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IMPORTANT TIPS AND DATES FOR MIPS

In 2017, you have the opportunity to “pick your pace” to participate in QPP. Participating in MIPS means that



- If you submit a full year of 2017 data, you may earn a positive payment adjustment.
- If you submit 90 days of 2017 data, you may earn a neutral or positive payment adjustment.
- If you submit a minimum amount of 2017 data (e.g. one quality measure or one improvement activity for any point in 2017), you can avoid a negative payment adjustment.
- If you do not send in any 2017 data, you will receive a negative 4% payment adjustment.
- The first payment adjustments based on 2017 performance are effective January 1, 2019.
- Whenever you choose to start, you will need to send in your MIPS performance data by March 31, 2018.

Practice Manager Meeting

Next Meeting:

Thursday, June 8, 2017
8:00 AM

Location:

Shandon Court Restaurant
115 East Main Street
East Islip, NY 11730

Topic:

Our June Celebration of You

Mindfulness: “Shifting from Surviving to Thriving” By Cory Muscara, founder of the LI Center for Mindfulness and faculty member at Columbia Teachers College

ARE YOU AN ELIGIBLE CLINICIAN?

You are eligible for MIPS in 2017 if

- You are a physician, PA, NP, clinical nurse specialist, or a certified RN anesthetist
- AND you bill Medicare B more than \$30,000/year
- AND you provide care for more than 100 Medicare Part B patients annually

You are exempt from MIPS in 2017 if

- You don't meet ALL of the above criteria
- OR 2017 is the first year you are participating in Medicare Part B

Annual Reviews for Your Office Staff

1. **OSHA**– All staff need annual training because the training needs to include fire safety and emergency response as well as handling biohazardous materials
2. **HIPAA**– All staff must have annual training on the Privacy and Security Rules.

New Employees: Need both trainings within 10 days of employment. Signed training records must be kept for a minimum of 3 years. We have training videos available for loan to spearhead this review obligation.

New Medicare ABN Form

Medicare introduces a new ABN (Advanced Beneficiary Notice) with expiration date in LLC of 3/20/2020 to be used starting June 21, 2017.

- Use an ABN for traditional Medicare A and B
- Give patients an ABN when the service they receive will exceed the frequency limit.
- Use when a service is not covered by Medicare.
- Provide contact information for your billing office in Section H if it is different from your practice information in Section A
- Download the new ABN from the Medicare Website.

Form # CMS R-131

NEED HELP?

- Practice Management Problems
- Claims Issues
- Medical Policy Concerns
- Staff Training
- Customer service

Call Carolee Brooks Hildenbrandt at 212-953-1504
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