

Maine medicine



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JOIN YOUR COLLEAGUES

**ANNUAL SESSION
SEPTEMBER 8-10**

Medicine in Extreme Environments will be the topic of the Association's 153rd Annual Session to be held in St. Andrews by the Sea in New Brunswick, Canada. The beautiful Fairmont Algonquin Hotel will provide the setting for the meeting which begins with a luncheon on Friday, September 8. The keynote speaker is former NASA astronaut Story Musgrave, M.D. who has been on all five shuttles and is one of NASA's most popular speakers. The closing keynote address on Sunday morning will be by Donald Palmisano, M.D., J.D. who is a former President of the American Medical Association. A native of Louisiana, Dr. Palmisano was instrumental in the Katrina relief efforts immediately after the storm. Six hours of CME will be presented on the general topic of medicine in extreme environments with specific topics including relief missions (Katrina, Pakistan and tsunami relief) and high altitude medicine, deep sea diving and wilderness medicine. In addition to CME, the Association's annual membership meeting will be held on Saturday morning and the annual banquet, with awards presentations, will be held on Saturday evening. The annual road race, golf and tennis opportunities and other recreational opportunities (such as kayaking) will also be available.

Registration materials have been mailed to each MMA member. In addition, registrations can be made easily via our secure online registration at www.mainemed.com. This promises to be one of the best MMA meetings ever. Please consider joining your colleagues, have a family oriented weekend and participate in the governance of your association.

MMA Continues Work on MaineCare Claims Processing

Since January of 2005, Maine's physicians participating in the MaineCare program, as well as other MaineCare providers, have suffered with the disastrous consequences of the state's fateful decision to prematurely activate a new claims management system. After a year and a half of delayed payments, undelivered promises and technical failures, many providers have simply given up. MMA staff has met with MaineCare staff on a bi-weekly basis for the past 15 months, sharing member concerns and hearing reports on the nearly daily fixes being applied to the system. We have also met with the Governor and repeatedly with the Commissioner of HHS and the Deputy Commissioner to express our concerns. The bi-weekly meetings continue and will continue until the system is able to accurately process claims, including electronic processing of the Part B crossover claims. It is likely that the crossover claims will not be paid through the system until sometime in 2007, but at MMA's request an expedited process for the payment of such claims submitted on paper was implemented and has been successful. But reducing claims to paper, particularly in the face of state law requiring electronic submission of claims to other payors, is both expensive and contrary to public policy. We have continually impressed upon MaineCare officials the need to apply a fix to MECMS that will allow the crossover claims to be paid electronically.

In June, MMA staff sat down with the federal CMS official that is responsible for authorizing federal payments for the system and for certifying completion of the project. To this point, CMS has declined to certify completion and in MMA's view, should not do so until the system is able to process Part B claims on a timely and accurate basis, and is otherwise compliant with HIPAA and other federal requirements.

The MECMS mess has taken up much of the MMA's advocacy effort the past year and a half. We continue to use all available resources to assist members with the problem, including assisting many individual practices with their issues. While we have appreciated the efforts that Deputy Commissioner J. Michael Hall, Medical Director Lauren Biczak, D.O. and Commissioner Brenda Harvey have made to fix the flawed system (including dedicating more state resources to the problem), enough is enough and at some point, those persons responsible for the real harm suffered by the patients and providers have to be accountable. This may include the contractor, the officials (now departed to other states) who presided over the building of the system by a contractor which had never built such a system for a state Medicaid program, and others.

MMA will continue to do all it can to make the MaineCare system work for enrollees and providers, including continuing to seek reimbursement of expenses due to the MECMS failure and a substantial increase in fees in 2007.

Are you still
coughing
and
sneezing
the way they did
during the
Plague?

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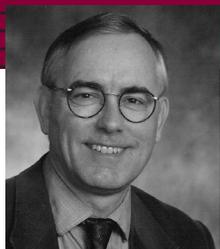
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Information in this newsletter is intended to provide information and guidance, not legal advice. Since exact language and definitions of key terms are critical to understanding the requirements of legislation, rules or laws, we encourage you to read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

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

President's Corner



Jacob Gerritsen, M.D.,
President, MMA

As you read this, my term will be close to ending and Dr. Kevin Flanigan will be taking over the reins at our annual session Sept 8-10, 2006 at the Fairmont Algonquin Hotel in St. Andrews-by-the-Sea, New Brunswick, Canada. I hope many of you will join us for this year's event,

which will be the 153rd consecutive annual meeting.

Leading the MMA is a collaborative process and we are fortunate to have great staff to work with, starting with EVP Gordon Smith and Deputy EVP and General Counsel Andrew MacLean, who have made my job so much easier. I thank them and the entire MMA staff for their cooperation and collegiality. Working with Dr's Flanigan and Chair of the Executive Committee Dr. Strassberg has been a pleasure as well.

As I look back on the last three years (since the President's year is actually the culmination of a 3 year commitment, starting with chairing the Executive Committee, followed by President-elect and then President), I would like to specifically highlight the following accomplishments:

Health Care Policy

- Chaired the Ad-hoc Committee on Health System Reform. We held several meetings that will serve as the foundation for the revised MMA White Paper on Health System Reform, a blueprint that will guide us as our health care system evolves.
- Authored a resolution dealing with Science and the FDA that was adopted by our MMA Executive Committee, endorsed by the New England Delegation to the AMA, and spearheaded through the process at this June's AMA annual meeting. This resolution is now official AMA policy.

Contact Congress

Tell your U.S. Senators and Representatives to take action this year to prevent payment cuts in 2007 and secure a positive payment update that accurately reflects practice cost increases. For 2007, the Medicare Payment Advisory Commission has recommended that Medicare physician payment rates be increased by 2.8 percent. Also tell them to **permanently** replace the Medicare physician payment formula with a payment system that accurately reflects practice cost increases. Explain that if Congress doesn't act, the current system will reduce patients' access to care.

How to Get Involved:

(800) 833-6354

to be connected to your members of Congress

www.ama-assn.org/go/grassroots

to send them an email

Committees

- Chaired the Ad-hoc Committee on Long Term Development. This committee is working on innovative ways to develop, strengthen and stabilize our financial reserves.

Communications

- Revamped the MMA website with a cleaner more attractive interface and more relevant content. It is now possible to register for the Annual Session on-line!
- Stimulated greater awareness of the Maine Medical Education Foundation, one of the MMA charitable foundations which lends money to medical students from Maine. A direct result of this is that the amount loaned this year has **doubled** compared to last year.

Executive Committee

- As chair of the Nominating Committee in 2005, was instrumental in recruiting new members to the Committee.
- Helped move the Committee into the 21st Century by starting and encouraging the process of paperless Executive Committee meetings, using electronically sent handouts and memos. The number of members using notebooks is steadily growing, resulting in more efficiency and the saving of postage.

Serving as your President and going to national meetings has allowed me to compare our activities with those of other medical societies of similar size and I can report we compare exceedingly well. We have a wide array of services being offered to our members, an excellent legislative advocacy team and impressive participation and indeed leadership in an incredible number of different state health oriented organizations helping to move health care in the State of Maine forward.

Comments and questions are as always welcome at jacobg@adelphia.net or 236-6070.

Upcoming Specialty Society Meetings

SEPTEMBER 8 - 10, 2006

(The following Specialty Societies will be holding meetings in conjunction with MMA's Annual Session taking place at the Algonquin Hotel, Saint Andrews by the Sea, N.B., Canada)

Maine Society of Orthopedic Surgeons Meeting

MMA Contact: Lauren Mier 207-622-3374 ext: 223 or lmier@mainemed.com

Maine Urological Association Meeting

MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

SEPTEMBER 15, 2006

Harborside Hotel & Marina - Bar Harbor, ME

Maine Society of Eye Physicians and Surgeons Fall Business Meeting

(To be held in conjunction with the 5th Annual Downeast Ophthalmology Symposium)

10:30am – 12:30pm

MMA Contact: Shirley Goggin 207-445-2260 or sgoggin@mainemed.com

SEPTEMBER 15 - 17, 2006

Harborside Hotel & Marina - Bar Harbor, ME

5th Annual Downeast Ophthalmology Symposium

(Presented by the Maine Society of Eye Physicians and Surgeons)

MMA Contact: Charyl Smith 207-622-3374 ext: 211 or csmith@mainemed.com

OCTOBER 20-22, 2006

Bar Harbor Regency, Bar Harbor, ME

Maine Chapter ACP Annual Scientific Meeting

MMA Contact: Warene Eldridge 207-622-3374 ext: 227 or weldridge@mainemed.com

NOVEMBER 4, 2006

Black Bear Inn – Orono, ME

Maine Chapter, American Academy of Pediatrics Fall Educational Conference and Open Forum on Early Childhood

Contact: Aubrey Entwood 207-685-9358 or agridleyentwood@aap.net

HANLEY FELLOWS SELECTED

The **Daniel Hanley Center for Health Leadership** is honored to introduce three emerging healthcare leaders who have been selected as Hanley Fellows. These distinguished individuals are highly experienced healthcare professionals who hold great promise for assuming greater leadership roles in Maine and beyond in the coming years.

Each Hanley Fellow will soon be paired with an experienced healthcare Mentor who will provide one-on-one guidance aimed at helping their Fellow build the skills necessary to be more effective leaders in Maine's increasingly complex, challenging and competitive healthcare marketplace. Fellows also will be enrolled this fall in the Institute for Civic Leadership's highly-regarded 15-day Collaborative Leadership Intensive program.

The first class of Hanley Fellows includes:



DR. "NED" CLAXTON, JR., a family practice physician, has headed CMMC's Family Medicine Residency program since 2001, where he has played an active role in the education of nearly three dozen family practitioners. A graduate of Princeton University and the University of Cincinnati School of Medicine, Dr. Claxton was in private practice in Androscoggin County for 22 years. He was named Maine's Family Practice "Doc of the Year" in 1987 and won the annual CMMC Family Practice Residency Outstanding Teaching Award four times. He served on the CMMC Board of Directors for nearly a decade and has long been active in policy and advocacy issues with MMA. Dr. Claxton plans to use his tenure as a Hanley Fellow to expand his knowledge of how healthcare public policy is shaped toward the goal of becoming more involved in improving Maine's health delivery and coverage systems in the years to come.



MAUREEN KENNEY is a widely-respected leader among Maine employers who have become increasingly engaged in issues relating to healthcare cost, quality, and access across the state. She began her career as a rehabilitation and psychiatric social worker, working in hospitals in Texas, California and Maine. Today, she is responsible for benefit plans, family medical leave and health and wellness initiatives at Maine's largest private employer. Maureen currently serves on the board of directors of the Maine Health Management Coalition, the Maine Health Data Organization and the Maine Health Information Center. She is a Phi Beta Kappa graduate of Texas Christian University and holds a master of science in social work degree from the University of Texas in Arlington. As a Hanley Fellow, Maureen plans to learn more about key healthcare issues so she can become a more informed and effective leader.



A Maine native, **DR. LISA LETOURNEAU** has broad clinical and management experience in a wide variety of healthcare settings. As a board-certified internist who began her career in emergency medicine, she went on to a succession of positions with managed care organizations. Her strong interest in building connections between public health and clinical care has led to several leadership positions, including the Board of the Maine Center for Public Health, the Cardiovascular Health Council, and the Maine Medical Association's Public Health Committee. Since 2000, Dr. Letourneau has been a key leader in MaineHealth's system-wide clinical quality improvement initiatives and currently serves as Senior Director for Clinical Integration, overseeing a range of healthcare improvement initiatives. She has been instrumental in establishing the statewide Quality Counts organization and many other collaborative initiatives, including serving as physician advisor to the Maine Youth Overweight Collaborative. Dr. Letourneau holds an undergraduate degree (magna cum laude) from Brown University, a medical degree from the Dartmouth-Brown Joint Program in Medicine and a masters in public health from the Harvard School of Public Health. She hopes to use her time as a Hanley fellow to further develop her personal and organizational leadership skills.

The Hanley Fellows Selection Process

The Hanley Fellows program invited applications from emerging leaders from across the state earlier this year. How did we define emerging leaders? An emerging leader has ten or more years of professional experience in healthcare, has demonstrated substantive leadership in their current position and holds great promise for assuming greater leadership roles in the next several years. A committee of highly regarded health leaders reviewed Fellows applications and made recommendations to the Hanley Center Board in early May. Applications were received from physicians, public health leaders, hospital and physician practice administrators, employers, government officials and others.

What Is the Hanley Center?

Founded in 2002, the Center is dedicated to building a solid foundation of leaders who are committed to improving health care in Maine and beyond. Formerly known as the Dan Hanley Memorial Trust, the Center's new name reflects the organization's focus on leadership development. Plans are under way for a new statewide health care leadership training program in 2007. To learn more, contact Jim Harnar at jharnar@maine.rr.com or 207-523-1501.

"Dr. Claxton has had a long and distinguished involvement with the Maine Medical Association, which he joined when beginning practice in Maine. His advocacy for primary care and access to care is well known throughout the state. The Maine Medical Association is thrilled to have Ned in the group of initial Hanley fellows."

**- Gordon Smith, Esq.,
Executive Vice President
Maine Medical Association**

"Maureen's unique ability to bridge the chasm between a very complex medical care system and the everyday consumer of care has allowed BIW and our employees to succeed in improving outcomes, quality and cost. I am confident that this opportunity will allow her to increase those skills and therefore benefit an even larger community."

**- Kevin Gildart
Vice President
BIW**

"Lisa's leadership in bringing public health and medicine together throughout Maine has changed the way both medicine and public health are practiced. And, as a result, Maine people are healthier. She has made a real difference in improving the health of Maine people! I am very excited for her as she becomes a Hanley Fellow."

**- Dr. Dora A. Mills
Director
Maine Center for Disease
Control and Prevention**

UPCOMING AT MMA

AUGUST 24, 2006 6:00pm – 8:00pm
Maine Physician Action Fund

AUGUST 30, 2006 4:00pm – 6:00pm
Public Health Committee

SEPTEMBER 5, 2006 1:00pm – 3:00pm
Stop Stroke

SEPTEMBER 8-10, 2006
MMA's Annual Session – Fairmont
Algonquin, St. Andrews, New Brunswick,
Canada

SEPTEMBER 14, 2006 3:30pm – 8:30pm
Maine Association of Psychiatric
Physicians

SEPTEMBER 18, 2006 11:00am – 4:00pm
School Health

SEPTEMBER 19, 2006 5:30pm – 8:00pm
Committee on Membership and Member
Benefits

SEPTEMBER 20, 2006 2:00pm – 4:00pm
HealthInfoNet Board

SEPTEMBER 20, 2006 6:00pm – 9:00pm
Maine Society of Anesthesiologists

SEPTEMBER 21, 2006 6:00pm – 8:00pm
Payor Liaison Committee

OCTOBER 3, 2006 5:30pm – 9:30pm
Maine Chapter, American Academy of
Pediatrics

OCTOBER 12, 2006 5:30pm
Maine Association of Psychiatric
Physicians

OCTOBER 18, 2006 2:00pm – 4:00pm
HealthInfoNet Board

OCTOBER 25, 2006 4:00pm – 6:00pm
Public Health Committee

NOTE: Please review MMA's website at www.mainemed.com for additional meeting dates, including meetings to be scheduled for the Committee on Peer Review and Quality, the Ad Hoc Committee on Technology and the Legislative Committee.

**MMA
Welcomes
Our Newest
Corporate
Affiliate:**

**New England
Compounding
Pharmacy**

**We appreciate
their support!**



Jana Purrell, CPC



Coding and Billing Updates

During this time of year, there are several updates that appear that may be of interest to your practices. I will mention some of them here and give you some websites to check out for others.

- The annual update to ICD-9-CM has been released. These are the codes used for reporting diagnoses and they are effective 10/1/06. Important to review not only the new codes that have been added but also those that have been revised or deleted. This is the time to start working on updating charge tickets and other forms used in your practice so that you are ready for implementation on 10/1. As a reminder, there is no longer a grace period for implementation.

Highlights include:

A new category for pain, NEC (338). The category excludes generalized pain (780.96) and pain exclusively attributed to psychological factors (307.80), but identifies central pain syndrome (338.0), acute pain (338.1), chronic pain (338.2), neoplasm related pain (338.3), and chronic pain syndrome (338.4).

Expanded codes for hearing loss (389).

Revised fifth digit subclassifications for reporting hypertensive heart and chronic kidney disease (404 – and note the addition of the word “chronic” to the category descriptor)

- 1) without heart failure or chronic kidney disease and with chronic kidney disease stage I through stage IV, or unspecified, use additional code to identify the stage of chronic kidney disease (585.1-585.4, 585.9)
- 2) with heart failure and with chronic kidney disease stage I through stage IV, or unspecified, use additional code to identify the stage of chronic kidney disease (585.1-585.4, 585.9)
- 3) without heart failure and with chronic kidney disease stage V or end stage renal disease, use additional code to identify the stage of chronic kidney disease (585.5, 585.6)
- 4) with heart failure and chronic kidney disease stage V or end stage renal disease, use additional code to identify the stage of chronic kidney disease (585.5-585.6)

New dental codes and instructions for dental caries pit and fissure (521.06), dental caries of smooth surface (521.07), dental caries of root surface (521.08), cracked teeth (521.81), acute and chronic forms of gingivitis (both plaque and non-plaque induced), aggressive periodontitis (523.30-523.32), chronic periodontitis (523.40-523.42), and codes noting failed or faulty restoration efforts (e.g., poor aesthetics of existing restoration, 525.67).

Many new codes related to urinary conditions: incomplete bladder emptying (788.21), nocturia (788.43), straining on urination (788.65), urinary frequency (788.41), urinary hesitancy (788.64), urinary incontinence (788.30-788.39), urinary obstruction (599.69), urinary retention (788.20), urinary urgency (788.63) and weak urinary stream (788.62).

New category for conditions complicating pregnancy, childbirth or purpurement (649). The conditions include tobacco use (649.0), obesity (649.1), bariatric surgery (649.2), coagulation defects (649.3), epilepsy (649.4), spotting (649.5), and uterine size date discrepancy (649.6).

A new subcategory for nontraumatic compartment syndrome (729.7).

New neonatal codes to include newborn respiratory arrest (770.87), hypoxemia of newborn (770.88), and cardiac arrest of newborn (779.85).

New code for postnasal drip (784.91).

New V codes include colonic polyps (V18.51), genetic testing of the male under the procreative management category (V26), bariatric surgery status (V45.86), a new genetic screening subcategory (V82.7), and a new category for estrogen receptor status (V86).

All tables can be found at:

http://www.cms.hhs.gov/ICD9ProviderDiagnosticCodes/07_summarytables.asp#TopOfPage

- Some of you may not be aware that CMS updates their fee schedule quarterly for the reimbursement of Part B drugs. The most current drug pricing update has been released which is effective for dates of service 7/1—9/30/06. This schedule, along with the 1st and 2nd quarter schedules can be found at: http://www.medicarehnc.com/providers/fees/drugallowlimits_july06.htm

- You will remember that this year (2006) we have a new designation in CPT for those vaccines which are pending FDA approval ∇ . This symbol appears in CPT next to the code. These vaccines were part of the “early release” of Category I product codes. The vaccine was given a CPT code so that it could make it into the 2006 CPT book when it was published while it was awaiting approval. Throughout the year, these vaccines make it through the approval process however, you have to check the AMA website regularly to know the approval date. Once the vaccine is approved, it is eligible for payment. The most recent vaccine to gain approval was CPT code 90649—Human Papilloma virus (HPV) vaccine 3 dose IM. To check approval status: <http://www.ama-assn.org/ama/pub/category/10902.html>

- The following topics are areas that stand to see major changes in CPT and/or the Medicare physician payment schedule for 2007. Be watching for changes with:

- Evaluation and Management services
- Mohs surgery/destruction of lesions
- Cardiothoracic surgery
- Pulmonary medicine/critical care medicine
- Vascular surgery
- Spine surgery
- Gynecology

Dear MMA Members,

Thank you for letting me address you directly in your newsletter. Most of you should be receiving periodic letters from me as I attempt to keep all our MaineCare providers apprised of the status of our claims processing improvements; however, we know that you have faced unique billing and payment difficulties.

We are continuing to make program system improvements to better serve you. The first of these was scheduled for July 1, 2006, and includes Medicare Crossover-A claims processing, HIPAA 837-institutional claims processing, and remediation of issues that cause many edit/error claims suspensions. The OMS staff will be reaching out to your billing personnel to provide detailed instructions on billing electronically.

If you have suggestions or ongoing concerns that we are not directly addressing by our current interactions or the plans stated above, please feel free to contact me. Thank you for your continued commitment to serve our MaineCare members and to provide our poorest citizens with access to quality health care.

Sincerely,
Brenda M. Harvey
Commissioner



Medical professionals and their families need not suffer alone with chemical dependency, psychological problems, or senility. Help is available.
623-9266
Confidential.

Maine State Retirement System Medical Board Physician Recruitment

The Maine State Retirement System (MSRS) seeks two or more consulting physicians to join our Medical Board. We are particularly interested in physicians with experience in internal medicine, as well as physicians with expertise in analysis of musculoskeletal conditions.

MSRS administers a disability retirement program for eligible members. The primary purpose of the MSRS Medical Board is to review medical records of individuals who are applying for disability benefits, and to advise MSRS on the types and status of the applicant's conditions. A team of Specialists, who coordinate the administrative case management aspects of the program, assists the Medical Board. The Medical Board consists of both retired and active practice physicians representing internal medicine, psychiatry, cardiology and occupational medicine.

Consulting physicians receive records a week in advance for review and analysis. Medical Board meetings are scheduled on Thursdays at MSRS offices in Augusta. Reimbursement is \$85. per hour. The rate applies to review time, travel time, and attendance at the Medical Board. MSRS also reimburses mileage. The average monthly time commitment, including meeting time, is 20 hours/Medical Board meeting.

Physicians interested in exploring this opportunity are encouraged to contact MSRS directly:

Marlene McMullen-Pelsor

Manager, Ancillary and Employer Services

46 State House Station, Augusta, Maine 04333-0046

(207) 512-3100 or (800) 451-9800 or mcpelsor@msrs.org

On-Site Flu and Wellness Clinics

A Hassle-Free, No Cost Way to Protect the Health of Your Patients By George Nightingale, Maxim Health Systems

As a Physician, you already understand the importance of the flu vaccine. Providing the shot to all of your patients can put a large strain on the operations of your practice. From vaccine management to limited appointment time, many practices need extra support, or they risk turning away patients who have requested the vaccine during this busy season.

A growing number of healthcare practices are now turning to flu and wellness clinic providers for the complete coordination of on-site vaccination and immunization services. The turn-key programs are designed to operate efficiently without compromising the daily functions of your practice or staff. While your office hosts the clinic, a flu and wellness provider will handle the behind-the-scenes coordination of:

- Clinic Set-Up and Clean-Up
- Vaccine Acquisition and Supply Management with No Risk to the Practice
- Supplemental Nurse Staffing (RNs and LPNs)
- Medical Waste Removal
- Complete Billing Operations and Paperwork Coordination
- No Waiting Period for Insurance Reimbursements
- Marketing Assistance to Increase Community Participation

In most cases, the process is customized to meet the needs of the practice regardless of how unique or complex. While your on-site clinic is being conducted, you can continue to meet your daily appointment obligations and your office staff can focus on maintaining normal business operations. Clinic dates and times are flexibly scheduled and the program is conducted exclusively for your patients or open to the general public, allowing you an opportunity to increase your patient base.

While enjoying the convenience of a streamlined process, working with a reputable organization has a long list of advantages including never having to secure and monitor vaccine supply, concern yourself with non-returnable vaccine, qualify and supervise additional clinical staff, dispose of medical waste, maintain appropriate liability insurance, or comply with state and federal regulations for administering immunizations.

Outsourcing your flu vaccination program can prove to be a positive community outreach tool as well. Every fall, millions of people stand in line at retail, corporate, and government locations to get their shot. Through an on-site flu clinic, your office can ensure that residents in your local area have easy access to this method of prevention. This action of goodwill not only sends the message that you care, but leaves a favorable and lasting impression of your practice. It's a great way to attract new patients, while building relationships with existing ones.

For more information regarding on-site flu and wellness programs in Maine, contact George Nightingale with Maxim Health Systems at (617) 558-0395.

New Option for Office-Administered Drugs

Do you administer drugs to Medicare beneficiaries in your office?

If so, you may be interested in learning more about a new effort by Centers for Medicare & Medicaid Services (CMS) to help reduce the time you spend buying and billing for these drugs.

An initial phase of what CMS calls its Competitive Acquisition Program (CAP), a voluntary initiative, will allow you to purchase office-administered drugs from an approved vendor. That vendor would be responsible for billing Medicare for the drugs, collecting the co-insurance from the beneficiary and other administrative tasks.

Payment rates for CAP drugs are based on the median of the bid price of several qualified bidders. The CAP will not apply to drugs included in the Medicare Part D prescription drug benefit, but only to certain drugs covered under Medicare Part B that are administered in the physician office.

Recently, BioScrip was selected to provide more than 180 drugs in the CAP. CMS anticipates expanding the program to more categories of drugs in the future and widening the pool of vendors.

Find more details about CAP at www.cms.hhs.gov/competitiveAcquisforBios/.

To learn more about BioScrip, go to www.bioscrip.com.

Apply for NPIs for All Physicians in the Practice at One Time Using New Process

The Centers for Medicare & Medicaid Services (CMS) announced that beginning May 1, health care organizations, including physician offices, have a new option for applying for National Provider Identifiers (NPIs).

In addition to submitting a paper application or applying via the Web, groups of providers can now apply using a process called Electronic File Interchange (EFI).

This involves submitting an electronic file with the potential to contain thousands of applications, a process expected to relieve the administrative burden on providers, as well as the CMS.

The EFI alternative means medical officials can now apply for multiple physicians all within one application, without having to submit a single application for each physician in the practice.

However, it's important to follow the appropriate steps and read key documents to succeed with this application process.

Essentially, this involves:

- Downloading the appropriate materials, i.e., guides and manuals.
- Submitting the Certification Statement to the NPI enumerator.
- Waiting for approval from CMS before taking any further action.
- Proceeding after approval is received to follow outlined steps to become an EFI organization.

To complete step 1, go to www.cms.hhs.gov/NationalProviderStand/ and <https://nppes.cms.hhs.gov> for the documents you need to review.

Next, go back to <https://nppes.cms.hhs.gov> for a copy of the Certificate Statement you need to complete and send to the NPI enumerator. You may also call the enumerator's office at (800) 465-3203.

Let's TALK about DRUGS

This fall, Office of MaineCare Services (OMS) Pharmacy Division will tour the state to hear from you about ...

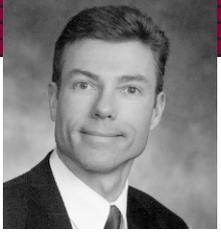
- MaineCare pharmacy benefits,
- Discount prescription drug programs sponsored by the state,
- Prior Authorization,
- Preferred Drug List (PDL),
- Medicare D, and,
- Whatever else is on your mind about MaineCare and drugs.

OMS can add or delete topics to focus on your interests and priorities. OMS's goal is to get your feedback for future improvements. On Prior Authorization, OMS will summarize recent trends and listen to your experiences getting drugs approved. They will explain the PDL and how it is developed. They will also discuss how the state works with Medicare D plans, including how and who qualifies for the State's wrap-around drug programs.

There will also be time for open discussion of other issues. The entire presentation will take less than an hour.

The OMS Pharmacy Division staff can be part of one of your regularly scheduled meetings, or can host a special meeting. If you would like to have OMS at your meeting, please contact:

Bruce McClenahan
287-4018 or by e-mail
Bruce.McClenahan@Maine.gov



Andrew MacLean, Esq.

122nd Maine Legislature Adjourns on May 24, 2006 – MMA Publishes Comprehensive Summary of Health Care Legislation

The MMA's biennial summary of health care legislation enacted by the current legislature is a valuable member benefit and a resource to ensure that your practice is in compliance with Maine law. Copies of the summary will be available at the MMA's Annual Session at the Fairmont Algonquin, St. Andrews-by-the-Sea, New Brunswick, Canada in September, during MMA presentations at medical staff and specialty society meetings, and upon request from the MMA office.

The 122nd Maine Legislature completed the work of their Second Regular Session and adjourned *sine die* late in the evening on May 24, 2006 without acting on bills affecting the Dirigo Health Program – one proposing a self-insurance option (L.D. 1845) and one addressing the SOP funding mechanism (L.D. 1935). On the day of adjournment Governor Baldacci issued an Executive Order creating a Blue Ribbon Commission to make recommendations on the future of the Dirigo Health Program. You can read the Governor's press release including the Executive Order on the web at: http://www.maine.gov/governor/baldacci/healthpolicy/news/5_24_06.htm. Please see the

related article on membership of the Commission in this issue of *Maine Medicine*.

The 2006 campaign season is underway and will be in full swing after Labor Day. The MMA and the MMA's political action committee, the *Maine Physicians Action Fund*, encourage you to introduce yourself to the candidates for the 123rd Maine Legislature and to offer yourself as a resource on health care issues. You can find candidate information on the 2006 elections at the Secretary of State's web site: <http://www.state.me.us/sos/cec/elec/2006elec.html>.

The MMA Legislative Committee and staff are preparing for the 123rd Maine Legislature by meeting the candidates and developing a legislative agenda. If you have issues you would like the MMA to consider addressing through legislation, please let us know.

During the legislative session, the MMA publishes a weekly e-mail legislative update called *Political Pulse*. To subscribe, go to www.mainemed.com and visit the Legislative & Regulatory Advocacy section of the site. 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.

Governor's Blue Ribbon Commission on Dirigo to Include Two Physicians and MMA EVP Gordon Smith

Governor Baldacci on July 5 announced his appointments to a 19-member Blue Ribbon Commission to review financing alternatives for the Dirigo Health program. Included among the appointments are Robert McAfee, M.D., former AMA and MMA President who chairs the current Dirigo Board of Directors, G. Peter Toussaint, M.D., of New Canada, a retired surgeon and Gordon Smith, Esq., EVP of MMA. The group will begin their meetings in August and make a report to the Governor by December 15, 2006.

"DirigoChoice is working for over 15,400 Maine workers and families, and 2,000 businesses," said Governor Baldacci. "Maine is one of only seven states in the country that saw a decrease in the rate of uninsured. We can do more."

"It is not right that people work hard, play by the rules and pay their taxes do not have the health coverage they need. With the valuable experience gained in the first year of Dirigo, we need to continue our work together with the Legislature, to build on the foundation we have laid. Maine people need and deserve affordable, quality health care that we can depend upon."

The commission will be chaired by Dr. Sandra Featherman, who served as president of the University of New England, in Biddeford, from 1995 until early July 2006.

The commission's other members represent a cross section of Maine life, coming from backgrounds of business, industry, education, and consumer activism. The members are listed below with their affiliation:

- David Brenerman**, Assistant Vice President of Government & Public Affairs, UnumProvident Corporation, Portland
- Joe Ditre**, Executive Director, Consumers for Affordable Health Care, Augusta
- Joan Donahue**, owner, Hummingbird Home Care, Warren
- Carol Epstein**, owner, Epstein Commercial Real Estate, Bangor
- Kevin Gildart**, Vice President, Bath Iron Works, Bath
- Tammy Greaton**, Director, Maine People's Alliance, Portland
- Merton Henry**, Attorney, Jensen, Baird, Gardner and Henry, Portland
- Mike Keenan**, President, Local S6, Bath
- Dr. Robert McAfee**, Chairman, Dirigo Health Board of Directors, Portland
- Steven Michaud**, President, Maine Hospital Association, Augusta
- Chip Morrison**, President, Androscoggin County Chamber of Commerce, Lewiston and member, Advisory Council, Maine Quality Forum
- Katherine Pelletreau**, Executive Director, Maine Association of Health Plans, Yarmouth
- Ed Pineau**, President, Pineau Policy Associates, Inc., Manchester
- Keith Small**, Director, Down East Business Alliance, Milbridge
- Gordon Smith**, Executive Vice President, Maine Medical Association, Manchester
- Dr. Peter Toussaint**, physician, New Canada
- Barbara Trafton**, realtor, Keller Williams Realty, Auburn
- MaryAnne Turowski**, SEIU Field Representative, Maine State Employees Association, Augusta
- Trish Riley**, Director, Governor's Office of Health Policy and Finance, Augusta, ex officio



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