

ARE YOU READY FOR FINAL MACRA 90-DAY REPORTING PERIOD FOR 2017?

Physicians who hope to earn a small bonus for the 2017 Medicare reporting year must start their 90-day performance period no later than Monday, October 2, 2017. While the actual reporting deadline is March 31, 2018, physicians need to identify and understand the measures that are relevant to their practice in order to successfully report on claims for the final 90 days of 2017. And don't forget, free assistance is available for small practices through the California Health Information Partnership & Services Organization (CalHIPSO).

Beginning with the 2017 reporting year, eligible physicians who do not participate in the Medicare Quality Payment Program (QPP) will see a negative 4 percent payment adjustment in 2019. QPP is the new physician payment system created by the Medicare Access and CHIP Reauthorization Act (MACRA) and administered by the Centers for Medicare and Medicaid Services (CMS). During the 2017 transition year, CMS will allow physicians to select one of three "pick your pace" participation options. Participating at any level in 2017 will ensure that you will not be hit with the 4 percent pay cut in 2019. The participation levels include:

One patient, one measure: The most lenient participation option, this option allows physicians to avoid a penalty by "testing" the program to ensure that their systems are working and that they are prepared for broader implementation in 2018 and beyond. Physicians only need to report on one measure for one patient to avoid a negative penalty in 2019.

90 Days: Physicians can choose to report for 90 days and possibly earn a small bonus payment. If you plan to select this 90-day reporting option, your performance period must begin no later than October 2, 2017.

Full Year: Physicians can also choose, if they are ready, to report a full year of data in 2017 and be eligible to receive a modest bonus, depending on their performance.

Providers with less than \$30,000 in Medicare payments or fewer than 100 Medicare patients are exempt from the reporting requirements in 2017. If you are unsure of your QPP participation status, you can look it up here.

FREE assistance for small practices

California physicians in practices of 15 or fewer can receive free assistance to prepare and participate in the QPP through the CalHIPSO. They will help you select the right participation "pace" for your practice, navigate the new landscape, assess performance data and stay informed about the QPP. Contact CalHIPSO now to register for services and receive no-cost technical assistance.

CMA MACRA Resource Center

To help physicians understand the payment reforms and prepare for the transition, CMA has published a MACRA resource page at www.cmanet.org/macra. There, you will find an overview of MACRA and a comprehensive list of tools, resources and information from CMA, the American Medical Association and CMS.

CMA GUIDE HELPS PHYSICIANS CHALLENGE AB 72 INTERIM PAYMENTS

CMA has published a new guide to help physicians challenge "interim payments" under the new AB 72 out-of-network billing and payment law. The guide is free and available exclusively to members in CMA's AB 72 resource center at www.cmanet.org/ab-72.

On July 1, 2017, the new law (AB 72) took effect changing the billing practices of non-participating physicians providing covered, non-emergent care at in-network facilities including hospitals, ambulatory surgery centers and laboratories.

The law requires plans and insurers to reimburse physicians at the greater of either the payor's "average contracted

rate" or 125 percent of the Medicare fee-for-service rate for the same or similar services in the general geographic region in which the services were rendered, unless otherwise agreed to by the noncontracting provider and the payor. However, it also includes mechanisms for physicians to challenge the interim payment if they believe it to be insufficient.

This new guide - "A Physician's Guide to the AB 72 Independent Dispute Resolution Process" - provides physicians a detailed look at the IDR, an overview of the two regulators' processes, how to determine eligibility, guidance on how to make your case for additional reimbursement, filing fees and general timelines.

In CMA's AB 72 resource center you will also find a number of other resources to help physicians navigate this new system, including an FAQ, a sample appeal letter, a payment monitoring workbook and a series of on-demand webinars.

For more information, visit www.cmanet.org/ab-72 or call CMA's Reimbursement Helpline at (888) 401-5911.

OSHA Mandated Annual Medical Staff Training

Wednesday, October 25

11:30 am – 2:30 pm

Courtyard Marriott Hotel
500 Esplanade Dr., Oxnard

This workshop provides up-to-date changes and practice requirements to meet the OSHA mandates.

REGISTRATION DEADLINE: October 19

marycarr@venturamedical.org

STATE SUSPENDS CLINICAL LAB LICENSE FEES FOR TWO YEARS

Governor Brown signed a bill (AB 658) on Sept. 28 that suspends the state's clinical laboratory license renewal fees for two years, 2018 and 2019.

The bill is a result of an audit that found that the California Department of Public Health (CDPH) had collected millions

more in laboratory fees than it had spent operating the Laboratory Field Services (LFS) branch. The fund's current reserves exceed \$22 million. Under existing state law, however, CDPH could not suspend or refund these fees.

Labs in California—including physician operated labs—should see significant savings over the next few years as licensing fees paid to the state are lowered after the freeze.

Did you know that COLA Laboratory Accreditation is a CMA member benefit?

COLA a physician-directed organization whose purpose is to promote excellence in laboratory medicine and patient care through a program of voluntary education, consultation and accreditation. This member benefit provides a 20 percent savings on COLA's Laboratory Accreditation Program.

COLA is approved by LFS under state law as well as the federal CLIA program. By enrolling, your one COLA survey every two years will meet both state and federal regulations.

CMA members also receive free online support and a complimentary basic quality lab course and may be eligible for a discount on AAFP and ACP proficiency testing programs.

CMA URGES SWIFT ACTION TO RENEW CHILDREN'S HEALTH INSURANCE PROGRAM

CMA is urging Congress to reauthorize the successful Children's Health Insurance Program (CHIP), which is set to expire on September 30, 2017.

Although the 20-year-old program has historically had bipartisan support, there has been some concern that the CHIP reauthorization could get caught up in the partisan bickering surrounding other priority issues, including attempts to repeal the Affordable Care Act (ACA). CMA has urged Congress to reauthorize the program for at least five years at current funding levels to give states the stability to engage in long-term planning and innovation.

The U.S. Senate Finance Committee last week agreed to a five-year funding extension for CHIP. The proposal would also maintain the ACA's 23 percent increase in the federal matching rate to states for 2018 and 2019.

In California, the CHIP program currently serves 5.6 million children. Since its inception, it has successfully provided children of low-income, working families access to physicians so they have a chance to grow up healthy and thrive. It provides access to comprehensive coverage, mental health services and essential preventive services, such as immunizations and developmental screenings, to prevent more serious illnesses and disease.

CMA PUSHES TOP 10 PRIORITIES FOR MEDICARE/MEDICAID REGULATORY RELIEF

California physicians are overwhelmed with unnecessary, burdensome regulations that take time and resources away from providing quality patient care. These regulations are a major contributing factor to the disturbing trend in physician burnout. The California Medical Association (CMA) submitted comprehensive comments urging the Centers for Medicare and Medicaid Services (CMS) to reduce the regulatory burdens under the Medicare and Medicaid programs.

As part of the comment period for the proposed Medicare physician payment rule for 2018, CMS is soliciting ideas from physicians to reduce Medicare and Medicaid regulatory hassles. CMA submitted its top 10 priorities for regulatory relief, which were developed by the CMA Health Care Reform and MACRA Technical Advisory Committees. The recommendations submitted by CMA would simplify the Medicare/Medicaid programs, reduce costs, improve quality, increase access to physicians and allow physicians to spend more time with their patients. CMA's top 10 priorities for regulatory relief are:

1. Reduce the quality and electronic health record (EHR) reporting burdens of the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).
2. Enforce EHR vendor compliance and interoperability, and limit additional physician fees.
3. Reform the Medicare Recovery Audit Contractor program, and pre- and post-payment review audits.
4. Require Medicaid programs and Medicaid managed care plans to

arrange and pay for interpreter services.

5. Reduce health plan data requests of physicians related to Medicare advantage risk adjustment scores.
6. Further delay and simplify the new imaging appropriate use criteria program.
7. Remove lab certification requirements for physicians who use waived tests or physician performed microscopy.
8. Rescind the Two-Midnight/Observation Care rule.
9. Exempt physician in-office drug compounding from the new FDA rule.
10. Change the Stark anti-kickback restrictions to allow more coordinated care alternative payment models.

CMA also submitted comments on the proposed 2018 Medicare Physician Fee Schedule. CMA is pleased to note that there are a number of positive proposed changes that would help physicians improve patient care, including reduced penalties under the flawed Value Modifier program, additional coverage for telehealth services, expansion of the Medicare Diabetes Prevention Program, delay in the implementation of the Imaging Appropriate Use Criteria Program, and reduced documentation requirements for the Medicare Shared Savings ACO Program.

This year also marks the second year of the CMA-sponsored California Geographic Practice Cost Index (GPCI) fix. The GPCI fix updated California's Medicare physician payment regions in 2017 and will transition payment levels upwards for 14 urban California counties misclassified as rural, while holding the remaining rural counties permanently harmless from cuts.

However, CMA objected to the proposal to report 2016 Physician Quality Reporting System (PQRS) quality data on the public Physician Compare Website because the inaccuracy of the data could mislead patients. Finally, CMA urged CMS to focus fee schedule revisions on the evaluation and management (E/M) guidelines, not the E/M codes, and to remove the new requirement for physician-office labs to report private payor payment data on tests performed for patients.

For more details on CMA's priorities for regulatory relief, and CMA's comments on the proposed fee schedule, click here.

Contact: Elizabeth McNeil, (800) 786-4262 or emcneil@cmanet.org.

CMA URGES GOV. BROWN TO SIGN RESPONSIBLE BEVERAGE SERVICE BILL

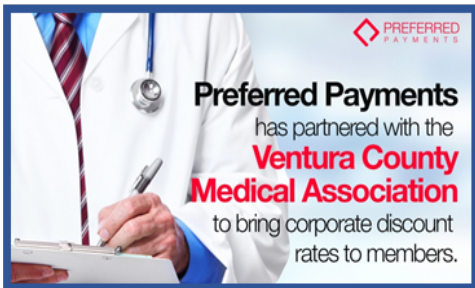
Educating beverage servers in bars and restaurants is a key part of reducing drunk-driving fatalities. The California Legislature has passed a bill sponsored by the California Medical Association (CMA) that would require California bartenders, servers and managers to receive responsible beverage service training based on a curriculum developed by the Department of Alcoholic Beverage Control. The bill—AB 1221 (Gonzalez Fletcher)—now heads to Governor Brown for his signature.

Contact the governor's office today and urge him to sign this important bill!

The bill is the result of a tragic drunk-driving accident that killed two UC San Diego medical students in 2015. In the wake of the accident, classmates of the victims worked with Assemblywoman Gonzalez Fletcher and CMA to develop legislation that would better equip servers and bartenders to identify signs of overconsumption and intervene before tragedy strikes.

Responsible beverage service training provides bartenders and servers with tools to effectively identify when a patron has had too much to drink, and how to safely intervene if necessary.

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UPDATES TO PRIOR AUTHORIZATION FORM FOR PRESCRIPTION MEDICATIONS AND NEW TIMELINES FOR RESPONSE NOW IN EFFECT

On July 1, 2017, two new laws affecting the standardized prescription drug prior authorization form took effect.

SB 282 required the Department of Managed Health Care (DMHC) and the Department of Insurance to create a standard electronic prior authorization request form. A second related law (AB 374) required the agencies to include on the updated form the option for physicians to request an exception to the plan/insurer's step therapy process. Previously, SB 866 had required use and acceptance of a paper uniform prior authorization form.

The form was updated in December 2016 and effective July 1, 2017, prescribers and payors are now required to use and accept this uniform prior authorization form, available on the DMHC website.

Step therapy exception requests are to be submitted in the same manner as a request for prior authorization for prescription drugs, and would require the plan or insurer to treat, and respond to, the request in the same manner as a request for prior authorization for prescription medications.

SB 282 also modified the timeframes in which plans/insurers are required to respond to the prior authorization/step therapy requests. Previously, plans/insurers were required to respond within two business days. SB 282 now requires plans/insurers to respond within 72 hours for nonurgent requests and within 24 hours for urgent requests. If a plan or insurer fails to respond within those timeframes, the request is deemed approved. The new law does not expand the list of medications that require a prior authorization.

Delegated physician groups do not have to use the standardized form if they have been delegated the financial risk for prescription drugs and do not use a prior authorization process.

CMA TO TACKLE THREE MAJOR ISSUES AT ANNUAL MEETING

The 146th Annual Session of the CMA House of Delegates (HOD) will tackle three major issues—health care reform (on both the federal and state level), physician workforce and mental health care—when it convenes October 21-22, 2017, at the Disneyland Hotel in Anaheim.

CMA physician delegates meet annually to establish broad policy on current major issues that have been determined to be the most important issues affecting members, the association and the practice of medicine. Reports on these major issues are now available for comment. All members are welcome to submit comments online at www.cmanet.org/hod.

Health Care Reform: While the future of federal health care reform remains unclear, CMA continues to work with federal and state lawmakers to ensure that the health care system works for physicians and patients. The CMA House of Delegates will discuss recommendations and regulations that will assist with health care reform at both the state and national levels.

Physician Workforce: Maintaining a physician workforce that ensures all patients have sufficient and timely access to quality medical care continues to be a challenge for California. The delegates will discuss barriers that impact the practice medicine in California and will analyze various strategies and policies that will promote solutions to address the physician workforce problem.

Mental Health: For decades, CMA policy has strongly supported adequate funding and provisions for high-quality mental health care. However, despite raised awareness, mental illness continues to go un-recognized and underfunded in California; many people with mental illnesses do not receive the help they need. The delegates will discuss significant factors affecting the mental health system including access and infrastructure, and will consider policies to support and improve the mental health system.

CLASSIFIEDS

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

PRACTICE OPPORTUNITIES

Simi Valley- Urgent Care opening, Full-time MD, DO or PA needed ASAP.

Outpatient Urgent Care Facility. There is an opening as well to assist with coverage on an ongoing basis. The clinic is open Mon-Friday 8am-8pm and Sat/Sun 9am-5pm. There are two additional Urgent Care locations; Thousand Oaks and Newbury Park, CA.

No call schedule is required. Provider will see approximately 20-35 patients per shift. This would include standard urgent care procedures (suturing), Occupational Medicine and primary care as well. We have x-ray on site. The Simi Valley location has a high volume of Occupational Medicine. This Center is looking for a Full-time MD, DO or PA as soon as possible. www.medcentersimi.com

Please contact Denice @ 805-583-5555 ex 26 or email admin@medcenterofsimivalley.com

Thousand Oaks area - seeking candidates from either academic or private practice backgrounds to consider.

- Part-time or full-time; Flexible schedule
- 100% Outpatient, Privately owned
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- Traditional Family Medicine with an Integrative Medicine approach
- Competitive financial package
- Opportunity to become vested in the profitability of the practice

drwilkes@summithealth360.com Please reply with your specialty and location of interest, and the best number to reach you along with a few dates and times you are available to speak.

Ventura - Full Time MD or DO needed for M-F 8:00 AM to 5:00 pm at WVMC. WVMC is a designated Federally Qualified Health Center (FQHC), affiliated with the Ventura County Medical Center (VCMC). If interested please contact Kristina Navarro @ 805-641-5611 or Kristina.navarro@ventura.org

Oncology Practice Administrator

A multi-site medical group in West Ventura County is seeking an experienced practice administrator.

The ideal candidate has excellent work ethic, is a proven effective leader, very strong in information technology, revenue cycle, efficient operations, patient-centric

processes, interpersonal relations and overall business management.

Candidate must have a bachelor's degree in business, health administration or related field.

Qualified candidates may send resume to employment@venturaoncology.com.

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(800) 842-3761

OFFICE SPACE AVAILABLE

Oxnard –Ground level in professional building. Reception area, 4 exam rooms with exam tables, 1 large private office, 1 in-suite restroom and break area. New floor coverings, new furniture, computers, internet equipped and fresh paint. 1,516 sq ft, daily Sublease (1 or 2 days per week per month), \$950.00/mo. (one day per week). Contact Herb Welch at (805) 682-7801, ext. 127

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

Oxnard – Medical office in Palms Medical Plaza. 1640 sq feet, fully furnished, networked, with 2 large 'procedure rooms', 2 story medical building, multiple work areas, in-suite restroom. All utilities and cleaning included in \$4,750 mo. Call (805)479-7680

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 - Space Offered: 1-5 operatories in well maintained medical building in Westlake Village. Photos on our website at www.smilesbyaps.com. Please call (805) 279-7021

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

MARK YOUR CALENDAR

October 21-22 - CMA House of Delegates Contact: Michelle Chapanian (916) 551-2054 mchapanian@cmanet.org
Disneyland Hotel, Anaheim

October 25 - Annual OSHA Staff Training, 11:30am – 1:30pm Courtyard by Marriott, Oxnard. Contact the VCMA office for registration

November 16 - Annual Installation Gala 'Western Extravaganza', 6-9pm, Camarillo Ranch House, keynote speaker Dustin Corcoran, CMA CEO.

CMA WEBINARS

Free access to both live and on-demand webinars updating you and your staff on key issues affecting physicians.

Past Webinars can be viewed On-Demand for FREE in the CMA Resource Library.

The MIPS Navigator™ is an online tool that makes it possible to quickly and easily sort through the various MIPS alternatives.

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Regular \$69.95 for 1 year subscription, only \$49.95 through VCMA website homepage link: www.venturamedical.org click on MIPS Navigator icon link. Endorsed by VCMA.

NETWORK OF ETHNIC PHYSICIAN ORGANIZATION (NEPO) BUILDING HEALTHY COMMUNITIES SUMMIT

Taking place immediately before the California Medical Association (CMA) House of Delegates on October 19-20, at the Disneyland Hotel in Anaheim.

The 2017 NEPO summit, **Striving for Health Equity in the Era of Change**, is a unique and exciting educational event for physicians, public health professionals, and community leaders. The conference will focus on emerging health policy issues and finding solutions to tackle changes in health care as we strive to achieve health equity and reduce health disparities.

Or search 'NEPO Summit' at cmanet.org

In addition to earning up to **12 AMA PRA Category 1 Credits™**, the summit represents a unique opportunity to meet with the leaders of California's ethnic physician organizations.