DPS Tracks Drug Shoppers

Physicians can check patients’ controlled substance prescription history through the Texas Department of Public Safety’s (DPS’) new secure online Prescription Access in Texas (PAT) database. The program – designed to reduce patients’ prescription drug abuse – allows physicians and police to go online to see what controlled substances a patient has been prescribed in the past year.

DPS began testing PAT last August and, after pronouncing it successful, has made it available to physicians, law enforcement, midlevel practitioners, and medical board and nursing board investigators. The database includes Schedule II-Schedule V drugs for the last 12 months only. Pharmacists must report prescription data within seven days of filling a prescription.

“It is essential that doctors and pharmacists have quick access to the information they need to identify potential prescription drug abusers and traffickers before they fraudulently receive the drugs,” said DPS Director Steven McCraw. “Law enforcement access to this information is also crucial to investigating those individuals or organizations engaged in the trafficking of prescription drugs. This new tool will allow a proactive approach to prevention, assist with criminal investigations, provide historical reporting, and identify trends.”

The legislature created the original prescription drug monitoring program, now called the Texas Prescription Program, in 1982. Since then, authorized users have had to access this information through a paper process.

Texas law restricts access to prescription data to physicians, dentists, veterinarians, podiatrists, advanced practice nurses or physician assistants, and pharmacists inquiring about their patients and to various regulatory and law enforcement personnel conducting investigations.

Source: Action, Aug. 15, 2012
Texas Tops in EHR Incentive Payments

The Centers for Medicare & Medicaid Services (CMS) recently announced that Texas leads the country in combined Medicare and Medicaid payments through the Electronic Health Record (EHR) incentive program. As of May 2012, 7,119 physicians and other health care professionals and 321 hospitals in Texas had received more than $505 million.

The electronic health record (EHR) incentive program began in 2011. Physicians who participate in the Medicare program can earn up to $44,000 over five years and physicians eligible for the Medicaid program can earn up to $63,750 over six years. If 2012 is the physician’s first year participating in the program, Medicare requires physicians to “meaningfully use” a certified EHR for 90 consecutive days. There are 15 core criteria that physicians must meet, and another five from a menu set of 10. First year Medicaid physicians must attest to implementing or upgrading to a certified EHR. The deadline to receive the $18,000 for 2012 and the total of $44,000 over five years of meaningful using an EMR is Sept. 30, 2012. This is because you have to actively do meaningful use for 90 consecutive days. In 2013, the payment goes down to $15,000 and the total goes to $39,000 for four years. Nationally, more than 100,000 physicians and other eligible health care professionals and 2,400 eligible hospitals have received more than $3 billion in Medicare EHR incentive payments and more than $2.6 billion in Medicaid incentive payments.

Source: TMA & CMS
Executive Board Actions
At its August 6th meeting, the Executive Board took the following action:

⇒ It was agreed to exclusively endorse Texas Medical Liability Trust (TMLT) for one year.
⇒ The following Nominating Committee appointments were approved: Drs. Vijay Bindingnavele, Daniel Vijjeswarapu, and Ernest Buck.
⇒ It was agreed to purchase a reserved table for BACALA’s annual luncheon on Wed., Sept. 12.
⇒ Troy Creamean, DO, Otolaryngology; Christopher Hendrix, MD, Interventional Radiology; and Adam L. Spengler, MD, Ophthalmology were approved for Active membership.

TMA Conference in Fort Worth
Healing the Healer
This Texas Medical Association (TMA) seminar will be held Friday and Saturday, Sept. 14-15, 2012, at the Hilton Fort Worth, 815 Main Street, Fort Worth, Texas.

The program was developed for physicians of all specialties. Content also is appropriate for those serving on medical society physician health and rehabilitation (PHR) committees; district coordinators, regional education team members, and hospital representatives, including chiefs of staff, medical staff coordinators, and members of hospital-based peer assistance committees.

Cost: $230 per person if received by Sept. 1; Late registration: $280 per person

Contact: Linda Kuhn at TMA, 800-880-1300, ext. 1342.

‘Hot’ Member Benefits
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Have a legal question? Ask the TMA Knowledge Center!
The Texas Medical Association Knowledge Center will help answer legal questions, as well as payments, coding and billing, questions about TMA seminars, and more. For Knowledge Center assistance, email knowledge@texmed.org or call 800-880-7955.

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Thursday, September 13, 10 am
Home of Dr. Vijay and Pooja Bindingnavele
309 Cape Cod
Program: “Romance, Sex, and Survival Tips for Your Medical Marriage”
Bridget McKeever
Patient privacy protection: What you need to do

When it comes to enforcing HIPAA data security and privacy standards, the federal government means business. In fact, the government is conducting a national pilot program to audit 150 physicians, and others that HIPAA covers, as the first phase of a concerted effort to crack down on HIPAA violations. Also, Texas has passed House Bill 300, a new electronic health record (EHR) privacy law that exceeds HIPAA requirements and takes effect on Sept. 1.

Federal – HIPAA/HITECH

The Office of Civil Rights (OCR) of the U.S. Department of Health & Human Services (HHS) hired accounting firm KPMG, LLP, to conduct the audits, authorized by the 2009 Health Information Technology for Economic & Clinical Health (HITECH) Act. The government has not said how it picks audit targets, saying only that selections are “designed to provide a broad assessment of a complex and diverse health care industry.” At this point, all physicians must have all policies and procedures required by the HIPAA privacy, breach notice, and security rules finalized and regulatory-ready. Unfortunately, a majority of health care entities are not ready for HIPAA compliance audits.

When OCR selects a practice for an audit, investigators will interview key practice staff, inspect office privacy and security protocols, and assess the practice’s compliance with federal regulations and policies. Physicians who get an audit letter from the OCR have only 10 business days to respond to a request for documentation. If found to be non-compliant, the OCR typically requires practices to sign three-year corrective action plans, to send periodic updates to the agency, and to develop policies approved by the agency. Civil penalties for unintentional HIPAA violations range from $100 to $50,000 per violation. If OCR contacts you for an audit, contact your legal counsel, and be prepared to cooperate as necessary during the onsite visit.

To assist physicians, the Texas Medical Association (TMA) has developed Policies & Procedures: A Guide for Medical Practices, which is a useful HIPAA-compliance tool that will help with any OCR audit. The HIPAA and HITECH manuals in the guide include template policies and forms for:

- Staff training on the HITECH Act requirements;
- Business associate agreements that incorporate the HITECH amendments;
- Breach risk assessment; and
- Use of email with patients.

A hard copy of the guide with a customizable CD is $295 for members and $395 for nonmembers. The customizable CD alone is $255 for members and $355 for nonmembers. This fall, TMA also will offer a downloadable update on Texas’ new electronic health records privacy law for physicians who previously purchased the policy and procedure guide.

Texas’ Privacy Law

In 2011, the 82nd Texas Legislature passed House Bill 300 (HB300) heavily amending the Texas Medical Records Privacy Act. These amendments increase protection of electronic private health information (PHI) beyond HIPAA. Note: When state privacy laws are more protective than federal laws, the more protective laws take precedence.

- Starting Sept. 1, Texas physicians and other covered entities using electronic health records (EHRs) must comply with this new state privacy law. While HIPAA has always required physicians to train their employees, the new state law mandates training specific to the staff members’ scope of employment to occur within 60 days after they are hired. In addition, training must be provided at least once every two years.
- Another significant difference is the Texas law directs physicians to notify patients that their health information is subject to electronic disclosure. Notice must be posted in the physician’s place of business. If the electronic disclosure is not related to certain activities like treatment, payment, or health care operations, the physician must actually obtain patient authorization to engage in the electronic disclosure.
- Under the new state law, physicians using EHRs must give patients their electronic records within 15 business days of a written notice (just like physicians have been required to do for paper records under state law). The state law is more stringent than the 30 days HIPAA allows. Physicians may provide the record in another format if the patient agrees.
- Also, because medical practices are vulnerable to computer hacking, viruses, and identity theft due to the amount of sensitive information they collect, the Texas Medical Liability Trust (TMLT) offers cyber liability coverage. For information, call TMLT at 800-580-8658.

In the fall, TMA will provide an update on additional requirements imposed by the new Texas privacy law, so physicians may begin updating their HIPAA policies and procedures manuals.

To order TMA’s Policies & Procedures: A Guide for Medical Practices or to inquire about the soon to be published update on the new Texas privacy law, physicians are urged to call the TMA Knowledge Center at 800-880-1300, or email knowledge@texmed.org.

Source: TMA and TMLT
The HIT Parade - Health Information Technology

CMS Audits Meaningful Use

The Centers for Medicare & Medicaid Services (CMS) is auditing physicians and other health care professionals who receive meaningful use incentive payments. CMS is required to audit those attesting to meaningful use, but until this point, the agency has only posted general information about the audits.

CMS says anyone who receives the incentives could be audited and that recipients should retain all supporting documentation, whether it is paper or electronic, for six years.

The Garden City, N.Y., accounting firm Figliozzi & Co. is conducting the audits for CMS. The firm is sending letters asking for documentation supporting the meaningful use attestation.

Figliozzi seeks four types of data:

- Documentation from the Office of the National Coordinator for Health IT showing use of a certified electronic health record (EHR) system for meaningful use attestation;
- Information about the method used to report emergency department admissions (for hospitals);
- Documentation that the attestation for the core set of meaningful use criteria was completed; and
- Documentation that the required number of menu set meaningful use objectives was completed.

Physicians and others selected for the audits have two weeks to submit their documentation. The audits are not expected to involve site visits, CMS says.

The Texas Regional Extension Centers (RECs) were established with federal grants to help physicians with EHR adoption and the meaningful use incentive program. The grants provide subsidies to primary care physicians. Specialists are also eligible for REC services, but the services are not subsidized.

For questions about the incentive program and other health information technology needs, contact TMA’s Department of Health Information Technology at (800) 880-5720 or by email.

Source: Action, Aug. 15, 2012

Small Business Tax Credit is Helpful

The small business health care tax credit is one aspect of the Affordable Care Act (ACA) that may be helpful to a physician’s practice. The current maximum credit available is 35 percent for small business employers; however, beginning Jan. 1, 2014, the rate will increase to 50 percent.

Who is eligible?

To be eligible, you must cover at least 50 percent of the cost of the health care coverage for each of your full-time employees (only the employee, not his/her family). You also must have fewer than 25 full-time equivalent employees (FTEs). Those employees must have average wages of less than $50,000 a year.

Also, the amount of the credit you receive works on a sliding scale. The smaller the business, the larger the credit is. If you have more than 10 FTEs or if the average wage is more than $25,000, the amount of the credit you receive will be less.

Even if you did not owe tax during the year, you can carry the credit back or forward to other tax years. Also, since the amount of the health insurance premium payment are more than the total credit, eligible small businesses can still claim a business expense deduction for the premiums in excess of the credit. That is both a credit and a deduction for employee premium payments.

How to claim the credit

Use IRS Form 8941, Credit for Small Employer Health Insurance Premiums, to calculate the credit. If you are a small business, include the amount as part of the general business credit on your income tax return.

Source: IRS

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.
Death records-$500 fine for noncompliance

Did you know that Texas law requires all cause-of-death information and medical certifications to be submitted electronically to the Texas Department of State Health Services (DSHS) online death registration system, the Texas Electronic Registrar (TER) at www.dshs.state.tx.us/vs/edeath/default.shtm. Penalties for noncompliance start at $500.

TX Health Plans Forced to Rebate $186 million

Many of you have received letters and health insurance rebate checks from your health insurance companies. The Affordable Care Act (ACA) requires health insurance companies to issue a rebate to its customers if it does not spend at least 80 percent of the premiums it receives on health care services, such as on physicians and hospital bills, and activities that improve health care quality. The ACA requires that no more than 20 percent of premiums may be spent on administrative costs, such as salaries, sales and advertising. This requirement is referred to as the Medical Loss Ratio or the 80/20 rule. The 80/20 rule in the ACA is intended to ensure that consumers receive value. The rebate percentages are calculated on a state by state basis, the number of employees on payroll for the rebate year, and the types of insurance plans offered, so the rebate check amounts vary among employer groups. Not all groups are eligible to receive a rebate.

A Kaiser report states that the largest premium rebates will go to consumers and employers in Texas ($186 million) and Florida ($149 million). Thus far, we have received information on Humana and Blue Cross and Blue Shield of Texas (BCBSTX) providing premium rebates. In Texas, BCBSTX reported it spent only 71 percent of a total of $1,054,029,473 in premium dollars on health care and activities to improve health care quality, missing the 80 percent target by 9 percent. We do not have the information on other health insurance companies at this time. All insurance companies who owe premium rebates were required to provide it by Aug. 1, 2012, or apply the rebate to the premium on or after Aug. 1, 2012.

The ACA also specifies obligations employers have with respect to distributing a portion of this rebate to employees. Talk with your legal advisor to determine your practice’s obligation. More information is available at www.dol.gov/ebsa/newsroom/tr11-04.html.

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NCMS members receive 1 free copy; additional member copies are $20 each.
Call 884-5442 to reserve your copies now or stop by our office at 1000 Morgan Monday-Friday, 8am - 5pm
**Use TMA’s opt-out calculator**

Are you thinking of opting out of Medicare? If so, TMA has a calculator that can help you determine the likely financial impact on your practice.

The calculator makes it easy to estimate the likely change to your practice revenues if you drop out of Medicare entirely. When you plug your total annual revenue from Medicare patients into the calculator, the calculator will estimate the percent of Medicare patients paying cash that are likely to stay with you, the percent of empty appointment slots to be filled by commercially-insured patients, and the percent of empty appointment slots that will likely remain empty.

The calculator also allows you to gauge the impact of potential fee cuts that could result from the Medicare Sustainable Growth Rate formula.

For a link to TMA’s calculator, go to [www.texmed.org](http://www.texmed.org).

*Source: Texas Medicine, July 2012*

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**September Calendar**

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
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<tbody>
<tr>
<td>Mon 9/3</td>
<td>Labor Day, NCMS offices closed</td>
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<tr>
<td>Mon 9/10</td>
<td>Executive Board Meeting, 6pm NCMS office</td>
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<tr>
<td>Tues 9/11</td>
<td>Editorial Board Meeting, 12:30 pm NCMS office</td>
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<tr>
<td>Wed 9/12</td>
<td>BACALA Luncheon, 11:30 am Ortiz Center</td>
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<tr>
<td>Wed 9/12</td>
<td>Membership Meeting, 6:15 pm CC Country Club</td>
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<tr>
<td>Fri 9/14-15</td>
<td>PHR Conference in Ft. Worth</td>
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<tr>
<td>Sun 9/16</td>
<td>Rosh Hashanah begins at sundown</td>
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<tr>
<td>Mon 9/17</td>
<td>Public Meeting on RHP4, 1 pm, Del Mar ES Center, 2nd floor</td>
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<tr>
<td>Tues 9/25</td>
<td>Yom Kippur begins at sundown</td>
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<tr>
<td>Tues 9/25</td>
<td>CC Pediatric Society Meeting Bellino’s Italian restaurant 6:30pm</td>
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<tr>
<td>Tues 9/25</td>
<td>Tom Greenwell Fundraiser, 6:30pm at 256 Purl Place, Dr. Pamela Hall’s home</td>
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**Free to NCMS Members**

**Name:**

**Medical Society #:**

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4. Enter State and Society
5. Enter your medical society number
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Medicare Corner

Did You Get Mail from Novitas Solutions?

Trailblazer out! Novitas Solutions In!

Physicians in Texas must begin preparing for a big change to Medicare fee-for-service (FFS). On Nov. 19, 2012, TrailBlazer Health Enterprises will no longer be the Medicare Administrative Contractor (MAC) for Texas FFS Medicare. The Medicare MAC pays FFS claims and determines Local Coverage Determinations (LCDs). The new company taking over is Novitas Solutions.

Important information you & your staff need to know NOW!

*In late July, Novitas Solutions sent a letter to all physicians who currently do electronic fund transfer (EFT) with TrailBlazer Health. The letter informed physicians of the change in Medicare MACs and also included a new EFT Agreement form to complete since Novitas has a different bank than TrailBlazer Health. It is imperative that any information that comes to you from Novitas Solutions be treated as priority and be reviewed as soon as possible. Please be sure to advise all your office staff members. Failure to complete and submit the EFT Agreement will result in a delay or interruption of your Medicare payments.

*Novitas Solutions has posted and completed its review of LCDs to the existing LCDs used by TrailBlazers. The new LCDs were posted to the Novitas Solutions’ Web site and the Medical Coverage Database on June 28, 2012. These LCD’s are required to be posted for a 45-day notice period before becoming effective to the MAC region.

Educating members on transition

Nueces County Medical Society (NCMS) will keep its members advised as the transition unfolds. Be sure to check the NCMS Web site, www.nuecesmedsociety.org, and the NCMS Notes newsletter for updates. NCMS is conducting an educational campaign throughout the summer and fall to prepare NCMS members for the transition.

Source: Action, Aug. 15, 2012

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Hot topics

Standardize reports for physician profiling programs

The American Medical Association (AMA) announced that more than 60 organizations have pledged their formal support to an AMA effort designed to help physicians better use health insurer-provided data reports as tools to enhance the quality and value of patient care. To help create data reports that physicians can easily understand and use, the AMA created the “Guidelines for Reporting Physician Data” with input from public and private health insurers, state and specialty medical societies, health standard organizations, an employer and consumer coalitions. The new guidelines provide a roadmap for improving the usefulness of physician data reports by encouraging greater format standardization, process transparency, and level of detail. Among the organizations that support the use of the AMA’s guidelines are: Cigna, Midwest Business Group on Health, National Committee on Quality Assurance, and UnitedHealth Group.

Source: AMA

BCBSTX: Auto preauth & referral tools to be enhanced

Blue Cross and Blue Shield of Texas (BCBSTX) is upgrading automated preauthorization (also known as pre-certification or pre-notification) and referral tool iEXCHANGE™. This is a Web-based application, which will now support submission of preauthorization requests and online approval of benefits to outpatient services, in addition to continuing support of inpatient admissions and referral authorizations. The application upgrade includes minor screen changes to the current tool. The above preauthorization and referral tool enhancements are scheduled for availability by mid-September 2012. Provider training sessions will be offered prior to implementation. Webinar dates and updated reference materials will be posted in the Education and Reference Center section on the BCBSTX Website. Go to the BCBSX Section of the physician provider Web site, www.bcbstx.com/provider/news/Index.html, for additional announcements.

Source: BCBSTX Newsletter

UnitedHealthcare satisfaction survey coming to you

Watch for the UnitedHealthcare satisfaction survey, which was mailed to you in August 2012. Take a few minutes and let UnitedHealthcare know how it is doing.

Source: UHC Newsletter
Private practice for sale Kingsville, Texas

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For information contact Tatiana Murphy at 361-522-4302
Plan to Attend TMA’s Fall Conference

2012 TMA Fall Conference - October 19-20 - Austin, Texas

Political Rx for Texas

Join your friends and colleagues at the AT&T Conference Center in Austin, Oct. 19-20 and take advantage of the many educational opportunities at TMA’s 2012 Fall Conference.

1. The Supreme Court ruling on the Patient Protection Affordable Care Act (PPACA) has wrought significant controversy in the national and local health care community. General Session keynote speaker, Thomas Miller, JD, will address the effects of the ruling on the patient-physician relationship and the overall health care marketplace on Saturday morning, Oct. 20.

2. Do you want to take advantage of new social media tools but don’t know where to start? Back by popular demand, TMA’s Social Media Lab is happening Friday, 4-5 pm, and Saturday, 7:30-8:30 am. Learn how to influence your world through Twitter and Facebook.

3. New laws are passed on the state and federal level every year that affect your profession, practice, and patients. Is your voice in the discussion? Learn how to be a persuasive and effective communicator at the Legislative Training Session on Friday, 1:30-3 pm or 3-4:30 pm. Space is limited, so register today!

Housing
The headquarters hotel for the conference AT&T Conference Center, 1900 University Avenue, Austin, Texas 78705, (512) 404-1900. For online reservations, visit the TMA website. Book your hotel by Sept. 27 to receive TMA’s rate ($179 + tax).

Registration
Free registration is one of the many benefits of your TMA membership. Nonmembers may attend for $125. Register online on the TMA website.

Questions?
Gain insight into the mega-trends that physicians will face as a result of health system reform at TMA’s Fall Conference. For more information, visit the TMA website or contact TMA Knowledge Center by phone at (800) 880-7955 or by email.

Action, Aug. 15, 2012

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 15 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

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.

<table>
<thead>
<tr>
<th>Plaintiff</th>
<th>Attorney</th>
<th>Court</th>
<th>Publication Date</th>
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<tbody>
<tr>
<td>Amada Herrera and the Estate of Sandra Marie Gutierrez</td>
<td>Monica C. Vaughn</td>
<td>Jose Longoria</td>
<td>August 13, 2012</td>
</tr>
</tbody>
</table>
Doctors are dropping out of Medicare and Medicaid at an alarming rate, according to Texas Medical Association’s 2012 Survey of Texas Physician, Preliminary Findings of Availability, released this summer. To view survey, go to www.nuecesmedsociety.org and click on the link.

This should come as no surprise, as approximately 75 percent of physicians in the 2008 TMA Survey said they would, or were considering limiting Medicare as well as Medicaid patients, as a result of the Medicare fees being frozen since 2001.

Since 2001, physicians’ Medicare payments have been flat, while others such as hospitals and skilled nursing facilities have received substantial increases. To give an example of the situation, if an average office visit brought in $61.18, after expenses, the family practice physician being paid by Medicare made only $7.22 for that patient visit.

The Medicaid rates are even worse. In 2010 and 2011, the state cut physicians’ already low Medicaid payments another two percent, making it more difficult for physicians to accept Medicaid patients. In January 2012, the state cut dual-eligible (Medicare and Medicaid) physician payments by another 20 percent. These cuts hit physicians especially hard, since Medicaid payments cover less than half of the average cost of the service provided. Thus, in order to keep the doors open to patients, many physicians have been forced to make tough choices.

It appears that a number of physicians have followed through, as stated in the 2008 TMA Survey, with limiting their Medicare and Medicaid patients. Currently, according to the 2012 TMA Survey, only 31 percent of Texas physicians accept all new Medicaid patients, which is down from 42 percent in 2008.

Likewise, Texas physicians who accept all new Medicare patients fell from 78 percent in 2000 to 58 percent in 2012. In regards to dual eligible (Medicare/Medicaid) patients, only 40 percent of Texas physicians accept them.

The situation becomes even grimmer when we look at Texas specialty physicians who accept all Medicaid patients: primary care – 53 percent in 2008 to only 19 percent in 2012; surgical – 52 percent in 2008 to 30 percent in 2012; Obstetrics/Gynecology – 42 percent in 2008 to 30 percent in 2012.

Additionally, of these physicians who see Medicaid patients, 51 percent of them said they could not add any new Medicaid patients, according to the 2012 survey. This shows that doctors are frustrated. They want to take care of patients; however, with the mounting paperwork and mandates each year in the government programs, additional costs of running a practice, such as implementing electronic health records, and low payments, it has become a struggle for practices to survive.

Currently, Texas has approximately 6.3 million uninsured and 3.4 million in the Medicaid program, according to TMA. In 2014, due to the Affordable Care Act, two million more people could be eligible for Medicaid, while the network of physicians seeing this group is rapidly shrinking, resulting in more coverage, but limited access, as the wait times to see physicians will be long. Gov. Rick Perry has indicated that Texas will not expand Medicaid. If Texas does, it needs to be coupled with physician fee increases; otherwise, the increase in insurance will not increase access to health care. At the same time, more baby boomers will be eligible for Medicare.

This is a serious crisis. We need more affordable, accessible and quality health care for all!

We must continue to urge our state and congressional representatives to improve the foundation of health care so that we have quality, cost-effective health care access for all Texans. We must work together to urge our legislators to increase physicians' Medicare and Medicaid pay and remove the administrative hassles that divert physicians’ time away from patient care.

Source: HCMS Physician Newsletter, Aug. 15, 2012

**EMERGENCY ADDRESSES/NUMBERS**  
*(physicians only)*

In the event of an emergency, natural or man-made, please refer to the following web addresses and phone numbers for updated physician instructions:

www.nuecesmedsociety.org or www.texmed.org

826-1186 (Emergency Operations Center)  
254-219-7848 (NCMS Satellite phone)

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ACLS Renewal & Provider Courses

The South Coastal Area Health Education Center (AHEC) will sponsor ACLS Provider/Renewal Courses on Friday and Saturday, October 5 & 6, 2012. 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 881-8133 or Email: marygmorenocc@yahoo.com.
Dr. Mathew T. Alexander & Dr. Melissa Macias are pleased to announce that P. Langham Gleason, MD, FAANS will be joining our practice September 15, 2012

- 17 years experience
- Harvard Medical School graduate
- Harvard-Boston Children's Brigham & Women's Hospital Residency

P. Langham Gleason, MD, FAANS
South Texas Brain & Spine Center
Corpus Christi, Texas

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ACA: How will it affect you?

When the Affordable Care Act (ACA) was passed in 2010, the Nueces County Medical Society (NCMS) devoted considerable space in the NCMS Notes to explaining what ACA is and how it will affect physicians. The Supreme Court’s recent affirmation of the constitutionality of most of the ACA, warrants another look at the law. It raises the question: How will the ACA affect practicing physicians? The ACA is a far-reaching law, touching many aspects of people’s lives. Specifically, for physicians, it will affect your practice in four main ways – your patients, new regulations, your employees, and your practice’s finances. Starting in 2014, the current covered patient pool is scheduled to expand in two ways. First, all individuals will be required to have minimum health insurance coverage or pay a penalty. (Editor’s Note: In Nueces County, roughly 26 percent of the population is currently uninsured and approximately 10 percent of this population is undocumented, thus ineligible to obtain coverage under the ACA. Therefore, Nueces County physicians can expect about 10,250 newly insured people who will be searching for a physician.)

One caveat here has to do with whether or not Texas agrees to expand its Medicaid program. Gov. Rick Perry has said Texas will not expand services to cover all adults under 65 who are at or below 133 percent of the federal poverty level, but that is certainly a topic the legislature will take up in 2013. Your practice also will see a plethora of new regulations from the ACA. For example, there will be an increased focus on Medicare/Medicaid fraud and abuse and your physician performance information will be publicly reported starting in 2013. You could potentially see changes as an employer, depending on the size of your practice. In 2014, the ACA requires employers with more than 50 full-time employees to provide health care coverage or pay a penalty. Those employers with 25 or fewer full-time employees and average wages of no more than $50,000 (excluding wages of physician business owners and their partners) who purchase their employees health insurance are eligible for tax credits to offset the cost. Specific information on this program can be found on the IRS’ Web site www.irs.gov/newsroom/article/0,,id=2245334,00.html. Also starting in 2013, contributions to Flexible Savings Accounts (FSA) will be capped at $2500. Health Savings Accounts (HSA) are not banned by the ACA but some new regulations will reduce the advantages of them.

The finances of your practice will certainly be affected by the ACA – both positively and negatively. Some physicians could see an increase in reimbursements or incentives. In 2013 and 2014, the federal government will require Medicaid rates for evaluation and management services and immunizations to be in parity with Medicare rates for family medicine, internists, and pediatricians. This will amount to an average reimbursement increase of approximately 34 percent. From 2011-2016, the ACA mandates a 10 percent Medicare incentive payment to all family medicine, internists, family practice geriatricians and pediatricians for whom 60 percent of all Medicare charges represent office, nursing facility and home visits. There also will be 10 percent incentive payments for general surgeons who perform major surgery in underserved areas. Continuing until 2015, there will be 1 percent PQRS incentives; however, PQRS penalties of 1.5 percent will begin in 2015. Additional incentives based on quality metrics and cost savings will be tested and implemented during the coming years. Finally, by 2020, the Centers for Medicare & Medicaid Services (CMS) must find $500 billion in savings to the Medicare program. The primary tool for this will be the Independent Payment Advisory Board (IPAB) which will identify cost savings and forward them to Congress. If Congress fails to pass legislation to achieve the required savings, the IPAB’s recommended savings will automatically take effect. These cost savings may well hit physicians’ wallets hard.

The ACA also will affect you personally, as a patient, which was discussed above, and in terms of your taxes. In 2013, individuals earning $200,000 and joint filers earning more than $250,000 will be subject to a Medicare payroll tax increase of 0.9% and a new 3.8% Medicare tax, which will be imposed on net investment income from interest, dividends, annuities, royalties, rents, and taxable net gains (including home sales). Fortunately, any payments made under state loan repayment or loan forgiveness programs aimed at increasing availability in underserved areas will be excluded from the calculation of gross income.

Source: HCMS Physician Newsletter, Aug. 15, 2012

(Note: The Nueces County Medical Society (NCMS) will continue to monitor the implementation of the ACA, both nationally and in Texas, to provide you information to help you in understanding how the law will affect you, your patients and your practice.)

Save the date!

NCMS Membership Meeting on September 12 6:15 pm At Corpus Christi Country Club

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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 RHIO 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:

Physician Name Texas Medical Board License #

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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
You’re invited
to the September NCMS Membership meeting!
The membership meeting will be Wednesday evening, September 12th, 2012
at the Corpus Christi Country Club, 6300 Everhart Road.

6:15 p.m. Social
7:00 p.m. Dinner/Business Meeting

TEXPAC Presentation:
Senator Juan Hinojosa

7:30 p.m. Program:
Severe IBS-D and Lotronex –
A Comprehensive Review

Speaker: Dharmendra Verma, M.D., M.P.H., Consultant, Gastroenterology,
Hepatology and Nutrition, Detar Hospital, Victoria, TX

Sponsored by Prometheus Labs

Spouses are welcome and encouraged to attend.
Cost for spouses is $18.00 and $30.00 for nonmember guests.
No charge for NCMS and RPO members.

Please call 884-5442 by 5 pm on Monday September 10th
to make your reservations.