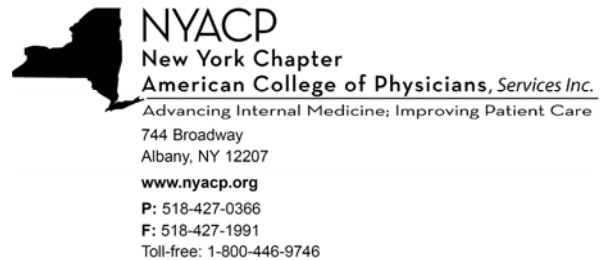


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My name is Nick Fitterman, MD. I am the Long Island Regional Governor of the New York Chapter of the American College of Physicians (NYACP) and a Fellow of the American College of Physicians. I serve as Medical Director of Group Health Management at the Northshore/LIJ Healthcare System in Long Island and am working closely with ambulatory care practices within our System. NYACP is the state's largest medical specialty organization representing 12,000 physicians practicing general and sub-specialty Internal Medicine. The Chapter's mission is to improve access to care, promote public health and patient safety, to provide continuous, lifelong medical educational opportunities for physicians and promote the best use of evidence based practice guidelines to improve and assure the highest standards of care quality.

NYACP would first like to thank the sponsors of this hearing – Senators Hannon and Seward, for your longstanding commitment to the people of our State, and congratulate the efforts of the Governor and all of the staff from multiple agencies for bringing together stakeholders through the community

advisory groups with the goals of building an efficient, effective and user-friendly Health Benefit Exchange internet system and for your ability to keep to an incredibly ambitious timeline from planning to implementation. While we are only a few weeks into actual insurance coverage, we look forward to further opportunities for input as the Exchange continues to expand and respond to the market.

We support the inclusion of a variety of options and choices for individuals and small businesses; but we suggest even at this early stage that the State has a responsibility to monitor closely the activity of consumers and the plans and review options and choices as we learn more about how these plans will function. Are there too many or too few options and are there too many or too few plans available to meet patient preferences and needs? We suggest monitoring of the portal's use and purchaser activity to facilitate a format that promotes easy choice and simple navigation. Review and monitoring of use by consumers must continue.

We ask that the State continuously monitor network adequacy. At this stage there is much confusion on the part of physicians as to whether or not they are involved with Exchange products. While physicians are aware of the plans with which they participate, there has been a lack of transparency

around the Exchange specific products offered by approved plans... Further, in many areas where multiple commercial plans share the market, physicians have not been clearly informed of the new coverage provisions, including metal and benefits levels, nor have they been well informed of the reimbursement policies and rates for these new Exchange products. NYACP asks the State to ensure there is network adequacy, not only for primary care but for specialty care, and the provisions of all vital ancillary services such as mental health, physical therapy, and long term and home care services among others.

With regard to out-of-network coverage, we suggest that any physician who is not in an Exchange network who is caring for patients undergoing treatment for an acute or unstable condition be allowed to do so with payment by the plan if they are willing to accept the network fee schedule. The State has an obligation to its newly-insured patients to assure they have a sufficient choice of providers, and we suggest New York should adopt an ongoing mechanism to monitor network adequacy.

The NYACP and our physician members are very concerned that newly-insured patients will not understand deductibles and coinsurance, or their obligation to make these payments. The navigators who are charged with providing assistance in understanding and purchasing plans must be ready to

respond to inquiries from patients as to how deductibles and coinsurance work and what patient responsibilities are. Education is one of the most important elements necessary to achieve Exchange success, and without such knowledge and understanding, we foresee significant challenges to physicians in collecting the deductibles and coinsurance, resulting in large unpaid balances that can threaten practice solvency. At a time of critical primary care access needs, the State must ensure that this additional burden on practice does not occur. Physicians need to have at the time of service (in REAL TIME) information concerning the patient's benefit level, co-pay and/or deductible, AND the status of patient's insurance.

Newly-insured patients need basic education from patient navigators on deductibles and coinsurance, **but this information must be available to physicians as well**. We urge the State to provide a mechanism for instant, real time access to coverage information and for navigators to be trained to explain to patients what their responsibilities for copayments and/or deductibles will be at the time of service. **We ask the State to implement a provider hotline that will be available to answer questions at the time services are provided.**

We firmly believe that in-office discussion of these "financial" issues with patients will take away from time needed to provide patient care. The State

has an obligation to assist with the resources and information necessary to minimize these challenges.

Under New York's Exchange, many people are expected to shift between the health Exchanges and Medicaid as their income fluctuates, which can leave gaps in coverage and confusion for both patients and physicians as to coverage status. In these circumstances, patients may be required to switch health plans and/or doctors. As people move in and out of Medicaid (above and below the defined eligibility level) how will physicians know when Medicaid or private coverage begins and ends? An easy, REAL TIME accessible process to verify active coverage is needed. Frequent review and collection of new or updated insurance information is problematic from a practice perspective. Tracking Medicaid and commercial coverage as patients move in and out of plans will be an administrative burden, but this burden should not be borne by the provider of care.

It is estimated that several hundred thousand new enrollees in New York State Medicaid as well as many gaining insurance coverage for the first time, will shift between Medicaid and the private Exchanges during the year. For example, a patient with mental health and substance abuse issues or a variety of undertreated chronic conditions can experience a loss in continuity

of care if they are on Medicaid at one point and are stabilized on a treatment plan, and then are transitioned into a private plan, or vice versa.

In other states (such as Delaware) companies in the Exchange must continue to cover approved medical treatment and medications for new members coming from Medicaid during a transition period. Some suggest the best strategy to avoid “churning” between Medicaid and the Exchanges would be to require health plans to offer coverage in both Medicaid and commercial markets. If not already in place, we suggest that New York consider similar a similar approach to help minimize “churning” because of its adverse impact on quality and cost of care.

The federally-required 90-day grace period rule will critically impact physician practices and we urge the State to take the lead in advocating a fix in the patient’s “standing” within the grace period. One who is providing services should have the benefit of knowing if a patient is not in good standing with their obligations. While there is a 30-day physician indemnification, there remains a 60-day period where the physician may not be reimbursed for services rendered in good faith. The 90-day policy needs to change because after the 30-day grace of MCOs, obtaining reimbursement becomes the physicians’ responsibility for the remaining days 31-90.

With many new patients covered by the Exchange, and many new Medicaid- eligible patients now enrolling, the federal Medicaid primary care pay parity program (which finally brought New York's Medicaid fees from 49th lowest in the country up to Medicare levels), is set to sunset in December 2014. New York must take steps now through the budget process to assure Medicaid primary care fee parity continues into January 2015 and beyond.

To assure that physicians and other providers can continue to serve their patients, we request that a physician-specific helpline be established (similar to what is now provided in the Medicaid program) for doctors to utilize in real time to address questions and/or concerns. A process similar to the navigator for small businesses and individuals, by which questions can be handled and patient status can be ascertained, would alleviate many of the concerns and confusion. We are also concerned about how patients without internet can receive information on the availability of insurance and the various Exchange products. We believe educational tools and resources should be provided by the State to caregivers for distribution to patients as to how to reach navigators within their local communities.

NYACP, with its rich history and unequalled credibility in delivering clinical education, quality improvement, best practices, and practice management courses, can assist the State with communication and outreach

by providing information to our physician members. The State must accept responsibility for preparing these tools and resources for our dissemination to members. In our conversations with colleagues, there is a vast difference in the level of knowledge about the Exchange and its products among physicians. Some physicians have no information about reimbursement while other physicians and practices do. We must be certain that those small practices with limited administrative support have the information they need to participate effectively and efficiently in the Exchange networks. To help achieve this objective, webinars and local community meetings could be coordinated by our professional organizations with speakers and content provided by the State.

NYACP offers these comments today in fulfillment of its commitment to make certain that our patients and their families receive the care they need and to help achieve a smooth transition for all as we move toward the availability of affordable and comprehensive health care coverage for ALL New Yorkers.