2022 REF COM SOCIO-MEDICAL ECONOMICS
FINAL ACTIONS

250 Sheltering From Unfair Health Insurance Practice
Introduced by Medical Society of the County of Queens
MSSNY POLICY 165.918 RE-AFFIMED

165.918 Time Limit for Retrospective Denials:

MSSNY continues in its efforts to seek legislation, regulation or other appropriate means to prohibit retrospective refund requests by health plans in all circumstances except fraud. Short of achieving a complete ban on retrospective refund requests, MSSNY seek legislation, regulation or other appropriate means to limit to 90 days the time within which a health plan can seek such a refund, or other significant restrictions on the ability of health plans to seek such refunds, such as limiting the time that a health plan can seek a refund to the same time that a physician has to file a claim with such health plan. (HOD 2003-69; Reaffirmed HOD 2013; Reaffirmed HOD in lieu of 2017-108)

251 Every Worker Deserves Payment
Introduced by Medical Society of the County of Queens
MSSNY POLICY 165.927 RE-AFFIRMED

165.927 Physicians Should Not Be Financially Liable in Retrospective Denials

MSSNY will seek, by legislation, regulation, or other appropriate means, the following:
(a) To prohibit retrospective denials caused by the employer's failure to pay premiums in a timely fashion, or the employer failing to provide the carrier with timely and correct eligibility data.
(b) To prohibit a payor from attempting to retroactively deny or adjust a claim after payment is made to a physician for care rendered.
(c) That should obtain a complete ban on retrospective denials or adjustments not be able to be enacted, seek to prohibit insurers from making a retroactive denial and/or adjustment of a reimbursement beyond 90 days after payment is made to the physician for care rendered.
(d) In the event that an insurer attempts to issue a retroactive denial or adjustment after payment is made to the physician, to require such insurer to provide the physician with a detailed explanation on each patient as to the circumstances surrounding the retroactive adjustment or reimbursement and/or denial, and provide the physician with an effective opportunity to counter the reasons for the adjustment.
(e) In the event that an insurer has already paid the physician for a service, but later issues a retrospective denial or adjustment, to prohibit such insurer from attempting to recoup its payments for that service via offsets on payments for other services.
MSSNY will work regularly with all appropriate regulatory agencies to ensure that the regulators are kept apprised of payment policies employed by plans which do not comport with the law. (HOD 2001-65; Reaffirmed HOD 2010-259; Reaffirmed HOD 2019-63)

252 Clarification of Downgraded Modifiers for New York Independent Dispute Resolution
Introduced by Nassau County Medical Society
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that MSSNY advocate with the Department of Financial Services to establish a clear mechanism to ensure that a physician submitting a surprise medical bill dispute to an Independent Dispute resolution entity is not penalized for submitting a claim that includes an appropriate modifier such as a code that recognizes the services of an assistant or co-surgeon.

253 Patient Centered Medical Home Administrative Burdens
Introduced by Suffolk County Medical Society
ADOPTED

RESOLVED, that the Medical Society of the State of New York work with the National Committee for Quality Assurance (NCQA) and other regulatory bodies to streamline and eliminate unproven metric collection that takes time away from patient contact and quality care; and be it further

RESOLVED, that the Medical Society of the State of New York urge the American Medical Association to also seek regulations to reduce the increasing strain that Patient Centered Medical Home (PCMH) metrics are placing on physicians and patient care.

254 Patient Centered Medical Home Metrics and Funding
Introduced by Suffolk County Medical Society
ADOPTED

RESOLVED, that MSSNY work with the National Committee for Quality Assurance (NCQA) to implement stricter criteria for approval of those metrics and practices that organizations select to ensure that they are evidence-based; and be it further

RESOLVED, that MSSNY work with National Committee for Quality Assurance (NCQA) to provide adequate funding and technical assistance to Patient Centered Medical Home recipients to implement evidence-based practices

255 Value Based Payment Models. Evidence Based Medicine and Quality of Care
Introduced by New York County Medical Society
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that MSSNY advocate to ensure that reimbursement from a health insurer or health system for patient care not be conditioned upon following of a single set of treatment guidelines

256 CMS Innovation Projects
Introduced by New York County Medical Society
SUBSTITUE RESOLUTION ADOPTED

RESOLVED, that MSSNY work with the AMA to continue to advocate against mandatory participation in Centers for Medicare and Medicaid Innovation (CMMI) demonstration projects, and advocate for CMMI instead to focus on the development of voluntary pilot projects; and be it further

RESOLVED, that MSSNY and the AMA advocate to ensure that any CMMI project that requires physician and/or patient participation be required to be approved by Congress.

257 Ninety Day Refills and Care Gap Failures
Realba Rodriguez, MD, Alan Diaz, MD, As individuals, Delegates Bronx County
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, that MSSNY advocate to ensure that physicians are not financially penalized by health insurers for patients' refusal to obtain medications recommended by their physicians; and be it further

RESOLVED, that MSSNY advocate to ensure that health insurers cover, and pharmacies dispense prescription medications in quantities recommended by the patients' physicians

258 Pharmacogenetic Insurance Coverage
Introduced by San San Wynn, MD as an individual, Delegate Kings County
REFERRED TO COUNCIL

RESOLVED, that insurance companies should cover testing for enzyme deficiencies prior to administration of medications; and be it further

RESOLVED, pharmaceutical companies create protocols for testing and informed consent forms to aid clinicians and patients to make informed decisions; and be it further

RESOLVED, all genetic testing and enzyme deficiencies should be covered if they impact potential life-saving treatment and severe morbidities if testing is not done.

259 Coverage for Personal Protective Equipment
Introduced by Ninth District Branch
SUBSTITUTE RESOLUTION ADOPTED

RESOLVED, That the Medical Society of the State of New York reaffirm MSSNY Policy 270.958; and be it further

RESOLVED, that MSSNY continue to advocate for legislation, regulation, or other appropriate regulatory intervention to ensure that health insurers help their network physicians cover the costs of Personal Protective Equipment necessary for providing patient care.

270.958 Personal Protective Equipment Preparedness and Purchase
The Medical Society of the State of New York will advocate that all community-based physicians and its member institutions are appropriately protected by the use of personal equipment (PPE) through the COVID-19 pandemic and beyond. MSSNY will work with the New York State Governor's Office and the New York State Department of Health to develop mechanisms for New York State to become a central purchaser of PPE for community-based physicians, institutions, and other health care entities in need of such equipment. (Substitute adopted by Council 6/4/20; HOD 2020-167 and Late B)

260 Concurrent Processing of Procedure Codes
Introduced by Nassau County Medical Society
REFERRED TO COUNCIL

RESOLVED, that MSSNY will advocate for a state law or regulation that requires insurers to pay all the CPT codes of a given procedure or operation at the same time; and be it further

RESOLVED, that MSSNY ask the AMA to advocate for federal law or regulation that requires insurers to pay all the CPT codes of a given procedure or operation at the same time.

Emergency Resolutions

ER 1 Emergency Need for Production of CT Contrast
Introduced by Bronx County Medical Society
ADOPTED AS AMENDED

RESOLVED, that the Medical Society of the State of New York bring an emergency resolution to the American Medical Association Annual 2022 meeting calling for advocacy of using the Defense Production Act to start domestic production of CT Contrast.

ER 2 Prior Authorizations by 'Denials Companies'
Introduced by Fifth and Sixth Branches
REFERRED TO COUNCIL

RESOLVED, all peer to peer patient care reviews must be a 'true' peer to peer. The peer to peer reviews must be performed by a physician, and that physician must hold a current NY medical license and be Board Certified in the same specialty as the care providing physician, and when appropriate the physicians representing the care denial organization must be subspecialty Board certified in a field germane to the care request, and be it further

RESOLVED, peer to peer time lines may not be unreasonable. Any mandated time line for a care providing physician must allow for a peer to peer to occur within two weeks of the care providing physician being notified of the requirement for a peer to peer. The time chosen must be one that is convenient for the care providing physician being mandated to have a peer to peer by the denial company, and be it further

RESOLVED, all companies / organizations that are de facto functioning as 'denial agents' for payers need to be immediately brought under the auspices of the NY state Department of Financial Services and as such become subject to all rules and regulations for health care payers, and be it further

RESOLVED, that physicians have the right to recoup for their currently uncompensated time and resources required to schedule and complete a peer to peer review to address a denial of patient care by charging a fee $200 per hour of time required to address the peer to peer request with a minimum compensation of $100 per peer to peer to be paid to the care providing physician office by the denials company, and be it further

RESOLVED, physicians performing a peer to peer on behalf of the denials company must have all records germane to the case, and have reviewed the entirety of these records prior to meeting with the care providing physician for a peer to peer, failure to do so would result in the care providing physician having the case found in their favor without further denial, and be it further

RESOLVED, that in the event of a denial finding after a peer to peer, or any other reason for a denial, there may not be a time limit placed on resubmitting a request for care, and be it further

RESOLVED, that any physician working on behalf of a denials company will become personally, medically and legally responsible for any lapse in care, failures of care, or negative outcomes that arise due to denials of, or delays in, care as directed by the care providing physician, and be it further

RESOLVED, that MSSNY push aggressively for legislative action on all of these resolves during the next legislative session, and be it further

RESOLVED, that MSSNY bring this to the AMA to develop a national agenda on this issue