



WESTCHESTER PHYSICIAN

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PRESIDENT'S MESSAGE

I was recently asked to review an article explaining new coding rules issued by CMS that have caused confusion and created yet another situation where different third party payers use different rules on how to report procedures for billing purposes. Here is an excerpt from the article:

“CMS introduced “X” subset modifiers for use instead of modifier 59; consequently, the “X” modifier and modifier 59 are not intended to be submitted on the same CPT code. The following examples assume that modifier 59 is not the most specific modified and an “X” modifier is required.

XE - Separate encounter, a service that is distinct because it occurred during a separate encounter. This modifier should only be used to describe separate encounters by physicians/providers of the same group, same specialty when the CPT codes reported at the different encounters have a National Correct Coding Initiative procedure-to-procedure (NCII PTP) edit in place (Column1/Column 2 edit).”

Perfectly clear, right? It is truly amazing and perplexing that the government and insurers have created such a byzantine and confusing set of rules and regulations that make even the simplest medical intervention decipherable by only those with an advanced degree in bureaucratese. Layer upon layer of regulation and arcane rules that require the expenditure of significant time and resources to navigate; resources that many small and solo private practices just do not have. Make no mistake, these regulations are for a reason: to cause the expenditure of resources and time in non-clinical areas to limit patient access to care and reduce costs.

In a market this access would be limited by price, but since there is no price in medicine we *value surrogates* that act to limit consumption by means other than price. These value surrogates have names like Meaningful Use, PQRS, Value-Based Modifiers and Evidence Based Medicine. Perhaps the largest surrogate of all though is the Sustained Growth Rate, or SGR, which Congress

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LOUIS F. MCINTYRE, MD
President, WCMS

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UPCOMING EVENTS

Board of Directors Meeting
WCMS Headquarters
White Plains, NY
June 4, 2015

WCMS/Academy Annual Meeting
Crabtree's KittleHouse
Chappaqua, NY
June 19, 2015

Academy Golf Outing
Westchester Country Club
Rye, NY
October 8, 2015

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FROM THE EDITOR...**CUBA - PART ONE**
PETER J. ACKER, MD

My father was diagnosed with tuberculosis during that brief span of time between the end of the war and the development of anti-TB drugs, so his only treatment option was to rest for several months. The relevance of this family biographical fact with title of this piece will be evident in due course. By the time he was ready to reenter the work force, his and my mother's financial straits had become increasingly dire. Employers were reluctant to hire someone with a recent history of TB. Then my mother got pregnant with my older sister. He took the first job offered him: an executive entry level job with an oil company - in Bogotá, Columbia! He took a cram course in Spanish and it was my family's first cross cultural experience. He was there some six months getting settled, and making sure that the job was an enduring one, before sending for my mother and infant sister. They arrived just two weeks before the revolution of 1948, precipitated by the assignation of a popular leftist leader, Gaitán. My father first learned of this when a Columbian co-worker burst into the office holding a blood soaked book. He had been in a crowd very close to Gaitán when he was shot. He reached forward with his book to soak up the blood, sort of a macabre keepsake. That, along with the sight of large mobs rioting, was my father's first exposure to the volatile, emotional side to the Columbian people that contrasted with his more cool New England Yankee temperament. He told me once that when he arrived at the Bogotá airport after a business trip, the typical Columbian male would march into the terminal and be engulfed by a sea of relatives, while my father would make his solitary way to the taxi stand.

My father thrived professional and was regularly promoted, moving the family to Peru (where I was born) and then back to Bogotá, then on to Miami and finally to the world headquarters in New York. I was six when we left South America, young, but not too young to remember our comparatively affluent lifestyle, with maids and a cook, and the street scenes with kids in abject poverty wandering with ragged t-shirt and no other clothing, begging. We lived in Miami for seven years, from 1958 to 1965. Though still fairly young, I was old enough to know something about the Cuban dictator, Batista, and of his overthrow via the revolution led by Fidel Castro and Che Guevara. In October, 1962, I was in fifth grade and remember vividly the events of the Cuban missile crisis. Particularly in Miami, where every school boy knew that Cuba was just 90 miles away, the tension, crisis atmosphere, and the chill of the cold war was almost palpable. I remember President Kennedy's speech and the solemn expressions on my parents' faces while we listened. In the aftermath, we all feared the specter of nuclear oblivion. Bomb shelters were built. My mother stockpiled canned goods and bottled water. In school we had a whole unit on radiation and nuclear energy along with drills in which we would dive under our desks as if the gum stuck on the

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WESTCHESTER COUNTY MEDICAL SOCIETY
WESTCHESTER ACADEMY OF MEDICINE
REPORT OF THE NOMINATING COMMITTEE 2015-2016

The Nominating Committee of the Westchester County Medical and the Westchester Academy of Medicine met on April 28, 2015, and hereby nominates the following candidates for election at the Annual Meeting on June 19th, to take office effective **July 1, 2015**:

President-elect

Gino C. Bottino, MD

Vice President

Vacant

Treasurer

Howard S. Yudin, MD

Secretary

Marshal D. Peris, MD

Delegates to the MSSNY House of Delegates

(Four for two years; term ending 2017)

Robert Ciardullo, MD

Peter Liebert, MD

Louis McIntyre, MD

Thomas Lester, MD

Alternate Delegate to the MSSNY House of Delegates

(Two for one year; term expiring 2016)

Dan Gold, MD

Ranjana Chaterji, DO

Alternate Delegates to the MSSNY House of Delegates

(Two for two years; term ending 2017)

Richard Yung, MD

Jennifer Koestler, MD

Note: Per the Bylaws, the current President-elect, Thomas J. Lester, MD, automatically assumes the Office of President and the current President, Louis F. McIntyre, MD, assumes the Office of the Immediate Past President.

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

PRESIDENT'S MESSAGE *(continued from page 1)*

enacted in 1997 to limit the growth of Medicare spending. The SGR was supposed to kick in whenever healthcare inflation outpaced the CPI. The SGR also only related to *physician reimbursement*, which represents only around 20% of all healthcare spending. The politicians in Washington soon learned that actually enforcing the SGR would necessitate draconian cuts to physician payments so Congress has always passed temporary stays to avoid cuts to doctors. This has resulted in an ever larger dollar figure year after year totaling over \$300 million just three years ago. Last year the figure had dropped to around \$150 million and there was great hope that a permanent repeal could be passed. Unfortunately that did not happen.

In April, however, both the House and Senate passed a bill to repeal the hated SGR. President Obama is expected to sign the bill. This means that the SGR formula is repealed immediately and the 21% cut in Medicare physician reimbursement will not take place. A positive payment update of 0.5% will take effect July 1. The 0.5% payment update will be applied through 2019. Thereafter, Medicare rates will hold steady for five years. Claims that were held for the first half of April will be processed and paid at the rates that were in place before the 21% cut was scheduled to take affect.

Medicare's current quality reporting programs will be streamlined and simplified into one merit-based incentive payment system, referred to as "MIPS". This consolidation will reduce the aggregate level of financial penalties physicians would otherwise have faced, but still may be as high as 9%

Protections are included so that medical liability cases cannot use Medicare quality program standards and measurers as a standard of duty of care.

Incentive payments will be available for physicians who participate in alternative payment models and meet certain thresholds. Alternative payment models, or APMs, are all the rage in Washington and ACOs and bundled payment plans are two examples. Medicare has stated that it wants 50% of all Medicare spending to be APMs by 2018! The SGR repeal allows for technical support to help smaller practices participate in alternative payment models or the new fee-for-service incentive program.

The SGR repeal also reverses the harmful global payments policy announced in the 2015 Physician Fee Schedule Final Rule by the Centers for Medicare and Medicaid Services. This rule would have done away with all global periods for procedure in 2018.

An additional benefit is the repeal gives specialty societies direct control of performance measures development which is where it belongs and also gives individual physicians more control over which measurements will be used to measure the physician.

So a great win, right? Maybe not. The 0.5% increase through 2019 and reimbursement stasis following will not keep pace with practice cost inflation and over ten years will most likely result in an inflation adjusted decrease in reimbursement in the amount of, you guessed: 21%! That coupled with the potential penalties outlined in the MIPS will make it difficult for many practices to continue to accept Medicare patients or even stay open to see any patients at all. This is why the Medical Society of the State of New York was one of only two societies to object to the repeal.

We should all be very concerned regarding these rules, regardless of our practice situation. The answer is for physicians to unite to advocate for patient access to care and the limiting of government and insurance company intervention in the doctor-patient relationship. We can only do that through our established county and state medical societies.



CUBA - PART ONE *(continued from page 2)*

undersides would shield us from radiation. In social studies class, we had a long discussion about selling wheat to Russia. I was the student who felt that we should do it, arguing that it wasn't right to allow people to starve, even if they were our "enemies." In addition, Miami was teeming with Cuban refugees.

About a year ago, I learned about a planned trip to Cuba sponsored by my college's (Oberlin) alumni organization in Cuba. I signed up with alacrity because all my past experiences created a tremendous curiosity to see this country and society. I speak Spanish and, as stated, had been witness to the incredible poverty in Columbia (Che Guevara, in his famous motorcycle trip through the Andes as a young physician, was said to have become radicalized by the economic oppression he observed). In addition, I have had a lifelong affinity for Hispanic culture and also have been intrigued by Cuba's vaunted medical system.

So those are my reasons for my desire to see Cuba. Next month I will describe my trip in detail.



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SAVE THE DATE

The Annual Academy Golf Outing, Dinner and Fundraiser will be held on **October 8, 2015**, beginning at 12:30 p.m. at *Westchester Country Club* Rye, NY



MSSNY HOUSE OF DELEGATES HIGHLIGHTS

The Medical Society of the State of New York (MSSNY) conducted its 209th Annual Meeting, April 30 - May 3, 2015, at the Saratoga Hilton, Saratoga, NY. The following physicians from Westchester and Putnam Counties attended and served as your elected delegates and alternates to the House of Delegates:

Delegates

Louis McIntyre, MD, *White Plains*
 Robert Ciardullo, MD, *White Plains*
 Thomas Lee, MD, *Tarrytown*
 Robert Lerner, MD, *Valhalla*
 Thomas Lester, MD, *Mount Kisco*
 Gino Bottino, MD, *Mount Kisco*
 Stephen Schwartz, MD, *Pleasantville*
 Joseph Tartaglia, MD, *White Plains*
 Edward Gordon, MD (*9th DB Delegate, Putnam*)
 William Zurhellen, MD (*Putnam*)
 Norma Kurtz, MD (*Putnam*)

Alternate

Alfred Tinger, MD, *Mount Kisco*

The Westchester and Putnam Delegations, part of the Ninth District Branch and Caucus, were led by Bonnie Litvack, MD, Mount Kisco, MSSNY Ninth District Councilor, as Chair and Thomas Lee, MD as Vice Chair. The group caucused several times to consider resolutions submitted by physicians from all over the state. Caucusing with Westchester and Putnam were delegates from Orange, Dutchess and Rockland counties, as well as physicians representing their state specialty societies. After completion of reference committee hearings and deliberation in the House of Delegates (HOD), the following actions were taken by the HOD on resolutions submitted by the Ninth District Branch:

Ninth District Resolutions – House Action

Payment for Services to Pharmacy Benefit Managers

*****SUBSTITUTE RESOLUTION ADOPTED*****

RESOLVED, That the Medical Society of the State of New York reaffirm MSSNY Policies 265.937 and 265.959; and be it further

RESOLVED, That MSSNY ask the AMA CPT Editorial Panel to determine the necessity of developing a new CPT code for the purposes of billing insurers for necessary communications with these insurers and/or their contracted PBMs, or whether existing codes could be used for this purpose.

MSSNY Policy 265.937 - Changing of Prescriptions by Managed Care Organizations or Pharmacies: MSSNY will seek regulation and/or legislation to mandate that health insurers recognize and reimburse for existing CPT codes for patient management activities when the insurer and/or PBM request the substitution of a prescription drug for that which has been prescribed. (HOD 2002-51; Reaffirmed HOD 2013)

MSSNY Policy 265.959 - Insurance Companies Should Reimburse Physicians for Telephone Time with Pharmacies: MSSNY will seek regulator or legislative action to (a) require health care plans doing business in New York State to recognize, as a separate service, through the existing AMA CPT coding nomenclature, telephone calls communicating with family members, medical entities, pharmacies, benefit management companies, case managers, and others as required for patient management and care; (b) require health care plans in New York State to disclose in the health plan's benefit package that telephone management services for patients, as well as the time spent placing the phone call(s) is a separate service and specify whether the service is a covered or non-covered service. If telephone management for patients, and the time spent making the phone call(s) is deemed to be a non-covered service, MSSNY will seek regulatory or legislative relief which would require health care plans to

(continued on page 8)

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 19, 2015



CRABTREE'S KITTLEHOUSE

ELEVEN KITTLE ROAD
CHAPPAQUA, NY 10514

6:00 - 7:00 P.M.

NETWORKING RECEPTION

7:00 P.M.

BUFFET DINNER

INSTALLATION OF 2015-2016 MEDICAL SOCIETY & ACADEMY OFFICERS

REMARKS OF *THOMAS T. LEE, MD*, ACADEMY PRESIDENT

AWARDS – WESEF SCIENCE FAIR HONOREES

REMARKS OF LOUIS F. MCINTYRE MD

OUTGOING WCMS PRESIDENT

REMARKS OF THOMAS J. LESTER, MD

INCOMING WCMS PRESIDENT

SPECIAL RECOGNITION:

2015 "FRIEND OF MEDICINE" AWARDEE

MARY JANE DENZER

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

RSVP TODAY TO KAREN FOY, 914-967-9100, BY EMAIL TO [KFOY@WCMS.ORG](mailto:kfoy@wcms.org) OR FILL OUT THE FORM BELOW AND FAX TO 914-967-9232 OR MAIL TO 333 WESTCHESTER AVE., SUITE LN01, WHITE PLAINS, NY 10604. CHECKS SHOULD BE MADE PAYABLE TO THE WESTCHESTER COUNTY MEDICAL SOCIETY.

NAME: _____ **GUESTS:** _____

EMAIL: _____

MSSNY HOUSE OF DELEGATES HIGHLIGHTS *(continued from page 6)*

honor an Advance Notification Agreement between the physician and the patient through a formal Waiver of Liability, whereby payment for this service becomes the responsibility of the patient. MSSNY will seek regulatory or legislative action mandating the provision of toll-free telephone and FAX numbers for physician use by all health care plans, products and mail order pharmacies doing business in New York State. Said legislation or regulation to include a provision that the waiting time for physicians and their office staff required by the payers to use these toll-free telephone numbers be no more than five (5) to ten (10) minutes. (HOD 2000-252; Reaffirmed 2014 HOD)

Pharmacy Benefit Managers Interfering with the Progress and Continuity of Treatment

*****SUBSTITUTE RESOLUTION ADOPTED*****

RESOLVED, That the Medical Society of the State of New York reaffirm MSSNY Policies 165.941, 165.968 and 165.969; and be it further

RESOLVED, That MSSNY advocate to assure that insurers provide continuous coverage for medications that they have previously approved; and be if further

RESOLVED, That MSSNY seek legislation or other means to assure health insurance companies provide coverage without need for prior approval for medications needed on an urgent basis, such as Suboxone for a symptomatic patient in acute opioid withdrawal; and be it further

RESOLVED, That MSSNY continue to advocate to assure that contractors of health insurance companies such as Pharmacy Benefit Managers are subject to the same utilization review rules that health insurers are required to follow.

MSSNY Policy 165.941 - Coordination of Pharmacy Benefit into Existing Health Plans: MSSNY will seek legislation which would preclude health care plans from requiring physicians to deviate from an already established drug regimen (formulary) based solely upon cost factors associated with less expensive, but possible less effective drugs. The aforementioned legislation should include coordination of a pharmacy benefit into already existing health plans. MSSNY will strongly encourage the development and utilization of technologies to allow physicians to instantly access the established drug of any health plan with which the physician maintains a contractual relationship. (HOD 2000-56; Reaffirmed HOD2001-53; Reaffirmed HOD 2011)

MSSNY Policy 165.968 - Liability of Managed Care Entities as well as Their Employees, Agents, Ostensible Agents and Representatives: MSSNY will develop or support legislation or regulation requiring that whenever an employee, agent, ostensible agent and/or representative of a managed care entity makes a determination that affects a patient's health, both the individual and the entity should be held liable for any adverse outcomes to the patient arising directly from the determination or as a consequence of the determination. (HOD 1997-114; Reaffirmed HOD1998-84; Reaffirmed HOD 214)

MSSNY Policy 165.969 - Managed Care Companies and the Practice of Medicine Without a License: MSSNY will support legislation or regulation that will declare that any person making decisions on the medical necessity or appropriateness of care affecting the diagnosis or treatment of a patient in New York must have a license to practice medicine in New York; and that a physician making decisions on the medical necessity or appropriateness of care affecting the diagnosis or treatment of a patient in New York without a valid New York license, as well as the company that employs him/her, will be subject to investigation, criminal prosecution and possible fines. (HOD 1997-112; Reaffirmed HOD 1998-62; Reaffirmed HOD 2014)

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MSSNY HOUSE OF DELEGATES HIGHLIGHTS *(continued from page 8)***Automatic Link to Updating Physician Profile at Time of Licensure Renewal*******ADOPTED AS AMENDED*****

RESOLVED, That the Medical Society of the State of New York request, through regulation/legislation if needed, that the New York State Education Department and the New York State Department of Health (DOH) create an automatic link from the online state education licensure renewal site to the state DOH physician profile site to enable a physician who is re-registering with the state to also update his/her physician profile in a seamless manner.

Medical Society Dues as Part of Biennial Registration*****REFERRED TO COUNCIL*****

RESOLVED, That the Medical Society of the State of New York seek by legislation to include MSSNY and County Medical Society opt-out dues in the New York State Department of Education biennial registration billing and payment.

Anterior Cruciate Ligament Injury Prevention*****SUBSTITUTE RESOLUTION ADOPTED*****

RESOLVED, That the Medical Society of the State of New York encourage that the state Education Department and the New York State Public High School Athletic Association inform students and parents that the anterior cruciate ligament injury prevention program in order to prevent student injuries.

Requiring Insurance Companies to Cover ADD/ADHD Medications on which Children have been Stabilized*****ADOPTED*****

RESOLVED, That for children who have already previously been successfully stabilized on a specific ADD/ADHD medication, the Medical Society of the State of New York pursue legislation and/or regulation that requires an insurer to continue to cover, at lowest tier cost, or patient cost-share, that same medication for children, and do so without obstructions, such as prior authorization or required trials of alternate medications, if and when that insurer changes their formulary policies; and be it further

RESOLVED, That for children who have already previously been successfully stabilized on a specific ADD/ADHD medication, but change insurer, or have a change in policy program within that same insurer, MSSNY pursue legislation and/or regulation that requires an insurer to continue to cover, at lowest tier cost, or patient cost-share, that same medication for children, and do so without obstructions, such as prior authorization or required trials of alternate medications, if and when that insurer changes their formulary policies.

Non-Experimental Status Determined by Centers for Medicare and Medicaid Services*****ADOPTED*****

RESOLVED, That the Medical Society of the State of New York seek by regulation and/or legislation New York State policy/law requiring that any medical service deemed non-experimental by the Centers for Medicare and Medicaid Services for government programs also be deemed non-experimental by private payors.

Payment for Physicians' Work Appealing Insurance Company Denials for Payment*****ADOPTED*****

RESOLVED, That the Medical Society of the State of New York seek by legislation or regulation, payment for a physician's time and effort involved in preparing appeals for reversal of denials of payment for medical care, procedures and medications by insurers and other third party payers on behalf of their patients.

(continued on page 10)

MSSNY HOUSE OF DELEGATES HIGHLIGHTS *(continued from page 9)***MSSNY Election Results**

The following physicians were elected to serve as MSSNY Officers, Councilors, and Trustees during the 2015-16 Association Year (home county):

President - Joseph R. Maldonado, Jr., MD, MBA, DipEBHC (*Oneida*)

President-elect - Malcolm D. Reid, MD, MPP (*New York*)

Vice President - Charles Rothberg, MD (*Suffolk*)

Immediate Past President - Andrew Y. Kleinman, MD (*Westchester*)

Treasurer - Thomas J. Madejski, MD, FACP (*Orleans*)

Assistant Treasurer - Joseph R. Sellers, MD, FAAP, FACP (*Schoharie*)

Secretary - Arthur C. Fougner, MD (*Queens*)

Assistant Secretary - Bonnie L. Litvack, MD, FACR (*Westchester*)

Speaker - Kira A. Geraci-Ciardullo, MD, MPH (*Westchester*)

Vice Speaker - William R. Latreille, Jr., MD, FACP (*Franklin*)

Ninth District Branch Councilor - Thomas T. Lee, MD, FACS, MPH (*Westchester*)

Congratulations to Drs. Geraci-Ciardullo, Litvack and Lee on your elections and to Dr. Kleinman on a successful year as MSSNY President!



WCMS Past President & MSSNY Speaker Kira Geraci-Ciardullo, MD; WCMS & MSSNY Past Presidents Drs. Michael Rosenberg, Ann Cea & Andrew Kleinman; WCMS Past President, MSSNY Assistant Secretary & 9th DB President Bonnie Litvack, MD; WCMS Past President & Past MSSNY Speaker Mark Fox, MD.

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REMARKS OF OUTGOING MSSNY PRESIDNET ANDREW Y. KLEINMAN, MD



Colleagues:

It has been an honor to be your President and chief advocate for our noble profession and our patients in New York State.

I pass this gavel of leadership to my very capable successor, Dr. Joseph Maldonado.

Our organization will be in great hands. Dr. Maldonado has been a great advocate for physicians and patients through the many different leadership roles he has served for MSSNY. Over the last year, he represented MSSNY in numerous meetings with me and on my behalf when I could not attend. He is an eloquent speaker, and his thoughtful perspectives on the myriad of challenges we have faced over the last year very much helped to guide my actions as President.

Dr. Maldonado is but one of the many MSSNY Officers, Councilors, and Trustees I wish to thank for all the great counsel and insight they have provided to me. These leaders should be applauded by the colleagues in their communities for the hours and, indeed, days they spend away from their practices and their families to strategize and identify clear steps MSSNY can take to meet the challenges that face our profession.

I also very much want to thank the many physicians who so warmly welcomed me to present at their local meetings. These meetings were a great opportunity to discuss with physicians across the state all that MSSNY is doing - through legal assistance, education, legislative advocacy and numerous other services - to assist you with addressing the difficulties of practicing medicine in New York State.

Perhaps most importantly, these meetings helped to better inform me regarding the challenges physicians across our great state are facing, the gaps in the services that MSSNY can better provide to its members, and to help focus the priorities upon which MSSNY should place its limited resources. I look forward to continuing the discussion about these important issues.

I am very proud of all that MSSNY has done over the past year to meet these challenges head-on. I am particularly proud of our efforts to be sure that the media - who can help to shape public opinion and influence legislative outcomes - has a greater awareness of how the challenges that face physicians also has a great impact upon patient access to care.

Of course, there is much more that needs to be done to better assure that our patients can continue to have timely access to the best possible care. As care delivery models continue to evolve, I intend to continue to work with our leadership on efforts to be sure physicians will be able to have a true choice to provide patient care in the practice model which suits them best.

And as we work to meet these challenges, we must always remember that we must be the advocate for our patients' needs. We will only be successful in our advocacy efforts if we are able to clearly demonstrate why the concerns we face also adversely impact upon our patients.

As a final word, let me just say that I will very much miss serving as your President. At the same time, I look forward to being able to spend more time doing what I love most - being able to provide care to my patients. I am thankful every day that I was able to become a physician. I truly hope you all feel the same way.

Thank you again for a great year.
Andrew Kleinman, MD

A MESSAGE FROM INCOMING MSSNY PRESIDNET JOSEPH R. MALDONADO, JR., MD



Colleagues:

I am Joe Maldonado, a urologist from Rome, New York.

I have been involved in organized medicine since my days as a medical student.

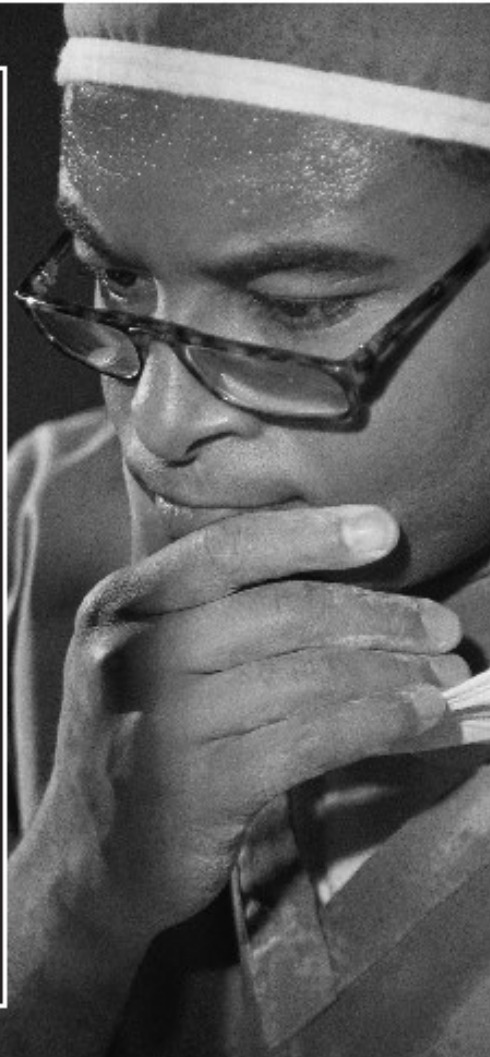
Immediately upon entering private practice in rural Upstate New York in 1992, I joined MSSNY. Twenty-three years later, I am honored to serve you as President of the Medical Society of the State of New York. I thank Dr. Andrew Kleinman and the staff who ably assisted him the past year. Dr. Kleinman was especially instrumental in the changes implemented to the untenable out-of-network situation and the one-year extension of the ePrescribing mandate. Working closely with our Government Affairs staff and the DFS, some near miracles were achieved.

This year, we have serious challenges ahead - new legislation working its way through state legislative committees, ICD-10 implementation in October, and SHIP, DSRIP, and ePrescribing in early 2016. Our Annual MSSNY House of Delegates has provided policy and advocacy goals. We will be addressing concerns you and your leadership have identified in the recently enacted SGR legislation. Also, we will be working diligently on MOC issues, insuring we can advance the wishes of our house while being sensitive to the differences of opinion with other members of the House of Medicine. Keenly aware of the challenges facing our medical students and young physicians, we will be working with other state societies and the AMA to address the shortage of our GME residency positions that threaten so many graduating physicians who are unable to find residency training programs. We must find solutions which address the shortage without disenfranchising others in our profession.

I enjoy working on “wicked problems” and look forward to tackling our long and short term issues with our hard-working staff and you. As I travel throughout the state meeting many of you at your county society and medical staff meetings, I ask that you consider helping the profession and your society by inviting a young physician to accompany you to the meeting.

If you have not paid your MSSNYPAC dues, consider your contribution towards advancing our advocacy efforts at www.mssnypac.org.

Joseph Maldonado, MD, MSc, MDA, DipEBHC
MSSNY President



Why the other side hates to see us on your side.

- We go to bat for you and preserve your good name.
- We aggressively defend and resist any payment for frivolous claims.
- We are a tough team to beat and we don't give up.
- We have the finest defense attorneys in the State, respected medical experts, and the country's largest and most experienced claims staff.
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Medical Liability Mutual Insurance Company (MLMIC) is the one ally you want when you enter the courtroom and your practice and reputation are on the line. The jury may be out. But, you can feel confident, knowing you are protected by the one company that has successfully defended more New York physicians than all other insurers combined.

■ Exclusively endorsed by MSSNY since 1975, MLMIC is a mutual company, owned and operated by the physicians we insure. ■ For more information and an application, call 800-275-6564 (NYC), 800-356-4056 (Syracuse), 877-777-3560 (East Meadow), or 800-635-0666 (Latham). ■



**Endorsed by
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Our defense never rests.

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MLMIC ANNOUNCES 5% DIVIDEND

Our Society's endorsed professional liability carrier Medical Liability Mutual Insurance Company (MLMIC) recently announced a 5% dividend for policyholders who are insured by May 1, 2015 and maintain continuous coverage through July 1, 2015. Dividends provide meaningful financial relief to policyholders, and this marks the third consecutive year that MLMIC has returned dividends to its policyholders.

The Westchester County Medical Society endorses MLMIC for a number of reasons. First, MLMIC is a mutual company owned and operated by physicians and healthcare professionals who govern its Board of Directors. Second, since its inception in 1975, MLMIC has successfully defended and provided risk management services to more physicians than any other insurer in New York. Third, through prudent underwriting, claim handling, and investment practices, MLMIC has maintained its sound financial condition in an often volatile market.

With its competitive premium rates and three consecutive years of dividend returns, the choice of a MLMIC policy remains attractive and in many specialties its cost is lower than the competition. If you are not currently insured by MLMIC, we encourage you to visit www.mlmic.com and request a quote for coverage. We truly believe that insuring with MLMIC is a solid benefit for all physicians practicing in New York State.

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