Pinellas Medical Journal
Formerly PICOMESO

Winter 2012/2013

(727) 541-1159
www.pinellascma.org

PHYSICIAN OF THE YEAR AWARD

David Becker, MD	Trina Espinola, MD	Claude Dharamraj, MD	Frederic Guerrier, MD
2009	2011	2012	2010

In this Issue:

- New PCMA Benefits
- 2013 Board Of Governors
- 3rd Annual CME Cruise
- Meningitis Update
- Free Unlimited CME's For Members

....and much more!

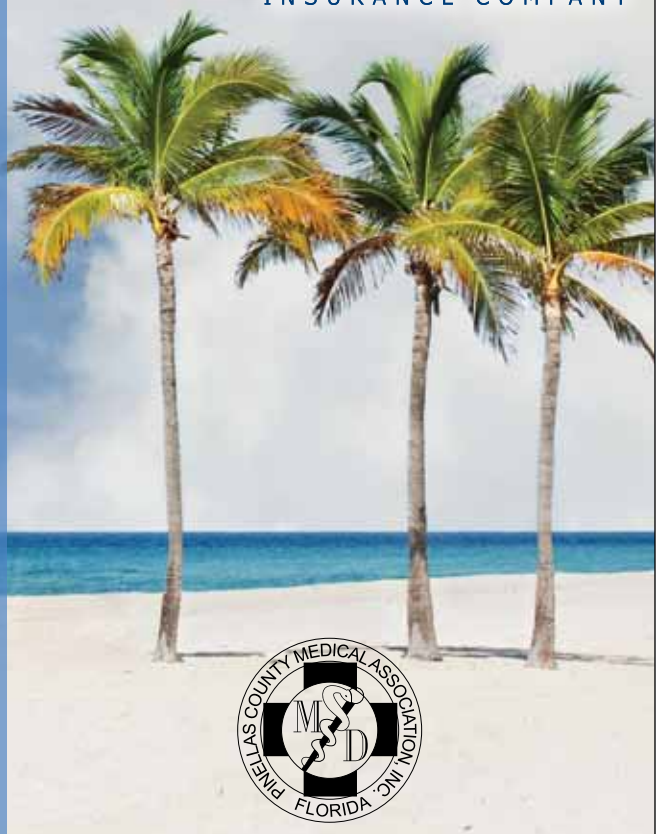
Do you know who your **Medical Professional Liability Carrier** is?

If it's not Florida Doctors Insurance Company, you could be missing more than you know.

With a vast network of agents, expertise and knowledge of Florida law we bring more value and savings to our clients. Contact your agent, or call Lesa Kemp today at 1-800-FLA-DOCS now to see which of our many discounts apply to you.

www.FLDIC.com

FLORIDA DOCTORS INSURANCE COMPANY



PINELLAS COUNTY MEDICAL ASSOCIATION, INC. FLORIDA

Endorsed carrier
(members save 10%)

Contributions to **Pinellas Medical Journal** are always welcome. Phone or mail any news, articles or materials of interest to the Pinellas County Medical Association office at 6021 142nd Ave. N., Suite 128, Clearwater, Florida 33760 (Phone 727-541-1159).

The opinions and comments of the various contributors are not necessarily the opinions of the Pinellas County Medical Association. Advertising in the **Pinellas Medical Journal** does not imply approval or endorsement by the PCMA. The editor reserves any articles or advertising matter.

MINUTES ON FILE
A copy of the PCMA Board of Governors meeting minutes is available by calling the Association at 727-541-1159

Produced and Published by PCMA and Susan Eichler Graphic Design, Inc.

Pinellas Medical Journal

Table of Contents

PCMA MISSION STATEMENT

The Pinellas County Medical Association's overall mission is to inform, serve and advocate, mainly through the following programs and services: physician referral and employment, insurance and education, medical-legal and practice management seminars, legal consultation and a successful and active Tallahassee Legislative Visitation Program.

Our purposes are to further the precepts of providing high quality medical care for patients and to promote and monitor the ethical and competent practice of medicine.
In addition, the Association provides consumer advocacy through:

a) referral service,

b) physician participation in community events, services and programs, and

c) dissemination of general information about physicians and health services available.

—Board of Governors

Pinellas County Medical Association, Inc.

6021 142nd Avenue North • Suite 128 • Clearwater, FL 33760 • Telephone 727/541-1159 • Fax 727/724-4135 • www.pinellascma.org

We are looking for critical strategies for fostering value, involvement, and belonging within the PCMA and the community beginning with quarterly lectures series: THE BUSINESS OF MEDICINE, providing the tools to help navigate physicians to stay autonomous, informed and successful through medicine's changing times.

FREE UNLIMITED CME FOR PCMA MEMBERS

Together with our partner, Florida Doctors, we are offering **FREE** unlimited CME for all PCMA members. This is just one of the many new benefits offered through the PCMA.

PCMA OFFICE ADMINISTRATORS MEETINGS

We have organized a new division under the PCMA for Office Administrators. The goal is to offer the needed tools to your office staff in these areas:

- **H.R.** – Employee relations, retention, performance and codes of conduct
- **Benefits** – Offer more and pay less
- **Meaningful USE** – Is your practice audit ready?
- **Banking Services** – Does your current banker cater to the specific needs of a medical practice and to specific needs of physicians?
- **Legal** – When is it time to seek legal direction?
- **Insurance** – Health, Med Malpractice, disability, property & casualty, WORKMAN's COMP. Does your current Workman's Comp pay you dividend returns? Do you have sufficient coverage?
- **Billing and Coding** – What to expect with ICD-10, asking for review, being prepared for audit's and new fraud and abuse activity, and the spill-over into managed care and private insurances, managing risk and maximizing revenue.

The next Office Administrator's dinner is February 13, 2013, at Bascom's Chophouse, beginning at 6:30 pm. The guest speaker will be United Healthcare, Dr. Lawrence Mullany, MD.

THE PCMA WANTS TO FOCUS MORE ON:

1. CME education and diversity
2. Facilitating between the insurance companies and physicians
3. Services to help negotiate contracts with hospitals to ensure meaningful use compliance.
4. Bringing the latest and most up-to-date medical, legal and political information to its members
5. Last, but not least…PCMA Membership (***The PCMA refers to its members between 1,500 and 2,000 patients per quarter***)

ANNUAL CME CRUISE REMINDER

PCMA's 3rd Annual CME Cruise to Cozumel is March 21-25, 2013.

Dr. Tim Carlson M.D., FAAFP
President 2011 - 2013
Pinellas County Medical Association

Anissa Raiford
Executive Director
Pinellas County Medical Association

Instructions for building your own

Money Machine

Gregory, Sharer & Stuart is a full-service tax and accounting firm.

Medical Consulting

GSS medical consulting services range from assisting with stream-lining operational processes, increasing efficiencies, enhancing revenues and reducing costs. GSS will teach you the techniques required to achieve these goals, and also provide you with the tools to maintain the results.

Primary Services

- Tax & Accounting
- Audit & Assurance
- Wealth Services
- Litigation & Valuation
- Personnel Solutions
- Business Consulting
- Operational Consulting
- Financial Planning
- QuickBooks Consulting

Troy Kimbrough, CPA/PFS
tkimbrough@gsscpa.com
(727) 821 - 6161 ext. 248

100 2nd Avenue South
Suite 600
St. Petersburg, Florida
www.gsscpa.com

Right Answers. Right Now.®

Managing your revenue cycle requires the application of logic and processes to a stream of events.

It often requires the reengineering of traditional management processes.

In today's market, practices are losing substantial sums of money due to inadequate billing processes; resulting in denied claims, underpayment of contractual fees and increased operational expenses.

Gregory, Sharer & Stuart has over 40 years of experience helping healthcare practices implement successful business processes to help create the "money machine" necessary to survive in these economic times.

Contact Troy Kimbrough, CPA/PFS
Director of Healthcare Services
at (727) 821-6161 to start the process today.

Gregory, Sharer & Stuart
Certified Public Accountants and Business Consultants

Pinellas County Medical Association Celebrates 100 YEARS

November 2, 2012 12:30 PM EDT

ST. PETERSBURG, Fla., Nov. 2, 2012 /PRNewswire/

Dr. David Weiland, Past President of the Pinellas County Medical Association, presided over the association's 2012 Annual Legislative and Installation dinner meeting at the Feather Sound Country Club with 200 members, 10 of which were Past Presidents in attendance.

This dinner celebrates the culmination of the Association's 100th year anniversary. Under Dr. Tim Carlson's leadership, the Association accomplished many milestones, such as creating a new division under the PCMA umbrella to support office administrators, having an ongoing lecture series to help navigate physicians through the 'Business of Medicine,' and offering services to help physicians negotiate contracts, ensuring meaningful use compliance.

Dr. John Armstrong, the State Surgeon General, was the keynote speaker and touched on a few subjects that are important to the medical community and the health and welfare of our county. He commended the work of the Health Department and their rapid response on the meningitis outbreak, and all their continued efforts to ensure physicians had the latest up-to-date information. The safety of the community was his top priority. Dr. Armstrong was also very determined to continue the hard work and efforts made by the medical community, law enforcement, and various agencies to cut down on Florida's pill mill epidemic and death related to overdoses.

Dr. Armstrong ended his speech with a very strong endorsement for having fluoride in the water. He quoted from the Centers for Disease Control that fluoride in public water systems is one of the greatest advances in public health and that without it, populations suffer significant health risks as well as tooth decay. He stressed the importance of getting fluoride back into our water supply in Pinellas County, and received an ovation from the audience.

Dr. Armstrong was also very pleased to present to Dr. Claude Dharamraj with the 2012 Pinellas County Medical Association *Physician of the Year Award*. Dr. Dharamraj is the Director of the Pinellas County Health Department and a highly-respected and valued member of the medical community.

The Association membership approved and passed the proposed by-law change to extend the term of the President and Treasurer to a two-year term. Dr. Tim Carlson was especially honored by Dr. Armstrong, swearing him in as the Pinellas County Medical Association's 2012-2013 President.

www.pinellascma.org

SOURCE: Pinellas County Medical Association
Published November 2, 2012 – Reads 165

COMPREHENSIVE CARDIOVASCULAR CARE

The medical teams at **Largo Medical Center** and **Northside Hospital** include some of our area's most respected cardiologists, cardiac surgeons, cardio/thoracic surgeons, vascular surgeons, cardiac electrophysiologists and other specialists who are experts in their disciplines.

For more information, please call **1-855-422-2228**.

ACCREDITED
SOCIETY OF CARDIOVASCULAR PATIENT CARE
CPC
CHEST PAIN CENTER
PCI

Top Performer on Joint Commission Key Quality Measures 2011

HCA West Florida
An HCA affiliate

Largo Medical Center
Northside Hospital

TOGETHER, PERFORMING AT A HIGHER STANDARD®

When You Hear from the Department of Health

By Linda D. Collins, LHRM

Getting a letter of investigation from the Department of Health (DOH) can be shocking, to say the least; but swift reporting to your carrier is essential. A reply to the DOH is time sensitive, and that time varies between physicians, nurses, dentists and physician assistants. You may think, "this is simple, I can do it myself," or "what a nuisance, I will just ignore this." However, neither one of these ideas is a "good idea." Representation by an experienced health law attorney is your best choice. Your liability carrier will have extensive experience with such attorneys, just as we have here at Florida Doctors.

Insurance coverage for these investigations is included in your policy with Florida Doctors Insurance Company (FLDIC) under the Broad Form Investigation Defense Coverage Part. Prompt reporting to FLDIC is defined in your policy under this coverage as notification to us within thirty (30) days from the date a covered proceeding is instituted against you. The date of the covered proceeding is considered to be the date of the initial investigation letter from the DOH. This is the date that determines whether or not this is a covered proceeding with FLDIC.

Any correspondence you receive from the DOH should immediately be sent to FLDIC's Claim Department, either via fax, email, or an expedited mail service. If you are unsure as to what should be submitted, the Claims Department is always available to assist you. After FLDIC is notified of the DOH investigation, the Underwriting Department becomes involved to verify coverage. Once this is completed, the file is returned to the Claims Department with the findings. If there is "No Coverage", a claims representative will contact you via telephone, and then follow-up with a certified letter confirming the conversation, and advising you of the reason there is no coverage and what you should do to comply with the DOH. If you have coverage for this incident, the Claims Department will assign a file number, assign the appropriate claims handler, and assign an attorney to assist you with this matter. The assigned attorney will then contact you regarding his or her representation and provide an explanation of the process. The goal of FLDIC is to make these difficult and uncomfortable situations for you as easy and seamless as possible. We have dedicated staff to ensure your needs are being met and any questions are answered.

After the attorney begins working on the investigation, it is important to remember that while a prompt and precise reply to the DOH is essential for your defense, the DOH does not always expedite their investigation once they have been presented with a reply. Do not despair. No news is usually good news, and an experienced attorney will not awaken the sleeping giant with constant correspondence requesting an update on the file.

After the DOH investigator receives the attorney's response, he or she will further investigate the case and if needed, will request additional information from the attorney. When the investigation is completed by the DOH, a determination will be made whether to dismiss the case with a finding of no probable cause, or if a finding of probable cause is made, the investigation will continue to the next step. A finding of no probable cause will dismiss the case and it will become completely confidential. A finding of probable cause will initiate an Administrative Complaint and the entire investigative file compiled by the DOH will be forwarded to the attorney who is handling the case for you so that the case can be further defended to the Board of Medicine. The case will then be presented to the Board of Medicine and a determination will be made.

This is not an overnight process and could conceivably take several months to several years to be determined. During the entire process, you, the attorney and FLDIC will be in continual contact. If you have any questions or concerns about the process, the FLDIC staff will always be available to you.

Linda D. Collins is the Director of Claims Compliance and Reporting for Florida Doctors Insurance Company. She is a licensed insurance adjuster and health care risk manager. She manages the Department of Health claims and works with the Legal Department to ensure reporting compliance with the National Practitioner Data Bank, the Office of Insurance Regulation, and Medicare. Linda has worked in the medical professional liability sector since 1994.

Pinellas County Medical Association

3rd ANNUAL CME CRUISE

(Continuing Medical Education)

4–Night Cruise from Tampa to Cozumel, Mexico

March 21 – 25, 2013

on Royal Caribbean's *Jewel of the Sea*

Family-Friendly ❖ Stress-Free CME *(Category 1 Credits)*

FLORIDA DOCTORS INSURANCE COMPANY

CRUISE RATES 2013

Inside stateroom: $349 per person
(credit toward cabin room for all members, office administrators and Physician Assistant – space is limited)
Oceanview stateroom: $489 per person
Balcony stateroom: $549 per person

COURSE FEE: $200 per person

- Prices are Per Person, Double Occupancy, Subject to Change
- Single, Triple & Quad rates available
- Upgraded staterooms such as the Jr. Suite or Grand Suite available upon request
- Prepaid Port Charges, Taxes and Fees: $145.47 per person (gratuities not included)
- $200 per person deposit with reservation – Final due 12/20/2012

RATES INCLUDE

- 5-Star Ship
- Early Embarkation for Members
- Nightly Entertainment
- Casual or Formal Dining
- Room Service
- Private Dining Table Arrangements
- Two Private PCMA Cocktail Receptions
- Package of Children's Programs

PROGRAM TOPICS

Target Audience: *Physicians, Physician Assistants & Office Administrators*

Dr. Jeremy McConnell – Hazards of Obesity

Dr. David Parrish – Infectious Disease: What's Bugging You

Dr. Lee Friedman – Radiology: A Picture Says a Thousand Words

Dr. Corey Evans – Thyroid: The Gas Pedal of the Body

Mike Igel, Troy Kimbrough & Jim Brahm – Audits, EHR & Meaningful Use: Is Your Practice Ready? – **Trenam Kemler Law Firm, Gregory Sharer & Stuart CPA, Security Compliance Associates**

Maggie Mac – Coding and Compliance: The Dirty Dozen (The future of Coding)

FountainHead – H.R.: Navigating Employees (Employee relations, performance, recruiting, codes of conduct)

Dr. Merrill Krolick – Update: Treatment of Endocarditis

Dr. David Weiland/ Dr. Lora Brown – Compassionate Care in a World of Diversion

Dr. Frank Marsalisi – Women's Health Update: To Pap or Not to Pap

Dr. Vibhuti Singh – What's Beating: Cardio Update

Dr. Mark Michelman – Medical Errors

Dr. Paula O. Pell – Domestic Violence

ITINERARY

DAY		PORT	ARRIVE	DEPART
Thu	Mar 21	Tampa, Florida	–	5:00 pm
Fri	Mar 22	At Sea Cruising	–	–
Sat	Mar 23	Cozumel, Mexico	8:00 am	6:00 pm
Sun	Mar 24	At Sea Cruising	–	–
Mon	Mar 25	Tampa, Florida	7:00 am	–

FOR INFORMATION AND RESERVATIONS, CONTACT:

CONTINUING EDUCATION, INC
University at Sea

Continuing Education/University at Sea
5700 4th Street North, St. Petersburg, FL 33703
727-526-1571 ❖ 1-800-422-0711 ❖ Fax: 727-527-3228

Gregory, Sharer & Stuart
Certified Public Accountants and Business Consultants

Sandy Wasson & Associates Insurance, Inc.

C1 Bank

American Clinical Solutions LLC

Saint Pete MRI

SCA
Security Compliance Associates

Trenam Kemker
ATTORNEYS

BlackFin Promos
Promotional Products, Apparel & Printing

Mederi CAREtenders
We Are Senior Advocates

ConsolidatedMD
Consolidated Physician Services

Accreditation: Continuing Education, Inc., is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Designation: Continuing Education, Inc. designates these LIVE educational activities for a maximum of 13 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.

A Wake Up Call On Prescription Drug Abuse Targets Millennial Generation

By Lora Brown, MD

Due to the alarming trend that over one-third of prescription drug abusers are between the ages of 12 and 17, the campaign **WAKE UP!** (***www.WakeUpNow.org***) has kicked off this fall to raise awareness of the dangers of abusing prescription drugs and to prevent first time use by teens. The coast-to-coast launch is taking place in California and Florida, with hopes to very quickly expand to schools across the country.

The school-based program, which began in San Diego in September, has now launched in St. Petersburg, Florida, at Shorecrest Preparatory School and Canterbury School of Florida. This innovative program uses a "takeover" approach at pilot schools by providing a massive on-campus presence utilizing signage, collateral, curriculum-based lessons, social media, multi-media, and interactive events. The **WAKE UP!** campaign uses scientific facts to demonstrate the sometimes permanent biologic changes that occur in the brain and body with prescription drug abuse.

"The **WAKE UP!** campaign is a needed and necessary program for teenagers nationwide. We immediately got on board when approached to be one of the pilot school systems," says Joe Fulcher, Ph.D., Chief Student Services Officer at San Diego Unified School District. "We're thrilled to be national leaders of **WAKE UP!** by bringing this important message into our students' curriculum."

A program two years in the making, The **WAKE UP!** campaign enlisted the help of a nationwide millennial generation advisory board. This program is a grassroots effort to arm young people with the knowledge to make better decisions when confronted with opportunities to abuse prescription drugs. According to the CDC, studies continue to demonstrate that the majority of teens and parents still believe that prescription drugs are safe and nonlethal because a doctor prescribes them. Although headquartered at high schools, **WAKE UP!** incorporates community involvement through the use of local media, physician education initiatives, and town hall meetings.

Prevention of adolescent drug use has never been more important. Alarming statistics now show that 95% of those with lifetime dependence to alcohol and drug use started using as adolescents. According to the American College of Preventative Medicine, substance use before the age of 18 is associated with an eight-fold likelihood of developing substance dependence in adulthood.

To expand beyond community reach, teens and the public at large can visit ***www.WakeUpNow.org*** to download educational materials, find additional program information, get help, share stories and more. In addition, peers can also connect via the **WAKE UP!** mobile app and social pages. They can also participate in a variety of contests designed to invoke creative and emotional expression.

"A person's brain is developing up until the age of 24, so even experimenting with pills can alter the brain and lead to a life-long addiction," says **WAKE UP!** Medical Director and Pain Management Physician Lora Brown, MD. "Prescription drug abuse is a dangerous epidemic that can't be stopped quickly, but **WAKE UP!** provides education and an outlet for millions of young people that can really make a difference and help save lives."

About **WAKE UP!**

WAKE UP! is an in-your-face community educational campaign established by The Pain Truth, a Florida 501(c)(3), to combat the increase in prescription drug abuse among teenagers. It is designed to use science, not scare tactics, to educate teenagers of the effects and dangers of prescription drugs. The program uses a school "takeover" approach that includes a series of public service announcements, curriculum-based tools, promotional materials, social media, and community events. For more information, visit www.WakeUpNow.org.

PCMA Directory

ARE YOUR 2013 DUES PAID?

We are currently updating our member information and preparing for the 2013-2014 Directory.

If you have:

- changed your practice location
- added a satellite office
- are practicing in a different capacity
- retiring
- not accepting new patients
- other

Please call and inform the PCMA staff. We want the 2013-2014 PCMA Directory to be the Pinellas County's #1 Medical 'go-to' resource for patient referrals, member-to-member consults, important need-to-know numbers for physicians, office staff and patients.

Advertising Your Medical Practice

Judy Moran
President

By Don Stelmaszek
VP of Sales and Marketing, Consolidated MD

Henry Ford once said he knew half of every dollar he spent on advertising was wasted. He just didn't know which half. This becomes even more meaningful today with so many advertising mediums that are vying for our dollars. Add to this marketing dilemma that 11,000 Baby Boomers become eligible for Medicare every day, and they are more educated about the healthcare choices and have the ability to choose which physician they would like to see. Without having an advertising plan in place, the advertising dollars spent for your practice might not bring in the same amount or quality patients that everyone is looking for. A well thought-out advertising plan will consist of low cost, along with a paid-for advertising plan.

Now that Baby Boomers have this choice, it is imperative that all physicians who rely on patients who are not referred from another physician to have a plan in place. This plan should take into consideration many factors like the age of the patient, an established/new practice, demographics and who are the preferred or target patients. The first part of this plan should be the creation of a consistent identity and message that resonates with your target audience and helps foster face and name recognition. The second part is reaching your audience consistently and cost-effectively with your identity and message.

In order to create a consistent identity and message, you will need to:

1) **Define your target audience** – The right message delivered to the right person is the key to any successful advertising campaign.
2) **Credentialing** – Make sure you are credentialed to accept the correct insurances for the audience you are looking to target. Most insurance companies will also list you as a provider on their website.
3) **Define your strengths and benefits** – A reason that a prospective patient would like to see you.
4) **Assess obstacles and objections** – What obstacles & objections stand in the way of patients coming to see you?
5) **Create your identity** – Based on your target audience(s), create a message that educates, promotes strengths and benefits and diffuses objections and obstacles. The objective is to create a message that strongly resonates with your audience.

Now that you have the correct message and determined the appropriate audience, it is time to put your plan into action. Where to advertise your message can be the single most time consuming and frustrating part. Let's look at some low cost ways you can deliver your message.

1) **Publicity** – Create and distribute press releases. Directly contact a business/medical journalist.
2) **Direct Physician Marketing** – Send or directly visit physicians' offices letting them know your specialty, where you are located and that you are accepting new patients.
3) **Seminars and Lectures** – Many venues and associations will provide space for the events and help promote them.
4) **Foster Alliances** – Identify groups, organizations and associations, like the PCMA, where mutually beneficial relationships can exist.
5) **Explore Coop Opportunities** – Many medically-related manufacturing companies offer coop marketing/ advertising dollars. If any you use them, do take advantage of it (of course, abiding by Stark laws).
6) **Word of Mouth** – ***The best advertising is good word of mouth. It's a cliché because it is true!*** Every interaction you have with a patient is an opportunity to create good word of mouth. Every interaction you have, from alliances to strangers, is an opportunity to create good word of mouth. Be cognizant and use every opportunity you have to create good word of mouth!

continued on page 14

Once you have a strong low cost advertising in place and you want to explore the traditional pay for options, you should evaluate each one on their prospective ROI.

1) **Yellow Pages** – Concentrate on having accurate ***listings*** in the main yellow page books. Avoid costly larger display ads.
2) **Newspaper** – While costly, larger ads are effective at drawing older audiences to events such as seminars and lectures. Many papers offer "regional" sections. They have less of a readership, but can target your audience more specifically.
3) **Billboards** – On well-traveled roads, billboards make many impressions on a mass audience.
4) **Radio** – Because of the number of radio stations, the listening audience is fragmented. Certain stations are strong at delivering specific target audiences.
5) **Television** – One of television's greatest strengths is that it can create the perception that a perspective patient "knows" a physician without ever having met him or her.
6) **Sponsorships** – Sponsorships of "worthy causes" elevate your perception in the public eye.
7) **Internet Advertising**
   a. **Paid Ads** – Promotion on relevant websites to convey your message.
   b. **Pay Per Click** – Search Engine promotion, when a prospective patient is searching for services.
   c. **SEO enhancement** – This helps bring relevance to your website. There are many factors that create a good SEO campaign.

Once you have determined who your target patients are, you have created your identity, and have started your advertising campaign, you will need to review all mediums you have decided on and analyze if they are effective. Remember, the same campaign to promote your medial practice as a start-up most likely will not work once you have an established practice.

Don.stelmaszek@consolidatedmd.com
www.consolidatedmd.com
Phone: 800-933-5190 ext. 802

Gregory, Sharer & Stuart
Certified Public Accountants and Business Consultants

Troy Kimbrough, CPA/PFS
Shareholder, Director of Healthcare Services,

Deepwater Horizon Court-Supervised Settlement Program ("DHC-SSP")

www.deepwaterhorizonsettlements.com

Many companies and individuals are not aware that they may be eligible to file a claim against BP Oil for economic damages in regards to the April 20, 2010 oil spill in the Gulf. The Class-Action Settlement ("Deepwater Horizon Court-Supervised Settlement Program") essentially says that if you can demonstrate a downturn in revenues in 2010 after the spill as compared to similar periods in prior years, it can be presumed that the Oil Spill was the cause. The areas affected include the Gulf Coast counties of Florida, certain Gulf Coast counties in Texas and all of Alabama, Mississippi and Louisiana. The settlement program is not just for tourist related businesses or those located directly on the coast; the covered area extends many miles inland.

There are specific tests depending on your exact geographical location, type of business, etc., that utilize 5 years of historical data (2007 – 2011) to determine if you are eligible (have "causation") to file a claim. Gregory, Sharer & Stuart, P.A. (GSS) will assist you in gathering, organizing and reviewing the financial information needed for you to determine if you may have been impacted. GSS will work closely with both a law firm and a consulting firm experienced in filing these claims to analyze your particular situation and the economic trends that affected your business in 2010. A thorough understanding of the rules is imperative to determine if you are eligible and a successful claim requires strong accounting evidence, correct documentation and an accurate calculation of the claim. The law firm will handle all legal documents and represent you to pursue and file the claim. The consulting firm will assess, evaluate and calculate the claim amount, in addition to organizing the claim for filing.

GSS will perform the initial causation testing at no cost to you. If you meet causation, we will work with you on a contingency basis to prepare and file the claim.

If you feel you might be eligible or would like further information, please feel free to contact **Troy Kimbrough** of **Gregory, Sharer & Stuart, P.A.** at **(727) 821-6161** or via e-mail at ***tkimbrough@gsscpa.com***.

ITEMS TO NOTE:

- This new program, effective June 4, 2012 replaces the old Gulf Coast Claims Facility Program ("GCCF")
- Causation is now proved strictly through a financial test, not through reasoning or explanation
- Excluded businesses include the gaming industry, government agencies, financial institutions and a few others
- Around 80% of the non-excluded businesses reviewed have passed the causation test
- Businesses in the tourism industry and those in "Zone A" are not required to pass causation, but are automatically eligible
- BP Oil has established a $7.8 billion settlement fund, but there is no cap on the amount of compensation BP must pay under this class-action settlement between BP and the Federal Government
- A Confidentiality Agreement will be signed that confirms we will protect the privacy of the claimant regarding information used in the claims process
- Once all required documentation is provided and all legal documents have been signed, the claim is usually filed within 10 – 15 days
- The estimated wait time for review and receipt of the official Eligibility Notice is 45 – 75 days
- Most claims are paid out within 90 days of filing
- Both the Plaintiffs' Steering Committee and BP think the Settlement Agreement is fair and in the best interests of the Plaintiffs, all those in the Economic and Property Damages Class, and BP

PINELLAS COUNTY HEALTH DEPARTMENT

Epi Watch

A Monthly Epidemiology Newsletter

December , 2012

Pinellas County Health Department
205 Dr. M.L King Street North
St. Petersburg, FL 33701
(727) 824-6900
www.PinellasHealth.com

Director
Claude Dharamraj, MD, MPH, FAAP
claude_dharamraj@doh.state.fl.us

Assistant Director
Patricia L. Ryder, MD, MPH
pat_ryder@doh.state.fl.us

***Epi Watch* Editor**
Andrea M. Castillo, MPH
andrea_castillo@doh.state.fl.us

Epi Watch is a monthly newsletter from the Pinellas County Health Department. For more information, or to add your e-mail address to the distribution list, please contact the Editor.

To listen to these tips and more in a song, please visit:

http://www.cdc.gov/family/holiday/12ways.htm

"The reason for collecting, analyzing and disseminating information on a disease is to control that disease. Collection and analysis should not be allowed to consume resources if action does not follow."

Foege, W.H. et al. (1976). Int. J of Epidemiology, 5:29-37.

To report diseases by <u>phone</u> call:
(727) 507-4346

To report diseases by <u>fax</u> (*other than HIV/AIDS*) use:
(727) 507-4347

Holiday Health an Safety Tips

Adapted from the Centers for Disease Control and Prevention

The holidays are a time to celebrate, give thanks, and reflect. They are also a time to pay special attention to your health. Give the gift of health and safety to yourself and others by following these holiday tips. The Centers for Disease Control and Prevention provides the following 12 tips to stay healthy:

1. **Wash your hands often** At this time, norovirus and influenza viruses are circulating in the community. Keeping hands clean is one of the most important steps you can take to reduce your risk of infection.

2. **Stay warm** Although temperatures in Florida are not expected to dip down to freezing levels, if you travel to a colder climate be aware that cold temperatures can adversely affect infants and older adults.

3. **Manage Stress** The holidays can be a stressful time. Keeping a relaxed and positive outlook is very helpful. In addition, keep a check on over commitment and overspending.

4. **Don't drink and drive** If you are planning on consuming alcohol, be sure to appoint a designated driver beforehand.

5. **Be smoke-free** Call 1-800-QUIT-NOW for tips on quitting smoking.

6. **Fasten seat belts while driving** Always buckle your child in the car using a child safety seat, booster seat, or seat belt according to the child's height, weight, and age.

7. **Get exams and screenings** Exams and screenings can help find potential problems before they start. They can also help find health issues early, when he chances for treatment and cure are often times better.

8. **Get your vaccinations** Ask your health care provider what vaccinations and tests you should get based on your age, lifestyle, travel plans, medical history, and family health history. Influenza activity is currently high in Florida; the flu vaccine is recommended.

9. **Watch the kids** Children are at high risk for injuries. Keep potentially dangerous toys, food, drinks and choking hazards out of kids' reach. This is especially important if young children are visiting homes that are not child-proofed.

10. **Practice fire safety** Never leave fireplaces, stoves, or candles unattended.

11. **Handle and prepare food safely** Keep yourself and your family safe from food-related illnesses. Wash hands and surfaces often. Cook foods to the proper temperature and do not leave perishable foods out for more than two hours.

12. **Eat healthy and be active** Physical activity can help reduce some of the stresses that come with holiday celebrations. Adults should aim to be active for at least 2-3 hours a week. Children and teens should be active for at least one hour each day.

The Pinellas County Health Department wishes you a happy and healthy holiday season!

Selected Reportable Diseases in Pinellas County

Disease		2012 November	2012 Year to date	2011 Year to date	2011 Total
AIDS**		14	128	122	123
Animal Rabies				1	2
Arboviral Illness (Human):	Dengue	1	2		
	EEE				
	SLE				
	WNV				
	CA/LaCrosse				
Campylobacteriosis		6	61	78	88
Chlamydia		302	3585	3557	3863
Creutzfeldt-Jakob Disease (CJD)			1	2	2
Cryptosporidiosis			27	18	19
Cyclosporiasis			1	2	2
E. coli O157:H7					
E. coli Shiga Toxin (+)		1	9	2	2
Giardiasis		2	26	24	27
Gonorrhea		118	952	972	1034
H. influenzae:	Invasive Disease		6	8	10
Hansen's Disease					
Hemolytic Uremic Syndrome (HUS)					
Hepatitis, Acute Viral:	A		4	3	5
	B	1	15	8	10
	C		5	7	13
Hepatitis B: Pregnant Woman +HBsAg		5	16	27	29
Hepatitis, Chronic Viral	B	15	202	152	174
	C	115	1640	1424	1572
HIV**		26	184	179	189
Lead Poisoning: Children < 6 years:		1	2	3	4
Legionellosis		2	13	13	13
Listeriosis			4	3	3
Lyme Disease			2	6	7
Malaria			2	1	1
Meningitis:	Bacterial, Cryptococcal, Mycotic	1	5	6	7
Meningococcal Disease				2	2
Mercury Poisoning				2	2
Mumps					
Pertussis		1	8	7	10
Rabies, possible exposure		14	173	156	217
Salmonellosis		10	190	210	93
Shigellosis			18	89	93
Streptococcal Disease, Inv. Group A			6	3	3
S. pneumoniae, Inv. Disease	(DR)		16	21	22
S. pneumoniae, Inv. Disease	(Suscept)	4	24	10	11
Syphilis:	Total	7	126	125	131
	Infectious (P and S)	3	56	64	66
	Early Latent	4	43	32	35
	Congenital				
	Late Syphilis (Late Latent; Neurosyphilis)		27	29	30
Tuberculosis		2	16	23	26
Vibrio Infections			9	11	11

Provisional cases reported by the Pinellas County Health Department. Blank cells indicate no cases reported. For a complete list of reportable diseases and guidelines for reporting, please visit: http://www.doh.state.fl.us/disease_ctrl/epi/index.html

** Current HIV Infection data reflects any case meeting the CDC definition of "HIV infection" which includes all newly reported HIV cases and newly reported AIDS cases with no previous report of HIV. Previous reports of HIV data reflected *only* newly reported HIV cases, which were HIV (not AIDS) at the time of report. Newly reported HIV Infection cases do not imply they are all newly diagnosed cases. For a more detailed explanation on changes in reporting and changes in trends, please contact the Pinellas County Health Department HIV/AIDS Program: 727-824-6932.

Quality Counts...and we're a 12!

The Joint Commission Recognizes 12 HCA West Florida Hospitals as Top Performers in Quality.

Congratulations to these 12 hospitals for achieving 2011 Top Performance ranking by The Joint Commission, the leading accreditor of healthcare organizations in America.

They join an elite group of only 620 hospitals nationwide who are industry leaders in using evidence-based patient care practices closely linked to positive patient outcomes!

The hospitals represent the top 18% of the more than 3,400 hospitals reporting data and have achieved this recognition through their commitment to programs and initiatives which promote and optimize **Patient Satisfaction, Clinical Efficiency** and **Quality Outcomes**.

To learn more about our hospitals or services, call Consult-A-Nurse® at 1-877-4-HCA-DOCS (1-877-442-2362 Toll Free) or visit our website at HCAdocs.org.

Brandon Regional Hospital ■ Central Florida Regional Hospital ■ Doctors Hospital of Sarasota
Englewood Community Hospital ■ Fawcett Memorial Hospital ■ Largo Medical Center
Medical Center of Trinity ■ Northside Hospital ■ Osceola Regional Medical Center
Regional Medical Center Bayonet Point ■ South Bay Hospital ■ St. Petersburg General Hospital

HCA West Florida
An HCA affiliate

A Blueprint for the Healthiest State in the Nation

by Claude M. Dharamraj, MD, MPH, FAAP
Director, Pinellas County Health Department

There is an expectation that living conditions in a civilized society are safe. Unless something out of the ordinary like an outbreak occurs, people assume that the water that comes out of their faucet and the food they purchase is safe to consume and the medicine they obtain from a healthcare facility is nontoxic as long as it is administered correctly. The field of public health comprises all the measures that a society takes to protect, promote and improve the state of health within a population.

Health starts where the environments in which we live—our schools, workplaces, and neighborhoods—are health enhancing. Under the leadership of the state Surgeon General, a diverse group of partners in Florida with an interest in improving the health of the state's residents and visitors were tasked to create a blueprint for action, culminating in the State Health Improvement Plan (SHIP).

The SHIP is a statewide plan for public health partners and stakeholders to improve the health of Floridians. Four of the strategic areas from this plan are described below:

1. **Health Protection:** All Florida residents and visitors must be protected from infectious and environmental threats, injuries and natural and manmade disasters. The public health system should:
   - Prevent and control infectious disease
   - Prevent and reduce illness, injury and death related to environmental factors
   - Minimize loss of life, illness and injury from natural or man-made disasters
   - Prevent and reduce unintentional and intentional injuries
2. **Chronic Disease Prevention:** Tobacco, obesity, sedentary lifestyle and poor nutrition are risk factors for numerous chronic diseases, and they exacerbate other diseases, including heart disease, hypertension, asthma and arthritis. The public health system must act quickly to:
   - Increase the percentage of adults and children who are at a healthy weight
   - Increase access to resources that promote healthy behaviors
   - Reduce chronic disease morbidity and mortality
   - Reduce illness, disability and death related to tobacco use and secondhand smoke exposure
3. **Community Redevelopment and Partnerships:** Health care and health-related information must be provided in a manner that is culturally sensitive. Community partnerships are critical to synergizing community planning activities so that they positively change the natural and built environment and ultimately improve population health. The public health system should:
   - Integrate planning and assessment processes to maximize partnerships and expertise of a community in accomplishing its goals
   - Build and revitalize communities so people can live healthy lives
4. **Access to Care:** Limited access to health care services, including behavioral and oral health care, may contribute to poor health outcomes and high health care costs. The public health system should:
   - Regularly assess health care access resources and service needs
   - Improve access to primary care services
   - Improve behavioral health services so that children, adults and families are active, self-sufficient participants in their communities
   - Enhance access to preventive, restorative and emergency oral health care services
   - Reduce maternal and infant morbidity and mortality
   - Meet special health care needs of children, persons with disabilities and elders
   - Provide equal access to culturally and linguistically competent care

The Pinellas County Health Department is committed to the mission of the Department of Health to promote, protect and improve the health of all people in Florida through integrated state, county and community efforts.

Medicare Advantage Medical Care Management

by Owen Linder, M.D., F.A.C.P.

We are writing here because medicine is not as easy as it was. According to Shanafelt in the Archives of Internal Medicine on 8/20/2012, "Doctor's risk of burnout is 37.9%."

According to David Bronson, MD, President of the American College of Physicians, as quoted in the American Medical Association News, "The current payment system doesn't reward preventive care to help patients manage chronic disease."

American College of Physicians senior vice president for governmental affairs Robert Doherty said in the ACP Internist November/December 2012, "Cognitive care by physicians is underpriced relative to many procedural services. This discrepancy remains one of the reasons that primary care medicine is undervalued in the U.S. compared with other specialties...." These national spokespersons are speaking about fee-for-service medicine, the predominant paradigm of health care delivery for all age groups in America.

One alternate paradigm is Medicare Advantage. Twenty-five percent of the Medicare population is treated in Medicare Advantage plans. The membership number is about ten million Americans. This essay concerns this group of patients.

The organizations headed by the persons quoted above are concerned with the health of all Americans and speaking about the predominant paradigm.

My counter to their concern is that the burnout comes from Internists spreading themselves too thinly, trying to be too many things to too many people. In the alternate paradigm of Medicare Advantage, the goals are aligned between caring for the most ill and less wealthy senior citizens and the goals and rewards of and to Internists. Only in this system with aligned goals are Internists rewarded best.

How does it happen? By a fiscal jujtsu. In the fee-for-service paradigm represented as the larger opponent in a jujitsu match, we see the unaligned opponent standing for the dollars of health care received by hospitals, specialists, pharmaceutical providers, ancillary service, product and pharmaceutical suppliers. This giant consumes 95% of the health care dollar, i.e., the premiums collected by the insurers. Five percent (5%) is what the fee-for-service primary care physician ends up with for the jobs he is allowed to do, filling out forms and treating simple problems—which would be enough if he could delegate this to a team of nurse practitioners.

But when it comes time to handle the bad outcomes or to analyze risk benefit ratios of procedures and interventions in complex patients, it is not enough, and it can't be analyzed by algorithm nor delegated to an allied health professional.

When it comes time to use cost-effective medical principles instead of allowing waste, unnecessary or contra-indicated interventions, it takes a fully educated physician. Toward the end of a long life or in a complex medical life, each patient hopes to have a healer understand their case well and make the hard decisions. Five percent (5%) is not enough.

The organized bodies are attempting to create a model of care which takes the best of Medicare Advantage and applies it to the wide swathe of the American public. They want the best of care for everyone. They are hoping someone will implement a version of an accountable care organization which does everything for everyone – spreading concepts too thin.

Instead, this short piece presents a viewpoint to save the economic skin of the Internists, using a system which already exists and thrives. Internists need not suffer as they have in fee-for-service. For those Internists and astute, confident Primary Care physicians, and particularly both of these whose practice already includes a few hundred Medicare patients who might switch to Medicare Advantage, there is a way to bring good care to these patients and not get stuck in relative penury.

In order for this switch to make sense, two conditions need to be discussed. First, for which patients is Medicare Advantage better than straight Medicare? Secondly, what are the fiscal numbers which show how it happens?

The patients are those with incomes of under $25,000 a year where every health care dollar spent means something else is not purchased. The target patient is paying a supplementary insurance premium which they can't afford.

Briefly, on the next page is a sample of income figures (Slide #1 titled ***Gross Funding Report by Fund for Center***). This was not a good year on the face of it.

This slide shows a small number of patients. After subtracting reinsurance premiums and medical service organization fees—which together amount to 9% or so of the gross funding—and then also subtracting the office overhead and malpractice premiums, this would not look like a good income at all. But for a practice with several times this number of patients, income would scale up.

However, if one adds in the three sources of funds not demonstrated here, even this example looks good. These are stop loss reinsurance refunds for 90% of all costs over $30,000 in a patient in a calendar year, which covers catastrophic cases; cost reallocations for the first two month's expenses over $20,000, for ill patients dumped into your practice from another provider in the same HMO; and smaller bonuses for Hedis measures compliance.

What about the jujitsu match? The opponent is the formerly small internist. In the style of jujitsu, the funding is turned on its head. Instead of the internist getting the leftovers, the funding descends from Medicare to HMO to MSO to internist, and only then with approval or prescription to the drug providers, specialists and hospitals.

My second slide (titled *Potential MRA Claims with HCC Scores Aug 2011 to Jul 2012*) exemplifies in hard, numerical detail the system of severity adjustment which makes the paradigm work for the Internist. The Internist is responsible for diagnosing disease.

The ICD9 code is either designated by the Internist or a coder. Then Medicare puts the patient's ICD9 diagnoses into Medical Risk Adjustments. Thousands of diagnoses and their five-digit nuances are bundled into hundreds of MRAs.

Terabytes of data have already provided a baseline for Medicare to know how much the fee-for-service paradigm has spent taking care of these diagnoses. Once grouped into Medical Risk Adjustment categories, Medicare assigns forward-looking allocations for taking care of the diagnoses (i.e., this allocates based on risk of incurring expense).

If there is a best method for taking good care and spending less than the old way, it is rewarded to the Internist. If there is a more expensive treatment for applying better care, then the allocations are readjusted the next year.

In this activity, liken to jujitsu, the former controllers of 95% of the health care dollar are forced to receive their share after:

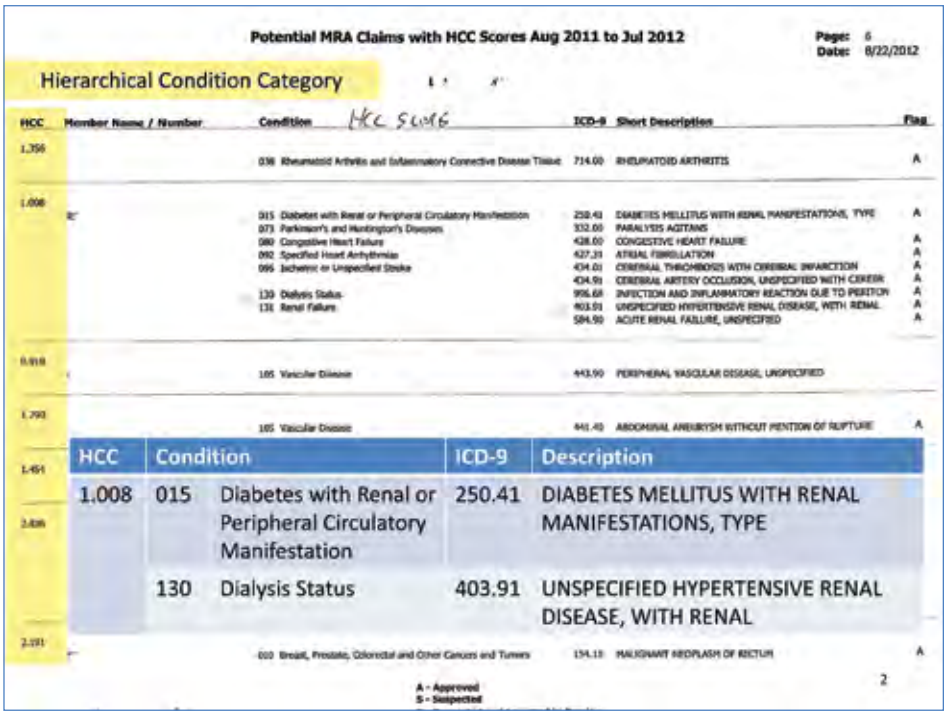
1) Medicare has applied the Medicare allowable limit.
2) The HMO has negotiated the best service among available providers.
3) The Internist has applied the facts of the individual care to authorization of acts of care or found the case better without more care.

Now the fulcrum of thought rests with the Internist. Skillful application of care for the patient across the board eliminates unnecessary brand name drugs, non-evidence based procedures and unduly, lengthy hospital stays.

Slide #1: Gross Funding Report by Fund for Center

Months Membership Counts	OCTOBER 127	YTD 1,336
Funding Subtotal	$127,165	$1,349,746
Expense Total	($102,061)	($1,058,910)
Total Gross Margin	**$25,104**	**$290,836**

Slide #1: Potential MRA Claims with HCC Scores, Aug 2011 to Jul 2012



Potential MRA Claims with HCC Scores Aug 2011 to Jul 2012

Page: 6
Date: 8/22/2012

Hierarchical Condition Category

HCC	Condition		ICD-9	Description
1.008	015	Diabetes with Renal or Peripheral Circulatory Manifestation	250.41	DIABETES MELLITUS WITH RENAL MANIFESTATIONS, TYPE
	130	Dialysis Status	403.91	UNSPECIFIED HYPERTENSIVE RENAL DISEASE, WITH RENAL

A similar jujitsu action occurred with the length of hospital stays. In the old days before diagnosis-related group payments, hospitals allowed long hospital stays. Now that long stays cost hospitals instead of earning them more, the physicians are encouraged to keep stays short.

A longer, more detailed but easier to read 50-slide presentation of this topic is available upon request.

C1 Bank

Clients 1st . Community 1st.

℞

Executive Line of Credit

- ✓ No Loan Fee
- ✓ Executive line of credit available up to $100,000*
- ✓ Competitive Rates
- ✓ Fast Local Decisions

*Must qualify under C1 Bank credit guidelines.

C1Bank.com/Emerald • (877) 266-2265

MEMBER FDIC EQUAL HOUSING LENDER

Coffee Intake Isn't Harmful, But It's Not A Vitamin Either

by Jeff Steinhoff, MD, FACC
Cardiologist, Heart and Vascular Institute of Florida-North
Creator, MD_Knowledge App

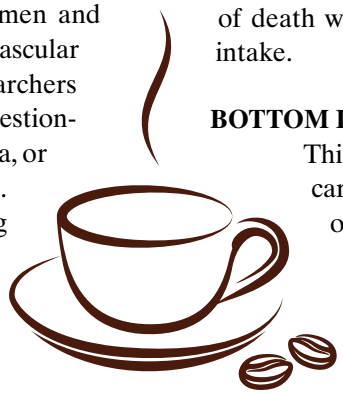
APPLIES TO:

Men and women aged 50-71 years old without prior cancer or cardiovascular disease.

SUMMARY:

Many studies have reported on potential health benefits of coffee, such as the anti-inflammatory effects of its antioxidants and other compounds. Other prior studies have been smaller and conflicting. There had been no consistent data that had shown a higher risk of diabetes, stroke, hypertension, or cancer and coffee intake. In this study, the researchers used a large database to answer the question of potential benefits or risk of death and see if the amount of coffee consumed is also important.

The researchers used the NIH-AARP Diet and Health Study, which involved over 400,000 participants who filled out surveys in 1995-1996. This study involved men and women aged 50-71 without cancer, cardiovascular disease, or extremes of caloric intake. The researchers also excluded participants with incomplete questionnaires, incomplete smoking or caffeine intake data, or those whose spouses filled out the questionnaires. Detailed information was obtained involving vegetable servings intake, calorie intake, and servings of caffeinated or decaffeinated coffee per day. Participants were followed through December 31, 2008 evaluating deaths and cancers. Statistical adjustments were also made for smoking or other tobacco intake, alcohol intake, body-mass index (BMI), physical activity, specific diets, use of vitamins, use of hormone replacement therapy for women. There were 14 years of follow-up with information on 229,119 men and 173,141 women. Coffee drinkers had a higher likelihood of being smokers and drinking more than 3 alcoholic drinks per day, which required statistical adjustment. Further adjustment was made by adjusting for age, diabetes, education, physical activity, and other possible harmful risks factors.



Overall the risk of death was similar for men who drank less than 1 cup of coffee per day than compared to those who did not drink coffee. There was a 6%, 10%, 12%, and 10% lower risk of death for men who drank 1 cup, 2-3 cups, 4-5 cups per day, and 6 or more cups per day compared to men who did not drink coffee, respectively. For women, there were no differences in risk of death for drinking less than 1 cup, 1 cup of coffee per day, or those who drank no coffee. There was a 13%, 16%, and 15% lower risks of death in women who drank 2-3 cups, 4-5 cups, and 6 or more cups per day, respectively compared to women who did not drink any coffee daily. There were no differences in the intake of coffee and the risk of cancer in men or women, compared to those who did not drink coffee. In men there were some decreased risks of death from heart disease, respiratory disease, and stroke, but these tended to be in those who drink at least 2-3 cups of coffee per day, compared with those who did not, and it was not consistent. There were no significant differences in risk of death from injuries, and a decreased risk of death from diabetes was seen in men who drank 2-3 cups of coffee or those who drank 6 or more cups, but not in other amounts. Women were found to have a decreased risk of death from heart disease, respiratory disease, and infections but not stroke, or diabetes, and a decreased risk of death from injuries, but only in those who drank 4-5 cups of coffee, compared to those who drank no coffee. Again, these findings for specific causes of death were not consistent across all amounts of coffee intake.

BOTTOM LINE:

This large study shows that drinking coffee does not carry any higher risks for cardiovascular disease or cancer, in people aged 50-71 who do not have cancer or cardiovascular disease. Some limitations of this study are that the conclusions are based upon a single although large questionnaire obtained in 1995 or 1996. Participants may have changed their behaviors after their initial surveys. Significantly, medications that participants were taking were not evaluated. A final potential limitation is the amount of statistical analysis that the study entailed. The initial data showed a higher risk of death with those who drank coffee, which was likely from the higher rates of smoking and alcohol in those who drank coffee.

Caution should be used in interpreting these results, as this study did not specifically seek to find a safe amount of coffee. It did not randomize some people to 1 cup, 2-3 cups, 4-5 cups, and so on and then compare them to people who were not getting any coffee. A formal study with regularly updated coffee intake would likely be more informative. The National Institutes of Health state that for most people 2-4 cups of coffee per day is not harmful. Any additional intake of caffeine should be discussed with your healthcare provider.

References:

1. New England Journal of Medicine May 2012
http://www.nejm.org/doi/full/10.1056/NEJMoa1112010

2. US Library of Medicine (Medline Plus website)
http://www.nlm.nih.gov/medlineplus/caffeine.html

Member Benefits

Sponsor Discount Programs

Dear Members,

We are proud to work with all these great organizations that support our association and bring a great wealth of knowledge of what is going on in health care. We also work closely with local, state and federally-elected officials, keeping them educated and up to date on the entire vast medical industry. Having a strong legislative voice is vital to medicine. There has been a significant stride on building relationships with the different insurance carriers which allows us to help re-claim your reimbursement dollars, and navigate through negotiating the insurance contracts.

Countless hours are spent vetting ancillary medical services such as EHR, IT, and many more vendors. Call us before spending your valuable time, money, and staff resources. *We are your chamber of commerce of medicine!*

Sincerely,

PCMA staff

Saint Pete MRI has been providing quality patient care through state of the art diagnostic imaging in the Tampa Bay area for over 13 years. We are committed to providing high quality diagnostic imaging services to patients and referring physicians and will provide the solution to meet your requirements.

750 94th Avenue North
Suite 206
St. Petersburg, FL 33702
727-577-2220

Quality Medical Products. Superior Value. Medline provides products and clinical solutions to all markets across the continuum of healthcare: hospitals, long-term care facilities, surgery centers, home care and hospice agencies, physician offices and scientific products. Medline also provides consulting and management services encompassing the supply chain and logistics.

RICK BRAUN
One Medline Place
Mundelin, IL 60060
727-686-8897

Experience total home entertainment at a great value when you combine Interactive TV, Home Phone Service and High Speed Internet. Plus, let Bright House Networks provide and maintain the affordable High Speed Internet Equipment that best fits your needs.

Features

- Hundreds of Digital Channels with Free HD
- Anytime Unlimited Nationwide calling
- Ultra-fast Internet downloads
- 24/7 local customer care
- One bill convenience
- No long-term contracts
- No equipment to buy - one converter box included with a TV, Phone and Internet bundle

---

TROY KIMBROUGH
100 Second Avenue So.
Suite 600
St. Petersburg, FL 33701
727-821-6161, Ext. 248

PCMA Members Receive Preferred Pricing.

Gregory, Sharer & Stuart has established a reputation among members of medical organizations and in the healthcare industry as a firm dedicated to working with and understanding all types of medical businesses including single physician offices, multi-specialty practices, medical research institutions, nursing homes and social service agencies. Our services allow our healthcare clients to provide high-quality patient and customer care without compromising compliance and revenues.

"Using Proven Healthcare Business Practices, Not Theory, To Deliver Success"

We are a highly respected consulting, training and billing company known for providing practical, effective business strategies and solutions to assist healthcare organizations. Our team has hands-on experience within many physician practice settings. We partner with physicians to produce high-impact results and pride ourselves on implementing tactics and processes that have proven successful for the multitude of physicians we have served over the years.

Please visit us at
www.PBSconnection.com

or call our CEO, Alistair Madle at 813-769-2580 and mention PCMA as your referral source

---

At Ultimate Medical Academy (UMA), healthcare training is all we do. Since 1994, UMA has trained thousands of students for careers in the allied health field. Today, UMA continues to expand its wide-ranging portfolio of healthcare degrees and diploma programs, concentrating on the curricula, skills and certifications essential to meet the growing demand for qualified healthcare professionals.

KRISTIE SCHWEYER
Career Services Mgr.-Clearwater
PH: 813-386-1876
kschweyer@ultimatemedical.edu

Security Compliance Associates brings a strong team of experienced professionals to deliver superior services coupled with an unparalleled partnership approach. The team has provided security-related services to hundreds of Financial Institutions, health care providers, municipalities and many businesses required to safeguard critical information, regardless of media. Our broad and deep solutions cover the latest regulatory requirements and security threat environment that pose risk to the success of your organization. At SCA, we provide individual customized programs based on the size and complexity of your operation. Let SCA be your partner with the ongoing and ever changing challenges of information security and compliance.

2727 Ulmerton Rd
Clearwater, FL 33762
727-571-1141

BRIAN ARTZE
Vice President
721 Cortaro Drive
Sun City Center, FL 33573
727.709.3312

American Clinical Solutions provides urine drug confirmation testing for scheduled prescription and illicit narcotics. Our team has developed a highly complex proprietary method which detects, confirms and quantifies the presence and concentration of narcotic levels in your patients' system.

When partnered with your practice, our laboratory service can institute responsible prescribing and will create a Lab Guided Narcotic Medication Management Program for your patients.

"Confidence with every prescription"

Trenam Kemker's team of health care attorneys has experience in all aspects of representing health care practices and businesses in Florida.

- Health care regulation
- Tax and general medical business representation
- Health care overpayment audit defense
- Medical staff privilege issues
- Employment law issues
- Covenants not to compete
- Malpractice defense

Our lawyers provide presentations to physicians addressing:

- Tax, regulatory, asset protection
- Avoiding qui tam actions and overpayment audits
- Negotiating employment agreements
- Physician practice sales, acquisitions and mergers

MICHAEL A. IGEL - Attorney
200 Central Avenue,
Suite 1600
St. Petersburg, FL 33701
Phone: 727-896-7171
Fax: 727-820-3982
Direct: 727-820-3963

"At 21st Century Financial, our mission is to provide our clients with a comprehensive financial program that assists them in the accumulation, preservation, and distribution of their wealth. We accomplish this through our professional associates who have the complementary knowledge and experience to deliver a seamless, one-stop, total wealth management program with a personal touch to our valued clients."

ED DROPIC
Phone: 813-281-9200
Fax: 813-287-1834
EDropic@HTK.com

SHANNON ABBOTT, RN, BSN, MBA
Regional Manager
(813)486-6101 cell
www.almostfamily.com

Mederi Caretenders is redefining the art of caring which starts with our Senior Advocacy mission. It's why we are America's home care leader. A clinical team looks beyond the obvious to help patients realize their fullest potential. Simply put, we are their advocate. It's our mission to support the patient's physical and emotional well-being; provide excellent care, support, and education to the patient and their family; and to help them retain independence wherever they call home. Clinicians look beyond the obvious to help ensure patients are able to age in place. With a true focus on the senior population, clinicians receive specialized training in geriatrics. We have two convenient locations in Pinellas County and offer a wide array of specialized care path's to meet your patients' needs.

How to Discharge a Patient

by Virginia (Ginger) Kelley, MHA, ARM, CMPE, LHRM
Vice President of Risk Management

One of the most frequent calls I receive from our insureds is regarding the discharge of a particular patient from their practice. While every case is different, some principles apply to all situations. Health care providers need to provide the patient with at least 30 days of "emergency" care from the time of notification. Patients may be notified in person. A letter is not required by law; however, a letter is recommended for documentation purposes and is the best defense in the event of an abandonment claim.

Before discharging a patient, make the effort to determine whether the problem can be resolved short of discharge. For instance, in the case of non-payment, has anyone attempted to call the patient rather than just sending several invoices? Did you send the patient a letter informing them that non-payment will result in discharge? Have you offered them a payment plan?

If the patient has a history of rudeness or staff abuse, has anyone taken the individual aside and informed him or her that the behavior is unacceptable? Are there underlying issues that are causing this behavior? Is this behavior only being reported or witnessed by one employee and could the problem rest with the interaction between them?

For non-compliant patients, is there a financial burden preventing them from following the plan? Has the provider discussed the reasons for non-compliance with the patient? Is the treatment plan unmanageable to the patient for some reason? Can the plan be adapted to better suit the patient's needs? Has the provider engaged in an informed consent/informed refusal process so the patient is making a conscious decision to decline part of the treatment plan? A documented informed refusal should NOT be considered non-compliance. Patients do have a right to choose as long as they have been informed of the alternatives and potential risks of each option.

I suggest the following elements for the patient termination process:

1. Have the responsible physician review the file to confirm that discharging the patient will not endanger their medical condition and that discharging the patient is the appropriate action.
2. Prepare a discharge letter that includes the reason for the termination, such as:
   a. non-compliance with the treatment plan
   b. behavior on a specific date
   c. treatment of the staff
   d. refusal to meet financial obligations (i.e., pay the bill, etc.)
3. Note the effective date of the termination (no less than 30 days from the date on the letter) and that you will provide emergency care during this 30-day period.
4. Provide 3 alternatives for obtaining another qualified provider. I recommend providing the name and phone numbers of your local medical society, the local hospital referral service, and the patient's insurance company, or a local free clinic if they are indigent.
5. Send the letter certified mail, return receipt requested, but at the same time, send the letter regular mail. In the event the patient refuses to sign for the certified letter, and the regular mail letter is not returned as non-deliverable, it implies that the letter was received. Place any returned mail in the patient's chart, as well as the delivery receipts. If the patient is on any maintenance or long-term prescriptions from your office, I would suggest including a prescription for a 30-day supply in their letter.
6. Lastly, include a medical records release form so they will not have to contact your office for it when they find a new provider. This is not required under HIPAA, but many practices prefer to use it as a means of record keeping. Most practices will send a copy of the chart to a new provider at no charge to the patient. However, if the patient does not already owe you money, and they request a copy to take themselves, I recommend giving it to them at no charge as well. If they owe you money, I would let them know they may have a copy at no charge when they have paid their balance due, but still offer to send it to another provider as a courtesy.

A sample termination letter is available on our web site. If you have questions or need assistance in customizing this letter for your practice or for a specific patient, please feel free to contact me.

Virginia J. Kelley, MHA, ARM, CMPE, LHRM
Vice President of Risk Management
Florida Doctors Insurance Company
(904) 296-2887, extension 230
gkelley@fldic.com

FREE Online CME For PCMA Members

Florida Doctors Insurance Company (FLDIC) and Pinellas County Medical Association (PCMA) have teamed up to offer ALL PCMA members **free unlimited** online CMEs.

This offer is available until February 11, 2013. So act fast!

If you would like to take advantage of this special offer, please visit www.FLDIC.com/pcma-cme to receive your free NetCE group code.

3 Easy Steps to Access PCMA Group Code:

1. Visit www.fldic.com/pcma-cme
2. Complete the brief 8 question information form
3. Your group access code will be emailed to you so that you may log on to NetCE and start earning your FREE CMEs!

Any Pinellas County physician who is not a member of PCMA can access this benefit at a discounted price of $130. Please contact PCMA at 727-541-1159 for payment details and access codes.

FLORIDA DOCTORS INSURANCE COMPANY

HOW? We team up with local agents to offer personal service. We're based in Florida and well-versed in Florida law; so we resolve medical professional liability issues quickly and with better results for our clients.

PINELLAS COUNTY MEDICAL ASSOCIATION, INC. FLORIDA

Preferred Partner for PCMA Members save 10% Med Mal Coverage

Learn more: ***800-FLA-DOCS (800-352-3627)*** | ***www.fldic.com/pcma-cme***

This Member Spotlight featuring Jonadab Uzoho, DO, RPT, is being reprinted in this issue as a courtesy. His name was incorrectly misspelled in the Spring/Summer 2012 issue. The PCMA apologizes for this publishing error.

MEMBER SPOTLIGHT

Jonadab Uzoho, DO, RPT

Dr. Uzoho is Board Certified in Family Medicine. He attended the University of South Florida where he graduated with honors with a Bachelors degree in Biology. He continued on to receive his Medical Degree from Ohio University College of Osteopathic Medicine, and completed his Internship at Kennedy Memorial Hospital, Strafford, New Jersey. Dr. Uzoho completed the Osteopathic Program at Grandview Hospital and Medical Center in Dayton, Ohio. He is the Medical Director of the Stoke Rehabilitation Program, and the Chief of Medical Staff at HealthSouth in Spring Hill, FL.

Dr. Uzoho is a member of the American Osteopathic Association, American Occupational Medicine Association and American Cranial Academy. He holds additional certification in Neuromuscular Development Technique (NDT), Movement Opportunity Via Education (MOVE), and Cranial Sacral Technique. Dr. Uzoho has special training in Movement Disorders including Vestibular Rehab Therapy. He is also a licensed Physical Therapist.

Dr. Uzoho enjoys reading, soccer, traveling and fitness.

MEDICAL HOME DOCTORS

2198 15th Avenue South

St. Petersburg, FL 33712

PHONE (727) 803-6887 | FAX (727) 803-6897

HOURS Monday - Friday, 9 am to 6 pm

www.jsamedicalgroup.com

For your convenience, we offer many in-office services including:

- Same Day Appointments for Urgent Care
- 24 Hour Physician On-call Availability
- Well Woman Exams
- Men's Wellness Exams and Screenings
- Dermatology Services
- Diabetic, COPD & Cardiovascular Health Education
- Sleep Disorders
- Balance and Dizziness Disorders Assessment and Treatment

FLORIDA DEPARTMENT OF HEALTH: FUNGAL MENINGITIS

As part of the ongoing investigation of the multistate outbreak of fungal meningitis and other infections, the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA) continue to test medical products from the New England Compounding Center (NECC) in Framingham, Massachusetts. This form of meningitis is not contagious. At this point, the original source of the outbreak has not been determined. However, injectable steroid medication has been linked to the outbreak.

All infected patients identified thus far have been exposed to preservative-free (PF) methylprednisolone acetate (MPA) injection, with preservative-free MPA that definitely or likely came from one of the following three lots produced by the NECC:

- Methylprednisolone Acetate (PF) 80 mg/ml Injection, Lot #05212012@68, by use date (BUD) 11/17/2012
- Methylprednisolone Acetate (PF) 80 mg/ml Injection, Lot #06292012@26, BUD 12/26/2012
- Methylprednisolone Acetate (PF) 80 mg/ml Injection, Lot #08102012@51, BUD 2/6/2013

IN FLORIDA:

There are 25 cases, including three deaths, among persons linked to epidural steroid injections as of 12/6/12. Of these cases, 18 are linked to clinics in Marion County and seven to Escambia County.

NATIONALLY:

There have been 590 total cases and 37 deaths reported as of 12/10/12.

The CDC Health Alert Network sent a message on 12/3/12 that is summarized below:

The CDC and the FDA have recently identified additional microbial contamination in unopened vials of betamethasone, cardioplegia, and triamcinolone solutions distributed and recalled from NECC. These include bacteria known as *Bacillus*, and fungal species including *Aspergillus tubingensis*, *Aspergillus fumigatus*, *Cladosporium* species, and *Penicillium* species.

Although rare, some of the identified Bacillus species can be human pathogens. Some of the fungal organisms identified, particularly *Aspergillus fumigatus*, are known to cause disease in humans. It is not known how product contamination with these organisms could affect patients clinically. The available epidemiological and laboratory data do not, at this time, support evidence of an outbreak of infections linked to usage of non-methylprednisolone NECC products.

CDC continues to recommend that clinicians remain alert for the possibility that infections may have resulted from injection of NECC products, and that routine laboratory and microbiologic tests, including bacterial and fungal cultures, should be obtained as deemed necessary by treating clinicians.

Clinicians should continue to report infections potentially related to NECC products to FDA's MedWatch and to state health departments

The CDC's recommendations for diagnosing and treating symptomatic patients who have received NECC products have not changed as a result of these findings.

For additional information, please visit: **http://www.cdc.gov/HAI/outbreaks/meningitis.html**.

Financial Considerations for 2013

It isn't too early to think about next year.

by Ed Dropic

21ST CENTURY TAX FINANCIAL INC.

We are now in plain view of the *fiscal cliff*. After the election, Congress may or may not end up keeping income and estate tax rates at their recent levels. Next year may bring some notable financial developments, and it isn't too soon for households to think about them.

You may want to prioritize tax reduction. If the Bush-era tax cuts sunset, everyone will see higher taxes. The federal income tax brackets (10%, 15%, 25%, 28%, 33%, 35%) that we have known for the last nine years would be replaced by five higher ones (15%, 28%, 31%, 36%, 39.6%) come 2013.[1]

High earners may want to watch their incomes. If your earned income for 2013 tops $200,000 – or exceeds $250,000, in the case of a couple – you may face two Medicare surtaxes. While the Medicare payroll tax on earned incomes above these levels is set to rise to 2.35% from the current 1.45%, the second surtax may prove to be the real annoyance: there is scheduled to be a 3.8% charge on net investment income for individuals and couples whose modified adjusted gross incomes surpass these levels.[1,2]

Some fine points about this second surtax must be mentioned. It would actually be levied on the lesser of two amounts – either your net investment income or excess MAGI above the $200,000/$250,000 levels. Most investment income derived from material participation in a business activity would be exempt from the 3.8% surtax, along with tax-exempt interest income, tax-exempt gains realized from selling your home, retirement plan distributions and income that would already be subject to self-employed Social Security tax.[2]

The bottom line is that a bonus, an IRA distribution, or a sizable capital gain may push your earned income above these thresholds – and it will be wise to consider the impact that would have.

You may have less take-home pay next year. Social Security taxes for paycheck employees are slated to return to the 6.2% level in 2013. They've been at 4.2% since the start of 2011. If you earn $75,000 during 2013, you will take home about $1,500 less of it than you would have in 2012. If you earn $50,000, we're talking $1,000 less.[3]

Any 2013 Social Security COLA may be minor. In 2012, the cost of living adjustment to Social Security benefits was 3.6%. Before that, Social Security recipients went three years without a COLA. As inflation is mild, whatever COLA is announced this fall in tandem with Medicare premium changes may not amount to much.[1]

Next year, medical expense deductions may shrink. If you are thinking about delaying a procedure or surgery until 2013, remember that the itemized deduction threshold for unreimbursed medical expenses is set to increase from 7.5% to 10% of adjusted gross income in 2013. Even if that happens, however, the threshold will remain at 7.5% through 2016 for taxpayers age 65 and older.[1]

You may be able to find a better Medicare Advantage plan for 2013. The Affordable Care Act has altered the landscape for these plans (and their prescription drug coverage). Using Medicare's Plan Finder (click on the "Find health & drug plans" link at *Medicare.gov*), you may discover similar or better coverage at lower premiums. The enrollment period for 2013 coverage runs from October 15 to December 7.[1]

Those without work may find a safety net gone. Extended jobless benefits may disappear for the long-term unemployed at the start of 2013. Will Congress extend them once again? Possibly – but that isn't a given.

The estate and gift tax exemptions may shrink significantly. The (unified) lifetime federal gift and estate tax exemption is currently set at $5.12 million – and it will drop to $1 million in 2013 if Congress stands pat. Federal gift tax and estate tax rates are also slated to max out at 55% in 2013, as opposed to 35% in 2012. Right now, an unused portion of a $5.12 million lifetime exemption is portable to a surviving spouse; in 2013, that portability is supposed to disappear.[4]

Many analysts and economists think that Congress will eventually abide by President Obama's wishes and take things back to 2009 instead of 2001 – that is, a $3.5 million estate tax exemption, a $1 million lifetime gift tax exemption, and a 45% maximum estate and gift tax rate.[4]

Prepare for year-end drama... and for 2013. The last two months of 2012 will surely bring political theatre to Capitol Hill. As it unfolds, you may want to look ahead to next year and consider the impact that these potential changes could have on your financial life.

Ed Dropic may be reached at (813) 281-9200, Ext. 204, M-727-431-2064 or edropic@htk.com.
www.XXIfinancial.com

Citations

[1]money.usnews.com/money/blogs/the-best-life/2012/08/29/get-ready-for-5-key-money-changes-in-2013 [8/29/12]

[2]www.cliftonlarsonallen.com/inside.aspx?id=364 [2/23/12]

[3]money.cnn.com/2012/05/29/news/economy/payroll-tax-cut/index.htmx [5/29/12]

[4]www.smartmoney.com/taxes/income/preparing-for-taxmageddon-1337724496427/ [5/23/12]

HIV/AIDS STATISTICS

Pinellas and Pasco Counties (Area 5)

Volume 22, Issue 1
October 5, 2012

Pinellas County Health Department
205 Dr. M. L. King Street North
St. Petersburg, FL 33701
(727) 824-6900
www.PinellasHealth.com

Director
Claude M. Dharamraj, MD, MPH, FAAP
claude_dharamraj@doh.state.fl.us

Assistant Director
Disease Control Division Director
Patricia L. Ryder, MD, MPH
pat_ryder@doh.state.fl.us

HIV/AIDS Program Coordinator
Operations Manager
Lisa E. Cohen
lisa_cohen@doh.state.fl.us

HIV/AIDS Contract Manager
ADAP Program Manager
Collette Lawson
collette_lawson@doh.state.fl.us

HIV/AIDS Surveillance
Program Manager
Beth M. Sudduth, MPH
beth_sudduth@doh.state.fl.us

HIV/AIDS Surveillance Staff:
Rachel Janssen - HIV/AIDS Surveillance Coordinator
Floyd Egner - HIV/AIDS NIR Coordinator

To report cases of HIV/AIDS/STD or other infectious diseases, please call: (727) 824-6932

Identifying Risk Factors

At the end of 2011 Pinellas County and Pasco County health care providers had reported 307 HIV and AIDS cases to the HIV/AIDS Surveillance office. Out of the total number of HIV/AIDS cases reported 27 percent (84) of those cases were classified as "**NRRs**" - or **Non Reported Risks**. **NRRs are cases where the patient (or provider) does not indicate a clear risk as to how the patient acquired the HIV virus**. In Hillsborough County, across the bay, the total number of NRRs reported were 11 percent - just 45 out of the 401 HIV/AIDS cases reported that year. The discrepancy of NRRs between Area 5 (Pinellas/Pasco) and Area 6 (Hillsborough/Manatee/Hernando) led to a thorough review of 2011 NRR cases in Area 5 by the NIR (Non-Identified Risk) Coordinator.

What are the Risk Factors for HIV?

MSM - Men having Sex with Men

IDU - Injection Drug Users

Hetero - Heterosexual sex with a person who is known to be infected with HIV or with someone known to be an IDU or MSM

Other - less likely risks of needlesticks, transfusion, hemophilia, perinatal, etc.

What Did We Find?

By June 2012 the 2011 NRRs in Area 5 had decreased to 24 percent (64 cases). Of the remaining NRR cases:

- 16 patients refused to cooperate with interviews or denied any risk factors
- 12 patients named sexual partners that could not be located for confirmatory HIV testing
- 7 patients were unable to be located by the health department
- 5 patients refused to name a sexual partner and did not give or know their risk factor
- 5 were deceased and a medical record review did not indicate a risk factor
- 4 patients had anonymous sexual partners
- The remaining 15 NRR cases indicated needlestick injuries, transfusions, rapes, blood-to-blood contact or illegal drug use as possible risk factors. However, these risks are usually no longer accepted as "true" risks by the Centers for Disease Control and Prevention (CDC).

About half of these NRR cases had diagnosis dates prior to 2011 and at least 10 were diagnosed in 2000 or earlier. Several had tested HIV positive in another state. Most either did not know their risk, did not tell their provider about their risk, or it was impossible to test their partners.

What Steps Were Taken in the Review Process?

⇒ Cases were checked in PRISM - the STD database system - to determine if a risk could be found

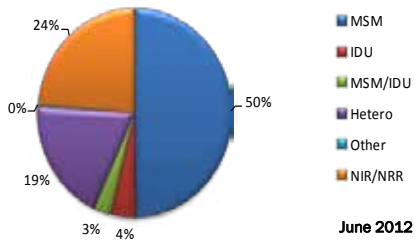
⇒ Provider's offices were contacted and requested to review their charts for risks or to ask the patient to complete a "Patient Risk Assessment" form

⇒ Medical records were reviewed at hospitals who had seen the NRR patients in 2011 or 2012

⇒ Additional databases were searched, including social media sites, for sexual orientation or partner names

⇒ Patient interview completed by the NIR Coordinator

Area 5 HIV/AIDS Risks in 2011



What Can Health Care Providers Do?

Area 5 has the highest Non Reported Risk factor rate in the state of Florida. In order to bring that percentage down you need to **ask** your patients about their possible risk factors, regardless of how long ago they were diagnosed. Make it a part of your intake of questions. If you are not comfortable asking about sexual history ask your local HIV/AIDS Surveillance office for a Patient History Assessment form that the patient can fill out in your office. Ask open ended questions. Gather details. And if they don't know be sure to ask again. It's important!

(For more information about HIV and risk factors for HIV please check out the CDC's website http://www.cdc.gov/hiv/resources/brochures/at-risk.htm)

Special Points of Interest

- Please call **(727) 824-6932** if you need HIV/AIDS reporting forms, specific HIV/AIDS statistical information, would like to have a brief HIV/AIDS Surveillance In-Service for your staff or have your HIV/AIDS cases reviewed in your office.

HCA West Florida

Edward White Hospital

Your Community Hospital

Sharon D. Hayes Named Chief Executive Officer

St. Petersburg, Florida—October 5, 2012

Edward White Hospital announces the appointment of Sharon D. Hayes, RN, BSN, MBA, as Chief Executive Officer, effective October 31, 2012. She is relocating from Chippenham Medical Center, a 466-bed HCA facility in Richmond, Virginia, were she served for the past three years as the Chief Operating Officer. She was promoted to that position from Vice President of Clinical Affairs and Chief Nursing Officer for CJW Medical Center, a 758-bed, two campus system in Richmond, which includes Chippenham.

Ms. Hayes extensive healthcare career includes strong clinical and operational experiences, in national and international environments. She is a results oriented professional who brings a unique perspective, combining her operational and clinical expertise to ensure the delivery of high quality care, effectively and efficiently.

“Being a nurse first, it is an exciting venture to join a team that puts patient care, safety, and a focus on quality as a top priority.” said Sharon Hayes, Chief Executive Officer.

Previously experience has also included Chief Nursing Officer/Administration of the Jack Nicklaus Children’s Hospital, St. Mary’s Medical Center in West Palm Beach; President of Practice Management Concepts; Chief Operating Officer for Palms West Hospital; Director of Nursing at Wellington Regional Medical Center and Director of Emergency Services at King Fahad Hospital in Saudi Arabia.

Ms. Hayes earned her Master of Business Administration with honors from Florida Atlantic University and her Bachelor of Science in Nursing from University of Tennessee at Chattanooga . She is active in a number of professional organizations including the American College of Healthcare Executives, Central Virginia Healthcare Executive and the Virginia Organization of Nurse Executives.

“I look forward to building upon existing relationships and creating new ones within Pinellas County, and taking Edward White Hospital to the next Level” said Hayes.

Her community involvement includes serving on numerous Chambers of Commerce and University boards and the American Heart Association’s Event Planning Board as well as the Multiple Sclerosis Board.

ABOUT EDWARD WHITE HOSPITAL

Edward White Hospital is a 162-bed acute care facility serving the St. Petersburg area for more than 36 years. Services include the Orthopedic and Spine Center, Center for Wound Care and Hyperbaric Medicine, a Skilled Nursing Unit, a Diagnostic and Imaging Center, a Reflux Center and Sinus Center, as well as a Comprehensive Rehabilitation Institute. The hospital provides around-the-clock emergency room (ER) services and is an Accredited Chest Pain Center and Certified Advanced Primary Stroke Center.

Average ER wait times are posted on the hospital’s website at:

www.EdwardWhiteHospital.com, or by texting “ER” to 23000.

Welcome, New Members!

Brett A. Almond
Bay Surgical Specialists
960 7th Avenue North
St. Petersburg, FL 33705
(727) 821-8101
General Surgery

Michelle Arrieta-Gonzalez
Fana Medical Group
5798 38th Avenue North
St. Petersburg, FL 33710
(727) 384-0192
Internal Medicine

Magda Barsoum-Homsy
Eye Institute of West Florida
3165 N. McMullen Booth Rd, Ste 1
Clearwater, FL 33761
(727) 723-8706
Ophthalmology

Paul L. Benfanti
Children's Orthopaedic &
Scoliosis Surgery Assoc.
625 6th Avenue South, Ste 450
St. Petersburg, FL 33701
(727) 562-6864
Sports Medicine

William Bowers
St. Pete Vein Center
3520 38th Avenue North
St. Petersburg, FL 33713
(727) 527-5100

Lora Brown
Tru-Well
1 Beach Drive SE, #1504
St. Petersburg, FL 33701
(727) 512-4621
Pain Medicine

Jennifer M. Burns
Coastal Interventional Pain Mgmt.
1099 5th Avenue North, Ste 320
St. Petersburg, FL 33705
(727) 822-7000
Pain/Physical Medicine &
Rehabilitation

Beth Carlson
Morton Plant Mease Primary Care
12046 Indian Rocks Road, Ste 103
Largo, FL 33774
(727) 596-9490
Family Practice

Robert G. Carroll
Quantative Imaging
11224 Tradewinds Blvd.
Largo, FL 33773
727-398-4345
Nuclear Medicine

Elizabeth D. Carson
Carson Family Care
1259 South Pinellas Avenue
Tarpon Springs, FL 34689
(727) 938-1908
Family Medicine

Wayne Cheng
The Heart & Vascular
Institute of Fla.
1840 Mease Drive, Ste 200
Clearwater, FL 34695
(727) 724-8611
Cardiology

Fred E. Clark III
Bayfront Convenient Care Clinic
3251 66th Street North
St. Petersburg, FL 33710
(727) 344-3627
Family Medicine

Edward Cole
St. Petersburg Urgent & Pain Care
4900 33rd Avenue North
St. Petersburg, FL 33710
(727) 526-8300
Ophthalmology

Georges Dagher
The Heart & Vascular
Institute of Fla.
1840 Mease Drive, Ste 200
Safety Harbor, FL 34695
(727) 724-8611
Cardiology

Vilas Deshpande, MD PA
5880 49th Street North, Ste 101-N
St. Petersburg, FL 33709
727-528-0815
General Surgery/Head & Neck

John P. Deveikis
Bayfront Medical Center
701 Sixth Street South
St. Petersburg, FL 33701
(727) 823-1234
Diagnostic Radiology

Leslie Duke, DO
Fana Medical Group
5798 38th Avenue North
St. Petersburg, FL 33710
(727) 384-0192
Family Practice

Steven Epstein
Bay Area Surgical Assoc
603 7th Street South, Ste 500
St. Petersburg, FL 33701
(727) 822-0442
General Surgery

Kurt Erickson
Clearwater Surgical Associates
1106 Druid Road South, #301
Clearwater, FL 33756
(727) 446-5681
General Surgery

Lee Friedman
Babat, Katz & Samuelson
2150 49th Street North, Ste F
St. Petersburg, FL 33710
(727) 381-0275
Interventional Radiology &
Vascular Radiology

Eli Gavi
Bay Area Chest Physicians, PA
616 E Street
Clearwater, FL 33756
(727) 443-0611
Critical Care Medicine

Eid L. Guirguis
Ocean Pediatric Care
1198 Mariner Blvd.
Spring Hill, FL 34609
(352) 835-7111
Pediatrics

Jessica Herrington, ARNP
Fana Medical Group
5798 38th Avenue North
St. Petersburg, FL 33710
(727) 384-0192

Kurt C. Hirshorn
All Florida Orthopaedic Associates
4600 4th Street North
St. Petersburg, FL 33703
(727) 527-5272
Orthopaedic Surgery

John Hoche
Heart and Vascular Institute of FL
1615 Pasadena Avenue S, Ste 300
St. Petersburg, FL 33707
(727) 490-3030
Cardiology

Obeid Ilahi
Bay Area Surgical Assoc
603 7th Street South, Ste 500
St. Petersburg, FL 33701
(727) 822-0442
Critical Care Surgery

Alexander Johnson
Heart and Vascular Institute of FL
560 Jackson Street North, Ste 100
St. Petersburg, FL 33705
(727) 329-1600
Cardiovascular Disease

David Jones
Suncoast Medical Clinic
601 7th Street South
St. Petersburg, FL 33701
(727) 894-1818
Oncology

Geetha Kamath
Gastroenterology & Oncology
Associates
5767 49th Street North
St. Petersburg, FL 33709
(727) 522-0558
Oncology

Jayaprakash Kamath
Gastroenterology & Oncology
Associates
5767 49th Street North
St. Petersburg, FL 33709
(727) 522-0558
Gastroenterology

Jennifer M. Kleinbert
Tarpon Springs Internal
Medicine
1919 North Pinellas Avenue
Tarpon Springs, FL 34689
(727) 942-8702
Internal Medicine

Guy Lafond, Retired
220 Poinciana Lane
Largo, FL 33770

Theresa M Larkin M.D.
3515 E. Fletcher Avenue
Tampa, FL 33613
(813) 784-1789
Psychiatry

Harold Lawler, III
Florida Accident & Injury Inc.
1811 Shore Drive South
South Pasadena, FL 33707
(727) 345-5900
Internal Medicine

Lyssa E. Logue
Cordes, Patranella & Winkler, PA
2855 5th Avenue North
St. Petersburg, FL 33713
(727) 323-2727
Pediatrics

Jose Luciano
Coastal Pulmonary & Critical Care,
PLC
1530 9th Street North
St. Petersburg, FL 33704
(727) 822-6661
Pulmonary Medicine

Joana S. Machry
All Childrens Health System
601 5th Street South, Ste 5
St. Petersburg, FL 33701
(727) 767-4313
Perinatal Medicine & Neonatal Medicine/Pediatrics

Michael H. Manning
Gulf Coast Eye Care
6036 Park Blvd.
Pinellas Park, FL 33781
(727) 768-0488
Opthalmology

James C. Mauch
Sucoast Medical Clinic
601 7th Street South
St. Petersburg, FL 33701
(727) 894-1818
Dermatology

Jeremy McConnell
Bayfront Primary Care Associates
603 7th Street South
St. Petersburg, FL 33701
(727) 553-7720
Family Practice

Thomas M. McNeill
Women's Care Florida, LLC
700 Central Avenue, Ste 400
St. Petersburg, FL 33701
(727) 895-1300
OB/GYN

Jaimie L. Mickey
Bardmoor Family Practice
8839 Bryan Dairy Road, Ste 200
Seminole, FL 33777
(727) 391-6296
Family Practice

Boyd J. Mullholand, Retired
2243 Mermail Pt. NE
St. Petersburg, FL 33703
(727) 522-7808
Family Practice & Pediatrics

Brian C. Oliver
Ortho Sports
3251 N. McMullen Booth Rd, Ste. 201
Clearwater, FL 33761
(727) 725-6231
Orthopedic Surgery

Vinubhai C. Pansuriya
Lung & Sleep Care Inc.
6029 Dr. Martin Luther King Jr. St. N.
St. Petersburg, FL 33703
(727) 522-3600
Critical Care Medicine

Effie Pappas
2 Tampa General Circle
7th Floor, Room 7015
Tampa, FL 33606

Rupa Patel
Bread and Roses
1560 S. Highland Avenue
Clearwater, FL 34683
(727) 446-2690
Abortion

Muni S. Polsky
Wiliam Beaumont Army Medical Center
5005 N. Piedras Street
El Paso, TX 79920

Nicholas Price
Bay Area Surgical Assoc
603 7th Street South, Ste 500
St. Petersburg, FL 33701
(727) 822-0442
Critical Care Surgery

Jose A. Prieto
Saint Petersburg Maternal/Fetal
625 6th Avenue South, Ste 340
St. Petersburg, FL 33701
(727) 553-7903
Fetal Medicine & Maternal Medicine/
Obstetrics & Gynecology

Donald S. Prior
Prior Radiology Services
1420 Gulf Blvd.
Belleair, FL 33786
(662) 725-2611
Diagnostic Radiology

Ashraf A. Ragab
Comprehensive Spine Institute, LLC
8839 Bryan Dairy Road, Ste 215
Largo, FL 33777
(727) 498-2292
Orthopaedic Surgery

Karen A. Raimer
Saint Petersburg Maternal/Fetal
625 6th Avenue South, Ste 340
St. Petersburg, FL 33701
(727) 553-7903
Fetal Medicine &
Maternal Medicine/
Obstetrics & Gynecology

Nasser Razack
Neurointerventional Associates
200 2nd Avenue South, Ste 513
St. Petersburg, FL 33701
(727) 498-2292
Interventional Radiology & Vascular Radiology

Carlos E. Reyes
Women's Care Florida, LLC
700 Central Avenue, Ste 400
St. Petersburg, FL 33701
(727) 895-1300
OB/GYN

Carlos R. Rodriguez
Bayfront Family Medicine Residency
Sports Medicine Fellowship
700 Sixth Street South
St. Petersburg, FL 33701
(727) 893-6333
Sports Medicine/Family Practice

David Sams, DO
Coastal Pulmonary & Critical Care, PLC
1530 9th Street North
St. Petersburg, FL 33704
(727) 822-6661
Pulmonary Medicine

Vinny Samuel
Coastal Pulmonary & Critical Care, PLC
1530 9th Street North
St. Petersburg, FL 33704
(727) 822-6661
Pulmonary Medicine

Dima A. Sawalha
All Children's Health Systems
601 5th Street South, Dept 6941
St. Petersburg, FL 33701
(727) 898-7251
Pediatrics

Heeral R. Shah
Updegraff Vision
1601 38th Avenue North
St. Petersburg, FL 33713
(727) 822-4287
Medical Retina/Ophthalmaologist

Joseph C. Shanklin
Center for Emotional Wellness
2329 Sunset Point Road, Ste 203
Clearwater, FL 33765
(727) 669-3911
Psychiatry

David H. Shapiro
Hemorrhoid Treatment Center of Fla.
561 South Duncan Avenue
Clearwater, FL 33756
(727) 724-4279
Colon & Rectal Surgery

Christopher Shiepis, DO
St. Pete Urology
830 Central Avenue, Ste 100
St. Petersburg, FL 33701
(727) 822-9208
Urology

John H. Shim
FSOM - Westchase
3890 Tampa Road, Ste 202
Palm Harbor, FL 34684
(727) 814-9251
Orthopedic Surgery

Amy S. Taneja
Absolute Health and Wellness
1600 Dr. MLK Jr. Street North
St. Petersburg, FL 33704
(727) 456-0750
Obstetrics & Gynecology

Sreelatha Tirupathi
All Florida Family Care, Inc.
3301 66th Street North, Ste A
St. Petersburg, FL 33710
(727) 344-6200
Internal Medicine

Jonadab C. Uzoho
Medical Home Doctors
2198 15th Avenue South
St. Petersburg, FL 33712
(727) 803-6887
Family Practice

Steven C. Weissfeld
Spine Pain & Orthopedic Center
3165 N. McMullen Booth Road, Bldg B
Clearwater, FL 33761
(727) 470-6832
Orthopedic Surgery

Karen Wisby, ARNP
Fana Medical Group
5798 38th Avenue North
St. Petersburg, FL 33710
(727) 384-0192

PHYSICIAN'S ASSISTANTS

Charles J. McCluskey
6500 66th Street North
Pinellas Park, FL 33781
(727) 347-1286
Orthopedics

Ann M. McManus
13198 92nd Avenue
Seminole, FL 33776
(727) 236-1914
Rheumatology

Andrew D. Carson
1259 S. Pinellas Avenue
Tarpon Springs, FL 34689
(727) 938-1908
Family Medicine

Terry Helopoulos
7200 66th Strret North, Rm #188
Pinellas Park, FL 33781
Physician's Assistant

Accountant's Corner

Gregory, Sharer & Stuart
Certified Public Accountants and Business Consultants

Troy Kimbrough, CPA/PFS
Shareholder, Director of Healthcare Services

Year End Tax Planning Overview

2012 & 2013 TAX PLANNING

We have a challenging year before us on the tax planning front. The only certainty appears to be everyone's uncertainty. Ambiguity in the tax realm can have a paralyzing effect on planning, but a wait-and-see approach can lead to lost opportunities or last-minute scrambles to seize the remains of an opportunity. Although the tax future remains unclear, planning opportunities remain. Despite the quiet year for tax legislation, significant changes are before us for 2013 including rate increases, and limitations of deductions, credits and incentives. In addition, two new taxes become effective in January.

Absent any legislative action, the significant changes on the horizon in 2013 are as follows:

- Two new taxes established under the Patient Protection and Affordable Care Act will go into effect on Jan. 1:
  - A 0.9 percent tax on wages and self-employment income
  - A 3.8 percent contribution tax on investment income
- Individual tax rates will universally climb, with the highest rate rising from 35 percent to 39.6 percent before accounting for the new taxes stemming from the act.
- Federal estate and gift tax rates will increase from 35 percent to 55 percent, and the exclusion amount will drop from $5.12 million to $1 million.
- A series of tax rules designed to reduce what is commonly referred to as the marriage penalty will sunset at the end of this year, raising taxes for many dual income couples.
- Preferential tax rates on capital gains and dividends, currently 15 percent for most of our clients, will expire at the end of the year, with the tax rate on long-term capital gains returning to 20 percent and qualified dividends losing preferential treatment altogether, returning to the ordinary income rates of up to 39.6 percent
- Limitations on itemized deductions and personal exemptions will return in 2013 for higher-income taxpayers.
- It is anticipated that millions of additional taxpayers will become subject to the alternative minimum tax (AMT) with the expiration of the "AMT patch."
- The child tax credit will be reduced by half for 2013.

Planning for the New Healthcare Taxes

Effective Jan.1, 2013, a 0.9 percent hospital insurance (HI) tax applies to wages and self-employment income, while a 3.8 percent Medicare contribution (UIMC) tax applies to investment income. Neither tax becomes applicable until income exceeds the established thresholds ($250,000 for married filing joint & $200,000 for individual). The HI tax may be managed through withholding for employees, but in certain circumstances, such as for dual income households or in years of employer transitions, withholding may not fully cover the wages subject to the HI tax. For the purposes of the UIMC tax, net investment income has been defined to include dividends, rents, interest, passive activity income, capital gains, annuities and royalties. Keep in mind that the UIMC tax applies if you have net investment income and your modified adjusted gross income is above the threshold. The impact of the tax may be minimized through shrewd management of your net investment income, proximity to the thresholds or both.

Following are several strategies that you might consider before the end of 2012 to minimize UIMC tax:

- **Shift to investments that produce tax-exempt or tax-deferred income**. Consider non-dividend-paying growth stocks, tax-deferred annuities and/or state and local government bonds.
- **Mind your passive activities**. Classifying income as passive is generally advantageous for those with sufficient passive losses to offset the passive income. But with passive income being considered investment income for purposes of the UIMC tax, it may be prudent for those with passive income in excess of passive losses to evaluate their activities for rate management techniques.
- **Take a new look at family tax planning**. If you think you may be subject to the UIMC tax, consider the use of family limited partnerships and other income-shifting techniques to transfer investment income to your children or grandchildren. Although investment income transferred to children may be taxed at the parents' rate under the "kiddie tax" rules, the children will be subject to the UIMC tax only if their income exceeds the thresholds.

Income Tax Withholding

In addition to the 2013 higher graduated rates, the current 2 percent payroll tax holiday is set to expire at the end of this year, and the 0.9 percent HI tax on wages will begin in 2013 for those with earnings in excess of the applicable threshold. To avoid surprises at tax filing time for 2012 consider reviewing your income tax withholdings.

Year-End Tax Planning Strategies

Bearing in mind the new Medicare taxes and the scheduled changes in tax rates, traditional year-end tax planning techniques may need to be reversed to take advantage of the known lower rates of 2012.

Shifting taxable income between years – When you're expecting stable rates in the future, the traditional year-end strategies are largely focused on deferring income and accelerating deductions. But with the rates set to rise for most taxpayers, the better tax answer may come from an opposite approach. Income accelerated into 2012 could potentially result in significantly lower taxes.

Fulfilling charitable goals – An alternative to cash donations is the contribution of appreciated assets. When contributing assets, you can deduct the fair market value of certain property and avoid paying taxes on the appreciation. However, if you would like to donate securities that have declined in value, you will likely want to sell them first to realize the loss and then gift the proceeds to your organization of choice. In some circumstances, particularly when there is expiring capital loss or charitable carryforwards, a direct donation may not be the most effective tax planning tool.

Deducting losses from pass-through entities – If you are expecting a 2012 loss from a partnership, LLC or S corporation, ensuring that you have sufficient tax basis will help to secure your ability to deduct the loss. You may be able to increase your tax basis prior to year-end, but given the rates for 2013 as enacted, you might want to purposely avoid doing so until 2013 to push the loss into the higher rates of 2013.

Managing suspended passive activity losses – The most common passive activity is rental real estate, but it could also be a trade or business in which you do not materially participate. Losses from passive activities are limited and frequently carried over into future years. If you own a passive activity with a suspended loss and do not expect sufficient passive income in 2012 to allow you to deduct that loss, you can dispose of the activity prior to year-end to free up the suspended loss for use against other income. Keep in mind though that these losses may prove more valuable in future years if rates are higher.

Capital Gains and Losses

Gains – For many investors, it may make sense to harvest capital gains in 2012 to take advantage of the current lower rates. Harvesting can be done without changing overall investment strategy because sales of appreciated assets can be immediately reinvested as you choose, including in identical property. By harvesting the gains in 2012, you may pay a lower tax rate, but the tax rate savings should be weighed against the time value of money to determine the right plan for you.

Losses – Now is also a good time to consider tax loss harvesting strategies to offset current gains. A consideration of loss harvesting involves a number of factors, including the matching of losses. The first step must be balancing short-term gains with short-term losses and long-term gains with long-term losses before generating excess losses.

In addition, the "wash sale" rule generally prohibits you from claiming a deductible loss on a security if you repurchase the same or a substantially identical asset within 30 days before or after the sale.

Installment sales – Selling an asset at a gain and collecting the proceeds in future years may allow you to defer part of the income until the years in which you receive the payments. Although a popular and effective tax planning tool, the financial risk must be weighed against potential tax benefits. Since you will be financing the sale yourself, you could be faced with collection challenges down the road. For 2012 sales, you may want to elect out of the installment sale method and report the entire gain this year to forgo higher future rates.

ESTATE & GIFT TAX PLANNING STRATEGIES

Absent congressional action, the $5.12 million estate and gift tax exemptions and current top tax rate of 35 percent will revert to a $1 million exemption with a top tax rate of 55 percent beginning January 1, 2013. Moreover, the estate tax exemption will no longer be portable between spouses.

Because of the reversion to a lower exemption and a higher tax rate, what could be a once-in-a-lifetime opportunity exists to transfer significant assets to the younger generation without incurring any estate and gift tax. The annual gift tax exclusion for 2012 remains at $13,000. It is expected to rise to $14,000 for 2013. If you are married, you can avoid federal

TAX PLANNING *continued on page 38*

gift tax ramifications by gifting up to $26,000 per donee, or recipient, in 2012 under the gift-splitting rules. Annual gifting is a relatively simple method to reduce your taxable estate.

Transfers of appreciating assets outright to the next generation or through such techniques as grantor retained annuity trusts or sales to defective trusts may allow you to transfer significant wealth, with little or no tax cost. A well-planned gift in 2012 has the potential to transfer significant wealth out of your estate but should always be evaluated alongside future cash flow and the need to find the plan that best supports your goals.

Along with the high gift tax exemption, the generation-skipping transfer tax exemption is also $5.12 million during 2012. So, the door is open to bypass children and transfer significant wealth to future generations.

BUSINESS TAX STRATEGIES

Retirement Plans for your Business

Starting a business retirement savings plan is often easier than you think. And a retirement plan can offer significant tax advantages. In addition, there are a myriad of plan design options that allow for retirement plans to be tailored to your specific business and funding requirements.

Section 179 Expensing

IRS Code Section 179 provides businesses the option of claiming a full deduction for the cost of qualified property in its first year of use rather than claiming depreciation over a set period of years. For 2012, the Section 179 dollar limitation is $139,000 with a $560,000 investment limitation. The dollar limitation for 2013 is scheduled to drop to $25,000, with a $200,000 investment limitation. Businesses might want to consider accelerating scheduled purchases into 2012 to take advantage of the higher limits. Important to note is that the deduction is reduced dollar-for-dollar for purchases in excess of $560,000.

Bonus Depreciation

Property not qualifying for an immediate tax write-off under the expensing election may qualify for an increased first-year depreciation deduction under bonus depreciation rules. This deduction is equal to 50 percent of the cost of qualifying property purchased and placed in service by Dec. 31, 2012. Unlike the Section 179 deduction, bonus depreciation is not limited in amount or by an investment limitation, and it can create a current-year net operating loss.

Cost Segregation Studies

Buildings and other real estate generally do not qualify for bonus depreciation or the expensing election. However, a cost segregation study may be able to identify qualifying property within the overall project that will qualify for an accelerated expensing provision.

Changes to Repair Regulations

Comprehensive repair and capitalization regulations issued by the IRS late in 2011 may open up planning opportunities. Making changes from previously acceptable accounting methods to comply with the new regulations requires filing for a change in accounting method by means of at least one Form 3115. Accounting policies and existing depreciation schedules should be reviewed to determine whether changes in accounting methods should be filed and adjustments taken. In many cases, the change will result in accelerated expensing.

Corporate Dividends

Traditional C corporations face double taxation on distributed earnings. Profits are taxed at the corporate level and dividends paid out to shareholders are again subject to tax at the individual level. With the maximum 15 percent tax rate for qualified dividends during 2012 rising to 43.4 percent for 2013, this may be the year to consider paying out accumulated earnings that the corporation is not otherwise using.

Health Insurance Tax Credit

A tax credit is available for an eligible small employer to purchase health insurance for employees. To qualify as an eligible small employer, the company must:

- Pay for at least 50 percent of the premium cost for employees
- Generally have no more than 25 full-time equivalent employees employed during the year
- Pay its full-time equivalent employees annual wages averaging no more than $50,000

CONCLUSION

Developing an overall tax strategy under ambiguous circumstances can feel daunting. But the deliberate, informed implementation of a plan now for what is known can also protect against what remains to be seen – as what is unknown becomes known.

For more information, contact:

Troy Kimbrough, CPA/PFS
Director of Healthcare Services
tkimbrough@gsscpa.com

www.gsscpa.com
(727) 821-6161

Gregory, Sharer & Stuart
Certified Public Accountants and Business Consultants

Trenam Kemker
ATTORNEYS

HEALTH LAW ALERT

October 2012

The Plot Thickens: RAC Auditors Take Aim at Evaluation and Management Codes

By:
Michael A. Igel

Trenam Kemker Health Law Audit Defense Team

Recovery Audit Contractors ("RAC"), the most well-publicized of the third-party contractors hired by the Centers for Medicare and Medicaid Services ("CMS") to audit prior claims for reimbursement for services provided to Medicare beneficiaries, have physicians and physician groups in their crosshairs. Because RAC auditors are paid a percentage of overpayments discovered by an audit, the incentives for RACs to perform audits and demand overpayments from health care providers has always been clear and substantial. Historically, RAC auditors were primarily approved to target hospital services, durable medical equipment supplies and certain diagnostic tests. For the first time, CMS has upped the ante with physicians by approving RAC auditors to scrutinize the family of codes most commonly used by physician practices – the billing of medical office visits through evaluation and management ("E&M") codes. The approval for these audits is in response to a report created by the Office of Inspector General entitled Coding Trends of Medicare Evaluation and Management Codes. (https://oig.hhs.gov/oei/reports/oei-04-10-00180.pdf). An increase in physician audit activity is a virtual guarantee, making compliance plans and coding accuracy more important than ever. Because RACs are permitted to extrapolate their findings, failure to comply can be disastrous.

Connolly Consulting ("Connolly"), the RAC that audits in Florida, is the only RAC that is currently approved to conduct audits on E&M services. In addition to Florida, Connolly audits claims in Alabama, Arkansas, Colorado, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico and the U.S. Virgin Islands.

CMS's approval is effective October 1, 2012, and permits Connolly to audit records with dates of service beginning October 1, 2007. Connolly has indicated that it will begin its reviews of the high level, established patient office visit code 99215. Many physicians are concerned that the complexity and subjectivity of billing for office visits (assignment of E&M coding levels is based upon six components) combined with the low statistical accuracy rate of RAC auditor determinations will lead to significant RAC audit activity, even for services that were coded correctly.

What Should I Do?

Considering the near certainty that RAC audits of physicians will increase, now is the time to organize compliance efforts. There are precautions that can be taken to minimize audit concerns going forward, including the following:

1. Timely respond to any record request, and notify counsel early in the audit process.
2. Make sure all records (including each entry) are legible, and properly authenticated, signed, dated and clear as to authorship.
3. Because time spent with the patient is a key component in documenting E&M codes, total face-to-face time with the patient must be documented, including total time spent in counseling the patient (and the topics covered in counseling).
4. Consideration of the patient's history, another essential component supporting the level of E&M coding billed, must be included in the record and properly documented to support the level of E&M code billed.

This article was written by Michael A. Igel, Chair of Trenam Kemker's Health Audit Defense Team and a member of the firm's Health Law Team. For more information, contact Mike at migel@trenam.com or 727-820-3963.

Physician Compliance – What's In It For Me?

by Maggie Mac, CPC, CEMC, CHC, CMM, ICCE

Compliance oversight requires continuous review of issues identified by the Recovery Audit Contractors (RAC's), the Comprehensive Error Rate Testing (CERT) reports and the OIG reports and work plans, to name a few. The OIG has recently issued its Work Plan for 2013. Some highlights of the work plan that affect physician documentation, coding and billing are as follows:

NEW ISSUES

- **Medical Review of Part A and Part B Claims Submitted by Top Error-Prone Providers**

  The OIG, utilizing a methodology to identify error-prone providers that consistently submitted claims found to be in error over a 4-year period, will select the top error-prone providers on the basis of expected dollar error amounts. A medical review will then be conducted on a sample of claims to assess accuracy.

- **Physician Certification of Beneficiaries for Medicare Home Health Services**

  Compliance with statutory requirements that physicians (or qualified practitioners) have face-to-face encounters with patients will be reviewed. The encounters must occur within 120 days: either within the 90 days before beneficiaries start home health care or up to 30 days after care begins.

- **Ophthalmological Services—Questionable Billing**

  The OIG will review Medicare claims for ophthalmological services billed during 2012. The geographic location of providers exhibiting questionable billing will also be reviewed.

- **Electrodiagnostic Testing—Questionable Billing**

  Medicare claims will be reviewed to identify questionable billing for electrodiagnostic testing. Additionally, the extent to which Medicare utilization rates differ by provider specialty, diagnosis and geographic area for these services will be assessed. Services include needle electromyography and nerve conduction tests.

WORKS IN PROGRESS

- **Sleep Testing—Appropriateness of Medicare Payments for Polysomnography**

  Due to a substantial increase in sleep study services, Medicare will identify questionable billing patterns for services provided in 2009 and 2010. Per the Medicare policy guidelines, these services are payable for patients who have documented symptoms such as sleep apnea, narcolepsy, or parasomnia.

- **Physicians—Error Rate for Incident-To Services Performed by Non-physicians**

  Services provided "incident-to" will be assessed for higher error rates than non-incident-to and to determine Medicare's ability to monitor these services. Previous reviews conducted by the OIG indicated that the services were performed by unqualified non-physicians. A particular concern is that services improperly billed as "incident-to" can only be identified when the actual medical record documentation is reviewed.

- **Physicians—Place-of-Service Coding Errors**

  Services provided by physicians will be reviewed for proper coding of place of service. For example, when a physician performs a service in a "non-facility" such as their office, reimbursement is higher than when performed in a hospital outpatient setting or in some cases, an ambulatory surgery center.

- **Evaluation and Management Services—Potentially Inappropriate Payments in 2010**

  The OIG review process will determine inappropriate payments and the consistency of E/M review determinations. Additionally, multiple services by the same providers and patients will be assessed to identify identical electronic health record (EHR) documentation across services.

- **Evaluation and Management Services—Use of Modifiers**

During the Global Surgery Period

Compliance with services provided during global period and billed with modifiers will be reviewed for improper payments. Global surgery includes related pre-operative and post-operative E/M visits.

CLAIMS PROCESSING ERRORS—MEDICARE PAYMENTS FOR PART B CLAIMS WITH G MODIFIERS (NEW)

Medicare requires the use of certain "G" modifiers for services rendered that are considered to be denied as "not reasonable and necessary" or that are statutorily excluded. Appropriate use of modifiers GA, GX, GY and GZ will be reviewed for claims paid from 2002 to 2011. Keep in mind that Medicare requires appropriate use of the Advance Beneficiary Notice of Non-Coverage (ABN) in conjunction with the appendage of modifier GA.

Additional issues and information published in the OIG 2013 Work Plan can be found at:

https://oig.hhs.gov/reports-and-publications/archives/workplan/2013/Work-Plan-2013.pdf

42 Statistics on Independent Physicians From 2000 to 2013

Out of the physician workforce, the portion of independent physicians has dropped from 57 percent in 2000 to a projected 36 percent in 2013, according to a report from American Medical News.

Figures show that while the physician workforce has expanded by roughly 110,000 physicians since 2000, the number of independent providers has dropped by at least 18 percent in that same timeframe. Physicians were defined as independent if they owned at least part of a practice.

2000
Practicing physicians: 682,470
Percent independent: 57 percent
Estimated number of independent physicians: 389,008

2001
Practicing physicians: 690,369
Percent independent: 55 percent
Estimated number of independent physicians: 381,228

2002
Practicing physicians: 698,359
Percent independent: 53 percent
Estimated number of independent physicians: 373,603

2003
Practicing physicians: 706,441
Percent independent: 52 percent
Estimated number of independent physicians: 366,131

2004
Practicing physicians: 714,617
Percent independent: 50 percent
Estimated number of independent physicians: 358,809

2005
Practicing physicians: 722,888
Percent independent: 49 percent
Estimated number of independent physicians: 351,632

2006
Practicing physicians: 731,254
Percent independent: 47 percent
Estimated number of independent physicians: 344,600

2007
Practicing physicians: 739,718
Percent independent: 46 percent
Estimated number of independent physicians: 337,708

2008
Practicing physicians: 748,279
Percent independent: 44 percent
Estimated number of independent physicians: 330,954

2009
Practicing physicians: 756,939
Percent independent: 43 percent
Estimated number of independent physicians: 324,334

2010
Practicing physicians: 765,700
Percent independent: 42 percent
Estimated number of independent physicians: 317,848

2011
Practicing physicians: 774,562
Percent independent: 41 percent
Estimated number of independent physicians: 313,703

2012
Practicing physicians: 783,526
Percent independent: 39 percent
Estimated number of independent physicians: 305,575

2013 (Projected)
Practicing physicians: 792,594
Percent independent: 36 percent
Estimated number of independent physicians: 289,127

Written by Molly Gamble, November 2012
Reprinted with permission from BeckersHospitalReview.com

SCA
SECURITY COMPLIANCE ASSOCIATES

Safeguard Your Critical Information with Security Compliance Associates

The Pinellas County Medical Association (PCMA) would like to introduce Security Compliance Associates (SCA) to its membership. SCA performs mandated security risk assessments for HIPAA and Meaningful Use.

Because of the new federal incentives associated with eHR/eMR implementations, coupled with an increase in audits related to HIPAA security, Pinellas County Medical Association wants to ensure you are protected in regard to regulation and the increased security threat environment. SCA works with health care providers and other businesses that are required to safeguard critical information. SCA and its team of experienced professionals deliver superior security-related services, covering the latest regulatory requirements and security threats that can pose a risk to your practice.

In order to satisfy the minimum federal requirements, as well as withstand future audits, SCA believes it is necessary to deliver the following components:

- Make sure the provider comes on site. For practices with multiple locations, the company must validate that remote locations are following the same policies and procedures.
- Make sure the provider deploys industry best software with credentialed engineers to evaluate your critical information systems. This should include all devices which store, process or transmit patient information both on site, as well as mobile devices.
- Make sure the provider does a physical security assessment which includes:
  - Administration-identification, currier/messenger services, janitorial services, access control
  - External Conditions-exterior doors, windows, roof access, lighting, air ducts
  - Vital Records-server room, media storage and protection
  - Physical Protections-keys, anti-theft devices, physical location of devices
  - Emergency Systems-emergency power and water shut off, emergency lighting
- Make sure the provider requests and reviews your policies and procedures.
- Make sure the provider reviews your Business Associate Agreements and has a Business Associate Agreement with you.
- Make sure the provider delivers a report on compliance based on their findings offering concise remediation advice. This report will not only serve as your attestation documents for future audits, it will also serve as your roadmap to achieve compliance.

The Pinellas County Medical Association recognizes SCA as the de facto leader in providing Meaningful Use Risk Assessments and HIPAA Compliance Services for their members. PaperFree Florida recognizes SCA as lawful, dependable and one of the best providers available for Meaningful Use Risk Assessments and HIPAA Compliance Services. Proven methodology, expert assistance and affordability are just a few reasons why SCA enjoys these endorsements.

Visit our website at **www.scasecurity.com** to learn more about the services SCA has to offer. For a personal consultation, contact us at **(727) 571-1141**.

Classifieds

THINKING ABOUT…….. Selling a Practice? Buying a Practice?

Terry Flanagan, Direct (877) 988-0911
Murphy Business and Financial Services
t.flanagan@murphybusiness.com

FOR SALE OR LEASE

Free standing Medical Office across from Palms of Pasadena Hospital (former Offices of Dr. Joseph H. Baker); Price: $1.32 - $1.73 /SF/Month. Excellent signage, parking and accessibility. Nicely remodeled. Property offers three options: 3,300 square feet (entire building) or either 2,200 sf or 1,100 sf. Each of the spaces provides waiting/reception areas, exam rooms with plumbing, kitchenette and office(s). **CALL 727-492-3392.**

ST. PETERSBURG – 4995 49th St. N., MLS#U7543062 Subdivision: Lot Size (Acres): Lot Size (SF): Lot #: Total # Units: Year Built: 1957; North on 49th Street; property located on East side
Property Style: Business Opportunity (with Real Estate) Zoning: C-2; Acreage: Up to 10,889 SF. Lot; Size: 66.0 x 100.0; Gross SF: 3,380; Heated SF: 3,245; Net Lease SF: Elevator, Parking; Location: Centrally located medical office with many potential uses including Urgent Care. Currently used as Primary Care Pediatrics with 35 years site recognition as medical location. Strong referral base from multi-specialist practioners within the demographic area. Close to St. Petersburg, General and Northside Hospitals; easy access to Bayfront and St. Anthony's. Property has great patient flow and features include ample parking, patient ramp entrance, sick and well waiting room, 11 exam rooms, nurse station, 4 additional offices, lab, kitchen, and 3 bathrooms; doctor's and patient parking. Building can be modified to accomodate specific needs or different business model. Landlord motivated and open to opportunities. Floor plan available.

Presented by:
GAIL HOFFMANN PRUDENTIAL TROPICAL REALTY
soldbygailh@gmail.com
Phone: 727-822-8686
Fax: 727-895-3221

Pinellas County Medical Association, Inc.

What Your Dues Do

- ✓ Physician Referral Service (*1,500+ patient referrals to members per quarter*)
- ✓ Exclusive PCMA membership discount of 10-50% off of disability coverage / **Wasson & Associates Insurance, Inc.**
- ✓ *20,000 + hits per month to the PCMA Website*
- ✓ Legislative Updates on Medicine
- ✓ Medical Malpractice Insurance Discounts 10% – **Florida Doctors Ins.**
- ✓ Special Banking Programs for PCMA Members – **C1 Bank**
- ✓ Preferred full service accounting firm with a team of CPAs that provide a broad range of services and Wealth Management Solutions **–** Preferred pricing for members – **Gregory, Sharer & Stuart**
- ✓ Access to Healthcare Law Firm/ **Trenam Kemker – Mike Igel**
- ✓ **EMR** Examination Assistance and special pricing for Members
- ✓ Discount from America's largest privately-held national manufacturer and distributor of healthcare supplies and services – **Mediline Industries**
- ✓ PCMA Journal Subscription
- ✓ Advertisement / One Connection for Voice, Video and Data for your Business – **Bright House Networks**
- ✓ Managed Care Issue Assistance and Reimbursement
- ✓ General Membership Dinner Meetings
- ✓ Medical Staffing and Intern Program – **Ultimate Medical Academy**
- ✓ CME Seminars/Workshops
- ✓ Associate Members for Physician Assistants
- ✓ Physician and Physician's Assistant Referral Service
- ✓ Process-driven financial advisory services rooted in economic science, effectiveness and efficiency. Relationship, philosophy, trust and lifestyle...creating more certainty in your financial life. **21st Century Financial Inc.**
- ✓ "Using proven healthcare business practices, not theory, to deliver success" – **Physician Business Services**
- ✓ **American Clinical Solutions** provides healthcare management information for quality patient care.

The Pinellas County Medical Association's Mission Statement:
To Inform, Serve and Advocate

Prescription Given, But Was It Taken?

by Brian Artze
Vice President, American Clinical Solutions, LLC
Lab Guided Narcotic Medication Management

It seems like everyplace you look in the news today you can find a story that starts with, "*Local business man found dead in his home, autopsy report shows prescription narcotic overdose is to blame*." Or there is the weekly headline, "*Mother of three arrested for attempted murder of her children,*" who apparently did not take her anxiety medications as prescribed.

America has fallen victim to an epidemic that only recently has begun to show it's potential for the damage it can cause. In the 80's we had crack cocaine. Children born from mothers who were addicts were known as *crack babies*. Now in these times the term *oxy-tots* is being used to define newborns from mothers who consumed a prescription narcotic while carrying their unborn child.

The death toll is on the rise nationally, and Florida contributes to the majority of these occurrences. Statistics related to prescription narcs show these narcotics far surpass any other street drug in sales in and consumption throughout America's war on drugs. Countless reports of arrest, prostitution, murder and mayhem. There was even a zombie-like mugging that resulted in cannibalism down in South Florida. Each tragic story associated with these very obtainable narcotics.

Many who read these articles will ask, "How can this happen?" Or they will say, "It has to be these medications that make people crazy!" Well, the reality is that most of these incidences could have been avoided if we looked deeper into what is happening with the individual and focused less on what they have done.

It is obvious there exists many different ways for a person to obtain these medications. A written prescription is at the top of the list, while diversion from a healthcare facility or purchasing them on the streets are others. The question is: What happens to a prescription once it leaves the doctor's office? Are they taken as prescribed? Traded up for a higher dosage, sold for money? Often times they are exchanged for a street drug that fits the persons recreational lifestyle.

How do you monitor and protect the public from itself? We are American Clinical Solutions, LLC, a drug testing confirmation laboratory that specializes in detecting, identifying and then quantifying the amount of a prescribed or illicit narcotic in a patient's system through analyzing a urine or saliva sample. We have developed a lab-guided medication monitoring program for health care professionals who want to prescribe scheduled narcotics responsibly.

There is always a surprise when the handful of patients whom a practitioner has sincerely trusted to be compliant test negative for the prescriptions they have received. In many cases it is not the patient that has been dishonest instead a family member, a care giver or a friend has taken possession of the pills and used them for their own pleasure.

"I am five pills shy of my prescription *again* this month doctor." Or, "I dropped my Xanax prescription down the toilet," while their heart meds and cholesterol pills are still intact. "I gave a few pills to my daughter who hurt her back while taking care of my grandson," but they do not realize they just trafficked a controlled substance. Then there are the ones who ask for a drug by name, "Those pills you gave me last month don't work; I need you to increase the dosage or put me on Oxycontin."

Through the simple process of performing a drug test before writing a prescription, the physician can determine if the patient is has already taken a narcotic substance, if they are compliant with their Rx, if they are not taking the medication as prescribed or actually not taking their medication at all. This one diagnostic test can help to eliminate drug seekers, slow down the amount of inventory on the streets and create a better outcome for those patients who truly wish to be recover from their pain.

Many forward thinking states have already implemented prescribing laws that require the physician to pre-screen the patient before writing a scheduled prescription to better determine whether the patient is taking the medication as prescribed. A safeguard for the practice and the patient to assure the best rehabilitative outcome: documented proof and a charted outline of compliance—the only way to determine that ***the prescription was given and the prescription was taken***.

Physician Business Services

PHYSICIAN BUSINESS SERVICES

"USING PROVEN HEALTHCARE BUSINESS PRACTICES, NOT THEORY, TO DELIVER SUCCESS."

We are a highly respected consulting, training and billing company known for providing practical, effective strategies and solutions to assist healthcare organizations. Our consultants and educators have hands-on experience with hospitals and physician practice settings. We partner with physicians to produce high-impact results that serve the best interests of their organization. We pride ourselves on implementing tactics and processes that have proven successful in the multitude of physicians we have served over the years.

Our Team

Our team is comprised of successful, experienced professionals with a proven ability for providing efficient business solutions with personalized guidance, making our clients some of the most competitive and successful in the healthcare industry.

Free Consultation

Not sure where to start? Contact us for your free, no obligation consultation. We look forward to working with you.

Got a Question?

Be sure to join our LIVE CHAT found on our website to interact with colleagues!

Physician Business Services

www.PBSconnection.com

813-769-2569

Our Services

Payor Relations
- Contract Review and Fee Analysis
- Contract Negotiations
- Credentialing and Re-Credentialing

Billing & Collections
- Coding and Charge Entry
- Verification and Eligibility Benefits
- Claim and Statement Transmission
- Accounts Receivable Management
- Payment Processing

Information Technology
- Computer Analysis
- Technical Support (on and off-site)

Consulting
- Revenue Projections
- General Ledger/Accounting Setup
- Benchmarking Analysis
- Operational Assessments
- Budget Analysis
- Practice Start-Up
- Physician Compensation Models

Human Resources
- Staff Assessments
- Staff Recruitment
- Extensive Background Checks
- Employee Payroll

Training
- On and Off-Site Staff Training
- Webinars

Compliance
- OSHA
- HIPAA

For more information please contact:

Alistair Madle
Chief Executive Officer
5830 West Cypress Street, Suite A
Tampa, FL 33607
Phone: 813-769-2569
Fax: 813-464-3161
AMadle@PBSconnection.com

The latest advancements – close to home.

St. Petersburg General Hospital is home to the latest medical technology, surgical techniques and procedures. As an Accredited Chest Pain Center and Certified Advanced Primary Stroke Center, our state-of-the-art facility is ready when you need us, conveniently located right in the heart of our community.

Our services include:

- 24-Hour Emergency Services
- Da Vinci Robotic Surgical System
- Diagnostic Imaging
- Obstetrics
- Orthopedics
- Sleep Disorders Center
- Women's Services
- Wound Care Center

New treatment for back pain

If you have osteoporosis and/or sudden back pain, you may have experienced a spinal fracture.

Howard W. Sharf, M.D.
Board Certified
Orthopaedic Surgeon
Spine Surgeon

Balloon Kyphoplasty is a new, minimally invasive treatment for spinal fractures that can provide significant:

- Reduction in Back Pain
- Improvement in Mobility
- Improvement in Quality of Life

For more information, please call Consult A Nurse at 1-888-741-5122.

HCA West Florida
An HCA affiliate

St. Petersburg General Hospital

6500 38th Avenue North | St. Petersburg, Florida 33710 | **StPeteGeneral.com**

Pinellas County Medical Association, Inc.
P. O. Box 13489
St. Petersburg, FL 33733

PRSRT STD
US POSTAGE
PAID
St. Petersburg, FL
PERMIT 282