



WESTCHESTER PHYSICIAN

April 2018

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PRESIDENT'S MESSAGE

WHY DOESN'T ANYONE ASK WHY US HEALTHCARE COSTS ARE HIGH?

Every week I receive a link from a family member to an article in a major US publication outlining the costs of hospital stays, medications, operations, MRI's, co-pays, etc. We are told repeatedly how the quality of care in the US and the life expectancy rates do not justify the cost. We are told that the quality of healthcare in other countries is equal if not better at much lower costs. All the authors are adept at telling us how expensive everything is but they NEVER investigate WHY. For if they did, the article wouldn't have the same effect and maybe the US population would take a step back and see that the healthcare cost crisis isn't because doctors and hospitals and pharmaceutical companies are greedy but actually because we live and work and are educated in a free market in the United States of America.

Let's start with something simple like the cost of an MRI. Everyone writes in their articles how an MRI costs 10x as much in the US as in Europe. The authors state that fact and then move on to the next statistic. They never ask why. So, here is why: General Electric and Siemens are huge corporations. They have a right to develop technology and sell it at whatever cost the market will bear. The hospitals and medical groups have no choice but to pay that cost. Along with buying an MRI, the facility must be built appropriately to house this very expensive and very dangerous device. There is additional cost to staff these facilities and insure them and maintain them. GE and Siemens have shareholders to report to. The hospitals and medical groups have owners and boards of directors to report to. The cost of all of this is passed on to the consumer or insurance carrier because that is how business is done in the United States of America.

Now let's discuss surgical fees and doctors salaries. How can doctors justify some of the costs of what they do? We hear it every day and read it in every newspaper in the country. Before I get into the actual explanation, I would like to ask, why is it ok for an attorney to charge a fee for every 5 minutes of their time on the phone or an email? Why is it ok for an attorney to take more than 30% of a settlement or jury award from a client? Why aren't there laws regulating the lawyers?

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MARSHAL PERIS, MD
President, WCMS

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UPCOMING EVENTS

Networking Event

Thursday, May 3, 2018
Captain Lawrence Brewery
Elmsford, NY

Telemedicine Seminar

Thursday, May 31, 2018
Hilton Westchester
Rye Town, NY

Annual Meeting

Thursday, June 14, 2018
Westchester Country Club
Rye, NY

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***FROM THE EDITOR...*****PETER J. ACKER, MD****WEEKEND RAMBLE**

Finding myself very tired of the long winter and its accompanying flu epidemic, I decided I needed a respite. A long weekend in Puerto Rico seemed like just the ticket. Not only were the weather reports quite favorable, it was also on my mind that spending some Yankee dollars in the hurricane ravaged island would be a good thing. Consequently, on my last day of work, I frantically scurried around trying to stay on time mindful of 7 PM flight. Luckily, the stars were aligned and my wife and I arrived at JFK with ample time to check our bag, go through security and have a preflight cocktail. Aah!

It was while waiting in the gate security line, that I began to shake of the franticness of my busy day, trying to complete all the myriad tasks that are a part of the primary caretaker's burden that could not wait until I got back after weekend: medication refills, returning patient phone calls, filling out forms and while mindful of my packed schedule. I took some nice easy breaths and thought about beach, pool and sun. Then, as it is wont to do, my mind began to wander as I looked around and observed other people around me, wonderingly idly where they were going, what their pre-vacation day had been like and other random thoughts.

As our line closer to the security personnel, it occurred to me how similar a primary care physician's job is. Just as the great majority of seeking to board an airplane pose no threat, most of the patients we see who are ill have commonplace, treatable illnesses. Similarly we also employ screening methods. The security agents use metal detectors and x-ray to screen the passengers and baggage, while pediatrician checks lead levels and STDs, the great majority of which are negative. The more serious cases usually do not present a diagnostic challenge, like the serious asthmatic or extreme trauma. It's seriously ill patient who presents very subtly that keeps us pediatricians awake at night.

The trick for both the airport screener and the pediatrician is to be eternally vigilant, to treat each person as if they could be sneaking in with a bomb (airport screen) or with the early not obvious signs of a serious illness. We have to employ all our faculties, including intuition and close observation. I have been impressed with the thoroughness of Israeli security. They not only employ all the standard methods, but rely on brief interviews from experienced personnel who ask probing questions and look carefully for subtle signs of agitation or nervousness. Sometimes it is just feeling or hunch and there is the ever present uncertainty whether to act on it or not.

(Continued on page 5)

What is WealthCare?



Too often many folks neglect their physical health and seek their physician's assistance too late. Our team has found that many successful, busy professionals do the same with their financial health. **Mitchell WealthCare** can help create a plan to improve your financial health so you can ultimately live life on your terms. Achieving true financial fitness allows you to spend your time doing what you love.

**For some of life's questions, you're not alone.
Together, we can find an answer.**

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MSSNY HOUSE OF DELEGATES HIGHLIGHTS

The Medical Society of the State of New York (MSSNY) conducted its 2018 House of Delegates Annual Meeting, March 23rd - 25th, 2018, at the Adams Mark Hotel, Buffalo, NY. The following physicians from Westchester and Putnam Counties attended and served as your elected delegates and alternates to the House of Delegates

Delegates

Karen Arthur, MD, *Mount Kisco*

Robert Ciardullo, MD, *Armonk*

Daniel Gold, MD, *White Plains*

Ameet Goyal, MD, *Rye*

Bonnie Litvack, MD, *Mount Kisco*

Marshal Peris, MD, *Brewster*

Omar Syed, MD, *Mount Kisco*

Joseph Tartaglia, MD, *White Plains*

Norma Kurtz, MD (Putnam)

William Zurhellen, MD (Putnam)

9th District Delegate

Ranjana Cheterji, DO, *Mount Kisco*



The Westchester and Putnam Delegations, part of the 9th District Branch and caucus, were led by Bonnie Litvack, MD, and William Zurhellen, MD, 9th District President. The group caucused several times to consider resolutions submitted by physicians from all over the state. Caucusing with Westchester and Putnam were delegates from Orange and Dutchess counties, as well as several physicians representing their state specialty societies. After completion of reference committee hearings and deliberation in the House of Delegates (HOD), the following actions were taken by the HOD on resolutions submitted by the 9th District Branch:

Actions of the House—9th District Resolutions:

RESOLUTION 57

Prohibit Retrospective ER Coverage Denial Introduced by the 9th District Branch, MSSNY SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that the Medical Society of the State of New York re-affirm MSSNY Policy 265.918; and be it further

RESOLVED, that the Medical Society of the State of New York work to assure strong enforcement of the New York and federal laws that require health insurance companies to cover emergency room care when a patient reasonably believes they are in need of immediate medical attention, including the imposition of meaningful financial penalties on insurers who do not follow the law; and be it further

RESOLVED, that this resolution be forwarded to the AMA for consideration at its next House of Delegates meeting.

(Continued on page 5)

Actions of the House—9th District Resolutions:

RESOLUTION 58

Limiting Insurers from Unilaterally Modifying Contracts Introduced by the 9th District Branch, MSSNY
MSSNY POLICY RE-AFFIRMED IN LIEU OF RESOLUTION 58

165.908 Insurer Practices Oversight by the Appropriate State Agencies: MSSNY will seek legislation, regulation or other appropriate means to prohibit health insurance companies from unilaterally changing any material contract provision; and, if unable to obtain such change to the law, seek to assure that such material contract changes are reviewed and subject to prior approval by appropriate state agencies, including the Departments of Health and Insurance, with interested groups being given the opportunity to provide comment. (HOD 2007-58; Reaffirmed HOD 2011-57)

RESOLUTION 168

Increase Free Online CME For Members Introduced by the Ninth District Branch AMENDED SUBSTITUTE ADOPTED

RESOLVED, That MSSNY, in cooperation with the county medical and specialty societies, promote MSSNY's online CME program; and be it further
RESOLVED, That MSSNY work with the county medical and specialty societies to identify and develop courses for MSSNY's CME website for the added value of society membership.

RESOLUTION 253

253 - Non-Payment and Audit Takebacks by CMS Introduced by Ninth District Branch ADOPTED AS AMENDED

RESOLVED, That MSSNY seek through legislation and/or regulation policies opposing claim nonpayment due to minor wording or clinically insignificant documentation inconsistencies; and be it further

RESOLVED, That MSSNY seek through legislation and or regulation policies opposing extrapolation of overpayments based on minor inconsistencies; and be it further
RESOLVED, That MSSNY seek through legislation and regulation bundled payment denial based on minor wording or clinically insignificant documentation inconsistencies; and be it further

RESOLVED, That MSSNY transmit a similar resolution to the AMA-HOD 2018.

RESOLUTION 265

265 - No Fault Pre-Authorization Requirement Introduced by Ninth District Branch ADOPTED AS AMENDED

RESOLVED, That MSSNY seek through legislative and or regulatory means a requirement that No Fault car insurance companies confirm coverage and provide pre-determination when requested by the treating physicians and other providers in accordance with the same time frames for elective diagnosis and treatment that commercial payers are required to follow; and be it further

RESOLVED, That MSSNY seek through legislation and/or regulation the assurance of payment for pre-determined services.

♦

FROM THE EDITOR...

PETER J. ACKER, MD

WEEKEND RAMBLE

(Continued from page 2)

My mind continued to wander and I thought of a young four week old infant I saw years ago who had a rectal temperature of 100.2. This technically is not true fever. The baby appeared quite well on exam and my initial thought was to just stay in close touch with the mother and reexamine if true fever developed. I then looked over at the mother and there was something in her facial expression that disquieted me. Finally, to make a long story short, I elected to admit the baby to the hospital and do a workup for sepsis. The father who was not there initially, intercepted me at the hospital and complained that he thought I was being way to aggressive. Then the nurse looked at me oddly when I told her of my plan to do a spinal tap. I began to question myself, but I was already committed. The spinal fluid appeared clear, but per protocol I started antibiotics pending cultures and I left the hospital. An hour later the lab called to say the spinal fluid had a small number of leukocytes. That evening the fever spiked and the spinal fluid grew out E. Coli. This was my first and only case of e. coli meningitis. I shuddered at the memory, remembering that I came close to sending the baby home.

My reverie was interrupted. "Sir, I need to see your identification and please place all the items in your pockets in the bin....." Definitely need a vacation, I thought.

♦

New York State

Workers' Compensation Board

OFFICE OF THE CHAIR

328 State Street Schenectady, New York 12305

Governor Andrew M. Cuomo

Subject No. 046-1058

Proposals to Improve Medical Care for Injured Workers

Date: April 17, 2018

To increase provider participation in the workers' compensation system and improve injured workers' access to timely, quality medical care, the Workers' Compensation Board (Board) is proposing an increase to provider fees and adoption of the universal CMS-1500 form to reduce administrative burden, among other measures.

Access to quality medical care for injured workers is of utmost importance for a healthy workers' compensation system. When an injured worker has ready access to medical treatment, the worker heals and is restored to function more quickly and completely. This benefits not only the worker, but the employer as well.

Today the Board announces a multipronged approach to address provider concerns around participating in the workers' compensation system and expand injured workers' access to medical care.

Proposal to Increase Medical Fees for All Medical Providers

The Board's current medical fee schedule has remained relatively unchanged since 1996 and remains a significant obstacle to attracting new providers and retaining existing ones. Therefore, the Board will be advancing a regulatory proposal in June to raise provider fees; this will be effective for services provided on or after October 1, 2018. The proposal will include an overall statewide fee increase for all provider types, with additional increases for certain specialty provider groups that have an extreme shortage of authorized providers. These new fees will ensure providers in New York are receiving fair and reasonable reimbursement for prompt, quality treatment to our injured workers.

Proposal to Reduce Paperwork

Providers have indicated that the unique paperwork requirements in the workers' compensation system result in significant additional administrative costs. Therefore, the Board will be consolidating and eliminating forms, including converting to the use of the CMS-1500 form. The CMS-1500 is the universal claim form used by medical providers to bill health insurers. Careful review and discussion with different stakeholders confirms that the CMS-1500 is easy to use and provides the necessary information. The Board proposes replacing the current Board treatment forms (C-4 and C-4.2, and equivalent OT/PT and PS forms) with the CMS-1500. As the CMS-1500 is already used by medical providers and insurance carriers to process claims, the Board anticipates an easy transition to the CMS-1500 and will be working towards a January 1, 2019, implementation date.

Other Enhancements to Improve Access to Quality Medical Care

The Board is also committed to other improvements that will increase access to quality medical care and reduce administrative burdens.

Medical Portal. The first phase of the Medical Portal, an important Business Process Re-engineering initiative, will be coming this year. This electronic medical portal will allow providers to quickly and easily identify whether their course of treatment is consistent with the Board's medical treatment guidelines and, if not, advise them that a variance is needed. The Medical Portal is an important step toward an easy-to-use, paperless system.

Access to Different Medical Providers Types. The Board is also exploring options that will increase access to medical care providers. This will afford injured workers access to expanded provider types and medical providers flexibility in the delivery of medical care.

Governor Cuomo continues to support a comprehensive legislative solution that expands the types of providers that may treat injured workers. Currently only physicians, chiropractors, podiatrists, and psychologists can be authorized. The proposed legislation would amend the Workers' Compensation law to conform with the Education law by permitting medical providers who are licensed in New York State to become authorized, opening participation to nurse practitioners, physician's assistants, licensed clinical social workers, and other providers. In most instances, injured workers would be able to seek treatment for their workers' compensation illness and injuries with the same providers they use for non-work related illness and injuries.

The proposals announced today come in direct response to claimants' challenges in finding treating providers, and concerns from health care providers around low fees and complexity that keep some from participating. By addressing these concerns and bringing more providers into the workers' compensation system, injured workers can more readily access the care they need.

Clarissa M. Rodriguez
Chair

Westchester County Medical Society



***Come join us for our
“REFERRAL ROUNDS”
Networking Event
Thursday May, 3, 2018***

**Captain Lawrence Brewery
444 Saw Mill River Road
Elmsford, NY
7:00pm**

Is your referral pool too shallow? Have you been wanting to meet new referral
physicians & Vendors?

Come Join us for our REFERRAL ROUNDS Networking Event

This is a great opportunity to meet physicians in primary care and different specialties to build your
referral base...

Referral Rounds Physician Networking Night

Food, Drinks, Fun, Networking!

Food and Beverages will be served

Members are encouraged to bring a non-member physician to this event as their guest!

All members and guests are welcome at no charge.

RSVP in advance. Email Janine Miller, Executive Director at jmiller@wcms.org

Please provide Name, address, Email & Telephone number of the attendee/s.

Westchester County Medical Society Telemedicine Workshop



Telemedicine: Changing the Paradigm of Access to Care

Thursday, May 31, 2018—6:00pm

Hilton Westchester

699 Westchester Avenue

Rye Brook, NY 10573

Presented by:



Rifat Latifi, M.D., FACS, FICS

Professor of Surgery

Director, Department of Surgery

Program Director, Surgical Critical Care Fellowship

Chief of General Surgery

Westchester Medical Center



Barry B. Cepelewicz, M.D., J.D.

Attorney at Garfunkel Wild, P.C.

Telemedicine: Is it Right for You and Your Patients? - The Westchester County Medical Society along with MD America invite you to learn more about telemedicine, how it can affect your practice, how to implement it and why. Dr. Rifat Latifi is a Professor of Surgery, Chief of General Surgery at Westchester Medical Center and a leading expert in telemedicine. Barry Cepelewicz, MD, JD is an attorney with Garfunkel Wild, P.C. and can speak to the legal questions that come up when discussing implementing and using telemedicine within your practice.

This event is free for WCMS members and \$50 for non-members.

Please RSVP in advance to: Janine Miller jmiller@wcms.org

THE BUSINESS OF MEDICINE

WHY DO WE EARN MONEY?

Rick Weinstein, MD, MBA

Director of Westchester Sport & Spine @ White Plains Hospital Center

The average medical student graduates with debt of \$190,000 with 25% carrying debt over \$200,000. When you start working and get paid, you make money to eat and drink, get shelter, and pay back your loans. On an average salary of \$57,000 per year, residents struggle to get by. But when you do start to make a livable salary and have some discretionary money, what should you do?

I have always been a saver. Many people I have worked with and live around in Westchester are spenders. The instant gratification of buying a cool car or expensive house provides definite satisfaction. Doctors are great delayers of gratification and it is important to reward yourself at times for your hard work. Don't delay your gratification forever.

The real point of earning money is having enough saved to not have to worry. If health issues occur, do you have enough to be okay? This is where insurance plays a big role. You need to have some kind of health insurance for a potential horrific event that may occur. If you are young and healthy the odds of needing to use your insurance are slim, but a bad accident with hospitalization can lead to bills in the tens to hundreds of thousands of dollars.

The next important insurance is disability insurance. It is not that expensive and protects you in case you get hurt and cannot practice. If you are decent saver, you can hold off the insurance paying you for 2 or 3 months which will make the premiums much cheaper.

Life insurance is also very inexpensive when you are younger. This becomes more important when you have others who depend on you like your wife/husband and children. I prefer term-life since it is very affordable. Hopefully, as you get older you will have enough saved you won't need as much life insurance. Find a good agent to help you find the best insurance for you.

Most people don't sleep better at night because they have a Porsche 911 or have a 30,000 square foot home. Although you can sleep better on nicer sheets and a quality mattress, the truth is you will sleep the best knowing you have money saved if something catastrophic does happen. Eliminate your debt and make your money work for you. Some sacrifices are required and don't try and keep up with the Jones' next door. A great and quick read is *Millionaire Next Door* which has some brilliant and sim-

ple lessons on how to accumulate wealth.

The stock market has returned an average of 9.8% for the past 90 years. If you don't have money invested in the stock market, you are foolish. This is a long-term strategy and if you are in need of cash in the next few years don't put your money in the stock market. When the market drops by 3% in a day or 30% for the year don't worry because it will bounce back. This is long-term growth.

So work hard and make as much as you can. You need it to live. Do not spend more than you should and save for the truly important things. Watch your money grow and make sound investments. Protect yourself at all times with good insurance and smart saving and investing.



PRESIDENT'S MESSAGE

WHY DOESN'T ANYONE ASK WHY US HEALTHCARE COSTS ARE HIGH?

(Continued from page 1)

The reason I use the lawyers as my comparison is simple. The doctors and lawyers have similar education pathways and similar costs of college and law school and medical school. Many doctors and lawyers graduate and start working with a tremendous debt to pay back for student loans. Lawyers join firms and they set their hourly rates at whatever the market will bear and no one says a word or complains. Doctors join groups and are told, "sorry, you can't charge that much because the government won't allow it". But, we still have employees and all the costs that go along with being an employer, exorbitant malpractice insurance rates, and unfunded government mandates like EHRs that we must pay for without reimbursement.

The fact still remains that we live and work in the United States of America. We pay for our education or take out loans and have to pay them back. We pay for our malpractice insurance and employees' salaries and benefits. We are actually running our own business just like GE and Siemens. The cost of seeing a doctor or having an operation will NOT come down because we live and work in the free markets of the United States of America. Every year, the cost of doing business goes up so how can the cost of healthcare go down??

When the US government pays for all medical education, and owns and runs all the hospitals, and employs all the staff associated with providing care, and is responsible for negotiating all malpractice settlements, then maybe the costs of doctor's visits and surgical fees will go down. Until then, the major newspaper opinion columnists can keep stoking the fire with statistics and then continue to put their heads in the sand.



WESTCHESTER COUNTY MEDICAL SOCIETY
WESTCHESTER ACADEMY OF MEDICINE
REPORT OF THE NOMINATING COMMITTEE 2018-2019

The Nominating Committee of the Westchester County Medical and the Westchester Academy of Medicine met on April 26, 2018, and hereby nominates the following candidates for election at the Annual Meeting on June 14th, to take office effective **July 1, 2018:**

President-elect

Daniel Gold, MD

Vice President

Peter Acker, MD

Treasurer

Jeffrey Jacobson, MD

Secretary

Bella Malits, MD

Delegates to the MSSNY House of Delegates

(Four for two years; term ending 2020)

Ranjana Chaterji, DO *Robert Lerner, MD*

Mark Fox, MD *Omar Syed, MD*

Alternate Delegate to the MSSNY House of Delegates

(Four for two years; term expiring 2020)

Karen Arthur, MD *Ameet Goyal, MD*

Daniel Gold, MD *Marshal Peris, MD*

Note: Per the Bylaws, the current President-elect, Omar Syed, MD, automatically assumes the Office of President and the current President, Marshal Peris, MD, assumes the Office of the Immediate Past President.

****Additional candidates may be nominated from the floor at the WCMS/Academy Annual Meeting, provided that each nomination is supported by a petition signed by at least 100 members, as specified in the Bylaws.***

GW

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201.883.1030

Stamford, CT
203.316.0483

Albany, NY
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THE MEDICAL SOCIETY OF THE COUNTY OF WESTCHESTER

AND

THE WESTCHESTER ACADEMY OF MEDICINE

CORDIALLY INVITES YOU TO ATTEND OUR

ANNUAL MEETING AND PROGRAM

THURSDAY, JUNE 14, 2018



WESTCHESTER COUNTRY CLUB

BILTMORE ROOM
99 BILTMORE AVENUE
RYE, NY 10580

6:00 - 7:00 P.M.

NETWORKING RECEPTION

7:00 P.M.

BUFFET DINNER

INSTALLATION OF 2018-2019 MEDICAL SOCIETY & ACADEMY OFFICERS

REMARKS OF MARSHAL PERIS MD

OUTGOING WCMS PRESIDENT

REMARKS OF OMAR SYED, MD

INCOMING WCMS PRESIDENT

**NO COST FOR WCMS MEMBERS & SPOUSE OR GUEST; ADDITIONAL GUESTS OF MEMBERS
\$125; NON-MEMBERS & GUESTS \$250/PER PERSON
TABLES OF 10 - \$2000**

**RSVP TODAY TO JANINE MILLER, 914-967-9100, BY EMAIL TO [JMILLER@WCMS.ORG](mailto:jmiller@wcms.org)
OR FILL OUT THE FORM BELOW AND FAX TO 914-967-9232 OR MAIL TO 40 SUNSHINE COT-
TAGE ROAD, VALHALLA, NY 10595. CHECKS SHOULD BE MADE PAYABLE TO THE
WESTCHESTER COUNTY MEDICAL SOCIETY.**

NAME: _____ GUESTS: _____

EMAIL: _____

The Westchester County Medical Society
Annual Meeting honoring
President-elect, Omar Syed, M.D.
Thursday, June 14, 2018
Westchester Country Club, Rye New York
6:00 PM Cocktails - 7:00 PM Dinner – Biltmore Room

2018 Souvenir Journal

In recognition of:

Omar Syed, MD WCMS President-elect,
Marshal Peris, MD our WCMS Outgoing-president; and our

Friends of the Westchester County Medical Society may insert an advertisement in the journal, or inscribe their personal good wishes and greetings.

JOURNAL ADS – full size pages - Ad size maximum 8.5” x 11”

DEADLINE – **May 15, 2017**

Provide via email the file using PDF, JPEG, TIF or Word format - Email to jmiller@wcms.org

- Front Cover** – if available (color) - \$1,300
- Back Cover** – if available (color) - \$1,200
- Inside front/back cover** – if available \$1,100
- Listed as “Friends of the Society”**- \$1,000 - Full Page Ad (COLOR) in the **Souvenir Journal**
- Full Gold Page** - *Premium Gold Page colored* \$650
- Black & White Full Page** \$300 - WCMS Member \$150
- Black & White Half Page** \$225 - WCMS Member \$125

Please call or email Janine Miller (914) 967-9100 jmiller@wcms.org to inquire about taking an ad.

The journal will be distributed at our meeting and posted online on our website.



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Preparation:

15th Annual Doctors' Recognition Day
Symposium, Poster Presentations & Physicians' Exposition
Mercy College - Conference Center - Bronx Campus
1200 Waters Place, Bronx, NY 10461

Wednesday, May 9, 2018

Topic – “The Opioid Crisis, A Multidisciplinary Approach”

Poster Session and Physicians Exposition 3:00 PM
Symposium 5:30 PM

Hosted by:

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



To the Physician, the
Red Carnation Represents
Love, Charity, Sacrifice,
Bravery & Courage

Featured Speakers:

Judith A. Salerno MD, MS- President, New York Academy of Medicine

Hillary V. Kunins MD, MPH- Assistant Commissioner & Director of the Department of Alcohol and Drug Use, NYC Department of Health and Mental Hygiene; Clinical Professor, Albert Einstein College of Medicine

Sireen Gopal MD - Clinical Assistant Professor, Albert Einstein College of Medicine specializing in Interventional Pain Management, Physical Medicine & Rehabilitation & Neuromuscular Diagnostics

Terrell Jones- Outreach & Advocacy Program Manager, New York Harm Reduction Educators

Please RSVP by May 1st to Ronald Blount, Executive Director, Bronx County Medical Society at bronxphysicians@gmail.com Mobile: 347-933-0434



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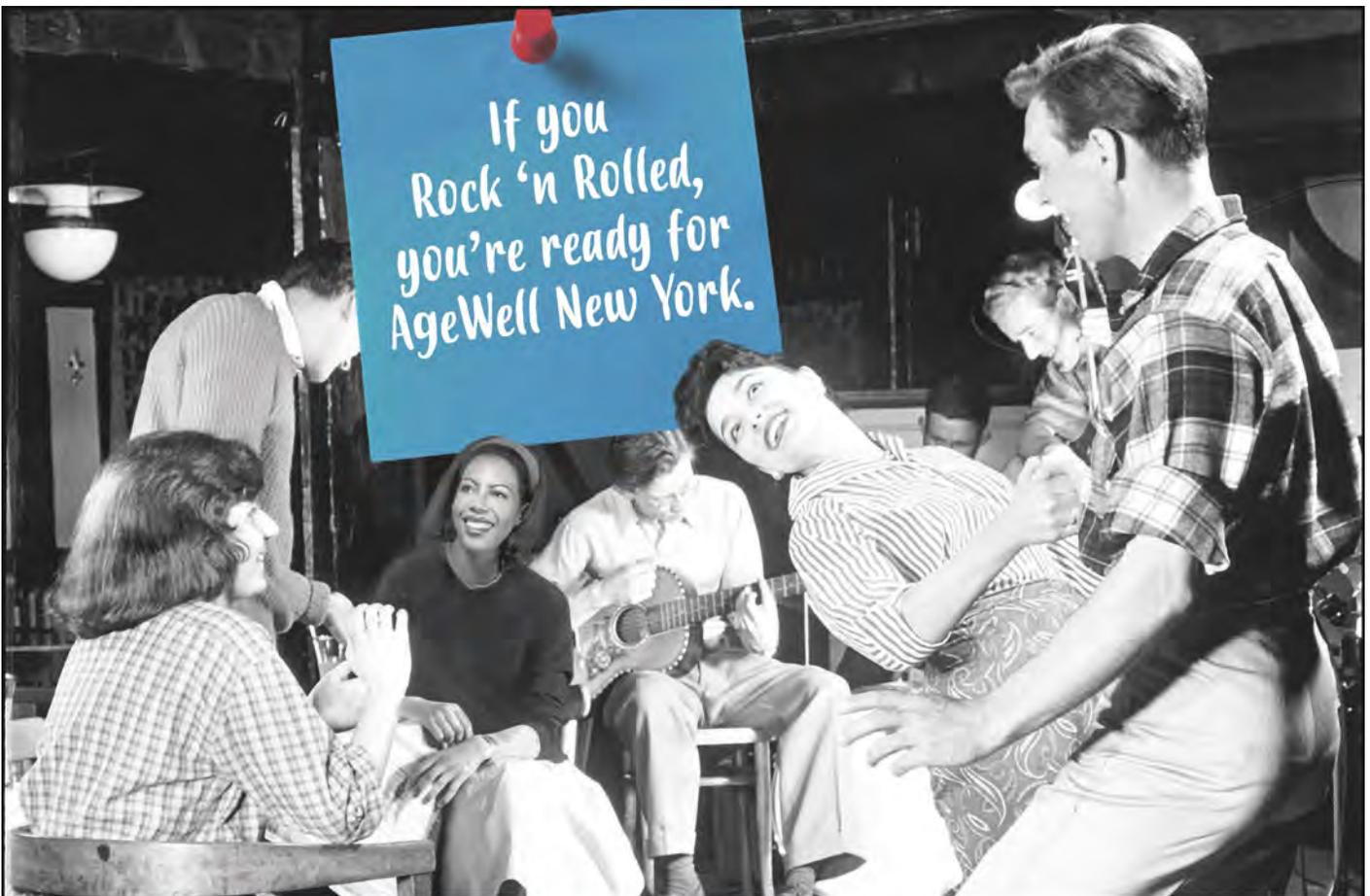
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Medicaid Pharmacy Prior Authorization Programs Update

On February 15, 2018, the New York State Medicaid Drug Utilization Review (DUR) Board recommended changes to the Medicaid pharmacy prior authorization programs. **Effective April 19, 2018**, the fee-for-service pharmacy program will implement the following parameters:

Second Generation Antipsychotics

- Duration Limit: Prescriber involvement required for utilization of 3 or more different oral second-generation antipsychotics for greater than 180 days
- Informational intervention letter will be sent to prescribers with a history of prescribing 3 or more different oral second-generation antipsychotics for greater than 90 days

Zolpidem IR Duration Limit

- No more than a 30-day supply with a maximum of 5 refills (180 days)

Codeine- and Tramadol-Containing Products

- Prescriber involvement required for all codeine and tramadol containing products for members younger than 12 years of age
- Educational letter through retrospective drug utilization will be sent to prescribers highlighting the updates to prescribing information for codeine- and tramadol-containing products

Initiation of Methadone Therapy

- Confirm diagnosis for chronic non-cancer pain
- Prescriber involvement required if absence of covered diagnosis in the patient's claim history
- Step-Therapy: Trial with a long-acting opioid prior to the initiation of methadone therapy for the management of chronic non-cancer pain

For more detailed information on the DUR Board, please refer:

http://www.health.ny.gov/health_care/medicaid/program/dur/index.htm

Below is a link to the most up-to-date information on the Medicaid FFS Pharmacy Prior Authorization (PA) Programs. This document contains a full listing of drugs subject to the Medicaid FFS Pharmacy Programs:

https://newyork.fhsc.com/downloads/providers/NYRx_PDP_PDL.pdf
