

COVERED CALIFORNIA EXTENDS OPEN ENROLLMENT FOR INDIVIDUALS AFFECTED BY CONSENT ERROR

As recently reported, roughly 9,600 beneficiaries temporarily lost their federal premium subsidies because Covered California was unable to verify their income.

The premium subsidies that enrollees receive are determined based on income. In order to verify income against a federal database, Covered California needs consent from enrollees. In December, Covered California discovered some enrollees hadn't provided the necessary consent and as a result have, at least temporarily, lost their subsidies as of January 1, 2017. Affected patients are now receiving bills from plans for the full, unsubsidized amounts of their premiums.

Enrollees who have not yet provided consent are urged to do so as soon as possible. Once an enrollee provides the needed consent, Covered California has pledged to recalculate the tax credits and apply them retroactively to the beginning of the year.

Affected patients will be given a special enrollment period, and can enroll or make changes to their plans until February 28, 2017. (Standard enrollment period closes for all other individuals on January 31.)

Patients impacted by this error can call Covered California's customer service line at (800) 300-1506 or the hotline established specifically for these problems, (844) 623-2070.

FIGHTING TOGETHER, PHYSICIANS FOIL INSURANCE GOLIATHS

Federal judges block both insurer megamergers capping 18 months of physician's efforts that paid off. In a significant win last night for organized medicine and the nation's patients, federal judge Amy Berman Jackson blocked the proposed Anthem-Cigna merger. The judge found that the merger would have substantially lessened competition for the sale of health insurance to national employers resulting in higher prices and diminished prospects for innovation. In a historic, stunning affirmation of the position urged by the AMA and consequently adopted by the government,

Judge Jackson concluded that an enhanced ability to coerce physicians to accept lower reimbursement is not a merger efficiency defense. She determined that it would not benefit consumers and "would erode the relationship between insurers and providers" and "reduce the collaboration" that is essential to innovation in payment and delivery.

The decision affirms the position urged by AMA and the 17-state medical association antitrust coalition members, particularly our partners in CA, CO, CT, GA, FL, IN, ME, MO, NY, OH, and VA. The AMA/coalition position was adopted in the plaintiffs' complaint, and the judge rejected the insurers' arguments that lowered physician reimbursement would benefit consumers and justify the merger.

The AMA and its coalition partners worked tirelessly to oppose this merger: updating our gold standard Competition in Health Insurance: A Comprehensive Study of U.S. Markets; preparing detailed market analyses specific to the proposed Anthem-Cigna merger; sending comprehensive, evidence-based advocacy letters to the U.S. Department of Justice (DOJ) and state regulators after the merger was announced in July 2015.

This victory is the result of our relentless, focused and collaborative advocacy. We want to take this opportunity to thank all of our coalition partners for helping us achieve this historic victory on behalf of our physician members and their patients. The impact of blocking both megamergers cannot be overstated. Our collective work on both mergers is, without a doubt, a model for future advocacy success.

ARE YOU EXEMPT FROM ICD-10 PQRS PENALTIES IN 2016?

On October 1, 2016, new ICD-10 code sets went into effect that will impact the ability of the Centers for Medicare and Medicaid Services (CMS) to process data reported on certain quality measures for the fourth quarter of 2016. Because of this, CMS announced that it will waive 2017 or 2018 Physician Quality Reporting System (PQRS) payment adjustments, if applicable, for any physician or group practice that fails to satisfactorily report

for 2016 solely as a result of the impact of ICD-10 code updates on quality data reported for the fourth quarter of 2016. Physicians and group practices must still report on 2016 PQRS measures, regardless of whether they believe they will be unable to satisfactorily report due to the ICD-10-CM code updates. CMS will determine after the data is submitted whether the clinician or group practice was among those impacted. The affected practices will be removed from the PQRS penalty prior to the release of the 2016 feedback reports.

CMS is anticipating that the following measure groups may be affected by the ICD-10 code updates:

- Diabetes
- Cataracts
- Oncology
- Cardiovascular Prevention
- Diabetic Retinopathy

The 2016 reporting deadline is February 28, 2017.

MACRA - MIPS PRACTICE MANAGERS WORKSHOP

Wednesday, February 22
11:30am-1:00pm

Courtyard by Marriott
600 Esplanade Dr., Oxnard

Speaker: Catherine Hanson, JD

QVH Consultant to FMC-ACO

RSVP:

<http://www.pahcom.com/education/meeting-rsvp.php?meetingId=5035>

(Non-members log-in as New User)

Payment at the door:

PAHCOM Members: \$22

PAHCOM Non-Members: \$30

-Includes Buffet Lunch-

All Managers Welcome to Attend

CDPH UPGRADES IMMUNIZATION REGISTRY TO ALLOW FOR REAL-TIME UPDATES

The California Department of Public Health (CDPH) has announced that it will roll out phase two of the California Immunization Registry (CAIR) this month, beginning with the Bay Area and Central Valley counties.

A phase three update for Southern California is expected to begin in March. CAIR is a collaboration of immunization registries that ensures the secure, electronic exchange of immunization records to support the elimination of vaccine-preventable diseases. CDPH is working to develop an integrated, secure, readily-accessible statewide network of computerized immunization information systems to make each child's full immunization history available to providers and other authorized users, such as schools, foster care and juvenile detention centers. The CAIR2 system will ensure that users have rapid access to complete and up-to-date immunization records, as well as expert vaccine forecasting. A major objective is to eliminate both missed opportunities to immunize and unnecessary duplicate immunizations.

CAIR is a consortium of 10 regional registries using four different softwares. Seven of the 10 regional registries (Northern California, Greater Sacramento, Bay Area, Central Valley, Central Coast, LA-Orange and Inland Empire) are managed by CDPH. The CAIR2 project will combine these seven regions into a single, centralized registry to be known as CAIR2 that will use new software. CDPH says the CAIR2 update will allow real-time updates and faster access to the database in any web browser. This process should be completed by April 2017.

While the three other regional registries (San Diego, San Joaquin and Imperial) will continue to use their own software, all their patient records will be accessible through CAIR2 beginning in the summer/fall of 2017.

CMA TELLS STATE'S HIGH COURT UTILIZATION REVIEW PHYSICIANS SHOULD BE HELD ACCOUNTABLE FOR CONSEQUENCES OF THEIR MEDICAL DECISIONS

CMA has filed an amicus brief with the Supreme Court of California, discussing the nature of utilization review and the real-world impact utilization review decisions can have on injured workers under California's current workers' compensation system.

In this case, *King v. CompPartners, Inc.*, a worker sued a third-party utilization review company and its utilization review physician for injuries that arose when they abruptly cut off his prescription for Klonopin, an antidepressant drug. The defendants deemed the drug to be not medically necessary following the workers'

compensation utilization review process; however, the worker claimed they were negligent in failing to consider and address the potential harm of immediately taking him off Klonopin, rather than weaning off the drug.

A key issue brought before the court is whether a workers' compensation utilization review physician and the third-party utilization review companies contracted by employers owe a duty of care to the injured worker.

CMA's amicus brief argues that utilization review constitutes the practice of medicine — an opinion supported by the Medical Board of California and the American Medical Association. CMA believes that utilization review physicians should owe some duty or obligation to injured workers in the same manner that other physicians practicing medicine are held accountable. Absolving utilization review physicians of all responsibility for the foreseeable consequences of their medical decisions facilitates a workers' compensation system that can systematically deny and delay care to the detriment of real people.

This case comes to the court at a time when the workers' compensation system is changing more rapidly than ever. Like in commercial health plans, employers use third party companies to conduct utilization reviews and approve, modify, delay, or deny care requested by an injured workers' treating physician. Coverage decisions by utilization review are heavily determined by standardized medical treatment guidelines, rapidly departing from previous standards of reasonable care.

CMA is concerned that utilization review decisions, when there is little accountability and room for appeal, can result in the denial and delay of medically necessary care. In a 2014 survey of California physicians, conducted by CMA, two-thirds of participating physicians reported difficulties obtaining authorization for patient care through utilization review. Responding physicians also identified inappropriate denial of medically necessary care through utilization review, and denials or care and slow response times while using the independent medical review process, as significant issues in the current workers' compensation system.



The MIPS Navigator™ is an online tool that makes it possible for individual clinicians or practice administrators to quickly and easily sort through the various MIPS alternatives and produce a practice specific "2017 MIPS Itinerary/Plan" for each of the 4 MIPS domains that will maximize their likely MIPS success.

You will get:

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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.

- VCMA DINNER MEETING -

Tuesday, March 14

Jon Light, Esq.

Baseball and Employment Law – Why do they go together?

Hear about "Gotcha's" in Employment law for medical practices and, more importantly, Baseball Lore, Photos and Anecdotes from nationally recognized expert Jon Light, author of *The Cultural Encyclopedia of Baseball*.

6pm Exhibitor Reception/Door Prizes
7pm Dinner

Camarillo Location TBD

Watch email announcement to RSVP

NEXT PERTUSSIS EPIDEMIC EXPECTED SOON, CDPH URGES ACTION TO PREVENT INFANT PERTUSSIS

Since 2010, over 2,500 cases of pertussis (whooping cough) have been reported in infants younger than 4 months of age in California. Eighteen of these infants died, and more than half were hospitalized. In

2016, two babies died from pertussis in California, one a healthy, full-term baby. These deaths are a devastating reminder that all prenatal care providers should have a Tdap vaccination plan in place to ensure moms and their babies are protected.

The federal Advisory Committee on Immunization Practice recommends that all pregnant women be immunized with Tdap at the earliest opportunity, between 27-36 weeks gestation of every pregnancy. Tdap vaccination of women during pregnancy is the optimal strategy to protect infants who are too young to be vaccinated. Infants can start the childhood whooping cough vaccine series (DTaP) as early as 6 weeks of age. Even one dose of DTaP may offer some protection against fatal whooping cough disease in infants. As pertussis incidents peak every three to five years, most recently in 2014, prenatal care providers must act now to protect infants before the next epidemic peak is expected in 2017-19.jkm

The California Department of Public Health (CDPH) and California Department of Health Care Services (DHCS) recently issued a joint letter to providers urging them take steps now to help protect infants against pertussis. Included in the letter is detailed guidance for providers who vaccinate on-site as well as for those referring for vaccination off-site. All prenatal care providers are urged to provide a strong recommendation to their patients to receive Tdap and document receipt of Tdap vaccination (or refusal) in their chart. Providers who must refer patients for vaccination off-site should assist patients in locating a local immunization provider/clinic that is covered by their insurance and follow up in subsequent visits to ensure patients have received the vaccine.

CURES MANDATE IMPLEMENTATION DATE REMAINS UNCLEAR

Under California law, all individuals practicing in California who possess both a state regulatory board license authorized to prescribe, dispense, furnish or order controlled substances and a Drug Enforcement Administration Controlled Substance Registration Certificate (DEA Certificate) must be registered to use the Controlled Substance Utilization Review and Evaluation System (CURES). Currently, physicians are encouraged—but not required—to check the database before prescribing controlled substances. Checking the CURES database will eventually be mandatory, under a law passed by the California Legislature in

2016. The exact date the mandate will take effect is unclear, but will depend on the Department of Justice (DOJ) making a certification about the system's readiness.

Under the new law (SB 482), prescribers will be required, except in certain limited circumstances, to consult the CURES database prior to prescribing a Schedule II, III or IV controlled substance for the first time and at least every four months when that controlled substance remains a part of a patient's treatment.

CMA continues to assert the importance of adequate technical support for physicians who will have to rely on the system as a part of their prescribing workflow. For this reason, we negotiated into the final legislation a requirement that the mandate cannot take effect until DOJ certifies that the CURES database is ready for statewide use and that the department has adequate staff to handle the related technical and administrative workload. The mandate will go into effect six months after DOJ certifies that the database and the agency are ready.

CMA worked closely with the bill's author and other stakeholders to reach mutually agreeable language, which is reflected in the final version of the bill. Among the negotiated amendments are liability protections related to the duty to consult the database and changes to ensure that health care providers can meet the requirements under state and federal law to provide patients with their own medical information without penalty.

Currently, the Medical Board of California's "Guidelines for Prescribing Controlled Substances for Pain" recommend checking CURES as part of a comprehensive patient assessment and risk stratification when considering long-term opioids for chronic, non-cancer pain and as part of compliance monitoring. Whenever performed, the results of CURES data searches should be included in the patient's medical record, per the medical board guidelines.

For more details about the new law, see CMA On-Call document #3212, "California's Prescription Drug Monitoring Program: The Controlled Substance Utilization Review and Evaluation System (CURES)." On-Call documents are free to members in CMA's online resource library at www.cmanet.org/cma-on-call.

Physicians who experience problems with the CURES database should contact the DOJ CURES Help Desk at (916) 227-3843 or cures@doj.ca.gov. Providers are also encouraged to report these technical

issues to CMA's member service center at (800) 786-4262 or memberservice@cmanet.org so that we can ensure they are addressed before the mandate takes effect.

For more information on CURES, visit www.cmanet.org/cures.

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

FOR SALE

Established Medical Practice for sale 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

James Villveces, MD Closing Practice
4080 Loma Vista Rd., #M, Ventura
All furniture and medical devices for sale: walnut desk, chairs, sofas, aquariums, book cases, exam tables, lamps, spirometer, metal storage cabinets, 176 volumes medical library, patch test kits. HEPA filter fume hood, deluxe industrial fridge, paper cutter, copier, much more.

MARK YOUR CALENDAR

February 22 – MACRA-MIPS Practice Managers Workshop Luncheon, Courtyard by Marriott, Esplanadr Dr., Oxnard. 11:30am-1pm. RSVP: <http://www.pahcom.com/education/meeting-rsvp.php?meetingId=5035>

Pay at the door: \$22 PAHCOM members, \$30 PAHCOM Non-Members

March 14 – VCMA Dinner Meeting, Jon Light, Esq., Speaker, 6-8:30pm Spanish Hills Country Club, Camarillo. RSVP: julie@venturamedical.org or call 484-6822

April 18 CMA Legislative Advocacy Day Sheraton Grand, Sacramento. Contact marycarr@venturamedical.org for more information

May 5-7 Western Health Care Leadership Academy Marriott Marquis San Diego Marina. For more info: www.westernleadershipacademy.com.

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:

February 22: Paying Employees Correctly: Wage and Hour Laws for Health Care Employers
12:15pm-1:15pm

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

New in On-Demand library:
How to Manage Your Professional Reputation Online

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>.

MEMBER BENEFITS HI-LIGHTS

Featured member benefit

Insurance Programs: Open enrollment time is now, 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.

NEW Workers Comp Preferred plan, members receive 5% discount off premium. Many members' savings equal to VCMA/CMA annual dues.

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

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

NEWEST MEMBER BENEFIT

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MOST REQUESTED MEMBER BENEFIT

Resume Service: Call 484-6822 or email julie@venturamedical.org to request resumes to fill practice personnel positions. 100's on file. FREE to members.

Professional Liability:



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