



Vascular Society of New Jersey
202 West State Street, Trenton, New Jersey 08608
tel: (609) 392-7553
fax: (609) 392-2664
website: VascularSocietyNJ.org
e-mail: Membership@VascularSocietyNJ.org

MONTHLY REPORT January 2007

From the President

Steven M. Hertz, M.D.

Hope everyone rang in the New Year with happiness and optimism for the upcoming 365 days! Remember, challenges constantly present themselves to each of us, both personal and professional. Our true measure is reflected in how we tackle those situations; not always to be measured by the outcome but more tellingly by the spirit and method by which we meet what life has in store for us. Raise a glass that we all find it in us to approach 2007 with just a little bit more wisdom and patience than we did in 2006.

Preparations for our Spring meeting are going nicely. You have all received the “call for abstracts,” which are due Jan 20th. Please be encouraged to send us your work—encourage fellows, residents and students around you to get involved. Please try to keep the day clear to join us at Saint Barnabas in mid-March for our annual meeting.

Now, here’s one of those “challenges” for 2007. I am sorry to be the vehicle to pass on the “bad news” but it is critical that we get the word out and mount a strong and vocal opposition to this outrageous proposal. I have attached a letter from Mark Manigan, a healthcare law specialist with WolfBlock. In it, he explains a current proposal before the NJ Department of Banking and Insurance (DOBI). The proposal involves limiting reimbursement that insurance companies are obligated to pay out-of-network providers by redefining “usual, customary and reasonable fees (UCR)” equal to 150% of Medicare !!!!!!! Besides being an outrageous cut from the current UCR rates, we all know what will happen to Medicare rates in years to come. For those who still participate, be aware that this is likely to have a downward effect on all rates, even for those who have stayed in-network by effectively empowering the insurers and eliminating competition.

Action now is critical! The proposal is open for comments up until Feb 16th. Recent “noise” by the medical community and our allies has been effective in suppressing recent proposed legislation—keep shouting loudly—this one has more profound implications. Send comments to:

Robert Melillo, Chief
Legislative & Regulatory Affairs
20 West State Street
P.O. Box 325
Trenton, NJ 08625-0325
Fax# (609) 292-0896
E-mail: LegsRegs@dobi.state.nj.us

I URGE you to drop a quick letter or email or fax to the DOBI. I will attach a brief template for your use to make it easy-just print it out, sign and print your name and stick it in the fax machine Make your voice heard-the time is NOW.

New Year Brings New Challenges for the Physician Community *Beverly Lynch*

2006 may be over but the challenges which the New Jersey physician community face are not! There are several pressing health care concerns facing medicine today – and we have to mobilize to develop a comprehensive strategy – representing all of medicine – to counter them.

Caps on Out-of-Network Reimbursement – Do you recall any other profession being told what they can charge? Do lawyers or architects have a cap on their hourly fees? Of course not. But this is exactly what physicians would have to endure should a newly-proposed Department of Banking and Insurance regulation take effect. Just proposed on December 21, DOBI would seek to limit the charges of an out of network physician to 150% of Medicare. See attached letter for more complete explanation. The physician community is mobilizing immediately to counter this onerous regulation. We urge you to get involved and offer your personal comments to DOBI before the February 16, 2007, deadline.

PIP – The Department of Banking and Insurance have issued new regulations which would dramatically cut the reimbursement for physicians who treat auto accident victims. The public comment period is closed; MSNJ has developed a comprehensive survey of actual fees paid which they have shared with DOBI, DHSS and the Governor’s office, and legislation has been introduced which would “undo” what DOBI has proposed. Now we push for legislative intervention and hearings early in 2006.

Licensing One Room Surgical Suites – Senator Loretta Weinberg (D-Teaneck) has reintroduced legislation which would require licensure of one room surgical suites. Is the purpose merely to provide new income for the Department, permitting an assessment similar to the ASC tax now in effect? Is it really a patient safety issue? Doesn’t the DHSS already inspect one room surgi-suites? Questions that will be posed when we sit down with the Senator in early 2007.

Scope of Practice – New activity is expected when the Legislature continues to debate legislation which would greatly increase the scope of practice of chiropractors, permitting chiropractors to perform **any treatment**, except for surgery involving cutting and the prescription of narcotics, **for any ailment**, and to order and interpret **any test**, so long as any such methods were either taught in any chiropractic college approved by the Board of Chiropractic Examiners. Further, there are **no limitations** on the medical tests a chiropractor can order. We joined numerous other groups in testifying against this bill in the Fall, but we understand movement is expected in early 2007. We’re meeting with the bill’s sponsor in mid-January.

Will he or won’t he? We’re waiting on word from Governor Corzine on signing the **repeal of the cosmetic tax**. This tax, passed in July 2004, is costing the State. For every \$1.00 collected, the state is losing between \$1.54 to \$3.39. Patients are fleeing the state in record numbers. The repeal passed both the Senate and Assembly unanimously. The Governor should support this pro-patient/pro-physician initiative.

And there's more....Senator Vitale is holding briefings with the health care community to unveil the basics of his ***universal health care program***. The State would identify the uninsured through income tax filings or point of care, and require coverage in a basic commercial plan (found in the small employer market today). The Senator, who chairs the Senate Health and Human Services Committee, is gathering support and information, and plans to move ahead with a bill in the first quarter of 2007.

...and the ***Commission on Rationalizing New Jersey's Health Care Resources*** has been appointed. This Commission has until June 1, 2007 to "ensure the state's supply of hospital and other health care services is best configured to appropriately respond to community needs."

Add to these critical issues over 150 bills that we're tracking daily that impact (a lot or a little) your life as a physician in the State of New Jersey. So little time...so much to do! Stay tuned and please respond when a "Call to Action" comes your way. The voice of the physician community is vitally important.

MARK YOUR CALENDARS! Watch your mail for your promotion soon!

March 14, 2007
11:00 am

VSNJ Spring Meeting
St. Barnabas Islami Auditorium

Tentative Spring Meeting Schedule includes....

PRESENTATIONS by

Dr Randy Shafritz- *Radiofrequency Ablation of Incompetent Peforating Veine*

Dr Bruce Mintz- *The Medical Management of the Surgical Patient*

Dr. Kenneth Goldman- *Exposure for Anterior Spine Surgery*

Vascular Fellow- *Vascular Imaging*

And Fellows Debate: *Carotid Endarterectomy vs Corotid Stenting*

Check out www.NJHealthcareAlmanac.com for the 2006 New Jersey Health Care Almanac, a comprehensive analysis of New Jersey's health care delivery system. The Almanac is the first of its kind to publicly quantify statewide variations in capacity and utilization, and was developed to provide health care leaders in New Jersey with a single, easy-to-use compilation of metrics, insights and comparisons.

The Almanac was produced by Avalere Health, a Washington-based strategic advisory firm specializing in the intersection of health care policy and business strategy. Funding is provided by Robert Wood Johnson Foundation and Horizon Blue Cross Blue Shield.

Empire Medicare Services To Become National Government Services Effective January 1, 2007

Effective January 1, 2007, Empire Medicare Services will become National Government Services. This new organization combines the operational, financial and human resources of five companies-AdminaStar Federal, Associated Hospital Service, Anthem Health Plans of New Hampshire, Inc., Empire Medicare Services and United Government Services-and positions this new enterprise as the national leader in Medicare.

The consolidation of these organizations brings together the long-held traditions of customer focus and operational excellence that each company provides and creates an opportunity to offer an even stronger operation that will deliver the very best in service and education to the provider and supplier communities serviced by National Government Services. These customer-centered experiences will help to make National Government Services stronger and ready to extend its mission: "To Serve the Medicare Community," to all of the organization's states and territories:

- . Medicare Part A Fiscal Intermediary for: California, Connecticut, Delaware, Hawaii, Illinois, Indiana, Kentucky, Maine, Massachusetts, Michigan, Nevada, New Hampshire, New York, Ohio, Vermont, Virginia, West Virginia, Wisconsin and the U.S. Territories of American Samoa, Guam and Northern Mariana Islands.
- . Medicare Part A Regional Home Health Intermediary for: Alaska, Arizona, California, Connecticut, Hawaii, Idaho, Maine, Massachusetts, Michigan, Minnesota, Nevada, New Hampshire, New Jersey, New York, Oregon, Rhode Island, Vermont, Washington and the U.S. Territories of American Samoa, Guam, Northern Mariana Islands, Puerto Rico, and U.S. Virgin Islands.
- . Part B Carrier for Indiana, Kentucky, New Jersey and New York
- . Jurisdiction B Durable Medical Equipment Medicare Administrative Contractor for Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio and Wisconsin (temporarily Virginia and West Virginia)

With advancing medical technology, the Baby Boomer generation entering the Medicare demographic and expanding provider and supplier expectations continuing to challenge the Medicare Trust Fund, National Government Services is poised to take the lead in addressing these challenges. This merger creates an outstanding opportunity to set the industry standard and better serve physicians, hospitals, skilled nursing facilities, outpatient physical therapy and comprehensive outpatient rehabilitation facilities, end-stage renal disease facilities, rural health clinics, critical access hospitals, home health agencies, hospice providers and durable medical equipment suppliers. National Government Services' vision is to redefine the industry by providing more value to our constituents through innovation and world-class customer service.

Beneficiaries, providers and suppliers will benefit from:

- . Complementary cultures centered on anticipating customer needs and providing quality service
- . Strong, collaborative relationships with providers and suppliers
- . Expanded geographical diversity with a local focus and national reach, and
- . Substantial opportunities for operational synergies and cost savings that will contribute to keeping the cost of Medicare affordable for future generations.

To be removed from this mailing list please call 609-392-7553