

2015 SME HOD ACTIONS

ADOPTED AS AMENDED - The 2015 SME Sunset Review Report

265.979 **Insurance Companies Should Reimburse for Telephone Consultations:**
MSSNY policy should be that insurance companies and the Health Care Financing Administration should reimburse physicians for telephone management of patients. (HOD 99-258; Reaffirmed HOD 05-273)

RECOMMENDATION: REAFFIRM

325.967 **Increase to Workers' Compensation Fee Schedule:**

In recognizing Workers' Compensation regional conversion factors have not been increased for at least 10 years, that the Medical Society of the State of New York aggressively pursue the Chairman of the Workers' Compensation Board to grant an increase of the conversion factors to compensate for the increase in the costs associated with medical practice; and that MSSNY aggressively pursue increases to the Workers' Compensation regional conversion factors, on an annual basis, so as to bring Workers' Compensation reimbursements up to current acceptable levels. (HOD 05-267)

RECOMMENDATION: REAFFIRM

250 Acne Medication Coverage
*Introduced by Bronx County Medical Society
Medical Society County of Queens
NYS Society of Dermatology and Dermatologic Surgery*
ADOPTED AS AMENDED

RESOLVED, That The Medical Society of the State of New York (MSSNY) support a change by New York State Medicaid to cover Retin A and similar topical acne medications for the treatment of acne.

251 Eliminating Denials Due To Documentation of Dental Pathology
*Introduced by Bronx County Medical Society
MSSNY Young Physicians' Section*
ADOPTED AS AMENDED

RESOLVED, That MSSNY seek to eliminate insurance denials based on the inclusion of diagnosis codes otherwise classified as dental and require payment to the provider if the patient presented with any condition that can lead to medical concerns.

252 Requiring Insurance Companies to Cover ADD/ADHD Medications on which Children Have Been Stabilized
*Introduced by Ninth District Branch Medical Societies
(Dutchess, Orange, Putnam, Rockland and Westchester)*
ADOPTED

RESOLVED, That for children who have already previously been successfully stabilized on a specific ADD/ADHD medication, the Medical Society of the State of New York (MSSNY) pursue legislation and/or regulation that requires an insurer to continue to cover, at lowest tier cost, or patient cost-share, that same medication for children, and do so without obstructions, such as prior authorization or required trials of alternate medications, if and when that insurer changes their formulary policies; and be it further

RESOLVED, That for children who have already previously been successfully stabilized on a specific ADD/ADHD medication, but change insurer, or have a change in policy program within that same insurer, MSSNY pursue legislation and/or regulation that requires an insurer to continue to cover, at lowest tier cost, or patient cost-share, that same medication for children, and do so without obstructions, such as prior authorization or required trials of alternate medications, if and when that insurer changes their formulary policies.

- 253** Reimbursement for Non-Bundled Lab Tests
Introduced by Gina Del Savio, MD, As an Individual Delegate, Orange County Medical Society

REFERRED TO COUNCIL

RESOLVED, that the Medical Society of the State of New York seek legislation that preoperative basic blood test bundle be defined by the insurance companies and that additional lab tests necessary to assess the patient perioperatively or to establish their baseline wellness (i.e. cholesterol level, vitamin D level) may be drawn simultaneously as the standard bundle, but be reimbursed as different and distinct labs.

- 254** Non-Experimental Status Determined by Centers for Medicare and Medicaid Services
Introduced by Ninth District Branch Medical Societies (Dutchess, Orange, Putnam, Rockland and Westchester)

ADOPTED

RESOLVED, That the Medical Society of the State of New York seek by regulation and/or legislation New York State policy/law requiring that any medical service deemed non experimental by the Centers for Medicare and Medicaid Services for government programs also be deemed non-experimental by private payors.

- 255** Medicare Advantage Plans Seeking Chronic Condition/Diagnosis Data
Introduced by New York County Medical Society

ADOPTED

RESOLVED, That the Medical Society of the State of New York urge the Centers for Medicare and Medicaid Services (CMS) to develop formal guidelines for chart requests that Medicare Advantage (MA) plans issue in anticipation of CMS “risk–adjustment/diagnosis data reviews” (reviews in which CMS investigates patients’ health

status, with the intent of paying the MA plan more for patients with multiple chronic conditions than for patients with single conditions); and be it further

RESOLVED, That these chart request guidelines for Medicare Advantage (MA) plans set limits on (1) the number of medical records that the MA plan is permitted to list in a single request of this type, and (2) the number of separate requests that the plan is permitted to issue to a physician practice within a given time period; and be it further

RESOLVED, That the Medical Society of the State of New York urge the Centers for Medicare and Medicaid Services (CMS) to distribute those guidelines to their contracted Medicare Advantage plans (MA) plans, and require the plans to comply with them.

256 Forced Use of Virtual Credit-Card Payments to Physicians

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 educate its members, via e-news and the *News of New York*, that as of January 1, 2014, HIPAA regulations require health plans to offer physicians an Automated Clearing House (ACH) Electronic Funds Transfer (EFT) payment option that does not charge percentage-based fees and if a plan does not send payment by the HIPAA approved EFT ACH standard, the physician can demand that the plan revert to paper checks until such time that the HIPAA transaction standard is available.

257 Written Confirmation of Insurers Verbal (Oral) Information

Introduced by New York County Medical Society

ADOPTED

RESOLVED, That the Medical Society of the State of New York urge the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Financial Services to require all federal, state and private/managed care insurers in New York State to provide physicians with written documentation to support any information conveyed verbally (orally) by telephone representatives at the insurer's Provider Call Center (Telephone Unit, Enrollment Area or Coding Policy Unit); and be it further

RESOLVED, That the Medical Society of the State of New York advise the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Financial Services to recommend that when insurers send physicians their written confirmations of verbal (oral) information conveyed by telephone representatives at the insurer's Provider Call Center (Telephone Unit, Enrollment Area or Coding Policy Unit), they use e-mail and/or "fax back" systems.

258 Right to Compensation

Introduced by: Louis J Auguste, MD, As an Individual Delegate, Queens County

ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York seek legislation to eliminate the subsequent reversal of authorization and denial of payments for procedures that had been previously approved and when verification of eligibility had been confirmed by the Managed Care Company; and be it further

RESOLVED, That the Medical Society of the State of New York that in case of non-payment of a claim, the physician who has provided the care is entitled to obtain compensation from the patient, if he or she so chooses.

- 259** Payment for Physicians' Work: Appealing Insurance Company Denials for Payment
Introduced by Ninth District Branch Medical Societies
(Dutchess, Orange, Putnam, Rockland and Westchester)
ADOPTED

RESOLVED, That the Medical Society of the State of New York seek, by legislation or regulation, payment for physicians' time and effort involved in preparing appeals for reversal of denials of payment for medical care, procedures and medications by insurers and other third party payers on behalf of their patients.

- 260** Monitored Anesthesia Care and Pain Management Injections
Introduced by New York County Medical Society.
REFERRED TO COUNCIL

RESOLVED, That the Medical Society of the State of New York urge the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Financial Services to ask their carrier/insurer constituencies to reassess their coverage/reimbursement policies regarding the administration of Monitored Anesthesia Care (MAC) in conjunction with therapeutic pain injections, in light of the trend among some insurers to disallow coverage for MAC; and be it further

RESOLVED, That the Medical Society of the State of New York urge the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Financial Services to point out to insurers that disallowing Monitored Anesthesia Care (MAC) services in conjunction with therapeutic pain injections constitutes a patient safety issue — given that many patients who are facing therapeutic injections for pain management will be disinclined to undergo those procedures without sedative anesthesia, and will therefore need Monitored Anesthesia Care (MAC); and be it further

RESOLVED, That the Medical Society of the State of New York ask the Centers for Medicare and Medicaid Services (CMS) and the New York State Department of Financial Services to require insurers that are denying, or contemplating denying, MAC services in conjunction with therapeutic pain injections, to meet with the physician community via the Medicare Carrier Advisory Committee (CAC) process (or, in the case of private and managed care insurers, via their Medical Policy Advisory Boards) to discuss the clinical and patient safety issues that would be raised by the denial of those services.

- 261 In-Office Ancillary Procedures
Introduced by The Suffolk County Medical Society
ADOPTED AS AMENDED

RESOLVED, That MSSNY seek necessary rules or regulations in order that appropriate ancillary procedures such as radiation, x-ray including ultrasound, pathology, physical therapy and lab can be provided by the treating physician and his or her team and paid by third parties at reasonably negotiated rates.

- 262 Billing at Skilled Nursing Facility (SNF)
Introduced by Nassau County Medical Society
BE NOT ADOPTED

RESOLVED, That the Medical Society of the State of New York pursue changes in reimbursement from Medicare and insurance carriers which would allow physicians to bill for office visits and appropriate treatment and evaluations during the 100 day rehab period.

- 263 Appeals Process for Medications with Proscribed Dosing
Introduced by Nassau County Medical Society
REFERRED TO COUNCIL

RESOLVED, That MSSNY seek changes in insurance and Medicare regulations to allow trained professionals to make dosing changes for approved medications with appropriate documentation in the medical record.

- 264 Site of Service Parity
Introduced by The Suffolk County Medical Society
ADOPTED AS AMENDED

RESOLVED, that the Medical Society of the State of New York (MSSNY) seek legislation or regulation which would eliminate Medicare and commercial insurance payment differentials for routine and non-emergency physician services based upon site of service; and be it further

RESOLVED, That MSSNY encourage the AMA to seek similar legislation on a national level.

- 265 Payments By Medicare Supplemental Policies
Introduced by The Suffolk County Medical Society
ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York take appropriate action to educate MSSNY members through the e-news and the *News of New York* about their patients Medigap Plans so that physicians can, in turn, educate their patients' about the benefits associated with the supplemental policies they have purchased.

- 266 Limitation on Outpatient Physical Therapy Copayments
Introduced by The Suffolk County Medical Society
ADOPTED AS AMENDED

RESOLVED that as a result of increased physical therapy co-pays, often causing patients to delay medically necessary treatment, the Medical Society of the State of New York should seek legislation or regulation to limit a patient's out-of-pocket co-pay for physical therapy for a prescribed course of physical therapy treatment thereby making it financially viable for a patient to obtain these needed services.

- 267 Complete Genomic Sequencing
 AND
 268 Private Insurance Carriers Become Medicare Franchise
Introduced by Medical Society of the County of Kings
REFERRED TO COUNCIL

RESOLVED, that complete genomic sequencing will be offered within the price range in which limited sequencing is being performed now.

AND

RESOLVED, MSSNY will encourage the funding of complete genomic sequencing, encourage an increase in the training of molecular geneticists in order to eventually accelerate the clinical trial process, and identify the genomic sequence variant signatures of unknown significance based on the identifiable phenotypic expressions of the participants.