HIT Parade
Are you ready? June 30 eRx deadline

There are two ways to avoid a 2 percent e-prescribing (eRx) penalty on your 2014 Medicare Part B services:

1. Each physician successfully reports 10 eRx events (traditional fee-for-service patients only) via claims using the G8553 code from Jan. 1, 2013 - June 30, 2013;
2. If each physician successfully reported at least 25 claims using the G8553 code at any time during 2012 and earned a 2012 eRx incentive payment.

Was your eRx accepted?

If you are not sure if you have met the eRx claims submission requirement, use the information below to make sure your reporting was accepted into the Medicare claims database, National Claims History (NCH):
1. Review the Remittance Advice (RA)/EOB for the claims submitted.
2. Look for the N365 standard remark code on your RA/EOB form, this denial code will be Medicare’s acknowledgment that you have reported an eRx event.
3. When using the G8553 code, add $0.01 to the fee. The fee will be denied for payment, but will pass through the claims processing system to the NCH database.

For more information, go to www.hcms.org and click on Health Information Technology and then E-prescribing.

To receive email reminders on upcoming deadlines or important developments in HIT, sign up for HCMS Direct by going to www.hcms.org; click on News, then click on HCMS Direct.

How will incentives/penalties impact you?

Use the HCMS incentive calculator to evaluate penalties and incentives under different scenarios for the various CMS programs including: Physician Quality Reporting System (PQRS), E-prescribing (eRx), and Meaningful Use of Electronic Health Records (EHRS). Since different specialties have different cost factors, the calculator does not include cost data. It shows a snapshot of penalty and incentive dollars depending on which incentives you do or do not participate. The calculator shows up to six years in future dollars. Visit the Compliance Calendar Web page to keep up to date on all the different compliance deadlines, go to www.hcms.org and click on Health Information Technology to view incentive calculator and Compliance Calendar Web page.

In case of emergency…

If there is an emergency or public health crisis, the Harris County Medical Society (HCMS) needs to be able to reach you by email and fax. For example, after Hurricane IRENE, HCMS provided a lot of information on resources available. Similarly, HCMS has provided information on H1N1, requests for volunteers for Hurricane Katrina evacuees, and much more. Please update your email and fax by visiting http://www.hcms.org/Template.aspx?tid=536 or by going to www.hcms.org and clicking on Community Health/Disaster Preparedness.

Quality Corner
Must take steps now to avoid penalties

Physicians who are not participating in the Physicians Quality Reporting System (PQRS) and reporting quality data to Medicare will receive a 1.5 percent penalty on their traditional fee-for-service patients (Medicare Part B allowed charges) in 2013. To prevent this penalty, physicians must report on at least one PQRS quality measure in 2013. This penalty will increase to 2 percent in 2016 based on PQRS reporting in 2014.

 Physicians who would like to avoid the 2015 penalty but do not wish to participate in the incentive program in 2013 also can choose to sign up with the Centers for Medicare and Medicaid Services (CMS) to participate in the administrative claims reporting option. They must do this by Oct. 15, 2013. This method allows CMS to automatically analyze their claims data; however, they will not receive an incentive payment.

Physicians reporting in 2013 can receive a 0.5 percent incentive on their 2013 traditional fee-for-service patients to be paid as a single bonus payment in 2014. To qualify for the incentive, physicians must satisfactorily report on at least three individual PQRS quality measures or one quality measure group using a CMS approved registry, electronic health record (EHR) or claims submission. The 0.5 percent incentive will remain in place for 2014 to be paid in 2015. If you are in a group practice with more than 100 physicians, different rules will apply. For more information, visit the Harris County Medical Society (HCMS) website at www.hcms.org and click on Quality.

To receive email reminders on upcoming deadlines or important developments in quality, sign up for HCMS Direct by going to www.hcms.org and click on News/Choose Your News.

Source: American Medical Association and the Centers for Medicare and Medicaid Services

Quality Corner presented by the HCMS Health Care Quality Committee

HCMS Newsletter presented by the HCMS Community Health Improvement & Communications Committee
The Affordable Care Act (ACA), with its Orwellian “double-speak” name, was passed in 2010 with a primary goal of increasing access to health care for Americans. The thou-
sands of pages of the law make it dangerously complex and far
reaching, and the regulations that are coming out to interpret
the law are at least as large. Despite the lawyers’ court challenge,
the ACA is proceeding forward with many of its provisions becoming
effective on Jan. 1, 2014. This first major trial run of the mecha-
nisms, which have the potential to both help and harm patients and
some of which might severely undermine the doctor-patient rela-
tionship, is immediate and monumental, and covered costs.

The insurance provisions already in effect are mandatory medical
loss ratios of 80-85 percent for insurance companies (which
means at least 80-85 cents on the dollar has to be spent on
medical care, not administrative costs and profit), guaran-
tee issue of insurance for children under age 19, addition of
 guaranteed issue of insurance for children under age 19, addition of
 existing illnesses will be covered). Individuals and families
who do not buy insurance will pay tax penalties, but the penalties
may be less than the cost of insurance so we do not know who
will obtain coverage. The penalty will be that many might wait
until they are ill or injured to purchase insurance. If the gov-
ernment allows this to happen, premiums will go higher and
higher! Actuaries consultants predict around six million of the
lowest earning adults age 21-29 earning 300-400 percent of the federal
poverty level will have a 46 percent increase in premiums.

Employees with over 50 employees will pay tax penalties if
they do not provide insurance to their employees. The cost of
insurance coverage skyrocketing, the great fear is that many
employers w i ll cost substantially less than the actual insurance premi-
mums. Let’s not forget the IPA B (the Independent
Payment Advisory Board), which has the explicit task of achieving speci-
fied savings in Medicare without affecting coverage or quality
services. H ow many w ill buy coverage? W hat products w ill
they choose? W ill healthy patients buy coverage? W ill those
with pre-existing conditions be able to purchase insurance? W ill
people who do not have health insurance today go to the insurance exchange for a
lower premium with restrictive network and low level of care?
The impact of the newly insured on insurance rates may not be fully realized for a few years. There are many
unknowns. How  many insurance plans will be offered? W hat will
be covered? W ill health plans be covered? W ill those
with pre-existing conditions be able to purchase insurance? W ill those
who currently insured move to a cheaper product? As of the date of
this newsletter, Blue Cross and Blue Shield of Texas is the only
health plan that has publically announced intentions of partici-
pating in the insurance exchange. All options of the IFP (Independent Payment
Advisory Board), which has the explicit task of achieving specific-
savings in Medicare without affecting coverage or quality
and which we are vigorously opposing. The impact is an unpre-
ted board which has the authority, previously wielded by
Congress, to cut reimbursement of health care services. More will be
written on the IFP in future articles and in this space.

As new regulations continue to be published and more
information becomes available, we will keep you informed.
Our June 2013 HCMS newsletter will be devoted to giving you
more detailed explanations about what you can expect as major
provisions of the ACA and other legislation go into effect in
January 2014.

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To learn more about how we can protect your livelihood and reputation with our medical
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President’s Page

Russell W. H.Krav, MD
President

All articles in The Harris County Physician Newsletter that mention HCMS’s stance on state legislation are defined as “legislative advertising,” according to Texas Government Code Section 405.050, which expressly eliminates the public interest defense of the name and number of the person and the date and address of the newspaper publishing the promotional advertising in The Harris County Physician Newsletter. Greg Baramian, executive vice president, Harris County Medical Society, 1515 Hermann Drive, Houston, TX 77030/7128.
The Harris County Physician Newsletter (USPS 960-380) is the official publication of the Harris County Medical Society. Offices: 1515 Hermann Drive, Houston TX 77030/7128. It is published biweekly in English and four times per year in Spanish in January, March, June, July, August and December which are monthly. The subscription rate is $15.00 per year. Single copies are 75 cents. Periodicals Postage Paid at Houston, Texas.
POSTMASTER: Send change of address to The Harris County Physician Newsletter, 1515 Hermann Drive, Houston, TX 77030/7128.

2 Harris County Physician Newsletter / May 15, 2013 / www.hcms.org

An Update on the Affordable Care Act—What to expect in 2014

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To learn more about how we can protect your livelihood and reputation with our medical
professional liability program, call (800) 666-2734 or visit us at thethedoctors.com.
What is the PHR Assistance Fund?

The physician is required to make good-faith payments of $20 per month beginning six months after a loan is granted, regardless of employment status. He or she must repay the loan in full within 2½ years, minus any money paid back via patient payments.

How does the Fund work?

Physicians seeking assistance obtain a loan application from the PHR Assistance Fund, and a team composed of two PHR committee members and one TMA Alliance representative reviews the completed loan application. If the committee recommends approval of the loan, it makes that recommendation to the TMA Board of Trustees. After the PHR Assistance Fund receives approval of the loan, the applicant signs a loan agreement. When the fund receives the agreement, it sends checks to the appropriate person or entity.

How much money is available?

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Public Health Focus

One in five adults meet overall physical activity guidelines

About 20 percent of U.S. adults are meeting both the aerobic and muscle-strengthening components of the federal government’s physical activity recommendations, according to new data published in Morbidity and Mortality Weekly Report, a journal of the Centers for Disease Control and Prevention (CDC).

The Physical Activity Guidelines for Americans recommend that adults get at least 150 minutes of moderate-intensity aerobic activity such as walking, or one hour and 15 minutes a week of vigorous-intensity aerobic activity, such as jogging, or a combination of both. The guidelines also recommend that adults do muscle-strengthening activities, such as sit-ups, or activities using resistance bands or weights. These activities should involve all major muscle groups and be done two or more days a week.

The report finds that nationwide nearly 50 percent of adults are getting the recommended amounts of aerobic activity and about 30 percent are engaging in the recommended muscle-strengthening activity. The data are based on self-reported information from the Behavioral Risk Factor Surveillance System, an annual phone survey of adults aged 18 and older conducted by state health departments.

Source: Centers for Disease Control & Prevention

Presented by the HCMCS Community Health Improvement & Communications Committee

Think you’re on the donor registry? Think again

Did you register to be an organ donor prior to 2011 from the Department of Public Safety? Do you have a red heart on your driver’s license? Depending on how you answered the questions from the Department of Public Safety, you may not be on the registry list even though you have a red heart on your driver’s license.

Many people are under the impression that their names are already on a statewide registry because they checked a box on their driver’s license application years ago. The statewide donor database was updated in 2006, and those registering via driver’s license renewals after 2006 will not be on the list. Also, having a red heart on your driver’s license does not necessarily mean that you are in the donor registry. Prior to 2011, the Department of Public Safety asked each patron two questions:

1. Would you register as a donor?
2. Do you agree to provide your personal information to a third party?

If you answered “Yes” to question #1 and “No” to question #2, then it would cancel out that person being on the registry.

To check out your registration status, visit Lifegift at 1-800-633-6562. To register, visit the Lifegift website at www.lifegift.org where you can find an easy-to-follow application form. One donor can save up to eight to nine lives through organ, tissue and eye donation. Individuals also may offer their bodies for research at medical institutions, saving many lives. If you are under the impression that your name is already on the registry, then please reconsider.

Presented by the HCMCS Community Health Improvement & Communications Committee

Nominations due May 31

Nominations for 2014 elected positions within the Harris County Medical Society (HCMS) are due at HCMS by Friday, May 31. Elections will be held in October. The HCMS Nominating Board will consider qualified candidates for:

• President (two-year term); HCMS Board experience required.
• Vice President (one-year term); Secretarial experience (one year);
• Member-at-large on the Executive Board (four-year term);
• Board of Ethics (three-year term); Two positions available.

Candidates should have experience in peer review;
• Board of Medical Legislation (four-year term);
• Board on Socioeconomics (three-year term);
• Board on Board of Directors;
• Alternate Delegates to the TMA (two-year term).

HCMS Committee appointments will be made by HCMS President Elected by Board of Directors, MD, in the fall. Committee nominations can be submitted at any time throughout the year. Positions are available on the following committees:

• Bylaws Committee;
• Community Health Improvement & Communications Committee;
• Emergency Care Committee;
• Health Plan Liaison Committee;
• Health Information Technology;
• Membership Committee;
• Personal Responsibility Committee;
• Health Care Quality Committee;
• Physicians Counseling Committee.

To nominate a member or yourself, complete the form on the HCMS home page at www.hcms.org. If you make more than one nomination, please photocopy the form. If possible, include letters in support of the candidate. Deadline for submission is Friday, May 31, 2013.

Explanations of the elected positions and committees are available on the HCMS website, www.hcms.org and click on the front page story: “Volunteers & donations needed”

Presented by the HCMS Nominating Board

Practice Listings Online Year Round

Looking for new ways to share information about your practice with colleagues? Create a Practice Listing in the new HCMS Online Member Directory today. This opportunity is free! Annual cost is $99 includes an Online Practice Listing for the first physician, and $40 for each additional physician. Your listing goes live as soon as HCMS receives your payment and will remain until July 1, 2014.

Why add a Practice Listing? Each HCMS member has a free individual biographical listing in the new HCMS Online Member Directory. This listing includes physician information, but does not offer information about your practice as a whole. Adding a Practice Listing to your free biographical listing can give referring colleagues a better idea of how you care for patients. The Practice Listing will be at the bottom of your biographical listing. Many practices use this space to list multiple office locations, websites, procedures performed, language abilities, and reach other physicians in the practice. Be sure to take advantage of this benefit before Oct. 1, 2013. To get started, email holly@medserv-hcms.com or call 713-843-7187 today.

If you have not explored the HCMS Online Member Directory yet, go to www.hcms.org and click on the box on the far right side, then use your Texas Medical Association log in to access the directory. Check your information to make sure it is current. If your picture does not appear in your record, HCMS does not have it on file. Please submit a photo to nancy_boone@hcms.org.

Policitioners prize awards at Expo

Some lucky physicians left the Harris County Medical Society (HCMS) Spring 2013 Business Expo on April 20 with door prizes. Most prizes were donated by Expo exhibitors to recognize physicians and their office staff attended one of the three ethics continuing medical education (CME) presentations focused on practice management issues as well as meet with exhibitors who had services or products for physicians in private practice. Here are a few of the winners:

• Sylvia Lewis, MD, won a copy of The Master’s Touch by Avis Ziv.
• Debra W. Perchonok, MD, won a $100 WalMart gift card.
• Christopher Crow, MD, won a football signed by the Houston Texans.
• Jonna M. P. McMillan, MD, won an iPad 4.
• Elyse P. Sheppard, MD, won a Kindle Fire or $100 Target gift card.
• Ray McNeill, MD, won an Apple IPod.

Prizes included in support of the candidate.

For more information about the candidates, please photocopy the form. If possible, include letters in support of the candidate.

Free interface

Aptima Medical Software, Greenway Medical Technologies and Allscripts have agreed to a formal interface free to encourage physician adoption in Greater Houston. Healthconnect’s community portal, said Greater Houston Healthconnect. This provides some financial relief (possibly in the thousands) for the estimated 40 percent of physicians who have not yet achieved a clinical health record (EHR) technology and want to join Healthconnect’s network. For more information, contact Erika Calabro at ecalabro@hghconnect.org.

Presented by the HCMS Community Health Improvement & Communications Committee

Up to 50% off for HCMS members!

Did you know that members of the Harris County Medical Society receive discounts on computer products, events and more? The latest offerings are up to 30 percent off Dell products, 23 percent off select seats for the Alley Theatre, 20 percent off Theatre under the Stars, and 50 percent off summer camp classes at the Alley Theatre. These discounts extend to your family, friends and office staff. Now’s a great time to visit www.hcms.org/template.aspx?id=326 for more information.

Help set HCMS priorities

The Harris County Medical Society (HCMS) is setting its priorities for the next two years. Please provide us with feedback on what is important to you and what HCMS benefits are most valuable to you. This brief survey should take less than five minutes for you to complete. Take the survey go to www.surveymonkey.com/HCMSMemberSurvey by May 24. Thank you for your participation.

Discover Camp offers, fun and science

The summer is quickly approaching. Have you made plans for your child yet? Then register him or her for an age-appropriate, medical and science experience at one of the Summer Discovery Camps available at the John P. McGovern Museum of Health & Medical Science (The Health Museum).

There is a camp for every child. Does your child like arts and crafts, building, or investigating who, what, when, where, and why? Then the Summer Discovery Camps are the perfect adventure for your little one. The camps are filled on a first-come, first-served basis. Register your 5 to 13-year-olds today for the Summer Discovery Camps, June 19 – Aug. 23, at The Health Museum.

Your child making new discoveries while having fun is just what the doctor ordered. Give us a call or visit our website for more information.

For questions or information on extended-day camp options or off-site camps, visit www.thehealthmuseum.org/camps or contact the Summer Camp Office at 713-212-3135 or camps@thehealthmuseum.org.

Have payment issues? Fax HCMS

If you have an issue with an insurance company, Medicare, Medicaid, or other entity, please provide the Harris County Medical Society (HCMS) with as much information as possible so that HCMS can investigate and help. Without specific information, there is little HCMS can do to help a situation. HCMS will keep your identity anonymous, if you so choose. Please provide as much information as possible to HCMS HIPA Fax at 713-528-0951.
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- Secretary/Treasurer (one-year term);
- Member-at-large on the Executive Board (four-year term);
- Board of Ethics (three-year term) Two positions available.
- Chair of the CME Committee.

The nomination process will take place on the HCMS website, www.hcms.org, and will close Friday, May 31, 2013. To be considered for nomination, candidates must be members in good standing and will be asked to complete an electronic nomination form. The deadline for submission is Friday, May 31, 2013. Information about the positions available and the nomination requirements can be found on the HCMS website, www.hcms.org.

Preliminary for HCMS在外面的新闻

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Volunteers & donations needed

The Houston Academy of Medicine (HAM) and Harris County Medical Society (HCMS) need volunteer physicians and medical staff, and donations to help in providing free services to inner city Boy Scouts so they can attend scout camp. Many of these Boy Scouts cannot afford the required medical help. Help these Boy Scouts earn their merit badges!

Volunteer a few hours on Saturday, June 1, from 9 a.m. to noon, at 2225 North Loop West, to administer physicals to these aspiring merit badge winners. Physicians as well as medical and nursing students are encouraged to volunteer.

Available to volunteer: First aid, evidenced based history and physical exams, and urine exams.

Your time and/or item contribution will be greatly appreciated. To volunteer or for more information, contact Tomise Martin at tomise_martin@hcms.org or 713-524-4267, ext. 218. Please send all donations to: HCMS – Boys Scouts, 1515 Hermann Drive, Houston, TX 77030.

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Did you know that members of the Harris County Medical Society receive discounts on computer products, events and more? The latest offerings are up to 30 percent off Dell products, 23 percent off select seats for the Alley Theatre, 20 percent off Theatre under the Stars, and 50 percent off summer camp classes at the Alley Theatre. These discounts extend to your family, friends and office staff. Now, that’s a great deal! Visit www.goms.org/Template.aspx?td=326 for more information.

Have payment issues? Fax HCMS

If you have an issue with an insurance company, Medicare, Medicaid, or other entity, please provide the Harris County Medical Society (HCMS) with as much information as possible so that HCMS can investigate and help. Without specific information, there is little HCMS can do to help a situation. HCMS will keep your identity anonymous, if you so choose. Please fax your information to HCMS HIPAA fax at 713-528-0951.
May Calendar
Visit the calendar online at www.hcms.org

Saturday 9
8 a.m., Walk with a Doc, Bear Creek Pioneers Park, War Memorial (meet at the tennis courts)

Monday 10
6:30 p.m., Houston Dermatological Society, Ninfa's Restaurant, 2714 Navigation Blvd., Houston

Tuesday 11
11:30 a.m., Retired Physicians Organization Luncheon, Houston Golf Club, 10790 Memorial Dr. 6:30 p.m., Houston Pediatric Society, Fogo de Chao, 2830 Weslayan Road

Wednesday 12
1-4 p.m., TMA Seminar: ICD-10: Now! How and Why, Methodist Willowbrook Hospital Conference Center, 15250 Tomball Parkway, Houston

Thursday 13
1-4 p.m., TMA Seminar: ICD-10: Now! How and Why, Hotelied Way of Greater Houston Hospice, War Memorial (meet at the tennis courts)
1:50 p.m., War Memorial, 1300, ext. 1342, or (512) 370-1342, or lindak@texmed.org

Friday 14
1-4 p.m., TMA Seminar: ICD-10 Now! How and Why: Bayshore Medical Center, Classroom 1 & 2, 4000 Spencer Highway, Pasadena

Tuesday 15
AMA Annual Meeting at the Hyatt Regency in Chicago

Wednesday 16
AMA Annual Meeting at the Hyatt Regency in Chicago

Thursday 17
AMA Annual Meeting at the Hyatt Regency in Chicago

Wednesday 19
AMA Annual Meeting at the Hyatt Regency in Chicago

Thursday 20
6:30 p.m., Houston Society of Plastic Surgeons, Greater Houston Hospice, War Memorial (meet at the tennis courts)

Thursday, June 27
6:30 p.m., Houston Orthopaedic Society, Location: TBA

Hot Member Benefit
Discounted hotel & car rentals
TMA members, friends and family now have access to a worldwide inventory of hotels and car rentals at below-market discounted rates. Whether travelling for work or pleasure, individually or in a group, domestically or abroad, you can take advantage of savings that average 10-20% below best available rates. Any hotel, any car, anywhere, anytime. Go to www.texmed.org/hotels/

Have a Heart for Physicians
Open your hearts for “Have a Heart for Physicians,” a fundraising effort by Texas Medical Associations (TMA) Physician Health and Rehabilitation (PHR) Assistance Fund held during May 2013.

What is the PHR Assistance Fund?
The PHR Assistance Fund helps physicians in need. It provides financial assistance to physicians who cannot afford treatment for depression, substance use disorders, or other medical conditions. You can help provide treatment for those in need! Please help physicians who are in recovery and need financial assistance. Send your heartfelt donations to the PHR Assistance Fund today. For more information about how you can help contact Linda Kuhn at TMA at 880-1360, ext. 1342, or (512) 370-1342, or lindak@texmed.org.

Bilingual physician/nurse practitioner wanted for medical clinic serving Hispanic community 4000 Fulton St. Full/P.T./ownership opportunity. Leave message 832-678-8323, ext. 3 or e-mail fpdoc1@gmail.com

PHYSICIAN NEEDED FOR ONE MONTH in a pain management setting. Excellent income with good patient base. From mid June to mid July 2013, Weeklydays 8 am to 4:30 pm, Good compensation. Donna at 713-450-4945 or fax CV at 713-450-4928.

Office Medical Space in Memorial on 1-10 corridor (N. Houston Rd.) 2,400 sq ft, fully equipped, with 3 exam rooms, waiting room, nurse’s station and patient greeting area. Quiet office building 2 miles north of I-10 on south in 1-10 feeder road. Negotiable terms. Contact: Leslie 713-932-8664, ext. 304, or lehtahar@ememc.org

For Sublease: 2010 North Houston 77004. Adjoining suites may be leased separate or together. Suite “A” 7,500 sq. ft. Suite “B” 4,121 sq. ft. Rate $1 per sq ft per month. Terms negotiable. Parking for 6 cars plus extra lot. Features 6 large private offices, 3 restroom, 12 patient exam rooms, waiting rooms, easy access to N. Loop 610. Jon Reid MD 832 542 7789, jgilo@google.com or 832 524 6863.

Woodlands medical space; sub-Lease available. 1,680 sq ft 2 clinic rooms; Monday and Tuesday. 1,680 sq ft 2 clinic rooms; Monday and Tuesday. 1 - 4 p.m. 1,680 sq ft 3 clinic rooms Monday and Thursday.

Medical office space to sublease short term, freeways visibility from Hwy 59 South and Sawgrass. Located at Highway 99 and Hwy 59, near Memorial Sugarland Hospital. Please email familyclinic4057@sbcglobal.net

PRIME LOCATION/Energy Corridor
Available Immediately, New 2 bed Urgent Care/Family Medicine office 3,200 sq ft, rent $1900/month. Located in affluent West Houston/Memorial/Energy Corridor area. high traffic street with excellent visibility. Care accessible front 9/15. Hey 59 and Westheimer.
Fully equipped and furnished with x-ray, b.p. room, x-ray exam rooms, minor surgery/lockers/room 466-475, large physician’s office. 1,000 sq ft for 4th. 50% owner/renter. Move in ready. Physician relocating. Price is negotiable. May consider a sublease/broker space arrangement.
Please call 281-300-4600

Get the real story!
If you have a question about what is happening in medicine (anything), call Harris County Medical Society (HCMS) to separate fact from fiction. We are here to support you in every way. Contact HCMS at 713-524-4267.

Business of Medicine
ICD-10 Now! How and Why

ICD-10 will affect every office process. Implementing ICD-10 will take time and some changes may take more than a year to resolve. However, once you learn the pitfalls, you can begin to prevent problems and work toward a successful transition.

To assist physicians and their office staff to gain an overview and better understanding of ICD-10 and why the transition is happening, the Texas Medical Association (TMA) has developed the first of a two-part series of live local seminars. This first three-hour seminar will explain how to assess, plan for, and implement this new code set. Attendees will receive forms and questionnaires to help create an ICD-10 transition plan, as well as a link to access a 10-hour, pre-recorded, online ICD-10 course toolset. Houston physicians and their staff have three opportunities to attend this seminar:

• Thursday, June 13, 1-4 p.m., at United Way of Greater Houston Community Resource Center Auditorium, 50 Waugh Drive.
• Friday, June 14, 1-4 p.m., at Houston Medical Center, Classroom 182 (basement level), 4000 Spencer Highway, Pasadena.

To register for one of these seminars and for information on continuing medical education credits, TMA/LifePoint will collect and process the information and the course provider will provide the certificate of completion. To register, go to www.hcms.org/ and click on the top of the page on CME/TMA CME.

For more information on ICD-10, go to the HCMS web page dedicated to ICD-10 at www.hcms.org/template.aspx?id=1420. Make sure your practice is prepared so you can make the transition smoothly and successfully.

Ethics Corner
Clinical physician autonomy

Protecting the patient-physician relationship is the most important. The physician is responsible for recommending and applying the most appropriate, science-based treatments for the patient’s individual circumstances and medical conditions. The ability of physicians to act in their patients’ best interests must not be compromised by outside – and some-times competing – economic, political and social pressures. However, in our evolving health care system, physicians are experiencing challenges, whether it is questions of employment or the increasing attempts to mandate what information, tests, procedures, and treatments they must – or must not – provide to their patients.

For more information and guides to assist with these challenges and more about clinical physician autonomy, see the Harris County Medical Society’s (HCMS) Clinical Autonomy webpage at www.hcms.org/template.aspx?id=2579.

Medicare corner
Ordering and Referring denial edits delayed

Due to a technical issue, Medicare has temporarily delayed the Ordering and Referring denial edits scheduled to be implemented May 1, 2013. Initially, Medicare had announced that all physicians and non-physicians who order and/or refer Medicare covered DMEPOS, lab, radiology services, and certified home health for Medicare patients are in the new Medicare enrollment system, PECOS, by May 1, 2013. However, this edit has been postponed.

If you have a question about what is happening in medicine (anything), call Harris County Medical Society (HCMS) to separate fact from fiction. We are here to support you in every way. Contact HCMS at 713-724-4267.

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Since our inception, we’ve kept our mission simple: to protect the interest and best medical malpractice insurance interests of Texas physicians.
The Affordable Care Act (ACA), with its Orwellian “double-speak” name, was passed in 2010 with a primary goal of increasing access to insurance for all Americans. The thousands of pages of the law make it dangerously complex and far from achieving its primary goal of increasing access to insurance for most Americans. The thousands of pages of the law make it dangerously complex and far from achieving its primary goal of increasing access to insurance for most Americans.

Since Texas has not opted to have its own insurance exchange, our patients will select their insurance through a federally-operated exchange. All patients will have guaranteed issue (see existing illnesses will be covered). Individuals and families with income between 133 percent and 400 percent of the federal poverty level will receive tax credits to assist with purchasing insurance. Individuals and families who do not buy insurance will pay tax penalties, but the penalties may be less than the cost of insurance if we do not know who will obtain coverage. The problem will be that many will wait until they are ill or injured to purchase insurance. If the government allows this to happen, premiums will go higher and higher! Actuary consultants predict that 80-85 percent of people who have the tax subsidy will have increased 22 percent, while the children’s coverage has increased by 53 percent. Bids from other carriers reflected similar pricing.

The AIA provides patients’ practices as of Jan. 1, 2014, may not be significant initially, but may worsen with time as further regulations are foist and future regulations kick in. Primary care physicians will receive Medicaid fees equal to Medicare rates in 2013 and 2014. Unfortunately, that provision is scheduled to expire in 2015. The various Medicare alternative payment models, including accountable care organizations and various shared savings programs, will be continued, but there will not be broad expansion until those programs demonstrate sustainable savings in the Medicare program. There will be some newly insured patients as of Jan. 1. 2014. Uninsured patients undergoing current treatment will definitely be motivated to purchase insurance. So, there will be less uncompensated care provided in our practices and in the emergency departments. On the other hand, those that have health insurance today may go to the insurance exchange for a lower premium with restrictive networks and low payment rates. The full impact of the newly insured on insurance rates may not be realized for a few years. There are many unknowns. How many will buy insurance through the exchange? How many will not buy insurance? What products will they choose? Will healthy patients buy coverage? Will those currently insured move to a cheaper product? As of the date of this newsletter, BlueCross BlueShield is the only health plan that has publicly announced intentions of participating in the insurance exchange.

Let’s not forget the IPA B (the Independent Payment Advisory Board), which has the explicit task of achieving specified savings in Medicare expenditures or quality and which we are vigorously opposing. The IPA is an unappointed board which has the authority, previously wielded by Congress, to cut reimbursement rates for services. More will be written on the IPA in future articles and in this space.

As new regulations continue to be published and more information becomes available, we will keep you informed. Our June 2013 HCMS newsletter will be devoted to giving you more detailed explanations about what you can expect as major provisions of the ACA and other legislation go into effect in January 2014.

We hate lawsuits. We loathe 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 provide good medicine. We are The Doctors Company.

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HIT Parade
Are you ready? June 30 eRx deadline

There are two ways to avoid a 2 percent e-prescribing (eRx) penalty on your 2014 Medicare Part B services:
1. Each physician successfully reports 10 eRx events (traditional fee-for-service patients only) via claims using the G8553 code from Jan. 1, 2013 – June 30, 2013; or
2. If each physician successfully reported at least 25 claims using the G8553 code at any time during 2012 and earned a 2012 eRx incentive payment.

Was your eRx accepted?
If you are not sure if you have met the eRx claims submission requirement, use the information below to make sure your reporting was accepted into the Medicare claims database, National Claims History (NCH):
1. Review the Remittance Advice (RA)/EOB for the claims submitted.
2. Look for the N365 standard remark code on your RA/EOB form, which denotes that Medicare has acknowledged that you have reported an eRx event.
3. When using the G8553 code, add $0.01 to the fee. The fee will be denied for payment, but will pass through the claims processing system to the NCH database.

For more information, go to www.hcms.org and click on Health Information Technology and then E-prescribing.

To receive email reminders on upcoming deadlines or important developments in HIT, sign up for HCMS Direct by going to www.hcms.org and click on News, then click on HCMS Direct.

In case of emergency...
If there is an emergency or public health crisis, the Harris County Medical Society (HCMS) needs to be able to reach you by email and fax. For example, after Hurricane Ike, HCMS provided a lot of information on resources available. Similarly, HCMS has provided information on H1N1, requests for volunteers for Hurricane Katrina evacuees, and much more. Please update your email and fax by visiting http://www.hcms.org/Template.aspx?Id=536 or by going to www.hcms.org and clicking on Community Health/Disaster Preparedness.

Quality Corner
Must take steps now to avoid penalties

Physicians who are not participating in the Physicians Quality Reporting System (PQRS) and reporting quality data to Medicare will receive a 1.5 percent penalty on their traditional fee-for-service patients (Medicare Part B allowed charges) in 2015. To prevent this penalty, physicians must report on at least one PQRS quality measure in 2013. This penalty will increase to 2 percent in 2016 based on PQRS reporting in 2014.

Physicians who would like to avoid the 2015 penalty but do not wish to participate in the incentive program in 2013 also can choose to sign up with the Centers for Medicare and Medicaid Services (CMS) to participate in the administrative claims reporting option. They must do this by Oct. 15, 2013. This method allows CMS to automatically analyze their claims data; however, they will not receive an incentive payment.

Physicians reporting in 2013 can receive a 0.5 percent incentive on their 2013 traditional fee-for-service patients to be paid as a single bonus payment in 2014. To qualify for the incentive, physicians must satisfactorily report on at least three individual PQRS quality measures or one quality measure group using a CMS approved registry, electronic health record (EHR) or claims submission. The 0.5 percent incentive will remain in place for 2014 to be paid in 2015. If you are in a group practice with more than 100 physicians, different rules will apply. For more information, visit the Harris County Medical Society (HCMS) website at www.hcms.org and click on Quality.

To receive email reminders on upcoming deadlines or important developments in quality, sign up for HCMS Direct by going to www.hcms.org and click on News/Choose Your News. Source: American Medical Association and the Centers for Medicare and Medicaid Services

Quality Corner presented by the HCMS Health Care Quality Committee