

2017 HOD ACTIONS for SME

250 TREATMENT OF ONYCHOMYCOSIS

Introduced by The Suffolk County Medical Society

ADOPTED as AMENDED

Resolved, that the Medical Society of the State of New York (MSSNY) recognizes onychomycosis of the toenails as an infectious disease that may cause pain, reduce mobility, create ulcerations, and may cause secondary infections leading to serious health complications; and be it further

Resolved, that MSSNY recognizes fungal infections of the toenail have a high incidence in the general public, and specifically at-risk diabetic patients, creating a public health issue; and be it further

Resolved, that the Medical Society of the State of New York (MSSNY) supports the treatment of onychomycosis by all physicians and properly licensed providers including doctors of podiatric medicine.

251 REIMBURSEMENT FOR IN-OFFICE ADMINISTERED DRUG

Introduced by Nassau County Medical Society

ADOPTED Substitute Resolution 251

Resolved, that MSSNY take the necessary steps to ensure that in-office physician administered medications be reimbursed at no less than the cost of the medication, which includes the cost of the purchase, storage, spoilage and professional administration.

252 PEER TO PEER REVIEWS BY INSURERS

Introduced by Nassau County Medical Society

ADOPTED Substitute Resolution 252

Resolved, that the Medical Society of the State of New York seek legislation to change peer to peer review by insurers to include evidence-based criteria publicly available and to be conducted by a physician of the same specialty and responded to the physician practice on a timely basis via fax or electronically. This legislation should also limit peer to peer and prior authorization reviews to only those cases that do not fall within the evidence based criteria.

253 VIOLATION OF HIPAA ELECTRONIC TRANSACTION STANDARDS BY INSURER FAILURE TO UPLOAD ICD-10 REVISIONS

Introduced by New York County Society

ADOPTED

Resolved, that the Medical Society of the State of New York (MSSNY) survey its members asking whether they have experienced claim denials, claims resubmission, or appeals because the insurer (federal, state or commercial) failed to upload the October 1, 2016, version of ICD-10 in a timely fashion; and be it further

Resolved, that the Medical Society of the State of New York (MSSNY) urge the American Medical Association (AMA) to present information on ICD-10 improper claim denials to the Centers for Medicare and Medicaid Services (CMS) and its Office of E-Health Standards & Services, to determine whether the insurers' failure to properly update their claims processing systems has constituted a violation of the HIPAA Electronic Transaction Standards and should trigger disciplinary or corrective actions to prevent these occurrences in the future.

254 ICD-10
Introduced by The Suffolk County Medical Society
NOT ADOPTED

Resolved, that the Medical Society of the State of New York (MSSNY) seek legislation and/or regulation to eliminate regular updates to ICD (including creation of new codes and the obsolescence of existing ones) in order to minimize the unnecessary disruption to physician practice work flow; and be it further

Resolved, that the MSSNY delegation introduce a similar resolution at the AMA Annual House of Delegates meeting in June 2017.

255 Office Based Surgery Reimbursement
Introduced by Richmond County Medical Society
ADOPTED Substitute Resolution 255

Resolved, that the Medical Society of the State of New York seek legislation to require health plans to provide facility fee reimbursement to physicians and/or medical practices that obtained State-mandated accreditation for their office-based surgical suite(s); and be it further

Resolved, that the new legislation mandate that facility fee reimbursement paid to physicians and/or medical practices issued by the health plan be fair and equitable, which means that payment by plans be no less than 50% of the rate paid to Ambulatory Surgical Centers (ASCs) or Hospitals for the room use of the ER, OR, OPD or Clinic, which will enable the plans to realize cost containment savings by paying physicians and/or medical practices, rather than paying the full ASC or Hospital room use rate.

256 Arbitrary Deadlines for New York State Workers' Compensation Peer Review Response
Introduced by Ninth District Branch
ADOPTED as AMENDED

Resolved, that the Medical Society State of New York require that if a ~~Workers'~~ **Workers'** Compensation peer review is requested by either party that the peer review be scheduled at a mutually acceptable time.

257 Registered Supervising Physician Testimony Sufficiency in Workers Compensation Cases
Introduced by Bronx County Medical Society
WITHDRAWN by Author

258 Amendments to the Workers' Compensation Law Section 110-a

(Confidentiality of Workers Compensation Records)
Introduced by The Suffolk County Medical Society
ADOPTED

Resolved, that the Medical Society of the State of New York (MSSNY) seek appropriate legislation or regulation to modify the Workers Compensation Law, Section 110-a, Subsection 1(a), which would allow a physician, or his legal representative, the ability to communicate with a member of the Workers Compensation Board, in instances when there is apparent fraud committed by a Workers Compensation claimant or other important information or irregularities relevant to the case; and be it further

Resolved, that the MSSNY seek legislation or regulation to strengthen NYS Workers Compensation Law and reduce potential fraud and abuse by amending Workers Compensation Law 110-a Part h to enable physicians to report alleged discrepancies or apparent fraudulent activities by patients and allow the Workers Compensation Board staff to annotate the WC Case file and alert the Workers Compensation Fraud Inspector General.

259 Workers Compensation Physician Reimbursements
Introduced by Medical Society County of Kings
NOT ADOPTED

Resolved, that MSSNY investigate the Workers Compensation fee schedules by third party vendors; and be it further

Resolved, that MSSNY advocate for physicians to be paid the entire amount set by the Workers Compensation fee schedule.

260 Correcting Workers Compensation Board Policy
Introduced by Fifth and Sixth Districts
ADOPTED Substitute Resolution 260

Resolved, that the Medical Society of the State of New York seek legislation to allow payment for services be made by the patient or the patient's private insurance when the patient and physician agree that additional treatment is necessary to improve impairment beyond the services that the Carrier's IME and the WC ALJ are willing to pay for under the Workers Compensation Program; and be it further

Resolved, MSSNY seek legislation to ensure that the decision to deny coverage of care recommended by the treating physician may not be made by non-physician personnel under the Workers Compensation Program

261 New York State Insurance Fund Unfair Rule Changes
Introduced by Nassau County Medical Society
ADOPTED

Resolved, that Medical Society of the State of New York work with all relevant agencies, including Workers Compensation Board, to force New York State Insurance Fund to return to the policy of providing physician offices both the status of the claim and body parts under that claim prior to the consultation occurring.

262 Discrimination against Patients in Medicare Advantage Organizations

Introduced by New York County Medical Society

ADOPTED Substitute Resolution 262

Resolved, that the Medical Society of the State of New York, on behalf of the patients of New York, object to the behavior of the Medicare Advantage Plans that disregard the law (42 CFR 422.101 (a)) that requires all Medicare Advantage Plans to meet or exceed the benefits covered by Medicare Part B in the geographic area and request that CMS enforce this law and hold Medicare Advantage Plans financially responsible for the required coverage.

263 Changes in Insurance Accepted by Pharmacies

(Late A) *Introduced by Nina I. Huberman, MD, as an individual, Delegate, Bronx County*

ADOPTED Substitute Resolution 263

Resolved, that the Medical Society of the State of New York seek legislation that will require NYS pharmacies to contact all physicians and the patients that are affected by the pharmacy's cessation of participation in a specific health insurance plan and require the transfer, with notice to the patient, of all new and pending prescription refills to a pharmacy that accepts the patient's insurance; and be it further

Resolved, that MSSNY seek through regulation or legislation the creation of a prescription clearing house that would reduce the existing hassles of the current system for patients, pharmacies and physicians.

264 Prompt Response to Physicians' Request for Authorization for Patient Care Services

(Late C) *Introduced by Niraj Acharya, MD, as an individual, Delegate, Kings County*

ADOPTED as AMENDED

Resolved, that MSSNY seek legislation and/or regulations requiring all insurance plans to respond to requests for services for the patient in one business day and if such response is not in the affirmative then the response must include an option for the physician to access a fair appeal process.