CELEBRATING 153 YEARS!

Stark County Medical Society News

Winter 2018/2019

President's Message

Dr. Anthony Degenhard, D.O.

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As I write my last article for the society, I can't believe how quickly the past year flew by. I wish to thank all the members for their support during my tenure as president.

As doctors have become overwhelmed with nonclinical paperwork and burdensome government programs, the inevitable outcome is physician frustration and burnout. Now is the time to stand with your colleagues and have your voice heard through organized medicine, which is always in need of new ideas and support. Your support should start with your Stark County Medical Society. Our society then sends representation to the Ohio State Medical Association. Please consider asking your colleagues, whether independent or employed, to join our local society. The SCMS offers its members many benefits, with more on the way, as well as CME programs and social programs. The value of your dues is easily recouped through our partnerships with our preferred vendors. We wish to remain a value to our members and always welcome new ideas and feedback.

Remember, we are stronger together and need our profession to rally around many of the issues facing us.

As I transition to past president, I wish Dr. Arup Maitra the best of luck and success during his term as president. Also, I would like to wish Dr. Jason Bertram success as president elect.

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!

Opinions expressed by the authors are their own, and not necessarily those of the Stark County Medical Society, Trustees or individual members. SCMS News reserves the right to edit all contributions for clarity and length, as well as to reject any material submitted.

INSIDE THIS ISSUE:

FINANCIAL FOCUS

Consider Some New Year's Financial Resolutions

Adam P. Olenich, AAMS

As the year winds down, you may want to look ahead to see which areas of your life you can improve in 2019. Perhaps you'll decide to exercise more, eat healthier foods, reconnect with old friends or volunteer at a school or charitable organization. All these goals are certainly worthwhile – but you also may want to add some New Year's financial resolutions to your list.

HERE ARE A FEW IDEAS TO CONSIDER:

- ***Boost contributions to your employer-sponsored retirement plan.***
  Good news! Contribution limits will be increasing for many employer-sponsored retirement plans. For 2019, you can contribute up to $19,000 (up from $18,500 in 2018), or $25,000 (up from $24,500 in 2018) if you're 50 or older to your 401(k) or similar employer-sponsored retirement plan. It's usually a good idea to contribute as much as you can afford to your employer's plan, as your contributions may lower your taxable income, while any earnings growth is tax-deferred. (Keep in mind that taxes are due upon withdrawal, and withdrawals prior to age 59 ½ may be subject to a 10% IRS penalty.)

  At a minimum, put in enough to earn your employer's matching contribution, if one is offered.

- ***Try to "max out" on your IRA.***
  Even if you have a 401(k) or similar plan, you can probably still invest in an IRA. For 2019, you can put in up to $6,000 in a traditional or Roth IRA (up from $5,500 in 2018), or $7,000 (up from $6,500) if you're 50 or older. (Income restrictions apply to Roth IRAs.) Contributions to a traditional IRA may be tax-deductible, depending on your income, and any earnings growth is tax-deferred. Roth IRA contributions are not deductible, but earnings growth can be withdrawn tax-free, provided you don't start taking withdrawals until you are 59 ½ and you've had your account at least five years. You can put most types of investments – stocks, bonds, mutual funds, government securities and so on – into an IRA, so it can expand your options beyond those offered in your 401(k) or similar plan.

- ***Build an emergency fund.***
  Try to build an emergency fund containing three to six months' worth of living expenses, with the money held in a low-risk, liquid account. This fund can help you avoid dipping in to your long-term investments to pay for unexpected costs, such as a major car repair.

- ***Control your debts.***
  Do what you can to keep your debts under control. Ultimately, the less you have to spend on debt payments, the more you can invest for your future.

- ***Don't overreact to financial market volatility.***
  In 2018 – especially the last few months of the year – we saw considerable market volatility, with huge drops and big gains in rapid succession. What will 2019 bring? It's always difficult – and usually futile – trying to forecast the market's performance over the course of an entire year. But, in any case, try not to overreact to whatever ups and downs we may experience. Instead, continue pursuing an investment strategy that's appropriate for your goals, risk tolerance and time horizon.

  Following these suggestions can help you become a better investor in 2019 – and beyond.

IRA AGGREGATION RULES COMPLICATE "BACKDOOR" IRAS

Jeff Witz, CFP® • MEDIQUS Asset Advisors, Inc.
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The IRA aggregation rule was created to limit the ability of taxpayers to use non-deductible IRAs as a tax shelter. A non-deductible IRA is often used when a high-income earner wants to save in an IRA, but they earn too much to contribute directly to a Roth IRA or qualify for the tax deduction of a Traditional IRA. As a result, their only option is to contribute to the Traditional IRA and not take the tax deduction, which effectively makes it a non-deductible IRA. Once in the non-deductible IRA, many physicians choose to convert the money to a Roth IRA – a process often referred to as a "backdoor Roth IRA."

In an effort to prohibit individuals from "cherry picking" distributions from their non-deductible IRAs and considering them as taxable or a return of principal, the IRS mandated that all IRAs be aggregated when determining the tax consequences of making a distribution.

As an example, assume you rolled $50,000 from a previous retirement account into an IRA rollover. Now you want to take advantage of a backdoor Roth IRA and contribute $5,500 into a non-deductible IRA with the intention of converting it to a Roth. When the conversion takes place, the IRS considers it a distribution from the non-deductible IRA, and the IRA aggregation rules must be applied. To determine what amount is return of principal versus what amount is taxable you must divide the converted amount by the aggregate value of all non-Roth IRA accounts. In this example, you would divide $5,500 by $55,500 ($50,000 + $5,500) which is approximately .0991. This means that $545.05 ($5,500 x .0991) is considered return of principal and can be transferred into the Roth IRA tax free, the remaining $4,954.95 ($5,500 - $545.05) is subject to taxes. The taxable amount is taxed at your top marginal tax rate. If we assume a top marginal tax rate of 35% then the tax due on the transfer is $1,734.23 ($4,954.95 x 35%).

There are two different ways you can handle the tax payment. You can net it out of the total amount transferred into the Roth account. In our example, that would result in $3,220.72 ($4,954.95 - $1,734.23) being transferred into the Roth account after the taxes had been paid. The other option is to transfer the full $4,954.95 into the Roth account and then pay the taxes due when it comes time to file your taxes.

Paying taxes as a result of the IRA aggregation rule isn't all negative. By paying taxes when the conversion and transfer occurs, the next time you go through this conversion process, you get to reduce the pre-tax balance by the amount you paid in taxes the year before. Using our previous example, next time the conversion takes place, instead of dividing $5,500 by $55,500, you would divide it by $53,765.77 ($55,500 - $1,734.23). Investment gains and losses in the pre-tax account may result in different amounts prior to subtracting the $1,734.23, but for simplification purposes, this example will work. Each year taxes are paid on the conversion, it further adds to the basis and reduces the amount used to determine how much passes to the Roth RIA tax free versus amounts that are taxable.

Overall, IRA aggregation rules can be very complicated and may apply to many other scenarios related to distributions from your IRAs. We recommend speaking with your financial advisor about the impact of opening different types of IRAs and how it may affect distributions in the future.

Jeff Witz, CFP® welcome readers' questions.
He can be reached at 800-883-8555 or at witz@mediqus.com.

200 North LaSalle Street, Suite 2300, Chicago, Illinois 60601
312-419-3733 • Toll Free 800-883-8555 • Fax 312-332-4908
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MEDICAL RECORDS UPDATE

By: Scott P. Sandrock, Esq. • Brennan Manna Diamond, LLC

In order to help standardize forms to authorize the release of medical records, the Ohio Legislature directed the Ohio Medicaid Department to develop a standardized form to be used by healthcare providers which would authorize the release of medical information in compliance with provisions of HIPAA, state law and the substance abuse and other disorder regulations. Ohio Medicaid has issued a standardized form which use will be effective February 1, 2019. A copy of the form is available at the Ohio Department of Medicaid website and is form number 10221.

The statute provides that if presented with a signed copy of this specific form, the healthcare provider is required to honor the request to produce records described on the form and by implication, cannot require the patient to sign the provider's version of the form. Providers are permitted to continue to use their own version of forms for other purposes, but again by statute, must honor a request made on the standardized form.

One of the challenges faced by this new requirement is that while the statute says the form has to be honored, there does not appear to be any consequences under the statute for failing to comply with the request. We would recommend that you review your compliance manual and make certain that this new form is included in your material as an acceptable form and advise your key staff members.

This form also presents a good opportunity to review your office policies concerning charges for copies of medical records. You are not required to charge for copies of medical records, but if you do, be mindful that in Ohio there are three different statutory sections that are applicable to charges and each of them are different depending upon who is asking for the records. If a request is made by a patient or their representative, there is a charge schedule published by the Ohio Department of Health which provides for the first 10 page charge of $3.18 per page plus additional charges for a larger number of pages. There is also a charge permitted for diagnostic tests on a higher per page basis and any postage cost incurred. The rules also provide that the charges can include a per page equivalent charge if the records are maintained electronically. So, for example, if an electronic record, if printed, would be 10 pages, you can charge the per page charge for the 10 pages.

If the request is made from someone other than the patient or the patient's representative, such as an attorney defending a personal injury case for example, you can charge an initial search fee of $19.58 plus a per page fee which is lower, which is only a $1.29 each for the first 10 pages and there-

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SCMS 117TH Annual Meeting

October 18, 2018

The medical society held its Annual meeting on October 18th. At the meeting, the 2019 slate of officers was approved.

Officers chosen to lead the medical society are: Arup Maitra, MD, President, Jason Bertram, MD, President Elect, JoAnn Krivetzky, MD, Secretary-Treasurer and Anthony Degenhard, DO, Immediate Past President.

Returning Trustees include: Jack Baker, DO, David Bitonte, DO, Carl Foster, MD, Robert Hamilton, MD, Stacey Hollaway, MD, Raza Khan, MD, Matthew LiCause, MD, Luis Martino, MD, Melanie Mirande, MD, Charles Smith, MD, Mark Stachel, MD, David Utlak, MD, and Barbara Volk, MD.

2018 Lifetime Achievement Award

Charles E. Smith, M.D.

Dr. Smith was presented the lifetime Achievement Award for his significant and outstanding contributions to the Stark County Medical Society, the medical profession, and his patients. Dr. Smith has served as President of the Stark County Medical Society, Ohio State Medical Association Delegate, and presided over numerous working committees. Dr. Smith has embodied the mission of the Society by:

Acting as a strong physician advocate within the boundaries of professional integrity, while recognizing and representing the diversity within the medical community; Recognizing the health care needs of the community and acting as a patient advocate in response to those needs; Providing services that meet the professional needs and interests of the physician community; Promoting the positions of the profession and the Society to the public; Taking a leadership role in informing the community about health issues; Preserving the professionalism in medicine; Promoting American ideals of the patient-physician relationship; and, Upholding the Principles of Medical Ethics of the American Medical Association.

Congratulations to Dr. Charles E. Smith!

In Memory of our Deceased Members 2018

James F. King, M.D.
Reich L. Watterson, Jr. M.D.

In Recognition of our Retired Members

Michael Barat, M.D.
Zenaida Chughtai, MD
Charles Conklin, D.O.
Robert Erickson, M.D.
Warren Kofol, M.D.
Patrick McFeely, M.D.
Delia Slaga, M.D.
Charles Smith, M.D.
Zaheer Shah, M.D.
Adnan Zaidi, M.D.

In Recognition of 50 Years in Medicine

Igbal Choudhry, M.D.
Richard Fuller, D.O.
John Humphrey, Jr., M.D.
John Schuster, M.D.
George Vogelgesang, D.O.

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Pertussis During and After Pregnancy: The Tdap Vaccine

Public Health
Prevent. Promote. Protect.

Annual pertussis incidence tends to spike during the holiday season and remain elevated throughout the winter months. Pertussis incidence as a whole has increased at a moderate pace since 1995, even accounting for the introduction of the Tdap vaccine. A crucial preventive action against pertussis that providers can recommend is uptake of the Tdap vaccine during every pregnancy. In October of 2012 the Advisory Committee on Immunization Practices (ACIP) recommended that a dose of Tdap be administered during each pregnancy (regardless of previous Tdap history), ideally during the early part of gestational weeks 27-36. This recommendation is supported by the American College of Obstetricians and Gynecologists (ACOG) and the American College of Nurses-Midwives (ACNM).

Some patients may have questions about the efficacy or timing of the vaccine. Patients should be informed that it is crucial they are vaccinated while pregnant so that antibodies can be formed and passed on to the child; postpartum vaccination does not confer immunity to the child, who is at further risk for transmission. The timing is also important due to the waning effectiveness of the Tdap vaccine over time; 27-36 gestational weeks is considered the sweet spot for vaccination. A case-control study performed by the CDC examining vaccine efficacy found that administration of the Tdap during the third trimester was 78% effective at preventing disease, and even more effective at preventing hospitalization and death. Emphasis should be placed on the vulnerability of infants under the age of 2 months, who have not received any pertussis-containing vaccinations and are at the highest risk for disease, serious side effects, and death due to pertussis.

Breastfeeding is not a contraindication for the Tdap vaccine and recent mothers who have received the vaccine should be encouraged to breastfeed, as additional protection can be conferred through breast milk. The pertussis vaccine can be given alongside the seasonal influenza vaccine, which can be administered during any stage of pregnancy. With pertussis cases rising in Stark County, it is vital that providers offer important preventive actions to protect the most vulnerable members of our community.

More information: https://www.cdc.gov/pertussis/pregnant/index.html

5 Facts aboutTdap and Pregnancy

1. **Tdap during pregnancy provides the best protection for mother and infant.**
   - Recommend and administer or refer your patients to receive Tdap during every pregnancy.
   - Optimal timing is between 27 and 36 weeks gestation to maximize the maternal antibody response and passive antibody transfer to the infant.
   - Fewer babies will be hospitalized for and die from pertussis when Tdap is given during pregnancy rather than during the postpartum period.
2. **Postpartum Tdap administration is NOT optimal.**
   - Postpartum Tdap administration does not provide immunity to the infant, who is most vulnerable to the disease's serious complications.
   - Infants remain at risk of contracting pertussis from others, including siblings, grandparents, and other caregivers.
   - It takes about 2 weeks after Tdap receipt for the mother to have protection against pertussis, which means the mother is still at risk for catching and spreading the disease to her newborn during this time.
3. **Cocooning alone may not be effective and is hard to implement.**
   - The term "cocooning" means vaccinating anyone who comes in close contact with an infant.
   - It is difficult and can be costly to make sure that everyone who is around an infant is vaccinated.
4. **Tdap should NOT be offered as part of routine preconception care.**
   - Protection from pertussis vaccines does not last as long as vaccine experts would like, so Tdap is recommended during pregnancy in order to provide optimal protection to the infant.
   - If Tdap is administered at a preconception visit, it should be administered again during pregnancy between 27 and 36 weeks gestation.
5. **Tdap can be safely administered earlier in pregnancy if needed.**
   - Pregnant women should receive Tdap anytime during pregnancy if it is indicated for wound care or during a community pertussis outbreak.
   - If Tdap is administered earlier in pregnancy, it should not be repeated between 27 and 36 weeks gestation; only one dose is recommended during each pregnancy.

Infographic via CDC

MEDICAL RECORDS UPDATE *continued from page 6*

after the page charge is the same as if for a patient. If the medical records are requested to be submitted to the Bureau of Workers' Compensation or the Industrial Commission or to support a claim for disability under the Social Security Act, then those requesting parties receive one copy of the records without charge.

The Ohio Department of Health updates the allowed cost rates on an annual basis due to changes in the consumer price index and we expect the changes for calendar year 2019 will be published in early February.

These changes in fees and form usage presents a good opportunity for you to review your compliance policies in general to make sure that they are current both under the privacy rules as well as the security standards. Your policies should have been updated at least in 2014 to include changes that occurred in federal regulations. If you adopted an early version of a HIPAA compliance plan and have not updated it since it was adopted, having an outdated plan according to the enforcement officials at the Federal Office of Civil Rights, is the same as not having a compliance plan at all and sanctions could be imposed simply for being out-of-date. We would suggest you review your plan and if not updated recently, have it reviewed by experienced healthcare counsel. If you would like copies of the ODM Forms, the ODH Fee Chart or have any questions concerning these matters, please contact Scott P. Sandrock, Brennan Manna Diamond, LLC, at spsandrock@bmdllc.com or (330) 253-4367.

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The Society's preferred business partnership program is designed to offer special services and discounts to Society.

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Edward Jones: Adam Olenick
330.493.0047

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330.742.5307

MedAssure: Joe Teichman
732.363.7444 - Ext. 210

Medline: Nolan Brandt
440.665.5222

MedMediaMart: Diane Evans
330.869.5191

SecuraWealth Investments:
Jeff Eisenberg
330.605.2564

SureShred: Ryan Heckert
330.479.3958

Stark County
Medical Society

4942 Higbee Avenue NW, Suite L
Canton, OH 44718

Phone: 330.492.3333
Fax: 330.492.3347
E-mail: starkmedical@ameritech.net

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