

Administrative Office: 805/484-6822

www.venturamedical.org

February 16, 2018



ADVANCE CARE PLANNING AND POLST eREGISTRY

HEMR and the Ventura County Medical Association (VCMA) are proud to present the HEMR Advance Care planning and POLST eRegistry as a Qualified Clinical Data Registry (QCDR) certified by the Center of Medicare and Medicaid Services! We are proud to introduce the first electronic POLST Registry certified in the nation for reporting as a quality measure to the Center of Medicare and Medicaid Services! Physicians can now report electronic POLST submissions as a quality measure under the Merit-based Incentive Payment System (MIPS)!

What is our new measure?

Measure ID: VCMAHEMR1

Measure title: Advance Care planning: Electronic submission of new POLST/MOLST/POST/MOST ("orders for life-sustaining treatment" or "orders for scope of treatment") into an eRegistry powered by Medcordance

Measure description: For patients with terminal conditions, physicians shall provide advance care planning to identify a patient's end-of-life treatment preferences and electronically submit a new physician's order for life-sustaining treatment ("POLST"; also known as "MOST", "MOLST", or "POST" in some states) which is submitted into a POLST eRegistry Platform powered by Medcordance, unless declined by patient.

What Is The Ratio Reported Under MIPS?

Numerator: Patients with electronically submitted new POLST.

Denominator: All patients aged 65 and older.

Denominator Exclusions: Patient does not have any of the following:

- (i) Terminal condition with functional decline
- (ii) Greater than 3 ER visits in past 3 months due to exacerbation of a chronic condition, or

(iii) Greater than 2 hospitalizations in past 6 months due to exacerbation of a chronic condition.

Denominator Exceptions: Patients who have received curative treatment of a terminal condition that may reasonably extend survivability from the terminal condition beyond one year.

Numerator Exclusions: Patient or surrogate decisionmaker declines to complete a POLST in the Advance Care planning and POLST eRegistry powered by Medcordance.

What Is The Data Source For This Information?

Patient, family, and caregiver survey and patient-generated electronic submission of POLST and advance healthcare directives into the cloud-based Registry.

Who Can Use This Measure?

All specialties, with focused emphasis on: Palliative Care Medicine, Internal Medicine, Family Practice, Emergency Medicine, Oncology, Obstetrics and Gynecology, Cardiology, Pulmonology, Critical Care Medicine, Infectious Diseases, Nephrology.

Why Is This Important?

eRegistry provides the patients POLST information accessible to all providers of care (Skilled Nursing Facilities, Emergency Rooms, Palliative Care Teams), without the need to transport hard copy with the patient. Having QCDR reporting helps physicians meet a quality measure required by Medicare for their Fee-for-Service patients.

CMA APPLAUDS CDI AND DMHC PROBE INTO AETNA'S PRACTICE OF DENYING MEDICALLY NECESSARY CARE

This week, the California Department of Insurance (CDI) and the Department of Managed Health Care (DMHC) announced an investigation into Aetna Inc.'s coverage denials that appear to put profits before patients. The investigations were launched, in part, after a former Aetna medical director admitted he never looked at patients' records when deciding whether to

approve or deny health care. Denying coverage without a physician ever reviewing medical records is a potential violation of law.

What's more, nearly 60 percent of the total Independent Medical Reviews (IMR) filed against Aetna with DMHC in 2016 were overturned or reversed. This follows a growing trend of the regulator denying or reversing health plan decisions by almost 20 percent over the last three years (51 percent in 2014 to 69 percent in 2016).

CDI Commissioner Dave Jones has asked Californians who believe they may have been adversely impacted by Aetna's decisions to contact the agency: www.insurance.ca.gov.

Improving End of Life Conversations with Patients:

Workshop Focused on Training Physicians, Medical Directors, Nurses, Social Workers, Hospitalists, Skilled Nursing Facility Staff, Palliative Care and Hospice Teams

Saturday, February 24, 2018

Los Robles Hospital & Medical Center
Classroom #1

9:00 am to 1:00 pm

Our generous sponsors have made this available at NO COST to attend!

Light refreshments will be served

**To Register call:
VCMA 805-484-6822**

**Or email:
marycarr@venturamedical.org**



Ventura County
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TRICARE PROGRAM OFFICIALLY TRANSITIONED TO HEALTH NET FEDERAL SERVICES

On January 1, 2018, Health Net Federal Services (HNFS) began providing managed care services to 2.9 million TRICARE beneficiaries in the 21 western states, including California. During the

first month of the transition, there were few reports of issues with the new TRICARE West Region contractor.

HNFS has advised that callers to its customer service call centers may experience longer than average hold times due to heavy call volumes. The California Medical Association (CMA) has received a number of reports from physicians of delays in the authorization approval process similar to those experienced during the prior TRICARE transition to UnitedHealthcare Military and Veterans Services (UMVS). During that transition, physicians reported significant delays in processing of authorizations and referral requests, long hold times, website problems and difficulty registering for secured access to the UMVS portal.

HNFS has advised that it will honor referrals and authorizations issued by UMVS through their 2018 expiration dates, even if the servicing provider is not a part of the HNFS West Region network. HNFS will issue authorization letters for services for dates of service on or after January 1, 2018. Providers seeking to determine whether a procedure or service requires prior authorization, referral or is a covered benefit can utilize the HNFS Prior Authorization, Referral & Benefit Tool, located on the HNFS website.

Physicians with questions regarding the TRICARE transition may contact HNFS at HNFSProvRel@healthnet.com.

HNFS has put together an FAQ document and CMA has prepared a TRICARE transition guide to help physicians understand the impact the transition will have on their practices. CMA is also working with HNFS to obtain clarity on the reported delays.

Questions: CMA's reimbursement helpline, (888) 401-5911 or economicservices@cmanet.org.

NORIDIAN IMPLEMENTS TEMPORARY ICD-10 CODE FIX FOR MAMMOGRAPHY AND BREAST BIOPSY POLICIES

California's Medicare contractor, Noridian, recently implemented a temporary correction to the National Coverage Determination policies for mammograms (NCD 220.4) and percutaneous image-guided breast biopsies (NCD 220.13), allowing for the

acceptance of new 2018 ICD-10 diagnosis codes.

For both NCD 220.4 and NCD 220.13, the new ICD-10 diagnoses codes of N63.11-N63.14, N63.21-N63.24, N63.31, N63.32, N63.41 and N63.42 were not being accepted from October 1, 2017, to January 2, 2018. These new ICD-10 diagnosis codes replaced the former diagnosis, N63, which was an unspecified code and end-dated on September 30, 2017.

The temporary correction to accept the new ICD-10 codes for these two policies became effective January 2, 2018; a permanent correction will be implemented April 2, 2018. For claims that processed incorrectly from October 1, 2017, to January 2, 2018, a mass adjustment will be completed by Noridian after the permanent implementation on April 2, 2018. No provider action is required.

NEXT ROUND OF MEDI-CAL ACA PRIMARY CARE RATE ADJUSTMENTS FORTHCOMING

UnitedHealthcare (UHC) announced in its January 2018 Network Bulletin that it will begin enforcing stricter notification requirements related to out-of-network laboratory referrals. According to the bulletin, physicians wishing to utilize an out-of-network laboratory will be required to obtain a completed UHC Member Advance Notice Form from patients authorizing the referral to the non-participating laboratory. The new policy does not apply to emergencies. CMA raised concerns with a similar UHC process implemented in August 2016 involving completion of the Member Advance Notice Form prior to utilization of an out-of-network ambulatory surgical center. In response to CMA's concerns, UHC issued a notification to physicians clarifying when UHC will request that physicians submit a copy of the completed Member Advance Notice Form at the time of prior notification to the payor. CMA is inquiring with UHC whether a similar requirement will be applied to the new out-of-network laboratory referral process.

More information regarding this change can be found in the UnitedHealthcare Administrative Guide 2018 located on the UHCProvider.com website. Providers can also contact UHC at (866) 574-6088 for additional information.

PHYSICIANS REPORT LOSS OF PATIENTS DUE TO ANTHEM ERROR

CMA has received reports that in December 2017, Anthem Blue Cross mistakenly notified some enrollees that their physician had been terminated from the Anthem network. Corrective notices were issued to both physicians and patients.

While it's not clear from the letter, the error appears to be related to Anthem's notification to exchange enrollees of its exit from the Covered California marketplace in 2018.

If your practice was affected by this error, CMA wants to hear from you. Contact CMA's Reimbursement Helpline at (888) 401-5911 or economicservices@cmanet.org.

CMS PROPOSES 1.84% MEDICARE ADVANTAGE PAYMENT INCREASE

CMS has proposed increasing baseline Medicare Advantage payment rates for 2019 by an average of 1.84 percent.

According to CMS, the proposed payment increase is based on better use of encounter data and changes to the risk adjustment model used to pay for aged and disabled beneficiaries.

Medicare Advantage is at an all-time high, with approximately one-third of all Medicare beneficiaries enrolled in a Medicare managed care plan. Enrollment has more than doubled over the past decade.

CMS is accepting comments on the proposal until March 5, with the final rates posted on April 2.

For more information, see the CMS fact sheet.

MARK YOUR CALENDAR

February 24: Improving End of Life Conversations with Patients

Los Robles Hospital & Medical Center
Call 484-6822 to RSVP. Generous sponsors allow us to offer at NO COST to you!

April 17-18: CMA Legislative Day in Sacramento

meet one-on-one with our legislators. Contact marycarr@venturamedical.org to attend

CMA WEBINARS

February 28: Sugary Drinks: Using Grassroots Advocacy to Reduce Consumption 12:15pm-1:15pm

Free member 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. www.cmanet.org

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

Looking for good Workers Comp, overhead, life/disability coverage rates? Call MERCER for a quote.

Endorsed by CMA & VCMA.
(800) 842-3761

California Correctional Health Care

Services is seeking 2-3 IM/FP Primary Care Physicians. Up to \$327,540 annually plus \$50-\$60K w/On-Call - can be \$380-\$390K! Benefits include: 4-day workweek; 10 patients per day; generous paid time off; State of CA Pension that vests in 5 years; plus 401(K) and 457 retirement options – tax defer up to \$48K; and much more! Contact Danny Richardson, Hiring Analyst, at (916) 691-3155 or danny.richardson@cdcr.ca.gov. EOE.

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.

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 –Palms Medical Plaza. 1640 sq ft, 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


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Source: The Doctors Company