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Advocacy

New York Chapter Active in Legislative Session

This week your chapter co-sponsored an event with New York's Health Commissioner Howard Zucker, attended several sessions of the state budget debate in the Legislature, and participated in the State's Innovation Model (SIM) Grant "Integrated Care Workgroup" to continue drafting models for Advanced Primary Care in NYS.

Pictured below: Achala Talati, MD; Mary Rappazzo, MD, MACP; Louis Snitkoff, MD, FACP; NYSDOH Commissioner Howard Zucker; Medical Student Tabitha Witthauer
State Budget Approved: Items of Interest to Internal Medicine Practice

This week, Governor Cuomo approved the $142 billion New York State budget passed by the Legislature, with many portions of the budget affecting doctors across the state.

Items of special interest to our members include:

- $2 million allocated for additional Doctors Across New York funding, with the suggested combination of all workforce funds into one funding pool not approved and the individual lines remaining.

- Incentives for Article 28 facilities (hospitals and federally qualified health centers) to serve rural and underserved areas to promote accessibility and improve quality.

- A Delivery System Reform Incentive Payment (DSRIP) Advisory Committee will be created, and an Evidence Based Medicine review Advisory Committee will be appointed to review new technology, such as devices and procedures for diagnosis, prevention and treatment under Medicaid.

- The Statewide Health Information Network of New York (SHINY) will be required to report spending for the support of hospitals, physicians, DSRIP, and local regional information networks.

- Office Based Surgery facilities now will be subject to requirements for quality assurance and reporting of data. Provisions for data protection were included as well.

- The proposed elimination of the physician profile was not adopted, and physicians are still required to update any change of mandated information within 30 days. The DOH must publish said updates within 30 days. Plans (not MDs) will now report on network participation as part of the profile.

- New grant money has been awarded under Medicaid for hospital-home care-physician collaboration.

- Medicaid fee for service rates at Medicare levels for fee for service was not renewed.

- Funding for medical liability excess insurance coverage was continued for physicians.

- Prescriber Prevails under Medicaid was maintained.

- Provisions to allow Retail Clinics and Regulation of Urgent Care Centers were not approved but could be revisited outside of the budget.

PCMH Medicaid Incentive Payment Reduction Delayed

In order to allow providers additional time to achieve Patient Centered Medical Home (PCMH) recognition from the National Committee for Quality Assurance (NCQA) under the 2014 standards, New York State Medicaid is extending the implementation date of the Statewide PCMH Incentive Payment Program changes affecting payments to providers recognized under 2011 or 2014 standards to January 1, 2016.

This was announced in February 2015 Medicaid Update. This extension only applies to providers recognized under the 2011 and 2014 standards and all incentive payments for
PCMH-recognized providers under NCQA's 2008 standards will still be discontinued as of April 1, 2015.

This revised policy is applicable to both Medicaid Managed Care (MMC) and Medicaid fee-for-service (FFS). The January 1, 2016 implementation date for these changes give primary care practices and providers a financial incentive to achieve level 2 or 3 NCQA PCMH recognition under the 2014 standards by the end of 2015.

You can read the rest of the article here.

E-Prescribing Implementation Has Been Delayed A Year, So Be Prepared TODAY

On March 13, 2015, Governor Andrew M. Cuomo and the New York State Legislature amended the Public Health Law and the Education Law to extend the implementation date for mandatory electronic prescribing of all substances to March 27, 2016.

Although this amendment extends the effective date of mandated electronic prescribing, e-prescribing of both controlled and non-controlled substances is currently permissible in New York. Practitioners should continue their efforts to become compliant with the requirement as soon as possible by working with their software vendors to implement the requirements needed for e-prescribing of controlled substances, and registering their certified software applications with the Bureau of Narcotic Enforcement.

If you do not have an EMR, you should acquire standalone software and begin using that system as soon as possible. The NYACP offers a discounted rate for members that enroll with DrFirst, which can be accessed here.

Information regarding e-prescribing may be accessed at the following links:

- [http://www.op.nysed.gov/prof/pharm/pharmelectrans.htm](http://www.op.nysed.gov/prof/pharm/pharmelectrans.htm)

Practice Management

Are You Prepared for the Surprise Medical Bill Law?

A new law went into effect this past Tuesday, March 31, 2015 to protect consumers from surprise medical bills when services are performed by a non-participating (out-of-network) doctor and when a participating doctor refers an insured patient to a non-participating provider.

The Chapter's Legal Counsel, Laurie Cohen, Esq. from Nixon-Peabody, has provided an article detailing guidelines for physicians to ensure they are prepared for implementation.

The article covers these important questions:

- What is a surprise medical bill?
- What is the process for a physician to notify a patient of a potential surprise medical bill?
- What must you do to comply with disclosure requirements?
- What are the procedures for compliance?

These questions and more are answered in the article, which can be read here.
Be Ready for ICD-10 with End-to-End Testing!

During the week of July 20 through 24, 2015, a group of providers will have the opportunity to participate in ICD-10 end-to-end testing with Medicare Administrative Contractors (MACs) and the Common Electronic Data Interchange (CEDI) contractor. Approximately 850 volunteer submitters will be selected to participate in the July end-to-end testing. Testers who are participating in the January and April end-to-end testing weeks are able to test again in July without re-applying.

To volunteer as a testing submitter:

- Volunteer forms are available on your MAC website
- Completed volunteer forms are due April 17
- CMS will review applications and select the group of testing submitters
- By May 8, the MACs and CEDI will notify the volunteers selected to test and provide them with the information needed for the testing

If selected, testers must be able to:

- Submit future-dated claims.
- Provide valid National Provider Identifiers (NPIs), Provider Transaction Access Numbers (PTANs), and beneficiary Health Insurance Claim Numbers (HICNs) that will be used for test claims. This information will be needed by your MAC by May 29 for set-up purposes; Testers will be dropped if information is not provided by the deadline.

Any issues identified during testing will be addressed prior to ICD-10 implementation. Educational materials will be developed for providers and submitters based on the testing results. With the deadline of October 1, 2015 for ICD-10 implementation fast approaching, you must plan to test your system prior to the “go live date.”

Education

Upcoming Events in April

It’s time to start planning your Spring schedule and below you will find Chapter Sponsored District Events in your area for the month of April:

Southern Tier District Meeting in Vestal, NY - Primary Care Provider Update
April 16 (6-8 pm)
Conference Brochure & Registration

Suffolk District Meeting in Islandia, NY - Pre-Exposure Prophylaxis (PrEP)
April 18 (9-1pm)
Details and Registration

Syracuse District Meeting in Syracuse, NY - Multiple Small Feedings of the Mind
April 21 (6:00 pm)
Details and Registration

Manhattan District Meeting in NYC - Multiple Small Feedings of the Mind
April 21 (6:00 pm)
Details and Registration