

THE ACADEMY OF MEDICINE OF CLEVELAND & NORTHERN OHIO (AMCNO)

FALL EDITION 2010

Medicare

Congress Must Act on Medicare Payment Cut Issue

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has written to Congress on numerous occasions regarding the impending Medicare payment cuts. The Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010 (P.L. 111-192) stabilized Medicare physician payments only until November 30, 2010. Beginning December 1, 2010, unless something changes under the law, Medicare payments for physician services will be slashed by more than 23 percent. To make matters worse, an additional cut of 6.5 percent could follow on January 1, 2011. The AMCNO realizes that our members cannot continue to accept this situation.

The AMCNO has stressed to Congress that they must act – they must break the yearly cycle of putting a band-aid on this problem – they must take action on legislation to provide permanent stability in the Medicare program. Unfortunately, during 2010, Congress once again enacted short-term measures with regard to the Medicare payment issue and on several occasions they did not act in time and Medicare payments were cut by more than 20 percent. As a result of this lack of Congressional action, the Centers for Medicare and Medicaid Services ordered carriers to hold payments until legislation was passed. This payment delay caused disruption in physician practices across Northern Ohio.

The next payment reduction scheduled for December 1, 2010 falls during the timeframe when physicians will have an option to change their Medicare participation status. It is possible that physicians will be considering whether they can continue to accept Medicare rates at the same time that massive payment cuts are scheduled to take effect. The AMCNO has informed Congress that it is time to permanently replace the Sustainable Growth Rate (SGR) formula once and for all. The AMCNO will continue to ask Congress to take action on this issue before there is a need for yet another stopgap measure. AMCNO members are urged to contact their Congressional representatives and ask them to take action before November 30th 2010.

Medicare Temporary Payment Fix is Not Enough – Tell Your Medicare Patients Their Choice of Physician Could be At Risk

We must get Congress to fix this problem once and for all. In addition to writing or calling your Congressional representatives the AMCNO encourages our members to:

- Tell your Medicare patients to contact Congress and ask them to repeal the Medicare cuts formula – tell your patients how this has impacted you and your practice and tell them if this problem continues that their choice of physician could be at risk. Tell your Medicare patients that by repealing the SGR

In this issue –

In this issue – Don't forget to register for the AMCNO Solving the Third Party Payor Seminar in November – details inside

formula, Congress can avert these cuts. On average, legislation to repeal the SGR would prevent cuts of \$18,000 per year to each Ohio physician.

- Tell your Medicare patients that Ohio, at 15 percent, has an above-average proportion of Medicare patients and, at 18 practicing physicians per 1,000 beneficiaries, Ohio has a below-average ratio of physicians to Medicare beneficiaries, even before the cuts take effect.
- Tell your Medicare patients that 39 percent of Ohio's practicing physicians are over 50, an age at which surveys have shown many physicians consider reducing their patient care activities. Today, about one out of four Medicare patients looking for a new primary care physician are having trouble finding one. Continued cuts in the program will only make matters worse.
- Tell your Medicare patients that Congress needs to fix this problem once and for all so seniors can be assured of continued access to care and choice of physician.

Centers for Medicare and Medicaid Services (CMS) Lists Codes for Flu Vaccine

90655 - flu vaccine, for children 6 to 35 months, preservative free

90656 - flu vaccine, 3 years and older, preservative free

90657 - flu vaccine, 6-35 months

90658 - flu vaccine, ages 3 years and up

90660 - flu vaccine, nasal

J11 MAC Contract Awarded to Palmetto GBA

On May 25, 2010, Palmetto GBA was awarded the A/B Medicare Administrative Contractor (MAC) contract for Jurisdiction 11 and Home Health and Hospice MAC Jurisdiction C. On June 1, 2010, the Centers for Medicare & Medicaid Services (CMS) notified us that the U.S. Government Accountability Office (GAO) had received a protest of CMS' award to Palmetto GBA. The GAO denied the protest on September 9, 2010.

The Medicare Part A and Part B MAC for Jurisdiction 11 is comprised of North Carolina, South Carolina, Virginia and West Virginia. It also includes Home Health and Hospice MAC Jurisdiction C, which covers Alabama, Arkansas, Florida, Georgia, Illinois, Indiana, Kentucky, Louisiana, Mississippi, New Mexico, North Carolina, Ohio, Oklahoma, South Carolina, Tennessee and Texas. Palmetto GBA has one business partner for this contract, National Government Services, a subsidiary of Wellpoint.

Palmetto GBA will continue to share information with the AMCNO and through the Palmetto GBA Web site and listserv as more details become available regarding how these decisions will affect physicians, including transition plans and schedules. The Medicare Part A and B MAC for Ohio has yet to be affirmed due to another protest – AMCNO will provide information when this is announced.

You may also reference the CMS article "Preparing for a Transition from an FI/Carrier to a Medicare Administrative Contractor (MAC) or from one Durable Medical Equipment (DME) MAC to another DME MAC," which is available on the CMS Web site

<http://www.cms.gov/MLN MattersArticles/downloads/SE1017.pdf>.

AMCNO responds to 2011 CMS Proposed Medicare Physician Fee Schedule – Physician payment and GPCI calculation at issue

On behalf of our membership, the AMCNO submitted comments to the Centers for Medicare and Medicaid Services (CMS) in response to the Proposed 2011 changes to payment policies and rates under the Medicare Physician Fee Schedule (proposed rule CMS-1503-P). Our comments focused on the issue of the flawed

sustainable growth rate (SGR) formula currently utilized by CMS to calculate physician payments under Medicare as well as items contained in the proposed rule relative to the geographic practice cost indices (GPCI) utilized by Medicare in Ohio.

The AMCNO noted that in addition to the approximate 23 percent Medicare physician payment cut scheduled to occur December 1, 2010, the proposed regulation includes provisions that would reduce 2011 Medicare payments by approximately 6.1 percent as a result of the sustainable growth rate formula (SGR). The underlying flaw of the SGR formula is the link between the performance of the overall economy and the actual cost of providing physician services. The AMCNO realizes that ultimately the administration and Congress will have to act in order to replace the SGR, however, CMS and its' administrators have the ability to review comments from physicians, physician organizations and other healthcare providers regarding the proposed payment and policy changes and try to find ways to improve physician payment without adding to overall Medicare costs.

Geographic Practice Cost Indices (GPCI) Locality

The AMCNO has many concerns regarding the usage of geographic practice cost indices (GPCIs) and we have provided our detailed comments to CMS in previous correspondence. To recap, it is our belief that the boundaries of the payment localities do not accurately address variations in physicians' costs and in particular the AMCNO strongly believes that Medicare's geographic payment adjustment formula does not accurately reflect practice costs in Northern Ohio. As noted previously by the AMCNO, the state of Ohio is designated as a statewide locality. This is problematic for our physician members practicing in Northern Ohio because CMS has not revised the geographic boundaries of the physician payment localities since the 1997 revision. Also, since that year, CMS has indicated that the only mechanism the agency has set forth to modify the payment localities is for the state medical associations to petition for change by demonstrating that the change has the overwhelming support of the physician community. This mechanism for change in the payment localities seems biased since the state medical association does not represent all of the physicians in the state of Ohio. While the proposed rule does make a number of changes to the GPCIs in response to the Patient Protection and Affordable Care Act (PPACA), including a requirement that the Department of Health and Human Services (HHS) analyze current methods of establishing practice expense GPCIs and evaluate data that fairly and reliably establishes distinctions in the costs of operating a medical practice in different localities; it does not make changes to the payment localities in Ohio.

The AMCNO is aware that CMS commissioned Acumen to conduct a study of alternative options for reconfiguring payment localities on a nationwide basis. We noted that the options provided in the Acumen report are once again outlined in the proposed rule, (CMS 1503-P), and of these the AMCNO would favor either Option 2 or Option 3. Option 2 would remove higher cost counties from their existing locality structure and each would be placed in their own locality, while Option 3 removes higher cost metropolitan service areas (MSAs) from the "rest of the State" locality. We believe that either of these proposed options would result in a fairer methodology for the physicians located in Northern Ohio. The proposed rule indicates that Acumen is conducting a more in-depth analysis of the dollar impacts that would result from the application of Option 3; however, as part of our comments the AMCNO encouraged CMS to require that Acumen conduct a similar analysis for Option 2 to ascertain the dollar impact of this option as well. As the regional organization representing physicians in Northern Ohio the AMCNO continues to advocate for a change in the payment localities utilized in Ohio. Any questions regarding this issue may be forward to E. Biddlestone at the AMCNO at 216-520-1000, ext. 100.

UnitedHealthcare Presents NowClinic Online Care Concept to the AMCNO Board of Directors

Members of the AMCNO Board of Directors were pleased to welcome Dr. Giesele Greene, former Northern Ohio medical director for UHC to the AMCNO board meeting. Dr. Greene, along with other UHC representatives provided an overview of the NowClinic concept. NowClinic is a service that provides real-time access to physicians through a computer with Internet access or by phone. OptumHealth and American Well have joined forces to create this nationwide service that offers patients the ability to access licensed physicians and clinicians 24/7. With NowClinic physicians can ask questions, discuss symptoms, review the patient's online record and medical history, if provided, and even write electronic prescriptions. The technology brings healthcare services online with live interaction between patients and available network physicians. All that is needed is a computer and access to the Internet to get together with patients. The concept is open to all physicians that are licensed to practice in the state of Ohio and physicians will be paid for their services.

One of the requirements is that any physician practicing in the NowClinic must be credentialed by the UHC network – and this is different than providing services for UHC – therefore it is possible for licensed Ohio physicians to be “credentialed” by UHC to provide these services even if they are not providing UHC services. Physicians can also set some parameters. For example, they can indicate that they only want to see established patients or only scheduled patients in this environment or if they so choose they can indicate if they will only see patients in Ohio. These parameters can be reset by the physician as well.

Once a physician has reviewed an incoming patient request the physician can then determine if they want to connect with the patient – and they will then move into the “encounter” space. If the physician and patient are web camera enabled they can talk face to face or they can utilize a chat space. Anything that goes into the chat space becomes part of the permanent electronic health record as well. If the parties choose to connect via phone neither party knows the other parties phone number - and if there are any long distance calls no charge is made to either party. The program includes automated documentation and record keeping capabilities. Patients are prompted to send the encounter to their primary care physician if the encounter is with another provider. There is also a provision to prescribe medications powered by SureScripts, however, controlled substances cannot be prescribed in this environment.

Physicians will use their own professional and medical knowledge to determine whether an in-person visit is the best care management for the individual patient. If a physician determines at the outset of the NowClinic conversation that an in-person visit is required, the physician will notify the consumer, and in that event the fee will be waived. OptumHealth does not provide physicians with legal or business advice relating to how the service, consultation or delivery of health care is conducted.

The payment methodology for this service will be done through a credit card and will not be processed through UHC since no insurer covers this type of service, including UHC. The patient is charged for 10 minutes of time at a rate of \$45.00. A payment of \$25.00 goes to the doctor (this may be \$30.00 if the service is on a holiday or a weekend) and the rest of the payment is utilized for credit card and other fees – including medical malpractice coverage. The doctors participating in this environment do not have to worry about the payment issues since the system moves the money into the physician account and the rest is split up between American Well and OptumHealth. The only expense for the physician is 10 minutes of their time, a telephone and access to the Internet. The medical malpractice coverage is provided by Lexington

Insurance. The policy is independent of any other malpractice insurance policies and physicians enrolled in Optumhealth NowClinic are automatically covered by the insurance policy.

A comment was made by the board that although the program may have some merit it is still the doctor that takes the call and talks to the patients on the phone but does not get reimbursed by the insurance company for their services. As this program rolls out there should be continued discussion about insurers paying physicians directly if they choose to take calls after hours or consult with their patients over the phone. UHC representatives noted that one of the reasons for doing this at this time is that many doctors do not take calls after hours and in fact their service or answering machine directs their patients to call 911 or go to the emergency room rather than leave a message since the doctor will not be taking calls. UHC believes that this concept will offset the costs and usage of emergency rooms and urgent care centers. NowClinic online care launched in Texas in December 2009, and plans to expand across the United States. For more information go to www.MDnowclinic.com

Medicaid Information Technology System (MITS) to Go Live December 2010

Ohio Medicaid is implementing a newly developed Medicaid Information Technology System (MITS) for claims processing, provider enrollment, prior authorizations and financial processes. The system is scheduled to “go live” on Dec. 7, 2010 and will have a different “look and feel” from the current layout. The AMCNO encourages our members and staff to become familiar with the new format of the MITS system to avoid any disruptions in Medicaid reimbursement. MITS accesses recipient demographic and eligibility information in three ways: the MITS web portal, Interactive Voice Response (IVR) system and HIPAA transaction 270/271.

The new MITS portal allows providers to obtain eligibility information for recipients 24 hours a day, 7 days a week. When a provider checks eligibility through the web portal the provider will be able to access detailed information applicable to a recipient. The IVR will continue to give providers access to recipient information. The toll free telephone number for IVR is 1-800-686-1516; providers will have access to recipient eligibility 24 hours a day, 7 days a week.

Webinar training on the MITS program is available. All you need is Web access to sign in and register, as well as an email address to receive your registration confirmation. To register, log onto the regulation site at http://www.seeuthere.com/hp/Ohio_MITS_Training_Workshops. At this registration site you will see the training schedule with links for each session identified by city, date and time.

An informational document from Ohio Medicaid is also available at the following link http://jfs.ohio.gov/mits/CCR_06_10_Recipient_Information_Access.pdf To review additional information about the MITS Web Portal go to <http://jfs.ohio.gov/mits/index.stm>

Bureau of Workers Compensation (BWC) Policy Communication and Notice

BWC implemented bill payment processing changes on Aug. 1, 2010. These changes impact services having an effective date on or after Aug. 1, 2010 and include the following:

- Modifier #54 (surgical care only) appended to all emergency department procedures for professional services;
- 90-day global period for major surgeries reduced to 60 days.

The change with Modifier #54 addresses the misapplication of global surgical billing, which has resulted in unnecessary administrative costs by BWC to correct payments made to the wrong provider. It also addresses delayed reimbursement to the correct provider who provided the follow-up care. The 60-day global period

for major surgeries change refines the current global surgery follow-up period. This improvement recognizes the role primary care providers, or physicians of record play in facilitating a prompt, safe recovery and return to work for an injured worker who has experienced major surgery. Shortening the follow-up period will facilitate earlier engagement by the primary care providers or physician of record. The next *Billing and Reimbursement Manual* and *MCO Policy Reference Guide* will reflect these policy changes or revisions.



Office of the National Coordinator for Health Information Technology (ONC) Names Three Entities to Conduct EHR Review

The Certification Commission for Health Information Technology (CCHIT), the Drummond Group Inc. (DGI), and InfoGard Laboratories have been named by the Office of the National Coordinator for Health Information Technology (ONC) as the first technology review bodies that have been authorized to test and certify electronic health record (EHR) systems for compliance with the standards and certification criteria that were issued by the U.S. Department of Health and Human Services earlier this year. Announcement of these ONC-Authorized Testing and Certification Bodies (ONC-ATCBs) means that EHR vendors can now begin to have their products certified as meeting criteria to support meaningful use, a key step in the national initiative to encourage adoption and effective use of EHRs by America's health care providers.

Applications for additional ONC-ATCBs are also under review. Certification of EHRs is part of a broad initiative undertaken by Congress and President Obama under the Health Information Technology for Economic and Clinical Health (HITECH) Act, which was part of the American Recovery and Reinvestment Act (ARRA) of 2009. HITECH created new incentive payment programs to help health providers as they transition from paper-based medical records to EHRs. Incentive payments totaling as much as \$27 billion may be made under the program. Individual physicians and other eligible professionals can receive up to \$44,000 through Medicare and almost \$64,000 through Medicaid.

The Ohio Health Information Partnership (OHIP) Selects Five Electronic Health Record Vendors as "Preferred"

The Ohio Health Information Partnership (OHIP) has announced that it has completed the Request for Proposals process and identified five Electronic Health Record (EHR) companies as Preferred Vendors for its initiative to expand the use of EHRs in Ohio. OHIP is committed to assisting 6,000 physicians and other health care providers adopt an EHR by 2012.

The five preferred EHR Vendors are: Allscripts, eClinicalWorks, e-MDs, NextGen Healthcare, and Sage.

OHIP used a number of criteria to select its Preferred Vendors, including:

1. Sufficient functionality to meet current provider needs.
2. Proven capacity to handle the demand for services created by the OHIP program.
3. Willingness to hire and train Ohio residents as EHR implementation and training staff.
4. Commitment that all technical support will be conducted within the United States.
5. Commitment to meeting national certification and meaningful use requirements.

Providers are not required to use the five vendors in order to participate in OHIP's program. The Preferred Vendors will work in cooperation with OHIP's seven Regional Partners who will provide the hands-on assistance that providers may need to successfully select, implement, and launch an EHR. Providers who adopt a certified EHR and meet defined performance standards will qualify for financial incentives from Medicare or Medicaid. Plus, primary care providers will qualify for subsidized technical support from

OHIP's regional partners during the process of EHR selection, implementation, and meeting performance standards.

The Office of the National Coordinator Answers Meaningful Use Questions

The Office of the National Coordinator posted a set of frequently asked questions to help health care providers understand and meet requirements for the meaningful use rule. The 20 questions and answers cover topics ranging from reporting clinical quality measures to certification of electronic health records (EHRs). Most of the questions address scenarios in which providers already use EHRs or modules to report data and what steps providers need to take to ensure they meet meaningful use. CMS, which released the meaningful use final rule in July, has said it will open registration for the incentive program in January. First payments to eligible physicians and hospitals could go out as early as May 2011. To begin receiving payments, healthcare providers must demonstrate meaningful use of certified EHRs for 90 days. To view the questions and answers go to:

http://healthit.hhs.gov/portal/server.pt/community/onc_regulations_faqs/3163

AMCNO Co-Sponsors Electronic Health Records Training Session

In October, the Academy of Medicine of Cleveland & Northern Ohio (AMCNO) was pleased to co-sponsor two electronic health record (EHR) training sessions for physicians and their practice staff. Other co-sponsors included the Ohio Health Information Partnership (OHIP) and the Case Western Reserve University Regional Extension Center (CWRU REC). One session was held at the EMH Regional Medical Center where AMCNO Immediate Past President Dr. Anthony Bacevice moderated the session. The second session was hosted by the AMCNO at our offices and AMCNO President Elect Dr. Lawrence Kent provided comments at the event. Both sessions provided detailed information to physicians, practice managers and information officers on the services that are available to help them select, adopt, and meaningfully use an electronic health record (EHR). The sessions were planned in order to provide physicians and their practices from the Case REC region with information on how they could qualify for subsidized technical support and assistance for EHR selection and implementation. The presenters also covered what a physician practice would need to do in order to achieve meaningful use of their EHR, and if the MU guidelines are met how much incentive money a practice could receive – and when. Physicians interested in learning how to sign up for REC services may contact the AMCNO at 216-520-1000 or Mr. Joe Peter at 216-368-5756. Additional information regarding the CWRU REC and how to sign up for the REC services is included in a detailed document at the end of this newsletter.

Availity Making Inroads in Ohio

In September, Ms. Janice Popa, Availity Market Executive for Ohio and Wisconsin, met with the Academy of Medicine of Cleveland & Northern Ohio (AMCNO), board of directors to provide an update on the statewide initiative to implement Availity. The AMCNO is a part of this initiative which is between the American Association of Health Plans (AAHP), the Blue Cross and Blue Shield and eight leading health plans in Ohio. Ms. Popa provided the board with an overview of the Availity portal and the status of the project in Ohio. She noted that the Availity portal offers the following transactions:

- Eligibility and benefits;
- Claim status
- Web-entered claims
- Authorizations and referrals (this is not yet available for all participating plans)

Ms. Popa noted that the Availity health information network and web portal will help physicians achieve administrative savings by simplifying the exchange of information between providers and payers. She noted that the Availity Health Information Network provides free access to the state's leading health plans for the exchange of administrative information in real-time. The health plans currently participating in the multi-

payer portal include: Aetna, Anthem Blue Cross and Blue Shield, CIGNA, Humana, Kaiser Permanente, Medical Mutual of Ohio, UnitedHealthcare and WellCare Health Plans, Inc.

This collaboration among the health plans is designed to simplify the exchange of real-time information with health plans through Availity's secure provider web portal. The portal is easy to use; health care providers can start saving time and money with minimal training and without changes to their expensive office systems. Availity does provide physician practices with training to get up and running—and they also offer integration options with numerous practice management systems.

Over time, the participating partners in the project plan to measure provider adoption and gather information on the use of electronic tools. The information garnered from this evaluation process will influence the development of similar portals in other parts of the country.

All providers in the state of Ohio are eligible to participate. To learn more about the project go to www.availity.com

ONC Publishes Certified Health IT Product List

The Offices of the National Coordinator for Health Information Technology (ONC) has published the Certified Health IT Product List (CHPL), a comprehensive listing of complete EHRs and EHR modules that have been tested and certified under the Temporary Certification Program.

Each complete EHR and EHR module included in the CHPL has been tested and certified by an ONC-Authorized Testing and Certification Body (ATCB), and reported to ONC by an ONC-ATCB, with reports validated by ONC. Only those EHR technologies appearing on the ONC-CHPL may be granted the reporting number that will be accepted by the Center for Medicare and Medicaid Services (CMS) for purposes of attestation under the EHR incentive programs. For more information visit <http://healthit.hhs.gov/CHPL>

Have You Signed Up For OARRS?

The Ohio Board of Pharmacy manages OARRS, the Ohio Automated RX Reporting System, a program for prescribers to obtain patient-specific prescription information to use when treating a patient. OARRS is a program that collects prescription data from pharmacies licensed by the Ohio Board of Pharmacy. Information is stored in a high security database. The report should be used to supplement a patient evaluation, to confirm a patient's drug history, or to document compliance with a therapeutic regimen.

The OARRS database includes dispensing information regarding Schedules II – V controlled substances, carisoprodol products (e.g. Soma) and tramadol products (e.g. Ultram). The OARRS report is based on data entered by the dispensing pharmacy. It takes up to 10 days from the date the prescription is dispensed until it appears in an OARRS report. The OARRS website is available 24/7 and most reports may be viewed within 15 seconds after the request is submitted.

OARRS is a free on-line tool for physicians and other prescribers to check to see if new or existing patients are potentially abusing dangerous drugs or obtaining prescriptions from multiple providers that could cause adverse drug interactions. Outpatient pharmacies that dispense controlled substances to Ohio residents are required to report information into the database at regular intervals. Any prescriber can access OARRS to obtain detailed prescription drug histories that includes the:

- Patient's name, address and phone number
- Patient's date of birth and gender
- Quantity of drug
- Days' supply of drug
- Date of dispensing

- Date of prescription written or authorized
- Number of refills authorized
- Prescriber's DEA registration number
- Pharmacy's name and contact information

The AMCNO supports voluntary use of OARRS and urges its members to register and query the system when appropriate. To establish an account with OARRS:

- Go to <http://www.ohiopmp.gov> and complete the online registration
- Print the application and have your signature notarized
- Mail the application and a copy of your driver's license, medical license and DEA registration to the Ohio State Board of Pharmacy
- The registration process takes about two weeks.

Contact the OARRS program staff at the Ohio Board of Pharmacy by e-mail at: info@ohiopmp.gov or by phone at 614-466-4143.

Ohio State Medical Board Launches New On-Line Renewal Application Form

The Ohio State Medical Board has launched a redesign of the on-line physician renewal application form. In addition to the standard questions, the new form includes a series of mandatory demographic questions to provide data upon which policy makers can better make decisions based on a more accurate illustration of the Ohio physician workforce than has ever before been available.

The demographic questions ask the number of hours per week a physician spends in direct patient care and other activities; the clinical setting of such activities; the county and zip code of the location(s) the physician provides the most patient care; whether the physician is a solo practitioner, part of a group practice, or employed by a clinical facility or hospital; whether languages other than spoken English are available at the primary practice location; and board certification status. All of the demographic questions on the on-line renewal form can be answered by choosing the correct response from a drop down box. Answers must be provided to the questions in order to continue the renewal process. The average time to complete the online renewal remains 15 minutes or less. Licensees are responsible for assuring that the information provided to the Medical Board is complete and accurate.

License renewal notices are sent by the Medical Board six months before the license expiration date. Licensees with last names beginning with C-D will be the first group to use the redesigned renewal form. Questions regarding licensure renewal are handled by the Medical Board's Records Department at (614) 728-3113.

Request a Workers' Compensation AMCNO Group Rating Quote Today!

With changes continuing to be made to the Ohio workers' compensation group rating program, now more than ever it is important to be with the **Academy of Medicine of Cleveland and Northern Ohio (AMCNO)** that supports your organization to ensure your workers' compensation program delivers superior results.

Through **AMCNO's** program, in partnership with the Professional Insurance Agents Association of Ohio, Inc., your organization can be evaluated for not only Group Rating, but also new programs recently added by the Ohio Bureau of Workers' Compensation including Group Retrospective Rating and the Deductible Program. Your participation in one of these programs as well as having the premier workers' compensation claims administrator working for you in **CompManagement, Inc.** is the best way to control and reduce your workers' compensation premiums.



Practice Management Matters

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) can provide you information

On topics from balance billing to managed care to terminating the physician/patient relationship.

The AMCNO Practice Management Department is available to address or investigate any claim issue as well.

Visit ***Practice Management*** at www.amcnoma.org

For a “Third Party Payor Review Form”.

Call us at 216.520.1000 or email concerns@amcnoma.org

The AMCNO Practice Management Matters newsletter includes links that provide direct access to Internet sites other than our own. The AMCNO takes no responsibility for the content or the information obtained on other Web sites, as we do not have any editorial control over those sites. Additional information on these topics may be available on our Web site at www.amcnoma.org

6100 Oak Tree Blvd. Suite 440 Independence, Ohio 44131

www.amcnoma.org

216-520-1000 Executive Offices 216-520-0999 Facsimile