

January 18, 2017

Advocacy

What Advocacy Did for You in 2016

NYACP advocacy activity consists of monitoring legislative sessions and working with the legislators, the Administration, the State's regulatory agencies, and industry stakeholders (such as other medical and specialty societies, insurers, hospitals, patients and other allied health professionals) to assure physician representation and input on all discussions related to patient care. Always putting patients first, by our actions we advance Internal Medicine and improve patient care.

Here are just a few of the results of NYACP advocacy in 2016: [Read the full report here.](#)

Changes to E-Prescribing Laws

1. Pharmacy to pharmacy transfer allows, upon request of the patient, a pharmacy to transfer an e-prescription to another pharmacy. This addresses many issues raised by ACP with regard to patient choice based upon pricing, convenience and pharmacy supply.
2. Elimination of the need for prescribers to notify DOH each and every time an exception to the e-prescription mandate is utilized.
3. 7-day limit on initial prescription of any Schedule II, III or IV opioid for acute pain, described as pain, whether resulting from disease, accidental or intentional trauma, or other cause, expected to last a short period of time.

Passage of Prior Authorization Standards

The Chapter worked directly with sponsors on a bill that directs the Commissioner of Financial Services to develop a standard prescription drug approval form in an electronic version for all payers in the healthcare system. This will reduce burden on our members by requiring greater standardization among insurers for making prior authorization requests.

Passage of Step Therapy (Fail First) Drug Protocols for All Insurers

This bill was recently signed by the Governor to address Step Therapy protocols used in Utilization Reviews (UR) of prescriptions drugs. Insurers and UR agents must use evidence-based and peer reviewed clinical criteria appropriate for the patient's clinical condition.

Adequate Workforce Capacity Advocacy

1. Support for Doctors Across New York (DANY) - Funding was continued and increased by an additional \$1 million, the application process was streamlined and total funding options merged. To date a total of \$57.4 million has been awarded to 445 physician recipients to practice in New York State.
2. The Chapter continues to support legislative and regulatory efforts related to increasing workforce capacity, especially in primary care and specialty shortage areas.

Practice Management

CMS Attestation System For 2016 EHR Incentive Program Now Open Until February 28



The Centers for Medicare & Medicaid Services [Registration and Attestation System](#) is now open.

Providers participating in the Medicare EHR Incentive Program must attest to the [2016 program requirements](#) by February 28, 2017 at 11:59 p.m. ET in order to avoid a 2018 payment adjustment. The EHR reporting period was any continuous 90 days between January 1 and December 31, 2016.

If you are participating in the Medicaid EHR Incentive Program, please refer to your [New York's deadlines](#) for attestation information.

If you are eligible to participate in both the Medicare and Medicaid EHR Incentive Programs, you **MUST** demonstrate meaningful use to avoid the Medicare payment adjustment. You may demonstrate meaningful use under either Medicare or Medicaid.

Reminder: Remember to visit the registration tab in the [Registration and Attestation](#) system to ensure your personal information is accurate. For more information on registration, visit the [Registration & Attestation](#) page of the [EHR Incentive Programs website](#).

Payment Adjustments and Hardship Exceptions

In January 2018, CMS will begin to apply payment adjustments for providers that did not successfully demonstrate meaningful use of EHR technology or apply for and receive a hardship exception for the 2016 program year. CMS will send a separate announcement with more information on the hardship exception application process, once available.

Attestation Resources

- [Eligible Professional \(EP\) and Eligible Hospital and Critical Access Hospital \(CAH\) Attestation Worksheets](#)
- [EP](#) and [Eligible Hospital and CAH](#) Attestation User Guides
- [EP](#) and [Eligible Hospital and CAH](#) Registration User Guides
- [Attestation Batch Upload Webpage](#)

Physicians Billing Medicaid: Your Ordering/Prescribing/Referring Providers Must Revalidate for Claims to be Paid.

Federal regulation requires State Medicaid agencies to revalidate the enrollment of all providers every five years. For many providers Medicaid payment is contingent on the ordering/prescribing/referring (OPR) provider also revalidating their enrollment in Medicaid. OPR providers who do not comply with the revalidation requirement will be terminated from the Medicaid Program.

The Department of Health has determined that many providers are at risk for not being paid for their services because the OPR provider has not complied with the revalidation requirement. Because this has the potential to result in significant non-payable claims for you/your facility, we urge you to reach out and encourage your OPR providers to revalidate their enrollment.

Please remember to confirm that your OPR provider is enrolled before rendering service at: www.emedny.org/info/opra.aspx.

The Claim Adjustment Reason Code for non-enrolled OPR provider on your remittance will be: B7 - This Provider was Not Certified/Eligible to be Paid For this Procedure/Service on this Date of Service.

The required revalidation form and instructions are available at <https://www.emedny.org/info/ProviderEnrollment/index.aspx>. The completed form must be mailed, with all required documentation and fee (if required), to the address provided on page 2 of the form.

Clinical Practice Improvement Activities and Measurement Study for MACRA/MIPS by January 31

CMS is conducting a Clinical Practice Improvement Activities Study, as outlined in the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) [final rule](#). Clinicians and groups who are eligible for the Merit-based Incentive Payment System (MIPS) and participate successfully in the study will receive full credit for the Improvement Activities performance category. Applications will be accepted until January 31.

[Click here for more information.](#)

ACP Annals Virtual Patients Offer Practice Cases for CME Credit



Did you know that ACP has 42 more cases covering a wide variety of conditions you see in your practice? The path you take with your simulated patient is designed to change according to your own decisions.

Upon completion of each case, physicians may earn Continuing Medical Education (CME) credit and Maintenance of Certification (MOC) points.

Most of the Annals Virtual Patients users say that they would recommend Annals Virtual Patients to their colleagues and that they are extremely likely to purchase again.

New cases are added regularly. Here are the latest topics for you to test your knowledge:

- Prostate Cancer
- Gastroesophageal Reflux Disease
- Community-Acquired Pneumonia
- Deep Venous Thrombosis
- Chronic Kidney Disease
- Knee Pain

If you are an *Annals* subscriber or an ACP member, enjoy a savings of 25% off the regular price. [Start treating your next Annals Virtual Patients today!](#)

New York DOH Weekly Influenza Report

The New York State Department of Health (NYSDOH) collects, compiles, and analyzes information on influenza activity year round in New York State (NYS) and produces this weekly report during the influenza season (October through the following May).



During the week ending January 7, 2017:

- Influenza activity level was categorized as geographically widespread. This is the third consecutive week that widespread activity has been reported.
- There were 3,015 laboratory-confirmed influenza reports, an 8% increase over last week.
- Of the 1,081 specimens submitted to NYS WHO/NREVSS laboratories, 244 (22.57%) were positive for influenza.
- Of the 17 specimens tested at Wadsworth Center, 11 were positive for influenza. 1 was influenza A (H1), 9 were influenza A (H3) and 1 was influenza B (Yamagata).
- Reports of percent of patient visits for influenza-like illness (ILI3) from ILINet providers was 5.85%, which is above the regional baseline of 3.00%.
- The number of patients hospitalized with laboratory-confirmed influenza was 773 an 11% decrease over last week.
- There have been no influenza-associated pediatric deaths reported this season.

[Read the entire report here.](#)

Healthcare is Among the Top Three Sectors Facing the Highest Risk of a Targeted Hacking Attack, a Recent ICIT Report Found

Article Courtesy of Health IT Security

With its high dependency on digital records, network connectivity, accessible information, and real-time communication, healthcare is one of the sectors at greatest risk for a Distributed Denial of Service (DDoS) attack, the Institute for Critical Infrastructure Technology (ICIT) [explained in a recent publication](#).

“Obstructions to even an email server could cause delays in treatment, while widespread attacks that holistically render a critical service unavailable, such as an IoT DDoS attack, would pose a serious risk to patient and staff safety,” wrote ICIT Senior Fellow James Scott and ICIT Researcher Drew Spaniel.

Citing research from a previous ICIT brief, the duo explained that healthcare is incorporating, and [interacting with connected devices](#) that are often designed without necessary security measures. Previously, this has led to instances such as MRI machines or pacemakers being infected with ransomware.

More organizations are utilizing the internet and IoT devices, but device manufacturers will sometimes “negligently avoid incorporating security-by-design into their systems.” This happens because the manufacturers have not been properly incentivized, and instead pass the potential risk onto the end-user.

[To read the entire article, please click here.](#)

Education

NYACP is Hosting Eight Live MOC Learning Sessions in February 2017

Earn up to 20 ABIM MOC points and 20 CME Credits™ per day or a total of 40 ABIM MOC points and 40 CME Credits™ credits during the month of February!

Long Island - February 4, 2017

The Melville Marriott, 1350 Walt Whitman Road, Melville NY 11747
2016 Update in Endocrinology: *Michael Radin, MD (8:00am-10:00am)*
2016 Update in Nephrology: *Naveed Masani, MD, FACP (10:30am-12:30pm)*

Albany - February 4, 2017

The Desmond Hotel, 660 Albany Shaker Road, Albany NY 12205
2016 Update in Hospice and Palliative Medicine: *Daniel Pomerantz, MD, FACP (8:00am-10:00am)*
2016 Update in Infectious Disease: *Charles Hyman, MD, FACP (10:30am-12:30pm)*

Manhattan - February 11, 2017

Weill Cornell Medical College (Uris Auditorium), 1300 York Ave, NY NY 10065
2016 Update in Rheumatology: *David Goddard, MD, FACP (8:00am-10:00am)*
2016 Update in Geriatric Medicine: *TS Dharmarajan, MD, MACP (10:30am-12:30pm)*

Syracuse - February 11, 2017

The Double Tree Hotel, 6301 NY-298, East Syracuse NY 13057
2016 Update in Geriatric Medicine: *Sharon Brangman, MD, FACP (8:00am-10:00am)*
2016 Update in Sleep Medicine: *Robert Westlake, MD, FACP (10:30am - 12:30pm)*

[Flyer](#) • [Online Registration](#)

Upcoming Educational Events

SAVE-THE-DATE! NYACP Weekend Board Review Course in Buffalo

Co-sponsored by NYACP and Catholic Health Systems
Earn up to 27 AMA PRA Category 1 Credit(s)!™

NYACP Weekend Board Review Course

Friday, March 24- Sunday, March 26, 2017

Catholic Health Administrative & Regional Conference Center
144 Genesee Street
Buffalo, NY 14203

The NY Chapter ACP and Catholic Health Systems are excited to announce that a Weekend Internal Medicine Board Review Course has been scheduled for Friday, March 24 – Sunday, March 26 in Buffalo, NY. Chapter members who are preparing to take the exam for the Board Recertification or first-time Certification can take advantage of this unique IM Board Review Course.

Faculty:

Conrad Fischer, MD, FACP
Chris Paras, DO
Niket Sonpal, MD

Course Content:

This three-day course will cover pertinent topics you need to review for the upcoming exams. The topics will include: Cardiology, Nephrology, General Internal Medicine, Oncology, Hematology, Rheumatology, Neurology, Pulmonary, Endocrinology, Gastroenterology and Infectious Disease

[Registration Information and Brochure](#) • [Register Here](#)

Need additional information?

Please contact Karen Tucker at ktucker@nyacp.org or 518-427-0366.

CME STATEMENT

Accreditation - This Activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the University at Buffalo Jacobs School of Medicine and Biomedical Sciences and New York Chapter of the American College of Physicians (NYACP)

The University at Buffalo Jacobs School of Medicine and Biomedical Sciences is accredited by the ACCME to provide continuing medical education for physicians.

Certification - The University at Buffalo Jacobs School of Medicine and Biomedical Sciences designates this live activity for a maximum of 27.0 AMA PRA Category 1 Credit(s)™. Physicians should claim only the credit commensurate with the extent of their participation in the activity

District Meetings**SAVE-THE-DATE**

Queens: Thursday, March 2, 2017

A Multiple Small Feedings of the Mind:

- (1) Changes to MOC
- (2) Proving LGBT-welcoming Care
- (3) Update on MACRA

Il Toscano Ristorante • 42-05 235th Street • Douglaston, NY 11363

Brochure and Registration information coming soon

SAVE-THE-DATE

Nassau: Tuesday, March 7, 2017

Kidney Disease: What's the Big Deal?

K Pacho Restaurant • 1270 Union Turnpike • New Hyde Park, NY 11040

Brochure and Registration information coming soon

SAVE-THE-DATE

NYACP Annual Scientific Meeting & Poster Competition: Saturday, June 3, 2017

Hyatt Regency Hotel

125 E Main St, Rochester, NY 14604

Registration Information and Brochure coming soon!
