

RSVP NOW!

"The Conversation: A Revolutionary Plan for End-of-Life Care"

**Saturday, September 24, 2016
8:30 to 11:00 am**

Join us to hear Harvard Medical School physician, Angelo Volandes, MD offer a solution that is medicine's oldest and least technological tool in the proverbial black bag: talking.

Westlake Yacht Club
32123 Lindero Canyon Road
Westlake Village

Breakfast will be served

CME's will be available

RSVP by Sept. 1st at (805) 484-6822

Or email marycarr@venturamedical.org

Hosted by Ventura County Coalition on Compassionate Care*

**VCMA is a co-founding participant of VC CCC*

BLUE SHIELD TO SHUT DOWN FOR FOUR DAYS IN SEPTEMBER

Last week, Blue Shield of California announced that it would close its doors for the four days after Labor Day to reduce its payroll-related liabilities, citing losses in the Covered California health insurance exchange.

Some Blue Shield customer service representatives and medical services staff are still expected to be on the job during that period. The California Medical Association has also confirmed that while the Blue Shield Provider Relations department will be closed, the following departments will remain open: Provider Customer Service, Provider Information and Enrollment, Claims Processing, and Grievances and Appeals.

If practices have urgent prescription and/or procedure authorization requests during, they can call Blue Shield's Medical Care Solution line at (800) 541-6652 for assistance. According to the payor, this and all other critical customer facing departments will be staffed during the closure.

The shutdown will not affect about 1,000 employees who work for Care1st, which Blue Shield acquired last fall, and some staffers in customer service and related areas who will remain on the job.

Blue Shield raised its Covered California rates by nearly 20 percent for 2017, citing the high costs of covering enrollees. The payor said it drastically underpriced premiums for the state's exchange. The insurer also plans to cut 460 jobs in Sacramento and the Central Valley.

Last month UnitedHealth Group, Humana and Aetna said they would exit most Affordable Care Act markets, citing revenue losses.

THIS IS LAST WEEK TO ENROLL IN VENTURA FOUNDATION FOR MEDICAL CARE – MEDICARE FFS ACO

VCFMC-ACO, sponsored by VCMA, is accepting final practice agreements by end of business this Friday, September 2, for filing September 6. Next date for enrolling additional practices is August 2017.

VCFMC-ACO assists in meeting CMS measures for your Medicare FFS patients. There are significant advantages to starting at the beginning of an ACO. Of particular importance, in the first year the ACO participants receive a perfect score for quality measures simply by reporting those measures. This means that the ACO and all of its participants have a full year "practice run," which enables everyone to do better the second year when the ACO is measured on the actual quality metrics, not just on whether or not those metrics were reported. In addition, ACO participation is likely to help your group do better under Medicare's new Merit Based Incentive Payment System (MIPS).

Contact Mary Carr 805-484-6822
marycarr@venturamedical.org for more information.

Special **Congratulations!** to **Lynn Jeffers, MD**, Plastic Surgeon, Oxnard, VCMA Past President 2012 elected to the AMA Council on Medical Services.

Thanks for continuing to represent your California colleagues!



VENTURA COUNTY PUBLIC HEALTH CONFIRMS 1ST ZIKA VIRUS CASE

Ventura County Public Health (VCPH) announced the first case of Zika Virus in the county on August 19th. VCPH Public Health Officer Robert Levin M.D., says that the case occurred in a female who is not suspected of being pregnant. "We will continue to monitor her progress but her symptoms, as with most people who contract Zika Virus, are mild and she did not require hospitalization."

This case marks the 69th Zika case confirmed in the state.

According to the California Department of Public Health, Zika can be passed sexually from a person with Zika to his or her partners. Zika can be passed even if the person does not have symptoms at the time; it can be passed before symptoms start, while the person is symptomatic, and after symptoms end. The virus may also be passed by a person who becomes infected but never develops symptoms.

Counting this case in Ventura County, as of August 19, 2016, there have now been 171 confirmed Zika Virus cases in California.

**VCMA Dinner Meeting:
State Candidates Forum**

**Thursday, September 22
Spanish Hills Country Club,
999 Crestview, Camarillo**

5:30-7pm

Meet & Greet Exhibitor Reception

7pm Buffet Dinner

7:30pm Panel Discussion of Issues with Moderator

Top two candidates running for each local District Assembly and Senate seats will be available at Meet and Greet Reception and Panel Discussion of Issues during dinner.

**RSVP by Monday, Sept. 19 to
marycarr@venturamedical.org**

CHRONIC PAIN AND OPIOID TREATMENT GUIDELINES FOR INJURED WORKERS NOW IN EFFECT

A \$3 million pilot project to build an he California State Division of Workers' Compensation's (DWC) new guidelines on

the treatment of chronic pain and opioid prescribing for injured workers are now in effect. The guidelines include best practices and universal precautions for safe and effective prescribing of opioids for pain due to a work-related injury.

According to DWC, the new guidelines encourage safer prescribing of opioid pain relievers with the primary goal of significantly reducing the rate of opioid-related adverse events and substance misuse and abuse.

Since 2014, the California Medical Association (CMA) has provided input to the DWC on the complicated issues related to prescription opioid misuse and overdose, based on CMA's support for a well-balanced approach to opioid prescribing and treatment that considers the unique needs of individual patients. CMA has published two white papers for physicians on prescribing opioid medications; both are available in CMA's online resource library.

CMA's Institute for Medical Quality also frequently hosts continuing medical education in pain management. To find out about available courses, click here.

For more information on safely and effectively prescribing controlled substances for pain, see CMA's safe prescribing resource center at www.cmanet.org/safe-prescribing, available to members only.

PRACTICES ENCOURAGED TO TAKE DHCS MEDI-CAL PROVIDER SATISFACTION SURVEY

The Department of Health Care Services (DHCS) is conducting a customer service satisfaction survey for Medi-Cal providers.

The purpose is to determine the effectiveness of the program's provider relations activities, including the telephone service center, cash control unit, regional representatives, publications and provider seminars/trainings.

The survey is completely confidential and anonymous. Your responses will help Medi-Cal understand how providers can be better supported, and will shape future customer service improvement efforts.

The survey will take approximately 20 minutes to complete and will be open until September 6, 2016.

Take the survey at:

surveymonkey.com/r/MediCalPRsurvey

NEW ONLINE MEDI-CAL PROVIDER ENROLLMENT PORTAL LAUNCH PLANNED FOR OCTOBER 2016

The California Department of Health Care Services (DHCS) plans to launch its new Medi-Cal provider enrollment system in October. The Provider Application and Validation for Enrollment (PAVE) system will transform provider enrollment from a manual paper-based process to a web-based portal that providers can use to complete and submit their applications and verifications and to report changes. PAVE will improve the provider enrollment experience by minimizing errors, improving the application process and significantly reducing the time required to process provider enrollments.

Testers needed

DHCS is seeking Medi-Cal fee-for-service providers who are interested in testing the new enrollment system in advance of the launch in October. Testing will begin in August and will continue for two weeks, but only equates to about eight hours of total time commitment over that two-week period. Providers will test the system at their leisure from the convenience of their home or office. Providers can test using a PC, tablet or smartphone. DHCS will provide training, daily support calls and test scripts. As a testing team provider, you'll enjoy the following benefits:

- Getting a look at PAVE before other providers
- Opportunity to identify potential bugs or system needs and recommend solutions
- Directly impact improvements to the final PAVE system as a result of your testing

If you are interested in volunteering to be a tester, email PAVE@dhcs.ca.gov.

For more information, visit www.dhcs.ca.gov/provgovpart/Pages/PAVE.aspx.

BLUE SHIELD IMPLEMENTS SYSTEM FIX TO CORRECTLY PAY HPV9 CLAIMS

Under the Affordable Care Act, health plans are required to provide "first dollar" coverage for preventive services. This means that the plan cannot apply patient cost sharing, such as copays, coinsurance or deductibles, to these services. However, in September 2015, the California Medical Association (CMA) was alerted by a physician practice that Blue Shield of California was applying patient cost sharing when it processed HPV9 claims with CPT code 90651.

CMA escalated the issue to Blue Shield and has been working with the payor since then to correct the issue. Blue Shield confirmed it implemented a system fix on May 18, 2016. The payor also confirmed it identified over 14,500 claims dating back to January 1, 2015, that were reprocessed to pay correctly. The reprocessing project was completed at the end of June 2016.

Physicians are encouraged to review their records to ensure all affected claims were reprocessed correctly and to contact Blue Shield if they identify any that are still outstanding.

ANTHEM BLUE CROSS ANNOUNCES CHANGES TO REIMBURSEMENT POLICIES AND CLAIMS SOFTWARE

Anthem Blue Cross recently notified physicians of upcoming changes to the insurer's reimbursement policies and claims editing software, called ClaimsXten. The changes will go into effect on October 1, 2016, with the exception of policies for Multiple Diagnostic Ophthalmology Procedures (CA-0050) and Multiple Diagnostic Cardiovascular Procedures (CA-0051), which become effective on October 17, 2016. Because of these changes, physicians may notice a difference in how certain codes and code pairs are adjudicated.

The notice included a comprehensive grid outlining the new, revised and existing reimbursement policies and claims editing rules, as well as copies of Anthem's reimbursement policies.

The changes include the addition of policy on daily unit maximums for certain drugs and biologic substances (CA-0048), including injections for infliximab (Remicade) and bevacizumab (Avastin). The new policy identifies the maximum number of billable units that the health plan has established as the daily dose maximum. Units reported over and above the dose maximum will not be eligible for reimbursement.

Physicians are encouraged to review all of the claims editing changes as well as the corresponding detailed payment policies to understand how the changes will affect their individual practices.

Physicians can also access this information via the Blue Cross ProviderAccess website (log in, then select "Reimbursement Policies and McKesson ClaimsXten Rules" under the "What's New" section).

Questions about any of the claims editing rules or payment policies can be directed to the Blue Cross Provider Care Department at (800) 677-6669.

BIG TOBACCO LAUNCHES DISHONEST AD CAMPAIGN ABOUT PROP. 56

Tom Torlakson, California's state superintendent of public instruction, has demanded that broadcasters immediately stop airing false and deceptive ads from tobacco companies about the Proposition 56 tobacco tax initiative.

Big Tobacco, which has put \$36 million into the opposition campaign so far, continues to assert that Prop. 56 would take money away from education — a statement Torlakson called "preposterous" and "insulting to those of us committed to the education and well being of California's children."

"Make no mistake, Proposition 56 will not divert a dime away from schools," Torlakson said. "Rather, it will raise revenues for school-based tobacco prevention and intervention programs."

The Legislative Analyst's Office estimates that Prop. 56 would add tens of millions in new funding for comprehensive anti-tobacco instruction and cessation efforts in California classrooms. Sales taxes are imposed on top of any excise taxes, including Prop. 56's tobacco tax, so an increase in the tobacco tax would also increase sales tax revenues, which are largely allocated toward schools.

The California State PTA, representing more than 800,000 school advocates, has joined the many education and children's advocacy groups that are part of the broad coalition supporting Prop. 56, which also includes the California Medical Association, American Cancer Society Cancer Action Network, American Lung Association in California and American Heart Association.

Prop. 56 will protect children by increasing California's cigarette tax by \$2 per pack, with an equivalent increase on products containing nicotine derived from tobacco, including electronic cigarettes. It will keep kids from ever starting to use deadly, addictive tobacco products, and it will save lives.

"We know that increasing tobacco taxes reduces youth smoking. Tobacco companies know this too. That is why they are spending millions to obfuscate the provisions of Prop. 56 and mislead voters about its impact on schools," Torlakson wrote. "As educators, neighbors, parents and grandparents, we aren't fooled. Tobacco companies do not care about our children, they want to create a new generation of consumers."

To view a side-by-side refutation of the tobacco companies' claims in their dishonest ad campaign, click here. To send your own letter demanding stations take down Big Tobacco's lying ads, click here.

For more information on Prop. 56, see www.YesOn56.org.

MARK YOUR CALENDAR

For more information go to Calendar Tab at venturamedical.org

- See page 1 -

September 22 – Candidates Forum hear panel of State Senate/Assembly candidates. Spanish Hills Country Club. 6pm Reception; 7pm Dinner/Program.

September 24 – "The Conversation: A Revolutionary Plan for End-of-Life Care" CME Breakfast at Westlake Yacht Club

CMA WEBINARS

www.cmanet.org to pre-register

September 28: 2016 Ballot Measures: How Your Vote Can Increase Access to Care 12:15pm-1:15pm

October 5: CHPI Physician Quality Rating Program: Navigating the Review and Corrections Process 12:15pm-1:15pm

Newest On-Demand: www.cmanet.org

HIPAA Compliance: Key Risks All Physicians Should Know

CLASSIFIEDS

Free listings for VCMA members. Submit ad info to: marycarr@venturamedical.org

PRACTICE OPPORTUNITIES

Camarillo - Office with two to three exam rooms to share. Part time or full time. Affordable and flexible. Please contact (805)383-2929.

Simi Valley – full time FP MD needed at the Med Center. Hours are Monday 8am-8pm, alternating Tuesdays 8am -8pm, Fridays 8am -8pm and every other weekend 9am-5pm. Call Denise (805)583-5555 ex 23, or send resume: admin@medcenterofsimivalley.com

Thousand Oaks - Sublease up to 4 days per week; 7 exam rooms in prof. bldg. Please call Lynn at (805)482-8989

Thousand Oaks - 2700 SF office with large procedure room and recovery area, and 4

exam rooms. Available Mondays and Tuesdays 8 AM to 12 noon; Wednesdays 2 to 6 PM. More info, visit www.AGImedical.com

Ventura – For Lease: 500 sq.ft. Beautiful medical office on Brent St. (805)258-2059 ext.2447 for info.

Westlake Village – Remodeled, medical office for sublease. Available up to four days a week. (818)438-5997 Brisbeee@aol.com

FOR SALE

OB/GYN Equipment - Colposcope, microscope, cryo gun, surgical and colposcopy instruments, speculum lights (Welsh Allen), chart racks, exam table, stools, office chairs, waiting room chairs, 10 station business phone system, endometrial samplers, ultrasound, leep system. Call (805) 535 4422

Closing Practice Sale - Family practice medical equipment for sale. Equipment includes exam tables, chart files, MidMark M9 UltraClave, AT-2 plus Schiller/WelchAllyn ECG recorder, printers and other equipment associated with family practice medicine. Call for pricing (805) 525-5518.

Office Desk - Mint condition desk unit with detachable wall unit with storage. Dark Wood; Original \$800; sell for \$300. Dr. Paul Rehder (805) 479-1086.

Pediatric Practice Equipment - Vaccine 4.3 cubic ft. refrigerator-freezer combo; paid \$1499, only used 4 months. (Best offer) WelchAllyn Rectal thermometer. \$100
2 different sizes pediatric Aneroid Sphygmomanometers; \$30 ea. or \$50 both.
SECA newborn scale \$70
X-acto paper trimmer \$40
Email: spa.pinzonarellano@gmail.com

MEMBER BENEFITS HI-LIGHTS

MERCER Insurance Programs

NEW Workers Comp Preferred plan, members receive 5% discount off premium. Call a Mercer Client Advisor at (800) 842-3761 or cmacounty.insurance.service@mercer.com

Online CME: new online CME platform from CMA's Institute for Medical Quality (IMQ) provides access to AMA PRA Category 1 Credit™. Easy tracking of course participation and credit. Discounts for CMA members. Catalog and register for courses at <http://imq.inreachce.com>.

Resume Service: Call 484-6822 or email julie@venturamedical.org to request resumes to fill practice personnel positions. FREE to members.

Waste Management – NEW BENEFIT!

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Know Your Source: Protect Your Patients and Your Practice from Unsafe Medications

by Susan Marr, MSA, LHRM, CPHRM,
Senior Patient Safety Risk Manager, The
Doctors Company

The U.S. has one of the safest drug and medication supply systems in the world, in part due to careful regulation in the face of globalization and increasing threats to the supply chain. However, according to the FDA, there is a growing network of rogue wholesale drug distributors selling potentially unsafe drugs in the U.S. market. To combat this threat, the FDA has launched the [Know Your Source campaign](#) to ensure physicians are aware of the problem and to help them play their part in protecting the integrity of the U.S. drug supply chain. In addition, the FDA is participating in a collaborative initiative targeting drug safety on a global level.

Dangerous Drugs in the Supply System

How real is the threat? There have already been cases where adulterated, diverted, stolen, unapproved, or counterfeit drugs made their way into the American drug supply system. Counterfeit Avastin made it into the U.S. in 2012. Altuzan, a non-FDA-approved drug equivalent to Avastin but only approved to be sold in Turkey, arrived in the country in a counterfeit form in 2013. In 2012 and 2015, counterfeit Botox was found in the U.S. The FDA has indicated that anti-depressants, hormone replacement therapies, sleep aids, cholesterol medications, and seizure medications are reaching the U.S. as well.

What does this mean for patients? They may receive a medication containing harmful ingredients or they may receive medications containing no active ingredients at all. Issues include the purity of the medication, whether harmful ingredients have been added, or whether it contains active ingredients. In addition, many drugs must be stored and transported within specific temperature guidelines in order to maintain effectiveness—and rogue distributors do not follow these precautions.

In certain parts of the world, counterfeit or substandard anti-malarial drugs constitute one-third of the supply. The result is a malaria patient population that may not be receiving lifesaving treatment. Additionally, the counterfeit drug creates a

situation in which the parasites become resistant to the real medications. Fortunately, the FDA has found a solution to this problem and is [sharing that solution globally](#).

Guide Patients to Safe Websites

Rogue distributors have expanded their efforts to advertise FDA-approved prescription drugs on unofficial websites with familiar-sounding names. The clear intent is to fool patients into thinking they are dealing with trusted entities. In addition to health risks, patients who order from these websites are at risk of credit card fraud and identify theft.

Commonly ordered medications on these sites are:

- Avandaryl (a non-FDA-approved Glimepiride).
- Non-FDA-approved Generic Celebrex.
- Levitra Super Force, a non-FDA-approved medication to treat erectile dysfunction.

The FDA has cooperated with Interpol to place a warning on such sites, but physicians are encouraged to educate their patients about the risks of these websites. Direct patients to the FDA's resource for safe pharmacies: [BeSafeRx: Know Your Online Pharmacy](#).

What Doctors Should Do

Which doctors are the main targets? While any specialty could be at risk, most of the counterfeit drugs in the U.S. targeted to physicians are expensive medicines, and the targeted specialties are often oncology, dermatology, plastic surgery, and dentistry.

Regardless of your specialty, these tips can help ensure that your practice is ordering safe medications:

- In situations where there is a medication in short supply, the FDA may authorize limited importation of such medications from approved international suppliers. When that occurs, information will be available on the [FDA drug shortages website](#). www.fda.gov
- Beware of e-mail blasts and faxes that advertise the option of buying expensive medications at a discount. Remember the adage, "If it sounds too good to be true, it probably is."
- Emphasize to staff, especially those in charge of ordering medications for patients, that it is illegal and ill-advised to buy medications and drugs from outside the U.S. The FDA is often

aware of practices that order drugs from outside the U.S. and may initiate contact with the practice in order to educate employees. The FDA's involvement may also trigger contact from a state's Board of Medicine.

- "Know Your Source" means know that a supplier of drugs and medications is legitimate. Practices can verify this [through the FDA](#). Select a state and click on the link to the agency that can verify that the supplier is legitimate. Once you've verified a supplier, rechecking once a year is sufficient—as long as there are no changes in the name, address, and other information from the supplier.
- Keep the "pedigree sheets" that are shipped with the product. Under federal law, they should contain:
 - Proprietary and established name of the drug.
 - Dosage.
 - Container size.
 - Number of containers.
 - Lot or control numbers.
 - Business name and address of all parties to each prior transaction involving the drug, starting with the manufacturer.
 - The date of each prior transaction.
- Keep a log of drugs and medicines ordered, the supplier information, and when the legitimacy of the supplier was checked.
- Be sensitive to any complaints by patients that might indicate there is a problem with the integrity of a product.

The FDA also has extensive information on its website about [protecting the U.S. drug supply chain](#).

Contributed by The Doctors Company. For more patient safety articles and practice tips, visit www.thedoctors.com/patientsafety.

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has been endorsed by VCMA for the past 10 years. For quote or questions contact: MLawrence@thedoctors.com

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fax number you wish removed from
our list.*