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NEWSLINE

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A LETTER FROM THE PRESIDENT

Together We are Stronger

Dear Colleagues,

My deepest and most sincere thanks to all of you and our Board for the great honor you have bestowed upon me - entrusting me with the Presidency of our Medical Society. Your Board freely and willingly gives precious time away from their practices and families in order to see to the smooth operation of MSDC. Together with our Executive Vice-President and hard-working staff – all strive to serve for the best interests of our patients and our profession. For that they all deserve our profound gratitude!

Our MSDC exists for all of us – so, each and everyone can and should contribute in whatever way we can towards the betterment of our ability to care for our patients, and assure our professional and economic survival. You are all aware of the many intrusions and challenges we all face, locally as well as nationally – rising practice costs (liability insurance not among the least), declining reimbursement (and more potentially on the way), and burdensome mandates just to name a few. Thus MSDC is, and always must be, cognizant of developments both locally as well as nationally – to be able to best advocate on behalf of our patients, our members and even our colleagues who opt not to be members of MSDC.

MSDC's strength is in the number of its members and the dues they pay – this is what enables the Society to do its work and function smoothly. MSDC advocates on your behalf! Our numbers increased dramatically by the recent addition to membership of the Medical Faculty Associates of George Washington University – an increase of over 300 members! To our new members: a most hearty WELCOME! And to our Board members, our Executive V.P. and our staff who helped make this possible: Thank you very much!

Maintaining and trying to increase our membership is a constant and endless task – and it distracts staff and Board from other important work on the Society's behalf. Your Board and I plead with each and every one of you to maintain your membership, and encourage membership to those who have let their membership lapse, or who are non-members. We so often hear the phrases "what has the Society done for me?" or "what do I get for my dues dollars?"

We would all rather hear "what can I do to help the Society?"

Sir William Osler said it best – " No physician has a right to consider himself as belonging to himself; but all ought to regard themselves as belonging to the profession, inasmuch as each is part of the profession; and care for part naturally looks to care for the whole".

Thank you, and have a good year!

Joe

Joseph E. Gutierrez, MD, FACS
President
Medical Society of the District of Columbia Chair, Southeastern Delegation to the AMA

Clinical Trials Insurance Coverage Act Moves Through the DC Council with MSDC Support

The Clinical Trials Insurance Act of 2007 was introduced by Councilmembers Cheh, Catania and Gray in October of last year to " prohibit every health benefits plan offered, issued or renewed in the District of Columbia from denying payment for coverage of routine patient care cost of a health care service, item or drug for a qualified individual participating in an approved clinical trial if the service, item, or drug would have been covered had it not been administered in a clinical trial. " Testifying in strong support of the legislation was MSDC Legislation Chair, Marc Rankin, M.D. In his testimony, he argued strongly for the need for such legislation, a similar version of which has already been enacted into law in Maryland. Dr. Rankin went on to state, "Clinical trials are critically important both to the patients who participate in them and to future patients who will benefit from the lifesaving advances these trials uncover. The reason we need this legislation is that far too many individuals do not have access to current trials for which they are otherwise eligible." The legislation is expected to be enacted into law by the Council at its legislative meeting in March despite opposition by the DC HMO Association. Copies of the Society's testimony as well as the legislation are available from the Medical Society.

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DC Medicaid Program Issues Guidance for the Use of Tamper Resistant Prescription Pads Effective April 1, 2008

Purpose: The Medical Assistance Administration (MAA) supports the program integrity measures set forth by the Centers for Medicare and Medicaid Services (CMS) regarding the use of e-prescribing and use of tamper-resistant prescription pads to reduce the instances of unauthorized, improperly altered and counterfeit prescriptions. The purpose of this directive is to offer guidance to DC Medicaid healthcare providers regarding the use of electronic prescribing and tamper-resistant prescription pads (TRPP).

Effective Date of the New Requirement:

Starting April 1, 2008 all hand written or computer generated prescriptions for fee-for-service DC Medicaid recipients must be on tamper-resistant paper. This requirement was included in *Section 7002(b) of the U.S. Troop Readiness, Veterans' Care, Katrina Recovery and Iraq Accountability Appropriations Act of 2007 (Act).* This Medical Assistance Administration (MAA) guidance adheres to the implementation requirements set forth by the Centers for Medicare & Medicaid Services (CMS).

New Requirement Standards:

In accordance with CMS standards, MAA has outlined three (3) baseline characteristics of the tamper-resistant prescription pads. They are as follows:

1. One or more industry-recognized features designed to prevent unauthorized copying of a completed or blank prescription form;
2. One or more industry-recognized features designed to prevent the erasure or modification of information written on the prescription by the prescriber;
3. One or more industry-recognized features designed to prevent the use of counterfeit prescription forms.

Implementation of Requirement:

The Act requires implementation of the tamper-resistant law in two phases. For the first phase, a prescription must contain at least one of the three tamper-resistant characteristics in order to be considered "tamper resistant." For the second phase, prescriptions must contain all three characteristics. At least one of the three tamper-resistant characteristics is required on April 1, 2008. All three characteristics are required on October 1, 2008.

The Medical Assistance Administration (MAA) will require a minimum of one of the requirements for the tamper-resistant prescription pads for all non-electronic prescriptions written for the DC Medicaid fee-for-service recipients starting April 1, 2008. Full compliance with all three baseline characteristics will be required by October 1, 2008. To ensure compliance with these implementation dates, MAA is issuing this guidance to all prescription writing providers to assure providers have adequate time to secure a quantity of tamper-resistant prescription pads for use for our recipients.

New D.C. Program Provides Tremendous Savings for Medicare Beneficiaries

The D.C. Medicare Savings Program enables Medicare clients to save thousands of dollars a year in health premiums, deductibles and prescription drug costs. This recently expanded program provides premium free Medicare and low cost prescription drug coverage ($2.25 for generics, $5.60 for brand-name prescriptions) to eligible residents. All D.C. Medicare beneficiaries with incomes below $30,630 ($41,070 for couples) may qualify for this assistance. IONA Senior Services, a non-profit organization in D.C., provides educational pamphlets and a consumer hotline to answer questions and provide assistance with enrollment in the program. Contact Chris DeYoung, 202-895-9446, cdeyoung@iona.org if you have any questions or would like information about where to refer clients. www.iona.org

Attention: Fee-for-Service (FFS) Medicare Physicians – March 1 Is a Critical Date!

Last month, CMS issued the January National Provider Identifier (NPI) message to all providers. The January NPI message is available at http://www.cms.hhs.gov/NationalProvIdentStand/02_WhatsNew.asp on the CMS Web site.

Prior to March 1, 2008:

- Claims with both an NPI and a Medicare legacy number will be rejected if the pair is not found on the Medicare NPI crosswalk.
- Claims submitted with just a Medicare legacy number will be paid (unless they have other errors that cause them to be rejected).

As of March 1, 2008:

- Claims with both an NPI and a Medicare legacy number will continue to be rejected if the pair is not found on the Medicare NPI crosswalk.
- Claims without an NPI in the primary provider field will be rejected.
- Claims with only a Medicare legacy number in the primary provider field will be rejected.

This means that providers will not be able to get paid for any Medicare services they provide until they begin using their NPI. Also, if needed, providers must cor-

*(See **FFS**, p. 3)*

(FFS, from p. 2)

rect any data that may be preventing an NPI/legacy match on the NPI crosswalk. The correction might require that providers file a CMS-855 Medicare Provider Enrollment form with their Medicare carrier, A/B Medicare Administrative Contractor (MAC) or Durable Medical Equipment (DME) MAC, a process that can take a number of months to accomplish.

Test the NPI-Only NOW – If providers have been submitting claims with both an NPI and a Medicare legacy number and those claims have been paid, they need to test their ability to receive payment using only the NPI by submitting one or two claims today with just the NPI (i.e., no Medicare legacy number). If the Medicare NPI crosswalk cannot match their NPI to the Medicare legacy number, the claim with an NPI-only will reject. Providers can and should do this test now! If the claim processes and pays, the provider should continue to increase the volume of claims sent with only an NPI. If the claim rejects, call the Medicare carrier or A/B MAC enrollment staff for advice right away. The enrollment number is likely to be quite busy after the March 1 deadline, so don't wait.

Need More Information? – Not sure what an NPI is and how you can get it, share it and use it? As always, more information and education on the NPI can be found at http://www.cms.hhs.gov/NationalProvIdentStand/ on the CMS Web site. All current and past CMS NPI communications are available by clicking "CMS Communications" in the left column of the page. Providers can apply for an NPI online at https://nppes.cms.hhs.gov/NPPES/Welcome.do or call the NPI enumerator to request a paper application at (800) 465-3203. Getting an NPI is free – not having one can be costly.

Medical Society and the National Hispanic Medical Association Join Forces to Sponsor Conference on Healthcare Reform and Health Disparities

Do you have Hispanic Patients? Do you have Medicaid/SCHIP/Medicare Questions? Then attend *Healthcare Reform & Health Disparities: A Priority for Hispanic Communities* sponsored by the National Hispanic Medical Association. CME credits will be available and there is a $150 discount for all MSDC members. The Conference is scheduled for April 17-20, 2008 at the Washington Hilton and additional details as well as registration material can be found at www.nhmamd.org

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The SafeRx Act of 2007 was Enacted into Law by the Council Last Month After Months of Vigorous Debate

The legislation was originally introduced by Councilmember David Catania in September of 2007 and because of language restricting the "off-label" or non-FDA approved uses of pharmaceuticals, the Society initially opposed the bill. At the Committee on Health hearing, Drs. Peter E. Lavine and Daniel Ein presented the Society's testimony in opposition to several sections of the legislation, but focused on the restrictions pertaining to off-label prescribing. Councilmember Catania indicated a willingness to work with the Medical Society and the Board of Medicine in crafting less onerous language, and by the time the bill had advanced to the Council on Second Reading last month, the language had been modified to such an extent that we wrote to Mr. Catania, "… our concerns about harm to the physician-patient relationship would have been adequately, if not fully, addressed." The final language, while still having language pertaining to off-label use, eliminated the requirement for written informed consent. An eleventh hour amendment requiring CME to include pharmacology will be addressed by the Board of Medicine and monitored by the Medical Society later this year.

MSDC MARKETPLACE

The Law Office of David A. Branch

is an Employment and Labor law firm in Washington, D.C., specializing in drafting, reviewing and negotiating employment agreements, and litigating employment disputes which require arbitration or must proceed in court. We are located at 1825 Connecticut Avenue, NW, #690, Washington, DC 20009 and offer free parking. Medical Society of DC members receive a discount on services rendered. Contact David A. Branch at 202-785-2805.

Space available for sublet

(2 consultation rooms, 3 exams room and reception desk all furnished) attached to an existing Internal Medicine practice. Prime location on 19th Street NW near Metro. Potential to share electronic medical record system, equipment, and staff if desired. Please contact Sylvia at 202-728-9630 for details.

Practice for Sale

Thriving solo medical practice for sale in downtown Washington DC with easy access to area hospitals. No insurances. Strong client base and excellent growth potential. Fax letters of interest to 202-338-6910.

Georgetown: Large Office to Sublet

Spacious, large windowed, well furnished, office for rent. Rental includes use of waiting room, bathroom and kitchenette with refrigerator and microwave. This office is part of a large two office suite. The other office is occupied by a full time practicing psychiatrist. Location is on Thomas Jefferson Street NW between M St and the canal. Please call for further information; 202-965-8938

Check out all classified ads at: http://www.msdc.org. Click on Classified Ads.

Would you like to place an ad? Contact Barbara Allen for details, e-mail allen@msdc.org, phone 202-466-1800, ext. 103. MSDC members can post ads at no charge!

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