

A message from TBMS President:

Dear Members,

There is trouble ahead in the health care battle that will have a negative impact on all of us. Rumors of what is to be contained in the new health care bill have both good and bad elements to the House of Medicine, but until final language is adopted it is difficult to examine it thoughtfully. The good news is that the \$1 trillion dollar albatross has been tossed aside for a slimmed down version that is supposed to include some language on tort reform. The bad news is that the word being repeated over and over about the bill is cost containment. It is certain that the cost of medical care as a percentage of GDP is not sustainable at its current rate, but where is the government planning on containing these costs.

We would hope that they first concentrate on fraud and abuse in Medicare and Medicaid, but after speaking to a local representative on the Medicaid abuse committee, he does not feel that the state or federal government can act swiftly enough to catch these criminals who fraudulently bill medical services and devices in the millions and then leave the country. Apparently, Cuba and Venezuela offer safe haven to the South Florida criminals where this waste of health care dollars is rampant. The only way I see to contain cost is a continued decrease in physician reimbursement and reimplementation of a primary care gatekeeper model, which currently does not exist in our area with the exception of Medicaid.

An article I read yesterday in JAMA on "Trends in the Work Hours of Physicians in the United States" paints a grim picture for the present and future of Medicine. Physician fees have decreased 25% between 1995 and 2006 when adjusted for inflation; this is at a time when the rest of the country was experiencing phenomenal increases in income and before the subsequent bust of the economic bubbles. As a result, physicians have cut back on time seeing patients and are increasing their involvement in passive income in their practices, including ownership in ancillary services and increasing the intensity of services provided. This study predicts decreases in physician work hours in the years to come and a continued problem with workforce shortages.

How can Congress and the President act to contain costs and expand coverage without taking our problems into consideration? We have got to be involved in the political process and our members will continue to receive invitations to fundraisers from candidates who understand the problems that affect physicians on a daily basis. We cannot change the tide that is wiping away our livelihoods without being involved and sending whatever we can to candidates that support the practice of Medicine. I have proudly framed my letter from the Scott Brown for Senate campaign thanking me for my contribution a week before the Massachusetts Senate special election. His campaign received over \$1 million a day in the last week of the campaign and it allowed him to answer the last minute slanders that were being launched by his opponent. All of those who donated changed the course of our nation and our profession, but that was but a small battle in the ongoing political war to take our livelihoods away. Please contact our Congressman Allen Boyd and Senators Bill Nelson and George Lemieux to let them know that we need to fix the SGR and we cannot accept cost containment that cuts our fees even 1%. We have been sacrificing our fees for over a decade and it is not working for physicians or patients.

Thank you,

Jon Ward, MD
President, The Bays Medical Society

DATE CHANGE FOR MARCH MEMBERSHIP MEETING!

Wednesday March 24, 2010: 6:00 pm; St Andrews Bay Yacht Club

Guest Speakers from the FSU College of Medicine will discuss potential partnerships and goals of the College of Medicine. See the Guest Speakers profiles links below:

<http://www.med.fsu.edu/facultyprofiles/FacultyProfile.aspx?DirectoryId=10297>

<http://www.med.fsu.edu/facultyprofiles/FacultyProfile.aspx?DirectoryId=12838>

PECOS Announcement:

PECOS is a new system by CMS for Medicare Enrollment “on line” instead of doing the paper application. It is suppose to be much faster than the paper but you will still need to send some paperwork and signatures in after you go on line. Recently CMS has come out stating all providers must be in PECOS by the first of next year. They have since delayed it until January 2011. Here is some of the information from the FMA and the links to additional information.

If a provider has not had any changes in his Medicare information since Fall 2003, then he is not in PECOS and will need to send in an updated application shortly. If they you have had changes (moved your office, added providers), even if you sent in a paper application, you should be in PECOS. I understand that First Coast *does not* want you to just go on line and do an application. First Coast is in the process of sending letters to providers who are not in PECOS and will instruct you to file an updated application either on line or via paper. This letter should be received within the next few months. Here are some additional informational links:

Information on CMS website:

http://www.cms.hhs.gov/MedicareProviderSupEnroll/04_InternetbasedPECOS.asp

To get into the PECOS system, a provider needs to have his NPPES user ID and password. If you have a NPI number, he should have a NPPES user ID and password. This information is at: <https://nppes.cms.hhs.gov/NPPES/Welcome.do> to log in and change the password. For information on how to change and reset the password, go to the “help” area in the top right corner of the page and select “reset password page”.

<http://www.ama-assn.org/ama/pub/advocacy/get-involved.shtml> This is a link to the AMA with current updates.

Tips to expedite your Medicare enrollment process

Medicare Enrollment Applications/Forms (**CMS-855A, CMS-855B, CMS-855I, and CMS-855R, 06/06 versions**) submitted to First Coast Service Options, Inc. (FCSO) must be completed with accurate information and must have all supporting documentation attached. FCSO Provider Enrollment staff will review all submitted applications, and as necessary, will send a letter asking for additional information and/or documentation. The following tips regard the most common reasons for which FCSO **must** request additional information and/or documentation.

http://medicare.fcso.com/PE_Tips_and_tutorials/138279.asp

The AMA and MGMA also have a new tool that can assist physician practices in navigating the new requirements of the Medicare enrollment process and help doctors successfully enroll as quickly as possible without interrupting patient care or Medicare reimbursements. This resource is free to members of the AMA and MGMA. You can access it at : [http://www.ama-assn.org/ama1/x-ama/upload/mm/399/medicare-enrollment-toolkit.p df](http://www.ama-assn.org/ama1/x-ama/upload/mm/399/medicare-enrollment-toolkit.pdf) . It has a section on PECOS.