MSDC News: Barry Lewis, MD will serve on the District's Health Information Exchange Policy Board

The District of Columbia Health Information Exchange (DC HIE) Policy Board has been established with Jennifer Campbell, DrPH, as Board Chair. Upon invitation for representation from Dr. Campbell, MSDC has selected Barry Lewis, MD, to participate on the board in the interests of District physicians and patients. He will join fellow MSDC member, Raymond Tu, MD, on the board. The DC HIE Policy Board serves as an advisory board to DC Mayor Vincent Gray and the Department of Health Care Finance (DHCF) on the development of a secure, protected HIE network which benefits District stakeholders in accordance with the State HIE Strategic and Operational Plan and cooperative agreement with the U.S. Department of Health and Human Services Office of the National Coordinator for Health Information Technology.

The DC HIE Policy Board is composed of 21 members; seven (7) District government representatives, and fourteen (14) public members representing organizations including the Medical Society of the District of Columbia. The Board convened once in January 2012 and is required to convene no fewer than three (3) times per calendar year. The Board will likely convene once per month.

On Medicare: Registration and Attestation Information; Avoid Common 5010 Rejections

CMS is holding a National Provider Call on Thursday, June 7, from 1:30 - 3:00 pm ET for eligible professionals (EPs) to learn about registration and attestation for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Programs. This is the last year EPs can earn the full Medicare incentive payment. Join the call to learn more about how to participate in the programs, including:

- The path to payment
- The registration and attestation processes
- Working with a third party proxy
- Troubleshooting registration and attestation
- Helpful resources
- Questions and answers

The presentation for this call will be posted at least one day beforehand. In addition, the presentation will be emailed to all registrants on the day of the call.
Registration Information:
In order to receive the call-in information, you must register for the call. Registration will close at 12pm on the day of the call or when available space has been filled; no exceptions will be made, so please register early.

Want more information about the EHR Incentive Programs?
Make sure to visit the EHR Incentive Programs website for the latest news and updates on the EHR Incentive Programs.

How to Avoid Common Version 5010 Claims Rejections
The deadline for the Version 5010 upgrade was January 1, 2012, and the enforcement discretion period for all HIPAA-covered entities to complete their upgrade to the Version 5010 electronic standards ends on June 30, 2012. The Version 5010 transaction standards have different requirements than those of Version 4010 and 4010A. There are a few things to keep in mind for processing your Version 5010 claims, which should help avoid unnecessary rejections:

1. ZIP Code: You need to include a complete 9-digit ZIP code for the billing provider and service facility location. You should work with your vendor to make sure that your system captures the full 9-digit ZIP.
2. Billing Provider Address: You need to use a physical address for your Billing Provider Address. Version 5010 does not allow for use of a PO Box address for either professional or institutional claim formats. You can still use a PO Box, however, as your address for payments and correspondence from payers as long as you report this location as a pay-to address.
3. National Provider Identifier (NPI): You were previously allowed to report an Employer's Identification Number (Tax ID) or Social Security Number (SSN) as a primary identifier for the billing provider. For Version 5010 claims, however, you are only allowed to report an NPI as a primary identifier.

For additional help with your Version 5010 upgrade and Medicare claims, you can contact your Medicare Administrative Contractor (MAC). The MACs work closely with clearinghouses, billing vendors, and health care providers who require assistance in submitting and receiving Version 5010 compliant transactions. If you experience difficulty reaching a MAC, you should send a message describing your issue to ProviderFeedback@cms.hhs.gov with "5010 Extension" in the subject line.

The Medicare Fee-For-Service group has created a fact sheet that provides guidance to help providers troubleshoot some of the difficulties they may experience with Version 5010 claims processing and links to each of the MAC websites, including lists of the top 10 edits for Version 5010 claims.

Please visit the ICD-10 website for the latest news and resources to help you prepare.

From ProAssurance: Spring 2012 Medical Risk Management Advisor

The Spring 2012 Medical Risk Management Advisor (MRMA) newsletter is attached for your perusal. This quarterly newsletter for physicians provides an in-depth examination of current or timeless topic(s).
To read the current issue of MRMA, click here.

For more information on ProAssurance and ProAssurance programs, please click the following website:
http://www.proassurance.com/content/nbapps.aspx

From the AMA: My Medicare - My Choice petition; AMA challenges the FTC; The impact of accepting credit card payments

Push Your Congress to Act - Sign the Petition in Support of Greater Medicare Choice for Seniors!
Physicians continue to face the challenge of potentially having to limit the number of Medicare patients they can accept. Seniors have paid into Medicare but can only use their benefits to see a physician who accepts Medicare insurance. This ultimately limits patients’ choice of physician and access to care -- and goes against Medicare’s promise to seniors.

Congress can make Medicare choice a reality by passing H.R. 1700/S. 1042 - The Medicare Patient Empowerment Act. This legislation would give seniors the ability to see any physician they choose and privately contract to access their Medicare benefit without having to pay the full, out-of-pocket cost for their care. It would also allow physicians to enter into private contracts with some or all of their Medicare patients without having to formally "opt out" of the Medicare program for two years.

Visit [www.MyMedicare-MyChoice.org](http://www.MyMedicare-MyChoice.org) and sign the petition in support of private contracting and freedom of choice in Medicare. You can also send an urgent message to your U.S. representative and senators in support of this critical legislation.

Your support will help build momentum on Capitol Hill for H.R. 1700/S. 1042 and send a powerful message that NOW is the time to strengthen patient choice and access to physicians.

AMA challenges FTC antitrust actions against state licensing boards

In a brief filed May 17 in a federal appeals court, the AMA is contesting the Federal Trade Commission's (FTC) interference with the authority of state regulatory boards to oversee professional licensure, patient safety and the practice of medicine.

Prepared by the Litigation Center of the AMA and State Medical Societies, the brief disputes an antitrust enforcement action the FTC brought against a North Carolina licensing board as it attempted to fulfill its statutory mandate to regulate public health and safety. The AMA argues that state licensing boards’ decisions are exempt from federal antitrust challenges under the "state action doctrine" created by the U.S. Supreme Court.

In related news, the FTC has sent letters to legislators and licensing boards in multiple states during this legislative session, implying that there are antitrust issues with state laws and regulations that restrict certain health care services and procedures to practitioners with a particular health care license. The AMA has expressed strong objections to the FTC rendering clinical opinions on matters that are the purview of medical boards and states.

Click here to learn more about the AMA’s engagement with the FTC and who to contact if you learn of FTC activity in your state.

New resource helps physician practices understand the impact of accepting credit card payments

The AMA has developed a new educational resource, "What do I need to know about payer and patient credit cards?" to help your practice understand how accepting and processing credit card payments from patients and payers may impact your bottom line. This resource provides your practice with information on payer and patient credit card processing, associated fees and acceptance conditions. Visit [www.ama-assn.org/go/claimsrec](http://www.ama-assn.org/go/claimsrec) to access this new resource. If your practice chooses not to accept corporate credit cards from payers, a “Sample letter to health insurer or other payer regarding use of an unapproved method of payment for services,” is also available for you to customize and send to any payer that is sending a payment in the form of a payment method not agreed to in the underlying contract. This template letter is available at [www.ama-assn.org/go/templateletters](http://www.ama-assn.org/go/templateletters) and is free to AMA members. Your practice is also encouraged to file a complaint at [www.ama-assn.org/go/clickandcomplain](http://www.ama-assn.org/go/clickandcomplain) against payers that are requiring a payment method that has not been mutually agreed upon.

Lower Your Vaccine Costs with Atlantic Health Partners

Atlantic Health Partners is pleased to announce a new program with TransactRx that enables physicians to provide vaccines to most Medicare Part D patients. As you may know, Atlantic offers our members the lowest prices on Sanofi and
Merck vaccines, and now with TransactRx your practice can provide vaccines like Zostavax (available from Merck) and Adacel (Tdap) to Medicare patients. The TransactRx program endorsed by Atlantic provides you:

- Easy online access to patient specific Part D vaccine coverage
- Ability to get fairly reimbursed for vaccines covered under Part D
- Real-time out-of-pocket (copay) cost and reimbursement information
- Electronic claims submission for vaccines covered under Part D

There is no cost to join Atlantic Health Partners or to benefit from this new service. And don't forget these additional Atlantic benefits:

- Discounted medical, surgical and office supply programs
- Discounts on a patient recall program
- Immediate customer service to address any vaccine related issues

Please contact Jeff or Cindy at info@atlantichealthpartners.com or 1-800-741-2044 to find out how your practice can benefit from Atlantic Health Partners Savings and TransactRx. www.atlantichealthpartners.com

Classified Ads

Washington DC/Bethesda Border - Spring Valley Location
Medical Office sublet available. Prime location in beautiful Spring Valley section of Northwest DC. Spacious office with 5 exam rooms. EMR with computers in all rooms. Available for full-time or part-time lease. Large convenient parking lot located behind building and plenty of additional street parking. Walking distance to Metro and Metrobus. Short distance from both Sibley Hospital and Suburban Hospital. Please call Maria at 202-237-0808 for additional details.

Plan Now for a Fun, Restful Vacation!
The Medical Society and Alliance Foundation (MSAF) owns a timeshare, available at The Historic Powhatan Resort, Williamsburg, VA. From September 9 to September 16, two adjoining yet distinct units, each with one bedroom and 1.5 baths, await you, family and friends. Managed by Diamond Resorts International, on-site amenities include outdoor and heated indoor swimming pools, fitness center, cycling/bike rental, fishing, tennis, racquetball, putting green-mini golf, game room, playground, restaurants, and concierge services. Housekeeping services are available. Explore nearby attractions such as Colonial Williamsburg, Historic Jamestown, wine tasting, golf, spas, antique stores, and outlet shopping. This relaxing vacation can be yours for $1200, less than $200 per day! For more information, please contact Rose Smith at (202) 466-1800.

Office Furniture for Sale
Retired Physician has office furnishings for sale. Beautiful executive desk and credenza. Reed chairs and small table. Numerous other items suitable for office or apartment. Offering reasonable price for complete lot but willing to negotiate separate items. To review, please call 301-656-6309 or 301-656-3977

Dynamic, growing medical practice looking for medical staff. Positions to be filled include an Internist, a Physician’s Assistant, and Nurse Practitioners. For more information, click here.

Two physicians are looking to sub-lease a fully-furnished, 5-exam room office with two conference rooms in downtown McLean, Va. The perfect location for a physician with an independent practice or a physician who needs additional space. The office is available Monday thru Friday, 8:30 a.m. to 5 p.m. All overhead including personnel, if needed, will be prorated based on office usage. Please email mcleanobgyn@hotmail.com.

New Psychiatric Practice for Adults & Children
Conveniently located on the red line in Friendship Heights, the office of Enrico Suardi, MD is now open for psychiatric services. Dr. Suardi is board-certified and trained in adult, child & adolescent, and forensic psychiatry. 5028 Wisconsin Avenue NW Suite 400-15 (202) 615-9663 www.drsuardi.com
We want you to know

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The Medical Director (MD) is responsible for providing clinical expertise and business direction in support of medical management programs to promote the delivery of high quality, constituent responsive and cost effective medical care. The MD is a critical medical and business leader and contact for external providers, plan sponsors, and regulatory agencies and participates in the strategic medical management of local markets.

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