

2018 SME HOD ACTIONS

250 - Printing Co-Pays & Deductibles on All Insurance Cards

Introduced by: Fifth and Sixth Districts

ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York request that the New York State Department of Financial Services mandate all insurance companies print current copays and deductibles and date of issue on all subscribers health insurance cards.

251 - Modify Clinical Laboratory Improvement Amendment of 1988

Introduced by Medical Society of the County of Queens

ADOPTED

RESOLVED, that MSSNY adopt the position that it is proper to remove the CLIA certification mandate requirement for physicians who only use CLIA-waived tests and physician-performed microscopy; and, be it further

RESOLVED, that MSSNY bring this proposal to the AMA.

252 - Adjusting Parameters for Hospital Readmission Reduction Program

Introduced by Resident and Fellow Section

ADOPTED AS AMENDED

RESOLVED, That MSSNY urge the Centers for Medicare and Medicaid Services (CMS) to omit planned and unrelated readmissions from the Hospital Readmissions Reduction Program

RESOLVED, That MSSNY support implementation of hospital peer-grouping by CMS based on their similar proportions of low-income patients, rather than evaluating their performance based

RESOLVED, That MSSNY support New York State conducting a pilot study to formulate appropriate testing criteria to ensure that the hospital readmission reduction program accounts for all the social factors and accurately reflects health care quality delivered to our heart failure patients.

253 - Non-Payment and Audit Takebacks by CMS

Introduced by Ninth District Branch

ADOPTED AS AMENDED

RESOLVED, That MSSNY seek through legislation and/or regulation policies opposing claim nonpayment due to minor wording or clinically insignificant documentation inconsistencies; and be it further

RESOLVED, That MSSNY seek through legislation and or regulation policies opposing extrapolation of overpayments based on minor inconsistencies; and be it further

RESOLVED, That MSSNY seek through legislation and regulation bundled payment denial based on minor wording or clinically insignificant documentation inconsistencies; and be it further

RESOLVED, That MSSNY transmit a similar resolution to the AMA-HOD 2018.

**254 - Contract Non Renewals by Third Party Insurers: Problems with the Insurersq
Notification Process**

Introduced by New York County Medical Society

SUBSTITUTE AMENDED RESOLUTION 254 BE ADOPTED

RESOLVED, that MSSNY urge both the Department of Financial Services (DFS) and the DOH to require insurers verify and maintain the accuracy of the physiciansqdirectory; and be it further

RESOLVED, that the DFS require insurers to send the contract non-renewal notices via Certified Mail - Return Receipt Requested; and be it further

RESOLVED, that MSSNY remind physicians about the New York State Department of Health\$ (DOH) Provider and Health Plan Look Up Tool - which can be accessed directly at this link: <https://pndslookup.health.ny.gov> . By entering the physician\$ name and county, the website will display the plan(s) and physician practice location(s). If needed, corrections to the practice location can be made and returned to the NYS DOH. The DOH will notify the plan(s) for correction.

255 - Insurers' Procedures Regarding Termination and Resignations

Introduced by New York County Medical Society

ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York urge the New York State Department of Financial Services to require insurers to provide clear instructions for physicians who wish to terminate or resign from participation agreements; specifically, the insurers should be required (1) to state mailing addresses for termination/resignation requests, and any wording that is required for these requests, and (2) to post these instructions in written publications and on websites (for example, a Termination/Resignation Request form might be included in the insurers\$ Interactive Forms library); and be it further

RESOLVED, That the Medical Society of the State of New York urge the New York State Department of Financial Services to require that when an insurer receives a physician\$ termination/resignation request, it send the physician a written confirmation by email or fax, or certified mail. (1) stating that it has received the request, (2) specifying the date on which the termination will take effect, and (3) listing instructions on how the physician is to handle claims that he or she is holding, and claims that are currently pending in the insurers\$ system.

256 - The Ordering of Lab and Radiology Tests

Introduced by New York County Medical Society

ADOPTED

RESOLVED, That the Medical Society of the State of New York point out to the New York State Legislature and the New York State Department of Financial Services that when out-of-network (OON) physicians order lab tests, diagnostic testing or radiology studies from in-network labs or radiology practices, those orders are often not approved by the plans or honored by the labs or radiology practices; and be it further

RESOLVED, That in legislative proposals concerning out-of-network (OON) physicians payment problems with managed care plans (such as, proposals that enrollees should be allowed to assign payment to their OON physicians), the Medical Society of the State of New York support the inclusion of language requiring that OON physicians orders for lab tests, radiological services and diagnostic tests to be approved by plans and honored by in-network labs and radiology practices.

257 - Office Based Surgical Facility Fees Reimbursement

Introduced by New York County Medical Society

ADOPTED

RESOLVED, That the Medical Society of the State of New York ask the New York State Department of Health and New York State Department of Financial Services to officially inform the private insurance carriers in New York State that office. based surgical facilities, which operate under the license of the physician owner, are in fact regulated by New York State, and are not permitted to function without the oversight of the New York State Department of Health; and be it further

RESOLVED, That the Medical Society of the State of New York seek legislation and/or regulation supporting the reimbursement of Office. Based Surgical Facility fees by private insurance carriers.

258 - Use of High Molecular Weight Hyaluronic Acid

Introduced by New York State Society of Orthopaedic Surgeons

ADOPTED AS AMENDED

RESOLVED, that the Medical Society of the State of New York advocate for reimbursement and coverage for high molecular weight hyaluronic acid intra-articular injections as appropriate care and treatment for patients with mild to moderate osteoarthritis of the knee; and be it further

RESOLVED, that the New York Delegation bring this Resolution to the AMA for national coverage.

259 - House Calls Instead of Certain Paratransit Visits

Introduced by Michael Goldstein, MD, JD – as an individual

Delegate, New York County Medical Society

ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York (MSSNY) seek legislation or regulations whereby a physician making a house call on a patient who would otherwise travel to a medical practice, would be separately compensated by the fund that provides for patient transport; and be it further

RESOLVED, That the Medical Society of the State of New York (MSSNY) include in its legislative and/or regulatory proposals that the physician transit fee be paid regardless of the patient's health insurance (with the physician not permitted to bill the health insurance for the **transit** service).

260 - Reimbursement of CPT Fees

Introduced by Third and Fourth Districts

~~ADOPTED~~ THIS RESOLUTION WAS SUBSEQUENTLY WITHDRAWN BY COUNCIL ON MAY 10, 2018 AT THE REQUEST OF THE AMA. IT WAS THEN SUBMITTED TO AMA BY THE AUTHOR AS AN INDIVIDUAL.

RESOLVED, that the MSSNY House of Delegates call on the AMA to reimburse all AMA members for the fees they pay in relation to CPT coding; and be it further

RESOLVED, that the New York delegation to the AMA bring this resolution to the Annual Meeting of the AMA in 2018.

261 - Billing for Health Care Services

Introduced by Medical Society of the County of Kings

NOT ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) advocate that no providers may remit bills for services until they can document that all resources have been exhausted attaining third party reimbursement; and be it further

RESOLVED, that MSSNY advocate that when there is a balance for which the patient is responsible, that if paying the total amount due is a hardship for the patient that an installment plan be worked out; and recognizing that installment plans require extra staff time, charging a nominal fee is acceptable for such arrangements; and be it further

RESOLVED, that MSSNY advocate that if it is ascertained that a beneficiary is responsible for a fee, reasonable payment options should be offered.

262 - Difficulty Obtaining Pre-Op Information for Insurers

Introduced by Nassau County Medical Society

SUBSTITUTE AMENDMENT BE ADOPTED

RESOLVED, That MSSNY urge the Department of Financial Services to mandate health insurers declare on their websites the specific pre-service criteria required for any medical service or surgical procedure that is subject to precertification; and be it further

RESOLVED, That MSSNY work with insurers to insure that there be a reasonable notification time frame should there be a medically necessary change to the actual surgery.

263 - Qualified Physicians On Preauthorization Phone Lines

Introduced by New York County Medical Society

ADOPTED AS AMENDED

Resolved, That the Medical Society of the State of New York seek legislation or regulation requiring that, on all telephone calls to third-party carriers for precertification, appeals, etc., prescribers be able to reach a qualified medical person promptly (within 10 minutes); and be it further

RESOLVED, That the Medical Society of the State of New York seek legislation or regulation whereby, for physicians phone calls to third-party carriers for pre-certifications and appeals, the personnel qualified to adjudicate on these requests would be limited to licensed physicians (allopathic or osteopathic); and be it further

RESOLVED, That the Medical Society of the State of New York seek legislation or regulation whereby, for special needs, telephone requests for pre-certifications and appeals could be adjudicated only by qualified medical personnel who were in the same specialty as the physician calling.

TITLE CHANGE AS SHOWN ABOVE

264 . Reducing the Rate of Precertification Requirements

Introduced by Nassau County Medical Society

ADOPTED AS AMENDED

RESOLVED, in an effort to improve patient care and reduce the unnecessary burden regarding precertification requirements for physicians, that MSSNY continue, and expand its efforts, to force health insurers to reduce the level of required pre-certifications and pre-authorizations that physicians must obtain prior to rendering care.

TITLE CHANGE AS SHOWN ABOVE

265 - No Fault Pre-Authorization Requirement

Introduced by Ninth District Branch

ADOPTED AS AMENDED

RESOLVED, That MSSNY seek through legislative and or regulatory means a requirement that No Fault car insurance companies confirm coverage and provide pre-determination when requested by the treating physicians and other providers in accordance with the same time frames for elective diagnosis and treatment that commercial payers are required to follow; and be it further

RESOLVED, That MSSNY seek through legislation and/or regulation the assurance of payment for pre-determined services.

266 - Prompt Payment of Worker's Compensation Testimony Fees

Introduced by Bronx County Medical Society

ADOPTED AS AMENDED

RESOLVED, That that MSSNY should petition the Chair of the Workers Compensation Board to require reimbursement to the physician within 30 days of testimony.

267 - NYS Worker's Compensation PPOs

Introduced by New York State Society of Orthopaedic Surgeons

ADOPTED

RESOLVED, that the Medical Society of the State of New York seek legislative and regulatory changes to eradicate the practice of silent PPOs operating in New York State and require adherence with the accepted fee schedule; and, be it further

RESOLVED, that the Medical Society of the State of New York seek amendments to the Workers Compensation Law that if the carrier reduces the approved and accepted Workers Compensation fee schedule, it must pay punitive damages to the Board and to the physician per day in an amount to support just enforcement.

268 - Education on Worker's Compensation Manual and Protocol
Introduced by Schoharie County Medical Society
ADOPTED AS AMENDED

RESOLVED, that MSSNY advocate for Workers Compensation Chair to partner with the MSSNY W/C committee to develop a program that would educate physicians on the laws, regulations, documentation, and salient portions of the NY workers compensation protocol in order that we can provide better care for our injured patients and assist them in fair and just outcomes; and, be it further

RESOLVED, that Workers Compensation Insurers provide funding for the development of a comprehensive multimodality educational program for physicians.