

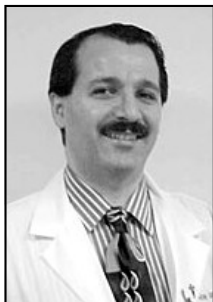


Tuesday,
February 8,
2011

Primary Care Sleep Medicine Update

Volume 172, Issue 1

FEBRUARY
2011



Speaker:
George A. Adam,
MD, Nephrologist

...See
you
at
Battle
Creek
Health
System

LOCATION:

Battle Creek Health System, Outpatient Center, 300 North Avenue, Battle Creek

AGENDA:

- * **5:30 P.M. - Executive Committee (2nd Flr. Board Room)**
- * **6:00 P.M. - All-Member Social**
- * **6:30 P.M. - All-Member 1-CME Presentation & Dinner (2nd Flr. OPC 1&2 Conference Rooms)**

MENU: Buffet with vegetarian alternative

R.S.V.P.:
Diane (269) 660-0893

1-CME OBJECTIVES

- ◆ To recognize, diagnose, and treat patients with sleep apnea
- ◆ To identify risk factors for obstructive sleep apnea
- ◆ Highlight the consequences of untreated obstructive sleep apnea

ABOUT THE SPEAKER

George A. Adam, MD, is currently a consulting Nephrologist and Sleep Specialist at Battle Creek Health System, Bronson Methodist Hospital, Kalamazoo, and Oaklawn Hospital, Marshall. Previously he was an Internist and consulting nephrologist at Iuka Hospital and The Segars Clinic, Iuka, MS.

Dr. Adam received his MD education at Aleppo University of Medicine, Aleppo, Syria in the top 10% of 340 students. His pre-med was received from Abu Zer High School, Hassake, Syria as top student. Dr. Adam served his residency in internal medicine at Interfaith Medical Center, Brooklyn, NY, and a nephrology fellowship at Winthrop University Hospital-Mineola, Long Island, NY.

He is a member of the National Society of Nephrology and the American Academy of

Sleep Medicine. Dr. Adam is a former Assistant Clinical Instructor in Medicine at State University of New York, Stony Brook.

Dr. Adam carries certifications as a Diplomate from the American Board of Internal Medicine, the American Board of Nephrology, and Sleep Medicine-American Board of Medical Specialties.

TARGET AUDIENCE

The target audience for this program is ALL PHYSICIAN MEMBERS of Calhoun County Medical Society. One (1) hour CME will be offered at this meeting.

Battle Creek Health System is accredited by the Michigan State Medical Society committee on CME Accreditation to provide continuing medical education for physicians. Battle Creek Health System designates this educational activity for a maximum of one category 1 toward the AMA Physician's Recognition Award. Each physician should claim only those credits that he/she actually spent in the activity.

This presentation has been made possible by funding from Calhoun County Medical Society. George A. Adam, MD, is not a member of Calhoun County Medical Society or Michigan State Medical Society.

CCMS EVENT CALENDAR

2nd Tuesday, 6:30pm 2011 Meeting topics:

3/8	Laboratory Evaluation of Cardiac Injury, Chris M. Flynn, MD, 1 CME
4/12	The Future ABCs of Medicine - PCMH to ACO—Mary Ellen Benzik, MD, 1 CME
5/10	Closure of Patent Foramen Ovale, Vishal Gupta, MD, MPH, 1 CME
6/14	Executive Committee ONLY—No CME
9/13	Vascular Diagnostic and Intervention, Vishal Gupta, MD, MPH, 1 CME, Oaklawn Hosp
10/11	Sherwood Winslow Lectureship, TBA, 1 CME, BCCC

President's Report



Mahesh C. Karamchandani, MD,

If you have suggestions or comments to share, leave a voicemail at my office (269) 441-1771 or email me at karamchandanimc@trinity-health.org

U.S. Senator
Debbie Stabenow
-R
Phone
1-616-975-0052
Email: senator@stabenow.senate.gov

U.S. Representative
7th District
Tim Walberg-D
Phone toll free
1-517-780-9075
Email: <http://walberg.house.gov>

I would like to thank the society for the privilege of serving as the President of the Calhoun County Medical Society. I would also like to thank the immediate past president, **Dr. Christopher Flynn**, the entire executive committee and **Diane Cummins**, the executive director of the CCMS for their hard work during the course of last year.

2011 appears to be the year of change. Health care will see significant changes at every level.

Locally there are significant positive changes underway which will improve health care to the residents of our county. As you may be aware **Bronson Healthcare Group and Battle Creek Health System Community Partners** board have signed a letter of Intent to create a new regional health care system. Bronson will acquire 51 percent ownership of Battle Creek Health System, making it the operating partner and will replace **Trinity** in that role. This allows BCHS to fill gaps in service areas we currently have and allow county residents to obtain some of the health care services closer to home. While the Letter of Intent addresses key points of the agreement, details of acquisition have yet to be addressed. **Oaklawn Hospital** is undertaking major construction project to build new state-

of-the-art operating rooms with increased capacity along with many changes in other service areas. The project is scheduled for completion in Spring of 2012.

However, many challenges still remain for delivery of health care in our county. It is projected that in 2011 there will be about 50,000 uninsured and underinsured residents in Calhoun County. This creates a significant challenge for access to care for county residents, and financial strain on hospitals and other providers. I would like to thank all the organizations and providers in the county who have stepped up to the challenge. Hopefully, we will see some economic turnaround this year which will ease the strain on all of us.

At the state level, the leaderships in the executive, the legislative and the judicial branches of government have changed. With that I am hoping that "physician tax" will rest in peace. The recent election of **Justice Bob Young** and **Judge Mary Beth Kelly**, and appointment of **Judge Brian Zahra** to the Michigan Supreme Court, all of whom are judicial conservatives, creates a court majority that will continue to protect tort reforms and bring end to judicial activism.

Nationally, there is an effort underway in Con-

gress to repeal the health care law that was passed last year. Although complete repeal is unlikely, there could be some significant changes to the law. Hopefully, the changes will be better for both patients and providers of health care.

Although there are some positive changes coming for the upcoming year, we still need to be actively involved in organized medicine. In recent years, membership in CCMS has declined. In 2011 there are 15 less members that paid dues than in 2010. Please encourage your colleagues who are not members of CCMS to join the organization. I also urge you to be actively involved in CCMS activities and look forward to seeing you all at our monthly meetings. Only we can protect our own interests.

Mahesh

Karamchandani, MD

Join MDPAC

Do your part to ensure that your voice is heard in state government and that the right candidates are elected to support good health policy in Michigan for your patients and your profession. Visit www.mdpac.org/join.

For more information, contact Joshua Richmond at 517-336-5788 or jrichmond@msms.org

Last month I had the opportunity to go to Florida for the **AMA State Legislative Strategy Conference** as part of the MSMS legislative delegation. A major focus of this meeting was the Patient Protection and Affordable Care Act of 2010, perhaps more commonly known as "Obamacare." A quick review of the elections showed the Democratic carnage, and this was largely attributed to 1) the economy, 2) government spending and budget deficits, and 3) voter mistrust of the healthcare expansion. Republicans are taking power in the federal House of Representatives with the perceived mandate to roll back many of the new healthcare provisions, which now seems unlikely given Democratic control of the Senate. A much more significant challenge may end up at the Supreme Court with the question of constitutionality of a federal mandate for health insurance, an area that previously had been relegated as a specific state right. This mandate, in Federal Court, had been upheld by judges nominated by Democrats and found unconstitutional by judges nominated by Republicans. A decision by the Supreme Court is probably another year or two away, unless an appeal is expedited. It is anticipated that major provisions of PPACA will probably need to proceed over

the coming two years, in compliance with the law as written.

Sessions were held on insurance exchanges, patient centered medical homes, accountable care organizations, as well as co-ops (Consumer operated and oriented plans). Six billion dollars have been authorized for the establishment of co-ops in the form of grants and loans. Sessions covered the expansion of Medicaid, as well as presentations from insurance companies and their trade organization. It appeared, to me, that the government is frantic to change the way it pays for services, knowing that it cannot afford to continue its present policies, yet is equally frantic to expand healthcare coverage.

The legislative agenda for the state medical society was brought forth at its executive board meeting in January. It is anticipated that the state House, Senate and Administration will be much more friendly to the house of medicine. The last couple years of Supreme Court rulings have been disastrous for previous malpractice reforms enacted over the prior decade and a half. There is hope that these might be legislatively reversed and upheld by the newly elected conservative majority on the current Supreme Court.

Governor Snyder has painted a picture of co-operation in his State of

the State address in January, but his priorities will be even more evident in his budget submission to the legislature in February, where many of the details will be evident. Also due out this year will be the redistricting of the state, as we will be losing one congressional seat, and the district lines will need to be redrawn. In 2012, Michigan will have one fewer congressman.

You will need to congratulate our **Representatives Jase Bolger** and **Kate Segal** with their assumption of positions of leadership in the House of Representatives. Jase, as Speaker, is the No. 1 ranking member among the Republicans and Kate, as Floor Leader, is the No. 2 ranking member among the Democrats... we are so very proud of both of them for their demonstrated leadership.

We will be putting together a legislative meeting with our representatives on **Saturday, March 12th at 9 am** at the **Brookside building**. Please pencil this date into your calendars to join us in finding out what is going on in Lansing, and perhaps Washington.

If you have interest in representing our society in Lansing, following my tenure as district director or legislative chair, please let me, or **Diane Cummins** know.

With best regards,

John G. Bizon, MD

Legislative Report



John G. Bizon, MD, 3rd District - Director, Michigan State Medical Society Board Member, CCMS Legislative Chair, Candidate for 2011 MSMS President -Elect.

>>>Email: jbizon@msn.com

LEGISLATOR CONTACT INFO.:

Michigan 62nd District State Representative Kate Segal-D

Phone toll free
1-888-347-8062
Email: KateSegal@house.mi.gov

Michigan 63rd District State Representative Jase Bolger-D

Phone toll free
1-877-265-4371
Email: JamesBolger@house.mi.gov

MSMS Third District Report



**Michigan State
Medical Society**
120 W Saginaw
East Lansing, MI
48823

Main Phone:
(517) 337-1351

Website:
www.msms.org

Email:
[msms@
msms.org](mailto:msms@msms.org)

**Calhoun's MSMS
Member Service
Representative,
Heather
Hamilton,**

*will be pleased to
meet with you to
answer your
MSMS member-
ship questions.*

*To schedule
a visit, please
contact her at
517-336-5789 or
iking@msms.org.*

MSMS EVENT CALENDAR

Date	Topic
RSVP	For more information, please contact Jody Roethle at (517) 336-5734 or jroethle@msms.org . To register, phone MSMS registrar at (517) 336-5785. See www.msms.org/Education for more educational opportunities.
Wed., 2/16 8:30 AM 12:30 PM	Conference on Women's Health, Somerset Inn - WC021610, 2601 W Big Beaver Rd, Troy, MI, Topics include Menopause, Cancer & Nutrition, Continental breakfast and lunch, MSMS & MMGMA members \$125
Wed., 3/9, 8:15 AM 3:30 PM	E-Summit – Technology to Outcomes: Advancing the Practice, Birmingham Conference Center - EL111010 31301 Evergreen Beverly Hills, MI Registration - 7:30 am, Physicians, office managers, executives, administrators and all other health care providers Continental breakfast, MSMS & MMGMA Members \$125
Wed., 3/23 8:30 AM 4:00 PM	50th Annual Conference on Maternal and Perinatal Health, Inn at St. Johns, Plymouth, \$150

MEDICAL LICENSURE RESOURCES

The MSMS Committee on Medical Licensure & Discipline reminds MSMS members that the deadline to **renew medical licenses is January 31 every year.**

The Michigan Department of Community Health (MDCH) Bureau of Health Professions typically sends medical license renewal applications by mail to current licensed physicians approximately 45 days prior to the deadline. Physicians who have not yet received their renewal forms in the mail may contact MDCH Bureau of Health Professions at 517-335-0918 or bhpinfo@michigan.gov.

Also, physicians may renew their licenses online at www.michigan.gov/mylicense within the 60-day grace period following their expiration date. Physicians whose licenses have been expired for more than 60 days must apply for relicensure.

The MSMS Committee on Medical Licensure & Discipline serves as a liaison to the MDCH's Bureau of Health Professions and the Michigan Board of Medicine, and seeks and supports measures that will promote a fully effective Board of Medicine.

Regarding continuing medical education (CME) requirements for

licensure, the MSMS Foundation delivers a host of educational programsthroughout the year.

Every year, MSMS includes an updated CME Record-keeping Folder in a January issue of Medigram newsletter.

For assistance in obtaining your CME certificates or reports from MSMS Foundation programs, contact Marianne BenHamza at MSMS at 517-336-7581 or mhamza@msms.org.

For more information about medical licensure or the MSMS Committee on Medical Licensure & Discipline, contact Colin Ford at 517-336-5737 or cford@msms.org.

MSMS Seeks to Protect Tort Reforms

Michigan Court of Appeals Judge Brian Zahra, Governor Rick Snyder's appointee for the Supreme Court, was officially sworn in on January 14 in Lansing. The Zahra appointment maintains a rule-of-law majority on the high court, meaning that four of the seven members have demonstrated records of upholding existing laws rather than trying to change those laws. **MSMS President Daniel B. Michael, MD, PhD.** "Protecting our tort reforms in the courts—and the legislature—remains a top priority for MSMS in 2011 as part of our efforts to keep physicians in Michigan."

CCMS Report

NO NEW MEMBER APPLICATIONS

As of December 31, 2010, there were 226 total CCMS members.

Everyday Miracles

Making a sick person well is one of the most fundamental things you can do. Healing is an everyday miracle. It's also something that most of us take for granted – when you're sick, you go to the doctor. However, for many in our community, the decision is not that simple.

Unemployment is 12% in Calhoun County, but the uninsured rate is just over 30%. This means that being employed is no longer a guarantee of being insured. Families with no

insurance and little income cannot afford to pay for doctor's visits and medications. They need help.

Help is happening every day at the Nursing Clinic of Battle Creek. Nine volunteer practitioners provide basic illness and injury care to the uninsured poor. The number of people seeking help at the clinic has almost doubled in the last year. In 2010, practitioners saw patients 4,255 times (up from just 2,719 times in 2009). Unfortunately, it's not quite enough. Every week, we turn away more than two dozen people because we simply have no more capacity. You have the opportunity to make a difference. Just 6-8 additional doctors, physician's assistants, or nurse practitioners working a few hours once a month would erase the need to send people away. Will you consider helping?

We make it as easy and enjoyable as possible. The Nursing Clinic has a newly renovated clinic and offices, both an RN and patient advocate for support, and you get to choose your method of documentation. It's care at its most basic level – see patients, evaluate their need, give orders for treatment. We do the rest. Will you consider volunteering a few hours a month? Once a quarter? Any time you give will make a real difference.

If you're interested in learning more, please contact Samantha Pearl at 269-969-6461 or spearl@chcconnections.org. If you're interested in talking to another practitioner about the experience, please contact **Dr. Phil Ptacin** or **Dr. John Collins**.

With best regards,

Samantha Pearl

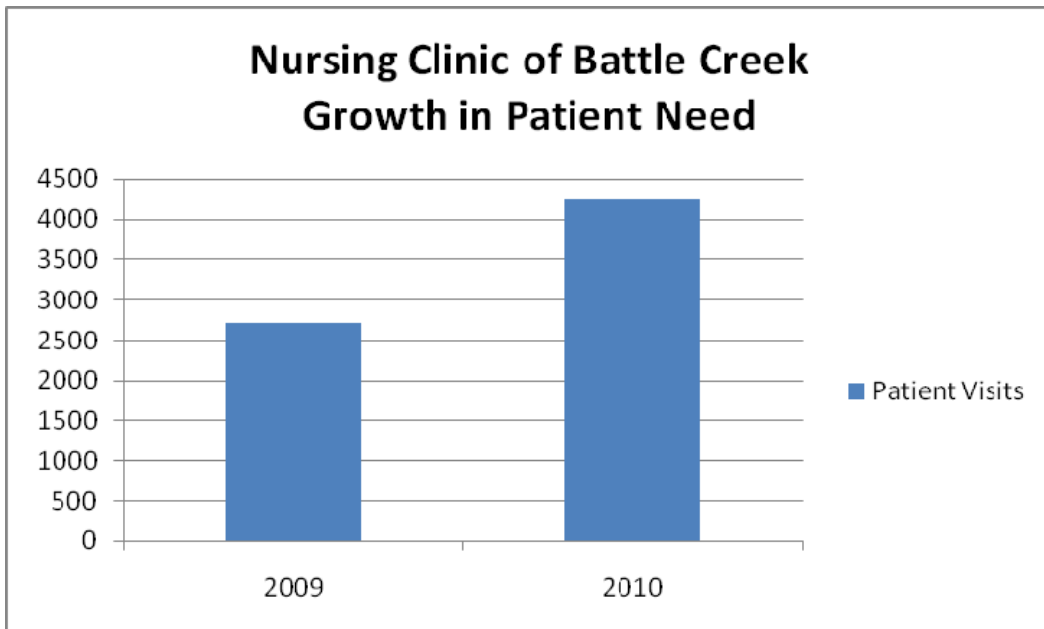


Donations Accepted

For your useful equipment and medication disposal, please consider donations to **Community HealthCare Connections (formerly Nursing Clinic of Battle Creek)**.

Samantha Pearl,

*Executive Director
Community HealthCare Connections
(Calhoun Health Plan & Nursing Clinic of Battle Creek)
190 East Michigan Avenue, Suite 385
Battle Creek, MI 49014
(269) 969-6461
spearl@calhouncountymi.gov*



HIPPA Privacy Training

Free lesson; covers all essentials and sanctions. Call

ACRONYM KEY:

CMS—Center for Medicare & Medicaid Services

DOQ—Depending on Qualifications

EHR—Electronic Health Record

EMR—Electronic Medical Records

Eprescribing—Electronic prescription writing

FQHC—Federally Qualified Health Centers

HHS—(Dept. of) Health & Human Services

HIE—Health Information Exchange

HIT—Health Information Technology

HITECH Act—Health Information Technology for Economic and Clinical Health Act

IT—Information Technology

IS—Information Systems

MAO—Medicare Advantage Organizations

ONCHIT or ONC—Office of the National Coordinator for Health IT

PQRI—Physician Quality Reporting Initiative

Elkmoss Corner: “Dementia”

The statistics about Alzheimer’s disease are very scary. I read the other day that in the United States, more than 5 million people suffer with it now and half the nursing home patients are affected by this disorder. One author suggested that people over 85 have almost a 50% chance of developing dementia and when one considers that is by far the fastest growing age bracket the epidemic of Alzheimer’s disease will only get worse. And yet there is no cure.

What is also frequently overlooked is the effect of this disorder on families, especially the caretaker. Issues such as the insistence of removing driver licenses can lead to major upheavals. As the patient becomes more and more disoriented, I frequently counseled families to always tell their loved ones the truth as they need to depend on them for reality checks, kind of like what happened to the brilliant but hallucinating John Nash in *A Beautiful Mind*. He ended up checking with his wife to make sure what he was seeing was really there. After my experience with Mr. Henry, a very prominent attorney in Swampville, I have modi-

fied my advice that I give to caretakers of patients with dementia.

Even though Henry was a lawyer, he was a good kind (if there is such a thing). He built up a large legal firm that, among other things, represented many physician practices including mine. He was also very civic minded, participating on hospital, university, and industrial company boards of directors for years. He was the driving force when the two major hospitals in town merged, the community college wanted to become a university, and an international company wanted to build its world headquarters in town.

Unfortunately, as Henry approached his mid-seventies, he developed Alzheimer’s disease. He was a bachelor, and the only relative, a sister, lived out of state, so it was with some degree of difficulty to arrange care for this beloved community leader and allow him to stay in his rather spacious home. Finally, as Henry deteriorated somewhat, he

had a full-time nursing service (only a rich guy like that could afford such expenses). It seemed a pretty good life for the nurses. They generally did not have much to do, especially early on, but watch TV and do a lot of reading during their shift.

The task of caring for Henry became more difficult as he deteriorated. One particular issue the nurses had was dealing with his hallucinations. I made it a point to visit him regularly and made sure the nurses had my telephone number to call if Henry needed anything. When I would call to see if it was okay to stop by, he usually would say he was busy with something or other when he really was



Elkmoss *(continued)*

not. I eventually would just stop by unannounced and was always a welcomed guest.

I started noticing some problems one day when he was showing me his new furniture in the upstairs bedroom. He told me to let the two ladies go up ahead of us first. I looked around and could see no one. We proceeded up the stairs anyway with the couple of imaginary girls leading the way.

The hallucinations continued to get worse, and the nurses were challenged to manage this quite prominent man. Often they would just humor Henry. For instance, he frequently would have a board meeting in the dining room. He maintained that there were six or seven other board members sitting at the table and insisted on serving them coffee. Usually the nurse on duty would just get out coffee for the table, but one day Nurse Ratched was on duty and decided she would convince Henry he was just imagining the board members.

Henry became indignant and maintained there certainly were board members present, going around the room and pointing out Mr. Smith,

Mr. Brown, Mr. Jones, etc. When he came to Dr. Elkmoss, Nurse Ratched knew she had Henry. She told Henry that there was no way Dr. Elkmoss could be sitting there and asked if she got Dr. Elkmoss on the telephone right then, would he concede that the Elkmoss at the dining table was just a hallucination? He agreed.

Ratched proceeded to call my office, but at that exact moment, I had dropped by to visit with Henry and was knocking at the door. Ratched put down the phone and came to the door. Seeing me, she shrieked and ran away. Henry was right behind her and opened the door for his confused visitor, me. I asked him what was the matter with his nurse.

"Oh, don't mind her," Henry smiled. "She doesn't think you are real."

Nurse Ratched gave up on convincing Henry that he was hallucinating and when imaginary meetings came up, she would just tell him he was needed in another office and would just have to miss that one. It really is the best way to deal with the disorientation that patients with dementia develop.



*Herman J.
Elkmoss,
MD*

Oaklawn Hospital

Madison Street Entrance Closed for Surgical Suite Addition: FREE VALET PARKING at Mansion Entryway

Due to the progress of Oaklawn Hospital's surgical suite addition, the Madison Street front entrance will be closed for most of 2011 (effective January 24). The Emergency Department entrance will remain open throughout the project, but all non-emergency patients and visitors should now use the **Wright Medical Building entrance** on Mansion Street (located across the street from the parking structure and Franke Center for the Arts).

In conjunction with this move, Oaklawn is now offering free valet parking at the Mansion Street entrance to any patients who would like the service. **The valet service is provided from 8:00 am to 4:00 pm**, when nearby parking is hardest to find. "This is not a temporary service just for the construction project," CEO Rob Covert added. "This service will continue even after the new Madison Street front entrance opens." Construction plans call for the new entrance, which will be wider, with barrier-free access and a canopy cover, to open in November. The four new state-of-the-art operating rooms are expected to be ready in February 2012.

Retrieved 1/26/11 from <http://www.oaklawnhospital.org/>

2011 CCMS Executive Committee

at the 5:30 meetings...

President - Mahesh C. Karamchandani, MD

President-elect- Lokesh R. Edara, MD

Vice President - Gunjana Bhandari, MD

Secretary / Treasurer - William J. Comai, DO

Immediate Past President - Christopher M. Flynn, MD

3rd District Director / Legislative Chair - John G. Bizon, MD

Michigan Society of Hematology & Oncology - Stephen L. Smiley, MD

Trustees (3-Year Terms)

Catherine Reid, MD, exp. 2011

Reza Tehrani, MD, exp. 2011

Sridhar Chalasani, MD, exp. 2012

Maddur Badarinath, MD, exp. 2012

Zarius Drummond, MD, exp. 2013

Karl Loomis, MD, exp. 2013

MSMS Delegates (1-Year Term)

Raakesh C. Bhan, MD

B. Douglas Campbell, MD

James H. Timmons, MD, PhD

Paul A. Walk, MD

Alternate Delegates (1-Year Term)

Thomas Dobbins, MD

Daniel C. Hood, MD

Jeff M. Jones, MD

Tarek Elshaarawy, MD



Doreen Schoenborn, ACMPE Nominee, Member Services Chair, MMGMA, Condit and Jebson, Hand, Wrist & Elbow Specialists, Practice Manager

Information, Education, Knowledge Key to Successful Future

Health care reform is impacting the way we do business. The Affordable Care Act (ACA) is here and no matter how you look at it, we need to adjust our practices and implement many changes. Some of us will view these changes as necessary for the betterment of the health care industry, while others will dig their heels in complaining all the way. While speaking with a manager with whom I admire and respect, she confided in me that when she first began to learn about ACA she felt overwhelmed. There is so much to do, learn and implement that she wondered if she was up to the challenge. However, as she began thinking about the changes she had led her practice through in the past, such as HIPAA, she felt positive and decided to accept the opportunity to change and lead her physicians and employees through this with a positive attitude and become better than ever. I agree, let's learn what we need to do, embrace the changes and become an example for others while providing accessible, affordable health care to our patients.

We will see major changes in both payment and delivery methods. It's anticipated that reimbursement will go from the fee-for-service

method to payment based on cost, quality and prevention and management of chronic diseases. We will likely see value based reimbursement for physicians by the year 2015. The ACA places significant emphasis on improved quality of care with the use of Health Information Technology (HIT). We've all heard of the "meaningful use" requirement within the utilization of an Electronic Health Record (EHR). Financial incentives are available to practices proving "meaningful use" within their EHR. Annual incentives are set with increases in the number of requirements of "meaningful use". Purchasing from a vendor that you can trust and the purchase of a certified EHR system is imperative to prove "meaningful use". The trusted, experienced vendor and certified EHR will also aid in implementation that will fulfill the timeline requirements in order to receive the incentive money and also not send the staff and physicians off the deep end. Invest in additional training for the staff and physicians alike. An investment in training and working with a vendor who has your back could make the difference of whether the EHR is improving the quality of care for the patients and making the

office more efficient or having it gathering dust in a closet while you continue to pay for it.

Let's not forget about our Compliance Plans. We've always been required to have one in place if we've billed Medicare or Medicaid. Now, having a compliance plan is mandated by law. If you do not have a compliance plan in place, it's time to get this completed and implemented. This is not something you'll create and throw on a shelf, you need to train it, live it, review it at least annually and amend when necessary. Hiring a professional to assist with this task is highly recommended. However, you can take this on yourself. For information on compliance programs for physicians, see OIG's "Compliance Program Guidance for Individual and Small Group Physician Practices" at <http://oig.hhs.gov/authorities/docs/physicians.pdf>.

We've skimmed over a few issues that need to be reviewed within every office. I do have one more item to consider: The "RAC" Audits. "RAC" is an acronym that stands for Recovery Audit Contractor. The RAC audit is different from many audits we've previously seen. The RAC auditors are privately contracted auditors, contracted with the Centers of Medicare and

HIPAA Version 5010 Information for Health Care Associations

Effective January 1, 2012, Michigan Department of Community Health (MDCH) will implement the federally required HIPAA Version 5010 standards for electronic transactions. To assist in disseminating information about the 5010, MDCH is developing a health care associa-

tion distribution list for communicating pertinent information. You have been identified as someone that may have interest in receiving these communications. If you do not want to receive information please respond indicating your request to be removed from the list.

MDCH can also provide information or be present for association meetings if requested. Please send requests or HIPAA Version 5010 questions to MDCH-5010@michigan.gov. Additional information can be found on the MDCH website, www.michigan.gov/medicaidproviders.

...Future *(contd. from page 8)*

Medicaid Services (CMS) to mitigate overpayments to providers. These auditors are paid based on a percentage of the overpayments they identify. In 2011 physicians are likely to see more part A, B, C, and Medicaid audits. You have 45 days to respond to a records request and 120 days to respond to an overpayment letter. Additionally, there are four levels of appeal. Acting fast to a request is highly recommended. Michigan is region B and is being audited by CGI. For additional information you can access <http://racb.cgi.com>.

Now is a very important time in health care. There are so many changes coming our way and multiple opportunities to improve our practices and how medicine is practiced. We need to educate ourselves about Accountable Care Organizations (ACOs) and bun-

dled payment methodologies in addition to the ACA. I agree with my manager friend, we can take this and become great or fade away. It's our choice and I choose to embrace it and make an even better practice for the patients, physicians, referring physicians and staff. To do this I will need to continue to educate myself on the changes, timelines for implementation, federal and state requirements and on and on. I am a member of the Michigan Medical Group Management Association (MMGMA), which has provided me with all of the information that I've included in this article. I was fortunate enough to glean this information through various seminars, webinars, conferences, and peer colleagues with whom I can share experiences and learn from and with. If you are a manager reading this and you do

not yet belong to an organization such as MMGMA, it's time to join an association that can help and motivate you through these important times of opportunity. Anxiety and fear come from lack of knowledge. Get the support and information you need to lead your team through the upcoming changes. If you are a physician reading this, who is running your practice? Are they informed about what is coming this year and beyond? Invest in your practice and your manager/administrator, provide them with the tools to do their job effectively by making sure they have an association such as MMGMA or other peer group that gives them the educational opportunities needed to give your practice the assistance it will need to adapt to the changing landscape of healthcare.



Dear Battle Creek Supporters,

There will be a special **Spiritual Care Consultants** meeting on Thursday March **10, 2010** at **Central Christian Church** at **7:00PM**. Central Christian Church is located at 713 Riverside Drive. I will be giving an update on all the good things that Spiritual Care Consultants is doing in the Battle Creek area and will be asking for your impute for the future. Please let me know if you can make it.

Sincerely,

Pastor Gale

Kragt, President

Spiritual Care
Consultants
of West Michigan
1375 W. Green St.
Ste.1
Hastings, MI 49058
Ph:269-929-2901
Fax:269-798-5906
www.spiritualcareconsultants.com



**MICHIGAN STATE
MEDICAL SOCIETY**
120 W. Saginaw, Lansing, MI 48823
msms@msms.org • www.msms.org
517-336-5762

**State and County Medical Society
Membership Application**

**CALHOUN COUNTY
MEDICAL SOCIETY**

PO Box 278
Battle Creek, MI 49016-0278
269-660-0893 • Calhouncms@yahoo.com

Do you work 20 hours or less per week? YES NO
 Is your spouse a member of MSMS? YES NO
 Is this the first year you have practiced in Michigan? YES NO

Please PRINT or TYPE

FULL NAME _____ MD or DO (Circle One)
Last First Middle Initial

HOME ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

OFFICE ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

PRACTICE NAME _____
Office Fax Number

EMAIL ADDRESS _____ For mailing, please use (check one): Office address Home address

BIOGRAPHICAL DATA Sex: Male Female Birth Place _____ Date of Birth _____
Month Day Year

Maiden Name _____ Spouse's Name _____

Government Service (check one): Military National Health Service Beginning Date _____ Completion Date _____

EDUCATION (please complete or attach CV)

INSTITUTION	LOCATION	DEGREE	YEAR GRADUATED	
			Beginning	Ending
College/University _____	_____	_____	_____	_____
Medical School _____	_____	_____	_____	_____

INTERNSHIP, RESIDENCY, AND FELLOWSHIPS	SPECIALTY	COMPLETION DATE
_____	_____	_____
_____	_____	_____

License: MI # _____ Date Issued _____ ECFMG # _____

License held in other states/countries (list states or countries) _____

PROFESSIONAL DATA Present Type of Practice (check appropriately):

OFFICE BASED: Solo Hospital Based Teaching Research Government
 Group Practice Name _____ Other (specify) _____

Specialty _____ Subspecialty _____

Board Certifications (list specialties & dates) _____

Present Hospital Appointments (list dates) _____

Teaching Appointments (list dates) _____

Previous Medical Society Membership (list dates) _____

Specialty Society Memberships _____

Within the last five years, have you been convicted of a felony crime? Yes No IF YES, please provide full information.

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked? Yes No IF YES, please provide full information.

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff? Yes No IF YES, please provide full information.

I agree to support the CALHOUN COUNTY MEDICAL SOCIETY Constitution and Bylaws, the MICHIGAN STATE MEDICAL SOCIETY Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature _____ Date _____

WHEN COMPLETED, please mail to MSMS or Calhoun County Medical Society, or FAX to 517-336-5797. THANK YOU!



Another great **benefit** of being a **valued member** of **Michigan State Medical Society**

**H
S
A**

Health Savings Accounts

“The MSMS Physicians Insurance Agency provided me with the information I needed about the benefits of Health Savings Accounts when switching to a higher deductible plan with BCBSM. Paying out-of-pocket for medical expenses is a better option for me and allows me to save the costs of high premiums.”

— Theodore A. Wizenberg, MD, an Oakland County internist

MICHIGAN STATE MEDICAL SOCIETY



**Physicians
Insurance
Agency**

The MSMS Physicians Insurance Agency is a full-service agency offering quality products and services to members and their employees for all of their professional and personal needs. Customer service representatives are able to assist members by phone from 9:00 a.m. to 5:00 p.m., Monday through Friday.

For more information about HSAs, contact the MSMS Physicians Insurance Agency at 877-742-2758 or msmsagency@msms.org.

CALHOUN
 COUNTY
MEDICAL
SOCIETY

Since 1839

PO Box 278
Battle Creek, MI 49016-2078

Phone Messages / Fax:
269-660-0893

Email: calhouncms@yahoo.com
Diane Cummins, Executive Director

Articles submitted and opinions expressed in *The Bulletin* are views of the writer and not necessarily those of Calhoun County Medical Society. Articles must have author's signature, address and phone. They can be sent to Calhoun County Medical Society at the address above.

NEWSLETTER DEADLINE:
*The 20th day of each month
prior to published month.*

A Nonprofit Physician's Professional Organization

BIOGRAPHY: A Society is a group of professionals with a common trade that offers networking and referrals, professional development and educational opportunities. The medical society offers enhanced services at the county level, guided by the professional state level. Calhoun County formed one of the earliest medical societies in the state of Michigan in 1839; Michigan State Medical Society formed in 1866.

MISSION STATEMENT: The purpose of the Calhoun County Medical Society / Michigan State Medical Society is to offer opportunities for networking, leadership and mentoring, grassroots medical legislative involvement, continuing medical educational needs along with personal and professional support services at the county, state, or national levels.

**SEE OUR
WEBSITE...**


www.calhouncms.org

OTHER RELATED WEBSITES:

<http://www.msms.org>
<http://www.mdpac.org>
<http://www.michmgma.org>
<http://www.bchealth.com>
<http://www.oaklawnhospital.org>
<http://www.sw-rehab.org>
<http://www.hclfonline.com>
<http://www.calhouncancer.org>

Battle Creek, MI 49016-0278
PO Box 278

Since 1839

SOCIETY
MEDICAL
COUNTY

CALHOUN