

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Applauds the Start-Up of the First-Ever County-Wide Health Access Partnership

The AMCNO is pleased to be one of the founding organizations of the Cuyahoga Health Access Partnership (CHAP), a countywide health access partnership created to provide a coordinated system of access to care across all providers for the region's low income insured adults. This public-private partnership will focus on providing a network of resources to lower-income uninsured residents throughout Cuyahoga County.

The Cuyahoga Health Access Partnership, or CHAP, is a stand alone 501(c)(3) non profit incorporated in September as a joint public-private partnership focused on access to care in Cuyahoga County and founded on the principle of shared responsibility. CHAP is managed by a Board of Directors, represented by all initial stakeholders including major healthcare providers, physicians, health care organizations, safety net providers,

government entities, health plans and foundations. Demonstrating the organization's commitment to this vital work, each founding member has signed a Memorandum of Understanding.

Founding organizations include: The Academy of Medicine of Cleveland and Northern Ohio, Care Alliance Health

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Members of the Cuyahoga Health Access Partnership (CHAP) Board and other representatives pose with County Commissioner Tim Hagan at the Board of County Commissioners meeting in December.

AMCNO Plays Key Role in Legislative and Health Care Reform Events Across the Region

During the last few months of 2009 the AMCNO was pleased to participate in several legislative and health care reform forums across the region. Following is an overview of these events:

Legislative Lunch Events

In mid-November, the AMCNO hosted another successful legislative lunch event at the University Suburban Health Center (USHC). This was the second legislative lunch sponsored by the AMCNO in 2009 following an event at the Cleveland Clinic Beachwood facility in October (see Northern Ohio Physician Nov/Dec 2009 issue). The November event was attended

by more than 35 physicians and area legislators. Rep. Barbara Boyd outlined her thoughts on the current health care reform debate as well as her comments on the physician ranking legislation under review at the Ohio House. Physicians at the lunch voiced their concern about Medicare reimbursement policies, Medicaid

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Physicians from the University Suburban Health Center (USHC) discuss issues of importance to medicine with Reps. Barbara Boyd and Mike Moran at the November AMCNO legislative luncheon.

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AMCNO REGIONAL ACTIVITIES

AMCNO Plays Key Role in Legislative and Health Care Reform Events Across the Region

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reimbursement and enrollment issues as well as issues related to the health care reform legislation under review at the federal level. The AMCNO provided the attendees and the legislators with a copy of our legislative agenda as well as our position on health care reform.

Health Care Reform Forum – Bedford Hospital

At the end of November the AMCNO participated in a panel discussion moderated by Dr. George Hawwa at Bedford Community Hospital on the issue of health care reform. Dr. John Bastulli, AMCNO Vice President of Legislative Affairs was joined on the panel by Mr. Thomas Zenty, Chief Executive Officer, University Hospitals and Ms. Heidi Gartland, Vice President of Government Relations University Hospitals along with Roxanne Sukol, M.D., Internal Medicine – UH Bedford Medical Center.

Ms. Gartland provided a detailed overview of the health care reform legislation under review in Congress, noting that President Obama would like to see something passed in the Senate before the end of the year and hopefully a final bill would be ready for his signature before his first State of the Union Address in January. Mr. Zenty noted that insurance reform is really what this is all about and insurance companies will probably go through some changes. He also noted that if there is an expansion of Medicaid enrollees, this will cause problems which could lead to higher taxation in the states – which then could impact hospitals and physicians.

Mr. Zenty noted that more than likely Accountable Care Organizations (ACOs) will develop as a result of the federal legislation. He stated that there had been a prohibition on hospitals leading the ACO, but that has changed in the Senate version and hospitals hope to have an opportunity to work with physicians to create ACOs. He sees this as a good opportunity to work with the medical community to enhance patient care, wellness and prevention. Dr. Sukol addressed the issue of prevention and wellness with regard to diabetes and obesity – from the side of both treatment and coverage.

Dr. Bastulli spoke on behalf of the AMCNO legislative agenda noting that physicians and hospitals have to work together, however, the AMCNO exists to work on behalf of the physicians. There are some issues we may not have agreement on but we work to



Ms. Gartland, Vice President of Government Relations for UH and Mr. Zenty, CEO of UH listen to the panel presentation at the Bedford Hospital health care reform event.

support the community of physicians. He noted that there is a need for tort reform in the federal legislation and he outlined the work by the AMCNO on tort reform and physician profiling and pointed to the AMCNO position on the health care reform legislation under review in Congress.

Legislative Forum – Lutheran Hospital

Finally, in December the AMCNO participated in a legislative forum at Lutheran Hospital. This forum was co-sponsored by the AMCNO along with the Cleveland Clinic and the state medical association. During the event physicians and legislators discussed health care reform efforts at both the state and federal level with most of the emphasis on the state initiatives. Other issues discussed at the forum included legislation to combat Ohio's obesity problems and chronic disease, alternative dispute resolution and medical liability initiatives, physician profiling legislation, scope of practice issues and legislative measures attempting to overturn tort reform initiatives in Ohio.

Dr. Bastulli spoke on behalf of the AMCNO with regard to the issue of federal health care reform noting that if the legislation were to pass today "you're going to have unaccountable bureaucracies making decisions with respect to patient care thereby inserting more hurdles between the patient and his/her physician." He also noted that "to make matters worse, there is very little if any mention of tort reform; in fact there are federal initiatives to undo some of the tort reform measures that have been gained over the years." He noted that if you look at the AMCNO agenda for Northern Ohio we have to address these unaccountable bureaucracies especially to be certain that we are all on the same level playing field. One such agenda item is the physician profiling legislation under review in Ohio which was



Senator Kevin Coughlin (left) and Rep. William Batchelder spend a moment prior to the start of the legislative event at Lutheran Hospital.



Mr. Ray Marvar, Senior Vice President for Government and Community Relations for the Cleveland Clinic Regional Hospitals provides opening comments at the Lutheran event.

spearheaded by the AMCNO. This legislation would assure that when data on physicians is used by healthcare organizations or by the government at some point in the future that the ratings are based on accurate, verifiable information, and the process is transparent and that they use recognized national standards to judge physicians.

Dr. Bastulli also noted that "we have to look at a new generation of tort reform such as alternative dispute resolution or medical dockets." Finally AMCNO encouraged physicians to become involved in the process – noting that we need physician involvement.

The AMCNO has been conducting legislative events and forums across the region for many years. The AMCNO will continue to advocate on behalf of our members in the Northern Ohio region through forums and events as noted above. Physicians are encouraged to contact Ms. Elayne Biddlestone at the AMCNO offices at 216-520-1000, ext. 100 if you have any questions about the AMCNO legislative agenda or would like to become involved in the legislative process through the AMCNO or become a member of our premier physician organization. ■

AMCNO REGIONAL ACTIVITIES

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Center, CareSource, City of Cleveland, Cleveland Clinic, Cuyahoga County Board of County Commissioners, Kaiser Permanente, the MetroHealth System, Neighborhood Family Practice, Northeast Ohio Neighborhood Health Services, North Coast Health Ministry, Saint Luke's Foundation, Sisters of Charity Health System, The Free Medical Clinic of Greater Cleveland and University Hospitals.

Anthony E. Bacevice, Jr., M.D., president of the AMCNO was on hand at the County Commissioners meeting on December 17th to launch the project. During his presentation to the county commissioners Dr. Bacevice noted "The creation of CHAP provides an important source of care to those lower-income uninsured residents of Cuyahoga County who might otherwise go without important preventative services and intervention where needed."

Sister Judith Ann Karam, representing the area hospital systems noted that "CHAP enhances the safety net and works across health care delivery systems."

The first major initiative of CHAP will be to establish an access plan. The access plan seeks to connect participants to affordable care and to enhance coordination, cooperation and referral patterns among care-providing institutions. The access plan is differentiated from other efforts by the extent of institutional commitment to caring for low-income uninsured residents in a coordinated manner, with the ultimate goal of attaching uninsured adults to a medical home or regular primary care practitioner.

Initially, the access plan will strive to offer a primary care home to all uninsured adults at or below 200 percent of poverty to improve overall quality of care. Program

enrollment is limited to Cuyahoga County residents between the ages of 18 and 64 who do not qualify for public healthcare programs (e.g. Medicare, Medicaid and Veterans' health coverage/VA) or who are without an employer-sponsored insurance option.

The CHAP access plan is slated to start enrollment in the spring of 2010. Interested lower-income uninsured adults will join the access plan through his or her current health care-provider participating in CHAP or 2-1-1/First Call for Help. The local collaboration requires prudent planning and execution, the CHAP Board of Directors is carrying out a deliberate, but phased in implementation of the access program.

CHAP leadership will offer additional program updates prior to the opening of the enrollment process. ■

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Ohio Health Information Partnership (OHIP) Update

As mentioned in the September/October issue of the Northern Ohio Physician, Governor Strickland has designated the non-profit Ohio Health Information Partnership (OHIP), a public-private collaboration, as the entity to lead the implementation and support of health information technology throughout Ohio. The Department of Insurance will work together with OHIP as this initiative moves forward.

The Ohio Health Information Partnership will support the adoption and use of electronic medical records by Ohio's health care providers. The partnership is charged with implementing and overseeing a statewide health information exchange that will improve access to data and patient information by authorized health care providers while ensuring patient privacy. The partnership also will collaborate with industry experts to provide educational, technical, and procurement services to health care providers who need to implement electronic medical records.

The Ohio Health Information Partnership is currently a subsidiary of BioOhio and has its own independent board. BioOhio is a non-profit that has worked for more than 20 years to build and accelerate bioscience research, industry and education in Ohio. The initial board includes representation from BioOhio, the state hospital association, two state medical associations and state government. The partnership will expand its board to include representation from health care payers, the business community, the university system, behavioral health providers, community health centers, and consumers.

OHIP would stand alone with the Ohio Coverage and Quality Council as an advisory board. The OHIP officers and employees will also work with the health information exchange (HIE) team and the regional extension center (REC) teams. There will also be working committees – such as executive, finance and nominating with work groups centered around HIE implementation, REC implementation, data governance, privacy and education and workforce development. OHIP will be looking for external participation at these levels. There will be other mechanisms for participation in OHIP rather than on the board or as an employee of OHIP.

OHIP will create local partnerships to deliver services to individual health care providers.

OHIP plans a statewide extension center as a resource for health care providers providing cost effective access to electronic medical records. OHIP's strategy is to act as the coordinator with the intent to partner with entities at the local level in a specific region. The intent is to have OHIP develop the statewide strategy and then work with regional partners to deliver the services.

OHIP plans to develop a request for information (RFI) to determine how to choose their regional partners. When and if they have been awarded a grant OHIP plans to send out an RFI to give entities in the various regions the opportunity to respond and the RFI will require doctors, hospitals, educational institutions,

technology collaborators as well as information on how will they approach workforce development in their area.

The REC grant is for four years – and if approved will start in January. For the first two years it will be funded by the federal government at 90% and OHIP will have to fund 10%. In the second two years OHIP will fund 90% and the federal government will fund 10% - so there will be a need to generate revenue, therefore, a sustainable model will have to be built in the first two years. The payment is based on how many primary care providers will be covered and in their application OHIP agreed to cover 6,000 priority providers.

By the end of 2009, if not before, OHIP should know the outcome on their application request. The AMCNO submitted a letter of support with OHIP's grant application and if funding is granted we plan to continue to participate and remain involved as the local partnerships are determined and the OHIP working committees are appointed. ■

THINKING ABOUT RETIRING?

If you are considering retiring from your practice we need to hear from you. Why? Your benefits!

As a retired member you will continue to receive many of the benefits of membership, including dues-exempt membership at a "retired" status, access to staff, access to the AMCNO website (www.amcnoma.org), eligibility for the AMCNO 50 year award, and your name in the AMCNO physician directory so you can stay in contact with your colleagues.

Here are some helpful hints:

- We can provide you with information that will be beneficial to you whether you are selling or closing a medical practice.
- Assist you with advertising in the Northern Ohio Physician.
- It would also be very helpful for the AMCNO to know where your patient records are. We get many phone calls from patients trying to locate their medical records from a retired physician and can handle these inquiries for you.

Here are the options for retired membership:

- Your AMCNO dues must be current.
- If you retire before May 1, 2010, you pay no 2010 dues. You will have "retired" status.
- If you retire after May 1, 2010, you will need to pay your 2010 dues, then you will be dues exempt in 2011.

For more information about closing a practice contact Linda Hale in the Membership Department at 216-520-1000 ext. 101.

NOT QUITE RETIRED BUT CUTTING BACK ON HOURS:

AMCNO offers part-time membership to physicians 66+ years of age working less than 20 hours per week or less than 40 hours per week. Contact membership at 216-520-1000 for information.

Legislation Introduced in Ohio House of Representatives to Roll Back Ohio Supreme Court Decision of *Robinson v. Bates*

By Martin Galvin, Attorney with Reminger Co., L.P.A.

Recently, in the November/December issue of the Northern Ohio Physician, we discussed the pending Ohio Supreme Court case of *Jaques v. Manton*, Ohio Supreme Court No. 2009-0820. That case has since been almost fully briefed and will likely be scheduled for oral argument in Spring of 2010. In the meantime, several State Representatives have co-sponsored new legislation which, if passed, would have the practical effect of reversing *Robinson v. Bates*, and making the coming decision in *Jaques v. Manton* more or less a moot point.

Specifically, on November 10, 2009, House Bill 361 was introduced. HB 361 was summarized by its sponsors as follows:

To amend section 2317.421 of the Revised Code to provide that in actions for damages arising from personal injury or wrongful death evidence that certain charges and fees in a written bill or statement are not reasonable and that the provision of certain specified services are not necessary is admissible to rebut the prima-facie evidence of reasonableness and necessity **and that certain evidence is not admissible to rebut the prima-facie evidence of reasonableness in those actions.**

Importantly, HB 361, as written, would make inadmissible in any personal injury or wrongful death action evidence that a medical provider did any of the following:

- 1) accepted an amount that was different from the amount of the charges and fees stated in the written bill, as payment in full;
- 2) agreed to waive any right to payment of the charges or fees;
- 3) agreed to provide medical services free of charge.

Thus, under HB 361 evidence of write downs of medical bills could not be provided to a jury.

In *Robinson v. Bates* 2006-Ohio-6362, the Ohio Supreme Court previously determined that a jury was entitled to hear evidence that the amount of a medical bill was greater than the amount actually accepted as payment in full. The decision caused much consternation for the plaintiff's bar, because there is quite frequently a very large gap between the face amount of medical bills, and the amount that is accepted by the medical provider as payment in full. In most cases, this gap represents an agreed upon discount provided to medical insurers.

For example, in the case of *Jaques v. Manton*, the plaintiff incurred total medical bills of \$21,874.80, yet her medical providers accepted \$7,483.91 as full payment. A jury that only hears the higher number (the amount billed) will likely return a much larger verdict than a jury that hears both numbers, all else being equal.

Typical jury awards are going to be much higher in cases where the

jury only hears of the amount billed, and not the amount accepted as payment. Additionally, it is arguably disingenuous to mandate that juries only be provided with one figure, the amount billed, leaving them with the impression that there is nothing else to the story.

In addition to the amicus brief filed by the Academy of Medicine in *Jaques v. Manton*, amicus briefs were also filed by the Ohio Hospital Association, the Ohio Osteopathic Association, and the state medical association. Each of these organizations urged the Ohio Supreme Court to reaffirm its previous holding in *Robinson v. Bates* and to require uniform application of the *Robinson v. Bates* standard by trial courts across the state. As explained in the earlier article on this issue, many trial courts across the state have essentially ignored *Robinson v. Bates*, based on an illogical interpretation of a footnote in that decision.

HB 361 was only introduced in the Ohio House of Representatives on November 10, 2009. To date, there has been no activity from any committee and there have been no votes on this legislation. HB 361 was introduced by Rep. Dennis Murray, a former partner of the well known Murray & Murray law firm in Sandusky.

The other co-sponsors of HB 361 are Representative Mike Foley (Cleveland), Matt Huffman, John Domenick, Tom Letson (Warren), Kenny Yuko (Cleveland), Mark D. Okey (Carrollton), Mike Skindell (Lakewood), W. Scott Oelslager (North Canton), and Gerald L. Stebelton.

The AMCNO strongly opposes HB 361. For more information on the bill or to find out how you can write a letter to your legislator in opposition of this legislation contact the AMCNO offices. ■

It's Time For Your Portfolio Check-Up

In light of the recent market volatility, it may be a good time to let a professional review your current portfolio(s) and offer a second opinion. A professional opinion will offer you ideas on how to reallocate some of your portfolio and allow you to consider the addition of alternative investments to help remove some of the portfolio volatility. Second opinions are always helpful.

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Third Party Payor Seminar Provides Valuable Updates

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) was pleased to host its twenty fifth annual "Solving the Third Party Payor Puzzle" seminar on Thursday, November 18 where presenters from Ohio's largest insurance companies shared reams of useful information with more than 60 attending practice managers and physicians. Returning presenter organizations included CIGNA Healthcare of Ohio, Medical Mutual of Ohio, Palmetto GBA, the Ohio Department of Job and Family Services (ODJFS), UnitedHealthcare, and Anthem BC/BS. AMCNO President Dr. Anthony Bacevice, Jr., moderated the seminar.

A common-thread key initiative shared by presenters was the ability to offer user friendly, highly robust web portals to better meet service needs and aid in things such as claim submissions and status, precertification, electronic remittance and more. Other valuable tools and resources include free e-courses, download of forms, and fee schedules. These things minimize provider administrative costs and offer solid cost-saving benefits, which promoted the vital importance of electronic viability to practitioners.

Palmetto GBA gave an update on Medicare Part B and summarized the new 2010 payment and policy changes, noting that the Medicare physician fee schedule (MPFS) rate has a conversion factor reduction of -21.5% for the year 2010 unless legislative changes occur in Congress. Other changes noted included Medicare will stop paying for consultation codes, increase the payment for "Welcome to Medicare" physical, define new benefit categories from MIPPA, require accreditation of imaging equipment and change the way imaging services are paid, simplify reporting for E-Prescribing, increase the number of PQRI measures and allow group practices to report on PQRI.

An update on the current status of the Medicare Administrative Contractors (MAC) was provided by Palmetto GBA with protests filed on decisions of two jurisdictions, including Jurisdiction 15 which includes Ohio. These protests prompted an automatic stay of existing performance contractors. The Centers for Medicare and Medicaid Services (CMS) currently is taking corrective action on certain aspects of award decisions and there will be no further action until CMS resolves these procurements. To obtain updates on the MAC contracts go to: www.cms.hhs.gov/MedicareContractingReform/02_Spotlight.asp.

A special edition of MLN Matters Number: SE0837 was developed to assist all providers affected by MAC implementations and communicates the expectations of the carrier. It includes timelines and checklists. To view this newsletter, go to: www.cms.hhs.gov/MLNMattersArticles/downloads/SE0837.pdf. Once a decision on the MAC contractor has been made, providers can do the following to assist them in the transition:

- Sign up for the MAC's list-service
- Visit the MAC's web site regularly
- Review the MAC's *Frequently Asked Questions* and local coverage determinations (LCDs)
- Participate in the MAC's Ask-the-Contractor and web-based events.

There also were first-time presenters from CMS and the Ohio RAC contractor, CGI, speaking via teleconference on the topic of the Recovery Audit Contractors (RAC). The AMCNO pursued obtaining presenters from CMS and CGI in order to assist its members in understanding the RAC review process. A summary of this presentation can be found on page 8.

Presenters from the Ohio Department of Job and Family Services (ODJFS) provided updates on Medicaid Managed Care and various physician provider agreements and technology. Dr. Giesele Greene, UHC Medical Director for Northern Ohio joined the UnitedHealthcare team whose presentations included hospital disposition – assessment and planning, which included the role of observation care; UnitedHealthcare's Premium Designation program; improving communication with providers through its restructure with physician advocates and the realignment of its provider service center; and finally sharing benefits to its improved health care ID cards. The last presentation by



Dr. Anthony Bacevice, Jr., AMCNO president greets Palmetto GBA Provider Education Administrator Vanessa Williams.



Dr. Bacevice spends a moment with **Dr. Giesele Greene**, UHC Medical Director for Northern Ohio and the presenter team from UnitedHealthcare.



Presenters from Anthem Blue Cross & Blue Shield and Availity talk with **Dr. Bacevice**.

Anthem B/C & B/S incorporated an overview of Availity, a new one-stop-shop web portal for physicians.

Questions abounded throughout the day, as presenters and guests exchanged troubleshooting tips and helpful advice to better manage claims in the physician office setting. Watch for information on this AMCNO sponsored seminar in 2010. ■

Red Flags Rule Delayed Yet Again

The commission's "Red Flags" rule requires entities that regularly extend credit or defer payment for services to implement a formal policy for detecting and preventing identity theft. Despite repeated objections from physician organizations, the FTC counts physician practices as creditors if they bill patients for past services or allow patients to set up payment plans.

The pushback by physicians has prompted the Federal Trade Commission (FTC) to delay enforcement three times. A fourth postponement — from Nov. 1, 2009, to June 1, 2010 — came at the request of congressional lawmakers and could be followed by enactment of a new bill that would exempt practices with 20 or fewer employees. That measure passed the House on Oct. 20 and awaits action by the Senate Committee on Banking, Housing and Urban Affairs.

Other provisions would exempt entities that:

- Know all of their customers individually.
- Only perform services in or around their customers' residences.
- Have never experienced incidents of identity theft or are in an industry where such occurrences are rare.

Recently the U.S. District Court for the District of Columbia blocked the FTC from applying the Red Flags rule to attorneys, noting that the agency may have overstepped its bounds. The suit was brought by the American Bar Association. A final court order is pending.

The AMCNO has provided our members with detailed information on Red Flags rule compliance in past issues of the Northern Ohio Physician and our Practice Management Matters publications. Physicians are urged to continue to review their practices for identity theft issues and review the AMCNO information on adoption of compliance plans in the event it is finally required in June 2010. Members may contact the AMCNO to obtain a copy of the sample Red Flags compliance plan — call Debbie Blonski at 216-520-1000, ext. 102. ■



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Recovery Audit Contractor (RAC) Overview

AMCNO To Act as Key Contact When Issues Arise with the RAC

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) was one of the professional associations chosen to provide outreach training to physicians prior to the rollout of the recovery audit contractors (RACs) in Ohio. The AMCNO session was one of many conducted around the state of Ohio.

The purpose of the RAC program is to detect and correct past improper payments so that the Center for Medicare and Medicaid Services (CMS), Carriers, fiscal intermediaries (FI) and Medicare Administrative Contractors (MACs) will be able to develop corrective actions that will prevent future improper payments. All providers that bill Medicare fee-for-service Part A or Part B programs will be subject to RAC review.

The RAC that has jurisdiction for Region B is CGI. RACs use the same Medicare policies as FIs, Carriers, and MACs—Part A and Part B: national coverage determinations, local coverage determinations, and CMS manuals. RACs are required to employ a staff consisting of nurses, therapists, certified coders, and a physician. RACs are also paid on a contingency fee basis which means they receive a portion of the funds they recover. If a RAC loses any level of appeal, they must return the contingency fee. Presenters noted that this is considered an incentive for the the RACs to check their work to assure accuracy. Since RACs review claims on a post-payment basis, they will not be able to review claims paid prior to October 1, 2007, but they will be able to look back three years from the date of the review. Presenters indicated that as of right now they have an 18 month look-back period. However, by 2012, they will have the full three years.

There are two types of reviews: Complex and Automated. Complex requires a medical record; automated does not require a medical record.

- Complex Review

- o Auditors will select cases for review and request the medical record; the request date and the requesting auditor is automatically recorded in customized auditing software (CAS).

- o Medical record is received in CAS 5.0, and the received date is automatically recorded.
- o The auditor reviews the medical record and documents audit comments in CAS 5.0; the date is recorded in CAS 5.0. This is a way to give the provider customer service; if you call CGI and give them the name of the patient, you will be directed to the appropriate person so you can get an answer.
- o The physician's comments are also documented in CAS 5.0; the date is recorded in CAS 5.0 automatically.
- o Letters are generated to providers at the end of the audit, and the date is recorded.

- Automated Review

- o Occurs when a RAC makes a claim determination at the system level without a human review of the medical record. These would include items where they can make a determination that a service is not covered or incorrectly coded or supported by Medicare policy or coding guidelines.
- o Coverage/coding determinations are made through automated review.
- o The RAC may use automated review when making coverage and coding determinations only where BOTH of the following conditions apply:
 - there is certainty that the service is not covered or is incorrectly coded, AND
 - a written Medicare policy, Medicare article or Medicare-sanctioned coding guideline (e.g. CPT statement, CPT assistant statement, coding clinic statement, etc.) exists.

Automated reviews usually involves black and white issues such as duplicate claims or

pricing mistakes. These errors do not have a policy or a guideline to support it; so it could be detected by looking at the claim. The RAC may use automated review when making other determinations (e.g. duplicate claims, pricing mistakes) when there is certainty that an overpayment or underpayment exists. Written policies/articles/guidelines often don't exist for these situations.

- Automated Review Process Defined

- o The RAC will not request medical records from the provider.
- o The RAC makes a claim determination. (Same as for Carrier, FI and MAC identified overpayments, but the demand letter comes from the RAC.)
- o If the claim is denied, the RAC sends the claim information to the FI or the MAC.
- o The FI or MAC issues a remittance advice with the code N432: Adjustment Based on Recovery Audit.
- o At the same time, the RAC issues an overpayment demand letter (date = day 1) that includes the recovery amount and the provider's appeal rights.
- o If the provider agrees with the RAC's determination, the provider may pay by check; allow recoupment from future payments; request or apply for extended payment plan.
- o Providers have two options when they disagree with the RAC findings, the "discussion period" and the "formal appeal". In an automated review, the time frames for both the discussion period and the formal appeals process begin with the date of the demand letter.

Presenters at the AMCNO seminar encouraged providers to call as soon as possible to initiate the discussion period and send a letter with supporting documentation to refute the improper payment with the RAC. If the RAC agrees with the provider, the findings are reversed and the provider doesn't have to appeal. The appeals process, which is the same as for FI or MAC denials, needs to move forward at the same time as the discussion period. Providers must file an appeal before the 120th day after the date

Recovery Audit Contractor (RAC) Overview

of the demand letter. If an appeal is not filed, the FI or MAC begins recouping by offset on day 41. For more information on Appeal Timeframes go to: <http://www.cms.hhs.gov/OrgMedFFSAppeals/Downloads/AppealsprocessflowchartAB.pdf>

Underpayments:

CGI receives the same contingency fee for over and under payments. It does not make a difference because they are contracted to review both. They can identify them at the line level. If it was billed at a low level of payment, but should have been a high level of payment, the RAC will make sure the claim is adjusted accordingly.

For purposes of the RAC program, a Medicare underpayment is defined as those lines or payment group (e.g. APC, RUG) on a claim that were billed at a low level of payment, but should have been billed at a higher level of payment. The RAC will include review for underpayments as a part of their auditing process.

- Upon identification, the RAC will communicate the underpayment finding to the appropriate affiliated contractor.
- Neither the RAC nor the affiliated contractor (AC) may ask the provider to correct and resubmit the claim.
- The affiliated contractor validates the underpayment occurrence, adjusts the claim and pays the provider.
- The RAC will issue a written notice to the provider, via the Underpayment Notification Letter.
- Provider inquiries are answered by the RAC call center.

Record request limits:

- Inpatient Hospital, IRF, SNF, Hospice – 10% of the average monthly Medicare claims (max 200) per 45 days per NPI
- Other Part A Billers (HH) – 1% of the average monthly Medicare episodes of care (max 200) per 45 days per NPI
- Physicians (including podiatrists, chiropractors)
 - o Sole practitioner: 10 medical records per 45 days per group NPI
 - o Partnership 2-5 individuals: 20 medical records per 45 days per group NPI
 - o Group 6-15 individuals: 30 medical records per 45 days per group NPI
 - o Large Group 16+ individuals: 50 medical records per 45 days per group NPI

- Other Part B Billers (DME, Lab, Outpatient hospitals) – 1% of the average monthly Medicare services (max 200) per NPI per 45 days

Chief Medical Director (CMD) Assigned to Region B

During the RAC demonstration project, providers felt that the lack of a physician presence at the RAC equated to claims being erroneously denied. Due to this problem, CMS implemented a change to the RAC program, namely that each RAC had to hire a medical director to oversee the medical review process to assist nurses, therapists and certified coders upon request, to manage procedures, and to inform provider organizations about the RAC program to be sure providers know how and why the RAC program will effect them. During the AMCNO presentation, Dr. Percival Seaward, the Region B Chief Medical Director outlined his role and responsibilities as the CMD for Region B.

CMD responsibilities:

- The CMD is expected to have an understanding of National Coding Determinations, Local Coding Determinations and other Medicare policies – with the intent to provide clinical expertise and judgment.
- The CMD must be readily available – and the RAC staff must have easy access to the regional CMD. The CMD should eliminate as many gray areas as possible from the auditing process.
- The CMD must be able to make decisions on questionable decisions and must be available for one-on-one discussions with physicians. Remember – discuss before you appeal – you may not have to appeal.
- Claim adjudication briefing and advising of personnel.
- Correct policy applications – use of written guidelines.
- The CMD must review corrective actions and recommend provider education if necessary. The CMD will be involved in

claim adjudication briefings which will entail having a discussion with relevant personnel in the review process.

CGI plans to maximize transparency through communication. Physicians and their staff may contact CGI through the following avenues:

CGI web site: If you do not know anything about the RAC program, you can visit their web site. There are also links to the CMS web site there as well. The web site address is <http://RACB.CGI.com>.

CGI Call Center: You are guaranteed to get a response within 24 hours of your request. The call center phone number is 877-316-racb or 877-316-7222.

CGI Email: CGI has an email and encourages your point-of-contact person to use it. They plan to send all correspondence to this one point-of-contact. You also can use the email to send a question or concern that you may have. If CGI does not have the answer, they have an excellent relationship with CMS. CGI has weekly meetings with them and all questions will get an answer. The email address is racb@cgi.com.

CGI has agreed to establish and maintain relations with associations. The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) has reached out to CGI and they will continue to foster a relationship with us. If at any time the AMCNO has questions, they can contact CGI directly – the AMCNO is a key contact – CGI will send emails to the AMCNO and will keep the lines of communication open. In the event the three (3) keys to successful communication fail (i.e. web site, email and call center), members may contact the AMCNO and ask for assistance.

Editor's note: An AMCNO prepared transcript outlining the presentation by CMS and CGI at our Third Party Payor seminar is posted on our web site along with complete copies of the slides provided by both CMS and CGI at www.amcnoma.org. ■

Legislative Update

By Connor Patton, AMCNO lobbyist

State Issues Overview

In the wake of heavy partisanship, a stagnating economy, and an \$851 million dollar budget shortfall, state government in Columbus is at a standstill. The Ohio General Assembly which is comprised of a Republican majority in the Ohio Senate and a Democrat majority in the Ohio House of Representatives has collectively worked together to pass 10 bills which were signed into law by Governor Ted Strickland. Of the 10 bills that have been enacted into law 5 of them have been budget bills: 2 temporary budgets or budget extensions from the previous General Assembly, the state operating budget, transportation budget, Bureau of Worker's Compensation budget, and the Industrial Commission budget.

Add all of those together and you get a lot of pressing legislative matters twisting in the wind. Most notably being caught in the impasse are 2 bills, HB 122 and SB 98 that have been sponsored by AMCNO to address the issue of physician ranking by insurance companies to ensure transparency, quality, and fairness. HB 122 has passed out of the House Health committee over 2 months ago with overwhelming bipartisan support and is awaiting a full floor vote by the Ohio House of Representatives. SB 98 has had one hearing in the Ohio Senate Insurance and Commerce and Labor Committee and is awaiting proponent testimony.

Over the next six months Ohioans may not see much more activity or many more bills get to the Governor's desk. We will probably see a budget corrections bill, a telecommunications bill, an extension and expansion of the Ohio Third Frontier bond initiative, and a bill that will create the rules for the recently passed casino issue that has to be enacted in 6 months in order for the casinos to begin operations and construction.

How did we get here and what should we expect in the future? The gridlock we are seeing in Columbus is very complex, but the motivation behind it has a very simple explanation: there is a lot at stake in the fall election of 2010. The state operating budget (HB 1) that passed and was signed into law in mid-July was forced to use \$5 billion in one time funds and commit \$933 million dollars of revenue from the use of Video

Lottery Terminals (VLTs) at Ohio's 7 racetracks to the Department of Education for funding. In October, the Ohio Supreme Court ruled that the use of VLTs for funding was subject to a voter referendum and as a result the money could not be dedicated. With better than projected receipts and returns to the Ohio Department of Taxation the \$933 million number was adjusted to \$851 million, but in order for the state budget to be balanced and the need for the education to draw down federal matching dollars which the Governor estimates to actually be worth about \$2.3 billion, \$851 million in revenue must be found to patch the hole.

As a result of the Supreme Court decision, Governor Strickland proposed postponing or "freeze" of a 4.2 percent income tax cut that is the last phase of a 21 percent cut that began in 2005 to make up for the \$851 million needed. The Ohio House of Representatives responded quickly and passed legislation to enable the tax freeze in mid-October, where the issue has been sitting in the Ohio Senate since. The Ohio Senate would like to find other sources of revenue to make up for the funding like criminal sentencing reform, state construction reform, and a mixture of cuts to the general fund. If no solution is agreed upon the Governor will be forced to make the adjustments himself from a general revenue fund that has already been pared down and is about \$19 billion of the \$50 billion state operating budget. This is significant, because when cuts are being made usually the number one target is the Ohio Department of Jobs and Family Services and its Medicaid budget because it is one of the largest pots of money that state dollars are dedicated to. We have already seen assessments and fee increases placed on hospitals and nursing homes in the state operating budget that has caused staff reductions and will lead to higher healthcare costs. Pending future economic and budget shortfalls, if more adjustments are needed to be made by the state this could cause further stress placed on the healthcare industry in Ohio.

Franchise Fee Update

On November 30, the first installment of a new \$718 million state tax on Ohio hospitals was due for payment. The governor proposed and legislators imposed the new tax to help

balance the state's two-year budget. While hospitals will be able to recoup a portion of the \$718 million tax through a 5 percent Medicaid update and an expansion of the Medicaid supplemental payment program, according to the Ohio Hospital Association, "those payments will fall far short of fully reimbursing hospitals" According to the OHA, the state's attempt to pay hospitals less comes at the same time as charity care is skyrocketing, and Medicaid currently only pays hospitals 84 cents for every \$1 in cost for patient care. Despite the 5% rate increase, under the new tax, the majority of hospitals will only recoup 50 cents on the dollar for every \$1 provided to the state. These trends are no longer sustainable.

In response to implementation of the new tax the OHA conducted a survey of its members in early November and received 75 responses which were representative of about 51% of OHA's membership. The results of the survey found that as a result of the new tax, OHA members have been forced to take cost cutting and cost control measures. The responding hospitals indicated that: 48% of hospitals have already enacted layoffs, 67% have not filled staffing vacancies, 37% have eliminated or reduced services, 12% have cancelled or delayed expansion and renovation projects, and 81% have taken other cost-cutting measures such as reducing community benefit spending, reducing employee benefits or freezing wages.

In more responses to the survey, as a result of the tax hospitals are expecting future cuts like: 18% of the respondents plan to make additional layoffs, 50% plan to leave future staff vacancies unfilled, 39% plan to reduce or eliminate services, 49% plan to delay or cancel future expansion or renovation projects, and 64% will take additional cost-cutting measures. According to the OHA, hospitals have already been forced to make very hard choices and more staff reductions and layoffs will mean longer waits and higher costs for all patients. The final 2 installments are due to the state on the last business days of February and May 2010.

Legislation Overview

On December 8th, the Ohio House of Representatives passed 2 insurance mandate bills with bipartisan support that will expand coverage for diabetes care and autism. Rep. Barbara Boyd who is the sponsor of HB 81 which will expand diabetes coverage, noted

AMCNO LEGISLATIVE UPDATE

that 46 other states have already passed some form of the diabetes legislation, with only Ohio, Alabama, North Dakota and Idaho without mandates. In her testimony on the house floor, Rep. Boyd said not one of the 46 states has produced data showing an increase in premiums because of the mandates, nor have any of the states repealed their laws because of increased costs. The AMCNO supported HB 81.

In addition to HB 122, SB 98 and HB 81 noted above, the AMCNO has also sent letters of support on the following bills:

HB 56 and SB 64 – Colorectal examinations - To require certain health care plans to provide benefits for colorectal examinations and laboratory tests for cancer.

HB 93 – Bicycle Helmets - To require bicycle operators and passengers under 18 years of age to wear protective helmets when the bicycle is operated on a roadway and to establish the Bicycle Safety Fund to be used by the Department of Public Safety to assist low-income families in the purchase of bicycle helmets.

HB 173 – Chemical Tanning Applications - Regarding the regulation of chemical tanning applications and the use of tanning services by individuals under 18 years of age.

HB 185 - Health Care Contracts - To specify that material amendment to a health care contract does not become part of the contract unless agreed upon by both parties.

HB 198 - To establish the Medical Home Model Demonstration Project; to provide for Choose Ohio First Scholarships to be awarded to medical students who agree to practice primary care; to repeal section 3901.90 of the Revised Code, effective March 1, 2012; and to make an appropriation.

SB 37 – Tobacco Tax - To increase the tobacco products excise tax rate and to credit some of the additional revenue to the Tobacco Use Prevention Fund.

SB 69 – On Campus Student Vaccinations – To require that students living on-campus housing at institutions of higher education be vaccinated for meningococcal meningitis and hepatitis B or obtain a waiver.

SB 86 – Emergency Medical Treatment – To grant qualified civil immunity to a physician who provides emergency medical services, first-aid treatment, or other emergency professional care in compliance with the Federal Emergency Medical Treatment and Active Labor Act or as a result of a disaster.

SB 137 – Ohio Prompt Payment Law Application - To specify that the Ohio prompt payment law applies to payment of claims by Medicaid managed care organizations for health care services provided to Medicaid managed care participants.

SB 210 and HB 373 – Nutritional Standards for Schools – This legislation is also supported by the Healthy Choices for Healthy Children Coalition – (see related story on page 16).

The AMCNO is strongly opposing HB 361 – legislation aimed at personal injury issues – (see related story on page 5).

AMCNO has a comprehensive tracking system of all health care related legislation in the General Assembly. If you are interested in receiving a copy of this document, please contact Elayne Biddlestone at 216-520-1000. ■



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Your health at home



The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Encourages our Members to Simplify Work and Gain Savings Through the Multi-Payer Web Portal

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO), as a part of a statewide initiative between America's Health Insurance Plans (AHIP), the Blue Cross and Blue Shield and eight leading health plans in Ohio, is encouraging members to explore Availity, a multi-payer web portal solution for:

- researching a patient's eligibility and benefits coverage,
- managing referrals to specialists,
- clearing authorizations for treatment, and
- submitting and reviewing the disposition of claims.

The Availity health information network and web portal will help The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) members achieve administrative savings by simplifying the exchange of information between providers and payers.

Our role at the Academy of Medicine of Cleveland & Northern Ohio (AMCNO)

The Ohio portal initiative is a one-of-a-kind collaborative effort between health plans, medical providers and professional associations to deliver immediate efficiencies and cost savings across the continuum of

care. The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) is pleased to support such a solution.

Consistent usage and early adoption of the Availity portal as a savings tool will give Ohio a greater voice in defining best practices in health care administrative processes—and gives our physicians, health plans and patients the benefit of immediate cost savings.

Health plans participating in the multi-payer portal include:

- Aetna
- Anthem Blue Cross and Blue Shield
- CIGNA
- Humana
- Kaiser Permanente
- Medical Mutual of Ohio
- UnitedHealthcare
- WellCare Health Plans, Inc.

The portal is easy to use; health care providers can start saving time and money with minimal training and without changes to their expensive office systems. World-class support teams help users online and via telephone.

Portal launch partners will capture portal usage information for the next 12 months, and identify the merits of a collaborative service among Ohio physicians for a potential expansion to other states and addition of other services. The information will be used to define best practices in health care administration, among stakeholders nationwide.

Physicians interested in using the portal should begin by registering for Availity at <http://www.availity.com/providers/registration-details/>. Upon completing and returning your signed application, Availity will send your login information to you within a few days. It's that simple. Once you login in to the secure portal, you'll have access to free live training, help, and other resources to ensure you get the most out of your Availity experience. Client service representatives are available Monday through Friday to help answer your questions at 1.800.AVAILITY (282.4548). For more information about Availity and to see a demonstration of the portal, go to <http://www.availity.com/demo/>. No log-in is required. ■



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UnitedHealthcare Announces Change in Radiology Notification Program for 2010

By Laurie A. Paidosh and Giesele Greene, M.D.

To help ensure that patients are receiving the *right imaging study for the right reason the first time*, UnitedHealthcare is expanding its Radiology Notification Program in February 2010, to include all network physicians — including those physicians who have received the Premium Quality and Efficiency designation. This program requires prior notification for the following outpatient imaging procedures: CT scans, MRIs, MRAs, PET scans, and nuclear medicine studies, including nuclear cardiology.

This change is based on our concern for patients who are subject to preventable radiation exposure, the need to improve compliance with evidence-based and professional society guidance in the use of these expensive health care assets, and direct feedback from practicing physicians and office managers, who, while appreciating the exemption for UnitedHealth Premium designated physicians, have also reported additional administrative complexity in managing these exemptions.

Since the inception of the Radiology Notification Program, UnitedHealthcare has more effectively promoted quality and safety by encouraging efficient utilization of advanced imaging services consistent with evidence-based clinical guidelines. This patient-centered approach ensures the most appropriate imaging service will be considered to aid in the clinical diagnosis.

While implementing this enhanced Radiology Notification Program, UnitedHealthcare will continue to evaluate mechanisms that appropriately and transparently distinguish physicians who demonstrate adherence to evidence-based guidelines for ordering advanced imaging services and who could therefore qualify for a reduction in the administrative notification requirements in the

future. UnitedHealthcare is actively consulting with medical societies, experts and its scientific advisory board in working toward this goal.

Physicians and other health care professionals ordering advanced imaging services should complete prior notification online at UnitedHealthcareOnline.com. As a reminder, advanced imaging services that take place in an emergency room, observation unit, urgent care facility or during an inpatient stay do not require notification. This change does not affect physicians' current UnitedHealth Premium designation status.

UnitedHealthcare has sent physicians reference materials regarding the program change. For more information, visit UnitedHealthcare's physician Web site, UnitedHealthcareOnline.com > Clinician Resources > Radiology > Radiology Notification > Reference Materials. For notification questions, contact your UnitedHealthcare Network Management representative, or call 800-637-5792, or email radiology@customerrelation.com.

About the Authors

Laurie Paidosh is vice president of radiology programs for UnitedHealthcare and Dr. Giesele Greene is medical director for UnitedHealthcare of Northern Ohio. ■

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Functional Electrical Stimulation Fact or Fiction

By E.B. Marsolais, MD, PhD and Mary Buckett

Standing to hug your husband, picking up your morning coffee and holding your grandchild, are activities most of us enjoy without a concentrated effort on the task. Individuals with paralysis view these activities as challenges to finding a new method of achieving the same task. For many of these individuals the solution is Functional Electrical Stimulation (FES).

Researchers at Case Western Reserve University began researching the concept of FES in the early 1960's with electrical exercise. With positive results the research was expanded to applying FES to upper and lower extremity function and, bowel and bladder control for paralysis and enhancing stroke recovery. In 1991, these efforts evolved into the Cleveland Functional Electrical Stimulation (FES) Center, a consortium with three institutional partners: Louis Stokes Cleveland VA Medical Center (LSCVMAC), the private educational institution of Case Western Reserve University (CWRU), and the public hospital system of MetroHealth Medical Center (MHMC).

The FES Center focuses on the clinical application of electrical pulses to either generate or suppress activity in the nervous system. This technique is known as functional electrical stimulation (FES). FES can produce and control the movement of otherwise paralyzed limbs for standing and hand grasp, activate visceral bodily functions such as bladder control or respiration, create perceptions such as skin sensibility, arrest undesired activity such as pain or spasm, and facilitate natural recovery and accelerate motor relearning.

Restoring function to the spinal cord injured individual represents a major FES contribution. When damage occurs to the spinal cord, signals from the brain cannot reach the intended destination. The muscles and organs may be intact and healthy, but the brain cannot stimulate or control them. At present, damage to the spinal cord cannot be fully repaired but it can be by-passed. By applying a small patient controlled electrical current to the nerve or muscle, the desired function can be triggered. Stimulating the correct muscles can make a person's arm or leg move, while stimulation to the bladder or diaphragm can return a basic function. FES can exercise muscles for greater strength and tone and improve circulation.

Annette's Story

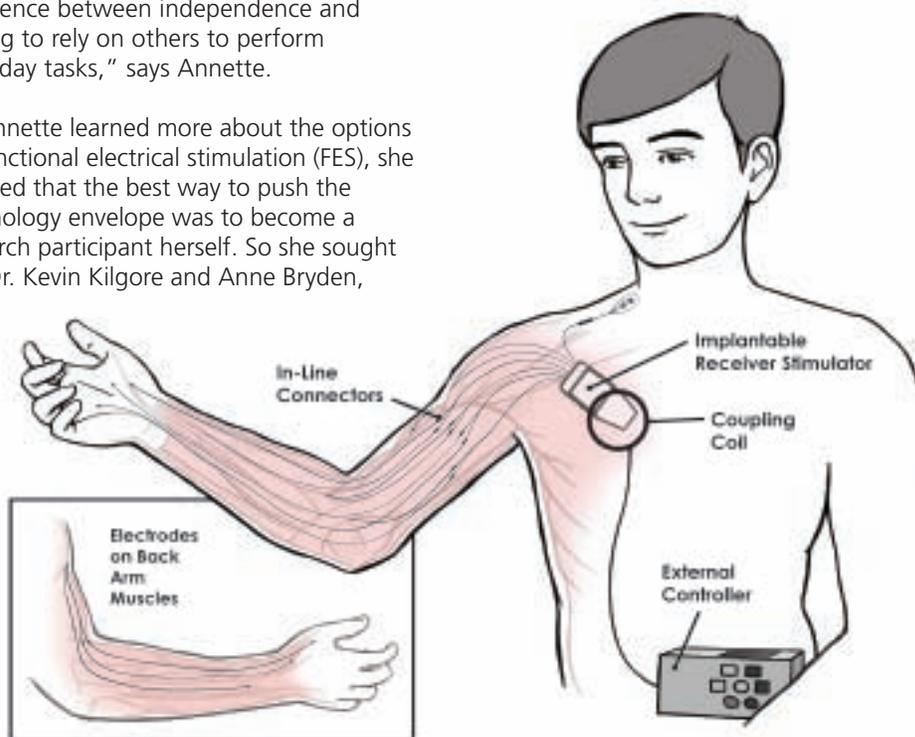
Annette never realized that she would someday benefit from her efforts as a disability dog trainer until her car accident in August 2002. The result of that car accident was a spinal cord injury affecting both her upper and lower extremities, a condition called quadriplegia.

After the accident she was unable to live her life as she wanted. She could not work, participate in sports, volunteer, or travel – some of the things that brought enrichment to her life. While searching for a way to help Annette, a friend discovered the work of the Cleveland FES Center. What she found was that over the past three decades engineers, scientists, therapists, physician/engineers and other physicians have been focused on designing technology to return loss of function due to a spinal cord injury or stroke. "They recognized that using one's arm means the difference between independence and having to rely on others to perform everyday tasks," says Annette.

As Annette learned more about the options of functional electrical stimulation (FES), she decided that the best way to push the technology envelope was to become a research participant herself. So she sought out Dr. Kevin Kilgore and Anne Bryden,

OTR/L, two of the lead researchers on the upper extremity FES project for evaluation. Building on the successes of past designs, the FES team has advanced their technology to include seamless or fully implanted control of the hand/arm neuroprosthesis, as well as the ability to more closely simulate natural hand movements. In Annette's case, providing a cross-stitching hand grasp was a goal that the research team could realize. "We were able to program a hand grasp, in addition to the typical functions, that Annette would need in order to sew again – quality of life is more than self care tasks," says Anne Bryden.

Now, after a surgical procedure which placed the system into her arm and hand, Annette was able to use her hand for the first time since the accident. She was handling everyday objects like a pen, toothbrush, hairbrush and fork – the necessary tools of independence. Implanting the control of the neuroprosthesis was the breakthrough of this technology. Now, as Annette contracted muscles that she has voluntary control over, a myoelectric sensor read that signal and used it to control her neuroprosthesis. "Myoelectrical control was our technical answer to minimizing the external components of the system – this is a clean and natural way for Annette to move her hand," said Dr. Kilgore.



MEDICAL ISSUES

Now as Annette extends (pulls up) her left hand through a wrist muscle she can control, a low voltage signal travels from the internal power source to electrodes implanted into the muscles of her arm causing her hand to grasp. If she holds that position for 2 seconds, the myoelectric electrode sends a command to 'lock' the grasp allowing her to relax and concentrate on the task.

When asked why she wanted to be a part of a research program, Annette said, "The prospect of returning to work and being more independent is worth the challenge ... besides, I am helping to make this technology ready and available for others. This is my advocacy."

Annette was the second person to receive this implant technology called IST-12. The second generation hand system to be developed through the upper extremity program, led by Dr. Peckham, the IST-12 system enables the myoelectric control that Annette uses. Dr. Peckham, Center Director, says, "Participants have repeatedly told us that minimizing the hardware on the outside of the body is preferred. It reduces the risk of damaging the technology, but more importantly, means that the person can use their arm and hand when THEY

want to and not wait for someone to attach a control switch."

Encouraged by the success of her initial neuroprosthesis, Annette became the first person to have an IST-12 system implanted in both arms in November 2004. This addition allowed Annette more flexibility in performing functional tasks, allowing her to use both hands at the same time for many activities such as eating or blow drying her hair.

When asked, "What does this technology really mean to you?" Annette said, "This puts me one step closer to my goal of living independently and leaving assisted care." Until then, Annette keeps busy by traveling to see family and friends in Canada and has resumed teaching dog training classes on a part-time basis.

Editor's note: *The AMCNO welcomes article submissions from our members. The Northern Ohio Physician does not obtain medical reviews on articles submitted for publication.*

AMCNO members interested in submitting an article for publication in the magazine may contact Ms. Debbie Blonski at the AMCNO offices at (216) 520-1000, ext. 102. ■

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AMCNO Hosts "Vote and Vaccinate" Program on Election Day

The Academy of Medicine of Cleveland & Northern Ohio hosted its tenth annual "Vote & Vaccinate" program on Election Day, November 3, 2009, which administers both pneumonia and seasonal flu shots in neighborhoods where influenza and pneumonia vaccination rates among senior citizens are reportedly low. The program's goal is to offer the public these vaccinations conveniently at locations where they vote on Election Day. It is a parallel program to voting and not connected in any way with the Board of Elections.

The AMCNO was pleased to have two new sites this year manned by Parma Community General Hospital and St. Vincent Charity Hospital. Due to the supply and demand of the seasonal flu vaccine this year, some sponsors were unable to have needed vaccines available. Even so, Parma Hospital offered the community expanded services, with blood pressures, body mass indexes (BMIs) and more. Due to the timing issue, the H1N1 Swine flu vaccine was not part of the program, yet the Cleveland Department of Public Health had the vaccine and dispensed H1N1 shots at its location.

Proud sponsors of the annual program include the AMCNO, the Cleveland

Department of Health, Parma Community General Hospital and St. Vincent Charity Hospital. Our sincere appreciation to all the locations' staff and allied health professionals who helped make this worthwhile program even possible, including those at Marion Sterling School, North Royalton United Methodist Church, Parma Heights Baptist Church, Parma South Presbyterian Church, Pilgrim Congregational United Church of Christ, and Ridgewood United Methodist Church.

This year's program received media coverage from several news and radio stations along with an interview by WTAM with AMCNO President Dr. Anthony E.



Sister Mary Ann Mozser watches as a nurse volunteer from St. Vincent Charity Hospital administers a flu shot at Marion Sterling School, one of the new Vote and Vaccinate sites for 2009.

Bacevice, Jr. The AMCNO plans to continue this worthwhile event in 2010. Any group or hospital that may be interested in working with the AMCNO as a co-sponsor on this event or would like to host a site for the Vote and Vaccinate program should contact the AMCNO offices at 216.520.1000. ■

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Joins Statewide Coalition to Fight Childhood Obesity in Ohio

The AMCNO is pleased to inform our members that we have teamed up with other state leaders in business, health care, education, child advocacy, fitness and nutrition to form the Healthy Choices for Healthy Children coalition, an organization dedicated to decreasing and preventing childhood obesity in Ohio.

The coalition came together to advocate for public policy in our state that supports research-based solutions to the childhood obesity epidemic in Ohio. The coalition will also work to ensure that public policy is supported with actions that provide parents, educators, institutions and organizations with opportunities to positively affect behavior in the children they influence to create life-long active and healthy Ohioans.

The Healthy Choices for Healthy Children coalition's first priority is supporting passage of the Healthy Choices for Healthy Children legislation, Ohio Senate Bill 210 and Ohio House Bill 373. The legislation is co-sponsored by Senator Kevin Coughlin (R-Cuyahoga Falls) and Senator Eric H. Kearney (D-Cincinnati) in the Ohio Senate. Representatives John Patrick Carney (D-Columbus) and Lynn Wachtmann (R-Napoleon) are co-sponsoring the bill in the Ohio House.

The bill contains school-based initiatives that will increase physical activity, raise the bar for physical education and improve the nutritional value of foods offered during the regular and expanded school day. The bill also provides for Body Mass Index (BMI) screenings upon school entry and in 3rd, 5th and 9th grades and education for parents about their child's BMI and the health risks associated with his or her results.

Aggregated BMI results will be reported on local district and building report cards, using the Center for Disease Control's standards of underweight, healthy weight, overweight and obese.

The AMCNO legislative committee strongly supports this legislation and we will submit testimony outlining our support to legislators. ■

AMCNO Leadership Meets with American Medical Association (AMA) Representatives Regarding Community Initiatives

Recently, several members of the AMCNO physician leadership and AMCNO staff met with Drs. Nedza and Irmiter from the American Medical Association (AMA) at the AMCNO offices. The AMCNO was chosen for this interview because it is a regional organization that works very closely with physicians and because we are located in an Aligning Forces for Quality community. The American Medical Association (AMA) has been asked to assist the Robert Wood Johnson Foundation's (RWJF) Aligning Forces for Quality (AF4Q) program to move quality improvement initiatives forward in targeted communities across the country. Dr. Nedza and Dr. Irmiter have been reaching out to state and county medical societies to gain an understanding of the challenges physicians in selected communities face in providing care and the role these organizations play in supporting physicians. The premise is that state and county medical societies have a long tradition and the expertise to help physicians deal with the unique demands of providing high-quality care in their communities. These organizations play a key role in maintaining strong local relationships that enable physicians to effectively respond to a rapidly changing practice environment.

The AMA representatives have met with various medical societies and organizations regarding the current challenges and opportunities in their communities, the involvement of physician leadership in local quality improvement (QI) efforts, their involvement in supporting physicians as they undertake QI efforts, and their resources for supporting practice managers and others in undertaking these efforts. Other items of discussion included

membership recruitment, the definition of quality and issues related to practice management and foundation activities.

The main goal of the meeting was to ascertain what the AMCNO does for our members and if there is a way that the AMA can assist in providing some value. The AMA staff visited 15 communities as a part of this study and they plan to share the study with the AMCNO and other



AMCNO physician leadership pose with the representatives from the AMA in the AMCNO President's Room. Behind the group is a portrait of John H. Budd, M.D., a past president of the AMCNO and the AMA. (pictured l to r – Dr. Bacevice, Dr. Scheetz, Dr. Sechler, Dr. Irmiter, Dr. David, Dr. Kent, Dr. Nedza and Dr. Savrin.)

participants once it is completed. The AMCNO representatives shared various insights with the AMA and provided comments on health care reform, quality initiatives, electronic health records, group membership, and comments on the importance of recruitment and retention of young physician members in our organization. The AMCNO will provide additional information on the study to our members once it is completed and sent to us by the AMA. ■

AMCNO and the William E. Lower Fund Co-Sponsor Seminar for Resident Members

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) presented our annual seminar, *Preparing for the Business Aspects of Practicing Medicine* on October 28th at the AMCNO offices. The agenda's content and speakers targeted specific issues that young physicians will face entering today's healthcare marketplace. Residents and spouses from many area hospitals were on hand to learn about employment contracts, liability coverage, asset management, estate planning, starting a practice, and tax concerns from a lineup of expert guest speakers. Presented by the AMCNO and sponsored by The William E. Lower Fund, the AMCNO thanks Dr. Ray Scheetz emcee for the evening and speakers Michael Turney from Willis HRH, Elizabeth Sullivan from McDonald Hopkins, Phil Moshier from Sagemark Consulting, James Spallino Jr., Esq. of Squires, Sanders & Dempsey and Dick Cause of Walthall, Drake and Wallace LLP who were on hand to share their expertise. ■



Residents from around the region listen intently to the presentations provided at the AMCNO business of medicine seminar.

Healthlines 2009

The Academy's Healthlines radio program has provided medical information and the insight of our member physicians to listeners for more than 40 years. With hosts **Anthony E. Bacevice, Jr., M.D.** and **Ronald A. Savrin, M.D.**, Healthlines is broadcast on WCLV 104.9FM at 5:45 p.m. every other Monday, Wednesday and Friday and is brought to the community by the Academy of Medicine Education Foundation (AMEF). Listed below are the featured physicians that aired in 2009. To listen to an MP3 recording of their interview go to our web site at www.amcnoma.org and click on "Healthlines."

Thank you to the following interviewees that appeared on Healthlines in 2009:

Heather Gornik, M.D.	Mario Skugor, M.D.
Paul Schoenhagen, M.D.	David Stroom, M.D.
Mark Schickendantz, M.D.	Tim Steinemann, M.D.
John Eric Jelovsek, M.D.	Paul Saluan, M.D.
Carol Rosen, M.D.	Bruce Lowrie, M.D.
Susan LeGrand, M.D.	Laura David, M.D.
Amy Marks, D.O.	Robert Salata, M.D.
John Bergfeld, M.D.	John Bastulli, M.D.
Ann Bacevice, M.D.	Joseph Crowe, M.D.
Gerard Isenberg, M.D.	Anthony Bacevice, Jr., M.D.
Charles Modlin, M.D.	Ronald Savrin, M.D.
Andrew Garner, M.D.	James Liu, M.D.
Julie Tan, M.D.	Henry Bartkowski, M.D.
Salim Hayek, M.D.	

Any physician member of the AMCNO may appear on the Healthlines radio program. If you are an AMCNO member and are interested in appearing on the program for 2010, please contact the AMCNO offices at 216-520-1000 for more information. ■

AMCNO BOARD ACTIVITIES

The Academy of Medicine of Cleveland & Northern Ohio (AMCNO) Outlines Position on Health Care Reform

In November, the AMCNO Board of Directors outlined a position on health care reform. Our position was widely disseminated throughout the community and sent to area Congressmen.

AMCNO Position:

The AMCNO believes that the current health care system is fragmented and unsustainable and does not meet the needs of our members and their patients. Our organization and the physicians we serve recognize the need for health care reform and have long advocated for change in the health care delivery system. The AMCNO has voiced its support regarding many of the aspects included in the legislation before Congress such as the funding of patient centered medical homes, enhanced access to care for all Americans, changes in health insurance company behavior, support for prevention and wellness programs, and support for changes in geographic variations to address both costs and care provided.

As the health care debate continues on the federal level, the AMCNO is committed to

working with Congress and other stakeholders to achieve enactment of health system reforms that will:

- Allow access to affordable health care for all Americans;
- Implement reform of Medicare physician payment methodologies;
- Not overburden or add costs to the Medicaid program;
- Enact meaningful medical liability reforms inclusive of alternative dispute resolution concepts and health courts;
- Provide for insurance market reforms that address the issue of physician profiling by health insurers, that enhance choice of affordable coverage and eliminate denials of care for certain conditions;
- Implement changes in geographic variations that affect costs and care provided;

- Require health care decision making by physicians and their patients, instead of by insurers or government entities;
- Provide for quality improvement as well as reductions in cost and waste;
- Provide for investments and incentives for public health and prevention and wellness initiatives;
- Standardize insurance claims processing requirements to eliminate unnecessary costs and administrative burdens;
- Provide for the implementation of health insurance exchange models versus a government-run public option;
- Remove restrictions on physician ownership of facilities;
- Provide appropriate avenues and funding for the growth of the physician workforce to meet demand.

As the legislative process moves forward the AMCNO hopes to be able to support health system reform legislation that deals with problems in our current system, includes the AMCNO points noted above, establishes a more efficient and complete health care delivery system, and preserves the physician-patient relationship. ■

AMCNO Physician Leadership Meets with Mathematica to Review Medicare Value Report Format

Recently, physician leadership from the Academy of Medicine of Cleveland and Northern Ohio met with representatives from Mathematica Policy Research (MPR) to discuss a sample Medicare Value Report that MPR is developing in collaboration with the Centers for Medicare & Medicaid Services (CMS). The U. S. Congress has asked CMS to give physicians information on the costs and quality of care that their Medicare patients receive. CMS has contracted with Mathematica to help design confidential feedback reports for physicians and group practices that are meaningful, useful, and fair. To help with this process, Mathematica solicited medical associations such as the AMCNO who are familiar with quality measurement, reporting, and improvement within the region. The discussion focused on what types of information CMS may include in these reports, which are currently in the early stages of development, and about the potential uses of such information. A final report on the findings will be published at a later date.

AMCNO PRESENTS OUR ANNUAL WINE TASTING EVENT

"IN VINO VERITAS"

The Academy of Medicine of Cleveland & Northern Ohio Membership Committee cordially invites physician members, residents, medical students and spouses/guests to attend our 2010 wine tasting event and mingle with your colleagues.

- Hors D'oeuvres
- A fine selection of wines
- A dialogue with a local wine sommelier

LA CAVE DU VIN

2785 Euclid Heights Blvd.
Cleveland Heights, OH

Sunday February 21, 2010
5:00 to 7:00 PM

COST:

\$30 per members/spouses
\$15 residents & medical students

For more information contact Linda Hale at the AMCNO offices at (216)520-1000, ext. 101.



25th Annual Mini-Internship Program Continues Tradition of Excellence

The Academy of Medicine of Cleveland & Northern Ohio was pleased to facilitate the 25th Annual Mini-Internship Program October 19 through 21, with both physician and intern participants relating the many benefits of the two-day shadowing experience. From office visits to surgery, trauma care to hospital rounds, interns experienced a "Day in the Life" of local physicians, an unparalleled look at the practice of medicine in today's healthcare arena. The response from both community leaders and member physicians to participate in the 2009 program was impressive. The program kicked off with a brief orientation where a capacity number of interns and their respective physician faculty met, last minute important information was exchanged, and program goals were shared by Chairman William Seitz, Jr., M.D. Afterwards interns then received HIPAA training. A debriefing dinner was held at the end of the event where enthusiastic participants, both interns and physicians, exchanged comments and perspectives about the experience. Judging from comments made at this dinner, the Mini-Internship was a worthwhile experience for all involved. The interns saw the experience to be profoundly rewarding and eye-opening, dramatically changing their views about what it takes to practice medicine. The AMCNO expresses its sincerest appreciation to both the doctors and community members who committed their time and effort to make this very special program a true success year after year. For more information on Mini-Internship opportunities, contact Debbie Blonski at 216.520.1000 ext. 102.

Why is there so much obesity and teen pregnancy? And, what can WE do to fix it?
Katie Baker, Associate Producer, Idea Stream

"I'm exhausted. This is one of the best things I've ever done."

Karen Butler, Commissioner of Health, City of Cleveland

"Dr. Bello successfully uses electronic health records with direct patient contact. The technology enhanced the patient relationship."

Kimberly Anderson, Assistant Executive Director, Investigations, Compliance and Enforcement State Medical Board of Ohio



The 2009 interns gather for a group photo during the Orientation (l to r) – Judge Steven Terry, Ms. Kimberly Anderson, Ms. Anne Jewel, Ms. Kathryn Baker, Commissioner Karen Butler, State Representative Mike Moran, Ms. Ellen Stein Burbach, and Mayor Debbie Sutherland.

"The teaching was incredible. The generosity of the doctors with their time was amazing. How can we get this message out there more?"

Ellen Stein Burbach, Assistant Managing Editor, Administration, and Medical Editor of the Plain Dealer



Dr. William Seitz, Jr. provides an overview of the program to the mini-internship participants.

"It was tremendous. The collaboration among the doctors was great."

Debbie Sutherland, Mayor, City of Bay Village



Dr. Brian Donley discusses the program with Ellen Stein Burbach.

"It was awesome – a best kept secret. I will tell all 33 of my colleagues about this experience."

The Honorable Steven Terry, Judge, Court of Common Pleas

"This experience helped open our eyes to what's important. We tend to take things for granted."

Christopher McHenry, M.D.

2009 Physician Participants

William Seitz, Jr. MD, Chairman	Louis Keppler, M.D.
Tom Abelson, M.D.	George Kikano, M.D.
Henry Bartkowski, M.D.	Shashidhar Kusuma, M.D.
Victor Bello, M.D.	Matthew Levy, M.D.
Robert DeBernardo, M.D.	Christopher McHenry, M.D.
Brian Donley, M.D.	Robert Parry, M.D.
Christopher Furey, M.D.	Douglas Rogers, M.D.
Michael Gyves, M.D.	Juan Sanabria, M.D.
Gerard Isenberg, M.D.	Madhu Sasidhar, M.D.
Paul Janicki, M.D.	Mohamad Shahed, M.D.
Bram Kaufman, M.D.	Raja Shekar, M.D.
Patricia Kellner, M.D.	Richard Ungvarsky, M.D.
	David Weiner, M.D.

2009 Program Interns

Kimberly Anderson, Assistant Executive Director, Investigations, Compliance and Enforcement State Medical Board of Ohio	Anne Jewel, Assistant Director, Policy and Research, Ohio Department of Insurance
Kathryn Baker, Associate Producer, Idea Stream	Mike Moran, State Representative, Ohio House of Representatives
Ellen Stein Burbach, Assistant Managing Editor, Administration, and Medical Editor of the Plain Dealer	Debbie Sutherland, Mayor, City of Bay Village
Karen Butler, Commissioner of Health, City of Cleveland	Steven Terry, Judge, Cuyahoga County Court of Common Pleas

AMCNO ACTIVITIES



Dr. Michael Gyves helps State Representative Moran and Ms. Baker prepare for the program.



Dr. Victor Bello shares a laugh with Mayor Debbie Sutherland during the orientation.



Interns State Representative Mike Moran and Ellen Stein Burbach discuss the program during the orientation.



Judge Steven Terry poses with his physician participants (l to r) **Dr. Chris Furey**, **Dr. Madhu Sasidhar**, **Dr. Paul Janicki** and **Dr. Bram Kaufman**.



Dr. Richard Ungvarsky and Anne Jewel confer during the orientation.



Dr. Chris Furey, (left) **Dr. Henry Bartkowski**, and **Dr. Michael Gyves** pose with Intern Kathryn Baker.



Ellen Stein Burbach poses with **Dr. William Seitz, Jr.** (left) and **Dr. Chris McHenry**.



Dr. Louis Keppler and Kim Anderson discuss her schedule.



The interns pose with their certificates, (l to r) Mayor Sutherland, Ms. Jewel, Ms. Burbach, Judge Terry, Commissioner Butler, Ms. Baker, and Ms. Anderson. (Not pictured – Rep. Mike Moran)



Anne Jewel receives her certificate from **Dr. William Seitz, Jr.** (left) and **Dr. Richard Ungvarsky**.



Dr. Raja Shekar poses with State Representative Mike Moran.



Dr. Gerard Isenberg (left) and **Dr. Matt Levy** pose with Commissioner Karen Butler.