



Giovannie Jean-Baptiste, MD,
President

President's Perspective

I would like to thank the members of the Medical Society for the overwhelming support I have received over the past few months as president. I would like to give special thanks to our support staff for their unselfish dedication to the Society.

I would also like to express my appreciation to the administration at Staten Island University Hospital and Richmond University Medical Center for their generosity in allowing the Society to use their conference rooms for our Comitia Minora meetings and seminars.

With the holiday season approaching, we usually take this opportunity to look at our year. This has been a difficult year for the Medical Society. We have had some financial strain, which has led us to make difficult choices.

In spite of these challenges, the Richmond County Medical Society has continued to honor its commitment to the education and representation of the physicians on Staten Island. The Medical Society will continue to partner with community leaders to address the growing number of young people on Staten Island with drug and alcohol addiction. We will continue to work with our local legislators to pass laws that would help identify and address the prescription drug abuse problem in New York City.

There is strength in numbers. Our professional society is what gives us a unified voice. Let me stress our mission:

The object of this society shall be to extend medical knowledge and advance medical science; to elevate the standard of medical education; to secure the enactment of just medical and health laws; to promote friendly intercourse among society members and fellow physicians; to safeguard the professional and economic integrity of society members; and to maintain them in appropriate and equitable relationships with the public and with all agencies working in the fields of health and welfare; and to enlighten and direct public opinion in regard to problems of medicine.

It is imperative that we have more physician involvement in our quest to meet the medical needs of our Staten Island community.

I would like to leave you with this final thought of an interesting definition of a physician: *An inquiring, analytical mind; an unquenchable thirst for new knowledge; and a heartfelt compassion for the ailing - these are prominent traits among the committed clinicians who have preserved the passion for medicine. Lois DeBakey, Ph.D.*

Let's not lose sight of the passion that drives us to be physicians. It is the passion that drives us to take care of those in need.

Thank you all and have a wonderful holiday season!

RCMS Welcomes New Members

Dr. Shilpi Gupta, Hematology/Oncology
Dr. Robert Klinger, OB/Gyn
Dr. Mark Raden/Neuro-radiology
Dr. Joshua D. Rosenberg, Facial Plastic Surgery
Dr. Felix Arcega Valdez, Pediatrics

Reinstatements:

Dr. Christos Dossa, Vascular Surgery
Dr. Michael G. Marcus, Pediatric Pulmonology
Dr. Vincent W. Mustaciuolo, Cardiovascular Disease

Residents:

Dr. Pranab S. Acharya, SIUH, Internal Medicine
Dr. Gregory Carbonella, RUMC, Radiology
Dr. Paul Fiore, SIUH, Internal Medicine
Dr. Zaka Ulla Khan, SIUH, Internal Medicine
Dr. Rodwan Mahfouz, RUMC, Psychiatry
Dr. Sulagna Misra, SIUH, Internal Medicine
Dr. Rewais Morcus, SIUH, Internal Medicine
Dr. Ali Naboush, SIUH, Internal Medicine
Dr. Palihenage Isira Perera, SIUH, Internal Medicine
Dr. Gohar Petrosyan, RUMC, Internal Medicine
Dr. Jaya Phookan, SIUH, Internal Medicine
Dr. Ayesha Siddeequa Siddiqui, SIUH, Internal Medicine
Dr. Ramakrishna Veluri, RUMC, Psychiatry
Dr. Ama Wijegunawardena, SIUH, Pediatrics

visit <http://www.rcms.org/blog/latest-news/physicians-directory> for contact information on our new members

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

LIKE US ON 

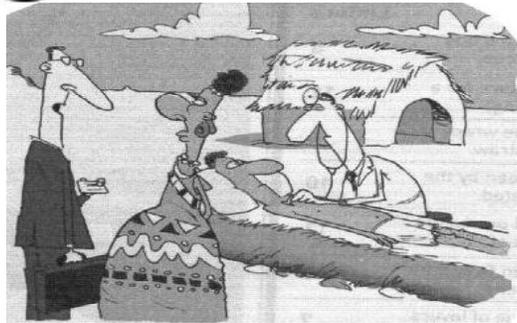
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search facebook for the

Academy of Medicine of Richmond page & once we acquire enough fans we'll have an address too!

 www.twitter.com/rcmsorg



Have You Laughed today?



"Malpractice Lawyers without Borders"

Visit www.rcms.org
frequently to keep updated on
Health Advisories
from the NYCDOH



Remember to Update Your Physician Profile

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

Visit www.rcms.org often to keep current on important information included in the **Physician Alerts** and **Latest News** sections of the Society's website

The Award Goes To . . .

Dr. Thomas Forlenza has been recognized by RUMC with the Service Excellence Award

Dr. Mark Jarrett was honored by the Community Health Center of Richmond

Dr. Allan B. Perel has been honored by the Multiple Sclerosis Center at the center's 20th Anniversary celebration.

Dr. James Reilly has been recognized by SIUH for his Service Excellence

Dr. John Reilly has been honored by the Catholic Youth Organization for the positive impact he has made on the community.

Dr. Donna Seminara was honored by the DaVinci Society of Wagner College, at the 8th Annual Scholarship Dinner held in October, which commemorates Italian Heritage Month.

Dr. Theodore Strange was recognized by Xavarian High School with the school's highest honor when he was present with "The Spirit of Xavarian Award"

Dr. Samala Swamy has been recognized by RUMC with the Service Excellence Award

If you have been honored, or know of another RCMS member who has been, please let us know



The Richmond County Medical Society would like to thank everyone who generously responded to our plea for donations to help keep RCMS viable....

Dr. Deborah Aanonsen
Dr. Zoltan Brody
Dr. Tano Carbonaro
Dr. Kenneth Chapman
Dr. Philip Cosentino
Dr. Vincent DeGennaro
Dr. Guido DeBenedetto
Dr. Young Eng
Dr. Frank Forte
Dr. William Frederick

Dr. Alecia Giovinazzo
Dr. Mary Hanna
Dr. James Kenny
Dr. Manoocher Khorsandi
Dr. Seetha Murukutla
Dr. Janet Norton
Dr. Daniel Paulo
Regional Radiology
Dr. Vincent Tarantola
Dr. Dorothy Whudyka



A special thank you to the Alliance for their generous gift of \$5,000.00

*The Richmond County Medical Society
is forever grateful*



Samyah

KUDOS TO DR. EDWIN CHANG

Amazingly, 20-month-old Samyah Bailey suffered no brain damage after a shooting incident as she sat in her stroller outside her Staten Island home in mid September. She did, unfortunately, lose her left eye.

A prosthetic eye, and the surgery to implant it, has been donated to Samyah and we are proud to report that the noble neurosurgeon who donated his time and surgical expertise is RCMS member **Dr. Edwin Chang**.



Dr. Chang



The Academy of Medicine of Richmond Upcoming Programs

TWENTY FOURTH ANNUAL RESIDENTS' AND FELLOWS' RESEARCH COMPETITION

All submissions must be received by Monday, March 5th, 2012



PRE-OPERATIVE ASSESSMENT & POST-OPERATIVE MANAGEMENT FOR THE CONSULTING PHYSICIAN

Friday, March 23, 2012 & Saturday, March 24th, 2012

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

Conversion to 5010 & ICD-10-CM



Physician's staff packed the room at the *Conversion to 5010 & ICD-10-CM* seminar held on November 17. RCMS would like to thank **Jackie Thelian**, (right) of **Medco Consultants, Inc.**, for taking time out of her busy schedule to address the changes your practice needs to expect and must be ready for in the near future.



check out their website; www.medcoconsultants.com

****NOTE: The deadline for 5010 conversion has been delayed from January 1 to March 31, 2012**



SAVE MONEY & REDUCE POINTS DISCOUNTED ON-LINE DEFENSIVE DRIVING COURSE

By law, if you are a New York Driver, You can save 10% on your auto insurance for 3 years & reduce 4 points on your driver's license. The Richmond County Medical Society has arranged for discounted rates when you take a NYS Department of Motor Vehicles approved on-line course.

JUST VISIT www.empiresafetycouncil.com/rcms AND ENTER CODE **RCMS**



The Alliance Annual Scholarship Fundraiser

This annual fundraiser was held at the Renaissance on Saturday, October 15th



left: Dr. Giovannie Jean-Baptiste presents Dr. George Philip Smith, Immediate Past President with the President's Medal and Plaque in recognition of his invaluable service as the 204th President of the Richmond County Medical Society



at right, from left: Mr. Anthony Ferreri received the Hygeia Award, a lifetime achievement award named for the symbol

of The Richmond County Medical Society; Dr. Giovannie Jean-Baptiste, RCMS President and Emcee for the festivities; Dr. Deeptha Nedunchezian accepted the Robert J. O'Connor, MD Award, which acknowledges her outstanding service to the Medical Society; Dr. George Smith, Immediate Past President



Councilman James Oddo was the recipient of the RCMS Legislative Award. The Councilman was unable to attend the event and asked Dr. John Maese to accept on his behalf (left)



Above: Corrie Verde & Stacy Mancino selling tickets for the Television & 50/50 raffles

Below: Dr. Alicia Giovinozzo was the lucky winner of the flat screen TV



Above: Maria Ravello winner of the 50/50 raffle!



Upcoming Events

PLEASE NOTE CHANGES IN LOCATION FOR THE COMITIA MINORA MEETINGS

Tuesday, December 6

Comitia Minora Dinner Meeting
7:30 PM
MLB Conference Room
Richmond University Medical Center
355 Bard Avenue, SI

Friday, December 19

Medicare Update for 2012
for more information,
see flyer on the next page

Tuesday, January 3, 2012

Comitia Minora Dinner Meeting
7:30 PM
Stated Meeting to follow
Regina McGinn Center
Conference Room A
Staten Island University Hospital
475 Seaview Avenue, SI

Tuesday, February 7

Comitia Minora Dinner Meeting
7:30 PM
Regina McGinn Center
Conference Room A
Staten Island University Hospital
475 Seaview Avenue, SI

Tuesday, March 6

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

CORRECTIONS TO THE 2011-2012 DIRECTORY OF RCMS PHYSICIAN MEMBERS

Under **Cardiology** please correct the following information...

Dr. Timothy O'Byrne

501 Seaview Avenue; Suite 100; SI 10306
telephone: 718-667-0077

Under **Internal Medicine** please add the following information...

Dr. Edward Celmer

5 Crafton Avenue; SI 10314
telephone: 718 370-2870

Under **Urology** please correct the following information...

Dr. Jeffrey Lessing

78 Todt Hill Road; Suite 112; SI 10314
telephone: 718-448-3880

Under **Orthopaedic Surgery** please correct the following information...

Dr. Charles DeMarco (Sports Medicine)

2066 Richmond Avenue; SI 10314
telephone: 718-987-1947

and add the following information....

Dr. Daniel Markowicz

3311 Hylan Blvd.; SI 10306
telephone: 718-667-7500

Please take a moment to make these corrections to the directory that was sent to you in October.

At this time I would also advise you to review your information for accuracy.

Please notify me of any errors or changes you may want to make for next year's edition.

WHY NOT EARN 14 CME CREDITS WHILE RELAXING ON A CARIBBEAN CRUISE?



MESF to Launch Education at Sea Program in February

A special CME program entitled "Surviving 2012: Key Physician Practice Management Issues" will be offered on a 10 night Caribbean cruise scheduled for Feb 17-27, 2012 from the Port of New York's Cape Liberty. The program has been scheduled for the Royal Caribbean Lines Explorer of the Seas and is designed specifically for physicians and office managers. **Expert faculty will present a 14 hour CME program** focused on critical Practice Management issues facing today's physician community. **Topics include:** Negotiating Sale of Your Practice; Staying Clear of Regulatory Agencies; Ways to Reduce Your Med Mal Risk; What to Do When the Auditors Arrive; Office Legal Issues; Getting Your EHR to Pay Its Way

The specific cruise was selected because of Royal Caribbean Lines reputation for excellence and fact that it was over the President's week holiday when many children are out of school. (The ship offers great kid-friendly facilities.) In addition, the cruise was in and out of New York harbor so most participants would not have to fly to reach the ship. Parking is available on the pier adjacent to the ship. Medical, Educational and Scientific Foundation (MESF) President Leah McCormack called the program "the first of what we hope to be an ongoing educational series, plus you get to visit some of the great fun spots in the Caribbean while the Northeast is freezing." Go to http://www.continuingeducation.net/coursedetails.php?program_number=1110 or call 1-800-422-0711 for more information.

RICHMOND COUNTY MEDICAL SOCIETY

Dr. Giovannie Jean-Baptiste, President



Presents a

MEDICARE UPDATE SEMINAR for 2012

Monday, December 19, 2011, 8:00 AM

**Location: The Regina McGinn Educational Center
Staten Island University Hospital**

475 Seaview Avenue; Staten Island, NY 10305

James Bavoso, Medicare Representative

Registration at 8:00 AM & Meeting begins promptly at 8:30 AM

Seating is limited and reservations are required

Call before December 12, 2011; 718-442-7267 or email rcmsasst@aol.com

Cost per person:

\$25.00 RCMS Members & Staff

\$60.00 Non-Members & Staff

Continental Breakfast will be served

Make check payable to:

Richmond County Medical Society

460 Brielle Avenue

Administration Building; Room 202

Staten Island, NY 10314

Please return this section of the form with your payment

Physician's Office Name: _____ Phone: _____

Address of Office: _____ # Of Registrants _____:

e mail contact: _____ Am't Enc:\$ _____

Medicare Update/12/19/11

Are You Ready for the New ICD-10 and Electronic Version 5010? Changes Start Taking Effect in 2012...

By: Robert J. Conroy, Esq., Denise Sanders, Esq., Matthew R. Streger, Esq., and Peter D. Espey, Esq.

The International Classification of Diseases (10th edition) (ICD-10) codes will take effect on October 1, 2013. While this may seem far off, according to the Centers for Medicare and Medicaid Services (CMS), physicians should begin preparing for the changes immediately. In addition, the CMS will require use of the new Version 5010 for the electronic submission of claims beginning at the outset of 2012. **(THE DEADLINE HAS BEEN EXTENDED TO MARCH 31, 2012)** Although the Version 5010 represents less of a structural transformation than ICD-10, its impact will come in just a few months. Failure to prepare for either change can (and most likely will) result in unpaid claims.

ICD-10

The ICD code change affects all healthcare providers subject to HIPAA. Even providers who do not handle Medicare or Medicaid claims must make the transition. In describing the magnitude of this change, the American Academy of Family Physicians observed that, while ICD-9 contains 14,000 diagnosis codes containing 3-5 digits each, ICD-10 contains 69,000 diagnosis codes with 3-7 digits. The purpose behind this change is to improve the structure and specificity of the coding system. In addition, since the ICD-9 was originally developed by the World Health Organization and is over thirty years old, an update is needed. Current Procedural Terminology (CPT) codes for outpatient procedures will remain unaffected; although with time, it can be expected that the CPT codes will reflect the greater specificity of the ICD-10.

The change was enacted through federal regulation, 45 CFR § 162.1002, and will require the use of two types of ICD-10 codes. The first code type is the ICD-10-CM (ICD-10) and it applies broadly to healthcare treatment settings. It must be used for diseases, injuries, impairments, other health problems and their manifestations, and causes of injury, disease, impairment, or other health problems. See 45 CFR § 162.1002. The second code is the ICD-10-PS which applies only to the inpatient hospital setting. It applies to inpatient procedures and other services relating to prevention, diagnosis, treatment, and management. *Id.*

In order to prepare for the conversion, a physician should consider the effect of the conversion on staff, budget, and future revenues. Staff will require instruction on the workings of ICD-10 and its many changes from ICD-9. Care will need to be taken to assure that sufficient resources are available to be allocated to training and compliance. Now is the time to lay a good foundation and make sure your staff has the tools to “get it right.” You do not want to suffer any loss in revenue because you were unable to timely implement the ICD-10 codes. This is particularly important because, from October 1, 2013 onwards, you may only use the ICD-10 codes. With this much lead time, governmental and other payors are not likely to be too sympathetic to coding errors.

In addition, physicians might want to consider the use of software aids and the provider may want to contact their practice management or billing software vendors for assistance. CMS provides General Equivalence Mappings (GEMs) to translate ICD-9 codes into ICD-10. However, GEMs cannot substitute for learning the new system, and practices will be held responsible for errors.

Furthermore, physicians should consider whether ICD-10 could affect their agreements with payors. Employment productivity bonuses relying on the ICD-9 codes could also be affected. In order to prepare, agreements using the old terms should be reexamined and updated. The bottom line with these changes is the sooner the preparations begin the better. For a suggested timeline on preparing for the new system, including the electronic claims submissions, please see https://www.cms.gov/ICD10/03_ICD-10andVersion5010ComplianceTimelines.asp.

Electronic Claims & Version 5010

Less monumental, but more immediate, is the change to electronic claims submissions. CMS is requiring that, for electronic health care claims, Version 4010/4010A needs to be upgraded to Version 5010 by ~~January 1~~, March 31, 2012. This requirement applies to all healthcare providers who are regulated by HIPAA, and transmit health care claims electronically. According to CMS, 99% of Medicare Part A claims and 96% of Medicare Part B claims are electronically received.

If after ~~January 1~~, March 31, 2012 a covered provider submits an electronic claim without using Version 5010, it cannot, and will not, be paid. CMS began accepting Version 5010 claims on January 1, 2011. Therefore it is not too early to begin using Version 5010 or at least making the transition to it. Version 5010 will allow for the usage of ICD-10 codes and is intended to standardize business information about a transaction. In addition, Version 5010 includes updates for all HIPAA transaction standards.

Given the rapidly approaching deadline, confusion can be expected. Much of this confusion will find its origin in the difficulties faced by busy physicians in trying to keep up with the numerous changes instituted by CMS. Nevertheless, physicians should begin their preparations soon.

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In order to prepare for Version 5010, providers should determine what impact the new electronic claims version will have on their practice. An analysis should include a realistic determination of how much staff time and effort will be required to make the necessary changes by ~~January 1~~ March 31, 2012. Physicians who use third parties or receive assistance in submitting claims from an outside entity should contact those third-parties or outside entities to make sure that they are prepared for these changes.

By December 31, 2011, physicians and their practices should have run external tests to verify the functionality of their Version 5010 electronic filing system. On ~~January 1~~ March 31, 2012 Version 5010 takes over and no claims will be paid using the old versions.

ICD-11 (Not Until After 2015)

Updates to ICD-10 will begin on October 1, 2014 according to CMS. Yes, WHO has already begun work on ICD-11. Fortunately, ICD-11 is not due to be issued by the WHO until 2015. For more information on the forthcoming ICD-11, please visit <http://www.who.int/classifications/icd/revision/en/index.html>.

Summing Up

Time is of the essence in preparing for changes brought by ICD-10 and Version 5010. Physicians need to develop strategies, meet with staff, and learn all they can about these new requirements and systems. The physician who begins preparations now will have a competitive advantage and be in the best position to adjust while continuing to care for their patients and getting paid to do so.

For more information visit: https://www.cms.gov/ICD10/05a_ProviderResources.asp#TopOfPage

This article is intended for informational purposes only. It is not intended to constitute legal or other professional advice.

Kern Augustine Conroy & Schoppmann, P.C., Attorneys to Health Professionals, www.DrLaw.com has offices in New York, New Jersey, Pennsylvania and Illinois. The firm's practice is solely devoted to the representation of health care professionals. The authors of this article may be contacted at 1-800-445-0954 or via email - info@drlaw.com.

READ YOUR DUES STATEMENT CAREFULLY

Please note: MSSNY dues include \$50 for the MSSNY Political Action Committee (MSSNYPAC), which all members are urged to support. If you do not wish to contribute to advocacy efforts in this way, you may deduct \$50 by paying the lower total dues amount listed on the invoice.

RCMS members can be published in the S.I. Advance

Is There a Doctor In The House?

Write an article for the Society and you may see it published in the local newspaper or on www.RCMS.org. The Society publishes an article each Monday in the Staten Island Advance in a section called "Doctor In The House" and any member may submit an article to be considered for publication. Articles should be submitted, via e-mail (execrcms@aol.com) to the Society office to be presented to the Editorial Review Board to ensure that it is between 700 and 800 words and is written for the lay public on timely issues of relevance to the community; is intended to enhance the image of the local physician in the community and demonstrates that the Richmond County Medical Society is anxious to reach out to the public on important health-related topics; is not self-promotional and not intended as a vehicle to market new products or services from any specific company or institution.

You might prefer to be profiled...

The Staten Island Advance runs a health-related page weekly in the Shore section. This column, titled **The Healers**, will profile doctors not only as physicians, but as people too!

If you are interested in participating just call Terri, in the Society office, at **718-442-7267** and she will arrange for the reporter to contact you to schedule an interview.



~~ why not take advantage of both ~~

ACO Final Rule

On October 20th CMS released its final rule on the Medicare Shared Savings/ACO program. Also released was a new Advanced Payment initiative specifically for physician organizations, a final FTC-DOJ Policy Statement on Antitrust Enforcement for Medicare ACOs, and an Interim Final Rule on fraud waivers for Medicare ACOs. Links to all documents are at the end of this message.



Based on AMA staff's preliminary review, there are significant changes to the Final Rules and significant advocacy wins for the AMA and physicians. While AMA staff is now reviewing in detail, the following changes have been made to the rule that are very positive and reflect AMA comments on the proposed rules:

ACO Payment and Structure

- The standard financial model for ACOs will still be shared savings, i.e., there will be no change in the underlying payment system, and the program will function essentially as a pay-for-performance program based on total cost. However, they are creating a complementary program through the Innovation Center to provide "Advance Payments" specifically to physician organizations and rural providers that do not have the capital reserves available to finance needed changes in care processes or to cover short-term losses while waiting for shared savings payments to be made.
- There will still be two different tracks for ACOs, but one will be "upside only" during the three-year contract period, i.e., the ACO will not be liable to pay CMS if costs actually increase. The second will be both upside and downside, as in the proposed rule. (The proposed rule made ACOs even in the first track liable to pay CMS back for cost increases in the third year.)
- There will no longer be requirements to withhold shared savings payments to cover potential future cost increases.
- ACOs will be allowed to share in savings beginning with the first dollar of savings earned. The proposed rule gave ACOs a share of savings above a minimum threshold. ACOs must still meet a minimum threshold of savings but they can earn back more of the savings they generate.
- There will be 33 quality measures instead of 65, and they have dropped the Hospital Acquired Conditions (HAC) measures, as we urged. Staff is reviewing now to determine exactly which measures are included. There will be no flexibility, though, for different quality measures in different regions.
- They will have a more prospective method of assigning beneficiaries. ACOs will get a list of "probable beneficiaries" and the list will be updated quarterly. There will still not be mechanisms for beneficiaries to "sign up" voluntarily, though; the ACO will only get credit for them after the attribution methodology determines that they have had a majority of their primary care visits with the ACO. In addition, as the AMA recommended, CMS will include primary care services provided by specialist physicians in assigning patients to ACOs, and not limit the attribution method exclusively to primary care physicians.
- They eliminated the requirement that at least 50 percent of an ACO's primary care physicians must be "meaningful users" of EHRs by year 2 of the program. Instead they will double weight the quality measure "Percent of PCPs who successfully qualify for an EHR Incentive Program Payment." ACOs only have to report a percentage and not meet a specified percentage when reporting this quality measure and the term "qualify" covers PCPs who participate in either the Medicare or Medicaid EHR Incentive program.
- There will be a rolling application process, so prospective ACOs will have time to prepare without having to meet arbitrary deadlines that are too short.

Antitrust

FTC-DOJ has adopted two important changes that the AMA requested:

They have eliminated the need for mandatory review of ACOs above the 50 percent threshold of the primary service area (PSA) calculation. While the Agencies will still rely on the PSA calculation, eliminating mandatory review will result in significant removal of burden and cost on potential ACOs.

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The statement applies to ALL collaborations among otherwise independent providers. The draft statement applied only to new entities formed after March 23, 2010. This would have placed all collaborations that existed prior to March 23, 2010 under a separate antitrust review system.

Fraud Waivers

CMS and the Office of Inspector General adopted our recommendations to expand the waivers of certain Medicare laws for ACOs. The agencies adopted the AMA recommendations that the waivers begin sooner so that they will apply during the process of planning a Medicare ACO, and that ACOs will be able to offer certain additional medical benefits to patients, such as care management, without having them viewed as inappropriate inducements. In addition, the agencies issued the new waivers regulation as an interim final rule instead of a final rule, as the AMA had recommended.

Here are links to all key documents:

ACO final	http://www.ofr.gov/OFRUpload/OFRData/2011-27461_PI.pdf
Advanced Payment	http://www.ofr.gov/OFRUpload/OFRData/2011-27458_PI.pdf
OIG waivers	http://www.ofr.gov/OFRUpload/OFRData/2011-27460_PI.pdf
FTC / DOJ statement	http://www.ftc.gov/opa/2011/10/aco.shtm

AMA Secures a Two Year Delay of Revalidation Effort

CMS recently launched an effort to revalidate the enrollment of every provider and supplier by March 23, 2013 pursuant to the program integrity screening provisions of the Affordable Care Act (ACA).

On Friday, October 28th Dr. Berwick informed Dr. Madera that the revalidation effort will be pushed back through 2015 and physicians will be among the last to revalidate. CMS' decision to extend the revalidation effort by two years is a direct result of AMA advocacy: the AMA sent a letter to CMS on September 23, 2011 that disagreed with CMS' initial legal analysis of the ACA screening provisions. AMA staff followed up and had extensive conversations with CMS staff explaining our position. After careful consideration of the AMA's legal interpretation, CMS has decided to extend the date by which all physicians must be revalidated and screened.

The AMA's September 23, 2011 letter on revalidation may be viewed here: <http://www.ama-assn.org/resources/doc/washington/medicare-off-cycle-revalidation-leter-23sept2011.pdf>

Operational Improvements to PECOS

Also in response to AMA advocacy, CMS has announced numerous, significant improvements to the online Medicare Provider Enrollment, Chain, and Ownership (PECOS) system that should make revalidation less onerous for physicians.

The changes physicians can expect to see in place by the end of 2012 include:

- E-signatures
- Electronic document upload
- Batch upload capability
- Seamless password reset
- Enhancements for authorized officials
- Reassignment reports
- New "my enrollments page" and "fast track view" screens
- Fewer duplicative document submission requirements



CMS has indicated that these improvements to PECOS will be implemented before most physicians are asked to revalidate. AMA staff will work to ensure that these improvements are working for physicians and that the revalidation effort progresses as smoothly as possible.



Group Purchasing Organization

MedTech For Solutions, Inc
475 Park Avenue South
New York, NY 10016

Dwight Ryan, President & CEO
dryan@medtech4solutions.com
914-924-1426

www.medtech4solutions.com

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**.

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·**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.

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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.

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.

MedTech For Solutions, Inc
475 Park Avenue South
New York, NY 10016

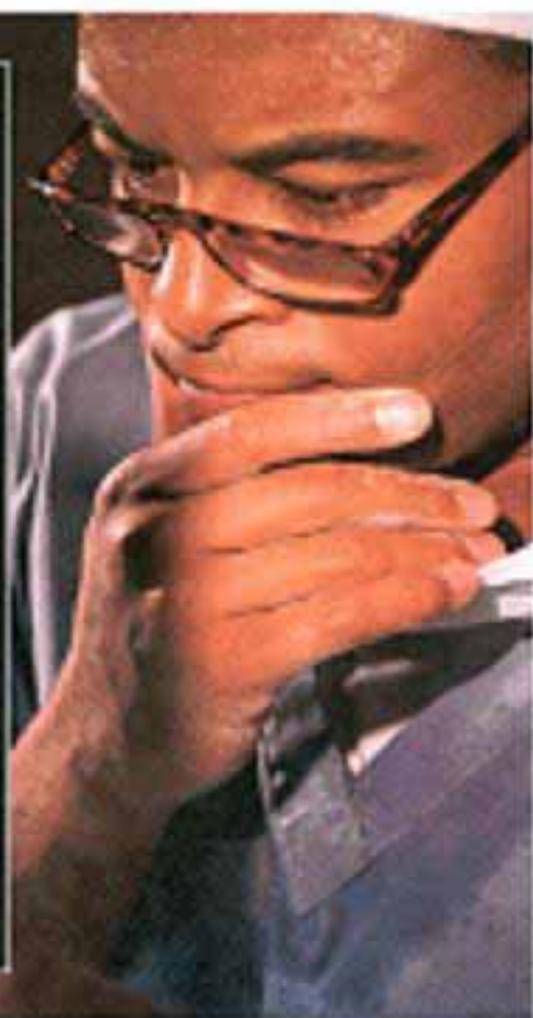
www.medtech4solutions.com

Dwight Ryan, President & CEO
dryan@medtech4solutions.com
914-924-1426

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.
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