We will continue to work to provide much needed relief to hospitals and dentists.

Remember: MLMIC is a mutual insurer, meaning that policyholders are the Company’s owners. We are truly a company separate from the field. One of the things that sets MLMIC apart from the field is the way we return profits. The 5% dividend will be issued distributed to policyholders. The 5% dividend will be issued separately from the 7.5 percent special dividend that was recently paid. This dividend comes on the heels of and is entirely separate from the 5 percent dividend that was announced and paid in 2015. This dividend was paid to all MLMIC policyholders insured as of May 1, 2015. The State Budget and How It Affects Physicians On April 1, the Legislature finalized the $142B state budget for FY 2015-16. Your MSSNY successfully advocated for its physician members and patients on numerous fronts, defeating several proposals under discussion that would have imposed huge new costs and administrative obligations on physicians. Among issues on which MSSNY strongly advocated:

1. Excess has been continued at $127.4M for an additional year without the tax clearance language requested by the Executive and opposed by MSSNY.
2. The Legislature rejected the Administration’s attempt to eliminate the physician profile. The budget requires that monies be re-directed from OPMC for the next two years to pay for the operation of the physician profile system as had been required in the past. No increase to physician registration fees was included in the budget. Budget language codifies the current regulatory requirement that physicians make changes to the mandatory elements of their profile within thirty days of a change; the DOH is required to upload those changes within thirty days of receipt. DOH is required to report on the status of the profiles by 1/1/16 and annually thereafter.
3. The Legislature rejected the Retail Clinic proposal opposed by MSSNY.
4. The Legislature rejected the Urgent Care proposal opposed by MSSNY.
5. The final budget included significant modification to the Administration’s Office Based Surgery proposal:
   - Re-appropriations to MSSNY for the Veterans Initiative were included at $150K and $165K respectfully.
   - MSSNY’s Committee for Physician’s Health was appropriated $990,000.
6. An additional $4M was included for the Doctors Across New York (Continued on page 12) 5 Percent Dividend Announced for All MLMIC Policyholders! MLMIC’s Board of Directors recently approved a 5 percent dividend for all MLMIC policyholders insured as of May 1, 2015. This dividend comes on the heels of and is entirely separate from the 5 percent special dividend that was recently distributed to policyholders. The 5% dividend will be issued by June 1 to dentists; and on July 1 to physicians, mid-level practitioners, hospitals and other healthcare facilities that maintain continuous coverage through July 1. The payment of dividends when fiscally prudent is just one of the things that sets MLMIC apart from the field. Remember: MLMIC is a mutual insurer, meaning that policyholders are the Company’s owners. We are truly a company run by physicians, hospitals and dentists for physicians, hospitals and dentists.

MLMIC remains committed to policyholder-first service. We will continue to work to provide much needed relief to our policyholders, while maintaining financial stability. For more information, please call: (888) 793-0393 (physicians) or (888) 990-7833 (hospitals) 5 Percent Dividend Announced for All MLMIC Policyholders! MLMIC’s Board of Directors recently approved a 5 percent dividend for all MLMIC policyholders insured as of May 1, 2015. This dividend comes on the heels of and is entirely separate from the 5 percent special dividend that was recently distributed to policyholders. The 5% dividend will be issued by June 1 to dentists; and on July 1 to physicians, mid-level practitioners, hospitals and other healthcare facilities that maintain continuous coverage through July 1. The payment of dividends when fiscally prudent is just one of the things that sets MLMIC apart from the field. Remember: MLMIC is a mutual insurer, meaning that policyholders are the Company’s owners. We are truly a company run by physicians, hospitals and dentists for physicians, hospitals and dentists.

MLMIC remains committed to policyholder-first service. We will continue to work to provide much needed relief to our policyholders, while maintaining financial stability. For more information, please call: (888) 793-0393 (physicians) or (888) 990-7833 (hospitals)

SGR Repeal Bill Enacted In April, the United States Senate passed by a 92-8 vote HR 2, the Medicare and CHIP Re-Authorization Act, which among many other provisions repeals the Medicare SGR formula and prevents a 21% Medicare physician fee cut from going into effect. The US House passed the bill by a 392-37 vote on March 26. President Obama signed the bill into law. MSSNY President Dr. Andrew Kleinman issued the following statement that highlighted both the positives of the legislation as well as its problematic provisions:

“The Medicare and CHIP Re-Authorization Act (MACRA) passed yesterday includes numerous positive provisions, but also could also prove to be a pyrrhic victory for many physicians and their patients in the years to come. Certainly, we wish to thank New York’s Congressional delegation for their efforts over the last several years to achieve repeal of the reprehensible Medicare SGR physician payment formula, as well as their efforts to support continued funding for the absolutely essential Child Health Insurance Program. We also appreciate the inclusion of provisions to: eliminate cuts for certain surgical services; remove some of the administrative burdens to physicians who wish to opt out of the Medicare program; and provide all physicians with some modest new liability protections.

However, many physicians have profound concerns with other aspects of this legislation. With physician practice costs increasing significantly each year (medical inflation according to the CPI is 3-4% each year), this legisla-
the current Medicare Value-Based Modifier program. Another recent study showed that only 1% of large physician groups were able to achieve bonuses for their participation in these programs. For example, one recent study showed that only 2% of physicians were able to meet Meaningful Use Stage 2 standards for use of electronic medical records. Therefore, we are strongly concerned that physicians will face significant obstacles attempting to comply with the MIPS value-based program proposed in this legislation. And even those who will be successful in these programs may face significant new administrative burdens that take time away from delivering patient care.

While eliminating the annual threat of cuts caused by the SGR is undoubtedly significant, these other provisions of the legislation could accelerate the trend of physicians having to sell their practices due to financial instability, jeopardizing continuity of care for our patients. We are anxious to work with Congress going forward to fix the flaws of this legislation to make sure our patients can continue to receive the quality care they need and deserve.”

22 out of 23 of New York’s House Delegation, as well as Senators Schumer and Gillibrand supported the legislation. The only New York member to oppose was Representative Jerrold Nadler (D-Manhattan). The broad parameters of the legislation include:

- **Repeal of the SGR formula;**
- **Providing a 0.5% Medicare payment increase starting July 1, 2015, and then a 0.5% increase each year from 2016 through 2019, followed by a 0% update for Fiscal Years 2020 through 2025;**
- **Creating a new value-based bonus/penalty program by consolidating the existing meaningful use, PQRS, and Value Based Modifier payment penalty programs after 2018 into one quality program called the Merit Based Incentive Payment System (MIPS). The bonus or penalty for this program would start at 4% in 2019 and ultimately go as high as 9% by 2022;**
- **Incentivizing physicians to participate in alternative-payment models by providing physicians who receive a significant portion of their revenue through participation in an ACO or • Patient-Centered Medical home with a 5% bonus;**
- **Requiring the posting of physician quality and utilization data on the Medicare Physician Compare website;**
- **Providing liability protection for failing to meet standards articulated in the Medicare and Medicaid programs as well as the ACA;**
- **Reversing the decision by CMS to eliminate bundled payments for 10-day and 90-day global surgical services. Instead, CMS will collect data on these services beginning in 2017 to determine the accuracy of payment rates;**
- **A further delay, until September 30, 2015, of enforcement of the CMS “two midnight” rule There is certainly far more to this legislation. For comprehensive summaries of HR 2, click here and here. And for an AMA FAQ document, click here. Finally, as noted in the New York Times, it may be necessary for Congress to act further to address flaws in this legislation. The article notes that the chief actuary of the Medicare program said the bill could lead to “a payment reduction for most physicians” after 2025. “If not addressed by subsequent legislation,” he said, “we expect that access to and quality of physicians’ services would deteriorate over time for beneficiaries.”

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**AG Reaches Settlement with Excellus to Ensure Coverage for Mental Health Care Services**

In March, New York Attorney General Eric Schneiderman announced a settlement with Excellus to require it to cover residential treatment for behavioral health conditions and reform its procedures for evaluating behavioral health treatment claims. The settlement also requires Excellus to provide notice of a new appeal right to 3,300 members whose requests for inpatient substance-use disorder rehabilitation and eating-disorder residential treatment Excellus denied from 2011 through 2014. To read the full press release, click here.

This is the fifth enforcement action against insurers of violations of mental health parity laws since last year. Insurers Cigna, MVP Health Care, and EmblemHealth have already entered into settlements, and last week, the Attorney General entered into a settlement with ValueOptions, the behavioral health vendor for MVP and Emblem. It was found that Excellus denied inpatient substance-use disorder rehabilitation recovery services seven times as often as inpatient medical services. According to the press release, Excellus has agreed to reform its claims process for behavioral health coverage, in particular for substance use disorders, by:

- Not imposing any preauthorization or concurrent review requirements for routine outpatient behavioral health services (i.e., psychotherapy and medication management)
- Covering partial hospitalization and intensive outpatient (“IOP”) treatment for behavioral health conditions
- Not requiring that members demonstrate a substantial impairment in their ability to function in a major life activity in order to receive coverage for behavioral health care
- Removing the requirement that members “fail” outpatient substance-use disorder treatment before qualifying for inpatient rehabilitation treatment
- Conducting full and fair reviews for services that require preauthorization, such as inpatient substance-use disorder rehabilitation
- Posting its behavioral health medical necessity criteria on a website, to improve the transparency of the review process
- Applying the primary care co-payment amount to all routine outpatient behavioral services for all standard individual and small-group products offered on the New York Health Benefit Exchange
- Providing detailed, accurate oral and written explanations for denied claims, so that members can exercise their appeal rights
- Employing in-house Behavioral Health Advocates, who can supply members and providers with assistance and information regarding claims denials, appeals, and in-network treatment facilities and providers in the member’s service area
- Posting parity disclosures on its website, provide additional training to its staff, file regular compliance reports with the Attorney General, and pay $500,000 in fees and costs.
MLMIC works to provide meaningful financial relief to policyholders whenever we can. In fact, we’ve provided more than $300 million in dividends to policyholder owners since 1975 – an accomplishment unmatched by any competitor writing medical liability insurance in New York State.

To qualify for this dividend you need to be a policyholder by May 1, 2015, and maintain continuous coverage through July 1, 2015.

See what MLMIC can do for you.
Visit MLMIC.com/dividends or call (888) 996-1183
As the President of your society and the chief steward of your membership duties for the last 12 months, I have endeavored to take on the many challenges that confront us with practicing medicine in New York State, at a time when the models and payments for delivering care are rapidly changing.

I am happy to report to you that MSSNY has been successful in addressing many of these challenges. Whether it was achieving a delay of the e-prescribing mandate, defeating adverse proposals that would have imposed significant new regulations of physician office-based practice sites, defeating proposals that would have driven up our malpractice premiums, working to assure that problematic value-based payment proposals are fair to practicing physicians, or assuring that the increasing numbers of employed physicians are fully aware of their legal rights, we have met these challenges head on.

Of course there is much more that we need to do. I don’t have to tell you that the administrative burdens of practicing medicine and the ability to be paid fairly by insurance companies, particularly in New York State, seems to get more and more difficult every day.

WE ARE BETTER OFF

But after serving you for the last year, there is one thing that is abundantly clear to me, and I hope is abundantly clear to you—physicians are far better off because of the education and advocacy provided by MSSNY, and the results we achieve for you, than they would be if there was no MSSNY.

Conversely, if MSSNY is not adequately supported, it would have a disastrous impact on your ability to deliver care to your patients.

Please be sure your colleagues are aware of this fact.

THANKS TO ALL COUNTIES FOR THEIR SUPPORT

I would also like to take the opportunity to thank the many county medical societies and hospital medical staffs who invited me to attend and present at your meetings. These meetings have provided me the opportunity to be sure physicians are aware of all that MSSNY is doing, as well as the resources we can provide to help you address the difficulties you face seeking to assure your patients can receive the care they need.

But most importantly, these meetings have helped to better inform me regarding the challenges physicians across the state are facing, the gaps in the services that MSSNY can better provide to its members, and to help focus the priorities upon which MSSNY should place its limited resources.

I have no doubt that my successor, Dr. Joseph Maldonado, a urologist from Rome, NY, will continue to travel to every region of the State to similarly participate in these local meetings.

I also would like to take the opportunity to thank all of the dedicated MSSNY and county society physician leaders for their efforts on behalf of their colleagues. I continue to be inspired by efforts of these physicians, who routinely take hours and sometimes days away from their practices and their families to strategize about the problems we face, identify workable solutions and advocate to protect your ability to provide the care your patients expect and deserve.

And, of course, I would be remiss if I did not thank our talented and dedicated MSSNY and county society staff for all they do for us.

While I bid you adieu to being your President, I do not bid adieu to my advocacy work on your behalf.

I WILL CONTINUE MY ADVOCACY EFFORTS

Prior to becoming MSSNY President, I was actively involved in working with key government officials on a multitude of issues to help develop legislation and regulations to help physicians and their patients.

I intend to continue these important efforts. I also look forward to continuing to advocate and assist physicians in being paid fairly for the care they deliver, whether it be through traditional fee for service or through emerging alternative payment models.

It’s been a great year, and an honor to be your President.
House of Delegates Provides an Excellent Opportunity to Learn About and Join MSSNYPAC

The comprehensive policy agenda advanced at MSSNY’s House of Delegates by your physician leaders provides a compelling reason for you to learn more about and join MSSNYPAC.

Our ability to be successful in achieving the policy aims adopted at our HOD is in large part driven by our ability to have policymakers be receptive to the concerns we raise. This is where we need you.

MSSNYPAC is a Committee within the Medical Society of the State of New York which is comprised of physician and non-physician members. The Council of the Medical Society is the ultimate authority on all MSSNYPAC matters. MSSNYPAC was created by the Medical Society to engage in New York State Campaign activities. MSSNYPAC collects contributions from physicians, entities and organizations to support MSSNYPAC objectives. It is not affiliated in any way with any political party.

All funds collected by MSSNYPAC shall be deposited into two accounts: a State Contribution Account and an Operating Account. Funds shall be allocated according to a schedule wherein the Operating Account shall receive 20% of all aggregate funds collected and the State Account shall receive 80% of all aggregate funds collected.

MSSNYPAC is directed by an Executive Committee comprised of physician leaders throughout the state. This Committee is vibrant, meeting at least each day that Council meets.

MSSNYPAC’s Chairman’s Club (donors of $1,000 or more) is growing quickly. At the House of Delegates, renewed emphasis was placed on growing the Chairman’s Club even further. Chairman’s Club members receive time-sensitive political updates and are able to attend many political party committee events on MSSNYPAC’s behalf throughout the year. They also receive special recognition on the MSSNY website, a special lapel pin commemorating their dedication to MSSNYPAC. MSSNYPAC and MSSNYPAC’s Chairman’s Club membership should be growing given the many political wins we have secured. A one year delay in the implementation of the e-prescribing statute, defeat of an onerous urgent care proposal, defeat of the onerous language which would have allowed hospital representatives to dictate what types of surgery and anesthesia physicians can perform in their offices, defeat of the retail clinic proposal and enactment of a fully funded Excess program have all been achieved by MSSNY during the first ninety days of the legislation session this year.

And now it is time for you to join or consider upgrading your membership to Chairman’s Club status.

Affecting public change in Albany requires political strength. Political strength is measured in numbers. With new members we will grow stronger. Together all of medicine can achieve tangible objectives which protect physician practices and the patient’s they serve.

Please contribute now. Unless we play our fair part in political action, we risk losing further ground to those who seek to take away our ability to control the care we provide to our patients.

MMLIC Releases Proactive Risk Management Follow-Up Program VI

As part of MLMIC’s ongoing commitment to helping physicians and other healthcare practitioners improve the quality of patient care and reduce potential liability exposure in their practices, a new online risk management CME program, Proactive Risk Management Follow-Up Program VI (Follow-Up VI), has been developed for our policyholders and is now available at MLMIC.com.

In this program, expert physicians, healthcare attorneys, and MLMIC Claims and Risk Management representatives discuss issues in risk management currently affecting physicians, including liability risks related to the use of advertising, electronic medical records, and voice recognition software. High-exposure liability claims associated with errors in diagnosis and strategies to prevent these claims are reviewed.

Challenging patient behaviors that can impact the physician-patient relationship are presented and recommendations are made to reduce potential liability exposure. Lastly, Follow-Up VI addresses recent trends in back disorder claims, including findings from the PIAA Data Sharing Project presented by their Director of Research and Risk Management.

In addition to its educational value, Follow-Up VI allows physicians to earn CME credit and eligibility to participate in the New York State excess medical malpractice insurance program.

For further information, please contact MLMIC’s Risk Management Department at (212) 576-9601.
BYLAWS
In an effort to help increase membership in MSSNY and its component county medical societies, while also acknowledging the exodus of residents and doctoral medical education, course curriculum and residency training necessary to receive a Doctor of Podiatric Medicine degree, as well as the many advocacy efforts put forth by podiatrists which are frequently aligned with that of organized medicine, the Bylaws of MSSNY dealing with the different classes of membership, be amended by expanding the definition of “Active Membership” to include “Doctors of Podiatric Medicine.”

GOVERNMENTAL AFFAIRS

Availability of Pharmaceuticals
MSSNY should seek legislation requiring pharmaceutical manufacturers in NYS to maintain adequate amounts of the pharmaceuticals they produce and that failure to comply with the necessary production be reported to the DOH. For, on resumption of availability of a previously unavailable pharmaceutical, there is an increase in price, the inappropriate increase should be delayed to NYS DOH, AG and Insurance Department.

Physical Appearance of Generic Drugs
A lack of uniformity in physical appearance of generic drugs can confuse patients and caregivers, resulting in the administration of incorrect medications at incorrect times. MSSNY should seek legislation requiring ALL pharmaceutical manufacturers to establish, at their own expense, a process of bar code prescribing in NYS, ensuring that the registry describe and have a photograph of the physical appearance of every drug sold in the state.

Generic Drug Pricing
MSSNY should maintain and, if necessary, seek legislation that generic drugs are not identical to their “brand” name precursors and that physicians have the right to prescribe the type of generic drug which is medically necessary for their patients. MSSNY should also seek legislation requiring the NYS Insurance Department to streamline and expedite complaints regarding the failure of insurance companies to complete pre-authorizations and tier exemption requests in an expeditious manner.

Precertification of Medications
MSSNY should seek regulatory intervention to reduce the difficulty of precertification for prescribing medications for patients, including the insurance carriers’ utilization and preauthorization obligations in expedient fashion and the final determination be that of the physician.

Substitutions of Medications
MSSNY should seek changes to current insurance company practices which would limit their ability to demand medication substitutions and insist that all substitutions always be of the same class as that originally prescribed.

Improved Medication Access
MSSNY should seek legislation that prohibits insurance companies from denying coverage for FDA approved medications, prescribed by a duly licensed physician once there is evidence of efficacy or reasonable likelihood of efficacy based on the best available evidence. MSSNY should refer this resolution to the AMA to seek national legislation to prevent Medicare from withholding payment for treatments with FDA approved medication when being prescribed off label.

Payment for Services to Pharmacy Benefit Managers
MSSNY should seek legislation and/or regulation, mechanisms to pay physicians for work required by the pharmacy benefit managers that is not part of the service to the patient in obtaining prescribed medications. MSSNY should ask the AMA CPT editorial board to develop a CPT code for this specific service.

Pharmacy Benefit Managers Interfering with the Progress and Continuity of Treatment
MSSNY should seek legislation or regulation that would require Pharmacy Benefit Managers to allow the continuation of medication regimes which were established prior to the institution of the current insurance plan without financial constraints.

Egregious Denials of Medically Necessary Medications Previously Recommended by PBPMs
MSSNY should seek regulation and/or legislation to require that all Pharmacy Benefit Management Plans (PBPMs) that work with insurance plans that cover New York lives must allow a sufficient timeframe for a patient to remain on a medication and immediately provide coverage of a medication that has been recommended by the insurance plan or PBPMs. MSSNY should also seek regulation and/or legislation that misleading contractors of insurance plans subject to the same NYS laws and regulations as the plans themselves are subject to, and should seek regulation and/or legislation that defines any utilization review decisions regarding medical necessity.

Shared Savings and I-STOP
MSSNY should draft legislation that would ensure compensation to physicians for savings that patients save as a direct result of the I-STOP program.

Third Party Payment for Evaluation and Management of Developmental Disorders
MSSNY should seek legislation or regulation by NYS to require third party payers to cover comprehensive diagnostic and therapeutic services for children in need of evaluation for developmental disorders. MSSNY should forward the resolution to the AMA requesting that it seek federal action to secure legislation to require third party insurers to cover these comprehensive diagnostic and therapeutic services.

Prompt Payment
MSSNY should seek legislation that would require the Department of Financial Services to direct insurance companies to resolve prompt payment complaints within 30 days and have the current penalty interest rate increased by 3%. MSSNY should request that the NYS Insurance Commissioner and the NYS Attorney General’s Office investigate complaints and work to resolve prompt payment complaints within 30 days and have the current penalty interest rate increased by 3%.

Prompt Payment for Self-Funded Insurance Companies
MSSNY should encourage the AMA to seek the following: a “prompt pay law” for self-funded health insurance plans; a requirement that the Department of Labor direct insurance companies to resolve prompt pay complaints within 30 days; and a provision that the medical provider be given legal standing to directly pursue the insurer for the claim in the event the patient assigns their benefits to the provider.

Fee Splitting and Personal Injury
MSSNY should advocate for legislation and restrict fee splitting in the legal profession in a manner patterned after those other professions which regulate compensations for what drugs are medically necessary for their patients. MSSNY should also seek legislation requiring the NYS Insurance Department to streamline and expedite complaints regarding the failure of insurance companies to complete pre-authorizations and tier exemption requests in an expeditious manner.

Patients’ Compensation System
MSSNY should integrate the patient compensation system into our current legislative agenda and work with hospital associations, patient advocacy groups, the business community and other partners to seek meaningful and timely reform.

New York State Attorney General’s Office Physician Phone Call Policy
MSSNY should request that the NYS Attorney General’s Office reintroduce its previous policy to allow calls and process inquiries and complaints from physicians as they have done in the past.

Too Big to Fail
MSSNY should ask the NYS Insurance Commissioner and the NYS Commissioner of Health to designate the largest of the health care delivery systems as “Too Big to Fail” and the Commissioners of the NYS Departments of Insurance and Health to conduct financial stress tests on these designated health care delivery systems to insure that they are adequately capitalized to withstand economic adversity.

Provider Representative Accessibility
MSSNY should ask the Department of Financial Services (DFS) to require that insurance carriers must have provider representatives available to provide answers to physicians and other providers within one business day and that failure to provide such access should result in 1) action by the DFS and 2) insurance carriers must cover the claims in question.

Federal Agency Compliance with State Laws on Controlled Substances Databases
MSSNY should request that the Veterans Administration and other federal health programs comply with applicable state laws that require checking databases of controlled substance prescriptions as so to better coordinate controlled substance prescribing with other physicians. MSSNY should request that VA pharmacies comply with state laws with regard to their respective requirements for entering controlled substances into controlled substance tracking databases.

Scheduled Medications
MSSNY should work with New York State to improve the I-STOP program by including a link to patient prescription histories that will appear at the time of prescribing as well as at the pharmacy where the prescription is filed.

Remove Androgens from Scheduled Medications and I-STOP
MSSNY should seek to have androgens removed from scheduled medications and from I-STOP regulations.

Pharmaceutical Practices
MSSNY should seek legislation requiring that all pharmaceutical insurers operate with complete transparency and that all medications dispensed by participating local independently-owned pharmacies be reimbursed fairly on a contractual pre-arranged percentage basis.

Additionally, any attempt by the pharmaceutical insurer to monopolize the pharmacy industry be referred to the NYS Attorney General for investigation pursuant to antitrust law violations and that any evidence of collusion with a pharmaceutical manufacturer to create a shortage of any medication in order to manipulate the price of said medication, be immediately referred to the NYS Attorney General.

Meaningful Use Requirements
MSSNY should adopt an approach to meaningful use by the overseeing government agencies.

Quality Improvement in Clinical/Population Health Information Systems
MSSNY should ask the AMA to invite other expert associations, such as the AAP, the AMIA and others into the AMIA’s consortium to further the quality improvement of EHRs and Population Health as discussed in the consortium letter of 1/21/15 to the National Coordinator of Health Information Technology.

Office Based Procedure
MSSNY should seek legislation so that the insurers and governmental providers provide equal payment for same procedures whether performed at a licensed “Quad A” (American Association for Accreditation for Ambulatory Surgery Facilities, Inc) or an Article 28 hospital based facility.

Expansion of the Collaborative Partnership with MSSNY and the VA to Enhance Long Term Care
MSSNY, in the already established partnership with the VA, should seek legislation or regulation to establish programs to enhance the quality of care for both veterans and non-veterans and that the results of these efforts be reported to the MSSNY Long Term Care Subcommittee of the Quality and Safety Committee for further action.

Lombardi Program “Nursing Home without Walls”
MSSNY should work to assure the continuity of Long Term Home Health Care Program (LTHCOP), commonly referred to as the Lombardi Program or the Nursing Home without Walls program, in managed care contracts, and should work with the AMA to assure that the federal waiver authority that authorized the LTHCOP does not expire in September 2015. MSSNY should urge that the NYS Department of Health conduct a study to evaluate the clinical and cost-effectiveness of LTHCOP as opposed to Medicaid Long Term Care to determine efficacy and cost of both programs and provide further care system.

Mandatory Reporting of Elder Abuse
MSSNY should advocate for mandatory elder abuse reporting by healthcare professionals in the State of New York.

Changes to Article 81 of New York’s Mental Hygiene Laws
In an attempt to rectify what has become merely a financially motivated practice employed by nursing homes filing for guardianship for incapacitated residents who have incurred huge outstanding medical bills, MSSNY should seek immediate changes to Article 81 of the Mental Hygiene Laws, which would allow courts to grant full guardianship to nursing homes for incapacitated residents only when the health and wellbeing of a patient is in jeopardy and no family member is capable of making such a decision, and not when motivated strictly by nursing home financial concerns.

Treatment by the Office of Professional Medical Conduct (OPMC) Resulting from a Claim of Misconduct
There should be a legal means of recourse whereby the physician is protected by the Office of Professional Medical Conduct (OPMC) from fraudulent or malicious complaints so that physicians have the right to know the nature of all complaints lodged against them to the OPMC, even in the event that the complaints are found to be of no merit by the OPMC after review of the complaint.

Automatic Link to Updating Physician Profile at Time of License Renewal
MSSNY should request, through regulation/legislation, if needed, that the NYS Education Department and the New York State Department of Health (DOH) create an automatic link from the online state education license renewal site to the state DOH physician profile site.

Medical Society Dues as Part of Biennial Registration
MSSNY should request that the NYS Department of Education already collects biennial registration fees for physicians licensees and has the mechanism to collect and distribute funds, therefore MSSNY should seek by legislation to include MSSNY and County Medical Society opt-out dues in the NYS Department of Education biennial registration billing and payment.

Simplify Healthcare System Administration Costs
The state administration of our healthcare system is estimated...
PUBLIC HEALTH

Child-Resistant Caps on Energy Drinks

MSSNY should seek regulation through state agencies that would require manufacturers of high energy drinks for sale in NY State use only bottles that have child-resistant caps.

Child Proof Packages for E-cigarette Liquid Refills

MSSNY urges state agencies to encourage and assist the Governor Cuomo and require child-resistant packaging on all liquid nicotine sole in New York, and sales of liquids used for e-cigarettes be prohibited to children under the age of 18.

Adopt Policy Banning the Sale of Caffeine Powder

MSSNY shall adopt the policy that purepowdered caffeine shall not be sold in retail stores and its distribution should be limited to pharmaceutical and commercial use only.

Color-Coding for Medication Containers

MSSNY should seek legislation to institute a color coding system of different drug categories, for example RED for cardiac, BLUE for anti-hypertensive, PINK for anti-coagulant, and each medication should have its function printed in large letters (i.e., HEART, BLOOD THINNER) so that the purpose can be read by anyone, especially those with decreased acuity and alertness.

Pain as the “Fifth Vital Sign”

By pushing pain as the “Fifth Vital Sign,” there is no literature to support this standard, MSSNY should adopt as policy a position that the clinical highlighting of pain as a “Fifth Vital Sign,” leads to inappropriate medical treatments and must be treated as an “Fifth Vital Sign.” Inadequate pain demands by patients, inappropriate pressure on clinical pain management demands by patients and override of opioid, MSSNY should also request that the Joint Commission remove “pain as the Fifth Vital Sign” from the Joint Commission standards.

Anterior Cruciate Ligament Injury Prevention

MSSNY should support legislation/regulation adoption of established anterior cruciate ligament injury prevention programs in all high schools in New York and that necessary funding be provided by the State of New York.

Dangers of Tackle Football

Due to the high rate (11.2 per 10,000 games/practices) MSSNY should adopt a policy of encouraging its physician members to foster parental awareness of tackle football’s dangers and careful deliberation without authoritative mandates for children and adolescents to play.

Support of Mandating Protective Headgear (Helmet) in Girls’/Women’s Lacrosse

Since the Center for Research and Policy concluded that 37% of girls’ lacrosse injuries were either concussive or facial injuries, MSSNY urges the Board of Trustees to adopt an official policy to mandate the use of headgear for girls’ and women’s lacrosse in addition to increased education and enforcement of the acceptable rules of play, for all athletes who participate in girls’/women’s lacrosse.

Increasing Awareness of Potential Drunk Drivers

Blood Alcohol Content

Since three of the most common causes were drivers with a BAC of over .08% and knowledge of one’s BAC level has shown positive impact as a preventative tool, MSSNY, in order to increase awareness of one’s own blood alcohol and reduce the number of drunk driving incidents in New York, MSSNY should research the feasibility of instituting such programs.

Drug Abuse and Anabolic Steroid Use

MSSNY should support laws and corporate policies allowing employees to use paid sick time to become living donors.

REPORTS OF OFFICERS AND ADMINISTRATIVE MATTERS

Physician Health Programs and Membership Recruitment

MSSNY should develop a program to provide incentives to restrict physicians’ authority as to what is best for their patients, and the fact that a 2014 Physicians Foundation that 69% of physicians reported that their ability to make best clinical decisions is often compromised and a key factor driving physician dissatisfaction, MSSNY should initiate programs to address physician burnout and lack of voice in institutions.

Development of CME Courses to Assist Physicians in Dealing with Physical, Emotional and Psychological Aspects of Stress

Stress as common among medical professionals as it is in the general population and the stigma associated with depression self-reporting likely under estimates its prevalence, MSSNY should develop a series of CME courses specifically designed to assist physicians in coping with internal and external stressors.

Smoke Free Residential Housing

MSSNY should encourage health care institutions that provide employee housing to make such housing smoke free to the extent of local applicable laws.

Treatment of Youths by the Justice System

Since New York is one of two states in the country that prosecute 16 and 17 year olds as charged with a crime in both cases the juvenile justice and are sent to adult prisons where they five times more likely to be sexually abused or raped than their counterparts in youth center. Studies have shown that youth processed through the juvenile justice system and are sent to adult prisons than those processed through adult courts. MSSNY should support efforts to change the New York laws so that 16 and 17 year-olds who are arrested for non-violent drug crimes are processed through the juvenile justice system; and any youth who has been charged with drug-related crimes should be able to receive substance abuse and mental health treatment as appropriate.

Educating Physicians and Students on the Identification and Care of Human Trafficking Victims

Since the rates of children with developmental disabilities are rapidly increasing and it takes up a year to qualify for services through the Office of People with Developmental Disabilities (OPWDD) and their website does not provide any transparency for the process, MSSNY should seek legislation/regulation for the OPWDD website to clearly delineate all the steps involved in the application process, the requirements for eligibility and establish a hot line to answer questions from parents and physicians.

Irresponsible Medical Reporting in the Media

Since TV, radio and print media provide medical advice, presenters of this information should be liable for presenting misinformation or promotion of inappropriate medical treatments.

MSSNY and Specialty Societies to Host Lobby Days Simultaneously

In an effort to maximize attendance and physician participation in Albany Lobby Days, MSSNY and all specialty societies should consider holding their respective lobby days on the same day.

Informing Choices for MSSNY Elections

MSSNY should provide all voting members of the House of Delegates with the following information about candidates nominated for election to the Board of Trustees, the Council, Officers and AMA Delegations; Medical School, Residents/Fellowship, Specialty, Hospital Affiliations, Practice Setting, Prior Experience in Organized Medicine. Additionally, all candidates for election to the Board, Council and AMA Delegation should provide a written statement for distribution to all voting delegates.

Survival of Independent Practice

Use a letter NYS to explore all legally permissible options for independent physicians to collaborate and create practice models to achieve the goals of diversity of service, economy of scale and collective negotiations. The task force will report its findings to the council within six months of the 2015 House of Delegates.
Each year, New York State (via the DFS or Department of Health) receives complaints about health insurance companies from consumers and health care providers. Complaints typically involve issues related to prompt payment, reimbursement, coverage, benefits, rates and premiums.

The New York Consumer Guide to Health Insurers contains a ranking of HMOs and health insurance companies based on complaint statistics and enrollee satisfaction surveys. Additionally, it includes information on the number of successful appeals to independent external review agents. To view the complete guide, click here.

**GRIEVANCES**

A grievance is a complaint by a member or provider to a health insurance company about a denial based on limitations or exclusions in the contract. Medical necessity issues are the subjects of internal appeals, not grievances. Common grievances include problems getting referrals to specialists and disagreements over benefit coverage. According to New York State law, health insurance companies that offer a comprehensive policy that uses a network of providers must have a system in place for responding to members’ concerns. The health insurance company must designate one or more qualified personnel to review the grievance and decide whether to reverse or uphold a denial.

**PROMPT PAY COMPLAINTS**

New York State requires all health insurance companies to:

- Pay undisputed electronic claims within 30 days and pay undisputed paper claims within 45 days of receipt, or
- Request all additional information from the member or the provider, if necessary, within 30 days of receipt of the claim, or
- Deny the claim within 30 days of receipt.

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### Grievances—HMOs 2013

**Data Source: DFS**

<table>
<thead>
<tr>
<th>HMO</th>
<th>Filed Grievances</th>
<th>Closed Grievances</th>
<th>Reversed Grievances</th>
<th>Grievances Upheld</th>
<th>Reversal Rate (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Health Inc.</td>
<td>579</td>
<td>584</td>
<td>188</td>
<td>396</td>
<td>32.19%</td>
</tr>
<tr>
<td>Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)*</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td>7</td>
<td>22.22%</td>
</tr>
<tr>
<td>Capital District Physicians Health Plan</td>
<td>495</td>
<td>492</td>
<td>301</td>
<td>191</td>
<td>61.18%</td>
</tr>
<tr>
<td>Community Blue (HealthNow)</td>
<td>134</td>
<td>132</td>
<td>56</td>
<td>76</td>
<td>42.42%</td>
</tr>
<tr>
<td>Empire HealthChoice HMO, Inc.</td>
<td>1,493</td>
<td>1,308</td>
<td>286</td>
<td>1,222</td>
<td>18.97%</td>
</tr>
<tr>
<td>Excellus Health Plan</td>
<td>166</td>
<td>170</td>
<td>68</td>
<td>102</td>
<td>40.00%</td>
</tr>
<tr>
<td>HIP Health Maintenance Organization</td>
<td>419</td>
<td>410</td>
<td>214</td>
<td>196</td>
<td>52.20%</td>
</tr>
<tr>
<td>Independent Health Association, Inc.</td>
<td>151</td>
<td>146</td>
<td>62</td>
<td>84</td>
<td>42.47%</td>
</tr>
<tr>
<td>MVP Health Plan, Inc.</td>
<td>109</td>
<td>110</td>
<td>19</td>
<td>91</td>
<td>17.27%</td>
</tr>
<tr>
<td>Oxford Health Plans (NYP), Inc.</td>
<td>4,713</td>
<td>578</td>
<td>249</td>
<td>329</td>
<td>43.08%</td>
</tr>
<tr>
<td>UnitedHealthcare of New York, Inc.</td>
<td>8</td>
<td>10</td>
<td>3</td>
<td>7</td>
<td>30.00%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>8,276</strong></td>
<td><strong>4,149</strong></td>
<td><strong>1,448</strong></td>
<td><strong>2,701</strong></td>
<td><strong>34.90%</strong></td>
</tr>
</tbody>
</table>

*Closed grievances can exceed filed grievances in 2013 because closed grievances also include grievances filed prior to 2013.

---

### Prompt Pay Complaints—HMOs 2013

**Data Source: DFS**

<table>
<thead>
<tr>
<th>HMO</th>
<th>Rank1</th>
<th>Total Complaints</th>
<th>Total Prompt Pay Complaints</th>
<th>Prompt Pay Complaints Upheld</th>
<th>Premiums (Millions $)</th>
<th>Prompt Pay Complaint Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aetna Health Inc.</td>
<td>10</td>
<td>74</td>
<td>45</td>
<td>27</td>
<td>400.22</td>
<td>0.0675</td>
</tr>
<tr>
<td>Atlantis Health Plan, Inc. (d/b/a Easy Choice Health Plan of New York)*</td>
<td>11</td>
<td>1,539</td>
<td>1,509</td>
<td>1,470</td>
<td>65.83</td>
<td>22.3291</td>
</tr>
<tr>
<td>Capital District Physicians Health Plan</td>
<td>3</td>
<td>24</td>
<td>8</td>
<td>4</td>
<td>634.31</td>
<td>0.0063</td>
</tr>
<tr>
<td>Community Blue (HealthNow)</td>
<td>4</td>
<td>6</td>
<td>2</td>
<td>2</td>
<td>180.93</td>
<td>0.0111</td>
</tr>
<tr>
<td>Empire HealthChoice HMO, Inc.</td>
<td>9</td>
<td>212</td>
<td>84</td>
<td>33</td>
<td>670.23</td>
<td>0.0322</td>
</tr>
<tr>
<td>Excellus Health Plan</td>
<td>8</td>
<td>40</td>
<td>18</td>
<td>18</td>
<td>352.48</td>
<td>0.0541</td>
</tr>
<tr>
<td>HIP Health Maintenance Organization</td>
<td>7</td>
<td>219</td>
<td>105</td>
<td>63</td>
<td>2,229.61</td>
<td>0.0283</td>
</tr>
<tr>
<td>Independent Health Association, Inc.</td>
<td>1</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>366.77</td>
<td>0.0000</td>
</tr>
<tr>
<td>MVP Health Plan, Inc.</td>
<td>2</td>
<td>41</td>
<td>8</td>
<td>1</td>
<td>626.10</td>
<td>0.0016</td>
</tr>
<tr>
<td>Oxford Health Plans (NYP), Inc.</td>
<td>5</td>
<td>833</td>
<td>93</td>
<td>29</td>
<td>1,745.04</td>
<td>0.0166</td>
</tr>
<tr>
<td>UnitedHealthcare of New York, Inc.</td>
<td>5</td>
<td>9</td>
<td>4</td>
<td>1</td>
<td>65.02</td>
<td>0.0154</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,455</strong></td>
<td><strong>1,878</strong></td>
<td><strong>1,847</strong></td>
<td><strong>7,296.54</strong></td>
<td><strong>0.2257</strong></td>
<td></td>
</tr>
</tbody>
</table>
Think Again. Many New York providers are procrastinating when it comes to implementing electronic prescribing for legend drugs and controlled substances. The most frequently cited reason is: “I think I’ll get a waiver from DOH.” MSSNY has been informed by DOH that waivers will be rare. DOH is expecting that physicians will exercise due diligence in finding an e-prescribing solution that will negate the need for a waiver.

Although the e-prescribing deadline has been delayed to March 27, 2016, it is important to allow sufficient time to become comfortable with the new prescribing workflow before you have no choice about it. Keep in mind that you’ll also need time to go through the DEA-mandated identity-proofing process before you can begin to prescribe controlled substances electronically. In addition, we strongly recommend that you put your e-prescribing solution in place now to avoid being forced to implement e-prescribing in the midst of the ICD-10 changeover in the fall.

Complying with New York’s e-prescribing mandate is easy, and as a special MSSNY member benefit, you will receive $299 discount on DrFirst’s industry leading Rcopia® with EPCS GoldSM, which allows providers to e-prescribe both legend drugs and controlled substances in a single workflow.

To purchase online, visit www.drfirst.com/MSSNY and use coupon code MSSNY to get a $299 discount on Rcopia and EPCS Gold, or call the MSSNY E-prescribing Hotline at 866-980-0553.

Attention: Pulmonary Function Test Refunds Challenged by MSSNY

Pulmonary function tests performed on the same day as an office visit may have been billed to Medicare without a Modifier 25. Modifier 25 connotes that a separately identifiable procedure or service was provided on the same day as an office visit and should be separately billed to and paid by Medicare. MSSNY believes that an erroneous position has been taken by the Recovery Audit Contractors (RAC).

The RAC/CMS published an undated MedLearn article outlining their position on this matter. The RAC’s position is that a Modifier 25 is required when billing for an office visit and the test(s) on the same day. Subsequently, they instructed the Medicare Contractors to initiate Recovery Actions. MSSNY disagrees with the position since pulmonary tests are diagnostic by nature. We confirmed our position with the AMA. They agreed. MSSNY then wrote to the CMS RAC staff who decided to put the issue on hold; but they didn’t instruct the Medicare Contractors to hold the recovery actions.

Any physician who received a refund request from Medicare, for doing a pulmonary test the same day as a visit without a Modifier 25, MUST appeal the determination by submitting a copy of your office notes in a timely fashion to cease the recovery activity.

If you have any questions regarding this issue, call Regina McNally at 516-488-6100 ext. 334.

Think You’ll Get an E-prescribing Waiver from DOH for I-STOP?

The BankAmericard Cash Rewards™ credit card for Medical Society of the State of New York

Get more cash back for the things you buy most. Plus, a $100 cash rewards bonus offer.

- 1% cash back on purchases everywhere, every time
- 2% cash back at grocery stores
- 3% cash back on gas
- No expiration on rewards
- No rotating categories

To apply for a credit card, visit newcardonline.com and enter Priority Code VAB9C4.

To request an application, please contact:
Committee on Education
Joanne Wise, Manager, Continuing Medical Education
Medical Society of the State of New York
99 Washington Avenue, Suite 408
Albany, NY 12210
518-465-8085 • jwise@mssny.org

DEADLINE FOR NOMINATIONS: MAY 31, 2015

MEdICAL SOCIETY OF THE STATE OF NEW YORK
2014 ALBION O. BERNSTEIN, MD AWARD

The Medical Society of the State of New York is accepting nominations for the 2014 Albion O. Bernstein, MD Award. This prestigious award is given to: “...the physician, surgeon or scientist who shall have made the most widely beneficial discovery or developed the most useful method in medicine, surgery or in the prevention of disease in the twelve months prior to December, 2014.”

This award was endowed by the late Morris J. Bernstein in memory of his son, a physician who died in an accident while answering a hospital call in November, 1940.

The award will be presented to the recipient during a MSSNY Council Meeting.

Nominations must be submitted on an official application form and must include the nominator’s narrative description of the significance of the candidate’s achievements as well as the candidate’s curriculum vitae including a list of publications or other contributions.

For application forms, contact: Committee on Education
Joanne Wise, Manager, Continuing Medical Education
Medical Society of the State of New York
99 Washington Avenue, Suite 408
Albany, NY 12210
518-465-8085 • jwise@mssny.org

DEADLINE FOR NOMINATIONS: MAY 31, 2015
The New York City Health Department has developed an interactive online learning module entitled, Treating Tobacco Use, to enhance provider knowledge on how to effectively assess, counsel and treat tobacco use. As the leading cause of preventable death in the U.S., we as health care professionals are in a prime position to help our patients successfully quit tobacco, while simultaneously lowering their risk of heart disease, stroke, COPD and other diseases. Highlights of the module include:

- The “5 As” model of treating tobacco use
- Provider/Patient communication techniques
- Treatment options and guidance, including combination therapy

Incorporating this module into your continuing education, providers, including those in training, will have the tools and resources needed to counsel and prescribe for tobacco use thereby greatly improving patients’ chances of successfully quitting. For medical residents, this module meets five, of six, Accreditation Council for Graduate Medical Education (ACGME) core competencies and can be placed into their curriculum. For attending physicians, the module provides 1 CME credit.

**MSSNY General Counsel Develops Template to Comply With Out-Of-Network Law Required Disclosures**

Among the new requirements in the “surprise medical bill” law are disclosures that all physicians, hospitals, and health plans will need to make to patients starting April 1. MSSNY’s General Counsel Donald Moy, Esq. has developed model template disclosure forms for MSSNY members that physicians can use in their practices to comply with new law, which are available here. These new requirements include:

**NETWORK AND HOSPITAL AFFILIATIONS**

All physicians must provide to patients or prospective patients in writing or on the physicians’ website prior to the provision of non-emergency services:

- The health care plans with which the provider participates;
- The hospitals with which the health care professional is affiliated.

For the model form physicians can use in their practice, click here: Model Form, #1.

In addition, this participation/affiliation information must be provided verbally at the time an appointment is scheduled.

**FEES DISCLOSURE**

Physicians who do not participate in the network of a patient’s or prospective patient’s health care plan must:

- Prior to the provision of non-emergency services, inform the patient or prospective patient that the amount or estimated amount the patient will be billed for health care services is available upon request;
- Upon receipt of a patient or prospective patient’s request, the amount or the estimated amount (in writing) the patient will be billed for health care services.

For model forms physicians can use in their practice, click here: Model Form, #4.

**OTHER PHYSICIANS INVOLVED IN HOSPITAL CARE**

At the time of a patient’s pre-admission testing, registration or admission for scheduled hospital admission or outpatient hospital services, all physicians must provide their patients with the name, practice name, mailing address and telephone number of any other physician whose services will be arranged by the physician and are scheduled at the time non-emergency services are scheduled.

For the model forms physicians can use in their practice, click here: Model Form, #5.

There are also numerous other provisions incorporated into this new law which also take effect of April 1. For a summary, click here.
WHO does ICD-10 compliance affect?
ICD-10 compliance is mandatory for all HIPAA-covered entities, including those who do not handle Medicare claims. There are no exceptions to any HIPAA-covered entities. Organizations that are not governed by HIPAA who use ICD-9 codes should be aware that their coding may become obsolete in the transition to ICD-10.

WHERE can I find a list of ICD-10 codes?
The ICD-10-CM and ICD-10-PCS code sets, as well as the official ICD-10-CM guidelines, are available for free of charge on the CMS website. Additionally, it is important to contact your payers and trading partners to request a copy of the crosswalk mapping tool they are utilizing to ensure its accuracy.

HOW do providers prepare for the transition to ICD-10?
The best way to get started is...to get started! There are five ways to prepare:
- Internal training
- External training
- System testing
- Process changes
- Policies and procedures changes

WHAT does ICD-10 compliance mean?
ICD-10 compliance means that HIPAA-covered entities must use ICD-10 codes for healthcare services rendered on or after the compliance date. Practices should plan to test claims, eligibility verification, quality reporting, and other transactions and processes that involve ICD-10 codes from beginning to end. For more information on testing, please see the Test Your Systems and Processes section in your action plan for step-by-step instructions.

• TRAINING: What type of training does my practice need and where do I find it?
- ICD-10 training is typically organized into three categories: Provider training, Support staff training, and Supervisor training.
- Providers should plan to attend training that is most suitable for each member of their practice:
  - Documentation training for physicians, nurse practitioners, physical therapists, and other staff who document in the patient medical record.
  - Coding training for staff members who work with codes on a regular basis.
  - Overview training for staff members engaged in management and/or administrative functions.

The degree of training required can vary based upon:
- Your specialty
- The number and type of diagnosis codes you commonly use

Some of the common areas your practice needs to address:
- The best way to get started is...to get started!
- There are five ways to prepare:
  - Internal training
  - External training
  - System testing
  - Process changes
  - Policies and procedures changes

PHYSICIAN PEER REVIEWERS INDEPENDENT CONTRACTORS

New York Licensed – NY Worker’s Compensation Board Certified
MPS Peer Review Services (PRS) is a URAC accredited leading provider of Independent Peer Review services. In response to continued and anticipated growth, PRS is seeking New York Worker’s Compensation Board Certified Physician Peer Reviewer 1099 Consultants to add to our nationwide panel of peer reviewers. PRS affiliates with reviewers to provide peer reviews for all industries, including, Group Health, Disability and Workers’ Compensation.

• New York Worker’s Compensation Board Certified
• Ability to work via the secure PRS web portal, which observes federal privacy guidelines
• Benefits of Working with PRS
  - Physician reviewers can work remotely wherever they have access to the internet (home, office, etc.),
  - Review as few or as many cases as your schedule permits (steady, reliable work available for those reviewers who want it)
  - Significant opportunity for substantial extra income
  - No overhead, no expense

Learn more about this advantageous opportunity please contact PRS’ National Network Development Supervisor: Linda French at Linda.french@prs-solutions.com

OBITUARIES

ARCURU, Raynold A.; Yarmouth Port MA. Died February 22, 2011, age 93. Medical Society County of Westchester.
BERTONI, Alessandro; Naples FL. Died March 11, 2015, age 87. Monroe County Medical Society.
FOOTE, Paul Richard; Seneca Falls NY. Died March 11, 2015, age 88. Nassau County Medical Society.
GOLDFARB, Morton; Boynton Beach FL. Died March 11, 2015, age 88. Nassau County Medical Society.
LARAGH, John Henry; New York NY. Died March 26, 2015, age 90. Nassau County Medical Society.
LIEBOWITZ, Solomon; New York NY. Died March 14, 2015, age 83. New York County Medical Society.
RIZZUTO, Donald Henry; Somerset NJ. Died March 23, 2015, age 81. Nassau County Medical Society.
Transitioning to ICD-10-CM Webinars

This webinar will provide Part B providers with an overview of ICD-10-CM and will assist you with planning for the mandated ICD-10-CM transition. This session will include testing opportunities and transition stages that will help you prepare your office for the upcoming implementation.

As per the CMS IOM Publication 100-09, Chapter 6, Section 30.1.1, National Government Services cannot make determinations about the proper use of codes for the provider. Questions related to ICD-9-CM and ICD-10-CM are handled by the American Hospital Association’s Coding Clinic. Details about this resource are available at http://www.aha-centraloffice.org.

Registration is open for the following dates:

- **Wednesday, 5/27/2015** 10:00-11:30 a.m.  
  Register for session

- **Wednesday, 6/10/2015** 11:00 a.m.-12:30 p.m.  
  Register for session

- **Tuesday, 6/16/2015** 12:00-1:30 p.m.  
  Register for session

The State Budget and How It Affects Physicians

(Continued from page 1)

York Program. It is anticipated that the monies will be used to fund an additional 70 loan forgiveness slots over two years.

9. The executive proposal to eliminate prescriber prevails in Medicaid fee for service was rejected.

10. The Legislature agreed with the Executive Budget proposal to eliminate the fees physicians currently have to pay to initiate a Workers Compensation arbitration proceeding.

- The requirement for physician OBS practices to register with the Department of Health which MSSNY strongly opposed was rejected.

- The grant of authority to the Public Health and Health Planning Council (BH&HPC) to determine what procedures and type of anesthesia could be performed and/or used by physicians in OBS settings which MSSNY strongly opposed was rejected.

- Language to recognize OBS practice neuraxial anesthesia, major upper or lower extremity nerve blocks was rejected.

- Language that would have included chiropractors and podiatrists within ambit of the OBS law which MSSNY strongly opposed was rejected.

Billed at Skilled Nursing Facility

Since Medicare patients often transition from hospital stays at skilled nursing facilities and there are severe limitations to billing for many office-based evaluations and treatments during the first 100 days in rehab, MSSNY should 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.

Appeals Process for Medications with Prescribed Dosage

Since certain medications require titration by a practitioner with expertise in a given field, and certain insurers and Medicare mandate a specific starting disease, MSSNY should 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.

Site of Service Parity

Since Medicare reimburses physicians based on RVUs, and the place of service can greatly affect reimbursement levels depending upon the type of service provided and location, MSSNY should seek legislation/regulation that would eliminate Medicare and Commercial insurance payment differentials for services based upon site of service.

Payments by Medicare Supplemental Policies

MSSNY should take action requiring Medigap Plans to pay the full 20% Medicare outstanding balance, thereby allowing patients to take full advantage of the benefits associated with the supplemental policy they have purchased.

Limitation on Outpatient Physical Therapy Copayments

As a result of increased physical therapy co-pays, often reaching $50 or more causing patients to delay medically necessary treatment, MSSNY should take action to limit a patient’s out-of-pocket pay for physical therapy similar to that recently passed in New Jersey, to a specific percentage of the allowed amount, not to exceed $20, thereby making it financially viable for a patient to obtain needed services.

Complete Genomic Sequencing

Since the genomics of malignant cell types have resulted in gene-based targeted therapies and the science of genomics and genetics has evolved so rapidly, complete genomic sequencing should be offered with the price range in which limited sequencing is now being performed.

Private Insurance Carriers Become Medicare Franchise Resolution

MSSNY should encourage the funding of complete genomic sequencing, encourage an increase in the training of molecular geneticists so that all patients can access this important clinical treatment process, and identify the genomic sequence variant signatures of unknown significance based on the phenotypic expressions of the participants.
Innovation in Nursing Home Care Education

The Medical Direction and Medical Care in Nursing Homes project is also known as the Education, Training and Technical Assistance (ETTA) project. Historically, the New York State Department of Health convened a workgroup of long term care experts who wrote the guidelines for both medical directors and attending physician services delivered to nursing home residents.

The Medical Society of the State of New York was part of the team that developed these guidelines and formally endorsed them when they were released by the New York State department of Health in January 2012. The guidelines are also endorsed by the New York Medical Directors Association (NYMDA), which co-sponsored their development. In total, more than 10 New York State healthcare organizations have endorsed the project and over 20 nursing homes in New York State are participating in the HANYS-contracted educational program.

This project differs from traditional education programs in that it is training in the “system of care” rather than “how to treat,” through efficiency of operation and effective utilization of resources. The goal is improvement in nursing home resident’s quality of care, reduction in hospitalization of nursing home residents, reduction in cost of care provided and improved care satisfaction for both residents and staff. It is the first system management program created for nursing homes in New York State.

The guidelines can be accessed on the NYSDOH website. The ETTA website contains the educational resources and archived presentations.

The Long Term Care Subcommittee of the MSSNY Quality Improvement and Patient Safety Committee has introduced and is following the progress of the ETTA project. Any comments or suggestions can be referred to bellman@mssny.org.

CEI Will Conduct Educational Programs New York State on HCV/HIV

Registration is open for a series of programs that are being sponsored by the Clinical Education Initiative (CEI), NYS Department of Health’s AIDS Institute. These free evening events will focus on the epidemiology of HIV/AIDS and Hepatitis C (HCV), modes of transmission, signs and symptoms, laboratory testing and diagnosis, as well as therapeutic regimens and monitoring plans. These events are open to New York State clinical providers, such as physicians, physician assistants, nurses, nurse practitioners and pharmacists. On-line registration is required as space will be limited. The schedule is as follows:

- The Role of the Primary Care Clinician in HIV Care: Treatment for Hepatitis C: New Tests, New Drugs & New Recommendations
  - May 21 – Syracuse
  - Pre-Exposure Prophylaxis (PrEP)
  - Nassau County – May 16

MSSNY Partners with Covisint to Assist You with PQRS Reporting

Eligible professionals (EP) can choose to report on one measures group from 25 available measures groups, for 20 eligible patients (with 11 of the 20 patients required to be Medicare Part-B). EPs who can’t report using the measures group option, or if they prefer, can report between 3-9 individual measures at a 50% reporting rate. EPs who are part of a group of 10 or more, also have additional requirements to avoid a value modifier penalty.

Trust Covisint to provide you with all of the details so you can make an educated decision on the best reporting option for you. Visit Covisint at www.pqrs.covisint.com or contact them at 866.623.3958 for more information. The cost is $299 for non-members. MSSNY members receive a discount of $104 off this retail price. To receive your MSSNY members only discount code, call 516.488.6100, ext. 403 or email eskelly@mssny.org. Click here for more information.

WHO’S IN CHARGE?

DUDE!
I can’t allow you to give that antibiotic to your patient. It’s not on the list of approved medications.

Seems ridiculous doesn’t it? But it’s no more unthinkable than a legislator or an insurance company executive with the power to create legislation that will dictate how a physician can treat a patient. The Medical Society is working hard to make sure that doesn’t happen, but we need your support.

Help us keep the healing in the hands of the healers

Medical Society of the State of New York
A Member Organization for New York Physicians

Westbury Headquarters:
865 Merrick Avenue, Westbury, NY 11590 • (516) 488-8100 • www.mssny.org

Do not wait until March 2016
to e-prescribe!
Click here to start today!

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