

Maine medicine



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John C. Dalco House Provides New Home for MPHP

On Friday, Dec. 4, 2009, the newly renovated ranch-style home located on the MMA campus on Pelton Hill Rd. in Manchester was dedicated and named in honor of the late John C. Dalco, M.D. who was the first Clinical Director of what was then called the Physician Health Program. Dr. Dalco served as the Director from 1987 until his retirement in 2001. We lost John to cancer in 2006.

John's widow, Claire Dalco and his son John Dalco, Jr. and his family attended the event along with more than seventy five other members and guests. Following the dedication of the building, a luncheon was served at the Augusta Country Club. Robert McAfee, M.D., who attended Bates College with John, and David Simmons, M.D. who served as Associate Director with him, both made remarks at the luncheon. MMA President David McDermott, M.D., MPH served as Master of Ceremonies. Guy Raymond, M.D., Chair of the Medical Professional Health Committee, led the activities at the open house and dedication.

The Dalco House will serve as the permanent home of the Medical Professionals Health Program, which now provides services to physicians, dentists, pharmacists, physician-assistants, dental hygienists and nurses. Because of the increased case load resulting from the contract with the state Board of Nursing, more space was needed for the staff than was available in the Frank O. Stred Building. In addition, the Dalco House provides a home-like atmosphere for interaction with program participants and provides much more privacy than was available previously. The Program is expected to hire a full-time case manager soon to complement the existing staff consisting of Cathy Stratton, Administrative Director, Margaret Palmer, PhD, Clinical Director, Barbara Farrell, Administrative Assistant, a soon-to-be-named part-time Medical Director and Gordon Smith, Esq., legal counsel to the Program.

Net proceeds from the event will benefit the John C. Dalco Fund which can be utilized to serve the financial needs of program participants. Any persons interested in supporting the Dalco fund may make a tax-deductible contribution to the Maine Medical Education Trust (MMET) which houses the Fund.



MMA President David McDermott, M.D., MPH and former AMA and MMA President Robert McAfee



Nancy Chasse of ProMutual Group and EVP Gordon Smith

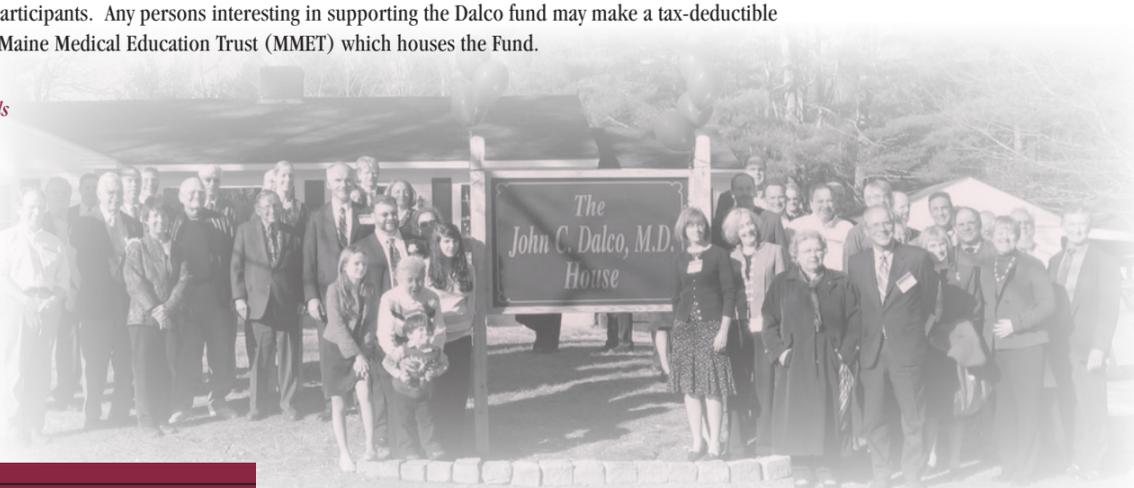


Former MPHP Director David Simmons, M.D. makes remarks at luncheon



Dalco family and friends

Claire and John Dalco, Jr. stand before portrait of Dr. Dalco



Quality Counts

By Lisa M. Letourneau, MD, MPH, Executive Director, Quality Counts
 Maine's "Aligning Forces for Quality (AF4Q)" Initiative

"Aligning Forces for Quality" (AF4Q) is the name of a set of statewide improvement efforts that aim to align activities in three key areas that drive improvements in healthcare quality in Maine:

- Engaging consumers to understand that quality matters, quality varies, and people have a role in improving their health care.
- Performance measurement and public reporting of quality data.
- Capacity to help healthcare professionals improve the quality of care.

Lisa M. Letourneau, MD, MPH

There is also a focus within AF4Q improvement efforts to build nurse leadership and improve equity of healthcare.

The organization behind the research, management and financing of AF4Q is the Robert Wood Johnson Foundation (RWJF). Across the country, RWJF is working with 15 AF4Q communities to improve the overall quality of healthcare. We are fortunate that *Quality Counts*, in conjunction with the Maine Health Management Coalition and the Maine Quality Forum, was selected to participate. This is the first of a series of upcoming articles reviewing the key components of the AF4Q effort beginning with consumer engagement. The Maine Medical Association is represented on the *Quality Counts* board and has been an active participant in AF4Q efforts. Ted Rooney, RN is the project director of the AF4Q grant.

Part I: A Look at Consumer Engagement

For consumers, what does 'quality' mean, and how can people actively participate and manage their healthcare and make informed choices? These questions, and more, are being addressed by AF4Q communities around the country.

Quality Improvement in healthcare means helping people stay healthy, recover from illness, manage living with a chronic disease or disability, and even prepare for the end of life. Quality healthcare also ensures these services are delivered in a way that is safe, timely, effective, patient centered, efficient, and

equitable. Improving communication between a patient and care givers is the key to improving not only the "hands on" care during treatment, but the whole decision making process. This includes respecting patients' preferences and giving them the ability to participate and assist in their treatment process. Patients have a right to be informed and a right to have access to specific information, data and research around their particular illness as part of the traditional informed consent process.

To help patients better understand healthcare quality and their role in getting quality care, the Maine AF4Q effort is developing a set of tools and messages that encourage patients to get more engaged in their healthcare. These messages are being promoted under the banner of "Quality Counts for ME" as a set of three themes, which collectively encourage Mainers to...

Ask - e.g. ask your doctor or healthcare team about your healthcare options, promoted in AF4Q with the theme of, "Questions are the answer."

Learn - e.g. when choosing a healthcare provider, check available quality information, promoted under, "Care enough to compare."

Act - e.g. partner with your provider to improve your health, promoted under, "Get on the pathway to better health."

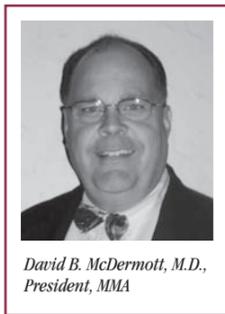
To learn more about the "Quality Counts for ME" messages and tools, visit our website: <http://www.mainequalitycounts.org>. Additionally, the Maine Health Management Coalition provides a website to help consumers learn about differences in healthcare quality measures: <http://www.mhmc.info>.

To better engage consumers in their healthcare, the AF4Q staff has convened a "Consumer Engagement Leadership Team" that includes representatives from some of Maine's leading consumer organizations. *Quality Counts* is also looking for consumers interested in learning more about healthcare quality and working on projects designed to help improve the quality of care in Maine. Interested parties may join our consumer engagement communication list by sending an email to info@mainequalitycounts.org.

Thanks to Sustaining Members

Thank you to the following individuals and practices who have shown their support for the MMA's long-term growth by renewing at an additional sustaining membership level.

Dana Graichen, MD
 Scott Kemmerer, MD
 Roger Renfrew, MD
 David Simms, MD
 Jenie Smith, MD
 Michael Szela, MD
 Franklin Health
 Maine Cardiology Associates
 Mayo Regional Hospital
 Northeast Cardiology
 Pen Bay Medical Center
 Pines Health Services



David B. McDermott, M.D.,
 President, MMA

President's Corner

Thank you for your continued membership and support of the Maine Medical Association! Our strength is in our membership: you give us the resources to do the work we are doing for the patients and physicians of Maine and your volunteer hours shape our policy and advocacy efforts throughout the state.

By the time this issue of *Maine Medicine* arrives in your hands, we will be one-third of the way through the second legislative session of the 124th Legislature. MMA Staff are at the State House nearly every day on your behalf addressing the myriad concerns facing the members of the legislature as they struggle to balance the state budget and continue to provide essential services throughout Maine. I was honored to join Dr. Joel Kase, President of the Maine Osteopathic Association, on January 6th as we served jointly as Doctors of the Day at the Legislature and had a chance to share, on behalf of the members of our respective organizations, our concerns about the tough choices facing legislators this term. If you have never taken the time to be the Doctor of the Day at the legislature, I strongly encourage you to consider doing it (Contact Maureen Elwell at 622-3374 Ext: 219 or melwell@mainemed.com). There are opportunities still available before final adjournment. You can learn a lot about the legislative process and make a difference at the same time!

At the same time the legislature is in session, our representatives and senators in Washington are working to blend their differing versions of health-reform legislation into one bill. I write this column in early January and can't predict when that will happen, but it certainly looks as if there will be meaningful legislation passed this year in Washington that promises to provide health care coverage to more Americans and begin to address some of the other changes needed in the system. This will not be a perfect

bill, but will serve as a foundation for changes going forward on which improvements can be made as needs are better understood. Your MMA staff and elected leadership have been in close contact with all four members of Maine's delegation throughout the process of drafting and debating legislation and will continue these efforts on your behalf.

Our focus this year on updating the technology available through the Association for our members is moving forward. We have launched a new interactive web site, mymainemed.com, which we hope will be used by members for communications with each other across the geographic and time barriers a state like Maine presents. This new website is not intended to replace our content-driven site at mainemed.com, but is intended to serve a different purpose and complement our existing website. We also continue with our presence on Linked In® with the group *Maine Medical Association*, and use Twitter (@mmapresident) to send updates out to our members on important topics. We have replaced our old telephone conference line with a Webex platform for conferences, and are investing in audio-visual equipment that will allow our committee meetings to be open to all members without having to travel to Manchester. I remain convinced that we can help you to be better connected to MMA and become more aware of the work we are doing for you if we remove some of the barriers to participation in the work of our committees.

I'll close by again thanking you for your membership. Spread the word—although our membership continues to grow, there are still many physicians in Maine who are not members of the MMA. Our strength comes from our numbers, and one physician non-member weakens the work we can do for you and your patients. Ask a non-member to join and together we will be stronger. As always you can share your thoughts with me at president@mainemed.com.

MaineCare Synagis Authorization Criteria for the 2009-2010 Respiratory Syncytial Virus (RSV) Season

MaineCare is changing prior authorization criteria for Synagis to reflect recommendations by the American Academy of Pediatrics.

- Recommendations for the initiation and termination of prophylaxis are modified to reflect current descriptions from the Centers for Disease Control (CDC) and Prevention of respiratory syncytial virus (RSV) seasonality in different geographic locations within the United States.
 - For MaineCare members, PAs will be accepted starting October 26th for dates of service starting November 23rd. Synagis will not be authorized for administration prior to this date.
 - This criteria is based on the fact that the Maine RSV season, based on historical epidemiologic data, has not started (as defined by two consecutive weeks of at least 10% of submitted specimens being positive for RSV AND > 5 specimens submitted) prior to 12/1 and generally not until late December or early January.
 - This will allow the five doses to provide protection that extends later in the season when RSV has been proven historically to remain active in Maine.
- Repeat doses will be authorized no sooner than 30 days after the preceding dose.
- Only 5 doses total will be authorized regardless of indication.
- A maximum of three doses will be authorized for infants with a gestational age of 32 weeks, 0 days to 34 weeks, 6 days without hemodynamically significant congenital heart disease (CHD) or chronic lung disease of prematurity (CLD, previously called bronchopulmonary dysplasia) who qualify for prophylaxis.

- The risk factors used to determine risk for severe disease and, therefore, the need for prophylaxis for infants born between 32 weeks, 0 days and 34 weeks, 6 days gestation have been modified to include only those infants born within 3 months of the start of the RSV season or during the RSV season AND having 1 of the 2 following risk factors:
 - Infant attends child care, or
 - One of more siblings or other children younger than 5 years live permanently in the child's household
- Infants who qualify under criteria #5 above, will only be authorized to receive prophylaxis until they receive 3 doses or reach 90 days of age (whichever comes first).
- The definition of gestational age is being modified to match that proposed by the Red Book Committee. For example, "32 to 35 weeks gestational age" is defined as 32 weeks, 0 days through 34 weeks, 6 days.

The new Prior Authorization form can be found at:
<http://www.mainecarepd.org/index.pl/pafiles>

Information about the Red Book recommendations can be found at:
<http://aapredbook.aapublications.org/cgi/content/full/2009/1/3.110>

For further questions, please contact Goold Health Systems at
 1-888-420-9711.

Subscribe to MMA's Maine Medicine Weekly Update

Each Monday, *Maine Medicine Weekly Update* keeps physicians and practice managers in the loop with breaking news – by fax or email only. It's a free member benefit – call 622-3374 to subscribe.

Thank You

A special thank you to the following physicians who served as volunteers on prelitigation screening panels from June thru December 2009. Physicians willing to volunteer may contact the MMA EVP Gordon Smith at 622-3374 ext: 212 or via email at gsmith@mainemed.com.

Ken Christian, MD
 Virginia Eddy, MD
 Paul Gagliardi, MD
 Carlo Gammaitoni, MD
 Julius Krevans, MD
 Darcey Leighton, DO
 James MacNutt, DO
 Zaki Nashed, MD
 Arthur Newkirk, MD
 Daniel O'Brien, MD
 McKim Peterson, MD

SAVE THE DATE May 19, 2010 MMA's Annual Practice Education Seminar

Dr. Masucci found a better way.

After 30 years running a solo pediatric practice, Dr. Peter E. Masucci* found a better way to manage his practice.

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◆◆◆ athenahealth.com/mma
 or call 800.981.5085

* Dr. Peter E. Masucci participates in athenahealth's National Showcase Client Program. For more information on this program, please visit www.athenahealth.com/NSC.

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Upcoming at MMA

FEBRUARY 3	Noon – 5:00pm	Quality Counts Board Strategic Planning Retreat
FEBRUARY 10	4:00pm – 6:00pm	MMA Public Health Committee
FEBRUARY 17	9:00am – 11:00am 11:00am – 1:00pm 1:00pm – 4:00pm	Patient Centered Medical Home Conveners Patient Centered Medical Home Working Group Aligning Forces for Quality Patient Family Leadership Team
FEBRUARY 18	4:00pm – 6:00pm	Committee on Physician Quality
FEBRUARY 23	2:00pm – 4:00pm	Consumer Education Leadership Team
FEBRUARY 24	2:00pm – 5:00pm 5:00pm 5:30pm	MMA Executive Committee MMA Budget & Investment Committee MMA Committee on Membership and Membership Benefits
FEBRUARY 25	8:00am – 4:00pm	Pathways to Excellence
MARCH 2	1:00pm – 4:00pm	Lifelight Board
MARCH 3	1:00pm – 2:00pm 2:00pm – 5:00pm	Aligning Forces for Quality Executive Leadership Team Quality Counts Board
MARCH 5	9:00am – 12:00pm	MMA First Fridays Seminar
MARCH 10	6:00pm – 9:00pm	Maine Chapter, American College of Emergency Physicians
MARCH 17	9:00am – 11:00am 11:00am – 1:00pm 1:00pm – 4:00pm	Coalition for Advancing Primary Care Patient Centered Medical Home Working Group Aligning Forces for Quality Patient Family Leadership Team
MARCH 23	2:00pm – 4:00pm	Consumer Education Leadership Team
APRIL 2	9:00am – 12:00pm	MMA First Fridays Seminar
APRIL 7	1:00pm – 2:00pm 2:00pm – 5:00pm	Aligning Forces for Quality Executive Leadership Team Quality Counts Board
APRIL 14	2:00pm – 5:00pm	MMA Executive Committee
APRIL 21	9:00am – 11:00am 11:00am – 1:00pm 1:00pm – 4:00pm	Patient Centered Medical Home Conveners Patient Centered Medical Home Working Group Aligning Forces for Quality Patient Family Leadership Team
APRIL 27	2:00pm – 4:00pm 2:00pm – 4:00pm 6:00pm – 9:00pm	Consumer Education Leadership Team Aligning Forces for Quality Pressure Ulcer Project American Academy of Pediatrics Maine Chapter
APRIL 28	4:00pm – 6:00pm	MMA Public Health Committee
APRIL 29	8:00am – 4:00pm	Pathways to Excellence

Upcoming Specialty Society Meetings

FEBRUARY 4, 2010	Grand Summit Hotel – Sugarloaf/USA
Maine Society of Orthopedic Surgeons Business Meeting	MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com
FEBRUARY 4 - 6, 2010	Grand Summit Hotel – Sugarloaf/USA
20th Annual Winter Conference: Contemporary Topics in Orthopedics	Contact: Donna Rogers 207-947-8381 ext: 212 or drogers@downeastortho.com or Janet Stevens 207-469-6471 or j5stevens@roadrunner.com
FEBRUARY 12 - 14, 2010	Sugarloaf/USA
Maine Urological Society	MMA Contact: Kellie Miller 207-622-3374 ext: 229 or kmiller@mainemed.com
FEBRUARY 13 - 14, 2010	Sugarloaf/USA
Maine Society of Anesthesiologists	Contact: Anna Bragdon 207-441-5989 or msainfo@roadrunner.com
MARCH 5-7, 2010	Rangeley Inn – Rangeley, ME
Maine Gastroenterology Society Meeting	MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com
MARCH 10, 2010	MMA Headquarters – Manchester, ME – 6:00pm – 9:00pm
Maine Chapter, American College of Emergency Physicians	Contact: Anna Bragdon 207-441-5989 or maineacep@roadrunner.com
APRIL 24, 2010	Hilton Garden Inn – Freeport, ME
Topics in Gastroenterology 2010 Update	MMA Contact: Gail Begin 207-622-3374 ext: 210 or gbegin@mainemed.com
APRIL 29, 2010	Holiday Inn by the Bay – Portland, ME
Maine Association of Psychiatric Physicians General Membership Meeting	MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com
APRIL 30, 2010	Holiday Inn by the Bay – Portland, ME
Maine Association of Psychiatric Physicians 2010 Psychiatry Update Educational Sessions	MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com
MAY 1-2, 2010	Sunday River – Bethel, ME
American Academy of Pediatrics, Maine Chapter Spring Conference: Things You Need to Know Tomorrow to Take Care of Neonates	Contact: Aubrie Entwood 207-782-0856 or agridleyentwood@aap.net
MAY 6-7, 2010	Hilton Garden Inn – Freeport, ME
Maine Academy of Family Physicians 18th Annual Family Medicine Update	Contact: Deborah Halbach 207-938-5005
MAY 14, 2010	Harraseeket Inn – Freeport, ME
Maine Society of Eye Physicians and Surgeons Spring Meeting	MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com
JUNE 4-6, 2010	Colony Hotel – Kennebunkport, ME
Maine Chapter of American College of Surgeons 2010 Annual Scientific Meeting	Contact: Parker Roberts, MD, FACS 207-761-6642
SEPTEMBER 24, 2010	Harborside Hotel & Marina – Bar Harbor, ME
Maine Society of Eye Physicians and Surgeons Fall Business Meeting	(To be held in conjunction with the 9 th Annual Downeast Ophthalmology Symposium) MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com
SEPTEMBER 24 - 26, 2010	Harborside Hotel & Marina – Bar Harbor, ME
9th Annual Downeast Ophthalmology Symposium	(Presented by the Maine Society of Eye Physicians and Surgeons) MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com
OCTOBER 15-17, 2010	Jordan Grand Hotel at Sunday River – Bethel, ME
Maine Chapter of the American College of Physicians Annual Scientific Meeting	MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

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Information in this newsletter is intended to provide information and guidance, not legal advice. Since exact language and definitions of key terms are critical to understanding the requirements of legislation, rules or laws, we encourage you to read each carefully. Articles submitted to *Maine Medicine* represent the views of the author only and do not necessarily represent MMA policy.



Northern New England Poison Center

In Maine, New Hampshire & Vermont, the Northern New England Poison Center provides immediate treatment advice for poison emergencies. They also provide information about poisons and poison prevention, twenty-four hours a day, seven days a week.



Gordon Smith, MMA EVP

Notes from the EVP

Although it will be February before you read this, I do want to wish you all a Happy New Year. I hope 2010 will be a great year for you and your families. The holidays are an appropriate time to slow down and enjoy family and friends. The Smiths did that (visiting our youngest daughter who is living and teaching in Costa Rica) and I hope you did as well.

While a lot of our focus currently is on the action in Washington, I hope that by the time you read this, a bill will have passed. A bill that is at least more good than bad, and that begins to repair a system that is failing for so many Mainers and Americans. I have no doubt that a bi-partisan approach would have led to a better bill. Certainly it would have been a better process.

The past year was a successful one for MMA. We closed the year with the most members we have ever had and with a very experienced and capable staff operating a number of programs important to Maine physicians and their patients. We also have a very active and engaged leadership team, led by President Dave McDermott, MD, MPH that takes very seriously the governance of MMA. And we continue to provide new services. Some of the new projects include academic detailing, a chronic pain

consultation service, and off-site HIPAA staff training. If you or your practice are interested in any of these services, please just call the office and you will be linked up with the appropriate staff. Plans for 2010 include an enhanced peer review program for small hospitals, growth of our office-based quality improvement program and a grant-funded expansion of our academic detailing program. We recently purchased software and phone capability to offer webinars and look forward to enhancing our popular *First Friday* programs with these educational programs that you can benefit from without ever leaving your desk!

Our efforts this winter will focus on the State House, where 186 legislators will be trying to balance the state budget. It has proven to be a difficult task. And with so much of the state budget going to education and healthcare, we have to be very diligent in our advocacy and political activities. A huge thank you to those of you willing to participate on our weekly legislative conference calls or to come to the State House to serve as Doctor of the Day.

I encourage you to give me a call if there is anything MMA can do for you or your practice. We appreciate your membership and support. Call me at 622-3374 ext. 212 or via e-mail to gsmith@mainemed.com.



You Got Your NPI; Now Be Sure To Maintain, Secure It Properly

Obtaining your National Provider Identifier (NPI) was an important step, but now that you have a number, don't just forget about it. You should review the information about you in the National Plan and Provider Enumeration System (NPPES) regularly to ensure it is correct and reset your password at least once a year.

To view your NPPES record, visit <https://nppes.cms.hhs.gov>. Select "Login" and enter your user ID and password. Forgot those? If you cannot recall your user ID, call (800) 465-3203. If you've forgotten your password, click the "Reset Forgotten Password" button to reset it.

To protect the information in your record, keep your user ID, password and secret question/answer confidential. Also, note that if a change occurs, you are required to update your NPPES record within 30 days.

To correct, add or remove information in your NPPES record, go to NPPES at <https://nppes.cms.hhs.gov> and submit the update via the Web. Or, request a paper NPI Application/Update Form (CMS 10114) by calling (800) 465-3203 or visiting www.cms.hhs.gov/cmsforms/downloads/CMS10114.pdf. Print, complete and sign the form. Then mail to: NPI Enumerator, PO Box 6059, Fargo, ND 58108-6059.

Upon Death, Retirement or Dissolution of a Practice:

Certain circumstances make it no longer necessary to have an NPI. If you retire or a partner physician dies, or if you stop practicing medicine for any reason, access the previously mentioned paper update form and review the instructions for deactivation. In cases of death, an executor or individual with power of attorney will need to complete the deactivation.

If you need additional information, visit the NPI Web page at www.cms.hhs.gov/NationalProviderStand.

Membership Dues 2010

Thank you to those members who have paid their 2010 membership dues. For those current members who have not yet paid, your dues are now overdue and you will be receiving a second notice.

Medicare's Non-coverage of Consultations 2010

By Laurie Desjardins, Senior Manager, Healthcare Management Consulting Division, Baker Newman Noyes



Laurie Desjardins

The Healthcare Management Consulting Division at Baker Newman Noyes is constantly working to make sure that our clients and others are completely up-to-date with the most recent industry information that will impact how they conduct their business. To that end, we are happy to share information with MMA members and their staffs concerning imminent changes in Medicare reimbursement.

Medicare's Non-coverage of Consultations 2010

Effective January 1, 2010, Medicare will no longer recognize/pay for office 99241-99245 and hospital 99251-99255 consultation services. Instead, they are advising the use of new (99201-99205) or established (99212-99215) visit codes in the outpatient setting and initial hospital care codes (99221-99223) in the inpatient setting.

The *good news* is that providers will no longer need to jump through Medicare's documentation "hoops" to meet the often confusing consultation coding rules.

The *bad news* is consultative practices are likely to see a drop in reimbursement from Medicare. This also means that since other payers will continue to accept consultation codes, codes will have to be maintained on charge tickets. In order to correctly charge for visits to Medicare, a coding matrix will have to be developed to crosswalk consult codes to new or established outpatient and initial hospital care codes. (See the *Sample Outpatient Consultation Crosswalk Table* below)

This is a relatively simple process in the outpatient setting. A 99241 easily crosswalks to a new patient 99201 or an established patient 99212. The crosswalk is slightly cumbersome when converting levels 99242-99244 to established patient codes.

For example, a 99242 crosswalks to either a 99212 or 99213 which require 2 of the 3 key components, History, Exam and Medical Decision Making (MDM), depending upon whether your practice requires MDM to be one of the two key components when selecting the code level (which most closely supports medical necessity). Following the same example, the consultation code 99242 requires an Expanded Problem Focused History and Exam and Straightforward MDM. A 99213 requires the same level of History and Exam but requires Low Medical MDM. If the documentation only supports an Expanded Problem Focused History and/or Exam

with Straightforward MDM you will have the choice of coding a 99212 based upon the level of MDM or a 99213 based solely upon 2 of the 3 key components.

Inpatient Services

The crosswalk for inpatient consultations is more problematic but in some ways straightforward. The November 25, 2009 Federal Register only mentions initial hospital care (a.k.a admission) codes as an alternative to inpatient consultations. A request for consultation must be crosswalked to the initial care codes only, or per coding guidelines, an unlisted evaluation and management code. (See *Inpatient Consultation Crosswalk Table* below)

Because of statute, Medicare will cover telehealth consultation services (G0406-G0408), but remember these are the only consultation services allowed.

As you can see in the crosswalk table 99251 and 99252 have no corresponding admission codes, so if these levels are documented the codes will have to be crosswalked to the unlisted code 99499, which will require the submission of visit notes to Medicare for adjudication. The other inpatient consultation codes, 99253-99255 easily crosswalk to the admission codes 99221-99223.

Admitting/attending physician

Consultants will not only have to change how and what gets coded to Medicare in this setting. The new rules require the admitting physician to append the new HCPCS modifier "AI", Principal physician of record, to the initial hospital care code. The expectation is that the use of this modifier will allow two initial visit codes to be reported on the same date of service.

Recommendation

Since this is ultimately a payer issue, we recommend that physicians/NPPs continue to report their services as consultations and the crosswalk of consultation to new, established or inpatient visits be performed by the coding and billing staff following your crosswalk guidelines as defined in your compliance plan.

One final caveat: as with everything related to Medicare, things are subject to change.

The reader should note that this article presents only partial summaries of complex and detailed provisions. It is provided for informational purposes only and should not be relied upon for legal, medical or financial advice. For more information we encourage you to contact Laurie Desjardins, Senior Manager on the Revenue Management Team in BNN's Healthcare Management Division at ldesjardins@bnnncpa.com or 207.791.7149, or contact your BNN Healthcare Consultant or other professional at 800.244.7444.

CONSULTATION CROSSWALKS					
Outpatient Consultation Crosswalk					
Consultation Code	New Patient Code	Established Patient Code	History	Exam	Medical Decision Making
99241 Time 15	99201 Time 10	99212 Time 10	Problem Focused	Problem Focused	Straightforward
99242 Time 30	99202 Time 20	99212/99213 Time 10/15	Expanded Problem Focused	Expanded Problem Focused	Straightforward
99243 Time 40	99203 Time 30	99213/99214 Time 15/25	Detailed	Detailed	Low
99244 Time 60	99204 Time 45	99214/99215 Time 25/40	Comprehensive	Comprehensive	Moderate
99245 Time 80	99205 Time 60	99215 Time 40	Comprehensive	Comprehensive	High
Inpatient Consultation Crosswalk					
Consultation Code	New Patient Code	History	Exam	Medical Decision Making	
99251 Time 20	99499 Time N/A	Problem Focused	Problem Focused	Straightforward	
99252 Time 30	99499 Time N/A	Expanded Problem Focused	Expanded Problem Focused	Straightforward	
99253 Time 55	99221 Time 30	Detailed	Detailed	Low	
99254 Time 80	99222 Time 50	Comprehensive	Comprehensive	Moderate	
99255 Time 110	99223 Time 70	Comprehensive	Comprehensive	High	

Play to the last note.

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Kellie Miller, Director of Public Health Policy, MMA

Public Health Spotlight

Toxic Chemicals and their Impact on "Our Publics Health"

One of the MMA Public Health Committee's priorities for 2010 encompasses toxic chemicals and the impact on "Our Publics Health." The effective practice of medicine increasingly requires that physicians and their professional associations turn their attention to environmental issues that have a bearing on the health of individuals and populations, particularly with the ongoing contamination of our environment. The committee is turning its focus to create opportunities for physicians to learn more about relationships between the environment and health.

Our first such educational opportunity occurred on January 6, 2010, when the PHC held a CME Symposium, "Our Publics Health" – Climate Change, Energy Efficient Hospitals/MESHnet and Environmental Toxins to: assist healthcare professionals in understanding the effects of the leading environmental toxins on the public's health (healthcare professionals and patients); become familiar with the Environmental Toxins Toolkit and how it can be used in the clinical office; become more knowledgeable on current State and Federal Legislation concerning environmental toxins and understand what hospitals are/can be doing to increase their energy efficiency and environmental sustainability through the Maine Environmentally Sustainable Hospital Network (MESHnet).

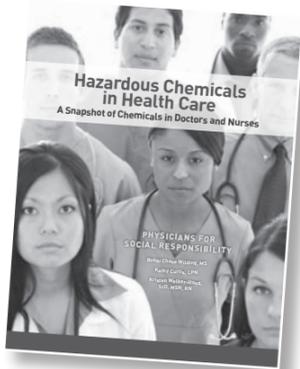
Hazardous Chemicals in Health Care

(to download a PDF of the report, go to: www.mainemed.com/publichealthpolicy)

Physicians for Social Responsibility (PSR) in partnership with American Nurses Association (ANA) and Healthcare Without Harm (HCWH), released the "Hazardous Chemicals in Health Care" Report, detailing the first investigation ever of chemicals found in the bodies of health care professionals.

The inquiry found that all of the 20 participants had toxic chemicals in their bodies. Dr. Stephanie Lash was one of the 20 health care providers participating and she remarked that many toxic substances in the environment cause neurological damage in humans, including in the developing brains of infants and in the peripheral nervous systems of the elderly. Dr. Lash had virtually no trace of lead or mercury in her test results, but had surprisingly high levels of Bisphenol A, perfluorinated compounds and phthalates — the ubiquitous chemicals in plastics. Dr. Lash said she avoids drinking from plastic bottles of water or soda and doesn't know why her levels are so high.

This study is the first to measure the presence of environmental chemicals in the bodies of health care professionals. The study aims to raise awareness in the medical community about the prevalence of toxic substances in the environment as well



as to support the overhaul of a 1976 federal law that regulates the chemical industry.

Also, recently several physicians testified recently at the Maine Board of Environmental Protection public hearing on Chapter 880, Regulation of Chemical Use in Children's Products, in support of the Maine Department of Environmental Protection rules to designate one or more chemicals of high concern as a priority chemical. The designation of a priority chemical serves one or more of the following purposes:

1. To facilitate the gathering of information on the use of the chemical in children's products and the extent to which children may be exposed to the chemical as a result of that usage;
2. To facilitate the gathering of information on the safety and availability of alternatives to use of the chemical in children's products, and
3. To facilitate the consideration of a ban on the sale of children's products to which the priority chemical has been intentionally added when safer alternatives are available.

It is imperative that we continue to provide educational opportunities on environmental issues affecting our public's health by collaborating with expert organizations. It is in the best interest of patients that our physicians tirelessly take care of. We can't be parsimonious in our pursuit, as there is no doubt that these toxins are present in human bodies.

Resources and Links to Have on Hand

- Physicians for Social Responsibility/Maine Chapter – www.psrmaine.org
- Natural Resources Council of Maine – www.nrcm.org
- MMA – www.mainemed.com/publichealthpolicy
- Endocrine Society – www.endo-society.org/advocacy/policy/upload/Endocrine-Disrupting-Chemicals-Position-Statement.pdf
- Environmental Strategy Center – <http://www.preventharm.org/>
- Maine Center for Public Health – www.mcph.org

Pediatric Environmental Health Toolkit

The toolkit is a combination of easy-to-use reference guides for health providers and user-friendly health education materials on preventing exposures to toxic chemicals and other substances that affect infant and child health.

The MMA Public Health Committee is open to all Members. 2010 meeting dates are: February 10, April 28, June 9, August 11, October 13 and December 8, from 4:00 pm – 6:00 pm at the Maine Medical Association office. For more information, contact: Kellie Miller, Director of Public Health Policy at kmiller@mainemed.com/207-622-3374, ext. 229.

Doctor of the Day

MMA President David McDermott, M.D., M.P.H. and Maine Osteopathic Association President Joel Kase, M.D., M.P.H. served as co-Doctors of the Day for the opening session on January 6th. Portland ophthalmologist A. Jan Berlin, M.D. sang the national anthem in the House as Doctor of the Day on January 7th.

If you are interested in serving as Doctor of the Day, you can register online at www.mainemed.com/legislation/drday.php or contact Maureen Elwell at 622-3374 ext: 219 or email melwell@mainemed.com.



MMA President David McDermott, M.D., M.P.H. and MOA President Joel Kase, M.D., M.P.H.



A. Jan Berlin, M.D., Portland ophthalmologist and Representative David Webster of Freeport

A Letter from Elder Independence of Maine

We write to describe the services Elder Independence of Maine provides for elderly and adults with disabilities who want to stay at home independently. Included in this letter is important information that may help your elderly and/or disabled patients remain at home as long as possible. We want to clarify what services are available through Elder Independence of Maine and how to access them. There is also contact information, in the event that you have questions in the future.

EIM (a division of SeniorsPlus) coordinates home care for three of the state's at-home, community-based long term care programs. We currently provide home care coordination for over 3000 consumers in every county of the state. We serve people who are no longer at a skilled level of care, yet need longer term services to remain at home. To qualify for these services, a person would need to meet specified financial guidelines and have identified functional impairments that interfere with daily living. For example, needing help with a bath or dressing.

Two programs are available to those on or eligible for Mainecare coverage:

The first is **HCB: Home and Community Benefits** (previously known as "the waiver" program). The possible covered services for this program include: care management, personal care assistance, Emergency Call Systems, RN visits, home modification assistance, respite coverage, non-skilled PT and/or OT and Adult Day Care.

The other Mainecare funded program is **PDN: Private Duty Nursing**. There are various levels within this program. Possible covered services include: care management, RN, LPN, and personal care assistance.

There is also a program for those who don't qualify for Mainecare coverage:

The **HBC program: Home Based Care** covers care management, personal care assistance, Emergency Call Systems, RN visits, home modification assistance, respite coverage, non-skilled PT and/or OT and Adult Day Care as well as reimbursement for the PCA or aides to provide non-medical transportation to the patient.

The above programs also have a service delivery option for self-directed care

called the **Family Provider Service Option**. This option allows the consumer to hire and pay someone to provide personal care services. This option can be very valuable to someone who needs help but lives in a rural area, is reluctant to have strangers in their home, or has a family member already providing services. The Provider Relations department at EIM can answer questions you may have about the Family Provider Service Option.

Do you have a patient who might benefit from and qualify for one of these programs? If so, the first step to finding out if a patient qualifies for one of these programs is to request an assessment. Goold Health Services completes assessments to determine patient qualification and which program and disciplines will be covered to best meet a patient's needs to stay at home. The number to reach Goold Health Services is 1.800.609.7893. Please share this information with the patients you believe might benefit from it.

Please call me with any questions: 1-866-456-2322 x3210
Sincerely,

Denise O'Connell, LCSW, CCM
Consumer Services Manager



Elder Independence of Maine

P.O. Box 659, Lewiston, Maine 04243-0659
(207) 795-7213 FAX: (207) 795-4009
TOLL FREE: 1-888-234-3920
www.elderindependence.org

A Division of Seniors Plus

Looking for E-Prescribing Info?

These online publications from the American Medical Association (AMA) and the Centers for Medicare and Medicaid Services (CMS) are a good place to start.

1. A Clinician's Guide to Electronic Prescribing (AMA) www.ama-assn.org/ama1/pub/upload/mm/472/electronic-e-prescribing.pdf
2. Medicare's Practical Guide to the E-Prescribing Incentive Program (CMS) www.cms.hhs.gov/partnerships/downloads/11399.pdf

Physicians may earn a 2% bonus on all 2009 Part B charges if they successfully meet Medicare's electronic prescribing reporting requirements.

**Save The Dates!
MMA 2010 Events**

March 5, 2010

First Fridays:

**WEBINAR – Caring for
the Disruptive Patient**

Maine Medical Association
9:00 a.m. – 12:00 p.m.

April 2, 2010

First Fridays:

Annual HIPAA Update

Maine Medical Association
9:00 a.m. – 12:00 p.m.

May 7, 2010

First Fridays:

Risk Management Seminar

Maine Medical Association
9:00 a.m. – 12:00 p.m.

May 19, 2010

Annual Practice

Education Seminar

Augusta Civic Center,

Augusta, Maine

8:00 a.m. – 4:00 p.m.

June 4, 2010

First Fridays:

Treating Minors in a

Primary Care Setting in

conjunction with American

Academy of Pediatrics

Maine Medical Association

9:00 a.m. – 12:00 p.m.

June 7, 2010

Annual MMA Golf

Tournament

Augusta Country Club,

Manchester, Maine

11:00 a.m. – 6:00 p.m.

September 10-12, 2010

MMA 157th Annual Session

Harborside Hotel & Marina,

Bar Harbor, ME

October 1, 2010

First Fridays:

Medical Records

(Everything You Want to

Know)

Maine Medical Association

9:00 a.m. – 12:00 p.m.

November 5, 2010

First Fridays:

Compliance Seminar

Maine Medical Association

9:00 a.m. – 12:00 p.m.

December 3, 2010

First Fridays:

Medical Legal Seminar

(Consent/Capacity

Documentation)

Maine Medical Association

9:00 a.m. – 12:00 p.m.



Andrew MacLean, Esq.

Legislative Update

**LEGISLATIVE UPDATE: THE 124TH MAINE
LEGISLATURE CONVENES 2010 SESSION
FACING YET ANOTHER BUDGET GAP &
AIMING AT EARLY ADJOURNMENT**

Maine's 186 legislators opened their Second Regular Session at the State House in Augusta on Wednesday, January 6, 2010. In the last year of Governor Baldacci's (D) second term, Democrats retain control of both chambers - 20 Democrats and 15 Republicans in the Senate; 95 Democrats, 55 Republicans, and 1 Unenrolled member in the House. The legislature's leadership expects to manage the session's work in order to adjourn during the first week of April, somewhat earlier than the usual mid-April statutory adjournment deadline. The Governor's FY 2010-2011 supplemental budget (L.D. 1671), necessary to address a \$438 million budget gap and ensure a balanced budget, will be the focus of legislators' attention for most of the session. In addition to the supplemental budget, legislators will address 88 bills carried over from the first session and "emergency" bills admitted by the leadership for consideration during the second session. In addition to budget issues, the Governor and legislative leaders have cited energy policy issues as a priority for 2010.

During the opening session on January 6th, legislators welcomed MMA President David McDermott, M.D., M.P.H. and Maine Osteopathic Association President Joel Kase, D.O., M.P.H. as co-Doctors of the Day. For the January 7th session, Portland ophthalmologist A. Jan Berlin, M.D. served as Doctor of the Day and sang the national anthem in the House. The Doctor of the Day program is a great way to observe the Maine legislature in action and to volunteer your medical skills at the State House. Please contact Maureen Elwell, Legislative Assistant, at melwell@mainemed.com or 622-3374, ext. 219, if you would like to participate in the program.

The Appropriations & Financial Affairs Committee opened public hearings on the supplemental budget (L.D. 1671) on the second day of the session, January 7th. The Appropriations and HHS Committees held hearings on the DHHS portions of the supplemental budget on Monday, Tuesday, and Wednesday of the week of January 11th. The Committees received public comments on the following provisions of most concern to physicians and hospitals on the afternoon of Monday, January 11th. The DHHS section of the budget includes the following cuts:

- Reductions in reimbursement to critical access hospitals from 109% to 101%. The critical access hospitals were reduced from 117% to 109% in the biennial budget last year.
- Reductions in hospital inpatient reimbursement of \$4.1 million (state and federal).
- Reductions in hospital outpatient reimbursement of \$3.2 million (state and federal).
- Reductions in funding for psychiatric hospitals by cutting \$500 per discharge for a total cut of \$1.2 million in FY 2011.
- Reductions in mental health and substance abuse outpatient hospital services of \$3.1 million in FY 2011.

- Reductions for non-hospital based physicians by \$5 million (state and federal).
- Limits MaineCare hospital outpatient visits to 15 per year with the exception of HIV, cancer, prenatal services, kidney failure, and transplant services.
- Limits MaineCare hospital inpatient services to 5 per year.
- Limits MaineCare lab and x-ray services to 15 per year.
- Limits MaineCare mental health outpatient visits to 18 per year.
- Institutes an across-the-board 10% reduction in reimbursement for all MaineCare providers, except for hospitals, physicians, dentists, and pharmacies.
- Eliminates 22 state positions, including 12 that are currently filled. Among these positions are 2.5 psychiatric physician positions in the Department.

In addition to these cuts, the budget generates additional revenue of \$10.7 million by re-basing the hospital tax to 2008. You can find more supplemental budget materials on the web at: http://www.maine.gov/legis/ofpr/appropriations_committee/materials/index.htm. MMA President David McDermott, M.D., M.P.H. presented the association's comments on the supplemental budget at the hearing on Monday, January 11th. On January 12th, MMA member Lani Graham, MD, MPH, represented MMA in a press conference with the Maine Can Do Better Coalition, advocating for a more balanced approach including revenue increases and spending cuts. It is likely that the Appropriations Committee's deliberations and the full legislature's debate on the supplemental budget will occupy the first half of the session at least.

While the Appropriations Committee is addressing the supplemental budget, the other legislative committees are focusing on their carry over bills to meet a January 22nd deadline to have reported out those bills.

The MMA Legislative Committee, chaired by Bridgton pediatrician Lisa Ryan, D.O., held an organizational meeting for this session on December 1, 2009 and plans two face-to-face meetings during the session, the format of which will be a forum on a current topic in the health policy debate with guests from the legislative and executive branches of Maine's government. The Committee also will hold a conference call at 8:00 p.m. each Thursday night during the session beginning on January 14th. Any physician or practice staff member who is interested in the legislative process is welcome to participate.

During the legislative session, the MMA staff provides links to bills for review and comment, updates on the legislature's work, and calls-to-action through our weekly electronic newsletter, *Maine Medicine Weekly Update*.

To find more information about the MMA's advocacy activities, visit the Legislative & Regulatory Advocacy section of the MMA web site, www.mainemed.com. You will find more information about the Maine Legislature, including schedules, committee assignments, legislator contact information, audio coverage of legislative work, and newly enacted laws on the web at: <http://janus.state.me.us/legis/>.

The MMA welcomes your participation in our legislative advocacy activities. For more information, please contact Andrew MacLean, Deputy Executive Vice President, at amaclean@mainemed.com.

Visit the MMA website at www.mainemed.com

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LEGISLATOR PROFILE



State Senator Lisa T. Marrache, M.D.

Lisa Marrache, M.D. (D – Waterville) likes *firsts*. When she was elected to the Maine Senate from District 25, she became the first physician to serve in the State Senate in over 50 years. When her Senate colleagues chose her to be the Assistant Majority Leader, she became the first physician to be in the legislative leadership since Roswell Bates, D.O. served as Speaker of the House in 1953.

Senator Marrache received her B.S. degree from Columbus State University in Columbus, Georgia. She received her M.D. degree from The Medical College of Georgia School of Medicine and completed a residency in family medicine at the Maine-Dartmouth Family Practice Program at Maine General Medical Center. Before even completing her residency, she began her career in public

service, serving on the Waterville City Council and successfully running for a seat in the Maine House of Representatives. After serving three terms in the House, Dr. Marrache ran for the State Senate and is now serving her second term. In addition to serving as Assistant Majority Leader, she also is a member of the Joint Standing Committee on Health & Human Services.

Not surprisingly, Dr. Marrache has taken a strong interest in health issues while serving in the legislature, serving, for instance, as Senate Chair of the Primary Care Study Commission in 2007 and as

House Chair of the Maine Cervical Cancer Task Force in 2005-2006. On a national level, she serves as Vice Chair of the Committee on Health for the National Council of State Legislatures (NCSL). She has been a very effective advocate for the interests of physicians and their patients.

Dr. Marrache has continually practiced family medicine at Elm City Medical Associates in Waterville since completing her residency in 1999. Her husband Ronnie, also is a physician associated with Maine General Medical Center. The Drs. Marrache are the proud parents of two children.

“Maine physicians are very fortunate to have Lisa in the legislature and it is an extra bonus to have her in the leadership of the Majority Party,” notes Andrew MacLean, Esq., Deputy EVP of MMA. “While being true to the interests of her constituents, she is also very cognizant of the interests of patients, and other legislators certainly look to her for advice on medical issues before the legislature. We are very proud to have her within the membership of MMA!”

Given her competing roles of legislator, practicing physician, mother and spouse, it is hard to believe that Lisa has any time for hobbies or recreation, but she does enjoy time in her garden, and other hobbies include cooking, reading, music and skiing.



Lisa T. Marrache, M.D.

Editor's note:

Maine Medicine hopes to profile a different legislator in each issue. In the March-April issue, watch for a profile of freshman legislator Linda Sanborn, M.D. (D-Gorham).

Senior Section



MMA's Senior Section held four meetings during 2009, featuring topics ranging from volunteering for hospice to health system reform. Four meetings are also scheduled for 2010.

AMA Interim Meeting Highlights

Health System Reform

Health system reform policy approved by the House of Delegates as directives to the Board of Trustees, at the Interim Meeting in November:

RESOLVED, That our American Medical Association is committed to working with Congress, the Administration, and other stakeholders to achieve enactment of health system reforms that include the following seven critical components of AMA policy:

- Health insurance coverage for all Americans;
- Insurance market reforms that expand choice of affordable coverage and eliminate denials for pre-existing conditions due to arbitrary caps;
- Assurance that health care decisions will remain in the hands of patients and their physicians, not insurance companies or government officials;
- Investments and incentives for quality improvement and prevention and wellness initiatives;
- Repeal of the Medicare physician payment formula that triggers steep cuts and threaten seniors' access to care;
- Implementation of medical liability reforms to reduce the cost of defensive medicine; and
- Streamline and standardize insurance claims processing requirements to eliminate unnecessary costs and administrative burdens; and be it further

RESOLVED, That our American Medical Association advocate that elimination of denials due to pre-existing conditions is understood to include rescission of insurance coverage for reasons not related to fraudulent representation; and be it further

RESOLVED, That our American Medical Association House of Delegates supports AMA leadership in their unwavering and bold efforts to promote AMA policies for health system reform in the United States; and be it further

RESOLVED, That our American Medical Association support health system reform alternatives that are consistent with AMA policies concerning pluralism, freedom of choice, freedom of practice, and universal access for patients; and be it further

RESOLVED, That it is American Medical Association policy that insurance coverage options offered in a health insurance exchange be self-supporting, have uniform solvency requirements; not receive special advantages from government subsidies; include payment rates established through meaningful negotiations and contracts; not require provider participation; and not restrict enrollees' access to out-of-network physicians; and be it further

RESOLVED, That our AMA actively and publicly support the inclusion in health system reform legislation the right of patients and physicians to privately contract, without penalty to patient or physician; and be it further

RESOLVED, That our AMA actively and publicly oppose the Independent Medicare Commission (or other similar construct), which would take Medicare payment policy out of the hands of Congress and place it under the control of a group of unelected individuals; and be it further

RESOLVED, That our MMA actively and publicly oppose, in accordance with AMA policy, inclusion of the following provisions in health system reform legislation:

- Reduced payments to physicians for failing to report quality data when there is evidence that widespread operational problems still have not been corrected by the Centers for Medicare and Medicaid Services;
- Medicare payment rate cuts mandated by a commission that would create a double-jeopardy situation for physicians who are already subject to an expenditure target and potential payment reductions under the Medicare physician payment system;
- Medicare payment cuts for higher utilization with no operational mechanism to assure that the Centers for Medicare and Medicaid Services can report accurate information that is properly attributed and risk-adjusted;
- Redistributed Medicare payments among providers based on outcomes, quality, and risk-adjustment measurements that are not scientifically valid, verifiable and accurate;
- Medicare payment cuts for all physician services to partially offset bonuses from one specialty to another; and
- Arbitrary restrictions on physicians who refer Medicare patients to high quality facilities in which they have an ownership interest; and be it further

RESOLVED, That our American Medical Association continue to actively engage grassroots physicians and physicians in training in collaboration with the state medical and national specialty societies to contact their Members of Congress, and that the grassroots message communicate our AMA's position based on AMA policy; and be it further

RESOLVED, That our American Medical Association use the most effective media event or campaign to outline what physicians and patients need from health system reform; and be it further

RESOLVED, That national health system reform must include replacing the sustainable growth rate (SGR) with a Medicare physician payment system that automatically keeps pace with the cost of running a practice and is backed by a fair, stable funding formula, and the AMA initiate a “call to action” with the Federation to advance this goal; and be it further

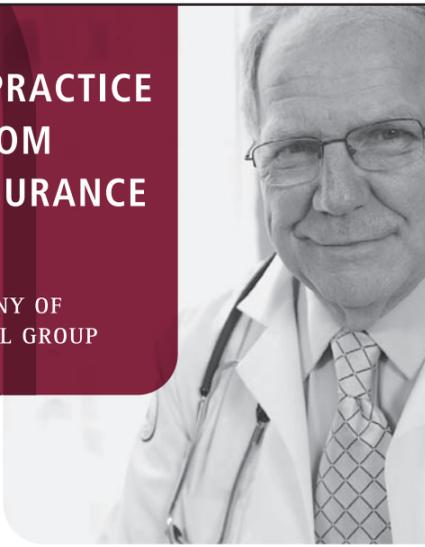
RESOLVED, That creation of a new single payer, government-run health care system is not in the best interest of the country and must not be part of national health system reform; and be it further

RESOLVED, That effective medical liability reform that will significantly lower health care costs by reducing defensive medicine and eliminating unnecessary litigation from the system should be part of any national health system reform; and be it further

RESOLVED, That our American Medical Association reaffirm AMA policy H-460.909 Comparative Effectiveness Research.

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MMA/BOLIM Chronic Pain Project Home Study

*Treating Chronic Pain in Maine:
Improving Outcomes, Recognizing Adverse Effects
of Medications, Preventing Drug-Related Deaths*

Maine physicians and other clinicians struggle to treat chronic pain conditions effectively and compassionately. The task is particularly difficult for primary care providers working in rural areas, who do not have ready access to specialty consultation in chronic pain or addiction medicine. The issue of diversion is perplexing to professionals who have been trained to engage with patients in trusting and healing relationships. This CME offering undertakes to give clinicians useful guidance in both the treatment of chronic pain, including use of opioid medication, along with safeguards to ensure that diversion is kept to a minimum, and issues of addiction, when they co-occur with chronic pain, are recognized and addressed effectively. Due to the generosity of the Board of Licensure in Medicine, there is no cost associated with this course.

This monograph (available at mainemed.com) is estimated to require two hours to read. **The accompanying post-test must be submitted and successfully completed in order to obtain two Category I CME credits. The course will be available until October 1, 2010, after which it will be either updated or terminated.**

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