

## **URGE YOUR LEGISLATOR TO PROTECT CHILDREN AND COMMUNITIES FROM VACCINE-PREVENTABLE DISEASES!**

SB 277 has passed the Assembly Health Committee and will now be heard on the Assembly Floor! We urge you to contact your legislator today, as this bill will be considered as early as next week!

### **We must come together for the sake of this valuable public health effort!**

SB 277 (Pan and Allen) aims to reduce the incidence of vaccine-preventable diseases, protect those who cannot receive vaccines due to age or medical condition, and protect those at greater risk of severe complications if they do become infected and ill.

This bill seeks to eliminate the personal belief exemption option from school immunization law. **Please contact:**

**Das Williams** [916/319-2037](tel:9163192037)

email through his website (copy and paste in browser):

<http://asmdc.org/members/a37/>

**Jacqui Irwin** [916/319-2044](tel:9163192044)

email through her website (copy and paste in browser):

<http://asmdc.org/members/a44/>

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## **ANTHEM SPECIAL INVESTIGATIONS UNIT MAY BE RECOUPING BEYOND STATUTORY TIMEFRAME**

In 2011, CMA raised concerns with Anthem's attempts to recoup money from physicians beyond the statutory timeframe. Through its Special Investigations Unit (SIU), Anthem was pursuing physicians for refunds of payments made outside of the 365-day period allowed by California law. That law permits recoupment of claims older than a year only if the payment was made based on fraud or misrepresentation. CMA determined that Anthem was employing a definition of "misrepresentation" that was much broader than what is allowed under law. CMA thus filed a formal complaint with the Department of Managed Health Care (DMHC).

After reviewing the issue, DMHC issued a cease and desist order to Anthem for violating California's unfair payment practices law. According to DMHC,

between 2008 and 2011, Anthem sought reimbursement from at least 535 providers for claims that were more than one year old, in violation of the Knox Keene Act.

Anthem challenged the cease and desist order, and in December 2014 the Sacramento Superior Court issued a judgment that struck down parts of DMHC's order but upheld DMHC's and CMA's interpretation of "misrepresentation." The Court's judgment requires that any attempt by Anthem to recoup past the 365-day time limit would violate the law unless Anthem's recoupment notice clearly explained why Anthem believed the overpayment was caused in whole or in part by either the physician's fraud or misrepresentation to Anthem. The Court confirmed that "misrepresentation" must be "done without any reasonable ground for believing it was correct."

Since the court's ruling, CMA has heard reports that Anthem's SIU is, again, pursuing recoupments beyond the 365-day timeframe for payments made based on misrepresentation. CMA is concerned that the SIU is employing a definition of "misrepresentation" that is not in compliance with DMHC's cease and desist order and the Sacramento Superior Court's judgment.

CMA is asking physicians to contact its Center for Economic Services if they receive a recoupment request where the payor is attempting to recoup beyond 365 days from the date paid at (916) 551-2061 or [jwilliams2@cmanet.org](mailto:jwilliams2@cmanet.org).

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## **REGISTER FOR AUGUST 5-6, 2015 ICD-10 TRAINING BEFORE SPACE FILLS UP!**

We are less than four months from the October 1, 2015, implementation date of ICD-10. Congress has reaffirmed that it intends on moving forward with no delays in the implementation date.

To help practices prepare, the California Medical Association (CMA), in partnership with your local county medical society and the California Medical Group Management Association (MGMA), is offering statewide, two-day ICD-10 code set seminars this summer.

The training is designed specifically for coding staff and intended to give attendees a comprehensive understanding of guidelines and conventions of ICD-10, as well as fundamental knowledge of how to decipher, understand and accurately apply codes in ICD-10.

The two-day training will include 16 hours of intensive general ICD-10 code set training along with hands-on coding exercises. Each attendee receives the ICD-10-CM Code Set draft book and the AAPC Code Set Course Manual and ICD-10-CM Code Set Draft Book. The onsite training course is approved for 16 continuing education units (CEU) through AAPC. Following the onsite training, attendees will be given an ICD-10 proficiency assessment to ensure understanding of ICD-10 concepts and guidelines and will have access to AAPC's online ICD-10-CM Assessment Training Course through December 31, 2015.

Ventura is scheduled for August 5-6, 2015. Space is limited and is on a first come, first served basis. Workshop is held in the VCMA Conference Room, 601 E. Daily Dr., Suite 129, Camarillo.

This American Academy of Professional Coders (AAPC) course is the gold standard of training for coders and is being offered at a tremendous savings. CMA has negotiated a reduced price of \$399 for CMA members and \$499 for California MGMA members. The program is also available to non-members for the reduced price of \$599; \$200 of that may be applied to a new CMA membership following the course. AAPC typically charges non-members \$799 for this course.

For additional information, or to enroll, contact Julie 805/484-6822 or [julie@venturamedical.org](mailto:julie@venturamedical.org)

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## **CMS RULE REDUCES MEANINGFUL USE BURDENS; CMA ADVOCATES FOR MORE CHANGE**

On June 15, CMA submitted comments to the Centers for Medicare and Medicaid Services (CMS) on proposed rules modifying Stage 1 and Stage 2 Meaningful Use criteria of the federal electronic health records (EHR) incentive programs.

Under the federal EHR incentive programs, qualifying Medicare and Medi-Cal providers are eligible to receive incentive payments for adopting and demonstrating "Meaningful Use" of certified health information technology. The proposed rule aligns Stage 1 and Stage 2 Meaningful Use objectives and measures for 2015 through 2017 with proposed Stage 3 requirements by removing redundant, duplicative and topped-out measures and by reducing the reporting burden. It also proposes additional modifications to the EHR reporting period and timeline that will help physician practices.

In its letter, CMA supported the detailed comments submitted by the American Medical Association (AMA) and offered further comments that are of particular interest to California physicians. CMA commended CMS on the proposed modification to allow for a 90-day reporting period for all incentive program participants in 2015, while urging CMS to extend the proposal beyond 2015 and allow for a reporting period that is less than a full calendar year for all participants in 2016 and 2017.

CMA supported CMS's proposal to streamline the program requirements to provide a more flexible framework to reduce the burden on physicians. CMA recommended changes to Meaningful Use measures requiring physicians to provide online access to health information for more than 50 percent of unique patients seen by the provider. The new regulation only requires one patient to access the online portal during the reporting period for a physician to receive credit.

CMA's letter also stressed that physicians who face adjustments for not achieving Meaningful Use may be forced out of the Medicare program, and urged CMS to adopt less burdensome requirements and facilitate participation in the EHR incentive by adopting realistic modifications to Meaningful Use. The letter urged CMS to eliminate the "all-or-nothing" approach to meeting Meaningful Use, which penalizes physicians who are able to meet a majority of Meaningful Use requirements with the same payment adjustment penalties as those who do not participate in the EHR incentive program at all. CMA's letter recommended a Meaningful Use program where incentives and penalties are proportional to the measures successfully completed.

Contact: Lishaun Francis, (916) 551-2554 or lfrancis@cmanet.org.

## **WHAT IS COMMERCIAL RISK ADJUSTMENT?**

Over the past few months, CMA has received several calls from practices who had received requests for medical records from various payors stating the records are needed for "risk adjustment." The records requests are a result of the commercial risk adjustment program created by Section 1343 of the Affordable Care Act. The primary goal of the risk adjustment program is to spread the financial risk borne by payors more evenly in order to stabilize premiums and provide issuers the ability to offer a variety of plans to meet the needs of a diverse population. In a nutshell, the program is intended to prevent payors from cherry picking only healthy enrollees.

Because the information reported by physicians and other providers is at the heart of payment adjustments, health plans must engage providers by requesting copies of medical records that accurately reflect diagnoses and/or underlying health conditions to comply with risk adjustment program requirements. [77 Fed.Reg. 17220, 17241 (March 23, 2012)]

The risk adjustment program is a requirement on the payor; however, through managed care contracts, payors typically require their contracting physicians to comply with the risk adjustment medical record requests. Non-contracted physicians are under no obligation to comply with the request. Most payors appear to be contracting with a third-party vendor to handle the record requests and collection.

A frequently asked question by physicians about the requests is whether the records can be released without written authorization from the patient under HIPAA. Both HIPAA and California's Confidentiality of Medical Information Act permit disclosures of protected health information to third-party payors for treatment and payment purposes without patient authorization, including to plans for risk adjustment purposes. However, when dealing with sensitive medical information such as mental health records or psychotherapy notes, the circumstances in which disclosures may be made to third-party payors absent the patient's signed authorization are limited. Given the sensitivity of this information, provisions allowing for permissive disclosure of these records should be interpreted narrowly and physicians should err on the side of caution with regards to disclosures absent patient authorization. For more

information, see CMA On-Call document #4250, "Confidentiality of Sensitive Medical Information."

At least one payor appears to be offering to provide a scanner technician upon request, paid for by the plan, who will come to the practice to retrieve the needed records; others are requiring the practice to handle the copying/scanning and submission either by fax or mail. Additionally, the commercial risk adjustment audits usually involve only a handful of patients per practice, but if the request is voluminous, practices may wish to contact the payor and request that it send a copy/scanner service out to the practice.

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## **CMS ANNOUNCES TRANSITION OF SINGLE SIGN-ON IACS SYSTEM**

CMS established the Individuals Authorized Access to the CMS Computer Services (IACS) as a means to provide a single user ID for business partners to access multiple CMS applications. For physician offices, this consists primarily of the Physician Quality Reporting System (PQRS)/eRx Physician Quality Reporting System and E-Prescribing Incentive Programs.

CMS has announced that, on July 13, 2015, authorized users of the IACS system will be transitioned to the existing Enterprise Identity Management (EIDM) system. The EIDM system will allow a single user ID to access the new "PQRS Portal" section of the existing CMS Enterprise Portal, which is the current system that serves such programs as the PQRS Group Practice Reporting Option, Medicare Shared Savings Program for Accountable Care Organizations and Open Payments Program. To prepare for the transition, current IACS users will need to ensure their IACS account is active with a valid login, while new users will need to register for an EIDM account. Following the switch, users will be able to submit data, access reports and perform administrative tasks under the new PQRS Portal section.

For additional assistance regarding IACS or EIDM, contact the QualityNet Help Desk at (866) 288-8912 (TTY 1-877-715-6222) from 7 a.m. to 7 p.m. CT, Monday through Friday, or via email at [qnetsupport@hcqis.org](mailto:qnetsupport@hcqis.org).

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## NEW PAID FAMILY LEAVE BENEFITS FORM REQUIRED JULY 1

In fall 2014, the Employment Development Department (EDD) revised the Claim for Paid Family Leave (PFL) Benefits form (DE 2501F). The initial deadline to discontinue use of the old form (12-03) was May 1, 2015; however, this date was extended to July 1, 2015.

Effective July 1, 2015, only the new form, DE 2501F Rev. 1[7-14], will be accepted. To order new forms, practices can visit the EDD Forms and Publications page or call (877) 238-4373.

Physicians are also reminded that they can certify claims for State Disability Insurance (SDI) and PFL online via EDD's electronic claim filing system, SDI Online. The system allows physicians, practitioners, claimants, employers and voluntary plan administrators to submit claims and other supporting documents online. For more information about SDI Online or to establish a physician/practitioner account, visit [www.edd.ca.gov/disability](http://www.edd.ca.gov/disability).

For California workers covered by SDI, PFL provides up to six weeks of benefits for individuals who must take time off work to care for a seriously ill child, parent, parent-in-law, grandparent, grandchild, sibling, spouse or registered domestic partner, or to bond with a new child.

For more information on the process of creating an SDI online account and completing the online doctor's certificate, practices can listen to CMA's On Demand webinar, "Utilizing the New State Disability Insurance (SDI) Online System."

For more information on PFL, see California Medical Association On-Call document #6203, "Family and Medical Leave." On-Call documents are available free to members in CMA's online health law library. Nonmembers can purchase documents for \$2/page.

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## MARK YOUR CALENDAR

For more information go to Calendar Tab at [venturamedical.org](http://venturamedical.org)

### July 1- Employee Paid Sick Leave New 2015 Mandate Workshop

FREE Workshop for VCMA members' staff! How to document, notify staff, allow use and accumulate? Ryan Haws, Esq. of Light-Gabler Law, Speaker; 10:30am-noon at VCMA Conference Room. 484-6822 to RSVP

### July 29 - Saving Lives in Primary Care CME Luncheon

sponsored by VCMA at St. John's Hospital, cancer screening updates. 12:15-1:30pm all physicians welcome. Lunch catered by Bistro 13. RSVP 805/988-2641

## August 5-6 ICD-10 Training

Two-day ICD-10 code set workshop by AAPC in VCMA Conference Room, 601 E. Daily Dr., Suite 129, Camarillo. \$399 for VCMA members. \$599 Non-members. Few spaces left! 805/484-6822 more info.

## September 10

### Countywide Wellness Conference

"Staying Sane, Satisfied & Effective in Medicine and Life"

Linda Hawes Clever, M.D., MACP, Speaker 3-5pm Well Being Committee Workshop

5:30 Exhibitor Reception

7-9pm Dinner (complimentary to all physicians and spouse)

Courtyard Marriott at River Ridge, Oxnard

Watch your email in August for RSVP info.

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## CLASSIFIEDS

Free listings for VCMA members. Submit ad info to: [marycarr@venturamedical.org](mailto:marycarr@venturamedical.org)

## EQUIPMENT

Exam table for sale. Contact Connie for more information at 648-2504.

## SEEKING SPACE

Looking to lease 4-5 exam rooms with X-ray access, one day per month for QME. Fridays preferred. 818/802-1400 or [lresnick@mgreenspanmd.com](mailto:lresnick@mgreenspanmd.com)

## PRACTICE OPPORTUNITIES

**Camarillo** - Office with two to three exam rooms to share. Part time or full time. Affordable and flexible. Please contact [805-383-2929](tel:805-383-2929).

**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 of state of the art office with a large procedure room and a recovery area, as well as 4 exam rooms. Available Mondays and Tuesdays 8 AM to 12 noon; Wednesdays 2 PM to 6 PM. For more info, visit [www.AGImedical.com](http://www.AGImedical.com)

**Westlake Village** - Remodeled, medical office for sublease. Available up to four days a week. (818)438-5997 [Brisbeee@aol.com](mailto:Brisbeee@aol.com)

### On Going Art Therapy Group

Facilitated by Psychiatrist Margaret November, M.D. & Guest Fine Artists. Each participant receives individual attention. Group discussion optional. Sundays 1-4pm, Downtown Ventura. 805-652-0543 or visit [www.margaretnovember.com](http://www.margaretnovember.com) for details.

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## CMA Reimbursement Helpline

To access the Center for Economic Services, health plan hassles, contract reviews...

**888/401-5911**

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## MEMBER BENEFITS HI-LIGHTS

### Insurance Programs

Call a Mercer Client Advisor at (800) 842-3761 or [cmacounty.insurance.service@mercer.com](mailto:cmacounty.insurance.service@mercer.com)

**Merchant Credit Card program** lower your current fees, complimentary machines for VCMA members (\$300 savings) and upgrade software to meet EMV 2015 compliance requirements. **800/400-0206**

**Broadcast Email Service:** Email .pdf to [marycarr@venturamedical.org](mailto:marycarr@venturamedical.org) Accessible one time each year per member.

**Health Plan Contract Analysis:** Professional Resources Tab; scroll to Legal Services. [www.cmanet.org](http://www.cmanet.org)

**Physicians Legal Handbook** search over 1500 titles; legal opinions, sample letters and current law/court references. [www.cmanet.org](http://www.cmanet.org)

**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>.

**Car Rentals:** save up to 25 percent on car rentals from [Avis](http://Avis.com) and [Hertz](http://Hertz.com). Tell them you're a CMA member, they will confirm eligibility.

For more benefits and details, go to [www.cmanet.org](http://www.cmanet.org) and log-in using your email, update your Member Profile. Or visit [www.venturamedical.org](http://www.venturamedical.org)

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## CMA ADVOCACY AT WORK...

"The CMA's Center for Economic Services (CES) has helped give a voice to little guys in small and solo practices. United Healthcare was using incorrect data to designate many physicians in our state into a lower 'tier' in their provider directory. CES connected me to someone directly at the payor and eventually I was able to convince them to utilize the correct data. It took nine months but most of the affected doctors have now been moved to the top 'tier.'"

Additionally, Medi-Cal had underpaid me under the ACA PCP rate increase for primary care doctors. On my own I couldn't get anywhere, but with help of CMA's Economic Services, DHCS got involved and Medi-Cal notified us that they will correct the error and issue corrected payments.

I also had questions on the ACA PCP rate increase payments from fee-for-service Medi-Cal, but it was almost impossible to contact Medi-Cal directly. CMA reached out to their contacts and I received a call from Medi-Cal and I was able to get all of the answers to my questions.

Small practices would be totally lost without the help from CES. This part of CMA is crucial for solo and small practices."

Dinesh Ghiya, M.D., CMA Member since 1983

Do you have a CMA/VCMA success story? Email to [marycarr@venturamedical.org](mailto:marycarr@venturamedical.org)