

Philadelphia Medicine



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Mcare abatement: FAQs

The Pennsylvania Medical Society (PMS) has provided a series of frequently asked questions and answers on the Mcare abatement. These answers are accurate as we go to print. However, the Pennsylvania Department of Insurance is still studying the law and developing procedures. Physicians should visit the PMS and PCMS websites frequently for current information.

In order to qualify for Mcare abatement for 2003, physicians must complete and submit an application for abatement by February 12, 2004, regardless of whether they are eligible for 100% or 50% abatement. Physicians must decide whether or not to apply and sign the "continued practice" pledge on the application form.

If I apply, how long will I have to continue to practice in Pennsylvania?

Physicians who apply for the abatement must sign a pledge (included on the application form) that they will continue to provide medical services in Pennsylvania for the calendar year following the year in which they receive an abatement.

For example, if you receive an abatement for the 2003 assessment, you must promise to remain and practice in the state through December 31, 2004. That means that if your policy has a renewal date of July 1, 2003, for example, you would be required to remain in practice for the next 12 months, plus an additional six-month period.

What if I receive an abatement but leave the state or stop providing services?

If you leave or stop providing services before the end of the retention

period you will have to repay the full amount of the abatement. Repayment will not be required from physicians who are enrolled in approved residency or fellowship programs, die prior to the end of the retention period, are disabled and unable to practice prior to the end of the retention period, called to active military duty, or retire and are at least 70 years of age prior to the end of the retention period.

What happens if I plan to pay the 2003 assessment, but don't know whether my application for abatement will be approved?

All physicians must submit their application form and supporting documents no later than February 12, 2004. If you are eligible for 50% abatement, you must submit payment within 30 days of the date Mcare notifies you of approval of your application.

Am I eligible for a refund if I paid 100% of my 2003 assessment?

Yes, but eligibility for abatement must be established before any refunds or adjustments can be given. You must submit the application by February 12 regardless of whether you paid 100%.

How will the application process work?

The application will only be available online at the Insurance Department website at www.mcare.state.pa.us and must be submitted electronically.

You will also be required to print and sign the form and return it along with the declaration page from your primary carrier. If you complete both applications at the same time, information on your 2003 application will automatically be repeated on your 2004 application.

PCMS News

2004 PCMS Awards Program

The Philadelphia County Medical Society requests your nominations for the following Awards:

- **Strittmatter Award**—Since 1923, the Strittmatter Award is regarded as being the most prestigious of PCMS. Presented to a physician who has demonstrated to the Society the most valuable contributions to the healing art, surgical or medical. *Requirement:* Your letter of nomination should include the candidate's current cv.
- **Cristol Award**—Presented to a PCMS member who has made valuable contributions to the Society. *Requirement:* The letter of nomination should also include the candidate's activities in the Society.
- **Practitioner of the Year Award**—Presented to a PCMS member for excellence in patient care and community service. *Requirement:* Letter of nomination, a current cv and should include examples of community service.

Please submit your nominating letter(s) along with the candidate's appropriate background information by March 1, 2004, by mail: Award Chair, PCMS, 2100 Spring Garden Street, Philadelphia, PA 19130. Fax: 215-563-3627 or eryan@philamedsoc.org. For information, 215-563-5343, Ext. 113.

Access to tort-reform information

We encourage you to visit these web sites for instant updates on tort reform efforts:

- Philadelphia County Medical Society www.philamedsoc.org
- Pennsylvania Medical Society www.pamedsoc.org
- Politically Active Physicians Association www.fightingdocs.org

In addition, PCMS sends out e-mails regularly. Do we have your e-mail address? If you have not been receiving the PCMS e-newsletter, e-mail us at stat@philamedsoc.org.

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Editorial

Applaud politicians when they do the right thing



Late in December 2003, Governor Edward G. Rendell and the Pennsylvania Legislature passed two-year relief for physicians to address the professional liability insurance crisis.

Although it fell short of what is needed to attract and keep physicians in Pennsylvania in the long run, the relief was welcomed and no doubt enabled many physicians to continue their medical practice here for the immediate future. That is to the benefit of patients who are spared a sudden disastrous decline in access to care.

We have thanked the Governor and our State Senators and Representatives for this relief. You should also. The time and opportunity will come to restate our long-term goals. We will not hesitate to do so. Nor should you.

However, this is the time to be gracious. We will be better served by acknowledging what has been accomplished than by only complaining over what was not accomplished. Many of us have called and written to elected officials expressing our demands. We need to contact them again to express appreciation for the relief that was passed.

Physicians need to be vigilant regarding the February 12, 2004, deadline. Whether you are eligible for 100% or 50% abatement, you must complete an application for abatement by February 12, 2004, if you want to qualify for the 2003 assessment. Details are still being worked out with the Pennsylvania Department of Insurance. Some frequently asked questions and answers appear elsewhere in this issue, but you should visit the Pennsylvania Medical Society and our websites frequently to keep current.

Our long-term goals include eliminating or reducing the amount of mandatory professional liability insurance; 100% Medicare abatement for all physicians, limits on lawyers contingency

fees and a cap on noneconomic damages. The State House has already passed legislation that will allow the public to decide whether it wants to amend the Pennsylvania constitution to allow limits on noneconomic damage awards. The next few months will be critical. We will need your support and your participation at every step.

We are pleased that the US Congress passed a Medicare payment increase in 2004. We applaud the American Medical Association and those of you who contacted the President and your US elected legislators. We applaud the Bush Administration for implementing the improved payment rate in time for it to take effect in 2004.

We welcome the extension of the deadline for decisions on physician participation in Medicare until February 17, 2004. Physicians, who had been discouraged by repeated news of Medicare payment cuts, will now be better able to make this important decision. Although we are concerned about reduced payments for cancer and other physician-administered drugs among other issues, we believe that many good provisions were passed in this bill. Again, we urge you to contact these officials to thank them for the positive provisions.

—Sheila Moriber Katz, MD, MBA,
PCMS President

Change in tax number requires new provider number

Clarification from the Centers for Medicare and Medicaid Services (CMS) requires that HGSA issue a new Medicare Provider Identification Number (PIN) when you obtain a new Tax Identification Number (TIN).

Even if the legal business name and ownership has not changed, you must obtain a new PIN. Therefore, you must also update your Medicare file and complete a new 855 Medicare application and be processed as an initial enrollment application for each time you obtain a new TIN.

Medical records reproduction: fee schedule for 2004

The Pennsylvania Medical Society receives a significant number of inquiries from physicians and their office staff about medical record copying fees. While physicians have not traditionally sought to make a profit on providing medical records, they have sought to recover their costs, particularly when a medical record is substantial (e.g., lifelong patient, longterm medical condition, etc.).

When a subpoena *duces tecum* is served upon a physician's office requesting copies of medical records, the physician's office should contact the attorney named on the subpoena within three days of receiving the subpoena. A subpoena in a personal injury action brought by the patient does not generally require an authorization from the patient. However, any other request for medical records requires such authorization. Statutorily protected records (i.e., drug and alcohol treatment, psychiatric treatment, and HIV information) require special authorization from the patient or a court order, signed by a judge, which specifically states which records are to be released.

A patient may request a copy of the patient's record, without a subpoena, for his or her own use. It is important to note that the medical record for a patient is defined by state regulation as, all "clinical information pertaining to the patient which has been accumulated by the physician, either by himself or through his agents." This includes

diagnostic test results, x-rays, physician notes, and any records from prior treating or consulting physicians. The following charge list does not apply to an X-ray or any other portion of a medical record which is not susceptible to photostatic reproduction.

HIPAA limits only what you may charge patients for copying their records. For attorney and insurance company requests you may charge the Act 26 fees, including the search and retrieval fee. To determine your cost for copying and mailing medical records for patient requests, you should consider the following:

- Salary and benefits of the person who does the copying. Include all steps of the process, i.e., verifying validity of authorization, pulling the chart, reviewing the record, removing the records, copying, preparation for mailing, reassembling the chart, and re-filing the chart.
- Cost of the supplies, i.e., paper, toner, envelopes, etc.
- Cost of equipment, i.e., prorated lease or depreciation expense.

Neither Act 26 nor HIPAA mandates that charges be assessed for copies of medical records. It merely sets the maximum fees that can be charged. The Act 26 fees are updated yearly through the Department of Health. In addition to the amounts listed, charges may also be assessed for the actual cost of postage, shipping and delivery of the requested records.

	Act 26 (2004)	HIPAA	Charge to Patient
Retrieval Fee	\$16.94	\$0	\$0
Pages 1-20	\$1.13/page	Cost of copying & mailing	Cost up to \$1.13/page
Pages 21-60	\$.85/page	Cost of copying & mailing	Cost up to \$.85/page
Pages 61+	\$.29/page	Cost of copying & mailing	Cost up to \$.29/page

HIPAA and health plan complaint forms allow physicians to report problems

The American Medical Association (AMA) has designed a new system for physicians to "Click & Complain about Health Plan Hassles and HIPAA Transactions."

The forms allow physicians to report anonymously any problems with health plans, third party payers, and other entities on issues such as rejections or denial of CPT codes and modifiers, noncompliance with the HIPAA Transaction and Code Set Standards and inappropriate processing of HIPAA compliant claims.

For more information or to access the complaint forms, visit the AMA website at www.ama-assn.org and click on "Click & Complain."

Questions and answers on medical records copying

"May I refuse to transfer or give copies of a medical record for a patient with an outstanding balance for medical services?"

No. It's unethical and illegal. The law does not authorize any practitioner to withhold copies of the medical record until the fees for medical services themselves have been paid.

Under the unprofessional and immoral conduct regulations:

"Failing to make available to the patient or to another designated healthcare practitioner, upon a patient's written request, the medical record or a copy of the medical record relating to the patient which is in the possession or under the control of the physician is unethical."

You may choose to charge for the medical record copies, according to Act 26 guidelines. You can request payment of these fees before turning copies over to a patient or other authorized person. Before refusing to release medical record copies pending payment, keep in mind the health status of your patient.

pcms people

Some happy matched and hatched photos in time for Valentine's month



PCMS congratulates Samir Mehta, MD, Chair of the PCMS Young Physician and Resident Section, and his wife, Jennifer, on their recent marriage. Dr. Mehta is a resident in the Department of Orthopaedic Surgery at the Hospital of the University of Pennsylvania.



Philadelphia Medicine *publisher David Woods* with his son *Andrew* and 4-week old new granddaughter *Cerys* in Wales in late December.

PCMS people wanted!

Your colleagues would like to know what you're up to. Send news about academic or other appointments, achievements, awards, promotions, etc. to:

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