

HOT TOPICS STATE NEWS AMA NEWS PRACTICE MANAGEMENT ISSUES POLICY NEWS COMMUNITY HEALTH ISSUES
UPCOMING EVENTS MEMBERSHIP SERVICES & BENEFITS TIPS & TRICKS BREAKING NEWS ACADEMY MEETINGS NEW
MEMBERS THE MONTHLY NEWSLETTER OF THE ACADEMY OF MEDICINE OF TOLEDO AND LUCAS COUNTY TORT REFORM

CLASSIFIED ADS

FOR LEASE/SALE. Doctor's office, 1200 square fee, 1105 Village Square, Suite 205, Perrysburg, Ohio. Call (419) 466-0908.

Space for Lease - 4126 Holland-Sylvania Rd. Toledo, Ohio at impressive new 61,000 sq.ft. medical office building. 18,000 sq.ft. available: build to suit with option to buy. Call Dr. Stacy Bowen at 419.473.9210.

Academic Geriatrician - The University of Toledo Medical Center is seeking a BC/BE Geriatrician for its evolving Geriatrics Office in the Division of General Internal Medicine to provide patient care and clinical education for medical students and residents. Required qualifications include: residency-trained internist, BC/BE, and eligibility for CAQ in Geriatrics. Demonstrated experience in Geriatrics highly desirable. Exceptional opportunities and competitive salary and benefits package exist in this tertiary care/medical school setting. Interested candidates should send letter of interest and curriculum vitae to: **Cletus Iwuagwu, M.D., Glendale Medical Center, 3355 Glendale Avenue, Toledo, OH 43614 or cletus.iwuagwu@utoledo.edu**

APPLICATIONS

USMAN B. ASAD, MD
Family Practice

GERALD B. ZELENOCK, MD
Vascular/General Surgery

Superior Resources, Inc.

Medical Coding and Billing for NW Ohio

The link between your work and your revenue



Service Plans - Superior Resources offers three levels of plans: Basic, Premiere, and Full Service.
Individual Services - Superior Resources offers claim filing, E&M coding, and Procedure coding on a per claim basis.
Consulting Services - Superior Resources provides consulting, auditing, credentialing and much more.

Coding and Billing experts dedicated to your medical practice.

Kathy Stull, CPC – owner/operator
1446 S Reynolds Road Suite 200
Maumee, OH 43537
(419)794-1006 www.superiorresources.info



The
ACADEMY of **MEDICINE**
OF TOLEDO & LUCAS COUNTY

4428 SECOR RD. TOLEDO, OH 43623
419.473.3200 FAX 419.475.6744

NONPROFIT
ORGANIZATION
U.S. POSTAGE
PAID
TOLEDO, OH
PERMIT NO. 416

COMMUNIQUE



JANUARY/FEBRUARY 2008

Needs Assessment Survey

A Needs Assessment Survey is included with this issue of the Communique'. Please complete the survey and fax it to 419-475-6744 or mail it to 4428 Secor Road, Toledo, OH 43623.

Academy Election Results

The Academy of Medicine held its Annual Meeting on January 10, 2008. Officers elected at the meeting include Dr. Michael E. Stark, President-Elect; Dr. Gregor K. Emmert, Jr., Vice President; and Dr. Salvador E. Peron, Secretary. Councilors elected to a two-year term include Drs. Sanjiv Bais, Susan E. Boldys, Robert S. DiSalle, Johnathon S. Ross, Kesari B. Sarikonda and Beth A. White. Newly elected members of the Nominating Committee include Drs. Stephen P. Bazeley and Lachman V. Chablani.

Acceptance of TRICARE Health Insurance

At the recent American Medical Association Interim Meeting, the AMA House of Delegates adopted a substitute resolution recommending that the AMA convene a meeting with representatives of TRICARE to discuss how to improve its contracting process and funding, in order to better the health care of veterans and their families. The resolution also asked for the AMA to report back at the 2008 Interim Meeting on issues regarding TRICARE in light of the increased numbers of new veterans and their families.

The original resolution asked the AMA to work with TRICARE to decrease the complexities associated with the contracting process and work to increase the level of reimbursement to physicians. The Reference Committee heard strong support to adopt the resolution and the testimony emphasized that it is the health of veterans and their families that is at stake.

Medicare to Require Physicians to Use New ID Numbers on March 1, 2008

Starting March 1, all physicians who file Medicare claims electronically must use their national provider identifiers. Starting May 23, Medicare and all other payers will require the NPI alone on all electronic claims. Here's what the AMA is recommending physicians do to make sure they're ready:

Start using the NPI. Send a few small test claims right away using only the NPI to determine if Medicare and other payers will accept it.

Watch for NPI warnings. Starting last summer, Medicare began issuing informational warnings on claims for physicians whose new NPI information did not match with information attached to their old IDs. Until these discrepancies are resolved, NPI use will result in claims rejections.

Validate NPI Information. Visiting the NPI Web site (<https://nppes.cms.hhs.gov>) or calling the NPI enumerator at 800-465-3203 can determine whether a physician's NPI information is correct. Calling the Medicare carrier can confirm whether the carrier has the correct information in its system.

Re-enroll in Medicare if needed. Physicians who find out they need additional Medicare PINs to match to their new NPIs can complete this process through their carriers.

Keep NPI information up to date. Physicians are required to report changes to their NPI information within 30 days of the change.

INSIDE

Selecting Advisors Instead of Salespeople.....	2
In Memoriam.....	2
AMA Unveils Policy Research Perspectives.....	2
CMS Issues Delay in Application of Expanding Anti-Markup Rule.....	3
Community Health Commission Notes.....	3
Classified Ads.....	4
Applications.....	4

Selecting Advisors Instead of Salespeople

We have all had experience with being on the receiving end of a great sales pitch. If you “buy” whatever it is you’re being sold, are you buying from an advisor or from a good sales person? Is there a difference? The answer is there are major differences between an advisor and a sales person, particularly when it comes to financial services.



- Advisors focus on helping clients achieve their big picture financial goals through addressing specific financial concerns.
- Advisors gather information from their clients before they present options.
- Advisors make recommendations that fit within the clients’ goals, objectives, risk tolerance and tax circumstances.
- Advisors put the best interest of the client first and provide impartial advice.
- Advisors help implement recommendations after the client has made the decision.
- Advisors establish periodic meetings with the client to review performance against financial goals and determine if changes may be necessary due to changed circumstances.

True advisors in the financial services industry do not use high pressure tactics. If you buy a product, are you buying because it fits your needs or because the sales person had a good pitch? Would you do business with that person again or recommend him/her to your friends?

Advisors seek long-term relationships with their clients and zealously put the clients’ interests first. If you are seeking to add to your team of financial advisors, please contact any of these Private Bankers for further information:

Jane Marie Rahe	419-259-7869
Martin Orr	419-885-6581
Beth Meridieth	419-885-6552
Erika Rizzo	419-259-0234

Fifth Third Private Bank is a division of Fifth Third Bank offering banking, investment and insurance products and services. Fifth Third Bancorp provides access to investments and investment services through various subsidiaries. Investments and Investment Services:

Not FDIC Insured	Offer No Bank Guarantee	May Lose Value
Not Insured By Any Federal Government Agency		Not A Deposit

Insurance products made available through Fifth Third Insurance Agency, Inc.

To ensure compliance with requirements imposed by the IRS, we inform you that any U.S. tax advice contained in this communication (including any attachments) is not intended or written to be used, and cannot be used, for the purpose of (i) avoiding penalties under the Internal Revenue Code or (ii) promoting, marketing or recommending to another party any transaction or matter addressed herein. Fifth Third does not provide tax, legal or accounting advice. Please contact your tax adviser, accountant or attorney for advice pertinent to your personal situation.

IN MEMORIAM

MARION F. DETRICK, JR., MD
 7/5/1923 - 12/7/2007

STEVEN M. DOSICK, MD
 9/17/1942 - 1/24/2008

JAMES F. GORMAN, MD
 8/6/1935 - 12/22/07

EFRAIN MONTESINOS, MD
 4/17/1937 - 12/28/2007

Health Policy Group of the AMA Unveils Policy Research Perspectives

The Health Policy Group of the American Medical Association has just completed three Policy Research Perspectives on the market for medical liability insurance. The first report, *The Impact of Liability Pressure and Caps on Damages on the Healthcare Market: An Update of Recent Literature* summarizes the economic literature on the impacts of caps and concludes that there is a large and growing body of research which shows that caps on non-economic damages lead to improved patient access to care, lower medical liability premiums, and lower health care costs.

The second report, *Professional Liability Insurance Rates and Distribution of Rate Changes, 2003-2007*, summarizes trend data from the 2000 to 2007 Medical Liability Monitor surveys of professional liability insurance premiums and finds that in many states rates have leveled off or even decreased. Decreases notwithstanding, PLI rates remain at historic highs in many areas of the country. It is available to AMA members only.

The third report, *Professional Medical Liability Insurance Indemnity and Expense Payments, 1997-2006*, examines Physician Association of America (PIAA) reports on claims and payment levels between 1997 and 2006. The PIAA data show that payments rose faster than inflation over that period, and the period ended with an 8.4% increase between 2005 and 2006, when a new maximum average payment of \$340,769 was reached. This report is also available only to AMA members.

Each of the reports, and other research reports on the medical liability insurance market, can be found at <http://www.ama-assn.org/ama/pub/category/7800.html>.

CMS Issues Delay in Application of Expanding Anti-Markup Rule

In response to advocacy by the AMA, the Medical Group Management Association and others, including a letter signed by 47 national physician organizations, the Centers for Medicare & Medicaid Services (CMS) has issued a delay in the application of the expanded anti-markup rule that it published in the 2008 final physician fee schedule. CMS posted a notice published in the January 3 Federal Register that postpones implementation of the rule until January 1, 2009, instead of the scheduled effective date of January 1, 2008.

The rule would have expanded the Medicare payment rule referred to as the anti-markup rule. In its current form, the anti-markup rule limits the payment a physician can receive for the technical component (TC) of services the physician purchases from an outside supplier. In its expanded form, CMS' new rule would have applied the same payment limitation to the professional component (PC) of purchased diagnostic tests, as well as to the TC and PC of services performed by employees of physicians or group practices if the services are performed outside of the office of the physician or group practice. The new provision defines the office of a group practice as space where the group provides substantially the full range of patient care services that it provides generally.

The delay is not that straightforward. It postpones application of this new rule except in the case of anatomic pathology diagnostic testing services furnished in space used by a physician group practice as a "centralized building," which essentially means that this postponement only applies to diagnostic pathology services when the group provides other patient care services at the site as well. This is intended to close a perceived loophole in the self-referral regulations that had allowed the operation of off-site "pod labs." CMS has stated its intention to use the one-year delay to clarify the application of the rule, issue an additional proposed rule, or both. The AMA will continue its efforts to ensure that the new rules do not have unintended negative consequences for patient access to diagnostic tests.

Write for *Healthy Living News*

The Community Relations & Communications Commission is recruiting contributors to The Academy Corner in *Healthy Living News*. Articles for the monthly publication are approximately 300 words and can be sent to Dr. Ron Shapiro at rshapiro@edok.com. Maintaining the presence of The Academy Corner in *Healthy Living News* favorably keeps The Academy of Medicine in the public eye, as well as its members.

Community Health Commission Notes

Immunization Update — Influenza vaccine is available in adequate quantities for the first time in 4 years. Merck's production problems have resulted in limited quantities of varicella vaccine being available; MMR-V will not be available until late 2008 and Zoster vaccine may have limited supply; Merck's Haemophilus influenzae vaccine and Comvax (HIB-hepatitis B) vaccine will not be available until 2009 resulting in an overall shortage of HIB vaccines; schedules have had to be altered and the 15 month HIB booster is asked to be held until supplies are adequate. The conjugated meningococcal vaccine (Menactra) has been approved for high risk (asplenic, immune compromised, transplant, etc.) children from age 2 years to 10 years; the vaccine is recommended for all children over age 10.

Preventive Services — The recommendations of the U.S. Preventive Services Task Force are now available for PDA download (at AHRQ.gov); a patient's age, sex, and pregnancy status can be entered and the recommended screening and preventive services will be presented; the data is updated regularly and automatically when the PDA is synchronized.

MMWR Info — For healthcare workers exposed to HIV, doses and recommendations for post-exposure prophylaxis have changed, especially for pregnant individuals. Reminder of danger of carbon monoxide poisoning (and fire) from unvented heating sources was presented; Ohio reported 139 deaths attributed to non-fire related carbon monoxide. Chagas disease is being reported with increasing frequency since the introduction of screening for the parasite in donated blood; the main source is people exposed to the vector in Central and South America. Life expectancy in the U.S. reached an all-time high in 2005 of 77.9 years; expectancy for white females now exceeds 80 years.