

# Bronx Docs.Org

The Official Newsletter of the Bronx County Medical Society  
Over 100 Years of Pride & Dedication – Serving the Bronx Community Since 1914

*Providing Outstanding Leadership in Medicine by Promoting Excellence and Innovation in Clinical Care, Education & Public Policy  
The purpose of the County Medical Society is to advocate, educate and communicate to and on behalf of physicians*

**Volume 12, Issue 1**

**Winter 2015**

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**12<sup>th</sup> Annual Doctors' Recognition Day Symposium,**

**Poster Presentations & Physicians' Exposition**

**Wednesday, March 25, 2015**

3:30 PM – 8:00 PM

**Hutchinson Metro Center Atrium**

1200 Waters Place, Bronx, NY 10461

*(Turning onto Marconi Street – Next to LA Fitness)*

**Physicians Exposition Opens 3:30 PM –Symposium 6:00 PM**

**Hosted by:**

*Bronx County Medical Society*

*Westchester County Medical Society*

*NY Chapter American College of Physicians*

**A Call for Abstracts**

Abstracts should be submitted to the Bronx County Medical Society on or **before Friday, February 13, 2015**. Submit the abstract via e-mail to: [bxcms@msn.com](mailto:bxcms@msn.com)

- Clinics, Hospitals, Physicians, Residents/Fellows & Medical Students are invited to submit an abstract.
- There is no administrative cost to submit an abstract (s)
- Primary/First author **submit no more than 2 abstracts**. If you choose to submit 2 abstracts, please submit them together. If both are selected for poster presentation, they will be positioned next to each other. This will enable you to discuss your posters with the judges
- **Primary/First author must be present at the Poster Session Wednesday, March 25, 2015 – 3:00 PM to 5:45 PM**
- Maximum length for abstract is **400 words**. Title, authors and institution affiliations are not included in word count.  
**Do not include captions from photos or graphs in abstract text.**
- **Select an Abstract Categories**  
**Research** – implies the use of scientific method to derive original data in the patient care setting.  
**Clinical Vignettes** – involves the presentation of one or more patient encounters that illuminate unique observation of a known disease, or that describe a novel disease process.  
**Health Policy/Medical Education** – refers broadly to any original, systematic, scientific analysis of, or model for, health care education or health care policy.  
The body of the abstract should include background, methods, results and conclusions. Clinical medicine submissions should include clinical relevance.

**Visit Our Website: [www.bronxdocs.org](http://www.bronxdocs.org) For all Society Updates, News, Events & Photographs**

**NOTE: THE NEW BCMS HEADQUARTERS ADDRESS & CONTACT INFORMATION.  
PLEASE UPDATE YOUR RECORDS ACCORDINGLY**

**NY Law: All Physicians Must Prescribe Electronically by March 27, 2015**

Most physicians will need to comply with the new state law, effective March 27, 2015, that all prescriptions (with limited exceptions) must be sent electronically to pharmacies. MSSNY has finalized a deal with Dr. First to provide member physicians with a “stand-alone” e-prescribing system with a \$300 discount, a savings of nearly 40%. Dr. First was carefully vetted after interviewing several e-prescribing companies. MSSNY’s agreement with Dr. First will enable MSSNY members to affordably purchase an e-prescribing system if they do not currently e-prescribe. This is one more example of the return on investment that your MSSNY dues provide. Archived Webinar on E-Prescribing Requirements Available Free An archived webinar on “New York State Requirement for E-Prescribing of ALL Substances” is now available free of charge to all MSSNY members. This program has been accredited for 1 AMA PRA Category 1 Credits™ and the educational objectives are 1) Describe the e-prescribing mandate, to whom it applies, when it becomes effective, and how physicians can comply with its requirements; 2) Describe the practitioner electronic prescribing of controlled substances registration process, to whom it pertains, and the information required to be provided by physicians in order to register eRX software with the Bureau of Narcotics Enforcement; 3) Describe the exceptions to the e-prescribing mandate and any additional requirements associated with those exceptions; 4) Describe the application process and criteria for a waiver from the e-prescribing mandate and 5) Describe what rules pertain to physicians who only prescribe non-controlled substances.

MSSNY member physicians may register and access the archived webinar at: <https://mssny.webex.com/mssny/lsr.php?RCID=1bc6347dc3ab706889b22ae20dfef1fd>. The course is available to non-MSSNY physicians for \$125 which can be applied to a MSSNY membership.

**Medicare Penalties Starting to Take a Toll on Hospitals.**

More than three dozen hospitals across the U.S. will be penalized more than 3% on most of their CMS reimbursements in 2015, the first year in which the agency’s three (3) Medicare quality and safety incentive programs will be in effect. New this year is a 1% penalty on all Medicare revenue if a hospital falls into the bottom quartile in performance on hospital acquired conditions, or HACs, such as urinary catheter infections.

The escalating penalties are drawing fire from advocates for teaching hospitals and critical-access hospitals, which are disproportionately represented among the worst-performing hospitals. Critics argue that the CMS programs need to be refined to ensure they are not creating additional hardships and adverse comparisons. Some hospital leaders warn that the combined cuts across all Medicare penalty programs may have a cascading effect on services and may actually lead to reduced quality. Unless Congress reverses the programs, an unlikely event, higher penalties are expected in coming years. The combined financial impact is expected to be sizeable. By

2017, the combined penalties for HAC 30-day readmissions and value-based purchasing will put as much as 5.5% of inpatient Medicare payments at risk.

**Medicare “Doc Pay” Data Being Used to Bolster Fraud**

**Cases.:** Last year’s public release of Medicare payments to physicians (“doc pay”) yielded numerous news stories concerning physician salaries. With the recent news of the indictment of a Florida cardiologist whom the media last year publicized as being Medicare’s second highest paid physician, physicians worry about doc pay data yielding fraud cases. Opponents of publicizing the data, including the American Medical Association, argued that it could invade doctors’ privacy and be misinterpreted by the public and the media. For instance, in the case of the Florida cardiologist, the reimbursements attributed to him – \$18 million – actually reflect payments to his entire practice, which is comprised of 10 doctors in 6 medical facilities, even though the claims were submitted under his individual Medicare number. Legal experts have repeatedly expressed that billing the federal healthcare program for unusually high sums is not in and of itself an indication of fraud and that the doc pay data is insufficient to lead to a lawsuit against a highly paid doctor. However, that data could be used to bolster cases that whistle-blowers bring to lawyers based on other sources of information. Although the impact of the release of doc pay data remains to be seen, it is clear that it is being used by both lawyers and watchdog groups in a variety of ways and for multiple purposes

**False Claims Act Litigation Targets Auditors.:**

The U.S. Attorney for the Northern District of New York announced that the Research Foundation for the State University of New York has agreed to pay \$3.75 million to resolve allegations that its Center for Development of Human Services (CDHS) violated the False Claims Act by manipulating audits it performed of federally funded health care programs in NYS. In 2007, the Research Foundation entered into a contract with the NYS Department of Health to review and report to the federal government information concerning eligibility for NYS’s Medicaid and Children’s Health Insurance Programs (CHIP). These audits, known as the Payment Error Rate Measurement (PERM) and Medicaid Eligibility Quality Control (MEQC) reviews, were designed to measure, among other things, errors in local determinations of which NYS residents were eligible to receive Medicaid and CHIP benefits during the period 10/1/07 through 9/30/08. The settlement resolves allegations that CDHS manipulated both PERM and MEQC audits by prescreening and altering the cases selected for inclusion in what were supposed to be random sample reviews of Medicaid and CHIP eligibility determinations. The government’s case was triggered by a whistleblower lawsuit that was filed under the *qui tam* provisions of the False Claims Act, which allows private persons, known as “relators,” to file civil actions on behalf of the United States and share in any recovery. The relators in this case will receive \$825,000, which is 22% of the settlement proceeds.

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Interested physicians can learn more about the Community Physician Referral Service by contacting Hollie Gaynor, RPA-C, MS, Associate Director 718.918.6197 or Tracy Schneider, LCSW, Associate Director: 718.519.5023

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## MLMIC Declares 7.5% Special Dividend

MLMIC is pleased to announce a 7.5% Special Dividend for all of our policyholders!

MLMIC's president, Dr. Robert Menotti, said that dividends "provide meaningful financial relief to our policyholders," and that "they are an integral part of our mission to provide high-quality insurance at low long-term cost."

Since inception, MLMIC has returned over \$300 million in dividends to our policyholder owners.

To qualify for this 7.5% Special Dividend, policyholders must be insured by MLMIC on February 1, 2015. The dividend will be applied to policyholder accounts on March 1.

## The MLMIC Difference

*At MLMIC, we put your needs first, giving you the service and protection you deserve. Our at-cost, long-term focus ensures that you won't overpay for quality protection, nor worry about the Company being there when you need us. And, our unparalleled claims and risk management expertise provides superior protection, with high success rates, and very satisfied policyholders.*

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Save the Date:

Plan to Join us for a spectacular Event  
Sunday, October 18, 2015  
Membership Assembly, Expo & Gala

Marina Del Rey  
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4:00 PM Premier Cocktail Reception  
5:30 PM Awards, Dinner & Dancing

MSSNY LEGISLATIVE DAY March 4<sup>th</sup> -

**Andrew Kleinman, MD, MSSNY President**

Can you make a difference in the future of medicine? Absolutely

Can taking one day away from your practice to go up to Albany to lobby really make a difference?

You bet it does. I implore you to join the hundreds of your physician colleagues from across the State on Wednesday, March 4, in Albany to advocate on behalf of our patients so they can continue to receive the timely quality care they need and deserve. We have a talented and dedicated group of lobbyists fighting on our behalf every day in Albany, but there is nothing that can quite replace the impact of your legislators hearing directly from you on their "home turf" about the concerns that impact your patients and their constituents. It is so important that the legislators and staff who shape our health care policy see an armada of white coats walking through the Capitol and through the Legislative Office Building so they have an immediate and clear reminder of the impact that their proposed policies will have on the delivery of care to the patients in their districts. And it has proven to be to be very helpful to previous advocacy efforts.

This year, we will be returning to the format we used in previous years where hundreds of our physician colleagues, medical students, medical staff, spouses and physician association staff will gather in "The Egg" to hear from our top legislative leaders and key committee chairs how they plan to address our concerns, and respond to our questions. Invited to speak that day include the Senate and Assembly Majority Leaders, as well as the chairs of the Senate and Assembly Health and Insurance Committees. After this program, you will then have the opportunity to meet with your local legislators, arranged by your county medical society. Among the many issues we will be fighting for is fixing narrow physician networks offered inside and outside the State Health Insurance Exchange, addressing excessive administrative hassles imposed by insurance companies that get in the way of our patients receiving needed treatments, and assuring our patients have the option to purchase health insurance coverage that gives them the freedom to choose the physicians they believe can best provide the care they need. We will also be fighting to prevent heavy-handed regulation of physician-owned care delivery sites, fighting to prevent legislation to expand non-physicians' scope of practice that threaten our patients health, and advocate to

assure fair and flexible implementation of the new e-prescribing mandate. And we will course fight for needed reforms to bring down our exorbitant medical liability costs. I know many of you visit with your local legislators back in their district office, and that is extremely important as well. However, every week in Albany legislators hear from numerous interest groups with legislative agendas that direct conflict with ours and our patients. Insurance companies and business groups argue why there should be even narrower networks and even greater limitations on the care that physicians can provide to their patients. Non-physician groups like dentists, nurse anesthetists, optometrists, podiatrists and psychologists argue that their training enables them to provide patient services currently only provided by physicians. And trial lawyers argue that New York's Statute of Limitations should be expanded to permit more frequent lawsuits against doctors. That's why they need to see you, in your white coat, on their "home turf."

I know many physicians wish this was not the case, but the delivery of care is inexorably linked to public policy. So we have an obligation – to ourselves, to our colleagues, and to our patients – to make sure that these policies further enable our patients' ability to receive quality care from appropriately trained physicians, instead of hindering our patients' ability to receive this care.

I look forward to seeing you all in Albany on March 4. And make sure you urge your colleagues to come to Albany as well.

Our future depends on it.

#### **MSSNY Partners with Covisint to Assist You with PQRS Reporting**

Reporting PQRS has never been more important. The penalty for not reporting is, at a minimum, -2.0% but it could be more. Understanding the rules can be confusing but is necessary. That's why we've partnered with Covisint to help. They have been a qualified CMS registry since 2008 and have helped thousands of eligible professionals report PQRS successfully. They have the expertise to help you understand how the rules affect you and which reporting options are available. Eligible professionals (EP) can choose to report on one measures group from 25 available measures groups for 20 eligible patients with 11 of the 20 patients required to be Medicare Part-B. EPs who can't report using the measures group option, or if they prefer, can report between 3-9 individual measures at a 50% reporting rate. EPs, who are part of a group of 10 or more, also have additional requirements to avoid a value modifier penalty. Trust Covisint to provide you with all of the details so you can make an educated decision on the best reporting option for you.

Visit Covisint at [www.pqrs.covisint.com](http://www.pqrs.covisint.com) or contact them at 866.823.3958 for more information.

**BCMS/MSSNY members receive a discount (\$195); for non-members, the cost is \$299**

# BRONX COUNTY MEDICAL SOCIETY UPCOMING MEETINGS AND EVENTS

CHECK THE BOX(S) FOR THE MEETING(S) YOU WISH TO ATTEND

**Wednesday, March 4, 2015 MSSNY Physician Advocacy Day, Albany, NY**

Lewis Swyer Theater- The Egg; Empire Plaza 8:30 AM – 11:30 AM

**8:00 AM Registration and Breakfast**

**8:30 AM Welcome & Introductions**

- ❖ Andrew Kleinman, MD, President
- ❖ Joe Maldonado, MD, President-Elect
- ❖ Paul A. Pipia, MD, Chair, Legislation & Physician Advocacy Committee
- ❖ Thomas Madejski, MD, Vice-Chair, Legislation & Physician Advocacy Committee
- ❖ Charles Rothberg, MD, Commissioner, Commission on Governmental Relations
- ❖ Gregory Pinto, MD, Assistant Commissioner, Commission on Governmental Relations

**8:40-9:00 AM Legislative Update**

*Elizabeth Dears, Esq., Morris Auster, Esq., Patricia Clancy, Barbara Ellman*

**9:00-10:00 AM Update on NY State of Health and Implementation of Out of Network Legislation 2014**

*Donna Frescatore, Executive Director, NY State of Health*

*Troy Oeschner, Special Assistant to the Superintendent of Financial Services*

**10:00-10:45AM Health and Insurance Panel- How Can We Protect The Physician-Patient Relationship?**

*Senator Kemp Hannon, Chair, Senate Health Committee*

*Senator James Seward, Chair, Senate Insurance Committee*

*Assemblyman Richard Gottfried, Chair, Assembly Health Committee*

*Assemblyman Kevin Cahill, Chair, Assembly Insurance Committee*

**11:00-11:30AM Senate Majority Leader Dean Skelos**

**Assembly Majority Leader Joseph Morelle**

**11:30 -12:30 PM LUNCHEON WITH YOUR LEGISLATORS**

**Wednesday, March 11, 2015 Annual Stated Meeting - Bronx County Medical Society Annual Stated Meeting**

6:00 PM Registration/Cocktails 6:30 PM Dinner followed by an Educational Program with Mark Fromer, MD

Portofino Restaurant, 555 City Island Ave, City Island, Bronx, NY - **Sponsored by:** Fromer Eye Center

**Wednesday, March 25, 2015 – 12th Annual Doctors Day Symposium, Poster Presentations & Physicians Expo**  
**Physicians Exposition Opens 3:00 PM –Symposium 6:00 PM – 7:30 PM – Awards to follow**

Hosted by:  
Bronx County Medical Society  
Westchester County Medical Society  
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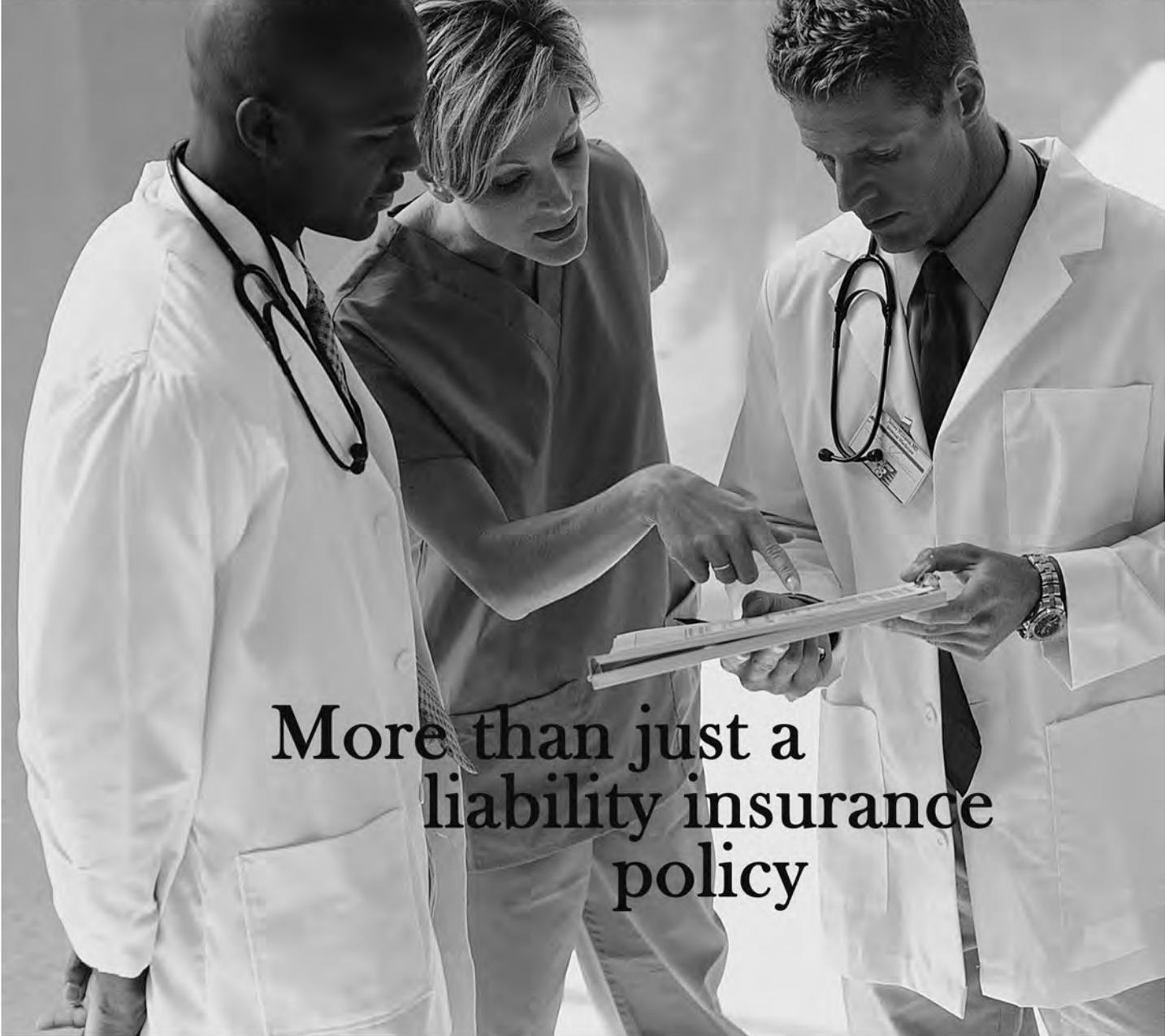
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K & K is offering a **20% DISCOUNT ON ALL COMPLIANCE DOCUMENTS** (HIPAA, I-STOP, Employee Handbook, Compliance Programs, and more) available at:  
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K & K's healthcare department specializes in representing healthcare practitioners in all aspects of their professional practice, from start-up to sale. Our general counsel style approach, serving as the go-to legal advisor for our healthcare practices, allows us to ensure our clients are practicing compliantly and providing peace of mind that assistance is available to advise on day-to-day practice matters, such as, general practice and patient issues, contractual issues, disputes and opportunities, as well as:

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CJS202 12/13

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