



# WESTCHESTER PHYSICIAN

May 2020

Volume 36, Issue 5



**DANIEL GOLD, MD**  
*President, WCMS*

## PRESIDENT’S MESSAGE TIP TOEING BACK INTO PRACTICE

In the past few weeks, physician offices across Westchester have cautiously opened and patients have started to trickle in. All around us “other businesses” have started to open in line with the recent NYS Department of Health and Governor Cuomo’s recommendations. We already have begun to see stores becoming fuller and cars traveling the local streets. Although we have spent the past 8 weeks under severe restrictions, we can see signs that individuals are ready to get back to normal life. Unfortunately, we are still struggling to assimilate conflicting guidance from federal, state and local health officials as to what precautions to take and how socially distant to remain at this time. This is particularly difficult in medicine where the personal touch and interaction are critical to establishing patient relationships. We are all anxious to get back to the way things were prior to the pandemic but must do so in a cautious educated manner. In addition, our patients will turn to us, as trusted health advisors, to help guide them safely in these still tumultuous times.

As frontline healthcare workers, many of us were intimately involved in the worst of the coronavirus epidemic. The memory is still strong of the dangers of this disease and how rapidly it can get out of control. But we are accustomed to taking precautions in our clinical practice. Throughout our medical training, we are exposed to situations where personal protective equipment (gloves, gowns, masks and goggles) is required to protect ourselves and our patients from pathogens. This has always been a delicate balance. We still need to carefully screen our patients to make sure that they are not potentially contagious carriers of the disease. We need to worry about our office staff and the risks of bringing illness home to our families. We must continue to apply our best clinical judgement to each situation to assess what level of precaution is necessary. This reasoned approach will be valuable in balancing the needs of our patients with our own safety. As the “threat level” lessens, it remains important to remember that the delivery of safe, efficient healthcare has always been one of our guiding principles

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### UPCOMING EVENTS

All Upcoming Events have been Postponed or Rescheduled at this time.

**WESTCHESTER PHYSICIAN**

Published by the  
Westchester County Medical Society  
40 Sunshine Cottage Road  
Valhalla, NY 10595  
914.967.9100 / FAX 914.967.9232

**PETER J. ACKER, MD**  
*Editor*

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**FROM THE EDITOR...****PETER J. ACKER, MD**  
**PEDIATRICS IN THE TIME OF COVID**

To state the obvious, this is a strange time to be a pediatrician. I have been at this for more than 30 years. I began my career at Bellevue just at the start of the AIDS epidemic. Unlike today, this new ailment slowly unfolded over several years which gave us time to adjust to its horror. Now, the COVID 19 has descended upon us at warp speed, leaving us practitioners dizzy and scrambling to adjust and deal with the new normal. In my large multispecialty group practice in Westchester, we have had to close some facilities, introduce intense screening, scramble to round up personal protective equipment and adjust to the almost daily updates. Our days punctuated by frequent zoom meetings and sudden schedule changes. We have had to furlough many employees, since our patient volume has perforce gone down considerably as we counsel patients to stay home, not come in for nonessential visits.

We are trying to chart a fine line between the Scylla of putting ourselves and our employees in harm's way and the Charybdis not properly caring for our patients. One issue that keeps coming in our zoom pediatric meetings is how to avoid missing that child who has a fever not from corona, but from a disease that needs prompt treatment like pyelonephritis or appendicitis.

One gratifying part of this unsettling situation is seeing the emergence of leaders our group, taking charge, constantly communicating with the rest of us in calm reassuring tones. Within my pediatric pod, there is a sense of pulling together. Early in the crisis, I was on call on a Saturday, inundated with calls. My colleagues all reached out to me with offers of help, taking some of the calls. I also am discovering the value of virtual visits.

After a week or so at home doing virtual visits, I returned to the office to do just well-baby checkups one day a week. That soon expanded to seeing newborns on the weekend. Because of the virus, hospital nurseries were anxious to discharge their babies as soon as possible. Parents were eager to leave as well. Therefore a need was created to have newborns seen more promptly after discharge to check weights, make sure that jaundice was under control.

Seeing only newborns for several hours? At first, my reaction was "boring!" But instead I have found it to be intensely gratifying. The visits are widely spaced so I have time to spend a lot of time with each. The numbers of newborns has greatly increased as parents who were originally planning to deliver in the city, have decamped to comforts of our small community suburban hospital. Many of my newborns are firstborns. As I like to tell my newly minted parents, that they will learn

*(Continued on page 8)*



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***THE BUSINESS OF MEDICINE***  
**TENETS OF SUCCESSFUL MEDICAL PRACTICE**  
**AS COVID WINDS DOWN**

Rick Weinstein, MD, MBA

Director Orthopedic Surgery Westchester  
 Sport & Spine at White Plains Hospital Center

Our medical practices have been devastated in the wake of the Covid tsunami. Patients, our employees and many of the doctors were appropriately afraid to come to the office. This is a novel virus that we knew almost nothing about except that it spread faster, spread easier and was more deadly than any other virus mankind has seen for over a hundred years. The business of medicine is based on treating patients. Not treating patients means no income. No patients = No money.

We are now moving into the next phase of this pandemic, at least in New York, where the spread has slowed and people are being encouraged to seek treatment not just for emergency conditions but also for routine care. Children need to receive their requisite vaccines before we resurrect one of the other pathologic conditions like measles or polio that we previously almost eradicated. People with morbidities like heart disease need to get their evaluations and treatments. Patients with back pain and knee sprains need to be seen and treated.

However, as we get patients back in the office, we need to reconfigure to minimize exposure to potentially infected patients. This means spreading people out physically and wearing face masks so we don't spray virus on each other. Don't let people get too close in the waiting room by distancing the chairs and limit the number of people accompanying the patient if possible. Even better, set up a system where the waiting room is not used and patients go directly into the examination room.

Unfortunately technology in most medical offices is at least 20 years old. Why are patients not doing their intakes on line and registering using their phones? Airlines having been using this technology for years, what is wrong with our offices that we cannot figure this out? Hospitals and practices have been forced to spend millions of dollars on electronic medical rec-

ords that benefit no one. It would be nice if the money was spent on something that would actually help and protect the patients.

So, what can we do now to get our businesses back on track? First, let the patients know you are open for business. Call and email them. Get the word out that you are open and that you are taking all the precautions to best protect them. Second, get systems in place so you can get the patients in and out safely eliminating any unnecessary contact with staff or other patients. You will need more help in the office than previously to help sanitize and to monitor that people are safe distancing. It will take more time on the phones convincing patients that conditions are safe in the office and explaining what precautions they need to take as well as screening patients for Covid. Take advantage of your website and hopefully patients can make appointments on line (probably not since our offices are so antiquated). Figure out who wants to see you and get them in the door. Get rid of the roadblocks whether it is not enough phone lines or phone operators, not enough staff in the office to sterilize and register patients, or not enough space and time to see the patients with safe distancing.

The transition will not take us back to pre-Covid conditions immediately. However, if you fail to plan now, achieving your business goals will be much more difficult to obtain in the future. The patients want to see us and need to see us. Make conditions as safe as possible and let everyone know what you are doing and that you are available. Your business is dependent on your successful implementation of this transition out of the pandemic.



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## STOP THE TRAIN

Elliot Barsh, MD

***“if you’re feeling helpless, help someone.”***

-Aung San Suu Kyi

What have you been feeling since the pandemic began?

I have been feeling **vulnerable**. This is not something, as physicians, we are trained to feel.

**Helpless** in the face of an enemy that seems unpredictable and unstoppable.

**Guilty** that I am in my office and not in the ED or the ICU.

**Scared** for the lives of my family, my patients, and myself.

**Isolated**, missing my family and friends while I shelter at home.

**Worn out by it all!**

All of this stress changes our physiology. It turns on the sympathetic nervous system (SNS). We see danger and feel threatened.

**Our minds close and our fear does the talking!**

This increases our risk of heart disease, depression, PTSD, and suicide.

It weakens our immune system and increases our susceptibility to viral illnesses like Covid-19.

How do we turn this around for one another?

**How can we foster resilience and renewal?**

According to Richard Davidson, neuroscientist, caring for other people “activates circuits in the brain that are key to fostering well-being.”

We can turn on the parasympathetic nervous system (PNS).

The threat is gone, our blood pressure normalizes, and our immune system strengthens.

We are calmer, start to build trust, feel joy, and begin to feel hopeful.

**Our fear is still there, but it takes a back seat to our values and what matters to us.**

**We can hold both grief and gratitude.**

It works for a tired mom when she holds her newborn baby.

It works for and at-risk teen when she mentors a younger student at school.

It works for a family member when her parent is sick or dying.

It can work for us as we do our jobs during the pandemic.

Be safe and thanks for reading.

Don’t forget to look at the video at the end.

E

From The New York Times:

How to Maintain Motivation in a Pandemic

“Doing what’s meaningful — acting on what really matters to a person — is the antidote to burnout.”

<https://www.nytimes.com/2020/05/18/well/mind/motivation-pandemic-coronavirus.html?smid=em-share>

From The New York Times:

Managing Coronavirus Fears

There are important health reasons to tamp down excessive anxiety that can accompany this viral threat.

<https://www.nytimes.com/2020/04/13/well/mind/coronavirus-fear-anxiety-health.html?smid=em-share>

Pandemic as Teacher-Forcing Clinicians to Inhabit the Experience of Serious Illness

<https://www.nejm.org/doi/full/10.1056/NEJMp2015024>

Preventing a Parallel Pandemic-A National Strategy to Protect Clinicians’ Well-Being

<https://www.nejm.org/doi/full/10.1056/NEJMp2011027>

Batman Works From Home

<https://www.newyorker.com/humor/daily-shouts/batman-works-from-home>

Our Hippocratic Oath Revisited in 2020

<https://www.youtube.com/watch?v=TrBuWcv8dVw>



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## SOME SATIRE FOR A GOOD LAUGH...

**HYPOCHONDRIACS TRY TO COPE WITH PANDEMIC: IT'S NOT GOING SO WELL** —By: Gomerblog Team—Originally published on Gomerblog.com

SICKLERVILLE, NJ—Local hypochondriac, Emma Dyne, is not taking any chances with the coronavirus pandemic. For the last month, the 25-year-old healthy woman has worn a mask everywhere she's gone: her bedroom, the kitchen, and the shower. Despite her extreme caution, she is convinced she has Covid-19 and is currently freaking out about it.

"It's really hard for me," said a tearful Ms. Dyne, "because I've read every single coronavirus article published online, so I know for a fact that every symptom I feel is most likely Covid-19. Last night, for example, was awful—I had a cough! So I urgently called my doctor and told him I caught the virus and needed to be intubated ASAP. He wouldn't do it. Doctors just don't understand; this virus is serious business!"

"She had a cough alright," confirmed her doctor when asked for comment. "A cough. As in ONE cough. She coughed one time and decided to wake me up at 3am and request intubation. Don't get me wrong, I nearly agreed to it because if she's intubated and sedated, then she can't call me a hundred times a day. Believe me, it was so tempting."

Indeed, Ms. Dyne admits to calling him all the time, always worried that her latest symptom is a sign of the virus. Recent symptoms that convinced her she had Covid included: headache, bad breath, tinnitus, pruritus, jaw clicking, painful big toe, vaginal discharge, rectal prolapse, flatulence, and "my lungs hurt". And those were just yesterday's complaints!

Another locally well-known hypochondriac, Ira Leesik, was doing just fine until he saw a news report mention that some patients with coronavirus are asymptomatic. "That night, I barely slept at all, and then wouldn't ya know it, I woke up in the morning and felt absolutely fine! Holy crap, I thought, feeling fine is a sign of the coronavirus! It scared the living daylights out of me."

Mr. Leesik has since spent the last few days trying to get tested but continually getting denied. "They keep saying you need coronavirus symptoms to get tested," said the exasperated man, "but don't they get it? Having no symptoms is a symptom of coronavirus!"

As for Ms. Dyne, her physician finally relented and let her get tested. Today, she received the good news: she's negative for coronavirus. Initially overjoyed, her sense of relief soon faded. "Oh God!" she cried. "If that cough wasn't from coronavirus, then I must have lung cancer."

**DR. OZ'S SHOW SET TO RETURN AFTER STUDY SAYS HIS ADVICE WILL ONLY KILL 2-3% OF AUDIENCE**—By: Proton Pimp—Originally published on Gomerblog.com

NEW YORK, NY—Dr. Oz's self-titled talk show, which sadly has been on hiatus due to the coronavirus pandemic, is set to resume tapings immediately after a study in *The Lancet* concluded that the misinformation he spews will only kill 2-3% of his audience.

"It's been so hard not being able to go on air during this medical crisis," remarked Dr. Oz, "but public health officials kept claiming it wasn't safe to be in the studio. But then I saw this really nice piece in *The Lancet* that argued that only 2-3% of my viewers would die if I come back. What an appetizing opportunity, I thought. That's a tradeoff folks like me would make any day of the week."

In fact, Dr. Oz excitedly pointed out that 2-3% would mark the lowest viewer mortality rate in his show's history.

Though many have criticized Oz for being so willing to sacrifice a chunk of his audience, he has some famous supporters as well. "Hell yeah, Mehmet needs to be on TV," said his unlicensed psychologist buddy, Dr. Phil. "So what if tens of thousands of people die from his advice? That's nothing...3 million people die from watching my show every year, and no one has shut us down yet!"

In the weeks ahead, Dr. Oz plans to promote dozens of Covid-19 treatments and prevention tips. "I'll talk about herbal remedies and snake oils, colloidal silver and cow urine, and even a magic potion that I whipped up in my basement last night. My special potion is so powerful, it's guaranteed to prevent you from getting the coronavirus. I know because I drank 5 gallons yesterday, and I have yet to catch the virus. Now that's what I call evidence-based medicine!"

During the taping of his first show back, he encouraged his audience to ignore stay-at-home orders, ditch their masks, and march in a parade in honor of his triumphant return.

At press time, *The Lancet* was forced to retract its study after 97% of Dr. Oz's viewers died of Covid-19. "Our bad," said the chief editor. "After further review of the data, it's clear we should have said that only 2-3% of his audience will survive!"



WESTCHESTER COUNTY MEDICAL SOCIETY  
WESTCHESTER ACADEMY OF MEDICINE  
REPORT OF THE NOMINATING COMMITTEE 2019-2020

The Nominating Committee of the Westchester County Medical and the Westchester Academy of Medicine met on May 28, 2020, and hereby nominates the following candidates for election to take office effective July 1, 2020:

*President-elect*

Jeffrey Jacobson, MD

*Vice President*

Bella Malits, MD

*Treasurer*

Bruce Molinelli, MD

*Secretary*

Tobi Klar, MD

*Delegates to the MSSNY House of Delegates*

(Four for two years; term ending 2022)

Ranjana Chaterji, DO      Robert Lerner, MD

Mark Fox, MD              Marshal Peris, MD

*Alternate Delegate to the MSSNY House of Delegates*

(Four for two years; term expiring 2022)

Karen Arthur, MD              Eric Grossman, MD

Heather Katz, MD              Evan Hawkins, MD

**Note: Per the Bylaws, the current President-elect, Peter Acker, MD, automatically assumes the Office of President and the current President, Daniel Gold, MD, assumes the Office of the Immediate Past President.**

**\*Additional candidates may be nominated provided that each nomination is supported by a petition signed by at least 100 members, as specified in the Bylaws.**

## PRESIDENT'S MESSAGE

### TIP TOEING BACK INTO PRACTICE

*(Continued from page 1)*

Many of our patients are still concerned about potential risks of coming into our offices. Many of these patients can be reassured that every precaution will be taken to insure their safety. For those patients who still do not feel comfortable, the recent novel introduction of Telehealth into our practices has introduced another vehicle for us to provide safe medical care. Although not ideal for all clinical situations, it has allowed us to remain engaged with our patients from the safety of their own home. As we have resumed in person medical visits, TH has turned out to be a valuable tool alongside our traditional in office visits to provide care while minimizing the risks to our patient and staff. We can reassure our patients that we can take care of many of their concerns at home, while reserving coming into the office for those issues which cannot be managed remotely.

The past three months have certainly been a steep learning curve on how to practice a new brand of medicine. At the end of the day, the art of medicine remains an interaction between two individuals. We have just needed to figure out how to do this under a layer of appropriate protective gear.



## FROM THE EDITOR...

### PETER J. ACKER, MD

### PEDIATRICS IN THE TIME OF COVID

*(Continued from page 2)*

to worry in a way they have never worried before. I use the term “parent-oid”, that our brains have been hard wired over eons of evolution to a worst case scenario analysis. In this new era of Covid 19 that worry is on steroids. It is a strange time to bring a new baby into the world. Yet I take great comfort at gazing down at this newly formed human and hope as he or she emerges as a fully sentient human being, that the world will be have been chastened by the missteps of the past and will be stronger, smarter and healthier. After examining the baby, I settle down in my chair to field questions. Early in my career, parents would have a legal pad in hand and I could get a glimpse of what I was in for. But now, alas, with cell phone, I have no idea. I have also learned that when a mother says “I have one last question.” I know that is code for “I

have at least 5 more questions.” But these days I feel fortunate to be able to sit in a room with a healthy baby and two happy, albeit stressed, sleep deprived and “parent-oid”, and ignore the pandemic pandemonium for just this interval. I love also hearing the stories – how they met, what kind work they do, etc. I’m reminded of the young people in Boccaccio’s the Decameron who have decamped from plague ridden Florence and entertain themselves by telling stories: a brief but welcome respite from the ravages outside. For humankind, hope springs eternal.



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## PEER TO PEER SUPPORT

The Medical Society of the State of New York now offers to physicians, residents and medical students an opportunity to talk with a peer about some of life stressors. MSSNY's Physician Wellness and Resiliency Committee is launching a Peer 2 Peer (P2P) program to assist their colleagues who are need of help in dealing with work and family stressors. With the advent of the COVID-19 pandemic, some of the emotional issues related to this event, may also be troubling for our colleagues.

## MSSNY is seeking volunteer peer supporters

**What is a peer supporter?** An individual who has shared experiences, listens without judgement, can validate feelings and provide **SUPPORT, EMPATHY AND PERSPECTIVE**. Someone who also provides supports to systems and practices and encourages the use of positive coping skills. They also help connect the individual with needed treatment. All peers must be a member of the Medical Society of the State of New York.

**Who can be a volunteer peer supporter?** Physician, resident or medical student

## How are peers trained?

MSSNY will provide free training to the volunteer peer through an initial training program. This initial training program will be offered virtually and consists of peer support and what makes a good peer, psychological first aid, and how the program will operate. There will also be other on-line course work that a peer can avail themselves of through MSSNY's CME website. It is anticipated that the virtually training programs will be offered more than once.

## How to become a volunteer peer

Volunteer peers can be nominated by county medical society presidents, county medical society executives, or another physician, resident or medical students. To nominate an individual please send an email to Pat Clancy, Sr. Vice President Public Health and Education at [pdclancy@mssny.org](mailto:pdclancy@mssny.org).

## Medical Society of the State of New York Physicians COVID Helpline

The MSSNY helpline is for NYS physicians that have been experiencing COVID 19 related stress. The helpline is answered 24/7 by an answering service who will connect you to a volunteer physician who can assist you.

**Available NOW the Helpline number is: 518-292-0140**

*Support, Empathy & Perspective*



## NEW YORK MEDICAL COLLEGE LAUNCHES MASTER OF SCIENCE IN BIOMEDICAL ETHICS AND HUMANITIES PROGRAM

**The program will provide students with methodological and comprehensive training to confront medical and health care ethics issues skillfully**



**Valhalla, NY** – New York Medical College (NYMC) has announced the launch of a Master of Science in Biomedical Ethics and Humanities program in keeping with its mission to educate outstanding health care professionals for the multicultural world of the 21<sup>st</sup> century.

Beginning in the fall, NYMC will offer courses that provide students with interdisciplinary training that will prepare professionals to address the ethical, legal, and social challenges in health care today and in the future. Students will study with a broad range of faculty, allowing them to draw on the diverse expertise and resources that NYMC has to offer.

The program will have educational opportunities for a diverse student population, ranging from linkage-type students to senior executives, while still having a focused curriculum that fits with student interests. In addition to courses in Clinical Ethics and Medical Humanities, the program will also offer instruction in Jewish Medical Ethics and Organizational Ethics and Values-Driven Leadership in Healthcare.

Ira Bedzow, Ph.D., associate professor of medicine and the UNESCO Chair in Bioethics at New York Medical College, will serve as director of the program.

“We are in a moment where health leaders, clinicians, and the general public are looking for answers for how to respond to the COVID-19 pandemic as well as how to cope with its aftermath and best meet the moral and social challenges we are facing. The NYMC Biomedical Ethics and Humanities program is committed to providing curriculum and guidance in clinical ethics, organizational healthcare ethics, and general ethics as it pertains to health and medicine, making NYMC and Touro the leaders of medical and healthcare ethics education going forward,” said Dr. Bedzow.

“At NYMC we are committed to the generation, conservation and dissemination of knowledge in biomedical ethics, medical history, literature and medicine, and medicine in film. This new degree-granting program furthers this commitment,” said chancellor and CEO Edward C. Halperin, M.D., M.A.

“We are pleased to be able to offer this program to our medical students who will have to face challenging ethical issues in the ever-changing world of health care,” said Jerry L. Nadler, M.D., MACP, FAHA, FACE, dean of the School of Medicine and professor of medicine and pharmacology.

This program is targeted to medical students, health professional students and practicing health care providers who are interested in expanding his/ her training in this area. The program is also of interest to rabbinical students who want to work in an ever-evolving healthcare setting.

### About New York Medical College

Founded in 1860, New York Medical College (NYMC) is one of the oldest and largest health sciences colleges in the country with nearly 1,500 students and 330 residents and clinical fellows, more than 2,600 faculty members and 23,500 living alumni. The College, which joined the Touro College and University System in 2011, is located in Westchester County, New York, and offers degrees from the School of Medicine, the Graduate School of Basic Medical Sciences, the School of Health Sciences and Practice, the Touro College of Dental Medicine at NYMC and the Touro College School of Health Sciences’ nursing program at NYMC. NYMC provides a wide variety of clinical training opportunities for students, residents, and practitioners.



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## ATTENTION MEMBERS!

**The New Year is here with that said PCI  
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processing have changed for 2020, don't be  
caught off guard with Visa/MasterCard.**

Beginning in February 2020, medical practices must be EMV (Europay, MasterCard and Visa) compliant if they wish to avoid the risk of being 100 percent at fault for any credit card fraud initiated from their office. The new EMV policy places the risk on us the medical practice rather than the credit card processor if any fraud is committed. Therefore it is imperative to be EMV compliant before 2020, with new machines or your current terminal wiped and reprogramed.

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## **1.5% Across the Board (ATB) Medicaid Payment Reductions**

Effective for dates of service on or after April 2, 2020 and each State Fiscal Year thereafter, all non-exempt Department of Health state funds Medicaid payments will be uniformly reduced by 1.5%. For services subject to the 1.5% reduction, all fee-for-service payments will receive a decrease to Medicaid checks and/or Electronic Funds Transfers for dates of services on or after April 2, 2020. Conversely, managed care payments to health plans will be reduced through a 1.5% reduction to premium rates effective April 2, 2020. Remittances will reflect the prospective 1.5% reduction (appearing as an “FC2” recoupment) starting in cycle 2231, which has a check release date of 06/10/2020 (distressed providers will have a check release date of 05/27/2020). Retroactive adjustments to previously submitted claims with dates of service spanning April 2, 2020 through May 13, 2020 will be made at a future date.

Medicaid payments that will be exempted from the uniform reduction include:

### **1. Payments whereby Federal law precludes such reduction, including:**

- Federally Qualified Health Center services and Residential Health Clinics;
- Indian Health Services and services provided to Native Americans;
- Supplemental Medical Insurance – Part A and Part B;
- State Contribution for Prescription Drug Benefit (aka Medicare Part D payments);
- Any local share cap payment required by the Federal Medical Assistance Percentage (FMAP) increase legislation;
- Services provided to American citizen repatriates; and
- Hospice Services.

### **2. Payments funded exclusively with federal and/or local funds include, but are not limited to, the following:**

- Upper payment limit payments to non-state

owned or operated governmental providers certified under Article 28 of the NYS Public Health Law;

- Certified public expenditure payments to the NYC Health and Hospital Corporation;
  - Certain disproportionate share payments to non-state operated or owned governmental hospitals;
  - Services provided to inmates of local correctional facilities.
- 3. Payments where applying the reduction would result in a lower FMAP as determined by the Commissioner of Health and the Director of the Budget will also be exempt.**
- 4. Other Payments that are not subject to the reduction include:**
- Payments pursuant to Article 32, Article 31 and Article 16 of the Mental Hygiene Law;
  - Required payments related to the School Supportive Health Services Program and Preschool Supportive Health Services Program;
  - Early Intervention;
  - Traumatic Brain Injury Waiver (TBI);
  - Nursing Home Transition and Diversion Waiver (NHTD);
  - Payments for services provided by Other State Agencies including Office of Children and Family Services, State Education Department, and the Department of Corrections and Community Supervision.
  - Value Based Payment Quality Improvement Program;
  - Vital Access Providers and Vital Access Provider Assurance Program;
  - Physician Administered Drugs;
  - Court orders and judgments;
  - Family Planning services; and
  - Children’s Health Home services.

*(Continued on page 13)*

The table below reflects the services that have been subject to the 1.5% Across-the- Board Medicaid payment reduction:

Category	Program or Service Area
Inpatient Services	Hospital Inpatient Reimbursement; Indigent Care Pool payments; Graduate Medical Education payments for Medicaid Managed Care patients; Hospital Disproportionate Share payments and Indigent Care Adjustments made to governmental hospitals operated by the State of New York or the State University of New York; and Supplemental Medicaid payments and Hospital Disproportionate Share payments made to voluntary hospitals.
Nursing Homes	In State Nursing Homes; and Out of State Nursing Homes.
Non-Institutional Long-Term Care Services	Assisted Living programs; Home Health; and Personal Care.
Managed Care	Managed Long-Term Care; and Managed Care (including HIV SNP).
Other Services	Freestanding Clinics; Hospital Based Outpatient; Pharmacy; Physicians both office-based and other places of service; Dental, Eye, X-ray, etc.; and Supplemental Payments.

For further detail on services subject to the 1.5% ATB reduction please refer to the SPA pages posted here: [https://www.health.ny.gov/health\\_care/medicaid/redesign/pmt\\_reductions/msp/](https://www.health.ny.gov/health_care/medicaid/redesign/pmt_reductions/msp/)

All questions should be submitted to the following electronic mailbox: [health.sm.ATB-reduction@health.ny.gov](mailto:health.sm.ATB-reduction@health.ny.gov). Please include your provider name and Medicaid number on the email so that questions may be reviewed by program area. Keep in mind that we will not be able to respond to individual emails; however, responses to frequently asked questions will be posted to the Department's website. Please access the website regularly for the most updated information.”



**Medical Society of the State of New York provides access to  
PPE supply chain in collaborative effort with  
American Society of Plastic Surgeons**

MSSNY is pleased to offer members the ability to purchase PPE supplies through the American Society of Plastic Surgeons (ASPS) PPE supply chain program. ASPS established the program earlier this month to help practices acquire difficult-to-access PPE and other needed supplies as states begin to lift restrictions on elective surgery and office-based procedures.

Items available range from N95 masks and face shields to hand sanitizer and alcohol wipes. New items are consistently being added and restocked. Please note that shipment times may vary from several days to several weeks. Some orders may be fulfilled by outside vendors with longer shipping times.

As this is a benefit for members only, you will have to [log in](#) to MSSNY's website to access the link to ASPS. Your MSSNY ID is your login name. Your password is usually your last name, in all lower case letters. The link to ASPS that you will find there will enable you to see the available supplies and to create an account to purchase items through ASPS.

MSSNY is proud to offer this benefit to our members and grateful to ASPS for extending this opportunity to help medical practices and patients in our state resume practice swiftly and safely.

Sincerely,

Bonnie Litvack, MD  
MSSNY President

Andrew Kleinman, MD  
MSSNY Board Chair

## Westchester County Medical Society

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