



Vascular Society of New Jersey
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MONTHLY REPORT April 2008

From the (new) President

Gary A. Drascher, MD, RVT, FACS

Thank you for choosing me as your president for the coming year. We had good attendance from our membership as well as industry at our annual scientific meeting March 12.

Paul Haser gave us a summary of Dr. Hobson's illustrious career and announced The First Annual Robert W. Hobson, II, MD Award for the best fellow's presentation.

Todd Vogel presented New Jersey specific data for open and endovascular aneurysms well as CEA and CAS.

Steve Hertz discussed current Vascular non-invasive testing.

Cliff Sales discussed basic business principles for vascular surgeons... a 10 minute MBA.

Michael Ombrellino gave us an update on the latest endovascular techniques for central venous thrombosis.

There were five fellow's presentations.

The winner of the First Annual Robert W. Hobson, II, MD Award for the best fellow's presentation was to pre-med student D. Fremed for an ex-vivo model of carotid artery stenosis.

Finally there was a debate regarding routine use of Arterial Closure devices, Pro: Jonathan Levison, Con: Obi Imegwu. There was considerable audience participation and discussion.

Thank you to all our speakers, attendees, and industry support.

Breaking News from NJ Medicare – Your Action Needed

Highmark Medicare Services has been awarded the contract for A and B Medicare in NJ. The cutover to that company will not take place until November, 2008. However, the company plans to post, on its website (www.Highmarkmedicare.com), draft policies for automatic

implementation in November. The posting will occur on April 1 and there will be a 45 day comment period. Some 55 or 60 policies will be involved on all kinds of topics and will cover A and B sides of the house. If the hospitals and physicians do not comment on these from April 1 through May 15, they will automatically inherit them in November. Highmark will be present at NJ's upcoming Medicare CAC, sometime in May, that will be hosted by NGS. There were originally no policies to be presented, but Highmark will be present to discuss any comments on its postings. CAC members will be the only ones allowed in the meeting.

From the Statehouse

Beverly J. Lynch

Should New Jersey Move to One Physician Credentialing Form?

Last month, at the request of the NJ Academy of Family Physicians, I was invited to participate in a meeting with other NJ lobbyists who work with physician groups and health care insurance companies, and a representative from the Council for Affordable Quality Healthcare (CAQH).

The purpose of the meeting was to discuss the need to simplify physician credentialing in New Jersey. As you may already know, CAQH oversees a Universal Credentialing Datasource® (UCD), which simplifies credentialing by reducing paperwork and millions of dollars of annual administrative costs for more than 555,000 providers (33,000 plus in New Jersey) and over 350 health plans (including all national and many Blue Cross Blue Shield health plans, such as Horizon BCBS) and networks across the United States.

Based on a Medical Group Management Association cost analysis, CAQH estimates that UCD is effectively reducing provider administrative costs by more than \$80 million per year or 2 million man-hours (the equivalent of 1,300 full-time employees) – the amount of time required to complete and send the application forms. UCD's standard-form approach has eliminated more than 2.1 million legacy credentialing applications to date. The CAQH application, which meets all related URAC, National Committee for Quality Assurance and Joint Commission standards, is now the national gold standard for provider data collection.

New Jersey, through a statute passed in 2001 established a New Jersey uniform credentialing form developed by the NJ Department of Banking and Insurance. The statute and regulations do not prohibit the plans from continuing to use their own individual credentialing forms, but rather the statute requires that they accept the NJ form when submitted by a physician. This statute also authorizes the use of any credentialing form - such as CAQH. The form developed by the NJ Department of Banking and Insurance is not widely utilized and the majority, if not all, plans have turned to the CAQH credentialing application process.

CAQH, because of the wide acceptance of its application among plans and physicians, is asking the physician/health care community to urge DOBI (through statute or regulation) to abolish its alternative system and adopt the CAQH application as the sole application in New Jersey.

Opinions? Comments? Please contact Beverly Lynch at Blynch@blynchassociates.com



A Message from MSNJ

We at the Medical Society of New Jersey, now in its 242nd year, work for the physicians and patients of New Jersey by honoring our founding principles—*“the advancement of the profession . . . and the betterment of the public good.”*

Over the last couple of months those efforts have included: [1.] keeping colonoscopy—the most effective tool in screening for colon and rectal cancer—pain free; [2.] working against the proposed state cuts in charity funding; [3.] advocating against the use of the Ingenix index to establish out-of-network reimbursement rates.

Keeping Colonoscopy Pain Free

MSNJ added its strong voice, to those of the New Jersey State Society of Anesthesiologists (NJSSA), the New Jersey Gastroenterology and Endoscopy Society (NJGES), and the Pennsylvania Society of Anesthesiologists (PSA) in the fight against Aetna’s announced change in anesthesia policy; a change that would have resulted in Aetna’s not covering the use of full sedation during colonoscopies. Cancer screening tests should never be made more unpleasant, and any policy which would lower patient compliance is a poor public policy. We voiced our strong concern to Steven Goldman, the Commissioner of Banking and Insurance.

After a joint meeting with Troy Brennan, MD, Aetna’s senior vice-president and chief medical officer, Aetna agreed to postpone the implementation of this policy. MSNJ is now working toward a legislative solution through two bills that are in committee in the New Jersey Assembly: A-2467, sponsored by Neil M. Cohen (D-20), and A-2056, sponsored by MSNJ member Herb Conaway, MD (D-7). Both bills would require insurers to cover anesthesiology services in connection with outpatient diagnostic screenings, including, but not limited to, colonoscopy. We even considered offering a free colonoscopy, without anesthesia, to any legislator in doubt!

Proposed Cuts in Charity Care Funding

MSNJ is adamantly opposed to New Jersey’s proposed cuts in charity care funding that were announced recently. The proposal would establish a new three-tiered funding formula under which **one-third** of New Jersey’s seventy-eight hospitals would lose all of the state aid they are currently receiving for the treatment of the uninsured, and the other two-thirds would see their funding significantly reduced. It was made clear that no hospital would escape the budget cuts in fiscal 2009.

The charity pool as is stands is sorely inadequate, and the proposal would reduce it further by \$108 million. It is feared by some that this would be the death knell for some of the most economically fragile hospitals, despite the \$35 million in the proposal for the

creation of a “stabilization fund” that would be used to bail out struggling hospitals and expand clinics and other services.

Out-of-Network Fees

MSNJ is working with Andrew Cuomo, the attorney general of the State of New York, who is investigating Ingenix, a subsidiary company of United HealthCare. The AG believes that the company may be lowering its usual-and-customary rates for doctor charges, resulting in higher patient costs. The index is used by many insurance companies to determine the amount they pay for out-of-network physician fees. The balance of physicians’ fees, after the insurance payments, is typically borne by the patient. Ingenix produces this index by collecting out-of-network payment data from a number of insurance companies. MSNJ has questions about the validity of their data and their methodology, which is so far from transparent that we can’t assess its validity. We’ve also met with the New Jersey attorney general’s office on this matter.

Working closely with the specialty societies, we have made great progress this past year on behalf of all physicians. Together, we are stronger!

*Richard J. Scott, MD, President
Medical Society of New Jersey*

Coming up ...

2008

Thursday 6:30 pm	October 30	Fall Dinner/Membership Meeting Highlawn Pavilion, West Orange
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2009

Wednesday 11:00 am	March 4	Annual Scientific Meeting Nanina’s In The Park, Belleville
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