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## **SUMMER NEWSLETTER**

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# On the Horizon

June 2010

As we prepare for summer there are certain rituals we all need to go through to experience a healthy and happy summer season. June 1<sup>st</sup> is the start of our hurricane season. The forecast is for numerous hurricanes. It only takes a "hit" by one storm to make it a busy season and we all know that "predictions are predictions". There are certain basics we all agree on.

- 1. You need a hurricane plan in advance. Will I stay in my home? Must I or will I leave? If I am leaving, how early do I need to leave to safely leave the area?
- 2. Do I have a plan for communicating with my loved ones and friends?
- 3. How will I prepare my home?
- 4. Will I need to enter a storm shelter or special needs shelter? If you will need a health related special needs shelter you need to apply and register in advance with the Division of Emergency Management at 561.712.6400. If there is special medical equipment using electrical power you must make arrangements in advance. The application will need to be completed by your physician and returned to the Division of Emergency Management. The Palm Beach County Health Department then decides if you are an appropriate resident and approves or denies the application request.
- 5. Do I have two weeks of medicine, food, water and supplies? Even if we count on a rapid government disaster response, we still need to be able to care for ourselves independently for several weeks.

As in the past, I will have my satellite phone (1.254.240.9301) and will be able to return calls periodically. This phone requires me to be physically outside to make a call, so I will call every few hours. I encourage you all to have on hand an old fashioned rotary phone or princess style phone. AT&T's low voltage power system usually lasts several days after our home power goes out. You should be able to make and receive calls on this type of phone. Our office phones will be forwarded to an out of state area. I should be able to retrieve phone messages and get calls on my cell phone as long as there is cell phone service and as long as my battery lasts. The office will reopen as soon as the Fire Marshall states the building is safe to reopen. In the past, the building has remained closed until electrical power has been restored and the building's fire alarm systems are functioning.

Hospital emergency departments will be open before and after the storm. The ER locks down and closes during a hurricane. The City of Boca Raton, Deerfield Beach and Palm Beach County Fire Rescue do not allow their ambulances on the road during the storms when the wind exceeds 35 MPH. Unless you have a life threatening situation (loss of consciousness, inability to breathe, chest discomfort, uncontrollable bleeding or intractable pain) you are best not going to the ER. Waits will be longer than usual and each ER has a triage protocol which dictates that the sickest patient is seen first. Each hospital has on site physicians to handle care of existing hospitalized patients but has limited ability to reach a doctor by

phone. In past years the hospital has sent a Boca Raton police officer out to find doctors if the hospital truly needs them.

My office staff and I will gladly answer any hurricane related questions you may have so, feel free to call, write, email us or discuss it during your scheduled visits.

Patients travel all over the world in the summer months.



I advise all patients to go to the Center for Disease Control Website (www.cdc.gov) and research the health and immunization recommendations for your vacation destinations. There is a direct link to that website on my website <a href="https://www.BocaConciergeDoc.com">www.BocaConciergeDoc.com</a>. If you need assistance obtaining this information please let us know in advance. All patients should be current on their tetanus shots (every 7 years) and should have a sufficient supply of their prescription medicines. We will provide you with a written copy of your medical records or place the data on a keychain USB Flash Drive if you ask us with advance notice. I

generally suggest that patients have a list of their prescription medicines and allergies, a copy of a current electrocardiogram and the contact phone numbers for their doctors with them when they travel. If you have a living will, or medical directive or, do not resuscitate document, please take a copy with you. You do not need a large number of medications. An over the counter antacid or anti diarrhea medication like Imodium, plus some Tylenol, is probably all you need. If you are in a foreign country and become ill it is always advisable to ask your hotel concierge for a suggestion of a physician. Speaking to US Personnel working at the U.S Consulate about who they use for a doctor is another way to find excellent care overseas. Many of the pre-trip vaccines and immunizations suggested are available in our office. Other less frequently used vaccines are available at the County Health Department or Passport Travel. Please call the office with any travel related questions.

#### **Heat Related Illness and the Summer Months**

This has been the warmest June in recorded history. Temperatures hover in the nineties with humidity well above 70% making the "Feels Like" temperature over 105 degrees Fahrenheit daily. This past weekend I treated two patients for heat related illness. The best defense against heat related illness is prevention. Here are some prevention tips:



- 1. Drink more fluids (non alcoholic and non caffeinated) regardless of your activity level. Do not wait until you are thirsty to drink.
- 2. Don't drink liquids that contain alcohol or large amounts of sugar. These drinks actually cause you to lose more body fluid.
- 3. Stay indoors and if at all possible in air conditioning. If your home does not have air conditioning, go to the local mall, library or market.
- 4. Wear lightweight, light colored, loose-fitting clothing.
- 5. Never leave any living thing in a closed parked vehicle.
- 6. Remember that some people are more susceptible to heat illness than others including infants and young children, people over 65 years of age, people with mental illness, and people with illnesses such as heart disease and high blood pressure.
- 7. Many medications increase your susceptibility to heat illness including diuretics and anticholinergic type medications. Ask your doctor if your medications pre-dispose you to heat illness.

If You Must Be Outside in the Heat:

- ✓ Limit your outdoor activity to early morning and evening hours.
- ✓ Reduce exercise intensity and duration. If you must exercise, drink two to four glasses of cool non-alcoholic fluids each hour. Cool water is fine.
- ✓ Try to rest often in shady areas.
- ✓ Protect yourself from the sun by wearing a wide-brimmed hat, sunglasses and sun screen with UVA/UVB protection.

If you are exerting yourself in the heat, and feel ill, stop and seek help. Go to a cool air conditioned area and start drinking cool water. There is a wide range of heat related disease from heat rash to heat cramps, heat exhaustion and finely heat stroke. It takes the human body about three weeks of conditioning to adjust to a rapid ten degree change in temperature. Even if you are extremely fit you are susceptible to heat illness if there is a dramatic change in temperature or if you are doing an activity you are not conditioned to do regularly. Call me if you have any concerns or questions or make an appointment to talk about it.

### **Medicare Deductibles and Co- payments**

Federal law requires that patients with Medicare as their primary health insurance policy pay an annual deductible. This year it is \$155 per person. If your physician fails to collect the deductible, the physician may be subject to a \$10,000 fine per incident. Many of you have a secondary co-insurance policy to supplement your Medicare policy. Some of these policies pay the annual deductible. If you have indicated that your secondary Medicare supplemental co- insurance policy pays your annual Medicare deductible we have noted that and bill them for your annual deductible. The billing is done electronically. If Medicare receives the claim they automatically send it to your supplemental secondary co-insurance plan. When we receive a Medicare Explanation of Medical Benefits (EOMB) and it shows that the claim is "clean" (it is accurate and correct), they automatically forward it to your supplemental co-insurance carrier. We receive electronic confirmation that your insurer has received the claim!

Your insurer is obligated by law to pay that claim and pay your deductible. Our office gives them six weeks to pay the claim. If it is not paid we then go to the expense of re-filing the claim. We give them another six weeks to pay the claim. If at that point they have not paid the claim we transfer the responsibility for payment to you the patient directly. When we do this and send you a bill, or ask for payment at the time of a visit, many of you become extremely upset with my practice and staff. As a result we have experienced the following.

- Patients refusing to pay the bill.
- Accusations against the billing staff and office staff of not knowing what they are doing.
- Disparaging remarks to our staff after a patient calls the insurance company and are told "we never received the claim"

To be clear, <u>before</u> we transfer a deductible bill to the patient responsibility category <u>we have</u> documentation that your insurer has received the claim, that it is an accurate claim and it has been refiled at least once. At that point it is YOUR responsibility to pay the bill.

Federal law requires the Medicare patient to pay 20% of what Medicare allows for the medical and surgical services you have received. If Medicare says the visit is worth \$80 then Medicare pays \$64 and expects you the patient to pay the balance of \$16. Most of you purchase a Medicare Secondary Supplemental policy to cover this 20% balance. When you are seen for a medical visit we electronically bill Medicare for the cost of the visit. Medicare receives the claim and electronically sends the bill for the 20% to your supplemental carrier. We receive electronic confirmation of this.

In many instances your insurer is not paying the 20%. They are holding on to the money and benefitting from the interest. Their customer service departments are instructed to tell the patient and physicians offices that they have not received the claim even though we have electronic confirmation that they have received it. It is all part of a corporate strategy to hold on to the funds as long as possible. If we do not receive payment in 8 weeks, we re-file the claim at our expense. If they do not pay in another 8 weeks we transfer the bill to the patient. Medicare law requires us to collect the 20% or face a fine of up to \$10,000 per claim. If we approach the patient about paying the bill it is only after billing your insurer with a clean and accurate claim at least twice.

PAYMENT RECORD

It is your responsibility to pay the bill. We will assist you in trying to obtain reimbursement from your secondary insurer if you ask us to. In many cases we are losing money re-filing the claim to collect small amounts that have been billed and re-billed multiple times.

I have noticed a new wrinkle in secondary insurance. In exchange for a lower premium cost, some insurers are now charging a deductible and only paying a portion of the 20% that Medicare allows and says is the patients' responsibility to pay. For example, if Medicare allows \$80 for a visit and pays only \$64 (80 % of \$80), the co insurance is supposed to pay \$16. These reduced premium secondary insurers will only pay \$6 leaving the patient responsible for paying the \$10 balance. As we identify individuals with this type of policy, we will be collecting that \$10 at the time of your visit.

I have delivered on my promise to all of you which I made in 2004 when I started this concierge practice, to keep the annual membership fee constant at \$1800 for five years. To do this in today's economy requires being efficient and cost effective without unnecessarily raising our cost of doing business. While every other expense in the nation has gone up we have kept our membership fee the same. We can only do this with your cooperation and understanding.

When we approach you about a bill that your insurer has not paid, it is usually not due to a billing error. This past January we changed billing companies to insure better service for the patients and the doctor. If you have questions about bills please call the office. If Judi Stanich cannot answer the question we will have our billing expert Julie Raia call you and answer your questions. I additionally work with Lorraine Molinari Associates on questions involving Medicare. Ms. Molinari helped Medicare develop its billing system and its review and audit procedures. She now lives and works in Florida and provides consulting expertise for physicians regarding Medicare. I need your help to make sure the billing is accurate and fair and collected in a professional manner in a timely fashion.

A few memberships are available. If you are pleased with the practice, please tell your friends about us. Interested parties are invited to schedule a complimentary visit with the doctor to view the practice, especially those tired of being lost in the medical shuffle.

To set an appointment, please contact my practice at:

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Be sure to visit my web site at www.BocaConcierge Doc.com

Contracts for Dr. Reznick's patients previously assigned to University Medical Associates, LLC have been reassigned to Steven Reznick, M.D., FACP, PA. <u>Members will need to execute a new membership contract</u> with S. Reznick M.D., FACP, PA to conform to the new healthcare regulations.



Lastly, I wish you all a safe, healthy and enjoyable summer. The staff joins me in looking forward to seeing each of you in the near future. Look for the fall newsletter when we talk about flu shots, which anti-inflammatory medications are heart friendly, balance control and copper deficiency. Have a great summer!

Steven E. Reznick, M.D., FACP, PA is a concierge medical practice that provides gracious service in a comfortable and private office setting while administering 21<sup>st</sup> century care and technology with old fashioned attention and concern.