

President's Update

Dear COMS Members,



I am honored to serve as your president and look forward to further growth of our society and membership. I have served as Vice President over the past several years and have been involved with CME planning, most recently with the ROME program held at Foxwoods this past August. This was our first joint meeting with Massachusetts Osteopathic Society and the Rhode Island Society of Osteopathic Physicians and Surgeons, in partnership with the American Osteopathic Association. While I have heard some suggestions for improvement, overall ROME was a successful venture with high remarks on the educational program, highlighted by keynote speaker, Dr. JD Polk, DO, from NASA.

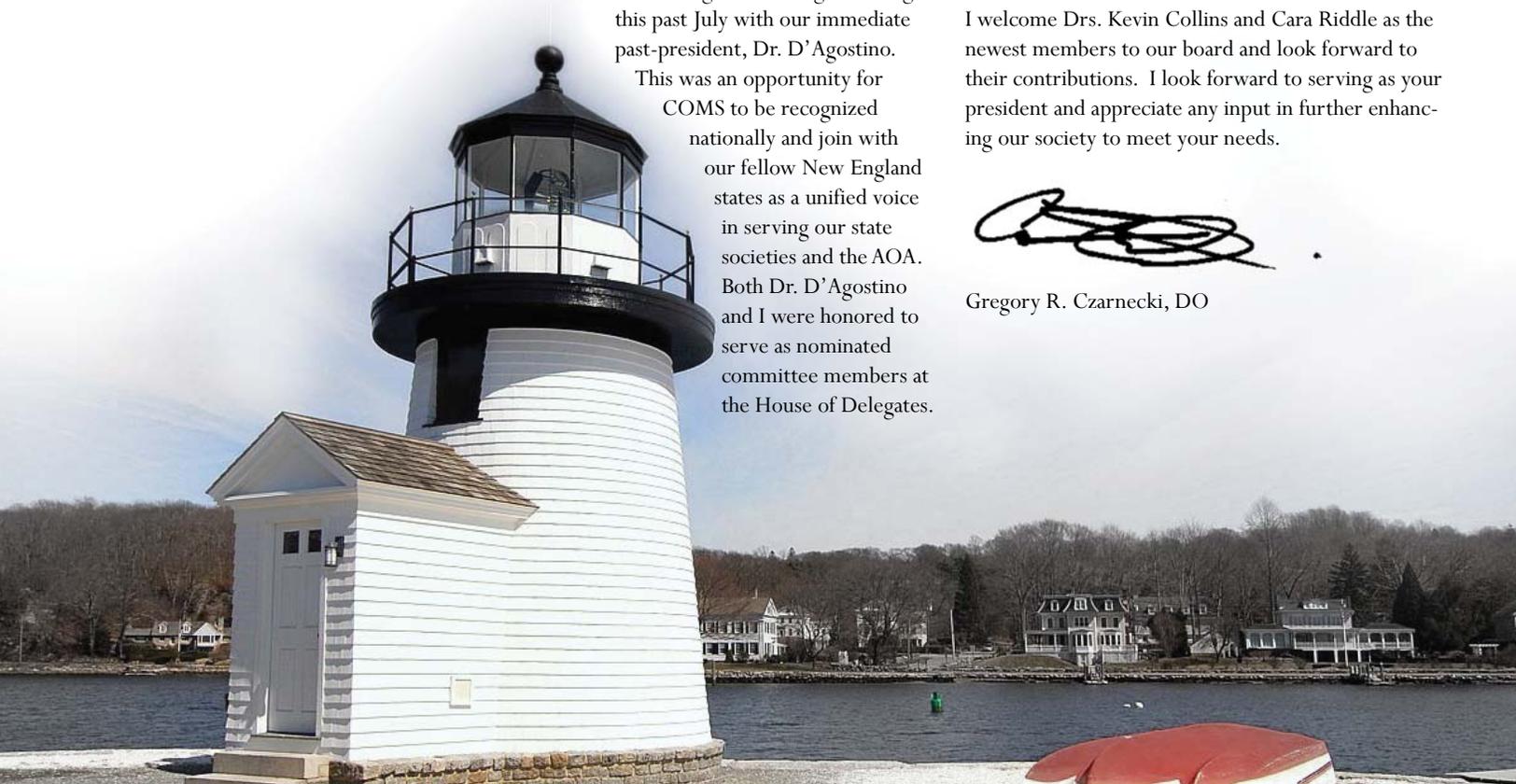
In addition to contributing to CME planning, I attended the AOA's House of Delegates meeting in Chicago this past July with our immediate past-president, Dr. D'Agostino.

This was an opportunity for COMS to be recognized nationally and join with our fellow New England states as a unified voice in serving our state societies and the AOA. Both Dr. D'Agostino and I were honored to serve as nominated committee members at the House of Delegates.

Our Connecticut Osteopathic Medical Society continues to grow in membership and I am pleased to see Osteopathic education growing locally with the addition of an OMS-3 clerkship training site for UNECOM via ECHN. This is our first structured training program in Connecticut for third year Osteopathic medical students. The University of Connecticut (UConn) continues to host Connecticut's only Osteopathic Traditional Internship and Osteopathic Internal Medicine programs. While the program is transitioning in leadership and seeking a new program director, I am encouraged that UConn is committed to continuing the Osteopathic training programs, in addition to its ACGME internal medicine program. If you have interest, or know a colleague with interests in Osteopathic Medical education, there are opportunities to get involved. For involvement with OMS-3 training, please contact Patricio Bruno, DO.

I welcome Drs. Kevin Collins and Cara Riddle as the newest members to our board and look forward to their contributions. I look forward to serving as your president and appreciate any input in further enhancing our society to meet your needs.

Gregory R. Czarnecki, DO





COMS is delighted to welcome back

Dr. Patricio Bruno

**...from his most recent deployment in Afghanistan.
Pictured below is Dr. Bruno with UNECOM
students in front of Rockville General Hospital**



Front to back, left to right:

Sarah Arnone, Jacqueline O'Toole, Vanessa Katon, Lauren Del Prato,
Lisa Tharler, Mona Doss, Jennie M.P. Wang, Andrew Murray, Yewande Adepoju
Mark Gilroy, Benjamin Levy, Matthew Sharbaugh, Jana French, Donald Mc-
Nally, Katherine Menson & **Patricio Bruno, D.O.**

ROME: 2011

Top: Dr. D'Agostino, COMS Immediate Past President, and Dr. Yasso, AOA Trustee, with raffle winner.

Middle: Dr. Czarnecki, COMS President, chats with Dr. Pasquarello, President of the Rhode Island Society of Osteopathic Physicians and Surgeons.

Bottom: Dr. Palermo (COMS) visits with Dr. Jolda of the Massachusetts Osteopathic Society.



DOCARE in Guatemala

DOCARE International opened their first clinic in Guatemala in April. Since many residents of Guatemala live in poverty the clinic was designed to help meet their specific health care issues. To address the great need, the clinic will be open year round with the majority of the clinic's patients being women and children. Located in the city of San Andres Itzapa, the building is currently in the process of being renovated and upgraded so current medical and dental procedures can be performed there.

The clinic offers osteopathic physicians and medical students the opportunity to share their services with some of the city's poorest residents. Osteopathic medical students can now volunteer for a four week block rotation and the response has been overwhelming. Beginning in January 2012 and continuing through May, three students per month have been scheduled to serve a four week term. The clinic supervisor, Dr. Alan Schalscha, will evaluate the clinic operations near the end of May. At that time, based upon feedback and patient volume, a student volunteer schedule will be established moving forward.

While working at the clinic students will also participate in various community education and environmental improvement projects during their month long rotation. Dr. Rudy Erik Hernández Andrade, the on-site physician, will choose the student projects. These additional assignments will be performed after the clinic closes each day at 2:00 p.m. Possible projects include providing immunizations to local residents and educating them on preventive care (i.e. proper hand washing, food preparation, and good hygiene).

With opportunities continually available, osteopathic physicians and students will be able to bring hope and healing to the people of the city. Anyone interested in volunteering can receive more information by consulting the DOCARE website at www.docareintl.org or contact Rotations Coordinator **Verna Bronersky** at (312) 202-8191.



Below: Front entrance of clinic; Below right: Dr. Erik



The White Coat and the Transition

by **Mona Doss, MS III**

University of New England College of Osteopathic Medicine

I first arrived at Manchester Hospital as a scared medical student unsure of all that was to come. I felt the weight of the white coat on my shoulders. It identified me as a student, one with a significant amount of medical information. My pockets were filled with my badge, a pen, a penlight, a reflex hammer, my cell phone, and my pager; while my stethoscope swung around my neck. Each time that I walked through the hospital doors, I identified myself as doctor-in-training to the community, the employees, the patients, and other doctors. However, putting on the white coat did not immediately transform me into the doctor I wanted to be.

I had done several rotations through various doctors' offices and clinics including cardiology, pulmonary, nephrology, infectious

tests and chemistries, as well as imaging studies like x-rays, CT, and MRI scans.

With the white coat, I had access into patient rooms and to view lab results. I could visit radiology or pathology as was warranted or needed by the certain situation. The white coat gave patients a sense of ease and comfort towards me, and allowed me to inquire of their circumstances and symptoms, and further examine them physically. It is very humbling to know that patients will put themselves in your care, trusting that you will give them the best you have to offer. I knew it was my duty to use all my medical knowledge in their treatment, and to do it efficiently with expertise.

Since arriving here in August, I wake up each day and put on my white coat with care and appreciation for the privilege that it affords me and the honor of being recognized as a colleague to doctors who have practiced much longer than me! Each day I recognize the need to increase in medical knowledge so that I can easily transition from history-taking to physical exam and then to diagnosis and plan. These skills do not come in a day or a week or even a month, but require on-going learning over years.

Just recently, after the November storm that ravaged Connecticut, I volunteered at the shelter at Manchester High School. I walked in one night and was immediately

shocked by the appearance of the school and could hardly believe the number of people it was accommodating! The cafeteria and gymnasium were completely cleared of tables and furniture and were filled with rows of cots where parents, children, youth, and elders slept in somewhat of a military arrangement. The school was acting as a house, a senior center, a recreation area, a daycare, a hospital, a nursing home... but most importantly a refuge from the cold. Children were running around, parents were conversing together, older men were playing cards, seniors were sitting together, and youth were watching movies and listening to music. There were volunteers from C.E.R.T. (Community Emergency Response

continued on next page



**I left the shelter
feeling empowered
to step into the role
that I have been
preparing for . . .**

disease, obstetrics, gynecology, and pediatrics. I followed attending physicians and learned from their techniques. I took patient histories and carried out patient physical exams. I contemplated which labs and procedures to order. I learned how to interpret results of blood

Team), security, police officers, fire marshals, search-and-rescue teams, nurses, certified nursing assistants, and there I was...just a medical student.

Little did I know, this event would be an important transition in my life. No one there called me “student”, but everyone recognized me as “doctor”. Parents asked me about their child’s sore throat, older women were complaining of difficulty breathing, some children and youth had fevers, and seniors needed help taking their medicines or just moving around. There was no attending physician to tell me what to do or direct me. There were no x-ray machines or thermometers or any medicine. I had four tools: my stethoscope, my penlight, and my two hands. I listened to people’s hearts and lungs for murmurs or chest congestion. I used the back of my hand to feel for fever, and used the penlight to detect red or swollen tonsils and allergies. Then I explained my findings and recommendations as best as I could to people eagerly awaiting what the “doctor” had to say.

So they saw my white coat and they called me doctor. And I responded to the call. I went from being a student, to being their doctor in just an evening! The commu-

nity needed help and I arrived as a volunteer being skeptical of how I could possibly provide relief. But afterwards, I left the shelter feeling empowered to step into the role that I have been preparing for with many years of education. The time had come to mature into a person that could independently serve others, instead of only waiting for someone to teach me.

It was an important moment and one that will remain in my memory. For once, the white coat I was wearing felt different. Somehow the student wearing it was growing in confidence.

I want to thank the ECHN community for being so accepting of the new UNECOM medical students. You have made our transition here very pleasant. I hope that the community knows that we are here to serve. I hope that soon each of us will experience a transition where we gain a unique understanding of the true meaning of our white coats.



HILL FACT: Top 5 House Member Occupations

Occupation	Democrat	Republican
Public Service	169	80
Business	114	113
Law	115	64
Real Estate	10	27
Agriculture	12	15

HIPAA 5010 Implementation Deadline: **Will You Be Ready?**

You risk potential disruptions in your practice's cash flow due to claims denials and/or slow payments if you don't upgrade and test claims in HIPAA 5010 electronic data transmission standards. CMS recently issued a reprieve from Jan 1, 2012 until March 31, 2012. HOWEVER, don't wait to test your system. Contact your practice management system or EHR vendor(s), your clearinghouse, Medicare and Medicaid, and your largest private payers as soon as possible to make sure that your business partners and vendors have the 5010 software in place and your claims can be processed without delay or disruption.

HIPAA 5010 version requires that all practices either update their practice management information system software or ensure that their billing service and/or clearinghouse has upgraded systems for all claims, claims status requests and responses, eligibility inquiries and remittance advice electronic transactions. This may require installing updated software into your practice management and/or EHR software, changing business operations and workflows, testing internally and externally, and training staff. One of the biggest changes is that a PO Box or lockbox address will not be acceptable in new 5010 version after Jan. 1, 2012; the physician's nine-digit zip code is required – 0000 or 9999 will not be recognized. You must furnish nine-digit zip codes on the claim; using the five-digit zip code may cause your claim to be rejected. A second change is that patients given an individual identification number must be noted as a subscriber. If the family health plan provides each dependent child with an ID number you must list their name and ID number instead of listing them as a dependent.

HIPAA 5010 FAQ

Q. Do I need to test if I submit my claims on paper?

A. No, 5010 is for electronic claims submission only.

Q. How is 5010 related to ICD-10?

A. ICD-10 codes have a different length and format than ICD-9 codes. Physician practices may not submit ICD-10 codes until after the Oct. 1, 2013 'go live' implementation date; however, the ICD-10 codes can't be reported in the current version of the older HIPAA transaction standard. Therefore, the upgrade to 5010 must take place before the ICD-10 codes are reported. Physicians and their staff have until Oct 1, 2013 to learn the crosswalk between ICD-9 and ICD-10, and update office forms and procedures.

Q. By what date do I have to upgrade to 5010?

A. Physician practices have until March 31, 2012 to perform the internal and external testing and upgrade their EMR systems and assure transmission with their clearinghouse, Medicare, and other payers.

Q. What will happen if I do not test and I'm not ready?

A. You may risk not being able to submit a claim or receive payment after March 31, 2012.

Q. Is there a chance that the March 31, 2012 deadline will be extended?

A. The deadline has already been extended from Jan 1, 2012 to March 31, 2012. CMS has indicated that there will be no extension of the 5010 deadline after March.

Should you have any questions, don't hesitate to contact:

Yolanda Doss

ydoss@osteopathic.org
312.202.8187

Sandra Peters

speters@osteopathic.org
312.202.8088

or **Kavin Williams**

kwilliams@osteopathic.org
312.202.8194

Take These Steps NOW to Avoid Slow or Non Payment of Claims

1. Assess your practice's readiness for 5010 conversion. Contact your Vendors, Payers, Billing Service, and Clearinghouse to see what upgrades they are planning for your systems, ask what their implementation schedule is, if there is a fee, and if their software is dual-eligible, i.e. if they will be able to perform the new 5010 and the current 4010 at the same time because not all payers will be ready at the same time. The below letter  may assist you in getting this information. If you have already upgraded your practice management system software to 5010, test with your top payers individually or through your clearinghouse. Your clearinghouse should be able to guide you through the 5010 requirements. Note that a practice management computer that is more than five years old may not be able to run 5010 software.

2. Install the ICD-10 upgrades and test your systems. Once you have checked in and upgraded to 5010 with your trading partners (clearinghouse, Medicare and Medicaid, private payers and EHR system) you will need to conduct internal and external testing. Level 1, internal testing will determine if your practice is able to create and receive 5010 compliant transactions. If your practice uses an EHR, the test will determine if you are able to create and receive 5010 compliant transactions. If your practice uses a billing service or clearinghouse and sends them data for them to submit your transactions, your testing should ensure that processes are in place to collect the necessary data that you will then send back to the billing service or clearinghouse. Level 2, external testing, should be conducted with the trading partners that make up the largest number or revenues for your practice. This may entail testing with Medicare, Medicaid, and commercial payers. Your clearinghouse may indicate that you do not need to test with payers that they will do the testing on your behalf and guarantee payer compliance.

External testing will involve sending dummy data to conduct a transaction electronically and receive test data back into your practice. Medicare has indicated that the Medicare Administrative Contractors (MACs) will be ready for 5010. Contact your MAC's help desk and ask them what their testing plan involves. Don't wait.

There may be a backlog to conduct external testing so test early and avoid a lengthy wait.

3. Assess your budget needed for implementing 5010 and staff training needs. Who in your practice performs coding and billing? Who needs to know the new codes? In addition, to avoid unnecessary disruption, be sure to submit all claims for services rendered by March 31, 2012 to ensure your practice has sufficient funds through March. REMEMBER that as of March 31, 2012 you must use only 5010 transactions. Older transactions will be non-compliant and will be rejected.



Dear Vendor [Clearinghouse, EHR system, Medicare, private payers]:

My [name of practice] uses your [product name] product/ services, version [version number]. As HIPAA 5010 implementation approaches, we would like some information and clarification about your plans to upgrade your systems.

Specifically, we would like to know your plans for updating software to comply with HIPAA transactions. Can you provide a timetable for the following:

- When will you be installing upgrades and will there be a charge for this data?
- Will my practice need additional hardware or support services to install the upgrade(s)?

Thank you in advance for complying with and your prompt attention to this request.

Sincerely,

Additional Resources:

- HIPAA 5010 On-Demand 15 min. Webcast
- <http://tinyurl.com/bse8d5y>
Centers for Medicare & Medicaid Services
 - <http://tinyurl.com/79nmxhz>
AOA Practice Management Update
 - <http://tinyurl.com/cvs89uq>



Connecticut Osteopathic Medical Society

142 E. Ontario St.

Chicago, IL 60611

1 (800) 648-9777

1 (312) 202-8224 (fax)

connecticut@osteopathic.org

Introducing the New COMS Website

Check us out! The much anticipated new Connecticut Osteopathic Medical Society (COMS) website was unveiled in late summer. Now COMS members and those interested in osteopathic medicine can access www.ctosteopathic.org for information related to:

- CME opportunities
- Licensing
- COMS leadership
- Presentations from the 2011 ROME Conference
- Resident and student news

Save time and bookmark the address to stay informed with frequent updates. Future plans include expanding the site to include more information about local osteopathic physicians, OMT Therapy, items of interest related to osteopathic medicine in the New England region, locating a DO, and opportunities to become involved. Stay tuned for upcoming changes!

