

Dateline|Washington

prepared by the Division of Advocacy and Health Policy

2003 Medicare fee schedule issued

Final regulations to implement the 2003 Medicare physician fee schedule were released on December 20, with plans for publication in the *Federal Register* on December 31. Although required to issue the following year's fee schedule no later than November 1 each year, the Centers for Medicare & Medicaid Services (CMS) announced that publication of the 2003 fee schedule would be delayed because of last-minute concerns regarding changes that were planned for relative values assigned to a limited number of services.

Due to the postponement of the regulations, CMS originally said that it intended to delay the effective date of the new fee schedule from January 1 until sometime in February. However, the latest delay means that implementation of the projected 4.4 percent conversion factor reduction will be delayed until March 1, 2003. As a result, services provided by physicians during the first two months of 2003 will still be paid under the higher 2002 payment rates.

More details on the regulations will be published in a future issue of the *Bulletin*. In the meantime, the entire text of the rule may be viewed on the CMS Web site, at <http://www.cms.gov/regulations/>.

Privacy rule is released

The U.S. Department of Health and Human Services Office of Civil Rights (OCR) issued its first official guidance document on the Health Insurance Portability and Accountability Act's Standards for Privacy of Individually Identifiable Health Information, more commonly known as the Privacy Rule, on December 4, 2002. The 123-page document explains the intent of standards and answers frequently asked questions in layman's terms. The standards that will be of most interest to surgeons include:

- Those for appropriate uses and disclosures of confidential information for patient treatment and payment for those services.
- Situations in which a "Notice of Privacy Practices" must be given to a patient, as well as instances in which incidental uses and disclosures of confidential information are considered appropriate.
- The minimum necessary policies and procedures required to ensure appropriate access to patient information by patients or their personal representatives.

A copy of the document can be found at <http://www.hhs.gov/ocr/hipaa/privacy.html>.

Data sought on Medicare access issues

In cooperation with medical and surgical specialty societies, the American Medical Association (AMA) is conducting an e-mail survey of physicians to determine whether Medicare access problems are increasing for patients because of past and projected payment reductions. The collected data will be used by the specialty societies in their ongoing advocacy efforts to reform the Medicare physician payment system that is producing steep, across-the-board declines in reimbursement.

College announces 2003 Capitol Hill Visit Program

Surgeons need not be members of the AMA in order to participate in the survey, and the organization has indicated that nonmembers will not receive membership solicitations as a result of participating. Surgeons who would like to participate must register online before receiving a copy of the questionnaire by e-mail so that the AMA can verify that they are, in fact, either an MD or a DO.

Because issues of patient access differ across specialty lines, it is important that the data reflect the practices and experiences of all specialties. To participate in this effort, surgeons should register via the AMA's Web site, at <http://www.ama-assn.org/go/memberconnect/registration>.

The chapter visit program offers surgeons a chance to meet personally with members of Congress and their staffs to discuss the College's legislative agenda. Legislators need to know how proposed legislation and regulation will ultimately affect surgeons and their patients in their home states and districts. In some cases, members of Congress have also come to rely on chapter representatives for advice and insights about the implications of proposed changes when new legislative issues arise. This past year, chapter visit participants helped illustrate the local impact of such issues as professional liability, physician reimbursement, patient safety, and funding for trauma care systems planning and development.

In 2002, a total of 19 College chapters traveled to Washington, DC, to meet with members of their congressional delegations. Since the inception of the Capitol Hill Visit Program in 1988, about three dozen chapters have made the trip to Washington to participate in the College's grassroots congressional education effort.

As the 108th Congress convenes in January 2003, Senators and Representatives will face a number of issues central to the concerns of the surgical professions. Chapters that are interested in participating in this program should contact Christian Shalgian in the College's Washington Office at cshalgian@facs.org.