2016 HOD ACTIONS
REFERENCE COMMITTEE ON SOCIO-MEDICAL ECONOMICS

250 CMS Practice Parameters and Review Criteria
Introduced by Fifth and Sixth District Branch
Reaffirm MSSNY Policies 130.964 and 130.993

RESOLVED, that the Medical Society of the State of New York contact the Centers for Medicare & Medicaid Services (CMS) to demand that it cease using medical practice guidelines as a primary reason for payment denials; and be it further

RESOLVED, that MSSNY adopt as policy that medical practice guidelines should not be used as primary reasons for denial of payments; and be it further

RESOLVED, that the New York delegation to the American Medical Association (AMA) forward this resolution to the AMA requesting it assert its policy (H-410.997) in regard to clinical practice guidelines, demanding that the Centers for Medicare & Medicaid Services (CMS) cease using medical practice guidelines as a primary reason for payment denials.

251 NYS Private Payor Medical Necessity Guidelines
Introduced by Ninth District Branch Medical Societies
(Dutchess, Orange, Putnam, Rockland and Westchester)
ADOPTED AS AMENDED

RESOLVED, that MSSNY support legislation and/or regulation that prohibits insurance companies from using proprietary guidelines to deny pre-authorization and/or payment.

252 Unknown Diagnosis Coding Under ICD-10
Introduced by New York County Medical Society
ADOPTED

RESOLVED, that the Medical Society for the State of New York ask the Centers for Medicare and Medicaid Services (CMS) to enforce *Unknown Diagnosis Coding and ICD-10 Policy* with private insurers and managed care organizations, in that such policy is mandatory for all entities that are covered by the Health Insurance Portability and Accountability (HIPAA) law, but is being ignored by private insurers and managed care organizations; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge the Centers for Medicare and Medicaid Services (CMS) to require all private and managed care insurers to formally adopt CMSõs longstanding policy (reflected in ICD-10), that if a physician (1) does not know the diagnosis at the start of an encounter; (2) has not established a definitive diagnosis by the end of the encounter; and (3) is facing a ñprobable,ò ñsuspected,ò ñquestionable,ò ñrule-out,ò or ñworking diagnosisòscenario, then it is acceptable for him or her to report codes for signs, symptoms, abnormal test results, exposure to communicable disease, or other reason for the visit; and be it further

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge CMS to require private and managed care insurers to adopt CMSõs policy (reflected in ICD-10) that when the physician does not have enough clinical information about a particular health condition to assign a more specific code (e.g. if he or she suspects a diagnosis of pneumonia but by the end of the encounter has not determined the underlying cause of the pneumonia -- bacterial, et al), it is acceptable to report the appropriate ñunspecifiedòcode.

253 ï Development of a CPT Code for PMP Look-Up
Introduced by The Suffolk County Medical Society
ADOPTED

RESOLVED, that since the 2013 New York State requirement that physicians must check the Department of Health (DOH) Prescription Monitoring Program (PMP) registry, prior to prescribing or dispensing any Schedule II, III or IV controlled substances, a process which is not currently reimbursable but involves physiciansô time and medical judgment in consideration of providing controlled prescription medications, that the New York Delegation submit a resolution to the 2016 Annual AMA House of Delegates, calling for the development by the AMA and CMS of a Current Procedural Terminology (CPT) code so physicians in all States can be appropriately paid for their time and effort in consulting the PMP registry.

254 ï Centralized Insurance Registry
Introduced by First District Branch of MSSNY
ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) seek policy by the New York State Department of Health -- Office of Health Insurance Programs to establish a centralized system of insurance eligibility accessible to all providers.

255 ï Improving Medical Insurance Customer Service
Introduced by David Jakubowicz, MD Delegate, Bronx County
First District Branch of MSSNY
ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) seek regulation or legislation such that all coverage information be made available to health insurance customer service agents to review with patients during phone conversations; and be it further

RESOLVED, that the Medical Society of the State of New York seek regulation or legislation such that all insured be furnished copies of their coverage directly through the insurer upon request; and be it further

RESOLVED, that the Medical Society of the State of New York seek regulation or legislation such that a copy of an insuredôs policy be made available through the online login at all times.

256 - Require Co-pay and Deductible Amounts on Insurance ID Cards
Introduced by Cayuga County Medical Society
Reaffirm MSSNY Policies 120.951, 165.855, and 165.859

RESOLVED, that the Medical Society of the State of New York to seek regulation to require insurance companies to list on patient ID cards the co-pay and deductible amounts.

257 - Medicaid and Child Health Plus Renewals
Introduced by The First District Branch of MSSNY
ADOPTED AS AMENDED

RESOLVED, that the Medical Society of the State of New York (MSSNY) seek policy by the New York State Department of Health -- Office of Health Insurance Programs to contact the insureds in Medicaid and Child Health Plus programs via their preferred method of communication including but not limited to mail, e-mail, text and telephone as to the status of their insurance renewals and initial applications.

258 - Transfer of Insureds To Other Carriers Without Proper Notification
Introduced by Nassau County Medical Society
ADOPTED

RESOLVED, that MSSNY work with the appropriate state agencies to enact regulation banning the transfer of insureds or contract terms changes without appropriate and easy to understand written notice of at least 90 days prior to the planned transfer.

259 - Deleting State or Federally-Mandated Coverage
Introduced by Nassau County Medical Society
ADOPTED AS AMENDED

RESOLVED, that MSSNY seek federal regulation or legislation that prohibits self-insured health insurance companies from deleting coverage mandated by government.

260 - Private Insurers and Managed Care Organizations
Preï Authorization/Preï Certification Protocols
Introduced by New York County Medical Society
and
261 - Require Clear Instructions for Prior Authorization Procedure
Introduced by Cayuga County Medical Society
Adopted as Substitute Resolution 260

RESOLVED, that the Medical Society of the State of New York (MSSNY) seek legislation or regulation applying to all insurers:

- Requiring insurance companies to provide clear instructions in a timely manner on the procedure for obtaining a prior authorization.
- Requiring that for each plan or product, the insurer post on its website a complete list of services requiring preï certification/preï authorization;
- Requiring that after a physician has telephoned a customer service representative (CSR) to determine whether a service requires preï certification/preï authorization, the insurer send the physician, by fax or e-mail, a written confirmation of the CSRôs verbal statement;
- Forbidding the insurer to deny a claim solely for lack of an electronic preï authorization/preï certification request, if (a) if the CSR has stated verbally that the service does not require preï authorization/preï certification but that statement was inaccurate, and (b) the physician, relying on the CSRôs verbal statement, has failed to submit an electronic preï authorization/preï certification request; and

- If preauthorization is not required, a physician can request from the insurance company a predetermination about whether a particular procedure will be covered for a particular patient, and the predetermination, in writing, is binding.

262 - Abusive Pre-certification/Pre-Authorization Practices by Health Insurance Companies
Introduced by Nassau County Medical Society
Reaffirm MSSNY Policies 120.965, 120.999, 165.989, and 265.908

RESOLVED, that MSSNY seek regulation and/or legislation prohibiting the abusive per certification/pre-authorization process of ordering services and prescribing medications.

263- Continued Surgical Care
Introduced by The Suffolk County Medical Society
ADOPTED AS AMENDED

RESOLVED, that The Medical Society of the State of New York (MSSNY) seek legislation/regulation which would allow a physician who has performed an initial surgical procedure, to continue to follow the patient and perform any necessary follow up surgery, regardless of the physicianôs change in participation status; and be it further

RESOLVED, that any follow-up surgery performed by a physician whose participation status changed from when the initial surgery was performed, be reimbursed on an out-of-network basis; and be it further

RESOLVED, that MSSNY forward this resolution to the AMA for implementation on a national level.

264 - Ensuring Physicians Get a Fair Share of Bundled Payments
Introduced by The New York State Neurosurgical Society
ADOPTED AS SUBSTITUTED

Resolved, that MSSNY pursue regulation or legislation in the State of New York to fairly compensate the voluntary/private physicians for the work that they do at the hospital and share the bundled payment with the voluntary/private physician at least in the same proportion to the employed physicians in the same geographic area.

265 - Arbitrary Relative Value Decisions by CMS
Introduced by New York County Medical Society
ADOPTED AS AMENDED

RESOLVED, That the Medical Society of the State of New York (MSSNY) work with the AMA, other state medical and specialty societies and the national specialty societies, to change federal law by creating new checks and balances on the Centers for Medicare and Medicaid Services (CMS) regarding the Relative Value scale and other fee determination methodologies; and be it further

RESOLVED, That the Medical Society of the State of New York (MSSNY), working with the AMA, other state and specialty medical societies and the national specialty societies, provide an appeal process both within CMS and the courts regarding fee and Relative Value determinations for specific procedures.

266 - Medicare Advantage Plans and Delayed Claim Payments Due To System Issues
Introduced by New York County Medical Society
ADOPTED

RESOLVED, that the Medical Society of the State of New York (MSSNY) urge the Centers for Medicare and Medicaid Services (CMS) to create specific, concrete guidelines applicable to any Medicare Advantage Plan (MAP) whose ñtransitionòof its system, or update of its claims processing system, could harm physician practices financially; and be it further

RESOLVED, that any such guidelines from the Centers for Medicare and Medicaid Services (CMS) impose punitive penalties (including payment of interest on delayed claim payments, and additional corrective actions), when an insurerôs ñtransitionòof its system, and/or update of its claims-processing system, has led to (A) significantly delayed claim payments beyond the 30 days required by most contracts with Medicare Advantage Plans (MAPs); (B) improper adjudication of previously paid claims; and/or (C) improper denials followed by overpayment recoveries; and be it further

RESOLVED, the Centers for Medicare and Medicaid Services (CMS), as part of CMSôs punitive penalties and corrective actions, to require that when any Medicare Advantage Plan (MAP) has modified its system or updated its claim processing system that MAP should establish special service units, dedicated to resolving disputes and paying properly whenever the MAPôs system changes have led to (A) significantly delayed claim payments; (B) improper adjudication of previously paid claims; and/or (C) improper denials and then subsequent overpayment recoveries.

267 - Statute of Limitations for Medicare and RAC ñLookbacksò
Introduced by Nassau County Medical Society
ADOPTED AS AMENDED

RESOLVED, that MSSNY ask the AMA to work with Medicare to reduce the ñLookbackòperiod to be no longer than the length of time allowed to submit a claim for consideration.

268 - Mobility Impairment Increases Risk of Illness
Introduced by Medical Society of the County of Kings
REFERRED to Council

RESOLVED, that the Medical Society of the State of New York (MSSNY),
1) request that the American Medical Association (AMA) work with CMS to change their policies that calls dystrophic nails cosmetic problems, which sends the wrong message to patients and doctors; and
2) that MSSNY request the AMA to work with CMS to pay for investigative treatments that have less frequent and/or less severe adverse effects; including laser therapy, new formulations of topical agents (including efinaconazole) and new delivery systems of terbinafine.

269 (Late A) - CMS Revalidation of Medicare Billing Privileges
Introduced by Saratoga County Medical Society
ADOPTED

RESOLVED, that MSSNY advocate that the Centers for Medicare and Medicaid Services (CMS) adopt the practice of sending revalidation notices to physicians using certified mail with return receipt, thus ensuring that such notices are actually sent by CMS and received by the physician; and that the New York delegation to the American Medical Association submit this Resolution to the AMA House of Delegates Annual 2016 Meeting urging similar advocacy by the American Medical Association.

2016 Sunset Review Report of The Medical Society of The State of New York's Committee on Socio-Medical Economics
ADOPTED AND THE REPORT BE FILED.