Have you filed a Prompt Payment complaint lately? More physicians need to do this. In 2013, according to the most recent “Consumer Guide to Health Insurance Companies” issued by the New York State Department of Financial Services (DFS), there were just over 3,000 “Prompt Payment” complaints filed by physicians and other health care providers. And do you know what? Over 70% of the time (2,140 complaints), the health care provider prevailed after a DFS investigation. But I think that these 2013 numbers just “scratch the surface” of the universe of improperly delayed claims, particularly given the frequency with which I hear complaints from physicians regarding abusive insurer tactics that deny and delay paying you what you rightfully deserve. I suspect that there certainly are far greater than 2,000 instances annually where a health insurer has inappropriately delayed payment beyond the statutory time limit. We need to be sure the DFS has a complete picture of the scope of the problem physicians face regarding improperly denied and delayed claims. New York’s “Prompt Payment” law which MSSNY fought to achieve several years ago requires health insurers to pay you within 30 days of submitting your claim (45 days if submitted on paper). Importantly, over the last several years, health insurance companies have been fined several millions of dollars for failing to follow this law. I am anxious to see the numbers for 2014, since it should encompass complaint data regarding plans which are new to New York State and offering coverage on its Exchange. For example, we regularly receive complaints regarding one particular new insurance company that appears to be routinely violating the Prompt Payment law. The DFS has indicated that they want to identify insurance companies that are not complying with the law. This is where you can help us, and help your own practice’s “bottom line.” When an insurer inappropriately delays or denies making a payment, take the time to file a “Prompt Payment” complaint with the DFS. It will help you get paid, and potentially alert the DFS to a problem regarding a particular insurer if similar complaints are filed. And please let us know if you have filed a complaint so we can follow up with DFS staff to track the repeat offenders. This “Prompt Payment” law provides important protections for physicians, but only if physicians take the step to file complaints so that insurers can be held accountable for their malfeasance. Don’t just grumble to yourself. Take action. File a complaint. The numbers bear out that these complaints overwhelmingly produce positive outcomes for physicians.

Andrew Kleinman, MD, President Medical Society State of New York

To file a complaint: http://www.dfs.ny.gov/insurance/provlhow.htm

APRIL 15TH Senate Passes Medicare SGR Bill

The Senate approved a bill to repeal Medicare’s sustainable growth rate formula, hours before double-digit payment cuts to physicians were set to take effect. Passage of the legislation, which now heads to President Obama for his signature, generated significant print and online media coverage and is portrayed as a major bipartisan achievement for Congress.
Q & A WITH JENNIFER K
NYS Office of Medicaid Inspector General Compliance Plan Letter, Now What?

Question:
I received a letter from the NYS Office of Medicaid Inspector General inquiring whether I have a compliance plan and asking why I did not certify I have one. Now what do I do? What is a compliance plan? Do I need one? How did they find me? Please help.

Answer:
Dr. G, good questions. It's true, the NYS Office of Medicaid Inspector General has started checking whether practices are complying with the requirement that they have a compliance program. This requirement went into effect in July 2009, and it seems for the first time letters have gone out to practitioners required to abide by the requirement to see why they have not certified their plans. How is Medicaid finding you? Well, its pretty simple, any NYS practitioner that bills or orders more than $500,000 of Medicaid payable services, whether straight Medicaid or Medicaid-HMO is required to have a compliance plan and to certify they have one. So, its all computerized and easily track able whether you are required to have one, and whether you've actually certified. So, you received a letter, now what? Well, now if you don't have a compliance plan, you need one, and you need to certify you got one.

So, you've come to the right place. As a member of our listserv, you may recall we've written on this topic a few times, and, yes, we can help you with a compliance plan. You may have marginally missed the time frame for preventative adoption, but you still have time to get up to speed before facing potential audit or investigation by OMIG. Also on a positive note, a compliance plan is a good thing, one that may help you operate more efficiently, bill safer and keep you out of trouble. So, once you adopt a plan, abide by it!

Have a question or comment for Jennifer?
Contact Jennifer at Jennifer@Kirschenbaumesq.com or at (516) 747-6700 x. 302.

Welcome New Members

Active Membership
Ravindra Kashyap, MD
4000 Seton Avenue
Bronx, NY 10466

Active Membership
Cecelia G. Calderon, MD
Boston Road Medical Center
1262 Boston Road Suite 2
Bronx, NY 10456

Young Physician
Stephanie Salas, MD
1200 Waters Place - Suite 102
Bronx, NY 10461

Moved to Life Membership
David W. Preven, MD
Venkatachala Pathy, MD

RESIDENT MEMBERS
• Robert Adrah – Brookdale (He lives in the Bronx)
• Charlotte Clark – Montefiore
• Seyed Pouyan Jalali - Montefiore
• Manisha Ghimire - Montefiore
• Waqas Nawaz - Montefiore
• Praav Dineshkumar Patel - Montefiore
• Sonia Elena Voiculescu - Montefiore
• Asghar Ali - Montefiore
• Geny Ann George - Montefiore Wakefield Campus
• Sabrina Huq - Montefiore
• Prerna Kumar - Montefiore
• Pascal Bobga Ngongmon – Lincoln Med Ctr
• Gloria Ramos-Rivera - Montefiore
• Muhammad Zeshan - Bronx Lebanon Hosp
The DOCTORS DAY ORGANIZING COMMITTEE held its 12th Annual Doctors’ Recognition Day Symposium, Expo, and Poster Presentations at the Hutchinson Metro Conference Center & Metro Cafe. A total of 60 posters were present. One of the largest presentations ever held here in the Bronx was held on Wednesday, March 25th.

Hosted by:
Bronx County Medical Society
Westchester County Medical Society
NY Chapter – American College of Physicians

Symposium - Chronic Pain Management
With Opioids Analgesia - Policies & Pitfalls Taking the Pain out of Managing Chronic Pain
Albert Einstein College of Medicine of Yeshiva University designates this [learning format] for a maximum of 2.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

This CME activity is provided by Albert Einstein College of Medicine and Montefiore Medical Center in collaboration with the Bronx County Medical Society, Westchester County Medical Society and the NY Chapter American College of Physicians.

A special Award was presented to
Andrew Y. Kleinman, MD, President, Medical Society State of New York
In recognition of his outstanding commitment to the Bronx County Medical Society
You have faithfully attended our meetings providing vital information and keeping us abreast of all MSSNY activities.
We thank you for your continued dedication to our society
Please know that your efforts have not gone unnoticed on this 25th day of March 2015

8 Awards were presented for Best Posters in both Research/Performance Improvement & Clinical Case Studies

2015 Peer to Peer Awards were presented to 11 Hospitals/Clinics
Peer to Peer Excellence in Medicine Awards
In recognition of the contributions made to enrich the lives of Patients through Exemplary Care and Dedication
- Bronx Lebanon Hospital Center - Adurthy Ananth Shankar MD
- Essen Medical Associates, PC - Myles Gombert, MD
- Jacobi Medical Center - Seth Sokol, MD
- Jack D. Weiler Hospital at Einstein - Neil J. Cobelli, MD
- MedAlliance - David M. Jakubowicz, MD, FACS
- Montefiore Medical Center - Vaughn W. Folkert, MD
- Montefiore Medical Center (Wakefield Campus) - Indira Dasgupta, MD
- The Children’s Hospital Montefiore - Christine Walsh, MD
- North Central Bronx Hospital - Amit R. Shah, MD
- St. Barnabas Hospital - Manisha Kulshreshtha, MD
- Urban Health Plan - Jennifer Genuardi, MD

259 registered for this event. - View the Program Abstract Book & photos Online at www.bronxdocs.org

To the Physician, the Red Carnation Represents Love, Charity, Sacrifice, Bravery & Courage
NEW CHANGES - ARE YOU OSHA COMPLIANT?

★ Federal OSHA regulation Title 29, Part 1910.1200 has been amended to align with the United Nations Globally Harmonized System of Classification and Labeling (GHS) to ensure the provision of consistent hazard warning information to employees working with, in or around, hazardous materials (i.e. gas under pressure) and chemicals (i.e. specimen preservatives, lab materials). Employee training and written Hazard Communication Plan modification is MANDATORY by June 1, 2016.

★ Federal OSHA regulation Title 29, Part 1910.1030 requires that all employees who have potential for exposure to blood and bloodborne pathogens (BBP) MUST receive training BEFORE they begin such work and, must be RETRAINED ANNUALLY. if the practice is organized as a PA, LLP or LLC, OSHA considers doctors to be employees and they must also receive the required training.

OSHA Medical Courses, LLC, is pleased to offer online training programs* and compliance plans* (easily downloaded and customized). Multiple individuals may conveniently view the programs simultaneously, but each must register individually to obtain a Certificate of Training.

* Our physician authored materials have been reviewed by OSHA personnel

**Online Training Programs:**

___ Bloodborne Pathogen Online Training/Retraining * ($10.00/registrant)… $________

___ Hazard Communication Online Training* ($10/registrant)………………. $________

* Narrated Power Point presentation

**Compliance Plans:**

___ Bloodborne Pathogen Compliance Plan (45 pages) @$20…………… $________

___ Hazard Communication Plan (30 pages) @$20………………. $________

CD (BEST BUY for larger groups): Includes: BOTH training programs, BOTH plans, quizzes with answers and discussion, printable

Certificates of Training @ $99.00 + $5.95 S&H ……….__________

Total: $________

Registrants Name(s): (specify courses – use separate paper if necessary)

_________________________________________________________________________________________________

_________________________________________________________________________________________________

_________________________________________________________________________________________________

Name of Medical Practice or Facility:________________________________________________

Address: ______________________________________________________________________

City:__________________ State:___ Zip:_______ Phone: ____________  Fax:______________

Email: _________________________________________________

Fastest Service Fax your credit card to (845) 353-3852

Charge my credit card $__________

☐ MasterCard ☐ VISA ☐ AMEX

Card #_________________________________ Expiration date ____________CV digits______

(or) completed form mail your check to: Bronx County Medical Society

Diane P. Miller, Executive Director
Bronx County Medical Society
3058 East Tremont Avenue
Bronx, NY 10461
BRONX COUNTY MEDICAL SOCIETY UPCOMING MEETING
Register on or before May 10th

Wednesday, May 20, 2015
Annual Membership Meeting -
Registration/Cocktails 6:30 PM

Portofino Restaurant,
555 City Island Ave, City Island, Bronx, NY -

LAST NAME:    FIRST:

ADDRESS:    CITY:    ZIP CODE:

PHONE    FAX    EMAIL:

- REGISTER BY MAIL Bronx County Medical Society, 3058 East Tremont Avenue, Bronx, NY 10461
- REGISTER BY FAX - 718 823-4505 or 845 353-3852
- REGISTER BY EMAIL- bxcms@msn.com

BRONX DOCS.ORG
The Official News Bulletin of the Bronx County Medical Society, Inc. – Targets 500 Members

ADVERTISING RATES

Sizes and Rates
FULL PAGE  7-1/2” Wide X 10” High  $550
HALF  7-1/2” Wide X 5” High  $350
QUARTER  3-1/2” Wide X 5” High  $300
BUSINESS CARD AD  $175

Quarterly Newsletters –
February/March     Winter
April/May         Spring
August/September Summer
October/November Fall

FORWARD YOUR ART WORK VIA EMAIL:BXCMS@MSN.COM
Avoiding required dispute resolution to get paid for Surprise Bills (NY Only, Effective 4/1)
Jennifer Kirschenbaum, Esq.

Discussion: The new Surprise Law in NY as it relates to healthcare practitioner private practices (outside the hospital realm and emergency services) - which requires certain disclosures to patients to avoid a surprise bill for services rendered as of April 1, 2015

Included in the relevant statutes is an independent dispute resolution process for any Surprise Bill. To reiterate from Tuesday, a Surprise Bill is defined as a bill for health care services received by an insured for services rendered: (1) by an out of network provider at a participating hospital or ASC where a participating physician was not available or the out of network provider rendered services without the insured’s knowledge, or unforeseen medical services arise at the time the health care services are rendered, except where insured elects out of network provider; (2) where patient has not given explicit written consent acknowledging they were referred to an out of network provider, and that the referral may result in costs not covered by their health care plan; or (3) when an uninsured patient is not provided required disclosures and is treated at a hospital or ASC.

NY CLS Financial Services Law s. 603

So what happens when a patient receives a "Surprise Bill"? As per the new law, parties are entitled to Dispute Resolution.

For a Surprise Bill received by an insured who assigns benefits to a non-participating provider - the health plan can pay the billed amount or attempt to negotiate a lower amount. If the health plan refuses to pay the requested amount and negotiation does not result in a resolution of the payment dispute, the health plan will pay what it wants to the provider, minus any co-payment, deductible or coinsurance. Either party may submit the dispute regarding the Surprise Bill for review to an "independent dispute resolution entity", except that a health plan cannot submit unless it has attempted to negotiate and has paid some amount it determines reasonable.

The independent dispute resolution must make a determination within 30 days of receipt of the dispute for review. The independent dispute resolution entity shall determine which fee to accept - the non-par or the health plan proposed fee. For a Surprise Bill received by an insured who DOES NOT assign benefits to a non-participating provider or by a patient who is NOT an insured - The patient may submit the Surprise Bill for dispute resolution to an independent dispute resolution entity. The independent dispute resolution entity will determine a reasonable fee based on certain factors (see below).

The patient doesn’t have to pay the practitioner before submitting for review! The determination by the independent dispute resolution entity shall be binding and admissible in court!

There are a number of factors the independent dispute resolution entity is instructed to consider, including:

- fees paid by other plans to the practitioner;
- fees paid to other practitioners by the same plan;
- level of training, education and experience of the physician;
- physician’s usual charge for comparable services;
- the circumstances and complexity of the particular case;
- the individual patient characteristics; and
- the usual and customary cost of the service - which means the 80th percentile of all charges for the particular service performed by a provider in the same specialty provided in the same geographical area as reported in a benchmarking database maintained by a nonprofit organization specified by the superintendent of financial services.

So, what is the bottom line here? Avoid any "Surprise Bills" at all costs. Rendering same will require your possible attendance to independent dispute resolution, turning reimbursement into what many of you contend with in the no-fault world, a turnstile of arbitration for reimbursement.
MLMIC Declares 5% Special Dividend
Our Society’s endorsed professional liability carrier Medical Liability Mutual Insurance Company (MLMIC) recently announced a 5% dividend for policyholders who are insured by May 1, 2015 and maintain continuous coverage through July 1, 2015. Dividends provide meaningful financial relief to policyholders, and this marks the third consecutive year that MLMIC has returned dividends to its policyholders.

The Bronx County Medical Society endorses MLMIC for a number of reasons. First, MLMIC is a mutual company owned and operated by physicians and healthcare professionals who govern its Board of Directors. Second, since its inception in 1975, MLMIC has successfully defended and provided risk management services to more physicians than any other insurer in New York. Third, through prudent underwriting, claim handling, and investment practices, MLMIC has maintained its sound financial condition in an often volatile market.

With its competitive premium rates and three consecutive years of dividend returns, the choice of a MLMIC policy remains attractive and in many specialties its cost is lower than the competition. If you are not currently insured by MLMIC, we encourage you to visit www.mlmic.com and request a quote for coverage. We truly believe that insuring with MLMIC is a solid benefit for all physicians practicing in New York State.

Questions/Contact us today. New York City
(212) 576-9800 or (800) 275-6564
Supreme Court Holds Providers Cannot Sue State Medicaid Agencies over Rates'

**Question:** What is the impact of the Supreme Court’s recent decision in the case of *Armstrong v. Exceptional Child Center, Inc.?* Are there any legal grounds under which a provider may sue state Medicaid agencies over low reimbursements?

**Answer:** In the February 10, 2015 issue of *StatLaw Q&A* we reported that the United States Supreme Court heard oral argument in late January 2015 in *Armstrong v. Exceptional Child Center, Inc.*, which dealt with the issue of whether or not healthcare providers have the right to bring suit in federal court over Medicaid rates which they feel are inadequately low. In a 5-4 decision issued on March 31, 2015, the Court reversed the United States Court of Appeals for the Ninth Circuit’s ruling, which had upheld a District Court decision from Idaho allowing such suits, and ruled that there is no private right of action for healthcare providers to sue state Medicaid agencies over low reimbursement rates.

In the majority opinion, Justice Antonin Scalia held that the Supremacy Clause of the United States Constitution does not create an implied right of action for providers to sue state Medicaid agencies over rates. The majority ruled that the Medicaid statutes do not provide for a private right of action, and that those statutes also displace claims for equitable relief traditionally available to enforce federal law. Justice Sonia Sotomayor wrote in the dissenting opinion that the Court’s decision has “very real consequences,” pointing to the fact that now only the Department of Health and Human Services (“HHS”) – an already very busy agency – may pursue state Medicaid agencies that underpay providers. Justice Sotomayor cautioned that HHS may have to resort to “drastic measures” in fulfilling this role, including “withholding funds that pay for Medicaid services.”

If you have any questions, please contact our Managing Partner, Michael J. Schoppmann, Esq at 1-800-445-0954 or via email at MSchoppmann@DrLaw.com.
Defend yourself against potential check fraud with Positive Pay from Capital One Bank®. Begin by designating authorized check issuers to gain more control over disbursement processes. Then simply provide us with your check issuance data, and we'll pay only those checks that match your files exactly.

Make Thieves Think Twice
Annual check fraud losses continue to increase as evolving desktop publishing technology makes it easier and less expensive to forge checks. And Positive Pay is a great way to identify unauthorized checks before they are cashed at the teller window and to protect your bottom line.

Positive Pay Gets the Job Done for You
- Minimize potential losses due to both external and internal check fraud
- Detect fraudulent attempts at the time of check presentment
- You can sign up for daily notifications of exceptions
- Make pay and return decisions online
- View and print a history of Positive Pay decisions over time

Proven Fraud Prevention
With each batch of checks you issue, simply transmit your check issuance data to Capital One Bank electronically. Then:
- The serial number and dollar amount for each check presented for payment are compared to your check issue file in real time, even checks received at our teller windows
- Only those checks that match exactly are cashed
- Accounts set up for the Payee Positive Pay option will include payee name validation in addition to check number and dollar amount
- We identify and send you daily notification of all discrepancies between checks presented for payment and the checks included in your issuance data
- Review exception items and make pay or return decisions online via Treasury Optimizer®
- Receive an electronic receipt confirming your action, which essentially creates a “paper trail” and helps you track decisions

Why Choose Capital One Bank
With its systematic, real-time comparison of checks presented for payment and your issuance data – experts agree that Positive Pay is your best defense against check fraud.

Treasury Optimizer®
In addition to helping you manage Positive Pay decisions, Treasury Optimizer gives you secure online access to accounts and information 24/7 to help you gain even more control over cash. Here you can:
- Manage cash flows
- View reports
- Initiate transactions
- Monitor activity
- Customize reports in PDF format
- Control and customize user access privileges online
- Choose desired level of control to meet audit, compliance and Sarbanes-Oxley requirements
- Access deposit and transaction images
- And more

To learn more about how the Capital One Bank team members will roll up their sleeves for your business, contact

Name: Juana Pena-Torres
Phone Number (646) 770-5741
Email Juana.pena-torres@capitalone.com
www.capitalone.com

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Urban Health Plan Locations in the Bronx

EL NUEVO SAN JUAN
1065 Southern Blvd.

ADOLESCENT HEALTH AND WELLNESS CENTER
960 Southern Blvd.

BELLA VISTA HEALTH CENTER
890 Hunts Point Ave.

BELLA VISTA COMMUNITY HEALTH CENTER
882-886 Hunts Point Ave.

PLAZA DEL CASTILLO HEALTH CENTER
1515 Southern Blvd.

ST. LAWRENCE COMMUNITY HEALTH CENTER
1764 Westchester Ave.

SIMPSON PAVILION
1054 Simpson St.

PENINSULA COMMUNITY HEALTH CENTER
1967 Turnbull Ave.

BORICUA COMMUNITY HEALTH CENTER
3209 Third Ave.

Urban Health Plan Location in Queens

PLAZA DEL SOL FAMILY HEALTH CENTER
37-16 108th St.

To make an appointment, call
(718) 589-4755

Urban Health Plan (UHP) is a network of federally qualified community health centers based in the South Bronx and Queens and has been serving the Bronx community for 40 years. Its mission is to improve the health status of underserved communities.

To support Urban Health Plan, please call (718) 589-2440 ext 2833
www.urbanhealthplan.org
WE’RE ON A MISSION

For 40 years, Medical Liability Mutual Insurance Company (MLMIC) has put the interests of our policyholders first in everything we do. We charge premiums that are specialty and territory specific, without a profit motive or high operating expenses. When our financial results turn out better than expected, we declare dividends to share the favorable results with our policyholder owners. To help our insureds avoid claims, we develop effective risk management programs that provide CME credits, a 5% premium discount and enable insureds to qualify for free excess insurance funded by New York State. And if one of our policyholders gets a claim, we vigorously defend the standard of care, closing the vast majority of cases without a loss payment. Today, MLMIC is the leading medical and dental liability insurer in New York State. We insure approximately 15,000 physicians, 5,000 mid-level and allied health practitioners, 4,000 dentists, and 40 hospitals. We remain a mutual insurer, owned by our policyholders. And our mission is still to provide the highest quality liability insurance at the lowest possible cost consistent with long term viability.

If you want an insurance carrier that truly looks out for you, please visit MLMIC.com or call (888) 996-1183.
Disability Isn’t Only Physical – It’s Financial

You may not be able to prevent a disabling accident or sickness, but you can protect your financial security with your Bronx County Medical Society Sponsored:

Disability Income Insurance

For more information, contact the specialists with 95 years of insurance service:

Charles J. Sellers & Co., Inc.
Program Administrator

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insurance@sellersinsurance.com - www.sellersinsurance.com

Underwritten by: Life Insurance Company of Boston & New York, Athol Springs, NY. This policy provides disability income insurance only. It does NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for this policy is 60%. This ratio is the portion of future premiums which the company expects to return as benefits, when averaged over all people with this policy. See the Product Brochure and/or Policy Form DIC-N (0900) NY for details concerning policy benefits, limitations and exclusions.

CJS297 4/15 Exp. 4/30/2017