



WESTCHESTER PHYSICIAN

January 2017

Volume 33, Issue 1



PRESIDENT'S MESSAGE

DECLINING RESPECT FOR PHYSICIANS, AND ITS EFFECT ON OUR PROFESSION

The Medical profession remains the most respected profession in the US; but something is clearly different. What is different in being a doctor now as compared with before?

A Lot. Over my 40 years in practice, things have gone from day to night.

As a young doctor, we revered the older doctor. They carried the wisdom of ages. Older doctors were not expected to work as hard in the practice, or on call, and were paid the same in the usual small 2-4 person practices. In the hospital, they were asked all the time about patients in curbside consults, to get their valued opinions. That has almost disappeared.

Now with the “eat what you kill” attitude of corporate medicine, plus the lack of appreciation for the art of medicine besides just the “science” in what we do; this has led to a decline in respect for older physicians, and all of the rest of us too.

Now that there is outright corporate competition in between the large medical groups and hospital systems, there not only is a growing lack of respect for your doctor-competition, but often doctors in one group will berate (even if subtly) the doctors in another group. Look at some of the adds we see so commonly now on TV and on the radio. You would think that one group has more science than others, and if you don't go there first, you are putting your life at risk-really?

The loss of the collegial medical system to the corporate one, has lead us to disrespecting each other; which only increases the general decline in respect the population has of physicians.

What about the promotion of all the “urgent” care centers, and immediate care walk-in centers? They too are being promoted in the media all the time. This leads to the idea that we are technicians and can “check out” a patient like the Maytag service man. It devalues the doctor-patient relationship, which leads to decreased respect for our profession. This was not even a consideration 5 years ago.

(Continued on page 3)



GINO C. BOTTINO, MD
President, WCMS

INSIDE THIS ISSUE

From the Editor.....	2
Election Op-ed.....	3
DOH Rx Update (1).....	7
Classified Ad.....	8
MSSNY Leg Day Info.....	8
NYMC Wine Tasting Recap.....	10
Holiday Party Recap.....	12
MOON Info.....	14
Cuomo Signs Bill A02834.....	14
CMS Updates.....	14
MSSNY Poster Symposium Info.....	17
DOH Rx Updates (2).....	18

UPCOMING EVENTS

MSSNY Legislative Day
Wednesday, March 8, 2017
Albany, NY

MSSNY House of Delegates
Friday, April 21—Sunday, April 23
Westchester Marriott
Tarrytown, NY

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
333 Westchester Ave., Suite LN01
White Plains, NY 10604
914.967.9100 / FAX 914.967.9232

PETER J. ACKER, MD
Editor

OFFICERS

GINO C. BOTTINO, MD
President

MARSHAL PERIS, MD
President-elect

OMAR SYED, MD
Vice President

THOMAS J. LESTER, MD
Immediate Past President

HOWARD S. YUDIN, MD
Treasurer

DANIEL GOLD, MD
Secretary

JOSEPH TARTAGLIA, MD
President
Westchester Academy of Medicine

STAFF

JANINE MILLER
Executive Director

Kalli Voulgaris
Membership/CME Director

RHONDA NATHAN
Accounting

Articles published in the *Westchester Physician* represent the opinions of the author and do not necessarily reflect the official policy of the Westchester County Medical Society or the Westchester Academy of Medicine. This publication, or any part thereof, may not be reproduced without the express, written permission of the WCMS. Publication of an advertisement is not to be considered an endorsement or approval of the product or service by the WCMS or the Academy, except where indicated. The WCMS reserves the right to accept or reject any advertising in this publication.

FROM THE EDITOR...**PETER J. ACKER, MD****BRISKET AND LATKES ON CHRISTMAS EVE**

December this year was always a whirlwind of activity. With Thanksgiving over, the preparations for the next holidays began apace just at the time when influenza and RSV started their seasonal appearance, filling my waiting room with a cacophony of coughs, snorts and wheezing. This year, however, there was a rare confluence of calendar that gave us Christmas and New Years on a weekend (and ensuring that the Monday afterward would be off). Of greater moment was the fact that the first day of Hanukkah exactly coincided with Christmas Eve. The Jewish calendar is predominantly a lunar one which is eleven days shorter than the solar year so there are complex mechanisms in place to add periodic additions to bring it in line. The Gregorian calendar which we use in everyday life, is a solar one and it also requires periodic corrections (thus the 4 year cycle of leap years). Occasionally, just as the sun and moon line up exactly to produce a lunar or solar eclipse, the two calendars come together with a coincidence of holidays such as Passover and Easter. Just as an eclipse provokes wonder and awe, so does the exact juxtaposition of a Jewish and Christian holiday.

The last time this happened was in 1978, thirty eight years ago. As it turns out, that year has particular meaning for me. That was the year that I started medical school in Israel which started me on the paired momentous paths toward my getting my medical degree and meeting Gila my wife to be. It was a heady experience for me, a non-religious, but Unitarian raised graduate of New Canaan High school. Ironic that I went from New Canaan a bastion of white Anglo-Saxon Protestants to the land of Canaan in the Promised Land. I learned to speak Hebrew to a passable degree and became fascinated with Israeli and Jewish culture.

Since then we have as a family celebrated all the holidays, our Christmas tree decorated with tiny dreidels and our menorah nearby. This blending over the years has come to seem totally natural. This year with this happy confluence I think was particularly meaningful for me and caused me to reflect on the importance of family and time off from the rigors of medical practice.

So I enter the New Year feeling buoyed and optimistic despite all the tumult and uncertainty that has buffeted medical practice of late. Somehow despite all the politics, I believe (perhaps naïvely) that I will continue to gather strength and meaning from the quotidian tasks, of taking histories, listening patiently, focusing on the patient and tuning out all the outside noise. And then, at the end of long day, trudging home and opening the refrigerator and searching hopefully for perhaps a bit of left over brisket or holiday ham, sitting companionably side by side.



THE ELECTION IS OVER: TRUMP WON, NOW WHAT DOES THAT MEAN FOR DOCTORS?

JOSEPH TARTAGLIA, MD & THOMAS LEE, MD

It was quite a campaign, and during it President-elect Trump vowed to repeal and replace “Obama care” or the Affordable Care Act on multiple occasions. Insurance premiums were rising across the country, some more than 120%. Insurance companies that were providing insurance through the exchanges were folding due to lack of healthy young participants. Furthermore, new requirements to cover more conditions, children of parents up to age 26, and pre-existing conditions had cost premiums skyrocketing across the nation especially for small businesses and self-employed insurance policy buyers. Lastly, painful cuts to Medicare had been postponed and are instead phased in gradually to impact physician practices not able to comply with the mountains of regulation and requirements. Cadillac tax penalizing benefits for union employees were delayed for 2 years by the last Congress. Nothing was substantively done to contain costs, except the “penalties” on physician practices and hospitals for not complying with or meeting the arbitrary and frequently clinically irrelevant metrics. Although the program did cover approximately 15 to 20,000,000 more lives than before, according to Forbes magazine 75-80% of the 15-20 million insured were by federal expansion of Medicaid.

The Affordable Care Act was passed without one vote from the Republicans and therefore, without bipartisan support it will be attacked and dismantled.

However, what are we to expect now? What physicians have to face in the next year and the next four years? The current administration is talking about free-market reforms; what exactly do they mean? And how will removing useless regulations affect physicians? Although no one can be sure there are indications what we can expect.

Firstly, in regards to MACRA, (Medicare Access and Chip Reauthorization Act of 2015) CMS proposed value-based reimbursement, these reforms were passed by 92 senators and 392 representatives according to Andy Slavitt, the acting administrator in a bipartisan fashion. Therefore, it is unlikely that value-based reimbursement will go away entirely, although we may see a slowing in its implementation. Furthermore, we are likely to see commercial payers adopt similar measures to pay providers

less. Certain Advanced Alternative Payment (APM) models and Accountable Care (Capitation for short) will continue to drive small practices out of the business because of the onerous requirements. Unfortunately, the threat of going bankrupt remains real to small practice that are already on razor-thin margins and unable to perform the necessary quality reporting.

Last year, the Congress put on Pres. Obama’s desk an attempt to repeal a portion of Obamacare by eliminating programs providing Medicaid coverage above the poverty line, subsidies that help people buy insurance on the exchanges, employer and individual taxes that funded the Affordable Care Act, and eliminated the penalties for not having insurance. However, as mentioned before, requirements from MACRA would have remained.

The next reform coming are free-market reforms that will attempt to control costs by increasing competition. They have been outlined on President-elect Trump’s website and include allowing health insurance to be sold across state lines which may create greater competition for insurance companies. Hopefully this will have the effect of increasing competition for physician services. One should note that many insurance plans are already required by laws and regulation to expend certain percentage of premium dollar on the actual costs of care, rather than administrative expenses, reserves, and profit which in America are twice to three times that of any other modern industrialized country. Can fat be trimmed here? Unless the underlying insured demographics improved, however, one is unlikely to see lower premium from competition alone. That is in part why many COOP’s are getting bankrupt, and why some commercial carriers are getting out of the healthcare market. It remains to be seen what effect competition across state lines will have on regional markets. Premiums may go down but so may physician pay.

Health savings accounts another idea embraced by the Trump team will be allowed to be passed on to heirs and will be strengthened. Health savings accounts with improved pricing will be expanded to small businesses and will give the individuals in them more flexibility in picking services, forcing doctors and hospital to compete with competitive pricing. Therefore, to allow consumers to choose lower cost care, the new administration is likely to require price transparency from all healthcare providers.

PRESIDENT'S MESSAGE

(Continued from page 1)

It is not just the times, but a willful and planned result by a corporate-industrial governmental system in America, to undermine the doctor-patient relationship. They need to control us and make us a cog in their wheel, to take advantage of us and our patients. That is why we are called "providers" by them. That is why we are forced to "ask permission" to get tests for our patients and give them any drug not on their formulary. None of this was true 10 years ago.

The doctor-patient relationship keeps being eroded for reasons of greed and control of money; causing the professional practice of medicine to lose respect and stature in society.

With patients having less respect for us as a profession, it becomes much harder to "practice" and have our patients listen to us. Now we are competing with the "ladies Home Journal" and the Orpha Winfrey show trying to give our patients the right advice. Even doctors now confound the public with "entertainment medicine" like Dr. Oz! This has led to patients making what we feel are poor choices in their medical care. We all have these stories. Smart professional people (like Steve Jobs) going off on alternative tangents; going from treatable to untreatable and dying. These extreme cases do not really matter. What is so disturbing is how our patients do not believe what we are telling them, what is the truth, and what is the best way for them to live; to have the best outcome they can.

Then there is the internet (!) with more "mis and dis-information" than good information on it. People with no training, learning, experience, not having been vetted in any way; just publish their thoughts, and they are as acceptable as ours to many because it is "on the air."

Drug companies have taken to the airwaves to directly market prescription drugs to patients; which again suggests we do not know what is new or best for our patients, but they do! This too is decreasing respect for our profession and pushing us to use more expensive medications. It is hard to fight these advertisements, and they do it because it works to increase these companies' profits.

As we lose our professional stature and become hired technicians (corporate skills),

we lose our ability to do right and teach the healthy life for our patients and society.

When I was in a small non-corporate practice, I saw whoever walked in the door; whether they could pay or not. This doesn't happen anymore with corporate mandates and policies to be followed; and this maybe more than anything else, is decreasing the people's respect of physicians. We are seen by the public as being greedy, not the corporation that "owns" us. We had the right to not take the "co-pay", or accept any form or part of the payment as we chose. Now by law if we do not charge the co-pay we are committing fraud and will be fined or worse. The government has forced this on us, while they pretend to be doing the right thing for the people! And this is directly because they do not respect us or our profession at all!

We have lost the ability to determine charges, and the ability to adjust the charges as needed to provide continuing medical care; causing the public to lose faith in our professions basic foundation-the caring of people comes first, not the money.

A clear sign of how little respect there is for physicians now can be found in the hospital setting. As a young doctor the CEO of a hospital was usually a physician, making about the same or less than the average doctor attending in the hospital, and could never control what a physician did in practice. Now the CEO's make 10X what the average doctor makes, and are the bosses that determine what our practice goals should be through compliance to payment schemes. Before, the nurses and staff had great respect for us, now they are asked to report us if we do anything they don't think is right. We are just part of the working staff like any other.

Even our patients are asked to report us for presumptive wrongdoing. Medicare, on each EOB, states that a patient can receive up to a \$10,000.00 reward if the doctor is found in error. What other profession operates under these kinds of conditions?

Decreasing respect of physicians has led to great dissatisfaction within our profession. I am greatly concerned what this will eventually lead to in the future!

If we do not respect each other, no one else will. If we will not stand up for our profession, no one else

(Continued on page 14)



WILL THEY BE THERE WHEN IT COUNTS?

Insurer insolvency is a real concern. When your career is on the line, you need a partner you can trust. MLMIC is New York's #1 medical liability insurance provider because our policyholders know they can count on us to be there for them. Today, and tomorrow.

Learn more at MLMIC.com/dependable
or call (888) 996-1183.



Endorsed by MSSNY





Seriously, choosing a health plan is not easy.
We work hard to make it easier.

Our high quality and affordable Medicare Advantage and Long Term Care plan options include:

Medicare Advantage Plans Designed to meet the needs of individuals with Medicare and those with both Medicare and Medicaid. We have a variety of plan options and a large network of quality doctors and providers in the communities where you live.

Managed Long Term Care Plans Health and long term care services at home or in the community for those who are chronically ill or disabled.

Contact us for eligibility and enrollment.
info@agewellnewyork.com | agewellnewyork.com



We're here for your call.

Toll Free 1.866.586.8044

TTY/TDD 1.800.662.1220

AgeWell New York LLC is an HMO plan with a Medicare contract and a contract with the New York State Medicaid Program. Enrollment in AgeWell New York depends on contract renewal. Medicare beneficiaries may also enroll in AgeWell New York LLC through the CMS Medicare Online Enrollment Center located at www.medicare.gov.

H4922_AWNY_4002_AS16_FILE & USE 04152016



Department of Health

ANDREW M. CUOMO
Governor

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

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

New Legislation to be Enacted Regarding Emergency 5 Day Supply of Drugs used to Treat Substance Use Disorders in Medicaid Fee-for-Service (FFS) & Medicaid Managed Care

As a result of changes to Insurance Law section 3216 paragraph 31-a, **effective January 1, 2017, insurance carriers will be required to provide at least 5 days' coverage for emergencies, without prior authorization, for medications used to treat substance use disorders.** This includes medication associated with the management of opioid withdrawal and/or stabilization as well as medication used for opioid overdose reversal. Additionally, no policy shall impose an additional copayment or coinsurance on an insured who received an emergency supply of medication and then received up to a thirty day supply of the same medication in the same thirty day period in which the emergency supply of medication was dispensed.

Medicaid Fee-for-Service (FFS)

A pharmacist can initiate an emergency 5 day supply of a non-preferred medication for the treatment of a substance use disorder by calling the clinical call center at 1-877-309-9493. The clinical call center is available 24 hours per day, 7 days per week.

To obtain FFS preferred medication listings and criteria see also the following website:
Medicaid FFS Preferred Drug List and Pharmacy Prior Authorization Programs-
<https://newyork.fhsc.com/>

If a prescriber initiates a subsequent prescription for the same medication for the treatment of a substance use disorder within 30 days of the initial 5-day emergency supply, and the pharmacist is notified and/or confirms this upon reviewing the patient's prescription history or utilizing ProDUR editing, the following may be used to exempt the copayment for the subsequent prescription:

- In NCPDP field 461-EU, enter a value "04" (Exempt Copay and/or Coinsurance)
- Please refer to the NCPDP Companion Guide at: https://www.emedny.org/HIPAA/5010/transactions/NCPDP_D.0_Companion_Guide.pdf and the ProDUR Manual at: [https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-D.0-ECCA_Provider_Manual/Pro%20DUR%20ECCA%20Provider%20Manual%20\(D.0\).pdf](https://www.emedny.org/ProviderManuals/Pharmacy/ProDUR-D.0-ECCA_Provider_Manual/Pro%20DUR%20ECCA%20Provider%20Manual%20(D.0).pdf)

This process will be utilized until such a time the Department is able to systematically address the exemptions of copayment(s) on eligible subsequent prescription(s) within the 30 day period.

Medicaid Managed Care

Managed Care plans will develop and communicate their own processes/procedures to comply with this law.

Classified Ad

New York State - Psychiatric Practice Opportunity in North Salem - 50 miles from NYC.

There is an opening for a Part time Child/Adolescent/Addiction Psychiatrist.,

In addition, there is the possibility of purchasing this highly successful, respected, established, multidisciplinary practice, drawing patients from northern Westchester and Putnam Counties and nearby CT.

NY license and clean practice history required. DEA X number helpful.

Fax CV to 914 669-6051 or email to NSPS@optonline.net, or call 914 669-5526 for additional information.

Save the Date

MSSNY Legislative Day
Wednesday, March 8, 2017

Join your fellow colleagues in Albany to meet with Westchester legislators and discuss the issues that are important to the physicians of New York State.

Please contact our office for more information
(914)-967-9100

\$50 for your old phones

Trade in your old phones for \$50* each when you buy a new VoIP system from Callifi, the experts in medical telephone service and support.



- Cisco top-of-the-line VoIP phones
- Voicemail to email
- Fax to email
- Built in redundancy
- Equipment repair service included
- Warranty for the life of the system

1-888-49-CALLIFI ▪ callifi.com

callifi

*Based on buying a new system with same number or more of traded in phones.

Free consultation ▪ Free estimate ▪ Free delivery ▪ Free installation

ELECTION IS OVER: TRUMP WON, NOW WHAT DOES THAT MEAN FOR DOCTORS?

JOSEPH TARTAGLIA, MD & THOMAS LEE, MD

(Continued from page 3)

This should be a welcome change to show the public where their healthcare dollars are being spent and give them a chance to choose services that delivered more efficiently.

Perhaps health savings accounts by placing more control in the hands of the consumer who now has some “skin in the game” will empower the consumer to save money and reduce substantially some of their administrative costs for insurance companies. Hopefully, patients armed with incentives will control costs more effectively than bureaucrats could ever do in any system of healthcare.

Another hoped for reform would be in reducing bureaucracy for physicians and other providers of healthcare. According to Forbes magazine the average doctor spends three quarters of his/her time on paperwork and the advent of the electronic medical record has only led toward greater documentation burden. It is unclear how willing the new administration is to reduce this burden on physicians by repealing MACRA. However they may be more willing to listen to medical societies lobbying for their members and patients complaining that their physicians cannot spend enough time with them. Tom Price the proposed new head of HHS has expressed concerns about MACRA. He said “If physicians are concerned with administrative burdens under the new reporting requirements, this may ultimately threaten the doctor-patient relationship.” It is likely he will put physicians concerns high on the political agenda.

Medicaid reform must also be a big part of reforming federal health care policy. This most likely will take the shape of block grants to the states. This will have the effect of transferring control of the programs to the states. I would imagine that some states might adopt Mike Pence’s (the vice President-elect) “healthy Indiana” – Medicaid expansion engineered by the Indiana governor where Medicaid beneficiaries have a type of health savings account. We might expect things like copayments or work requirements for Medicaid patients. Unfortunately, the drive to reduce Medicaid “costs” at the state level may place a greater financial burden on physi-

cians caring for them. Another aspect of Medicaid expansion rarely spoken about is the extremely high costs of Medicaid. Most commercially purchased insurance policies do not contain dental coverage, extensive durable medical supply, transportation services, experimental drugs, and a host of other benefits. One could reasonably question the wisdom and fairness of Medicaid extending such free benefits beyond what ordinary insurance policies cover. The states, free from Federal oversight, will undoubtedly experiment with various Medicaid cost containment measures.

Lastly, we must mention the possibility of tort reform in the new administration. Congressman Ryan’s budget calls for comprehensive medical malpractice liability reform. To see where the administration heart lies, we can turn our attention to Dr. Price who has introduced a bill (Empowering Patients First Act) who proposed different kinds of federal tort reform like 3 year statute of limitations, \$250,000 cap on non-economic damages, and “administrative healthcare tribunals” which would weed out frivolous suits, not to mention inclusion in the bill physicians ability to “balance bill” Medicare beneficiaries. Finally, his bill would allow physicians to join together to negotiate with insurers without violating federal antitrust laws. The AMA has endorsed Dr. Price as head of HHS. If his ideas have the ear of the Trump administration and Republican leaders, the future of medicine may have reached a turning point.

In 2010, after passing of The Affordable Care Act, while I was President of the medical society, I thought I was presiding over the greatest change in healthcare for the US since Medicare, but I was wrong. This year we will see the greatest change in direction in healthcare in our lifetimes! Now is the time to get involved politically in healthcare, if you are interested in effecting change for the better in healthcare for our future, for our country. For too long physicians have dropped out of the political process expecting a “white knight” to sweep in and rescue them because their job is so vital for so many people. The fact of the matter is those politicians who want to support our autonomy need us to voice our support for them. Organized medicine still has the largest number of members and has the most clout with our state and federal leaders.



Westchester Academy of Medicine & New York Medical College Student Wine Tasting Event

On Thursday November 17, the WAM sponsored a Member Wine Tasting with the Medical Students at New York Medical College. The event, held at the Alumni House on the New York Medical College campus, was attended by over 50 medical students and WAM doctors and guests.

Our own WCMS vintners, Dr. Joseph Tartaglia, President WAM; and Dr. Paul Gerardi; along with Alfredo Veronese of Prospero Winery in Pleasantville, brought their own wines for the guests to sample and explained the wine making process. The event was sponsored by the Westchester Academy of Medicine.

The students enjoyed meeting the physicians and talking to them about their specialties. The Westchester Academy of Medicine would like to thank the student organizers for all their help with planning and executing such a suc-



Kira Geraci-Ciardullo, MD; Howard Yudin, MD; Charlotte Yudin



Thomas Lee, MD & NYMC Medical Students



Joseph Tartaglia, MD, President WAM; NYMC Medical Student, Kira Geraci-Ciardullo, MD



NYMC Medical Students & Andrew Kleinman, MD



Robert Lerner, MD; NYMC Medical Students



Joseph Tartaglia, MD & Alfredo Veronese

With so much at stake, shouldn't you be represented by Kern Augustine?

The sad truth is, everything you've worked for can all disappear if you're not prepared for a government inquiry. Which is why if you or your practice is being investigated, you need counsel experienced and thoroughly knowledgeable in health law. At Kern Augustine, our goal is always to help you reach your goals by advising you on managed care, risk prevention, business planning, contracting and today's growing

maze of regulations. Yet, should you ever face career-threatening litigation, rest assured that our expertise can help you feel as if your problems have disappeared. For more reassuring details, please call.

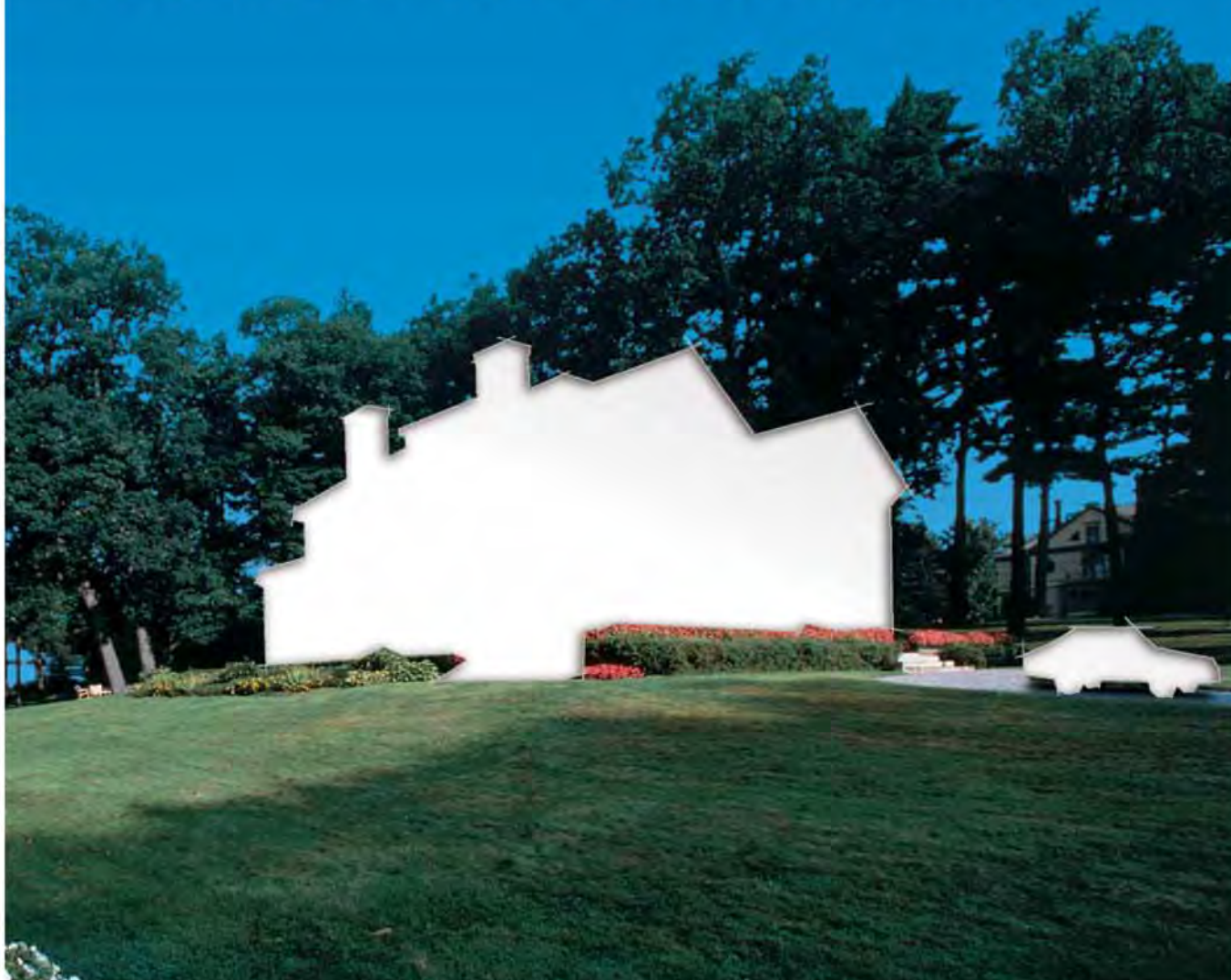
KERN AUGUSTINE, P.C.
Attorneys to Health Professionals

1-800-445-0954 • DrLaw.com

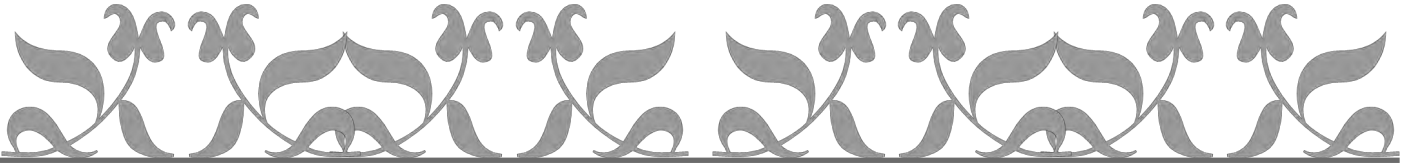
You've worked hard.

Done well.

Now the Government is investigating.



Annual Holiday Party 2016



The Westchester Academy of Medicine held its Annual Holiday Party on Friday, December 9th at the C.V Rich Mansion in White Plains. About 100 members and their guests enjoyed great food, conversation and fellowship. The Academy would like to thank the following for their generous support of this event and our educational activities:

Platinum Star Sponsors

AgeWell New York

Healthcare News

Gold Star Sponsors

Charles J. Sellers & Co., Inc.

Medical Liability Mutual Insurance Company

Silver Star Sponsors

DataMatrix

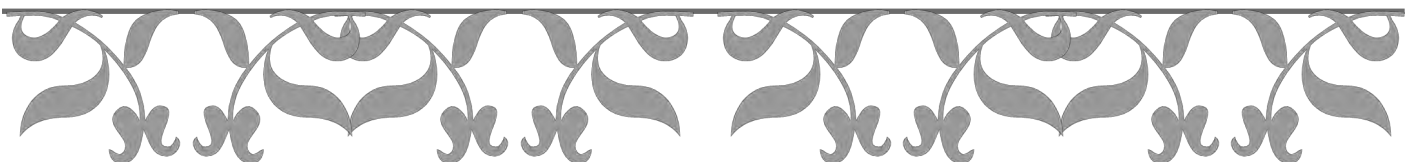
Kern Augustine

Bronze Star Sponsors

Wells Fargo Bank—David Birnbaum

Thank you to all of our 2016 Raffle Donors!

MLMIC • Thomas Lee, MD & Margaret Lee •
The Westchester Academy of Medicine • M-Tech Printing •
Kalli Voulgaris, CME Director • Janine Miller, Executive Director •
Drs. Joseph & Antonella Tartaglia



Holiday Party Highlights...



Jane Bottino; Gino Bottino, MD, President WCMS;
David Birnbaum, Jessie Birnbaum



Kira Geraci-Ciardullo, MD; Mark Fox, MD



Doris Beyer, MD & Guest; Noela Kleinman, Andrew Kleinman, MD; Robert Lerner, MD; Helen Lerner; Robert Ciardullo, MD; Charles & Anne Sellers



Kalli Voulgaris; Maeve Miller, Joseph Tartaglia, MD, President WAM; Patrick Miller



Maeve Miller; Joseph Tartaglia, MD, President WAM



Kay Han, MD & Family (Right) ; Margaret Lee & Thomas Lee, MD & Family (Middle)

MEDICARE OUTPATIENT OBSERVATION NOTICE (MOON)

The MOON is a standardized notice to inform beneficiaries (including Medicare health plan enrollees) that they are an outpatient receiving observation services and are not an inpatient of the hospital or critical access hospital (CAH).

The MOON is mandated by the Federal Notice of Observation Treatment and Implication for Care Eligibility Act (NOTICE Act), passed on August 6, 2015. The NOTICE Act requires all hospitals and CAHs to provide written and oral notification under specified guidelines.

Medicare Outpatient Observation Notice and accompanying form instructions are available in "Downloads" cms.gov. Manual instructions will be made available in the coming weeks. All hospitals and CAHs are required to provide the MOON beginning no later than March 8, 2017.

For further information please visit: cms.gov



GOVERNOR CUOMO SIGNS MSSNY-BACKED STEP THERAPY REFORM LEGISLATION INTO LAW

We are pleased to report that, on New Years Eve, Governor Cuomo signed into law legislation (A.2834-D, Titone/S.3419-C, Young) advocated for MSSNY and many other physician and patient advocacy organizations that would provide stronger regulation of health insurer step therapy prescription medication protocols.

The bill will require a health insurer to grant a physician's override request of an insurer step therapy protocol if the physician can demonstrate that the drug required by the protocol is contraindicated, likely to be ineffective, or if the patient is stable on the medication requested by the physician. If the physician's request for an override of the step therapy protocol is denied, the new law would better enable a physician to formally appeal the decision both within the plan's existing appeal mechanism as well as taking an external appeal.

For more specific information regarding the legislation, visit assembly.state.ny.gov Bill No. A02834

. The new law will apply to all New York regulated health insurance products issued or renewed January 1, 2017 and after.

We thank the many of you who took time to send letters to your legislators and the Governor in support of this legislation. A few weeks back, MSSNY President-elect Dr. Charles Rothberg appeared in a

Fios Long Island news story discussing the importance of this legislation.

In October, a letter to the editor in support of the legislation from MSSNY President Dr. Malcolm Reid was published in the *Albany Times-Union*.



APPLY FOR CLINICAL PRACTICE IMPROVEMENT ACTIVITIES AND MEASUREMENT STUDY BY JANUARY 31

CMS is conducting a Clinical Practice Improvement Activities Study, as outlined in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) [final rule](#). Clinicians and groups who are eligible for the Merit-based Incentive Payment System (MIPS) that participate successfully in the study will receive full credit for the Improvement Activities performance category. Applications will be accepted until January 31. See the following website for more information.

<https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/Value-Based-Programs/MACRA-MIPS-and-APMs/MACRA-Feedback.html>



PRESIDENT'S MESSAGE *(Continued from page 4)*

will. What will it take for us to change our ways, and stop hiding our heads in the sand waiting to be eaten! When will we stand against what is happening to our profession?

When I was a boy and made rounds with my dad (a doctor), you could see the great respect his patients had for him. Occasionally I see that, but not nearly as much. And what he never saw, were the patients that treat me poorly, like the hired help. When after rounds, we would walk down the market street, people would come out of the stores and kiss his hands (no joke), and the marketers would give us free wears to bring home. I don't see this happening anymore anywhere here in the US.

My older brother and prior partner, when we had to shut down our practice decided to "retire". He refused to work for a corporation. Instead he went to Uganda where he is practicing medicine. There is not much science, or medications, or equipment there; but he tells me he is happier than ever, and back to feeling like a real doctor again. He is loved and respected again.

It would be nice to get that back to that in the US.





Healthcare
news

Boomers
& Beyond

H HOSPITAL
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



DataMatrix
Technologies Inc.

Don't Lose Valuable Hours to EMR Data Entry.

Our solution



- We are currently interfaced with over 25 EMRs and can customize to most any EMR *FREE of CHARGE*.
- All services provided by in-house, certified medical transcriptionists. No outsourcing or subcontracting.
- HIPAA compliant, multi-tier quality assurance system guarantees accuracy.
- More than 250 medical practices and hospitals use our services.

Email us at sales@datamatrixtech.com or give us a call at 914-948-9065

333 Westchester Ave. Suite 5207 • White Plains, NY 10604

Mark Your Calendars!
Upcoming WCMS Board Meetings:

All Board meetings are held on Thursday beginning at 6:00pm in the WCMS Headquarters located at 333 Westchester Avenue, Suite LNO1 in White Plains, NY. If you are interested in attending a meeting, please call or email our office.

February 9

March 9

April 13

May 11

June 8

(914) 967-9100—jmiller@wcms.org

YOU CAN PLAN ON IT

Webster's definition of "planning" is simple: *the act or process of making a plan to achieve or do something.*" However, when it comes to financial planning for doctors, things can quickly evolve from simple to more complex. You can plan on it: from medical school through residency to single or group practice, physicians' lives, finances, and goals are continually evolving. As complexity builds, working with a knowledgeable and experienced financial planner can both help you realize your life goals and also avoid missteps that can easily derail the best-laid plans.

"Do I really need a financial planner?" is a logical question that in our experience many medical professionals have asked themselves. Some things to keep in mind as you answer the question:

- *As my practice, professional obligations and family all grow, do I have the time to devote to keeping a financial plan on track and making adjustments when appropriate?*
- *Do I have the time and energy to keep pace with financial market and other developments that can have a critical impact on my personal and family finances?*
- *Can I properly assess all the risks that can arise as my career progresses – business and legal risk, estate planning, and adequate protection of my earning power?*

Of course, physicians have the ability to make important financial decisions. We provide guidance and input on key areas such as retirement planning, investments, family needs, income protection, and philanthropic goals. The client uses our process to validate their decision making and to realize their overall vision. He or she makes the final determinations on the broad direction and content of the plan.

Below are a few points a good financial planner might raise with you in an introductory conversation:

- ***How did you get started in your current practice or position?*** This is more than a polite conversation starter. Your answer provides insight into what is important to you, your aspirations, and other priorities and interests.
- ***What is the legal structure of your practice?*** Whether you practice as part of a team or as an individual, the specific legal structure impacts the risk profile of the practice.
- ***Do you have a specific retirement plan in place?*** Many medical practitioners are so deeply engaged with the practice or other responsibilities that they do not take time to craft a specific retirement plan with appropriate funding, asset allocation, etc. A good retirement plan is a reflection of your post-retirement goals and desired life style.
- ***Do you have appropriate asset protection?*** Creating a solid asset protection plan is critical in an environment where malpractice suits are common, and tax planning is imperative.

As a financial planning team, we recognize the importance of utilizing other professional resources, too, such as attorneys and CPAs who can function like a board of directors to assure that a plan is comprehensive and that all bases are covered.

Securities, investment advisory and financial planning services offered through qualified registered representatives of MSI Financial Services, Inc. Member SIPC. Barnum Financial Group is not a subsidiary or affiliate of MSI Financial Services, Inc. or its affiliated companies. Any discussion of taxes is for general informational purposes only, does not purport to complete or cover every situation, and should not be construed as legal, tax or accounting advice. Clients should confer with their qualified legal, tax and accounting advisers as appropriate. L0716472073[exp0717]NY



By: Ron Pac and Eric Gerhard
 565 Taxter Road, Suite 625
 Elmsford, NY 10523
 PH: 914-372-2864
Rpac@BarnumFG.com
www.GerhardPac.com

MSSNY 12th Annual Poster Symposium April 21, 2017

for Residents, Fellows and Medical Students



Enter your poster in

- Clinical medicine (includes clinical research, health policy, quality improvement, medical education)
- Clinical vignettes
- Medical student research

Submit entries in abstract form to sbennett@mssny.org by **Jan 31, 2017, 4 pm**

Submission eligibility

All entrants must be

- Active in a residency/fellowship training program, or medical students
- Current MSSNY members. Join at www.mssny.org
- Able to attend 2017 MSSNY House of Delegates meeting to present and discuss entry
- Entrants are responsible for travel and related costs

Detailed guidelines here

SCAN TO LEARN MORE:



Or contact

sbennett@mssny.org
or 516-488-6100 ext 383

Deadline for abstract submission

4 pm, January 31, 2017

Presentations will take place at

MSSNY House of Delegates
Friday, April 21, 2017, 2 – 4:30 pm
Westchester Marriott
Tarrytown, New York

Medical Society of the State of New York





Department of Health

ANDREW M. CUOMO
Governor

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

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

**Medicaid Fee- for- Service Providers
Dispense Brand Name Drug when Less Expensive than Generic Program**

Effective 1/19/2017, the following changes will be made to the Dispense Brand Name Drug when Less Expensive than Generic Program:

- **Seroquel XR** will be added to the program.
- **Trileptal suspension, Gabitril, Epzicom, and Nasonex** will be removed from the program.

In conformance with State Education Law which intends that patients receive the lower cost alternative, brand name drugs included in this program:

- **Do not require ‘Dispense as Written’ (DAW) or ‘Brand Medically Necessary’ on the prescription.**
- Have a generic copayment.
- Are paid at the Brand Name Drug reimbursement rate or usual and customary price, whichever is lower (SMAC/FUL are not applied).
- Do Not require a new prescription if the drug is removed from this program.

IMPORTANT BILLING INFORMATION

Prescription claims submitted to the Medicaid program **do not require** the submission of Dispense as Written/Product Selection Code of ‘1’. **Pharmacies can submit any valid NCPDP field (408-D8) value.**

List of Brand Name Drugs included in this program* (Updated): 1/05/2017

Adderall XR	Epivir HBV tablet	Pulmicort Respules
Aggrenox	Edecrin	Retin-A cream, gel
Alphagan P 0.15%	Exelon Patch	Seroquel XR
Astepro	Focalin XR	Tegretol suspension
Baraclude	Gleevec	Tegretol XR
Benzaclin pump	Hepsera	Tobradex suspension
Catapres-TTS	Kapvay	Trizivir
Cellcept suspension	Myfortic	Valcyte tablet, solution
Copaxone 20ml SQ	Niaspan	Voltaren Gel
Diastat	Patanase	Xeloda
Differin	Protopic	Xenazine

*List is subject to change

Please keep in mind that drugs in this program may be subject to prior authorization requirements of other pharmacy programs, promoting the use of the most cost-effective product.

Specialized financing

for a successful practice.

STAYING COMPETITIVE in today's changing healthcare environment can be a challenge. It may require investing in new technologies, expanding services, even merging with another practice.

For the specialized financing you need to help keep your practice successful, contact Finbarr Ifudu at 914.636.8775 or fifudu@websterbank.com



LIVING UP TO YOU®

All credit products, pricing and overdraft protection are subject to the normal credit approval process. Some applications may require further consideration and/or supplemental information. Certain terms and conditions may apply. SBA guaranteed products may also be subject to additional terms, conditions and fees. All loans/lines of credit require a Webster business checking account which must be opened prior to loan closing and which must be used for auto-deduct of payment. The Webster Symbol and Webster Bank are registered in the U.S. Patent and Trademark Office.

Webster Bank, N.A. Member FDIC. Equal Housing Lender 
©2016 Webster Financial Corporation. All rights reserved.

Westchester County Medical Society
333 Westchester Avenue
Suite LN 01
White Plains, NY 10604

PRST STD
US POSTAGE
PAID
Permit #561
White Plains, NY



**WESTCHESTER
COUNTY
MEDICAL
SOCIETY
SPONSORED
MEMBER
BENEFIT:**

**DISABILITY
INCOME
INSURANCE**

The coverage that works for you, when you can't work.

For more information, contact:

Charles J. Sellers & Co., Inc.

Insurance Services Since 1920

Athol Springs, NY

Toll-free Phone: 1-800-333-5440

Toll-free Fax: 1-800-462-1121

insurance@sellersinsurance.com

www.sellersinsurance.com



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

CJS 401 6/16

Exp. 12/31/18