RICHMOND COUNTY MEDICAL SOCIETY, INC. REPORT

Volume 25, Number 1
September, 2009

Inaugural Address

Vincent Calamia, MD, *President*

Let me begin by congratulating Dr. Allan Perel for providing outstanding leadership for the society this year. I would also like to express deep appreciation for the dedicated work of our staff Terri Minichello and Annmarie Giammanco, as well as all the dedicated doctors of the Comitia Minora for donating countless hours to achieve this success. We are truly indebted to you.

As I assume this year, the position as the 203rd president of the Richmond County Medical Society, I am highly cognizant of the heavy responsibility this office holds. As physicians we are indeed experiencing the "curse of living in interesting times." We are beset by a multitude of unfunded mandates accompanied by unprecedented scrutiny from regulators and insurers alike. We are transitioning our practices with conversion to electronic health records that will require significant investment and initial loss of productivity and thus revenue. We are saddled with ever escalating malpractice premiums and the enormous cost of running a small business with staffs that require and deserve increases in wages and health care coverage.

Despite collectively being among the largest provider of jobs in the city we are unlike other businesses in that we cannot pass these costs on to the consumers. In fact, we struggle as individual providers to maintain our fees from monopolistic HMO's and likewise constantly face a decrease in fees from the Medicare SGR formula. In addition, a recent prestigious study performed by several major universities documented that the cost to each individual physician in interacting with health plans is an astounding $68,274 per physician, per year!

Is it any surprise many physicians particularly in primary care and Ob/Gyn are forced to leave or limit their practice or leave the state? Don Berwick of the Institute of Medicine proclaims that "Every system is perfectly designed to achieve the results that it gets." Is not this current system perfectly designed to produce the crisis in primary care that it has successfully achieved?

The problems we face are very real and they are daunting. They are coincident with the worst economic downturn since the Great Depression. On Jun 15th President Barack Obama delivered a speech to the AMA outlining some of the principles in his plans to massively overhaul the Health Care System as it attempts to expand to universal coverage. Whether evolution or revolution, these proposals clearly will come at a time of great stress for the current medical providers, which include not only physicians, but hospitals, SNF's, home agencies, and other components of the health care continuum. It is absolutely essential that physicians play an active role in designing and revising these proposals.

This can only be done with a strong and united voice through our medical society. About half of the active physicians on Staten Island are currently members of the RCMS. The optimist will say the cup is half full, but the reality in this time of great change is that it is half empty. In this fluid and dangerous environment apathy or indifference is not an option. We must make a concerted effort to recruit physicians into the society and encourage broader involvement from more members who can give their time. As per recent precedent, I am requesting that all physician members be welcomed at the Comitia meetings.

In addition to my commitment to recruitment of new members, I will focus on several specific issues. Physician ability to contract with payors on a fair playing field requires some form of collective bargaining and some of our legislators have had good proposals in this area and we will pursue these. Legislation that hold the payors to fair and timely compensation for our services is an important goal.

The tort reform issue is essential to patient access and to the survival of independent practitioners, yet it is highly emotionally charged. It is essential we form alliances to promote reform among all stakeholders and try to build some consensus in areas where legislative support is possible.

Building upon a foundation of efforts by my predecessors, it is important that we work with the existing coalition of our hospitals, legislators, and the medical society to address the inequity of funding to Staten Island from the City of New York. As the recent study commissioned by the Richmond County Medical Society pointed out, there are multiple areas of paradoxically poor outcomes in mortality and morbidity on Staten Island compared to the other boroughs and undoubtedly some of this is due to the disproportionately small share of health care dollars provided to Staten Island compared to the rest of the city. We will continue to aggressively pursue availability of capital for our two hospital systems. It is also important to work with the HHC and the Primary Care Development Corporation to have these city entities help provide coordinated primary care to our borough in conjunction with the two hospital systems.

None of these issues is easily resolved but there can be no resolution if we are not united and resolute in purpose. We cannot remain as independent silos or change will simply overwhelm us and we will take the position of bystanders.

We are greatly privileged to be physicians. Make no mistake, there is no profession that can bring a greater sense of fulfillment than ours, but it comes with great responsibility. First and always we must be dedicated to our patients and to the general well being of our society, but equally, we have a responsibility to our colleagues to assure

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that we can all practice in a system of high quality and adequate resources. Most importantly we are responsible to leave a legacy for those that follow us in our profession to safeguard the patient-physician relationship and provide them with the tools to deliver the best healthcare possible. Let us not be guilty of standing by while major changes occurred on our watch.

The only thing necessary for the triumph of evil is for men to do nothing. Edmund Burke

Let me conclude by expressing my gratefulness to my friends and my family. To my parents, who were devoted to making the dreams of their four children a reality. To my wife Elaena, and our children, Alex and Kathryn, for their unconditional love and support. This I truly cherish.

Thanks to all of you for your trust in me.

I look forward to working together with you throughout the year.

Contact Us

Richmond County Medical Society

Academy of Medicine of Richmond

The Alliance with RCMS

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fax: 718-273-5306

Have You Laughed today?

Actual Answer from a Medical Student

While making his rounds, a doctor points out an x-ray to a group of medical students.

"As you can see," he says, "the patient limps because his left fibula and tibia are radically arched."

The doctor turns to one of the students and asks, "What would you do in a case like this?"

"Well," . . . ponders the student,

. . . "I suppose I'd limp, too."

Red Flag Rules Delayed until November 1, 2009

To assist small businesses and other entities, the Federal Trade Commission staff will redouble its efforts to educate them about compliance with the "Red Flags" Rule and ease compliance by providing additional resources and guidance to clarify whether businesses are covered by the Rule and what they must do to comply. **To give creditors and financial institutions more time to review this guidance and develop and implement written Identity Theft Prevention Programs, the FTC will further delay enforcement of the Rule until November 1, 2009.**

The Red Flags Rule is an anti-fraud regulation, requiring "creditors" and "financial institutions" with covered accounts to implement programs to identify, detect, and respond to the warning signs, or "red flags," that could indicate identity theft. The financial regulatory agencies, including the FTC, developed the Rule, which was mandated by the Fair and Accurate Credit Transactions Act of 2003 (FACTA). FACTA's definition of "creditor" includes any entity that regularly extends or renews credit – or arranges for others to do so – and includes all entities that regularly permit deferred payments for goods or services. Accepting credit cards as a form of payment does not, by itself, make an entity a creditor. "Financial institutions" include entities that offer accounts that enable consumers to write checks or make payments to third parties through other means, such as other negotiable instruments or telephone transfers.

The FTC's Red Flags Web site, www.ftc.gov/redflagsrule, offers resources to help entities determine if they are covered and, if they are, how to comply with the Rule. It includes an online compliance template that enables companies to design their own Identity Theft Prevention Program through an easy-to-do form, as well as articles directed to specific businesses and industries, guidance manuals, and Frequently Asked Questions to help companies navigate the Rule.

Although many covered entities have already developed and implemented appropriate, risk-based programs, some – particularly small businesses and entities with a low risk of identity theft – remain uncertain about their obligations. The additional compliance guidance that the Commission will make available shortly is designed to help them. Among other things, Commission staff will create a special link for small and low-risk entities on the Red Flags Rule Web site with materials that provide guidance and direction regarding the Rule. The Commission has already posted FAQs that address how the FTC intends to enforce the Rule and other topics – www.ftc.gov/bcp/edu/microsites/redflagsrule/faqs.shtm. The enforcement FAQ states that Commission staff would be unlikely to recommend bringing a law enforcement action if entities know their customers or clients individually, or if they perform services in or around their customers' homes, or if they operate in sectors where identity theft is rare and they have not themselves been the target of identity theft.

The three-month extension, coupled with this new guidance, should enable businesses to gain a better understanding of the Rule and any obligations that they may have under it. These steps are consistent with the House Appropriations Committee's recent request that the Commission defer enforcement in conjunction with additional efforts to minimize the burdens of the Rule on health care providers and small businesses with a low risk of identity theft problems. Today's announcement that the Commission will delay enforcement of the Rule until November 1, 2009, does not affect other federal agencies' enforcement of the original November 1, 2008, compliance deadline for institutions subject to their oversight.

The Federal Trade Commission works for consumers to prevent fraudulent, deceptive, and unfair business practices and to provide information to help spot, stop, and avoid them. To file a complaint in English or Spanish, visit the FTC's online Complaint Assistant or call 1-877-FTC-HELP (1-877-382-4357). The FTC enters complaints into Consumer Sentinel, a secure, online database available to more than 1,500 civil and criminal law enforcement agencies in the U.S. and abroad. The FTC's Web site provides free information on a variety of consumer topics.

Annual Meeting & Installation of Officers

Wednesday, June 24, 2009

(standing far left) Dr. Perel , (far right Dr. Calamia) with 50 year graduate honorees (standing left to right) Drs. Vincent Montanti, Salvatore Spatola, Daniel Paulo; (seated left to right) Drs. Warren Betty, Ellis Sisskind, Guido DiBenedetto and Tano Carbonaro.

Dr. Allan Perel passes the gavel to Dr. Vincent Calamia who becomes the 203rd President of RCMS

Dr. Vincent Calamia and Dr. Allan Perel with the first RCMS Organized Medicine Fellowship winners, Drs. Amanda Wagner and Nidal Abi-Rahef

The Perel Family

(left to right) Councilman Ken Mitchell, Dr. Allan Perel, Dr. Vincent Calamia, Councilman James Oddo and Councilman Vincent Ignizio.

The Calamia Family

Past Presidents Dinner Meeting

Wednesday, August 19 at Es-Ca's Restaurant

Dr. Donna Seminara (left) & Dr. Lina R. Merlino

(standing, from left) Drs. Allan Perel, Jack D'Angelo, Vincent Calamia, John Maese & Lina Merlino (seated) Dr. Donna Seminara

RCMS Welcomes New Members

Dr. Mikhail Arlamonov
Dr. Shawn C. Ciecko
Dr. David Lee Cornell
Dr. Gary Giangola
Dr. Erin Halligan-McCaleb
Dr. Daniel Markowicz
Dr. Shahed Quyyumi
Dr. Elaine Mohammad Farroukh

Residents::

Dr. Abdallah Sassine Geara
Dr. Ann Celeste Mapas-Dimaya
Dr. Karen Laverne Vassell

Remember to Update Your Physician Profile

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

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.

Upcoming Events

SEPTEMBER

Tuesday, September 1
Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

OCTOBER

Tuesday, October 6
Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

NOVEMBER

Tuesday, November 3
Comitia Minora Dinner Meeting
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

Saturday, November 14
Past President's Gala
7:30 PM
SI Hilton Garden Inn
1100 South Avenue

HONOREES:
Allan B. Perel, MD
Immediate Past President of RCMS
Lina R. Merlino, MD
RCMS Robert J. O'Connor MD Award
Assemblyman Lou Tobacco
RCMS Legislative Award
Michael Schoppmann, Esq.
RCMS Wind Beneath My Wings Award

Tuesday, November 17
Medical Educational Program on
Best Treatment Options for Patients with Osteoporosis
SI Hilton Garden Inn
1100 South Avenue
More information to follow

MLMIC Medical Liability Mutual Insurance Company

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MUTUAL OF OMAHA COMPANIES

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

NCSPlus 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 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

UCG healthcare solutions

UNITED CARE GROUP

Offering practice management services at low (or no) cost to Medical Society members. Call Yury or Nathan at 347-587-6727 to inquire how they can help you build a more profitable practice. Visit *www.unitedcaregroup.com*

INVESTIGATIVE MEDICAL AUDITS

By: Michael J. Schoppmann, Esq.
Kern Augustine Conroy & Schoppmann, P.C.
Counsel to the Richmond County Medical Society

There is perhaps no more frustrating moment in a physician's career than when a health plan or managed care company notifies them that, after the physician has spent countless hours and expended endless efforts to get paid fifty or sixty cents on the dollar, the payor is now suddenly demanding that some exorbitant amount of money be "repaid" to the payor. The basis for such a demand? The payor has reviewed as few as six charts, isolated what it interprets as a pattern of inappropriate billing, takes the amount involved and *extrapolates* that amount to extend over a randomly selected numbers of past years. The result? A "discrepancy" of several dollars quickly becomes a demand for several hundred thousand dollars. While couched as a "retrospective audit" or a probe review", many physicians have simply termed it as legalized extortion.

Understanding how these audits come about is a key first step in avoiding their potential wrath. The triggering event in most cases is a simple computer analysis that identifies those physicians who are billing and/or coding differently than their supposed peers, labels those physicians as "outliers" and refers them for additional scrutiny. To avoid these initial steps, physicians must first come to realize that just as accountants are needed to manage the complexities of the Tax Code, today's billing and coding systems dictate the need for specialized assistance. The traditional model of relying exclusively on staff who bill and/or code in a certain fashion because "we've always done it this way" or because "this is how other practices are doing it" is outdated, risky and self-defeating. Even a simple "snap-shot" review of current billing practices, done on an annual basis by a certified coder, can provide valuable insight into what methods are current areas of scrutiny, what trends are developing with one's peers and/or what can be done to keep the practice in the mainstream. Advice from any billing resource should be provided verbally (any written reports could be discoverable in any future proceedings) and should be provided directly to the physicians involved.

Physicians must also understand that even the smallest of amounts in dispute can generate extremely large demands for repayment. If a discrepancy is noted by the computer review, that notion triggers "additional scrutiny" of the practice. While neither statistically valid nor based upon a truly random sample, even the smallest of discrepancies provides the reviewer with a simple method to demand exorbitant monies be "repaid" to the payor. The basic "repayment formula".

Retrospective Audits: How to Avoid Them

Claimed Overpayment
X
Rate of Code Usage
X
Number of Years Enrolled
DEMAND

Using this formula, even a billing discrepancy of only $2.00 can bring about an enormous demand.

Claimed Overpayment - $2.00
X
Rate of Code Usage – eight per day, 40 per week, 2000 per year
X
Number of Years Enrolled – 12
DEMAND - $48,000.00

In consideration of such a potentially draconian impact, the need to secure expert, up to date advice has never been more paramount. For the very reason physicians rely upon an accountant to understand and keep abreast of the ever-changing tax laws, they can no longer expect their staff to hold sufficient expertise to properly conduct their billing and coding. From Medicare's Fraud and Abuse Bulletins to the never ending stream of Policy and Procedure Manual updates of every health plan and managed care company, the amount of information to be digested is simply overwhelming. To expect general office staff to properly manage that information is both unrealistic and extremely risky. Just as accountants steer taxpayers away from IRS "red-flags" and identify inappropriate deductions, a certified coder focuses on what each payor's particular demands are and what issues might trigger (and thereby avoid) an audit or targeted review.

Moreover, just as every taxpayer understands the need to obtain (and retain) receipts in order to support their tax deductions, today's physician must understand the critical need to create (and retain) a medical record which adequately supports their billing claims. There are ample "short-cuts" to creating a record that will not only withstand audit scrutiny but will also deny payors the ability to reject future, individual claims for payment. From simple pre-printed forms, through digital transcription to an electronic medical record, ample resources exist that can document the level of services rendered, confirm the medical necessity for those services and bar both retrospective repayment demands and prospective denials of payment.

Physicians who are willing to realize that billing and coding in today's medical practice management environment are so obscenely complex that they require ongoing advice from expert specialists will have taken an enormous first step in avoiding coming under review and the potentially devastating impact of a retrospective audit.

Should any physician, or a member of a medical office staff, have any questions regarding retrospective audits, they can contact Mr. Schoppmann at 1-800-445-0954 or via email at schoppmann@drlaw.com

NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE
Thomas Farley, M.D., M.P.H.
Commissioner

DOHMH Advisory #33: ***Health Department urges health care providers to help children prepare for the fall asthma season***

August 21, 2009

· Childhood asthma often worsens in the fall with hospitalization rates more than tripling from summertime lows.
· Health care providers should prepare children with asthma for the fall by scheduling a check up NOW to make sure they and their parents have the right medications and management plan.
· Inhaled corticosteroids are the most effective treatment for children with persistent asthma.
· Children with asthma should receive seasonal and Novel HIN1 influenza vaccines when available.

Dear Colleagues:
Each fall, there is a surge in asthma hospitalizations and emergency department visits, especially among children. Illness rates can increase three-fold from summertime lows. A medical regimen that achieves good control during the summer months may not be sufficient to prevent exacerbation of asthma related to fall asthma triggers. Providers should work with children and parents NOW, **before school opens this fall**, to make sure that they are on the most effective treatment, that their asthma is under control, and that they have an Asthma Action Plan for handling exacerbations. Inhaled Corticosteroids (ICS) are the most effective treatment for persistent asthma.

Medical providers should:

· Assess asthma control at each visit

Ensure that children with persistent asthma are on Inhaled Corticosteroids as per the NHLBI guidelines[1].

- Make sure children are prescribed spacers with their inhalers, and review inhalation technique and spacer use.
- Make sure that all **school-aged** children with asthma have a ***Medication Administration form*** **(MAF)** for medication services at school, and an *Asthma Action Plan* for everyday management and responding to exacerbations.

· Review asthma triggers and develop an individual trigger avoidance plan.
· Vaccinate all children with asthma with annual seasonal influenza vaccine. Begin vaccination, as soon as vaccine is received.
· Know that children with asthma are a priority group for receipt of novel H1N1 influenza vaccine when it becomes available.
· Discuss the importance of **prompt and early treatment** of influenza for children with asthma **(ideally within 48 hours of symptom onset)**, and advise parents to contact their provider immediately if their child develops symptoms of influenza like illness."
· Consider antiviral prophylaxis for children with asthma who have not received both seasonal and novel H1N1 influenza vaccine, if exposed to suspected or confirmed influenza (novel H1N1 or seasonal influenza).
· Monitor Health Department alerts for updates on influenza vaccination, prophylaxis, and treatment throughout the fall for updated H1N1 recommendations see http://www.nyc.gov/html/doh/html/cd/cd-h1n1flu-hcp.shtml and for immunization visit http://www.nyc.gov/html/doh/html/imm/immpinfo.shtml

· Call parents of children with asthma NOW to schedule a pre-back to school visit, and continue this practice each year.

Providers should also think about ways to improve their current system of identifying and following-up with their population of patients with persistent asthma. An electronic health record system (EHR) can improve adherence to best practice guidelines and can help providers identify patients in need of outreach. The Primary Care Information Project (PCIP) helps providers pay for and implement an EHR system. Visit http://www.nyc.gov/html/doh/html/pcip/pcip.shtml for more information.
For more information about asthma among NYC children and for provider asthma training, call 311.

Thank you,

Lynn D. Silver, MD, MPH
Assistant Commissioner,
Bureau of ChronicS Disease Prevention & Control

Thomas Matte, MD, MPH
Director, Environmental Research
Bureau of Environmental Surveillance and Policy

Lorna Davis-Robinson, MS
Director, NYC Asthma Initiative
Bureau of Chronic Disease Prevention and Control