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AMCNO Participates in "Start Talking" Kick-Off Event Featuring Lt. Governor Mary Taylor

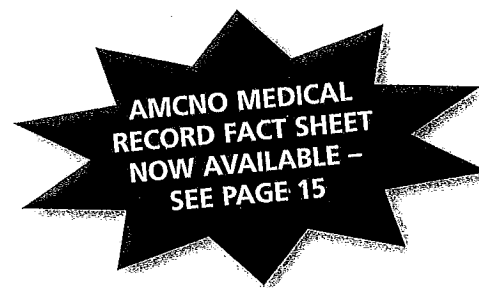
AMCNO physician leadership and executive staff were on hand for a regional kick-off event for Ohio's new youth drug abuse prevention initiative – "Start Talking" – a campaign which focuses on ways to reduce the likelihood of youth drug use before it even starts. "Start Talking" is inspired by research that shows youth are up to 50 percent less likely to use drugs when parents and adults talk with them about substance use and abuse.

The regional kick-off event was held at Mentor Ridge Middle School where Lt. Governor Mary Taylor was joined by a panel of presenters which included Senator John Eklund, Tracy Plouck, Ohio Mental Health and Addiction Services, Orman Hall, Ohio Department of Drug and Addiction Services and representatives from the school administration and law enforcement.

Presenters stressed the importance of implementing prevention strategies to curb

the use of opiates among youth. The campaign features four programs aimed at preventing and reducing drug abuse, including prescription drug abuse, among youth. The "Start Talking" has two main themes – stressing resiliency and self-confidence for young people to make the right decisions and implement prevention strategies to curb the use of opiates. The program encourages physicians, parents, teachers, coaches and

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Dr. George Topalsky, AMCNO President, discusses the Start Talking program with Lt. Governor Mary Taylor.

The AMCNO to Co-Sponsor Medical Legal Summit with the Cleveland Metropolitan Bar Association

The Academy of Medicine of Cleveland and Northern Ohio, The Cleveland Metropolitan Bar Association and The Academy of Medicine Education Foundation are pleased to co-sponsor a Medical Legal Summit in April 2014. The summit is intended to bring together doctors, lawyers, health care professionals and others who work in allied professions in Northeast Ohio. The AMCNO has attained CME accreditation for the program as well as credits from University Hospitals (UH) for live Clinical Risk

Management Education (CRME) credits for those physicians participating in the UH-sponsored Physician Program. We are excited to announce that we have attained Dr. Bill Frist as the keynote speaker on April 11th followed by a continuation of the summit the morning of Saturday, April 12th where there will be sessions offered on topics such as fraud and abuse, cyber liability, tort reform updates, social media usage by physicians and much more. AMCNO members and other healthcare providers are encouraged to attend this

informative session. To view a copy of the complete program and registration form see pages 16 and 17 in this issue.

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Affordable Care Act Update

By David A. Valent, Esq.

Provided herein is a summary of recent developments regarding the implementation of the Affordable Care Act ("ACA") as part of an ongoing series of articles published in this magazine regarding the ACA. The purpose of this article is to provide you with ACA related information impacting you and/or your patients – so you can better be prepared to respond accordingly.

ACA Enrollment Update

On February 12, 2014, the Department of Health and Human Services issued a health insurance market place "enrollment report" identifying the status and progress of those individuals enrolling for health coverage, through the online market places made available by the ACA. This data shows some interesting trends.

First, it should be known that nearly approximately 3.3 million people throughout the United States have now signed up for coverage available as a result of the ACA. Nationally, 25% of individuals signing up are young adults, between the ages of 18 and 34 – presumably some of these individuals were not otherwise previously covered by any insurance. The government touts the increased coverage for this demographic as a positive impact and result of the ACA legislation. Also, the presumption is that these additionally insured individuals will not cause any excessive impact and/or burden on the health care industry, since these individuals are largely healthy, and need less care than the elderly.

As it relates to Ohio, approximately 60,000 individuals have signed up for health plans under the ACA. Only 20% of those individuals however are between the ages of 18 and 34. While Ohio has a smaller portion of younger individuals signing up, it has a larger portion of adults ages 55 to 64, as compared to national statistics. This older demographic represents 38% of those enrolling in Ohio, as compared to the national numbers for this group being at 31% of enrollees.

While there is no assurance that these trends will continue, this early data may be suggestive of the fact that Ohio providers will be seeing an uptick in elderly individuals seeking care, pursuant to ACA issued health plans.

This recent release of data by the Department of Health and Human Services also shows that approximately 58% of Ohioans enrolled have selected silver plans, 18% gold plans, and 3% platinum plans. Only 21% enrolled in bronze plans. Many critics previously speculated that individuals required to obtain health coverage would choose the lowest possible coverage in

existence, creating problems for providers with regard to getting paid for necessary services. These numbers perhaps represent an early positive trend to suggest the opposite, in that the minimum plans (bronze) are in large part being avoided.

Delay of ACA Employer Mandate

On February 10, 2014, the Obama administration announced it will delay aspects of the ACA's employer mandate. The mandate generally required businesses with 50 or more "full-time" employees to provide affordable health insurance coverage, or face fines.

The new rule announced changes to these requirements. Relative to midsize businesses, which employ 50 – 99 full-time workers, these companies will have another year to provide health insurance coverage to employees. The employers will not face penalty for failing to provide coverage until 2016.

As for large businesses, with 100 or more full-time employees, these companies will not be subject to the mandate until 2015. The new rule, however, gives these employers more time to ramp up coverage. To avoid fines, large employers only need to offer coverage to 70% of workers in 2015, rather than the previously stated 95%. They will not need to start offering coverage to 95% of workers until 2016.

Further, it should be noted that the rule change does not affect businesses of 50 or less full-time employees, because the ACA does not require them to provide coverage to their employees.

ACA Lawsuit

In January 2014, the Federal Trade Commission filed suit against Kobeni, Inc., over allegedly misleading emails related to the ACA. This appears to be the first known lawsuit filed by the government alleging fraud related to the ACA.

The Defendant, an alleged high volume SPAM emailer, is said to have violated the FTC Act and CAN-SPAM Act. The FTC says that Kobeni sent unsolicited commercial emails, taking advantage of the ACA, to trick recipients into clicking on links that would take them to websites with advertisements for insurance

companies. The allegations are further that the emails misinformed consumers that they would be violating federal law if they did not immediately click on the link to enroll in health insurance.

This lawsuit brings light to the fact that there is an immense amount of communication, advertising, and propaganda available regarding the ACA, and its purported implementation and impact. While the allegations in this suit are not yet proven, this suit is certainly a reminder that we must all be vigilant with regard to the source of our information.

It is, in many instances, best to rely directly on the government, and its websites, such as www.healthcare.gov, to obtain the official word with regard to these issues.

The Government, Through the ACA, Stops Providers from Opening Shop

The U.S. Government recently indicated that it intended to place a temporary ban on new home health providers and ambulance suppliers from enrolling as Medicare providers in areas of the country that have found to be at high risk for fraud.

The Center for Medicare and Medicaid Services (CMS) said it would not allow any new home health agencies in Miami, Chicago or Houston. According to the Administrator of CMS "while maintaining patients' access to care, we are putting would be fraudsters on notice that we will find and stop them before they can attempt to bill Medicare, Medicaid, and CHIP."

As a result of the ban, CMS further promised to closely monitor the affected areas, to ensure that adequate access to care is available, based on the number of beneficiaries receiving care and/or needing care in the area. It is touted that this moratorium on health care agencies is invoked under authority granted through the ACA, and its anti-fraud provisions.

Indeed, this development is noteworthy as it highlights the strength of power the ACA provides to the government relative to the rendering of health care services. The ACA indeed gives CMS the authority to impose moratoriums on new providers, in certain sectors and regions.

For further information regarding ACA and/or issues that may be specific to your practice, please do not hesitate to contact David A. Valent, Esq. at Reminger Co., L.P.A.: dvalent@reminger.com, 101 Prospect Avenue, West, Suite 1400, Cleveland, Ohio 44115. ■