

NEWS BREAK

October 23, 2009

Physicians' Personal Data Stolen

More than ten thousand California doctors contracted with **Anthem Blue Cross** and **Blue Shield** of California are being notified that their personal information, including Social Security, taxpayer ID, and NPI numbers, may have been compromised when a laptop containing sensitive data was stolen. While there have been no reported misuses of this information, physicians are urged to take steps to protect themselves from identity theft.

The theft occurred in late August in the Chicago area when a Blue Cross-Blue Shield Association employee's laptop was stolen from a car. The breach involved a data set containing information on as many as 800,000 physicians, including names, addresses, tax ID numbers, and NPI numbers. Physicians who use their Social Security numbers as their taxpayer ID numbers should have received a letter notifying them of the data breach, urging them to take advantage of the free credit monitoring services being offered to affected physicians by the insurers.

To take advantage of the free credit monitoring offer, you must enroll by the end of the year using the unique activation code provided in the letter. The program offers \$25,000 in identity theft insurance with no deductible and provides alerts to changes in credit reports.

Physicians are encouraged as always to be vigilant in protecting themselves from those who may try to use their identity as a physician to submit fraudulent prescriptions or claims. If you suspect that your personal information is being used fraudulently, you should take immediate action. For more information on what you should do if you believe you are a victim of identity theft, see CMA On-Call document #0608, "Whose Got Your Number? How Physicians Become the Victims of Identity Theft." On-Call documents are free to CMA members at <http://www.cmanet.org/member>. Nonmembers can purchase On-Call documents for \$2 per page in the CMA bookstore, <http://www.cmanet.org/bookstore>.

If you have questions about the Blue Cross/Blue Shield data breach, please call the Blue Shield Provider Liaison Unit at 800/258-3091 or Blue Cross Provider Services at 800/933-6633.

Contact: CMA's reimbursement help line, 888/401-5911 or jblack@cmanet.org.

In Case You Missed It...CPT Codes for H1N1 Vaccine

AMA has published a new CPT code specific to H1N1 vaccine administration (90470) and revised existing code 90663 to include the H1N1 vaccine. The new CPT codes are effective immediately. The Centers for Medicare and Medicaid Services (CMS) has also created unique HCPCS codes for administration of the H1N1 vaccine (G9141) and for the vaccine itself (G9142).

Because the vaccine is provided free of charge by the federal government, physicians will not be reimbursed for the vaccine itself. Practices have been instructed to submit claims for the vaccine, but for zero dollars. This will allow for proper vaccine tracking. Physicians will be reimbursed for administration of the vaccine.

There continues to be significant uncertainty regarding billing for H1N1 vaccinations. For example, some payors, clearinghouses, and physician billing systems may not be able to accommodate a zero dollar charge, and the practice would have to bill vaccine claims with a \$0.01 charge. CMA is awaiting clarification from CMS to ensure that it would not be considered fraud to bill with \$0.01 to accommodate systems that can't process a \$0.00 charge.

CMA is working closely with AMA and other state and specialty societies to iron out these and other kinks in the H1N1 billing process.

Contact: CMA's reimbursement help line, 888/401-5911 or drice@cmanet.org.

Senate Fails to Advance Bill to Repeal Medicare SGR

The U.S. Senate's Oct. 21 vote for cloture on S. 1776, the Medicare Physician Fairness Act of 2009, failed by a vote of 47 to 53. The bill would have permanently repealed the Medicare sustainable growth rate (SGR) and laid the foundation for establishing a new Medicare physician payment system. A cloture vote would have made the bill filibuster-proof and cleared the way for a floor vote. CMA has many serious concerns with the Senate health care legislation, one of the biggest being its failure to address long-term cuts to Medicare payments. Although the House bill does contain a physician payment fix, the Senate bill would increase doctors' payments by 0.5% in 2010, but it would leave doctors facing a 25% cut in 2011. California Senators Dianne Feinstein and Barbara Boxer continue their strong support for physicians and voted in favor of cloture.

Congressman Pete Stark (D-CA), chairman of the Ways and Means Health Subcommittee and one of the Democratic leaders on health reform, put out the following statement lambasting the Senate for the failure to repeal the SGR for physicians:

"I am disappointed that the Senate refused to consider legislation to correct a dishonest budgeting formula under current law that threatens the stability of Medicare with massive cuts to physician payments. Those who objected to this effort because it was not paid for do not understand the problem that was created after years of Republican mismanagement. The cuts projected under current law will never happen. CMS actuaries have in the past admitted in their projections that they can't even estimate the effects of the implementation

of those cuts. We must quit kicking the can down the road. Adjusting the baseline in conjunction with health reform will allow us to change the physician payment system to more effectively control costs and promote coordinated, accountable care in the future." The House still plans to take up the SGR repeal on the House floor soon, and Senate leaders are working on alternative SGR proposals.

AMA President J. James Rohack, MD responded to the vote with this letter:

"An overwhelming majority of U.S. senators, Democrats and Republicans alike, are on record stating that the so-called Medicare sustainable growth rate (SGR) is flawed and should be replaced. S. 1776, the Medicare Physician Fair Payment Act, introduced last week by Sen. Debbie Stabenow, D-Mich., would have repealed the SGR, erasing the existing debt and freezing physician payments at current rates for 10 years. Yesterday's [Senate vote](#) on S. 1776 was an opportunity for every senator to deliver on their pledge of support for repealing the SGR. Instead the Senate voted 53-47 to block consideration of S. 1776.

The blame game being spun by some politicians over the outcome of that vote should be seen for what it is-pure political gamesmanship.

Notwithstanding all of the hard work conducted by physicians who reached out to senators of both parties, this bill was blocked for these basic reasons: 1) There is growing concern on the part of legislators and the public over expanding federal deficits. Therefore, a number of moderate Democrats and Republicans, although concerned about the SGR problem, simply would not vote for a bill they viewed as having negative deficit implications; 2) The Senate Republican leadership cast this as a test vote on Democrats' health reform legislation.

The problem is that another temporary fix of the SGR formula will merely exacerbate the very deficit problem that so concerns many senators; In 2005, the cost of repealing the SGR was \$48 billion over ten years and physicians were facing cuts of 3.3 percent; Today, the price tag to permanently repeal the SGR is \$245 billion and next year's scheduled cut is 21.5 percent.

The AMA shares concerns about federal deficits but we believe the responsible thing to do is to finally stop the Ponzi-like scheme to manage the SGR. Instead, Congress must once-and-for-all fulfill its obligation to senior citizens and the physicians who treat them. They can do this by wiping the slate clean and adopting a realistic baseline not predicated on physician payment cuts of 40 percent over the next several years.

This effort to permanently fix the SGR isn't over, but we should acknowledge a few positive developments associated with S.1776 including continuing strong support and leadership by Sen. Stabenow and active support from the AARP and the Military Officers Association of America. We also need to thank the 47 Democratic senators who voted for cloture.

We need to take a moment to clear up erroneous trade press reports over an Oct. 13 meeting with Sens. Reid, Baucus and Dodd and senior White House staff. At that meeting, the AMA did not agree to support a Senate bill still being drafted. While expressing our ongoing commitment to achieving meaningful health system reform goals this year, we reiterated clearly the AMA's continuing concerns with a number of provisions of the Senate Finance Committee's recommendations. These concerns have yet to be fully addressed. [...]

So, moving forward, what can you expect from the AMA? The AMA has advised Congress and the Obama Administration that we do not support another short-term fix that grows the SGR deficit.

We stand by our [seven essential elements for health system reform](#). Consideration of the House and Senate health reform bills coming up for floor votes in the coming weeks will be evaluated based on the following metrics: 1) Does the legislation adequately address the AMA's seven essential elements of health system reform? 2) Does the legislation correct existing failures to fulfill current obligations to patients and physicians? 3) Are new obligations based on sound policy and financial foundations that are sustainable and will deliver on the promise of real access to care?

In closing, we thank state, county and national specialty societies and individual medical students, residents and physicians for their outstanding response to our grassroots campaign on S. 1776. Over 42,000 contacts to Senate offices were generated in just five days. This was a tremendous demonstration of how medicine can mobilize to support a common goal.

Sincerely, J. James Rohack, MD, President, Rebecca J. Patchin, MD, Chair, Board of Trustees"

