



## The Doctor Fix

Joseph Tartaglia, MD  
WCMS President



The recent elections brought a wave of new legislators to Congress, proponents of smaller government. One of the principal motivating factors for the anti-incumbent sentiment of the electorate is “The Affordable Patient Protection and Care Act” (PPACA). While an outright repeal of the law seems very unlikely, various measures of the bill will now face Congressional resistance for funding or legal opposition. A permanent SGR fix will not be likely in the lame duck Congress, and will be a fiscal challenge for the new Congress 2011-2012. If a permanent solution was not forthcoming when the Democrats controlled all three branches of government and were willing to run up a four trillion dollar deficit, then it clearly will not be popular to adequately pay physicians and hospitals and run up a projected 330 billion dollar deficit when they were elected as fiscally responsible leaders anxious to balance the budget. To prevent Medicare from becoming Medicaid, physicians need to stick together now and let the public know that if the 23% cut in Medicare payments go through December 1st, followed by a 2% cut by January 1st, it will not be business as usual. Medicare patients have come to expect being able to walk into any practice and be widely accepted. This would no longer be the case. Some physicians will probably close their panel to new Medicare patients, some will stop accepting assignment, some may drop out of Medicare altogether, and some may be contemplating retiring from medicine earlier than expected.

Several journalists have asked me what physicians are going to do. You can help us answer this question by completing a short survey on the President’s Page at [www.thewestchesterphysician.com](http://www.thewestchesterphysician.com) and answer the survey question at the bottom of the first page about what you would do as a physician. Your response will be vital in swaying public opinion and thus put pressure on our leaders in Washington to do the right thing and not hold the providers hostage to budget deficits. After all, it wasn’t the physicians who made the commitment to the seniors when Medicare was established. We need to tell the press that our practices have been brought to the brink of bankruptcy by years of allowing antitrust protected insurance companies to reduce our fees unilaterally, by a failure of Medicare and Medicaid fees to keep up with inflation, skyrocketing malpractice premiums, and increased bureaucratic costs. Unfortunately, our seniors will pay the price by reduced access to care. *(continued on page 4)*

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## Mark Your Calendar

November 25-26, 2010

WCMS Office Closed—Thanksgiving Holiday

November 30, 2010

Health Care Reform Insurance  
Education Program—6-8 pm

December 6, 2010

CME Meeting—5 pm

December 9, 2010

WCMS/WAM Holiday Party—6-9pm  
*Knollwood Country Club, Elmsford*

*\*All meetings held at WCMS offices unless otherwise specified.*

**Happy Thanksgiving  
to you and your Family  
from the  
Board of Directors  
and our Staff.**

## NEWSLETTER SUBMISSIONS

We encourage our members to submit articles, letters to the editor, announcements, classified ads, members in the news, etc. for publication in the *Westchester Physician*.

The deadline for the December issue  
is November 30th.

Please email these to Peter Acker, MD, Editor at [peterrba@aol.com](mailto:peterrba@aol.com), Brian Foy, Executive Director at [bfoy@wcms.org](mailto:bfoy@wcms.org), and Lori Van Slyke, Newsletter Coordinator at [lvanslyke@gmail.com](mailto:lvanslyke@gmail.com)

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## FROM THE EDITOR . . .

# Atul Gawande

By Peter Acker, MD



On a recent Saturday, I attended a lecture by Atul Gawande, the Harvard based surgeon and writer, under the auspices of the New Yorker Festival. The venue was a large auditorium in fashionable Chelsea and every seat was taken. While the stage was empty, the crowd murmured anticipatorily, but when Dr. Gawande strode onto the speaking platform without fanfare, the audience immediately settled into a respectful silence. Tall and lanky, wearing a blazer over jeans, he reminded me of Steve Jobs at an Apple convention.

I have been a fan of Dr. Gawande for a number of years. His New Yorker articles and books are superbly written and generally focus on a particular aspect of medicine in a thought provoking and insightful way, so I was excited to see him in person. It is not necessarily true that an author will possess skills in oral exposition equal to the written form, but I am happy to report that he was about as polished a speaker that I have ever heard. His tone was conversational and personal and if I'd closed my eyes I would have imagined that he was in my living room having a quiet chat with me.

His topic was "End of Life Care," a reprisal, with some added material, from his New Yorker article from last July entitled "Letting Go: What Should Medicine Do When it Can't Save Your Life." His article centered on the story of a young woman pregnant with her first child who was diagnosed with stage 4 lung cancer late in her third trimester. He went on to chronicle the torturous multiple courses of treatment she underwent, ending with an ICU stay on a ventilator where she succumbed to her illness.

Of course, this is an all too familiar tale, but Dr. Gawande used it to illustrate how medicine and society grapple with the "end of life" issue. Unfortunately, of late, it has entered the national political dialogue where the issue is often posed as a question of expense or with hyperbolic citing of "death panels." He brings some vitally needed nuance to this question by giving a detailed account of the experiences of the patient, her family and her various care takers. A couple of things emerge from the aggregate of detail: 1. that the patient was well aware of her prognosis and was philosophically inclined towards acceptance and a peaceful death at home, and 2. her doctors, including Dr. Gawande, were reticent about discussing end of life issues, indeed felt ill equipped by their training to initiate such a discussion. As he points out, modern medicine is good at staving off death but bad at knowing when to focus on improving the days left.

In his talk, he related an anecdote not in his article about an elderly woman with a pulsatile abdominal mass upon whom he was called in the emergency room to consult on. He diagnosed her with a large abdominal aortic aneurysm. The woman asked him many pointed questions about the surgery and the post op course. He explained that it was a significant operation, with multiple risks and a potentially long recovery involving ICU and ventilator care. She asked for an hour or so to think it over and in the end she opted to go home where it was anticipated she would die in the next few weeks. He called her home a couple of weeks later where she lived with her son expecting to hear a male voice, but instead she answered, sounding hale. She lived comfortably for more than a year.

So, it comes down to a fundamental question: to treat or not to treat. Despite our oath to "first, do no harm," the default decision is to treat. Ironically, this is the path of least resistance as it is

*(continued on page 4)*

**The Doctor Fix** *(continued from page 1)*

If Congress is unwilling to stop the pay cuts, then the only solutions acceptable would be either to make it legal for the patient to pay more of his or her bill or to ration care, but not reduce pay to the providers below what it costs to provide good care.

The changes occurring politically are important at a state and local level as well. Medicare was the great equalizer, allowing some practices who were too small to negotiate reasonable fees from the private insurances to survive. Now, if the fee cuts materialize, it will become more important than ever before to support our efforts to pass in Albany the Collective Negotiations Bill (S.5204 (Breslin)/A.4301-A (Canestrari). The bill will allow physicians to collectively negotiate under certain conditions with third party payors. I ask that you join the medical society to help make this hard fought dream a reality. With your help we can make it happen this coming year.

The new health care law (PPACA) allows the formation of Accountable Care Organizations (ACO). ACO's will basically pay physicians and hospitals a fee for a disease and let the organization decide how to best manage its resources. A large group, a hospital practice, and an IPA can be ACO's. We are working toward the goal of new practice payment formulas that will allow a physician to survive while maintaining his autonomy in the new health care age of cost cutting. On the other hand, the new Congress may resurrect the Medical Savings Account concept that has been blocked for years by more liberal thinking members of Congress who felt it would select out low risk patients from poorer high risk ones and thereby increase premiums on the poor. Please take a moment to comment the blog at [www.thewestchesterphysician.com](http://www.thewestchesterphysician.com) about new payment methods being proposed by Health Care think tanks and government administrators.

Now is the time to become involved in the political process and it could be as simple as joining the medical society and expressing your opinion. We are encouraging a dialogue between members and non members. **This December 9th, from 6-9:30pm, we are hosting our annual holiday party at the Knollwood Country Club. Dr. Kira Geraci-Ciardullo, Chair of the Membership Committee, is asking all members to come and to bring one non-member along. There is no charge to attend. Please come and network with colleagues. We will keep you informed of our initiatives and it should be fun. ♦**

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**FROM THE EDITOR . . . Atul Gawande** *(continued from page 3)*

far easier, with all our technological and pharmaceutical tools at our disposal to choose the "active" course. It allows us to skip the awkward conversations about end of life choices which we are mostly ill-equipped by training or temperament to embark upon. The "to treat" option permeates our whole medical culture down to the simple act of writing a script for an antibiotic for a cold rather than taking the extra time to explain why it is not needed. Instead, the medical juggernaut begins its downhill course apace with tortuous ICU stays, body taps and CT scans aplenty.

As Dr. Gawande pointed out, and his story of the woman with the aneurysm is a good example of, doctors are bad at estimating prognosis and therefore are reluctant to proffer any predictions. The patient-doctor conversation is sprinkled with words and phrases such as "hope" and "doing battle" while questions about the patients concerns, i.e., do you worry about being a burden, what do you fear most, where would you prefer to die, are avoided. In an apt analogy, Dr. Gawande asks "do you want a Custer or a Lee as your general?" I personally would opt for Lee.

After the lecture, I waited in the lobby while my wife stood in a long line to the woman's room. I looked over to see Dr. Gawande. I approached him and found him to be just as personable up close as he was on the stage. I gingerly asked him a question about surgical temperament and how different he seemed. I told him about a surgeon during my residency at Bellevue who screamed at me in the peds ICU over some minor matter. He laughed and said "Oh, he wouldn't get away with that today. Things have changed." And then he spotted a woman I assume was his wife emerging from the rest room and they strode off together. ♦

## GUEST COLUMN . . .

# Molly, We Hardly Knew Ye

By Joseph McNelis, MD, Vice President  
Westchester County Medical Society



*They came first for the Communists,  
and I didn't speak up because I wasn't a Communist  
Then they came for the trade unionists,  
and I didn't speak up because I wasn't a trade unionist.  
Then they came for the Jews,  
and I didn't speak up because I wasn't a Jew  
Then they came for me  
And by that time no one was left to speak up.  
-Pastor Martin Niemoller*

*To the press, radio and TV: keep the heat on. To the decent men of labor: for God's sake stop looking the other way, stop apologizing and sidestepping. Begin an all out war against the mob. – Victor Riesel*

Earlier this summer, a lower Manhattan community board gave near unanimous approval to the construction of the Cordoba House, an Islamic community center, at the site of an abandoned Burlington Coat Factory outlet. The building is situated close enough to the destroyed Twin Towers so that large portions of the landing gear and fuselage section of United Airlines Flight 175 crashed through its roof. Many were immediately outraged at the proposal, feeling that the hallowed ground of the martyred would be violated. With the equally close proximity of strip clubs and sex shops to Ground Zero, many others felt that this was a straightforward First Amendment issue. Whatever the ultimate outcome of this proposal, an arguably more severe test to the First Amendment has developed with little commentary.

Islamic texts have forbidden the depiction of the prophet Mohammed. In 2005, Danish cartoonist Kurt Westergaard published several cartoons of Mohammed, precipitating immediate death threats and assassination attempts from fundamentalist extremists. In April 2010, the South Park television show tested its freedom of expression by depicting Mohammed as a bear. Death threats from the website *RevolutionMuslim* to South Park creators Trey Parker and Matt Stone followed, causing Comedy Central to censor the episode. In solidarity with Parker and Stone, Molly Norris, cartoonist for the progressive *Seattle Weekly*, posted a drawing of several inanimate objects with the heading "will the real likeness of the prophet Mohammed please stand up." In the accompanying text, she proposed that "we hereby deem May 20, 2010, as the first annual Everybody Draw Mohammed Day. Do your part to help water down the pool of targets and, oh yeah, defend a little something our country is famous for: (hint: maybe not for long? Comedy Central cooperated with terrorists and pulled the episode) the first amendment. Sponsored by Citizens Against Humor or CACAH (pronounced ca-ca)."

Her sophomoric efforts quickly developed into an unauthorized Facebook page with 100,000 followers. Norris immediately condemned this unintended response. "I am horrified! My one-off cartoon that was specifically about Comedy Central's behavior...is not good for a long term plan. The results have shown to be vitriolic and worse, offensive to Muslims who had nothing to do with the censorship issue I was inspired to draw about in the first place." Ms Norris continued

*(continued on page 7)*

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## GUEST COLUMN . . . Molly, We Hardly Knew Ye

(continued from page 5)

to backpedal and apologize for the controversy, even proposing the event be renamed the "Everybody Draw Al Gore Day." Nonetheless, in July, Anwar al-Awlaki, Yemeni-American jihadi spiritual adviser to Fort Hood's homicidal psychiatrist Major Nidal Malik Hasan, MD and Delta Flight 253 crotchbomber Umar Farouk Abdulmutallab," issued a fatwa ordering Ms. Norris' assassination.

On the CIA drone hit list, al-Awlaki's fatwa has been taken quite seriously by the authorities. On September 8th, Ms Norris' last cartoon was printed. Seattle Weekly editor Mark Fefer wrote on her absence. "You may have noticed that Molly Norris' comic is not in the paper this week. That's because there is no more Molly. The gifted artist is alive and well, thankfully. But on the insistence of top security experts at the FBI, she is, as they put it, "going ghost": moving, changing her name, and essentially wiping away her identity. She will no longer be publishing cartoons in our paper or in City Arts magazine, where she has been a regular contributor. She is, in effect, being put into a witness protection program-except, as she notes, without the government picking up the tab."

To this point, Ms Norris' plight has been ignored, particularly by the expected defenders of the First Amendment. The ACLU has objected to President Obama's targeting of al-Awlaki, but not al-Awlaki's targeting of Norris. President Obama has commented, albeit equivocally, on the Cordoba House, but not on Ms Norris. *The Nation* magazine has not carried the banner for Ms Norris. Nor have the columnists at the *New York Times*, from Maureen Dowd to Frank Rich to Bob Herbert. Nicholas Kristoff mentions her name in a meandering apologia to all the world's Muslims, but does not expound further on her situation. (NYT, September 19) Not even a concerned, much less outraged, letter to the editor has been printed. As Juan Williams recently discovered, the political correctness doctrine trumps the Bill of Rights. These are perilous times for freedom of the press, with cynicism and fear amongst the greatest threats. "There is no more Molly", observes her numbingly detached editor. No, Mr. Fefer, I'm Molly Norris! We are all Molly Norris. ♦

## New NPI Claims Submission Requirements

Since September 1, 2008, New York Medicaid has required the submission of the Prescriber National Provider Identifier (NPI). Effective December 2, 2010, New York Medicaid will implement claims editing to enforce the submission of the Prescriber's NPI with pharmacy claims.

**Beginning December 2, 2010, all pharmacy claims should include the Prescriber NPI in the Prescriber ID field (411-DB) and a "01" in the Provider ID Qualifier field (465-EY). Pharmacy claims submitted with a prescriber's MMIS Provider ID number or profession code and license number will be denied for "Missing Prescribing NPI."**

The NPI number is currently being imprinted on prescription pads for practitioners who have provided their NPI number to the New York State Official Prescription Program. If the number has already been provided, it will be listed in the online 'profile.'

Practitioners may send an e-mail to: [narcotic@health.state.ny.us](mailto:narcotic@health.state.ny.us) and provide their NPI number to the New York State Official Prescription Program. Please include the name, state license number and NPI number in the e-mail. The NPI number will also be requested during the registration process. NOTE: While providing a NPI to the prescription program is optional, doing so will ensure that the dispensing pharmacy can efficiently meet claims submission requirements. Alternatively, a practitioner may write or stamp their NPI number on the official prescription. For practitioners who wish to obtain a NPI number, please contact the NPI registry at (800) 465-3203 or visit: <https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart> For questions relating to the New York State Official Prescription Program, please call (866) 772-4683. ♦



## WCMS Public Health Corner

### ACIP Booster Recommendations

#### *Pertussis Booster for Adults*

The CDC announced the ACIP's recommendation that booster vaccine for diphtheria, tetanus and pertussis be routinely given to people age 11 to 64 as well as people age 65 and older who are often around infants. This past year the pertussis epidemic in California has received the most publicity, but New York has also experienced an alarming increase in cases, 383 as of August 31 compared to 181 in 2009.

#### *Meningitis Booster for Teens*

Having determined that the meningitis vaccines, Menactra/Sanofi and Menveo/Novartis, may only be effective for 5 years, instead of 10 as originally thought, the CDC's Advisory Committee on Immunization Practices (ACIP) announced its recommendation on October 27, 2010, that teenagers be given a booster dose of meningococcal vaccine at age 16 in addition to being given the vaccine initially between the ages of 11 and 12. Those who are not initially vaccinated until age 11 through 15 should receive a booster five years later. The booster should protect youth living in college dormitories and military barracks, where outbreaks are most likely to occur. ♦

### **NYSDOH and AAP Advise Flu Vaccine for all Healthcare Personnel**

Both the New York State Department of health (NYSDOH) and the American Academy of Pediatrics (AAP) have recently published statements that emphasize the importance of having all healthcare personnel (HCP) receive seasonal influenza vaccine to safeguard the health of patients and HCP. The AAP published a policy statement in its October Pediatrics issue that recommended "Mandatory Influenza Immunization of All Healthcare Personnel." Less than two weeks later, NYSDOH Commissioner Richard F. Daines, MD, issued a letter to physicians "to reiterate the critical importance of the influenza vaccination for all healthcare personnel as the single most important tool we have to prevent the transmission of influenza."

Although vaccination of HCP is not mandatory, Commissioner Daines urges physicians to take actions that will both encourage and make it easy for all HCP in their practices to be immunized. The NYSDOH has an online tool kit with recommendations on how to do this. They include educating staff on the benefits of immunization, providing vaccine at no cost and offering vaccination at work during work hours.

Commissioner Daines' letter also recommended the following actions to prevent the transmission of disease within healthcare facilities, including physician offices:

- *Implement respiratory hygiene and cough etiquette*
- *Insist that ill personnel stay home until well*
- *Implement environmental and engineering infection control measures*
- *Adhere to infection control precautions for all patient care activities* ♦



## National Government Services Provider Enrollment has a New Telephone Number

National Government Services now has direct telephone lines for provider enrollment. You no longer must call the Provider Customer Care line and wait to talk with someone regarding provider enrollment.

To access Provider Enrollment assistance in your area, just call the appropriate number: Jurisdiction 13 (*Connecticut and New York*): 888-379-3807. Call this number for your enrollment status, for assistance with the CMS-855 form, or with other enrollment-related questions.

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### **Westchester County Medical Society**

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Kevin Lynch, President of NY Services, Inc., the Society's endorsed Health Care Administrator, will present a short presentation on Health Care Reform, including the new Federal and State laws, discuss insurance company responses, the impact on rates, and detail the laws effect on Medicare and Medicare Supplemental Options.

After the presentation, Mr. Lynch will be available for a question and answer period and one on one consultations to discuss individual member concerns and HCR's impact on their practice. He is also available for a free health care analysis/consultation at your home or office at your convenience as a Westchester County Medical Society Member Benefit. *A light meal and refreshments will be served.*

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*Seating is limited so please RSVP as soon as possible to Brian Foy at (914) 967-9100 or [bfoy@wcms.org](mailto:bfoy@wcms.org) or to Mr. Lynch at (845) 786-0702 or [medsave@aol.com](mailto:medsave@aol.com).*

## 2011 MEMBERSHIP DUES

You should have now received your 2011 Dues Statement. Please remit your dues as soon as possible so that we can continue to work on your behalf.

*THE STRENGTH OF THE WCMS COMES FROM  
THE SUPPORT OF ITS MEMBERSHIP!*

## MSSNY Selects Kern Augustine as General Counsel

In a move aimed at expanding advocacy efforts and legal resources for New York State physicians, the Medical Society of the State of New York (MSSNY) has announced the appointment of Kern Augustine Conroy & Schoppmann, P.C. as its General Counsel. This is the first time MSSNY has appointed outside counsel to fill this important role, and it comes at a time of increasing challenges to the medical profession. Calling KACS "*a tremendous ally to the Medical Society and to New York's physician community*," MSSNY's Executive Vice-President, Rick Abrams says the change from what has been a traditional in-house function will form the centerpiece of MSSNY's efforts to pursue a more aggressive legal advocacy agenda in this rapidly changing legal-medical environment, while still providing members the legal services they have traditionally enjoyed. Kern Augustine Conroy & Schoppmann, P.C. is also the legal counsel to the Westchester County Medical Society. ♦

## New Voluntary Self-Referral Disclosure Protocol for Stark Violations

On September 23, 2010, the Centers for Medicare and Medicaid Services (CMS) released the new voluntary Self-Referral Disclosure Protocol (SRDP) for the disclosure of actual or potential violations of the Stark law. The SRDP is the counterpart to the Office of Inspector General (OIG) self-disclosure protocol which governs self-disclosures of violations of the Anti-Kickback Statute. As per the SRDP, providers may self-report Stark violations via an electronic filing process. A disclosing party must provide a detailed description as to why the party believes a Stark violation has occurred, including the circumstances surrounding the identification of the disclosure, a "complete legal analysis" of the application of the Stark law to the matter being disclosed, any corrective action that has been taken, and a financial analysis of the identified actual or potential violation. Although the SRDP provides a mechanism to self-report, self-reporting does not guarantee any specific result for the disclosing party. It is also important to note that CMS reserves the right to refer matters to other law enforcement agencies, including the OIG and Department of Justice, for the resolution of non-Stark related violations. Therefore, a thorough legal analysis must be conducted prior to making a decision regarding self-disclosure through the SRDP. ♦

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# Ophthalmology Section Gathers for its First Meeting of the Year



*By Morris Glassman, MD*

The Westchester Academy of Medicines's Ophthalmology Section, held its first meeting of this academic year on October 12. Over 40 ophthalmologists from all over Westchester County met at Le Panetiere Restaurant to share ideas, build relationships and hear a talk given by Jim Rienzo, Senior Eye Care Business Advisor at Allergan, Inc.

The talk covered electronic health records. EHR has become a hot topic ever since the Government is offering "incentives" to install these systems. We were reminded of the multiple issues associated with EHR. These include mutual compatibility, conversion, the added benefits as well as the costs, both monetary and time related. Those in attendance all came away with added knowledge and comfort in their decision on implementation either now or in the future.

The Ophthalmology Section has been fortunate to have benefited from these meetings for the last half decade. With excellent direction, speakers, attendance and professional growth, this section continues to excel in physician education and in maintaining a collegial atmosphere between the many ophthalmologists in Westchester County. ♦



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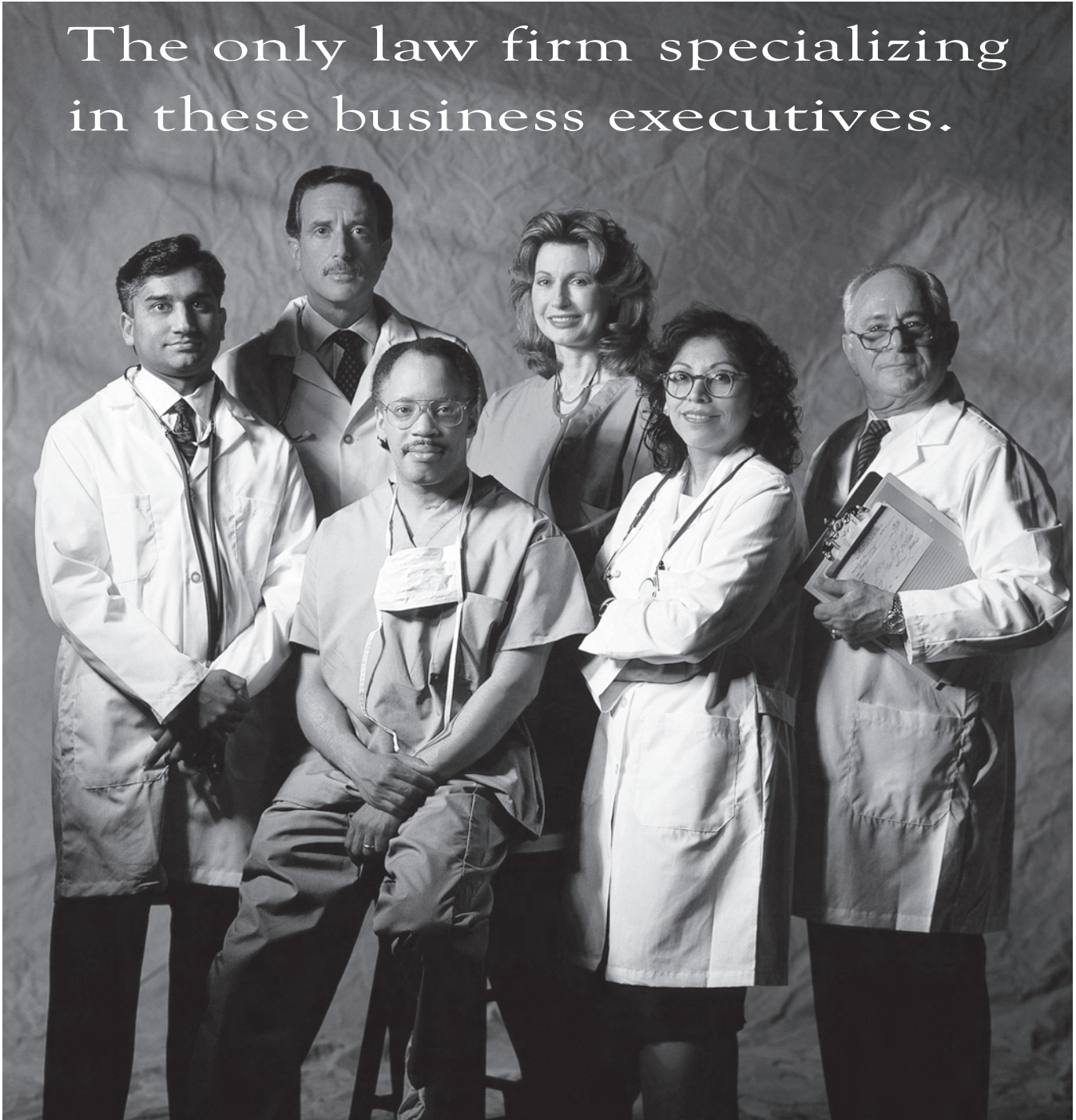
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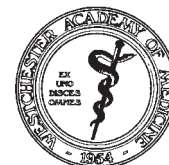
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## In Memoriam



It is with sadness that the Westchester County Medical Society notes the passing of two of our past presidents:

### ❧ Richard L. Fenton, MD ❧

Dr. Fenton, Orthopedic Surgeon and WCMS/Academy Life Member and Past President, passed away on October 5, 2010. Dr. Fenton had a private practice as an Orthopedic Surgeon in Tarrytown for many years. He served as President of the Phelps Memorial Hospital Medical Board from 1976-1979, and as President of the Westchester County Medical Society in 1984. Dr. Fenton was also a member of the Medical Society of the State of New York, the American Medical Association, the American College of Orthopedic Surgeons and the American College of Surgeons. He was a veteran of the Korean War where he served as an Army Captain in Fort Bragg, NC and was also the Chief of Orthopedics. Donations may be made to Phelps Hospice, 701 North Broadway, Sleepy Hollow, NY 10591. ♦

### ❧ Thomas Dignan Rizzo MD ❧

Dr. Rizzo, WCMS/Academy Life Member and President of the Westchester County Medical Society in 1975, passed away on November 2, 2010. He was the father of Dr. Peter Rizzo, WCMS President in 2006. Dr. Rizzo was a cum laude graduate from Georgetown University and Georgetown Medical School. He trained in surgery at St. Vincent's Hospital and in Orthopedic Surgery at The Hospital for Special Surgery. He also was a Fellow of the American College of Surgeons. Dr. Rizzo entered private practice in 1963, and was a member of the surgical staff at Lawrence Hospital in Bronxville until his retirement in 2009. He was a member of the American Medical Association, Georgia Orthopaedic Society, Medical Society, Alpha Omega Alpha Honor Medical Society, Eastern Orthopedic Association, Georgetown University School of Medicine Board of Visitors, and the American Academy of Orthopedic Surgeons. Dr. Rizzo was an honorary usher at the Cathedral of Saint Patrick, where he was privileged to serve during the Papal visits of John Paul II and Benedict XVI. A memorial service at St. Joseph's Church, Bronxville, NY, will be determined at a later date. Donations may be made to St. William Catholic Church or the Hospice of the Golden Isles in Brunswick, GA. ♦

## Welcome! WCMS/Academy New Members

**Theodore Chambers, MD**  
(Vascular & Interventional Radiology)  
*White Plains*

**Ann Engelland, MD**  
(Pediatrics)  
*New Rochelle*

**Jennifer Koestler, MD**  
(Internal Medicine/Pediatrics)  
*Valhalla*

**Amy Tye Magneson, MD**  
(Obstetrics/Gynecology)  
*White Plains*

**Kerline Marcelin, MD**  
(Ophthalmology)  
*Cortlandt Manor*

**Mary Rosser, MD**  
(Obstetrics/Gynecology)  
*Bronxville*

**Monica Scantlebury, MD**  
(Internal Medicine/Endocrinology)  
*Bronx*

**Gerard Schiller, MD**  
(Ophthalmology)  
*White Plains*

**Jeffrey Yormak, MD**  
(Orthopedic Surgeon)  
*Carmel*

## Will Your Payments Stop January 3, 2011?

Do you order laboratory tests, radiology services, other types of diagnostic tests, diabetes self management training, medical nutrition therapy or durable medical equipment or supplies?

If the answer is yes, your National Provider Identifier (NPI) is entered on claims sent to Medicare as an ordering/referring physician. Beginning January 3, 2011 when those claims each your Medicare contractor and the NPI entered as the ordering/referring is not in the Provider Enrollment, Chain and Ownership System (PECOS) those claims will reject and not be paid.

If you order or refer items or services for Medicare beneficiaries and you do not have an enrollment record in the Provider Enrollment, Chain and Ownership System (PECOS), you need to submit an enrollment application to Medicare.

The fastest, easiest way to enroll is through the Internet-based PECOS. To learn more about the January 3, 2011 deadline, go to the Centers for Medicare & Medicaid Services MLN website and review their MLN Matters Special Edition article SE1011 at <http://www.cms.gov/MLNMattersArticles/downloads/SE1011.pdf>. ♦



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## Much More than just Underwriting and Claims

Gary P. Andelora  
Medical Liability Mutual Insurance Company

After speaking to many Medical Liability Mutual Insurance Company (MLMIC) insureds and their staffs throughout the State, it became apparent to me that most policyholders *do* understand the basic services MLMIC provides in the areas of Underwriting and Claims Management. Having been in the professional liability insurance business since 1975, MLMIC is known for having the most knowledgeable and experienced underwriting and claims staffs of all the professional liability insurers in the country. However, there are other valuable services MLMIC provides which may be overlooked by some policyholders. These additional services include those offered by the attorneys at Fager & Amsler (F&A), counsel to MLMIC, and the comprehensive risk management education offered by MLMIC's Risk Management Department. This article will explore some of these services.

### Legal Services

Fager & Amsler attorneys are available during normal business hours to assist policyholders with a wide range of legal services, including, but not limited to, advisory opinions concerning liability issues, liability litigation activities, lecture programs, consulting services, and legal audits and assessments. Below are some of the frequently discussed issues the attorneys address:

- *Dealing with angry, threatening, or noncompliant patients and their families;*
- *Discharging patients from a practice;*
- *Discontinuing a medical practice;*
- *Release and retention of medical records;*
- *Peer review protection and concerns;*
- *Release of records due to unusual situations – divorce, custody, deceased patients;*
- *HIPPA, HIV, mental health issues, and alcohol and drug treatment confidentiality;*
- *Law enforcement and confidentiality issues;*
- *How to respond to patient complaints;*
- *OPMC issues and the need to have an attorney present;*
- *Patients who are seeking and/or abusing drugs.*

While this list is certainly not all inclusive, it should give MLMIC insureds an idea of some of the legal information to which they have access. In addition, F&A's attorneys regularly review and update all risk management forms and legal templates, such as H1N1 consent forms and other informed consent forms. They also routinely review subpoenas, authorizations, and other legal documents seeking medical information from MLMIC insureds.

Policyholders who have legal issues and questions are encouraged to call Fager & Amsler to speak with one of the attorneys. They can be reached at (212) 889-2498 (Manhattan); (877) 426-9555 (Syracuse); (516) 794-7340 (Long Island); and, (518) 786-2880 (Albany area).

*(continued on page 17)*



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## **MLMIC—Much More than just Underwriting and Claims**

*(continued from page 16)*

### **Risk Management Services & Continuing Medical Education**

MLMIC'S risk management professionals also provide many services about which policyholders may be unaware. For example, the Risk Management Department offers educational programs that help improve patient care and, ultimately, reduce the frequency and severity of claims. MLMIC is accredited by the Medical Society of the State of New York (MSSNY) to provide continuing medical education (CME) for physicians. MLMIC's Risk Management Department utilizes conventional formats and new technologies, including an Internet-based format, to provide and deliver its CME programs. Physicians who satisfactorily complete these programs are able to earn CME credits, the applicable premium credit, and also qualify for participation in the medical malpractice excess insurance program.

MLMIC's Risk Management personnel also offer policyholders a number of additional services, including advisory opinions, a resource lending library, a speakers' bureau, educational lectures and seminars. Like those lectures provided by F&A attorneys, the educational lectures and seminars presented by the risk management staff are frequently presented at MLMIC-insured facilities and office practices. The programs are individually tailored to meet the needs of the target audience. Frequently addressed topics include basic risk management procedures and malpractice prevention measures.

MLMIC's Risk Management Department also offers Regional Network Meetings which are held twice a year at convenient times and locations for MLMIC insureds. The topics presented at these regional meetings are based on feedback received by policyholders, as well as timely subject matter that needs to be addressed.

Working closely with F&A attorneys, the Risk Management Department will provide to policyholders, upon request, consent forms, form letters, legal memos, bulletins, and guidelines, all of which cover a wide variety of issues, such as Authorization for Release of Information and Informed Consent Forms. It has also published and distributed collateral materials pertaining to current healthcare, legal, risk management, and insurance issues, in an effort to keep policyholders apprised of current news and updated information. MLMIC's biannual newsletter, [Dateline](#), is one such publication. A complete list of materials appears on MLMIC's Web site. To contact the Risk Management Department by telephone regarding any of the services it provides, please call (800) 275-6564 (Manhattan); (877) 777-3560 (Long Island); (800) 356-4056 (Syracuse); or (800) 635-0666 (Albany)

### **Resource Lending Library**

MLMIC's Lending Library is available to all policyholders at no charge and may be accessed via MLMIC's Web site at [www.mlmic.com/portal/lib\\_home.aspx](http://www.mlmic.com/portal/lib_home.aspx). To date, thousands of policyholders have borrowed materials from the Library, which consists of over 2,000 books and audiovisual materials, on topics such as risk management, patient safety, and quality improvement. Policyholders may also submit library and research requests (library searches, literature services, and cyber-searches) by contacting Judi Kroft, Library Services Administrator, at (800) 635-0666, ext. 2786, or by e-mail to [jkroft@mlmic.com](mailto:jkroft@mlmic.com).

Providing excellent service to its policyholders has always been one of MLMIC's major goals. MLMIC is *not just about* underwriting and claims. Hopefully, the information presented in this article will help policyholders understand the magnitude of the many services MLMIC provides. ♦



## PHYSICIANS' GRASSROOTS ADVOCACY CHECKLIST



It's time to cure a chronic problem. On December 1, a **23 percent** cut to Medicare physician payments is scheduled to take effect. Join the American Medical Association (AMA) in sending members of Congress a loud, clear message that the broken Medicare payment system must be fixed, and that physicians and their patients must be treated fairly.

### HERE'S HOW YOU CAN HELP:

**Make a national house call on Congress on November 17!**

**November 17** is White Coat Wednesday, when physicians from across the country will call their U.S. senators to urge them to act on this issue. Call the AMA's grassroots hotline at **(800) 833-6354**, and we'll put you in touch with your respective senators so you can express your outrage about the impending cuts.

**(800) 833-6354**

**Review your Medicare participation options *before* December 31**

Assess which Medicare options are right for your practice with the AMA's new Medicare Options toolkit. Visit [www.ama-assn.org/go/medicareoptions](http://www.ama-assn.org/go/medicareoptions) to get your toolkit and learn more. Be sure to submit any changes in status for 2011 before December 31, 2010. Share the Medicare toolkit link with 10 of your physician colleagues—they'll be glad you did.

[www.ama-assn.org/go/medicareoptions](http://www.ama-assn.org/go/medicareoptions)

**Join the AMA Physicians' Grassroots Network**

Stay informed! Turn to the AMA to keep you up to date with what's really going on in Washington. Join the AMA Physicians' Grassroots Network to receive timely information and legislative alerts.

**The greater our numbers, the more powerful our voice.** Encourage five fellow physicians to sign up for e-alerts from the AMA Physicians' Grassroots Network.

[www.ama-assn.org/go/grassroots](http://www.ama-assn.org/go/grassroots)

**Share your story**

Send an e-mail to [SGRcrisis@ama-assn.org](mailto:SGRcrisis@ama-assn.org) to tell the AMA how Medicare payment disruptions in 2010 affected you and your practice.

[SGRcrisis@ama-assn.org](mailto:SGRcrisis@ama-assn.org)

**Educate patients about the severity of the problem**

Inform your patients about the damage Medicare cuts could have on their care. Visit [www.ama-assn.org/go/medicareoptions](http://www.ama-assn.org/go/medicareoptions) to print 50 patient-focused fliers and distribute them in your waiting area. Give your patients accurate information and encourage them to call their Congressional leaders to voice their concerns.

[www.ama-assn.org/go/medicareoptions](http://www.ama-assn.org/go/medicareoptions)

**Expand your patients' legislative knowledge**

Your patients can sign up for e-alerts on the impact of Medicare cuts through the AMA's Patients' Action Network.

[www.patientsactionnetwork.org](http://www.patientsactionnetwork.org)

**Leverage your connections**

Do you have a good relationship with a new or returning member of Congress or his or her staff? Then join the AMA's Very Influential Physician (V.I.P.) team! Your personal relationships with legislative leaders can help ensure that physicians have an influential voice now and in the future. Visit [www.ama-assn.org/go/VIP](http://www.ama-assn.org/go/VIP) to fill out the key contact survey.

[www.ama-assn.org/go/VIP](http://www.ama-assn.org/go/VIP)

*Happy Holidays*



WESTCHESTER ACADEMY OF MEDICINE  
&  
THE WESTCHESTER COUNTY  
MEDICAL SOCIETY  
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&  
SILENT AUCTION

Thursday, December 9, 2010

6 - 9:30 pm

Knollwood Country Club

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Elmsford, NY

(914) 592-7411



**We'd like to take this opportunity to invite you to the Annual Members Holiday Party to be held on Thursday, December 9th, at the Knollwood Country Club. This party is open to all members, their families and guests.**

**Also, please consider donating an item for our Silent Auction, to be held in conjunction with our Holiday Party. All proceeds from this Auction benefit the Westchester Academy of Medicine and our Scholarship Fund activities.**

**You may also sponsor a page in our Holiday Brochure! To make a reservation or a donation, Contact Karen Foy at (914) 967-9100 or by email: [kfoy@wcms.org](mailto:kfoy@wcms.org)**

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