HCMS Physicians elected to Texas Medical Association

The Harris County Medical Society (HCMS) continued its strong record of providing leadership to the Texas Medical Association (TMA) at TexMed, TMA’s annual meeting May 18-19. Michael E. Speer, MD, a former HCMS president, was sworn in as the new TMA president, and seven of the HCMS nominated candidates for elective office won their elections. All HCMS candidates have been former HCMS or TMA presidents or have served on the HCMS executive board. Lewie E. Foxhall, MD, was re-elected to the TMA Board of Trustees for his second term; and Arlo F. Weltge, MD, Tom Garcia, MD, and William H. Fleming III, MD, were re-elected as Texas delegates to the American Medical Association. Also, Arlo E. Weltge, MD, was elected to his first term as an AMA Alternate Delegate; Diana L. Fite, MD, and Kenneth L. Mattos, MD, were re-elected to their positions as AMA Alternate Delegates. Finally, Mrs. Linda Atkins was sworn in as president of the TMA Alliance for 2012-13. Please thank all of the candidates who gave up their valuable time to run and to serve as TMA’s leaders. Also, thank the delegates and alternate delegates who gave up their Friday and Saturday to attend TexMed and TMA. HCMS had an outstanding attendance, filling all of our voting slots and the entire right side of the House. Thank you all for doing your part in electing HCMS physicians to TMA leadership roles.

HCMS brought 24 resolutions to the House of Delegates. Of these, 14 were adopted, 9 were referred for further study and one was rejected because TMA is already writing on the issue. See page 6 for information on resolutions.

TMB update: New rule adopted

On May 13, 2012, a new Texas Medical Board (TMB) rule was implemented regarding the fee for renewal of licensure. The rule states that licensees who choose to renew their license on paper if online processing is available will be subject to an additional fee of $50 collected by the board. To renew your license online, go to www.tmb.state.tx.us/professionals/online_reges.php

Medicare Corner

Big change in Medicare for Texas

Texas physicians need to begin preparing for a big change to Medicare Fee-for-Service (FFS) now. On Nov. 19, 2012, Texas will no longer have Texas Physicians need to begin preparing for a big change to Medicare Fee-for-Service (FFS) now. On Nov. 19, 2012, new rules and decisions. The new company taking over FFS Medicare in Texas is Novitas Solutions, which is owned by BlueCross BlueShield of Florida.

What does this mean for physicians?

There is some administrative paperwork that must be completed prior to the November implementation to guard against interruption in Medicare payments. Novitas Solutions created a Web site called “Jurisdiction H (JH) Transition” (JH is our CMS region) so that physicians can prepare for the transition. Go to the HCMS Web site at www.hcms.org then click on Business of Medicine then on Medicare for the JH link and information.

Here’s what you need to know now:
1. Any information (i.e., mail, email and fax) that comes to you from Novitas Solutions MUST be treated as priority and be reviewed as soon as possible.
2. Texas physicians will be receiving a letter from Novitas Solutions on approximately July 27 requesting that you complete a new Electronic Funds Transfer (EFT) CMS-588 EFT Authorization Agreement. Read this letter carefully for instructions on completing and returning the EFT agreement. Failure to complete and submit the EFT agreement could result in a delay or interruption of your Medicare payments. As this transition unfolds, more information will be available in the HCMS newsletter, Web site and through HCMS Direct Emails (sign up by going to www.hcms.org then click on News/Choose Your News) HCMS will have an educational campaign on this throughout the summer and fall to prepare our members for the transition. If you have any questions, email paymentadvocacy@hcms.org

Reverse dual-eligible cuts!

Sign the petition at www.hcms.org and call your legislators to reverse the cuts on Medicaid-allowable payments for dual-eligible patients. To raise awareness of the crisis, Texas Medical Association (TMA) launched a Medical Emergency petition drive, has hosted town hall meetings throughout Texas and met with the Texas Legislature.

HCMS Newsletter presented by the HCMS Community Health Improvement & Communications Committee

I heard about the Trust Rewards program and signed up right away. It’s like a nest egg that will distribute funds back to me when I retire, as long as I stay with TMLT. Extra money in my pocket is always welcome.

Ray Callas, MD
Anesthesiologist
in Beaumont, Texas

To enroll or learn about the program, go to www.tmlt.org/trustrewards

Professional Medical Website Design
FREE: Domain, Hosting, Logo, Stationary Design, SEO and Internet Marketing
Complete Design and FREE Practice Video for $1495.00
We design, manage and market websites for doctors and healthcare professionals. We will help you turn your medical practice website into a highly-effective promotional tool that will work for you every day and every minute.

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Complete Design and FREE Practice Video for $1495.00
We design, manage and market websites for doctors and healthcare professionals. We will help you turn your medical practice website into a highly-effective promotional tool that will work for you every day and every minute.

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HCMS Newsletter presented by the HCMS Community Health Improvement & Communications Committee
Medicare enrollment system

Many Harris County Medical Society (HCMS) physicians have been calling with questions regarding their Medicare enrollment applications. Medicare has instituted a process to require enrollment and periodic revalidation in an effort to eliminate fraudulent providers. The process is painful, however, there are actions you can take to ease the pain. I will share with you lessons I have learned and what I suggest you do to get through the process.

The top five Medicare enrollment issues are:

1. The number one issue is following instructions. It is of utmost importance that you or your staff take the time to complete the application correctly. We are all very busy so it is easy to make mistakes when you are taking time away from the money you make the practice run.

2. Step-by-step instructions are available on the HCMS (www.hcms.org) and the Trailler Health Web site (www.trailerhealth.com) on how to complete the paperwork application. There are also other forms that need to be completed along with the application. These instructions are there. Too many forms are for such processes as changing payment from a paper check to the mandate electronic fund transfer (EFT) payment that goes directly to your bank account. The Medicare process is completed correctly.

3. Another issue is the efficiency. If you have an internet connection, do not use the paper application. Use the online application found on the HCMS Web site at www.hcms.org/Template.aspx?templateid=134, which faster. The paper application goes through a scanning process that pulls out the application if an error is found one by one. It does not scan the entire paper document and then pull out errors. If you have multiple errors the process can take months to resolve. The online application will prompt you for information. Take the time to follow the online instructions. There will be other forms outside the online application process (i.e., electronic fund transfer (EFT) form) that must be mailed into the Texas MAC, once an integration is done.

4. This section is dedicated to assisting physicians who have problems after Medicare process is completed correctly. Missouri is faster. The paper application goes through a scanning process that pulls out the application if an error is found one by one. It does not scan the entire paper document and then pull out errors. If you have multiple errors the process can take months to resolve. The online application will prompt you for information. Take the time to follow the online instructions. There will be other forms outside the online application process (i.e., electronic fund transfer (EFT) form) that must be mailed into the Texas MAC, once an integration is done.

5. This is the final issue and is completing the paper and online application. Either complete the paper application or the online application. Do not complete both. This slows the process down due to manual checks and fraud checks to assure that someone is not trying to access the Medicare computer system using your information.

The most common reasons applications are returned are:

• Sections of the application were not signed and dated.
• Internet-based Provider Enrollment (Gov't Medical) statement is not signed and/or dated by the authorized or delegated official for a group/organization application enrollment submission.
• Internet-based Provider Enrollment (Individual) – certification is not signed and/or dated by the individual practitioner applying for enrollment.
• An old version of the application was submitted. The latest versions are found on the lower left side of every page of the applications except the cover sheet. CMS-855 (07/11) individual physician & non-physician; CMS-855A (03/11) instructional provider, CMS-855B (07/11) clinical/government providers and certain other suppliers; CMS-855C (07/11) reassignment of Medicare benefit and CMS-855D (07/11) durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers. The signature is a copied or is a sample signature.
• The applicant failed to submit all forms within the enrollment process package.
• Application was completed in pencil. The paper application must be submitted in blue or black ink or typed.

To ensure your application is processed as quickly as possible, you should:

• Ensure all supporting documentation is submitted with the application.
• Send within the time limit allowed.
• Complete the appropriate application form.
• Take advantage of Internet of Medicare enrollment to enroll faster.

Web site to assist in a successful application submission: Visit the HCMS Web site, www.hcms.org/Template.aspx?templateid=134. This section is dedicated to assisting physicians with all facets of Medicare enrollment and revalidation for Services.

Timeline Frames to Completion of Applications:

<table>
<thead>
<tr>
<th>Step</th>
<th>Reporting Time Frame</th>
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</thead>
</table>
| Step 1: Adverse action | 90 day
| Change in practice location | 15 days
| Tax identification | 30 days
| Authorized/denied of official | 30 days
| Change in payment information | 2 days
| Changes in EFT information | 2 days
| Change of business status | 2 days
| Practice status | 2 days
| Change of benefits | 2 days

This information should help you go through the Medicare enrollment or revalidation process. If you have a question that was not mentioned, notify the HCMS Payment Advocacy Department at paymentadvocacy@hcms.org. I hope that in five years the process becomes smoother and pain free.

We hate lawsuits. We loathe the litigation. We help doctors head off claims at the pass. We track new treatments and analyze medical advances. We are the eyes in the back of your head. We make CME easy, free, and online. We protect good medicine. We are The Doctors Company.

President

To learn more about how we can protect your livelihood and reputation with our medical professional liability program, call (800) 466-2734 or visit us at www.thedoctors.com.

We are hiring!

Family Practice, Pediatrician, Physician Assistant, or Nurse Practitioner needed in the Northwest area. If interested, please send confidential C.V. to: 713-681-6252 or email: cme@hcms.org, or call 832-292-2994.

PEDIATRICIAN: State-of-the-art private practice in upscale, 6000 square foot, free-standing facility seeks energetic, enthusiastic BC/BE pediatrician. We are a highly-educated, affluent population in rapidly-growing West Houston. Paperless office. Outpatient care only. No evening or weekend office hours. No hospital rounds or coverage. Interested physicians may CV to 281-395-4350.

Medical Office Space Pearl: New Clinic, 2800 sq. ft. Exam Rooms, FMW physician looking to sublease 5 Exam Rooms to Podiatrist.

HIV specialist, Dermatologist/OF Subsociety Physician looking to expand practice. Share Lab, Waiting Area, Reception, Break Room. 288 sq. ft., Waterway Creek Ranch. Email info@tm duasmsc@yahoo.com.

We are looking for a clinician to fill an established practice in The Woodlands, TX (77380). Minimally invasive procedures, minimally invasive surgery.

We are seeking a part-time, primary care physician to join an established practice in a rapidly-growing community. Opportunities include: full time".

Physicians.com

Shadow Creek Ranch. Email jobs@UniversalPhysicians.com or call 281-395-4350.

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The Harris County Physician Newsletter (ISSN 60-654-9) is the official publication of the Harris County Medical Society. Offices: 1515 Hermann Drive, Houston, TX 77004-7126, (713) 681-6252. This is the Iowa Edition, published semi-monthly except in January and December. The publication year is 11.25 year per issues. The content of every issue is subject to change. Copyright © 2006. All rights reserved. Harris County Medical Society, 1515 Hermann Drive, Houston, TX 77004-7126.

For sale: Urgent Care Clinic located in northwest area. Must have Class 2 and 3 Schedules. Email all resumes and inquiries to: Dockey@hcms.org.

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We are seeking a part-time, primary care physician to join an established practice in a rapidly-growing community. Opportunities include: full time.". We have an immediate opening for a Family Physician. 2-3 days/half-days per week. Fully equipped, with 3 exam rooms, waiting room, nursing station and patient greeting area. Quiet office building 2 miles east of HV at s 110 at I-10 border. Negotiable terms. Contact: Leslie 713-852-8644, ext. 394, Leslie@hcms.org.

We are seeking a part-time, primary care physician to join an established practice in Katy, TX to join our office. Developing a unique office practice model. Immediate openings. Telemedicine opportunities also available. Email or call for details: jobs@UniversalPhysicians.com or 713-295-4925.

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**July Calendar**

Visit the calendar online at www.hcms.org

Wednesday July 4
HCMS Offices Closed

Thursday July 5
6:30 p.m., Hispanic American Medical Association of Houston, Location: TBA

Tuesday July 10
 Noon, RPO Luncheon, Location: TBD
6:30 p.m., Physicians Organization of Women, Location: TBD

**TexMed 2012: 100+ resolutions**

At TexMed, Texas Medical Association’s (TMA) annual meeting held May 19, TMA House of Delegates faced one of their longest agendas in years as they considered more than 100 resolutions (24 of which were from HCMS) and reports involving medical economics, public health, science, medical education, and association financial and organizational matters. The Delegates voted for policy, which included to:

- Vigorously advocate for the repeal of reductions in Medicaid payments to physicians who treat dual-eligible patients.
- Make Texas smoke free, add more residency slots, and restore funding for the Texas Physician Education Loan Repayment Program and the Statewide Preceptorship Program priorities for the 2013 session of the Texas Legislature.
- Study whether general hospitals in urban counties should have a physician on site to respond to emergencies 24 hours a day, seven days per week.
- Support athletics-participation physicals for Texas schoolchildren only by licensed physicians or their appropriately supervised physician assistants or advanced practice nurses.
- Set policy to make the Medicare Value-Based Purchasing Program fair and financially sound.
- Support efforts to prevent elective deliveries before 39 weeks of gestation.
- Direct TMA to work to require all health professionals to clearly display proper identification.
- Adopt a strong new policy to prevent clinical training opportunities for Texas medical students.
- Oppose expanded distribution of raw milk and raw milk products in Texas.
- Support state programs against distracted driving caused by use of hand-held devices and encourage the legislature to develop “appropriate regulatory actions” to reduce distracted driving.
- Work with the Texas Department of Public Safety to improve the processing of applications for controlled substance licenses.

**HIT Parade**

Avoid 1.5% e-prescribing penalty in 2013

Physicians have until June 30, 2012, to either report to Medicare that each individual physician has written at least 10 electronic prescriptions or apply for a hardship exemption. Physicians who do not meet the June 30 e-prescribing deadline face a 1.5 percent reduction in claims off the Medicare Part B Physician Fee Schedule for 2013.

However, physicians who successfully reported at least 25 claims using the G8553 code at any time during 2011 and earned a 2011 e-prescribing incentive payment, automatically avoid the 1.5 percent e-prescribing penalty for 2013.

Physicians can apply for a hardship exemption online with Medicare if they meet any one of the criteria listed below: Hardship exemptions must be renewed every year. Reasons for the hardship exemption include:

- Inability to prescribe electronically due to local, state or federal law or regulation; or
- Limited prescribing activity;

Note: This hardship only applies if you write a total of less than 100 prescriptions that are not Medicare prescriptions.

- Insufficient opportunities to report the electronic prescribing measure;
- Eligible practices in a rural area without sufficient high-speed Internet access; or
- Eligible practices in an area without sufficient available pharmacies for electronic prescribing.

For instructions on how to file for hardship exemption, go to www.hcms.org and click on Health Information Technology:

**Medicare stops accepting 4010 claims July 1**

Beginning July 1, 2012, all claims must be filed in 5010 format. Claims filed in the 4010 format will be unprocessable or denied. If you are filing claims through a clearinghouse, HCBS has been informed that most will continue to convert your Version 4010 e-claims into Version 5010 until the end of 2012, however, check with your clearinghouse.

**How will the different Medicare penalties and incentives affect my practice?**

Use the HCBS incentive calculator to evaluate penalties and incentives under different scenarios for the various CMS programs including: Physician Quality Reporting System (PQRS), Electronic Prescribing (EP), and “Meaningful Use” of Electronic Records (EHRs). Visit the HCMS Compliance Calendar Web page to keep current on all the different compliance deadlines. Go to, www.hcms.org and click on Health Information Technology to view incentive the calculator and Compliance Calendar Web page.

**Want reminders on approaching Medicare deadlines or info on health insurance?**

Sign up for HCMS Direct Emails and you can choose the topics you want to receive directly in your email. Topics include:

- Practice management & insurance (Your staff may sign up for this one, too);
- HCMS and Texas Medical Center E-Newsletters;
- Legislative issues (Health System Reform and more);
- CMS opportunities;
- Public health issues;
- Health information technology (HIT);
- Health care issues;
- HCMS products and services (discount tickets, mailing labels, etc.).

To sign up for this free email service, go to www.hcms.org and click on News/Child/Bur.

**TMA Leadership Apps Due July 13**

Who will lead Texas medicine into the future? Will it be you? Someone you know or mentor? Applications for the third class in the TMA Leadership College are due July 13. To apply, go to www.texmed.org/ leadership/. The college can put physicians age 40 or under or in the first eight years of practice on the path to becoming a leader for the house of medicine. The program uses organizational education, skills training, mentoring, and guided experiences to develop tomorrow’s physician leaders. The 2012 Leadership College class graduated at TexMed 2012 — and many of them moved immediately into TMA boards, councils, and committees.

**Fun for the whole family! New members & young physician reception at Health Museum**

Tuesday, Aug. 7 at the John P. McGovern Museum of Health & Medical Science (The Health Museum), 1515 Hermann Drive. Let our professional staff entertain your children in the KidSource: Action, June 4, 2012.
Business of Medicine
Creating a practice brochure
Marketing your practice begins the minute a patient calls your office or walks in the door. A critical part of a successful marketing plan is patient communication. Patient brochures are an excellent way of communicating basic office policies and other information to your patients and to referring physicians. Some of the benefits of a practice brochure are:

• It is an excellent, ethical public relations tool that can present your practice in its best possible light.
• It can orient new patients to your practice, including its physicians, their philosophies, and their relationship to the community.
• It educates patients about your practice policies.
• It tells your patients what is expected of them, helping to prevent misunderstanding about your office procedures.
• It encourages you and your staff to re-evaluate your practice policies and procedures, since you will be communicating these to your patients;
• It provides something tangible patients can keep and show to their friends and relatives;
• It can reduce telephone calls by as much as 30 percent.

To create an effective, professional brochure, incorporate the following elements:

1. Understand your audience. Who will receive the information? New and/or established patients? Referring physicians? A targeted list of people in the local area?
2. Determine how you will use the brochure. Will you be mailing it? Will you be handing it out to patients?
3. Decide which brochure best fits the message you want to communicate to your audience.

4. Find a local printing service. To find a printer in your area, go to the HCM S Web site at www.hcms.org/Template and click on the link at the top of the page.

5. Request written quotes from several vendors based on the template you selected.

6. Decide which vendor to use based on: quality, pricing, turn-around time, and other services that are important to you.

7. Use the included text in the sample templates provided by the Texas Medical Association (TMA) as an example for communicating information about your office policies. Use more or less information, but make sure you communicate the information clearly and accurately.

8. Print and save a copy of the template, and a copy of your text.

9. Submit the template and your personalized text to the selected printing service and request a sample copy for your review.

10. Submit final edits to the printer and approval to proceed with the job.

The Texas Medical Association (TMA) has created these three practice brochure templates as helpful guides. To review these templates, go to the HCM S Web site (www.hcms.org) and click on Business/Practice Management section or go to www.hcms.org/Template, aqa3vd.jpg and click on the link at the top of the page.

Super science summer at The Health Museum
Join the John P. McGovern Museum of Health & Science at the Health Museum for some science fun this summer! The Health Museum will host events, even in the midst of the whole family.

• Discovery Camps – Children ages five to 13 may join one of the many Summer Discovery Camps offering a variety of hands-on activities.

• Member-only Events – Every other Tuesday, museum members can participate in exclusive activities. Events include: Dig It!; How Baked Art Text; Family Fits that FITS Food!; Animat True World; and Feel It!

Other activities include: Book Sale; Micro Mem ber IKE!; Coloring Contest, and Photo Fun.

Not a member? Take advantage of the summer sale—$15 off membership purchased now through Aug. 1. For more information or to become a member of The Health Museum, visit www.thehealthmuseum.org.

Candidates for membership
Please note that candidates for HCMS membership can be found by going to the HCMS Web site, www.hcms.org, and clicking on Membership/Members Only in the top margin. Members who have information about these physicians should contact a member of the HCMS Board of Ethics by June 14. Members of the Board of Ethics are: Chair Steven M. Petak, M.D.; Vice-Chair Richard L. Noel, M.D.; Natarajan S. Bala, M.D.; Helen M. Schilling, M.D.; Melissa A. Bogle, M.D.; M. Bruce Christopherson, M.D.; and Mary E. Hewitt, M.D. Call HCMS at 713-524-4627.

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Please note that candidates for HCMS membership can be found by going to the HCMS Web site, www.hcms.org, and clicking on Membership/Members Only in the top margin. Members who have information about these physicians should contact a member of the HCMS Board of Ethics by June 14. Members of the Board of Ethics are: Chair Steven M. Petak, M.D.; Vice-Chair Richard L. Noel, M.D.; Natarajan S. Bala, M.D.; Helen M. Schilling, M.D.; Melissa A. Bogle, M.D.; M. Bruce Christopherson, M.D.; and Mary E. Hewitt, M.D. Call HCMS at 713-524-4627.

Quality Corner
Simple ways to improve patient experience
Providing great patient experiences can help physicians grow their practices by cultivating patient loyalty and retention. When patients receive consistent and satisfying care, they will spread the word, bringing in even more patients. Because of greater trust, patients are more likely to relax and cooperate during procedures, take their medicine, adhere to their care plans, and follow up with their care. All this adds up to healthier patients.

Improving patients’ experiences does not have to be expensive or time-consuming. Here are a few easy suggestions:

1. Provide a patient-friendly office environment
   a. Position your reception desk so that your staff are quick to acknowledge people as they enter.
   b. Have trash receptacles available in your waiting area;
   c. Have easy-to-read clock(s) in reception and exam rooms;
   d. Have a convenient bathroom and drinking water for people in the waiting area and for patients who are gowned;
   e. Have a place for people to put their clothes and personal items when they undress, such as hooks, hangers, shelves, or hampers;
   f. Have an extra chair in the exam room for a family member or companion;
   g. Have the reception area and exam rooms clean and organized;
   h. Have the doors in your office stay open long enough for people to enter and leave before they close.

2. Simple gestures can make your patient feel at ease and makes them feel that you are giving them your undivided attention:
   a. Move to your patient’s level, sit and give quality eye contact;
   b. Face them directly and lean forward slightly to demonstrate your presence;
   c. Paraphrase the patient’s key complaints to let the patient know that you are listening, explain what they can expect and what will happen next; and
   d. Acknowledge the patient’s/compassion’s emotions.

3. Simple gestures from your staff can make your patients feel welcome and safe.
   a. When patients and family members enter the reception area, make eye contact, smile and greet them with a warm voice;
   b. Always acknowledge the patient and keep your patients informed on any delays; Patients are usually okay with waiting if they know why they are a delay.
   c. Watch what you say and where you say it. Ask permission, knock, and talk softly when confidential information is involved; and
   d. Sound pleasant on the phone.

For more information, visit www.hcms.org/quality then click on Print Resources.

Survey on the state of medicine — Let your voice be heard
The Physicians Foundation is surveying you and your 6,500 physician colleagues across the country to determine how satisfied you are with the current state of medicine. The Foundation wants to produce a “state of the union” report on the medical profession that can have a significant impact on both policy and public perceptions.

The state of your practice, your projected career plans, and whether you can continue providing services in light of escalating regulatory and financial burdens. The survey is being conducted by Merritt Hawkins on behalf of The Physicians Foundation, a not-for-profit grant making organization composed of physician and medical society leaders. It is one of the largest and most comprehensive physician surveys ever undertaken in the United States and is intended to give physicians a voice: it may be taken anonymously, or you may include your email address if you would like a full copy of the survey report sent to you.

“The Foundation finds that the medical profession is itself in jeopardy, then urgent message must be heard by both policymakers and the public," said Walker Ray, M.D., vice-president of the foundation and former president of the Medical Association of Georgia. The Physician Direct will receive the results of the survey in August and share them with political leaders, policymakers, and the media nationwide. To receive the survey, go to www.hcms.org for a direct link.

Hot Member Benefit
Need a CME?
Go to the HCMS Web site, www.hcms.org, and click on CME in the top margin. In this section, you can find links to local and online courses, American Board of Medical Specialties requirements from the Texas Medical Board and link to view your CME transcripts.

Public Health Focus
Are you prepared for a disaster?
Hurricane season began June 1. Disaster planning is something that physicians cannot afford to put off. Your patients, your staff and your office will need a disaster plan to survive the next hurricane. The Physicians Foundation has created a survey that gathers important information about your practice so that your patients can receive significant attention during a disaster and then gets pushed to the back burner when all is well. The challenge is to take a serious look at your practice’s disaster plan — or lack of one — before a disaster strikes. Having an emergency preparedness plan will not stop a disaster, but it will certainly help you and your staff deal more effectively with the challenges a disaster can bring. Hurricane Ike was a lesson in that one that serves to emphasize the importance of preparing for an emergency. HCMS has detailed information on preparing your practice and patients for a disaster. Go to www.hcms.org/Template and click on Community Health Resources/Disaster Preparedness. Make sure HCMS has your correct fax number and email address in the HCMS Physicians Alert System by clicking headline and updating (www.hcms.org/Template.aspx?tknr=1761).

HCMS uses the Physicians Alert System to contact physicians in the event of a major community health problem or disaster, such as a flood, hurricane or communicable disease. In the past, HCMS has used the Alert System to contact physicians to volunteer during Katrina, let physicians know of services available after Ike, and give physicians guidance on epidemics, such as H1N1. Utilize this tool and make sure HCMS has your correct information.

Source: TMA
Presented by the HCMS Community Health Improvement & Communications Committee

5
Business of Medicine
Creating a practice brochure
Marketing your practice begins the minute a patient calls your office or walks in the door. A critical part of a successful marketing plan is patient communication. Patient brochures are an excellent way of communicating basic office policies and other information to your patients and to referring physicians. Some of the benefits of a practice brochure are:

• It is an excellent, ethical public relations tool that can present your practice in its best possible light;

• It can orient new patients to your practice, including its physicians, their philosophy, and their relationship to the community;

• It educates patients about your policies;

• It tells your patients what is expected of them, helping to prevent misunderstanding about your office procedures;

• It encourages you and your staff to re-evaluate your practice policies and procedures, since you will be communicating these to your patients;

• It provides something tangible patients can keep and show to their friends and relatives; and

• It can reduce telephone calls by as much as 30 percent.

To create an effective, professional brochure, incorporate the following elements:

1. Decide which vendor to use based on: quality, pricing, turn-around time, and other services that are important to you.

2. Simplicity can make your patients feel at ease and makes them feel that you care about their health.

3. Provide a patient-friendly office environment

4. Turn-around time: a few outstanding photographs or illustrations are better than lots of little ones.

5. Provide detailed information about each physician and the special services your practice provides.

6. Explain your appointment, billing and insurance, and telephone policies. Cover such matters as missed appointments, prescription refills, emergency calls, and test result calls;

7. Use color or graphics to highlight important elements such as office hours and services offered;

8. Include a map and directions to the practice.

Do not skimp on quality because the look and feel of the brochure reflects the professionalism of your practice. Some practices have two brochures. One is strictly for promotional purposes and does not discuss any financial systems, collections, or compliance issues. Its purpose is to attract new patients, perhaps through a direct-mail campaign, and to introduce patients to your practice. The second brochure is for new and current patients and contains all financial system information and details of use. This information to help you in creating a brochure.

1. Understand your audience. Who will receive the information? New and or established patients? Referring physicians? A targeted list of people in the local area?

2. Determine how you will use the brochure. Will you be mailing it? Will you be handing it out to patients?

3. Decide which brochure best fits the message you want to communicate to your audience.

4. Find a local printing service. To find a printer in your area, go to the HCMS Web site at www.hcms.org and click on Design-Printerfavorite then Practice Resources.

5. Request written quotes from several vendors based on the template you selected.

6. Decide which vendor to use based on: quality, pricing, turn-around time, and other services that are important to you.

7. Use the template included in the sample templates provided by the Texas Medical Association as an example for communicating information about your practice. Use more or less information, but make sure you communicate the information clearly and accurately.

8. Print and save a copy of the template, and a copy of your text.

9. Submit the template and your personalized text to the selected printing service and request a sample copy for your review.

10. Submit final edits to the printer and approval to proceed with the job. The Texas Medical Association’s (TMA) has created three practice brochure templates as helpful guides. To review these templates, go to the HCMS Web site (www.hcms.org) and click on Business of Medicine/Practice Management section or go to www.hcms.org/Template.aspx?dd=13 and click on the link at the top of the page.

Super science summer at The Health Museum
Join the John P. McGovern Museum of Health & Biomedical Sciences at The Health Museum for some science mania this summer! The Health Museum will host contests, events and a whole family fun.

• Discovery Camps – Children ages five to 13 may join one of the many Summer Discovery Camps offering a variety of hands-on fun.

• Member-only Events – Every other Tuesday, museum members can participate in exclusive activities. Events include: Dig It!; Why Bacteria Are Fun; Family Fitos That FITS!; Animat True World; and Flea! Other activities include: Book Sale; Micro Member make one!; Coloring Contest, and Photo Fun.

Not a member? Take advantage of the summer sale – $15 off every membership purchased now through Aug. 1. For more information or to become a member of The Health Museum, visit www.thehealthmuseum.org.

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Improving patients’ experiences does not have to be expensive or time-consuming. Here are a few easy suggestions:

1. Provide a patient-friendly office environment
   a. Position your reception desk so that your staff are quick to acknowledge people as they enter;
   b. Have trash receptacles available in your waiting area;
   c. Have easy-to-read clock(s) in reception and exam rooms;
   d. Have a convenient bathroom and drinking water for people in the waiting area and for patients who are greeted;
   e. Have a place to put people’s clothing when they remove personal items when they undress, such as hooks, hangers, shelves, or hamper;
   f. Have an extra chair in the exam room for a family member or companion;
   g. Have the reception area and exam rooms clean and organized;
   h. Have the doors in your office stay open long enough for people to enter and exit;
   i. Use a smile and greet them with a warm voice;
   j. Always acknowledge the patient and keep your patients informed on any delays;
   k. Patients are usually okay with waiting if they know why they are a delay;
   l. Watch what you say and where you say it.

2. Simple gestures can make your patient feel at ease and makes them feel that you are giving them your undivided attention.

a. Move to your patient’s level, or;

b. Acknowledge the patient’s emotions.

3. Simple gestures from your staff can make your patients feel welcome and safe.

a. When patients and family members enter the reception area, make eye contact, smile and greet them with a warm voice;

b. Always acknowledge the patient and keep your patients informed on any delays;

4. Patients are usually okay with waiting if they know why they are a delay.

5. Sound pleasant on the phone with your patients

For more information, visit www.hcms.org/quality then click on Patient Experience.

Hot Member Benefit
Need a CME?
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Public Health Focus
Are you prepared for a disaster?
Harris County season began June 1. Physician practices are always well prepared to receive significant attention during a disaster and then gets pushed to the back burner when all is well. The challenge is to take a serious look at your practice’s disaster plan - or lack of one - before a disaster strikes. Having an emergency preparedness plan will not stop a disaster, but certainly will allow your practice to deal more effectively with the challenges a disaster can bring. Hurricane Ike was a large lesson to one that serves the importance of preparing for an emergency.

HCMS has detailed information on preparing your practice and patients for a disaster. Go to www.hcms.org/Template.aspx?id=37 and click on Community Health Resources/Disaster Preparedness. Make sure HCMS has your correct fax number and email address in the HCMS Physician Alert System by clicking headline and updating (www.hcms.org/Templates/AlertProcess.aspx?pkftrn=1761).

HCMS uses the HCMS Physician Alert System to contact physicians in the event of a major community health problem or disaster, such as a flood, hurricane or communicable disease. In the past, HCMS has used the Alert System to contact physicians to volunteer during Katrina; let physicians know of volunteer opportunities; and make physicians aware of the Alert System to contact physicians to volunteer.

Presented by the HCMS Community Health Improvement & Communications Committee

Survey on the state of medicine — Let your voice be heard
The Physicians Foundation is surveying you and your 65,000 physician colleagues across the country to determine how satisfied you are with the current state of medicine. The Foundation wants to produce a “state of the union” report on the medical profession that can have a significant impact on both policy and public perceptions.

The state of your practice, your mosaic of career plans, and whether you can continue providing services in light of escalating regulatory and financial burdens. The survey is being conducted by Merritt Hawkins on behalf of The Physicians Foundation, a not-for-profit grant making organization composed of physician and medical society leaders. It is one of the largest and most comprehensive physician surveys ever undertaken in the United States and is intended to give physicians a voice. It may be taken anonymously, or you may include your email address if you would like a full copy of the survey report sent to you.

If the survey indicates that the medical profession itself is in jeopardy, then that urgent message must be heard by both policymakers and the public,” said Walker Ray, M.D., president of the Physicians Foundation. “This survey will reach virtually every practicing doctor in the country with an email address. We need a huge response so that the voices of physicians can be heard loud and clear.”

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For more information, visit www.hcms.org and click on Community Health Resources/Disaster Preparedness. Make sure HCMS has your correct fax number.

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Harris County Physician Newsletter / June 15, 2012 / www.hcms.org
TexMed 2012: 100+ resolutions

At TexMed, Texas Medical Association’s (TMA) annual meeting held May 19, TMA House of Delegates faced one of their longest agendas in years as they considered more than 100 resolutions (24 of which were from HCMS) and reports involving medical economics, public health, science, medical education, and association financial and organizational matters. The Delegates voted for policy, which included:

• Vigorously advocate for the repeal of reductions in Medicaid payments to physicians who treat dual-eligible patients;
• Make Texas smoke free, add more residency slots, and restore funding for the Texas Physician Education Loan Repayment Program and the Statewide Preceptorship Program priority for the 2013 session of the Texas Legislature;
• Study whether all hospitals in urban counties should have a physician on site to respond to emergencies 24 hours a day, seven days per week;
• Support athletics-participation programs for Texas schoolchildren only by licensed physicians or their appropriately supervised physician assistants or advanced practice nurses;
• Set policy to make the Medicare Value-Based Purchasing Program fair and financially sound;
• Support efforts to prevent elective deliveries before 39 weeks of gestation;
• Direct TMA to work to require all health professionals to clearly display proper identification;
• Adopt a strong new policy to prevent clinical training opportunities for Texas medical students;
• Oppose expanded distribution of raw milk and raw milk products in Texas;
• Support state programs against distracted driving caused by use of hand-held devices;
• Support the Texas Advanced Multi-Healthcare Hospital Network;
• Support the Texas Education Agency in its mission to increase access to dual-eligible care.

The TMA’s Board of Councilors (Board) serves as the ethical policy-making body of the TMA. One of its functions is to make decisions regarding questions of medical ethics. The Board covers a wide range of topics from hospital issues to health facility ownership, and represents a collective judgment in those matters that are intended to aid physicians in their decision making.

The Board renders opinions in response to various inquiries including requests from members and their understanding of current events affecting the practice of medicine. Opinions are based on the American Medical Association (AMA) Principles of Medical Ethics, current law, and the Board of Councilors’ authority to investigate the general ethical conditions pertaining to the practice of medicine in Texas. Opinions of the Board serve as the guidance for the Texas physician to responsible professional behavior, and supplement the Current Opinions of the Board of Councilors on ethical and judicial affairs.

Want reminders on approaching Medicare deadlines or info on health insurance?

Sign up for HCMS Direct Emails and you can choose the topics you want to receive directly in your email. Here are a few categories included:

• Practice management & insurance (Your staff may sign up for this one too);
• HCMS and Texas Medical Center E-Newsletters;
• Legislative issuers (Health System Reform and more);
• CME opportunities;
• Public health issues;
• Health information technology (HIT);
• Health care costs;
• HCMS products and services (discount tickets, mailing labels, etc.).

To sign up for this free email service, go to www.hcms.org and click on NCMS/璋eousBar News.
Medicare enrollment system

Many Harris County Medical Society (HCMS) physicians have been calling with questions regarding their Medicare enrollment applications. Medicare has instituted a process to require enrollment and periodic updates as an effort to eliminate fraudulent providers. The process is painful; however, there are actions you can take to ease the pain. I will share with you lessons I have learned the hard way and walk through the process.

The top five Medicare enrollment issues are:

1. The number one issue is following instructions. It is of utmost importance that you or your staff take the time to complete the application correctly. We are all very busy so it is easy to make mistakes. The ideal time is to sit down and spend time and money in the process. Step-by-step instructions are available on the HCMS (www.hcms.org) and the TrailBlazer Health Web sites (www.trailblazerhealth.com) on how to complete the paper application. There are also other forms that need to be completed along with the application. These instructions are there, too. These forms are for such processes as changing payment from a paper check to the mandated electronic fund transfer (EFT) payment that goes directly to your bank account. By Medicare using the entire process is completed correctly.

2. The second issue is how efficiently your流水号 have in your internal connection, do not use the paper application. Use the online applications found on the HCMS Web site at www.hcms.org/Template.aspx?id=134, which is faster. The paper application goes through a scanning process that pulls out the application if an error is found one by one. It does scan the entire paper document and then pull out errors. If you have multiple errors in the process can take months to resolve. The online application will prompt you for information. Take the time to follow the online instructions. There will be other forms outside the online application process (i.e., electronic fund transfer (EFT) form) that must be mailed into the Texas Medical Board, minus an integrated signature.

3. This instruction is on the EFT form. There are reminders at the end of the process about the other forms that are needed to complete the process.

4. The third issue is responding in a timely manner. When you or your staff receive a piece of mail from the Texas Medicine Traillinker Health, the new Texas MAC as of November 19, 2012, Novermber Solutions, the Centers for Medicare and Medicaid Services (CMS) or Health & Human Services, it is imperative that you open it immediately. Put processes into place so that all payment mail, especially Medicare and Medicaid, will be opened in the day it arrives. If you receive a validation letter (Medicare now requires validation of your Medicare information every five years) you have 60 days to complete the process or you will be disconnected from the Medicare system.

5. The fourth issue is in sending in the wrong application form. Some physicians have their third-party billing start the process and complete most of the information. Please make sure your staff is reviewing the correct application. To make the process more efficient, it is imperative that you or your staff take the time to assure that the application is correct before sending it to Medicare. If not, this is going to delay the process, and in turn, delay payment. Explanation of the different applications is below.

6. The fifth issue is completing both the paper and online application. Either complete the paper application or the online application. Do not complete both. This slows the process down due to manual checks and fraud checks to assure that someone is not trying to access the Medicare computer system using your information.

The most common reasons applications are returned are:

- Sections of the application were not signed and dated.
- Internet-based Provider Enrollment (Government) registration statement is not signed and/or dated by the authorized or delegated official for a group/or organization enrollment application submission.
- Internet-based Provider Enrollment (Individual) – certification is not signed and/dated by the individual practitioner applying for enrollment.
- An old version of the application was submitted. The latest versions are found on the lower left side of every page of the applications except the cover sheet, CMS-855 (07/11) individual physician/non-physician, CMS-855A (03/11) instructional provider, CMS-855B (07/11) clinical groups/practices and certain other providers; CMS-855C (07/11) reassignment of Medicare benefit and CMS-855D (07/11) durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) suppliers.
- The signature is a copied or is a sample signature.
- The application failed to submit all forms in the enrollment process package.
- Application was completed in pencil. The paper application must be submitted in blue or black ink or typed.

To ensure your application is processed as quickly as possible, you should:

- Ensure all supporting documentation is submitted with the application.
- Send within the time limit allowed.
- Complete the appropriate application form.
- Take advantage of Internet-based enrollment in enrolled Medicare providers.
- Submit your application.

Web site to assist in a successful application submission: www.hcms.org.

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Medicare enrollment information:

Explanation of the different applications is below.

To learn more about how we can protect your liability and reputation with our medical professional liability program, call (800) 466-2734 or visit us at www.meddoctors.com.

We hate lawsuits. We loathe litigation. We help our doctors head off claims at the pass. We track new treatments and analyze medical advances. We are the eyes in the back of your head. We make CME easy, free, and online. We protect good medicine. We are The Doctors Company.

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Seeking Physicians for staff and Medical Director positions!

OB/GYN: FP. OB/GYN needed for Urgent Care locations in Southern California. 12 hour shifts, no nights, no call, no overhead and flexible scheduling. Must be dedicated to getting patients back to better and are looking for someone who provides compassionate and evidence-based care to patients in urgent care settings. This is a great opportunity for someone who loves caring for patients and seeking for doctors to grow with our company. Excellent compensation, bonus, benefits package, location and CME reimbursement and paid malpractice insurance.

Contact: Julie Shemol at 713-961-4032 or send your CV and letter of interest to doctors@msrcc.com.

For Sale: Urgent Care Clinic Located in NW Houston (1906) Area. Great opportunity for physicians interested in Primary Care... Must HAVE MEDICAL SKILLS IN EMERGENCIES and experience in Chronic and Intratable Pain. Must have CLASS 2 and 3 Schedules. Email all resumes and inquiries to: Dockey@ball.com

Medical Office Space in Memorial on I-10 corridor for rent 2-1/2 days/day a few weeks. Fully equipped, with 3 exam rooms, waiting room, nurse’s station and patient greeting area. Office building 2 miles east of Memorial. On south I-10 feeder road. Negotiable terms. Contact: Leslie 713-852-0864, ext. 394. Leslie@emedcm.com


drussaji@yahoo.com.

We serve a highly-educated, affluent population in the southeast area of Houston. We have a nice work environment with full laboratory and x-ray facility. We are a full-service family practice with great salary and benefits. Please contact Martin Yalovitch, MD at 713-454-1100 or by email at myalovitch72@hotmail.com.

Seeking a progressive family practitioner with an established practice in Katy, TX to join our office. Developing a new office practice requires a full-time standing office staff. Group will consist of a Family Practice, Dermatology, Office-based OP, and Family Physician Aest. Must be open to concepts of bio-identical hormones, wellness & weight loss, & improving patients quality of life. Call 713-756-5900 or drbt@aol.com.

We have positions throughout the Houston area. If interested, please send confidential C.V. to 713-681-8520 or email chle196@gmail.com, or call 713-922-5946.

We have locations throughout the Houston area and offer competitive pay. Interested practitioners should contact Dr. Naz Keshwani via email drnaz@aol.com or by phone at 713-201-8951.

We have a position for a Family Physician who is looking to join our practice. This is a busy, multi-location group with about 4 physicians and 2 PA's. We are located in the southeast area of Houston. We have a nice work environment with full laboratory and x-ray facility. We have a nice patient population. Salaries are competitive.

To learn more about how we can protect your liability and reputation with our medical professional liability program, call (800) 466-2734 or visit us at www.meddoctors.com.

We will now discuss the three categories of Medicare enrollments.

Fee-for-service (FFS), Part B, and Medicare assignment. FFS is the traditional fee-for-service system in which physicians submit claims on a claim form. The Medicare assignment system was put into place in 1983 to encourage providers to accept Medicare patients while receiving payment from Medicare. In this system, the provider sends Medicare the claim, and Medicare pays the provider. Medicare HIT incentive program, which promotes the adoption and meaningful use of health information technology to improve the quality and efficiency of care. Medicare HIT incentive program, which promotes the adoption and meaningful use of health information technology to improve the quality and efficiency of care. Medicare HIT incentive program, which promotes the adoption and meaningful use of health information technology to improve the quality and efficiency of care. Medicare HIT incentive program, which promotes the adoption and meaningful use of health information technology to improve the quality and efficiency of care.
HCMS Physicians elected to Texas Medical Association

HCMS physicians take on new positions at the TMA. Pictured left to right are: Arlo F. Weltge, MD, alternate delegate to the AMA; Michael E. Speer, MD, president of TMAM, and Lewis E. Emshel, MD, TMA Board Trustee. See story below for a list of HCMS physicians and go to page 6 for TMA resolutions.

The Harris County Medical Society (HCMS) continued its strong record of providing leadership to the Texas Medical Association (TMA) at TexMed, TMA’s annual meeting May 18-19. Michael E. Speer, MD, a former HCMS president, was sworn in as the new TMA president, and all seven of the HCMS nominated candidates for elective office won their elections. All HCMS candidates have been former HCMS or HAM presidents or have served on the HCME executive board. Lewis E. Emshel, MD, was re-elected to the TMA Board of Trustees for his second term and Robert Morrow, MD, Tom Garcia, MD, and William H. Fleming III, MD, were re-elected as Texas delegates to the American Medical Association. Also, Arlo F. Weltge, MD, was elected to his first term as an AMA Alternate Delegate, Diana L. Fitte, MD, and Kenneth L. Mattox, MD, were re-elected to their positions as AMA Alternate Delegates. Finally, Mrs. Linda Adkins was sworn in as president of the TMA Alliance for 2012-13.

Please thank all of the candidates who gave up their valuable time to run and to serve as TMA’s leaders. Also, thank the delegates and alternate delegates who gave up their Friday and Saturday to attend TexMed in Dallas. Thank you all for doing your part in electing HCMS physicians to TMA leadership roles.

HCMS brought 24 resolutions to the House of Delegates. Of these, 14 were adopted, 9 were referred for further study and one was rejected because TMA is already writing on the issue. See page 6 for information on resolutions.

HCMS Newsletter presented by the HCMS Community Health Improvement & Communications Committee

TMB update: New rule adopted

On May 13, 2012, a new Texas Medical Board (TMB) rule was implemented regarding the fee for renewal of licensure. The rule states that licensees who choose to renew their license on paper if online processing is available will be subject to an additional fee of $50 collected by the board.

To renew your license online, go to www.tmb.state.tx.us/professionals/online_regis.php

Medicare Corner

Big change in Medicare for Texas

Texas physicians need to begin preparing for a big change to Medicare Fee-for-Service (FFS) now. On Nov. 19, 2012, Texas will no longer have TRAILBlazer Health as its Medicare Administrative Contractor (MAC) for FFS Medicare. The Medicare MAC pays FFS claims and determines local coverage decisions. The new company taking over FFS Medicare in Texas is Novitas Solutions, which is owned by BlueCross BlueShield of Florida.

What does this mean for physicians?

There is some administrative paperwork that must be completed prior to the November implementation to guard against interruption in Medicare payments. Novitas Solutions created a Web site called “Jurisdiction H (JH) Transition” (JH is our CMS region) so that physicians can prepare for the changeover. Go to the HCMS Web site at www.hcms.org then click on Business of Medicine then on Medicare for the JH link and information.

Here’s what you need to know now:

1. Any information (i.e., mail, email and fax) that comes to you from Novitas Solutions must be treated as priority and be reviewed as soon as possible.

2. Texas physicians will be receiving a letter from Novitas Solutions on approximately July 27 requesting that you complete a new Electronic Funds Transfer (EFT) CMS-588 EFT Authorization Agreement. Read this letter carefully for instructions on completing and returning the EFT agreement. Failure to complete and submit the EFT agreement could result in a delay or interruption of your Medicare payments. As this transition unfolds, more information will be available in the HCMS newsletter, Web site and through HCMS Direct Emails (sign up by going to www.hcms.org then click on News/Choose Your News) HCMS will have an educational campaign on this throughout the summer and fall to prepare our members for the transition. If you have any questions, email paymentadvocacy@hcms.org presented by the HCMS Board of Ethics.

Reverse dual-eligible cuts!

Sign the petition at www.hcms.org and call your legislators to reverse the cuts on Medicaid-allowable payments for dual-eligible patients. To raise awareness of the crisis, Texas Medical Association (TMA) launched a Medical Emergency petition drive, has hosted town hall meetings throughout Texas and met with the Texas Legislature.