

**MEDICAL SOCIETY OF THE STATE OF NEW YORK**  
**Policy 2000.10 Accreditation Fees**

ACCREDITED PROVIDER FEES		AMOUNT																				
<b>Initial Pre-application fee:</b> For consideration of a Pre-application for MSSNY Accreditation		\$500																				
<b>Initial Survey Fee:</b> For the consideration of a Self-Study for Initial Accreditation		\$3500																				
<b>Re-accreditation Fee</b>		\$3000																				
<b>Late Fee:</b> Receipt of Self Study for Re-accreditation after the specified deadline.		10% of Re-accreditation Fee																				
<b>Extension Fee:</b> For the extension of the deadline up to 90 days for submission of a Self-Study for Re-accreditation		\$600																				
<b>Progress Report Fee :</b> For the consideration of a Progress Report		\$600																				
<b>Progress Report Late Fee:</b> Receipt of Accreditation Progress Report after the specified deadline: (These fees must be paid in order for a provider to receive MSSNY consideration of an accreditation recommendation.)		\$200																				
<b>Annual Fee</b> Payable in every full year of accreditation:																						
	<table border="1"> <thead> <tr> <th>Tier</th> <th>State-Accredited Providers: 2023 ACCME Fee</th> <th>MSSNY Fee</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Tier 1</td> <td align="center">\$900</td> <td align="center">\$1,450</td> <td align="center">\$2,350</td> </tr> <tr> <td>Tier 2</td> <td align="center">\$1,150</td> <td align="center">\$1,650</td> <td align="center">\$2,800</td> </tr> <tr> <td>Tier 3</td> <td align="center">\$1,650</td> <td align="center">\$1,850</td> <td align="center">\$3,500</td> </tr> <tr> <td>Tier 4</td> <td align="center">\$3,250</td> <td align="center">\$2,050</td> <td align="center">\$5,300</td> </tr> </tbody> </table>	Tier	State-Accredited Providers: 2023 ACCME Fee	MSSNY Fee	Total	Tier 1	\$900	\$1,450	\$2,350	Tier 2	\$1,150	\$1,650	\$2,800	Tier 3	\$1,650	\$1,850	\$3,500	Tier 4	\$3,250	\$2,050	\$5,300	
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MSSNY-Accredited Academies of Medicine affiliated with a county medical society pay only the ACCME Fee.																						
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Tiers are determined by program size, which is based on the average number of activities or learner interactions, whichever is greater, over the past three years. The ACCME used data that providers entered into the Program and Activity Reporting System (PARS) for the 2016–2018 reporting years to assign tiers for the 2020 and 2021 annual accreditation fees.																						
<b>Interview Fees:</b>																						
<b>On-site</b> (survey held at the accredited institution)		Surveyors' actual expenses																				
<b>Reverse Site</b> (survey held at MSSNY's Westbury or Albany Office)		\$800																				
<b>Videoconference</b>		\$800																				
<b>Annual Report Late Fee</b>		\$100 from Sept. – Dec. up to a maximum of \$400. If unpaid. It will be referred to MSSNY's CME Committee.																				
Receipt of an annual report for the previous calendar year																						

**Survey Format Expenses:**

All providers applying for initial accreditation or reaccreditation are required to participate in an MSSNY survey. Providers participating in an On-Site survey will be billed for the surveyors' actual travel, meal, and incidental expenses (incurred in accordance with MSSNY's policies regarding reimbursable expenses for volunteers). Providers participating in a Reverse or Video survey will be billed a flat \$500 to cover surveyor and MSSNY facility expenses.

MSSNY will make every effort to provide the format of your choosing; however, MSSNY reserves the right to choose the format if there are circumstances which warrant an on-site visit.

**Submission of Fees**

Providers are required to submit payment of all accreditation fees prior to the MSSNY consideration of an Accreditation recommendation. Failure to do so will result in a one-cycle deferral of the Accreditation recommendation. Failure to do so within that one-cycle deferral will result in non-accreditation decision at the next scheduled Committee on Education meeting.

JOINT PROVIDER FEES	AMOUNT
<p><b>Joint Providership Fees</b> For non-accredited providers applying to have a CME activity approved for AMA PRA Category 1 Credits™.</p> <p><b>The joint provider fee (\$1000) is to be paid at the time of application. The balance is to be paid upon receipt of MSSNY invoice</b></p>	<p><b>Joint Providership Fee: \$1000 plus \$150 per credit covers.</b></p> <ol style="list-style-type: none"> <li>1. a one-time presentation of a live activity,</li> <li>2. an enduring material or internet based activity for one year</li> <li>3. a regularly scheduled series for one year</li> </ol> <p><b>Joint Providership Fee: \$500 plus \$150 per credit covers</b></p> <ol style="list-style-type: none"> <li>1. each additional <u>repeat</u> presentation of a live activity.</li> <li>2. an enduring material or internet based activity for each of the second and third years (if applicable).</li> </ol> <p><b>County Medical Societies</b> that do not have an Academy of Medicine that is an accredited provider are billed 50% for the joint providership and per-credit fees listed above.</p>
<p><b>Activity Review Monitor Fee:</b> If MSSNY sends a monitor to perform an activity review, it is the Joint Provider's responsibility to pay a \$250 monitor fee and the monitor's expenses. This includes, but is not limited to, registration fees and any travel expenses. An invoice with original receipts will be sent after the activity is held.</p>	