

2014 SME HOD ACTIONS

ADOPTED - The 2014 SME Sunset Review Report

- 250 Encourage Use of NYS Record Release Form
Introduced by Fifth and Sixth District Branches

ADOPTED

RESOLVED, That the Medical Society of the State of New York (MSSNY) to recommend to physicians that their office staffs utilize the New York State Authorization for Release of Health Information Pursuant to HIPAA (OCA Office Form No. 960).

- 251 Physician Control of Treatment Administration
Introduced by Nassau County Medical Society

REFERRED TO COUNCIL

RESOLVED, That once a medication or treatment is approved by the third party payer, it is within the purview of the trained health care professional to administer that treatment as he/she sees fit so long as quality of care measures are met regardless of cost.

- 252 Point of Care Availability For Blood Glucose Testing
Introduced by The Schoharie County Medical Society

ADOPTED

Resolved, That the Medical Society of the State of New York to call on the AMA to work with Centers for Medicare and Medicaid and seek the maintenance of the CLIA exempt status of point of care glucose testing.

- 253 Affordable Care
Introduced by The Suffolk County Medical Society

ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York advocate for regulation and legislation to provide that insurers give reasonable credit for out of network expenses based on Fair Health toward a participant's annual deductibles and out of pocket maximums; and be it further

RESOLVED, That MSSNY submit a resolution to the annual meeting of the American Medical Association seeking federal regulation and legislation to provide that insurers give reasonable credit for out of network expenses toward a participant's annual deductibles and out of pocket maximums.

- 254 Thoroughly Informing Patients and Physicians About Out-Of-Network Benefit Reduction and Cancellation
Introduced by New York County Medical Society

ADOPTED

RESOLVED, That the Medical Society of the State of New York (MSSNY) take all possible appropriate steps to fully and thoroughly educate patients and the public about the emerging realities of out-of-network benefits utilizing all possible methods to do that including public relations; and be it further

RESOLVED, That as physicians are by all accounts themselves under-informed about what is happening and what will transpire regarding out-of-network care, the Medical Society of the State of New York make every conceivable effort to communicate more fully and completely with its membership.

- 255 CMS “Two Midnight” Policy
Introduced by Nassau County Medical Society

ADOPTED

RESOLVED, That the Medical Society of the State of New York to ask the AMA to demand that Centers for Medicare and Medicaid educate the public and produce documents that outline the potential in negative financial consequences of the “two midnight” policy.

- 256 Medicare Advantage Terminations Due to the Affordable Healthcare Act (ACA)
Introduced by New York County Medical Society

SUBSTITUTE RESOLUTION 256 ADOPTED IN LIEU OF RESOLUTION 256

RESOLVED, That the Medical Society of the State of New York support the information contained in the proposed rule by CMS with Congressional support which states that Medicare Advantage Organizations notify their respective CMS Regional Account Managers no less than 90 (ninety) days prior to the effective date of planned termination(s); and be it further

RESOLVED, That MSSNY support CMS’ belief that their approach and expectations described in the proposed rule will promote a more structured, efficient process that will minimize confusion and disruption for Medicare Advantage Organizations, enrollee care, providers and CMS.

- 257 Patient Fact Sheet on Insurer Abuses
Introduced by New York County Medical Society

REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York develop a series of template-type, patient-centered “Fact Sheets” for members to give to their patients, informing patients about policy and administrative changes by insurance plans, that make it more difficult for physicians to provide needed, quality health care; and be it further

RESOLVED, That Patient Fact Sheets on Insurer Abuses state exactly how the insurer has effectuated a policy or administrative change that interferes with physicians, or otherwise constrains physicians from delivering what they believe to be the best quality care; and be it further

RESOLVED, That the legal counsel of the Medical Society of the State of New York provide legal principles and information to include in the Fact Sheets, to help patients understand the issues raised by their insurance carriers' sometimes egregious conduct, and be it further

RESOLVED, That MSSNY enlist the support of patient advocacy groups so that the widest possible patient constituencies may be helped to understand when it is the insurer, and not the physician, that is responsible for the delay, denial, or constraint of care.

- 258** Use of Patient Satisfaction Surveys to Determine Payment for Medical Services
Introduced by Nassau County Medical Society

ADOPTED AS AMENDED BY ADDITION AND DELETION

RESOLVED, That the Medical Society of the State of New York urge health plans that use customer satisfaction surveys, such as Press-Ganey among others, are not to be used not to use them to determine payment for medical services rendered; and be it further

RESOLVED, That the Medical Society of the State of New York urge health plans that to use customer satisfaction surveys can be used to educate providers in an attempt to upgrade services to educate providers in order to improve services patient experiences.

- 259** Cost Concerns Used to Downgrade Physician Designation and Listing on Insurance Panels
Introduced by Nassau County Medical Society

ADOPTED AS AMENDED BY ADDITION AND DELETION

RESOLVED, That the Medical Society of the State of New York urge health plans to not use cost analysis concerns not be used to reflexively downgrade physician designation or listing on insurance panels; and be it further

RESOLVED, That the Medical Society of the State of New York urge health plans that to use said-cost analysis be used only as an educational tool for providers and patients and not be used in a punitive fashion.

- 260** De-Couple the No Fault Fee Schedule
Introduced by The New York State Society Of Anesthesiologists, Inc.
REFERRED TO COUNCIL

RESOLVED, That MSSNY will seek to have legislation be introduced and signed into law in New York State to decouple the No-Fault fee schedule from the Workers Compensation fee schedule in order to allow New York State physicians caring for No-Fault recipients to be paid their usual and customary rates by insurance carriers.

- 261** Collapse of Workers' Compensation and No Fault Benefits into Regular Insurance
Introduced by The Suffolk County Medical Society
REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York (MSSNY) seek legislation and regulation to collapse or combine the Workers' Compensation health benefit into an individual's ordinary coverage, without cost share to the injured workers; and be it further

RESOLVED, That MSSNY seek legislation and regulation to collapse or combine the Motor Vehicle No-Fault health benefit into an individual's ordinary coverage without cost share to the injured individual; and be it further

RESOLVED, That MSSNY bring a resolution to the annual meeting of the American Medical Association (AMA) to seek federal legislation and regulation in order to collapse or combine the Workers' Compensation health benefit and Motor Vehicle No-Fault health benefit into an individual's ordinary coverage, without cost share to the injured worker, should that coverage be from a federal or federally regulated program.

- 262** Workers' Compensation and No-Fault Carriers to Use Diagnosis Codes Consistent with HIPAA Electronic Standards
Introduced by Fifth and Sixth Districts
ADOPTED

Resolved, That the Medical Society of the State of New York (MSSNY) seek legislation at the state level that requires all insurance carriers operating in New York State to utilize a consistent International Classification of Diseases (ICD) system.

- 263** ICD-10
Introduced by The Suffolk County Medical Society
REFERRED TO COUNCIL

RESOLVED, That MSSNY lobby our congressional delegation for permanent delay of implementation of ICD-10 for small physician practices (as opposed to those owned/operated by hospital systems) and; be it further

RESOLVED, That MSSNY introduce a resolution at the AMA Annual meeting seeking federal legislation to permanently delay implementation of ICD-10 for small physician practices (as opposed to those owned/operated by hospital systems).