



# OSMA News Now

*The Latest News, Views, Updates, and Information for Physicians  
from the Oklahoma State Medical Association*

November 17, 2008

## **AMA Immediate Past President Ron Davis Loses Battle With Cancer, Leaves Enduring AMA And Public Health Legacy**

CHICAGO – The American Medical Association (AMA) announced that Immediate Past President and public health leader Ronald M. Davis, M.D., 52, died Thursday November 7th at his home outside East Lansing, Michigan. He was diagnosed with pancreatic cancer last February.

Dr. Davis, a preventive medicine physician, served as the 162nd president of the AMA from June 2007 to June 2008. He led the AMA's focus on preventive medicine and had been a longtime public health and anti-tobacco advocate. Dr. Davis also pushed the AMA to focus more on its "healthy lifestyles" platform, doing so with presentations around the nation that included informative and even humorous observations about a general lack of fitness, unhealthy eating, and tobacco use in this country.

Even facing a serious illness, Dr. Davis remained a relentless advocate. He used his cancer diagnosis to educate the public about patient Web sites such as CarePages.com and CaringBridge.com, which enable patients to communicate widely about their disease and treatment. In addition to keeping extended family and friends updated on a patient's progress, these sites allow supporters to send encouragement to the patient, building a community of support in the process

Dr. Davis is survived by his wife, Nadine, and three sons, Jared, Evan and Connor.

OSMA extends its thoughts and prayers to the Davis family during this difficult time.

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## **2008 AMA Interim Meeting Update • November 8th -11th • Orlando, Florida**

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During the semi-annual policy-making meeting, the AMA discussed several topics of importance, including:

- Emphasizing its support of rebasing the sustainable growth rate (SGR), with the ultimate goal of eliminating it;
- Adopting the "Joint Principles of the Patient-Centered Medical Home," which includes guidelines for the coordination of care to improve the patient-physician relationship, quality and safety, access to care, and the payment model for coordinated services;
- Enacting permanent Medicare physician payment reform to preserve access to health care for seniors;
- Addressing the issue of a national physician shortage with new policy aimed at increasing the ranks of primary care physicians;
- Advocating for state legislation prohibiting the use of hand-held devices to text message while driving; and
- Adopting policy that supports legislation to ban the use of artificial trans fats in restaurants and bakeries nationwide.

Attendees included Jack Beller, MD, Delegate; Jay Gregory, MD, Delegate; William Oehlert, MD, Delegate; Frank Phelps, MD, Delegate; Bruce Storms, MD, Delegate; Jennifer Trotman, MD, Delegate; Robert Weedn, MD, Delegate; Julie Hager, MD, Alternate Delegate; Richard Reutlinger, MD, Alternate Delegate; David Russell, MD, Alternate Delegate; Lee Schoeffler, MD, OSMA President; Kent King, MD, OSMA President-Elect; and OSMA Staff Ken King, Kathy Musson, and Mandy Osweiler.

## 2009 Medicare Physician Payment Rule

On Thursday, October 30, 2009 we heard from the AMA that the Centers for Medicare and Medicaid Services (CMS) issued a final 2009 Medicare physician payment rule that replaces a scheduled 15.1% cut with a 1.1% increase as required under the Medicare Improvement for Patients and Providers Act of 2008 (MIPPA).

The rule also implements other MIPPA provisions, including a requirement that CMS revise the way it applies a budget neutrality adjustment related to the most recent five-year review of work RVUs. Previously CMS had offset the cost of increases in payments for evaluation and management and certain other services with an across-the-board reduction in all work RVUs. The costs now will be offset through a reduction of about 6% in the conversion factor as had been requested by the RUC, the AMA and nearly all medical specialties.

The change will lead to modest payment redistributions and will also return to the physician spending pool some \$200 million in savings from previously mandated cuts in imaging payments. It also means that despite the MIPPA-mandated 1.1% update, the conversion factor will actually fall from \$38.09 in 2008 to \$36.07 in 2009. (Anesthesia's separate conversion factor will be \$20.91) At the same time, however, work values will increase by nearly 12% so that average payments will reflect the 1.1% increase.

CMS also adopted several RUC-recommended payment changes for certain "misvalued codes," which created some savings that was redistributed through a small increase in the conversion factor. In addition, the agency said it intends to continue to work with the RUC to identify misvalued codes.

### MIPPA-related provisions would:

- Make changes to the Physician Quality Reporting Initiative (PQRI), including a 2.0% bonus payment for 2009 and 2010.
- Implement a five-year program of incentive payments for eligible professionals who are "successful electronic prescribers."
- Extend the work GPCI floor and the therapy cap exception process through December 31, 2009.
- Make several changes in the Welcome to Medicare initial preventive exam.

### The rule also:

- Defers a proposal to require physicians providing imaging and other tests in their office to be certified as Independent Diagnostic and Testing Facilities.
- Make several onerous changes to Medicare enrollment and billing rules.
- Seeks additional input on targeted exceptions to physician self-referral laws in order to permit incentive payments or shared savings programs.
- Modifies Medicare's anti-markup rules.
- Adopts RUC recommendations that will increase payments for immunization services.
- Acknowledges concerns raised by the AMA and other commenters but restates CMS's intention to expand value-based purchasing initiatives—including the inpatient Healthcare Associated Conditions (HACs)—to other settings.

In addition to the physician payment rule, CMS also put its final rule for payments to hospital outpatient department (HOPD) and ambulatory surgical centers (ASC) on display today. The physician payment rule, which will be published in the Federal Register on November 19, is on display at [http://federalregister.gov/OFRUpload/OFRData/2008-26213\\_PI.pdf](http://federalregister.gov/OFRUpload/OFRData/2008-26213_PI.pdf). The HOPD/ASC rule will be published on November 18 and can be viewed at [http://federalregister.gov/OFRUpload/OFRData/2008-26212\\_PI.pdf](http://federalregister.gov/OFRUpload/OFRData/2008-26212_PI.pdf).

**Save  
The  
Dates!**

**Medicine Day**  
Wednesday,  
February 25, 2009

**OSMA/OSMAA  
Annual Meeting**  
April 23-25, 2009

*Call 800-522-9452 for more information*



## J4 A/B MAC Provider Problem-Solving Guide

*Where to turn when you need to solve a Medicare issue*

TrailBlazer<sup>SM</sup> has developed the following Provider Problem-Solving Guide to provide assistance in resolving Medicare issues or concerns. Please use this guide only after a contact has been made to customer service at the numbers below and no satisfactory resolution has been received. Please reference our Web site below for additional information as needed.

<http://www.trailblazerhealth.com>

**Part A Provider Contact Center – (866) 640-9202 (Toll-free)**  
**Part B Provider Contact Center – (866) 280-6520 (Toll-free)**  
**Part A/B IVR Only – (877) 567-9230 (Toll-free)**

Who to Contact (and Why)	How to Contact
<p><b>Provider Enrollment/Address Changes</b>                      If you have questions involving the Medicare Part A/B enrollment process or wish to report changes to your enrollment application (change of address/telephone number, etc.), please contact Provider Enrollment.</p>	Provider Enrollment (Toll-free) (866) 528-1603 (Part A) (866) 539-5596 (Part B)
<p><b>Provider Contact Center – Customer Service</b>                      Customer Service Representatives (CSRs) are designated to answer or refer all inquiries on claims processing/payment/appeal issues, educational needs, event registration or provider meetings. If a CSR cannot answer your inquiry, your question(s) will be referred to a Provider Relations Research Specialist (PRRS), provider education representative or other area as needed. Return calls are required to be made in 10 business days or less. Please allow sufficient time for research before initiating follow-up inquiries.</p> <p>Many Frequently Asked Questions (FAQs) and claims processing issues can be answered by visiting the TrailBlazer Web site at:</p> <p style="text-align: center;"><a href="http://www.trailblazerhealth.com/Tools/FAQs.aspx?DomainID=1">http://www.trailblazerhealth.com/Tools/FAQs.aspx?DomainID=1</a></p>	Part A Provider Customer Service (866) 640-9202 (Toll-free)  Part B Provider Customer Service (866) 280-6520 (Toll-free)  Part A/B TTY – (866) 566-9163
<p><b>Medicare Part A Written Inquiries</b>                      TrailBlazer accepts written, e-mail and faxed inquiries from providers. Providers are encouraged to e-mail inquiries that do not contain sensitive patient information. Reference the <i>tracking number</i> assigned by Customer Service to avoid the use of protected information in e-mails.</p>	TrailBlazer Health Enterprises, LLC Part A Written Inquiries P.O. Box 650713 Dallas, TX 75265-0713 Fax: (469) 372-8933 <a href="mailto:parta.j4@trailblazerhealth.com">parta.j4@trailblazerhealth.com</a>

