

## BOR Action on Spring 2018 BOG Resolutions Now Available

A summary of Board of Regents (BOR) actions on spring 2018 Board of Governors (BOG) resolutions debated at ACP governance meetings in New Orleans is available below. Resolutions initiated by ACP members and endorsed by a chapter council and the BOG become ACP policy when adopted by the BOR.

If you have an idea you'd like to suggest to ACP, consider submitting a resolution to your Governor or local ACP chapter. Visit your [ACP chapter website](#) for more information on how to contact your Governor or chapter staff about proposing a resolution.

### Adopted and referred for implementation (See lines 32-76; 87-92; 101-152; 172-180):

- 7-S17. Advocating for a Uniform Filing Deadline for Medical Claims Submissions
- 1-S18. Waiving of CMS Three-Day Hospitalization Rule for Skilled Nursing Facility Eligibility
- 2-S18. Defining Human Trafficking as a Separate Diagnosis Code
- 4-S18. Opposing Health Insurance Companies from Requiring NDC's (National Drug Codes) on Vaccine Claim Submissions
- 8-S18. Opposing Insurance Company's Termination without Cause Policy
- 12-S18. Evaluating the Processes for ACP Representation in the American Medical Association
- 14-S18. Establishing Policy on the Appropriate Use of Point of Care Ultrasound
- 15-S18. Advocating for a Streamlined Credentialing Process
- 18-S18. Updating Policy on MOC and Licensure Requirements
- 19-S18. Promoting Wellness, Community Outreach, and Chapter Excellence through an ACP "Day of Service"
- 23-S18. Making LeaderNet Commentator's Relevant Disclosures of Interest Clearly Accessible

### Adopted as a reaffirmation (See lines 79-84; 95-100; 159-169):

- 6-S18. Studying the Coordination of Care of Complex Patients and the Reimbursement Thereof
- 9-S18. Updating Policy to Support Private Contracting with Medicare Beneficiaries
- 11-S18. Evaluating MIPS Effect on Quality of Care and Developing an Alternative if the Effect is Proven to be Negative

### Adopted as BOR-amended as a reaffirmation (See lines 183-203):

- 22-S18. Increasing Efforts to Attract Physicians Involved in Direct Patient Care by Supporting Their Efforts in Providing Such Care

The Board of Regents

***Voted:*** to approve, as a Consent Calendar, recommendations regarding the disposition of the following resolutions adopted at the Spring 2018 Board of Governors Meeting:

### ***Resolution 7-S17. Advocating for a Uniform Filing Deadline for Medical Claims Submissions (Adopted and referred to the Medical Practice and Quality Committee for implementation):***

*RESOLVED, that the Board of Regents will advocate that CMS, state governments, and organizations like America's Health Insurance Plans (AHIP) and Blue Cross Blue Shield Association (BCBSA), as well as other relevant organizations adopt a uniform filing deadline of one year (12 months) after date of service for medical claims submissions to Medicare, state Medicaid plans and commercial insurance plans in order to protect the financial stability of medical practices, particularly independent solo and small practices. Such financial stability can then help increase the efficiency of those practices and the ability to provide high quality patient care.*

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**Resolution 1-S18. Waiving of CMS Three-Day Hospitalization Rule for Skilled Nursing Facility Eligibility (Adopted and referred to the Medical Practice and Quality Committee for implementation):**

*RESOLVED, that the Board of Regents advocates with CMS to waive the requirement for a three-day hospitalization, as exemplified by the Medicare Shared Savings Program, before the patient is eligible for coverage for a Skilled Nursing Facility admission.*

**Resolution 2-S18. Defining Human Trafficking as a Separate Diagnosis Code (Adopted and referred 1<sup>st</sup> resolved clause to the Coding and Payment Policy Subcommittee for implementation; Adopted and referred 2<sup>nd</sup> resolved clause to the Education and Publication Committee for implementation):**

*RESOLVED, that the Board of Regents supports including 'Victim of Human Trafficking' as an official Diagnosis Code in the World Health Organization's International Classification of Diseases; and be it further*

*RESOLVED, that the Board of Regents supports the development of educational materials to provide physicians and other health care providers with appropriate continuing education to prepare them to identify, treat and assist "Victims of Human Trafficking" as part of clinical practice.*

**Resolution 4-S18. Opposing Health Insurance Companies from Requiring NDC's (National Drug Codes) on Vaccine Claim Submissions (Adopted and referred to the Medical Practice and Quality Committee for implementation):**

*RESOLVED, that the Board of Regents sends a letter to all the major insurances carriers opposing NDC's (National Drug Codes) on vaccine claim submissions and demanding that the only requirement for vaccine billing and claims submission is the appropriate ICD-10 and CPT code, and not the NDC code; and be it further*

*RESOLVED, that the Board of Regents advocates to CMS and other appropriate agencies that only appropriate ICD-10 and CPT, and not NDC, codes be required for proper billing.*

**Resolution 6-S18. Studying the Coordination of Care of Complex Patients and the Reimbursement Thereof (Adopted as reaffirmation of College policy):**

*RESOLVED, that the Board of Regents study and recommend additional means where internists can coordinate care of complicated patients and also be adequately compensated by payments from commercial insurance, Medicare and Medicaid.*

**Resolution 8-S18. Opposing Insurance Company's Termination without Cause Policy (Adopted and referred to staff from the Division of Governmental Affairs and Public Policy for implementation):**

90 *RESOLVED, that the Board of Regents sends a letter to major insurance companies and their*  
91 *respective trade organizations urging them to remove termination without cause from all*  
92 *physician contracts.*

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95 **Resolution 9-S18. Updating Policy to Support Private Contracting with Medicare Beneficiaries**  
96 **(Adopted as reaffirmation of College policy):**

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98 *RESOLVED, that the Board of Regents updates its current policy to support private contracting*  
99 *with Medicare beneficiaries with physicians as long as it does not create an underserved area or*  
100 *decrease access to care.*

101 **Resolution 12-S18. Evaluating the Processes for ACP Representation in the**  
102 **American Medical Association (Adopted and referred for implementation to Executive Office staff with**  
103 **input from Health Policy staff, the Executive Committee Board of Regents, and the ACP AMA**  
104 **Delegation):**

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106 *RESOLVED, that the Board of Regents evaluates the processes for nomination, selection,*  
107 *composition, appointment of delegates and its officers to achieve optimal alignment with ACP*  
108 *policy, engagement by Regents, Governors and Officers, mentoring and development of*  
109 *candidates for AMA office, experience, diversity and inclusion in the delegation composition, and*  
110 *report back to the Board of Governors by the spring Board of Governors meeting in 2019.*

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113 **Resolution 14-S18. Establishing Policy on the Appropriate Use of Point of Care Ultrasound**  
114 **(Adopted and referred 1<sup>st</sup> resolved clause to the Clinical Guidelines Committee for implementation;**  
115 **Adopted and referred 2<sup>nd</sup> resolved clause to the Education and Publication Committee for**  
116 **implementation):**

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118 *RESOLVED, that the Board of Regents establishes policy addressing the appropriate use of point*  
119 *of care ultrasound by internists, including related competencies; and be it further*

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121 *RESOLVED, that the Board of Regents continues to develop point of care ultrasound educational*  
122 *resources for internists that are consistent with ACP policy.*

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125 **Resolution 15-S18. Advocating for a Streamlined Credentialing Process (Adopted and referred to the**  
126 **Medical Practice and Quality Committee for implementation):**

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128 *RESOLVED, that the Board of Regents communicates the onerous re-credentialing process with*  
129 *the Joint Commission and other hospital accrediting bodies and asks them to allow for a*  
130 *streamlined and reasonable process.*

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133 **Resolution 19-S18. Promoting Wellness, Community Outreach, and Chapter Excellence through an ACP**  
134 **"Day of Service" (Adopted and referred for implementation to Executive Office staff with input from**  
135 **the Executive Committee Board of Governors):**

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137 *RESOLVED, that the Board of Regents promotes wellness, community outreach, and chapter*  
138 *excellence through an ACP "Day of Service," which would honor and encourage a commitment of*  
139 *time and effort by the Chapters to people in need; and be it further*

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*RESOLVED, that the Board of Regents highlights the purpose and impact of the "Day of Service" at IM 2020 and each successive year thereafter.*

**Resolution 23-S18. Making LeaderNet Commentator's Relevant Disclosures of Interest Clearly Accessible (Adopted and referred for implementation to the Executive Office staff, Board of Governors staff, and Technology staff):**

*RESOLVED, that the Board of Regents makes commentators' relevant disclosures of interest clearly accessible on LeaderNet, in a manner created with staff input, for easy identification and reference (i.e. employment by pharmaceutical company, insurance company or institution et al.) for any posted discussions.*

The Board of Regents extracted Resolution 11-S18 from the Consent Calendar to discuss. Following discussion, the Board of Regents **Voted:** to approve a motion to adopt Resolution 11-S18 as reaffirmation of College policy.

**Resolution 11-S18. Evaluating MIPS Effect on Quality of Care and Developing an Alternative if the Effect is Proven to be Negative**

*RESOLVED, that the Board of Regents will call upon CMS to perform an evaluation of MIPS and provide data demonstrating that MIPS is improving the quality of care provided by physicians; and be it further*

*RESOLVED, that the Board of Regents will choose an appropriate national committee to oversee a study of the CMS evaluation and if quality of care is proven to be lacking then advocate for the development of an alternative system to replace MIPS that actually does improve quality of care without introducing an unnecessary level of paperwork/hassle for practicing physicians.*

The Board of Regents extracted Resolution 18-S18 from the Consent Calendar to discuss. Following discussion, the Board of Regents **Voted:** to approve a motion to adopt and refer Resolution 18-S18 to the Health and Public Policy Committee for implementation.

**Resolution 18-S18. Updating Policy on MOC and Licensure Requirements**

*RESOLVED, that the Board of Regents updates its MOC policy to specifically state that MOC should not be a condition of licensure.*

The Board of Regents extracted Resolution 22-S18 from the Consent Calendar to discuss. Following discussion, the Board of Regents **Voted to:**

- a)** Approve a motion to amend the 2<sup>nd</sup> resolved clause (replace the words "be more" with the word "remain").
- b)** Adopt Resolution 22-S18 as reaffirmation of College policy.

190 **Resolution 22-S18. Increasing Efforts to Attract Physicians Involved in Direct Patient Care by**  
191 **Supporting Their Efforts in Providing Such Care**

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193 *RESOLVED, that the Board of Regents increase efforts at attracting and maintaining as members*  
194 *practicing internists (especially but not only in "private practice") by encouraging ACP chapters*  
195 *to submit resolutions to the BOG of potential benefit especially to practicing physicians and by*  
196 *advertising the resolution process to members and nonmembers alike, emphasizing that the*  
197 *resolution process is a critical way for members to influence national ACP policies that directly*  
198 *impact their own practices; and be it further*

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200 *RESOLVED, that the Board of Regents will remain sensitive to how its policies affect the well-*  
201 *being (personally and professionally) of practicing internists and to change such policies, if*  
202 *necessary, so that practicing internists feel adequately represented by the ACP in their effort to*  
203 *provide optimal care to their patients.*