

WESTCHESTER PHYSICIAN

March 2016

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PRESIDENT'S MESSAGE

NOBODY DOES IT BETTER

A big part of the success of many organizations is the work of staff behind the scenes. They are the unsung heroes who deserve recognition. When Brian and Karen Foy left Westchester County one year ago, we needed to make a major change. Louis McIntyre, Gino Bottino, Tom Lee, and I interviewed candidates for the WCMS – and we hit the jackpot. I want to introduce them to you.



Kalli Voulgaris, Rhonda Nathan, and
Janine Miller

Rhonda Nathan has been the accounting manager for the Medical Society for the past 6 years. She was part of the glue that held us together in transition. Her responsibilities include financial accounts, budget analysis, payroll, and the year end audit. The Academy Scholarship Fund has been her special project, and overwhelming success. Ronnie graduated from Binghamton University with a BS in Accounting, and has worked at Computer Associates, Echo Lake Industries, and Private Equity, prior to joining the Medical Society. She loves the movie industry, and regularly attends Film Festivals around the country. I have never seen Ronnie without a smile on her face – she is the eternal optimist, and lifts everyone's spirits.

Kalli Voulgaris has been with the Society since early June. She coordinates our CME Joint Sponsorship Program, Workers Compensation, and Membership. Kalli is a 2006 graduate of NY Medical College with a MPH in Health Policy and Management. She and her husband George recently celebrated their 33rd Wedding Anniversary, and have two grown children, Stephanie and Alexander. Kalli has worked in healthcare for over 20 years, having held administrative positions in Cardiology and Neurology at Mount Sinai Hospital, and NY Presbyterian/Columbia University. The importance of CME to the Academy cannot be overstated. Kalli has mastered the rules of MSSNY, and the ACCME quickly, and has taught me a great deal as Chair of the CME

(Continued on page 3)



THOMAS J. LESTER, MD
President, WCMS

INSIDE THIS ISSUE

From the Editor.....	2
MLMIC Announcement.....	3
MSSNY Leg Day Recap.....	4
Member Healthcare Benefit.....	6
DOH E-rx Exemptions.....	7
Annual Meeting Invitation.....	8
Souvenir Journal Info.....	9
HOD 9th District Resolutions.....	10
MLMIC Dividend Info.....	13
CMS Updates.....	15

UPCOMING EVENTS

MSSNY House of Delegates
Friday April 15—Sunday, April 17
Westchester Marriott
Tarrytown, New York

WCMS/WAM Annual Meeting
Friday, June 3, 2016
Westchester Country Club
Rye, New York

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FROM THE EDITOR...
PETER J. ACKER, MD
PERSUASION



The Sunday Time's book review of March 6 contained an interesting review of a book entitled **The Fever of 1721: The Epidemic That Revolutionized Medicine and American Politics** by Stephen Coss. The book, as detailed in the review, describes the myriad events associated with a smallpox epidemic which decimated Boston in 1721. It was a pivotal time in American history when the puritanism of the 1600's was beginning to meld with growing movement towards independence and separation of religion and state. It also coincided with the emergence of the first independent American newspaper by James Franklin (Benjamin's older brother) and the continuing of the emergence of modern science. In a tale replete with multiple ironies, it was the Rev. Cotton Mather who learned from one of his African slave's the West African method in which pus from an infected person inserted into another would result in a milder form of the disease and confer in most cases immunity. Despite opposition from the political leaders of the day, he was able to convince a local physician to perform the inoculations and the epidemic abated.

This early account of a nascent vaccination program is fascinating in that it was pushed by a religious person who presumably rested his faith in God, but in a moment of apparent cognitive dissonance was able to trust information from Africa conveyed by a slave who had been brought to this land by force and then align himself with science via collaboration with a physician. It's sort of a reverse of the old aphorism: "there are no atheists in foxholes" in that a man of religious faith in time of stress turns to a different authority.

This story caused me to meditate a bit on the different "authorities" that influence our decisions today. Of course, our particular history with its tradition of free speech and free debate has created a people who are naturally suspicious of authority, and indeed healthy skepticisms as served us well in many respects. Our free press vigilantly investigates the powerful institutions and frequently successfully exposes hypocrisy and oppression. A notable example is the Boston Globe's investigation of the Catholic Church in Boston so memorably recounted in the movie **Spotlight**. This in general is a good thing, the notion that everyone has a voice, that all opinions should be expressed and that each citizen can and indeed should "speak to power". However, there is a flip side which I am reminded every time I have a long discussion with a skeptical parent about vaccinating their children. In this case, I represent the authority. In today's internet age, there is a constant din of countervailing opinions and it is usually an uphill struggle. In addition, we are sometimes wrong –

(Continued on page 15)

PRESIDENT'S MESSAGE

NOBODY DOES IT BETTER

(Continued from page 1)

Committee. Her approach to our Joint Sponsors is very collaborative – she teaches them the rules of the approval process, rather than punishing them for failure. It is a great pleasure to work with someone with such insight and skill, and in the true spirit of learning and education.

Janine Miller has assumed the role of Executive Director of the Medical Society. And she seems born and bred for the role. Janine is a 2007 graduate of the University of Arizona with a BA in Psychology, and has plans to pursue an MPA in the near future. She had previous experience as an Administrator for the Bronx County Medical Society from 2007-2010, and prior to joining us last year, worked at Columbia University in the Center for Climate and Life. She is married to her husband of 8 years, Rich Miller, and has two children, Maeve (5) and Patrick (3). When she heard about the opening in Westchester County, she knew immediately that this was the right position for her, and was determined not to let it get away. I remember the first time I met Janine in Louis McIntyre's office across the street from our office, and I asked Janine what she wanted to do as Executive Director. She wanted to make a difference in the role the Society played in physician's lives. She wanted to make it relevant again – to shake things up a bit. She had a passion for being part of a change in the way the Society worked. Although we had other candidates to interview, when Janine left us that evening, I knew she was going to be the Director. We all agreed.

I have just loved working with our staff!!! They are a great Team, and deserve more recognition than they have received. Janine recently asked me for an evaluation of her job as Executive Director, and the way the Team has worked together over the past year, and here it is:

Nobody does it better.

Nobody does it half as good as you.

Ladies, you're the BEST!!!



MICHAEL J. SCHOPPMANN JOINS MLMIC'S SERVICE COMPANY

MLMIC announces the appointment of Michael J. Schoppmann, Esq. as President of our service company subsidiary. In this role, Schoppmann will work closely with Edward J. Amsler, CEO of the service company, to serve the needs of MLMIC policyholders. Schoppmann's long history of protecting doctors in New York State will contribute to the superior protection, sound defense and active risk management we offer all of our insureds.

Michael J. Schoppmann's legal career spans 30 years, and his tenure defending healthcare professionals has earned him national regard. Prior to joining MLMIC, Schoppmann was the managing principal partner in a private firm (Kern, Augustine, Conroy & Schoppmann) where he dedicated more than two decades of his career to providing counsel to physicians and other health care providers. His background, reputation and drive will be extremely valuable to MLMIC as we continue to serve policyholders in an increasingly competitive environment.



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MSSNY LEGISLATIVE DAY RECAP



Louis McIntyre, MD, Immediate Past President; Thomas Lee, MD, Past President; Janine Miller, Executive Director; Thomas Lester, MD, President; Gino Bottino, MD, President-elect & Joseph Tartaglia, MD, Academy President

On Tuesday, March 8, 2016 MSSNY held its annual Legislative Day event. The Westchester County Medical Society represented the physician membership with a group of 10 physicians pictured above—Dr. Louis McIntyre, Immediate Past President; Dr. Thomas Lee, Past President; Dr. Thomas Lester, MD, President; Dr. Gino Bottino, MD, President-elect and Dr. Joseph Tartaglia, MD, Academy President (Not pictured: Dr. Paul Pechman; Dr. Karen Pechman; Dr. Antonella Tartaglia; Dr. Andrew Kleinman, Immediate Past President MSSNY; and Dr. Kira Geraci-Ciardullo, MSSNY Speaker. MSSNY held an informational session for the morning program that included a CME, a panel to discuss updates on DSRIP, NY State of Health and the Stability of Health Insurance. The panel included Jason Holgerson, Medicaid Director, Department of Health; Troy Oechsner, Acting Executive Deputy Superintendent of Insurance; and Donna Frescatore, Executive Director, The NY State of Health. During this panel the audience was encouraged to participate through questions submitted via note card to be presented by Dr. Maldonado. The discussion was very informative.

The morning program also included a panel on Health Insurance: *How we can protect the physician-patient relationship*. The panel included Senator Kemp Hannon, Chair Senate Health Committee; Senator James Seward, Chair, Senate Insurance Company; Assemblyman Richard Gottfriend, Chair, Assembly Health

Committee and Assemblyman Kevin Cahill, Chair, Assembly Insurance Committee.

The Westchester physicians along with Janine Miller, Executive Director were able to meet with many of our local legislators and their staff people including Senators Murphy, Latimer, Stewart-Cousins, and Klein; Assemblymen Otis, Katz, Abinanti, and Buchwald; and Assemblywomen Galef and Paulin. Our group spoke about the importance of some of the items in the Governor's budget including: changes to excess liability coverage; for-profit retail clinics; scope of practice expansion for treatment of injured workers; and elimination of the right of the patient's physician to choose the medication that is most appropriate for their patient in Medicaid. There are also several other issues that were discussed with our local legislators including: support of a guarantee fund and reimbursement for the collapse of Health Republic; support meaningful tort reform changes; support the enactment of reasonable changes to the e-prescribing law; support of legislation to prevent insurers from unjustly narrowing their networks; and support of legislation to prohibit insurers from requiring patients to "fail first" on medications before they can access the medications best suited to address the patient's medical condition.

Overall the day was a success, as many of our local legislators were engaged in the discussion of the issues that are most important to not only physicians of Westchester, but New York State as a whole. We would like to thank all of the people who took time out from their practices to join us in Albany. The value of the work you do is immeasurable.



Janine Miller, Executive Director, Thomas Lee, MD; Louis McIntyre, MD; Thomas Lester, MD and Gino Bottino, MD—Photo credit: Jo-

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of Health**

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Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

Dear Practitioners and Pharmacists:

This letter is to inform you of a blanket waiver with respect to the electronic prescribing requirements, pursuant to Public Health Law (PHL) § 281 and Education Law § 6810, that go into effect on March 27, 2016, for exceptional circumstances in which electronic prescribing cannot be performed due to limitations in software functionality. The exceptional circumstances for which this waiver applies are set forth in this letter.

The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit American National Standards Institute (ANSI) - Accredited Standards Development Organization that represents virtually every sector of the pharmacy services industry specific to the transfer of data relation. The standards developed by NCPDP allow only a limited number of characters in the prescription directions to the patient, including, but not limited to, taper doses, insulin sliding scales, and alternating drug doses.

Similarly, for compound drugs, no unique identifier is available for the entire formulation. Typing the entire compound on one text line may lead to prescribing or dispensing errors, potentially compromising patient safety.

Further, the New York State Department of Health (Department) is mindful that practitioners are required to issue non-patient specific prescriptions in certain instances, and that such prescriptions cannot be properly entered into the electronic prescription program.

Also, the Department acknowledges that in a nursing home/residential health care facility setting, electronic prescribing may not be available due to technological or economic issues or other exceptional circumstances, including a heavy reliance upon oral communications with the prescriber and pharmacy.

For these reasons, pursuant to the authority in Public Health Law § 281(3), I waive the following exceptional circumstances from the requirements of electronic prescribing:

1. any practitioner prescribing a controlled or non-controlled substance, containing two (2) or more products, which is compounded by a pharmacist;
2. any practitioner prescribing a controlled or non-controlled substance to be compounded for the direct administration to a patient by parenteral, intravenous, intramuscular, subcutaneous or intraspinal infusion;
3. any practitioner prescribing a controlled or non-controlled substance that contains long or complicated directions;
4. any practitioner prescribing a controlled or non-controlled substance that requires a prescription to contain certain elements required by the federal Food and Drug Administration (FDA) that are not able to be accomplished with electronic prescribing;

(Continued on page 12)

THE MEDICAL SOCIETY OF THE COUNTY OF WESTCHESTER

AND

THE WESTCHESTER ACADEMY OF MEDICINE

CORDIALLY INVITES YOU TO ATTEND OUR

ANNUAL MEETING AND PROGRAM**FRIDAY, JUNE 3, 2016****WESTCHESTER COUNTRY CLUB****WESTCHESTER ROOM
99 BILTMORE AVENUE
RYE, NY 10580****6:00 - 7:00 P.M.****NETWORKING RECEPTION****7:00 P.M.****BUFFET DINNER****INSTALLATION OF 2016-2017 MEDICAL SOCIETY & ACADEMY OFFICERS****REMARKS OF *JOSEPH TARTAGLIA, MD*, ACADEMY PRESIDENT*****REMARKS OF THOMAS J. LESTER, MD******OUTGOING WCMS PRESIDENT******REMARKS OF GINO BOTTINO, MD******INCOMING WCMS PRESIDENT******SPECIAL RECOGNITION:******2016 "FRIEND OF MEDICINE" AWARDEE******DEE DELBELLO***

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The Westchester County Medical Society
 Annual Meeting honoring
President-elect, Gino Bottino, M.D.
 Friday, June 3, 2016
 Westchester Country Club, Rye New York
 6:00 PM Cocktails - 7:00 PM Dinner – Westchester Room

2016 Souvenir Journal

In recognition of:
Gino Bottino, MD our President-elect,
Thomas Lester, MD our Outgoing-president, and our
"Friend of Medicine" award recipient, **Dee DelBello**

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 2, 2016**

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

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MSSNY House of Delegates Meeting

April 15 - 17, 2016

A reminder that ***all*** WCMS members are welcome to participate in the MSSNY Annual Meeting. **You do not have to be a delegate to MSSNY to attend. Below is a summary of the resolutions submitted by the Westchester County Medical Society and the Ninth District Branch.** Any member may attend and speak at the Reference Committee hearing on Friday, April 15, beginning at 9:30 a.m. Members can sit in on the deliberations of the MSSNY HOD (Friday, 8 a.m., Saturday, April 16 and Sunday morning, April 17) as it debates/establishes policy based upon resolutions submitted by physicians.

Attorney Ads on Drug Side Effects

RESOLVED, That MSSNY seek by legislation and/or regulation to prohibit attorney commercials that may cause the patients to discontinue medically necessary medications.

Combine MSSNY HOD with Legislative Day

RESOLVED, That the Medical Society of the state of New York have the House of Delegates meeting combined with Legislative day.

Laymen's Medical Advice Policy

RESOLVED, That the Medical Society of the State of New York support a public campaign to promote patient recognition that the best source of medical advice and information comes from their personal physicians.

New York State to Reclaim Responsibility for State-sponsored Plans

RESOLVED, That MSSNY support an educational plan to inform providers of the financial risks and potential lack coverage in the event of exchange plan insolvency; and be it further

RESOLVED, That MSSNY seek by legislation and/or regulation, the establishment of an industry indemnity fund to cover services rendered and monies owed in the event of exchange plan insolvency.

New York State Private Payor Medical Necessity Guidelines

RESOLVED, that MSSNY support legislation and/or regulation that requires insurance companies to use, as a minimum standard, specialty society guidelines for determination of medical necessity and where specialty society guidelines do not exist, insurance companies shall abide by Centers for Medicare and Medicaid Services guidelines as a minimum standard.

UCR-based OON Policies

RESOLVED, that MSSNY continue to advocate strongly for preservation and expansion of usual, customary and reasonable (UCR) based out-of-network benefits available to our patients; and be it further

RESOLVED, that MSSNY educate physicians on the importance of a meaningful UCR-based out-of-network environment in order to maintain an acceptable practice environment for physicians desiring to practice in-network and those physicians who are employed by an institution ; and be it further

RESOLVED, That MSSNY educate patients, employer groups and insurance agents on a UCR-based out-of-network plan.

Robert L. Soley, MD Memorial

RESOLVED, That this House of Delegates of the Medical Society of the State of New York (MSSNY) express its sorrow at the passing of our dear friend and colleague, Robert L. Soley, MD, and that this resolution be made part of the proceedings of the 2016 House of Delegates, with a copy of the resolution to be sent to his wife, Judy, as an expression of our heartfelt sympathy.



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NEWSPAPER

Special offer for all WCMS members! Special Discounted Advertising Rates in the *Westchester Healthcare News, Boomer's & Beyond* and *Hospital Newspaper*.

The Westchester County Medical Society has formed a special partnership with *Healthcare News* that allows all physician members and their medical practices to receive a substantial discount of 30% on any marketing plans in the publications by *Healthcare News*.

Healthcare News is a respected monthly publication which focuses on health, wellness and other important trends in healthcare and the medical field. Started in 2006, *Healthcare News* has a circulation of nearly 100,000 with editions in Westchester, NY and nearby Fairfield County, CT. The target audiences are residents who seek the best health options, along with a diverse array of physicians aiming to promote their services in the community. Inserted into each edition of *Healthcare News* is *Boomer's & Beyond* publication for the ever growing 55 and over demographic.

In addition *Healthcare News* has a companion bi-monthly publication called *Hospital Newspaper* for which the advertising discount also applies. *Hospital Newspaper* has been a top source of news and information for medical professionals in the hospital industry since 2001.

Digital copies can be found at www.healthcarenewspaper.com or www.hospitalnewspaper.com. To take advantage or learn more about this special membership discount telephone Jim Stankiewicz, General Manager, at 845-202-4737 (work) or 845-568-7687 or e-mail him at Jim@healthcarenewspaper.com



DEPARTMENT OF HEALTH E-PRESCRIBING ANNOUNCEMENT

(Continued from page 7)

5. any practitioner prescribing a controlled or non-controlled substance under approved protocols under expedited partner therapy, collaborative drug management or in response to a public health emergency that would allow a non-patient specific prescription;
6. any practitioner prescribing an opioid antagonist that would allow a non-patient specific prescription;
7. any practitioner prescribing a controlled or non-controlled substance under a research protocol;
8. a practitioner prescribing a controlled or non-controlled substance either through an Official New York State Prescription form or an oral prescription communicated to a pharmacist serving as a vendor of pharmaceutical services, by an agent who is a health care practitioner, for patients in nursing homes and residential health care facilities as defined in section twenty-eight hundred one of the public health law.
9. a pharmacist dispensing controlled and non-controlled substance compounded prescriptions, prescriptions containing long or complicated directions, and prescriptions containing certain elements required by the FDA or any other governmental agency that are not able to be accomplished with electronic prescribing;
10. a pharmacist dispensing prescriptions issued under a research protocol, or under approved protocols for expedited partner therapy, or for collaborative drug management;
11. a pharmacist dispensing non-patient specific prescriptions, including opioid antagonists, or prescriptions issued in response to a public health emergency issued; and
12. a pharmacist serving as a vendor of pharmaceutical services dispensing a controlled or non-controlled substance through an Official New York State Prescription form or an oral prescription communicated by an agent who is a health care practitioner, for patients in nursing homes and residential health care facilities as defined in section twenty-eight hundred one of the public health law.

Practitioners issuing prescriptions in the above-listed exceptional circumstances may either use the Official New York State Prescription Form or issue an oral prescription; provided, however, that oral prescriptions remain subject to § 3334 and § 3337 of the PHL, which provide for oral prescriptions of controlled substances in emergencies and for other limited purposes, and subject to § 6810 of the Education Law. Pharmacists may dispense prescriptions issued on the Official New York State Prescription Form or oral prescriptions in the above-listed exceptional circumstances.

(Continued on page 15)

SAVE 20% ON YOUR MEDICAL LIABILITY POLICY

Take advantage of MLMIC's 2016 dividend.

MLMIC's mission is to provide insurance at cost, without a profit motive. To offset premiums, we offer dividends to our policyholders whenever we can. This year, we're able to offer a 20% dividend to any policyholder insured by May 1, 2016, who maintains continuous coverage through July 1, 2016.

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Take Advantage of this GREAT New Member Benefit through BankCard USA

Independent surveys of the medical industry indicate that 78 percent of businesses are overpaying for their credit and debit card processing fees.

The Westchester County Medical Society recently formed a strategic partnership with one of the leaders in the credit card processing service industry. BankCard USA has been a direct processor of credit cards for almost 25 years. By eliminating the "middleman", BankCard USA is able to pass along the savings, and the company has arranged for special pricing for members of the Westchester County Medical Society which includes:

- Processing charge of 0.23 percent on **regular** credit and debit Visa and MasterCard; 1.59 percent on Discover, Visa and MasterCard **reward** cards; and 2.19 percent for all cards that are key-entered instead of swiped. The processing charge of 2.55 percent for American Express does not vary by card processing provider.
- Service fee of only \$5.00 per month as opposed to the industry standard of \$10.00-\$19.00 per month.
- No charge for state of the art, PCI compliant credit card processing machines.
- Free paper supplies.
- Cash available for use within 24 hours of the card being processed.
- Online custom portfolio manager that helps track all credit and debit card transactions.
- Dedicated around-the-clock customer service.

BANK CARD USA representatives have experience working with groups of all sizes from individual medical practices to large hospitals.

Beginning in October 2015, medical practices must be EMV (Europay, MasterCard and Visa) compliant if they wish to avoid the risk of being 100 percent at fault for any credit card fraud initiated from their office. EMV is the new standard set of specifications for smart card payments and acceptance devices. The new EMV policy places the onus on the medical practice rather than the credit card processor if any fraud is committed. Therefore, it is imperative to be EMV compliant before October 2015. **Come October 2017, all card processing terminals must be EMV compliant.**

The United States is one of the last countries to migrate to EMV chip technology due to the tremendous cost to upgrade merchant terminals, POS systems and ATM machines. American Express, Discover, MasterCard and Visa have all announced plans to be ready for October's deadline.

The biggest benefit of EMV is the reduction in card fraud resulting from counterfeit, lost and stolen cards. EMV technology supports enhanced cardholder verification methods and, unlike magnetic stripe cards, EMV payment cards can also be used to secure online payment transactions. Switching to the new payment technology is inevitable to provide a more secure environment for your patients to pay for appointments, medications and other services.

What Happens if I Don't Adopt EMV Chip Technology?

Practices that have not adopted EMV chip technology by October 2015 **may be liable for any possible losses linked to card fraud, if EMV chip technology could have prevented the fraud. Physicians' offices and all other healthcare providers that accept credit or debit cards for payment are strongly urged to upgrade their equipment at some point before the liability shift.**

How Do I Get Ready for EMV?

Now is the time to begin to adopt EMV protocol. EMV compatible terminals are currently available and can be implemented in your medical practice. Start planning to replace your current terminal, whether hardware, virtual or computer-based systems.

If you have had the same terminal or software longer than two years, you are probably not compliant. Your processing representative or bank should have contacted you by now. **Remember, come October the merchant card companies will be off the hook if there is a fraud committed in your office—and the cost of fraud may become your responsibility.**

Call our office for BankCard USA contact information (914) 967-9100

FROM THE EDITOR...
PETER J. ACKER, MD
PERSUASION

(Continued from page 2)

becomes available.

Our work as physicians per force causes us to meld fact with judgement, to assimilate medical knowledge in all its complexity and bring it bear in our treatment of our patients. Doctors today, I think it is fair to say, are questioned much more today than ever before. Gone are the days of “doctor knows best”. This is not always a bad thing – the trick is to respond openly and to be willing to consider other ideas, yet still strongly advocate for the course that our knowledge and judgement take us.

One of our most potent weapons is persuasion – to engage the patient in a human way and try to direct them. I recently did a check up on a 6 month old, one of the most routine and prosaic of tasks for a pediatrician. My interaction with the mother hit that typical speedbump – my advice to immunize the baby against flu was met with a skeptical shrug and a murmured “I don’t think so.” I spent the next 15 minutes, probably more than I would usually devote because my experience with vaccine deniers are that their views are virtually impregnable, but it was my last patient of the morning and I was feeling unrushed. I presented my arguments and included some of the emotional underpinnings that cause parents to hesitate. It was a friendly discussion and after some back and forth, we finally agreed to disagree and I left the room. Ten minutes later, I was standing at a computer terminal writing my notes when the mother approached me. “Doctor, I changed my mind – the nurse just gave him his flu shot. Thank you so much for your time.” It is moments like this that cause me to never rue my decision to go into pediatrics.



**THE MEDICARE EHR INCENTIVE PROGRAM
 HARDSHIP APPLICATION DEADLINE FOR ALL
 PROVIDERS IS NOW JULY 1, 2016**

Today, CMS is extending the application deadline for the Medicare EHR Incentive Program hardship exception process that reduces burden on clinicians, hospitals, and critical access hospitals (CAHs). The new deadline for Eligible Professionals, Eligible Hospitals and Critical Access Hospitals is July 1, 2016. CMS is extending the deadline so providers have sufficient time to submit their applications to avoid adjustments to their Medicare payments in 2017.

In January, CMS posted new, streamlined hardship exception application forms that reduce the amount of information that eligible professionals (EPs), eligible hospitals, and CAHs must submit to apply for an exception. The new applications and instructions for providers seeking a hardship exception are [available here](https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/paymentadj_hardship.html). (https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/paymentadj_hardship.html)



**DEPARTMENT OF HEALTH E-PRESCRIBING AN-
 NOUNCEMENT**

(Continued from page 12)

This waiver is hereby issued for the above-listed exceptional circumstances and shall be effective until March 26, 2017. Before March 26, 2017, I will determine whether the software available for electronic prescribing has sufficient functionality to accommodate these exceptional circumstances and whether New York’s nursing homes/residential health care facilities are better prepared to comply with e-prescribing requirements.

This blanket waiver shall not affect general waivers issued to practitioners pursuant to Public Health Law § 281.

Sincerely,

Howard A. Zucker, M.D., J.D. Commissioner of Health



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CJS 293 6/15

Exp. 6/30/16