

Inaugural Address



George P. Smith, MD, *President*

My fellow colleagues, family and friends,

I would like to thank everyone who attended my inauguration as the 204th president of the Richmond County Medical Society.

It is an honor to serve as president and I am looking forward to the challenges the Society faces.

We are in troubled times and in need of desperate health care reform. We are following the path analogous to the mortgage meltdown in which sub prime lending was responsible for a major economic recession.

The “health care meltdown” includes the dangers of rising malpractice rates, lack of access to quality medical care for patients and the shortage of primary care physicians.

My objectives these twelve months will be to reiterate and present, once again, the idea of tort reform. It is imperative that we speak with our local elected officials on a weekly basis in order to proliferate the critical issues that require immediate attention. The sustainable growth rate (SGR) must be re-addressed by our legislators in order for optimum health care delivery to persist. Collective bargaining for physicians must be allowed in order for many practices to continue providing access to medical care within our community. My role as president will not only be to address these issues but also to act as a physician advocate for the community; to provide seminars for physicians and their office staff; to act as a liaison between the island’s two hospital systems in an effort to maintain the joint partnership that is necessary to continue to provide quality medical care to the patients we serve.

I am excited to work with our wonderful staff, Annmarie Giammanco and Terri Minichello and I am delighted to have such a dedicated, knowledgeable and diligent cabinet; Dr. Giovannie Jean-Baptiste, *President Elect*; Dr. Mark Carney, *Vice President*; Dr. Vincent DeGennaro, *Treasurer* and Dr. James Reilly, *Secretary*; as well as the entire 2010-2011 Comitia Minora.

It is with great pride that I will strive to re-emphasize all of the wisdom I have gained at Comitia Minora meetings over the last decade.

I would like to thank our Immediate Past President, a dear friend and mentor, Dr. Vincent Calamia, for his confidence in me.

I want especially to thank my mother and father for being here; their love and support has enabled me to get where I am today.

I would also like to thank my brothers Thomas and William, and my sister, Lia for their loyalty and for all the countless hours and dedication to my career in helping me achieve all of my goals.

My office staff, Yahaira, Denise and Danielle, they are the best support team any physician could hope for. Thank you for all of your hard work.

I’ve saved the best for last, my girlfriend, Jessica, thank you for your love and support.

I am very grateful to have each and every one of you in my life.

Thank you for this opportunity and I’m looking forward to proudly serving the next 12 months as President of the Richmond County Medical Society.

RCMS

Welcomes New Members

Dr. Aiman Abboud
Dr. Edward Celmer
Dr. Chitoor Govindaraj
Dr. Florence Shum
Dr. Henrietta Stancz-Szedler
Dr. Inna Tubman

Residents:

Dr. Natalie Milagros Jouve

Enhanced FMAP rates Extended

On August 10th, the House of Representatives approved legislation extending enhanced FMAP rates (Medicaid funding) for states by a vote of 247-161. The House was called back from recess after the Senate passed the \$26 billion bill the week before by a vote of 61-39.

The current 6.2% FMAP enhancement expires at the end of the calendar year. The new bill will provide additional enhancements of 3.2% for January-March of 2011 and 1.2% for April-June totaling more than \$16 billion. Additionally, the bill included \$10 billion in emergency education funding for states.

The legislation was paid for through reductions in the Supplemental Nutrition Assistance Program funding (food stamps), the closing of several foreign tax loopholes, the elimination of Advanced EITC, the expansion of Medicaid Drug Discounts, and the rescission of funding from several federal programs.

Remember to Update Your Physician Profile

In order to update your profile on NYDoctorprofile.com call 888-338-6998
Profiles must be updated annually.

Contact Us

Richmond County Medical Society
Academy of Medicine of Richmond
The Alliance with RCMS
460 Brielle Avenue
Administration Building
Room 202
Staten Island, NY 10314
phone: 718-442-7267
fax: 718-273-5306

FOLLOW US ON FACEBOOK

Have You Laughed today?



Hospital Sign

A hospital posted a notice in the nurses' lounge, which read:

“Remember, the first five minutes of a human being's life are the most dangerous.”

Underneath, a nurse had written:

“The last five are pretty risky, too!”

Protecting Your Privacy

Protecting Your Medicare Enrollment Record

If you are a physician or non-physician practitioner who is enrolled in Medicare, or who is planning to enroll in Medicare, it is important that you protect your Medicare enrollment information from getting into the hands of dishonest and unscrupulous people. The Centers for Medicare & Medicaid Services (CMS) Medicare Learning Network (MLN) has released *Medicare Fee-For-Service (FFS) Physicians and Non-Physician Practitioners: Protecting Your Privacy – Protecting Your Medicare Enrollment Record* as the first in a series of fact sheets designed to educate FFS providers about important Medicare enrollment information. This particular fact sheet advises FFS physicians and non-physician practitioners on how to ensure their enrollment records are up-to-date and secure and is available in downloadable form at www.cms.gov. Or call the Society office and a copy will be emailed to you.

Co-Pays - Rule of Thumb

Information provided by
Jennifer Kirschenbaum, Esq.
Kirschenbaum & Kirschenbaum, P.C.

While I know many of you find it burdensome and annoying to bother patients with co-pays, deductibles and co-insurance, please allow this email to remind you that if you do not collect all of the above, you are in fact committing insurance fraud. If this concept sounds severe, its because the repercussions may be severe. A \$5-\$20 co-pay may not seem like a lot of money when patients leave an office when the visit will be reimbursed for several hundreds of dollars by a third party payor, but amounts that should have been collected add up over time.

The New York State Office of the Commissioner has started paying particular attention to medical practices all across the state and investigating such situations. So, I strongly recommend that if you own or work for a practice that does not attempt to collect co-pays, deductibles or co-insurance that you correct this policy. \$5 out of your patient's pocket at the time of visit may save you countless in legal fees, penalties and refunds.

When collecting or attempting to collect co-pays, the Department of Insurance expects you to make a good faith effort, which means speaking to your patient population about paying at the time of service, sending out notices of late payments and possibly sending off late bills to collection. There is no bright line rule of what is required for you to do to collect monies owed, but the bright line exceptions of when you do not have to pursue a patient is when the patient is indigent (known to be and can prove that they cannot pay) or when services are a professional courtesy.



Annual Meeting & Installation of Officers

Wednesday, June 30, 2010

Recognized for their 50th Anniversary from Medical School



Dr. Vincent Calamia passes the gavel to Dr. George Smith who becomes the 204th President of RCMS



Dr. Shamsunder Bhatia

Dr. Jacob Gerstenfeld & Rabindra Prasad Sinha were unable to attend



Dr. Chol Lee



Dr. Gerald Strum

2009-2010 RCMS Organized Medicine Fellowship Winners were also recognized



Dr. Abdallab Geara, 2009-2010 RCMS Organized Medicine Fellowship winner from SIUH thanks the members of RCMS for the opportunity, noting the Fellowship taught him the importance of organized medicine and that he intends to continue his relationship with the medical society. Dr. Noah Gutierrez winner from RUMC was unable to attend



Dr. Giovannie Jean-Baptiste & son, Nicholas



(from left) Rick Abrams, MSSNY's Executive Director, Elena and Dr. Vincent Calamia, Councilwoman Debi Rose and Dr. Allan Perel



*2010-2011 Officers
sitting from right: Dr. George Smith, President;
Dr. Giovannie Jean-Baptiste, President-Elect;
Dr. Vincent DeGennaro, Treasurer.
Standing: Dr. James Reilly (left), Secretary and
Dr. Mark Carney (right), Vice President.*



Camille Carbonaro, former Executive Director of RCMS with Dr. Tano Carbonaro (right) & Dr. Mark Jarrett, both Past Presidents of RCMS



*RCMS Past Presidents from left...
Drs. John Maese, Donna Seminara and Allan Perel*



Dr. Smith with his office staff



RCMS Past President, Dr. Lina Merlino and Dr. Manoocher Khorsandi



Dr. Dorothy Wludyka



Drs. James Reilly & Margarita Nunez



Dr. Smith's Mom with his girlfriend Jessica



Upcoming Events

Tuesday, September 7

Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

RCMS Cordially invites
All Women Physicians
to a reception in recognition of
Women in Medicine
at The Staten Island Furrier
2361 Hylan Boulevard, SI, NY
Wednesday, September 22, at 7 PM
RSVP by 9/15 718-442-7267
Feel free to invite all your female
physician colleagues for an
opportunity to network,
encourage, share stories and
build support among women
in medicine.
Bring your business card to
qualify for Raffles & Prizes



Tuesday, October 5

Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

Saturday, October 9

The Alliance Scholarship Fundraiser
& Past President's Gala
6:00 PM
SI Hilton Garden Inn
1100 South Avenue

HONOREES:

Vincent Calamia, MD
Immediate Past President of RCMS
Albert B. Accettola, Jr., MD
RCMS Robert J. O'Connor MD Award
Congressman Michael McMahon
RCMS Legislative Award

Tuesday, November 2

Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

Sunday, October 17

Making Strides Against Breast Cancer
Clove Lakes Park
9:00am - 2:00pm
Local Chapter Phone: 718.987.8871

Sunday, October 24

WALK TO CURE DIABETES
College of Staten Island
8:30am registration
Local Chapter Phone: 212.689.2860

MSSNY Grassroots Action Center

visit www.MSSNY.org, click on **Grassroots Action Center** and follow the links till you see tabs like this

TAKE ACTION

then follow the simple step by step directions that will urge legislators to support the bills that will help physicians and oppose those that could devastate your practice.



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Offers discounted Disability and Long Term Care Insurance to Richmond County Medical Society Members. For information on how you can take advantage of this member benefit, contact Frank Ruggiero by phone at 201-288-0880 or 212-490-7979, ext,238; or by email at RuggieroF@aol.com

NCSPPlus Incorporated



Reasonable rates, high recovery percentage and great customer service represent the cornerstone of a new program providing collections on delinquent accounts for Richmond County Medical Society (RCMS) members. This new debt collection program is offered to members by NCSPPlus Incorporated (NCS), one of the nation's leading collection service/account receivable management firms. NCS charges RCMS members a low flat fee only and incorporates telephone collections, letters, attorney contact, and debtor audits.

For more information, contact the RCMS at (718) 442-RCMS or Bill Spencer at NCS at (800) 363-7215 Ext. 6400. Or e-mail: wspencer@ncsplus.com

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The following information can also be accessed on line at www.CMS.gov

CMS FACT SHEET ON ELECTRONIC HEALTH RECORDS AT A GLANCE

“Our recovery plan will invest in electronic health records and new technology that will reduce errors, bring down costs, ensure privacy and save lives.”

- President Obama, Address to Joint Session of Congress, February 2009

Background

As promised by the President, the American Recovery and Reinvestment Act of 2009 included under which, according to current estimates, as much as \$27 billion over ten years will be expended to support adoption of electronic health records (EHRs). While there has been bipartisan support for EHR adoption for at least half a decade, this is the first substantial commitment of federal resources to support adoption and help providers identify the key functions that will support improved care delivery.

Under the Health Information Technology for Economic and Clinical Health Act (HITECH), federal incentive payments will be available to doctors and hospitals when they adopt EHRs and demonstrate use in ways that can improve quality, safety and effectiveness of care. Eligible professionals can receive as much as \$44,000 over a five-year period through Medicare. For Medicaid, eligible professionals can receive as much as \$63,750 over six years. Medicaid providers can receive their first year’s incentive payment for adopting, implementing and upgrading certified EHR technology but must demonstrate meaningful use in subsequent years in order to qualify for additional payments.

Since enactment of HITECH in February 2009, the Office of the National Coordinator for Health Information Technology (ONC), the Centers for Medicare & Medicaid Services (CMS) and other HHS agencies have been laying the groundwork for the massive national investment in EHRs:

Creation of Regional Extension Centers (RECs) to support providers in adopting EHRs

Developing workforce training programs

Identifying “Beacon Communities” that lead the way in adoption and use of EHRs

Developing capabilities for information exchange, including building toward a Nationwide Health Information Network

Improving privacy and security provisions of federal law, to bolster protection for electronic records

Creating a process to certify EHR technology, so providers can be assured that the EHR technology they acquire will perform as needed

Identifying standards for certification of products, tied to “meaningful use” of EHRs

Identifying the “meaningful use” objectives that providers must demonstrate to qualify for incentive payments.

Supporting State Medicaid Agencies in the planning and development of their Medicaid EHR Incentive programs with 90/10 matching funds.

Why EHRs?

Electronic health records improve care by enabling functions that paper records cannot deliver:

EHRs can make a patient’s health information available when and where it is needed – it is not locked away in one office or another.

EHRs can bring a patient’s total health information together in one place, and always be current – clinicians need not worry about not knowing the drugs or treatments prescribed by another provider, so care is better coordinated.

EHRs can support better follow-up information for patients – for example, after a clinical visit or hospital stay, instructions and information for the patient can be effortlessly provided; and reminders for other follow-up care can be sent easily or even automatically to the patient.

EHRs can improve patient and provider convenience – patients can have their prescriptions ordered and ready even before they leave the provider’s office, and insurance claims can be filed immediately from the provider’s office.

EHRs can link information with patient computers to point to additional resources – patients can be more informed and involved as EHRs are used to help identify additional web resources.

EHRs don’t just “contain” or transmit information, they also compute with it – for example, a qualified EHR will not merely contain a record of a patient’s medications or allergies, it will also automatically check for problems whenever a new medication is prescribed and alert the clinician to potential conflicts.

EHRs can improve safety through their capacity to bring all of a patient’s information together and automatically identify potential safety issues — providing “decision support” capability to assist clinicians.

EHRs can deliver more information in more directions, while reducing “paperwork” time for providers –for example, EHRs can be programmed for easy or automatic delivery of information that needs to be shared with public health agencies or quality measurement, saving clinician time.

EHRs can improve privacy and security – with proper training and effective policies, electronic records can be more secure than paper.

EHRs can reduce costs through reduced paperwork, improved safety, reduced duplication of testing, and most of all improved health through the delivery of more effective health care.

Why “meaningful use” requirements?

EHRs do not achieve these benefits merely by transferring information from paper form into digital form. EHRs can only deliver their benefits when the information and the EHR are standardized and “structured” in uniform ways, just as ATMs depend on uniformly structured data. Therefore, the “meaningful use” approach requires identification of standards for EHR systems. These are contained in the ONC Standards and Certification regulation announced on July 13, 2010.

Similarly, EHRs cannot achieve their full potential if providers don’t use the functions that deliver the most benefit – for example, exchanging information, and entering orders through the computer so that the “decision support” functions and other automated processes are activated.

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Therefore, the “meaningful use” approach requires that providers meet specified objectives in the use of EHRs, in order to qualify for the incentive payments. For example: basic information needs to be entered into the qualified EHR so that it exists in the “structured” format; information exchange needs to begin; security checks need to be routinely made; and medical orders need to be made using Computerized Provider Order Entry (CPOE). These requirements begin at lower levels in the first stage of meaningful use, and are expected to be phased in over five years. Some requirements are “core” needs, but providers are also given some choice in meeting additional criteria from a “menu set.”

Identification of the “meaningful use” goals and standards is the keystone to successful national adoption of EHRs. The announcement of final “meaningful use” regulations on July 13, 2010, marks the launch of the Nation’s push for EHR adoption and use.

Looking ahead

What is the timetable for approving the organizations that will certify EHR systems as qualifying for “meaningful use?”

ONC anticipates that the first entities will be authorized as ONC-ATCBs before the end of summer.

How soon can we expect certified EHR systems to be available?

We anticipate that certified EHR systems will be available later in the fall.

How will be the CMS EHR incentive program registration process work?

Medicare: Hospitals and eligible professionals can register for the program starting in January 2011. Once the programs begin, a link on the Registration web page on <http://cms.gov/EHRIncentivePrograms/> will be available. Providers can use this central website to get information about the program and link to the programs’ online registration system.

Medicaid: The registration process will be the same for the Medicaid Incentive Program as for Medicare. A link on the Registration web page on <http://cms.gov/EHRIncentivePrograms/> will be available when the program begins. Eligible Providers under the Medicaid Incentive Program can register at this site whether or not their state has initiated their program yet and CMS will pass their information on the state once the state initiates their program.

How will providers demonstrate that they have achieved the “meaningful use” objectives required by the regulation?

For 2011, CMS will accept provider attestations for demonstration of all the meaningful use measures, including clinical quality measures. Starting in 2012, CMS will continue attestation for most of the meaningful use objectives but plans to initiate the electronic submission of the clinical quality measures. States will also support attestation initially and then subsequent electronic submission of clinical quality measures for Medicaid providers’ demonstration of meaningful use.

How and when will incentive payments be made?

CMS expects to initiate Medicare incentive payments nine months after the publication of the final rule. For Medicaid, States are determining their own deadlines for launching their Medicaid EHR Incentive programs but are required to make timely payments, per the CMS final rule. CMS expects that the majority of States will have launched their programs by the summer of 2011. The meaningful use final rule (864 pages) is now temporarily available at www.ofr.gov/OFRUupload/OFRData/2010-17207_PI.pdf.

Still Need help with Meaningful Use?

NYC REACH - PCIP’s Regional Extension Center serving New York City providers - is available to provide classes, tool kits, and on-site assistance. The Meaningful Use curriculum covers provider eligibility, how to meet the measures in your EHR, and how to apply for the rewards.

Learn more:

<http://www.nycreach.org>



The Academy of Medicine Upcoming Programs Offering CME credits

Workshop for Residents & Young Physicians

Wednesday, September 29

Practice Management Conference

Wednesday, November 17

Mandatory Infection Control Course

Tuesday, December 14

Dates are subject to change

For more information
Call the Academy Office
718-442-7267



Physicians Now Have Access To Controlled Substance Prescription Information



The New York State Department of Health Bureau of Narcotic Enforcement has automated its *Practitioner Notification Program* to allow practitioners to have secure online access to their patients' recent controlled substance prescription histories. Prescribers of controlled substances are strongly encouraged to use this tool to be informed when prescribing controlled substances to your patients. Access is available through the Health Commerce System.

Here's how you can establish a Health Commerce System (HCS - formerly HPN) account...

- 1) Go to the website listed below and follow the instructions <https://hcsteamwork1.health.state.ny.us/pub/top.html>
- 2) New accounts are usually established within two weeks.
Your application must be notarized and received by the Department of Health for the process to begin.
- 3) A list of frequently asked questions about the program is available on the above website.

Questions??

New York State Department of Health Bureau of Narcotic Enforcement 866-811-7957
www.nyhealth.gov/professionals/narcotic

Current account holders can access this system through the HCS portal

Can't remember the password for your account? Call Commerce Accounts Management Unit (CAMU) at 1-866-529-1890 for assistance.

Once logged on to the portal, go to HCS applications, scroll to "Controlled Substance – Online Practitioner Notification Program"

Some Online Practitioner Notification Program Frequently Asked Questions:

1. **What is the purpose of this program?** **Answer:** To provide each New York State prescriber of controlled substances secure on-line access to his or her patients' recent controlled substance prescription history in an effort to provide optimal treatment to their patients.
2. **Who can access the program?** **Answer:** Any New York State licensed prescriber who holds a valid DEA registration may access the program to determine if a patient under his or her treatment with a controlled substance *may be* under treatment with a controlled substance by another prescriber.
3. **How can I access the *Online Practitioner Notification Program*?** **Answer:** You need to have a current HCS account. Instructions on how to establish an account are available on the following website: <https://hcsteamwork1.health.state.ny.us/pub/top.html>
4. **Which DEA number should I use if I hold multiple registration numbers?** **Answer:** The DEA number associated with your prescriptions is the number that the dispenser submitted to the Department. You may need to check each DEA number separately. If you are searching for a new patient, you may enter any valid DEA number issued to you including an 'X' DEA number.
5. **I entered my patient's name and birth date into the application and the message "*The patient information you requested does not appear in our records*" was displayed. I've written controlled substance prescriptions for this patient, how can this be true?** **Answer:** Dispensers of controlled substances must report monthly to the Department of Health Information will only be provided if it has been reported that your patient has received controlled substance prescriptions from 2 or more prescribers and filled them at 2 or more pharmacies/dispensers during the previous calendar month. At the time you conducted the search, the Department of Health may not have received dispensing information for your patient.
6. **Can I share my patient's report with him or her?** **Answer:** Yes. Release of the information contained in the Drug Utilization Report is based upon the professional medical judgment of the prescriber.
7. **Who do I contact if I didn't write the prescription shown under "Prescriptions Written by Me"?** **Answer:** Use the link on the online Confidential Drug Utilization Report page to report a prescription error. The link is located below your patient's prescription information.
8. **Who do I contact if I suspect drug diversion?** **Answer:** You should contact the Bureau of Narcotic Enforcement at the Metropolitan Area Regional Office (212) 417-4103
9. **My patient is claiming identity theft. How should I direct him or her?** **Answer:** Identity theft should be reported to the local police department.



Group Purchasing Organization

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475 Park Avenue South
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Dwight Ryan, President & CEO
dryan@medtech4solutions.com
914-924-1426

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·**Patient Financing** - through **myMedicalLoan.com** your patients can **finance from \$1,500 to \$25,000 for their IVF treatment**.

Overnight Shipping – our relationship with **Federal Express** will **save you 55% or more** on all of your overnight shipping.

Billing, Collection and Practice Management - maximize charges, increase collection rates, decrease denials and minimize days outstanding in accounts receivable. **AthenaCollector, developed by AthenaHealth**, is the state-of-the-art web based system with no upfront costs for software or hardware that can reduce your billing and practice management costs while increasing your revenue.

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Why the other side hates to see us on your side.

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