

Stark County Medical Society *News*

March, April, May 2016

Dr. Barbara Volk President's Message



Dr. Barbara Volk

The Stark County Medical Society is actively working with the Ohio State Medical Society (OSMA) to defeat HB 216. This bill would give advanced practice nurses (APNs) independent practice authority without collaboration with a physician.

The OSMA opposes this bill.

The most concerning provisions of the bill are:

- APNs would have complete independent practice authority with no collaborative arrangement with a physician.
- APNs would be permitted to prescribe any drug, without formulary restrictions. APNs would be permitted to prescribe Schedule II narcotics (methadone, oxycodone, and fentanyl) without consulting a physician.
- APNs would be permitted to “order and interpret diagnostic tests or procedures” and “diagnose medical conditions and diseases.”

Health care works best when there is a team-based approach to patient care, with multiple health care professionals working together under the direction of a physician.

Physicians receive at least 11 years of education and training, while APN's have less than 8 years of training.

Supporters of HB 216 argue that the legislation would increase access to care in underserved and rural areas. In reality, nothing currently prevents APNs from working in in these communities.

Ohio law regarding collaboration merely requires a standard care arrangement between the APN and physician and that the physician must be “continuously available to communicate with the APN” either in person or by a form of telecommunication. A physician may collaborate with any number of APNs unless the collaboration includes APN prescribing. In this situation, the physician may not collaborate with more than 3 prescribing APNs at the same time.

Supporters of HB 216 also claim that this bill will improve the quality of health care while decreasing overall health care costs. However, there are studies that suggest that these claims may not be accurate.

Clearly, APNs have a valuable role in caring for patients, but it is our belief that the education and training of physicians and APRNs are substantially different, and that physicians and nurses are not interchangeable.

Please contact your representative and let them know how you feel about this legislation before it becomes law.

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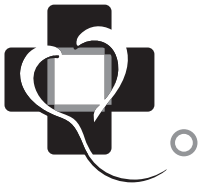
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We have access to the politicians and the state medical association. Together, we have a voice that will be heard!

Contact us at starkmedical@ameritech.net or call 330-492-3333. We look forward to hearing from you!



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4 WAYS TO COPE WITH A VOLATILE MARKET

By Jeffrey Eisenberg

Plunging oil prices, falloffs in overseas equity markets, and slowing growth in the Chinese economy have all contributed in recent months to volatile swings in markets here in the United States—and that has investors nervous. Many are still recovering from the market crash of 2008 and are wondering if more of the same is in store.

If you're wondering about the future of your portfolio, here's the good news. Many economists see growing strength in the American economy, particularly with pickups in hiring and modest wage growth. And even during volatile markets, a portfolio whose holdings are properly allocated and diversified can still perform well over the long run. Having funds invested in multiple asset classes has been shown to reduce risk.

When markets gyrate, the volatility provides an opportunity to take a fresh look at investment strategies to ensure they're still on track. The exercise can leave you feeling more in control and let you sleep more easily at night. Here are four tactics to ensure your portfolio is best positioned to achieve your life goals.

REVIEW YOUR ACCOUNT

While it is always important to review the performance of your investment portfolio, it is especially so when the market takes sudden, abrupt turns. In the midst of a bull market, it is easy to become complacent; certain maturing investments may be held past their prime, or some asset classes may grow to the point where they make up too large a position in your portfolio. In a bear market, it is easy for investors to get spooked. They can

sell off valuable assets before they've ripened, or they may overlook great buys and opportunities.

A fluctuating market offers an occasion to reevaluate your portfolio and rebalance your investments according to your risk tolerance, ensuring you are best positioned for a market recovery.

REVIEW YOUR ADVISOR FEES

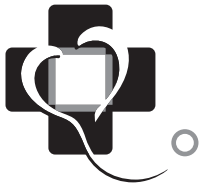
There are many fees and/or commission charges associated with purchasing investments and managing your investment portfolio. But paying more to your advisor does not necessarily yield a greater return. Reviewing those fees can result in significant cost savings.

Fees charged by mutual fund companies come in two primary forms. Loaded mutual funds charge fees based on the fund share class. (Class A funds, for example, will levy a front-end sales charge plus sometimes an annual asset-based fee; class B funds come with an asset-based sales charge plus a declining contingent deferred sales charge over six years; class C funds typically contain the highest annual asset-based sales charge). These load structures are generally similar across mutual fund companies.

The second fee structure for mutual funds is the no-load fund, which typically does not charge any fees other than a small amount for each purchase (such as \$25 to \$50).

Likewise, fees for transacting sales and purchases of individual stocks also vary quite a bit from firm to firm. Are you paying too much? Ask around and see.

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The **OSMA INSURANCE AGENCY** is committed to offering quality insurance services to all OSMA members, their families, and their staffs. The OSMA's in-house insurance agency is dedicated to providing useful advice, review and planning on a wide range of insurance products and services, all designed to meet the individual and practice insurance needs of member physicians.

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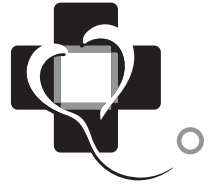
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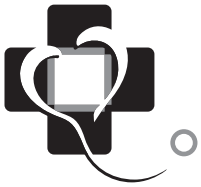
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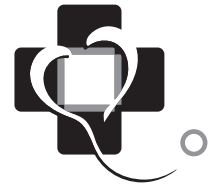


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ZIKA VIRUS DISEASE UPDATE: from the RED Network

On January 22, 2016, the Centers for Disease Control and Prevention (CDC) activated its Emergency Operations Center to respond to outbreaks of Zika virus disease occurring in the Americas as well as the reports of increased birth defects and Guillain-Barré Syndrome associated with it. On February 1, 2016 the CDC increased activation to a level 1, the highest level of activation and the World Health Organization declared a Public Health Emergency of International Concern. Due to the current ongoing research, healthcare providers need to be aware of the dynamic guidelines periodically being released.

If a person is symptomatic and has traveled to a country that is on the CDC's active list for local transmission within the past two to twelve weeks they are eligible to be tested. In addition, pregnant women who are asymptomatic are eligible for testing if they had traveled to a country that is on the

CDC's active list for local transmission within the past two to twelve weeks. Testing must be coordinated between the physician and the local health department.

THE FOLLOWING ARE THE TESTS PERFORMED IN ORDER TO DETERMINE INFECTION:

1. **Reverse transcriptase-polymerase chain reaction (RT-PCR):** tests the individual's serum taken within the first week of illness for the virus's RNA. It should be recognized that viremia decreases over time. If the serum is collected five to seven days after symptom onset there may be a negative result, but this should not preclude infection.
2. **Serologic Assays:** detect specific IgM antibodies which generally develop towards the end of the first week of illness indicating a recent infection. Unfortunately, cross reactivity may occur making it hard to distinguish between related flaviviruses such as chikungunya, Japanese encephalitis, West Nile, yellow fever and dengue.
3. **Plaque-reduction neutralization testing (PRNT):** measures virus-specific neutralizing antibodies in order to differentiate between flaviviruses. This test may also produce some cross reactivity, but only in those who have previously been infected with a flavivirus. The neutralizing antibody titers must be ≥ 4 -fold higher than dengue virus neutralizing antibody titers to be confirmatory.

- Testing may also be performed on cerebrospinal fluid, but a sample collected for the sole purpose of Zika virus testing is not recommended.

No specific antiviral treatment is available for those diagnosed with Zika virus disease. Rest and hydration should be encouraged. Non-steroidal anti-inflammatory drugs should not be used until dengue is ruled out and should not be used at all for children under six months. Aspirin is not recommended due to the risk of Reye's syndrome. For pregnant women who are diagnosed with Zika virus disease serial ultrasounds should be considered to monitor growth every three to four weeks. Referral to a specialist with expertise in pregnancy management is also recommended.

For additional information, please contact your local health department.

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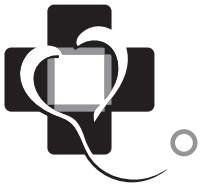
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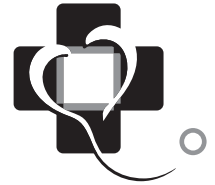
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TAKE 10 BITE-SIZE STEPS TO HIPAA COMPLIANCE

Be ready for the HIPAA Auditors

by Diane Evans • Publisher, MyHIPAAGuide.com

DO YOU KNOW THE FIRST QUESTION TO EXPECT IF HIPAA AUDITORS ARRIVE AT YOUR OFFICE?

ANSWER: Count on them asking to see full documentation of HIPAA compliance.

While ongoing HIPAA audits are set to start this year, pilot audits conducted by the U.S. Department of Health and Human Services (HHS) in 2012 set a framework for what to anticipate.

During the pilot, auditors mailed out notices to healthcare providers, and requested documentation of HIPAA compliance within 10 business days.

If you get such a notice, you will want to have all your paper documentation in one place, and all your electronic documentation in a single file.

To make sure you documenting all the required policies and procedures, you can evaluate yourself using the **10 Step Plan** for Health Information Privacy and Security, developed by HHS. The plan offers a framework for understanding HIPAA requirements, while setting out a compliance process to follow.

HERE ARE THE 10 STEPS, FOLLOWED BY PLAIN INTERPRETATIONS OF WHAT YOU NEED TO DO:

1. **Confirm you are a covered entity:** Know whether HIPAA rules apply to you.
2. **Provide leadership:** Make sure someone is in charge of enforcing both privacy and security requirements.
3. **Document your processes, findings and actions:** Make sure your cover everything, including safeguards, policies, procedures, and daily practices.
4. **Conduct a security risk analysis:** Think ahead, like a detective, about how private health information could get before unauthorized viewers. Think, too, about social media -- and the possibility of private health information ending up on Facebook as a result of someone seeing information on a computer screen, or in a paper document.
5. **Develop an action plan:** Specify the steps you take to safeguard information; include daily security practices you follow to secure protected information on electronic devices.
6. **Manage and mitigate risk:** Don't slack. Compliance relies on good habits.
7. **Prevent breaches:** Train staff to be enforcers.
8. **Communicate with patients:** Make sure they know their rights.
9. **Update or execute Business Associate Agreements (BAAs):**

Hold all Business Associates to the same accountability as you are held.

10. **Attest for the security risk analysis Meaningful Use objectives:** Keep in mind that HIPAA privacy and security requirements are part of the Electronic Health Records (EHR) Incentive Program.

IN PLANNING FOR HIPAA COMPLIANCE, CONSIDER THAT:

- HIPAA offers room for medical providers to tailor compliance plans around their individual circumstances. There are standards, but not a single set of rules that apply to all. The measure is whether you can demonstrate a reasonable, good-faith effort.
- Risk assessments are essential to compliance and must be conducted annually, with an eye toward continuous improvement and changing conditions.

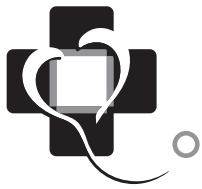
Having the right culture and mindset within your organization will go a long way toward protecting patient information. More than a hacker's complex scheme, your greater **threat is likely to come from carelessness or neglect** within your own organization. Such laxness can lead breaches -- such as loose talk, say about someone diagnosed with a sexually transmitted disease. That kind of information really can end up on Facebook -- and it actually has.

While it is impossible to guard against every eventuality, the challenge is to be a highly vigilant steward in protecting patient information to the greatest extent reasonably possible.

About the author: Diane Evans is Publisher of MyHIPAAGuide.com, a news and information service for HIPAA-covered organizations. MyHIPAAGuide.com is a catalog of 40+ carefully-picked federal government resources, including tutorials and videos organized around the 10-step plan for compliance. Subscribers also receive patient education, guides for Meaningful Use reporting, and monthly updates on changing Medicare rules and reporting requirements.

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Medical Society members should visit the MyHIPAAGuide website through the MyHIPAAGuide link on the homepage of the Society's website at <http://starkmedical.org>.



FROM THE DESK OF

6TH DISTRICT COUNCILOR, *Carl J. Foster, M.D.*

The year 2015 has been a year of transformation for the Ohio State Medical Association as the organization adapted to the changing healthcare environment. The major thrust of these efforts was to take steps that would enable the society to remain healthy and vibrant in order to continue its mission to empower physicians “to advocate on behalf of their patients and their profession.”

Possibly the most important feature of the milieu in which our organization must function is the decline in membership. This decline may be occurring for a variety of reasons. Ironically, this decrease in numbers may be partially due to the success of OSMA in achieving tort reform in that physicians now feel it less imperative that they join. Another factor is the trend toward physician employment. Frequently employed physicians feel, sometimes erroneously, that their interests are best represented by their employers. Another reason is the allegiance that physicians feel toward their respective specialty societies, so they opt to limit their membership to those organizations. Finally, there are generational differences in priorities in that younger physicians have demonstrated less interest in participating in organized medicine.

This decline in membership has been averaging about 2% annually for the past several years. Since dues income represents the major source of funds for OSMA, the decline in membership is reflected in a decrease in the financial resources for the organization. So a major focus for the officers and staff has been to reduce expenditures and liabilities without compromising efforts to fulfill the organization’s mission. A key feature of this effort was the sale of the OSMA headquarters building at 3401 Mill Run Dr. in Hilliard, Ohio. With the proceeds from that sale along with some investment funds, the \$3.8 million debt, incurred with the purchase of that building, was paid off. Furthermore, the sale of the building resulted in a substantial reduction in expenses amounting to \$300,000 annually. The move to 5115 Parkcenter Ave. in Dublin, Ohio stabilized occupancy costs for 7 years while eliminating real estate property taxes, utilities, and other building operating expenses.

To make up the difference in lost income the OSMA has determined to seek out profitable initiatives in partnership with corporations and health systems as well as through grants from various foundations and government agencies. The most recent example of such efforts is the Smart Rx program. The OSMA staff has elected to pursue one or two such activities annually to boost existing non-dues revenue.

Another feature of this changing healthcare environment is the change in the public’s attitude toward the use of marijuana. Despite the defeat of Ohio Issue 3, the bill to legalize marijuana in Ohio, the results of a recent Quinnipiac poll reflected a more permissive public view of marijuana use. Decriminalization of personal use was favored among Ohioans surveyed by 53 to 44 percent and the legalization of medical marijuana was approved by 90% of respondents¹.

In January a bipartisan task force, composed of members of The Ohio House of Representatives was convened to investigate the issues surrounding the legalization of medical marijuana in response to the changing public attitudes toward this issue². The OSMA determined that its relevant policy (65-1991) was no longer adequate to enable contribution and participation during the ensuing public debate. So on January 12th a virtual meeting of the House of Delegates was held to consider the issue of medical marijuana. No vote was held at that time but nonetheless a lively discussion ensued. The House determined that the role of the OSMA should be to provide scientifically informed commentary on the medicinal uses of marijuana that is consistent with the OSMA’s value statement. Furthermore, the OSMA supported any innovation that transforms health care delivery and improves the health of patients and the patient experience. The results of the meeting have been submitted for consideration by the House of Delegates in the form of Policy/Resolution 07-2016.

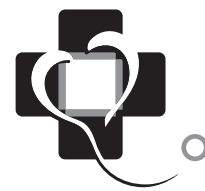
In summary this resolution opposes the use of recreational marijuana while supporting institutional review board approved research to identify pharmaceutical grade cannabinoids useful in the treatment of specific conditions. To facilitate such research, the OSMA recommends removing cannabis from the list of Schedule I drugs. Finally the OSMA would reserve the privilege of prescribing these compounds for physicians. The OSMA Forum, available on www.osma.org, provides an opportunity for all interested members to participate in the discussion concerning the organization’s policy on this most timely issue.

The Ohio State Medical Association (OSMA) Annual Meeting, to be held April 1st – 3rd at the Hilton Columbus at Easton, again provides members an opportunity to learn more about the priority issues facing the OSMA and to actively participate in the policy discussions of the organization. At the Annual Meeting, the House of Delegates will again consider resolutions that establish the guiding policies for the organization, as well as elect the leaders of the organization. Members are encouraged to attend informational sessions regarding the association’s ongoing socio-economic and political activities, as well as taking advantage of opportunities for networking.

Please note**

The 2016 Annual Meeting schedule has changed. There will be a different format. Some functions will proceed at different times and days, as well as in different locations. Please pay close attention to the updated schedule to identify these changes as you register for the meeting. I hope to see you in Columbus.

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2. www.cleveland.com/open/index.ssf/2016/01/ohio_house_medical_marijuana_t.html



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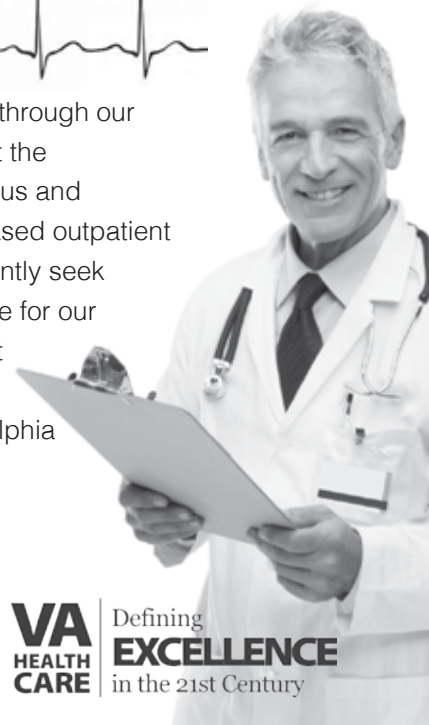
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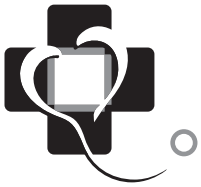
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ME-WHAT? NO...MEWA: ALTERNATIVE EMPLOYEE BENEFITS

By Brenda Basso, Senior Insurance Specialist, Associated Underwriters Insurance

Health insurance has certainly evolved over the past eighty years. From the passage of the Social Security Act in 1935 to the beginnings of Medicare and Medicaid in 1965, the Federal Government has played a large role in the development of today's healthcare environment.

You may remember the Blue Cross plans of the 80's which provided basic hospital coverage and the Blue Shield plans which provided supplemental major medical coverage for physician charges. These plans were often offered by different insurance companies. Eventually, these plans were combined to form comprehensive major medical plans that covered both hospital and physician charges with a traditional fee-for-service reimbursement methodology.

Eventually we evolved into managed care with the addition of Preferred Provider Organizations (PPO) and Point of Service (POS) plans in the 90's. These plans created a network of preferred providers in the hopes of controlling costs.

Several laws along the way have shaped where we are today with healthcare. The Health Insurance Portability and Accountability Act (HIPAA) of 1996 guaranteed insurance portability and personal privacy.

The Patient Protection and Affordable Care Act (PPACA) of 2010 made the most significant changes to healthcare since the advent of Medicare in 1965. The way in which we purchase health insurance has changed dramatically. Community rating has come to Ohio. Employers in the two to fifty employee group market have been placed on a level playing field, regardless of the health of their groups. The days where groups are experience-rated and get better rates for having healthier employees are disappearing. Rates will be determined by the age of the employee and spouse, number of covered children, tobacco product use and zip code of the employer.

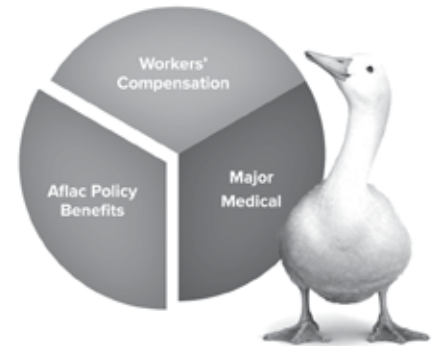
Insurance carriers are offering grandmothered or transitional plans to allow employers to hold onto their experience-rated plans for as long as possible, however time is running out. Plans which renew after October 1, 2016 will be required to move to one of these new, community-rated Affordable Care Act (ACA) plans. You most likely have heard of these plans which are known by Platinum, Gold, Silver and Bronze plans.

What options do you have as an employer? Do you keep your health plan, eventually migrate into the ACA plans which are averaging double digit increases or do you

continued on page 17

Now More Than Ever The right health benefits choices can do more for your business.

In today's dynamic health insurance environment, there's never been a better time for you and your employees to have Aflac, consumers' most preferred choice for Accident, Disability, Cancer and Critical Illness coverage! Here's why:



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- Control costs while enhancing the value of your employee benefit package.
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- More than 10 types of policies customized to suit most supplemental insurance needs.



Attracts And Retains Employees

- Benefits have become a top priority for employees; and, brand is important to them.²
- The benefits you offer add more value than ever before.



Simple Administration and Enrollment

- Aflac's one-on-one enrollment experts help you achieve high participation rates. Web and call center enrollments are available for larger employers.
- Coordinated enrollment, education tools, and online services make it easy for employees to understand the benefits.
- Guaranteed issue is available.³ Coverage for most everyone, no questions asked.
- Aflac agents assist with payroll deduction set-up, and claims process.



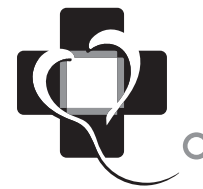
Potential Tax Savings For You and Your Employees

- Some of Aflac's tax-advantaged plans allow employees to use pre-tax dollars to pay for their policies lowering their taxable income.

For more information about joining Aflac, contact **Robert Wright**, at 330-352-6230



¹Source: Prince Market Research, 2013 Benefits Landscape: Buyer & Non-Buyer, September 2013 ²PwC Health Research Institute, 2011 ³Minimum participation requirements and standard payroll deduction apply. There may be indirect administrative or other costs. Coverage is underwritten by American Family Life Assurance Company of Columbus. In New York, coverage is underwritten by American Family Life Assurance Company of New York. © 2012 Aflac Incorporated. Worldwide Headquarters | 1932 Wynnnton Road | Columbus, Georgia 31999 M2198



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Disability insurance can help you be prepared for the unexpected. MetLife has coverage that can help meet your needs, including:

- Individual benefits up to \$17,000 per month available.¹
- Business Overhead Expense (BOE) insurance available up to \$50,000 per month.²
- **Noncancelable** and **Guaranteed Renewable** coverage is available, which means that MetLife will not change coverage or increase your premium before age 67³ as long as your premiums are paid on time.⁴
- Optional **Your Occupation** rider provides benefits even if you are employed in another occupation, as long as you are totally disabled in your regular occupation.⁴
- Optional Lifetime Benefit rider could provide disability benefits for as long as you live.^{1,4}
- Potential discounts through our MultiLife program, list billing or select associations.⁴

Although you can't avoid the risk of a disability, you can be prepared with a disability plan designed for you. For more information, contact me today.



Anthony Nicodemo
Anthony Nicodemo
Financial Services Representative
(440) 746-8734 or (330) 704-2855
anicodemo@metlife.com

¹ Actual benefit amount issued depends on medical specialty, applicant's income and amount of other disability income insurance in force and applied for. The maximum benefit amount with Lifetime Benefit Rider is \$10,000 per month.

² Actual benefit amount issued depends on amount of covered business overhead expenses and the amount of other BOE insurance in force and applied for. The amount of BOE coverage issued may also be limited based on the benefit period selected.

³ Age 65 in some states.

⁴ Some limitations apply. Ask your representative for details.

Like most disability insurance policies, MetLife's policies contain certain exclusions, waiting periods, reductions, limitations and terms for keeping them in force. Ask your representative about costs and complete details.

All policies and riders may not be available in all states, at all issue ages and to all occupational classes. Ask your representative for complete details. Eligibility is subject to underwriting approval.

For policies issued in New York: These policies provide disability insurance only. They do NOT provide basic hospital, basic medical or major medical insurance as defined by the New York State Insurance Department. The expected benefit ratio for these policies is at least 50%. This ratio is the portion of future premiums that MetLife expects to return as benefits when averaged over all people with the applicable policy.

Disability insurance is issued by Metropolitan Life Insurance Company on IDI2000-P/NC, IDI2000-P/NC-ML, IDI2000-P/GR and IDIP04-1. September 2012.

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4 WAYS TO COPE WITH A VOLATILE MARKET

continued from page 12

Fees charged by investment advisors usually represent the largest percentage of costs incurred by an investor, and they vary widely among investment firms. You may be charged on a transactional basis (a flat amount per each transaction), or via a fee-based structure (a flat rate for all services, typically a percentage of assets under management). The latter is more common and provides for more transparency. A fee-based arrangement allows you to more easily compare the annual fees you incur from your current advisor with fees you would incur with alternatives.

REVIEW YOUR FINANCIAL PLAN

It is not uncommon for other life priorities such as work, family, children's activities, and household chores to overshadow the time and attention needed for overseeing your financial goals. Volatile markets can offer a chance to review plans immediately.

Are you on track with your goals, needs and priorities? Has your risk tolerance changed? If you are still contemplating these questions, then it is time to review your current financial plan. If you do not currently have a financial plan, seek guidance from an independent investment advisor who will provide an unbiased strategy custom-tailored to your financial situation.

SEEK A NEW PERSPECTIVE

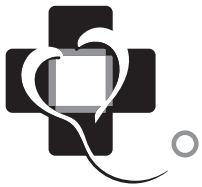
Now that you have considered these points, ask yourself: Could my portfolio be doing better? Is my account getting the attention it needs? Is my portfolio properly allocated and diversified for my current life situation, age and risk tolerance? Are my advisor fees too high? Consider getting a "second opinion" to make sure you are staying on track.

Don't let your financial future become stagnant. Your financial portfolio is typically one of your largest sources of wealth and a foundation for a comfortable retirement. Use the discomfort of a volatile market as the catalyst for evaluating the health and well-being of your portfolio.

Jeffrey Eisenberg is president and CEO of SecuraWealthTM Investment Strategies. SecuraWealthTM Investment Strategies does not provide legal or tax advice. Please contact your attorney and/or tax advisor regarding any questions you may have specific to your situation.



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September 21, 2016
Proceeds benefit Community Harvest

WATCH FOR DETAILS!



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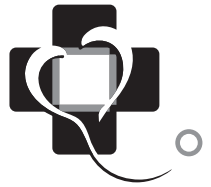
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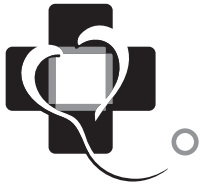
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Method to determine % change in Consumer Price Index (CPI) to Increase or Decrease Costs Associated with Providing Medical Records in Accordance with Ohio Revised Code Section 3701.742					
CPI for current period (2015)	237.017				
Less CPI for previous period (2014)	236.736				
Equals Index point change	0.28				
Divided by previous period CPI (2014)	236.736				
Equals	0.001				
Result multiplied by 100	0.12				
Equals percent change	0.12%				
Costs for Calendar Year 2016 Based on a .12% change in the CPI					
If the request is made by the patient or the patient's personal representative, total costs for copies and all services related to those copies shall not exceed the sum of the following:					
With respect to data recorded on paper or electronically, the following amounts:					
For the first ten pages:	\$3.07	per page			
For pages eleven through fifty:	\$0.64	per page			
For pages fifty-one and higher:	\$0.26	per page			
With respect to data resulting from an X-ray, MRI, or CAT scan, recorded on paper or film:	2.10	per page			
The actual cost of any related postage incurred by the health care provider or medical records company.	Actual Cost				
If the request is made other than by the patient or the patient's personal representative, total costs for copies and all services related to those copies shall not exceed the sum of the following:					
An initial fee which shall compensate for the records search:	18.93				
With respect to data recorded on paper or electronically, the following amounts:					
For the first ten pages:	\$1.24	per page			
For pages eleven through fifty:	\$0.64	per page			
For pages fifty-one and higher:	\$0.26	per page			
With respect to data resulting from an X-ray, MRI, or CAT scan recorded on paper or film:	\$2.10	per page			
The actual cost of any related postage incurred by the health care provider or medical records company.	Actual Cost				



CREATING HEALTHY COMMUNITIES IN STARK COUNTY: *A year in Review*



In January 2015, the Stark County Health Department, Stark Parks and JRC/StarkFresh embarked on a journey to address healthy eating, active living and tobacco free lifestyles in Northeast Canton, Southeast Canton and Massillon, through a grant from the Ohio Department of Health. These areas were selected due to data that indicated the highest needs and limited resources. The project proved to be very successful, in part to the full-time Coordinator who oversees the project, and other key partners and volunteers. Strategies were selected to address policy, system and environmental changes at the community, school, and worksite level to begin to institute a “culture of health” in the selected communities.

MAJOR ACCOMPLISHMENTS IN 2015, INCLUDED:

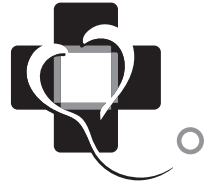
- Installation of 13 bike racks in Massillon
- Adoption of 4 tobacco free public spaces in Massillon
(*Garden Locations: AME Church, Boys & Girls Club, Rivertree Church and Franklin Park*)
- Adoption of 2 tobacco free worksite policies in NE Canton
(*Mercy Medical Center @ St. Paul's Square and JRC*)
- Created 4 safe Walking Routes/Clubs in NE Canton
- Coordinated an afterschool soccer club/clinic in NE Canton
- **Community Gardens:** 47 Community Garden plots & 47 Raised Bed Gardens; 56 Gardeners; over 850 pounds of food harvested
- **Canton Corridor Farmers Market & Mobile Market:** \$2,653 SNAP/WIC benefits used; over 1,100 in attendance
- **NE Canton Urban Teaching Farm:** 22 trainings held; nearly 900 pounds of food harvested; over 230 volunteers
- **SE Canton Urban Farm:** Over 1,000 pounds of food harvested; Over 20 volunteers from the community participated.



This project is under the umbrella of Live Well Stark County, a coalition of community leaders working together to make Stark County healthier by promoting policies and programs that support wellness through healthy nutrition, physical activity, and tobacco free behaviors.



For more information or to get involved, visit www.livewellstarkcounty.org



ME-WHAT? NO...MEWA: ALTERNATIVE EMPLOYEE BENEFITS... *continued from page 3*

drop your benefits all together? The good news is the market is responding to these changing times.

You may have heard the buzz about a new health benefit program referred to as a MEWA. A MEWA is a multiple employer welfare arrangement where employers with a common interest or profession join together to form a benefits fund. This benefits fund typically provides medical benefits, however it may also include other benefits such as dental and vision coverage.

Benefits in a MEWA are normally self-funded and several plan options are common. This arrangement avoids some of the costly ACA mandates such as community rating, essential health benefits (EHB) and some ACA taxes and fees. Members of a MEWA typically pay a fixed monthly amount

for each covered employee. This allows for predictability when setting budgets. Renewals tend to be more stable than fully insured arrangements, with average renewal increases in the single digits. Finally, this arrangement also provides the membership with a voice in decisions since members of the MEWA are elected to be on the Board.

There are other new solutions which have entered the benefits arena. Physician practices struggle to keep up with the ever evolving healthcare environment, from electronic medical records, ICD-10 changes, decreasing revenue streams, increasing patient load, etc... The list goes on and on. What happened to the days of focusing on the reason you entered the healthcare profession, taking care of patients? Have you ever considered allowing someone else to take care of the administrative burden of payroll, human resources and risk management? A PEO may be the answer!

A PEO is a Professional Employer Organization which helps an employer meet their HR needs through a co-employment arrangement. The PEO handles administrative tasks such as payroll, compliance, employee benefits administration, background checks, employment practices liability insurance (EPLI), personnel issues and Workers' Compensation. These services can free you and your staff up to handle the business of patient care.

So are you ready to get off of the insurance merry-go-round? The Stark County Medical Society and AUI have partnered together to bring options to you. Private, onsite meetings may be scheduled by contacting either Kevin Metz at the Stark County Medical Society at kpmetz@ameritech.net or 330-492-3333 or Brenda Basso at AUI at bbasso@auinfo.com or 330-645-6338.



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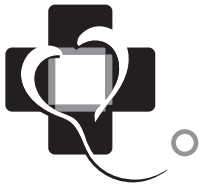
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Announcements

APPLAUSE, APPLAUSE, APPLAUSE: Stark County Medical Society and the Auxiliary held our Second Annual Mission Possible. Thanks to everyone who helped to make the event a success. We raised over **\$37,000.00** to be divided evenly between **Hope Outreach Ministries, Community Services Gateway Apartments, Quest's New Regional Center for Opiate Abuse and the SCMSA Scholarship Fund**. If you weren't able to attend and still would like to donate, send your check to: **SCMSA Charitable Fund • 4942 Higbee Ave. NW, Suite L, Canton, Ohio 44718**

REFER A COMPANY: If you know of a company that might be interested in the Society's Preferred Vendor Program or if you would like to suggest a service that you think the Society should consider, contact Kevin or Becky at starkmedical@ameritech.net or 330.492.3333.

Complimentary Review

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Edward Jones received the highest numerical score among full service brokerage firms in a tie in the proprietary J.D. Power 2015 U.S. Full Service Investor Satisfaction StudySM. Study based on responses from 5,351 investors who used full-service investment institutions. 18 investment firms which received a representative sample of investor opinions were

measured on 7 factors: investment advisor; investment performance; account information; account offerings; commissions and fees; website; and problem resolution. Proprietary study results are based on experiences and perceptions of consumers surveyed in January-February 2015. Your experiences may vary. Rating may not be indicative of future performance and may not be representative of any one client's experience because it reflects an average of experiences of responding clients. Visit jdpower.com.

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SAVE THE DATE:

- Golf Outing - September 21, 2016 to benefit Community Harvest
- Annual General Membership Meeting - October 20, 2016

SPECIAL THANKS: On February 24th Diane Evans from MyHIPPAGuide.com presented "Plan for Incentives – Avoid Penalties." Be sure to check out Diane's follow-up article Take 10 Bite-Size Steps to HIPAA Compliance. **Thanks go to our sponsors:** Accu Medical, Aflac, AUI, Hanger Clinic, Huntington Bank and Insurance, M.E.D.MediaMart, Medline Industries, and The Pines.

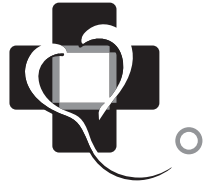
SECURAWEALTH: SecuraWealth was the sponsor of the February Board meeting. **Jeff Eisenberg, Registered Investment Advisor**, discussed how to achieve financial peace of mind through a personalized, strategic investment solution tailored to your life goals. Be sure and read Jeff's article 4 Ways to Cope with a Volatile Market.

GENERAL MEMBERSHIP MEETING: On March 10th **Amanda L. Waesch, Brennan, Manna & Diamond, LLC, Partner**, presented "Defining Concierge and Boutique Medicine." Amanda shared with the group alternative physician practice structures, pros and cons of each structure, and the differences between Institutional Providers and Concierge Medicine. Amanda explored the concept of Destination Medicine. Should you have any questions, please don't hesitate to contact Amanda at 330.253.9185. Thanks go to our sponsors: AUI, Huntington Bank and Insurance, Medline Industries, and The Pines.

ONE OF OUR OWN ENTERS POLITICAL ARENA: Orthopedic Surgeon **Dr. Dave Mungo** is running for Stark County Commissioner this year. Mungo, who has served as both Chairman of the Department of Surgery and President of the Hospital Medical Staff at Alliance Community Hospital, is a member of the Stark County Medical Society and the American Academy of Orthopedic Surgeons. He also serves as team doctor for St. Thomas Aquinas High School. With all these and an active family, Mungo said he still felt called to serve and is looking forward to the new challenge. Mungo isn't a politician, but he says that his medical training is serving him well. He says that government problems simply present a new angle on an existing theme. "As a doctor, I diagnose problems and prescribe the safest, longest lasting and most cost-effective solutions. As County Commissioner I might be dealing with broken sewer lines, rather than broken bones, but I'll still be looking for the safest, longest lasting and most cost-effective solutions."

UPDATE YOUR CONTACT INFO: SCMS is increasing the use of email communication to communicate with our members and practices. Contact Becky at 330.492.3333 or at blbors@ameritech.net to make sure we have your practice/office manager's email so we can ensure that beneficial information is being sent to you. In addition, **don't forget to sign-up for our e-news on our website homepage:** www.starkmedical.org

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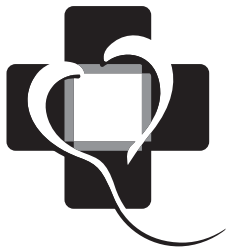
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