The Bulletin

THE MEDICAL SOCIETY, COUNTIES OF ERIE AND CHAUTAUQUA

WINTER 2018

Niagara Falls, NY. Photo by Tina Bidwell.

Medical Society of the County of Erie and
Medical Society County of Chautauqua
1317 Harlem Rd.
Buffalo, NY 14206

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Wishing You and Yours a Happy and Healthy Holiday Season

MSCE
Executive Board and Staff

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The Bulletin

Medical Society, Counties of Erie and Chautauqua

Medical Society, County of Erie
"Better Health Through Advocacy"™
"If Not You...Who"™

OFFICIAL PUBLICATION
Medical Society of the County of Erie
Medical Society of the County of Chautauqua

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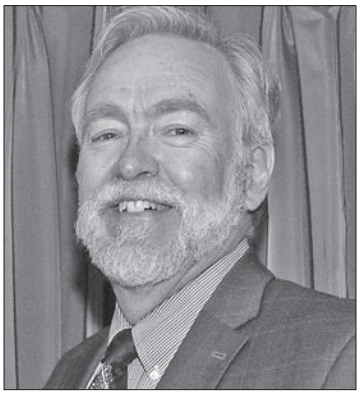
A Message from the President

John A. Gillespie, M.D.



Hello members of the Erie County Medical Society.

I would like to wish all of you the best for this coming holiday season. I also wanted to update you on what is happening at the Medical Society.

In the last few days we have become aware of several scams being perpetrated on our members and our office. At this point they have been in 3 areas.

1) They call representing themselves as the DEA and state that people are on the way to arrest the physician and they need to verify the provider's DEA number. Supposedly they are paid $1,000 per person for each stolen number.

2) They called Chris Nadolny on her home phone line and stated they were from the Office of Professional Misconduct (that organization does not exist; the correct name is Office of Professional Medical Conduct) and they were going to arrest 2 local physicians unless the Medical Society wired them $75,000 for each physician. We did not wire the money.

3) An individual identifying himself as a physician in NYC called a member and left a 212 area code number asking for a call-back to discuss a regulatory matter. The member contacted the Society first, which was able to confirm that the contact number belonged to a tobacco trading company. He was advised to not respond, that he was being scammed.

So be alert and let your staff know that the scam artists are out and about. Please also alert us at the society's office so that we can continue to keep MSSNY and the authorities informed.

On a more positive note, one of the local insurers has approached the Medical Society to help facilitate their efforts to address variability of care delivered by specialists.

1) They will be using Cave as their software program to do this. This is the same program that another insurer in the community has used.

2) They want to have representation from the providers in the community to evaluate and develop this program.

3) The providers will have the opportunity to shape how they will be evaluated and rated with this system. To help choose the important clinical indicators in the episodes of care and to decide on the content of the reports.

4) Variability of care is a cornerstone in most VBP (Value Based Payment) arrangements that physicians will be contracting and working with.

We have the opportunity to have a significant impact on how this is done and how it will affect us if we participate. Please help us do this; a lack of participation will only result in NON PHYSICIANS deciding our fate. We have been there before and no one liked it when we weren't at the decision table.

The use of Cannabis for medical treatments and recreational use is front and center in NYS at this time. Dr. Thomas Madejski has written several articles on this as president of MSSNY. Points from those articles and other areas of information result in the following points for me.

1) For so many significant decisions to be made there is not a plethora of information.

2) Cannabis does help some people with chronic pain and is a reasonable choice when other methods of pain relief has failed.

3) We need clinical research in other areas of medical treatment before we adopt cannabis as an effective treatment.

4) There is no scientific clinical evidence that cannabis is effective in the treatment of opiate addiction.

5) Cannabis should be moved from a Level1 drug to a Level2 drug so we can have scientific input to its uses and risks.

6) We should learn as much as we can from what is happening in Colorado. Colorado appears to be the one state that is closely looking at what happened when cannabis was legalized for recreational use in that state. If mistakes were made there is no need for us to repeat them. Likewise we should know if there were positive outcomes. We do know that Colorado has seen an increase in driving fatalities since cannabis was legalized.

7) The decriminalization of cannabis possession and use, except if it occurs while driving, has been a good outcome.

8) There are economic drivers for the legalization of cannabis for recreational use from both the state and big business.

I am sure there are many other points many of you will have about cannabis use. Please feel free to contact me and please include the research that supports your views. The medical society has the papers that support the above points, except for number 7, which is a personal view of my own.

Thanks and have a great holiday season.

John Gillespie

Highlights from the 2019 AMA Interim House of Delegates Meeting, National Harbor, MD

November 10-13, 2019

Richard P. Vienne, D.O., CPE

...one of the more pertinent issues discussed was creating and sustaining medical homes...

Recently I had the privilege of representing New York State as an Alternate Delegate and was asked to share some highlights of the Interim Meeting with our physician members in Erie and Chautauqua County. This meeting focuses on topics of advocacy and looks to create policy actions in working with regulatory agencies, payers, government, public health and other health related organizations. There were many resolutions reviewed, but I thought I would focus on a few.

One of the more pertinent issues discussed was creating and sustaining medical homes (PCMH) by overcoming both cultural and financial obstacles, for all practice sizes and settings, as they adopt PCMH models. Costs of implementing and running medical homes are significantly increasing, especially with integration of telemedicine and other technological advances. Resolutions were passed to address concerns in reaching the rural population by boosting internet capabilities (broadband and wireless connectivity) while also protecting radio services that could be affected by broadband and wireless; with support for funding to modernize the infrastructure to include texts to 9-1-1.

Many physicians spoke out against gun violence, with the resultant action that the AMA House adopted policies for better background checks on firearm purchases, a ban on 3-D firearms, and gun violence restraining orders for people arrested or convicted of domestic violence or stalking.

Sexual violence was addressed through the passage of policies to improve patient access to sexual assault nurse examiners and other trained, qualified clinicians in EDs when victims present after an assault. Specific resolutions, called out for improving screening and treatment guidelines for the LGBTQ+ communities who may experience a higher percentage of intimate partner violence.

Concerns were raised by the medical students and residents on student loans. The AMA will advocate for continued funding of programs for income driven repayment plans; that I personally wish were in place when I was a resident.

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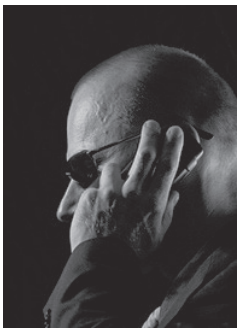
U.S. DEPARTMENT OF JUSTICE ★ DRUG ENFORCEMENT ADMINISTRATION

DIVERSION CONTROL DIVISION

Alert - Extortion Scam Targeting DEA Registrants - April 2, 2018

Extortion Scam Targeting DEA Registrants



DEA is aware that registrants are receiving telephone calls and emails by criminals identifying themselves as DEA employees or other law enforcement personnel. The criminals have masked their telephone number on caller id by showing the DEA Registration Support 800 number. Please be aware that a DEA employee would not contact a registrant and demand money or threaten to suspend a registrant's DEA registration.

If you are contacted by a person purporting to work for DEA and seeking money or threatening to suspend your DEA registration, submit the information through "Extortion Scam Online Reporting" posted on the DEA Diversion Control Division's website, www.DEADiversion.usdoj.gov.

Extortion Scam Online Reporting

For more information contact:
Locate DEA Field Office for your area -
https://apps.deadiversion.usdoj.gov/contactDea/spring/fullSearch
Registration Service Center - 1-800-882-9539
Email - DEA.Registration.Help@usdoj.gov

A Message from the Executive Director

Christine Ignaszak Nadolny

Now…is the time for us to come together with a unified voice…

Well, the election is over. Recounts have been completed. The people have spoken, and they have chosen. It may be that we are not happy with the outcome, our candidate did not win, we will not have the "voice" (who most closely mirrors our convictions) in the legislature. OR, we see the dawning of positive change because the "right" person was elected. Either way we won, because we have been given the right of active franchise. Now, ladies and gentlemen, is the time for us to come together with a unified voice to assure that we promote public health and welfare, and to safeguard the professional and economic integrity of our members. There will be challenges ahead, just as there have been in the past. As physicians, I know one goal stands above all regardless of your political persuasion – your desire to assure your patients receive the quality care they need and deserve.

During this upcoming year we will be faced with many issues that will impact you, and your patients' care needs. As I write this piece, it was reported the NY regulators have approved CVS Health's application to acquire Aetna. If you were not aware of this development, here is MSSNY's statement on what brings together the nation's largest pharmacy chain and a health insurer. "We are still reading through the final approval documents. And we thank the DFS for their efforts to push for legislation to control the ability of PBMs to limit patient access to needed medications. We applaud the extensive review that the DFS provided to this transaction and the conditions they imposed to help minimize the enormous impact that this merger will have on our health care system. We do remain concerned however, that there may not be sufficient steps imposed to control the enormous power that this merged entity could use to marginalize physician-led medical homes as it expands its corporate driven healthcare model. Physicians fully expect that the merger will further reduce competition in New York's health insurance market. This is one more reason why physicians deserve the right to collectively bargain against corporate behemoths that seek to limit our ability to deliver needed care to patients."

Over the past 4 sessions, the NYS Assembly had passed a bill which would provide free health care with no copays, deductibles or premiums; while in the Senate, during this same period (which was then under Republican control) it never came up for a vote. With the NYS Senate transitioning to Democratic control, there is a significantly greater chance that such legislation could pass. Though some are beginning to publicly express the challenges of enacting such a broad proposal. On November 14th, Governor Cuomo weighed in on the issue and publicly stated that it should be the federal government who devises a single payor system and questioned the financial viability of a state funded single payer. As we also know, President Trump has warned that he will not grant a waiver or let Medicare, Medicaid and ACA funding be used for a state single payer plan. Still, the issue of a single-payer healthcare system in NYS will definitely be up for discussion.

At the federal level, health care will be a major focus. Hopefully this term there will be "some reaching across the aisle" to work to fix the unwieldy high cost of drugs. There is interest in protecting patients from "balance billing" by out of network providers similar to what steps New York has already taken. We still don't know the verdict on the lawsuit brought about by 20 state governors and attorneys general which claims that last year's Congressional repeal of the individual mandate invalidates the ACA.

As we face the uncertainties of 2019 we will do so together. That is what the Medical Society is and who we are. The Society exists as your voice, so make sure that we hear from you. Get involved. We need you. Your patients need you. Your profession needs you.

In closing, I want to thank you for your commitment, your mentorship and your friendship. As my family and I share our Christmas Eve traditional dinner by breaking off pieces of the blessed oplatek and wishing each other health, happiness and prosperity – you can be assured that you and your families will be in my thoughts and prayers.

Wesołych Swiat,

Chris

Care Management Services

Leah S. Ranke, Esq., Law Office of Leah S. Ranke, Esq.

In 2018, CMS estimates that 117 million American adults have at least one chronic condition, and 1 in 4 adults have 2 or more chronic diseases. Health care delivery systems throughout the country, not just in Western New York, have moved to pro-active care models to improve effective treatment of patient populations, while simultaneously aiming to reduce patient health risks and medical costs. Physicians play a starring role in pro-actively managing patient health. This requires the triple effort of (1) identifying population(s) with modifiable risks; (2) aligning preventative services to the needs of the population(s); and (3) employing appropriate personnel to deliver the needed services. Since Care Management is credited as the best approach to achieving this complex set of goals, and physicians are central to its success, patient health insurance now reimburses medical providers for delivering many patient education, training, planning, and monitoring services.

Care Management is "patient-centric," focused on assessing and planning in advance, wellness, prevention, and reducing health risks in patients with chronic conditions. Care Management is distinguishable from Case Management, which is reactionary, responding to exacerbation or worsening of a chronic condition, and has been described as "primarily disease-centric." Case Management coordination is a different topic with its own set of codes and coverage rules.

There are several categories of Care Management Services. They include Chronic Care Management Services for outpatients, Transitional Care Management Services for patients discharged from inpatient status, Cognitive Impairment Assessment and Care Planning, and Advance Care Planning. They incorporate use of a Certified Electronic Health Record (EHR), Continuity of Care with a Designated Care Team Member, Coordination with Home- and Community-Based Clinical Service Providers, 24/7 Access to Address Urgent Needs, Enhanced Communication (for example, email), and Advance Consent.

In 2015, Chronic Care Management Services reimbursement codes made their national debut when CMS (Centers for Medicare and Medicaid Services) created new CPT codes enabling providers to bill and receive payment for delivering these services to their patients. Current Procedural Terminology (CPT) is the medical code set developed by the AMA and recognized by CMS to define and report medical services health Medicare, Medicaid, and patient health insurance

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MSSNY PAC

Rose Berkun, MD, FASA, MSSNY PAC Vice-Chair

Because of your generous support MSSNY has achieved important victories…

On behalf of MSSNY I would like to thank all our members for donating to MSSNY PAC. Because of your generous support MSSNY has achieved important victories in the 2018 legislative session. NY State Legislature:

- **Continued** funding for the Excess Medical Malpractice Insurance Program at the historical level.
- **Rejected** Independent practice for CRNAs
- **Rejected** Corporate-owned retail clinics
- **Rejected** Overbroad power to the OMIG and DOH to penalize physicians and other health care providers for Medicaid billing errors
- **Rejected** steep Medicaid cuts to the Patient-Centered Medical Home program;
- **Rejected** repeal of "Prescriber prevails" protections for prescriptions for patients covered by Medicaid
- **Rejected** Authorization for patient drug management protocols between Nurse Practitioners and pharmacists.
- **Rejected** Provisions which would have reduced from 7 days to 3 days the length of an initial prescription for acute pain.
- **Rejected** Significant expansion of the DOH/OPMC power to investigate physician misconduct.

MSSNY advocacy will continue to address issues critical to physicians and patients. MSSNY 2019 legislative initiatives will include the following bills:

- Collective Negotiation (A.4472/ S.3663 of the 2017-18 Session)
- Prior Authorization Reform (A.9588/ A.7872 of the 2017-18 Session)
- Due Process for Non-Renewal (A.2704/S.3943 of the 2017-18 Session)
- No mid-year formulary changes (A.2317/S.5022 of the 2017-18 Session)

Other bills may be introduced as well. We anticipate seeing several liability expansion bills, such as expanding the recently enacted "Laverne's Law" to cover diagnoses beyond cancer that would extend the statute of limitations for all malpractice claims to 7 years, instead of the current 2.5 years.

The New York State legislature is considering single-payer legislation — the New York Health Act (NYHA) — that would transform the landscape of health insurance coverage and financing in the state. The NYHA would create a state-sponsored single-payer health program called New York Health that would provide coverage to all residents of New York State. If enacted, it will replace the current system of multiple private insurance companies. According to a RAND study, new taxes for healthcare will reach $139 billion in 2022 and $210 billion in 2031 to fully finance New York Health. While MSSNY has a long-standing position in opposition to this concept, it also recognizes that there are several physicians that have supported such a proposal. Because any such proposal could have profound impacts on patient care delivery, MSSNY will continue to advocate to assure that physicians have direct input and ongoing involvement on all aspects of any single-payer system proposal under consideration.

Finally, let me note that, In order to achieve legislative victories MSSNY and MSSNYPAC needs your support to help assure the physicians' collective voice is being heard by those who are shaping policy in Albany! I encourage all of you to contribute to MSSNY PAC. With your help we will continue to fight on behalf of our members and our patients. You can donate online at www.mssnypac.org/ contribute. Multiple levels are available and I encourage you to participate at the highest level possible.

Subscription Levels:

Annual Memberships	One-Time	Quarterly	Monthly
President's Circle	$2,500	$625	$210
Chairman's Club	$1,000	$250	$85
Sponsor	$750	$190	$65
Patron	$500	$125	$45
Benefactor	$300	$75	$25
Physician	$175	$45	$15
Alliance & Spouse	$100	$25	
Resident	$50		
Student	$10		

"STARS AMONG US" – CALL FOR NOMINATIONS

At the annual strategic planning meeting the members of our Executive Board decided it was time to recognize those member physicians who consistently participate in activities which raise the awareness of the profession and their personal commitment to patient care. A maximum of 6 physician members will be recognized each year. Once selected, the recipient will be notified by phone, to determine the date and time for a photo to be taken. The photo and announcement will:

- be displayed prominently on the MSCE website, on all MSCE social media (Linked In, Twitter, FaceBook),
- be sent via email to all MSCE members and published in the next issue of the BULLETIN,
- be sent to all print and broadcast media in WNY, and
- be sent to the Medical Society of the State of New York.

Each recipient will receive a framed copy of the photo and announcement, as well as an electronic version for personal and professional use.

Nominees must be a member of the Erie County Medical Society and must be either in active practice or currently teaching medical students, residents or fellows or be in an administrative capacity of a health facility or insurer.

- Commitment to quality, compassionate care for all patients,
- Professionalism in all forums or interactions within the WNY community,
- Dedication to the principles of medical ethics,
- Sustained involvement in continuing medical education,
- Technical competence,
- Personal integrity,
- Involvement in local regional state or national professional societies befitting either the medical or surgical specialty,
- Commitment to the MSCE, including advancing and supporting the mission and vision of the Society.

Nominations must be submitted in writing (400-word maximum) via email to the Executive Director, Christine Nadolny at nadolnyc@wnydocs.org. Deadline for submission of nominations are by the following dates:

- January 1, 2019
- March 1, 2019
- May 1, 2019
- July 1, 2019
- September 1, 2019
- November 1, 2019

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companies. Although widely popular, only a small fraction of eligible providers were actually using the Care Management codes. So in 2017, the definitions for these codes were expanded, questions about their use were answered, parameters for using the codes were better defined, reimbursement rates were raised, and ease of use was improved.

Chronic Care Management (CCM) services are available only for patients with multiple (two or more) chronic conditions expected to last at least 12 months or until the death of the patient, and that place the patient at significant risk of death, acute exacerbation/decompensation, or functional decline.

CCM must be billed by the practitioner also providing face-to face care for that condition. It cannot be outsourced to a third party. It can be billed by a physician or a non-physician practitioner: Physician Assistant [PA], Nurse Practitioner [NP], Clinical Nurse Specialist [CNS], Certified Nurse-Midwife [CNM]. This professional is referred to as the "Billing Provider," since it is their credentials used to bill the CPT code to patient health insurance. The billing provider may be assisted by their clinical staff, when supervised. Federally Qualified Health Centers, Rural Health Clinics, and Critical Access Hospitals and also bill for these services.

Only one billing provider can bill CCM per patient per calendar month. For this reason, providers clarify as between and among their various medical offices as to which one is going to be primarily responsible for this particular type of care for a given patient in a given month, and is frequently the primary care physician.

Patient Consent is Required. It is not appropriate to simply start billing a patient for this service without first providing notice and obtaining patient consent, because they will begin to receive copayment charges from their insurance carrier, and may be receiving these service elsewhere, including directly through a wellness program offered by their insurance carrier. In Medicare, an ABN – Advance beneficiary Notice is required. But, the good news is that for CMS and most other payers, this consent no longer has to be written on a form; verbal consent is sufficient.

A new consent should be obtained and documented every time a patient switches to a new insurance carrier.

Prior to offering CCM services to a health insurance plan's members, providers should check with the plan regarding the availability of CCM services through their office, make sure to register as a provider, and obtain instructions on coverage policies and other rules such as prior-authorization requirements.

CCM is supported by a monthly reimbursement payment and can range from about $43 to over $200 for very complex cases. There are three main Chronic Care Management Service codes. After the first G0506 Establishment care planning is completed, they are:

99490 - Chronic Care management, with consent of a patient with multiple (2 or more) chronic conditions expected to last at least 12 months or until the death of the patient, that place the patient at significant risk of death, acute exacerbation/ decompensation or functional decline, establishment of comprehensive care plan, 20 minutes non-face-to-face clinical staff time, directed by a physician or other qualified health care professional per calendar month, assumes 15 minutes work by the billing practitioner

99487 - Complex Chronic Care management, same as above except with moderate to high complexity medical decision making, 60 minutes of clinical staff time directed by a physician or other qualified health care professional, per calendar month

99489 - Complex CCM Add-On for each additional 30 minutes per calendar month

While the initial set-up of a care plan is expected to be face-to-face, the requirements for the ongoing administration and updating of the plan have been relaxed a bit. The monthly coordination can be over the phone, and the EHR requirement permits communication through other media such as email.

The initial assessment by the physician or non-physician provider should obtain input from the clinical team and the patient to set up the comprehensive person-centered plan to guide the CCM services that will be provided. The physician or non-physician provider should review and approve the final plan, and update it annually and as needed. If a change in the beneficiary's health status should occur during the course of the 12-month period, and an update of the care plan or goals appears needed, the qualified billing provider would be expected to meet with the individual to reassess his/her status and revise the person-centered plan accordingly.

Documentation in the clinical record must support claims that are submitted for payment of CCM services.

First, this means the patient should have the requisite number of chronic conditions per the coverage policy of the payer. For Medical and Medicaid, this is a minimum of two conditions. This also means that for establishment of a care plan, the plan should be well documented in the file and all participants in its establishment should be noted. Patient consent should also be noted.

On an ongoing basis, the start and stop times spent on all aspects of the monthly effort should also be noted, along with telephone or email time.

Time spent on reassessment can and should be included, even if no change in the patient care plan, instructions or medication is made.

CMS provided the following answers to Frequently Asked Questions about CCM:

1. Can CCS be outsourced to a case management company? Answer: No. All CCM service codes are valued to include ongoing oversight, management, collaboration and reassessment by the billing practitioner consistent with the included service elements. This work cannot be delegated or subcontracted to any other individual.

2. What is meant by "clinical staff time?" Answer: If the billing practitioner provides clinical staff performing the services, the time of the billing practitioner and her staff may be counted as clinical staff time.

3. Are the times stated exact? Answer: No. These are aggregate times of the billing practitioner combined with their supervision of the clinical staff time when

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IN MEMORIAM

Eugene Beltrami, M.D. – 10/30/18
John Conboy, M.D. – 11/9/18
Walter Grand, M.D. – 9/18/18
Marvin Plewskow, M.D. –- 11/29/18
Gerard Schultz, M.D. – 10/22/18

LOOKING FOR RENTAL SPACE FOR A MEETING OR CONFERENCE?

The Medical Society's Conference Center is centrally located at 1317 Harlem Road with open availability. Fully equipped with A/V accommodations



Call 716-852-1810 ext. 102
to book now

The Bulletin

For further information regarding article contribution and/or advertising for the BULLETIN, please contact

Emily McMullen at (716) 852-1810
or mcmullene@wnydocs.org

Welcome New Members!

Elispeth Call - Lukasik, M.D., OB/GYN

Praba Jeyalingam, M.D., OB/GYN

Liam Knott, M.D., General Surgery

Alisha Lall, M.D., Family Medicine

James Turecki, M.D., Urology

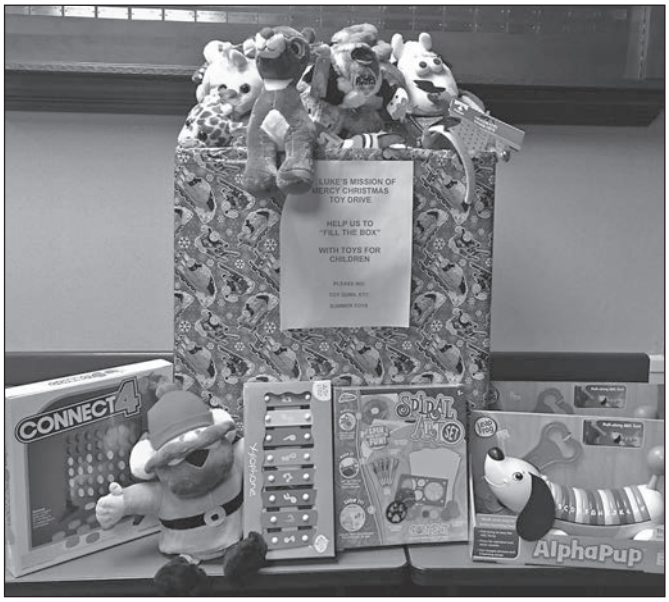
REFERRING PATIENTS TO NEW PHSYICIANS?

Please direct patients looking for physician referrals to our website

www.eriemds.org

Available is our Physician Locator service where member physicians can be selected by specialty, area, and if they are accepting new patients.

Thank you to all who contributed to the St. Luke's Mission Toy Drive



PRIMARY CARE CHAMPIONS GRANT – ATTENTION PCPs

The UB Primary Care Research Institute (PCRI) is a recipient of a 5 year HRSA grant whose goal is to establish a cohort of practitioners who develop expertise in the field of Substance Use Disorder, and become advocates for individuals and leaders within their practices and our community.

The program entails a 2 year commitment and consists of 4 parts: Didactics, Needs Assessment, Quality Improvement Project and Leadership Development. Each practitioner (MD/DO/PA/NP) selected to participate will devote approximately 1-2 hours per week and receive an annual stipend of $14,640.

FOR FURTHER INFORMATION –
TILDABETH DOSCHER, MD, MPH
UBMD ADDICTION MEDICINE
tildabet@buffalo.edu, 347-907-3590

CALL FOR NOMINATIONS - Medical Student Award

The Erie County Medical Society wishes to recognize the significant achievements of residents, fellows, and medical students currently training here in Erie County. We invite faculty, hospital personnel, peers, and community members to submit nominations for those residents, fellows and medical students who have demonstrated outstanding work and commitment to the practice of medicine. Self-nominations will also be considered. We recommend any nominated candidates be a member of the Erie County Medical Society. A monetary award has been established for each award category (Resident/Fellow and Medical Student).

Medical Student Award Criteria:

The student must:

- Display leadership qualities and abilities in his or her class
- Be active in community service
- Show evidence of service to the profession of medicine
- Display academic excellence

Nominated students must have two letters of recommendation, one of which must come from the student's direct supervisor in the community service setting, as well as a copy of the nominee's CV.

All submissions must be received at the
Erie County Medical Society
1317 Harlem Rd., Buffalo, NY 14206
or
via email: nadolnyc@wnydocs.org
by January 31, 2019.

Care Management Services…

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all taken together, and are general, not exact times.

4. Do all elements of a given code have to be performed every month. Answer: Yes, unless not relevant, such as when a patient was not discharged from a hospital, and transitional care is not required.

5. Who can bill for complex medical decision-making time? Answer: Only the billing professional can perform the moderate to high complexity medical decision making service. This cannot be the responsibility of clinical staff.

6. Can an office automatically bill each month? Answer No. Billing should take place only after the conclusion of the services as defined are performed and documented.

7. What Place of Service should be billed, since the patient is not seen in person? Answer: CCM is priced in both facility and non-facility settings. Report using the location where you regularly see the patient.

8. Can any of the CCM time be counted if it IS face-to-face? Answer: Generally, face-to-face time cannot count toward CCM, because physician fee schedules already pay separately for E&M services. However, occasionally, CCM time may turn out to be in person for a variety of reasons, including that the patient might benefit more from it if it occurred in person and outside an E&M visit. When this happens, it does count as CCM time and not toward an in-person appointment. But remember, time cannot count toward both E&M time and CCM time. Minutes cannot be counted twice! This is also true of any other billed time that might overlap for the purposes of billing, such as home health or hospice supervision time.

9. Can providers who have not yet fully adopted electronic health records (EHR) bill CCM codes? Answer: No. Central to this initiative of reimbursing providers for population health efforts is the meaningful use of electronic health records to manage chronic care, to reduce costs, and reduce risk.

10. How can I get more information about CCM and set up my office to bill for these services? Answer: Talk to your billers and coders about your EHR and office eligibility to bill CPT 99490, 99487, and 99489. Contact all payers and ask for copies of their coverage policies for these codes, and follow them. Become participating providers in these services. Negotiate sensible reimbursement rates for the levels of care management you perform. Designate the specific staff person(s) handling this service for each patient. Then document all required elements, such as consent, time, and services performed.

Leah Susan Ranke, Esq. is a Health Law and Regulatory Compliance Attorney in Williamsville, New York.

Lifespan, Lifestyle, Health Literacy, Health Span – Delaying the Inevitable?

Thomas Madejski, MD, President, Medical Society of the State of New York

Physicians have been champions… teaching our patients…how to live healthier longer.

The last 100 plus years have been remarkable for an increasing number of 100 plus year old adults. The number of adults over 80 is expected to double in the next 30 years.[1] In visits with my octogenarians, nonagenarians and new centurions (centenarians), I sometimes will ask them if they expected to live to their present age 20 or 30 years ago.

The ensuing discussion is unique to each individual but there are some common themes. When I first started practice nearly 30 years ago, there was not much discussion about the question, but with time — a greater number of my successfully aging patients have put thought into their modifiable risk factors and made conscious decisions to improve their lifestyles. Hopefully, these decisions will delay the onset of specific diseases, chronic illness and debility, and biological senescence. Our noble profession has contributed much to this great accomplishment of civilization.

Physicians have been champions for improving public health, treating disease, and teaching our patients and society how to live healthier longer. Epidemiological data demonstrates not just a shift to longer lifespan, but also some squaring of the aging curve leading to better function for a longer period of time and reduced debility and dependency at the end of our lives for many of us.

Have We Hit the Wall?

Increasing lifespan appeared to have an inexorable climb upward, sometimes more rapidly, usually related to public health improvements—sometimes more slowly, related to improved disease-specific treatments or preventive strategies. Over the last few years, we have experienced some disturbing trends that have slowed or reversed some of our earlier gains. Epidemic obesity and related diseases have shortened lifespans and increased debility in an increasingly large number of our citizens. The scourge of addiction, chronic pain, recurrence of infectious disease and appearance of new diseases have also contributed to a decline in longevity in specific demographic groups.

We may also be reaching a barrier to gain healthy lifespan (healthspan) with further treatment of individual disease states. Treatment of atherosclerotic disease has improved markedly over my professional lifespan. Many of my patients have lived better and longer with treatment of their coronary disease, cerebrovascular disease, prevention of aneurysmal rupture, but, then inevitably die from another disease particularly malignancies, Alzheimer's disease or other neurodegenerative disease. Additionally, extending lifespan with increasing impairment seems to be less desirable to most of us.

Salamanders, Scorpions and Axolotl

We have not had treatments directed specifically at the aging process and programmed senescence. For years, scientists have studied amphibians, arachnids, and other species which have the capacity to regenerate large structures after trauma. Advances in genetics, bioinformatics and stem cell research have provided new insights into the cellular aging process and senescence (JAMA 320(13),1319-20). The National Institute on Aging has created an Interventions Testing Program to evaluate drugs for prevention of disease and life extension (JAMA 320(13) 1321-1322). Ongoing trials will hopefully provide us with new tools to prevent disease and reduce debility. Investigators will continue to work to increase our lifespan, but more importantly we will hopefully live better, increasing our healthspan.

Physicians, especially geriatricians, have been working to square the aging curve for decades. There is still much work to be done in educating the public on health habits and health literacy issues.

We will continue to meet our patients as they come to us to work on individual prevention strategies and treatments for the illnesses they encounter. I'm looking forward to having some new tools to, perhaps, reset the aging process and truly make us live better longer.

Citius, Altius, Forties!

References

1. https://www.nih.gov/news-eventsnews releases/worlds-older-population-grows-dramatically).

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A New Day in Albany Demands Physician Activism

Moe Auster, Esq., Senior Vice President and Chief Legislative Counsel for MSSNY
Michael Avella Jr, MPH, Senior Associate Director for Governmental Affairs for MSSNY

With the elections now behind us, we approach a critical crossroads for patient care delivery in New York State as we face significant changes in Albany and Washington.

We have a great opportunity in front of us to make our voices heard and to positively impact the ever-changing rules and regulations that impact the care we provide to our patients. With nearly 40 newly elected state legislators, it is incumbent upon all physicians to establish new relationships with their local policymakers, as well as to strengthen those relationships with key policymakers that you've worked to build.

We are still learning the priorities of these new legislators and legislative leaders. But a single party now controls all three branches of state government, which makes the passage of impactful legislation both good and bad more likely.

We must take the opportunity to ensure these new legislators understand the extraordinary challenges we face in making sure our patients - their constituents – face in obtaining the care they need. We must make sure they are familiar with the major issues that impact patient care, including exorbitant liability risk, health insurer hassles, administrative burdens, and cumbersome HIT systems, all of which are contributing to the trends of physician burnout.

MSSNY has advanced numerous legislative initiatives to address these problems, but it is likely that much of health care debate in Albany for 2019 will be devoted to legislation proposing to implement a single payer system in New York. It has passed the New York State Assembly several times, and it was co-sponsored by virtually the entire Democratic conference in the New York State Senate. Moreover, it was a major rallying cry in campaigns across New York and across the nation.

However, a slogan is one thing. Implementation of a paradigm-shifting policy is another. And since the election, several Democratic policymakers including Governor Cuomo have raised concerns.

Physicians have divergent perspectives on this issue. Some oppose the idea, others support it. But regardless of your perspective, it is imperative physicians ask the hard questions to their legislators about how it would impact their patients. What kind prior authorizations would be required? How could care denials be appealed? Will the reimbursement system encourage or discourage physician participation?

With the status quo gone, and major committee chairmanships changing hands, we must make sure that our viewpoints are heard, positively impressing upon legislators before they are deluged with requests that may run counter to our goals.

MSSNY has developed multiple tools to assist you. We have created a Physicians Advocacy Liaison (PAL) network of dedicated physician activists who agree to be responsible for contacting specific members of the Legislature on an ongoing basis. MSSNY staff provides you periodic briefings to be sure you are up to date on key issues. Then, at a critical junctures, such as key committee or floor vote, you will then contact that Senator or Assemblymember.

Please join us in this effort and have a legislator (or two!) "assigned to you. To join the MSSNYPAL, click here: http://www.mssny.org/MSSNY/Governmental_Affairs/PAL_Sign_Up.aspx

It is also imperative to increase our participation in political activity by joining MSSNYPAC (http://www.mssnypac.org/contribute). The PAC combines the voices of the physician community across New York State so that physicians have the opportunity to develop stronger relationships with those who will be developing health care policy in Albany. Many physicians support MSSNYPAC, but we need far more as our voices are often drowned out by those with often competing interests.

Please remember that various surveys show that physicians have very high credibility on health care issues. We know grassroots can be frustrating at times but it is not only important, it is essential. Your voice really does matter.

Please join the MSSNY PAL and PAC. Join us in our efforts to assure quality health care for your patients. And help to shape the brave new world in which we are living.

Highlights from the 2019 AMA Meeting…

continued from page 5

Not surprisingly, vaping was identified as an "urgent public health epidemic". The AMA has called upon the FDA to issue a warning that vaping is unsafe and addictive.

The opioid epidemic was also a hot topic, with the passage of a resolution that the AMA is to review the successful strategies that have been initiated in Clark County, Indiana and Huntington, West Virginia. The NY delegation voiced its concern that the AMA should not limit it review of the strategies from these 2 areas but recommended that the task force look at efforts of other communities. As we all know, the physicians in NY have successfully accepted the requirement of utilizing the PMP which has driven down the number of scripts and doctor shopping. We noted that we do not want the AMA to suggest or adopt a strategy that does not meet NY's standard. The AMA is also pushing hard against large pharmacy chains, pharmacy benefit managers, State Medical Boards and the National Association of Pharmacy that send communications to physicians including a blanket proscription against filling prescriptions that exceed dosage thresholds without taking into account the patient's circumstances. I, and many other delegates, weren't aware that CVS and Walmart have initiated this practice – so just be aware that this may happen to you!

While at this meeting I also attended an educational session that discussed whether blockchains will make both our lives and those of our patients better. I'm sure we will be hearing more about this initiative which allows patients to grant permission to healthcare providers to access and package new records into blocks that will become part of their permanent history of the patient.

If you wish to learn more about the deliberations that took place at this meeting, its all there on the AMA website – www.ama-assn.org.

Please accept my well wishes for an awesome holiday season.

The AMA is also pushing hard against…
communications to physicians…against filling presriptions…
without taking into account the patient's circumstances.

CALL FOR NOMINATIONS - Resident Award

The Erie County Medical Society wishes to recognize the significant achievements of residents, fellows, and medical students currently training here in Erie County. We invite faculty, hospital personnel, peers, and community members to submit nominations for those residents, fellows and medical students who have demonstrated outstanding work and commitment to the practice of medicine. Self-nominations will also be considered. We recommend any nominated candidates be a member of the Erie County Medical Society. A monetary award has been established for each award category (Resident/Fellow and Medical Student).

Resident/Fellow Award Criteria:

The candidate must:

- Be enrolled in an accredited residency or fellowship program in Erie County, New York
- Display excellence in the performance of his/her duties, including patient care, research, and teaching
- Display leadership qualities and abilities
- Show evidence of service to the profession of medicine

Nominated candidates must have two letters of recommendation, one of which must come from the Program Director or Department Chair, as well as a copy of the nominee's CV. For fellow nominations, the awards committee will look more closely at their body of research.

Separate awards may be presented to a resident and a fellow if warranted.

All submissions must be received at the
Erie County Medical Society
1317 Harlem Rd., Buffalo, NY 14206
or via email: nadolnyc@wnydocs.org
by January 31, 2019.

Managing Principal, OneDigital Health and Benefits

Steven D. Wladis

2019 health insurance renewals have been far more manageable than in past years.

As many of you have likely already seen, 2019 health insurance renewals have been far more manageable than in past years. In fact, almost every community-rated plan saw less than a 3% increase and many rates even decreased!

There are three main factors led to these renewals coming in as they did. First, the Health Insurer Fee – an Affordable Care Act tax of about 3-4% of premium - has been postponed in 2019. It may ultimately return in future years, but for now that tax has been removed from all health plans. Second, generic prescription utilization is on the rise and most carriers have been able to negotiate deeper discounts and rebates with pharmaceutical companies. Historically, prescription drugs have been the largest expense in health insurance plans and so these cost-saving measures have had a large impact on renewals. Third, with High Deductible Health Plans becoming more common, overall plan utilization has decreased among insureds/consumers.

While we don't know about the future of the Health Insurer Fee, I do believe the other above factors could be sustainable. As a result, hopefully to this year's renewal rate changes will become more commonplace, as opposed to some of the double digit increases that we've seen over the past several years.

In any event, employers and employees alike were very excited about their 2019 renewals and relieved to see that they didn't need to make major plan changes in order to keep their plans affordable.

Hopefully there is more of the same to come in future years!

To explore plans available to you and your employees through The Erie County Medical Society, please contact our office at 800-724-0124

HAVE YOU UPDATED YOUR CONTACT INFORMATION RECENTLY?

Please forward any updates or changes to your office or personal information to the Medical Society to insure you will continue to receive all communications.

Happy Birthday to Our Members!

Erie
November - January

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Chautauqua
November - January

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