



MLCMS News Briefs

The monthly newsletter of the Mendocino-Lake County Medical Society

Newsletter Editor: Steve Osborn | Executive Director: Cynthia Melody

707-525-4325 | sosborn@mlcms.org | mlcms.org/news

October 2009

- **Members tell MLCMS to focus on community health, public relations, collegiality**
- **Members need to vote on proposed new bylaws for MLCMS**
- **MLCMS membership holds steady; invoices in the mail**
- **Mendocino County to hold community meetings on H1N1**
- **New CPT codes for H1N1 vaccine, but billing questions remain**
- **First doses of H1N1 vaccine to arrive Oct. 7**
- **CMA proposes medical liability amendments to health reform bills**
- **Three CMA-sponsored bills await signature**
- **EVENTS**
- **PEOPLE**
- **CLASSIFIEDS**
- **ABOUT MLCMS**
- **TO UNSUBSCRIBE**

Members tell MLCMS to focus on community health, public relations, collegiality

One hundred percent of MLCMS members who responded to the recent membership survey said the medical society should focus on community health projects. This recommendation was closely followed by "public relations for the profession" (90%), "colleague interaction activities" (90%) and "legislative activity" (80%).

These results were a key finding of the survey, sent to all MLCMS members in August. The survey included questions about the strengths and weaknesses of the medical society, the reasons for belonging, and how the society should allocate its resources. The response rate was 21%, about average for this type of survey.

According to the survey, the strengths of MLCMS include forward-thinking leadership, caring membership and potential connectivity to the community. In contrast, weaknesses include geographical challenges, relevance and low membership. Among the reasons for belonging to MLCMS were "commitment to the profession" (100%), "opportunity for colleague interaction" (90%) and "opportunity to affect legislation" (78%).

At its November meeting, the MLCMS board of directors will use the survey results to help set goals and objectives for the medical society.

Members need to vote on proposed new bylaws for MLCMS

As part of its reorganization, MLCMS is proposing a new set of bylaws, which have been posted at mlcms.org/resources, along with the old bylaws. The proposed bylaws will also be sent to members via regular mail.

Bylaws are the legally binding rules that outline how an organization is governed and contain policies for term limits, committee structure, conflict of interest, resignation and removal of officers and directors, meeting attendance and notification, duties of officers, indemnification of officers, and the board's procedures for conducting its order of business.

Members have until Dec. 4 to vote on the new bylaws, using the ballot enclosed with the regular mailing. Alternately, you can print this page, indicate your choice, and fax to 525-4328. Ballots can also be returned by e-mail to cmelody@mlcms.org or by regular mail to:

Cynthia Melody, executive director
MLCMS
3033 Cleveland Ave. #104
Santa Rosa, CA 95403

Results of the election will be announced in December.

BALLOT

- I **approve** the new MLCMS bylaws, dated September 2009.
- I **do NOT approve** the new MLCMS bylaws, dated September 2009.

Name: _____

MLCMS membership holds steady; invoices in the mail

Despite the recession and continuing turmoil in the health care system, membership in MLCMS has held relatively steady since 2008. The current total is 75 members.

MMS members are reminded to return their dues invoices for next year. Members who pay their dues by Dec. 31 qualify for a 5% discount. Payments need to be at MLCMS by Dec. 31; **there is no grace period.**

If you need a copy of your invoice or have any questions about dues, contact Rachel Pandolfi at rachel@mlcms.org or 525-4375. Nonmember physicians can complete a simple online application for MMS and CMA at mlcms.org/join.asp.

Mendocino County to hold community meetings on H1N1

In anticipation of an H1N1 pandemic, Mendocino County Community Health Services (CHS) will conduct town hall meetings next week in Ukiah, Willits and Fort Bragg. Anyone seeking information and education on H1N1 is welcome to attend. The meetings will be conducted by Stacey Cryer, CHS Director, and Public Health Officer Dr. Marvin Trotter.

Cryer will discuss the role of CHS in dealing with H1N1, and Dr. Trotter will discuss symptoms, high-risk categories and vaccination for H1N1. No reservations are required. All meetings will take place from 5:30 to 6:30 p.m. at the following locations and dates:

- Oct. 13: Willits City Council Chambers, 111 E. Commercial St.
- Oct. 14: Ukiah Veterans Hall, 293 Seminary Ave.
- Oct. 15: Fort Bragg Town Hall, 363 N. Main St.

For further details, contact Theresa McNerlin at 472-2794.

New CPT codes for H1N1 vaccine, but billing questions remain

AMA has published a new CPT code specific to H1N1 vaccine administration (90470) and revised existing code 90663 to include the H1N1 vaccine. The new CPT codes are effective immediately. The Centers for Medicare and Medicaid Services (CMS) has also created unique HCPCS codes for administration of the H1N1 vaccine (G9141) and for the vaccine itself (G9142).

Because the vaccine is provided free of charge by the federal government, physicians will not be reimbursed for the vaccine itself. Practices have been instructed to submit claims for the vaccine, but for zero dollars. This will allow for proper vaccine tracking. Physicians will be reimbursed for administration of the vaccine.

There continues to be significant uncertainty regarding billing for H1N1 vaccinations. For example, some payors, clearinghouses, and physician billing systems may not be able to accommodate a zero dollar charge, and the practice would have to bill vaccine claims with a \$0.01 charge. CMS has yet to clarify that billing \$0.01 to accommodate systems that can't process a \$0.00 charge would not be considered fraud.

For H1N1 billing questions, contact CMA's reimbursement help line at 888-401-5911 or drice@cmanet.org.

First doses of H1N1 vaccine to arrive Oct. 7

With H1N1 infections in California now classified as "widespread," state public health officials have announced that selected clinics and physician offices will receive small shipments of FluMist nasal spray vaccine by Oct. 7. If you have been identified to receive doses from this first small batch of vaccine, you will be notified a few days before the shipment is set to arrive at your location. Physicians are reminded that FluMist is not approved for pregnant women, or for patients with chronic health conditions, weakened immune systems, or a history of asthma.

The first shipments of vaccine to California providers are scheduled to total 400,000 doses. Larger shipments of the vaccine—in both the nasal spray and the traditional injectable form—are expected to arrive later in October. California is supposed to receive 6.25 million doses by early November, which should be more than enough to vaccinate all high-risk people. The state should receive 22 million doses by December.

If you have questions about where you fall on the priority list for vaccine, contact Lake County Public Health at 263-1090 or Mendocino County Public Health at 472-2600. Vaccine distribution decisions are being made at the local level based on a number of factors, including the number of patients in high-risk groups.

For more information, visit CMA's H1N1 resource center at www.cmanet.org/h1n1/.

CMA proposes medical liability amendments to health reform bills

CMA and Californians Allied for Patient Protection have developed amendments to the House and Senate health reform bills that would protect physicians from increased liability. CMA's proposed amendments would ensure that physicians are protected if they deviate from any clinical guidelines produced through clinical effectiveness research and other provisions in the health reform legislation.

CMA believes that physicians must be allowed to deviate from practice guidelines when in their clinical judgment it is in their patient's best interest, without being exposed to increased liability. CMA also believes that data gleaned from such research must not be independently used to establish standards of care or deny coverage, or be used as evidence in medical malpractice cases.

CMA's amendments would also prevent government performance-based value purchasing decisions—such as nonpayment for hospital-acquired conditions—from being used to create a presumption of medical negligence.

Rep. Henry Waxman, who chairs the Energy Commerce Committee, has expressed interest in including the CMA amendments in HR 3200, the House health reform bill. CMA has also approached Sen. Feinstein about offering these changes as floor amendments on the Senate side.

Three CMA-sponsored bills await signature

Three CMA-sponsored bills have passed the California Legislature and now await the governor's signature:

Unlawful rescission. AB 2 (De La Torre) would prevent the practice of health plans and insurers wrongfully rescinding coverage for patients after they become seriously ill. The bill would require insurers to obtain approval from an independent review organization before rescinding a patient's health insurance.

Peer review. AB 120 (Hayashi) bill would increase fairness and transparency in the peer review system, helping to ensure high quality care in California hospitals.

Osteopathic physicians. SB 606 (Ducheny) would make osteopathic physicians eligible for the Steven M. Thomson Loan Repayment Program. The program, currently open only to MDs, provides medical school loan repayment grants of up to \$105,000 in exchange for a three-year service commitment in a medically underserved area of the state.

For more information on these and other bills, visit CMA's Legislative Hot List at www.cmanet.org/news/hotlist.asp.

EVENTS

Interested in attending a seminar on risk management?

NORCAL Mutual Insurance has offered to provide free two-hour seminars on risk management to interested physicians. The seminars, which would include CME, would help physicians improve patient follow-up and tracking, understand informed consent, and apply risk-management documentation practices.

If you are interested in such a seminar, contact Rachel Pandolfi at rachel@mlcms.org or 525-4375. Seminars will be scheduled based on physician response.

PEOPLE

CEO of Colorado Medical Society to take helm at CMA

Alfred Gilchrist, CEO of the Colorado Medical Society and former director of government advocacy for the Texas Medical Association, will become chief executive of CMA in November. Gilchrist brings 30 years of experience to CMA, including groundbreaking achievements in patient rights, medical liability, and tobacco control measures.

"Alfred Gilchrist's invaluable experience and demonstrated talents at the state and federal level could not come at a more crucial time, as our nation discusses how to improve our health care system," said CMA President Dev GnanaDev, MD. "Alfred's leadership and vision will greatly enhance our efforts to expand access to quality health care, improve the public health, and maintain practice viability for the physicians of California."

CLASSIFIEDS

How to submit a classified ad

To submit a classified ad for MLCMS News Briefs, contact Nan Perrott at nperrott@rhscommunications.com or 707-525-4226. The cost is one dollar per word.

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.

© MLCMS 2009
3033 Cleveland Ave. #104
Santa Rosa, CA 95403

TO UNSUBSCRIBE

You are receiving MLCMS News Briefs because you are a physician or an affiliated medical professional in Mendocino County and/or Lake County. If you wish to unsubscribe, contact Steve Osborn at sosborn@mlcms.org or 707-525-4325.