

# THE **BULLETIN**

APRIL 2022 VOLUME 99, NUMBER 4

**Prior Authorization  
Reform Has Been Signed  
into Law**

**Save The Date:**

**GCMS Town Hall Meeting  
May 12, 2022 6:00 P.M. – LIVE  
What is Changing  
in Split Shared Rules for Facilities and  
Outpatient Hospital Locations**

GENESEE COUNTY MEDICAL SOCIETY

*Organized Medicine's Leading Edge*

THE BULLETIN is published monthly by:  
The Genesee County Medical Society

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APRIL 2022 VOLUME 99, NUMBER 4

# THE BULLETIN

READ BY 96% OF GCMS MEMBERS

## FEATURE ARTICLES

<b>MSMS: Legislative Platform and Priorities</b>	<b>14</b>
<b>Alliance Focus:</b>	
<b>Genesee County Medical Society Alliance March Membership Meeting</b>	<b>20</b>
<b>Commit To Fit</b>	<b>24</b>
<b>COVID-19 Resources</b>	<b>26</b>
<b>Guest Article:</b>	
<b>Medicare through the Eyes of the Elderly</b>	
<b>- by Beth Schumacher, MSW, ACSW, LMSW</b>	<b>32</b>

## REGULARS

<b>President's Message</b>	<b>4</b>
<b>GCMS Meetings</b>	<b>5</b>
<b>Executive Director's Message:</b>	
<b>Angiovac The Case</b>	<b>8</b>

#### Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

#### Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

#### PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

#### THE BULLETIN

Published by the Genesee County Medical Society Publication Office

4438 Oak Bridge Drive, Suite B, Flint, Michigan 48532

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By subscription \$60 per year. Member subscription included with Society dues. Contributions to THE BULLETIN are always welcome. Forward news extracts or material of interest to the staff before the 1st of the month. All statements or comments in THE BULLETIN are the statements or opinions of the writers and are not necessarily the opinion of the Genesee County Medical Society.

# ARE YOU AT RISK FOR A HEART ATTACK?



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## Why GCMS?

In my little efforts to speak with physicians in the area trying to get them to join the GCMS, I spoke with one of our colleagues who is relatively new to the area. And by new, I mean that he came here about 8 years ago (isn't that sad when you think 8 years is a short period of time). I started my conversation by telling him the importance of becoming a member of the Genesee County Medical Society and for him to encourage his colleagues to do so. I barely finished my introduction when he started a very intense speech with a lot of enthusiasm and intensity -partly because of the nature he speaks - but mainly because of the strength he felt about subject. That told me that he gave the idea a lot of thought. He questioned what Genesee County Medical Society does and asked why the membership dues are so high, then commented on the fact that he doesn't pay that much for his specialty society membership dues. Because of the intensity of his speech I thought the best thing to do was to say nothing and let him vent. At the end of the conversation, I ended by saying that I will be in touch. A few days later I started sending him emails about the various legislative positions that the Genesee County Medical Society and the Michigan State Medical Society is taking and their efforts in fighting for Physicians. I very gently highlighted the fact that the forces that work against us are powerful and determined. I highlighted the fact that we are the supreme patients advocates and unless we are united *we can achieve nothing*. I also told him the fact that among most of the Professional Organizations around us that our dues are probably the lowest, and we have to fight bodies that have so much money that they don't have to pay dues. After a few weeks he met me with a smile and he said , "your points are well taken." This encounter reaffirmed my believe that we need to educate physicians at a very young age about the importance of joining the organization. It may be something that needs to be included in medical school or residency curricula , to teach about the politics and economics of Medicine. Being a good physician in this day and age alone is not enough to deliver care to our patients. Some of us have to be willing to put the time to defend the profession.

Sincerely,  
Khalid Ahmed, MD  
GCMS President



**Medical Society Foundation**

April 21, 2022

6:00 p.m.

\*via Zoom

**Board of Directors**

April 26, 2022

6:00 p.m.

**Practice Managers**

May 12, 2022

8:00 a.m.

**At 4438 Oak Bridge Dr. Flint, MI 48432**

\*\*\* All meetings will be conducted in person unless otherwise indicated.

## Announcement

GCMS members now entitled to a 15% discount on automobile and homeowners insurance.

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## AngioVac The Case

I was recently involved in a very interesting AngioVac case in Genesee County. This case will be presented and republishing of my article from October 2021.

A 29-year-old patient was diagnosed with endocarditis which caused a vegetative lesion on the tricuspid valve of the heart. Vegetative material on a cardiac valve often develops from an infection. A vegetative lesion can cause structural issues with the heart valves and/or detach and become an embolus traveling to the right ventricle or pulmonary system. This can lead to an acute life-threatening condition.

A very large tricuspid valve vegetation was diagnosed on this patient with a transthoracic echocardiogram. A clinical decision was made to attempt removal of the vegetation with a minimally invasive approach system called AngioVac.

The patient was taken to the operating room where he was placed under general anesthesia. A transesophageal echocardiogram (TEE) was placed in the proper anatomic position to aid in guiding the procedure.

The patient was Heparinized to an Activated Clotting Time (ACT) above 250 seconds to prevent clotting. The right internal jugular vein was cannulated with the special AngioVac suction inflow cannula (pictures below). The right femoral vein was cannulated for blood return to the patient from the AngioVac extracorporeal circuit.

The AngioVac inflow cannula placement was guided with transesophageal echocardiography. Correct anatomical position next to the tricuspid valve vegetation was established.

The patient was placed on AngioVac extracorporeal circulation. A blood flow of up to 4 liters/minute was established creating a strong suction on the inflow cannula tip. The total time on the AngioVac system was seven minutes. The large tricuspid vegetation was successfully aspirated and trapped in the circuit filter.

The AngioVac minimally invasive procedure in conjunction with TEE can be a good option, avoiding the necessity for conventional open-heart surgery.

Pictures of the actual procedure are below.

I am pleased this technology is offered in Genesee County.

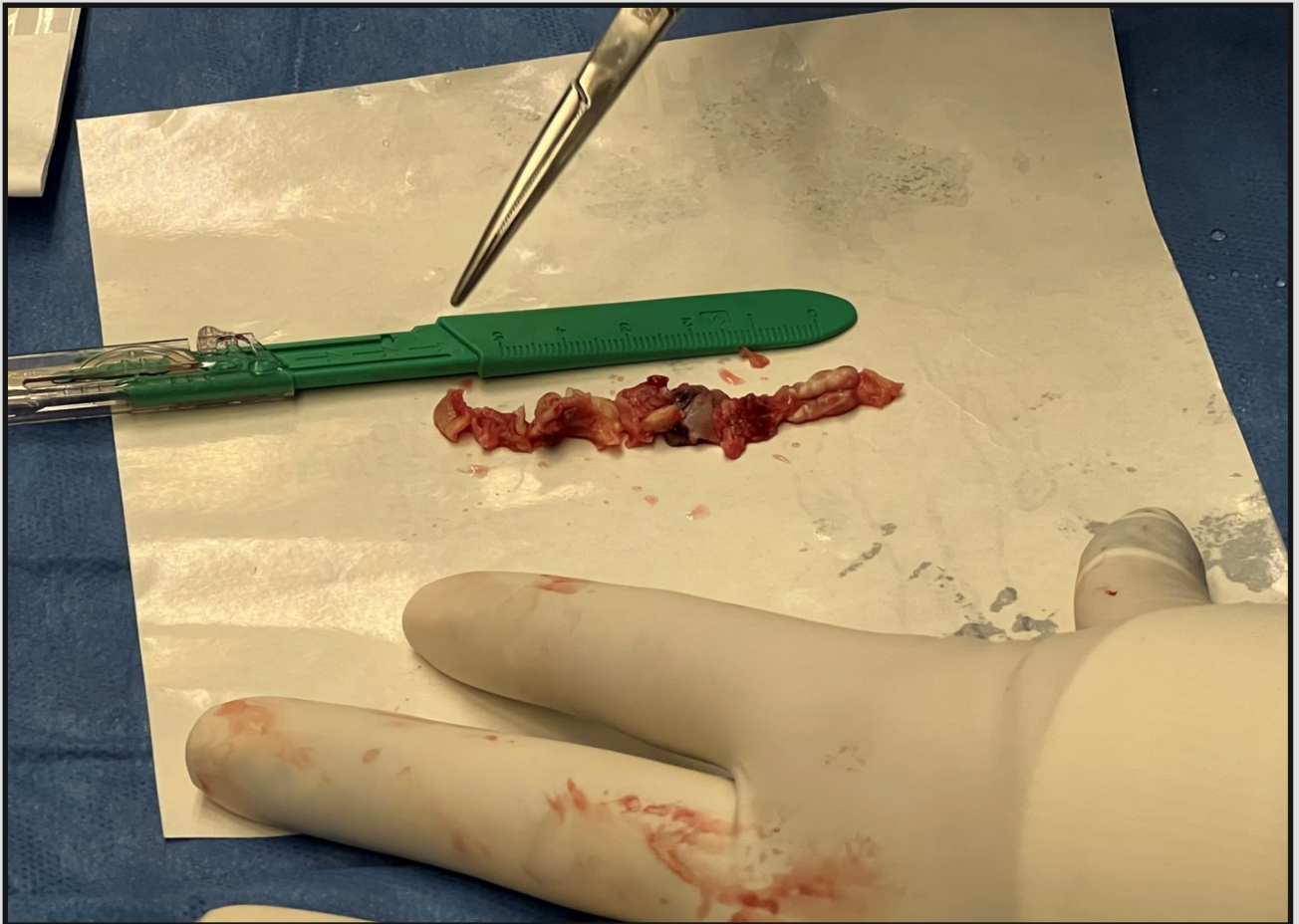
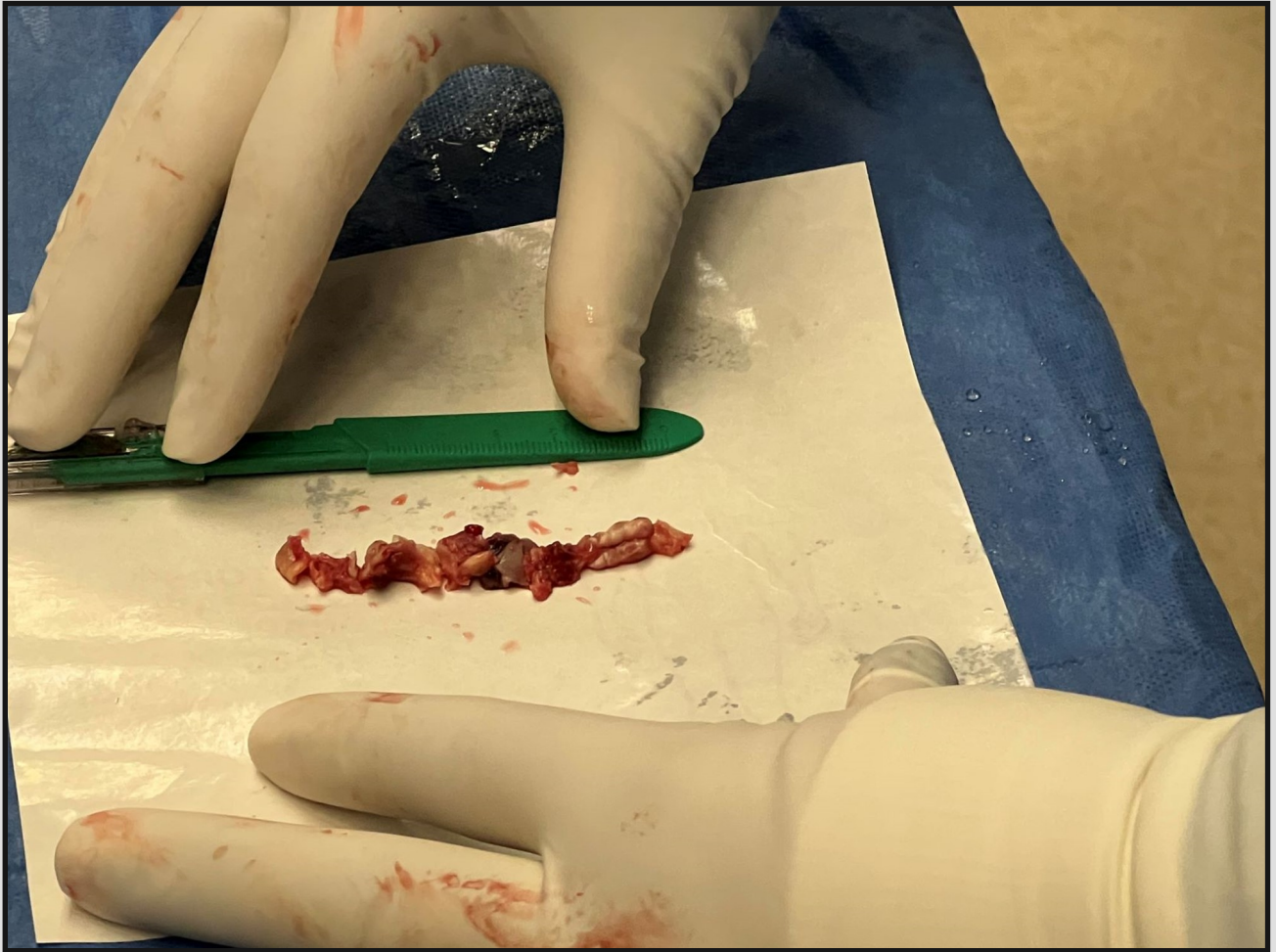
This article was written with collaboration from Dr. Ahmad Munir, MD

For more information, please contact [executivedirector@gcms.org](mailto:executivedirector@gcms.org)



DAVID HOFF, MA, CCP





## Republished From October 2021

### AngioVac Procedure Now Available in Genesee County

It can be quite challenging for a physician to manage a patient with thrombotic, embolic, vegetative material in the vascular system. If left untreated embolic material can be a life-threatening condition. Vegetations can lead to pulmonary or septic emboli, stroke, and or heart attack. Depending on the location of the embolic material helps determine treatment. Treatment options may include medical treatment or surgery. For embolic material in the heart, cardiac surgery may be required.

The AngioVac is a venous vacuum device approved for removal of undesirable material in the venous system. This device was approved by the FDA in 2014 as a minimally invasive embolic removal system.

The AngioVac pump system is indicated as a specially designed venous drainage cannula for removal of acute thrombi, emboli, or vegetations, mainly in the right atrium, right ventricle, or venous system. The specific funnel design of the drainage cannula creates a suction which aspirates foreign material out of the vascular system (venous side). The procedure is referred to as aspiration thrombectomy.

Typically, AngioVac procedures are performed in an operating room or Hybrid room, with the patient under general anesthesia. A transesophageal echo trained anesthesiologist is necessary for procedure success.

The AngioVac consists of a special venous drainage cannula, an extracorporeal system (pump circuit) including a filter trap, and a blood return cannula. This procedure avoids the need for median sternotomy or conventional open-heart surgery. Typical cannulation sites are femoral vein or jugular vein for drainage and femoral vein for blood return. The system achieves veno-veno bypass with a suction generated on the drainage cannula for foreign material removal. Embolic material aspirated through the pump circuit enters a filter trap where it is caught & collected.

The drainage cannula is inserted into the area of foreign material utilizing transesophageal echo, typically the right atrium. The drainage cannula is a self-expanding Nitinol funnel shaped cannula. The special design maximizes suction generated from the extracorporeal circuit. The funnel shape enhances suction drainage while preventing clogging of the cannula. Once the foreign material (soft thrombi, emboli, or vegetation) is filtered, the blood is reinfused back to the patient.

With the guidance of transesophageal echo, the heparinized patient is placed on extracorporeal circulation. Typically, the AngioVac pump times are 5 minutes – 30 minutes. The procedure duration is dependent on how quickly the material is aspirated and retrieved. This procedure can be very effective for patients with endocarditis, who may have bulky vegetations on the tricuspid valve of the heart.

When the procedure is finished (embolic material removed), extracorporeal circulation is discontinued. The drainage cannula is typically removed first. All blood in the extracorporeal circuit is reinfused back to the patient through the return cannula. When both drainage and reinfusion cannulas have been removed, Protamine is given to neutralize the Heparin.

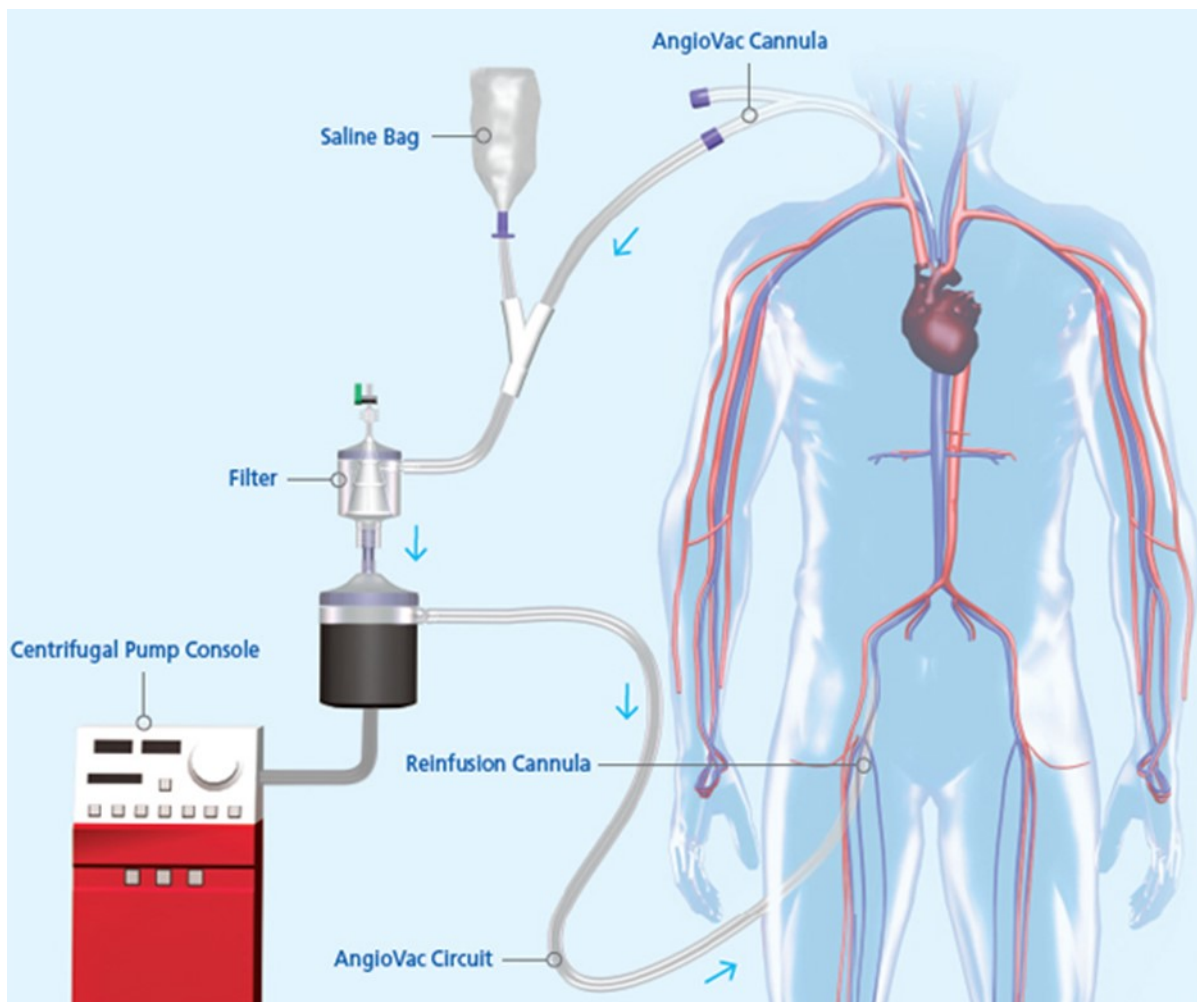
Robert Molnar, MD was an early user of the AngioVac system once it became available. Dr. Molnar has provided the following information about a case that was performed in Genesee County:

“We had a limb threatening situation with a young patient experiencing significant leg swelling due to extensive Deep Venous Thrombosis (DVT), with associated Peripheral Arterial Disease (PAD). The past medical history included extensive DVTs with previous placement of an Inferior Vena Cava (IVC) filter. The patient had developed not only ileo-femoral DVT, but thrombus lining the entire IVC including the segment with the IVC filter in place. This young patient was at severe risk of limb loss with both Inferior Vena Cava (IVC) thrombosis and associated ileo-femoral and popliteal DVT. Without the AngioVac system, we were looking at a very high risk of limb loss. By using the AngioVac system, we were able to remove the thrombus from the IVC and Iliofemoral segments and fortunately we were successful in limb salvage. Newer technologies such as these improve our ability to treat both life and limb threatening conditions, and we are very fortunate to be in the position to assess and provide the latest in acute vascular care intervention to preserve both life and limb.”

There are currently 8 hospitals in Michigan performing the AngioVac procedure. It is typically performed using a collaborative approach, with both a cardiac surgeon and interventional cardiologist or vascular surgeon working together.

I am very pleased this technology is offered in Genesee County.

This article was written with collaboration of Dr. Robert Molnar, MD, Dr. Omar Habib, MD, and Dr. Ahmad Munir, MD





Genesee County Medical Society invites you to a Quarterly  
Dinner Business Meeting and a Medical Community Town Hall



May 12, 2022

6:00 P.M.



Jill Young from Young Medical Consulting, LLC

Jill Young is an expert with Medicare billing. She will be presenting “Utilizing Your Physician Assistant’s and Nurse Practitioners under the new Split Shared rules – What’s Changed for facility and outpatient hospital locations”.

Cost \$30.00 per person  
Includes buffet dinner

**SPACE IS LIMITED!**

Please RSVP by May 3, 2022

[executivedirector@gcms.org](mailto:executivedirector@gcms.org)

**Meeting Location:**

Atlas Country Club  
8313 Perry Rd, Grand Blanc, MI 48439

**Evening Schedule:**

6:00 P.M.—Registration  
6:30 P.M.—Dinner  
6:45 P.M.— GCMS Nominating Committee  
7:00 –7:45 P.M.—Jill Young  
7:45-7:50 P.M.— Sovita Credit Union

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## Government Relations & Physician Engagement Team

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## Legislative Platform & Priorities



MICHIGAN STATE MEDICAL SOCIETY



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# MSMS Legislative Platform & Priorities



## MSMS Legislative Priorities

Key priorities of the Michigan State Medical Society (MSMS) and its 15,000 physician and medical student members are as follows:

### COVID-19

The COVID-19 pandemic has taken a devastating toll on the physical and mental health of Michigan citizens, as well as the economic health of our state. Additionally, many of Michigan's medical practices are trying to regroup from financial and staffing losses and increased costs to comply with regulatory mandates. By using scientific data to help inform decision-making, MSMS is committed to working collaboratively with stakeholders to end the COVID-19 pandemic, safely re-engage all economic sectors, provide efficient and equitable vaccine distribution, and ensure practice sustainability.

### Prior Authorization and Step Therapy Reform

The prior authorization process diverts valuable resources away from direct patient care, can delay the start or continuation of necessary treatment, and can negatively impact patient health outcomes. Step therapy, also known as fail first, is another practice that disrupts patient care by requiring patients to try other therapies before being approved for the treatment that their doctor originally prescribed. MSMS will work closely with the Legislature, regulators, and other stakeholders on ways to reform prior authorization and step therapy processes to ensure transparency, remove unnecessary and costly care delays, and support shared decision-making.

### Team-based Care

Patients are best served by a team-based approach to care that provides the maximum amount of choice while ensuring that they benefit from the additional training and expertise that comes from having a physician on the team. A highly functioning health care team is the best way to serve patients. MSMS will continue to promote the role of the physician as the leader of the health care team and oppose any efforts to expand allied health professionals scope of practice that may put patients at risk.

### Telemedicine

Telemedicine has proven to be an effective care delivery method that ensures convenient and timely access to patients. Before the outbreak of COVID-19, insurers covered telemedicine visits to varying extents; however, there were often obstacles such as low reimbursement and restrictions on site of care. Although payers removed some of the regulatory and administrative barriers during the pandemic, these policies are now reverting to pre-pandemic times. Moving forward, payment and service parity for the use of clinically appropriate telemedicine services is critical.

### Health Equity

Several events in 2020 brought to the forefront the need to prioritize advocacy addressing systemic policies and other contributing factors that deny historically marginalized groups equal and just opportunities to maximize quality of life and health outcomes. In order to improve the health of all populations, MSMS will work to advance policies that reduce disparities and improve health equity.

### Graduate Medical Education (GME)

Studies repeatedly demonstrate that one of the best ways to recruit and retain physicians is via local medical schools and residency programs. GME helps fill the gap in underserved areas by providing extremely low-cost care to those most in need. Michigan has been a leader in expanding medical school class sizes to address the projected demand for physician services, it is imperative that we continue to fund GME slots to allow these future physicians to learn here in Michigan, train here in Michigan, and stay here in Michigan.

## Legislative & Regulatory Platform

MSMS has long-standing positions and policies on numerous topics. Following is an overview of the top issues comprising the MSMS legislative and regulatory advocacy platform.

### Insurance and Regulatory Advocacy

- Support mental health and substance use disorder parity
- Ensure appropriate access to and payment for telemedicine
- Advocate for adequate and transparent physician networks
- Reduce unnecessary administrative costs

### Public Health and Prevention

- Strengthen public health infrastructure
- Support vaccine availability and oppose efforts to weaken Michigan's vaccine laws
- Improve health equity
- Ensure access to evidence-based non-opioid pain care and opioid use disorder treatment
- Reduce childhood environmental hazards
- Reduce gun violence through health screening, patient counseling and expanded access to mental health services

### Professional Liability

- Preserve existing tort reforms
- Support higher negligence thresholds in medical liability cases
- Eliminate the lost opportunity doctrine
- Maintain the legislative intent and enforceability of all medical liability tort reforms

### Medicaid

- Seek funding parity with Medicare
- Seek funding sources that are fair and sustainable
- Support state funding for the Healthy Michigan Plan
- Ensure access to physician-directed care

### Physician Supply and Training

- Increase graduate medical education funding at state level
- Minimize burden of medical school debt

### Insurance Contracting Reform

- Limit retroactive audit timeframes
- Support adequate disclosure of fee screens
- Support appeals process that includes independent reviews

### Scope of Practice

- Support physician-led, team-based health care
- Support education over legislation as the means of increasing scope of practice
- Oppose independent prescriptive authority by non-physicians
- Support patient right-to-know/health professional credentials disclosure

### For more information about MSMS legislative advocacy, please contact:

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## Why MedPAC's Physician Pay Freeze Recommendation is Flawed

**What's the news:** The most recent report to Congress from the Medicare Payment Advisory Commission (MedPAC) has flawed analyses and advice that, if followed, would imperil patient access to high-quality care.

The MedPAC report recommends that Congress allow the freeze in Medicare physician fee payments to continue in 2023 but ignores a host of trailing indicators, none more obvious than the impact of the COVID-19 pandemic on physician practices.

In 2020, there was a \$13.9 billion drop in Medicare physician fee schedule spending (PDF) as patients delayed treatments. Meanwhile, one in five physicians say it is likely they will leave their current practice within two years. Learn more about “medicine’s great resignation.”

**Why it's important:** “Physicians have been enduring an increasing financial instability of the Medicare physician payment system due to a confluence of fiscal uncertainties related to the COVID-19 pandemic, statutory payment cuts, consistent lack of inflationary updates and significant administrative barriers,” AMA Executive Vice President and CEO James L. Madara, MD, wrote to congressional leaders.

“Freezing physician payment is also impossible to reconcile when viewed against the nearly eight percent payment increase the Centers for Medicare & Medicaid Services projects for Medicare Advantage plans in 2023,” Dr. Madara added in the letter (PDF).

Medicare physician payment has fallen 20%, adjusted for inflation, since 2001—an average of about 1.1% a year. The cost of running a medical practice increased 39% since 2001, or 1.6% a year. That analysis does not include the recent inflationary spike.

Even when failing to adjust for inflation, the Medicare payment updates to physicians have been far outpaced by increases for others. While Medicare physician pay rose 11% since 2001, payment updates increased roughly 60% for inpatient and outpatient hospital services, and for skilled nursing facility services. On top of that, a 2021 study published in *JAMA Health Forum* found that it costs an estimated \$12,811 and takes more than 200 hours per physician annually to comply with the Medicare Merit-Based Incentive Payment System.





“A continuing statutory freeze in annual Medicare physician payments is scheduled to last until 2026, when updates resume at a rate of only 0.25% a year indefinitely, well below the rate of medical or consumer price index inflation,” Dr. Madara’s letter says. “Current government data on key elements of the Medicare Economic Index make it clear that, without an inflation-based update, the gap between frozen physician payment rates and rising inflation in medical practice costs will widen considerably.”

“It is urgent that Congress work with the physician community to develop solutions to the systematic problems with the Medicare physician payment system and preserve patient access to care,” Dr. Madara wrote. “At a minimum, Congress must establish a stable, annual Medicare physician payment update that keeps pace with inflation and practice costs and allows for innovation to ensure Medicare patients continue to have access to physician practice-based care.”

**Learn more:** The AMA advocacy team and organized medicine mobilized a grassroots coalition late last year when doctors and medical students inundated Congress with 250,000 emails and more than 8,000 phone calls pressuring lawmakers to stop a scheduled 10% cut in Medicare physician payment rates.

The AMA wants Congress to:

- Establish a reliable Medicare physician payment update. At a minimum, it should keep up with inflation and practice costs while encouraging innovation.
- Develop ways to reduce the administrative and financial burdens of MIPS participation. It also needs to ensure the program’s clinical relevance.

Find out why fixing the [Medicare pay system once and for all tops the AMA’s advocacy agenda](#).



**ATTENTION**



**NEW TIME  
& NOW  
IN PERSON  
Meetings!**

**ATTENTION: PRACTICE MANAGERS  
AND OFFICE STAFF!**

**Genesee County Medical Society addresses issues of concern  
for medical professionals!**

Please join GCMS and SOVITA in monthly meetings for  
practice managers and office staff of *all member physicians*.

**NEXT MEETING DATE:**

**May 12, 2022 8:00 A.M.**

*You do not want your Practice Manager to miss out  
on these valuable meetings!*

***IN PERSON - 4438 OakBridge Dr. - Flint, MI***





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# THE ALLIANCE FOCUS

## The GCMS Alliance March Membership Meeting

The Genesee County Medical Society Alliance had their March membership meeting at the McLaren Hospitality House. After some social time, President Lakshmi Tummala started the meeting by inviting Teresa Williams, Director of Hospitality House, to say a few words about the facility which serves to accommodate cancer patients from out of town who undergo treatment at McLaren. Lakshmi, then, introduced Elizabeth Wise from the Healthy Mindful Flint Initiative by The Crim Foundation who spoke on the neuroscience behind Mindfulness. Wise explained the need to cultivate a basic human capacity for well being. She informed that The Crim supports good health, humanity and performance. They have over a hundred volunteers who are involved in programs, courses, training and community workshops. The Community Mindfulness includes Yoga classes as well which help individuals and groups to deal with everyday stress through healthy and compassionate means. The session ended with exploring gentle movements. That was followed by a light lunch.



McLaren Hospitality House Director,  
Teresa Williams



The Mindful Flint Initiative by The Crim  
Elizabeth Wise



Alliance members (L-R): Linda Lemieux, Vibha Kaushal, Amita Desai & Vijaylakshmi Sayal



Lakshmi Tummala

# Easy Ways to Donate to the Medical Society Foundation:

The Medical Society Foundation is engaged in a Capitol Campaign. The purpose of the Campaign is to grow the corpus to support the charitable activities of the Genesee County Medical Society. Those activities include public and community health, support for the underserved, and wellness initiatives.

To continue its good work, the Medical Society Foundation is asking you to consider leaving a legacy gift to the Foundation. If all, or even a significant portion of our membership left just a small part of our estates to the Foundation, the Foundation could continue helping this community in so many ways, by supporting the Medical Society.

To make a gift, simply use these words:

In your Trust, "Grantor directs Trustee to distribute \_\_\_% of all assets then held in Trust or later added to this Trust to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing board of directors in furtherance of the purposes of the Foundation."

In your Will, "I give, devise and bequeath \_\_\_% of my Estate to the Medical Society Foundation, to be held in an endowed fund and used in the discretion of its then existing Board of Directors in furtherance of the purposes of the Foundation."

While this is not a subject that is comfortable to broach, it is an opportunity to support the Foundation which supports the Medical Society's charitable activities on behalf of the membership. Please give. You can give via a trust or will. You can give from your IRA. You can give appreciated stock, and you can give cash. Please support the organization which does so much on behalf of the medical community and the patients we serve.



**Don't Forget!**  
Donations are tax deductible!

**Please contact GCMS at 733-9923 or email [executivedirector@gcms.org](mailto:executivedirector@gcms.org)**



## Do you have an advertising **NEED**?

- Are you a Physician **and** you are a member of GCMS and you have a new practice in Michigan?
- Do you have a medical practice **and** you are a member of GCMS and your office has relocated?
- Do you have a business that serves Michigan and business slow?

**Let Genesee County Medical Society help!**

## Genesee County Medical Society Bulletin

(ONLINE MAGAZINE)

**Your ad will be featured in the Genesee County Medical Society monthly bulletin that is provided to 1,500+ viewers. The Bulletin can also be found on the GCMS website, and is also published through Calameo virtual magazine. ([HTTPS://En.Calameo.com/](https://en.calameo.com/))**

1/4-page ad \$100/month

1/2-page ad \$195/month

3/4-page ad \$290/month

Full page ad \$350/month

A link to the business website or email can be added for **NO** additional fee.

**Click here**

to connect with GCMS, we can provide your advertising needs!



\*\*all ads placed by Physicians or Medical Practices must have a GCMS membership.

# GCMS Can Help You!

## Genesee County Medical Society

Organized Medicine's **Leading Edge**



### MEMBERSHIP

Membership in the Genesee County Medical Society (GCMS) gives you the opportunity to share resources, discuss ideas, and network with some of the most active and respected physicians in the state. You will receive news and information via The Bulletin magazine, meetings, faxes, and emails. Because GCMS is politically aggressive, it can provide its members with myriad opportunities to shape the future of medicine locally, as well as on a state and national level.

When you join GCMS you also join the Michigan State Medical Society (MSMS). MSMS has experts to assist you with practice management, business strategies, third party reimbursements, and contracting issues.



[CLICK TO LEARN MORE AND JOIN](#)

### TOP 7 REASONS TO JOIN

1. GCMS is an aggressive advocate on behalf of member physicians with third-party-payers.
2. GCMS is an aggressive advocate on behalf of its members physicians and their patients with state and federal legislatures.
3. When specific issues arise that require immediate action, email lists are institute to communicate directly with members.
4. GCMS convenes monthly meetings with Practice Managers in an effort to head off problems for physician practices and to find solutions to those that are identified.
5. GCMS is a national leader by providing leadership at the state and federal level through volunteer physicians, staff, and Alliance member involvement leadership positions.
6. GCMS is disproportionality influential on behalf of its member physicians and their patients.
7. GCMS holds monthly meetings with federal and state legislators, and communicates with them at other times on as as-needed basis.

PHONE: (810) 733-9923

ADDRESS: 4438 OAK BRIDGE DRIVE, SUITE B, FLINT, MI 48532

**LEAD  
TEACH  
ADVOCATE!**

# COMMIT TO FIT SENIORS



## FREE WALKING PROGRAM

In Partnership with  
**GENESEE COUNTY PARKS**  
Get away. Right away.

Whether you need relief from arthritis pain or just want to be active, the Arthritis Foundation's six week Walk With Ease program can teach you how to safely make physical activity part of your everyday life. Studies show that Walk With Ease is proven to:

- Reduce the pain and discomfort of arthritis
- Increase balance, strength, and walking pace
- Build confidence in your ability to be physically active
- Improve overall health

### PROGRAM LOCATION:

Max Brandon Park

Pasadena Ave. Side Entrance

April 18 - May 25

Mondays & Wednesdays

from 9:00-10:00am

To register, call 810.232.2228 or online at  
[www.surveymonkey.com/r/C2FPrograms](http://www.surveymonkey.com/r/C2FPrograms)







# COMMIT TO FIT!

## Virtual Fitness Guide

### Commit to Fit!



Visit [commit2fit.com](https://commit2fit.com) to track all of your physical activity and keep track of your fitness goal!

### University of Michigan - Flint



Click [HERE](#) for daily workouts!

### Crim Fitness Foundation



Visit [crim.org](https://crim.org) for a variety of yoga and mindfulness practices!

### Ascension Genesys Athletic Club



Click [HERE](#) for intense & moderate workout videos!

### YMCA - 360



Visit [ymca360.org](https://ymca360.org) for fitness classes of all ages!

### Arthritis Foundation



Click [HERE](#) for arthritis exercises!



**CLICK HERE**

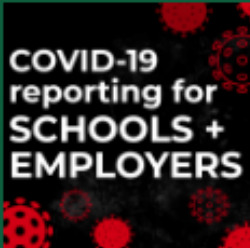
**For Daily Genesee County Covid-19 Numbers**

 **COVID-19 Summary for Genesee County, Michigan**

[Coronavirus \(COVID-19\) Data Dashboard for Genesee County](#)

**CLICK HERE**

**For Reporting**



**EMPLOYERS + SCHOOL ADMINISTRATORS:**

Do you need to report a laboratory-confirmed positive COVID-19 case?

Click the button to email the Communicable Disease team at [GCHD-CD@gchd.us](mailto:GCHD-CD@gchd.us) or call (810) 257-1017

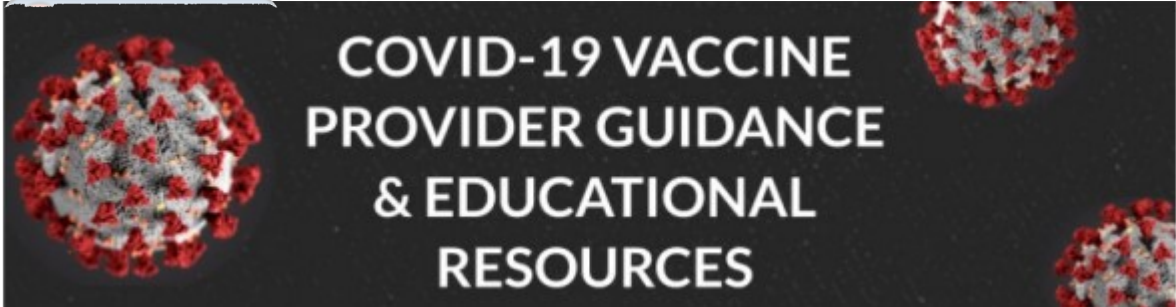
**CLICK HERE**

**For State of Michigan Covid-19 Information**





 [CLICK HERE](#)



## COVID-19 VACCINE

The COVID-19 pandemic demonstrates how diseases without vaccines can devastate economic and public health. Vaccines have reduced and, in some cases, eliminated many diseases. In the U.S., there is currently no approved vaccine to prevent COVID-19. MDHHS is working with the CDC and Michigan stakeholders to prepare and plan for when the vaccine is available. The initial draft of our state's plan is now available and will be updated often in the coming months. Visit regularly for the most recent information on the COVID-19 vaccine and Michigan's preparations.

[COVID-19 VACCINE PLAN](#)

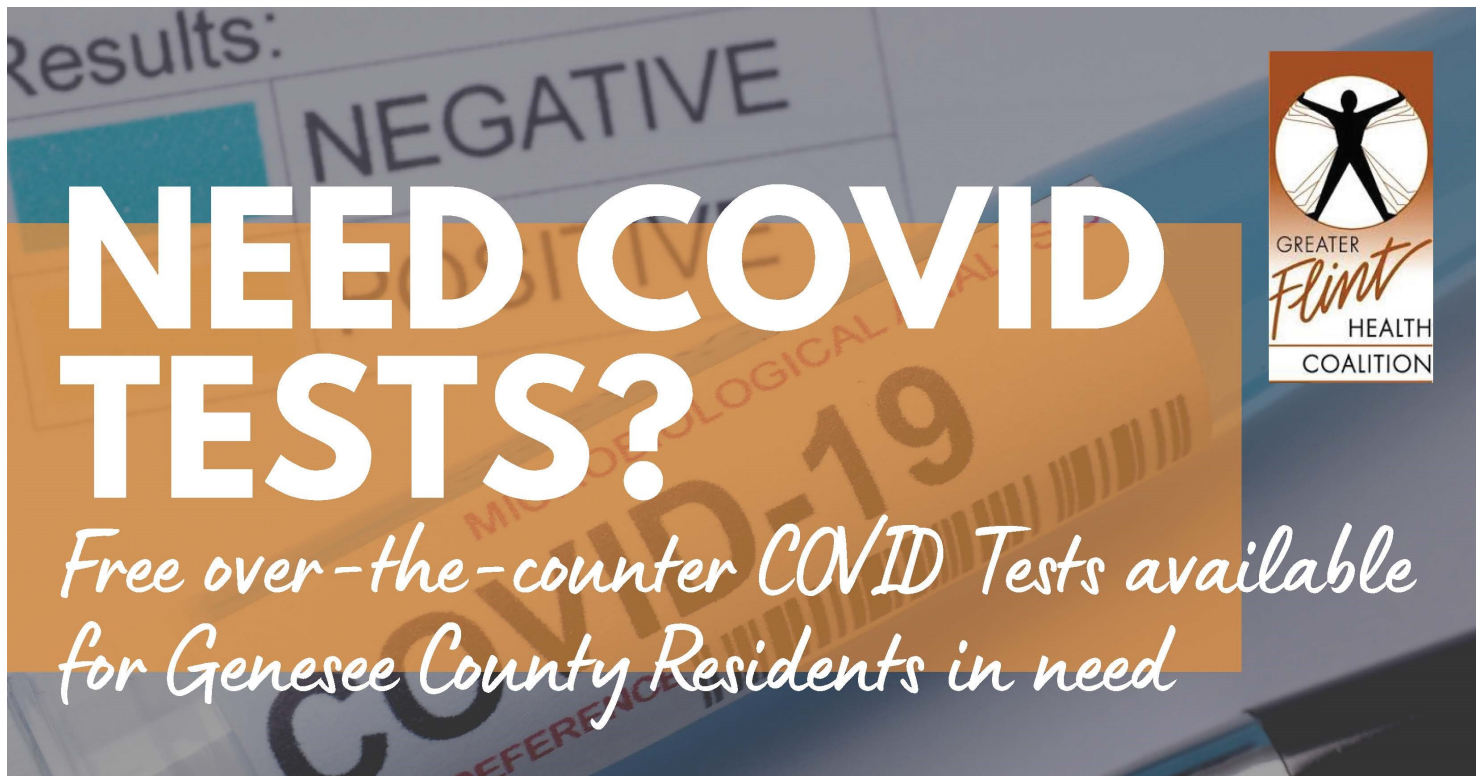
 [CLICK HERE](#)

[COVID-19 VACCINE RESOURCES](#)

[IMMUNIZATIONS DURING COVID-19](#)

[CDC FAQs](#)

[PROVIDER GUIDANCE & EDUCATION](#)



# NEED COVID TESTS?

*Free over-the-counter COVID Tests available for Genesee County Residents in need*

## CAN'T FIND A TEST IN-STORE? WE CAN HELP!

If you are a community-based organization with clients in need, contact Genesee CHAP to receive a bulk delivery of tests.

Are you a resident, a school, or medical practice? If so, make a referral to CHAP to receive a free COVID-19 OTC test, delivered within 24 hours.

*Free COVID-19 tests available for all who need one. Limit 6 per household.*

### Make a Referral to Genesee CHAP

- Call 810-953-2427
- Utilize the Community Referral Platform
- Fax Genesee CHAP Referral Form
- Visit [gfhc.org/CHAPreferrals](https://gfhc.org/CHAPreferrals)



*Request "OTC COVID-19 Test" and note "Urgent". Genesee CHAP will deliver test(s) to the individual's home within 24 hours.*



# USING & REPORTING SELF-TESTS | COVID-19 |

1

Follow instructions very carefully.



2

Use the QR code below for more information about self-testing and how-to videos.



3

**If your results are positive**

Report results to GCHD at [www.gchd.us](http://www.gchd.us) or click [here](#).

Isolate yourself from others for 5 days following symptom onset (if symptomatic) or positive test result (if asymptomatic).

Tell your close contacts that they may have been exposed to COVID-19.

Call GCHD at 810-344-4800 if you are unable to use online resources.



4



If you are at an increased risk of becoming very sick, treatment maybe be available. Contact your health care provider right away if your test result is positive.



[www.cdc.gov/covidtesting](http://www.cdc.gov/covidtesting)

# Your Membership at Work

- ◆ GCMS helped facilitate resolving complex issues relating to claim billing and insurance needs.
- ◆ GCMS helped Genesee County residents with contacts, resources and explanations.
- ◆ GCMS members joined MSMS in discussions and possible solutions on important Legislative issues effecting many physicians and practices.
- ◆ GCMS /MSF collaborates with Genesee County Medical Society Alliance to plan the 2022 fundraiser to raise money for an endowment fund for medical/nursing students.
- ◆ GCMS Board members created Resolutions to present at the House of Delegates meeting.



**Experience. Expertise. Exceeding Expectations.**  
*From integrated healthcare systems, critical access and rural hospitals to long-term care facilities and physician practices, we understand the financial challenges of the healthcare industry, and we will put that knowledge to work for you.*

**810.750.6822**  
[mktg@TheRybarGroup.com](mailto:mktg@TheRybarGroup.com)  
[www.TheRybarGroup.com](http://www.TheRybarGroup.com)

**31 Years of Innovative Strategies. Exceptional Results.**  
*Over the past 30 years, The Rybar Group has worked tirelessly with providers nationwide across the spectrum of healthcare management and compliance issues, strategizing, implementing, appealing, negotiating and successfully resolving engagements.*

**THE RYBAR GROUP**  
HEALTHCARE FINANCIAL CONSULTANTS

# ADVOCACY



## AMA ADVOCACY INSIGHTS WEBINAR SERIES

April 21, 2022, 11:30 a.m. Central / 12:30 p.m. Eastern

### Out-of-network payment process under the No Surprises Act

As a follow-up to the AMA's [January webinar](#) on the No Surprises Act (NSA), experts will focus on the payment process for physicians and other providers in surprise medical billing situations.

[Register for the webinar.](#)

#### About the series

The “AMA Advocacy Insights” webinar series covers key advocacy issues from the federal and state levels impacting patients and physicians—such as telehealth, Medicare payment, the overdose epidemic, public health, surprise billing, prior authorization and more.

Learn more about the [AMA Advocacy Insights webinar series](#) and watch the latest webinars.

## MSMS REIMBURSEMENT ADVOCATE ALERT



MSMS Foundation has launched a **NEW Practice Management Webinar Series**, available at no cost.

Upcoming topics include:

[Navigating the State & Federal Surprise Billing Legislation: 2022 Update](#)

[Embezzlement: How to Protect Your Practice](#)

[Office Billing Policies and Procedures for No Surprises](#)

Visit [msms.org/eo](https://msms.org/eo) for more information and to register.

## Guest Article

IHM Fall 2018

### The Medicare Dilemma

#### **Medicare through the Eyes of the Elderly**

by Beth Schumacher, MSW, ACSW, LMSW

While working as a social worker for the last 40 years, 15 in geriatrics, I have learned that sometimes we have to go outside of the box to help our patients. As a board member of the Genesee County Elder Abuse Alliance, I have seen many elderly people taken advantage of. That's why it's so important to look out for the elderly in our community and to help people like Betty.

Her story begins in 2015. It was Medicare re-enrollment time. My patient, Betty, was 88 years old. She was having a hard time deciding if she should change her insurance; it was getting way too expensive. She went to an insurance provider for guidance and education on how to proceed with the re-enrollment process and making the best decision regarding her age, health care issues and cost. At the direction of the professional, she switched from Medicare to a managed care policy. She thought everything was taken care of and that she was going to save money.

After the change, she realized she did not have the same coverage and thought, 'Oh well; I guess I will have to pay for the services. I am still saving money...I hope.' She reached out for help once again, but this time to me instead of the same insurance care provider. It got to be too overwhelming for her and she felt she was not getting the proper direction to make an informed decision.

Three years later, Betty received a call from her secondary insurance carrier that she thought had been cancelled years before, informing her that she was still enrolled in their program and would need to make a decision if she would like to stay with them or stay with managed care. This means she was enrolled in two programs at the same time. After consideration, she decided to go back to her secondary insurance. She called the managed care to cancel the policy with them.

Later, a three-way Medicare call took place on what happened to be the last day for her to be able to switch from managed care to Medicare without penalty, and also for her not to go without insurance for 30 days. During this phone call, we realized that she was still enrolled in both Medicare and the managed care plans and should have a refund coming back.

When I asked for an explanation of the process to apply for a refund, I was told that Betty most likely would not receive one. The Medicare representative then proceeded to explain that Betty would need to un-enroll and



Devastated, Betty told me she knew there was no way she would ever get her money back. I told her to allow me to try to get her a refund. As absurd as this process of un-enrolling and re-applying sounded, Betty and I completed the phone application. However, she never received the written application in the mail to sign and send back.

It took numerous hours and phone calls to insurance companies, and even a referral to legislation for help with no outcome. They were able to help with Medicare but not with the secondary insurance. In the end, Betty was promised a refund of \$9,284.18, which she still has not received.

It took a considerable amount of hours, frustration and anxiety to get to a resolution for Betty. There has to be a better way. Had a third-party not taken interest in this matter, poor Betty would have been out of \$9,284.18.

The moral of this story—Check your coverage! Do you have it? Do you have double coverage? Did you forget to pay and get cancelled?

How many people are owed a refund like Betty who is unable to navigate the process of getting it back on her own? Many elderly people have memory issues and health concerns that prevent them from spending endless hours on the phone defending themselves, and for people like Betty, no family to help.

For more information about how to help our treasured elders, please visit [www.elderabusealliance.org](http://www.elderabusealliance.org).

Elder Abuse Alliance

P.O. Box 998

Flint, MI 48501

[eaagenesee@gmail.com](mailto:eaagenesee@gmail.com)





## Reform for Prior Authorization for Organized Medicine

In the last few weeks, Michigan legislation has gained great momentum towards prior authorization practices.

On behalf of the Genesee County Medical Society, we would like to thank Governor Whitmer and Michigan's lawmakers for recognizing the need for reform in this area. By signing SB 247, Governor Whitmer has ushered in a new era where transparency, clinical validity and fairness to patients will all be factored into the prior authorization process, protecting Michigan patients from costly and dangerous delays in access to health care. Officially signing this bill into law is a tremendous—and much needed—win for countless Michigan patients and the providers who serve them.

Senate Bill 247 was signed into law. This SB 247 reduces wait times and improves how physician offices and payers communicate with each other. It will not only reduce the vast amounts of paperwork that offices used to have to produce to provide quality care for their patients' needs but this bill also allows us to provide excellent patient care in a decent amount of time!

For further information from Michigan State Medical Society on this matter, please click on the following link:

[Senate Bill 247](#)

The “Health Can’t Wait” initiative proves to be valuable. When our patients suffer, we have a voice and a legislative process that can truly help us provide the best care possible.

Share your story, take action and contribute to Health Can't Wait

[Click Here >](#)

# GHS Intensive Crisis Stabilization Services for Children and Young Adults



The GHS Children's Intensive Crisis Stabilization Team (ICSS) provides mobile crisis stabilization services, 7 days a week between 8:00am and 7:00pm to all children, youth, and young adults (ages 0-21) who reside in Genesee County. Calls during other hours are helped by our Crisis Line mental health professionals.

## Reasons to call GHS:

- If you feel your child/youth is in a crisis
- The child/youth may hurt themselves or others
- The child is experiencing overwhelming confusion, anger, or emotional unresponsiveness

If you aren't sure if ICSS is needed, give us a call and we can help to explore options.

## What happens when the GHS Intensive Crisis Team is called?

The team will provide an on-site intervention with the identified child or youth, and their support system. The team's main focus will be to help assess the crisis, utilize de-escalation techniques, help the child/youth and their family or support system to help with what is needed and to help determine next steps and long-term care.

## Other services include:

- Crisis and Safety Planning
- Referrals to needed services
- Education on resources, diagnosis and services
- Collaboration and problem solving

\* Psychiatric consults, as needed (does not include medication review for prescription)

\*\* Intensive Crisis Stabilization services cannot be provided to individuals who are currently residing in inpatient settings: Jail/detention centers or residential settings (i.e. child caring institutions, crisis residential, etc.).

## GHS Intensive Crisis Stabilization Services for Children

**810.257.3740 877.364.3648**

**420 W. Fifth Avenue, Flint 48503 • [www.genhs.org](http://www.genhs.org)**

Supported by funds from Substance Abuse and Mental Health Services Administration, Center for Mental Health Services through the Michigan Department of Health and Human Services.



**safe haven™**  
CONFIDENTIAL SUPPORT

# SAFEHAVEN™

## PHYSICIAN AND PROVIDER WELL BEING PROGRAM

Rediscover meaning, joy, and purpose in medicine.

SafeHaven™ ensures that physicians and health care providers can seek confidential assistance and support for burnout, career fatigue, and mental health reasons.



In-the-moment telephonic support by a licensed counselor, 24/7



Legal and financial consultations and resources, available 24/7



Peer Coaching—talk with someone who has walked in your shoes that can help you grow both personally and professionally

- Six sessions per incident
- Physician or provider chooses coach from a panel of coaches



Counseling, available in either face-to-face or virtual sessions; addressing stress, relationships, eldercare, grief, and more

- Six sessions per incident
- Available to all extended family members



WorkLife Concierge, a virtual assistant to help with every day and special occasion tasks, 24/7



VITAL WorkLife App—Mobile access to resources, well being assessments, insights, and more

### RESOURCES FOR YOU AND YOUR FAMILY MEMBERS

SafeHaven™ includes Well Being Resources from VITAL WorkLife—confidential and discreet resources designed to reduce stress and burnout, promote work/life integration and support well being for you and your family.

TO LEARN MORE, VISIT  
[www.MSMS.org/SafeHaven](http://www.MSMS.org/SafeHaven)

To support the needs of physicians and health care providers struggling with stress, burnout, and the effects of COVID-19, the Michigan State Medical Society (MSMS) and VITAL WorkLife have partnered to offer a comprehensive set of well being resources and confidential counseling services for their use, SafeHaven™.





120 West Saginaw Street | East Lansing, Michigan 48823  
517-337-1351 | [msms@msms.org](mailto:msms@msms.org) | [www.msms.org](http://www.msms.org)

Application Code: \_\_\_\_\_

# State and County Medical Society MEMBERSHIP APPLICATION

Join MSMS and your County Medical Society online at [www.joinmsms.org](http://www.joinmsms.org)



- I am in my first year of practice post-residency.
- I am in my second year of practice post-residency.
- I am in my third year of practice post-residency.
- I have moved into Michigan; this is my first year practicing in the state.
- I work 20 hours or less per week.
- I am currently in active military duty.
- I am in full, active practice.
- I am a resident/fellow.

Male     Female

First (legal) Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_  MD  DO

Nickname or Preferred Form of Legal Name: \_\_\_\_\_ Maiden Name (if applicable) \_\_\_\_\_

Job Title: \_\_\_\_\_

W Phone \_\_\_\_\_ W Fax \_\_\_\_\_ H Phone \_\_\_\_\_ H Fax \_\_\_\_\_

Mobile: \_\_\_\_\_ Email Address \_\_\_\_\_

Office Address  Preferred Mail  Preferred Bill  Preferred Mail and Bill

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Address  Preferred Mail  Preferred Bill  Preferred Mail and Bill

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Please base my county medical society membership on the county of my (if addresses are in different counties):  Office Address  Home Address

\*Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Birth Country \_\_\_\_\_ MI Medical License #: \_\_\_\_\_ ME #: \_\_\_\_\_

Medical School \_\_\_\_\_ Graduation Year: \_\_\_\_\_ ECFMG # (if applicable) \_\_\_\_\_

Residency Program \_\_\_\_\_ Program Completion Year \_\_\_\_\_

Fellowship Program \_\_\_\_\_ Program Completion Year \_\_\_\_\_

Hospital Affiliation \_\_\_\_\_

• Primary Specialty \_\_\_\_\_ Board Certified:  Yes  No

• Secondary Specialty \_\_\_\_\_ Board Certified:  Yes  No

Marital Status:  Single  Married  Divorced Spouse's First Name: \_\_\_\_\_ Spouse's Last Name: \_\_\_\_\_

Is your spouse a physician?:  Yes  No If yes, are they a member of MSMS?:  Yes  No

Within the last five years, have you been convicted of a felony crime?:  Yes  No If "yes," please provide full information: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_