

Administrative Office: 805 / 484-6822

www.venturamedical.org

December 21, 2016

AMA ENGAGES TRUMP TRANSITION TEAM

As the American Medical Association (AMA) engages the Trump Transition Team and prepares for the new Congress, their advocacy agenda includes three priority issues: Health Reform, Regulatory Relief and the continued implementation of the Medicare Access and CHIP Reauthorization Act (MACRA).

- **Health Reform:** The AMA has issued a two-page statement that outlines and reaffirms the AMA's existing policies on Health Reform (Download Statement) which has been positively received by the Trump Transition Team, the Obama Administration and Congressional leaders.

- **Regulatory Relief:** The new administration brings new opportunities to secure significant reductions in regulatory burdens that take time from patient care and increase costs. AMA is interested in hearing suggestions from RCMA members for a regulatory relief agenda. Send your suggestions to terri.marchiori@ama-assn.org.

- **MACRA:** AMA anticipates the Trump Administration will make changes to MACRA, or the Quality Payment Program (QPP), through the proposed fee schedule rule, which the Administration is scheduled to issue in late June or early July of 2017. Consequently, there is a little more time for feedback.

If you have any feedback or suggestions related to all these areas, please submit the information directly to Terri Marchiori at terri.marchiori@ama-assn.org.

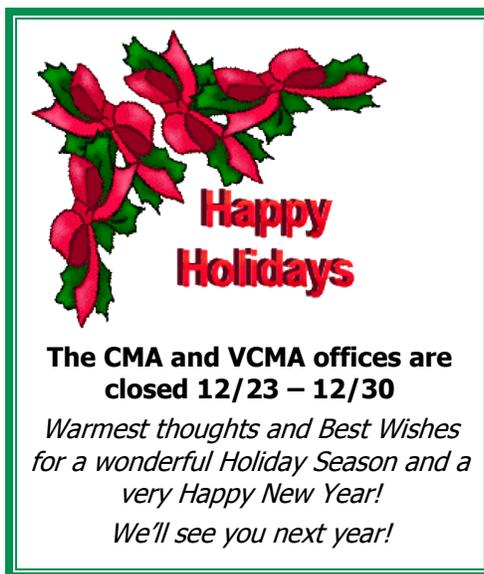
TRUMP SERIOUS ABOUT ACA REPEAL

President-elect Trump's selection of Rep. Tom Price, M.D., to head the Department of Health and Human Services, and of Seema Verma to head the Centers for Medicare and Medicaid Services, is portrayed by the media as indicating that the new Administration will support congressional efforts to repeal the Affordable Care Act. According to the Washington Post, both Dr. Price and Verma "have for years pursued a sharply conservative agenda that includes redefining Medicare, placing 'personal responsibility' requirements on low-income

recipients of Medicaid, or dismantling the ACA."

Regarding the appointment of Dr. Price, Patrice Harris, M.D., Chair of the AMA's Board of Trustees has stated, "The American Medical Association strongly supports the nomination of Dr. Tom Price to become the next Secretary of Health and Human Services. Dr. Price has been a leader in the development of health policies to advance patient choice and market-based solutions as well as reduce excessive regulatory burdens that diminish time devoted to patient care and increase costs."

CMA spokeswoman Laura Braden Quigley said Price's background as a physician, state legislator and U.S. congressman "provide unique perspectives and credibility in understanding how health care legislation impacts patient care and public health. CMA remains focused on improving California's health care system, including the expansion of Medicaid and providing patients access to high quality and affordable care." VCMA/CMA will keep members updated as an actual plan develops.



12/31/16 LAST DAY TO CHANGE MEDICARE PARTICIPATION STATUS FOR 2017

Once again, it's time for physicians to decide if they want to make changes to their Medicare participation status. Physicians have until December 31, 2016, to make changes for 2017.

Although Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) penalties will not kick in until 2019, there are two more years of penalties that will be applied based on 2015 performance—tied to the meaningful use, Physician Quality Reporting System and Value-Based Modifier reporting programs. This will also decrease the limiting charge amounts that nonparticipating physicians can bill to patients for unassigned claims.

Make sure PECOS is updated to reflect ONLY those providers that are billing under your TIN (Tax ID#). Any providers that have left your practice need to be dropped from your TIN, and new providers added.

As always, physicians have three choices regarding Medicare: Be a participating provider; be a non-participating provider; or opt out of Medicare entirely. Details on each of the three participations options are as follows:

- A participating physician must accept Medicare-allowed charges as payment in full for all Medicare patients.
- A non-participating provider can make assignment decisions on a case-by-case basis and bill patients for more than the Medicare allowance for unassigned claims. Non-participating physician fees are 95 percent of participating physician fees. If you choose not to accept assignment, you can charge the patient 9.25 percent more than the amounts allowed in the participating physician fee schedule (which equates to 15 percent of the non-participating fees).
- Physicians who opt out of Medicare are bound only by their private contracts with their patients. Medicare's limiting charges do not apply to these contracts, but Medicare does specify that these contracts contain certain terms. When a physician enters into a private contract with a Medicare beneficiary, both the physician and patient agree not to bill Medicare for services provided under the contract.

Physicians who want to change their participation status for 2017 must send a letter to Noridian, California's Medicare contractor, postmarked by December 31, 2016.

CMA also has information on physicians' Medicare participation options in CMA On-

Call document #7209, "Medicare Participation (and Nonparticipation) Options." On-Call documents are free to members in CMA's online resource library at www.cmanet.org/cma-on-call. Nonmembers can purchase On-Call documents for \$2 per page.

Physicians can also visit CMA's MACRA resource center at www.cmanet.org/macra to better understand the payment reforms and access resources to help with the transition. The center is a one-stop-shop with tools, checklists and information from CMA, the Centers for Medicare and Medicaid Services, the American Medical Association and national specialty society clinical data registries.

Contact: Cheryl Bradley, (213) 226-0338 or cbradley@cmanet.org.



MACRA DOES NOT CREATE NEW REPORTING BURDENS, IS SIGNIFICANT IMPROVEMENT OVER EXISTING LAW

On October 14, 2016, the Centers for Medicare and Medicaid Services (CMS) issued the final rule to implement the Medicare Access and CHIP Reauthorization Act of 2015, known as MACRA. The final regulation represents a significant improvement over the existing Medicare payment system and quality reporting programs.

CMA, AMA, and 788 other physician organizations supported the MACRA legislation because it reduces the administrative burdens in the Medicare fee-for-service quality and electronic health record (EHR) reporting programs. The MACRA legislation and the implementing regulations revised the existing reporting programs and will significantly reduce the administrative burdens on physicians. Contrary to popular myth, MACRA does not create new reporting burdens.

Legislative intent

- Repeal the Medicare sustainable growth rate (SGR) formula, which threatened payment cuts and stagnated physician payments for over a decade.
- Allow physicians to develop innovative physician-led alternative payment models.
- Provide stable annual updates in the Medicare fee-for-service program.
- Consolidate, streamline and reduce the administrative burdens in the Medicare quality and EHR meaningful use reporting programs.

Penalties lower, bonuses higher

Before MACRA, physicians were facing double-digit SGR payment cuts and 11 to 13 percent or more in payment penalties for not meeting the all-or-nothing requirements in the three Medicare reporting programs (Physician Quality Reporting System, EHR Incentive Program and Value-Based Payment Modifier).

Under MACRA, physicians will be exempt from penalties in 2019 if they report on just one quality measure in 2017. In 2020, the maximum penalty is 5 percent, eventually going up to a maximum of 9 percent in 2022, but physicians would have faced much higher penalties under the pre-MACRA payment rules. Before MACRA, the Medicare bonus payments had all expired. MACRA restores bonus payments of up to 9 percent, plus an additional bonus for exceptional performance.

Improvements over current law

Though not perfect, the final MACRA rule, which takes effect January 1, 2017, is clear improvement over current law. While CMA is still reviewing the final rule, below are key improvements that CMA and AMA fought to achieve:

- Restores the 0.5 percent payment update for 2017.
- Exempts one-third of all Medicare physicians from MACRA's Merit-Based Incentive Payment System (MIPS) reporting program.
- Eliminates all of the meaningful use and value modifier quality measures.
- Reduces by half the remaining number of measures that physicians must report, from 30 to 15. Small and rural practices must report on even fewer measures.
- Eliminates the EHR Clinical Decision Support and Computerized Physician Order Entry measures.
- Eliminates penalties in 2019 (for the 2017 performance period) for physicians who report for one patient on one quality

measure, one improvement activity OR the four EHR measures.

- Only requires physicians to report for 90 days in 2017 to receive a bonus in 2019.
- Only requires physicians to report on 50 percent of their patients in 2017 for the quality category.
- Mostly eliminates the pass/fail system and provides proportional credit for the measures that are met.
- Providers will not be scored on "resource use" (physician cost) in 2017
- Expands the types of alternative payment models (APM) that can participate in MACRA, most notably Track 1 accountable care organizations. The final rule also reduces the financial risk requirements for APMs.

CMA will continue to fight for improvements to the MACRA regulations and the law to reduce the administrative burdens and open up more opportunities for fair payment.

For a summary of the final MACRA rule, visit <https://qpp.cms.gov>.

Physicians can also visit CMA's MACRA resource center at www.cmanet.org/macra to access information and resources to help with the transition. The center is a one-stop-shop with tools, checklists and information from CMA, CMS, AMA and national specialty society clinical data registries. CMA will add an updated summary and materials, including additional webinars, to the resource center in the coming weeks.

Professionalism in Office Workshop is Back!

January 18 & 25

Wednesdays: 9 a.m. – 10:30 a.m.

\$75 per person

VCMA Conference Room
601 E. Daily Drive #129, Camarillo

This course "How to Have a Practice Confidence Building Attitude" will be covered in two (2) separate Sessions.

E-mail Julie@venturamedical.org by January 11th to register.

Q2 RESOLUTIONS NOW ACCEPTING TESTIMONY

As part of its policy-making process, CMA allows members to submit resolutions for debate and discussion throughout the year. These resolutions will be considered by the standing Councils and Subcommittees, and will be presented to the Board of Trustees for consideration to be adopted as policy for the association. There are now nine new resolutions online for consideration in the first quarter of 2017. The resolutions are available for review and testimony at www.cmanet.org/hod.

COURT PROCEEDINGS BEGIN IN ANTHEM-CIGNA MEGA-MERGER SUIT

Last week, the U.S. Justice Department (DOJ) and a bipartisan group of state attorneys started court proceedings to block the \$48 billion mega-merger between Anthem and Cigna. The merger, if allowed to proceed, would reduce competition and increase health plan market power, compromising patients' access to care and negatively impacting the quality and affordability of health care across the country.

"The California Medical Association has opposed the Anthem-Cigna mega-merger since day one because it will hurt patients and increase health care costs," said California Medical Association (CMA) President Ruth E. Haskins, M.D. "Limiting market competition would compel insurers to contract with fewer physicians, resulting in higher premiums and longer wait times for referrals – not to mention forcing many patients to pay more to see out-of-network doctors."

Seventy-one percent of the nation's metropolitan areas already lack competitive commercial health insurance markets. A merger between Anthem-Cigna would further diminish competition in 121 metro areas throughout the 14 states where Anthem is licensed to provide commercial coverage.

In March 2016, a CMA-backed survey of California physicians revealed an overwhelming 85 percent opposed the Anthem-Cigna merger. Out of the 989 physicians surveyed from practices across the state, the majority expressed that the health insurer union could narrow physician networks (82 percent), force physicians to provide fewer services (90 percent) and pressure physicians into refraining from aggressive patient advocacy (75 percent).

The DOJ's lawsuit is supported by 11 states – including California, New York and Connecticut – and the District of Columbia.

Contact: CMA Center for Legal Affairs, (800) 786-4262 or legalinfo@cmanet.org.

INTRAPRENEURS, ENTREPRENEURS AND ENGINEERS TO JOIN FORCES AND CREATE INNOVATIVE SOLUTIONS FOR HEALTHCARE AND AGRICULTURE



The VCMA Board is again sponsoring SWVC. We are asking any and all physicians to submit challenges in their daily medical

practices they would like resolved. If you have an idea on how to solve them, we'll take those, too. We are seeking ideas for innovation and **share these ideas with SWVC no later than January 18, 2017.** More details go to www.StartupWeekendVenturaCounty.com

The list of challenges to be tackled at SWVC 2017, will be presented to the students at each of the supporting colleges (UCSB, Cal Poly, CSUCI, CSUN and Cal Lutheran), and ask them to think about how they would effectively solve them. Those who believe they have the right solutions can form team and do due diligence in advance. We encourage such proactive steps. Then they bring their teams and ideas to SWVC to compete. At SWVC, they will have access to a significant number of subject matter experts and successful entrepreneurs. These folks will be there to advise and mentor them. Prior to the judging on Sunday, the CEOs will also be available for counsel.

The "best in class" winners will get in-kind awards worth over \$3,000. The teams that are deemed by the judge panel to be "most likely to succeed" will receive a prize award of \$10,000, subject only to incorporation.

This format is very conducive to industry/academic collaboration. The problems are selected by the end user companies and they are "real". The solutions will be developed in cooperation with subject matter experts so there is no "second guessing". Any promising ideas could likely get the backing, commercial and/or financial, from the end users. We think this is a "perfect storm".

Startup Weekend Ventura County (SWVC) is a joint effort between the public sector (Ventura County Government, City of

Camarillo, Ventura County Healthcare Agency, Ventura County Agricultural Commissioner, Camarillo Chamber of Commerce etc.), the private sector (Dignity Health St. Johns Hospitals, Semtech Corporation, Limoneira, Meissner Filtration Products, Bonipak, Z Power, Applied Wireless etc.) and the local learning institutions (CSUN, CSUCI, Cal Poly, Cal Lutheran, UCSB etc.). Our mission is to create high paying jobs by encouraging, promoting and facilitating technology startups. The industries of interest are healthcare and agriculture.

The inaugural event (March 2016) attracted 70+ entrepreneurs. Out of the 34 ideas presented, 9 formed teams and over the weekend took these ideas to proof of concepts. The judge panel, consisting of CEOs of significant local companies awarded one team with \$10,000 for use as seed money. Of the 9 teams, five are still actively pursuing their ideas. For more details, see blogs on SWVC 2016.

The next SWVC (April 21-23, 2017) at Campana High School, Camarillo. This level of cooperation in tackling problems, inefficiencies and game changers is unprecedented and we look forward to some great outcomes. Come join us.

STEVEN M. THOMPSON LOAN REPAYMENT

Applications are now being accepted for the next cycle of the Steven M. Thompson Loan Repayment Program. Award recipients will receive up to \$105,000 to repay educational loans in exchange for a three-year service commitment in a medically underserved area of the state.

For more information visit www.oshpd.ca.gov/hpef

STRATEGIES TO AVOID PHYSICIAN BURNOUT

Physician burnout pervades every level of a medical career, but sometimes one way to prevent it, or recover from it, is to reexamine your perspective and priorities. Try these preventing burnout strategies:

- *Reduce Your Hours & Start Enjoying Life*
- *Learn To Say No To The Wrong Things & Yes To The Right Thing* - Like Family, Relationships, Hobbies, etc.
- *Stay Fit Or Get Fit* - Exercise Reduces Stress
- *Invite Young People into Your Life* - Invest In A Younger Physician or Medical Student

CLASSIFIEDS

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

PRACTICE OPPORTUNITIES

Simi Valley- MD or DO needed ASAP 1-2 days per week 12 hour shifts at Med Center, possible 1 weekend per month. Please contact Denice @ 805-583-5555 ex 26 or email admin@medcenterofsimivalley.com

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 Denice (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

MARK YOUR CALENDAR

January 18 & 25 Professionalism in the Office 9am-10:30am; \$75 per person At VCMA Conference Room, 601 E. Daily Dr., #129, Camarillo. Call 484-6822 to register.

CMA WEBINARS

Your VCMA/CMA membership gives you free access to both live and on-demand webinars updating you and your staff on key issues affecting physicians. Upcoming webinars include:

January 11: Preventing Burnout: Individual and Organizational Intervention 12:15pm-1:15pm

January 25: Medicare Changes: 2017 and Beyond 12:15pm-1:15pm

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

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>.

FOR SALE

Established Medical Practice for sale – Contact Brian Tamura, Md at 805-983-0897

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.

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. Many members' savings equal to VCMA/CMA annual dues. Disability, Life, Health & Business Overhead plans available, too. Call a Mercer Client Advisor at (800) 842-3761 or cmacounty.insurance.service@mercer.com

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

Professional Liability:



has been endorsed by VCMA for the past 15 years. For quote or questions contact: MLawrence@thedoctors.com

Featured member benefit

Health Insurance Program: Open enrollment time is right around the corner (started November 1, 2016, for individual and family plans), so whether your rates are going up or you simply want to know your options, it's time to think about your health coverage for 2017. Through the Health Insurance Program with Mercer, California Medical Association (CMA) members – individual policyholders and members of a group health plan – have access to best-in-class insurance programs that are customized to fit their specific needs.

Whether you are covering yourself or are responsible for providing coverage for your family or employees, Mercer can help you get the benefits you need, utilizing the physicians you want to see, at a price that fits your budget.

For more information, contact Mercer at (800) 842-3761 or CMACounty.Insurance.service@mercer.com, or visit www.CountyCMAMemberInsurance.com.

Mercer Health & Benefits Insurance Services LLC • CA Insurance License #0G39709

75290 (10/16) • Copyright 2016 Mercer LLC. All rights reserved. 777 South Figueroa Street, Los Angeles, CA 90017 • (800) 842-3761 •

www.CountyCMAMemberInsurance.com • CMACounty.Insurance.service@mercer.com

Contact: CMA member help center, (800) 786-4262 or memberservice@cmagnet.org.

