

Philadelphia Medicine



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Mcare settlement win: funds returned in 2016

When a physician organization fights for the rights of its members and non members in getting misappropriated monies back to all Pennsylvania physicians, is this considered a *win*? Five years ago, Pennsylvania Medical Society (PAMED) did just that and sued in Commonwealth Court the state's transfer of \$100 million from Mcare to the state's general fund. The assessment formula used by the state to create the Mcare fund was also challenged in a separate lawsuit; the complaint alleged that the funds were more than the amount allowed by law.

Physicians will be reimbursed about \$139 million from an assessment relief fund, which represents a portion of their assessment from 2009 to 2012 and also 2014. In 2015, a new assessment formula reduced Mcare assessments by \$61 million from the projected year-end fund balance for 2014.

The settlement also includes key protections against any future transfer of Mcare funds and the commonwealth has agreed that the Mcare funds will be held in trust and will not be considered general revenue of the commonwealth. Physicians who have been in practice for a short time or who are new to Pennsylvania many well ask why Mcare exists at all. Legislation establishing Mcare was enacted in 2002 to provide medical malpractice liability coverage. The law requires all hospitals and doctors to have at least \$1 million of medical liability coverage, half of which must be obtained from a private insurer and the other half from the Mcare fund.

In addition, the commonwealth has agreed that the fund will be operated on a pay-as-you-go basis. This means that physicians will not be required to put money into the fund until it is needed and the Fund will not be able to build up substantial reserves such as those diverted in 2009.

Mcare FAQ's

Who is eligible for the refunds?

Physicians will be eligible for a refund if they paid an Mcare assessment (or an assessment was paid for them) for any time during 2009, 2010, 2011, 2012, or 2014 (excluding 2013). Some physicians have multiple primary policies and pay multiple assessments, so they would get a refund for each policy in each year that is covered.

Why is 2013 excluded?

Refunds are for overpayments. For assessment calculations over the years, it was determined that there weren't overpayments in 2013, which is why there are no refunds for assessments paid in that year

When will I get my refund?

The refunds may not be made until 2016 due to the extensive calculations required in determining the amount payable to each eligible healthcare provider and the large number of physicians that will be eligible for a refund. However, the 2015 assessment has been reduced by about \$61 million (about one-third).

Will I be required to remit my refund to an employer who wrote the check for my assessments?

This will vary depending upon your circumstances. For example, even though an employer wrote the check, you may have ultimately borne the cost due to an overhead reduction from your compensation pool. The settlement does not affect any contractual or other obligation that a physician may have to remit a refund. So check your employment contract.

How much will the refunds be?

This will vary depending upon the years in which you paid an assessment

Please see Mcare FAQs on page 3

PCMS NEWS

SAVE the DATE!

The 10th Annual "Tools for Success"
Medical Practice Management
Conference
Thursday, April 16, 2015
Crowne Plaza Hotel, King of Prussia, PA
Day-long Conference
plus Evening Program
Outstanding Speakers
and Break-out Sessions
Vendors, Prizes, Giveaways,
Great Networking Opportunities.
Conference Hosts:
The Delaware, Montgomery
and Philadelphia County
Medical Societies;
The Pennsylvania Medical Society
(PAMED);
The Pennsylvania Chapter of the
American College of Physicians & The
Delco Chapter of PAHCOM

PCMS to sponsor leadership training for physicians and managers


On Thursday, April 30, 2015, Joe Mull, author of *Cure for the Common Leader: What Physicians and Managers Must Do to Engage & Inspire Healthcare Teams*, will present a leadership masterclass of the same name for physicians and managers at Courtyard by Marriott-wwPhiladelphia Airport.

According to Mr. Mull, the curriculum is designed to assist both physicians and managers. "In healthcare, employees interact with two levels of supervisory authority: operational management and physicians. While they perform differing roles, they both hold leadership authority in the eyes of employees. As a result, they each must possess knowledge and skills related to leadership and engagement. This is why the content of the Cure for the Common Leader masterclass is appropriate...and necessary...for both managers and physicians."

Seating is limited and registration is on a first come, first served basis. We have secured a discount for our members to attend for \$50 below the general admission. For more information, including cost, program objectives, and event details, please visit www.CureForTheCommonLeader.com.



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Why does The Philadelphia County Medical Society exist?

by Anthony M. Padula, MD



The Philadelphia County Medical Society is an organization of physicians for physicians and it exists first, to help protect physicians against proposed legislation that might hurt the practice of medicine in Pennsylvania second, to educate physicians and the public about the challenges facing medical practice in today's political and economic environment. And third, PCMS provides physicians in our community with a collegial environment to discuss ideas, and socialize.

Certainly, there are many organizations that represent physicians' interests, and all of them do so on topics and in areas specific to their organizations. Various hospital associations often advocate for those who work in or are employed by hospitals and health networks. Specialty medical societies seek to be the authority on issues ranging from quality of care to reimbursement.

But as medicine continues to be challenged to provide more care at less expense and with better outcomes, it is ever more important that we speak with one voice. PCMS is that strong grassroots organization that represents all Philadelphia physicians' interests on a wide array of important issues.

PCMS shares the mission of the Pennsylvania Medical Society (PAMED) and the American Medical Association (AMA). We represent the medical profession with elected officials, other non-profit organizations, the business community and the general public. We've become active participants in many important community coalitions and initiatives and have emerged as leading advocates locally and across the city and state.

Some of our members have become actively involved in the leadership and work of the PAMED and AMA. PCMS leadership is diverse in background and medical specialties, as well as practice modalities, representing private practitioners and employed physicians, as well as those who practice in academic settings, research and training programs.

The PCMS, along with the PAMED, give us a single voice and raise awareness to important issues, and lobby on physicians' behalf. The number of special interest groups will continue to peck away at physician autonomy and rights such as: medical liability reform, MCARE, SGR, medical marijuana, physician oversight and scope of practice of non-physician providers. This is just a short list of current topics that should concern all of us whether employed by a hospital system or in private practice.

As medicine continues to be challenged to provide more care at less expense and with better outcomes, it is ever more important that we speak with one voice. PCMS is that strong grassroots organization that represents all Philadelphia physicians' interests on a wide array of important issues.

The "Why does PCMS exist?" question is even more relevant in light of our desire as an organization to set strategic goals to increase our membership and improve the services we provide to our members. We maintain a full-time office and the staff is always available to answer your inquiries or help with any special problems that might arise. If you have an issue that affects your ability to practice medicine, please call our Executive Director, Mark C. Austerberry, at 215-563-5343, Ext. 101.

Dr. Padula is president of PCMS.

We're on Facebook!

Want to read more about your fellow PCMS members and medical history in Philadelphia?

Check out our new Facebook page
www.facebook.com/PhilaMedSoc



Mcare FAQs, from page 1

and the amount of the assessments. A percentage reduction will be calculated for each year and you will receive a refund for each year in direct proportion to the assessment that you paid. For example, for 2011, the reduction is expected to be in about 25%. So if you paid a \$1,000 assessment, your refund for 2011 would be \$250, but if you paid a \$10,000 assessment, your refund for 2011 would be \$2,500.

I'm going to retire at the end of this year. As a retiree, will I be part of this?

If you were practicing at any time from 2009-2014, you will be eligible for a refund for those years, excluding 2013. Since you will not be practicing and paying an assessment next year, you will not share in the 2015 prospective assessment relief.

Where are the refund dollars coming from?

Right now, the money is in the Mcare Fund. This is not money the state is repaying to the Mcare Fund. It's money that has accumulated in the Fund as a result of over charges. No tax money is involved.

Who should we thank?

PCMS members like you. One reason we have a strong and effective voice is that the state and county societies are unified. The time has come to urge your non-member colleagues to support the only organization that represents the interest of all physicians in Pennsylvania.

Host your event at PCMS

Host your next party or conference/seminar at PCMS headquarters. Ample free parking. Contact Louise Eder on 215-563-5343, Ext. 107 to schedule an appointment.

Change of address?

Phone 215-563-5343, Ext. 102 with any change of address, phone, fax number, or e-mail address.

PAMED Board of Trustees, agenda action items**Lyme disease bill signed into law**

Lyme disease is the most commonly reported vector-borne illness in the United States, and according to the Centers for Disease Control and Prevention (CDC), in 2012 it was also the country's seventh most common nationally notifiable disease, despite the fact that 95% of the cases are reported from just 13 states. Pennsylvania sits at the top of that unfortunate baker's dozen, joined only by Massachusetts as states with more than 5,000 confirmed or likely cases in 2012.

Senate Bill 177, signed into law by Governor Corbett on June 29, 2014, will establish a task force in the Department of Health to make recommendations to the Department regarding a wide range of surveillance, prevention, information collecting, and education measures. The Department will be charged with the task of developing a program of general public and health care professional information and education regarding Lyme disease, along with an active tick collection, testing, surveillance and communication program.

The Department will also be directed to cooperate with the Pennsylvania Game Commission, the Department of Conservation and Natural Resources, and the Department of Education to ensure that the information is widely disseminated to the general public, as well as to school administrators, school nurses, faculty and staff, parents, guardians and students.

The Pennsylvania Medical Society has long supported legislation calling for the state to take a more active role in information gathering and public education regarding Lyme disease. Unfortunately, earlier versions of the legislation also contained problematic language statutorily endorsing long-term antibiotic therapy, a controversial treatment protocol rejected by the CDC, which ultimately doomed those bills to failure.

However, the new law does not contain that highly contentious provision, and the Society is pleased with the bill's enactment.

Naloxone/Good Samaritan bill enacted

On September 30, 2014, Governor Corbett signed another piece of opioid legislation into law. Senate Bill 1164, which cleared both the Senate and House unanimously, does two important things.

As originally introduced and passed by the Senate, it provided Good Samaritan immunity to individuals who seek to obtain aid for someone experiencing a drug overdose. The reason this matters is that individuals with someone experiencing an overdose may have been engaged in illegal activity at the time (i.e. selling drugs), and may be reluctant to seek help for fear of getting themselves in trouble with the law. The bill removes that obstacle, prohibiting law enforcement personnel from prosecuting an individual if he/she only became aware of the criminal activity because the individual was aiding a person experiencing a drug overdose.

The House of Representatives added an equally significant amendment to the bill, allowing naloxone, a lifesaving opioid antagonist, to be prescribed to first responders like firemen and police officers, as well as to friends and family members of persons identified as being at risk of experiencing a drug overdose. The House amendment also provides liability protection to prescribers and the aforementioned individuals if they administer naloxone in good faith to someone who they believe is experiencing a drug overdose.

Down syndrome bill signed into law

Signed into law by Governor Corbett on July 18, 2014, House Bill 2111 (now Act 130) will require a health care practitioner that administers, or causes to be administered, a test for Down syndrome to an expectant or new parent to, upon receiving a positive test result, provide the expectant or new parent with educational information made available by the Department of Health.

Though well-intentioned, the new law will force a physician to use one-size-fits-all, state-issued material that may not be appropriate for every patient.



pcms people

SAVE THE DATE
Saturday, June 20, 2015
President's Installation
and Awards Night
Celebrating the
Inauguration of
Michael DellaVecchia, MD
PCMS 154th President

The Philadelphia
Country Club
Gladwyne, PA

Congratulations to **Michael A. Ashburn, MD, MPH**, and **Jason G. Newman, MD**, recently honored at the 2nd Annual Academy of Master Clinicians. Master Clinicians represent the very best of Penn Medicine. They serve as role models, provide outstanding care for their patients, support their colleagues, and train the next generation in all the dimensions of being a physician.



We welcome **Corina M. Graziani, MD**, to the PCMS Editorial Review Board. Dr. Graziani practices family medicine at Jefferson Medical Care.



Drexel University College of Medicine has announced the launch of The Drexel Neurosciences

Institute led by **Erol Veznedaroglu, MD**. The Institute will serve as the focal point of an integrated approach to neuroscience-related clinical care.

All events are posted on the PCMS website. These include CME programs and seminars from outside sources. If you would like to post your event on the website, call 215-563-5343, Ext. 102



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