FRONTLINE PHYSICIAN

A Publication of the Indiana Academy of Family Physicians • Winter 200

Legislative Update
PG 12

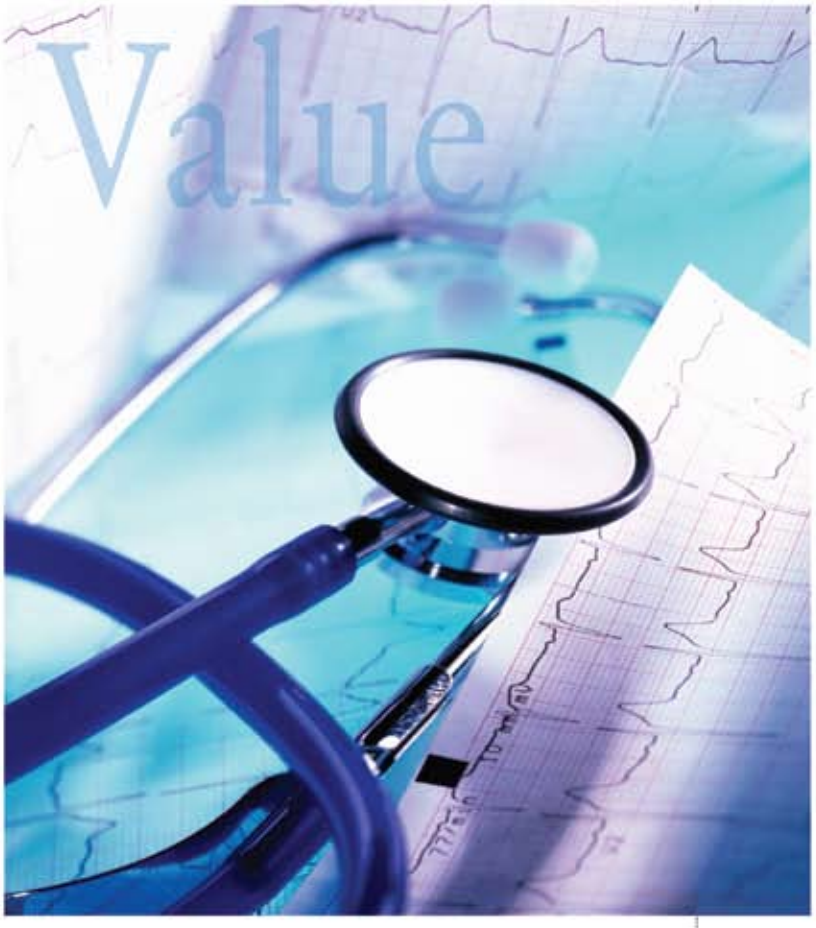
New Look for IAFP
PG 13

Basic Soft-Tissue Surgery Workshop
PG 18

INDIANA ACADEMY OF FAMILY PHYSICIANS

Doctors Know. . .

The Value of Uncompromised Standards



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Printed December 2008

FRONTLINE PHYSICIAN

Volume 9 • Issue 4

FrontLine Physician is the official magazine of the Indiana Academy of Family Physicians and is published quarterly.

The mission of the IAFP is to improve the health of the people of Indiana, including its families and communities, by promoting and enhancing the practice of family medicine with professionalism and foresight. The IAFP will achieve this mission while working toward the following objectives:

Advocacy and Influence
Shape health policy through interactions with government, the public, business, the health care industry and other health care professionals.

Promotion of the Value of Family Medicine
Promote the specialty of Family Medicine and its value to the public, the business community, government and the health care industry.

Practice Enhancement
Enhance members' abilities to fulfill their practice and career goals while maintaining balance in their personal and professional lives.

Membership and Leadership Development
Foster the development of leadership within IAFP and encourage Family Medicine involvement at the community, state and national levels.

Education and Research
Provide high-quality, innovative education for physicians, residents and medical students that highlights current, evidence-based practices in Family Medicine and practice management.

Workforce
Ensure a workforce of Family Medicine physicians to meet the needs of all people in Indiana.

INDIANA ACADEMY OF FAMILY PHYSICIANS

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The strength, defense and century-long solutions of Medical Protective.

The security and resources of Berkshire Hathaway.

...On June 20, 2005 we bought Medical Protective, a 107 year-old medical malpractice insurer based in Fort Wayne. Malpractice insurance is tough to underwrite and has proved to be a graveyard for many insurers. As part of Berkshire, Medical Protective has financial strength far exceeding that of its competitors, a quality assuring healthcare providers that long-to-settle claims will not end up back on their doorstep because their insurer failed....

– from Warren Buffett's Letter to Shareholders, February 28, 2006

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– from Warren Buffett, April 26, 2006

...We're proud to have Medical Protective as part of the Berkshire family....

– from Warren Buffett, May 30, 2006

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Contents

Features

Extras

In Every Issue

Advertisers

Teresa Lovins, MD

The Future of Health Care

Wow! What an interesting presidential election. It's harder to believe Indiana was considered a "battleground" for the final result. It has been quite some time since Indiana has been able to have a say in the issues regarding the election of our new president.

Now it is time to see how well President-elect Obama has envisioned his plan for health care. He plans to have the private insurance sector offer health care alternatives for everyone in the form of an exchange for health care. It will be mandated that all adults provide coverage for their children regardless of their personal coverage. He will create the exchange for health care allowing everyone the opportunity for coverage. Low-income patients will be given some government subsidy to help pay for their premiums. His intent is to have universal coverage by 2012. In his plan, he wants to increase information technology to help coordinate care and improve chronic care management, therefore decreasing total costs to the system. He intends to improve access to prevention and proven disease management programs. He wants to increase incentives for excellence and quality of health care. All this will be done in the form of creating homes for patients in physicians' offices.

We need to be looking to Indiana University School of Medicine to promote the value of primary care and encouraging more students to move toward family medicine.

The Patient-Centered Medical Home (PCMH) is exactly the ideal home for health care in the future. Your AAFP has been promoting this concept for the last several years, and now the goal will be to get Obama to "buy in" to the total package that family medicine can provide with a PCMH. The Indiana Academy needs to be in the forefront of educating our members of the qualities and attributes of a PCMH. We need to be working toward total care in the concept of a PCMH. We need to be working with our state legislature to get more money put into family medicine education in order to educate more family physicians. We are projecting a 30 percent deficit of family physicians in Indiana by 2020. With universal coverage, we anticipate an even greater mismatch between the numbers of patients and the number of available physicians. We need to be looking to Indiana University School of Medicine to promote the value of primary care and encouraging more students to move toward family medicine. This is the year that we need to be at the table in the legislature and get our goals addressed for health care in Indiana. We also need to be present as Indiana University School of Medicine searches for the new chair for the Department of Family Medicine.

Recently, the IAFP and AAFP co-sponsored an educational event in Indianapolis called the Practice Enhancement Forum. This forum is to help practices look at themselves and change toward the PCMH and the qualities needed for great patient care. In the next few issues, I hope to enlighten you about some of the attributes of a medical home and how to accomplish the transformational change that will be required in your practice for this to happen.

I want to be an advocate for family medicine and, more importantly, for you, the family physicians of Indiana. Contact me with any worries, concerns or ideas at tlovins@northsidefamilymed.com. Thanks for being a member of your IAFP.

Thousands of Hoosiers will be diagnosed with congestive heart failure (CHF) this year. So it's good to know that the physicians of St.Vincent Congestive Heart Failure Program have a variety of treatment options—and "failure" isn't one of them. From lifestyle modification programs to pacemakers, innovative devices such as the VentrAssist® blood pump to heart transplants, all the resources you need are right here. More ways to help patients with CHF make us best. Period.

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Mark Your Calendar

January 15-18	April 24-25	October 9-11 and 17	October 14-18
AAFP Winter Cluster	AAFP Annual Leadership Forum (ALF)	AAFP Board of Directors Meeting	AAFP Scientific Assembly
Kansas City, Missouri, Hyatt Regency Crown Center	Kansas City, Missouri, Hyatt Regency	Boston, Massachusetts, Westin Boston Waterfront	Boston, Massachusetts, Boston Convention & Expo Center
January 29-February 1, 2009	**July 22-26, 2009**	**October 12-14**	
IAFP Family Medicine Update	IAFP Annual Meeting	AAFP Congress of Delegates	
Indianapolis, Indiana, Marriott North	French Lick, Indiana, French Lick Resort	Boston, Massachusetts, Westin Boston Waterfront/Boston Convention & Expo Center	

Region Meetings in 2009

Connect with Your Local Colleagues and Enjoy Free Dinner and Education

In March and April, the IAFP will be visiting all eight regions to host a free dinner and education for our members. Our region meetings offer a time to connect with both the Academy and fellow family physicians in your area. Look for e-mail reminders in the coming months for your region meeting date, time and location.

This year, we are excited to present education on how to become a Tobacco Aware Practice, including vital info on how to get paid for tobacco cessation.

We look forward to meeting you in your regions! Please contact Meredith Edwards if you have any questions.

Central Region: March 4 at 6 p.m. (director: Bernie Emkes, MD)
West Region: April 29 at 6 p.m. (director: Melissa Hatcher, MD)
East Region: (director: Philip Scott, DO)
Northeast Region: (director: Jeff Witt, MD
Northwest Region: (director: Scott Wheet, MD)
Southeast Region: (director: Kalen Carty-Kempker, MD)
Southwest Region: (director: David Schultz, MD)
West Central Region: (director: Bill Mohr, MD)

Notice Regarding Deductibility of Dues

Dues to the AAFP/IAFP are not deductible as a charitable contribution but may be deductible as an ordinary and necessary business expense. A portion of dues, however, is not deductible as an ordinary and necessary expense to the extent that the AAFP/IAFP engages in lobbying. The non-deductible portion of the 2009 AAFP dues is 20 percent. The non-deductible portion of the IAFP dues is 11 percent.

Membership Update

Active	1,646
Supporting (Non-FP)	7
Supporting (FP)	3
Inactive	16
Life	191
Student	154
Resident	249
Total	2,266

Keep Us Informed

Please remember to keep all of your contact information up-to-date with IAFP. If you have any changes in your address (home or office), phone number, fax number and/or e-mail address, please call (317.237.4237) or e-mail (iafp@in-afp.org) the IAFP headquarters with your updated information.

If we don't have your current e-mail address on file, you are missing out on the IAFP's e-FrontLine electronic newsletter. This vital source of information for family physicians is published about once a week and contains timely information on coding and payment issues, meeting notices and reminders and legislative alerts, as well as breaking news items. To be added to the mailing list, please contact Christie Sutton at the IAFP office with your current e-mail address.

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- Conditions requiring joint replacement

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Dr. Judith Monroe Elected President of the Association of State and Territorial Health Officials

Indiana State Health Commissioner Judith A. Monroe, MD, was elected president of the Association of State and Territorial Health Officials (ASTHO) in a unanimous vote during the association's annual meeting in Sacramento, California, in September. She takes office immediately.

"It is an honor for me to represent my fellow state health officials," Dr. Monroe said. "The members of ASTHO are an extraordinary group of individuals who move mountains every day to preserve and improve the public's health. Public health helps to prevent injuries, disabilities, premature death and reduces the need for costly health care. During the coming transition in the White House, we will strive to educate new leaders in Congress and the administration and advocate for a strengthened public health system."

"Dr. Monroe brings extensive public health experience and demonstrated leadership abilities to ASTHO," said ASTHO Executive Director Paul Jarris, MD. "She has a strong commitment to making the United States a healthier nation, and her insight and leadership will be invaluable as we work with federal, state and local health agencies to improve the health of the American people."

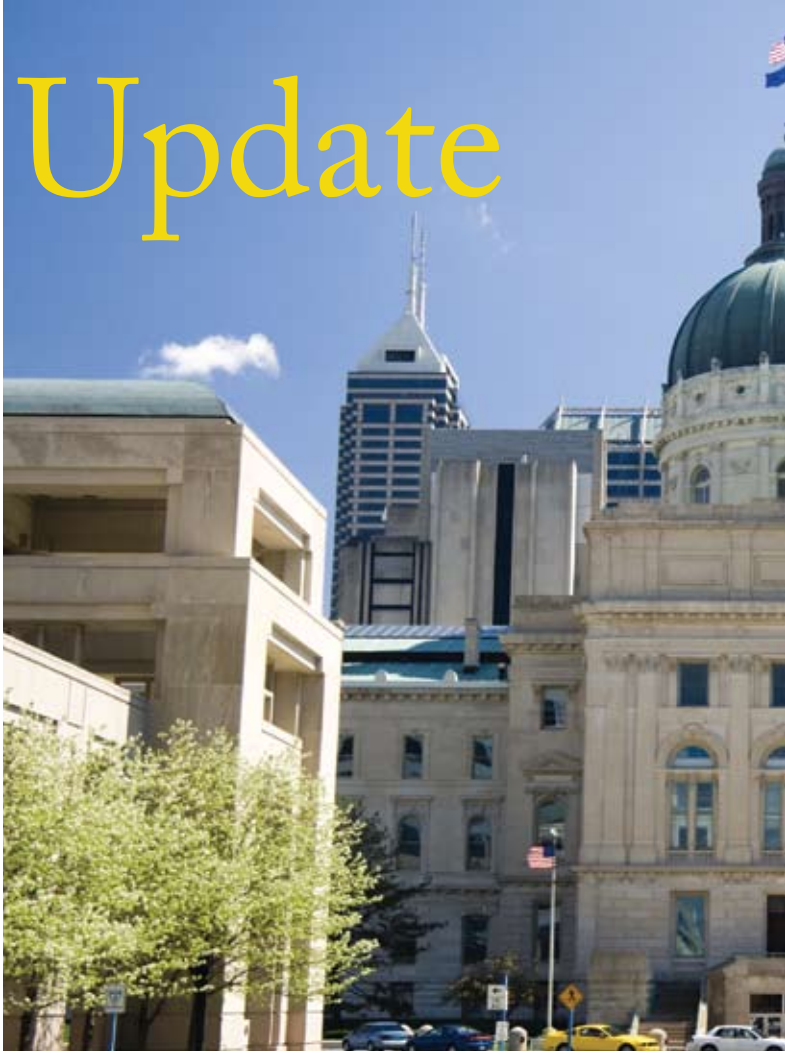
Dr. Monroe was appointed by Gov. Mitch Daniels as the Indiana State Health Commissioner in March 2005. She is a family physician at St. Vincent Hospital, whose medical staff she joined in 1992, serving as director of the Family Medicine Residency Program and the Primary Care Center until 2005. Dr. Monroe was clinical director with the Department of Family Medicine at Indiana University School of Medicine from 1990 to 1992. From 1986 to 1990, she served in the National Health Service Corps, providing health care in rural Appalachia, during which she was featured with former Surgeon General C. Everett Koop in a documentary on the health care crisis in America. She is chair of the Executive Board of the Indiana Tobacco Prevention and Cessation and a member of the Board of the Indiana Health and Information Exchange. Dr. Monroe received her undergraduate degree from Eastern Kentucky University and is a graduate of the University of Maryland School of Medicine. She did her post-graduate training at the University of Cincinnati and is a fellow of the American Academy of Family Practice.

ASTHO's roots go back to the battles against cholera epidemics in the 1800s. Today, it is the leading voice for state and territorial public health initiatives across the nation. It supports work on a wide range of state, national and global public health issues, including protecting at-risk populations during a pandemic; helping Americans prevent obesity and its results, including diabetes and cardiovascular disease; developing systems and plans to mitigate the effects of pandemics, natural disasters and bioterrorism; monitoring environmental threats to health; and helping to ensure that all Americans have access to care.

> *"Dr. Monroe brings extensive public health experience and demonstrated leadership abilities to ASTHO."*

Legislative Update

by Doug Kinser and Meredith Edwards



On November 4, the elections finally concluded. In Indiana, Gov. Daniels was re-elected with a strong mandate for change. He defeated Jill Long Thompson 58 percent to 40 percent. In the Senate, there was no change in the final count of 33 Republicans and 17 Democrats, and the only leadership change was that Sen. Vi Simpson will be the new minority floor leader. In the House, the Democrats maintained their majority with 52 Democrats and 48 Republicans. Rep. Pat Bauer will remain speaker of the House. Again, Hoosier voters decided on split government, with Republicans controlling the governorship and the Senate and Democrats controlling the House. On Organization Day, November 18, 2008, the first bills were introduced, and adjournment for the 2009 session is April 29, 2009. The 2009 session is a budget year, which will dominate the session, but the IAFP staff is also anticipating a busy session for health care.

Both the Health Finance Commission and the Select Joint Commission on Medicaid Oversight wrapped up their interim study committees on October 22. From the two commissions, 11 total preliminary bill drafts were released. The drafts that were released were heavy on legislation pertaining to elder care, whether in the home or a nursing facility, and on the new Medicaid eligibility modernization. Two drafts were released that would require Medicaid oversight review of the Medicaid, TANF and food stamps eligibility modernization before modernization could expand to all counties in the state.

The IAFP expects childhood lead poisoning to once again be an issue in the legislature. The Health Finance Commission approved a preliminary draft bill that would establish rules for child care facilities for the purpose of ensuring that children are not exposed to lead hazards.

Sen. Vi Simpson released a preliminary draft bill on the primary care shortage in Indiana. Among other things, the bill would change the family medicine residency fund into a fund for all primary care residencies. The distribution of the family medicine residencies money to OB/GYN, internal medicine and pediatrics would deplete the fund and hurt family medicine residencies in the state. The IAFP will meet with Sen. Simpson to discuss with her alternate ways to effectively increase the number of primary care physicians in Indiana.

Rep. Charlie Brown has given indication that he will introduce a bill requiring all workplaces, including bars, to be smokefree in Indiana. Workers' right to breathe smokefree air continues to be a top legislative concern for the IAFP members. Rep. Brown has also indicated he will be seeking funding increases for trauma centers.

Retail health clinics opening across the state have been the subject of several e-mails and phone calls to the Academy. At both the 2007 and 2008 Congress of Delegates, a great amount of time was spent discussing retail health clinics. In 2008, attendees voted that the IAFP should work with other primary medical organizations and advanced practice nurses to address issues of quality and safety in these clinics.

In late October, the IAFP met with members of the Coalition of Advanced Practice Nurses of Indiana to discuss common ground on the issue of retail health clinics. The product of the meeting is an agreement as to what should be included in regulation or legislation on retail health clinics. The agreement includes the requirement that the collaborating physician must have a clinical practice in

Indiana or the adjacent county of a bordering state, physicians may not collaborate with more than four clinics, clinics must list the illnesses the clinic can diagnose, retail clinics must send clinical reports to the patient's primary care physician, and the clinics must be accredited by the Joint Commission on the Accreditation of Healthcare Organizations (JCAHO) or the Healthcare Facilities Accreditation Program (HFAP).

The next step is for the agreement to be discussed with other physician organizations. Once the agreement has reached its final form, it will be presented to Sen. Patricia Miller, who expressed interest in legislation on retail health clinics if physician and nurse organizations could agree on the stipulations.

Introduction of the bills for 2009 began on Organizational Day. As bills continue to be drafted, the IAFP Commission on Legislation and government relations staff will evaluate the proper course of action for each piece of legislation that will affect family physicians in Indiana.

If you have any questions concerning the 2009 session or current and past legislation, please contact Doug Kinser or Meredith Edwards at 317.237.4237.

New Look for AAFP/IAFP

You may have noticed a new look for this issue of *FrontLine Physician*, as well as seeing our new logo being rolled out across all forms of AAFP/IAFP communication, from our Web site to our business cards, and from our electronic newsletters to our brochures. The logo is Indiana's version of the new AAFP identity, which was launched earlier this year.

INDIANA ACADEMY OF FAMILY PHYSICIANS

The AAFP Seal Defined

The torch, which signifies enlightenment, represents life and the regenerative power of flame. By building respect and awareness for family medicine and championing family physicians, the AAFP is its members' guiding light. The flame begins with the representation of the serpent wrapped around the torch, signifying the Aesculapius staff, the symbol of healing, and the renewing power of life. Just as the flame begins with the serpent, the AAFP begins with its members.

Color

The color palette represents the bold new AAFP/IAFP brand and unifies the AAFP/IAFP as one easily recognizable entity. The palette was chosen for its strong, bold, rich colors. As visual representation of the AAFP/IAFP, the palette:

- Represents bold actions
- Shows assertiveness about our activities and results

The primary color palette includes orange, green and blue.

We hope you enjoy the new look of our magazine and find it easier to identify all of the other communications from your Academy. Tell us what you think! E-mail iafp@in-afp.org, or call 317.237.4237.

AAFP Annual Congress of

by Clif Knight, MD

The 2008 AAFP Congress of Delegates was held in San Diego, September 13-18. Indiana's main news was that Tom Felger, MD, was elected to the AAFP Board of Directors (three-year term). Please see the separate article on Dr. Felger's success.

All Actions on Resolutions at the AAFP Congress of Delegates (COD) are available at www.aafp.org. Search for "Congress of Delegates actions."

The Indiana resolution titled, "Billing Health Plans and Pharmacy Benefit Managers for Care Coordination," which sought the support of developing new CPT codes for the actual time involved in completing any mandated care coordination was not adopted. There was mixed support for this resolution, but in general, it was felt that the appropriate strategy is for the AAFP to pursue overall increased compensation for care coordination as an approach to chronic care.

Delegates

Another Indiana resolution, co-sponsored by Colorado, Nebraska, New Mexico, Rhode Island, South Carolina, South Dakota and Oregon, which sought the restructuring of the Relative Value Scale Update Committee (RUC) and/or supported the AAFP disengage from the RUC process, was referred to the AAFP Board.

Many resolutions were referred to the AAFP Board. Below are some of the resolutions referred:

a. Support of a single-payer health insurance endorsement
b. Mandate that physicians be reimbursed on a cost basis for essential immunizations and immune globulins
c. Transparency in the actuarial process used to determination of capitation rates
d. Reduced fees from the ABFM for FPs that utilize approved alternatives for the Part IV requirements for ABFM Maintenance of Certification (MOC)
e. Promotion of increased funding, scholarships and loan forgiveness for students and residents pursuing primary care/family medicine
f. Promotion of a primary care and preventive medicine research institute (NIH Level)
g. Strengthening the guidelines for retail health clinics
h. Proposed bylaws amendment allowing an AAFP Fellow to receive his or her Certificate for the Degree of Fellow at either the AAFP Annual Assembly or at a subsequent Chapter Annual Assembly
i. A dues check-off box for PAC contributions on the annual dues statement
j. Availability of requirement criteria when required to complete a PA for a medication

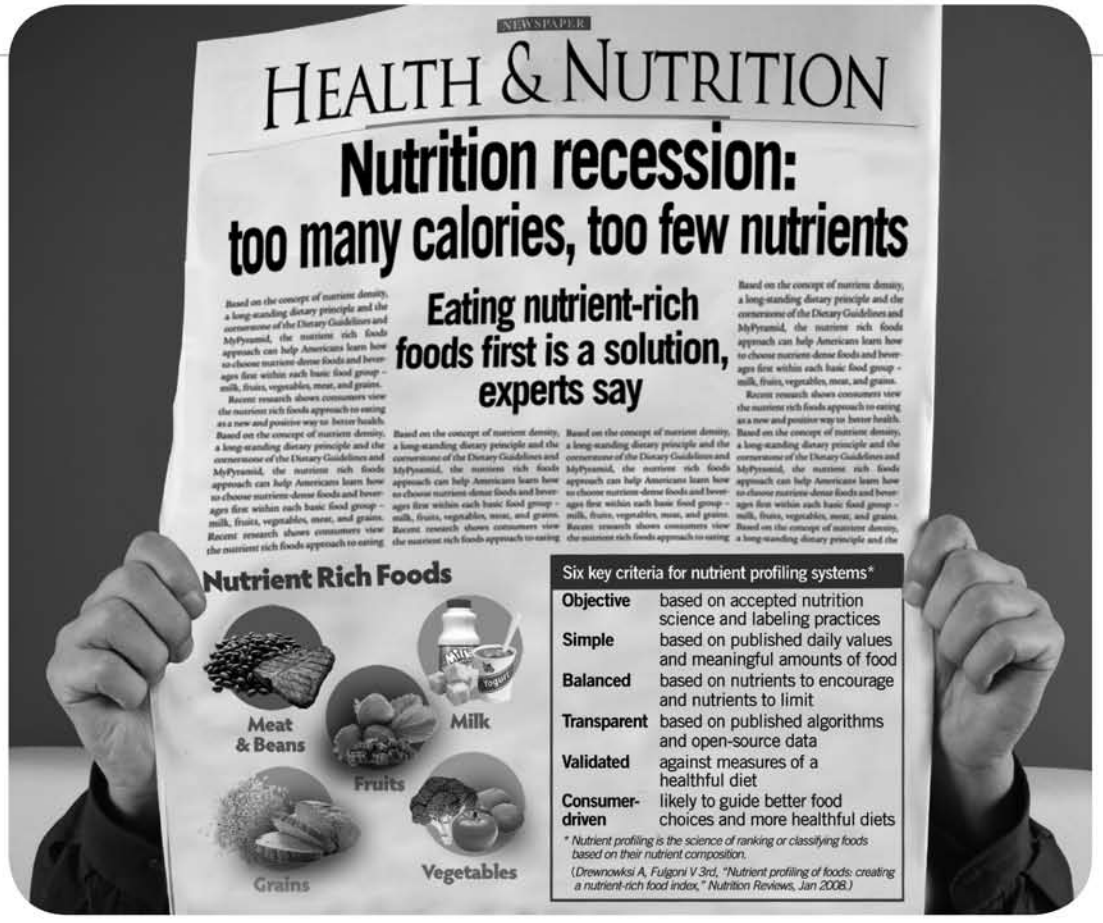
There were many resolutions **adopted** by the COD. Below are some of the adopted resolutions:

k. Investigate a new membership category for premedical students
l. Opposition of direct-to-consumer marketing of unnecessary screening exams
m. Support AAFP Foundation efforts to seek Tar Wars® funding to create an endowment
n. Increase in the annual dues ceiling from the current $350 to $450 (with no allowance to increase this ceiling based on inflationary adjustment)
o. Policy that opposes the sale of any tobacco products in facilities that provide health care services (including pharmacies and retail health clinics) **and** advocacy for a legislative ban of this practice
p. Advocacy of Medicare coverage, without co-payment, of all immunizations recommended by the AAFP
q. Compensation for the costs associated with completing required reporting activities by the health plan (e.g. HEDIS audits)
r. Advocacy for development of payment systems and technology that facilitate point of service claims adjudication
s. Abolish payment rules that deny or reduce payments for delivery of more than one service to a patient in a single day
t. Revision of the AAFP policy, "Guidelines on the Supervision of Certified Nurse Midwives, Nurse Practitioners, and Physician Assistants," which better defines the supervision guidelines

The newly elected/installed officers for the AAFP include:
Speaker of COD: Leah Raye Mabry – Texas
Vice Speaker: John Meigs Jr. – Alabama
Directors: Tom Felger – Indiana; Jeff Cain – Colorado; George Shannon – Georgia
President-Elect: Lori Heim – North Carolina (previously Uniformed Services)
President: Ted Epperly – Idaho
Chairman of the Board: Jim King – Tennessee

Because of his election to the AAFP BOD, Dr. Felger's seat as a delegate from Indiana for the 2009 and 2010 AAFP CODs is now open and will require a special election at the 2009 IAFP COD. Remember, we elect our delegation approximately 15 months ahead of the AAFP COD, so we will also have elections for our 2010 and 2011 delegation during our 2009 IAFP COD.

Your 2008 Indiana Delegation respectfully appreciates the opportunity to serve our chapter:
Tom Felger – Delegate
Clif Knight – Delegate
Worthe Holt – Alternate Delegate
Richard Feldman – Alternate Delegate



In recent years, Americans have learned *how to eat* by learning *what not to eat*. Is it working?

AMERICANS CONTINUE TO BE OVERWEIGHT AND UNDERNOURISHED.

Now a shift in thinking is under way to help Americans "get more nutrition from their calories," as recommended by the 2005 Dietary Guidelines for Americans.

As health professionals, you can play a pivotal role in educating your patients on how to base their food decisions on a food's total nutrient package rather than solely on what to avoid, such as calories or fat.

The nutrient rich foods approach is a fresh, realistic solution to help people evaluate food and beverage choices and get more nutrition per calorie, build healthier diets and achieve better health. Based on the concept of nutrient density, a long-standing dietary principle and the cornerstone of the Dietary Guidelines and MyPyramid, the nutrient rich foods approach can help Americans learn how to choose nutrient-dense foods and beverages first within each basic food group – milk, fruits, vegetables, meat & beans, and grains. Recent research shows consumers view the nutrient rich foods approach to eating as a new and positive way to think about making healthy choices – they like that it shifts their thinking from how not to eat to ***what to eat***.

Help your patients embrace the nutrient rich foods approach. Show them that nutrient-rich foods are familiar and easy to find, so healthy eating doesn't have to be difficult, stressful, or negative. Visit **www.3aday.org** for more information, including science-based resources, recipes, meal ideas and a supermarket shopping list to help your patients build and enjoy a nutrient-rich lifestyle.

MyPyramid.gov
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These health and nutrition organizations support 3-A-Day™ of Dairy, a science-based nutrition education program encouraging Americans to consume the recommended three daily servings of nutrient-rich low-fat or fat-free milk and milk products to improve overall health.

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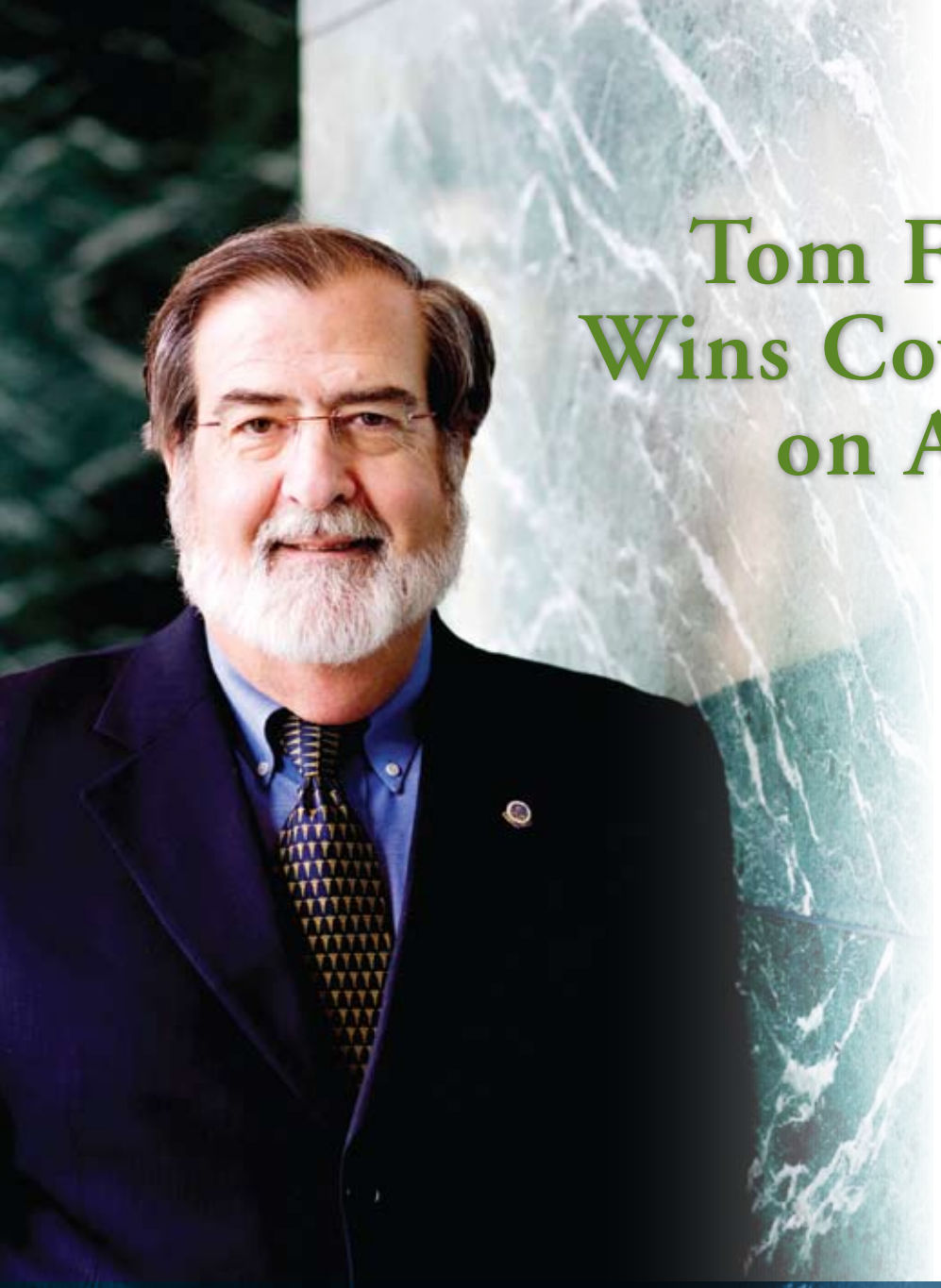
eat right. American Dietetic Association

NHMA National Hispanic Medical Association

NMA Since 1895

SCHOOL NUTRITION ASSOCIATION



Tom Felger, MD, Wins Coveted Place on AAFP BOD

In San Diego, California, this September, the AAFP Congress of Delegates elected IAFP past president Tom Felger, MD, of Granger, to a place on the AAFP's Board of Directors. This honor will put Dr. Felger in a strong position to help shape the future of family medicine both in Indiana and throughout the United States. The IAFP congratulates Dr. Felger and thanks him for all his hard work throughout the campaign, and his ceaseless fight to "Finish the Fix" for family medicine.

Dr. Felger will be joined by fellow new board members Jeffrey Cain, MD, of Denver, and George Shannon, MD, of Columbus, Georgia.

Excerpts from Dr. Felger's Successful Campaign Message

That our health system is badly broken and that we can not afford to pay for it is now known by almost all the important players in today's health care system. With many years of surviving private practice, working as an insurance medical director and a thorough understanding of the RBRVS system, I can offer these ideas for fixing the system. Any fix must include attention to adequately paying and saving our specialty of family medicine.

- **Continue and finish the recognition and appropriate payment for medical homes for our citizens**

I am grateful for the AAFP's leadership in working toward this goal. We are now at a point where important decisions need to be made to create the appropriate process AND payment for this valuable service of family physicians.

- **The current, very flawed RBRVS system needs to be aggressively "fixed" to eliminate the undervalued family medicine services. Even with a medical home payment process, fee-for-service payment is not likely to go away.**

With my understanding and experience working with the Medicare and RUC process, I can identify and propose fixes for the current systems' many flaws that over-reward procedures and undervalue family medicine's thinking and caring services.

Basic Soft-Tissue Surgery WORKSH

January 29-February 1, 2009

The Indiana Academy of Family Physicians invites you to join us for the 2009 IAFP Family Medicine Update meeting in Indianapolis. Based on your suggestions, we are offering 20-plus CME credits on topics that are specifically designed to update you on the latest developments in the most common diseases you see every day in your patients.

Activities begin at 3 p.m. on Thursday, January 29, with a special pre-conference soft-tissue surgery workshop, followed by a free CME dinner for all attendees.

Learning objectives for the basic soft-tissue workshop are:

1. To review punch bx techniques
2. To practice and review common suture techniques to close wounds: simple interrupted, vertical and horizontal mattress and buried subcutaneous suture
3. To plan and execute a fusion excision
4. To discuss appropriate anesthesia techniques

This workshop was held at the AAFP Annual Meeting and is now being offered at a significantly lower cost to IAFP members. Ed Jackson, MD, of Saginaw, Michigan, and Tom Kintanar, MD, of Fort Wayne, Indiana, will facilitate the session.

CME sessions run all day Friday and Saturday, ending before noon on Sunday. Thursday night CME dinner, breakfast buffets and lunches on Friday and Saturday are included. Register online and find out more at www.in-afp.org.

Program Goals

Registrants for this program will receive current information on a variety of medical subjects pertinent to patient care in the daily practice of family medicine. Subject matter was chosen based on assessed educational needs of the IAFP membership. At the conclusion of the program, registrants should have a working and applicable understanding of the topics.

Who Should Attend

Family physicians and other primary care health care providers, including other MD/DO specialties, PAs, RNs, nurse practitioners, etc.

OP Kicks Off 2009 Family Medicine Update – Register Now!

Marriott North, Indianapolis

AAFP CME Credit
Twenty-plus hours of CME credit will be offered. This activity is pending review by the AAFP.

Individuals with Disabilities
If you have a disability that requires special service to enable you to attend this conference, please contact the IAFP office by January 11 to speak with our staff regarding your special needs. Advance notification of any special need or service helps us to serve you better.

Meeting Location
Marriott North, 3645 River Crossing Parkway, Indianapolis, Indiana. The Indianapolis Marriott North is located on the prestigious North Side, in the Keystone & River Crossing areas, just 25 minutes from the airport and 20 minutes from downtown. The hotel offers 300 spacious guest rooms, with a beautiful indoor pool and whirlpool and fitness center.

Overnight Accommodations
A block of rooms is being held at the Marriott North. The IAFP room rate is $103. Reservations may be made by calling 317.705.0000. You must identify yourself as being with the Indiana Academy of Family Physicians and make your reservation prior to January 15, 2009, to receive the group rate.

Thursday, January 29, 2009, 3-8:30 p.m.
Topics will include:
- Pre-conference event: Soft-Tissue Surgery – Basic Workshop – Edward Jackson, MD, and Tom Kintanar, MD
- CME Dinner: Management of Alzheimer's Disease in a Primary Care Setting – David S. Geldmacher, MD

Friday, January 30, 2009, 7:30 a.m.-5 p.m.
Topics will include:
- Major Depressive Disorder and Generalized Anxiety Disorder – How Does the Family Physician Recognize and Treat These Disorders?
- Guidelines for PAP Smear Triage – Shannon Joyce, MD
- Preventive Care in the Older Adult – Shannon Joyce, MD
  The Osteoporotic Spine – Kevin Macadaeg, MD, and Michael Stack, MD
- Common Spring Injuries in the Family Physician's Office – Meena Garg, MD
- E-Prescribing: Prescription for Safety or Etiology of a Headache? – Deanna Willis, MD
- Coding Update – Joy Newby, LPN, CPC

Saturday, January 31, 2009, 8 a.m.-5 p.m.
Topics will include:
- A Contemporary Approach to the Treatment of URIs in Children and Adults – Tim Kintanar, MD
- Secondhand Smoke
- Prepregnancy Tune-Ups for the Older Woman – Maurice "Mark" Eggleston, MD
- Understanding Spinal Manipulation
- Pros and Cons of Adding Physician Extenders to Your Practice – Jim Hamilton, FACMPE
- Vertebroplasty and Kyphoplasty – Juan Tejada, MD
- INSPECT – Indiana's Prescription Drug Monitoring Program – Josh Klatte
- New Drugs Update – Tracy Sprunger, PharmD

Sunday, February 1, 2009, 8-11:30 a.m.
Topics will include:
- Euthyroid vs. Borderline: When to Treat – David A. Sorg, MD
- Managing ADHD Medications in a Patient When the Diagnosis Is or May Be Asperger's Syndrome – Edward Aull, MD
- Diabetes Update – David A. Sorg, MD

And Much More! Check www.in-afp.org regularly for more topics and to register.

Disclaimer

The material presented in all Academy scientific sessions is being made available by the IAFP for educational purposes only. The material is not intended to represent the only, nor necessarily the best, method or procedure appropriate for the medical situations discussed, but rather is intended to present an approach, view, statement or opinion of the faculty that may be helpful to others who face similar situations.

The IAFP disclaims any and all liability for injury or other damages resulting to an individual attending this meeting and for all claims that may arise out of the use of the techniques demonstrated herein by such individuals, whether a physician or any other person shall assert these claims. Every effort has been made to ensure the accuracy of the data presented at this meeting. Physicians may care to check specific details in standard sources prior to clinical application.

Check **WWW.IN-AFP.ORG** regularly for more topics and to register.

Quick Contact Sheet

for MCO Prior Authorizations and Online Services

Managed Health Services

Online Services

MHS physicians now may do the following online:

- Submit CMS 1500 claims
- Check claims status
- Check eligibility
- View and submit authorizations

To use the online services, physicians must register at the following Web site: https://www.managedhealthservices.com/portal/public/mhs_in/provider/footer/registration.

Key Telephone and Fax Numbers for MHS Prior Authorizations

Prior Authorizations and Referrals
Telephone: 877.647.4848
Fax: 866.912.4245

Pharmacy Prior Authorizations
For biopharmaceuticals and specialty injectables, contact **Caremark:**
Telephone: 800.237.2767
Fax: 800.323.2445

For all other prescriptions, contact US Script:
Telephone: 866.399.0928
Fax: 866.399.0929

Anthem

Online Services

Anthem is offering to physicians the ability to complete the following electronically, through an electronic data interchange (EDI):

- Claims processing
- Electronic remittance advices
- Check claims status
- Eligibility Inquiries
- Automated claims payment

Anthem offers several options for setting up EDI in your office, and offers specialists to answer your questions on electronic data interchange. For more information, you may also want to visit the Anthem EDI Web site at anthem.com/edi.

Contact an Anthem EDI specialist:
Telephone: 800.470.9630
E-mail: anthem.edi@anthem.com

Key Telephone and Fax Numbers for Anthem Prior Authorizations

Prior Authorizations
Telephone: 866.408.7187
Fax: 866.406.2903

Pharmacy Prior Authorizations
Telephone: 866.629.1608
Fax: 866.406.2803
Key telephone numbers for Anthem HIP Prior Authorizations

Prior Authorizations
Telephone: 866.398.1922
Pharmacy Prior Authorizations
Telephone: 800.338.6180

MDWise

Online Services

MDWise allows for providers to determine member eligibility online at the Indiana Health Coverage Programs Web Interchange. The Web site below will direct you to the proper page.

https://interchange.indianamedicaid.com/Administrative/logon.aspx

MDWise's Web site also offers the option for providers to search their preferred drug list. This function can be found directly at the Web site listed below.

http://www.mdwise.org/providers/pharmacy/

Key Telephone and Fax Numbers for MDWise Prior Authorizations

Prior Authorizations
Telephone: 800.356.1204

Pharmacy Prior Authorizations
Telephone: 800.558.1655
Fax: 877.234.4274

Key Telephone Numbers for MDWise HIP Prior Authorizations

Prior Authorizations
Telephone: 877.822.7196

Pharmacy Prior Authorizations
Telephone: 800.558.1655

IAFP Awards: Call for Nominations

The members, leaders and staff of the Indiana Academy of Family Physicians seek to improve the health of the people of Indiana by promoting and enhancing the practice of family medicine. In order to recognize the achievements and dedication of its members, the IAFP Board of Directors honors individuals with the following awards each year.

Lester D. Bibler Award

The Lester D. Bibler Award is given to an active member of the Academy who, through long-term dedication and leadership, has furthered the development of family medicine in the state of Indiana.

A. Alan Fischer Award

Established in 1984, the A. Alan Fischer Award is designed to recognize persons who, in the opinion of the Board of Directors of the IAFP, have made outstanding contributions to education for family medicine in undergraduate, graduate and continuing education spheres. The award was named in honor of Dr. Alan Fischer, a longtime member of the IAFP who actively served both the Indiana chapter and AAFP. Dr. Fischer established the Department of Family Medicine (Practice) at Indiana University School of Medicine and the IU Family Medicine (Practice) Residency Program.

Certificate of Commendation

The Jackie Schilling Certificate of Commendation was established to recognize non-physicians who have been deemed to contribute, in a distinguished manner, to the advancement of family medicine in the state of Indiana. The recipients of the award are considered to be persons of repute in many fields, including, but not limited to, medical education, government, the arts and journalism. In 1999, the award was named after past IAFP Executive Vice President Jackie Schilling.

Distinguished Public Service Award

The Distinguished Public Service Award is to be presented to members in good standing who have distinguished themselves by providing a community or public service. The service for which this award is bestowed should have been performed on a voluntary and uncompensated basis and should have benefited the community in an exceptional way. Service must be separate from the candidate's job responsibility.

Indiana Family Physician of the Year Award

The Indiana Family Physician of the Year must have maintained membership in good standing with both the IAFP and AAFP and must have been in practice for at least 10 years. Nominees must provide their patients with compassionate, comprehensive and caring family medicine on a continuing basis, and must be directly and effectively involved in community affairs and activities that enhance the quality of their communities. A nominee must be a family physician who is a credible role model professionally and personally to his/her community, to other health professionals and to residents and medical students. Nominees must also be able to effectively represent the specialty of family medicine and the IAFP and AAFP in a public forum.

Outstanding Resident Award

The Outstanding Resident Award seeks to reward a mature family medicine resident who demonstrates exceptional interest and involvement in family medicine and exemplifies a balance of the qualities of a family physician. The recipient of this award should exemplify the following qualities: community service and social awareness, evidence of scholarly inquiry, caring and compassionate patient care, involvement in Academy affairs locally or nationally, balance between personal and professional activities and mature interpersonal and collegial skills.

This call for nominations plays an important part in the process of recognizing outstanding service. Nominations must be in writing and submitted on an official nomination form with appropriate attachments. The IAFP Commission on Membership & Communications will review the entries and present its recommendation to the IAFP Board of Directors for approval. Nominations will be accepted from IAFP members until March 15, 2009.

If you would like a nomination form or need more information, please check www.in-afp.org or contact Missy Lewis via e-mail (mlewis@in-afp.org) or phone (317.237.4237). Thank you for your participation in recognizing outstanding family physicians and supporters of family medicine. You are a valuable advocate for your specialty!

HONORING

IAFP's Family Physician of the Year

Schneck Medical Center in Seymour held a reception in honor of Dr. Dan Walters, IAFP's Family Physician of the Year, on November 20. An estimated 150 people were in attendance at the reception, including Dr. Kenneth Bobb (past IAFP president) and Greg Comstock, PA, who both spoke about the many reasons why Dan Walters epitomizes what "family physician" truly means. It is clear that the members of the Seymour community understand what a gem they have in "Dr. Dan," and he shares a similar affection with them.

Dr. Teresa Lovins, IAFP president, presented Dr. Walters with his plaque, as he was not able to receive it at the Annual Meeting in July. This was the first time since becoming involved with the Academy that Dr. Walters was not able to attend the Annual Meeting, choosing instead to take a well-deserved cruise in the Baltic Sea with his wife, Susan. Don't worry — Dr. Walters promised to return for the 2009 Annual Meeting in French Lick!

E-Prescribing

by Meredith Edwards

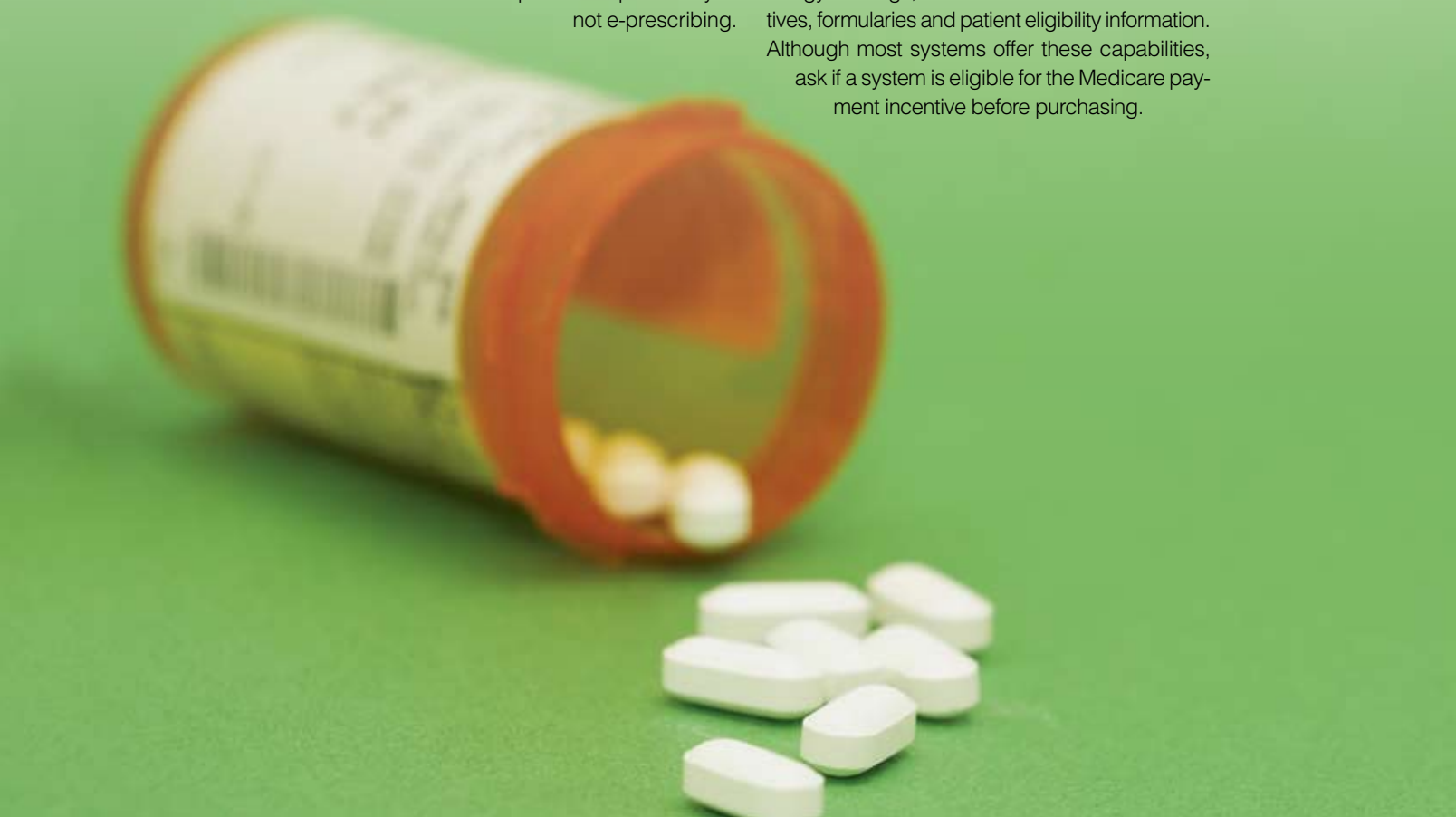
With new federal laws on physician prescribing and the availability of stand-alone and EMR-integrated electronic prescribing systems, now may be the right time for physicians to consider e-prescribing.

In the 2008 Medicare Improvement for Patients and Providers Act, Medicare set out that it will pay physicians 2 percent more if they are using a qualified e-prescribing system from 2009 to 2013. In that same law, Medicare plans to cut payments to physicians who do not e-prescribe by 2012 by 2 percent. Other reasons to begin e-prescribing include that, as of October 1, 2008, all Medicaid prescriptions must be written on tamper-resistant blank, but e-prescriptions are excluded from the requirement.

As a physician, you need to know what constitutes e-prescribing. A true e-prescribing system sends prescriptions directly to a pharmacy's computer system. With an e-prescribing system, pharmacies should also be able to send electronic refill requests back to the physician office. Faxing a prescription to a pharmacy is not e-prescribing.

Physicians who use an electronic medical record system may be unsure whether they are sending prescriptions to pharmacies through by fax or by true electronic prescribing. The difference is important. Some electronic medical record systems are actually sending fax prescriptions to pharmacies. These faxes are not eligible for the 2 percent Medicare payment incentive for electronic prescribing. And even more important is that, starting January 1, 2009, all computer-generated prescriptions covered by Medicare part D must be transmitted electronically and not by fax. To ensure your EMR is sending your prescriptions directly to the pharmacy computer system, call your EMR manufacturer's customer service.

Physicians without an EMR can still receive the benefits of e-prescribing. Stand-alone systems are available at even no cost. You can visit www.getrxconnected.org for information on choosing a stand-alone system and advice on which system may be best for you. To be eligible for the 2 percent Medicare payment, your e-prescribing system must be capable of displaying a patient's active medication list, possible drug interactions, dose or allergy warnings, information on lower-cost alternatives, formularies and patient eligibility information. Although most systems offer these capabilities, ask if a system is eligible for the Medicare payment incentive before purchasing.



Both physicians who use EMRs and those who do not will find information pertaining to them on electronic prescribing at The Center for Improving Medication Management's Web site, Get Rx Connected, at www.getrxconnected.com. The Web site provides physicians with demonstrations on how e-prescribing works. The Center for Improving Medication Management was founded by the American Academy of Family Physicians, Intel, Humana, the Medical Group Management Association, and SureScripts. Get Rx Connected offers an online assessment tool — physicians answer a series of questions, and, from the answers provided, the site recommends e-prescribing systems that would be appropriate. The site also provides advice on how physicians can make the transition.

New laws on physician prescribing are not the only reason to consider electronic prescribing. Electronic prescribing can cut down the number of pharmacy calls for prescription clarification. In a survey of physicians in the Southeast Michigan ePrescribing Initiative (SEMI), 70 percent had fewer calls from pharmacies on prescription questions. E-prescribing can also cut down on patients tampering with your handwritten or printed prescriptions.

Before choosing to prescribe electronically, you need to consider whether the pharmacies in your area have the capability to accept electronic prescriptions. The good news is that more than 40,000 pharmacies are actively e-prescribing, according to the National Progress Report on E-Prescribing in 2007. If you would like to know whether the pharmacies in your area are capable of accepting e-prescriptions, visit www.surescripts.com for an up-to-date list, or call the pharmacies in your area.

The IAFP wants to help you with your transition to electronic prescribing. Please contact Meredith Edwards at medwards@in-afp.org or 317.237.4237 if you have questions on electronic prescribing in your practice.

2009 IAFP
Residents' Day/Research Forum – Call for Abstracts

Thursday, March 5, 2009
Riverwalk Banquet Center, near Broad Ripple, Indianapolis
$1,250 in prize money available!

The IAFP is currently accepting abstracts for the perennially popular Residents' Day and Research Forum, which will be held on Thursday, March 5, 2009, at the Riverwalk Banquet Center in Indianapolis. Please join us for this exciting event!

General Information and Guidelines

All members of the IAFP are eligible to submit an abstract for consideration, including active, resident and student members. (Students will select the Staff category if they assisted a staff member in their research project or will select the Resident category if they assisted a resident member in their research project.) Presenters should also be clearly noted on the application form.

Selected abstracts will be invited to participate in the competition and present either by an oral presentation with PowerPoint slides or by submission of a poster. Judges will eliminate themselves from reviewing any abstract, paper or presentation if they have had active involvement in a project's development, implementation or presentation.

Competition – Non-Published/ Presented Abstracts

The abstract should describe an original work in one of these categories:
1. Performance improvement
2. Original research
3. Case presentation
4. Article review

Abstracts must be factual and report on completed research. Materials previously published or presented at another national meeting are not acceptable for this research competition.

For complete submission guidelines and forms, please visit www.in-afp.org. To submit an abstract, please send two copies (one blinded and one unblinded) **electronically** to cbarry@in-afp.org no later than Wednesday, February 11, 2009.

Questions? Call the IAFP at 317.237.4237, or e-mail us at iafp@in-afp.org.

Save Money on Vaccines Now with Atlantic

Atlantic Health Partners, LLC

Your Academy has recently established a partnership with Atlantic to help you manage vaccine purchasing more effectively. Atlantic is recognized as a leading vaccine resource throughout the country and has helped thousands of physicians manage vaccine purchasing more effectively. We are excited to report that many of our members have responded and are now saving on their vaccine orders with Merck and sanofi pasteur.

The Atlantic program is simple, straightforward and available to you at no cost. As a member, your practice orders directly from Merck and sanofi and receives more favorable pricing and purchasing terms for a wide variety of vaccines, including sanofi's new combination vaccine Pentacel. In addition to providing more favorable pricing and purchasing terms, Atlantic works as our advocate — working directly with third-party payers on issues like fair payment for vaccines. Further, Atlantic makes resources available to assist your practice with billing, coding, pricing and inventory management issues.

Your colleagues report strong satisfaction with the Atlantic program. We encourage you to contact Atlantic to learn more about their vaccine purchasing program. Our main contact at Atlantic is Ed Ross. He can be reached by phone at 401.709.2465 or by e-mail at eross@atlantichealthpartners.com.

Medicare Coding, Coverage and Fee Schedule Changes for 2009

by Joy Newby, LPN, CPC, PCS, Newby Consulting, Inc.

Medicare Conversion Factor

Under the Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), CMS is required to apply a 1.1 percent update to the 2009 Physician Payment System. Physicians may be confused about how CMS applied a positive update when the 2009 conversion factor (CF) ($36.0666) is significantly lower than the 2008 conversion factor ($38.087).

§1848(c)(2)(B)(ii)(II) of the Social Security Act requires that increases or decreases in relative value units (RVUs) for a year may not cause the amount of expenditures for the year to differ by more than $20 million from what expenditures would have been in the absence of these changes. If this threshold is exceeded, CMS must make adjustments to preserve budget neutrality (BN).

In CY 2008, CMS met the BN requirement by applying a separate BN adjustment factor (-11.94 percent) to the work RVUs. This is why many services had a lower fee schedule in 2008, even though Congress required a positive 0.5 percent increase. Beginning in CY 2009, §133(b) of the MIPPA requires CMS to apply the required BN adjustment to the conversion factor.

All of these calculations do result in a positive Medicare fee schedule update, but it does not mean that physicians will see a 1.1 percent increase for all services when comparing the 2009 fee schedule with the 2008 fee schedule. For example, the 2008 Medicare fee schedule allowance for 99213 ($56.79) increases to $58.66 for 2009. The change in calculating the BN adjuster actually results in an increase of 3.29 percent.

Other services that are more heavily weighted to practice expense are expected to decrease due to this calculation. For example, the code for electrocardiogram 93000 will decrease 7.32 percent to $19.36, down from $20.89. The code for chest X-ray AP/Lateral views (71020) is down 2.96 percent from $30.10 to $29.21 for 2009.

If §131 of the MIPPA had not been enacted, the CY 2009 conversion factor update would have been -15.1 percent.

Calculation of the CY 2009 PFS CF	
CY 2008 Conversion Factor	$38.0870
CY 2009 CF Update 1.1 percent	(1.011)
CY 2009 CF Budget Neutrality Adjustment	0.08 percent (1.0008)
5-Year Review Budget Neutrality Adjustment	-6.41 percent (0.9359)
CY 2009 Conversion Factor	**$36.0666**

Revisions to the Medicare Initial Preventive Physical Examination

§101(b) of the MIPPA amended the requirements for the Initial Preventive Physical Examination (IPPE), also known as the "Welcome to Medicare Physical." Beginning January 1, 2009, the Medicare deductible no longer applies to the IPPE. Although patients are still responsible for the 20 percent coinsurance amount, it should help alleviate patients' misconceptions that they were to receive a "free physical."

MIPPA also expands the eligibility period from the first six months to a full year (first 12 months) after the effective date of the patient's first Part B enrollment period. Medicare still will only pay for one IPPE per beneficiary lifetime, and those Medicare patients who are no longer in the first 12 months of their first Part B enrollment period are not entitled to payment for a screening physical exam.

There are three significant changes in IPPE required services. Effective January 1, 2009, physicians must include the measurement of an individual's body mass index as part of the IPPE. Physicians must also include end-of-life planning during the encounter.

MIPPA removes the electrocardiogram (ECG) from the list of mandated services that must be included in the IPPE benefit and makes the ECG an educational, counseling and referral service to be discussed with the patient and, if necessary, ordered by the physician. This change alleviates physician frustration of having to perform a screening ECG when the patient just had a diagnostic ECG. Medicare will cover the screening ECG when the physician deems the screening is appropriate for the individual patient.

To meet these changes CMS, effective January 1, 2009, the following codes have been deleted:

G0344 Initial preventive physical examination, face-to-face visit, services limited to new beneficiary during the first six months of Medicare enrollment

G0366 Electrocardiogram, routine ECG with 12 leads, performed as a component of the initial preventive examination with interpretation and report

G0367 Tracing only, without interpretation and report, performed as a component of the initial preventive examination

G0368 Interpretation and report only, performed as a component of the initial preventive examination

Effective with IPPE services rendered on or after January 1, 2009, physicians will use the following codes to report the service(s):

G0402 Initial preventive physical examination, face-to-face visit, services limited to new beneficiary during the first 12 months of Medicare enrollment

G0403 Electrocardiogram, routine ECG with at least 12 leads, performed as a screening test for the initial preventive examination with interpretation and report

G0404 Electrocardiogram, routine ECG with at least 12 leads, tracing only, without interpretation and report, performed as a screening for the initial preventive examination

G0405 Electrocardiogram, routine ECG with at least 12 leads, interpretation and report only, performed as a screening for the initial preventive examination

Mobile Entity Billing Requirements

Effective January 1, 2009, CMS requires entities furnishing mobile diagnostic services to enroll in the Medicare Program as an independent diagnostic testing facility (IDTF) regardless of where the services are furnished. By enrolling in the Medicare Program, CMS or its contractor can determine if the mobile IDTF meets all of the performance standards and that its owners are not otherwise excluded or barred from participation in the Medicare Program.

In addition, CMS now requires that the IDTF bill for the mobile diagnostic services that it furnishes, unless the mobile diagnostic service is part of a hospital service and furnished under arrangement with that hospital. To ensure that IDTFs are actually furnishing services under arrangement with a hospital, CMS now requires that mobile IDTFs provide documentation of the arrangement with their initial or revalidation enrollment application or change in enrollment application.

Although these changes eliminate physicians from contracting with mobile entities to provide services under an arrangement, physicians may still report these services as "purchased diagnostic tests." This means physicians must follow Medicare-purchased diagnostic test rules and cannot markup the cost of the technical component.

PHYSICIAN OF THE DAY IN 2009

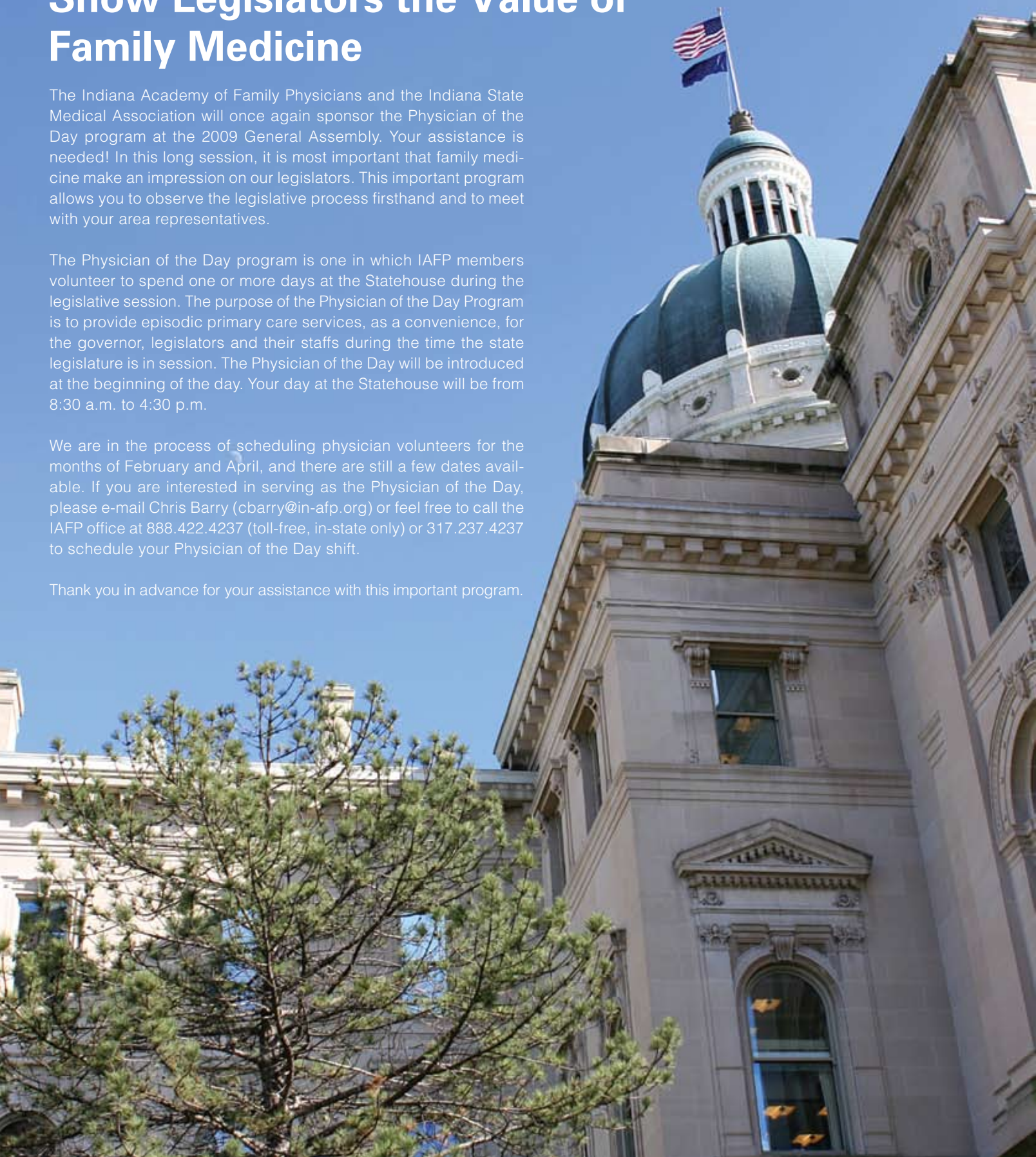
Show Legislators the Value of Family Medicine

The Indiana Academy of Family Physicians and the Indiana State Medical Association will once again sponsor the Physician of the Day program at the 2009 General Assembly. Your assistance is needed! In this long session, it is most important that family medicine make an impression on our legislators. This important program allows you to observe the legislative process firsthand and to meet with your area representatives.

The Physician of the Day program is one in which IAFP members volunteer to spend one or more days at the Statehouse during the legislative session. The purpose of the Physician of the Day Program is to provide episodic primary care services, as a convenience, for the governor, legislators and their staffs during the time the state legislature is in session. The Physician of the Day will be introduced at the beginning of the day. Your day at the Statehouse will be from 8:30 a.m. to 4:30 p.m.

We are in the process of scheduling physician volunteers for the months of February and April, and there are still a few dates available. If you are interested in serving as the Physician of the Day, please e-mail Chris Barry (cbarry@in-afp.org) or feel free to call the IAFP office at 888.422.4237 (toll-free, in-state only) or 317.237.4237 to schedule your Physician of the Day shift.

Thank you in advance for your assistance with this important program.



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