



MEMBER BENEFITS

CMS endorses ISMIE; members gain physician practice advocate

CMS HAS FORMALLY ENDORSED THE largest medical malpractice insurance company in Illinois, ISMIE. The two year-agreement continues the historically beneficial relationship between ISMIE and CMS.

The endorsement agreement allows ISMIE to use the Society's name and logo. In return, CMS will receive an annual royalty. Additionally, ISMIE will work with CMS to bring effective risk management programming to members to reduce potential loss exposure, inform member groups of eligibility criteria for discounts based upon

loss experience, and develop members-only policy enhancements.

To assist our members, the CMS Board has approved utilizing a portion of the royalty funds to create a new staff position, the Physician Practice Advocate. This staff member will call on Cook County physicians—both members and non-members—to discuss membership, CMS services, educational programs and practice management issues. This position extends the direct member services offered by the existing 877-CMS-DOCS phone line and the Insurance Ombudsman. If a

(Continued on next page)

STAFF TRAINING

Scott Warrner



Medical Business Specialist Program honors graduates

Dr. Lawrence Hirsch, president of the CMS Service Bureau, Inc., awards certificates of completion to graduates of the Medical Business Spe-

cialist Program (MBSP) as Council officers look on. Shown from left are Pamela Bean Hardy, Patricia Stefans, Guadalupe Foncena, and Nora Barriuso. Another recipient, Eleanor Muriel, was not present. Under the MBSP, physicians' staff learn new skills, improve their understanding of medicine, and develop new strategies for bill collection and patient satisfaction. The classes include: Medical Terminology, Anatomy & Physiology, Introduction to CPT-4 Coding, Introduction to ICD-9 Coding, Health Insurance 101, Office & Reception Skills, How to Collect for Control, Successful Strategies for Patient Satisfaction, CPT-4 Coding: The Next Step, ICD-9 Coding: The Next Step, Medicare Basics, Medicaid Basics, and Medical Records and the Law.

For more information about the MBSP, please contact Jeannine Woods at (312) 670-2550, ext. 399 or e-mail jwoods@cmsdocs.org. Also, please see our ad on pages 8-9.

KUDOS

Scott Warner



Institute of Medicine awards 2001 Henry P. Russe, MD, citations

John F. Schneider, MD, (right), incoming president of the Institute of Medicine of Chicago, congratulates winners of the 2001 Henry P. Russe, MD, Citation for Exemplary Compassion in Healthcare. They are Henry B. Betts, MD, chairman of the Rehabilitation Institute Foundation, and Joanne G. Schwartzberg, MD, clinical assistant professor of preventive medicine and community health at the University of Illinois at Chicago. The awards were presented during the IOM's 86th Annual Meeting and Awards Dinner Program following a forum on patient safety. (Dr. Schneider is also president-elect of ISMS and a past president of CMS.)

MEMBER BENEFITS *(continued from front page)*

member needs assistance, the Physician Practice Advocate will convey the issue to appropriate staff at CMS, ISMS, ISMIE or PBT.

The Physician Practice Advocate will communicate the following with members, office managers and non-members: Advocacy efforts of CMS and ISMS, programs and services available, opportunities to create potential group relationships for purchasing ISMIE and PBT insurance, educational programs for physicians and office staff, and the availability of the Insurance Ombudsman to assist with third-party payers.

This agreement is an opportunity to enhance CMS member recruitment and retention efforts. The support provided by ISMIE allows CMS to expand its ongoing membership marketing and services programs. CMS needs the active participation of each member to regain our membership to past levels. For information or assistance, call 877-CMS-DOCS, or e-mail askcms@cms-docs.org

Physicians' Benefits Trust expands health insurance options

No managed care requirements

CMS AND PHYSICIANS' BENEFITS TRUST (PBT) are pleased to announce several new

PPO options. Insured by the PBT Insurance Company, the plans have been designed especially for physicians, by physicians, with no managed care requirements. They supplement the traditional fee-for-service indemnity health insurance already available to CMS members through PBT.

PBT is also offering three additional indemnity plan design options. In keeping with PBT's tradition, these health insurance options remain free of managed care requirements while allowing physicians to meet their unique health insurance needs—for their practices, themselves, their employees and dependents.

Please call PBT directly at (800) 621-0748 to learn more about the new health insurance plan options.

A WORD ON UNITY...

"Ignoring county, state and AMA dues bills becomes easy if you convince yourself that the specialty [society] really does the heavy lifting for you....The physician community is sending a clear signal they will no longer support the multi-level representation developed over the past years. Consolidation and rational methods of representation are needed before cannibalism overtakes the medical society structure."

William A. Dolan, MD
AMA Council on Medical Service

FROM THE OFFICE OF THE CMS INSURANCE OMBUDSMAN...

On dealing with primary and secondary insurance providers

CMS HAS HAD A FEW CALLS RECENTLY regarding secondary indemnity insurance payments, when the primary insurer is a managed care plan and the physician is a contracted provider.

A medical office called us to find out if it was entitled to keep the entire payment that a patient's secondary insurance had issued. The primary managed care plan, of which the physician was a contracted provider, paid its portion of the contracted rate. The secondary plan, which was a straight indemnity policy, then sent a check covering not only the patient's portion of the contracted rate, but also the difference between the contracted rate and what the physician's office had billed.

Another medical office called when the patient's secondary policy, another indemnity plan, wrote a letter demanding reimbursement for overpayment it had made. In this case also, the primary plan was a managed care policy, and the secondary insurer had reimbursed at the billed rate, rather than the contracted rate of the primary insurer.

According to the Illinois Department of Insurance, the rules of the primary insurance policy follow through to secondary plans, even if it is an indemnity policy that would have paid more had it been the primary insurer.

Bottom line: *If the secondary payer reimburses more than 100 percent of what you're entitled to under the contract of the primary insurer, you must return the difference.*

For more information, contact P.J. Burns at (312) 670-2550, ext. 368, or e-mail pjburns@cmsdocs.org

What members are saying...and why you need CMS, ISMS, AMA

What's the greatest thorn in your side these days?

CMSnews asked several members to answer the above question during the last Council meeting, held June 5, 2001. Here are their comments:

"Reimbursement. Ob-Gyns wait on average 12 months to be paid under the global fee reimbursement system for obstetrical care. In the meantime, you have to live off co-payments and struggle to keep your cash flow alive. Large numbers of physicians are going bankrupt."

Zofia Szymanska, MD
Ob-Gyn

"Decreasing reimbursement while those handling medical and legal administration are getting increases. More and more rules and regulations are being imposed on what they pay us. Physicians are not political. We don't have a united front."

Danilo Deano, MD
Internal medicine

"Rising incidences and awards of liability lawsuits resulting in increasing insurance premiums. A similar problem was successfully addressed by CMS and ISMS by organizing a massive grassroots movement in 1972. We need a similar organized effort to address this rising problem again."

Modi Chandrakant, MD
Internal medicine, pathology

* * *

Like the physicians quoted here, most of you have serious issues that you want resolved. You're troubled by rules and regulations insurance companies keep piling on while reducing reimbursement and eroding your authority to make decisions.

That's why membership in the Chicago Medical Society is so important. These are the kinds of issues we can take up on your behalf.

While specialty societies address needs unique to each of their members, they can never replace organizations like CMS, ISMS, and AMA, which represent issues shared by all physicians. You need representation that focuses rather than fragments your collective voice.

You've paid your dues, now cash in on them. Join a committee or talk to your councilors. Let us hear from you. Call 1-877-CMS-DOCS or e-mail askcms@cmsdocs.org

U.S. Supreme Court limits physician bargaining power

AMA still remains confident

THE U.S. SUPREME COURT RULED MAY 29 that nurses and other health-care workers at private hospitals cannot engage in collective bargaining if their duties include supervising other employees. In a five-justice majority opinion, the Court ruled that Kentucky River Community Care nurses are “supervisors,” or employees who use “independent judgment” to direct the work of others, and therefore don’t qualify as individuals who can be represented by a union.

The ruling applies to residents and physicians, who, like nurses, use independent judgment in the course of their daily activities.

While expressing disappointment with the Court’s decision, the AMA remains confident that changes in federal labor laws ultimately will prevail and allow physicians to resume pursuing collective negotiating rights through the NLRB.

“While the AMA considers the court’s decision a potential setback, it does not change the AMA’s steadfast commitment for leveling the playing field for both employed and self-employed physicians so they have the tools and freedoms needed to advocate for their patients and health-care improvements,” said AMA trustee Donald J. Palmisano, MD.

Two years ago, the AMA formed Physicians for Responsible Negotiation (PRN), a collective negotiating unit.

CMS also formed its own negotiating body—the Physicians Collective Bargaining Association. It will continue to monitor national developments.

Tax bill would provide relief for students, residents

THE AMA IS ENCOURAGING PRESIDENT BUSH to sign a bill that would ease the financial burden faced by medical students and residents who finance their own education.

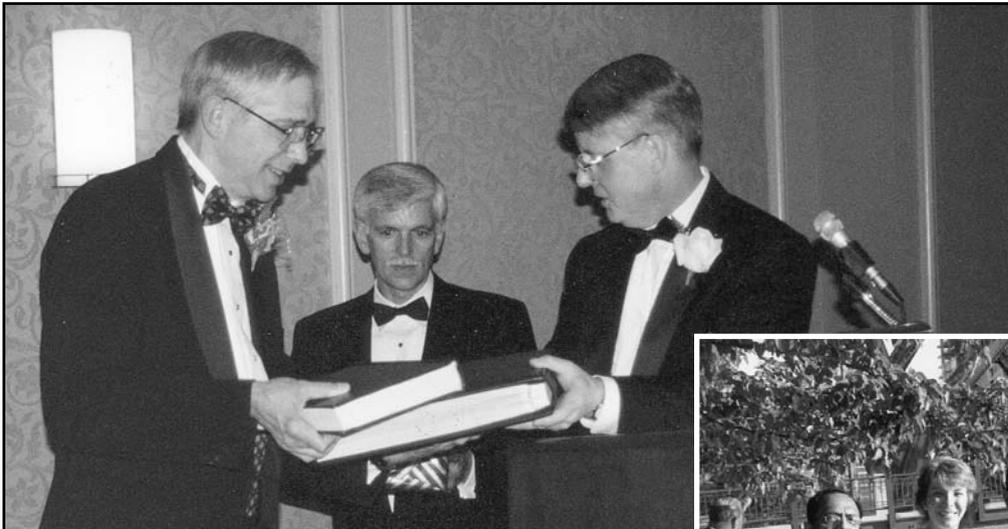
The “Restoring Earnings to Lift Individuals and Empower Families Act of 2001” (HR 1836) increases the income for eligibility for the student loan interest deduction from \$50,000 to \$65,000 for single taxpayers and from \$100,000 to \$130,000 for married taxpayers filing joint returns. These income phase-out ranges are adjusted for inflation after 2002. The legislation also repeals both the limit on the number of months during which interest paid on a qualified education loan is deductible and the restriction that voluntary payments of interest are not deductible. (Source: AMA Federation News, June 6).

[Editor’s note: Last winter, the CMS Council approved a resolution to expand the tax deduction medical student loan borrowers may take on the interest paid on their loans.]

CHANGING OF THE GUARD

Dr. Donoghue takes helm as CMS president

Scott Warner



Above: Outgoing CMS President Charles Drucek III, MD, (left) accepts scrapbooks containing his letters, photos, and issues of *Chicago Medicine*, from incoming president Edmund Donoghue, MD. Assisting in the presentation is James R. Tarrant, executive director, CMS. The installation of officers was held June 9 at the East Bank Club. Complete coverage will appear in the July issue of *Chicago Medicine*.

Below: Enjoying the reception at the CMS annual meeting are, from left, Ashwin Patel, MD, Gail Bialek, and Raj Lal, MD.



MEMBER-GET-A-MEMBER

Reaching out to residents

Recruitment takes place in your hospital hallways

RESIDENT PHYSICIANS ARE THE FUTURE OF our profession and CMS is working hard to recruit them.

The CMS Council has created a Residents Branch to give young doctors a forum for discussing important issues. It is also stepping up plans to provide resident benefits and services. The Branch will have residents serving on the CMS Council as well.

The Membership Committee encourages you to discuss CMS membership with residents and nominate them to participate in the new Branch. **The recruitment process takes place in the hallways of your institutions, not just in the offices of CMS, ISMS and AMA. We can offer programs and services, but it's up to you to help spread the word.**

To assist you in member recruitment, CMS has designed and printed a business-size membership

card you can give to non-members, particularly residents. These pocket-sized cards are less likely to be misplaced and they provide the information required to start the membership process.

CMS also needs you to contact Graduate Medical Education directors and ask them to distribute membership flyers during residency orientation programs. CMS will provide you with flyers to distribute to residents.

This September we'll continue our outreach effort to students. We are now in the process of identifying medical school deans and student class leaders to assist in recruitment efforts. Last year, CMS leaders and staff attended student orientation programs to promote membership in CMS, ISMS and AMA. We hope that you, too, will encourage students to join.

If you can assist in any of these efforts or if you would like a supply of the cards or flyers, please contact Dick Bennett at (312) 329-7323, or e-mail rbennett@cmsdocs.org

CMS-SPONSORED PROGRAMS

OSHA 2001 Training

OSHA Training (1.0 CME Credit Hour, Category 1)

Schedule for the remainder of the year:

- Wednesday, Sept. 12, at 3 p.m. (AMA Bldg.)
- Wednesday, Oct. 10, at 10 a.m. (AMA Bldg.)
- Wednesday, Nov. 7, at 3 p.m. (AMA Bldg.)

Fees

\$25 members and staff

\$80 non-members and staff

All health-care workers are required by the U.S. Department of Labor Occupational Safety and Health Administration to participate in annual training on bloodborne pathogens and use of personal protective equipment. Our OSHA training is an easy and affordable update to help you and your office staff comply with federal regulations.

For registration information, contact Sam Bailey at CMS: (312) 670-2550, ext. 338, or by e-mail at sbailey@cmsdocs.org.

On-Site Training – CMS will hold this OSHA program in the convenience of your own facility. Please contact Cecilia Merino: (312) 670-2550, ext. 339, or by e-mail at cmerino@cmsdocs.org

NEED COMPUTER TRAINING AND CME?

Please refer to pages 4-5 in this issue to learn more about how you and your medical staff can register for computer training at a convenient date and location.

Each computer training course has been approved for 3.5 hours of CME credit, Category 1.

You may also contact the Education Department for further information at (312) 670-2550, ext. 341 or 338; or visit our Web site at www.cmsdocs.org and link to the *CME/Education* page.

Find us online at CMS Internet address www.cmsdocs.org



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