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Disability Can Impact More Than Your Health

by Jo Anne M. Zboyan, JD and Linda Siderius, JD

Jo Anne M. Zboyan, JD, of Springer & Steinberg, PC, and Linda Siderius, JD, of McConnell, Siderius, Fleischner, Houghtaling & Craigmile, LLC, recently spoke at the DMS Young Physicians dinner. Their message was well received and is of great importance to all professional people.

What happens when a physician becomes disabled and is no longer able to practice medicine, either temporarily or permanently? What steps does the physician need to take to assure that his or her ability to earn income is maintained, his or her medical license is protected, and other practice considerations are dealt with during this stressful time? If an accident or a debilitating illness occurs are you prepared to deal with the consequences?

While none of us like to consider the possibility of a disabling condition, about 30% of all people ages 35 to 65 suffer a disability for at least 90 days, and one in seven becomes disabled for more than five years. Getting guidance before purchasing a disability policy can be as useful, and as necessary, as getting assistance after a policy is in place and a claim is prepared.

One of the first issues to arise is whether the physician has the ability to maintain income, during the period of disability. Aside from savings and investments, obtaining, maintaining, and being knowledgeable about disability policies--whether group or individual--is an important step in safeguarding your financial viability, in case of disability. Individual disability policies typically provide approximately 60% of replacement income. Purchasing the best individual disability income policy you can afford, with the assistance of financial and/or legal advisers, will help to protect your income stream in the event of disability.

Disability policies are generally substantially less expensive the younger the applicant. Moreover, purchasing disability policies prior to onset of any pre-existing conditions will not only assist in reducing premium structure, but, also, in obtaining underwriting approval for disability policies with more beneficial terms.

Disability insurers, like many other insurers and financial groups, assert diminished revenues relating to increased claims over the last decade or more. As the numbers of disability claims rise, insurers accelerate scrutiny of claims and claimants, as well as limiting availability of disability products in the marketplace. Procuring the most appropriate disability policy at a price you can afford, requires time, understanding and research.

Understand What You Are Buying

Various policy issues are important to review and understand prior to obtaining individual disability coverage. A non-cancellable, true “own occupation” policy will help to replace income lost from your inability to practice your occupation at the time that the disability commences. A wide variety of additional policy riders, limitations, exclusions and other conditions are also

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available. You should be aware of these, prior to purchasing and/or making claim on your disability policy.

If you practice as part of a group or in a university setting, you may also have a group disability policy available to you. Generally, group coverage will be far less favorable, both in amount and duration, than individual policies. It is useful to obtain individual coverage prior to placing group coverage so you can avoid any reduction in available individual disability (own occupation), for which you may qualify. In recent years, substantial limitations for mental and substance abuse issues as well as criminal matters have become more prevalent in policies and more aggressively utilized by insurers in an attempt to limit availability of disability coverage for physicians with these issues. Further, many policies currently available provide coverage only until ages 65 or 67 (as opposed to lifetime), and may be issued with specific riders precluding coverage for any existing conditions (such as cardiac, orthopedic, neurologic, mental health or substance abuse issues).

Some insurers offer guaranteed minimal coverage for medical residents and fellows in their last year. Be wary, however, of simply obtaining this coverage without evaluating its effect, not only for you individually should you become disabled, but in considering other coverages your practice has, or may wish to purchase.

Remember, like most other things, you often get what you pay for. Investigating a disability insurer's financial strength and ratings, current product selection and specimen policy language as well as its claims handling experience and history prior to purchase, can save time, money, distress and financial vulnerability, should a disability occur.

Protect Your License and Your Practice

If you are an owner of a practice, business overhead insurance may be a viable safeguard to assist in payment of rent, employees' salaries and benefits, utilities, taxes, professional fees, malpractice premiums, office supplies and the like in keeping your office up and running for a period of six to eighteen months,

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Disability Awareness "Quick Quiz"

from the Council for Disability Awareness

	True	False
1. Three in 10 workers entering the work force today will become disabled before retiring.	☐	☐
2. Most disabling injuries occur on the job.	☐	☐
3. Working men are more likely to become disabled than working women.	☐	☐
4. Most working families in America live paycheck to paycheck.	☐	☐
5. An illness or accident will keep 1 in 5 workers out of work for a year sometime during their working career.	☐	☐
6. Most Americans don't have enough savings to meet short-term emergencies.	☐	☐
7. More mortgage foreclosures are caused by premature death than disability.	☐	☐
8. Most workers receiving Social Security disability benefits are over 55 years old.	☐	☐
9. Employers may continue to contribute to disabled employees' 401K plans even if they are not earning an income.	☐	☐
10. Most workers today have discussed how they would financially handle a period of disability.	☐	☐

Find the answers on page 4.

***Denver Medical Bulletin**: Nora E. Morgenstern, MD, DMS President and Publisher / Johnny E. Johnson, Jr., MD, Chair of the Board / Randall M. Clark, MD, President Elect / Michael B. Keller, MD, Treasurer / Kathy Lindquist-Kleissler, Executive Director / Barbara Kamerling, Program Director. The **Bulletin** is the official publication of the Denver Medical Society, established April 11, 1871, as the first medical society in the Rocky Mountain West. Published articles represent the opinions of the authors and do not necessarily represent the official policy of the Denver Medical Society. All correspondence concerning editorial content, news items, advertising and subscriptions should be sent to: The Editor, **Denver Medical Bulletin**, 1850 Williams Street, Denver, CO 80218. Phone (303) 377-1850. Fax (303) 331-9839. Web www.denvermedsociety.org. Email: dms@denvermedsociety.org. Postmaster: Send address changes to 1850 Williams Street.*

PQRI Incentive Payments Coming

The Centers for Medicare and Medicaid Services (CMS) recently announced the distribution of Physician Quality Reporting Initiative (PQRI) incentive payments for eligible physicians and group practices for 2007. The average incentive amount for individual professionals was over $600 and average incentive payment for group practices was over $4700. The largest payment to a group practice totaled over $205,700.

More than $36M in bonus payments will be made to more than 56,700 eligible PQRI participants who satisfactorily reported quality information to Medicare in 2007.

Physicians in practices eligible for these bonus payments should have received an electronic distribution in August based on their tax ID number (TIN). All eligible professionals who participated in the 2007 PQRI program, whether they were able to successfully complete reporting requirements or not, are able to access feedback reports from CMS, which include information on reporting rates, clinical performance, and incentives earned by individual professionals, and summary information on reporting success and incentives earned at the practice (TIN) level. Claim level detail will not be provided in these reports.

In order to access the feedback reports individuals and organizations must register at www.cms.hhs.gov/MMAHelp/07_IACS.asp. This will allow access into the CMS Individuals Authorized Access to CMS Computer Services system. Questions regarding registration or access to this site can be addressed to the External User Service at 866-484-8049. Questions relating to the 2007 PQRI reports regarding quality measures or discrepancies in the reports, should be addressed to the QualityNet Health Desk at 866-288-8912 or qnetsupport@ifmc.sdps.org.

The AMA is working with CMS to attempt to glean additional information from the 2007 data set to help improve physician quality measure design and to conduct a more detailed review in order to better understand possible barriers and stimuli to physician reporting. Some physicians who believed they may be entitled to a bonus payment under the 2007 program may not receive one because of incomplete or inaccurate reporting. Some potential reasons why a 2007 PQRI payment may not be received include:

- Participating Medicare eligible professionals did not submit all of their claims to their Carrier or A/B MAC by February 29, 2008.
- A physician was found by the Measure Applicability Validation Process (MAV) to have been eligible to report on three or more measures, but only reported on one or two.
- If not eligible to report on three quality measures, the professional did not report on the one or two applicable measures at least 80 percent of the time.
- A professional did not report on three applicable measures at least 80 percent of the time during the reporting period.
- 2007 PQRI incentive payments are subject to a cap, which reduces the 1.5 percent bonus payment if physicians reported only relatively few measures or failed to report on at least three applicable measures 80 percent of the time during the reporting period. According to CMS, the cap only applied to 700 professionals participating in the 2007 PQRI..

For additional information or resources you can visit the CMS PQRI website at www.cms.hhs.gov/pqri or the PQRI Portal User Guide at www.qualitynet.org/pqri.

Tamper Resistant Prescriptions: *New October Deadline*

Effective October 1, 2008, all written, non-electronic prescriptions for Medicaid outpatient drugs must contain at least three tamper-resistant features in order to be reimbursable. This is the second and final phase of implementation of the tamper-resistant prescription requirements introduced on April 1, 2008, that had required impacted prescriptions to contain at least one of three baseline requirements during the sixth month phase-in.

As of October 1, the required three tamper-resistant features must contain one from each of the three baseline characteristics outlined in guidance initially issued by CMS in August, 2007. Baseline characteristics must: (1) prevent unauthorized copying of a completed or blank prescription form; (2) prevent the eraser or modification of information written on the prescription by the prescriber; or (3) prevent the use of counterfeit prescription forms.

Additional information about the implementation of these requirements under the Colorado Medicaid program, including a vendor list for tamper-resistant prescription pads, can be found at www.chcpf.state.co.us/HCPF/pharmacy/nwTMP.asp.

Disability Impacts

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while your disability is evaluated and/or treated.

It is absolutely critical to take proactive steps to protect your license to practice medicine during this time period. This may mean seeking help by engaging in treatment and monitoring through the Colorado Physicians' Health program. Under certain circumstances, it may mean reporting to the Colorado Board of Medical Examiners.

Practice considerations are equally important. Make sure that there are up-to-date and current documents that govern your partnership relationships or employment relationships. It is important that those relationships and the documents spell out clearly what happens in the event of a disability. It is important to review these relationships on a regular basis to make sure that everyone is on the same page. Other practice considerations may need to be evaluated as well – such as potential malpractice issues, DEA registration, and third party payor contracts to name a few.

Hospital bylaws that govern your medical staff memberships and clinical privileges may require that you report a disability to the medical leadership or seek a medical leave of absence if appropriate. You need to be familiar with the requirements so that you do not find yourself out of compliance.

Family support networks are critical during trying times. A disability, loss of income, potential loss of your medical license, and other consequences can add additional strain to an already difficult situation. Divorce or separation is not uncommon during these times. This can create a cycle of financial strain and emotional stress that contribute again to practice and disability issues.

There are steps physicians can take to be prepared. Certainly an up-to-date, current disability policy is one way. Being knowledgeable about your legal and ethical obligations as a physician is another. Taking care of your own health and well being is a critical piece of preventing a disaster. Being proactive and current with your practice is another. Seeking legal advice is also important to make sure that the necessary legal framework is in place and is current. Seeking ongoing legal advice during the disability is also important to make sure that your license and practice are protected as much as possible.

For more information you may contact Ms. Zboyan by phone at (303) 861-2800 or you may reach her online at www.springer-and-steinberg.com. Ms. Siderius may be contacted at (303) 480-0400 or at her firm's website—www.msfhc.com.

Disability Awareness "Quick Quiz" Answers

1. Three in 10 workers entering the work force today will become disabled before retiring.

   TRUE—*Social Security Administration, Fact Sheet, January 13, 2007*

2. Most disabling injuries occur on the job.

   FALSE—Over 90% of disabling accidents and illnesses are not work related. *National Safety Council, Injury Facts 2004 ed.*

3. Working men are more likely to become disabled than working women.

   FALSE—Among workers with disabilities in the U.S., 52% are women. *Cornell University 2005 Disability Status Report*

4. Most working families in America live paycheck to paycheck.

   TRUE—*Parade Magazine, Is the American Dream Still Possible? April 23, 2006*

5. An illness or accident will keep 1 in 5 workers out of work for a year sometime during their working career.

   TRUE—*US Census Bureau, December 1997*

6. Most Americans don't have enough savings to meet short-term emergencies.

   TRUE—*2004 National Investment Watch Survey*

7. More mortgage foreclosures are caused by premature death than disability.

   FALSE—Disability causes nearly 50% of all mortgage foreclosures, premature death causes 2%. *Health Affairs, the Policy Journal of the Health Sphere, 2 February 2005*

8. Most workers receiving Social Security disability benefits are over 55 years old.

   FALSE—56% of workers receiving Social Security disability benefits are under 55. The average age is 52.

   Social Security Administration 2007 Annual Statistical Report

9. Employers may continue to contribute to disabled employees' 401K plans even if they are not earning an income.

   FALSE—401K contributions must come from earned income. *Internal Revenue Service*

10. Most workers today have discussed how they would financially handle a period of disability.

    FALSE—Nearly 60% of workers have not discussed how they would handle or manage an income-limiting disability. *CDA 2007 Disability Awareness Survey*

Disability Awareness "Quick Quiz" is taken from the Council for Disability Awareness website. More information can be obtained from www.disabilitycanhappen.org.

The New BME Physician Disclosure Requirements
(the "Michael Skolnick Medical Transparency Act")

With the passage of HB07-1331, known as the Michael Skolnick Medical Transparency Act, the Board of Medical Examiners (BME) began implementing the requirements of the Act in January 2008 for those applying for an initial license. It requires an extensive amount of information about you, which will be posted on the BME's website and available to health care consumers. Physicians who held an active license prior to January 2, 2008, will be required to comply with the Act as part of the next license renewal in May 2009. You are urged to attend this meeting to assure your ability to gather the relevant information early, so that your license renewal will not be delayed.

WHEN:	WEDNESDAY, Sept. 24, 2008 12:00 – 1:30 PM	OR	THURSDAY, Sept. 25, 2008 12:15 – 1:45 PM
WHERE:	Rose Medical Center Auditorium 4567 E. 9th Avenue, Denver		P/SL Medical Center Colorado North Room 1719 E 19th Avenue, Denver

(A catered lunch will be provided at both meetings.)

WHO: Nicholas Ghiselli, JD, In-house Counsel for COPIC Companies.

All COPIC physicians attending will earn 1 ERS point. Physicians may bring a staff member; however, a staff member attending will not qualify physicians for the ERS point.

RSVP to the Denver Medical Society by calling 303-377-1850 or emailing dms@denvermedsociety.org.
RSVP deadline: September 19th.

Denver Medical Society
CLINICAL TOPICS DINNER

Latest Trends in In-Office Ob/Gyn Procedures

Presented by Samantha Patwardhan, MD

Tuesday, September 23, 2008
6:00 p.m. registration and cocktails
6:30 p.m. dinner and presentation

Piatti Locali Restaurant
190 St. Paul Street

- Hysteroscopic Sterilization and other current contraceptive options
- Endometrial Ablation and other current treatments for menorrhagia
- Benefits to patient and physician

Please RSVP to DMS by September 18. Phone (303) 377-1850
or email dms@denvermedsociety.org.

This program is being sponsored by ESSURE.
Attendance at this educational program is limited to healthcare professionals.

Center for Global Health Launches New Conference

The Center for Global Health (CGH) at the University of Colorado Denver focuses on improving health and healthcare in communities around the world. The director of the Center is Calvin L. Wilson, MD, of the UCDHSC Department of Family Medicine. Other administrative staff includes faculty members from the School of Medicine and the Business School.

CGH serves as an umbrella organization for global health activities at the UCDHSC and works to increase awareness of global health issues as well as conducting research and providing training to global health workers. The Center focuses on projects supporting the education of faculty, students and the community both in Colorado and in the developing world. Curriculum and activities related to global health issues are supported by CGH in several schools and programs within the University of Colorado. Currently, there is a four-year global health track offered by the School of Medicine and an International Health Management and Policy Track within the College of Business Health Administration program.

CGH will be hosting the first Annual Perspectives in Global Health Conference at the University of Colorado Denver on Friday, October 17, 2008. The Center for Global Health welcomes and encourages involvement by Colorado physicians through participation in their global activities and educational programs as well as serving as a mentor for medical students in the Global Health Program at the School of Medicine. Currently, there are 45 first year students interested in participating in global health activities. Physicians are also welcome to contribute to CGH activities, which include scholarships for students working on international projects, financial aid for resident electives in developing countries, and funding for the CGH annual lecture series. Visit globalhealth.ucdenver.edu for more information on the Center for Global Health and their many activities.

CLASSIFIED ADS

Medical Office Space Available

LONE TREE MEDICAL PLAZA. Buy or Lease. New construction. Various sizes available. Amenities include: Signage, Covered Parking, Covered Patient Drop-Off and more. Contact Jan Friedlander, CCIM at (303) 885-9200 or janfriedlander@comcast.net.

SOUTHLANDS AREA. Space available for medical/dental professionals in Southlands area: Available summer 2009. Building ownership, next to schools. Biggest growth potential in the Denver area. Please direct all questions to Alisa at ammswo@hotmail.com or (720) 217-1944.

Medical LEAN Institute

Denver Health—University of Denver
Simpler Healthcare™

A Prescription for Health Care

Using LEAN to Diagnose and Eliminate Waste in Health Care

October 20-24, 2008
Denver, Colorado

Location: Denver Health Campus with a visit to the University of Denver campus for an Iron Chef competition

Fee: $3,500 per participant or $3,000 each for four or more participants from the same organization, or University of Denver alumni

Credits: CEUs and CMEs will be granted to all participants. Graduate level credit may be available for an additional fee.

Denver Health has partnered with Simpler Healthcare™ and the University of Denver Daniels College of Business to establish the Medical LEAN Institute where hospital and health care professionals can learn the value of LEAN methods and practices as they relate to cost, quality, safety, and patient and employee satisfaction.

This five-day, hands-on workshop for leaders in hospital adminstration, nursing, and quality improvement, as well as physicians, is a unique opportunity to interact with, and learn from experts, and participate in real-time waste reduction exercises that have saved Denver Health millions of dollars while improving quality.

Register at www.regonline.com/LEANOct