5010 Deadline Extended

Acknowledging that many physicians and billing entities still aren’t ready, federal officials are giving physicians three more months before it begins enforcing the use of Health Insurance Portability and Accountability (HIPAA) 5010 transaction standards. The new deadline is June 30.

The new transaction standards took effect Jan. 1, but the Centers for Medicare & Medicaid Services (CMS) gave physicians until March 31 to begin using them. On March 15, CMS issued a statement that said it pushed back the deadline again because there still are problems with full implementation of the standards and it “believes that these remaining issues warrant an extension of enforcement discretion to ensure that all entities can complete the transition.”

If you are already using the standards to file claims, fine. If not, continue preparing to start using them by June 30, or Medicare, Medicaid, and private insurers will reject your claims.

The TMA 5010 Resource Center includes background information on the issue; questions to ask vendors; contact information for electronic health record, practice management, and clearinghouse vendors; information on how you can finance upgrades to your existing system or purchase a new system; and an action plan.

Check the TrailBlazer Health Enterprises and the Texas Medicaid & Healthcare Partnership (TMHP) websites to verify that your vendor is approved for Medicare and Medicaid 5010 claims. Contact your vendor as soon as possible if it is not on the list. TMA suggests contacting commercial carriers directly.

CMS said TrailBlazer Health Enterprises will continue working with clearinghouses, billing vendors, and health care professionals who need help submitting and receiving 5010 compliant transactions. Issues related to implementation problems with Medicaid may be emailed to Medicaid5010@cms.hhs.gov.

Source: TMA Action, March 19, 2012

Don’t delay: DPS license can take 6 weeks or more

DO NOT DELAY! Send in your Department of Public Safety (DPS) license as soon as you receive the renewal notice to ensure your license does not expire. Since October 2011, DPS has been sending out renewal notices 90 days in advance, due to a delay caused by the implementation of a new computer system.

Unfortunately, some physicians are still waiting until the week before expiration to renew their DPS license. DPS states that it could take up to six weeks for the renewal to be processed. DPS is working on the backlog; however, DPS states they need physicians to renew as soon as they receive their notice.

The Texas Medical Association (TMA) has suggested that DPS implement an online renewal system, and DPS has been very receptive. DPS officials state they actually have been pursuing this course; however, at this time, it appears implementation of any online renewal system is still months away.

TMA has been monitoring the situation and will continue to work with DPS to resolve this issue. TMA also is planning to speak with Governor Rick Perry about the continuing problems.

Source: TMA

NCMS History Books are here!
For more information, or to reserve your copies call 884-5442 today!
Medicaid to Clean Up Dual Eligible Mess

State Medicaid officials say they will fix the mistakes and reprocess the claims of physicians incorrectly paid $0 for treating patients eligible for both Medicaid and Medicare, known as “dual eligibles.” The Texas Medical Association brought the problem to their attention of behalf of physicians and their patients who were threatened with losing their health care because many physicians across the state faced financial ruin.

“Medicare crossover claims that were affected by the incorrect reimbursement of $0 for the first detail line item listed on the claim will be reprocessed,” the Texas Medicaid and Healthcare Partnership (TMHP) said in a statement posted on its website. “After these claims have been reprocessed, providers may receive additional payment, which will be reflected on future Remittance and Status (R&S) Reports. Claim details that received a correct reimbursement of $0 will not be reprocessed.”

The TMHP statement says it identified four issues:

1. Some professional and outpatient hospital Medicare crossover claims may have received an incorrect reimbursement of $0 for the first detail line item listed on the claim.
2. Some anesthesia claims were denied incorrectly because of a change in how anesthesia minutes are reported in the HIPAA 5010 format.
3. Claims may have been rejected incorrectly because Medicare-only information was transmitted to TMHP or information was not transmitted to TMHP in the appropriate format or location.
4. Crossover claims may be denied because of an invalid performing provider.

For additional information, read the statement on the TMHP website.

TMHP also said that for dates of service on or after Jan. 1, 2012, if the Medicare payment is less than the Medicaid allowed because the patient has not yet met the yearly deductible, coinsurance and deductible reimbursement for Medicare Part B and Part C professional and outpatient facility crossover claims may be paid at the lesser of the following:

- The coinsurance and deductible payment, or
- The amount remaining after the Medicare payment amount is subtracted from the allowed Medicaid fee or encounter rate for the service.

TMHP added that some portion of the annual deductible for Part B claims will be paid if the service is a benefit of Medicaid and Medicare does not make a payment. If the Medicare payment equals or exceeds the Medicaid allowed amount or encounter payment for the service, Texas Medicaid will not make a payment for the coinsurance and deductible.

For more information, see Changes to Medicare Crossover Claims Processing and Reimbursement Effective January 1, 2012, posted on the TMHP website in December, or call the TMHP Contact Center at (800) 925-9126.

All of this stems from a cost-saving move the Texas Legislature ordered in which HHSC will not pay coinsurance and deductible payments for Medicare Part B services for dual-eligible patients when Medicare’s payment exceeds the Medicaid allowable for the same service.

Several serious Medicare and Medicaid computer errors compounded the situation.

A trio of computer glitches were identified that resulted in claims paying $0 during the patients’ annual Medicare deductible period, even though physicians should have been paid up to the amount Medicaid would have paid for the service if the patient weren’t covered by both Medicare and Medicaid. One of the problems stemmed from a processing error in the state’s Medicaid claims payment system. In the other, state and federal computers were not talking to each other properly because of problems tied to the new national rule requiring physicians, providers, and public and private insurers to use HIPAA 5010.

TMA is calling on state leaders to take emergency action to help these patients and the doctors who care for them.

Javier Saenz, MD, is a Rio Grande Valley family physician who cares for many of these patients. They make up about half of his practice. Since January, he’s treated them as always, but has received no Medicare payments and very little in payments from Medicaid. As a result, he is exhausting personal savings and turning to bank loans to make payroll and keep his medical practice open to serve his patients. He doesn’t know how long he can hold out.

Source: Action, March 15, 2012
Medical Emergency: Act Now!

Help preserve access to quality health care for dual-eligible patients and the physicians who care for them. “Dual-eligibles” are people old enough to qualify for Medicare as their health insurer and poor enough to qualify for Medicaid assistance. Hundreds of thousands of them live across Texas. Budget cuts and bureaucratic bungling threaten their care – and more.

Please ask Texas legislators and the Legislative Budget Board to reverse the cap on Medicaid-allowable payments for dual-eligible patients.

Source: Action, March 15, 2012

How Has Dual-Eligible Payment Policy Affected Your Practice?

 Physicians across Texas have been squeezed by the decision to pay no more than the state’s Medicaid rate for services provided to patients who are eligible for both Medicare and Medicaid. State and federal officials say they have fixed a pair of computer problems that brought payments for many patients down to zero, but they haven’t announced when they will reprocess thousands of affected claims. TMA and the Hidalgo-Starr County Medical Society hosted a town hall meeting on the issue in McAllen. In addition, we are collecting signatures on a petition asking law makers and the Health and Human Services Commission to “reserve access to quality health care.” We’re also asking all TMA-member physicians to share how the problem has affected their practice.

Source: TMA EVPGram, March 12, 2012

April Calendar

| Apr 4/1 | Palm Sunday |
| Apr 2/4 | Executive Board Meeting 6 pm |
| Apr 6/4 | Good Friday, NCMS office closed |
| Apr 7/7 | Passover |
| Apr 8/4 | Easter Sunday |
| Apr 10/5 | Editorial Board Meeting 12:30 pm |
| Apr 11/6 | Membership Meeting, Social 6:15 pm |
| Apr 13/8 | Meeting at 7 pm, CC Country Club |
| Apr 13/8 | Health Fair Meeting 12:30 pm at NCMS |

Billing Headaches???

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Corpus Christi, Texas 78411
361.855.2455
Physicians Foundation Survey Needs Your Stories

The Physicians Foundation is surveying you and your 650,000 physician colleagues across the country to determine how satisfied you are with the current state of medicine. The survey asks about the state of your practice, your morale, your career plans, and whether you can continue providing services in light of escalating regulatory and financial burdens. Please take a few minutes to complete the survey. 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. A key question the survey poses, said Tim Norbeck, CEO of the foundation, is “Can physicians meet the needs of patients given current medical practice conditions?”

Source: TMA EVPGram, March 12, 2012

ACLS Renewal & Provider Courses

The South Coastal Area Health Education Center (AHEC) will sponsor ACLS Provider/Renewal Courses on Friday and Saturday, April 20 & 21, 2012 and Renewal. The courses will be held at CHRISTUS Spohn Corpus Christi Memorial Hospital. Check-in begins at 7:30 a.m.

The Provider course is 8 am – 2 pm on Friday and 8 am – 12 pm on Saturday; fees are $250.00 for physicians and dentists and $200.00 for residents. Registration fee covers the updated AHA / ACLS Provider Manual, study materials, continental breakfast and lunch. The South Coastal Area Health Education Center is accredited by TMA to sponsor CME for physicians and designates this activity as meeting the criteria for 16 credit hours in Category 1 of the PRA of the AMA.

The Renewal course is 8 am - 12 pm on Saturday; fee is $175.00. Registration fee covers the updated AHA/ACLS Provider Manual, study materials, refreshments, continental breakfast and lunch. Attendees must present a current ACLS card at the door for verification upon check-in. The South Coastal Area Health Education Center is accredited by TMA to sponsor CME for physicians and designates this activity as meeting the criteria for 8 credit hours in Category 1 of the PRA of the AMA.

For information, contact Mary Moreno at 902-4467 or Email: m.moreno@christushealth.org.

Coming Soon…..
Young Physicians’ Mixer,
Watch for your invitation.
Medicare Corner

Medicare enrollment system updated

As a result of feedback from the Texas Medical Association (TMA) and county medical societies, the Centers for Medicare and Medicaid Services (CMS) has made upgrades in the Medicare online enrollment system, called the Provider Enrollment, Chain, and Ownership System (PECOS), to reduce data entry time and increase access to information.

Physicians and staff using the Internet-based Medicare enrollment system, PECOS, will now see the following improvements:

- Electronic Signature – (New) – Physicians now have the ability to digitally sign and certify the application. (Old) – Signature certified by mail only.
- Access to More Information – Now physicians can see if a request for revalidation (revalidate enrollment information every five years) has been sent by the Medicare Administrative Contractor (MAC).
- Multiple Views of Your Information – Switch between Topic View and Fast Track View: The Fast Track View allows you to quickly review all enrollment information on a single screen.
- Usability – Making the system easier to use:
  - Can access previously-used address information when completing an application.
  - Can quickly update and resubmit an application returned for correction via Internet-based PECOS as part of any application submission.
  - Will have fewer screens and steps to navigate when changing information or revalidating your application(s).

Source: CMS

Office Administrators & Managers:
Stay Up to Date
To receive NCMS Notes, send us your name, physician’s name, and your email address to sdavis@nuecesmedsociety.org.

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Marc, Bosquillon de Jenlis
(361)-549-8975
mardejenlis@yahoo.com

TExES Certified, References available

Legal Action
This information is obtained from the Coastal Bend Daily Legal & Business news. The Nueces County Medical Society does not guarantee the accuracy of the information.

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<td>Sherrie Potts Beckman</td>
<td>Gonzales-Ramos</td>
<td>March 28, 2012</td>
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<td>Heather Mcdonald The Estate of Jacob McDonald</td>
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Hot topics
TrailBlazer loses contract with Medicare

TrailBlazer Health, the Texas Medicare Administrative Contractor (MAC), has lost its contract with Medicare. TrailBlazer is the company that pays fee for service traditional Medicare payments, determines local coverage decisions and administers physician enrollment into the Medicare program. The new MAC will be Novitas Solutions owned by BlueCross BlueShield of Florida. The transition timeline is not set for Texas. Future “Medicare Corners” will be published in the NCMS Notes newsletter to educate members on the transition.
Evaluating your billing company

Is your billing company right for your practice? Even if you are performing your billing operations in-house, you and your office manager must review it often to ensure you are on track. Here are a few specific areas to evaluate and review with your designated billing representative:

Billing Knowledge/Skill Set: Are you often advised on billing codes and procedures based upon specific insurance? Do you know if your billing representative continues to allow you to code for something that is never paid? Knowing this information increases your overall collections success and reduces your write off. Is the billing staff kept current of all applicable policy changes from insurance companies? Do they know when they must add any necessary modifiers? Are they aware of the rates you charge per insurance company? By assuring that your billing representative has this information, your changes of proper payment will increase significantly.

Communication: Does the billing staff communicate well with your staff and patients? If your patients are grumbling that the billing staff is “not getting it right,” that is your clue to find out what is really happening. Insurance companies frequently change the rules, so it is important for your billing staff to be willing and capable of explaining these changes or reasons of confusion to your patients. There also is a lot of opportunity for errors when submitting claims to insurance companies. If your billing representative does not have all of the pertinent information, then clean claims cannot be sent, resulting in denials. The company you hire to manage your accounts is a direct representation of your practice. Make sure you are happy with that communication process.

Accounts Receivable Follow-Up: How often does your staff hear from your billing company about missing or additional information? If it is not weekly or more, then your accounts are not being paid the proper attention. A weekly list of information requests such as: authorizations, chart notes, RXs, diagnoses, confirmation of basic information, etc., must be sent to your staff, and your staff must get that information back to your billing resource within at least a week. Each day that a claim sits in your A/R reduces its chance of payment significantly.

Are you aware of your billing company’s policy after an insurance company denies a claim? If those denials are being allowed to age out, and are eventually just written off, that is a red flag for improvement.

A monthly meeting with your billing resources, that includes extensive A/R status reports, is a must. It is a great opportunity to identify areas that can be improved.

The HIT Parade - Health Information Technology

Report concerns about your EHR

Texas A&M University, through its Patient Safety Organization, worked with the Texas Medical Association (TMA) to develop a reporting system that is user-friendly and efficient to forward your concerns about your electronic health record (EHR) system.

Source: Texas Medical Association

Physician Statement of Interest for Health Information Exchange – We still need your help!

If you have not yet signed a Statement of Interest form for the local Health Information Exchange, please contact the Medical Society ASAP. Although the statement of interest does not represent a binding commitment, we are required to submit a percentage of local physicians’ signatures in order to qualify for continued federal funding. See page 7 for a copy of the form. If you have questions, please feel free to call Paulette Shaw, 884-5442, or Dr. Robert Naismith, Chair, NCMS Health Information Technology (HIT) Committee, 884-6381.

Source: NCMS Health Information Technology (HIT) Committee
Provider Statement of Interest for Health Information Exchange

The Texas Health and Human Services Commission (HHSC) and Texas Health Services Authority (THSA) are supporting a Local Health Information Exchange (HIE) Grant Program to award grants to new or expanding health information organizations (HIO) or regional health information organizations (RHIO) to partially fund planning, development, and operations of local or regional HIE networks. It is a requirement of this program that such HIOs and RHIOs be Texas non-profit corporations in order to be eligible for this grant funding. The vision for statewide HIE in Texas is to support the development of an infrastructure made up of interoperable, electronic health records (EHRs) composed of standardized, structured data elements that are exchanged among authorized health care organizations and providers across secure regional and statewide networks. Additionally, the American Recovery and Reinvestment Act, in order to encourage physician and hospital adoption of EHRs, provides incentives for eligible Medicaid and Medicare providers and hospitals to adopt EHRs and to use them to exchange information electronically. To get the maximum incentive payment, Medicaid and Medicare eligible providers and hospitals must make “meaningful use” of the EHRs by exchanging clinical health data across secure networks by January 1, 2012.

Statement of Interest

Although this statement of interest does not represent a binding commitment, my [practice/practice organization/hospital/hospital system] would be interested in utilizing the services of the Health Information Network of South Texas (HINSTx) to support the vision for statewide health information exchange (HIE) in Texas and to achieve the HIE meaningful use requirements as defined by the Centers for Medicare and Medicaid Services.

We look forward to working with HINSTx, HHSC, and THSA to improve the quality, safety, and efficiency of the Texas health care system through secure, electronic networks in compliance with applicable state and federal privacy laws related to the use and disclosure of individuals’ personal health information.

Sincerely,

Name of Practice: ____________________________________________

Address: ____________________________________________________

Phone Number: ___________________________ Date: _____________

Signed by (name and title): ____________________________________

Email: ______________________________________________________

Practice Type (Circle One): Physician  Physician Organization

Name of Physician or Physicians in Organization and License Number:

<table>
<thead>
<tr>
<th>Physician Name</th>
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Please fax the completed form to: Mary Dale Peterson, MD, MSHCA – 316-881-1349

615 N. Upper Broadway Corpus Christi, TX 78401
‘Hot’ Member Benefits

Doctor, nurse, receptionist needed?

Need to hire a physician, nurse or other office staff? Call Favorite Healthcare Staffing – the exclusive provider of staffing services for the Nueces County Medical Society – at 866-877-3592

Extra copies of Directory

The 2012-2013 NCMS Pictorial Directory will arrive in early June. Nueces County Medical Society (NCMS) members will receive one copy complimentary. Extra copies may be purchased at a member rate of $25.00 plus shipping.

The Directory is a valuable health/medical reference publication for your office staff. To place an order, call 884-5442 or go to www.nuecesmedsociety.org.

TexMed 2012 in Dallas!

Texas Medical Association’s (TMA) meeting TexMed will be held in Dallas, May 18-19. The Future of Health Care Is in Your Hands is the theme of this year’s TexMed, at the Sheraton in Dallas. With 100+ hours of clinical and business CME, a lively exhibit hall with 100 exhibits, and the chance to network with colleagues from all over the state, you don’t want to miss TexMed 2012. Go to www.texmed.org for more information.

Get Your Directories Now!

2011/2012 Pictorial Directories are available for pick up
NCMS members receive 1 free copy; additional member copies are $20 each.

Call 884-5442 to reserve your copies now!

Expect new voter registration cards

Many of you have noticed that your voter registration cards expired at the end of December and that you have not received new ones. Nueces County officials delayed sending out new card because they were unsure where the political boundary lines would be drawn. Now that the parties have signed off on the new political maps and the courts have agreed to allow the elections to move forward, the county can begin the process of adjusting the date on your cards and sending out the new ones ahead of the May 29 primary date.

“Save the Date”

July 28, 2012
47th Annual Health Fair

Sponsored by
Nueces County Medical Society

American Bank Center
Exhibit Hall

Call Susan or Sandra at 884-5442 for more information.
1-9 copies—$49.95  
10-19 copies—$37.50  
20+ copies—$32.50  
Plus 8.25% tax

Call 884-5442  
or email:  
sdavis@nuecesmedsociety.org  
or  
smontemayor@nuecesmedsociety.org  
to reserve your copies.

REC Webinars at Your Service

Texas regional extension centers (RECs) are hosting a free webinar series for physicians and office staff interested in current health information technology (HIT) topics. Physicians across Texas are turning to the technical experts at the RECs for onsite help implementing new or updated technology. Whether your office is starting from scratch or already using an electronic health record system, Texas RECs will tailor their services to fit the technical needs of your practice.

The first Wednesday of every month, TXRECs hosts an educational webinar. March’s topic is privacy, security, and risk assessment. Space is limited, so register today.

April  Patient Safety  
http://www2.gotomeeting.com/register/359030554

May  Workflow Redesign  
http://www2.gotomeeting.com/resigter/872059954

June  Quality Improvement  
http://www2.gotomeeting.com/register 168045866

Source:  TMA

TMA CME seminars

Nonphysician Providers Fundamentals of Billing and Supervision

Register for the Texas Medical Association (TMA) seminar: Nonphysician Providers Fundamentals of Billing and Supervision. This informative half-day seminar will teach you how to recruit the nonphysician provider (NPP), supervise an NPP’s medical acts and prescriptive authority, document your supervision and oversight based on the place of service, and bill appropriately for services. To register for the May 24th San Antonio seminar, go to:  
https://www.texmed.org/Events/ViewSeminars.aspx

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communicate collaborate coordinate DocBookMD.com
Executive Board Actions

At its March 5th meeting, the Executive Board took the following action:

⇒ It was agreed to solicit another bid for new fence from Troy’s Fence.
⇒ It was agreed to sign agreement with Favorite Health Staffing, Inc.

Emmalind Aponte, MD, Hematology/Oncology; Catherine Bussieres, MD, Family Medicine; Melissa Ann Chiasson, MD, Obstetrics/Gynecology; Robert Mason Eckert, Sr., MD, Family Practice (Life Member); Bret R. Todd, DO, Anesthesiology; John J. Navar, MD, Anesthesiology; and Brian L. Patterson, MD, Orthopedic Surgery were approved for Active Membership.

Christopher M. Brown, MD and Michael S. Menowsky, II, MD, were approved for Resident Memberships.

No action was taken on complaint filed by Mattie M. Darnley; no violation of Medical Practice Act was found on complaint filed by Debra L. Hamilton vs Herve Gentile, MD.

TMLT’s new “nest egg” for physicians — the Trust Rewards Program

TMLT has created a new benefit for its 15,000 policyholders — the Trust Rewards Program. The program sets up a “nest egg” for enrolled policyholders. Each year physicians renew their policy with TMLT funds will be set aside in their Trust Rewards account. The funds will be distributed to enrolled physicians at the time of retirement or other qualifying events.

Trust Rewards accounts are set up at no cost to policyholders and accounts are funded annually. The amount will be calculated based upon the average of your last three years premiums with TMLT. In 2012, $100 million has been allocated for policyholders. Quarterly statements are mailed to enrolled physicians detailing the distribution. The first mailing of the statement will be in April.

Yearly distributions will range from $1,000 to $60,000.

“We would like to encourage every policyholder to enroll in Trust Rewards so we can begin funding their accounts,” says Charles R. Ott, Jr., President and CEO of TMLT. “This program is completely free to policyholders; there is no catch. All they need to do is enroll.”

TMLT policyholders must enroll in Trust Rewards to begin receiving allocations. To learn more about the program and enroll in Trust Rewards, go to www.tmlt.org/trustrewards. Policyholders can also contact customer service at 800-580-8658 or at customerservice@tmlt.org.

TMA Learning Sessions on the Web

Fitting an information-packed training session for you and your staff into your practice’s busy schedule is easier than ever with TMA’s recorded Web seminars. Right now, you can learn about these timely topics in about an hour, on your schedule:

Avoiding RAC Audits
Communication Skills: Why Bother?
Evaluating Your Medicare Options
HIPAA HITECH Compliance
Patient-Physician Relationship
Patient Satisfaction

Recorded Web seminars deliver TMA’s expertise right to you, with the added bonus of saving you time and money.

To register for a TMA-recorded Web seminar, go to www.texmed.org and choose Practice Management, then Distance Learning Center, from the left navigation bar. For more information, contact the TMA Knowledge Center at 800-880-7955 or knowledge@texmed.org.
Continuing Education Offering
Clinical Ethics Decision-Making: Issues at the End of Life

Course Objectives:
- Define key ethical principles at the end of life
- Review Texas Code on Advance Directives
- Review Part 5 of the Ethical and Religious Directives for Catholic Healthcare Facilities: (Care for the Dying)
- Discuss how to incorporate Advance Care Planning

This course is offered free of charge.

Course Description:
CHRISTUS Health adheres to the Texas Code in Advance Directives and the Ethical and Religious Directives for Catholic Healthcare Facilities. Physicians and nurses have requested a class that will review the code. Research and two years of ethical case consultations within the CHRISTUS Spohn region reveals that physicians are reluctant, or do not have the time to discuss end of life issues and when medical treatment should be shifted to comfort care. This reluctance can lead to non-beneficial treatment and give the family false hope for recovery. This course will offer a review the Texas Code and present practical ways to interact with patients and families when discussing issues at the end of life and Advance Care planning.

Course Director:
Brian P. Smith, M.S., M.A., M.Div.
Vice President, Mission Integration, CHRISTUS Spohn Health System

NOTE LOCATIONS AND DATES BELOW:

CHRISTUS Spohn Memorial
Wednesday, April 4, 2012
Auditorium A (Lower Level)
6:30-7:00 AM Continental breakfast
7:00-8:00 AM - Presentation

CHRISTUS Spohn South
Tuesday, April 17, 2012
Conference Room A, Dining Room
6:30-7:00 AM – Continental breakfast
7:00-8:00 AM – Presentation

CHRISTUS Spohn Shoreline
Tuesday, May 1, 2012
Dr. Spohn Conference Room
6:30-7:00 AM – Continental breakfast
7:00-8:00 AM – Presentation

Registration is required and limited; please call the CHRISTUS Spohn HealthLine, 361-881-3103 or toll free, 1-800-247-6574 to confirm your attendance. If leaving a message, please include your name, occupation, and the location of the event you are attending.

The Texas A&M Health Science Center Coastal Bend Health Education Center is accredited by the Texas Medical Association to provide continuing medical education for physicians. The Texas A&M Health Science Center Coastal Bend Health Education Center designates this live educational activity for a maximum of 1 AMA PRA Category 1 Credit™. This course has been designated by Texas A&M Health Science Center Coastal Bend Health Education Center for no more than one hour of education in medical ethics and/or professional responsibility. Physicians should only claim credit commensurate with the extent of their participation in the activity.

This activity is designed to change physician competence. This is a knowledge-based activity.
Commercial support: none. The planners of this activity do not have a financial interest to disclosure.

CHRISTUS Spohn Health System
"Ask the Doctor"

We need YOU
On Wednesdays in May!

NCMS is looking for volunteers for the "Ask the Doctor" Series on KIII-TV, 5 p.m. newscast on Wednesdays in May. We need at least 4 members to take phone calls from viewers in the phone bank. Participants should be at the KIII-TV studio (5002 SPID) at 4:45 p.m., newscast starts at 5:00 p.m. and calls end by 5:30 p.m.

All members will have a name card and will be included in live shots during the newscast. Members should wear white coats with their names, if possible.

Please sign up for a very interesting hour; it's a great way to publicize your practice!

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<td>Dr. Al Gest, lead</td>
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<tr>
<td>Wed., May 9</td>
<td>Skin Cancer</td>
<td>Dr. Vijay Bindingnavele, lead</td>
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<td>Wed., May 16</td>
<td>Carpal Tunnel</td>
<td>Dr. Juan Bahamon, lead</td>
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<td>Wed., May 23</td>
<td>Concussions</td>
<td>Dr. Gary Bobele, lead</td>
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Print Name: preferred contact – phone number or email

Fax form to: 884-5478 ATTN: ASK THE DOCTOR

For more information or to suggest a topic, call Susan at 884-5442 or email to: sdavis@nuecesmedsociety.org
Your invited to the NCMS Membership Meeting!

Wednesday, April 11th
Corpus Christi Country Club, 6300 Everhart Road

6:15 p.m. Social
7:00 p.m. Dinner/Business Meeting
7:30 p.m. Program: “Medicare Fraud”
Speaker: Robert W. Liles, Managing Member, Liles Parker, PLLC, Attorneys and Counselors at Law, Houston, TX

Sponsored by
TBA

Spouses are welcomed and encouraged to attend.
Cost for spouses is $18.
Cost for non-member physicians and guests is $30.
No charge for NCMS and RPO members.
There will be no CME provided.

Please call 884-5442 by 5 p.m. on Monday, April 9 to make your reservations.

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Pain Management Symposium

WHO: Texas A&M health Science Center – CBHEC
WHEN: Saturday, April 14, 2012 from 8am - 4:30pm
WHERE: Solomon P. Ortiz International Center
HOW: Register online at: www.cbhec.tamhsc.edu/cme/
WHAT: This one-day seminar will feature outstanding speakers covering a broad range of pain management topics. It will provide health care professionals practical knowledge and tools to utilize in management of patients in pain.
CME: 6 AMA PRA Category 1 Credits™.

TMA Cancer Symposium

WHO: TMA Physician Oncology Education Program
WHEN: Friday, April 27, 2012 9am - 1:30 pm
WHERE: Central Texas Medical Center, 1301 Wonder World Drive, San Marcos TX
HOW: For more information call 800-880-1300, ext. 1671
WHAT: Topics include intimacy during and after cancer, genetic risk assessment for hereditary cancers, the Texas Cancer Registry, how to use online tools and exercise for cancer survivors.
FEES: Registration fees are $50 for physicians and $10 for medical students
CME: 4 AMA PRA Category 1 Credits™

PHR Workshop: Health Physicians: Healthy Patients

WHO: TMA
WHEN: Saturday, April 28, 2012 from 8am – 11:45am
WHERE: Omni Corpus Christi Hotel Bayfront Tower, 900 N. Shoreline Blvd. (361) 887-1600
HOW: Visit the TMA website at: www.texmed.org/learn_phr to register online.
WHAT: The workshop will address issues in physician health and personal life that make an impact on patient care.
CME: The TMA designates this educational activity for a maximum of 3 AMA PRA Category 1 Credits™.

3rd Annual Trauma Awareness Conference

WHO: CHRISTUS Spohn
WHEN: Thursday, May 10, 2012
WHERE: CHRISTUS Spohn Hospital Memorial, 2606 Hospital Blvd.
HOW: Registration is day of conference, beginning at 7:00 am
WHAT: TBD
CME: TBD