



# MLCMS News Briefs

The monthly newsletter of the Mendocino-Lake County Medical Society

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## January 2010

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### **CMA opposes independent payment board for Medicare**

The California Medical Association has joined a broad coalition of physician, provider and patient groups opposing a plan to delegate congressional authority over Medicare to a non-elected board that could make deep cuts to the program with little input or consequences.

The coalition of 74 groups sent congressional leaders a letter asking them to drop the plan from health care reform. [Click here](#) to view the letter.

Legislation approved by the U.S. Senate calls for the creation of the Medicare Independent Payment Advisory Board, which would be appointed by the president and could order sweeping changes in care for senior citizens to reduce government spending. The proposal is not part of health care reform passed by the House. Currently, congressional leaders are negotiating how to merge the House and Senate bills.

The danger is that the board could slash payments to physicians or services to patients with little or no public input or political accountability. The board could mandate cuts in areas that have high per-capita spending due simply to the challenges of treating their diverse populations.

"The bottom line is health care reform must be in the best interests of patients and the doctors who serve them," said CMA President Brennan Cassidy, MD.

The advisory board would greatly limit the ability of Medicare beneficiaries, advocates and providers to work with Congress to improve the program, making it especially difficult to

include coverage of new and better treatments, procedures and technologies, the letter says.

In addition to co-signing the letter, CMA has sent a delegation of physicians to Washington, DC, to meet with congressional leaders. Eliminating the plan for the Medicare Independent Payment Advisory Board is one of six important improvements to health care reform legislation CMA is calling for. The other five are:

**Repealing the Sustainable Growth Rate (SGR) funding formula.** The formula would cut funding by 40% in future years if left in place and would hurt senior citizens' ability to find a doctor to treat them. The viability of Medicare is crucial as millions of baby boomers retire and enter the program. The House bill provides a funding fix, but the Senate bill does not.

**Increasing Medicaid's low reimbursement rates.** Patients covered by Medi-Cal (California Medicaid) often struggle to find a doctor because rates are so low that only about one-third of the state's physicians participate in the program. Both the House and Senate bills dramatically expand Medicaid eligibility, meaning up to 2 million more patients could enter Medi-Cal, further complicating access. The House bill substantially increases rates, but the Senate bill does not.

**Boosting Medicare payments in 14 high-cost California counties** where many physicians are opting out of the program and seniors are having trouble accessing doctors. The House bill provides \$300 million to California to update payments in those counties, which are currently classified for rural rates under the federal government's Geographic Practice Cost Index (GPCI). The Senate bill does not provide the adjustment.

**Improving quality reporting requirements to track Medicare treatment** so the reports don't mislead patients. It's crucial that those standards provide accurate and meaningful reporting.

**Giving patients the ability to contract privately with doctors,** as they have in most other countries.

For updates on CMA's health reform efforts, visit [cmanet.org](http://cmanet.org).

### **Pain management dinner presentation in Kelseyville on Jan. 21**

Hospice Services of Lake County is sponsoring a dinner presentation titled "Pain Management for Terminal Patients" at the Riviera Hills Country Club in Kelseyville on Thursday evening, Jan. 21. The speaker is Shawn Hodges, PharmD, a nationally recognized expert in pain control and medication management for hospice and palliative care patients. The event begins with a reception at 5:15 p.m., followed by a hosted dinner at 6 p.m.

To RSVP, contact Keith Garvey at [kgarvey@lakecountyhospice.org](mailto:kgarvey@lakecountyhospice.org) or 263-6222.

### **Sutter Lakeside reduces staff**

In response to reduced admissions and other revenue shortfalls, Sutter Lakeside Hospital in Lakeport has laid off 17 employees and reduced the hours for two more. The hospital had been hoping for an average census of 23 patients during 2009 but only achieved a 19.6 average. As a result, the number of employees per patient was 7.13, far higher than the budget of 6.51. "We must decrease these costs to ensure that we can continue to deliver the programs and services our community requires in the future," said hospital spokesperson Tammi Silva in a press release.

## **Medicare switches from consultation codes to E&M codes; CMA offers billing guide**

Despite strenuous objections from CMA and others in organized medicine, Medicare is no longer recognizing inpatient and outpatient consultation codes. Effective Jan. 1, physicians must instead bill using E&M codes from the Office and Other Outpatient Services, Initial Hospital Care, and Initial Nursing Facility sections of the 2010 CPT. While CMS has increased the work RVUs for new and established office visits, as well as initial hospital and nursing facility visits, these changes may result in significant losses for some practices.

The new policy—and the short notice—have already caused a great deal of confusion as physicians and billing managers try to make sense of the new rules.

To help you understand what the switch means, CMA has published a 4-page [billing guide](#) that includes an overview of the issue, a code crosswalk, and links to additional resources. The guide is available to CMA members only at [cmanet.org](http://cmanet.org). (You may also request a copy by calling the CMA member help center at 800-786-4262.)

CMA members can get additional information and guidance on this issue through a [members-only webinar](#) with Palmetto Medical Director Arthur Lurvey, MD. Dr. Lurvey will answer physician questions and explain how to bill for these services in 2010 and beyond. This one-hour webinar begins Wednesday, Jan. 20, at 12:15 pm. Registration is free, but space is limited, so [reserve your space today](#). If you are unable to participate in the live webinar, it will be available for on-demand viewing beginning the following day.

Physicians who use a third-party billing service are urged to call their vendors to make sure they are aware and prepared for the rule change. Feel free to provide them with a copy of the CMA consult code crosswalk and [billing guide](#).

CMA is also surveying major payors in California to find out which of them plan to follow Medicare's lead and eliminate consults. Once we have gathered this data, we will make it available to members.

For additional questions about the new rules, call the CMA member help center at 800-786-4262 and ask to speak with a reimbursement specialist.

## **CMA hosts webinar on electronic health records on Feb. 2**

At 12:15 p.m. on Feb. 2, CMA is hosting a webinar titled, "Meaningful Use—Choosing the Right EHR for Your Practice." The webinar will cover the EHR system offered by athenahealth to CMA members. [Click here](#) to register, or visit the members-only section of [cmanet.org](http://cmanet.org).

## **Yosemite Institute for primary care physicians March 26-28**

The 59th annual Postgraduate Institute for primary care physicians will be held at the Yosemite Lodge in Yosemite National Park from March 26 to 28. Tuition is \$375 for physicians, \$300 for allied health professionals, and \$100 for medical students, interns or residents. The event qualifies for up to 16 hours of Category 1 credit. To register, visit [fmms.org](http://fmms.org) or call 559-224-4224.

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### **How to submit a classified ad**

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## **ABOUT MLCMS**

The Mendocino-Lake County Medical Society, a 501(c)(6) nonprofit association, supports local physicians and their efforts to enhance the health of the community. Founded in 1938, MLCMS is affiliated with the California Medical Association and the American Medical Association.

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