problems in getting accurate compensation from Medicare Advantage (MA) private fee-for-service (PFFS) plans. Now, CMS has expanded the process to include non-contracted physicians and to include all MA organizations, including HMOs and PPOs, not just PFFS plans. The dispute resolution process can be used by non-contracted physicians to address problems of MA organizations paying less than regular Medicare rates as well as downcoding of claims, but not for denied claims. The contractor handling the disputed payments is First Coast Service Options, Inc. Information on how to initiate the dispute resolution process is available on at **http://www.fcso.com/whatwedo/QIC/139297.asp**

Accessing 2007 Re-Run and 2008 PQRI Feedback Reports

Physicians may now access their 2007 re-run and 2008 Physician Quality Reporting Initiative (PQRI) through a new tool. CMS has created the "Verify Report Portal" which is available on the PQRI Qualitynet Portal. In addition to PQRI information, these reports will provide individual physicians with information on their Medicare Part B Physician Fee Schedule allowed charges for the 2007 or 2008 PQRI reporting period, upon which an incentive payment is based.

The tool is available at **https://www.qualitynet.org/portal/server.pt**.

2010 PQRI and eRx measure specification documents posted

Revised CMS 2010 specification manuals for both the PQRI and e-prescribing (eRx) incentive programs are now available. For PQRI, please visit **http://www.cms.hhs.gov/PQRI/15_MeasuresCodes.asp#TopOfPage**, and for eRx please visit **http://www.cms.hhs.gov/ERxincentive**.

PQRI worksheet tools available

To facilitate the reporting of claims-based PQRI measures, the AMA has developed worksheet tools based on the 2010 PQRI requirements for individual and group measures. For each measure, a measure description document and data collection sheet has been developed. The data collection sheet facilitates the capture of allowable clinical codes in addition to basic patient demographics. For individual measures, a clinical coding specification document is also available.

The 2010 PQRI worksheet tools will be available by the end of this week on the AMA's Clinical Quality website at: **http://www.ama-assn.org/ama/pub/physician-resources/clinical-practice-improvement/clinical-quality.shtml**.

AMA develops education tools on HIPAA 5010 and ICD-10

For physicians who send claims or conduct other HIPAA transactions electronically, the new version of HIPAA transactions, 5010, will be effective starting January 1, 2012. The AMA has created a website with tools to help physicians prepare for this change. Recently posted was a "Project Planning Template" that practices can use to begin preparing. This tool, in addition to other educational information like fact sheets and articles, can be found at **www.ama-assn.org/go/5010**. The AMA's webpage on ICD-10, **www.ama-assn.org/go/icd-10** also contains information to help physicians prepare for the required use of the updated diagnosis code set that physicians will be required to use beginning October 1, 2013.

Updated resource on health insurer conduct

Principles of Health Insurer Conduct is in its sixth edition and is now available at **www.ama-assn.org/go/insurance-reform**. Health insurance companies continue to have significant influence on the practice of medicine, exert pressure on physicians, and have the potential to interfere in the patient-physician relationship. In response, the AMA has developed a strong policy base to address the challenges of working with health insurance companies. These principles, which are based entirely on AMA policy, promote techniques that are fair and equitable to physicians, and help ensure the delivery of high quality health care to patients.

Updated booklet on health savings accounts

Health Savings Accounts is now in its third edition and is available at **www.ama-assn.org/go/insurance-reform**. Since the establishment of health savings accounts (HSAs) in 2004, the AMA has promoted HSAs as one option in the health insurance marketplace. *Health Savings Accounts* explains how the HSAs work, why HSAs should be considered, and where additional information about HSAs can be found. It also provides information about the availability of HSAs to physicians through the AMA Insurance Agency. The updated edition reflects the 2010 dollar limits on HSA plans and accounts.

Register for AMPAC 2010 political education programs

On February 19-21, 2010 AMPAC (the AMA's Political Action Committee) will host the annual Candidate Workshop in Pentagon City, Virginia. The Workshop is designed for AMA members and their spouses who are considering a run for public office, and includes training on campaign strategy and media advertising, as well as hands-on sessions in public speaking and fundraising. **There are only 2-3 slots remaining for the Candidate Workshop**.

AMPAC will conduct its annual Campaign School April 21-25, 2010, also in Pentagon City, for AMA members who wish to become involved in the political process as advocates and volunteers for medicine-friendly candidates. The School is organized around a simulated congressional campaign, where participants are put on campaign "staff" teams and attend daily lectures on campaign strategy, media advertising and political fundraising. Each team participates in nightly exercises such as creating a campaign strategy, taping a radio commercial, and writing a political fundraising letter.

For both programs, all costs for AMA members, except transportation to the Washington, DC metro area, are borne by AMPAC. For more information on these programs or an application, please contact Jim Wilson, Political Education Programs Manager, at 202-789-7465 or **jim.wilson@ama-assn.org**

New resource helps physicians protect themselves if in danger of identity theft

Identifying theft has become increasingly common as the prevalence of Internet and other non-face-to-face transactions have proliferated. The AMA has developed the educational resource "**Steps physicians should take if in danger of identity theft**" to help physicians protect themselves if they believe their identity may have been stolen. This resource offers steps physicians should consider taking if they learn that their credit card, checkbook, Social Security number or other confidential information that could enable impersonation has been lost or stolen. Visit the AMA Practice Management Center Web site at **www.ama-assn.org/go/pmc** to access this educational resource.

Understand payment rates, policies before signing a managed care contract with new resources

The AMA has created three educational resources to help physicians evaluate managed care contracts. "**Protect your payment: Key questions to resolve prior to signing a contract purporting to base payment on the Medicare Resource-Based Relative Value Scale (RBRVS) or the Medicare Physician Fee Schedule (MFS)**" explains the various elements of the RBRVS and MFS to help physicians understand which questions they may need to ask managed care organizations about their payment rates and policies before signing or renewing contracts. Because a clear understanding of the physician's payment under each managed care contract is crucial to the initial decision of whether to contract with a specific managed care organization and the physician practice's ability to reconcile claims payment moving forward, the AMA has also created a **one-page checklist** of these questions for physicians to use when evaluating a specific contract. A longer companion piece, "**Fee schedules based on Medicare's Resource-Based Relative Value Scale or the Medicare Physician Fee Schedule**," details the rationale underlying these questions for physicians who are interested in more specifics. Visit **www.ama-assn.org/go/psa** to access these and other contracting resources.

Sign up for the popular new Practice Management Alerts online community

Since the AMA introduced its Practice Management Alerts in November 2009, the free online community for the physician practice has become popular among physicians and their practice staff. The online community more than doubled in December, now hosting more than 1200 individuals. The Practice Management Alerts help physicians and their practices staff position their practices to save time and money by providing timely e-mail alerts that help users stay up to date on unfair payer practices, ways to counter these practices, and practice management resources and tools. Users can also visit the Web site to take action on alerts, share their practice management stories and invite their peers to join. Visit **www.ama-assn.org/go/pmalerts** to sign up today. Federation staff can direct questions to Amy Farouk at **amy.farouk@ama-assn.org** or (312) 464-5490.

AMA GeoMapping initiative provides powerful scope of practice snapshot

In response to claims by non-physicians about "lack of access in rural areas," the AMA GeoMapping Initiative has now completed maps comparing where physicians practice versus where non-physicians practice. The power behind this mapping resource is that a medical society can overlay the physician and non-physician maps to visually demonstrate to lawmakers that non-physicians and physicians tend to practice in the same large urban areas throughout almost every state. This tool, when combined with research from the AMA Scope of Practice Data Series modules, gives medical societies a one-two punch to help defeat inappropriate scope of practice expansions. The AMA Web site now hosts GeoMaps for all 50 states and the District of Columbia for the following non-physician provider groups: advanced practice registered nurses, audiologists, naturopaths, certified registered nurse anesthetists, nurse midwives, optometrists, oral and maxillofacial surgeons, physical therapists, podiatrists and psychologists. Visit **www.ama-assn.org/go/geomaps** to access these maps.

AMA hosts successful 2010 State Legislative Strategy Conference

More than 200 physician leaders and medical society staff attended the AMA's 2010 State Legislative Strategy Conference (SLSC) on January 7–9 in California. In addition to AMA leadership, the SLSC hosted attendees representing 37 state medical associations, 22 national medical specialty societies and the American Osteopathic Association. The SLSC focused on key health care issues that states will likely address in the 2010 legislative sessions, such as state health system reform, private payer reform, scope of practice, medical liability reform and health information technology. The AMA's Advocacy Resource Center launched three new state-based campaigns at this meeting that address: (1) securing meaningful and transparent health care benefits; (2) supporting financing for health care priorities; and (3) truth in advertising by health care providers. Attendees heard presentations on these issues from both leaders in medicine and representatives from the National Association of Insurance Commissioners, the National Governors Association, the National Association of State Budget Officers, the Centers for Disease Control and Prevention, and others. Visit the Advocacy Resource Center Web site **www.ama-assn.org/go/arc** to **download a copy of the 2010 SLSC agenda** and all related documents.

Education on two key physician practice processes at 2010 State Legislative Strategy Conference

At the 2010 State Legislative Strategy Conference, AMA trustees contributed to educational sessions helping physicians tackle two important processes of the physician practice: "Fee schedule analysis: Using your complete practice cost as a guide with AMA PATHTM" and "Heal the Claims ProcessTM: Check-ups for physicians and payers." Both sessions offered Continuing Medical Education (CME) credit, and the sessions were well received by the nearly 50 participants. Dr. Rebecca J. Patchin introduced the first session, which outlined the importance of establishing a well developed and maintained fee schedule within the physician practice and how this can be achieved using AMA PATHTM. This session also explained the impact of the AMA v. UnitedHealth Group (Ingenix) settlement and what it means to physicians and the patients they treat on an out-of-network basis. Dr. Andrew W. Gurman introduced the second session, which focused on the results of the 2009 National Health Insurer Report Card, the AMA's "Heal the Claims Process"TM campaign and how physicians can perform a claims process check-up. Participants also viewed demonstrations of new resources from the AMA Practice Management Center that help physicians with these processes: **AMA PATH**, the **Practice Management Alerts** and the **Claims Workflow Assistant**. Visit **www.ama-assn.org/go/pmc** to access and learn more about these resources.