Caring for patients in a time of change – Medicine’s 2017 Texas legislative agenda

For physicians, health care is all about the patient. That’s why we go to medical school, suffer through years of residency and fight with payers on a daily basis. We do it because we care about our patients. The patient-physician relationship is unique in our culture and every two years we get a chance to go to Austin and fight for those issues which will improve the healthcare system to maintain that relationship.

In 2017, Texas physicians will be heading to Austin to fight for our patients, our profession and our practices. The following are just a few of the priority issues which will be on Texas medicine’s agenda.

- **Transparency/Balance Billing** – We knew the 2013 session transparency/surprise billing would be a significant issue and we’ve spent much of the interim addressing it with our voluntary Charge Transparency Program. Thanks to your participation, we have confirmed that over sixty percent of our active members are being transparent with their patients. Our primary objective has been to show Austin lawmakers they don’t have to take drastic measures against physicians like banning balance billing. We voluntarily disclose our charges to our patients. Now the pressure is on the health plans and the hospitals to show their willingness to provide transparent information. In addition, we will be pushing for proper enforcement of our network adequacy laws, additional requirements for educating consumers and provisions to require plans to credit more patient expenditures for out-of-network services back to a patient’s network deductible.

- **Scope of Practice** – Next year all of the licensing agencies will be up for their required Sunset review. This means that many mid-level licensed health care professionals will be seeking to increase their scope of work. Many health care professionals argue Texas has a physician shortage and their answer is to allow non-physicians to practice medicine, independent of physician supervision. This is not the way to provide the best care for more Texans. In 2013, we worked with the APNPs and FAs to pass a law that defined a collaborative, delegated practice model based on the concept of the physician-led medical team. This is the model which works best for Texas patients and it needs to be strengthened, not abandoned. We also will closely monitor the Sunset review of the Texas Medical Board.

- **Increasing Health Care Access** – This is not about Obamacare – it’s about providing access to care to those who are sick. It’s about having taxpayers’ money to keep people who are looking for primary care out of the Emergency Department. Our current model is not working and the local health care safety nets are crumbling. If the state is not going to step in and do something, we need to work with local governments and the local health care community to develop local solutions. We have successful models of collaboration in our many 1115 Waiver projects and we need to utilize those experiences to demonstrate to state budget makers that local pilot projects are worth the investment of state dollars.

- **Telemedicine** – Throughout history, physicians have been on the cutting edge of technology. Today, hundreds of companies are creating products that use remote communications in health care settings. Nothing will ever take the place of a face-to-face contact with a physician but many of these advanced technological products make great tools to enhance remote communication. However, as physicians, our first duty is to our patients and we must evaluate all applications of telemedicine to determine if they enhance the care of the patient and are medically safe. In this next session, the TMA will continue to support TMB rules that require the establishment of a satisfactory physician-physician relationship. Physicians also will look at proposals to expand the types of services available to patients through telemedicine and the payment for these services.

- **Protecting Tort Reform** – In 2003, the Texas Legislature passed sweeping liability reforms to combat health care lawsuit abuse, reverse exploding liability insurance premiums, and ensure Texans’ access to care. Those reforms centered around a $250,000 cap on non-economic damages. History has shown those reforms are successful. Frivolous lawsuits against physicians have declined dramatically. Texas has attracted record numbers of new physicians to our state, particularly in high-risk specialties such as emergency medicine, obstetrics, neurosurgery and pediatric intensive care. Organized medicine will once again take up the charge to educate new legislators about the tremendous benefits of our tort reform laws and will work to defeat any bill that seeks to weaken them.

Answer the Call

The issues listed above are just a small sampling of those we will be addressing this next legislative session and we will need your help to be successful. We need you to stay informed about our issues and to answer the call to action when it is made. I also need you to circle four dates on your 2017 calendar: February 7, March 7, April 4 and May 2. These are the dates of First Tuesdays on the Capitol. This is your opportunity to come to Austin with your fellow physicians and make your voice heard. HCMC staff will make appointments with our local legislators and their staff and will provide you with briefing materials.

When you show up on First Tuesday morning, the TMA lobby staff will tell you everything you need to know to make Medicine’s case on the critical issues of the day. To learn more, visit the First Tuesdays website, www.texmed.org/firsttuesdays. See you in Austin!
Telemedicine work, flexible hours, immediate opportunity once credentialed. Requires Texas MD license, BC/BE in primary care, emergency care, or psychiatry. $120 per hour on average. Please contact Lily at physician@drsays.org or 713-589-9159 (email preferred).

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Dec 3-4, Saturday
TMA Advocacy Retreat, Deer C ron Creek Ranch & Spa, 8121 Barcl ton C lub Dr. (Austin)

Dec 2, Friday
7 p.m., Houston M edical Forum Gala, Hilton Houston Post Oak, 2001 Post Oak Blvd.

Dec 5, Monday
6:30 p.m., Houston Opthalmological Society, Location: TBA

Dec 6, Tuesday
4:30 p.m., Houston Podiatric Society – Holiday Party, Location: TBA

Dec 7, Wednesday
6:30 p.m., Houston Society of C linical Pathalogy – Holiday Party, Location: TBA

Dec 8, Thursday
6:30 p.m., Houston Society of Plastic Surgeons, Location: TBA

6:30 p.m., Texas C oast G astroenterological Society, Trevisio, 6550 Bertner Ave.

December Calendar
Visit the calendar online at www.hcms.org

Dec 9, Friday
6:30 p.m., HCMF M edicine Night out, 10401 Towne C reek, Houston

Dec 10, Saturday
11 a.m., RSVP Luncheon, The Briar Club, 2603 Timbrook Ln.
6:30 p.m., Houston Infectious Diseases Society, Location: TBA

Dec 14, Wednesday
6:30 p.m., Harris County Academy of Family Physicians, Pavilion, Club 1251, 1251 Louisiana St, 10th Floor

Dec 23, Friday
Christmas Eve Holiday – HCMS Offices Closed

Dec. 24, Saturday
Christmas Eve

Dec. 25, Sunday
Christmas Day

Dec. 29, Saturday
New Year’s Eve Holiday

Dec. 30, Sunday
New Year’s Day

Dec. 31, Monday
New Year’s Day Holiday – HCMS Offices Closed

In Memoriam
Phillip R. Adams, M.D., a thoracic and general surgeon, died on Sept. 24. He had been a member of HCMS since 1983.

Eric G. Comstock, M.D., an occupational medicine, medical toxicology and preventive medicine physician died on Sept. 28. He had been a member of HCMS since 1965.

Pedro Guana, M.D., a physical medicine and rehabilitation physician, died on June 5. He had been a member of HCMS since 1976.

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For more information, visit www.hcms.org and click on the Auto Program box, or call Program Director Phil Hornbeck at 713-843-7185.

Business of Medicine: Billing for Locum Tenens

A locum tenens physician is a substitute physician that takes over temporarily for the regular physician when they are unable to be present in the office for reasons such as illness, pregnancy, continuing education, and etc. Under Medicare Guidelines, a locum tenens physician may provide services to patients for a maximum of 60 days, continuously. Currently, the only exception to the 60-day limit is when a physician has been called to active military duty. When billing for locum tenens services, the physician must not be employed by the hospital. Charges for services not paid by insurance (0% of charges) would be billed under the regular physician’s Name, National Provider Identifier (NPI), and Tax Identification Number (TIN). The claim must also be billed with a Q modifier to report that services were furnished by a locum tenens physician. For more information, email paymentadvocacy@hcms.org.

Presented by HCMS Board on Socioeconomics

New Quality Payment Program rules

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payment adjustment in 2019 and offer a higher positive adjustment based on scoring results.

4. Participate as a Qualified Participant (QP) in an Advanced APM and be exempt from MIPS and quality for a 5 percent bonus payment in 2019. There is also a subset of physicians who will be exempt from MIPS entirely.

• Physicians in their first year of Medicare Part B participation.

• Physicians who fall below the low volume threshold - Medicare allowed charges less than or equal to $30,000 OR provides care for 100 or fewer Medicare patients in one year.

• Certain participants in Advanced Alternative Payment Models.

Along with these flexible reporting options, many additional changes were made to the final rule. Below are some of these main changes by performance category:

• Quality - Physicians are required to report on six measures, or a specialty measure set, one of which must be an outcome measure or if unavailable a high priority measure. For the proposed cut-off, proposed measure cut-off was eliminated. The weight of this category increased to 60 percent.

• Clinical Practice Improvement Activities (CPIAs) - CPIA reduced the total points for full credit to 40, which would include either two 20-point high-weighted activities, four 10-point medium-weighted activities or a combination. This requirement is cut in half, for small, rural practices and non-patient-facing clinicians. The weight of this category is 15 percent.

• Advancing Care Information (ACI) - There is a reduction in the number of measures, four in 2017 and five in 2018. These measures make up the Base Score and must be reported to receive full base score as well as an overall ACI score. An additional nine measures are available to gain additional points in the Performance Score (the score above the base score). The weight of this category is 25 percent.

• Cost (previously Resource Use) - The new policy reduced weighted reduction of zero percent in 2017 and will therefore not be counted towards composite score.

• Advanced APM - The final rule eliminated the requirement for “marginal risk” and minimum loss ratio” and retained only the requirement for total risk for Medicare APMs. The final rule also states that 50 percent of participants in the Advanced APM are required to use certified EHR technology (CEHR) in 2017. For more information regarding MIPS and APMs visit the Physicians Resources Website at http://bit.ly/AfexV2, as well as the events page at http://bit.ly/2faU5Vw to participate in educational webinars on QPP and MACRA.

Additionally, HCMS encourages physicians to join TFMQ’s QIN Performance Improvement Initiatives at no cost, to receive information about tools and resources to help providers improve processes and performance.

Source: Centers for Medicare & Medicaid Services (CMS)
Presented by the HCMS Board of Socioeconomics & Health Care Quality Committee

Medicare Corner
TMA hosts MACRA Seminar

TMA is hosting a live MACRA Seminar titled MACRA and Medicare: Get Clarity and Direction. The cost for members is $49, and non-members is $249. To register, go to http://bit.ly/2fExEuX.

Dec. 6, 2016
1 p.m. – 4:15 p.m.
Methodist Willowbrook Hospital
18220 Tomball Hwy (Highway 249)
Houston, TX 77090

If you are unable to attend the live event, register for the live webcast on Nov. 30, 2016 at http://bit.ly/AfexCgY.

Nov. 30, 2016
9 a.m. – 12:30 p.m. (central)

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