Dr. Setzen Elected National Society President

At last month’s meeting, Gavin Setzen, MD was elected by AAO-HNS members as President of the organization and its Foundation. Dr. Setzen is President and a managing partner of Albany ENT and Allergy Services in Albany, NY, Clinical Associate Professor of Otolaryngology-Head and Neck Surgery at Albany Medical College and Chief of the Otolaryngology Division at St. Peter’s Hospital in Albany.

Dr. Setzen has a long history of involvement with organized otolaryngology and medicine and is a Fellow or member of the American College of Surgeons, American Rhinologic Society, American Academy of Otolaryngic Allergy, American Head and Neck Society and Medical Society of the State of New York. For the past several years he has served as President of the NYS Society of Otolaryngology-Head and Neck Surgery.

Dr. Setzen received his medical degree from the University of Witwatersrand Medical School in Johannesburg, South Africa. He was a general surgery resident at North Shore University Hospital, Cornell University Medical College before completing an Otolaryngology residency at Albany Medical Center.

NY Paid Family Leave Program: What Employers Need to Know

Starting January 1, 2018, New York’s new Paid Family Leave Program will provide wage replacement for employees to bond with a new child, care for a close relative with a serious health condition, or relieve the pressure when a family member is called to active military service. When fully implemented in four years, New York will offer the longest and most comprehensive paid family leave program in the nation. This paid leave benefit is not optional and impacts employers of all sizes.

To help you better understand this sweeping legislation, NYSSO, in cooperation with the NY Chapter of the American College of Physicians, is offering a free educational webinar for otolaryngologists and their practice administrators.

The webinar will be conducted by Labor & Employment attorneys and will cover:
- Requirements of the law and regulations
- Recent guidance and anticipated guidance associated with the law and regulations
- Comparison with the Family Medical Leave Act
- Employer options regarding how benefits are paid to employees
- Collecting employee contributions before January 2018
- Additional steps that employers should take between now and January 2018

Click here to register! Once your registration is received you will receive a confirmation email that will include a link to the 10/17 webinar.
Northwell Health/CareConnect to Close

Northwell Health will close its health insurance component after losing millions in the New York State Health Exchange. CareConnect, their insurance entity, will exit New York’s Affordable Care Act insurance marketplace over the next year. Northwell has given assurances it will work with customers and businesses to facilitate their transfer to other health plans.

Communicating with Low Health Literacy Patients

The lay public often has limited knowledge and understanding of medical terminology. A patient’s ability to understand medical information may be compounded by stress, age, illness, and language or cultural barriers. Effective communication with patients may improve compliance with treatment regimens, enhance the informed consent process, and increase safe medication use. Physician office practices can improve the patient experience, and reduce potential liability exposure, by employing the following recommendations.

• Use lay terminology whenever possible. Define technical terms with simple language. Patient education materials should be written in plain language, avoiding the use of medical jargon.

• Verbal instructions may be reinforced with visual aids and printed materials that are easy to read and include pictures, models, and illustrations. Consider using non-printed materials, such as videos and audio recordings, as indicated.

• Offer to assist your patients when completing new patient information or any other practice documents. Provide this help in a confidential way, preferably in an area that is private and conducive to this type of information exchange. Encourage your patients to contact you with any further questions.

• The use of interpreters may be indicated for patients who are not fluent in the English language.

• At the end of the encounter, use open-ended questions rather than yes/no questions to further assess patient understanding. Instead of asking “Do you have any questions?” try asking “What questions do you have for me?”

• Providers and staff should be familiar with and utilize the principles of the “teach back method” when reviewing medications or treatment plans with patients. First teach a concept, then ask patients to repeat back the information they just heard using their own words.

• Patients and family members may be embarrassed by, or unaware of, their healthcare literacy deficits. An empathetic approach to understanding patient health literacy will enhance your physician-patient relationship.

Source: MLMIC, Risk Management Tips for Today’s Medical Practice, Volume II.

ALERT – Emblem Non-Renewal of Contracts

Emblem Health has again sent letters notifying some physicians that their contracts will not be renewed effective December 2017. The carrier has issued similar edicts in the past (most recently in 2015) and seems intent on narrowing its network to an even greater degree.

ENTs who may have received a letter from Emblem Health regarding contract non-renewal should contact the Society through the Third-Party Insurance Help Program. We can provide information and template letters to help you respond to the carrier and challenge the decision.

Physicians are also urged to send a communication to their State Legislators in support of pending legislation to require due process for non-renewal situations. Click here to send a pre-printed letter.
PQRS Feedback and Quality/Resource Use Reports

Physicians are encouraged to review the 2016 Physician Quality Reporting System (PQRS) feedback reports and 2016 Annual Quality and Resource Use Reports (QRURs) that are available now. The PQRS feedback reports depict program year 2016 reporting results that includes a payment adjustment assessment for calendar year 2018. The 2016 Annual QRURs show how groups and solo practitioners performed in 2016 on the quality and cost measures used to calculate the 2018 Value-Based Payment Modifier.

CMS will soon begin distributing letters to PQRS individual eligible professionals and group practices regarding the 2018 PQRS downward payment adjustment. The letter will indicate the recipient did not satisfactorily report 2016 PQRS quality measures to avoid the 2018 PQRS downward payment adjustment and, therefore, all of the 2018 Medicare Part B Physician Fee Schedule payments will be subject to a 2.0% reduction.

If you believe the downward payment adjustment is being applied in error, submit an informal review request within 60 days of the September release date of the 2016 PQRS feedback reports. The Informal review will close at 8:00 p.m. EST on the 60th day from the report release. Click here for additional information or to file an informal review.

Aetna Fee Schedule

In accordance with the Claims Settlement Practices and Dispute Mechanism Act of 2000 and expansion of the Health Care Providers Bill of Rights below are your options for accessing Aetna’s fee schedule.

- IPA-affiliated physicians should contact their Independent Practice Association for a copy of the fee schedule.
- Physicians who directly contract with Aetna can call the Provider Service Center for help with up to 10 current CPT codes. For larger requests, the codes may be entered in an Excel spreadsheet (include tax ID, contact telephone number, CPT and modifier) and emailed to feeschedule@aetna.com.
- If your hospital is reimbursed through Medicare Groupers, visit the Medicare website for your fee schedule information.

New Medicare Card Design Unveiled

The Centers for Medicare & Medicaid Services has revealed to the public its newly designed Medicare card. The new card contains a unique, randomly-assigned number with upper case letters that replaces the current Social Security-based number.

CMS will begin mailing the new cards in April 2018 to meet the statutory deadline for replacing all existing Medicare cards by April 2019. Medicare enrollees will be instructed to safely and securely destroy their current card and keep their new Medicare number confidential. Issuance of the new number will not affect the benefits that individuals receive.

Health care providers and Medicare recipients will be able to use secure look-up tools that will allow quick access to the new Medicare numbers when needed. There will also be a 21-month transition period where health care practitioners and suppliers will be able to use either the current SSN-based Medicare number or the new Medicare number.
NYSSO Welcomes New Member

Physician in Training
Susannah C. Orzell, MD - SUNY Upstate Medical University