

June 29, 2017

## Advocacy

### End of Session Update

The 2017 State Legislative session ended with some wins and a loss. Final actions included expanding medical marijuana use for PTSD, curbing electronic cigarettes, and extending time limits for filing medical malpractice lawsuits.



There were also several noteworthy “victories”—bills that we opposed and were not passed. Our credible relationships with legislators and our office’s close proximity to the Capitol, as well as our strong coalition with other medical specialty societies and patient groups helped to stop these bills. We blocked several medical liability bills simultaneously introduced at the very end of the session, all of which threatened to increase attorney contingency fees beyond their current limit. Any increase in contingency fees would of course further increase premiums, which is why opposing such changes remains a top legislative priority for us. Other bills that we opposed and that were not passed related to opioids, including mandated provider counseling prior to prescription of a schedule II opioid and limitation of an initial opioid prescription to 3 days (reduced from the current 7-day limitation).

We also had some victories regarding bills that we supported. E-cigarettes are now regulated under the Clean Indoor Air Act, possession of e-cigarettes is now prohibited on school grounds, and e-cigarette retailers are now required to register with the department of taxation and finance.



Of most significance to our members was the change to medical malpractice cases that expands the statute of limitations for plaintiffs (injured patients) to bring lawsuits against a physician. Whereas previously patients had 2.5 years from the date of the alleged malpractice to file a lawsuit, now patients have 2.5 years from the date of discovery with a maximum time limit of 7 years from the date of the alleged malpractice for failure to diagnose cancer or malignant tumor. Since

this bill’s passing, malpractice insurance premiums are expected to increase by a minimum of 15%.

Overall, this was a very busy legislative year and a particularly eventful end of session. We thank all of our members who responded to our calls for legislative action—your state representatives heard your voices, loud and clear! As always, we take our duty to advocate for our members’ interests very seriously, so we are already reflecting on this year’s outcomes to begin preparing for the legislative session in 2018!

## Practice Management

### Healthcare Providers: Get Ready for New Medicare Cards



Medicare is taking steps to remove Social Security numbers from Medicare cards. Through this initiative the Centers for Medicare & Medicaid Services (CMS) will prevent fraud, fight identity theft and protect essential program funding and the private healthcare and financial information of our Medicare beneficiaries.

CMS will issue new Medicare cards with a new unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI) to replace the existing Social Security-based Health Insurance Claim Number (HICN) both on the cards and in various CMS systems physicians use now. CMS will start mailing new cards to people with Medicare benefits in April 2018. All Medicare cards will be replaced by April 2019.

CMS is committed to helping providers by giving them the tools they need. Based on feedback from healthcare providers, practice managers and other stakeholders, CMS is developing capabilities where doctors and other healthcare providers will be able to look up the new MBI through a secure tool at the point of service. To make this change easier for you and your business operations, there is a 21-month transition period where all healthcare providers will be able to use either the MBI or the HICN for billing purposes.

Beginning in April 2018, Medicare patients will be issued new cards.

Here are 5 steps to help your physicians get ready:

1. Go to CMS' provider [website](#) and [sign-up](#) for the weekly MLN Connects® newsletter.
2. Attend CMS [quarterly calls](#) to get more information. CMS will let physicians know when calls are scheduled in the MLN Connects newsletter.
3. Verify all Medicare patients' addresses. If the addresses on file are different than the Medicare address on electronic eligibility transactions, ask patients to contact [Social Security](#) and update their Medicare records.
4. Work with CMS to help Medicare patients adjust to their new Medicare card. When available later this fall, physicians can display helpful information about the new Medicare cards.
5. Test your system changes and work with billing office staff to be sure your practice is ready to use the new [MBI format](#).

To learn more, [click here](#).

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### Important Notice Regarding Handwriting on Claims Submitted to Medicare

Beginning 7/1/2017, National Government Services (NGS) will return to physicians any paper claim submitted with handwriting on the face of the claim that is not a signature field, (i.e., Items 12, 13, or 31). A notice will be attached to the front of the returned claim and physicians will need to submit a new claim.

The Centers for Medicare & Medicaid Services (CMS) Online Manual contains the printing specifications for the CMS-1500 claim form. These printing specifications do

not provide instructions to submit handwritten claims. Please use this CMS IOM reference to ensure you are completing paper claims correctly. [You can download the form here.](#)

This may require some substantial changes clinical office practices and there are two alternatives to handwritten paper claims that would be of little cost:

1. NGSConnex is NGS' web-based self-service portal, free of charge, and available through Internet access. Physicians can login to [NGSConnex](#) and submit claims directly to NGS. In addition to claims submission, NGSConnex has other useful functions like verifying Medicare entitlement, submitting appeals on claims, and viewing and downloading remittance advice.
2. Electronic claim submission and other transactions submitted electronically process considerably faster than paper submission. The [Electronic Data Interchange \(EDI\)](#) page on CMS' website, explains how to enroll and what capabilities offices need to be able to submit electronic claims

#### What's Ahead for Your Next Medicare Enrollment Revalidation?

CMS has established due dates by which the provider/supplier's revalidation application must reach the MAC in order for them to remain in compliance with Medicare's provider enrollment requirements. The due dates will generally be on the last day of a month (for example, June 30, July 31 or August 31). Submit revalidation application to MAC within 6 months of due date to avoid a hold on Medicare payments and possible deactivation of Medicare billing privileges. Generally, this due date will remain with the provider/supplier throughout subsequent revalidation cycles.

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## New Resources on Quality Payment Program Website to Help Clinicians Participate in MIPS

The Centers for Medicare & Medicaid Services (CMS) has posted new resources on the Quality Payment Program [website](#) to help clinicians successfully participate in the first year of the [Merit-based Incentive Payment System \(MIPS\)](#).

CMS encourages MIPS clinicians to visit the [website](#) to review the following resources:

- **Advancing Care Information Measure Specifications and Transition Measure Specifications - UPDATED:** Includes additional details on each objective and measure in the Advancing Care Information performance category.
- **An Introduction to Group Participation in MIPS in 2017:** Offers an in-depth overview of how to participate as a group in MIPS. This user guide is interactive for quick navigation.
- **CMS-Approved Qualified Clinical Data Registries (QCDRs) Vendor List for 2017:** Provides contact information for the QCDRs that will be able to report data for the Quality, Advancing Care Information, and Improvement Activities performance categories in 2017.
- **Consumer Assessment of Healthcare Providers & Systems (CAHPS) for MIPS – CMS-Approved Survey Vendor List:** Includes contact information for the survey vendors approved by CMS to administer the CAHPS for MIPS Survey in 2017.
- **MIPS Measures Guide for Cardiologists - UPDATED:** Highlights a non-exhaustive sample of measures and activities for the Quality, Improvement Activities, and Advancing Care Information performance categories that may apply to cardiologists in 2017.

- **MIPS Measures Guide for Primary Care Clinicians:** Offers a non-exhaustive sample of measures and activities for the Quality, Improvement Activities, and Advancing Care Information performance categories that may apply to primary care clinicians in 2017.

ACP offers substantial resources regarding Quality Payment Programs and can be accessed [here](#).

Additional resources are also available in the [Resource Library](#) section of the Quality Payment Program [website](#).

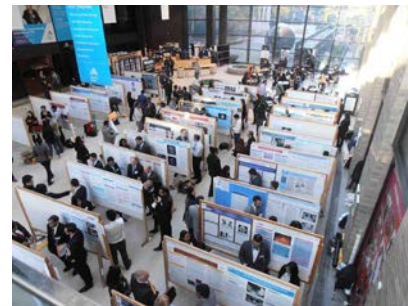
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## *Education*

### **NYACP Competitions for Resident and Medical Student Members**

**Semi-Annual Abstract Competition Submissions NOW OPEN**

NYACP is pleased to announce the Call for Abstracts for the opportunity to present your poster at the 2017 NYACP Resident and Medical Student Forum, scheduled for Saturday, October 28<sup>th</sup> at the Staten Island University Hospital.



Abstracts by medical students and residents/fellows will be accepted into one of three categories:

- **Clinical Vignette** (reports of one or more cases that illustrate a rare disease entity or an unusual clinical presentation of an established disease)
- **Research** (clinical and/or laboratory research, delineating a new investigation into mechanisms of disease or consisting of a detailed review of a clinical problem), or
- **Quality, Advocacy and Public Policy.**

Information on how to write an abstract can be found [here](#). If your abstract is chosen, you will be invited to present your poster to two judges at the NYACP Resident and Medical Student Forum on Saturday, October 28<sup>th</sup> and you will get the opportunity to win an expense paid trip to the National ACP Competition in New Orleans in 2018!

The NY Chapter American College of Physicians maintains the highest standards for abstract acceptance and program development. To submit your abstract and review all details go to: [www.nyacp.org/call-for-abstracts](http://www.nyacp.org/call-for-abstracts)

*To be eligible, you must be an ACP Resident member and enrolled in Internal Medicine Residency or Fellowship Training Program within New York State; or you must be a Medical Student Member and currently enrolled as a student at a New York State approved Medical or Osteopathic School with a rotation through a hospital in New York State.*

The deadline for submission is 5:00 pm, Friday, August 18, 2017. NO abstracts will be accepted after that time. You will receive an automatic confirmation of receipt at the time of submission. Program/Clerkship Directors will be notified of competition results around September 29, 2017.

**Plan to become part of this exciting educational opportunity this year!!**



## Dr's Dilemma Competition

The Chapter has accepted 16 teams to compete in the Dr's Dilemma Competition which will take place during the Resident and Medical Student Forum. Registration for Dr's Dilemma is now closed.

The following teams will be competing:

- Staten Island University Hospital
- St. John's Episcopal Hospital
- Stony Brook University Hospital
- Interfaith Medical Center
- Sisters of Charity Hospital of Buffalo
- Brookdale University Hospital
- Maimonides Medical Center Hospital
- Wyckoff Heights Medical Center
- Mount Sinai - St. Luke's Roosevelt Hospital
- Nassau University Medical Center
- Montefiore Medical Center Wakefield
- NYP Brooklyn Methodist Hospital
- UHS
- Montefiore Medical Center New Rochelle
- Westchester Medical Center
- SUNY Upstate

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## Upcoming Meetings

Manhattan: Tuesday, July 11, 2017

A Multiple Small Feedings of the Mind Educational Program  
Worth 1.5 AMA PRA Category I CME Credits™!

- (1) New York State's Advanced Primary Care Model
- (2) Direct Oral Anticoagulants: Atrial Fibrillation and Beyond

- (3) Cardiac Prevention in the Patient Without Cardiovascular Disease

- (4) Leveraging Down LDL Cholesterol: Problems and Solutions

New York Athletic Club - 180 Central Park South, New York NY 10019

6:00pm Registration / 6:30pm Dinner and Educational Program

[Event Flyer](#) / [Online Registration](#)



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## Quality Payment Program Year 2 Proposed Rule Listening Session

Join the CMS Listening session on July 5th to learn about the 2018 proposed Year 2 rules for the Quality Payment Program. Additional proposals will help ease the burden on small practices and provide reporting flexibility.

This listening session is an opportunity for stakeholders to learn about proposed policy for the Quality Payment Program. Participants are encouraged to review the [proposed rule](#) prior to the listening session. If time allows, CMS will open the lines for feedback. *Note: feedback received during the listening session will not be considered formal comments on the rule.* See the proposed rule for information on submitting these

comments by the close of the 60-day comment period on August 21, 2017.

**Target Audience:** Part B Fee-For-Service clinicians and practice managers; state and national associations that represent healthcare providers; and other stakeholders.

Date: Wednesday, July 5, 2017

Time: 2:00 PM

[Register Here](#)

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## Commissioner's Medical Grand Rounds Archived Video Seminars

Below is a list of CME-eligible video Grand Rounds seminars co-sponsored by NYACP and archived by the New York State Department of Health:

### 2016-2017 SEASON

- Dietary Supplements: Buyer Beware, Provider Be Wary (1.5 AMA PRA Category 1 Credits™)
- Baby Boomer Health: Undiagnosed conditions of persons born between 1945 and 1965 (1.5 AMA PRA Category 1 Credits™)
- Technology Changes Our Connection: Physician and Patient Communication (2.0 AMA PRA Category 1 Credits™)
- From A to Zika: An Update on Zika Virus for Primary Care Providers (2.0 AMA PRA Category 1 Credits™)

*The School of Public Health, University at Albany is accredited by the Medical Society of the State of New York (MSSNY) to provide continuing medical education for physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*

[To access the courses click here.](#)

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## A Message About MLMIC

For more than 40 years, MLMIC has continued to provide exceptional medical liability coverage for medical professionals, unyielding defense, strong risk management programs and high-quality legal counsel to the physicians of the State of New York.



MLMIC's stability, especially in today's marketplace, is notably reassuring. In fact, MLMIC remains the leading provider of medical professional liability insurance in the State of New York, in terms of both longevity and fiscal strength, and their plan for acquisition by National Indemnity Company, one of the Berkshire Hathaway group of insurance companies, is just one example.

Recent media reports, such as ["Revenue Drops and Losses Grow for State's Second-Largest Malpractice Carrier,"](#) creates much uncertainty over the professional liability insurance (MPLI) market in New York. The Chapter wants to reassure you that MLMIC, our trusted partner and longstanding endorsed professional liability insurer, stands apart and above the fray.

Both MLMIC and the New York Chapter ACP remain deeply committed to doing whatever we can to protect you and your practice, and MLMIC remains one of the Chapter's most valuable membership benefits. As always, should you have any

**questions or be in need of further information, please do not hesitate to contact the Chapter office and/or reach out to MLMIC directly at [mlmic.com](http://mlmic.com) or (888) 412-2012.**

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