

**Administrative Office: 805 / 484 - 6822**

**www.venturamedical.org**

**July 18, 2016**

## **CMA URGES CMS TO FIX MACRA ADMINISTRATIVE BURDENS**

CMA submitted comprehensive comments to the Centers for Medicare and Medicaid Services (CMS) outlining constructive improvements for the implementation of the Medicare Access and CHIP Reauthorization Act (MACRA).

The MACRA law clearly mandated CMS to simplify and reduce the burdensome reporting programs as well as incentivize innovative new payment models led by physicians. CMA outlined the most serious areas of concern with the proposed rule, including:

- The accommodations for solo, small and rural practices are inadequate.
- The MIPS reporting programs continue to be unnecessarily burdensome and complex, particularly the electronic health record (EHR) Advancing Care Information category.
- There is no accountability for EHR vendor compliance and interoperability.
- The MIPS Resource Use category will continue to discourage physicians from treating high-risk, vulnerable patients.
- The Advanced APMs are limited and the financial risk requirements severely inhibit the expansion of innovative APMs.
- The performance reporting period starts too soon—January 1, 2017.

CMA's MACRA Technical Advisory Committee developed over 40 practical recommendations to simplify and improve the implementation of MACRA. In addressing the issue of participation for small practice and solo practice physicians, CMA suggested that the initial reporting period be moved back one year to January 1, 2018, and that CMS significantly expand the permanent MIPS low-volume exemption for small practice physicians and physicians located in health professional shortage areas.

CMA also suggested that there should be a phase-in pathway to help small and rural practices transition to MIPS, as well as safe harbors for small practices until virtual group reporting systems can be established. CMA also recommended that Medicare-Medicaid dual-eligible patients be excluded from the scoring system so physicians are not

penalized for treating these complex patients.

In addressing the regulatory burdens of MIPS reporting programs, CMA recommended improvements to four reporting programs (quality, EHR advancing care information, resource use and the clinical improvement activities) that include reducing the scoring complexity of these programs. While CMS reduced nearly half of the quality measures, CMA is urging that more measures be eliminated, particularly the irrelevant EHR Meaningful Use Stage 3 measures, and that physicians should be given partial credit for any measures that are met, rather than an all-or-nothing approach. CMA also placed great emphasis on CMS holding EHR vendors more accountable for compliance and interoperability.

Finally, CMA urged CMS to provide more opportunities for physician-led payment models with reduced financial risk requirements and to extend the deadlines for physicians to participate in the Comprehensive Primary Care Medical Home models with private payors.

To help physicians understand the MACRA payment reforms, and what they can do now to start preparing for the transition, the California Medical Association (CMA) has published a MACRA resource center.

There you will find an overview of MACRA, and a comprehensive list of tools, resources and information from CMA, the American Medical Association and the Centers for Medicare and Medicaid Services.

View the resource center at [www.cmanet.org/macra](http://www.cmanet.org/macra). Contact: Elizabeth McNeil, (800) 786-4262 or [emcneil@cmanet.org](mailto:emcneil@cmanet.org).

## **UNITED HEALTHCARE EXTENDS CLINICAL DATA SUBMISSION DEADLINE TO SEPT. 2**

At the request of the California Medical Association (CMA), United Healthcare (UHC) has delayed the expansion of its Clinical Data Submission Protocol in California. Originally scheduled to take effect July 1, the expansion will now be pushed back until September 2.

First introduced in 2015, the program originally targeted only Medicare benefit plans and required physicians to submit all laboratory test results for UHC Medicare

patients. The expansion of the program will require practices to submit laboratory tests for all UHC Medicaid and commercial benefit plans.

For more information about the protocol and requirements for submitting data to UHC, physicians should refer to the updated Clinical Data Submission Protocol Frequently Asked Questions and Methods of Clinical Data Exchange.

While UHC lauds the sharing of clinical patient data as an opportunity to support quality and cost-effective patient care, CMA has expressed concerns about the administrative burden, impact on physician practices and proper notice to physicians.

UHC has stated, however, that it will help practices establish the transmission method that works best with their current capabilities. For more information or to speak to the UHC clinical data team, contact the UHC Provider Call Center at (877) 842-3210 or your local Network Account Manager or Provider Advocate.

## **VENTURA COUNTY FOUNDATION FOR MEDICAL CARE LAUNCHING ACO**

The Ventura County Foundation for Medical Care, (VCFMC) founded by the Ventura County Medical Association in 1973 *"to promote, develop and encourage the distribution of medical services by its members to the people of Ventura County at a cost reasonable to both patient and physician; to preserve unto its members and the public freedom of choice of both physician and patient...to work in conjunction with the Ventura County Medical Society (Association) and California Medical Association to promote these purposes and the purposes of those organizations..."* has announced the formation of an ACO, open to all physicians in Ventura County to assist in meeting CMS MACRA and value reimbursement reporting requirements of care provided to Fee-for-service beneficiaries (patients).

The VCFMC Accountable Care Organization (VCFMC-ACO) is in the process of submitting an application to be a Medicare Shared Savings Program ("MSSP") participant commencing January 1, 2017, and will be developed into a full-fledged ACO, enhancing its PPO network to enable those physicians who are interested to be eligible for pay for performance and other initiatives adopted by

the federal government and private third party payors. The VCFMC-ACO is committed to achieving clinical integration by engaging in alignment of efforts of physicians, health care professionals, hospitals and other health care providers in areas of population health improvement, quality management, peer review, and cost containment, for the purpose of achieving good stewardship of these resources and positive outcomes for patients.

VCFMC-ACO is now accepting applications – deadline for submission is Thursday, July 21.

To request an ACO application/agreement, or more information contact Mary Carr 805-484-6822; [mayrcarr@venturamedical.org](mailto:mayrcarr@venturamedical.org).

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### **BALLOT MEASURE TO PROVIDE NEW FUNDING FOR MEDI-CAL QUALIFIES FOR NOVEMBER BALLOT**

The ballot initiative to maintain the taxes on the wealthiest Californians to prevent billions in cuts to education and other vital services has officially qualified for the November 2016 ballot. The California Secretary of State announced that the initiative could move forward as enough valid signatures were submitted and verified. This measure will generate an average of \$8 billion per year, and provide up to \$2 billion annually to improve access to health care for low-income children and their families.

The California Children's Education and Health Care Protection Act of 2016 – now known as Proposition 55 – will temporarily extend for 12 years current tax rates on the wealthiest Californians – singles earning more than \$250,000 and couples earning more than \$500,000 a year. The measure will direct funds specifically to K-12 public education and community colleges, while also allocating funds to health care for low-income children and their families. The measure contains strict accountability requirements. For more information, visit [www.yeson55.com](http://www.yeson55.com).

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### **TOBACCO TAX INITIATIVE QUALIFIES FOR NOVEMBER BALLOT AS PROP. 56**

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 has officially qualified for the November ballot as Proposition 56. The California Secretary of State confirmed that the measure qualified, after a random sampling of the 1 million signatures submitted by Save Lives California showed that the campaign had more than the 585,407 signatures necessary to earn a spot on the ballot.

Reaching 1 million signatures is a tremendous achievement for the coalition and a testament to its strength. But the road to November won't be easy. Big Tobacco has the financial means to lead a tough campaign of its own against us.

Prop. 56 – supported by a broad alliance of physicians, health care advocates, educators and others – would raise California's tobacco tax, which is currently among the lowest in the country, to \$2.87 a pack. The majority of the money from the initiative's user fee on cigarettes and other tobacco products, including e-cigarettes containing nicotine, will be used for existing health programs and research into cures for cancer and other illnesses caused by smoking and tobacco products.

California taxpayers pay \$3.5 billion annually to treat cancer and other tobacco-related diseases through Medi-Cal. A user fee on cigarettes is a matter of fairness – it shifts the fiscal burden to smokers for these medical programs, smoking prevention and research.

The Prop. 56 tobacco tax will also prevent a new generation of kids from taking up a deadly, addictive habit. Despite years of progress in education and research about the dangers of tobacco, nearly 17,000 California kids get hooked on smoking every year; one-third of them will eventually die from tobacco-related illnesses.

Prop. 56 – The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 – is backed by Save Lives California, a coalition of health advocates and others that includes CMA, the American Cancer Society Cancer Action Network, American Lung Association in California, American Heart Association, California Dental Association, CHA, SEIU California, Blue Shield of California and philanthropist Tom Steyer.

If you haven't already, be sure to add your name to the growing list of Save Lives California supporters. It's easy – all you have to do is click this link and enter your email address and zip code. By doing so, you can be among the first to say "I'm in" to fight for a \$2 tobacco tax increase in California.

For more information on the California Healthcare, Research and Prevention Tobacco Tax Act of 2016, go to [www.yeson56.com](http://www.yeson56.com).

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### **CMA APPLAUDS HHS PLANS TO PREVENT OPIOID OVERDOSES AND IMPROVE ACCESS TO ADDICTION TREATMENT**

The Substance Abuse and Mental Health Services Administration, a branch of the U.S. Department of Health and Human Services

(HHS), has issued a final rule that will expand access to buprenorphine, one of three medications currently approved by the Food and Drug Administration for medication-assisted treatment of opioid use disorder. The new rule increases the limit on the number of patients that qualified physicians can treat with buprenorphine from 100 to 275, increasing access to live-saving addiction treatment services.

CMA supports the administration in its efforts to increase access to much-needed medication-assisted treatment for opioid use disorders, and submitted comments supporting the rule.

Across the country, many people suffering from opioid use disorder are unable to access medication-assisted treatment for their condition due to a lack of nearby physicians with waivers to prescribe buprenorphine. With more than 2.2 million people nationwide last year who met the diagnostic criteria for an opioid use disorder, increasing appropriate access to life-saving addiction treatment services is one component of a balanced approach to addressing rising opioid-related morbidity and mortality rates. Treatment of opioid use disorder with opioid maintenance therapies has been shown to be cost effective, safe and successful when used appropriately.

Despite the known effectiveness of this treatment, physicians have been slow to prescribe buprenorphine due to many possible barriers and concerns, including third-party reimbursement and documentation, stigma, lack of adequate training and education, and a lack of community behavioral supports.

Additionally, HHS announced that it is launching more than a dozen new scientific studies on opioid use and pain management to help fill knowledge gaps and inform efforts to prevent and treat opioid use disorders. HHS is also seeking input from the medical profession and other health care stakeholders to improve the effectiveness and reach of prescriber education programs on opioid analgesics.

The White House in February announced plans to spend \$1.1 billion to alleviate opioid abuse, but Congress has yet to make the needed appropriations. Congress has passed more than 25 new bills aimed at supporting opioid prevention and treatment strategies, and while they are being deliberated by a House-Senate Conference Committee, none of these bills comes close to providing the \$1.1 billion investment advocated by President Obama.

CMA and AMA are supporting most of the legislative package and will continue to work

with the conference committee and the administration to further refine the proposals, as well as promote additional funding for opioid prevention and treatment.

### **NORIDIAN REPORTS LOW RESPONSE RATE FOR MEDICARE PART B REVALIDATIONS**

Noridian, Medicare's administrative contractor for California, reports that only 19 percent of physicians have responded to the most recent Medicare Part B revalidation notices. Noridian is in the process of deactivating Medicare billing privileges for physicians who received a revalidation notice from Noridian but did not turn in a completed application to the Centers for Medicare and Medicaid Services (CMS) prior to the most recent deadline of May 31.

If you are deactivated for failure to respond to a revalidation notice, you must submit a reactivation application. The date of receipt of the reactivation application will be the new effective date for your Medicare billing privileges. Noridian will not apply a retroactive effective date and no payments will be made for the period of deactivation.

If a revalidation application is received but incomplete, Noridian will contact you for the missing information. If the missing information is not received within 30 days of the request, Noridian will deactivate your billing privileges.

If your revalidation application is approved, no further action is needed.

If you do not know when you are up for revalidation, you can look up your revalidation date through the CMS look-up tool. Those due for revalidation in the near future will display a revalidation due date. All other providers/suppliers will see "TBD" in the due date field.

For more information on the revalidation process, see MLN Matters #SE1605.

If you have questions about the revalidation process, click here or contact Noridian by calling (855) 609-9960.

### **THE NEW PROVIDER DIRECTORY ACCURACY LAW TOOK EFFECT JULY 1**

Make sure your practice isn't penalized! The new law not only requires payors to maintain accurate and current directories, but it also requires physicians to do their part in keeping the information up-to-date. Failure to comply with the new requirements may result in payment delays, removal from directories and even contract termination. For more information on physicians' obligations under the new law, visit <http://cal.md/directory-accuracy>.

### **CMA WEBINARS**

[www.cmanet.org](http://www.cmanet.org) to pre-register

**July 27 Save Lives California (Prop. 56): Message Training** 12:15pm-1:15pm

**August 10 Organized Medicine 101: How to Be an Effective Advocate for Your Future Profession and Your Future Patients** 12:15pm-1:15pm

### **MARK YOUR CALENDAR**

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

**September 22 – Candidates Forum** hear panel of State Senate & Assembly candidates. Spanish Hills Country Club. 5:30pm Reception; 7pm Dinner/Program. Watch email for invitation to RSVP.

### **CLASSIFIEDS**

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

### **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.

**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](mailto: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](http://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](mailto:Brisbeee@aol.com)

### **FOR SALE**

**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.

**Office Desk** - Mint condition desk unit with detachable wall unit with storage. Dark Wood; Original \$800; sell for \$300. Dr. Paul Rehder (805) 479-1086.

**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](mailto:spa.pinzonarellano@gmail.com)

### **Professional Liability:**



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has been endorsed by VCMA for the past 10 years. For quote or questions contact: [MLawrence@thedoctors.com](mailto:MLawrence@thedoctors.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](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**. Select option 2.

**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>.

**Resume Service:** Call 484-6822 or email [julie@venturamedical.org](mailto:julie@venturamedical.org) to request resumes to fill practice personnel positions. FREE to members.

#### **Waste Management – NEW BENEFIT!**

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