

*“Not for ourselves do we labor”*

# Vermont Medical Society 2007 Annual Report



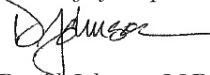
## VERMONT NAMED HEALTHIEST STATE IN THE NATION



The United Health Foundation, in its 2007 America's Health Rankings report, named Vermont as the healthiest state in the nation.

It is the first time Vermont has captured the top honor. The state has risen steadily in the rankings, from 16th in 1990 and 8th in 2001.

*"Vermont's new designation as the healthiest state in the country is a direct reflection of the quality of its physicians. Despite reimbursement levels lower than other states, you have worked tirelessly to improve the health of your patients."*

  
David Johnson, M.D.

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**Dear Member of the Vermont Medical Society:**



We had a busy and productive year in 2007, with our advocacy efforts attaining several gains. The state of Vermont also made advancements in improving the quality of health care for Vermonters. I'd like to highlight two achievements that occurred in 2007.

- The Vermont General Assembly passed a law that protects the prescribing information privacy of Vermont's physicians. Under this new law, physicians must give permission before their prescribing information can be used by pharmaceutical companies for marketing purposes.
- The United Health Foundation, in its 2007 America's Health Rankings report, named Vermont as the healthiest state in the nation. It is the first time Vermont has captured the top honor. The state has risen steadily in the rankings, from 16th in 1990 and 8th in 2001.

The prescriber privacy law, a direct result of the VMS working with the General Assembly, will help counteract pharmaceutical company marketing tactics aimed at increasing the use of expensive brand name medications.

Vermont's new designation as the healthiest state in the country is a direct reflection of the quality of its physicians. Despite reimbursement levels lower than other states, you have worked tirelessly to improve the health of your patients.

Cutting-edge privacy legislation and top honors from a highly-respected organization are two tough acts to follow. But as we outline in this report, in 2008 we can do even more. I hope you will join me as we continue to work together for the benefit of all Vermonters.

Sincerely,

A handwritten signature in black ink, appearing to read "D. Johnson".

David Johnson, M.D.  
VMS President 2006-2007

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## VMS Leadership



**S. Glen Neale, M.D., President - Elect**

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Dr. Neale is an orthopaedic surgeon on the medical staff at Copley Hospital in Morrisville. He received his medical degree in 1985 from the University of Vermont College of Medicine, and did his internship at the Maine Medical Center. He did his residency at the Medical Center Hospital of Vermont in Burlington.

Dr. Neale is on the board of councilors of the American Academy of Orthopaedic Surgeons and is a trained peer counselor for AAOS members involved in medical liability litigation. Dr. Neale is a clinical assistant professor in orthopaedic rehabilitation at the University of Vermont College of Medicine.



**John Brumsted, M.D., Vice President**

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Dr. Brumsted is the chief quality officer at Fletcher Allen Health Care in Burlington, and the senior associate dean for clinical affairs at the UVM College of Medicine.

Dr. Brumsted received his medical degree from the Dartmouth Medical School in 1978. His internship was at Hartford Hospital in Hartford, Conn., and his residency was at the UVM College of Medicine Department of Obstetrics and Gynecology. He did a fellowship in reproductive endocrinology at the UVM College of Medicine. He was the chief medical officer at Fletcher Allen Health Care from 1998 until 2005, and was FAHC's interim chief executive officer from 1997 to 1998. Dr. Brumsted has also served as the medical director of The Vermont Health Plan and Vermont Managed Care.



**Robert Tortolani, M.D., Vice President**

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Dr. Tortolani is a family practice physician in Brattleboro who has been practicing since 1973. He earned his medical degree from the University of Rochester in 1967, and did his residency in family practice at the Medical Center Hospital of Vermont. He is board certified in family practice and geriatric medicine. He has been an instructor at the University of Vermont College of Medicine, the Dartmouth Medical School, and the University of Massachusetts.

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**John Mazuzan, M.D., Treasurer**

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After graduating from the University of Vermont College of Medicine in 1954, Dr. Mazuzan did his internship at the Mary Fletcher Hospital in Burlington, and his residency at Massachusetts General Hospital. He returned to Burlington in August 1959, and practiced anesthesiology in Burlington area hospitals until retiring in 1996.

Dr. Mazuzan has served as the chairman of the University of Vermont Department of Anesthesia, and was a member of the Vermont Board of Medical Practice for eight years. He served on the state Board of Health for 20 years.

Dr. Mazuzan has been a VMS member since 1961 and has been the society's treasurer since 2002. He received the VMS Distinguished Service Award in 1976, and the Founders Award in 1999.



**David Johnson, M.D., Immediate Past President**

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Dr. Johnson is an anesthesiologist at Fletcher Allen Health Care in Burlington, and is an associate professor of medicine at the University of Vermont College of Medicine.

He received his medical degree from the Medical College of Wisconsin in 1976, and did his residency in anesthesiology at the Medical Center Hospital of Vermont from 1976 to 1979. Dr. Johnson completed a fellowship in cardiac anesthesia at Massachusetts General Hospital in 1983. He has practiced at Fletcher Allen Health Care since 1979.

Dr. Johnson is a member of the Admissions Committee at the University of Vermont College of Medicine, and is chairman of the Vermont Medical Society's Physician Policy Council. He served as the president of the Vermont-New Hampshire chapter of the Society of Anesthesia from 1990 to 1992.

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## VMS Staff



**Paul Harrington, Executive Vice President**

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Executive Vice President Paul Harrington has worked at the VMS since April 2002. Previously, Paul was the majority health policy director for the U.S. Senate Committee on Health, Education, Labor and Pensions under the chairmanship of Senator James M. Jeffords. He has also served as deputy commissioner of the Vermont Department of Labor and Industry, a board member of the Vermont Health Care Authority, and as the chair of the Commerce Committee in the Vermont House of Representatives, where he served three terms.

In addition to his duties at the VMS, Paul is the treasurer of Vermont Information Technology Leaders, Inc.; he is on the executive committee of the Governor's Vermont Chronic Care Initiative; he is a board member of the Vermont Program for Quality in Health Care; and is on the AMA's State Technical Advisory Team. Paul is a graduate of the University of Vermont.



**Madeleine Mongan, Vice President for Policy**

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Vice President for Policy Madeleine Mongan has been at the VMS since January 1996. She works with the Vermont Legislature, state agencies and insurers on health care policy and provides education and technical assistance to Vermont physicians on legal issues. As an attorney, her practice addresses a range of health law issues including confidentiality, licensing, managed care, scope of practice, liability reform, public health, contracting, and fraud and abuse.

Madeleine is a member of the the Vermont Bar Association, and co-chairs the Vermont Bar Association Health Law Committee. She represents Vermont physicians on the Medicaid Advisory Board, the Area Health Education Centers Advisory Board, and the Vermont Health Resource Allocation Plan Board. Madeleine received her B.A. from the University of Delaware, M.A. from Stanford University, and J.D. from the University of California at Davis.



**Stephanie Winters, Office and Membership Coordinator**

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Office and Membership Coordinator Stephanie Winters has worked at the VMS for ten years. She serves as the executive director of the Vermont Chapter of the American Academy of Pediatrics, and the executive director of the Vermont Orthopaedic Society. Stephanie attended Champlain College in Burlington. Stephanie was born and raised in Central Vermont and lives in Williamstown with her husband Terry.

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**Colleen Magne, Business Manager**

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Business Manager Colleen Magne has worked at the VMS since September 2005. She is also the program administrator for the Vermont Practitioner Health Program. Previously she was employed by Blue Cross and Blue Shield of Vermont for almost 12 years. Her positions there included customer service, nongroup sales, account representative, and senior account representative.

Colleen lives in Middlesex with her husband David and, 15-year-old son Nathan. Colleen attended Trinity College of Vermont in Burlington. She enjoys living and working in the Montpelier area, as well as attending sporting events at Union 32 High School in East Montpelier.



**Valerie Lewis, Communications Director**

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Communications Director Valerie Lewis joined the VMS in December 2007, after a 23-year career working in locations around the world for EDS. Her most recent assignment was as Manager of Provider Relations for the Vermont Medicaid program account. Valerie has experience in advocacy at both the federal and state levels, and is already a familiar face around the Vermont Statehouse. Valerie also serves as the executive director of the Vermont Psychiatric Association, and the staff liaison for the Vermont Chapter of the American College of Physicians.

Valerie is a native of Montpelier and a graduate of the University of Vermont. She serves on the local Board of Directors of Habitat for Humanity, and works as a volunteer for the Vermont Mountaineers and the Vermont Frost Heaves.



**David Simmons, M.D., VPHP Medical Director**

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Dr. Simmons received his medical degree from the Tulane University School of Medicine in New Orleans, La. He did both his internship and residency in internal medicine at the Tulane Affiliated Hospitals in New Orleans. From 1981 until 1986, Dr. Simmons was the medical director of the Sunrise Community Health Center in Greeley, Colo. He moved to Maine in 1986, and since then he has practiced general internal medicine in the town of Calais.

In 2002, Dr. Simmons was named the clinical director of the Maine Physician Health Program, run by the Maine Medical Association. He will remain in that position, while also serving as the medical director of the Vermont Practitioner Health Program.

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## What We Advocated For In 2007

The Vermont Medical Society is the only organization advocating full-time on the behalf of Vermont’s physicians. The VMS represents the interests of more than 1,800 physicians, residents, and medical students before the state and federal governments. During 2007, the VMS provided an effective voice for its member physicians on these issues:



- **Sustainable Growth Rate (SGR) Repeal:** Due to this flawed formula, Medicare physician payments were due to be cut by 10.1 percent in 2008. The VMS actively lobbied Vermont’s congressional delegation, and working with other physician groups, to stop these cuts and repeal the formula, in favor of a fairer way to reimburse physicians. In late December, Congress passed legislation providing for a 0.5 percent through June 30, 2008.

During the next six months, the VMS will continue to work with the AMA and other state and specialty societies to strongly urge Congress to break the tradition of short-term interventions and to develop a long-term path for replacing the flawed sustainable growth rate (SGR) payment formula that is a barrier to improving quality and access to care for seniors.

- **Geographic Practice Cost Indices (GPCI) Reform:** The VMS successfully advocated for the reauthorization of the 1.0 floor in the GPCI work component of RBRVS that expires on December 31, 2007. The 1.0 work floor has resulted in a 1.8 percent annual increase in Medicare reimbursement for Vermont physicians.

- **Tamper-Resistant Prescription Pads for Medicaid:** The VMS informed physicians regarding the new federal requirement for the use of tamper-resistant prescription pads for Medicaid outpatient drugs and worked with national organizations to delay its implementation from October 1, 2007 to April 1, 2008.

- **Catamount Health Plan:** The VMS advocated that Catamount Health be available through private insurers in order to avoid it becoming a further expansion of the Medicaid program. The VMS also successfully worked to ensure that physician reimbursement under Catamount includes an annual cost of living increase based on the Medicare Economic Index (see article on page 13).

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- **Medical Home Demonstration Project:** The VMS successfully advocated for the establishment of pilot projects for the early implementation of the Blueprint programs. These include a medical home project, chronic care payment reform project, and community-based care coordination team development project.
- **State Employees’ Health Plan Survey:** The VMS successfully advocated that the secretary of administration submit an annual report on the results of provider satisfaction assessments. These assessments are regarding whether CIGNA has entered into agreements designed to effectively and efficiently compensate physicians to deliver services in a manner consistent with the Blueprint for Health principles.
- **Vermont Pay for Performance:** VMS staff continues to work to ensure that the primary goal of any pay-for-performance program must be to promote quality patient care that is safe and effective, rather than to achieve monetary savings. The VMS is also advocating that programs must finance bonus payments based on specified performance measures with supplemental funds.
- **Prescriber Privacy:** The VMS successfully advocated for a prescriber privacy provision in Vermont law, which requires that physicians must give permission before their prescribing information can be used by pharmaceutical companies for marketing purposes.
- **Academic Detailing and Generic Sample Vouchers:** The VMS successfully advocated for the creation and funding of an “academic detailing” or evidence-based prescription drug education program and a generic sample voucher pilot project.
- **Workers’ Compensation Medical Fee Schedule:** The VMS successfully advocated for the implementation of a new workers’ compensation fee schedule that increased physician reimbursement in three phases from an average rate of 120% of Medicare to an average rate of 160% of Medicare. The first two increases became effective on Jan. 1, 2007 and October 1, 2007. The third increase is scheduled for January 1, 2008.
- **Medicaid Reimbursement:** The VMS was successful in obtaining increases in Medicaid reimbursement for physicians to begin addressing the adverse impacts of low Medicaid reimbursement on access and the cost shift. As of July of 2007, Medicaid reimbursement for all evaluation and management codes was increased to the Medicare level. VMS will continue to work to raise reimbursement for other codes to the Medicare reimbursement level.

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- **Loan Repayment:** The VMS has been successful in its advocacy to increase funding for loan repayment over a two-year period from \$250,000 to \$700,000 for family practitioners, general internists, pediatricians, obstetrician-gynecologists, and psychiatrists.
- **Advance Directives:** VMS staff collaborated with the Vermont Department of Health and other organizations on rules to implement the Vermont advance directive law, the advance directive registry, and clinician orders for life sustaining treatment (COLST). VMS has developed a frequently asked questions document about advance directives, COLST, and the registry which is available on the VMS website.
- **State Medical Liability Reform:** The VMS was successful in having legislation introduced in the Vermont General Assembly that would establish pre-trial screening panels modeled on Maine’s successful program. In February, VMS witnesses testified in support of the bill before the Senate Judiciary Committee.
- **Death with Dignity/Physician-Assisted Suicide:** Once again, in 2007, VMS presented to legislators the society’s position in opposition to legislation concerning physician-assisted suicide that was developed in 2003. After additional discussion and debate, a bill failed to pass the House of Representatives.
- **Prescription Monitoring Program (PMP):** The VMS worked with the Vermont Department of Health to implement the law authorizing a prescription monitoring program for Schedule II, III and IV controlled substances, designed to address an alarming increase in abuse and diversion of prescribed controlled substances
- **Physical Therapy Scope of Practice Changes:** The VMS and the Vermont Orthopedic Society are working to ensure that proposed changes to the scope of practice law for physical therapists are consistent with their training and education and that the law adequately addresses supervision and legal liability for physical therapy assistants.
- **Lead Screening:** The VMS and the Vermont Chapter of the American Academy of Pediatrics are working with the Department of Health to ensure that a lead screening program for one- and two-year olds will not burden physician practices and to ensure that the finger stick will be adequately reimbursed.

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**VMS Helps to Secure Increase in BCBSVT and MVP Physician Reimbursement Under Catamount Health**

- In January 2008, Catamount Health's physician fee schedule will be 114.33% of 2006 Medicare, instead of 110% of the 2006 Medicare fee schedule initially proposed by BCBSVT and MVP.

The VMS indicated to BISHCA that “the legislative intent of 8 V.S.A. § 4080f(f) was to provide for an annual increase in the health care professional fee schedule, based on MEI effective January 1, consistent with Medicare policy. This is not the update policy that MVP and BCBSVT are following and I request that your department direct MVP and BCBSVT to revise their fee schedules in a manner consistent with 8 V.S.A. § 4080f(f).”

Deputy Commissioner Oliver ordered BCBSVT and MVP to revise their Catamount Health provider fee schedule in January 2008 to account for the 2007 and 2008 MEI, which will result in a 4.33% increase in their Catamount Health fee schedules. Additionally, the fee schedules should be increased by the appropriate MEI on January 1 of each following year.

**Vermont is The Healthiest State in the Nation**

- Vermont is the healthiest state in the nation, according to the 2007 edition of America's Health Rankings, released by the United Health Foundation. This is the first time Vermont has captured the top spot, climbing steadily from being ranked eighth in 2001. Vermont surpassed the previous leader, Minnesota, which was ranked second this year.

According to the United Health Foundation, Vermont is among the top 10 states in 14 of 20 measures. The state's strengths include high immunization coverage with 86 percent of children between the ages of 19 to 35 months receiving complete immunizations, and a low premature death rate.

While about 10 % of Vermont's population is uninsured (the ninth lowest rate in the country), Vermont's physicians do provide a large amount of free care to their patients who lack coverage and cannot afford to pay, noted Glen Neale, M.D., President of the Vermont Medical Society. “Vermont's physicians are very generous with their time, because they realize the importance of everyone having access to good health care,” he said. That is also evidenced by the fact that approximately 91 % of Vermont's physicians participate in the State's Medicaid program, despite reimbursement that is about half of what commercial insurers pay.

The adequacy of prenatal care has been one area where Vermont has seen major improvements, going from 62.6 percent of pregnant women having adequate care in 1990 to 86.4 percent in 2007 (second highest in the nation). Infant mortality has dropped from 9.2 deaths per 1,000 live births in 1990 to 5.3 deaths per 1,000 live births in 2007.

The number of cardiovascular deaths has declined from 409 per 100,000 of population in 1990 to 287.9 per 100,000 in 2007. The number of cancer deaths has shrunk from 209.2 per 100,000 of population in 1990 to 195.4 per 100,000 in 2007.

A number of public health factors have influenced Vermont's steady rise to the top of the rankings, the United Health Foundation said. For example, since 1990 the prevalence of smoking in Vermont has decreased from 30.7 percent to 18 percent of the adult population, and the incidence of infectious disease decreased from 20.3 to 6.4 cases per 100,000 population.

“Vermont's physicians have been working with the Vermont Department of Health and following guidelines for improving public health,” Dr. Neale said. “Being ranked the healthiest state in the nation is an indicator that our efforts are paying off.”

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## Advocacy Priorities for 2008



As the VMS continues to represent physicians before the Vermont General Assembly and the executive branch of State government in 2008, these initiatives will be top priorities:

### **1) Recruitment and Retention of Physicians in Vermont.**

The Vermont Department of Health 2004 Physician Survey reported a statewide shortage of primary care physicians, with only 4 counties and 5 hospital service areas reporting an adequate supply of primary care physicians. In 2005, the Health Resources Allocation Plan (HRAP) identified psychiatry as a physician specialty that is in short supply in remote and rural areas and general surgeons, urologists, neurologists, hospitalists, dermatologists and gastroenterologists as being among the most difficult specialties to recruit in Vermont.



Physicians leave medical school with an average debt level of \$150,000. Medicaid, Medicare, and Catamount Health pay physicians less than the cost of providing care, and medical malpractice insurance premiums have increased significantly – all creating financial stress for physician practices.

On July 1, 2005 the several thousand non-evaluation and management procedure codes were reduced by 7.5 percent and there has not been an increase for these procedures since that date (beginning on July 1, 2007, Medicaid reimbursement for the approximately 130 evaluation and management codes was increased to the Medicare level). The VMS believes that the Medicaid fee schedule is approximately 70% of the Medicare fee schedule.

Individual physicians and small practices lack the market power to effectively negotiate with insurance companies. Physicians in private practice are unable to negotiate collectively for their reimbursement from health insurance companies due to anti-trust considerations. Reductions in reimbursement therefore translate directly into lower incomes for the physicians, since they are unable to pass the reduced costs onto other payers. Due to the lack of their ability to have meaningful negotiations with Vermont's three private health insurance

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companies, most physicians' only choice is to accept their fee schedules or refuse to treat the patients covered by these companies.

The Association of American Medical Colleges has recommended a 30 % increase in U.S. medical school enrollment. The factors for this increase include:

- U.S. population increases of 25 million people each decade;
- A doubling in the number of people over 65 between 2000 and 2030;
- Americans' rising expectations for, and the increasing availability of, effective health care services that will keep people healthy and active as they grow older;
- An aging physician workforce - one of every three active doctors is over age 55 and likely to retire by 2020; and
- A new generation of physicians who may choose to work somewhat less than their predecessors.

**Long-term strategy:** The VMS will work with State government, the Legislature, and other interested parties to take a number of steps to ensure that Vermont's supply of physicians is adequate to meet our current and future needs. These include:

- Addressing the need for increased Medicaid payment and medical malpractice reform to ensure viable physician practices;
- Evaluating both the current supply of physicians in Vermont and identifying how demographic factors, including chronic conditions, will affect the need for physicians of various specialties in the future;
- Evaluating the administrative burdens in primary care, including: multiple drug formularies, different disease management plans, and time-consuming prior authorization and documentation requirements;
- Exploring increased educational loan repayment funding;
- Identifying continued scholarship support (such as the Freeman Scholarships) for students at the University of Vermont College of Medicine who wish to practice in Vermont; and
- Supporting the health careers awareness program run by the Vermont Area Health Education Centers.



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## **2) The Passage of Legislation that Establishes Fair Trade Standards for Health Insurance Companies.**

Sources of provider dissatisfaction identified in the BISHCA provider satisfaction surveys included claims payment processes, prior authorization processes, pharmacy management, and ineffective communications between providers and insurers. Obstacles to timely authorization, payment, credentialing and the efforts by insurers to delay, deny or recoup reimbursement for medically-necessary care create a major source of stress for physicians; and many physicians are in small practices and have virtually no bargaining power with health insurers.

National class action lawsuits against insurers, including Aetna, CIGNA, United, Wellpoint and many Blue Cross Blue Shield plans, were filed a few years ago alleging that the insurers' business practices defrauded physicians out of reimbursement owed to them for patient care. The health insurers agreed to settlements addressing their failure:

- To disclose use of edits to “bundle,” “downcode” or reject claims for medically necessary services;
- To pay for medically necessary services;
- To recognize CPT® modifiers;
- To disclose applicable fee schedules; and
- To pay claims for covered services within required statutory or contractual time periods.

However, these settlements are of limited duration and the CIGNA settlement has already expired. Many other states have these provisions in place. Vermont’s insurance regulators are limited in their ability to address these issues due to the paucity of protections available under Vermont law.

**Long-term strategy:** The Vermont Medical Society seeks to work with State government, insurers and the Legislature to modify policies, regulations and laws to address the following issues:

- Retrospective audits of paid and approved claims;
- Consistent claims processing using recognized CPT® codes and modifiers;
- Fair, transparent and uniform contracting;
- Access to performance data, rules and procedures underlying tiered networks and pay for performance;



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- Timely credentialing;
- Timely and low-cost opportunities for dispute resolution;
- Transparency and consent for rental networks; and
- Reimbursement for mandated procedures and services, such as interpreters and lead screening.

### 3) Health Care Information Technology.

The Vermont Health Information Technology Plan has set a goal for the majority of Vermont’s physicians to be using electronic health records systems by 2011. However, currently 70 % of Vermont physicians do not have electronic health records systems.

The cost of acquiring an electronic health record system is estimated at \$32,000 per physician, with an additional yearly cost of \$10,000. Most independent physician practices lack the capital to acquire an electronic health record system, and successful implementation of an electronic health record system also involves clinical transformation, which can be time-consuming and costly.

A recent study indicates that only 11 % of the savings from electronic health record system deployment accrue to the physician – the remainder goes to the payers through a reduction in unnecessary tests and more automated record handling. The Vermont Medical Society believes that the insurers and payers who will benefit from the use of electronic health record systems should provide adequate funding to assist physician practices in adopting and implementing electronic health record systems.

**Long-term strategy:** The Vermont Medical Society urges the Vermont General Assembly to provide resources to Vermont Information Technology Leaders, Inc., so that it may assist physicians with the capitalization, technical support and clinical transformation necessary for implementation of electronic health records.



VERMONT INFORMATION TECHNOLOGY LEADERS

### 4) Prevention.

The major drivers of the increasing cost of health care are increased prevalence of chronic disease and innovations in medical treatment. Obesity increases risk for chronic diseases, including type 2 diabetes,

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atherosclerosis, depression, hypertension, gynecologic abnormalities, arthritis, respiratory disorders and certain types of cancer. Obesity affects children by putting them at risk for chronic conditions at an earlier age.

In Vermont over half of all adults are overweight or obese; one quarter of school-age youth in grades 8-12 are above a healthy weight; and 29% of low-income children between 2 and 5 years old participating in the Women, Infants and Children (WIC) program are overweight or at risk of becoming overweight.

Slowing or reversing the growth in obesity prevalence is a crucial strategy to slow the growth in health care spending and reducing obesity prevalence requires interventions designed to change patients' lifestyles and behavior with respect to nutrition and physical activity.



**Long-term strategy:** The VMS will work with public and private entities to endorse and promote evidence-based prevention programs that can be incorporated in the medical home. The VMS will also work with the Agency of Human Services, private insurers and the Legislature to ensure adequate funding for implementation of prevention programs in the medical home including screening, risk assessment, counseling and referral.

In addition, the VMS will partner with public and private entities to encourage adoption of prevention programs, including incentives designed to encourage patients to change their lifestyles and behavior with respect to nutrition and physical activity; and the VMS will support legislation addressing physical activity and physical education for students and evidence-based nutrition policies and practices for schools.

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## GUIDE TO HEALTH CARE LAW IS ONLINE

*Vermont physicians, other health care practitioners, and managers of health care facilities have fast and easy access to information about state and national health care laws. The Vermont Guide to Health Care Law is on the VMS web site, [www.vtmd.org](http://www.vtmd.org).*

*Vermont Guide to Health Care Law is the result of a collaboration between the Health Law Committee of the Vermont Bar Association, the VMS, the Vermont Association of Hospitals and Health Systems, the University of Vermont College of Medicine, and the Vermont Law School.*

*Topics in the guide are arranged alphabetically. Within each topic area, information is presented in a question-and-answer format, so that users can quickly find answers to the most frequently asked questions.*

*The guide was researched and written by attorneys, physicians, and practice managers who donated their time. “Despite their busy schedules, they devoted many, many volunteer hours to this project. Their dedication, knowledge and experience made the guide the high quality resource that it is. We couldn’t have done it without them,” said Madeleine Mongan, vice president of policy at the VMS, who coordinated production of the guide along with Tracy Bach, a professor at Vermont Law School.*

*The 16 chapters of the online guide cover: assisted reproductive technologies; business issues; consent, privacy and medical records; employment issues; end-of-life care; fraud and abuse compliance; the relationship between health care professionals and patients; recovery programs for health professionals; medical marijuana; mental health and substance abuse; pharmaceuticals; professional liability; regulation of physicians and other health care professionals; reimbursement; reporting by health care professionals; and risk management.*

*Use of the guide is free and open to all interested parties.*

*The online format will allow the guide to be continually updated as the laws change, and it is expected that more chapters will be added in the future.*



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## VMS Membership Benefits

Physician members of the VMS enjoy a broad array of benefits that help them practice medicine more effectively and run their practices more efficiently. These include communications, insurance, and practice management assistance.

### COMMUNICATIONS

#### **Weekly E-mail News**

**Updates:** VMS members receive via e-mail the weekly VMS News Scan, a



concise digest of health care news in Vermont and the nation. Each news item includes a direct link to the original source on the Internet, so that readers can readily access the full details.

**Legislative Bulletins:** During the legislative session, VMS members receive frequent updates keeping them informed about the progress of bills at the Statehouse. Members are alerted when they should take action to support or oppose important legislation.

**The Green Mountain Physician Newsletter:** Six times a year, the VMS publishes The Green Mountain Physician, a member newsletter that contains in-depth original articles about issues concerning physicians.

### INSURANCE BENEFITS



**Group Health Insurance:** The VMS offers its members several choices for health insurance options, including five traditional comprehensive plans, three Vermont Freedom plans, as well as two high-deductible health plans in conjunction with a Health Savings Account, and over 65 retirement plans. For more information concerning health insurance options, call Colleen Magne at 800-640-8767.

**Group Dental Plan:** VMS members and their employees can participate in the Northeast Delta Dental Benefit Program.

**Disability and Life Insurance:** Hackett, Valine and MacDonald provides disability and life insurance for VMS members and their employees at discounted rates.

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**Auto., Homeowner, Tenant, Umbrella, Condo and Boat Insurance:** Hackett, Valine and MacDonald provides all of the above insurances for VMS members and their employees at discounted rates.



### **PRACTICE MANAGEMENT**

**Coding Assistance:** VMS members have access to The Coding Center, a program that assists physicians with coding and reimbursement problems. VMS members can call a toll-free coding hotline, or arrange for on-site education sessions. The Coding Center also offers coding certification courses. Contact Jana Purrell at 888-889-6597 or by email at [jpurrell@thecodingcenter.org](mailto:jpurrell@thecodingcenter.org).

**Guide to Health Care Law:** The VMS is co-sponsoring a revised and expanded Vermont Guide to Health Care Law. The guide, which covers practice issues, business issues, and regulation of health professionals, is available on the VMS web site.

**Technical Support:** The VMS staff is available to offer technical assistance to members on a range of non-clinical issues. Staff members regularly field inquiries regarding practice issues such as medical records, fraud and abuse, workers' compensation, debt collection, scope of practice for allied health professionals, payor administrative requirements, HIPAA, and the Medicaid Preferred Drug List (PDL). An attorney on the VMS staff is available to provide technical assistance on legal issues to members and, for a small fee, to review insurer contracts for suggestions on how to make them more favorable for physicians.

**Continuing Medical Education:** Members can request that the VMS document their fulfillment of continuing medical education requirements. The VMS provides several CME programs during its Annual Meeting.

**An attorney on the VMS staff is available to provide technical assistance on legal issues to members and, for a small fee, to review insurer contracts for suggestions on how to make them more favorable for physicians.**

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## Medical Mutual of Maine and the ProMutual Group Make Donations to VPHP

The Vermont Practitioner Health Program has received a \$6,000 donation from Medical Mutual Insurance Company of Maine and a \$6,500 donation from the ProMutual Group.

VPHP Medical Director David Simmons, M.D. (*left*), accepted the Medical Mutual donation from Terrance J. Sheehan, M.D., Medical Mutual’s president and CEO, during a ceremony at Medical Mutual’s headquarters in Portland, Maine.



“Medical Mutual takes its advocacy role very seriously and we’re more than happy to support any program that can benefit physicians and their patients with either a monetary contribution or through active hands-on participation in educational and risk management initiatives,” said Dr. Sheehan.

ProMutual Vice President Maureen Mondor said that ProMutual Group is supporting the Vermont Practitioner Health Program because “impaired, depressed, and emotionally overwrought physicians represent a significant risk to their patients. If left undiagnosed and untreated, they may deliver substandard care to their patients and compromise public safety. We believe that physician health programs have shown that many of these talented, skilled professionals can be successfully treated and restored to practice.”



*VPHP Medical Director David Simmons, M.D. (right) accepts a \$6,500 check from Thomas Lavoie, senior marketing representative for the ProMutual Group.*

“The Vermont Medical Society and the Vermont Practitioner Health Program thank Medical Mutual and the ProMutual Group for these generous donations,” said Dr. Simmons. “These contributions will help the VPHP reach more practitioners and further the program’s mission of protecting the public by early identification, treatment, and rehabilitation of individual providers.”

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## Peer Support

To support physicians in practice and medical students in their education, the VMS manages several programs, and contributes to worthwhile programs run by other organizations.

### **Vermont Practitioner Health Program:**

The VMS operates the Vermont Practitioner Health Program, a confidential service for licensed physicians, podiatrists, and physician assistants to address the disease of substance abuse, including alcoholism. The program is designed to help identify, refer to treatment, guide, and monitor the recovery of practitioners with substance use disorders. Because of its important work, the program has received donations from two insurance companies (see sidebar). David Simmons, M.D., who specializes in addiction medicine, oversees the program with a committee of trained practitioners who provide support to their colleagues affected by substance abuse illness.

### **Vermont Medical Society Education and Research Foundation:**

The VMS sponsors a nonprofit charitable organization that supports educational and research activities in the field of health. The foundation, in collaboration with the Chittenden County Medical Society, awards the annual Dr. Mildred Reardon \$10,000 scholarship to a deserving third-year medical student at the University of Vermont College of Medicine. The intent of such grants is to provide an incentive for candidates to pursue a career in medicine and to provide motivation for graduates to practice in Vermont. All contributions to the foundation are tax deductible.

### **Vermont Medical Society Political Action Committee:**

The VMS PAC makes financial contributions to candidates for the Vermont General Assembly who have demonstrated that they understand the challenges physicians face caring for Vermont's citizens. In the previous election cycle, the VMS PAC was able to contribute to approximately 30 candidates to thank them for their work in improving health care for Vermonters.

### **County and Specialty Society Chapter Support:**

The VMS offers administrative and policy support for county and specialty society chapters. VMS staff provide logistical support for planning meetings, including mailing reminders, booking locations, and helping arrange speakers. VMS staff attend county society meetings as



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requested to review policy and legal issues of interest to physicians. VMS staff also provide support for specialty societies, including the Vermont Psychiatric Association, the Vermont Orthopaedic Society, the Vermont chapter of the American College of Physicians, and the Vermont chapter of the American Academy of Pediatrics. VMS staff work with the specialty societies to reach their policy and advocacy goals.

**Support for Other Events and Organizations:**

In 2007, the VMS provided financial and/or logistical support to the following:

|  |   |
|--|---|
| <i>Coalition for a Tobacco Free Vermont</i>  | <i>Vermont Association for Mental Health</i>  |
| <i>Excellent Care at the End of Life</i>     | <i>VT Bar Assoc. Health Law Committee</i>     |
| <i>Hospice &amp; Palliative Care Council</i> | <i>Vermont Blueprint for Health</i>           |
| <i>Operation Vermont Cares</i>               | <i>Vermont Ethics Network</i>                 |
| <i>Prevent Child Abuse Vermont</i>           | <i>Vermont Information Technology Leaders</i> |
| <i>VT Area Health Educ. Center Program</i>   | <i>VT Program for Quality in Health Care</i>  |

## Education and Outreach

In 2007, your membership dues allowed the VMS to bring educational programs to physicians and other health care professionals around Vermont.

In 2007, the VMS did outreach and presentations to the UVM College of Medicine Dean's Office and the UVM College of Medicine Dean's Council, medical students, residents, county medical societies, Vermont specialty societies, regional specialty societies, and the American Medical Association. Topics for these presentations included health care reform, physician recovery, advance directives, and controlled substances.

The VMS also held a series of seminars on the Physicians Quality Reporting Initiative over Vermont Interactive Television, and educational sessions on the new Vermont Advance Directive Registry. There was also a conference call on the Use of Advance Directives for Patients with Mental Illness.

New education materials on the VMS website include guidance for use of interpreters. The VMS posted on its website a comprehensive list of answers to questions about the use of Advance Directives, and a new chapter to the Vermont Guide to Health Care Law on Assisted Reproductive Technology.



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## How to Become a VMS Member

When you consider all the advocacy, member benefits, peer support services, and education and outreach that the VMS provides, membership in the VMS is an investment with a guaranteed return.

### THERE ARE FIVE MEMBERSHIP CATEGORIES:

**ACTIVE** members are practicing doctors of medicine or osteopathy with a Vermont license.

**AFFILIATE** members are physicians who work outside of Vermont, but live in Vermont or have a Vermont license.

**RESIDENTS** and **STUDENT** members are medical students or physicians in residency programs.

**ASSOCIATE** members are physicians who have moved out of state, retirees with a Vermont license, or former members not currently in practice and not Vermont licensed.

**LIFE** members are retired because of incapacity or disability with 10 or more years as a VMS member, or more than 70 years old with at least 10 years of VMS membership.

New active members receive a 50% discount for their first year of membership, and a 25% discount for their second year of membership.

A VMS member with a physician spouse receives a 25% discount on the second membership. The VMS offers a 10% discount if all members of a large group practice join the VMS.

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**2008 VMS MEMBER DUES ARE:**

|                     |          |
|---------------------|----------|
| REGULAR MEMBERS     | \$525.00 |
| ASSOCIATE MEMBERS   | \$100.00 |
| AFFILIATE MEMBERS   | \$200.00 |
| LIFE MEMBERS        | \$0.00   |
| RESIDENTS & STUDENT | \$0.00   |

*(County dues are not included in the above dues price)*

**Discounts**

|                     |  |
|---------------------|--|
| New active members: | 50% discount 1st year of membership,<br>25% discount 2nd year of membership.   |
| Physician Spouse:   | 25% discount for physician spouse<br><i>(2nd Membership)</i>   |
| Active member       | Early payment discount of \$30.00, if<br>member dues paid by December 31 of<br>the year first dues bill is received. |

**To request a VMS membership application form, please contact  
Stephanie Winters at 800-640-8767 or [swinters@vtmd.org](mailto:swinters@vtmd.org).**



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## VMS Annual Meeting

The 194th Annual Meeting of the Vermont Medical Society was held on Saturday, Oct. 20 at the University of Vermont College of Medicine in Burlington. The meeting was co-sponsored by the University of Vermont College of Medicine. Welcoming remarks were given by David Johnson, M.D., president of the VMS, and Dr. Frederick Morin, dean of the College of Medicine.

A CME panel presentation was held on “Innovations in Medical Education: Putting Prevention into Practice.” Participants in the panel were: Jan Carney, M.D., a research professor of medicine and the associate dean for public health at the UVM College of Medicine; John Fogarty, M.D., the chairman of the UVM College of Medicine Department of Family Medicine; and Jill Jemison, co-director of information systems at the UVM College of Medicine.

Attendees at the VMS Annual Meeting heard a debate on the subject of pay for performance. Participating in the discussion were: Paul Harrington, executive vice president of the Vermont Medical Society; John Brumsted, M.D., chief quality officer at Fletcher Allen Health Care; and Charles MacLean, M.D., an associate professor of medicine at the UVM College of Medicine and an internist in Burlington.

Information technology and clinical transformation was the subject of a CME panel presentation. Speakers were: Angela Barnett, RN, director of clinical effectiveness at Vermont Information Technology Leaders, Inc.; Timothy Burdick, M.D., a family physician in Montpelier and the medical director of outpatient electronic health records at the Central Vermont Medical Center; and John Brumsted, M.D., chief quality officer at Fletcher Allen Health Care.

Annual meeting attendees at lunch were updated about the Vermont Blueprint for Health Initiative by Dr. Craig Jones, the program’s new director.

In the afternoon, the VMS Annual Membership Meeting was held. The meeting was called to order by Dr. John Murray, the moderator. After the introduction of distinguished guests and an introduction of medical students in attendance, there was a memorial for departed members. Elections were held for life members and 50-year members.

Dr. John Brumsted was elected president-elect of the VMS, and Dr. Robert Tortolani was elected vice president.

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The members approved amending the VMS bylaws so that hospital medical staffs may appoint a representative to serve on the VMS Council.

Four resolutions were discussed and approved by the members (see Advocacy Priorities for 2008 on page 14). They are:

- The VMS will work with State government, the Legislature, and other interested parties to take a number of steps in order to ensure that Vermont’s supply of primary care physicians is adequate.
- The VMS will work with the American Medical Association, the Governor, State government, insurers, and the Legislature to modify policies, regulations, and laws to protect patient access to physician services.
- The VMS will advocate for evidence-based prevention programs that can be incorporated into the medical home, advocate for adequate funding, and work toward the adoption of prevention programs. The VMS will also support legislation addressing physical activity and physical education, and evidence-based nutrition policies and practices for schools.
- The VMS will urge the General Assembly to provide resources to Vermont Information Technology Leaders, Inc., so that it may assist physicians with the technical support and clinical transformation necessary for implementation of electronic health records.

Dr. David Johnson addressed the members as the outgoing president of the VMS, and he presented a briefcase to Dr. Glen Neale, the incoming president. There was an exchange of medallions and pins, and Dr. Neale gave Dr. Johnson a chair with the VMS seal as a thank you for his year of service as president. Dr. Neale addressed the membership as the new president of the VMS.

In the evening, the VMS Annual Awards Banquet was held at the Hilton Hotel. Dr. Neale provided opening remarks and introduced the distinguished guests.

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**At the Annual Awards Banquet that evening,  
the VMS honored four outstanding individuals.**



**DISTINGUISHED SERVICE AWARD**

John P. Fogarty, M.D. *(with Mimi Reardon, M.D., center and S. Glen Neale, M.D., left)*



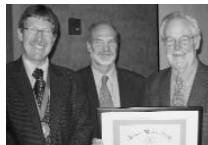
**PHYSICIAN AWARD FOR COMMUNITY SERVICE**

Allan Ramsay, M.D. *(with Thomas Peterson, M.D., right and S. Glen Neale, M.D., left)*



**CITIZEN OF THE YEAR AWARD**

Judith S. Shaw, RN, MPH *(with Joseph Hagan, M.D., right)*



**FOUNDERS AWARD**

John E. Wennberg, M.D. *(with Cyrus Jordan, M.D., center and S. Glen Neale, M.D., left)*



**DR. MILDRED REARDON SCHOLARSHIP**

The annual Scholarship was presented this year to two medical students, Anna Carlson, *left*, and Cynthia Swartz, *right*. *(with Mimi Reardon, M.D., center)*.

Following the awards ceremony, the keynote address was provided by Frederick Morin, III, M.D., dean of the University of Vermont College of Medicine, on the topic of education and research at the UVM College of Medicine.

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## Treasurers Report for 2007 & Budget for 2008



At the October 21st Council meeting held at the Burlington Hilton, Burlington, Vermont, the VMS Council approved the following budget for operation of the Society for the calendar year 2008. This budget assumes a modest increase in our income over calendar year 2007.

In 2007 the Society was able to apply over \$34,000 toward our contingency fund. With our 2008 budget we will continue to work toward our goal of having enough money in this fund to sustain the Society for one year in case of unforeseen difficulty.

If you would like a detailed copy of the 2008 budget or 2007 financial statements, please contact Colleen Magne our VMS Business Manager.

*John Mazuzan, M.D.*  
Treasurer

### VMS PROPOSED BUDGET SUMMARY 2008

|  |                   |
|--|-------------------|
| Total Income                               | <u>\$665,750</u>  |
| Expenses:                                  |                   |
| Total Operating Expenses                   | 119,850           |
| Total Payroll Expenses                     | 438,150           |
| Total VPHP Expenses                        | 69,600            |
| Total Property Expenses                    | 24,325            |
| Total Other Expenses                       | 12,000            |
| Total Expenses                             | <u>\$ 663,925</u> |
| <u>Net Projected Revenue over Expenses</u> | <u>\$ 1,825</u>   |

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## VMS Structural Overview

The VMS has been providing services to Vermont physicians for more than 200 years. Along with providing assistance, information, and lobbying services on legislative and regulatory matters, the VMS offers its members a host of personal and professional services.

### TOTAL VMS MEMBERSHIP IN 2007 WAS: 1963

Active: 930

Associate: 36

Affiliate: 80

Life: 186

Resident: 296

Student: 430

Honorary: 3

### MISSION STATEMENT

The mission of the VMS is to serve the public by facilitating and enhancing physicians' individual and collective commitments, capabilities, and efforts to improve the quality of life for the people of Vermont through the provision of accessible and appropriate health care services. Our purposes are these:

- To encourage and aid the progress and development of the sciences of medicine and surgery, and to encourage research in those areas;
- To promote the public health;
- To encourage cooperation among physicians in medicine and surgery, to elevate the standards of professional skill, care, and judgment;
- To promote and follow ethical standards of conduct to benefit patients, individual physicians, other health professionals, and society as a whole; and
- To advance the general social and intellectual welfare of its members.

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#### **ORGANIZATIONAL FRAMEWORK**

The individual physician member is the base of all authority in the VMS. The decisions of our members ultimately determine the nature, direction, and goals of the Society's activities.

#### **GOVERNANCE**

Each member has an equal voice at the Annual Meeting and special membership meetings. These meetings are the Society's definitive governing authority. In the intervals between member meetings, the VMS Council conducts the Society's affairs. The Council meets to discuss the policy, governance, operations, and finances of the VMS. The Council's membership includes VMS officers and representatives of the county medical societies, the Vermont chapters of specialty societies, the Vermont Department of Health, and the University of Vermont College of Medicine.

#### **2007 VMS Council Meetings were held:**

Thurs., Feb. 1, 2007: Vermont Interactive Television  
Sat., April 7, 2007: Best Western, Waterbury  
Thurs., June 6, 2007: Vermont Interactive Television  
Thurs., Sept. 5, 2007: Vermont Interactive Television  
Sun., Oct. 21, 2007: Burlington Hilton, Burlington

#### **2008 VMS Council Meetings are scheduled for:**

Wed., February 13, 2008, 7:00 - 8:30 p.m. VIT  
Sat., April 5, 2008, 10:00 - 12:00, Best Western, Waterbury  
Wed., June 5, 2007, 7:00 - 8:30 p.m., VIT  
Wed., September 4, 2007, 7:00 - 8:30 p.m., VIT  
Sun., October 26, 2007, 9:00 - 11:30 a.m., Topnotch, Stowe  
***Council meetings are open to all VMS members.***

Officers elected at the Annual Meeting represent member physicians. The Executive Committee is comprised of the president, the immediate past president, the vice president, the secretary, and the treasurer. The Executive Committee meets regularly and reports to the VMS Council.

The Executive Committee also reviews the operating budget of the organization and reports to the Council on the Society's finances. An annual outside audit or review is conducted and is available upon request to all members.



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The Investment Committee oversees the reserve and special funds of the VMS, in concert with an outside financial advisor.

#### **COMMITTEES**

Members are strongly encouraged to get involved by serving on committees. Participation enables members to have an impact on VMS programs and policy.

The following committees are comprised of officers of the VMS, as determined by the bylaws.

Executive Committee

Finance Committee

Nominating Committee

Personnel Committee

Pension Committee

The following committees are standing committees and boards established by the society's bylaws. Members of these committees are proposed by the Council and elected by the membership at the Annual Meeting.

Judicial Board

Board on Ethics

Committee on Grievances

Committee on Investments

Jurisprudence Committee

Committee on Medical Benevolence

Committee on Medical Economics and Insurance

Other committees are formed by the Council on an ad hoc basis. The members of these committees are appointed by the president of the VMS with approval of the Council. They include:

Committee on Awards

Bylaws Revision Committee

Ethics Committee

School Health Committee

Vermont Practitioner Health Program Committee

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#### **ISSUE TEAMS**

The VMS does its policy work through issue teams. Along with the Physician Policy Council, the issue teams guide all VMS policy initiatives and are the most direct voice of our physician members. It is primarily through these teams of member physicians that the VMS lobbies the Vermont General Assembly and the executive branch, as well as presents the concerns of Vermont physicians to private entities.

The issue team structure enables the VMS staff to tap into the diverse expertise of more than 1,900 member physicians, residents, and students. Team members receive copies of pending bills and are asked to forward their views to VMS headquarters by telephone, mail, fax, or e-mail. Conference calls and meetings are scheduled as necessary to discuss issues, develop positions, and design strategies that tap physicians' expertise and interests. Issue team members are not required to respond to mailings or to participate in calls or meetings, but are encouraged to do so when their schedules permit.

#### **PHYSICIANS POLICY COUNCIL**

The Physicians Policy Council (PPC) was organized by the VMS in 1994 to act as a "provider bargaining group" for Vermont physicians. The PPC is authorized by Vermont law to negotiate with state government agencies such as the Office of Vermont Health Access (OVHA) and the Department of Labor on all matters related to reimbursement, quality, and health care regulation for Vermont physicians.

The PPC is organized by physician specialty. Each specialty society or organization in Vermont that is recognized by the VMS Council has a seat on this important negotiating body.

The PPC met on December 14 with representatives of the Office of Vermont Health Access, Blue Cross Blue Shield of Vermont, MVP Healthcare, CIGNA and the Vermont Department of Labor to discuss their efforts relating to pay for performance.

The recognized specialties are:

*Anesthesiology, Dermatology, Emergency Medicine, Family Practice, Internal Medicine, Medical Education, Neurology/Neurosurgery, Obstetrics & Gynecology, Oncology, Ophthalmology, Orthopedics, Otolaryngology, Pathology, Pediatrics, Psychiatry, Radiology, Surgery, Thoracic Surgery, Urology*

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## VMS Council

### EXECUTIVE COMMITTEE

#### **S. Glen Neale, M.D.**

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**Psychiatry**

Jonathan Weker, M.D.  
PO Box 10  
Montpelier, Vermont 05601  
223-2266  
jweker@verizon.net

**Radiology**

George Ebert, M.D.  
111 Colchester Ave  
Burlington, Vermont 05401

**Surgery**

Andrew Stanley, M.D.  
89 Beaumont Ave., Given D-319  
Burlington, Vermont 05405  
656-9695

**VMS Council**

**Thoracic Surgery**

Bruce Leavitt, M.D.  
FAHC, Fletcher 454  
111 Colchester Ave  
Burlington, VT 05401  
847-4044  
bruce.leavitt@vtmednet.org

**Urology**

Ernest Bove, M.D.  
PO Box 666  
Rutland, VT 05701  
775-6006  
midvt@together.net

**COUNTY COUNCILORS**

**Addison**

Alexander MacDonald, Jr., M.D.  
6 Park Place  
Bristol, VT 05443  
453-3345

***‘Alternate’***

Robert LaFiandra, M.D.  
116 Porter Drive  
Middlebury, VT 05753  
388-7445  
robertp3@verizon.net

**Bennington**

Keith Michl, M.D.  
PO Box 1431  
Manchester Ctr., VT 05255  
362-9031  
michl@sover.net

***‘Alternate’***

Barbara Raskin, M.D.  
Bennington FP Associates  
140 Hospital Drive, Suite 108  
Bennington, VT 05201  
447-1191  
ber@phin.org

*“Not for ourselves do we labor”*

## VMS Council

### **Caledonia**

Lloyd Thompson, M.D.  
195 Industrial Parkway  
Lyndonville, VT 05851  
748-9501  
tim.thompson@hitchcock.org

### **Chittenden**

Robert Orr, M.D.  
111 Colchester Ave. Burgess 325  
Burlington, VT 05401  
847-2000  
robert.orr@vtmednet.org

### **`Alternate`**

James K. O'Brien, M.D.  
18 Mansion Street  
Winooski, VT 05404  
655-3000  
james.o'brien@vtmednet.org

### **Franklin/Grand Isle**

Joseph Nasca, M.D.  
Mousetrap Pediatrics  
11 Crest Rd.  
St. Albans, VT 05478  
527-8189

### **Lamoille**

David Coddair, M.D.  
Morrisville Family Health Care  
607 Washington Highway  
Morrisville, VT 05661  
888-5639  
dcoddair@lamoillehealth.org

### **Orleans/Essex**

Denise Niemira, M.D.  
5452 US Rte. 5  
Newport, VT 05855  
334-6140  
deniem@together.net

### **`Alternate`**

Nelson Haas, M.D.  
North Country Hospital  
Occupational Medicine Clinic  
1734 Crawford Farm Road  
Newport, VT 05855  
334-4191  
nhaas@nchsi.org

### **Rutland**

Harvey Reich, M.D.  
Rutland Regional Medical Ctr.  
160 Allen Street  
Rutland, VT 05701  
747-3851  
hreich@rrmc.org

### **Washington/Orange**

Marilyn Hart, M.D.  
Mountainview Medical  
195 Hospital Loop Suite #3  
Berlin, VT 05602  
223-6196  
marilyn.hart@hitchcock.org

### **`Alternate`**

Stephen Woodruff, M.D.  
89 Jalbert Road  
Barre, VT 05641  
371-5961

### **Windham**

Carolyn Taylor-Olson, M.D.  
19 Belmont Ave.  
Suite 204  
Brattleboro, VT 05301  
257-8044  
oltayols@sover.net

### **Windsor**

John Leppman, M.D.  
18 Old Terrace  
Bellows Falls, VT 05101  
463-3941  
john.a.leppman@dartmouth.edu

## Past Presidents and Award Winners

### PAST PRESIDENTS

- 2007.....David L. Johnson, M.D.  
2006.....Peter Dale, M.D.  
2005.....Harvey Reich, M.D.  
2004.....James K. O'Brien, M.D.  
2003.....Carolyn Taylor-Olson, M.D.  
(Acting Aug.-Oct.)  
2003.....Lloyd Thompson, M.D.  
2002.....Carolyn Taylor-Olson, M.D.  
2001.....Maureen K. Molloy, M.D., J.D.  
2000.....John T. Chard, M.D.  
1999.....David M. McKay, M.D.  
1998.....John J. Murray, M.D.  
1997.....Robert S. Block, M.D.  
1996.....David W. Butsch, M.D.  
1995.....J. Michael Schnell, M.D.  
1994.....Frederick Crowley, M.D.  
1993.....Edward Leib, M.D.  
1992.....Keith Michl, M.D.  
1991.....Richard Ryder, M.D.  
1990.....James E. Thomas, M.D.  
1989.....William H. Stouch, M.D.  
1988.....John A. Leppman, M.D.  
1987.....Mildred A. Reardon, M.D.  
1986.....Richard T. Burtis, M.D.  
1985.....Frederick C. Holmes, M.D.  
1984.....Robert LaFiandra, M.D.  
1983.....William B. Beach, Jr., M.D.  
1981-2.....Arthur S. Faris, M.D.  
1980.....John E. Mazuzan, M.D.  
1979.....William E. Allard, M.D.  
1978.....C. Peter Albright, M.D.  
1977.....J. Ward Stockpole, M.D.  
1976.....Hugh P. Hermann, M.D.  
1975.....Stanley L. Burns, M.D.  
1974.....Charles C. Cunningham, M.D.  
1973.....John C. Lantman, M.D.  
1972.....James A. Gray, M.D.  
1971.....Porter H. Dale, M.D.  
1970.....Harry Rowe, M.D.  
1969.....Deweese H. Brown, M.D.  
1968.....Richard E. Bouchard, M.D.  
1967.....Walter Buttrick, Jr., M.D.  
1966.....Roy V. Buttles, M.D.  
1965.....Ralph R. Jardine, M.D.  
1964.....Clifford Harwood, M.D.  
1963.....J. Bishop McGill, M.D.  
1962.....John R. Hogle, M.D.  
1961.....Roger W. Mann, M.D.  
1960.....Benjamin F. Clark, M.D.  
1959.....Fred Van Buskirk, M.D.  
1958.....Wayne Griffith, M.D.  
1957.....James P. Hammond, M.D.  
1956.....Philip H. Wheeler, M.D.  
1955.....W. Douglas Lindsay, M.D.  
1954.....Howard J. Farmer, M.D.  
1953.....Woodhull S. Hall, M.D.  
1952.....Paul K. French, M.D.  
1951.....Wilmer W. Angell, M.D.  
1950.....Elbridge E. Johnston, M.D.  
1949.....Hiram E. Upton, M.D.  
1948.....Roland E. McSweeney, M.D.  
1947.....Benjamin F. Cook, M.D.  
1946.....Frank C. Angell, M.D.  
1945.....Leon E. Sample, M.D.  
1944.....Frank J. Hurley, M.D.  
1943.....Charles H. Swift, M.D.  
1942.....Roland E. McSweeney, M.D.  
1941.....E.H. Buttles, M.D.  
1940.....A.M. Cram, M.D.  
1939.....C.F. Ball, M.D.  
1938.....E.A. Hyatt, M.D.  
1937.....F.C. Phelps, M.D.  
1936.....William G. Ricker, M.D.  
1935.....Lester W. Burbank, M.D.  
1934.....George G. Marshall, M.D.  
1933.....John H. Woodruff, M.D.  
1932.....Lyman Allen, M.D.  
1931.....E.J. Rogers, M.D.  
1930.....William K. Johnstone, M.D.  
1929.....George R. Anderson, M.D.  
1928.....Charles F. Dalton, M.D.  
1927.....Stanton S. Eddy, Sr., M.D.  
1926.....T.S. Brown, M.D.  
1925.....E.A. Tobin, M.D.  
1924.....E.A. Stanley, M.D.  
1923.....F.E. Farmer, M.D.  
1922.....J.A. Stevenson, M.D.  
1921.....F.A. Sears, M.D.  
1920.....S.W. Hammond, M.D.  
1919.....M.F. McGuire, M.D.  
**1918.....No meeting-  
Influenza Epidemic**  
1917.....C.W. Bartlett, M.D.

*“Not for ourselves do we labor”*

- 1916.....C.H. Beecher, M.D.  
 1915.....Edward H. Ross, M.D.  
 1914.....William W. Townsend, M.D.  
 1913.....Albert L. Miner, M.D.  
 1912.....Bingham H. Stone, M.D.  
 1911.....Fred T. Kidder, M.D.  
 1910.....Henry C. Tinkham, M.D.  
 1909.....Walter L. Havens, M.D.  
 1908.....Charles W. Peck, M.D.  
 1907.....George H. Gorham, M.D.  
 1906.....Donley C. Hawley, M.D.  
 1905.....Myron L. Chandler, M.D.  
 1904.....Patrick McSweeney, M.D.  
 1903.....William N. Bryant, M.D.  
 1902.....Edmund M. Pond, M.D.  
 1901.....John B. Wheeler, M.D.  
 1900.....William Huntington, M.D.  
 1899.....Mark R. Crain, M.D.  
 1898.....Shailer E. Lawton, M.D.  
 1897.....Lyman Rogers, M.D.  
 1896.....Frederick R. Stoddard, M.D.  
 1895.....C.F. Branch, M.D.  
 1894.....J. Hatch Linsley, M.D.  
 1893.....Arthur B. Bisbee, M.D.  
 1892.....H.R. Wilder, M.D.  
 1891.....Charles S. Caverly, M.D.  
 1890.....James N. Jenne, M.D.  
 1889.....H.S. Brown, M.D.  
 1888.....John M. Clarke, M.D.  
 1887.....Edward R. Campbell, M.D.  
 1886.....S. Brooks, M.D.  
 1885.....D.G. Kemp, M.D.  
 1884.....Joseph Draper, M.D.  
 1883.....S.S. Clark, M.D.  
 1882.....Leroy M. Bingham, M.D.  
 1881.....O.W. Sherwin, M.D.  
 1880.....J. Henry Jackson, M.D.  
 1879.....S.W. Thayer, M.D.  
 1878.....G.B. Bullard, M.D.  
 1877.....C.M. Chandler, M.D.  
 1876.....George Dunsmore, M.D.  
 1875.....L.C. Butler, M.D.  
 1874.....L.C. Butler, M.D.  
 1873.....L.C. Butler, M.D.  
 1872.....Henry D. Holton, M.D.  
 1871.....Edward F. Upham, M.D.  
 1870.....S. Putnam, M.D.  
 1869.....Henry James, M.D.  
 1868.....J.S. Richmond, M.D.  
 1867.....C.P. Frost, M.D.  
 1866.....E.D. Warner, M.D.  
 1865.....William McCollom, M.D.  
 1864.....O.F. Fassett, M.D.  
 1863.....P.D. Bradford, M.D.  
 1862.....J.N. Stiles, M.D.  
 1861.....Adrean Woodward, M.D.  
 1860.....B.F. Morgan, M.D.  
 1859.....A.E. Knights, M.D.  
 1858.....Charles L. Allen, M.D.  
 1857.....H.F. Stevens, M.D.  
 1856.....Walter Carpenter, M.D.  
 1855.....Joseph Perkins, M.D.  
 1854.....E.D. Warner, M.D.  
 1853.....G.W. Thayer, Jr., M.D.  
 1852.....B.W. Palmer, M.D.  
 1851.....Middleton Goldsmith, M.D.  
 1850.....Charles L. Allen, M.D.  
 1849.....John L. Chandler, M.D.  
 1848.....John L. Chandler, M.D.  
 1847.....James Spaulding, M.D.  
 1846.....James Spaulding, M.D.  
 1845.....Horace Eaton, M.D.  
 1844.....Anderson G. Dana, M.D.  
 1843.....Anderson G. Dana, M.D.  
 1842.....John Burrill, M.D.  
 1841.....John Burrill, M.D.  
 (No meeting until 1841)  
 1829.....Josiah Shedd, M.D.  
 1828.....Joseph A. Gallup, M.D.  
 1827.....Joseph A. Gallup, M.D.  
 1826.....Joseph A. Gallup, M.D.  
 1825.....Joseph A. Gallup, M.D.  
 1824.....Joseph A. Gallup, M.D.  
 1823.....Joseph A. Gallup, M.D.  
 1822.....Joseph A. Gallup, M.D.  
 1821.....Joseph A. Gallup, M.D.  
 1820.....Joseph A. Gallup, M.D.  
 1819.....Joseph A. Gallup, M.D.  
 1818.....Joseph A. Gallup, M.D.  
 1817.....Ebenezer Huntington, M.D.  
 1816.....Seelah Gridley, M.D.  
 1815.....Seelah Gridley, M.D.  
 1814.....Ezekiel Porter, M.D.



*Past Presidents (from left):  
 John Chard, M.D., Robert LaFiandra,  
 and Carolyn Taylor-Olson, M.D*



“Not for ourselves do we labor”

## PAST AWARD RECIPIENTS

**CITIZEN OF THE YEAR AWARD** - *The recipient must be a non-physician resident of the state of Vermont who in the past and presently has made a significant contribution to the health of the people of Vermont.*

2007 . . . . Judith S. Shaw, M.D. - Burlington  
2006 . . . . Sen. James P. Leddy - Burlington  
2005 . . . . Sen. Richard Sears - Bennington  
2004 . . . . Holly Miller - Burlington  
2003 . . . . Thomas Perras, M.S. - Burlington  
2002 . . . . June Elliott - St. Johnsbury  
2001 . . . . Sen. Nancy Chard - Brattleboro  
2000 . . . . Helen Riehle - Montpelier  
1999 . . . . Cornelius Hogan - Plainfield  
1998 . . . . Janet Stackpole - Burlington  
1997 . . . . Karen Kitzmiller - Montpelier  
1996 . . . . Margaret Martin - Middlebury  
1995 . . . . No Award Given  
1994 . . . . No Award Given  
1993 . . . . Ann Seibert - Norwich  
1992 . . . . Arthur Gibb - Middlebury  
1991 . . . . Jean Mallary - Brookfield  
1990 . . . . No Award Given  
1989 . . . . Susan Spaulding - Montpelier

**DISTINGUISHED SERVICE AWARD** - *The Distinguished Service Award is the highest award the Society can bestow upon one of its members. It shall be awarded on the basis of meritorious service in the science and art of medicine and of outstanding contribution to the medical profession, its organizations, and the welfare of the public.*

2007 . . . . John P. Fogarty, M.D. - Burlington  
2006 . . . . John J. Murray, M.D. - Colchester  
2005 . . . . J. Lorimer Holm, M.D. - Barre  
2004 . . . . Jerold F. Lucey, M.D. - Burlington  
2003 . . . . Jan K. Carney, M.D. - Charlotte  
2002 . . . . Robert J. McKay, M.D. - Shelburne  
2001 . . . . John Frymoyer, M.D. - Colchester  
2000 . . . . No Award Given  
1999 . . . . Richard T. Burtis, M.D. - Brattleboro  
1998 . . . . Mildred Reardon, M.D. - Burlington  
1997 . . . . J. Ward Stackpole, M.D. - S. Burlington  
1996 . . . . Harry M. Rowe, M.D. - Wells River  
1995 . . . . Roger W. Mann, M.D. - Jeffersonville  
1994 . . . . Richard E. Bouchard, M.D. - Burlington  
1993 . . . . Arthur & Elizabeth Faris, M.D. - Shaftsbury  
1992 . . . . William Luginbuhl, M.D. - Vergennes  
1991 . . . . Stanley L. Burns, M.D. - Burlington  
1990 . . . . Charles Cunningham, M.D. - Springfield  
1989 . . . . John H. Davis, M.D. - Burlington  
1988 . . . . George Wolf, Jr., M.D. - Jericho  
1987 . . . . Paul Stanilonis, M.D. - Williston

“Not for ourselves do we labor”

- 1986 . . . . . Roy V. Buttles, M.D. - Montpelier  
1985 . . . . . John Lantman, M.D. - Williston  
1984 . . . . . Frederic Guilmette, M.D. - Springfield  
1983 . . . . . Philip Wheeler, M.D. - Brattleboro  
1982 . . . . . John F. Bell, M.D. - S. Burlington  
1981 . . . . . Edward French, M.D. - Hyde Park  
1980 . . . . . Ernest V. Reynolds, M.D. - Barre  
1979 . . . . . R.M.P. Donaghy, M.D. - Burlington  
1978 . . . . . Ralph Jardine, M.D. - Lyndonville  
1977 . . . . . Woodhull Hall, M.D. - Bennington  
1976 . . . . . John E. Mazuzan, Jr., M.D. - Burlington  
1975 . . . . . Elbridge E. Johnston, M.D. - St. Johnsbury  
1974 . . . . . Robert W. Coon, M.D. - Burlington  
1973 . . . . . Robert B. Aiken, M.D. - Shelburne  
1972 . . . . . Chester A. Newhall, M.D. - Burlington  
1971 . . . . . A. Bradley Soule, M.D. - Burlington  
1970 . . . . . John C. Cunningham, M.D. - Burlington  
1969 . . . . . Albert G. Mackay, M.D. - Burlington  
1968 . . . . . John F. Daly, M.D. - Burlington  
1968 . . . . . Benjamin F. Cook, M.D. - Rutland  
1968 . . . . . Benjamin Clark, M.D. - St. Johnsbury  
1967 . . . . . Bertrand F. Andrews, M.D. - Middlebury  
1966 . . . . . John R. Hogel, M.D. - Brattleboro  
1965 . . . . . Ellsworth L. Amidon, M.D. - Burlington  
1964 . . . . . William McFarland, M.D. - Barre  
1963 . . . . . George A. Russell, M.D. - Arlington  
1962 . . . . . F. Russell Dickson, M.D. - Concord  
1961 . . . . . William Huntington, M.D. - Rochester  
1960 . . . . . Wilhelm Raab, M.D. - Burlington  
1959 . . . . . Albert C. Eastman, M.D. - Woodstock  
1958 . . . . . Stanton Eddy, Sr., M.D. - Middlebury  
1957 . . . . . Nathan R. Caldwell, M.D. - Brattleboro  
1956 . . . . . Charles E. Griffin, M.D. - Fair Haven  
1955 . . . . . Lyman Allen, M.D. - Burlington  
1954 . . . . . Aymer S.C. Hill, M.D. - Winooski  
1953 . . . . . Frank C. Angell, M.D. - Randolph  
1952 . . . . . John H. Woodruff, M.D. - Barre  
1951 . . . . . Ernest H. Buttles, M.D. - Burlington  
1950 . . . . . Frank J. Hurley, M.D. - Bennington  
1949 . . . . . Clarence Beecher, M.D. - Burlington  
1948 . . . . . Clarence F. Ball, M.D. - Rutland

**PHYSICIAN OF THE YEAR AWARD** - *The recipient must be a physician licensed in the state of Vermont who has: 1. Demonstrated outstanding performance in the quality of care given to his/her patients; 2. Demonstrated skillful and compassionate patient care; and 3. Demonstrated dedication to the welfare of his/her patients in accordance with accepted principles of good medical practice.*

- 2007 . . . . . No Award Given  
2006 . . . . . Suzanne Parker, M.D. - Charlotte  
2005 . . . . . Allan Ramsay, M.D. - Burlington  
2004 . . . . . Joseph Haddock, M.D. - Williston

*“Not for ourselves do we labor”*

2003 . . . . . Robert W. Backus, M.D. - Townshend  
2002 . . . . . Lewis C. Blowers, M.D. - Morrisville  
2001 . . . . . Don Swartz, M.D. - Burlington  
2000 . . . . . No Award Given  
1999 . . . . . No Award Given  
1998 . . . . . William A. Flood, M.D. - Bennington  
1997 . . . . . R. David Ellerson, M.D. - Montpelier  
1996 . . . . . Theodore Collier, M.D. - Middlebury  
1995 . . . . . Thomas A.E. Moseley, M.D. - Newport  
1994 . . . . . No Award Given  
1993 . . . . . Victor Pisanelli, Sr., M.D. - Rutland  
1993 . . . . . Ernest Tomasi, M.D. - Montpelier  
1992 . . . . . Deogracias Esguerra, M.D. - St. Albans  
1991 . . . . . William Pratt, M.D. - Rutland  
1990 . . . . . G. Richard Dundas, M.D. - Bennington  
1989 . . . . . No Award Given  
1988 . . . . . Eugene Bont, M.D. - Cavendish  
1987 . . . . . Louis J. Wainer, M.D. - Hinesburg

**PHYSICIAN AWARD FOR COMMUNITY SERVICE** - 1. *The recipient must be a physician licensed in the state of Vermont.* 2. *The recipient must be living. Awards are not presented posthumously.* 3. *The recipient has not been a previous recipient of the Award (formerly the A.H. Robins award and more recently, Wyerth-Ayerst Laboratories award).* 4. *The recipient has compiled an outstanding record of community service, which, apart from his/her specific identification as a physician, reflects well on the profession.*

2007 . . . . . Allan Ramsay, M.D. - Colchester  
2006 . . . . . No Award Given  
2005 . . . . . David Butsch, M.D. - Berlin  
2004 . . . . . Frederick Bagley, M.D. - Rutland  
2003 . . . . . Joan Madison, M.D. - Shelburne  
2002 . . . . . William Pratt, M.D. - Rutland  
2001 . . . . . Delight Wing, M.D. - Jericho  
2000 . . . . . John R. Carmola, M.D. - St. Albans  
1999 . . . . . John H. Elliott, M.D. - Lyndonville  
1998 . . . . . Edward Haak, D.O. - St. Albans  
1997 . . . . . Arthur Bergner, M.D. - Burlington  
1996 . . . . . William Hodgkin, M.D. - Hinesburg  
1995 . . . . . Joseph Hagan, Jr., M.D. - S. Burlington  
1994 . . . . . Alan Rubin, M.D. - Burlington  
1993 . . . . . Arnold Golodetz, M.D. - Burlington  
1992 . . . . . Henry Tulip, M.D. - St. Albans  
1991 . . . . . Arthur Wolk, M.D. - Rutland  
1990 . . . . . No Award Given  
1989 . . . . . J. Carleton Stickney, M.D. - Rutland  
1988 . . . . . E. Sherburne Lovell, M.D. - Springfield  
1987 . . . . . Howard Dean, M.D. - Shelburne  
1986 . . . . . Ronald Ferry, M.D. - Montpelier  
1985 . . . . . No Award Given  
1984 . . . . . William Brislin, M.D. - Rutland  
1983 . . . . . Lester Wallman, M.D. - Burlington  
1982 . . . . . Walter Rath, M.D. - St. Albans

*“Not for ourselves do we labor”*

- 1981. . . . Lester Judd, M.D. - Enosburg
- 1980. . . . Samuel Eppley, M.D. - Enosburg
- 1979. . . . J. Ward Stackpole, M.D. - S. Burlington
- 1978. . . . Frederick C. Holmes, M.D. - St. Albans
- 1977. . . . Philip G. Merriam, M.D. - Rutland
- 1976. . . . Arthur Gladstone, M.D. - Burlington
- 1975. . . . Dewees H. Brown, M.D. - Bristol
- 1974. . . . Julius H. Manes, M.D. - Bennington
- 1973. . . . John D. Boardman, M.D. - Burlington
- 1972. . . . Louis G. Thabault, M.D. - Winooski
- 1971. . . . Philip H. Wheeler, M.D. - Brattleboro
- 1970. . . . Rufus C. Morrow, M.D. - Burlington
- 1969. . . . Harry M. Rowe, M.D. - Wells River
- 1968. . . . H. Bernard Levine, M.D. - Burlington
- 1967. . . . Ray W. Collins, M.D. - Middlebury
- 1966. . . . Gordon B. Smith, M.D. - Rutland
- 1965. . . . Henry M. Farmer, M.D. - Burlington
- 1964. . . . Howard J. Farmer, M.D. - St. Johnsbury
- 1963. . . . Carlos G. Otis, M.D. - Townshend
- 1962. . . . Roger W. Mann, M.D. - Jeffersonville
- 1961. . . . Clifford B. Harwood, M.D. - Manchester
- 1960 . . . . Benjamin Clark, M.D. - St. Johnsbury

**FOUNDERS' AWARD** - *The Vermont Medical Society Founders' Award is presented to an individual who has demonstrated outstanding leadership, vision and achievement in improving the health of Vermonters and all Americans. (In the event that no suitable candidate is nominated in a given year, the award need not be given.)*

- 2007. . . . John E. Wennberg, M.D.
- 2006. . . . No Award Given
- 2005 . . . . No Award Given
- 2004 . . . . Mildred Reardon, M.D. - Williston
- 2003 . . . . John C. Lantman, M.D. (*Posthumously*)
- 2002 . . . . Sen. James M. Jeffords - Shrewsbury
- 2001 . . . . No Award Given
- 2000 . . . . John Evans, PhD - Burlington
- 1999 . . . . John E. Mazuzan, M.D. - Burlington
- 1998 . . . . No Award Given
- 1997 . . . . Hon. Howard Dean, M.D. - Shelburne

The Vermont Medical Society staff  
would like to thank its members for  
their continued support and involvement.

*"Not for ourselves do we labor"*

## 2008 Annual Meeting

Saturday, October 25, 2008

Topnotch Resort & Spa  
Stowe, Vermont



**!!! SAVE THE DATE !!!**

**Mark Your Calendar, Spend the Weekend**  
**and Bring the Whole Family!**



Body  
Treatments



Massages



Facials



Day Spa Packages



Acupuncture,  
Nutrition/Other



Teen Treatments

***IF YOUR SPECIALTY SOCIETY IS INTERESTED IN  
HAVING ITS MEETING IN CONJUNCTION WITH THE  
VMS MEETING CONTACT STEPHANIE AT 802-223-7898  
OR AT SWINTERS@VTMD.ORG***

*“Not for ourselves do we labor”*

## Important Phone Numbers

### **CODING & BILLING INFORMATION**

#### **The Coding Center**

Jana Purell, CPC

Coding & Reimbursement Specialist

(888) 889-6597

#### **Medicare Carrier in VT - NHIC:**

Provider Inquiries

Routine Medicare Part B inquiries, claim status, Automated Audio Response Unite, and routine UPIN queries

(866) 539-5595

#### **Provider Services**

Medicare Part B policy information, limiting charge, and fee schedule queries

(866) 539-5595

#### **Provider Certification Unit**

Medicare Part B physician/provider enrollment queries

(866) 539-5595

#### **Provider Telephone Reviews**

Medicare Part B claims telephone review requests

(207) 294-4322

#### **Electronic Data Interchange Support Services**

Information on Carrier Bulletin Board System (an interactive communication network supporting electronic claim submission and data exchange)

(781) 749-7745

### **PUBLIC AND PRIVATE INSURANCE**

Questions regarding state funded programs such as VHAP, Dr.

Dynasaur, Medicaid, VHAP Pharmacy, VScript and VScript expanded:

Health Access Member Services at (800) 250-8427

Questions regarding private health insurance of managed care plans -

Department of Banking, Insurance, Securities & Health Care

Administration (BISHCA)

(800) 631-7788



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## Important Phone Numbers

### **SPECIFIC PRIVATE INSURANCE CONCERNS**

#### **Blue Cross/Blue Shield of Vermont**

Member Services: (800) 247-2583, General: (802) 223-6131

#### **EDS Provider Services**

(800) 925-1706

#### **CIGNA Healthcare**

Member Services: (800) 345-9458, General: (800) 380-3530

#### **MVP Health Plan - Vermont**

Member Services: (888) MVP-MBRS, General: (800) 380-3530

### **HOSPITALS**

**Brattleboro Memorial Hospital:** (802) 257-0341

**Brattleboro Retreat Healthcare:** (802) 257-7785

**Central Vermont Medical Center:** (802) 371-4100

**Copley Hospital:** (802) 888-4231

**Dartmouth Hitchcock Medical Center:** (603) 650-5000

**Fletcher Allen Health Care:** (802) 847-0000

**Gifford Medical Center:** (802) 728-4441

**Grace Cottage Hospital:** (802) 365-7357

**Mt. Ascutney Hospital & Health Center:** (802) 674-6711

**North Country Hospital:** (802) 334-7331

**Northeastern Vermont Regional Hospital:** (802) 748-8141

**Northwestern Medical Center:** (802) 524-5911

**Porter Medical Center:** (802) 388-4701

**Rutland Regional Medical Center:** (802) 775-7111

**Southwestern Vermont Health Care:** (802) 442-6361

**Springfield Hospital:** (802) 885-2151

**Vermont State Hospital:** (802) 241-1000

**VA Medical & Regional Office Center:** (802) 295-9363

### **MISCELLANEOUS**

**Vermont Department of Health:** (802) 464-4343

**Vermont Board of Medical Practice:** (802) 657-4220, (800) 745-7371

**Centers for Disease Control and Prevention:** (800) 311-3435

**National Institutes of Health (NIH):** (301) 496-4000

**CMS Boston:** (877) 267-2323

**Health Care Ombudsman:** (800) 917-7787

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