



# Bulletin

of the Mahoning County Medical Society  
Second Quarter 2010

## KEEP OHIO'S SUPREME COURT BALANCED

The Ohio State Medical Association Political Action Committee, (OSMAPAC) is supporting Ohio Supreme Court Justice Maureen O'Connor for Ohio's Chief Justice position and Justice Judith Lanzinger for re-election to the Ohio Supreme Court this November. In support of these candidates, OSMA said "The Ohio Sate Medical Association is seeking to maintain an Ohio Supreme Court that will interpret Ohio law, not rewrite it. OSMA is confident that Justice Maureen O'Connor and Justice Judith Lanzinger will maintain stability and balance on the Supreme Court, and ensure that only legitimate cases are heard.

OSMAPAC needs help in Lanzinger re-elected. experience, Justices low name recognition. offering a free supply of pads" and posters to and employees about the Supreme Court elections.

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Help for OSMA Political Education Fund: The Supreme Treasurer  
www.osma.org/Supreme/HelpFund.html

getting Justices O'Connor and Despite their many years of O'Connor and Lanzinger have Therefore, OSMA is once again Supreme Court "prescription inform your patients, colleagues, importance of this year's

[www.osma.org](http://www.osma.org); via email at your name, practice name, quantities of posters and to 614-5276763.

# Bulletin

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The Bulletin reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted, including advertisements.

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## CALENDAR

**August 13, 2010**

*Medicare/Medicaid Update,  
Holiday Inn, Boardman*

**September 1 - 6, 2010**

*Canfield Fair*

**October 21, 2010**

*Electronic Health Records and  
"Meaningful Use" Requirements  
Time and Location TBA*

**November 12, 2010**

*Cirque du Soleil: Dralion  
Covelli Centre*

## Classifieds

MCMS Members - place your classified ad here FREE! Up to 25 words. Call 330-533-4880 for more information. Classified ads of 25 words or less are available to non-members for \$35.

Visit our *newly revised* website at  
[www.mahoningmed.org](http://www.mahoningmed.org)

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Send us your email address and we will send the *Bulletin* directly to your inbox. Send your email address to:  
[mahoningcountymed@zoominternet.net](mailto:mahoningcountymed@zoominternet.net)

## *In Memoriam*

**Rene J. Cossette, MD**  
**June 6, 1925 ~ July 25, 2010**



### **Invasion of the Body Snatchers!**

As physicians, we are all aware of the ever changing face of health care. New federal health care programs, new ICD-9s and CPTs, as well as the challenging flux in what private insurers want are all part of the day-to-day work anymore. However, one change in the Mahoning Valley is becoming more concerning to me: The influx of out-of-town health care providers.

If you have been keeping your eyes open, you will have noticed more and more offices opening from out-of-town practices. Cleveland Clinic, Sharon Regional, Akron Crystal Clinic, and UPMC have all opened “satellite” offices in our valley in recent months/years. Not surprisingly, these offices are in specialties that traditionally represent the highest profit centers for hospitals. The out-of-town systems have a business plan to market these satellite offices and bring in these “cash cow” patients for the treatments, testing, and procedures that will bring them a nice return on investment.

Although I am very much in favor of giving patients better access to care, as well as choices in where to get care, I am concerned that this new trend will lead to just the opposite. If these entities are successful in capturing these high profit cases, it will lead to further financial strain on our valley’s health care system which has already had one system go bankrupt. How long can our local health care systems sustain themselves if this happens? Could this lead to the loss of local physicians in these specialties who don’t want to see all the high profit cases leaving town while they are left to take all of the more complicated, but lower profit cases?

Also, I feel that patients misunderstand the arrangement of care in these cases. They see a physician locally, but for any high profit tests or procedures they are whisked away to the “home base” of the hospital system. If everything goes perfectly, it’s probably no big deal to make a couple of one-hour trips for care. If, however, there are any complicating issues, the multiple car rides out of town can become taxing. Worse, however, is when the patient shows up in the LOCAL emergency department or doctor’s office wanting treatment for a complication. Getting access to records and coordinating treatment can be a nightmare, and is certainly not what we would all describe as state-of-the-art care.

In my (relatively) short time in this valley, I have come to appreciate that we have some of the most skilled, thoughtful, and well-trained physicians I have ever met. I’ve spent time at the Cleveland Clinic, Akron Summa, as well as The Ohio State University, and I would put our Valley’s physicians up against them anytime. We may not have all the fancy buildings or computer systems, but when it comes to quality of care, I’ll take our local doctors in a heartbeat.

So, the next time you or your patient is thinking about using one of these out-of-town providers, stop and think: Is this really what is best for the patient?

A handwritten signature in black ink, appearing to be 'M. Engle'. The signature is fluid and cursive, with a long horizontal line extending to the right.



## From the President by Dean R. Ball, DO

### IT'S ABOUT TIME

It's the dog days of summer and the living is easy. And easy is what the Medical Society is all about. We at the council (and Karyn, your hard working executive director as well) are always diligently working to bring value to the members' hard earned money that they have to pay for dues. Yes, with membership you can attend wonderful social events, get awesome tickets to events in town, and also services like cheaper medical waste pick-up and OSHA training. But what has the council and Society done for me lately, you might ask?

We are now offering a great app. App? For those uninitiated, that's those little doo-hickeys on your phone. I have not too long ago been introduced to such things through my 12 year old son Dylan. He often grabs my iPhone in times of boredom. Not too long ago I cried out in horror to find way too many icons on my screen. "What is this useless garbage on my phone, and you better have not deleted any of my important phone numbers!!!!" After thoroughly exploring Doodle Jump and Pocket Tanks I noticed some other apps. Since then I cannot do without my Flickster (movie reviews, times, etc.) Urban Spoon (for restaurant reviews, menus, and numbers) and Barnes and Noble (for anything you want to know about books and music). I wouldn't be surprised that many of our members have also delved into these time saving and very informative applications (Bubblewrap app notwithstanding).

Well, the Medical Society will soon release a great new app for its members called DocBook. I'm sure many members have been away from their office or somewhere without administrative support and needed a doc's number. For an example - you have a patient on the phone that needs a... let's say CT, and one would need a friendly, timely, and accurate imaging center to send such patient. You might have forgotten let's say ....Mahoning Valley Imaging's number (as an example). Well DocBook app would be a useful tool for you.

Beginning next month DocBook will be available for MCMS members. Once downloaded on to your iPhone or Droid, you will have every physician's office phone and address at your disposal. You can then search alphabetically as well as categorically by specialties. It's a fast and efficient way to search for a physician. You can also customize numbers and add home phones, emails etc. They also claim to have the highest level of security and encryption available. This app will also access local pharmacies. Sounds like a service we could all use. Now if Karyn could get a app to help the Society president get his article in on time.... Will have to work on that one!

I would also like to remind all members of the upcoming Supreme Court elections. Check out the information on the front page of this issue, or go to [www.osma.org](http://www.osma.org) for more on the candidates and the OSMAPAC endorsements.

A handwritten signature in black ink that reads "Dean R. Ball, DO". The signature is written in a cursive, flowing style.

## Bits 'n' Pieces

### CANFIELD FAIR

There are still some slots available for the "Ask the Doctor" booth in the Medical Building at the Canfield Fair. Call the Society office to find out what's available. The fair runs from September 1st through September 6th and the booth has two shifts each day, 11 A.M. to 2 P.M. and 4 P.M. to 7 P.M., with two doctors working each shift. All volunteers receive admission tickets and a parking pass.

### GET YOUR BULLETIN VIA EMAIL

If you would like to receive your *Bulletin* via email, please contact the Society office and give us your email address. You can call 330-533-4880, or email [mahoningcountymed@zoominternet.net](mailto:mahoningcountymed@zoominternet.net). The *Bulletin* is also posted on our website, [www.mahoningmed.org](http://www.mahoningmed.org).

### DOCBOOK - A DIRECTORY IN YOUR HAND!

Implementation of the DocBook program will be coming in September for all members of the society. You will soon come to rely on this handy way to reach your member colleagues on your iPhone or Droid. Names, addresses, phone numbers, photos, and even directions will be available at the touch of a button. A complete list of Mahoning County pharmacies will also be stored in your phone. You'll be able to sort the names and create your 'favorites' lists instantly. More information will be included in your 2011 dues invoice in September.

### 2011 INVOICES WILL NOT INCLUDE AMA

The OSMA Council officers have decided to withdraw from the AMA's Partnership for Growth (PfG) Program for 2011. From now on membership dues statements will no longer include a section for AMA dues. Instead, AMA will begin billing all AMA members directly in September.

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# ARS – Making a Difference

# Medicare Requires Physician Enrollment in PECOS

Physicians who are currently enrolled in Medicare but do not have an established enrollment record in PECOS (Provider Enrollment, Chain, and Ownership System) must take action. If you have not submitted any updates or changes to your Medicare enrollment information since 2003, you must enroll in PECOS. Failure to do so can result in non-payment of services you submit for payment to Palmetto as well as your Medicare patients being unable to obtain durable medical equipment or services you might order for them.

**IMPORTANT:** Even if you have been practicing at the same location and same practice for many years, if you haven't filed a CMS 855 since 2003, you still have to complete this process. Failure to update will cause Medicare payment interruption beginning January 1, 2011. You can update your information in one of two ways:

\* Paper Application Process. To apply by paper, download and complete the Medicare application(s) from the CMS website at [www.cms.hhs.gov/Medicare-ProviderSupEnroll](http://www.cms.hhs.gov/Medicare-ProviderSupEnroll) or contact Palmetto, GBA at (866) 308-5439.

\* Internet-Based Provider Application. You can complete this form on the CMS website. Access this through the OSMA website at [www.osma.org/pecos](http://www.osma.org/pecos).

Be sure to have your NPI and have created a user ID and password in the National Plan and Provider Enumeration System (NPPES). You will need the NPPES user ID and password in order to access the internet-based PECOS>

If you have questions or want to check if your information is in PECOS, please contact Palmetto's Provider Enrollment Support Line at (866) 308-5439.



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*NMC*

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# IMPORTANT! IF YOU SEND ELECTRONIC CLAIMS TO PAYERS, YOU MUST ALSO BE SET UP TO RECEIVE ELECTRONIC PAYMENTS BY OCT. 16, 2010.

With Electronic Funds Transfer (EFT), instead of receiving checks, your practice can have payments deposited directly into your account at a financial institution of your choice on the payment due date. With EFT, you benefit from prompt funds availability on the due date, thus improving cash flow. It can save you time, reduce unnecessary paper in your office, improve access to funds, eliminate risk of lost mail/checks, avoid the hassle of depositing checks and make reconciliation of payments easier. Payments are transferred electronically through the Automated Clearing House (ACH) to your bank account. Many practices, regardless of size, have found EFT improves their financial operations.

**Important!** If you send electronic claims to payers, you must also be set up to receive electronic payments by Oct. 16, 2010.

Effective October 16, 2010, Ohio law regulating health plans requires plans to transmit electronically any payment with respect to claims that the third party payer receives electronically and pays to a contracted provider (Ohio Revised Code Section 3901.381). Also, the law states that a provider shall not refuse to accept an electronic payment on the basis that the payment was transmitted electronically.

## Getting Started

If you send electronic claims to payers, you should make sure you are setup to receive electronic funds from them as well. Follow the links below for more information, including the specific payer application form(s) required. If you do not see a link to one of your payer's forms, please contact that payer's provider services. Typically, you will need to have the following information to complete the applications.

1. Bank name and address
2. Bank Account Type (example: checking or savings)
3. Nine-digit routing/ABA number
4. Full account number with leading zeros if necessary
5. Primary account holder name
6. Tax ID# of account holder
7. Payee ID (on your current remittance advice)

## RESOURCES

Specific Payer EFT Enrollment Forms

[Aetna](#)

[Anthem](#)

[CIGNA](#)

[Humana](#)

[MMO](#)

[UnitedHealthcare](#)

[American Medical Association](#)

[Frequently Asked Questions regarding electronic funds transfer agreements](#)

[Fifth Third Processing Solutions](#)

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[Credit and Consumer Rights](#)

It is important to check credit billing and electronic fund transfer account statements regularly because these documents may contain mistakes that could damage your credit status or reflect improper charges or transfers. If you find an error or discrepancy, notify the company and dispute the error immediately. The Fair Credit Billing Act (FCBA) and Electronic Fund Transfer Act (EFTA) establish procedures for resolving mistakes on credit billing and electronic fund transfer account statements, including:

- Charges or electronic fund transfers that you – or anyone you have authorized to use your account – have not made
- Charges or electronic fund transfers that are incorrectly identified or show the wrong date or amount
- Math errors
- Failure to post payments, credits, or electronic fund transfers properly
- Failure to send bills to your current address – provided the creditor receives your change of address, in writing, at least 20 days before the billing period ends;
- Charges or electronic fund transfers for which you ask for an explanation or written proof of purchase along with a claimed error or request for clarification.

The FCBA generally applies only to "open end" credit accounts – credit cards and revolving charge accounts, like department store accounts. It does not apply to loans or credit sales that are paid according to a fixed schedule until the entire amount is paid back, like an automobile loan. The EFTA applies to electronic fund transfers, like those involving automatic teller machines (ATMs), point-of-sale debit transactions, and other electronic banking transactions.

## The Ohio Health Information Partnership

**Goal: Make EHR adoption easier for 6,000 primary care physicians and help them qualify for financial incentives**

The Ohio Health Information Partnership (OHIP) and its local partner, Northeast Ohio Health Connect (NEOHC), are working together to assist physicians and other health care providers with implementation and adoption of health information technology (HIT).

OHIP, a non-profit entity, was created by the enactment of the American Recovery and Reinvestment Act (ARRA) of 2009. Its founders include: the Ohio State Medical Association, the Ohio Hospital Association, the Ohio Osteopathic Association, BioOhio and a number of health-related state agencies.

OHIP's mission is to provide incentives and support services to encourage the adoption of Electronic Health Records (EHR). The incentives include financial incentives offered through Medicare and Medicaid programs to providers to adopt and "meaningfully use" an EHR. Support services include providing subsidized access to experienced consultants who provide individual practices with the selection, adoption, implementation, and "meaningful" use of an EHR.

OHIP partnered with seven regional groups, including NEOHC, who are responsible for providing the hands on consulting services necessary to achieve this goal. OHIP is committed to assisting 6,000 physicians adopt and "meaningfully use" an EHR by 2012.

In addition to its other services, OHIP is in the process of vetting EHR vendors to identify those that are best able to meet practice needs and negotiating discounts with those vendors. It is also seeking a source of low interest loans to help physicians acquire EHRs.

### **Qualifying for Subsidized Consulting Services**

The cost of NEOHC's services is subsidized for primary care providers (PCP): MDs or DOs who are family physicians, general internists, pediatricians or obstetrician/gynecologists (board certification not required) and who practice in individual or group settings of fewer than ten physicians. Other qualifying primary care providers are nurse practitioners, nurse midwives, and physician assistants with prescriptive privileges.

Priority is also given to PCPs who provide primary care services in the following settings: (1) public or critical access hospitals; (2) Federally Qualified Health Centers (FQHCs); (3) rural health clinics; and (4) other settings for predominantly uninsured, underinsured, or medically underserved populations. Direct technical assistance will be capped at the ten-provider level for groups with more than ten physicians/providers.

### **Qualifying for Federal Financial Incentives**

Under Medicare the following groups are eligible to qualify for financial incentives: MDs, DOs, Dental Surgeons, Doctors of Dental Medicine, Podiatrists, and Chiropractors.

**Medicare will pay up to \$44,000 over five years to providers that adopt and meaningfully use an EHR in 2011 or 2012 – \$18,000 the first year, \$12,000 for the second, \$8,000 for the third, \$4,000 for the fourth, and \$2,000 for the fifth year.** Every provider in a practice who is eligible will receive separate incentive payments. See the chart below for a complete breakdown of incentives.

No incentives are given for adoption in 2015 or later. In fact, starting in 2015, practices that have not adopted an EHR and demonstrated "meaningful use" will start receiving decreased reimbursement from Medicare.

Under Medicaid the following groups are eligible to qualify: Physicians, Pediatricians, Dentists, Certified Nurse Midwives, Nurse Practitioners, and Physician Assistants operating at a Federally Qualified Health Center led by a Physician Assistant. Plus, In order to qualify for Medicaid incentives, a certain percentage of the practice must be Medicaid (as measured in a 90 day period). For pediatric practices, 20% of the patient volume must be Medicaid. Pediatricians with 20% to 30% of their patient volume as Medicaid can earn 2/3 of the total incentives for EHR adoption. If the patient volume is 30%, the pediatrician is eligible for the full incentive reimbursement. For non-pediatric practices, 30% of the patient volume must be Medicaid (either managed care or fee for service).

**Under Medicaid, eligible professionals can receive up to \$63,750 over the 6 years that they choose to participate in the program.** See the chart below for a complete breakdown of payments. Eligible hospital incentive payments may begin as early as 2011, depending when the state begins its program. 2016 is the last year a Medicaid eligible hospital or provider may begin the program.

### **Additional Incentives**

Additional incentives are available. If the physician or provider has at least 50% of his or her practice in a Health Professional Shortage Area (HPSA), then the physician or provider is eligible for an *additional 10%* incentive payment over his or her Medicare incentive. This is automatically calculated and does not require the provider to apply separately for the increased payment.

Certain providers do **not** qualify for financial incentives: hospital-based physicians (e.g., radiology, pathology, anesthesiology, ER) are excluded *if* more than 90% of the patients seen are hospital-based, either inpatient or outpatient, and the provider uses the hospital's facilities and equipment.

### **Attaining Meaningful Use**

It is important to remember that adopting an EHR is not enough to qualify to receive federal financial incentives. Providers must also be able to demonstrate that they have achieved "meaningful use" of the EHR.

There are five goals of Meaningful Use:

1. Improve quality, safety, efficiency of health care, while reducing health disparities.
2. Engage patients and families in their care.
3. Ensure adequate privacy and security protections for personal health information.
4. Improve population and public health.
5. Improve care coordination.

On July 13, 2010 the Office of the National Coordinator released the final copy of its meaningful use rules which help define the standards that practices must meet in order to achieve meaningful use and qualify for financial incentives. For additional information on the meaningful use rules, go to [www.ohionline.org](http://www.ohionline.org).

### Health Information Infrastructure

Another of OHIP's missions is to make certain that Ohio's Health Information Technology infrastructure is ready to handle the increased level of electronic exchanges. OHIP is currently developing statewide policy, governance, technical infrastructure and business practices needed to support the delivery of the state's HIE services. The resulting capabilities for healthcare-providing entities to exchange health information will meet the forthcoming Medicaid and Medicare meaningful use requirements for health care providers to achieve financial incentives.

For additional information, go to [www.ohionline.org](http://www.ohionline.org) or email [info@ohionline.org](mailto:info@ohionline.org).

### Medicare Incentives

Calendar Year	First Calendar Year in which EP Receives an Incentive Payment				2015-subsequent years
	2011	2012	2013	2014	
2011	\$18,000	-----	-----	-----	-----
2012	\$12,000	\$18,000	-----	-----	-----
2013	\$8,000	\$12,000	\$15,000	-----	-----
2014	\$4,000	\$8,000	\$12,000	\$12,000	-----
2015	\$2,000	\$4,000	\$8,000	\$8,000	\$0
2016	-----	\$2,000	\$4,000	\$4,000	\$0
TOTAL	\$44,000	\$44,000	\$39,000	\$24,000	\$0

### Medicaid Incentives

Calendar Year	2011	2012	2013	2014	2015	2016
2011	\$21,250	-----	-----	-----	-----	-----
2012	\$8,500	\$21,250	-----	-----	-----	-----
2013	\$8,500	\$8,500	\$21,250	-----	-----	-----
2014	\$8,500	\$8,500	\$8,500	\$21,250	-----	-----
2015	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250	-----
2016	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500	\$21,250
2017	-----	\$8,500	\$8,500	\$8,500	\$8,500	\$8,500
2018	-----	-----	\$8,500	\$8,500	\$8,500	\$8,500
2019	-----	-----	-----	\$8,500	\$8,500	\$8,500
2020	-----	-----	-----	-----	\$8,500	\$8,500
2021	-----	-----	-----	-----	-----	\$8,500
TOTAL	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750	\$63,750



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