



WESTCHESTER PHYSICIAN

June/July 2017

Volume 33, Issue 6



PRESIDENT'S MESSAGE

OUR REALITY AND AN ALTERNATE US HEALTHCARE PROPOSAL

Family, friends and colleagues all love to discuss our healthcare dilemma with me. Sometimes I just listen, but most of the time I am very opinionated on this topic. I have to think about this topic from many different perspectives - my work as a physician/surgeon; me as a patient; my immediate family's health; my parents' health; the average US middle class patient's health; the wealthy local patient's health; the underserved population's health. What is clear is that there is no easy answer and there is no answer that will make everyone happy or everyone healthy.

As a healthcare provider, this topic is about my patient care, medical decision making, and my livelihood. One of the most frustrating aspects about practicing medicine is being told what is allowed and not allowed in terms of testing and surgery. While the majority of time, the insurance companies and I are on the same page, the instances when we are not cause so much wasted time and energy, that even when I know I am right, sometimes I give up fighting (and the insurance company's gamble wins while the patient loses). The insurance companies come up with their own, sometimes non evidence-based, guidelines to help save money. They know that they have the final say and they know that many physicians will not put up a fight.

Now, with the advent of Obamacare, many new, smaller insurers are playing in our marketplace and patients are signing up for plans with huge deductibles and copays. Patients very often do not read what is covered and what they are ultimately responsible for. This is where being "in network" is deceiving to many patients. When they realize that they really do not have coverage until they meet a certain deductible for the year, they delay their care significantly which sometimes has devastating consequences in terms of life and work.

Remember back to the beginning of Obamacare, the statistics on the uninsured were very straightforward. One third of the uninsured were illegal aliens, one third were able to afford insurance and elected not to purchase it, and one third qualified for but had not signed up for Medicaid. What did Obamacare really do? It certainly got many of the Medicaid-qualified patients enrolled which is positive. It tried to get

(Continued on page 8)



MARSHAL PERIS, MD
President, WCMS

INSIDE THIS ISSUE

- From the Editor.....2
- Annual Meeting Recap.....4
- “Friend of Medicine” Award.....5
- Annual Meeting Photos.....6
- Annual Meeting Sponsors.....7
- WAM Bylaws Amendment.....10
- Newly Elected Officers.....11
- Business of Medicine.....12
- DOH Updates.....13
- WAM Golf Outing Info.....18

UPCOMING EVENTS

WAM Golf Outing
Tuesday, October 3, 2017
Westchester Country Club
Rye, NY

WESTCHESTER PHYSICIAN

Published by the
Westchester County Medical Society
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FROM THE EDITOR...**PETER J. ACKER, MD****A FAVORITE COLUMN FROM A FEW YEARS AGO:****DICKENS DELIVERS**

It has been my habit for a number of years to listen to books on tape while riding in my car. This has been facilitated by a move I made some twelve years ago to Northern Westchester, the hamlet of Goldens Bridge specifically, which has served to lengthen my commute from about five minutes to twenty five. I suppose it is possible to listen to a novel in five minute bursts, but I can't imagine it to be an enjoyable experience. Twenty five minutes, on the other hand, is an ideal length of time to get engaged in a narrative, the way a wood screw after a few twists gains purchase and pulls itself into the board. I have been consuming miles and books thusly now for years at a rate of about two per month. It has proven to be an ideal way to shake off the rigors of a day at the office or tension laden breakfasts at home as teenagers rush around looking for things while their mother chases them with proffered items of food. Contrast that with my previous commute: I'd leave an office of screaming children and almost instantly find myself catapulted into a house of screaming children (my kids were young then).

An additional advantage of living further from my office is that I am afforded fewer out of office encounters with the parents of my patients. I don't mean to suggest that I have anything against any of my wonderful patients and their families, but there is no question that a pediatrician bending over a vegetable bin in the market is considered by most to be fair game for an earnest mother's inquiry about her toddler's toilet training. One of the wonderful things about pediatrics is, because of our days spent smiling at young children, people consider us quite approachable, but it can wear one down if it continues into the off hours. Some years ago a mother called me late at night, waking me from a sound sleep, with a question about her son who had had an ENT procedure that day. It was purely a post op type question. I suggested that the ENT might be the best person to consult. Her rejoinder? "I wouldn't dream of disturbing him at this hour."

There are also the awkward situations created by the notion that we should be paradigms of virtue and set an example. I'm not suggesting that I want to be free to careen around the village sated to the gills with gin, but more like the act of simply walking into that den of equity, the local MacDonalds - the raised eyebrows followed by the slightly embarrassed cough as they glance at their kids in a feeding frenzy over some big macs, and fries and then a quick return to the offensive - "Doctor, what are you doing here?" Then there was the time in the supermarket with my then three year old to whom I had just delivered the word 'no' when she asked for some ice cream. This word, so unfamiliar to her virgin ears, set off a major tantrum - of the drop to the floor, kicking and screaming variety. The market was crowded that day

(Continued on page 8)

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2017 Annual Meeting

Westchester County Medical Society Westchester Academy of Medicine



Passing the gavel: Outgoing President Dr. Gino Bottino passes the gavel to President-elect Dr. Marshal Peris. Dr. Peris will take office July 1, 2016

On Thursday, June 1st, the Westchester County Medical Society and the Westchester Academy of Medicine held their Annual Meeting at the Westchester Country Club in Rye, New York. About 140 members and guests enjoyed an evening of fellowship with colleagues and family, great food, networking, and the opportunity to interact with WCMS preferred business partners and sponsors. Outgoing WCMS President Gino Bottino, MD, was thanked for his outstanding leadership and gave remarks on the importance of the medical society. He also thanked his colleagues for all of their support throughout the year. Newly installed President Marshal Peris MD, an Orthopedic Surgeon practicing in Brewster gave his inaugural remarks and spoke about the his plans for the medical society during his upcoming presidency. He spoke with about his plans to focus on individual physician wellness and getting involved in our community. Dr. Peris gave a few examples of his intended plans for the year, which will included a focus on wellness through healthy lifestyle, engaging with employed physicians and motivating young physicians to become more involved. The evening was a great success.



INAUGURAL REMARKS OF PRESIDENT-ELECT MARSHAL PERIS, MD WHO IS MARSHAL PERIS?

Despite a long history of many generations in Pittsburgh, I was actually born in Kalamzoo, Michigan where my father took a job working for Upjohn Pharmaceuticals. We lived there for 2 years before a move to Scotch Plains, NJ where my father started a long career with Merck. While growing up, my mother went back to school and got a degree in School Psychology and started working for Rahway Public Schools in Rahway, NJ.

After graduating from Scotch Plains/Fanwood High School, it was on to Cornell for four years of pre med classes intermixed with fraternity life. A Cornell bachelors degree led to the University of Pittsburgh School of Medicine. Pitt Med was a great fit for me in the perfect location. I was part of the first class to go through the new "problem based learning" curriculum introducing patient interaction in the first year of med school.

In the mid 1990s, UPMC was in the midst of becoming the behemoth that it now is, buying up practices and hospitals all over the region. The Orthopedic



President-elect Dr. Marshal Peris addressing the membership and guests

(Continued on page 13)

John Crabtree

“Friend of Medicine”

Awardee 2017



The 6th Annual “Friend of Medicine” Award was presented to John Crabtree owner of Crabtree’s Kittlehouse in Chappaqua, NY and RiverMarket Bar and Kitchen in Tarrytown, NY in recognition of his ongoing strong support and for the medical community and the patients of Westchester County.

John Crabtree was born on September 7th, 1956. He attended Fordham Prep in the Bronx, graduating in 1974, and continued on to receive his B.A. in 1978 from Columbia College, Columbia University. In 1981, he also received a M.P.A. from the School of International and Public Affairs at Columbia University. He began his professional career in 1979, as administrative assistant to the Deputy Minority Leader in the New York State Assembly. When his family restaurant burned down, he helped his father rebuild and reopen the restaurant, Crabtree’s Plaza Inn, in 1980. When he and his father Richard Crabtree sold this business, he began what would become his lifelong career at Crabtree’s Kittle House Restaurant and Inn in 1983.

In addition to his dedication to the business, he has been committed to supporting countless local charities and organizations. He is a Charter Member of the Chappaqua Rotary, a board member or past board member of; the Columbia College Alumni Association, the New York State Restaurant Association, the United Way of Northern Westchester, the Boys and Girls Club of Northern Westchester, and Make-A-Wish of the Hudson Valley. He is also on the board of overseers of The Katonah Museum of Art, and the Board Chairman of the The Amy Marie Crabtree Foundation (Team Amy).

In recognition of John’s long time dedication to the restaurant, boards, and the various charities, he has received many honors. including; the Dean’s Council Award from Columbia College the Make-A-Wish of the Hudson Valley Community Service Award, the United Way of Northern Westchester community service award, the Paul Harris Fellowship Award from Chappaqua Rotary, the Community Service Award Northern Westchester Center for the Arts, the Humanitarian of the Year from the Boys and Girls Club of Northern Westchester, and the Kenneth R. Wolf Award from Make-A-Wish, Hudson Valley. He received the Restaurateur of the Year Honor at the Westchester Magazine Wine Experience, was Honoree of the Junior League of Northern Westchester, Honoree of the Hudson River Health Care for support of Hudson Valley Farmers, the Humanitarian of the Year by Girl Scouts of Hudson Valley, and most recently was honoree of ECAD (Educated Canines Assisting with Disabilities).



2017 Annual Meeting



Dr. Charles Rothberg, MSSNY President; Dr. Bonnie Litvack; Dr. Andrew Kleinman, Past MSSNY President



Dr. Stephen Schwartz & John Crabtree, 2017 Friend of Medicine Awardee



Eric Klebers; Yury Shenderov, Marshal Peris, MD; Omar Syed, MD; Jonah, Sofia & Anna Peris; Amie Davie, MD



Dr. Thomas Lee; Senator Kemp Hannon; Dr. Gino Bottino; John Crabtree, 2017 Friend of Medicine Awardee



Swetha Sriramoju, WESEF Winner; Joseph Tartaglia, MD; Karina Heaton, WESEF Winner; Dr. Gino Bottino



Dr. Gino Bottino; Dr. Peter Acker, Editor Westchester Physician

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FROM THE EDITOR...

PETER J. ACKER, MD

A FAVORITE COLUM FROM A FEW YEARS

AGO:

DICKENS DELIVERS

(Continued from page 2)

and several shopping carts had to literally screech to a stop to avoid running over her. As I took steps towards her to deal with the crisis, I couldn't help but notice a number of familiar faces in the crowd that had assembled around us and while my view was focused on my daughter, I could still detect a collective smugness on the countenances around me which seemed to say "Well, let's see how Mr Big Shot deals with this." I wanted to retort – "excuse me that's Dr. Big Shot".

So I confess that I enjoy my privacy. The changed circumstances that have afforded me the chance to live further from my office are emblematic of the way the practice of medicine is changing. When I started in practice 23 years ago, I had lived close to the hospital because at that time pediatricians covered the delivery room and performed various neonatal services. Also, the pediatric training of ER physicians was less than it is today, so we were quick to come in to see our patients. Today, neonatologists, and hospitalists have obviated the need for the pediatrician to rush in at a moment's notice and the experience of call is far different today than it was back then. There is no question that I enjoy the considerable reduced tension and angst, but I must say, in some ways, it is a Faustian bargain. Living in the same community as one's patients provides a sense of intimacy and connectedness. I occasionally run into a mother whose delivery I attended years ago and inevitably the face lights up and there is no question that my presence there is indubitably etched into her memory.

Currently I am listening to Charles Dicken's Oliver Twist. There is a wonderful passage near the beginning which recounts Oliver's birth which reminds me of those days of old in the delivery room. His birth was not an easy one and afterwards "there was considerable difficulty in inducing Oliver to take upon itself the office of respiration." This transported me back to experiences, often in the middle of the night, when a baby would lay apneic seconds after birth and I'd watch anxiously for that first breath and the collective sigh of relief with the first cry. Then with typical Dickensian humor: "for

some time he was gasping on the little flock mattress, rather unequally poised between this world and the next: the balance being decidedly in favor of the latter. Now if, during this brief period, Oliver had been surrounded by careful grandmothers, anxious aunts, experienced nurses and doctors of profound wisdom, he would have most inevitably and indubitably been killed in no time."



PRESIDENT'S MESSAGE

OUR REALITY AND AN ALTERNATE US

HEALTHCARE PROPOSAL

(Continued from page 1)

healthy young patients enrolled by assessing fines if they did not, but the fines were less expensive than the insurance premiums, copays, and deductibles, and therefore this mandate failed. Most significantly, it has shifted patients and care from regular commercial plans to low cost plans by fooling patients and small businesses into thinking they were receiving similar insurance coverage and physician networks. This is like business travelers being tricked into thinking that Hertz car rental was equivalent to Budget car rental in terms of quality, service, and availability.

Unfortunately, the physician has borne the brunt of Obamacare's cost. We are basically being told by our government that our education is not really worth that much. We have paid and taken out loans for a very expensive education. We have been paid an hourly wage less than minimum wage during residencies that for some of us finished when we were in our early 30's. We are forced to accept lower payment for doing the same amount of work every year, and then forced to pay higher taxes to subsidize the plans that ultimately pay us less. Finally, we are forced to follow practice guidelines that the insurance plans mandate and even when we follow them perfectly and a patient has a negative outcome, we are allowed to be sued for millions of dollars. Meanwhile, we cannot charge a patient for an important phone call while our attorney counterparts can charge by the minute.

While no one is upset about more people having insurance and not being excluded from health insurance because of a pre-existing condition,

(Continued on page 16)



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PROPOSED CHANGE TO WESTCHESTER ACADEMY OF MEDICINE BYLAWS

On Thursday, April 13 the Board of Directors for the Westchester Academy of Medicine voted unanimously to propose the following bylaws amendment at the Annual Meeting on June 1, 2017. As per the bylaws this amendment must be presented to, and approved by the Board before or at the April BOD meeting; and must be presented to the membership at large within 45 days prior to the Annual Meeting in order to take effect immediately. *(This proposed change was sent to the membership via email on Friday, April 14)*

Westchester Academy of Medicine Bylaws Proposed Changes for 2017 to take effect immediately.

Article I

Section 2 states:

The president of the Academy shall serve a one-year term, with possibility for serving three additional one-year terms.

The WAM Board of Directors proposes that this language be amended to the following:

The president of the Academy shall serve a one-year term, with the possibility for serving additional one year terms, with no limitation on the number of terms.

This bylaws amendment was passed on Thursday, June 1, 2017 by unanimous vote of the members present at the Westchester Academy of Medicine Annual Meeting and will take effect immediately. Dr. Joseph Tartaglia will continue to serve as Academy President.

Congratulations to the Newly Elected WCMS Officers & MSSNY Delegates!



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(Term July 1, 2017- June 30, 2018)

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(Four for two years; term ending 2019)

Robert Ciardullo, MD Peter Liebert, MD
Thomas Lester, MD Louis McIntyre, MD

Alternate Delegate to the MSSNY House of Delegates

(Three for two years; term expiring 2019)

Richard Stumacher, MD Howard Yudin, MD
Richard Yung, MD

THE BUSINESS OF MEDICINE

ARE YOU APPEALING?

RICK WEINSTEIN, MD, MBA

Here is a question that I was sent last week:

If CMS states that procedures are bundled, then billing administrators are inclined to apply such policies across the billing spectrum. Is this correct?

Answer (with help from my friend Dr. Kraushaar):

CMS Guidelines are just that - guidelines. Medicare has their own policies and rules that follow CMS Guidelines, but many insurers do not. It is within the rights of any carrier to decide how they utilize CMS guidelines. Workers Compensation and No Fault do not strictly abide by CMS guidelines. So, if you are writing off or bundling your surgical cases because they are bundled by CMS you may be passing up on reimbursable codes. You are better off leaving the burden of bundling on the carrier.

Bill it All

In some cases, billing all the CPT codes that were actually performed will uncover that the insurance companies are willing to pay for second and third CPT codes that CMS considers inclusive. In shoulder surgery, this may include sub-acromial decompression, debridement, chondroplasty and synovectomy procedures. In the past, the procedures were paid if they are documented as being in separate compartments and if done as separate procedures. Until recently, almost all carriers would pay for these procedures but now only some do.

Go Help Yourself

Similarly, some carriers will pay for an assistant in cases where CMS does not recognize the need. Unfortunately, some carriers have also decided they will not pay for an assistant for other cases where CMS does recognize the need. The insurers would like us to take the work off their end by bundling for them, but this is not a law or requirement. Ironically, CMS advises that you appeal if you disagree with a denial of a reimburse-

ment for a procedure. Your letter of appeal is a conversation with the insurer that you believe a procedure is deserving of reimbursement. Such a letter should not be a bland template or generalization. It should address your specific case, the operative report that documents the reason the procedure warrants reimbursement and the reason the appeal is appropriate. It is nice to thank the reviewer for considering the appeal. Courtesy is usually appropriate and often times will get you further than ranting about how the insurer is making your life miserable.

To Appeal?

You need to consider the likelihood of getting your reimbursement vs. the amount of time and effort needed to write the appeal. It is not a painless process, but your effort may be rewarded financially. Also, it is expensive for the insurers to deal with the appeal process and they will want to resolve it quickly as well. Don't waste your time but don't let anyone steal what is rightfully yours.

Document Well

Rather than having to appeal, it is better if you provide excellent documentation of what you are billing. If you need an assist, spell out in the operative report why an assist was needed and try and be specific about what part of the procedure the assist was required. Even better, try and get pre-authorization for the procedures you are doing and for the assist. One of the funniest statements is "authorization does not guarantee payment." This means you can do the procedure but it may be for free. This is comical and is the very definition of absurd.

Bottom Line

Bill for everything you do and document well. Appeal when appropriate. If you are not sure if an insurance will pay for a CPT code, bill it. And do not let your billers or coders change your codes without your approval. Your own office may be sabotaging your billing and payments. Know what is going out and know what is coming into your practice.



INAUGURAL REMARKS OF PRESIDENT-ELECT MARSHAL PERIS, MD

WHO IS MARSHAL PERIS?

(Continued from page 4)

Surgery Department was well known and had a huge volume with great professors and I was very fortunate to match there. Spine Surgery was my first rotation and I knew I had found my home. I completed my "Pittsburgh Decade" with a Spine Fellowship at UPMC with the now Chairman of Orthopedics at Brigham and Women's Hospital, Jim Kang.

In 2001, Former WCMS President Abe Levy called me and told me about an opportunity here in Mount Kisco and Carmel, NY at the Mount Kisco Medical Group and Northern Westchester Hospital (NWH). "Come join our multispecialty group of 60+ doctors", he said. At the time, that was a large sized group. I started the "orthopedic" presence for MKMG in Carmel and it was a very slow start competing with a well known and long standing Somers Orthopedic group right down the street. Now, 15 years later, the Carmel office is booming and I am responsible for 25% of the spine surgery at Northern Westchester Hospital.

From college graduate to President of my medical school class...From MKMG Fellow to Shareholder to

Vice President of Caremount Medical.....From Orthopedic Staff Member at NWH to Co-Chief of Spine Surgery and President of the Medical Staff.....15 years later, I stand here as President of the Westchester County Medical Society. I am grateful for this opportunity to lead this long standing organization through some new challenges to our profession and to our medical society.

So....who are we, the Westchester County Medical Society?? We are physician advocates, patient advocates and legislative watchdogs. We push for the advancement of medical science. We push to improve the quality of care delivered in Westchester County by enforcing the highest standards of competency for our physicians. We serve to educate the public about their health and issues that could impact their health.

Where do we go from here?? We need to continue to promote our young physician engagement including our increasing in number, employed physicians. We need to focus on our physicians' own health and wellness, including an emphasis on exercise, vacations, and healthy eating. We need to be active in our communities to promote health and wellness and let it be known that the Westchester County Medical Society is here to stay.



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Department of Health

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

Effective 7/20/2017, the following changes will be made to the Dispense Brand Name Drug when Less Expensive than Generic Program:

- **Butrans, Pataday** and **Strattera** will be **added** to the program.
- **Seroquel XR** 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): 6/22/2017

Adderall XR	Focalin	Tazorac cream
Aggrenox	Focalin XR	Tegretol suspension
Alphagan P 0.15%	Gleevec	Tegretol XR
Benzaclin pump, gel	Hepsera	Tobradex suspension
Butrans	Kapvay	Trizivir
Catapres-TTS	Myfortic	Valcyte tablet, solution
Cellcept suspension	Pataday	Voltaren Gel
Copaxone 20mg SQ	Patanase	Xeloda
Diastat	Protopic	Xenazine
Differin	Pulmicort Respules	Zyflo CR
Edecrin	Retin-A cream, gel	
Exelon Patch	Strattera	

*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.

PRESIDENT'S MESSAGE
OUR REALITY AND AN ALTERNATE US
HEALTHCARE PROPOSAL

(Continued from page 8)

Obamacare in my opinion was destined to fail because it did not address many important issues effectively. We do not have enough practitioners in the US to take care of all the patients. There are too many underserved regions throughout New York state and the entire country. We do not penalize smokers and patients who do not participate in healthcare maintenance. The insurance companies are handcuffed by the mandate that sicker and older patients must pay no more than three times the rates of healthy patients. This forces the insurance companies to rely on tax payer dollars to subsidize them in order to stay solvent. Lastly, the healthcare professionals truly feel that this change in US healthcare is being forced upon them without asking or respecting their opinions.

So...here is my proposal: Start from the beginning! First, continue opening more medical school admission slots throughout the US knowing that most people will stay and work close to where they were raised. Second, create a true "Army" of doctors by paying for medical school education. These physicians will be mandated to "serve" in whatever spe-

cialty and location they are needed in the US at that time. The period of servitude can be five years or more. These physicians will work for the US government as employed doctors and be supervised by more experienced physicians and surgeons throughout the country. The physicians in this program will be personally exempt from malpractice litigation. The patients being cared for by this "Army" will include any person in the US with Medicaid, Medicare, or other US government-provided insurance.

In my proposal, commercial insurance and an open market will still continue to exist. Physicians and patients who wish to participate in these plans will still be able to. I would also propose that any physician who practices in both tiers have a cap on malpractice payments in order to incentivize participation and maximize patient coverage. I understand that a tiered healthcare system would exist, but I think it is necessary to provide care to as many individuals as possible without detracting from the care that our middle and upper class demands.

Of course I have not crunched the numbers and the taxpayer effect on this proposal, but I view it as fair and a start to achieving a system with widespread coverage that would be palatable to the majority of physicians and US citizens. I look forward to many more discussions and debates in the future.



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