Access and Financing Issues

EXC - EXTENDED CARE FACILITIES

EXC-001

Criminal Background Checks for Nursing Home Personnel: The Wisconsin Medical Society (Society) supports allowing businesses providing the services of an adult day care center, an adult family home, an assisted living facility, a community-based residential facility, a home health agency, a hospice, a nursing home or a treatment facility to request the Department of Justice to perform a criminal history search on any individual who may have access to patients or residents. The Society also supports the provision of criminal background checks to licensed day care centers for children. (HOD, 0405)

EXC-004

Guardianship to Facilitate Admission of Patients to Extended Care Facilities: The Wisconsin Medical Society believes that admission to extended care facilities should be permitted if a competency evaluation has been completed and a guardianship petition is in progress but final legal action has not yet been completed. (HOD, 0405)

EXC-006

Initiation and Implementation of Cardiopulmonary Resuscitation in Wisconsin Long Term Care Facilities: The Wisconsin Medical Society (Society) continues to endorse the document, "Practice Parameters: Regarding the Initiation and Implementation of Cardiopulmonary Resuscitation in Wisconsin Long Term Care Facilities." A copy of this document is on file at the Society. (HOD, 0404)

HOM - HOME HEALTH

HOM-001

Funding for the Development of Home Visiting Programs: The Wisconsin Medical Society supports state funding to support communities in the development of sustainable home visiting programs. Legislation should include safeguards that programs be built on proven and effective models and encourage local communities to design their own locally effective programs within that framework. (HOD, 0406)

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HOM-002

Reimbursement for Home Health Care Services: The Wisconsin Medical Society supports

- Medicare being the primary insurer of the elderly and disabled, and so that Medicare supplement insurance policies are not expected to become costly Medicare substitutes.
- Rurther recognizing the efforts and responsibilities of physicians in home health care.
- Appropriate reimbursement for physicians' services be established, commensurate with their degree of responsibilities and liabilities. (HOD, 0405)

HOM-003

Home Health Care Services: The Wisconsin Medical Society

1. Supports the concept of home care, which has been recognized and utilized as a viable mode of health care by organized medicine for decades.
2. Defines home health care as that component of a continuum of comprehensive health care whereby health services may be provided to individuals and families in their places of residence for the purpose of promoting, maintaining or restoring health, or of maximizing the level of independence, while minimizing the effects of disability and illness, including terminal illness.
3. Supports services appropriate to the needs of the individual patient and family that are planned, coordinated, and made available through the use of employed staff, contractual arrangement, or a combination of the two patterns.
4. Believes that agencies providing home health care should be licensed by the State of Wisconsin and offer a broad spectrum of health services from acute, intensive treatment and rehabilitative care to long term or maintenance level supportive care.
5. Supports making home health services available based upon patient care needs as determined by an objective patient assessment administered by a multi-disciplinary professional team or a single health professional in consultation with the patient's physician.
6. Believes that physicians should be provided with periodic reports of the type and frequency of home care services delivered as well as the patient's response to the care provided.
7. Recommends that physician/patient visits should occur as indicated by the patient's condition.
8. Recommends that home care services:
   a. are provided under the direction and plan of care (developed prior to discharge for those who are to return home from a hospital or nursing home) as outlined by the patient's physician.
   b. may include, but are not limited to, appropriate service components such as medical, dental, nursing, social work, home hospice, pharmacy, laboratory, physical therapy, occupational therapy, speech, therapy dietetics, homemaker-home health aide service, transportation, chore services, and provision of medical equipment and supplies.
   c. should be reviewed and must be approved by the patient's physician prior to a final recommendation by the agency to the patient and family.

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9. Believes that a safe environment should exist for the patient in the home setting.
10. Believes that home health care providers should
    a. demonstrate evidence of ongoing quality assurance activity as shared with an agency medical advisory committee.
    b. be able to offer evidence of continuing education for all agency personnel.
    c. should express willingness to provide necessary care without charge in those instances where payment for services is not possible..
11. Believes that each home health care agency should have a medical director or medical consultant whose role may include:
    a. Responsibility for planning, coordination and implementation of agency medical related programs.
    b. Serving as a liaison between professional services staff and referring physicians and serving as consultant to agency management and staff.
    c. Responsibility for representing the home care agency in its relationship with other agencies, institutions, the medical profession and the public as may be required.
    d. Coordinating voluntary physician's input relating to medical policies and protocol.
    e. Coordinating and participating in utilization review, quality assurance and re-search programs.
    f. Serving as consultant to home care agency administration in the development and evaluation of agency health service programs.
    g. Representing the agency in its relationship with medical institutions and coordinating/supervising medical student, resident, and fellowship training programs.
    h. Informing the medical community of the agency's services and programs.
    i. Representing the agency before government and intermediary agencies, as appropriate, in matters pertaining to claim interpretation, regulations, and legislation.
12. Supports expansion of governmental and other third-party coverage for home care services so that efforts to decrease hospital utilization may be continued without reduction in the quality of care.
13. Believes that home care services can, and do, provide critical support which enables patients to receive cost-effective, quality health care at home despite major functional impairments.
14. Believes that failure to provide adequate home care services will result in a potential increase in the burden of illness suffered by the frail and disabled.
15. Believes that while home health care is an expanding and competitive service area and must maintain its fiscal integrity, a) the professional and ethical responsibility, at all levels of participation, is to place the welfare of the patient before personal gain; and b) all participants should be alert to and take an active stance against the misuse of patient trust, unnecessary or monetarily inflated services and/or unethical practices.
16. Supports efforts
    a. to educate the public about home health care, including types of services, efficacy and cost.
    b. to discourage over or under utilization.
    c. to inform the public (in clear, understandable language) of payment

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sources, including the benefits and coverage of insurance policies covering home health care.

17. Recommends that
    a. each patient receive an objective assessment from the physician and home care service of his/her needs, the treatment plan including an estimate of the period of treatment, the type of outcome to expect at the end of the treatment period, and the anticipated cost of services.
    b. if payment for services is denied by a third party payer, patients should be notified of the denial on a timely basis, with reasons for the denial.
18. Believes that medical condition, health care needs, and patient preference, including ability to pay, should take precedence in decision-making regarding the home health care services received and reimbursed.
19. Supports the concept of an effective quality assessment and quality control program for home health care agencies in Wisconsin. (HOD, 0405)

INS - INSURANCE: COVERAGE/REIMBURSEMENT/MANDATES

INS-002

Prompt Pay: The Wisconsin Medical Society supports legislation raising the interest due on late claims from 1% per month to 1.5% per month and supports requiring clean electronic claims to be paid within 15 days of receipt and clean paper claims to be paid within 30 days of receipt. (HOD, 0407)

INS-004

Retrospective Denials: The Wisconsin Medical Society supports legislation that, except in cases of fraud:

- Limits the look back period to six months after the claim is paid for supposed overpayments and payment errors made by insurers to physicians.
- Prohibits deduction of supposed overpayments or payment errors from current claims.
- Requires notification of the supposed overpayment or payment error in writing along with an explanation and documentation of the supposed overpayment or payment error. (HOD, 0407)

INS-005

Pay and Chase: The Wisconsin Medical Society supports requiring that primary insurers pay for medically necessary care in cases where workers compensation coverage is in dispute and primary health care insurance coverage is in effect until such time as the dispute is settled, so as to avoid delay in patient treatment. (HOD, 0406)

INS-006

Mandated Insurance Benefits: The Wisconsin Medical Society (Society) opposes generalized expansion of mandated benefits. The Society does support individual evaluation of mandated benefits based on pertinent criteria, including, but not limited to, the following:

- Is the benefit a medically accepted method, of practice?
- Is the benefit a service that most consumers would assume should be covered by an insurance policy?

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- Is the benefit cost effective over the long term?
- Is the benefit cost effective for society (e.g. immunization)?
- Is the benefit beneficial to the insured over the long term?
- Can the benefit better be offered as an option? (HOD, 0400)

INS-007

Coverage of a Minor Child's Congenital or Developmental Deformity: The Wisconsin Medical Society supports insurance coverage for treatment of a minor child's (through age 21) congenital or developmental deformity or disorder due to trauma, infection, tumor or disease. (BOD, 0799)*

INS-008

Insurance Coverage for Diabetes Education and Supplies: The Wisconsin Medical Society supports insurance mandates for diabetes education and supplies, as a lack of insurance coverage would be harmful to the health of diabetics in Wisconsin. (BOD, 1299)*

INS-009

Timely Payment of Health Service Claims: The Wisconsin Medical Society supports legislation to address problems in obtaining payment from third party payers for health services rendered. (HOD, 0405)

INS-010

Coverage for Contraceptive Drugs: The Wisconsin Medical Society supports a mandate that requires insurers, HMOs and employee health benefit plans that offer prescription drug benefits to provide coverage for prescription contraceptive drugs and devices approved by the FDA and provide coverage for outpatient contraceptive services (consultation, exams, procedures and medical services, including natural family planning) if the plan covers other related outpatient services. (HOD, 0407)

INS-012

Access to Health Care Services: The Wisconsin Medical Society supports continuing exploration of opportunities to provide more coverage for workers without adequate health insurance coverage in Wisconsin. (HOD, 0405)

INS-014

Insurance Coverage for Preventive Pediatric Health Care: The Wisconsin Medical Society (Society) believes that preventive health care helps ensure a healthier population and can reduce future health care costs. To this end, the Society supports requiring all health insurance policies to provide coverage of preventive pediatric health care services, from birth through age 19, for a dependent child of the insured if the policy or plan covers a dependent. (HOD, 0406)

INS-016

Patient Protection Act: The Wisconsin Medical Society accepts the principles outlined in the Patient Protection Act.. The Act assures fairness and choice to patients and providers under health benefit plans. The Wisconsin Medical Society supports expanding the Patient Protection Act to include anti-gag clause language and continuity of care coverage. (HOD, 0405)

* Policy currently under review.

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INS-017

Portability of Insurance Coverage: The Wisconsin Medical Society encourages and will assist the American Medical Association in working with representatives from the federal government and the insurance industry to develop policies ensuring the portability of health insurance. (HOD, 0405)

INS-018

Fair Tax Treatment for All Health Insurance Purchasers: The Wisconsin Medical Society continues to support tax equity for all who purchase health insurance through legislation at both the state and federal levels. (HOD, 0405)

INS-020

Health Insurance Policy Information: The Wisconsin Medical Society supports

- Defining several levels of health insurance coverage in order that the consumer could be certain that the policy could be inclusive enough for his/her needs and would allow cost comparisons of similar policies.
- Ensuring that health insurance policies explicitly and specifically list exclusions from coverage in order that these omissions are apparent and comparable. (HOD, 0405)

INS-021

Use of Genetic Tests by Insurers: The Wisconsin Medical Society endorses legislation that

- Broadens the definition of a genetic test by deleting the criterion that such a test use DNA, and by providing that a genetic test may be a physical examination or examination of family history, so long as the purpose of the physical examination or family history is to determine whether an individual (including an unborn child) has a genetic disease or disorder, or is predisposed to a genetic disease or disorder.
- Supports efforts to prevent insurance companies from using genetic tests to deny or limit coverage. (HOD, 0405)

INS-022

Timely Reimbursement: The Wisconsin Medical Society seeks legislation to allow physicians a minimum of 90 days to submit a claim to an insurance company. (HOD, 0405)

INS-023

Understandable Third Party Payer Printed Materials for Enrollees: The Wisconsin Medical Society endorses and promotes a legal requirement that each third party payer provide a brief summary of its benefits, exclusions and limitations on access to physicians and enrollee financial obligations in language that is understandable by those at a 6th grade reading level. (HOD, 0405)

INS-024

Professional Physician Components: The Wisconsin Medical Society supports the existence of a professional component for every medical, surgical, radiological and pathology code listed in the American Medical Association's CPT manual. (HOD, 0405)

INS-025

CPT Coding (modifiers for non-physicians) Unique Identifiers for Non-physician Health

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Care Professionals: The Wisconsin Medical Society supports non-physician professionals to be identified separately. (HOD, 0406)

INS-027

Medicaid Service Denials: The Wisconsin Medical Society believes that Medicaid service denials should be based on scientific information and subject to due process. (HOD, 0405)

INS-028

National Cancer Institute Clinical Trials: The Wisconsin Medical Society recommends that the Center for Medicare and Medicaid Services (CMS) and other third party payers not deny coverage and reimbursement for the costs of medical care to patients entered in qualifying clinical trials of therapeutic regimes at any phase. Covered costs should include routine health care costs and those usually covered (hospital care and physician and other health care services), as well as the costs of all FDA-approved agents utilized in the trial, regardless of whether the use is for an on-label or off-label indication. Qualifying clinical trials must satisfy all of the following inclusion criteria:

- Treatment is provided with a therapeutic intent (intent refers to an intention to improve patient outcome, relative to survival or quality of life).
- Treatment is being provided pursuant to a clinical trial that has been approved by the appropriate institute of the National Institutes of Health (NIH) as identified in the guidelines for NIH grants.
- The proposed therapy has been reviewed and approved by a qualified institutional review board.
- The facility and personnel providing the treatment are capable of doing so by virtue of their experience and training.
- There is no non-investigational therapy that is clearly superior to the protocol treatment.
- The available clinical or preclinical data provide a reasonable expectation that the protocol treatment will be at least as efficacious as non-investigational therapy.
- That CMS and other third party payers cover costs associated with clinical trials for patients with malignancy or pre-malignant conditions as conducted by NIH-approved National Cancer Institute. (HOD, 0404)

INS-029

Physician Reimbursement: The Wisconsin Medical Society reaffirm its position that physician reimbursement for the same service not vary based on specialty. (HOD, 0405)

INS-031

Nonpayment of Rural Physicians' Usual and Customary Fees: The Wisconsin Medical Society

- Recognizes the continuing problem of insurance companies failing to pay physicians' charges as submitted.
- Supports efforts to educate patients concerning their financial obligation for their care.
- Supports efforts to work with insurance companies and the Office of the Commissioner of Insurance on the issue of reimbursement for rural physicians. (HOD, 0406)

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INS-032

Reimbursement for Telephone Consults: The Wisconsin Medical Society supports reimbursement for telemedical consultations, as identified in the current CPT codes for these services. (HOD, 0406)

INS-033

Unilaterally Imposed Monetary Penalties and Hold Harmless Clauses: The Wisconsin Medical Society supports legal action or assistance, in conjunction with the American Medical Association or other state medical societies, to resolve the issue of an attempt by a third party payer of health care services to unilaterally impose monetary penalties and hold harmless provisions on health care professionals who may not comply with various requirements of the third-party payer where no written contract exists between that professional and payer. (HOD, 0406)

INS-034

Insurance Coverage for FDA Investigational and Compassionate Use Drugs: The Wisconsin Medical Society supports insurance coverage for FDA "treatment investigational new drugs" and "compassionate use" medications to the extent that an insurance policy provides any drug benefit. (HOD, 0406)

INS-035

Infertility: The Wisconsin Medical Society supports:

- Insurance coverage of complete fertility diagnosis and therapy in Wisconsin.
- Requiring insurers to provide a clear definition of benefits covered and that distinctions between experimental and non-experimental treatments for infertility and other medical conditions be made on the basis of recognized medical standards developed by bodies such as the American Medical Association. (HOD, 0407)

INS-036

Changes to the NAIC Uniform Accident and Sickness Policy Provision Law: The Wisconsin Medical Society encourages the Wisconsin Legislature to take action to prohibit insurers from considering as "non-covered benefits" medically necessary medical/surgical services offered to individuals who have incurred injury or illness as a result of participating in a criminal act or being intoxicated or under the influence of any non-prescribed drugs. (HOD, 0302)*

INS-037

Catastrophic Insurance: The Wisconsin Medical Society recognizes the need for catastrophic insurance and supports proposals that are self-financing, based on an individual's ability to pay and not wasteful of medical services. (HOD, 0406)

INS-038

Health Care Cost Containment and Savings: The Wisconsin Medical Society supports the concept that all insurance companies pass cost savings, resulting from cost containment, on to the citizens of Wisconsin in the form of lower premiums. (HOD, 0406)

INS-039

* Policy currently under review.

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Power Wheelchairs and Scooters: The Wisconsin Medical Society supports power wheelchair and scooter insurance coverage not only for individuals who are bed- or chair-bound and cannot operate a manual wheelchair and can safely operate the controls of a power wheelchair, but also for individuals who are chronically, intermittently bed- or chair-bound, where some limb strength might be preserved yet other factors such as pain, fatigue or dyspnea on exertion limit functional ambulation, or where ambulation is so limited that activities of daily living within the house, or normal domestic, vocational and social activities around the house and outside of the house would be compromised (as determined by an appropriate specialist). (HOD, 0404)

INS-040

Legislative Action to Prevent Implementation of Antiquated Provisions of the "Uniform Policy Provision Law": The Wisconsin Medical Society (Society) opposes health insurers from selling policies in Wisconsin that include contract language that would deny insurance payments for the treatment of injuries sustained as a consequence of the insured person being intoxicated due to alcohol or under the influence of controlled substances.

The Society supports use of blood, breath and/or urine alcohol tests in the emergency department setting only to assist in appropriate medical diagnosis, especially in cases in which an individual has incurred an injury. (HOD, 0404)

INS-041

Mastectomies and Breast Reconstruction: The Wisconsin Medical Society supports that breast reconstruction incident to a mastectomy should be available regardless of timing relationship to the onset of deformity or absence of their breast, and that the procedure should be covered by Medicare and all other third parties for reimbursement. (HOD, 0404)

INS-042

Mental Health Parity: The Wisconsin Medical Society, acknowledging the tremendous burden that mental illness places on society

- Fully supports the adequate provision of mental health care services, including psychiatric, addiction care provided by specialists and primary care by physicians and the concept that all services be reimbursed as any other medically necessary medical or surgical service.
- Opposes AODA carve-outs or limiting coverage based upon specific mental health diagnoses.
- Encourages physicians to work to reduce the stigma of mental illness by dispelling myths and providing accurate knowledge to ensure a more informed public. (HOD, 0406)

INS-043

Catastrophic Pool Insurance: The Wisconsin Medical Society endorses the creation of a pool for insurance of catastrophic care expenses in which all businesses would purchase coverage for their employees; and that such a program would include, where necessary, phase-in or exemptions for small and start-up businesses. (HOD, 0407)

INS-044

Insurance Purchasing Pools: The Wisconsin Medical Society (Society) strongly maintains that any health insurance plans based on defined contributions, reduced benefit, or medical

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savings accounts must be coupled with programs that promote and reward appropriate utilization of preventive care, early intervention and appropriate chronic disease management.

The Society supports efforts to reduce the number of Wisconsin residents without health insurance coverage, and make insurance coverage more secure and its premiums more stable through expanding opportunities for risk pooling.

The Society is committed to health care reform through pluralistic market solutions for improving quality, controlling costs, and expanding access to the right care, at the right time, in the right place. (HOD, 0407)

INS-045

"Play or Pay": The Wisconsin Medical Society (Society) recognizes the high rate at which Wisconsin employers provide insurance coverage for their employees, and the Society intends to build further on this positive record.

The Society remains flexible on the ultimate form and timing of play-or-pay and contends that any program be carefully designed in collaboration with partners.

The Society maintains that a play-or-pay system, as well as a standard insurance benefit package, may only be reasonably considered after other necessary system reforms are in place, including insurance market reforms and increased opportunities for participation in purchasing pools.

The Society believes that any program should ultimately include appropriate cost controls, premium subsidies and, where necessary, phase-in and exemptions for small and start-up businesses. (HOD, 0407)

INS-046

Aligning Incentives: The Wisconsin Medical Society endorses the concept that payers align incentives to recognize higher performance as defined by factors such as

- Patient satisfaction
- Community-based 'best practices'
- Scientifically-based clinical outcome measures

The Society endorses any and all reasonable means to facilitate investments in information technology by payers, purchasers and government, as well as physicians and non-physician clinicians, in order to provide continually updated guidelines to clinicians at the point of patient care, and in order to develop means of collecting data and measuring and reporting outcomes of care. (HOD, 0407)

INS-047

Insurance Payments for GME: The Wisconsin Medical Society supports legislation requiring that all third party payers of health care financially support Graduate Medical Education in Wisconsin. (HOD, 0405)

INS-048

Administrative Or Other Fees Charged To Physicians By PPO Or Repricer Network Corporations: The Wisconsin Medical Society opposes the assessment of any administrative or other fees charged to physicians by insurance companies, PPOs or repricers for their participation in the network unless the fee meets the following requirements:

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- The fee directly benefits the physician in a well-defined manner.
- The fee is voluntary and is not required for the physician's inclusion in the provider network. (HOD, 0406)

INS-049

Improving The Formulary Deviation Request Process For Everyone: The Wisconsin Medical Society supports requiring that all health insurance companies doing business in Wisconsin provide:

- An easy to navigate, up to date online formulary for approved prescriptions and deviations.
- That Formulary Deviation Request forms and a list of formulary alternatives be both available online and faxed to the physicians office within 24 hours of a denial.
- That the forms faxed to the physicians office by the insurance company contain all of the patient information, insurance identification numbers, claim number and other relevant patient information that the insurance company needs so that the physicians and their staff can easily determine the alternative medication and dosage. (HOD, 0406)

INS-050

Importance of Fair, Reasonable and Transparent Charges: The Wisconsin Medical Society believes in the importance of fair, reasonable, and transparent health care pricing including making fee schedules available to the public. (HOD, 0406)

MAN - MANAGED CARE

MAN-002

Gag Clauses: The Wisconsin Medical Society supports the following American Medical Association policies on gag clauses:

- Supports legislation to ban gag clauses from physician contracts.
- Opposes third party payers from censuring physicians for discussing any issue with patients or other health care professionals that may have a bearing on patient health, including the consequences of payment decisions by the third party payer.
- Supports legislation that prevents third party payers from including in their contract with physicians a prohibition from discussing any issue with patients that may have a bearing on the patient's health.
- Opposes physician "termination without cause" provisions in physician managed care contracts that do. (HOD, 0406)

MAN-005

Managed Care Formularies: The Wisconsin Medical Society supports American Medical Association Policy 8.135 that states:

> "Managed care organizations establish drug formulary systems so that physicians will supplement medical judgment with cost considerations in drug selection. To ensure optimal patient care, various ethical requirements must be established for formulary application:

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Physicians who participate in managed care plans should maintain awareness of plan decisions about drug selection by staying informed about pharmacy and therapeutics (P&T) committee actions and by ongoing personal review of formulary composition. P&T committee members should include independent physician representatives. Mechanisms should be established for ongoing peer review of formulary policy. Physicians who perceive inappropriate influence on formulary development from pharmaceutical industry consolidation should notify the proper regulatory authorities.

Physicians should be particularly vigilant to ensure that formulary decisions adequately reflect the needs of individual patients and that individual needs are not unfairly sacrificed by decisions based on the needs of the average patient. Physicians are ethically required to advocate for additions to the formulary when they think patients would benefit materially and for exceptions to the formulary on a case-by-case basis when justified by the health care needs of particular patients. Mechanisms to appeal formulary exclusions should be established. Other cost containment mechanisms, including prescription caps and prior authorization, should not unduly burden physicians or patients in accessing optimal drug therapy.

Limits should be placed on the extent to which managed care plans use incentives or pressures to lower prescription drug costs. Financial incentives are permissible when they promote cost-effectiveness, not when they require withholding medically necessary care. Physicians should not be made to feel that they jeopardize their compensation or participation in a managed care plan if they prescribe drugs that are necessary for their patients but that may also be costly. There should be limits on the magnitude of financial incentives, incentives should be calculated according to the practices of a sizable group of physicians rather than on an individual basis, and incentives based on quality of care rather than cost of care should be used. Prescriptions should not be changed without physicians having a chance to discuss the change with the patient.

Managed care plans should develop and implement educational programs on cost-effective prescribing practices. Such initiatives are preferable to financial incentives or pressures by HMOs or hospitals, which can be ethically problematic.

Patients must be informed of the methods used by their managed care plans to limit prescription drug costs. During enrollment, the plan must disclose the existence of formularies, the provisions for cases in which the physician prescribes a drug that is not included in the formulary and the incentives or other mechanisms used to encourage physicians to consider costs when prescribing drugs. In addition, plans should disclose any relationships with pharmaceutical benefit management companies or pharmaceutical companies that could influence the composition of the formulary. If physicians exhaust all avenues to secure a formulary exception for a significantly advantageous drug, they are still obligated to disclose the option of the more beneficial, more costly drug to the patient, so that the patient can decide whether to pay out-of-pocket." (HOD, 0406)

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MAN-007

Use of the Term "Gatekeeper": The Wisconsin Medical Society encourages the American Medical Association and all other components of organized medicine to minimize the use of the term "gatekeeper" when making any reference to primary care physicians or to their role. (HOD, 0406)

MAN-008

Medicaid Managed Care: The Wisconsin Medical Society supports requiring offering multiple plans to patients being required to enroll in the Medicaid Managed Care. (HOD, 0406)

MAN-010

Disclosure to Physicians: The Wisconsin Medical Society endorses and promotes legislation requiring all managed care organizations in Wisconsin to make available to physicians, prior to contract signing:

- Physician payment information that allows potential contracting physicians to know their expected level of reimbursement.
- Information on how quality of medical care is determined and monitored by that managed care organization.
- A complete description of the appeals process for disputes in medical care.
- A complete description of the appeals process for disputes on reimbursement.
- Disclosure of the criteria used by the managed care organization for selection and termination of physicians in their network. (HOD, 0406)

MAN-012

Willing Provider Provisions and Laws: The Wisconsin Medical Society

- Acknowledges that health care plans or networks may develop and use criteria to determine the number, geographic distribution and specialties of physicians needed.
- Will advocate strongly that managed care organizations and third party payers be required to disclose to physicians applying to the plan the selection criteria used to select, retain or exclude a physician from a managed care plan, including the criteria used to determine the number, geographic distribution and specialties of physicians needed.
- Will advocate strongly that those health care plans or networks that use criteria to determine the number, geographic distribution and specialties of physicians needed be required to report to the public, on a regular basis, the impact that the use of such criteria has on the quality, access, cost and choice of health care services provided to patients enrolled in such plans or networks.
- Will advocate in those cases in which economic issues may be used for consideration of sanction or dismissal, the physician participating in the plan should have the right to receive profile information and education, in a due process manner, before action of any kind is taken.
- Opposes any federal effort to preempt state "any [willing] [provider]" law.
- Will continue to support the American Medical Association's (AMA) "Legislative Specifications for Federal Regulation of Managed Care Plans." (This policy was adopted by the AMA at the 1994 annual meeting.) (HOD, 0406)

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MAN-013

Managed Care Problems and Hassles: The Wisconsin Medical Society (Society) defines managed care as all activities undertaken by entities other than health care professionals, whether those entities are third party administrators or health insurance carriers, whose purposes are to control the utilization or cost of medical care. The Society recognizes several major concerns involved in managed care including

- Cost shifting that occurs when the insurer for or payer of medical services shifts the cost of managed care to the health care provider.
- Negative effects on medical quality that occur when medical care decision, albeit in terms of payment for services, are made by administrators and more of the physician's time goes to administrative matters than to medical care.
- The increase in dollars absorbed by administrative costs that, when passed on to consumers in higher premium dollars, appear to result from higher medical care costs.
- The related concerns of potential breaches of confidentiality, the misleading representations made by the medical care managers, and the misunderstandings that result from those and other negative elements of managed care that disrupt the physician-patient relationship.

In an effort to address these concerns the Society supports a "five-prong attack" plan that includes possible legal actions, legislative initiatives, administrative measures, public relations communications and coalition/liaison building. (HOD, 0407)

MAN-014

Disclosure of Incentives and Restrictions on Care in Managed Health Systems: The Wisconsin Medical Society supports full disclosure of incentives and restrictions on care and recognizes that there may be conflicts between health care payment mechanisms and the provision of medical services. The Society believes that restrictions and limitations to care in all health plans should be disclosed clearly and completely in the patient/plan contract and in promotional materials.

Examples of disclosure include but are not limited to

- The role of a primary care physician should be explained fully, along with any specialty referral requirements stating a primary care professional must approve the services in advance.
- If there are restrictions on which physicians may be seen, these should be explained.
- The procedures should be complete and understandable.
- Restrictions for obtaining emergency services should be explained at the time of signing the contract. (HOD, 0407)

MAN-015

Physician Input into HMO Systems: The Wisconsin Medical Society supports physician input into HMOs and other new health care delivery systems. (HOD, 0406)

MRC - MEDICARE AND MEDICAID

MRC-002

Medicare Bundling/Unbundling of Charges: The Wisconsin Medical Society does not be-

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lieve that Medicare bundling or unbundling of charges should determine what private insurance companies do. (BOD, 0400)*

MRC-003

Medicare Hospice Benefits: The Wisconsin Medical Society (Society) supports the Medicaring Initiative that promotes the expansion of the hospice model for chronic conditions such as congestive heart failure and COPD. The Society supports elimination of the six month prognosis under the Medicare Hospice benefit and supports identification of alternative criterion, meanwhile expanding the current prognosis requirement from six to 12 months. (HOD, 0406)

MRC-004

Center for Medicare and Medicaid Services (CMS): The Wisconsin Medical Society supports working with the American Medical Association as well as state and local officials to assure that any CMS initiatives regarding fraud and abuse, E & M guidelines, or cost-containment measures are appropriate. (HOD, 0406)

MRC-005

Medicare Coverage of Pharmaceuticals: The Wisconsin Medical Society (Society) believes that the Medicare program should provide coverage of pharmaceuticals for outpatient treatment where overall savings would be achieved versus prolonged inpatient care for Medicare beneficiaries. The Society believes that providing outpatient pharmaceutical coverage under the Medicare program may help minimize societal costs and help alleviate an unnecessarily large financial burden on individual patients. (HOD, 0406)

MRC-006

Improvements to BadgerCare: The Wisconsin Medical Society supports improvements to the BadgerCare health insurance program so that premium sharing begins at 150 percent of federal poverty guidelines and any health insurance provided by an employer paying 80 percent of premium costs meets or exceeds the Healthy Start scope of services before being allowed to pre-empt BadgerCare coverage. (HOD, 0406)

MRC-007

Residential Care for Addiction Services for Medicaid: The Wisconsin Medical Society supports Medicaid coverage for residential care for addiction services. (HOD, 0406)

MRC-009

Administrative Change in W-2 to Retain Healthy Start Marketing Name: The Wisconsin Medical Society supports retaining the Healthy Start marketing term in the Wisconsin Works program to continue to refer to expanded health care coverage to pregnant women and children. (HOD, 0406)

MRC-011

Medicare Reform and the Medicare Preservation Act: The Wisconsin Medical Society supports the health insurance options offered to the elderly in the Medicare Preservation Act, passed by Congress. These options include: traditional Medicare, choice of managed care plan or medical savings accounts. (HOD, 0406)

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MRC-012

Medical Assistance Task Force Report: The Wisconsin Medical Society (Society) endorses the report of the Medical Assistance (MA) Task Force and its recommendations, which include

1. A detailed analysis of the 3.6% of the population that accounts for 37.6% of MA expenditures including the eligibility categories, geographic location and residence of recipients, providers, diagnoses, nature and duration of services provided and care outcomes.
   a. Adoption of a managed care approach. Geographic indexing (that would result in regional payment differentials to HMOs) should be eliminated.
   b. That Medicaid evaluation and management codes be raised to Medicare levels, based on a statewide Medicaid conversion factor.
   c. Adoption of the Wisconsin Independent Physicians Group (WIPG) recommendations, such that "All medical services be paid regardless of the location or specialty of provider."
2. Adoption of a statement urging all Wisconsin physicians to participate fully in Medicaid. In addition, the Office of Health Care Information should survey the state's physicians by specialty regarding the extent to which they treat Medicaid patients.
3. No recommendation regarding scope or range of covered services for any eligibility group.
4. No recommendation regarding eligibility criteria for any eligibility group.
   a. Adoption of an Oregon-style hearing process to determine the effectiveness of long-term care regulations.
   b. Requesting an audit report by an independent entity to determine why Wisconsin Medicaid spending is significantly higher (38 percent higher) than the national average for elderly recipients. Components of the study should include a scope of services comparison, as well as analyzing the cost-based reimbursement system.
   c. That the Society prepare information for public dissemination on the costs, risks and availability of long-term care insurance. This shall be done in connection with the Wisconsin Association of Homes and Services for the Aging.
5. That the Disability Determination Bureau should ensure that timely disability reviews, done for the appropriate disability categories, are completed for all persons receiving SSI. To that end, the state's Department of Health and Social Services should issue an annual written report on the status of its reviews to the Joint Finance Committee of the Wisconsin Legislature.
   a. That cost-containment for home health be encouraged by capitation of managed care firms.
   b. That cost-containment for durable medical equipment and disposable medical supplies be encouraged by capitation of managed care firms.
   c. That specialized medical vehicles transportation be provided to individuals on provider prospective disability assessments, in the place of the current retrospective situational recommendations.
6. a. Convening a group to study and recommend ways to streamline Medicaid administratively in a block grant environment. It was further recommended that the Medical Assistance Technical Advisory group of the Society be utilized, together with other health care professionals to avoid data sub-

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mission duplications and inefficiencies. Also, the group asked that action be taken to simplify billing procedures for rural health clinics and federally qualified health clinics.
   b. Adoption of mandatory electronic claims submission for Medicaid provider services, with an implementation date in line with that proposed for the Medicare program.
   c. Having the Medicaid program provide free equipment and software to enable use of the Community Health Information Networks (CHINs) to physicians in Health Professional Shortage Areas (HPSAs). It was further recommended that the state supply computer equipment to enable electronic claims submission to such physicians, and withhold $1 per claim until such computer equipment is paid for.
7. Endorsement of the 11 recommendations of the Urban Medicine Task Force.
   a. An internal staff-written report be completed and forwarded to relevant commissions and the Board of Directors on issues affecting rural health, including nurse prescribing, allied health professionals, and rural tort reform impact.
   b. That current cost-based reimbursement to rural health clinics and federally qualified health clinics be preserved, and that the HPSA bonus be maintained under federal Medicaid reform.
8. a. Requiring patients to take a health education course as a condition of Medicaid eligibility, and that recipients be required to provide proof of appropriate immunization for their children, or a waiver within 60 days of enrollment, or their benefits will be terminated.
   b. That Medicaid payment should be made for patient education through the current procedural terminology (CPT) code for patient education.
9. That Wisconsin Medicaid pursue innovative methods in continuing to fund graduate medical education, such as those methods recommended by the Governor's Task Force on Hospital and Academic Medical Center Costs.
10. That the Wisconsin Medicaid program contribute to and assist with projects designed to improve quality of and access to care, such as the Medical Outcomes Research Project affiliated with the Society. Such projects should be organized by the Society or by other appropriate organizations. (BOD, 0296)*

MRC-013

Medical Assistance—Same Reimbursement for Same Service: The Wisconsin Medical Society (Society) reaffirms its opposition to different rates of reimbursement for the same service based on the specialty of the physician. The Society will seek legislation or administrative action to achieve equal reimbursement for the Medical Assistance Program. (HOD, 0406)

MRC-017

Physician Payments for House Calls: The Wisconsin Medical Society supports fiscal policies to encourage physician house calls and provide better patient care to house bound patients. (HOD, 0406)

MRC-019

Equal Medicare Reimbursement for all Physicians: The Wisconsin Medical Society reaf-

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firms its position of opposing discriminatory Medicare payment practices, and supports equitable Medicare payment practices. (HOD, 0403)

MRC-020

Medicaid Reimbursement Rates: The Wisconsin Medical Society supports the following policy concerning the Medical Assistance budget:

- Visit code reimbursement should represent the intensity of services provided.
- Additional increases should be given to services for which reimbursement is particularly low.
- There should be reasonable annual inflation increases for all Medicaid physician services on an across-the-board basis.
- The Wisconsin Medical Society supports a fair Medicaid reimbursement rate in order to increase access for all patients in Wisconsin, particularly in rural and inner city areas. (HOD, 0407)

MRC-023

Rural Hospital Medicare Reimbursement Inequities: The Wisconsin Medical Society believes that

- Reimbursement rates for identical medical services should be equal at both rural and urban hospitals.
- The existing hospital payment inequalities are of a serious magnitude. (HOD, 0406)

MRC-024

Impact of Medicare Payment on Access to Care: The Wisconsin Medical Society should provide evidenced supported warnings to the public of probable decreased access to care if Medicare continues to decrease reimbursement to hospitals and physicians. (HOD, 0302)*

MRC-025

Medicare Reimbursement for Physician Visits and Case Management Services in Nursing Homes/Home Health: The Wisconsin Medical Society supports

- Improving Medicare reimbursement to physicians for primary care services, specifically nursing home and home care medical services.
- Instituting appropriate and adequate Medicare reimbursement to physicians for case management services. (HOD, 0406)

MRC-026

State Compliance with OBRA '89: The Wisconsin Medical Society agrees that increased access to pediatric and OB/GYN services are needed throughout Wisconsin, especially in many underserved areas. (HOD, 0407)

MRC-027

Free Market Health Care System for Medicare: The Wisconsin Medical Society supports the study and implementation of free market approaches to health care for Medicare patients and placing the Medicare program on a sound financial footing. (HOD, 0406)

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MRC-028

Medicaid Reimbursement to Ensure Access: The Wisconsin Medical Society reaffirms its policy of support for increasing Medicaid reimbursement for all physicians' services to levels that will be adequate to cover costs and that will reduce the severe financial penalties physicians now face in caring for Medicaid patients. (HOD, 0406)

MRC-029

Medicare Reimbursement for Laboratory Tests: The Wisconsin Medical Society supports equitable reimbursement for laboratory tests including reimbursement differentials as needed to assure availability and accessibility of laboratory services. (HOD, 0406)

MRC-030

Medicare Coverage: The Wisconsin Medical Society should request that the U.S. Congress adopt legislation directing the Centers for Medicare and Medicaid Services to provide coverage for evidence-based screening, testing and specific diagnostic studies under Medicare insurance so that patients may be properly diagnosed and treated for the diseases to which they are subject as age advances. (HOD, 0302)*

MRC-031

Autopsy Reimbursable as a Practice of Medicine: The Wisconsin Medical Society supports returning the autopsy to its rightful place as a Part B reimbursable physician service. (HOD, 0406)

MRC-032

Medicare Reimbursement Equity: The Wisconsin Medical Society supports the correction of inequities in physician reimbursement under the present Medicare system through federal legislative and/or regulatory changes. (HOD, 0406)

MRC-033

Geographic Differentials: The Wisconsin Medical Society opposes geographical criteria for reimbursement to health care professionals. (HOD, 0406)

MRC-034

Physician Diagnosis Related Grouping (DRGs): The Wisconsin Medical Society strongly opposes the restructuring of health care physician reimbursement via unproven methodologies, i.e., physicians' prospective reimbursement, which would seem to be unworkable because of its complexity. (HOD, 0406)

MRC-035

Proposed Medicaid Program Amendments: The Wisconsin Medical Society opposes proposed amendments to the Medicaid program that would

- Place the burden of proof on health care professionals in administrative hearings concerning recovery actions or payment adjustments.
- Implement a certification fee (proposal calls for a fee of $10 per biennium) to fund health care professional relations activities. (HOD, 0406)

MRC-036

Medicare Coverage - BIPA 2000: The Society advocates for implementation of Federal

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Benefits Improvement and Protection Act of 2000 (BIPA 2000) per Congressional intent, supporting coverage based solely on the beneficiary's experience with self-administration and not the availability, ability or willingness of other family members or caregivers in the beneficiary's home to administer an injection, as deemed appropriate by the physician. The Wisconsin delegation to our American Medical Association (AMA) should forward this resolution to the AMA House of Delegates. (HOD, 0302)*

MRC-037

Medicare Diagnostic Categories Payment Schedule: The Wisconsin Medical Society supports the idea that the Medicare 75/25% rule be discontinued and admission to inpatient rehab facilities be based on the functional needs of the patients and their ability to improve in a reasonable amount of time. (HOD, 0404)

MRC-038

Medicaid Cost Control: The Wisconsin Medical Society supports the following in efforts to control the costs in Medicaid:

- Consider first the costs reduction opportunities in the long-term care arena, through such mechanisms as tax-incentives for Wisconsin residents to purchase private long-term care insurance, and further pursuit of community-based alternatives to institutional care, while assuring equal access to appropriate palliative care.
- Expand use of preferred drug lists and supplemental rebate programs.
- Use principles of pharmacy benefits management to leverage purchasing power and industry best practices where data indicate potential to decrease administrative burden and product cost.
- Consider restructuring the BadgerCare benefit package to offer benefits that more resemble a commercial plan, while retaining barrier-free access to preventive and primary care services.
- Increase opportunities for BadgerCare families to purchase commercial insurance.
- Explore further use of medically-defined, evidenced-based disease management programs for Medicaid fee-for-service patients with diabetes, congestive heart failure, asthma and end-stage renal disease/chronic kidney disease, and reward appropriate use of such programs in managed care programs. (HOD, 0407)

MRC-039

Taxpayer's Protection Amendment (TPA): The Wisconsin Medical Society supports the position that the Medicaid program maintain its role as a safety net for the state's most vulnerable populations, and opposes any legislation, constitutional amendment or administrative rule that negatively impacts that safety net.

That the Wisconsin Medical Society supports the sustained funding of government programs that protect public health and opposes any legislation, constitutional amendment or administrative rule that negatively impacts such programs. (HOD, 0406)

MRC-040

Erectile Dysfunction Treatment: The Wisconsin Medical Society supports erectile dysfunc-

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tion treatment incident to prostate cancer treatment, and that this treatment should be covered by Medicare and all other third parties for reimbursement. (HOD, 0407)

UNS - UNDERSERVED AREAS

UNS-001

Report of the Task Force on Urban Medicine: The Wisconsin Medical Society supports the report of the Urban Medicine Task Force and favors the following recommendations: With regards to:

A. *Reimbursement/Paperwork Issues.* The Wisconsin Medical Society believes that:

- Intake forms, prior authorization forms and referral forms used by the HMOs should become uniform among the HMOs. The information contained on these forms should be made part of the telecommunication system.
- Regarding reimbursement for care provided to pregnant women, there should be a change in the billing rules whereby the physician gets an extension to the billing time when prenatal care has been provided, rather than the present 60-day limit. The physician who provides prenatal care to a patient, but may not provide services throughout the pregnancy, should get reimbursed for the care given. The HMOs should notify the physician when a patient has been dropped from MA or has been switched to another HMO.
- Health Professional Shortage Areas (HPSA) should be publicized and physicians should be educated about the higher reimbursement rates when seeing patients who live in a HPSA.
- Physicians practicing in the inner city should have money available on a short-term low interest basis to be used when necessary. Longer-term low interest loans should be available to expand/open a practice. In particular, The Wisconsin Medical Society should pursue the possibility of expanding the Wisconsin Health and Educational Facilities Authority (WHEFA) program to include physicians and physician clinics in underserved areas.

B. *Patient Access.* The Wisconsin Medical Society believes:

- There should be patient access to culturally and geographically appropriate physicians.
- New incentives should be provided to encourage physicians to work in the inner city, such as low interest loans.
- The Healthy Start program should be supported and expanded and access to the program should be improved.
- Communities should be encouraged to establish free clinics to provide health care for the working poor and for those who are temporarily uninsured. Retired physicians could staff these clinics.

C. *Continuity of Care.* The Wisconsin Medical Society believes the Bureau of Health Care Financing and the HMOs should be asked to address the issue of continuity of care at their HMO Forum meetings, particularly in providing HMO care throughout a woman's pregnancy and coverage for the newborn at the time of delivery and during the first six months of life. On-going seminars/

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provider forums should be held by the Bureau of Health Care Financing for physicians to inform them of aspects of the MA HMO system.

D. *Education, and the Lack of Patient Education.* The Wisconsin Medical Society believes patient advocate should be available at all the HMOs to answer questions from patients and to work pro-actively to educate patients on their rights and responsibilities.

E. *Collaboration, and the Lack of Cooperation Between Private Physicians and Community Based Clinics.* The Wisconsin Medical Society believes that private physicians should have access for their HMO patients to non-physician services provided through the community-based clinics. An assessment survey should be done to determine the services available at such community clinics. (HOD, 0406)

UNS-002

Accessible Health Care and Health Reform Plans: The Wisconsin Medical Society should advocate for the extension of medical care services to the state's urban and rural under--served areas by working closely with those organizations committed to developing proposals to correct the problems of accessibility to medical care in Wisconsin. (HOD, 0406)

UNS-003

Physician Loan Assistance Program: The Wisconsin Medical Society supports the current Physician Assistance Loan Program that repays educational loans for physicians practicing in health care shortage areas. (HOD, 0404)

UNS-005

Physician Supply: The Wisconsin Medical Society recognizing the vital necessity for sufficient physician population and specialty distribution across all of Wisconsin supports:

- Efforts to increase the number of Wisconsin medical school students and post-graduate trainees that remain and practice in Wisconsin.
- Efforts to monitor geographic distribution of physician specialties to determine incidents of undersupply/oversupply with a goal of encouraging proper specialty demographics.
- Efforts to modify methods of funding Wisconsin medical schools with a goal of creating a more affordable medical education, while retaining high standards for quality in both education curricula and student aptitude.
- Periodic Society review of physician supply demographics and issues in order to identify potential problems/shortfalls in sufficient time to study and propose possible solutions.
- Fostering an environment attractive to physicians, including physicians practicing outside of Wisconsin. (HOD, 0406)

UNI - UNINSURED

UNI-001

State Uninsured Pilot Programs: The Wisconsin Medical Society

- Lauds the Governor's Council on the Uninsured, the Department of Health

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and Social Services and the state legislature for its commitment and innovation in developing initiatives to finance the medical care of the uninsured and indigent in Wisconsin.

- Shall continue to examine and support reasonable, viable remedies to the multidimensional problem of uncompensated care. (HOD, 0406)

UNI-002

Voluntary Small Employer Insurance Package: The Wisconsin Medical Society supports a voluntary small employer-based incentive insurance plan. (HOD, 0406)

UNI-004

Health Access America: The Wisconsin Medical Society reaffirms its support for the Health Access America plan and should actively work with the Wisconsin Congressional delegation to implement the ideas laid out in the American Medical Association proposal. (HOD, 0406)

UNI-005

Improving Uninsured Access to Care: The Wisconsin Medical Society supports initiatives to improve access to care for the uninsured and innovative ideas for providing incentives to encourage charity care, such as a tax rebate for seeing Project Access patients. (HOD, 0405)

UNI-006

Uninsured Access to Care: That the Wisconsin Medical Society supports initiatives to improve access to care for the uninsured, such as Project Access, and innovative ideas for providing incentives to encourage charity care, such as a tax rebate for seeing uninsured patients. (HOD, 0405)

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