Fax Facts

VENTURA COUNTY MEDICAL ASSOCIATION and CALIFORNIA MEDICAL ASSOCIATION

"Advocates for patients, physicians and quality medical care"

Up-to-the-minute legislative and organizational events & issues

Administrative Office: 805/484-6822 www.venturamedical.org November 16, 2017

HOUSE PASSES CHIP REAUTHORIZATION, BUT FUNDING REMAINS A PARTISAN STICKING POINT

The U.S. House of Representatives today passed a bill to reauthorize the Children's Health Insurance Program (CHIP) for five years. The bill (HR 3922) would also extend the Teaching Health Center Graduate Medical Education (THCGME) program and the National Health Service Corps for two years. The measure retains the Affordable Care Act's boost in the federal match rate for CHIP for two years, before it begins to wind down in 2020.

Although the successful 20-year-old CHIP program has historically had bipartisan support, today's vote was largely on party lines, with Democrats objecting to the funding offsets.

While the CMA strongly supports reauthorizing the successful CHIP program, we are concerned that one of the major funding offsets for this legislation would be cuts to the Prevention and Public Health Fund. The Prevention and Public Health Fund has historically been used by the Centers for Disease Control (CDC) in part to improve childhood immunizations nationwide. Both programs are critical to improving the health and well-being of our nation's children, and it is counterproductive to cut one to pay for the other.

Since its inception, CHIP 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.

Over the past 20 years, CHIP has helped reduce the nation's uninsured rate for children to a record low of 5 percent. In California, the CHIP program currently serves nearly 2 million children and pregnant women – more than 9 million nationwide.

All California Republicans (except LaMalfa who did not vote) and four California Democrats (Bera, Carbajal, Correa and Costa) supported the bill. Democrats Peters and Speier did not vote.

The bill now moves to the Senate. CMA is urging Congress to continue bipartisan funding negotiations as the bill moves through the process.

If you RSVP'd, we will see you tonight:

Western Extravaganza!

Installation Gala

Thursday, November 16

6-9pm

Special Dynamic Guest Speaker:

Dustin Corcoran, CEO of CMA

Historic Camarillo Ranch

201 Camarillo Ranch Rd., Camarillo

Attire: Western Denim & Diamonds (or business)

Sponsored by:

The Doctors Company

BLUE SHIELD TO REQUIRE ELECTRONIC CLAIM SUBMISSION

On October 26, Blue Shield of California notified physicians that for new or renewing provider agreements for 2018, it will begin requiring practices to submit their claims electronically. All claims, with the exception of those with an accompanying medical record, will be required to be submitted via electronic data interchange (EDI).

A complete list of approved clearinghouse vendors can be found on the Blue Shield website at Enroll in EDI - Provider Connection - Blue Shield of California.

Blue Shield will offer a webinar on November 9, 2017, regarding the transition to EDI claim submission. To register, log in to Provider Connection at www.blueshieldca.com/provider, select "News & Education," then click "Register for Webinars."

The California Medical Association has learned that Blue Shield will consider hardship exemption requests from providers on a case-by-case basis. Providers who are requesting a hardship exemption can contact their Blue Shield contract manager to discuss.

Questions can be directed to Blue Shield's EDI Help Desk at EDI_BSC@blueshieldca.com or at (800) 480-1221.

ANTHEM BLUE CROSS ANNOUNCES PLANS TO SIGNIFICANTLY CUT REIMBURSEMENT ON E/M SERVICES WITH MODIFIER 25

Anthem Blue Cross recently notified physicians in several states of upcoming changes to the payor's reimbursement policies and claims editing software, called ClaimsXten. As part of the policy changes, scheduled to become effective on January 1, 2018, Anthem will begin reducing reimbursement of evaluation and management (E/M) services billed with modifier 25 under the following circumstances:

- When a minor surgical procedure code (0 or 10-day global period) is reported on the same day as an E/M code by the same physician, payment for the E/M code will be reduced by 50 percent.
- When a preventative/wellness exam and a problem-oriented E/M are billed during the same encounter, payment for the problem-oriented E/M code will be reduced by 50 percent.

CMA is very concerned with the adverse impacts of this new policy upon our physician members and is coordinating with the American Medical Association and the American Association of Dermatologists, along with many other state and specialty organizations, to push back on the change.

These changes come in the wake of several controversial initiatives by Anthem, including the termination of physicians for out-of-network ambulatory surgical center referrals and its new outpatient advanced radiologic

imaging policy, delayed until at least December 1, 2017, which is designed to restrict radiologic imaging procedures such as MRI, CT and PET scan in the hospital outpatient department setting.

In August 2017, Anthem also announced it was exiting California's health benefit exchange, Covered California, except in three regions of Northern California, thereby requiring over 150,000 enrollees to look for new coverage.

Physicians are urged to thoroughly review and assess the impact any proposed modifications to their contract would have on their individual practices. To assist physicians in analyzing the change, CMA has developed a simple worksheet that will help calculate the net financial impact to their practice resulting from this change. The Modifier -25 financial impact worksheet is available free to CMA members at www.cmanet.org/ces.

Physicians should be aware that California law requires health plans and their contracting medical groups/IPAs to provide 45 business days' advance notice of a material change to a contract, manual, policy or procedure (28 C.C.R. §1300.71(m)). A change is considered "material" if "a reasonable person would attach importance [to it] in determining the action to be taken upon the provision."

Physicians have the right to terminate the agreement prior to the implementation of the change if the physician does not agree to the proposed change (Health & Safety Code §1375.7; Insurance Code §10133.65). For more information on physicians' rights and options when a health plan makes a material change to a contract, manual, policy or procedure, see CMA's resource titled, "Contract Amendments: An Action Guide for Physicians."

ANTHEM BLUE CROSS TO DISCONTINUE PROVIDER ACCESS EFFECTIVE DECEMBER 8

Anthem Blue Cross has advised that effective December 8, 2017, its ProviderAccess portal will be discontinued, with all provider tools and information transitioning exclusively to the Availity web portal at www.availity.com.

CMA had previously reported in March 2014 that Anthem was moving patient eligibility, benefits and claim status inquiry functions from its ProviderAccess portal to the Availity web portal. However, a number of resources, including Anthem Blue Cross Provider Manuals and Policies and Procedures, remained accessible through the ProviderAccess portal.

For more information on registering for the Availity web portal, visit www.availity.com/providers/registration-details

REMINDER: DON'T HESITATE TO REVALIDATE, OR MEDICARE WILL DEACTIVATE

Noridian, Medicare's administrative contractor for California, continues to deactivate providers for not responding to Medicare revalidation notices, resulting in a gap in billing privileges and lost revenue for physicians.

Noridian will send revalidation notices via email two or three months prior to the revalidation due date. Revalidation notices sent via email will indicate "URGENT: Medicare Provider Enrollment Revalidation Request" in the subject line to differentiate from other emails. If the email is returned as undeliverable, only then will Noridian will send a paper revalidation notice to the correspondence, special payments and/or primary practice address on file.

Physicians don't, however, have to wait for a revalidation letter. CMS has a look-up tool that allows a practice to look up an individual physician's or organization's revalidation date. Providers due for revalidation in the near future will display a revalidation due date. All other providers/suppliers will see "TBD" in the due date field.

What physicians need to know:

- When responding to revalidation requests, it's important to revalidate your entire Medicare enrollment record, including all reassignment and practice locations through internet-based PECOS or via the CMS 855 form.
- If you have multiple reassignments/billing structures, you must coordinate the revalidation application submission with each entity.
- If a revalidation application is received but incomplete, Noridian will contact you via email for the missing information. If the missing information is not received within 30 days of the request, Noridian will deactivate your billing privileges.
- Do not assume that "no news is good news." The contact person indicated on the application should receive an email notice of the application receipt, any discrepancies, and either a stop billing privileges or acknowledgement letter of approval. Check your spam filter if you're not receiving these notices.
- Failure to revalidate may result in a deactivation of your Medicare billing privileges.
- If billing privileges are deactivated, a provider request to reactivate will result in the same Provider Transaction Access Number, but there will be a lapse in coverage with Medicare. The provider will be required to submit a new full and complete application in order to reestablish the enrollment record and related Medicare billing privileges.
- If the revalidation application is approved, the provider will receive email confirmation that the provider will be revalidated and no further action is needed.
- For more information on the revalidation process, see MLN Matters #SE1605.

If you have questions about the revalidation process, contact Noridian (855) 609-9960.

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
- New 6,300 square foot office facility
- 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.

Looking for good Workers Comp coverage rates? Call MERCER for a quote. Endorsed by CMA & VCMA.
(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 Brisbeee@aol.com

CMA MEMBER SERVICE HOT LINE

Unable to find a document on www.cmanet.org, have a legal or reimbursement issue?
Call 800-786-4262

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.
1. A step-by-step guide to maximize your score.
2. Continued access to the MIPS Navigator FAQs and list serve through 2017.
3. The ongoing ability to update your plan.

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.

THE DOCTORS COMPANY EXAMINE INJURY RISKS WITH CLOSED MALPRACTICE CLAIMS

Physicians are always seeking ways to enhance patient safety. Taking a close look at research into real-life malpractice claims and incorporating some of the findings into their practices is one way physicians are reducing risks of adverse events. Studies provided by The Doctors Company provide insight into thousands of closed claims and shine a light on preventive actions. Go to Closed Claims Studies at www.thedoctors.com for examples of Cardiology, Emergency Medicine, Hospitalists, Plastic Surgery, Internal Medicine, Obstetrics and Orthopedic doctors who learned from these malpractice closed claims studies and, as a result, took patient safety in their practices and hospitals to the next level.

THE DOCTORS COMPANY
Insurance Services