

LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 20, NO. 1

Fort Myers, Florida
Mary C. Blue, M.D., Editor

March, 1996

MARCH 18, 1996 GENERAL MEMBERSHIP MEETING

ROYAL PALM YACHT CLUB
SOCIAL TIME: 6:30 P.M.
DINNER: 7:00 P.M.

The planned speaker on Capitation was unable to be with us.

The speaker will be Bruce M. Stanley, Esq., local defense attorney with the firm of Henderson-Franklin-Starnes & Holt. The topic will be "CURRENT MALPRACTICE SITUATION."

Also, John E. Patchett, J.D., Deputy Executive Vice President of the FMA will give us an update on the FMA Move to Tallahassee and a demonstration of MedONE and the internet.

Dinner is by reservation only. Spouse or guest, dinner \$20.00 Please call the Society office at 936-1645.

LEE COUNTY MEDICAL SOCIETY CALENDAR OF EVENTS

March 10-14 - AMA Leadership Conference, Washington, DC.

March 15-16 - BATTILING MANAGED CARE: Hyatt Regency Airport, Orlando, sponsored by FPA.

March 24-26 - Days At The Capitol. Holiday Inn, Tallahassee. Sponsored by the FMA Alliance.

May 15-19 - FMA Annual Meeting, Orlando World Marriott.

May 20 - LCMS General Membership Meeting.

Summer - LCMS is accepting recommendations for children and youth to attend the Florida Diabetes Camp.

Call the Society office at 936-1645 for further information.

LEGISLATIVE SESSION MARCH 5 - MAY 7, 1996

THE FMA & LCMS PRIORITIES 1996

These are a few of the identified issues by the FMA Council on Legislation. Along with this list of issues, we will be trying to defeat many more that will impact your profession. Stay in touch with our local legislators by fax, mail or telephone about health care and business bills that impact your daily life:

1. Department of Health
2. Antitrust Reforms
3. Emergency Service Definition and Reimbursement
4. Due Process for Panel Membership
5. Laboratory Regulations for Physicians' Office Labs
6. Patient Choice

VERY IMPORTANT: SENATE BILL 886 -- Removing Mandated Continuing Medical Education (CME) - The Lee County Medical Society Delegates to FMA introduced a resolution which was passed that the FMA continue to work for this reform. SB 886 is one of the bills to be introduced on this issue.

OPPOSITION TO BILLS JUST AS IMPORTANT TO YOUR PROFESSION:

- Extension of the statute of limitations for minors.
- Expansion of the Wrongful Death statute.
- Expansion of allied health professionals' scope of practice (i.e., ARNPs, Psychologists).
- Medical Graduate licensure exemptions.
- Prescribing of controlled substances by ARNPs.
- Comparative Fault/Joint and Several Liability.
- Changes in Homestead Exemption Laws.
- Change in Constitution increasing percent of vote necessary to pass a constitutional initiative.

PRESIDENT'S MESSAGE



ALAN D. SIEGEL, M.D.

"LEADERSHIP"

John Kenneth Gailbraith had this to say of leadership, "All of the great leaders have had one characteristic in common: it was the willingness to confront unequivocally the major anxiety of their people in their time. This, and not much else, is the essence of leadership." I met such leaders at the FMA Leadership Conference in Orlando in late January. To my mind, this is the best meeting of the year when those who set the agenda of medicine meet to get the message out to the membership. I want to use this column to share with you what I saw.

Lonnie Bristow is a black internist practicing in northern California and is the President of the AMA. He gave a good speech regarding the political climate in Washington and the role of organized medicine there. He then fielded questions for two and one half hours, in what I felt was a brilliant display of everything that's right with the AMA. He spoke with the authority and confidence that only comes from having thoroughly analyzed and debated each issue long before our meeting. His stance wasn't supported by everyone, but he kept the "high ground" on most issues. He supported the single conversion factor and felt that this stops Congress from playing one group of physicians against another. He announced that the AMA will denounce "gag rules" in managed care contracts and declare them unethical; he vowed full legal support for any physician who is adversely affected for not honoring a "gag rule" clause. He pointed out that the GOP leadership came to the AMA for a bill to counter Clinton's bill regarding Medicare reform; within two weeks a bill was drafted and eighty percent of the final GOP bill was taken directly from the AMA bill. However there is bad news on the horizon as well. He told us that we have a "hostile government" in Washington. Neither Bill Clinton nor Bob Dole is a friend of physicians, according to Bristow, and I can guar-

AS I RECALL...

ROGER D. SCOTT, M.D.

OPERATING ROOMS CIRCA 1958

The Lee Memorial Operating Rooms were on the second floor of the old, two-story brick building attached to the current major building. These were located just behind the elevator shaft, and the elevator opened both onto the main hallway on the second floor and into the operating suite. The same elevator is still running after many, many years. There were two large operating rooms, one small cysto room, and ultimately a large closet that was converted to a minor type room for local anesthetics. There was one combined operating room, emergency room, and delivery room at Jones-Walker Hospital. These were the total operating rooms available in Lee County in 1958, and quite a surprising difference when one counts the number of operating rooms currently available in Lee County. Much of the equipment over the years has not changed. Many of the basic instruments remain the same. All of the instruments, syringes, needles, drapes, were non-disposable, in sharp contrast to today's almost totally disposable items.

Of interest is the fact that all operating room floors had to be grounded to prevent the build-up of static electricity because of the use of explosive anesthetics, i.e., ether and cyclopropane, primarily. It was necessary to wear specially grounded O.R. shoes and even then an occasional spark would occur from static build-up. In today's modern operating room, no explosive anesthetics are used, and therefore this grounding has been obviated.

Following completion of the surgical procedure, the patient was taken back to his/her room on the floor and recovered there by the floor nurse, as there was no recovery room. It was indeed a distinct and important step forward when the recovery room was ultimately established.

In years to come, some future archeologists when digging somewhere in the vicinity of Lee Memorial Hospital, will come across an unusual find of many human limbs. The policy in 1958 was that limbs were simply buried by the hospital, and there is somewhere, not too distant from the hospital, a limb graveyard. I think the only surviving member of the hospital that might know the location of the limb graveyard is John Gadd, hospital administrator. Oh my goodness, OSHA!

DOMESTIC VIOLENCE TASK FORCE

The Lee County Domestic Violence Task Force held its first meeting on February 27, 1996, and invites any interested physicians to participate on one of the following committees: Legislation Committee, Educational Community Relations Committee, and Law Enforcement/Courts Committee. The Task Force will meet the last Thursday of each month, from 12:00 noon to 1:00 p.m. in the County Commission Chambers, Old Lee County Courthouse, 2120 Main St., Fort Myers. Interested persons are also being sought to serve on the Board of Directors. For more information contact Ann Wilke at the Lee County Medical Society office, 936-1645 or the Office of the State Attorney, 335-2700.

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When finished with this issue . . .

*Pass it on
to staff!*

TO: INITIALS:

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LEE COUNTY MEDICAL
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The Editors welcome contributions from the members. Opinions expressed in the BULLETIN are those of the individual authors and do not necessarily reflect policies of the Society.

MEMBERSHIP ACTIVITY

NEW MEMBERS:

Michael J. Weiss, M.D.
Mai F. Saif, M.D.
Michael E. Burton, M.D.
Lee Dennis Litvinas, M.D.
Donald C. Fletcher, M.D.
Michael P. Gross, M.D.

PHYSICIANS IN THE NEWS

Brian K. Kim, M.D. is now Board Certified in Medical Oncology.

WHY SHOULD I
BELONG TO THE FMA
& LCMS?

Can you afford to close your practice while the Legislature is in session and go to Tallahassee to promote quality care issues for your patients?

Can you mobilize 17,000 physicians plus their family members and patients to contact legislators and government officials to explain health care issues and their potential impact on medicine in Florida?

Can you pick up your telephone and get legal advice on regulations affecting your practice WITHOUT incurring a fee for that service?

Can you answer "yes" to any of the above?

IF NOT, PLEASE SEND IN YOUR DUES PAYMENT TODAY!

Happy
St. Patrick's Day!From the Staff at
The Lee County
Medical Society
Office

LEE COUNTY COMMUNICABLE DISEASE REPORT

A summary of confirmed or probable communicable diseases reported in Lee County for the past five years should be of interest to members of the Society. The following information has been provided by Judith A. Hartner, M.D., M.P.H., Director, Lee County Public Health Unit.

PERIOD FROM JANUARY 1991 - DECEMBER 1995

	1991	1992	1993	1994	1995	5 Year Mean
AIDS	60	129	185	113	117	120.8
Amebiasis	0	9	1	2	0	2.4
Brucellosis	0	2	0	0	1	0.4
Campylobacteriosis	47	40	61	41	43	46.4
Chancroid	32	12	8	4	0	11.2
Chlamydia	*	*	*	*	612	*
Cryptosporidium	*	*	*	*	6	*
Diarrhea - pathogenic E. Coli	*	*	*	*	1	*
Encephalitis: St. Louis	0	0	4	1	0	1.0
Encephalitis: other or unspc.	2	2	5	1	3	2.6
Giardiasis	26	21	55	53	65	44.0
Gonorrhea	389	297	331	525	460	400.4
Haemophilus influenza (invasive) < 5 yrs. old	6	1	1	1	1	2.0
Haemophilus influenza (invasive) ≥ 5 yrs. old	0	0	2	4	1	1.4
Hemolytic Uremic Syndrome	*	*	*	*	0	*
Hepatitis: A (infectious)	38	12	24	34	13	24.2
Hepatitis: B (serum)	41	24	20	11	12	21.6
Hepatitis: C	5	3	0	0	4	2.4
Hepatitis: unspecified	2	0	1	1	1	1.0
Kawasaki Disease	0	0	1	0	3	0.8
Lead Poisoning	*	*	47	50	16	*
Legionnaire's Disease	0	0	4	4	5	2.6
Lyme Disease	1	3	0	0	3	1.4
Malaria	1	0	2	1	1	1.0
Measles (Rubeola)	6	0	0	0	2	1.6
Meningitis: Aseptic	17	22	56	35	25	31.0
Meningitis: Meningococcal (Neisseria)	3	0	0	3	2	1.6
Meningitis: Streptococcal pneumoniae	3	4	2	1	7	3.4
Meningitis: Group B streptococcus	1	0	1	3	1	1.2
Meningitis: Listeria monocytogenes	0	1	0	0	0	0.2
Meningitis: other or unspc.	10	8	6	5	5	6.8
Meningococcal Primary Bacteremia	1	0	1	2	8	2.4
Mumps	7	1	3	2	2	3.0
Pertussis	0	1	2	5	0	1.6
Rubella (German Measles)	1	0	0	2	0	0.6
Salmonellosis	69	80	69	73	94	77.0
Shigellosis	11	38	57	20	8	26.8
Syphilis	91	61	67	33	41	58.6
Tetanus	0	0	0	0	0	0.0
Tuberculosis	39	39	51	56	29	42.8
Vibrio infections	9	3	4	5	0	4.2

* = change in case definition or previously not reported.

Presidents Message . . . Continued from Page One

ante you he took a lot of heat from the audience on that one. Unfortunately, Dole's chief advisor Sheila Burke is unfriendly to physicians and a supporter of the insurance industry. Although our lobby in Washington is strong, we can expect little change this year with a divided Congress and a presidential campaign in progress.

On a State level our leadership is also strong. Five MD's who are in the State House gave an update on what we can expect this year in Florida. Ben Graber, MD, is the chair of the House Health Care Committee and was unabashed in his support of organized medicine. He admitted that the FMA was weak several years ago but now our lobby in Tallahassee is among the most powerful. He said that any bill regarding health has "the FMA's fingerprints all over it." He guaranteed that doctors are "at the table" on all issues regarding health. Unfortunately, our adversaries - the trial attorneys foremost among them - are driving their agenda through the legislature at an equally speedy pace. Unfortunately, the reality of politics is that to defeat the attorneys we have to trade in our hard fought legislative gains. What is possible to achieve this year? Anti-trust reform, repeal of CME requirements, and a department of health are possible. We will again battle the ARNP's for prescribing privileges and the unlicensed foreign physicians in Miami who want licensure by decree. However, it appears that education will take the forefront this year, and, as usual, the budget will drive everything.

The leadership of the FMA and FLAMPAC were impressive to me on both a professional and personal basis. These are highly intelligent physicians who are giving a great deal of time to better the lives of all of us. They are not a "good old boy's club" or "professional politicians." They are doctors like you and me who for some reason have risen to the call of their profession. I am thankful that these leaders exist and I will do all that I can to support their efforts. I hope you will do the same.

LEE COUNTY MEDICAL
SOCIETY ALLIANCE/
FOUNDATION NEWSRespectfully submitted by Nancy Barrow,
Corresponding Secretary

DOCTORS' DAY

Plans are well underway for our annual Doctors' Day Picnic, which will be held on Sunday, March 31st at Lakes Park. In recognition to the doctors of Lee County and all that they do, please come and join us for good food and lots of fun. Please RSVP and remember to mark your calendars so that you won't miss out on what is sure to be a great event! If you have any questions or would like further information, please contact either Francine Margolin at 561-2947 or Maruchi Rodriguez at 482-2636.

MEDI-FILE

The new FMA Alliance Medi-File Card is hot off the press. This four-panel memory aid for elders folds to wallet size for carrying ease and enables users to retrieve important information at just a moment's glance. The Medi-File card is intended for people on multiple medications as well as a time saving device for doctor visits, emergencies and hospital admissions. The Medi-File cards are printed free of charge by the Florida Medical Association Alliance and are in high demand. Special thanks to Bobbi Daitch, chairperson, who has worked very hard to obtain Medi-File cards for Lee County. Bobbi is currently doing a mailing to all Family and General Practitioners in Lee County asking them if they would like to distribute the Medi-File cards to their patients. She will need a group of Alliance members to help her disperse the 5,000 Medi-File cards. If you are interested in helping or for further information please contact Bobbi at 481-5075.

CHARITY BALL PROGRAM ADS

The ads for the 1996 *Magical Golden Anniversary Charity Ball* program are now on sale. The Charity Ball proceeds will benefit the Salvation Army Interim Care Center and Primary Care Clinic and the mini-grant program.

Program Ad Rate Information

Full Page Ad
4-3/4"W x 7-3/4"H \$500
Half Page Ad
4-3/4"W x 3-3/4"H \$325
1/4 Page Ad
2-1/4"W x 3-3/4"H \$225
Business Card Ad
2-3/4"W x 1-3/4"H \$100
Send camera-ready ad to: Susan Glasser,
4230 Steamboat Bend #103, Fort Myers,
Florida 33919.

From the Executive's Corner . . .

LCMS MEMBERS

As many of you read recently in the NewsPress, I am going to take a giant step outside my comfort zone and run a campaign for Fort Myers City Council.

I have addressed this with the Lee County Medical Society Board of Governors at their September meeting and they have given me their support, with my assurance that I will continue to do a quality job for the Society and represent you with dignity and pride.

This has not been an easy decision on my part, and I will need your backing of encouragement and moral support.

Ann Wilke, Executive Director
Lee County Medical Society

NEW MEMBER APPLICANTS

Application for Membership

Active members are requested to express to the Committee on Ethical & Judicial Affairs or Board of Governors any information or opinions they may have concerning the eligibility of the applicants.

KEITH HARRIS, M.D. - DERMATOLOGY

Dr. Harris was born in Buffalo, New York. Medical School: University of Miami, Miami, Florida (1986-90). Internship: Jackson Memorial Hospital, Miami, Florida (1990-91). Residency: Jackson Memorial Hospital, Miami, Florida (1991-94). Board Certifications: American Board of Dermatology. Dr. Harris is an associate with Harris Dermatology, located at 12630 World Plaza Lane, Fort Myers.



EVELYN KESSEL, M.D. - GASTROENTEROLOGY

Dr. Kessel was born in Frankfurt, Germany. Medical School: University of Michigan School of Medicine, Ann Arbor, Michigan (1984-88). Internship: University of Florida, College of Medicine, Gainesville, Florida (1988-89). Residency: University of Florida, College of Medicine, Gainesville, Florida (1989-93), Chief Resident. Fellowships: University of Florida, College of Medicine, Gainesville, Florida (1993-94). Board Certifications: American Board of Internal Medicine. Dr. Kessel is an associate with Consultants in Digestive Health, located at 12700 Creekside Lane, Fort Myers.



TIMOTHY KEYS, M.D. - PULMONARY

Dr. Keys was born in West Virginia. Medical School: Louisiana State University, Louisiana (1985-89). Internship: Medical University of South Carolina, Charleston, South Carolina (1989-90). Residency: Medical University of South Carolina, Charleston, South Carolina (1990-92). Fellowship: University of South Carolina, Charleston, South Carolina (1992-94). Board Certifications: American Board of Internal Medicine & Pulmonary Medicine. Dr. Keys is an associate with Pulmonary Consultants of Southwest Florida, located at 2780 Cleveland Avenue, S-809, Fort Myers.



BRENT MYERS, M.D. - GASTROENTEROLOGY

Dr. Myers was born in Tokyo, Japan. Medical School: University of Texas Medical Branch, Galveston, Texas (1979-83). Internship: Baylor College of Medicine, Houston, Texas (1983-84). Residency: Baylor College of Medicine, Houston, Texas (1984-86). Fellowships: Mayo Graduate School of Medicine, Rochester, Minnesota (1986-89). Board Certifications: American Board of Internal Medicine & Gastroenterology. Dr. Myers is an associate with Consultants in Digestive Health, located at 12700 Creekside Lane, Fort Myers.



MARC YALLOF, D.O. - FAMILY PRACTICE

Dr. Yallop was born in Brooklyn, New York. Medical School: New Jersey School of Osteopathic Medicine, Stratford, New Jersey (1983-87). Internship: Kennedy Memorial Hospital, Stratford, New Jersey (1987-88). Residency: University of Medicine & Dentistry of New Jersey St. Peter's Medical School, New Brunswick, New Jersey (1989-91). Military Services: United States Army Inactive Reserves, Rank - Captain (1990-Present). Board Certifications: American Board of Family Practice. Dr. Yallop is an associate with Associates in Family Medicine, located at 14171 Metropolis Avenue, Suite 101, Fort Myers.



INSURANCE COMPLAINTS

INSURANCE COMPLAINTS? USE THE FMA'S HASSLE FACTOR LOG

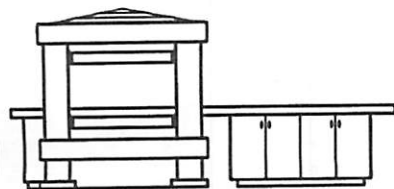
As a reminder, the FMA's "Hassle Factor Log," a one-page document developed to enhance physicians' ability to report grievances with private and public third party payor, is available to physicians and their office staff. This reporting mechanism assists the FMA's Department of Medical Economics in identifying potential or problematic trends arising with regard to medical policy, reimbursement or contracting. The Hassle Factor Log is intended for wide distribution to physicians and their office staff, and, if desired, county medical societies may incorporate the Hassle Factor Log into their respective third party grievance reporting programs.

To assist in tracking the complaints, the Department of Medical Economics urges physicians and their office staff to attach all relevant documentation to the Hassle Factor Log form. This will expedite the review process and help FMA staff understand the nature and complexity of the complaint. For a copy of the Hassle Factor Log, please contact Jay Millson, Assistant Director of the Department of Medical Economics, in the FMA Capital Office in Tallahassee at (904) 224-6496.

Note: A copy has been inserted in this Bulletin for your use.

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MANAGED CARE INFORMATION

If you have information you would like to share with your colleagues on managed care, use this Bulletin space.

YOU'VE GOT OPTIONS

	Positives	Negatives
Solo Practice	<ul style="list-style-type: none"> • Independence • Clinical autonomy • Immediate rewards for efficiency 	<ul style="list-style-type: none"> • Risk for practice and clinical management • Must develop own patient base • No financial cushion
Small independent group practice	<ul style="list-style-type: none"> • Greater role in governance than large group • Shared risk and overhead 	<ul style="list-style-type: none"> • Responsible for colleagues' performance • Less independence than solo • Shared financial losses
Large independent group practice	<ul style="list-style-type: none"> • More physicians to spread overhead costs and financial risk • Clinical synergy • Referral opportunities 	<ul style="list-style-type: none"> • Reduced independence • Reduced governance role • Liability for group financial and clinical performance
Group practice managed by management service organization	<ul style="list-style-type: none"> • Relief from administrative burdens • Access to management expertise • Access to capital 	<ul style="list-style-type: none"> • Less control over practice • Less clinical autonomy
Independent practice association	<ul style="list-style-type: none"> • Attracts managed care business • Develops referral relationships • Maintains independence 	<ul style="list-style-type: none"> • You may not be involved in contract negotiation • Shared cost of operations • Expensive to maintain infrastructure
Physician hospital organization	<ul style="list-style-type: none"> • Attracts managed care business • Shared risk with hospital 	<ul style="list-style-type: none"> • Hospital usually has control • Some payers resist negotiating with PHOs • May be tied to inefficient hospital
Employee status	<ul style="list-style-type: none"> • Low financial risk • Guaranteed paycheck • Relief from practice administration 	<ul style="list-style-type: none"> • Limited income growth potential • Little independence or control • Future tied to organization's success
Physician-owned HMO	<ul style="list-style-type: none"> • Clinical control • Self-governance 	<ul style="list-style-type: none"> • Very expensive • Requires compliance with complex regulations
Specialty care network	<ul style="list-style-type: none"> • Easily marketed • Long-term potential for growth specialties 	<ul style="list-style-type: none"> • Only attractive to payers if services are needed
Multispecialty	<ul style="list-style-type: none"> • Physician controlled • Attracts managed care • Close referral arrangements 	<ul style="list-style-type: none"> • Can be difficult to get primary and specialty physicians to work closely together

Note: Variations and combinations of these and other structures are possible. A business consultant or attorney can help determine which fits your need.

Reprint from American Medical News/February 12, 1996 ♦

SUPPORT THOSE THAT SUPPORT US

LCMS FLAMPAC Committee would like to recognize those physicians who are actively supporting their profession by paying their Political Action Dues. This is an on-going list as payment is received:

Alea, Oscar
Andrews, Phillip
Arpin, Elaine
Auld, Heather
Axline, David
Blue, Mary
Brueck, Robert
Burnam, J. Andrew
Chazal, Richard
Conrad, James
Croley, James
Dadrat, Andree
Danksy, H.P.
Danzig, Michael
Davis, Bert
Davis, Richard
Delans, Ronald
DeSantis, Mark
Diaz, Nils
Donaldson, John
Dupay, Edward
Eby, Charles

Eisenfeld, Larry
Gaar, David
Gardner, Ronald
Gates, Davis
Gerber, Lowell
Gomez, Eduardo
Gutstein, David
Harris, Brian
Harwin, William
Henricks, Douglas
Hoffman, Eliot
Howard, Joseph
Jacobs, Allen
Jain, Anamika
Kagan, Abbott
Kini, Vidya
Kini, Mukund
Kirley, Richard
Larson, Dean
Lebhar, Steve
Levine, Steven
Lewis, Jeffrey

Mangano, Mark
Martin, Benjamin
Morgan, Michael
Murray, Michael
O'Konski, Mark
Penuel, James
Purvis, Quinon
Rada, George
Reardon, David
Sapp, Larry
Scharf, Thomas
Schneider, Marc
Schoenfeld, Lawrence
Schwartz, Daniel
Seidenstein, Lawrence
Swammy, Alagumalai
Taylor, James
Toggart, Edward
Van Sickler, Joel
West, Steve
Yudelman, Paul
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10 QUESTIONS REGARDING WORKERS' COMP WHAT TO KNOW ABOUT PHYSICIAN CERTIFICATION IN WORKERS' COMPENSATION?

In an attempt to answer all of the questions received by the Florida Medical Association (FMA) regarding the state mandated 5-hour certification requirement for physicians who wish to treat Florida's injured workers, the FMA has prepared the following Q&A. Any additional questions regarding the certification requirement should be directed to Mr. Jay Millson, Assistant Director of the Department of Medical Economics, at the FMA's Capital Office in Tallahassee at (904) 224-6496.

Who is Required to Take the 5-Hour Certification Course?

Section 440.13(3), Florida Statutes, states that all physicians licensed under chapters 458 (M.D.s) and 459 (D.O.s) must complete, as a condition to eligibility for reimbursement in workers' compensation, a ONE-TIME, five-hour certification course.

Does This Course Count as Category 1 CME?

Not necessarily. Continuing medical education (CME) may be awarded to the physician if and only if Category-1 CME has been granted to the presenting vendor by an accredited organization. It is important to remember that certification is only a requisite of reimbursement, not licensure.

Are All Physician Who Treat Injured Workers Required to be Certified?

No. The 1993 Law specifically exempts physicians who provide emergency services and care to injured workers. Exemption has also been granted to physicians who are determined to be "occasional providers," such as:

- A physician who treats 12 or fewer injured workers in any given year.
- Anesthesiologist, Radiologists, and Pathologists licensed under chapter 458 and 459.

Are There Any Requirements Placed on the "Occasional Provider?"

Yes. Occasional providers are required to register with the Division of Workers' Compensation (DWC) by completing the appropriate physician certification application form (DWC 97). Completion of the application form will allow the state to verify physician certification upon carrier inquiry. Attachment I is a copy of the DWC 97 which can be reproduced for use by occasional providers. (Listed as "Exempt Pursuant to 38F-53.004 F.A.C." on the DWC-97.)

By What Date Must a Physician Become Certified?

All physicians who wish to become certified must do so on or before March 15, 1996.

When and Where Can a Physician Attend a DWC Approved/FMA Endorsed Certification Course?

A program developed by the Florida Workers' Compensation Institute (FWCI) has been endorsed by the FMA at a cost of \$225 for FMA members and \$300 for non-members. FWCI received DWC approval on March 2, 1995, enabling them to offer their course for a three year period. A list of times, locations and an application form for the FWCI/FMA endorsed courses may be obtained by call the Society office at 936-1645.

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*Patent Pending

10 REASONS PAPER CLAIMS RETURNED TOP TEN REASONS WHY SOME PAPER CLAIMS ARE RETURNED UNPROCESSED

Use the following as a checklist BEFORE you mail your claims to Unisys. If you are not sure about completing a claim, the Unisys Provider Services representatives at 800-289-7799 will be glad to assist you.

1. PROVIDER NUMBER is missing, incorrect, or illegible.
2. Original PROVIDER SIGNATURE is missing or facsimile is not initialed.
3. PRINT INK ON CLAIM is too light or illegible.
4. CLAIM has correction fluid (white-out) on it or has been highlighted.
5. TYPE OF BILL (UB-92) is missing, incorrect or illegible.
6. CLAIM TYPE is missing, incorrect or illegible.
7. RECIPIENT ID number is missing, incorrect or does not have ten digits.
8. FINANCIAL CLASS CODE (UB-92) is missing or invalid.
9. GRANT DATE (DER) is missing.
10. CLAIM LINES exceeded limit for claim type. (Maximum of 20 lines on the HCFA 1500 and 30 lines on the UB-92.)

Here are some helpful hints for submitting your paper claims:

Use correction tape instead of correction fluid. Correction fluid does not image sufficiently. Do not use Scotch tape, clear labels or anything shiny. These also interfere with the imaging process.

Use dark ink so the imaged copy is clear and legible. Change your printer or typewriter ribbon before the print gets too light.

Be sure that all entries on the claim form are within the lines of each field or information will be cut off when imaged.

Provided by FMA ♦

FMA STAFF COMMENTS AT BOARD OF MEDICINE RULE HEARING

FMA staff presented written and oral comments on Board of Medicine Rule 59R-30.007, "Requirements and Limitations of Prescribing Privileges." The proposed rule amendment changes the time requirement for the supervising physician to review and sign prescriptions written by a physician assistant (PA) from 48 hours to seven days.

The FMA agreed that, as stated in the current rule, 48 hours is not enough time to review prescriptions written by PAs, especially considering transcription time, weekends and holidays, and PAs practicing in rural areas. However, seven days, as the rule amendment proposes, is too long a review time and would not be in the best interest of the physician or the PA from a liability standpoint.

The FMA, therefore, strongly recommended that the proposed rule be amended to read as follows: Each prescription must be noted in the appropriate medical record and the supervising physician responsible for that prescription must review and sign each notation within four (4) business days.

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ENDORSEMENTS
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Florida Society of Thoracic and Cardiovascular Surgeons
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**MARCH
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MEETING**
Royal Palm Yacht Club
MARCH 18, 1996
Social Time: 6:30 p.m.
Dinner Time: 7:00 p.m.
SPEAKERS:
Bruce M. Stanley, Esq.
"Current Malpractice Situation"
&
John E. Patchett, J.D.
Deputy EVP, FMA
"Update on FMA Move &
Demonstration of MedONE"
DINNER BY RESERVATION ONLY
CANCELLATIONS:
By Noon Friday before meeting
Spouse or Guest - Dinner \$20.00