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.
Co-Pays - Rule of Thumb

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

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

Dr. Shamsunder Bhatia

Dr. Chol Lee

Dr. Gerald Strum

Dr. Giovannie Jean-Baptiste & son, Nicholas

Dr. Abdallah Gareau, 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.

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

Dr. Chol Lee

Dr. Shamsunder Bhatia

Dr. Gerald Strum

Dr. Giovannie Jean-Baptiste & son, Nicholas

Dr. Abdallah Gareau, 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

Dr. Abdallah Gareau, 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

Dr. Abdallah Gareau, 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

Dr. Abdallah Gareau, 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.
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 NCSPlus 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
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.
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/OFRUpload/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

NYC Health
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.
At no cost to you, you are invited to join our Group Purchasing Organization (GPO), which provides services devoted to the needs of medical practices and facilities.

**Medical and Pharmacy Supplies** - Typically practices can expect savings of 10-50% on medical supplies for daily practice needs. In addition, our pharmacy program provides access to your everyday needs at significant savings. If, like most practices, you use one of the major medical supply companies you do not have to change your current supplier or ordering procedures to participate. On your end nothing changes except an increase in your savings.

**Capital Purchases, Office Equipment** - You will save on purchases of office supplies and office equipment (through Staples), computer needs (through Dell), furniture (through Steel Case, Herman Miller and Kimball) and on major capital purchases such as G.E. ultrasound machines, exam, operating, recovery room and Lab.

**MedTech For Solutions Financial Services Program**

- **Credit and Debit Card Processing** - state-of-the-art credit and debit card processing through Wells Fargo Merchant Services, a trusted financial organization and leader in payment processing services.

- **Financing** - in partnership with Wells Fargo Leasing and Americorp Financial we offer specialized leasing and financing programs designed for the needs of a physician practice.

- **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.

**Maintenance and Repair** – Through an agreement with Masterplan, a national vendor providing a complete range of maintenance and repair services for biomedical and imaging equipment, you can save between 6% and 8% on their extremely competitive service fees.

**IT Support Services** – another extension of the Staples brand is Staples Network Services by Thrive. Through Thrive, your practice will receive a dedicated team of experts, specifically assigned to you, who become your on-site and/or remote IT manager.

We are always looking for new partners to expand our GPO services and increase your opportunity to save on all the products and services needed by your practice.
Why the other side hates to see us on your side:

- We go to bat for you and preserve your good name.
- We aggressively defend and resist any payment for frivolous claims.
- We are a tough team to beat and we don't give up.
- We have the finest defense attorneys in the State, respected medical experts, and the country's largest and most experienced claims staff.
- We are not just your liability insurer. We are your legal guardians.

We are MLMIC. Our defense never rests.

Medical Liability Mutual Insurance Company (MLMIC) is the one ally you want when you enter the courtroom and your practice and reputation are on the line. The jury may be out. But, you can feel confident, knowing you are protected by the one company that has successfully defended more New York physicians than all other insurers combined.

Endorsed by MSSNY

MLMIC Medical Society Mutual Insurance Company

Our defense never rests.