

Philadelphia Medicine



Volume 111 No. 9

November 2015

Medicaid revalidation—avoiding disruption to reimbursement

The ACA requires the Department of Human Services (DHS) to validate all new physicians and revalidate all currently enrolled physicians by March 24, 2016, and at least every five years thereafter. To do this, DHS requires that all physicians re-enroll by submitting a fully completed Pennsylvania PROMISE™ Provider Enrollment Application, along with any required additional documentation for every active and current service location.

As of October 2015, only 34% of Medicaid physicians revalidated their enrollment, with over 77,220 service locations set to expire in March 2016.

Unlike Medicare, which notifies physicians when it's time to revalidate enrollment, the onus is on the physician to initiate this process. While March 24, 2016, might sound far away, physicians should complete the process as soon as possible for several reasons:

1. March 24, 2016, is not the deadline by which DHS has to receive your application. It's the deadline by which your application must be processed and in the system.
2. DHS expects longer wait times for approvals.
3. Waiting for a written notice? Don't. DHS has confirmed that providers will not receive written notices.

It's imperative that physicians submit applications immediately to avoid disruptions in claim payment as all service locations that are not revalidated will expire.

Physicians are reminded of the ongoing requirement to inform DHS of any changes to the information provided on their enrollment record that would otherwise render the information in their current provider file inaccurate.

You can find more information by contacting PCMS at 215-563-5343 ext. 101.

Eighth annual Friedreich's Ataxia (FA) symposium attracts 250 registrants and more than 12 speakers

Friedreich's Ataxia, an autosomal recessive disease affecting some 5,000 people in the US, is generating considerable research interest and funding ... and a growing hope that a cure might not be too far away.

This year's program featured several scientists whose topics included FA drug discovery and treatment pipeline, understanding the neurologic dysfunction and clinical management in FA and an update on the international patient registry for the disease given by Friedreich's Ataxia Research Alliance executive director Jen Farmer.

As well as the academics and researchers coming to the podium, a keynote speaker was Rick Guidiotti. A former fashion photographer for *Vogue* and *Elle* and featuring the so-called beautiful people, Guidiotti has formed a company called Positive Exposure. He photographs patients with albinism and other disfiguring diseases in order to make his subjects feel more positive about themselves. He showed a 30-minute movie in which some of these people were clearly transformed by his work and spoke movingly about it.

You can access the full program at www.cureFA.org, and Rick Guidiotti at www.PositiveExposure.org.

PCMS NEWS

Introducing *Philadelphia Medicine*, a new PCMS quarterly magazine

A new full-color print magazine to promote our region's impact on medicine, science, education and practice.

PCMS will be soliciting articles and newsworthy content from you, our members, and our allied health vendors and partners.

The magazine will be viewed by more than 90,000 readers including fellow members, potential members, hospital executives, regional and national healthcare leaders and our regional patients and community members.

Advertising revenue will pay for the entire production of the magazine.

Understanding your employment contract

Guest Speaker:

Daniel F. Shay, Esq.

Program overview:

Information on the basic principles of the employment contract; negotiating tips; your duties and obligations; representation and legal review; contract duties; restrictive covenant; malpractice insurance; dispute resolution.

When:

Thursday, November 12, 2015

Time:

6:00 pm – 8:00 pm

Where:

Philadelphia County Medical Society, 2100 Spring Garden St.


This program is open to members,

especially residents and fellows. RSVP no later than November 9,

215-563-5343 x 113



Philadelphia Medicine



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ISSN 0031-7306

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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. 101.

Editorial

And what price death?

By Michael DellaVecchia, MD, PhD, FACS



Except for the more senior members of us who experienced the horrors of World War II, we cannot imagine a more terrible, unexpected attack on our country than occurred on September 11, 2001. The death toll for a single day was 2,996; 125 people died at the Pentagon; 246 people, along with the 19 hijackers, died in the airplanes that brought their devastation upon us. As well as the 2,606 who died at the World Trade Center were 343 firefighters, 23 police officers and two paramedics who bravely responded.

Like many healthcare providers, I volunteered my services.

Along with the rest of the world, we wondered what our response would be. Would there be another war, a long-term commitment of ground troops? Worse, our enemy could not be defined. And in the post-traumatic daze of this event, we pondered an even more horrific scenario: nuclear attack on our homeland. If such an attack were on a major city, loss of life could be counted in the millions. Even a smaller attack in a city such as Miami or Atlanta would lead to some 450,000 deaths. I worked with the Federal Emergency Management Association (FEMA) during this time and frequently interfaced with the military. It was agreed that such

an attack on our homeland would be dealt with by a retaliatory nuclear response.

In healthcare, we know that our enemy is defined and localized. Tumors and diseases can be visualized, biopsied and targeted. In public health, we have to sometimes admit that "we have met the enemy and they are us."

Smoking and tobacco abuse in the United States account for some 460,000 related deaths annually. Each day, some 6,000 children and adolescents start smoking, 3,000 of whom go on to become regular smokers and enter the long line of 50 million Americans following the Grim Reaper.

The tobacco companies are doing to Americans what invading armies have failed to do, and Americans are paying for it. In Philadelphia, smoking accounts for 16% of annual deaths. Tobacco use kills more Philadelphians than homicide, AIDS, car accidents, diabetes, and illegal drugs combined.

The Philadelphia County Medical Society will do its part by providing testimony before City Council to institute a tobacco free pharmacy law in the city of Philadelphia. Join us in our efforts by alerting your City Council representative to the need for such municipal legislation (D-495.994 Oppose Sale of Tobacco Products in Pharmacies) to protect people who have entrusted us with their care.

Dr. DellaVecchia is president of PCMS.

STAY CONNECTED

The PCMS *Philadelphia Medicine* newsletter will be available exclusively online via email beginning January 2016.

To make sure you continue to receive a current calendar of the Society's events and other news of specific interest to physicians, please call Executive Director, Mark Austerberry at 215-563-5343 ext. 101; or contact him at 2100 Spring Garden Street, Philadelphia, PA 19130, and provide him with your email address, if he doesn't already have it.

The electronic version of your newsletter will provide immediate coverage and enhanced content on issues of importance to Philadelphia physicians.

The newsletter will be available only online and sent to you via email so be sure the Association has your updated contact information.

The Annual Wellness Visit: Prime time for assessing cognition

The Alzheimer's Association provides guidance to help healthcare providers detect cognitive impairment as part of the Medicare Annual Wellness Visit. As of January 2011, an Annual Wellness Visit is available for all seniors who are Medicare eligible. The benefit was added in the Affordable Care Act (healthcare reform law), and its purpose is to prevent illness or detect it early.

Checking for cognitive impairment (memory and thinking problems) is part of these visits. Prior to Alzheimer's Association recommendations, there had been no comprehensive guidance on how to assess for cognitive impairment in the primary care setting. Now during the Annual Wellness visit, the doctor or other health care provider (such as a nurse practitioner or physician assistant) can use the recommended tools and assess patients' responses as well evaluate family members' information. These tests — combined with vital patient history, self-reported concerns and clinician observations — become the first critical step in determining the need for further evaluation.

Several options are available for clinicians to utilize in their practice, including patient assessment tools such as:

- General Practitioner Assessment of Cognition (GPCOG) – Available in multiple languages
- Mini-Cog™
- Memory Impairment Screen

The Alzheimer's Disease Pocketcard mobile application ("app") helps physicians and other healthcare professionals care for patients with Alzheimer's at the point of care. The app features clinically relevant information on Alzheimer's, provides interactive tools to help clinicians efficiently assess patients and interview caregivers, and includes education packets that can be mailed to people with dementia and their caregivers (suspected Alzheimer's disease, newly diagnosed, early-stage, mid-to late-

stage and Spanish).

In developing the recommendations, the Alzheimer's Association convened a group of experts to survey the current literature and build consensus around an effective, practical and easy process. In addition to the range of tools identified, the recommendations suggest questions to include in the required Health Risk Assessments that patients must provide for the visit. The recommendations also include tools that are available in multiple languages and are unaffected by education levels and different cultural backgrounds.

In Philadelphia alone, more than 57,000 individuals are living with Alzheimer's disease or a related disorder. One in seven lives alone without an identified caregiver.

At the 2015 Alzheimer's Association International Conference, projections reported by The Lewin Group for the Alzheimer's Association show that 28 million American baby boomers will get Alzheimer's by midcentury — a deluge that will consume nearly 25% of Medicare spending in 2040 — unless there are significant advances in treatment and prevention.

A study by the same group released earlier this year suggested a treatment that delays the onset of Alzheimer's by five years could save \$220 billion within the first few years of its introduction. The Medicare Annual Wellness Visit could increase timely diagnosis of Alzheimer's to allow people affected and their families to better adjust current lifestyles, engage in learning about care and support and plan for the future.

The Alzheimer's Association is here to help. Locally, the Delaware Valley Chapter provides 24/7 support to patients and caregivers via a Helpline (800-272-3900) and supports the community through local education and support programs offered free of charge throughout Philadelphia and the surrounding area. To learn more about how they can help your patients, or to access these cognitive tools, visit alz.org/delval or contact Claire Day, Senior Vice President at 800-272-3900 or cday@alz.org.

Pennsylvania Medical Society quarterly legislative update

As of this writing, Pennsylvania's state budget for the 2015-2016 fiscal year is nearly three months overdue, with little indication that Gov. Wolf and legislative leaders are getting any closer to reaching an agreement on taxes and spending. Of course, the situation could change quickly, and hopefully by the time you read this there will be some sort of breakthrough. In the meantime, school districts and social service agencies are beginning to feel the pain that comes with the lack of their annual state funding.

However, the state budget stalemate has not prevented legislative and regulatory action on other issues, many of which are health care-related. Following is an update on some of those actions that have occurred over the summer.

On July 25, the Governor's Office released its Regulatory Agenda for calendar year 2015. The purpose of the Governor's Regulatory Agenda is to provide advance notice of upcoming regulatory activity. The publication represents the Administration's intentions regarding future regulations.

Following is a brief summary of some of the regulations proposed for action:

Medical Marijuana

Legislation to legalize medical marijuana has cleared the state Senate by a vote of 40-7, and now awaits House action. Senate Bill 3, introduced by Sen. Mike Folmer (R-Lebanon County), was the subject of House and Senate public hearings earlier this year.

PAMED testified at the hearings, repeating our position that the FDA should relax marijuana's status as a Schedule I drug to facilitate testing of a substance that seems to have some promise in treating children with epileptic seizure disorders, nausea in cancer patients, and other conditions. PAMED also believes the state should fund pilot studies that the Department of Health laid the groundwork for last year. However, until solid research results are in hand, the Society believes legalization would be premature.

To read the complete update, visit www.PAMEDSoc.org.

Change of address?
Phone 215-563-5343 ext. 101 with
any change of address, phone, fax
number, or email address.



pcms people



The PA Breast Cancer Coalition Conference recently honored **Edith Mitchell**, MD, FACP, from the Sidney Kimmel Cancer Center at Jefferson University Hospitals with their prestigious Potamkin Prize. The Potamkin Award carries a \$10,000 stipend and is presented to an outstanding leader in the breast cancer community.

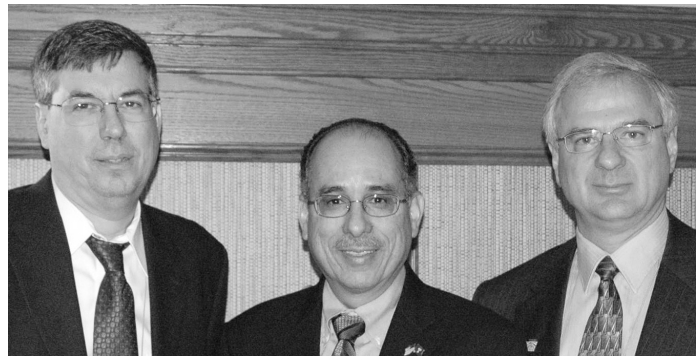
Dr. Mitchell has spent her medical career helping people in medically underserved areas to realize that simple changes in lifestyle can have a dramatic impact on cancer care. Through her work, Dr. Mitchell has demonstrated the importance of community service and outreach, especially to those individuals who may not have the means to seek out more conventional medical advice.



Curtis T. Miyamoto, MD, Professor and Chairperson, Department of Radiation Oncology, Temple University School of Medicine, was recently

promoted to Associate Director for Clinical Services, Fox Chase Cancer Center at Temple University Hospital.

From left: **William A. VanDecker**, MD, PAMED Medical Specialty Trustee for Cardiology; **Enrique Hernandez**, MD, PAMED First District Trustee; and **Theodore A. Christopher**, MD, FACEP, Medical Specialty Trustee for Emergency Medicine, attended the 2015 PAMED House of Delegates in Hershey, PA.



Official Publication of the Philadelphia County Medical Society • www.philamedsoc.org

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