



PHYSICIANS AFFECTED BY THOMAS FIRE WILL BE GRANTED AUTOMATIC MIPS EXCEPTIONS

The Centers for Medicare and Medicaid Services (CMS) recently released regulatory guidance for clinicians participating in the Merit-based Incentive Payment System (MIPS) who have been adversely impacted by recent natural disasters, including the Thomas Fire.

The "Extreme and Uncontrollable Circumstances" policy grants MIPS-eligible clinicians exceptions without having to submit an exception request. This automatic extreme and uncontrollable circumstances policy only applies to you if you're an individual MIPS-eligible clinician in an affected area [determined by zip code and based on information in the Provider Enrollment, Chain and Ownership System (PECOS)].

Under this policy, physicians affected by California wildfires will automatically receive a neutral MIPS payment adjustment, unless they submit data for any of the MIPS performance categories by the 2017 submission deadline. If you do submit MIPS performance data, you will be scored on each performance category for which you submit data,

according to existing MIPS scoring policies.

This policy does not apply to MIPS-eligible clinicians in alternative payment models in 2017, such as the Medicare Shared Savings Program. For details, visit:

<https://www.cms.gov/Medicare/Quality-Payment-Program/Resource-Library/Interim-Final-Rule-with-Comment-fact-sheet.pdf>

VCMA MEMBERS OFFER ASSISTANCE TO COLLEAGUES AFFECTED BY THOMAS FIRE

For physicians and their families, a few of our members have generously offered to open their homes for **temporary housing:**

Accommodate up to 4 people in Camarillo.

1 bedroom with a crib, in Ventura.

1 guest room, Moorpark.

1 large bdr w/bath can accommodate couple/single with small child/small dog in Ventura.

To rent:

1 bdr apartment, unfurnished (cost unknown) and

2bdr w/2bath furnished \$2,800 mo. Silver Strand Beach, Oxnard.

1 bdr apartment, unfurnished (cost unknown) and

3bdr w/2 bath furnished \$2,800 mo., including utilities, Santa Paula. Secured parking.

Furniture:

Dresser w/mirror + 2 night stands

Email marycarr@venturamedical.org to request contact information on above.

VCMA-HEMR COLLABORATION APPROVED BY THE CMS AS THE FIRST QUALIFIED CLINICAL DATA REGISTRY FOR ELECTRONIC POLST SUBMISSIONS

Under the direction of Carlo Reyes, MD, District III VCMA Board Member, CMS application took several rounds of edits, resubmissions, and eventual approval.

Physician users of the VCMA-HEMR POLST registry will be able to report quality measures and qualify under MACRA/MIPS to prevent the 4% penalty in Medicare payment starting in 2019 (which increases each year moving forward).

A QCDR is an innovative approach MACRA that can establish new measures not previously contemplated by CMS. The measure introduced is: "Advance Care planning: Electronic Submission of a new POLST into a Registry", which is the first of its kind in the country.

VCMA-HRMR QCDR has several other CMS measures that can be reported by physicians into its registry:

046: Medication Reconciliation

047: Advance care plan

110: Preventive care screening: Influenza Immunization

111: Pneumococcal Vaccine status for adults

182: Functional Outcome Assessment
321: CAHPS for MIPS Clinician Group Survey

342: Pain brought under control within 48 hours

455: Proportion Admitted to the ICU in the last 30 days of life

456: Proportion not admitted to hospice

457: Proportion admitted to hospice for less than 3 days

These measures were selected to engage all physicians, and provide a broad selection that may be relevant for hospitalists, specialists, internist/family practice, as well as palliative care specialists. So physicians in any specialty can use the VCMA/HEMR QCDR to report MIPS quality measures and prevent the CMS penalties.

When this is launched, there will be a compelling reason for users of the VCMA POLST registry to submit POLSTs to demonstrate quality, and give our physicians an opportunity to escape the Medicare penalties.

TIME TO VERIFY YOUR PATIENTS' ELIGIBILITY AND BENEFITS FOR 2018

With the New Year soon upon us, physicians are urged to be diligent in verifying patients' eligibility and benefits to ensure they will be paid for services rendered. The beginning of a new year also means that both calendar year deductibles and visit frequency limitations reset. And, with open enrollment, patients may even be covered by a new payor.

The new year also brings a host of other challenges that could affect your ability to be paid:

- On January 1, 2018, Health Net Federal Services (HNFS) will begin providing managed care services to 2.9 million TRICARE beneficiaries in the 21 western states, including California. HNFS will be taking over the contract previously held by UnitedHealthcare Military and Veterans' Services.
- The Covered California open enrollment period began November 1 and runs through January 31, 2018. While Covered California will maintain its relationship with all 11 health plans that participated in the California exchange in 2017, Anthem Blue Cross is exiting the exchange market in all but three regions in 2018, citing market instability. This will impact over 150,000 enrollees.

Don't get stuck with unnecessary denials or an upset patient. Do your homework before the patient arrives by obtaining updated insurance information and verifying eligibility at the time of scheduling, if possible, and making copies of the insurance card at the time of the visit.

And, don't forget that deductibles are typically based on the calendar year and will reset on January 1. Best practice is to communicate with patients upon scheduling to remind them that their plan has a deductible that may be resetting on January 1 and, if that is the case, that payment will be due at the time of service. If you offer an appointment reminder service, remind the patient if payment is expected at the time of service. Failure to collect deductibles, copays and coinsurance at the time of service can be very costly for a practice, as your ability to collect can

decrease significantly after the patient leaves the office.

Taking these proactive steps to protect your practice by preventing denials, delays in payment and disgruntled patients goes a long way toward ultimately saving time and money.

ANTHEM STILL NOT COMPLYING WITH AB 72 INTERIM PAYMENT RULES, PHYSICIANS REPORT

CMA has continued to receive reports from physician offices that Anthem Blue Cross is not paying the "interim payment" as required under California's new law (AB 72) limiting out-of-network billing for covered, non-emergent services performed at in-network facilities. CMA has also received reports that Anthem representatives have advised some physicians that its Covered California EPO products are not subject to AB 72, which is incorrect.

The new law requires fully insured commercial plans and insurers to make "interim payments" to non-contracted physicians for non-emergent services performed at in-network health facilities, and places limitations on the ability of physicians in such circumstances to collect their full billed charges.

The interim rate defined in AB 72 is the greater of the average contracted rate (including only commercial contracts) or 125 percent of the amount that Medicare reimburses on a fee-for-service basis for the same or similar services in the geographic region in which the services were rendered.

If your practice has received incorrect payments or denied claims from Anthem or any other payor related to the new law, CMA wants to hear from you. Practices can contact CMA at (888) 401-5911 or economicservices@cmanet.org.

For more information, visit www.cmanet.org/ab-72.

CMA OPPOSES PROPOSED MEDICARE PAYMENT CUTS

The U.S. House of Representatives' Ways and Means Committee is working to extend the "rural" work Geographic Practice Cost Index (GPCI) payment adjustment, which is set to expire December 31, 2017. In order to pay for the extension, the committee has

proposed an overall cut to Medicare physician payments by identifying and lowering payments for "misvalued" services.

In 2014, Congress included a physician-opposed provision in the Protecting Access to Medicare Act (PAMA), designed to hold down Medicare spending by requiring the Centers for Medicare and Medicaid Services (CMS) to identify "misvalued" codes.

If CMS is unable to meet the savings target in the PAMA legislation, the remaining amount was to be obtained by an across-the-board payment cut to all services.

The Ways and Means Committee is now proposing a fourth year of Medicare physician payment cuts to fund the rural work GPCI floor, despite the commitments made under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) that physicians would be provided automatic, stable payment updates of 0.5 percent per year from 2015-2019.

The misvalued code legislation has eroded the modest MACRA payment increases at the same time that physicians were required to make significant investments in their practices to meet MACRA reporting requirements. Physicians are also facing a payment freeze from 2019-2024.

If this new proposal takes effect, total physician payment updates for the entire 10-year period of 2015-2024 will be approximately 1 percent. From 2005-2015, physicians' fees were essentially frozen under the Medicare Sustainable Growth Rate formula, while the costs to operate a medical practice rose more than 20 percent. These Congressional actions will represent more than two decades of nearly frozen payment rates, while all other Medicare provider groups have received updates.

This proposal harms all California physicians, particularly those in the Central Valley, where there are already significant physician shortages and margins to operate a practice are slim because the main payers are the low-paying Medicare and Medicaid programs.

CMA is urging Congress to find other funding sources to fund the rural payment floor.

PHYSICIANS CALL FOR IMMEDIATE SEPARATION OF SHERIFF AND CORONER'S OFFICE

From medical staff independence to the corporate bar, CMA and its county medical societies have long stood for and protected physician autonomy and independence. CMA strongly believes medical decision makers should be insulated from influence by laypersons who may not have patients' best interests at heart.

Moore, according to Dr. Omalu, regularly interfered with death investigations and used his political office to protect law enforcement officers in cases of persons who died while in custody or during arrest.

Immediate action must be taken to bring back public trust and integrity to the Sheriff's Office and the Coroner's Office in San Joaquin County. Dr. Omalu and Dr. Parson have said once the autonomy and independence of the San Joaquin County Coroner's Office can be guaranteed, they will both consider withdrawing their resignations and returning to their jobs.

Under current California law, a county coroner does not have to be a licensed physician or pathologist. In fact, in 50 of California's 58 counties—including San Joaquin County—the sheriff also serves as coroner.

Sheriff-Coroner Moore's actions—which have allegedly included pressuring the medical examiner to classify officer-involved deaths as accidents rather than homicides—border on the unlicensed practice of medicine, says Dr. Omalu.

The issue of diminished public trust in the autopsy process is not new.

In fact, following another high-profile case in Ventura County, State Senator and physician Richard Pan, M.D., and State Senator Hannah-Beth Jackson jointly authored a bill in 2016 to ensure autopsies are conducted only by licensed physicians and that forensic autopsy reports are accurate and unbiased. The original bill language would have required licensed physicians to review and sign their approval for any post-mortem examination or autopsy conducted by a coroner or deputy coroner. If there was a dispute between the coroner and the reviewing physician, the original language would have

required a separate qualified pathologist to make these determinations.

The final legislation (signed by Governor Brown) was amended, however, to remove language that would have explicitly prevented coroners and law enforcement officials who are not medical professionals from overruling a manner of death finding by a medical examiner or forensic pathologist. The new law, which took effect January 1, 2017, upheld the sheriff-coroner's authority to decide the manner of death, but added a requirement to do so "in consultation with" the forensic pathologist who performs the autopsy.

CMA urges San Joaquin County officials to take immediate action and will continue to stand with physicians against attempts to improperly influence the practice of medicine.

MEDICARE 2018 FEE SCHEDULE FINALIZED FOR 2018

CMS recently published the final Medicare Physician Fee Schedule for 2018. Overall, the CMA is pleased to see many positive changes in the final rule, including the reduction of penalties under the flawed Value Modifier (VM) program, the expansion of coverage for telehealth services, the delay in implementation of the Appropriate Use Criteria (AUC) for imaging, and the reduction of documentation requirements for Medicare Shared Savings Program accountable care organizations. CMA also fully supports the continued expansion of the Medicare Diabetes Prevention Program (DPP) and the transition to the new geographic payment regions in California.

In the proposed rule released this summer, CMS announced its "Patients before Paperwork" initiative and invited physicians to submit ideas for regulatory, policy, practice and procedural changes to improve the health care system to reduce unnecessary burdens for clinicians, patients and their families. CMA submitted its "Top 10 List for Regulatory Relief" to CMS and strongly urged CMS to provide immediate relief because it is causing a significant and disturbing trend in physician burnout.

CMA's top 10 regulatory relief demands include reducing the MACRA reporting burdens, mandating EHR

interoperability, reforming Medicare physician audits, reducing Medicare Advantage data requests, removing federal laboratory licensing requirements, paying for translators, rescinding the two-midnight observation care rule and exempting physician in-office drug compounding from the new FDA rule. The regulatory relief issues will be addressed in a separate and upcoming regulation.

ANTHEM BLUE CROSS CUTS TIES WITH NIVANO PHYSICIANS MEDICAL GROUP

CMA has learned that Anthem Blue Cross is in the process of terminating its relationship with Nivano Physicians Medical Group for its HMO and Medi-Cal managed care products. Anthem is transferring enrollees from Nivano to alternative networks. The termination by Anthem follows on the heels of Blue Shield of California and United Healthcare (UHC) contract terminations with Nivano earlier this year.

Nivano, also known as Northern California Physicians Medical Group, with enrollees in Placer, Nevada, Sacramento, Yuba and Colusa counties, is currently on a corrective action plan with the Department of Managed Health Care (DMHC) for failure to meet financial solvency criteria.

Anthem has advised that, effective November 30, 2017, approximately 3,400 commercial HMO enrollees were reassigned from Nivano to alternative medical groups in the area, with approximately 2,000 enrollees transitioning to Hill Physicians Medical Group.

Additionally, Anthem filed a block transfer request with DMHC on September 26, requesting approval to transfer its approximately 42,000 Medi-Cal covered lives from Nivano effective January 31, 2018, with River City Medical Group and Employment Health System (EHS) receiving approximately 2,000 of those enrollees.

As CMA previously reported, Blue Shield terminated its contract with Nivano effective August 10, 2017, transferring 2,707 patients to alternative provider groups. UHC terminated its relationship with Nivano and reassigned its 1,750 patients effective August 1, 2017.

Practices experiencing problems with Nivano or issues resulting from the plan terminations are encouraged to contact CMA's Reimbursement Helpline at (888) 401-5911 or economicservices@cmanet.org.

CMA URGES CONGRESS TO PERMANENTLY RESOLVE "DREAMER" STATUS

In September, President Donald Trump indicated that he plans to rescind the Deferred Action for Childhood Arrivals (DACA) program. DACA allows unauthorized immigrants who were brought to the U.S. as children to work legally and protects them from deportation. If Congress fails to take legislative action, approximately 800,000 DACA recipients—called "dreamers"—will be at risk of deportation in March 2018. More than a fourth of them reside in California. CMA is urging Congress to immediately and permanently resolve the status of these individuals, many of whom are making important contributions to the only country they have ever known.

We are already facing a national shortage of physicians and other health care professionals, and revoking DACA could also undermine patient care and disrupt the health care system for decades to come.

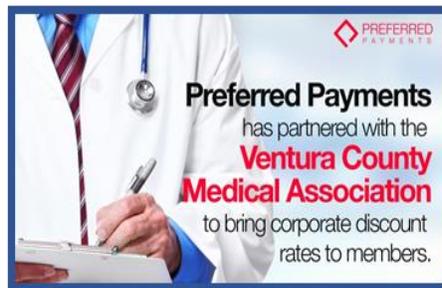
More than 100 students with DACA status applied to U.S. medical schools last year. The number of DACA recipients accepted into medical school has steadily increased – from 26 in 2014 to 112 in 2016. These future physicians are now facing uncertainty about completing their degrees, paying their student loans and serving patients. Furthermore, if DACA physician residents are unable to complete their training, which typically spans three to six years after medical school, this could potentially waste graduate medical education funds, leave training slots unfilled and generally exacerbate the physician shortage our country is facing, especially for our most vulnerable patients.

Removing DACA individuals will exacerbate health care provider shortages, particularly for rural and other underserved areas. More than 94 percent of the 800 health-care-bound DACA dreamers want to provide

health care in underserved areas. DACA physicians are more likely to work in high-need areas where communities face challenges in recruiting physicians. These individuals are also more likely to be bilingual, to come from diverse cultural backgrounds and to understand challenges in certain ethnic communities.

CMA urges Congress to support solutions that don't needlessly punish young Americans, preserve patient access to care, alleviate our nation's physician shortage and support health care workforce diversity.

NEWEST MEMBER BENEFIT Merchant Credit Card Service



Call Jerry McDonald for a Free Rate Review. 800-935-9309 or PreferredPayments.com

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 Denise @ 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

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.

SAVE THE DATE
VCFMC-ACO 2018 Kick-Off Dinner Meeting
Thursday, February 1, 2018
Agoura Hills Event Center

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.

2017 YEAR IN REVIEW

Secured over \$1 billion annually to improve **provider payments** and **graduate medical education funding**.

ONEBILLION



Defended medical staff independence in "existential threat" lawsuit against the Tulare Regional Medical Center.

ONEMILLION

Recouped nearly **\$1 million from payors** on behalf of physician members.

Expanded member insurance program with state-approved workers comp coverage, new cyber liability program and personal insurance products.



Convinced CMS to further reduce 2018 **MACRA reporting burdens**.

Defeated irresponsible federal legislation that would have harmed patient access to physicians and decreased health care coverage.

Reaffirmed staff commitment to CMA's mission by **developing a credo**.

Stood in solidarity with California's "Dreamers" and in support of **diversity and inclusion**.



Debuted a **Mother's Room** at CMA headquarters for breastfeeding staff and members.

Developed **AB 72 and MACRA resource centers** to educate members on rights and responsibilities.



CMA executive awarded "**CFO of the Year**" for fiscal responsibility and innovative strategic investments.

Declared firearm violence "violates the fundamental human right" to "live safely without fear in a free society."



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

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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.

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