

Administrative Office: 805/484-6822

www.venturamedical.org

July 28, 2017

U.S. SENATE HEALTH REFORM UPDATE

In the early hours of this morning, 51 Senators voted against the "Skinny Repeal" of the Affordable Care Act (ACA), narrowly defeating a measure which would pare back selected pieces of the ACA. This leaves no clear next steps in the effort to repeal the ACA.

CMA has called upon Congress to engage in bipartisan discussions with physicians and other health care organizations to improve our health care system and ensure access to high-quality, affordable care and coverage.

In a bipartisan move, a group of moderate Democrats, led by California Congressman and Sacramento physician Ami Bera, M.D., released a plan last week to improve the Affordable Care Act. They are calling on Congress to come together across party lines to provide stability in the health care system.

What is left on the table is The Better Care Reconciliation Act (BCRA), which was updated last week to include additional funding for opioid addiction treatment and for market stabilization, among other changes.

Given CMA's objectives for health system reform, CMA had serious concerns with both Senate proposals. CMA does not support repeal legislation without a replacement. CMA's position remains rooted in its policy, which supports expanding access to affordable and meaningful health insurance coverage and preserving the Medicaid safety net.

CMA has called upon Congress to engage in bipartisan discussions with physicians and other health care organizations to improve our health care system and ensure access to high-quality, affordable care and coverage.

SPECIAL LUNCHEON

"Practical Response Instructions to New Medicare Review Guidelines"

**Keynote Speaker: Arthur Lurvey, MD
Noridian Contractor Medical Director**

Wednesday, September 27

\$30 pp at Courtyard Marriott, Oxnard

11am-Noon: One-on-One with Dr. Lurvey, Bring your CMS issues.

12-1:30pm Presentation: – w/Q&A

To RSVP and/or reserve One-on-One time:

marycarr@venturamedical.org

MARK YOUR CALENDAR

General Membership Dinner Meeting

Speaker: Elizabeth McNeil

CMA Federal Lobbyist

"Behind the Scenes of

National Health Care Bills"

Thursday, September 14

Palm Garden Hotel

495 Ventu Park Rd., Newbury Park

RSVP: marycarr@venturamedical.org

CMS RELEASES PROPOSED MEDICARE PHYSICIAN FEE SCHEDULE FOR 2018

The Centers for Medicare & Medicaid Services (CMS) recently released the proposed 2018 Medicare Physician Fee Schedule. The California Medical Association (CMA) is pleased to note that there are a number of positive proposed changes that would help physicians improve patient care. CMS is also soliciting ideas from physicians to reduce Medicare and Medicaid regulatory hassles.

Highlights of the proposed rule include:

Request for information on

regulatory relief: CMA applauds CMS' invitation for 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 has met with CMS on several occasions this year to urge the agency to reduce regulatory burdens on physicians.

CMA is compiling a list of regulatory reforms and will provide comments urging CMS to make it a top priority to provide regulatory relief to physicians in the Medicare and Medicaid programs. CMA's list of reforms includes: reduced electronic health record (EHR) reporting; more EHR vendor accountability and assistance with usability; Medicare RAC and prepayment audit reforms; and requiring states and health plans to arrange and pay for Medicaid interpreter services.

Expansion of the Diabetes Prevention

Program (DPP): The proposal would expand coverage of the Medicare DPP model to all Medicare patients at risk of developing type 2 diabetes. This

expansion will ensure at-risk seniors and people with disabilities have access to evidence-based DPPs that can help them lower their risk factors and prevent or delay the progression to type 2 diabetes. The new proposal provides more flexibility to DPP providers in supporting patient engagement and attendance, and by making performance-based payments available if patients meet weight-loss targets over a longer period of time.

The Medicare DPP pilot program projected an estimated savings of \$1.3 billion, prompting CMS to conclude last year that the expanded coverage would result in significant cost savings. This is a groundbreaking policy decision to cover and provide additional payment for evidenced-based prevention activities that improve patient health and reduce total health expenditures.

Delayed implementation of

appropriate use criteria: The proposal would delay implementation of a program created under the Protecting Access to Medicare Act that would have denied payment for advanced imaging services unless the physician ordering the service documented that they had consulted the appropriate use criteria. CMS has decided to postpone the implementation of this requirement until 2019 and to make the first year an opportunity for testing and education, where consultation would not be required as a condition of payment for imaging services.

California Geographic Practice Cost

Index: This year also marks the second year of the CMA-sponsored California Geographic Practice Cost Index (GPCI) fix. The GPCI fix updated California's Medicare physician payment regions in 2017 and will transition payment levels upwards for 14 urban California counties misclassified as rural, while holding the remaining rural counties permanently harmless from cuts.

CMA Reimbursement Helpline

To access the CMA Center for Economic Services for assistance with health plan hassles, contract reviews

...888/401-5911

VCMA: ICD-10 Coding Review Workshop

by AAPC Certified Trainer, Corrie Alvarez

When: Thursday, August 10th, 2017

Time: 8:30am-5pm

**Where: VCMA Conference Room, 601
E. Daily Dr., #129, Camarillo**

**Cost: \$250; pay by check or credit
card; CEU's available**

RSVP: marycarr@venturamedical.org

RSVP Due Wednesday, August 2

MEDI-CAL POSTPONING DEACTIVATION OF INACTIVE PROVIDERS

Earlier this month, the Department of Health Care Services (DHCS) notified approximately 30,000 Medi-Cal providers that they were being "deactivated" because they had not submitted a claim or rendered services reported on a Medi-Cal claim in the last 12 months. The notices indicated that the deactivation date would be July 22, 2017. DHCS has, however, decided to not proceed with the planned deactivation.

DHCS will instead be reconsidering what is defined as "inactivity" after the department was made aware that such deactivation would be problematic for some providers—particularly those who see Medi-Cal patients through a managed care Medi-Cal plans, who in many instances have contractual obligations to maintain active status with traditional fee-for-service Medi-Cal.

The DHCS Provider Enrollment Division has indicated that a rescheduled implementation of the mass deactivation will be announced at a later date.

CMS OPEN PAYMENTS DATA SHOWS THAT ONLY 5.6% OF PHYSICIANS LOOKED AT THEIR RECORDS

The Centers for Medicare and Medicaid Services (CMS) announced last week that in 2016, only 5.6 percent of physicians nationwide reviewed their data under the Medicare Open Payments program.

Under the Open Payments program, drug and medical device manufacturers are required to report their financial interactions with licensed physicians – including consulting fees, travel reimbursements, research grants and other gifts.

Medicare publicly released calendar-year 2016 Open Payments data on June 30

following a 45-day period during which physicians were able to review their data and dispute errors.

According to CMS, only 34,871 physicians (5.6 percent) of the 630,824 physicians who received payments in 2016 registered to review their data.

Physicians can still review the records and dispute the data even though the official review-and-dispute period ended on May 15. Unresolved disputes or corrections will be reflected in the next scheduled database update.

Physicians who are not already registered should be aware that there is a two-step process to register for the Open Payments program. The first step requires physicians to register at the CMS Enterprise Identity Management System portal, a step many physicians may have already completed as the gateway enables access to some other CMS programs. Step two is to register in CMS' Open Payments system.

Physicians who have already registered, but who have not accessed their account in the past 60 days, will need to unlock their account by going to the CMS Enterprise Portal. It will prompt you to enter your user ID and correctly answer all challenge questions, then you will be prompted to enter a new password.

Users who registered last year, but who have been inactive for more than 180 days, will need to reactivate their account by contacting the Open Payments Help Desk at openpayments@cms.hhs.gov or (855) 326-8366.

SURVEY FINDS NATION'S PHYSICIANS NOT READY TO FULFILL MACRA REPORTING REQUIREMENTS

Fewer than one in four physicians feel ready to meet the Centers for Medicare and Medicaid Services (CMS) Quality Payment Program (QPP) reporting requirements, according to a survey of 1,000 physicians conducted by the American Medical Association (AMA).

QPP is the new physician payment system created by the Medicare Access and CHIP Reauthorization Act (MACRA). It replaces the fee-for-service reimbursement model with two paths to choose from: the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APM).

Over half of those surveyed (56 percent) plan to participate in MIPS in 2017, which provides variable incentive payments or penalties based on certain quality and efficiency measures, while 18 percent are

expecting to qualify for higher and more stable payments as APM participants.

The survey also found that a majority (51 percent) of physicians who are involved in practice decision-making feel somewhat knowledgeable about MACRA and the QPP, but only 8 percent describe themselves as "deeply knowledgeable" about the program and its requirements. Additionally, 90 percent felt the reporting requirements were "somewhat" or "very" burdensome.

AMA, the California Medical Association (CMA) and other physician groups have stressed to CMS the importance of establishing a QPP transition period. As a direct result of this advocacy, physicians only need to report on one quality measure for one patient during 2017 in order to avoid a payment penalty in 2019 under MIPS. CMS has also proposed extending the transition into 2018.

To help physicians understand the payment reforms and prepare for the transition, CMA has published a MACRA resource page at www.cmanet.org/macra. There, you will find an overview of MACRA and a comprehensive list of tools, resources and information from CMA, AMA and CMS.

NASEM ISSUES MAJOR REPORT ON PAIN MANAGEMENT AND OPIOID USE

The National Academies of Science, Engineering, and Medicine (NASEM) issued a report last week, "Pain Management and the Opioid Epidemic: Balancing Societal and Individual Benefits and Risks of Prescription Opioid Use," detailing the dual public health challenges of undertreated pain and opioid use disorder. The report, requested by the U.S. Food and Drug Administration (FDA), highlights actions health care professionals and government agencies could take to stem the prevalence of opioid misuse without denying access to opioids for patients suffering from pain.

The 18-member committee that worked over a year on the report recommended actions that include expanding access to treatment for opioid use disorder, weighing societal impacts in opioid-related regulatory decisions and investing in research to better understand the nature of pain and development of treatment alternatives.

The report also urged public health agencies to work toward universal access to evidence-based interventions for pain management and substance abuse, including comprehensive pain management treatment programs and full coverage of medications approved to treat opioid use disorder.

The committee also recommended that the FDA develop a systems approach for opioid approval decisions that incorporates the public health consequences into its existing risk-benefit model.

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
- Well established in the area and poised for high growth
- Opportunity to concentrate on women's health issues both young adults to adults
- 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 coverage rates? MERCER is endorsed by CMA & VCMA. (800) 842-3761

OFFICE SPACE AVAILABLE

Oxnard – Conveniently located, ground level, medical space in professional class A building. Space contains a well-appointed reception area, 4 modern exam rooms with exam tables, 1 large private office, 1 in-suite restroom and break area. This is a corner suite with large windows providing ample natural light in all exam rooms and the private office. The suite is very clean with 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, with questions.

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

Oxnard – Medical office in prime location, Palms Medical Plaza. 1640 sq feet, comes fully furnished, networked, with 2 large 'procedure rooms', Newer 2 story medical building, several plumbed exam rooms, multiple work areas, in-suite restroom. Easy access to building, with own parking lot. Large windows with green view. Newly painted. All utilities and cleaning included in rent of \$4,750. Contact (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

MARK YOUR CALENDAR

August 2 – FREE Webinar: Maximize your MIPS Advancing Care Information (ACI) score with leading industry expert David Ginsberg. 12:30-1:45pm. Email: marycarr@venturamedical.org to request pre-registration link. VCMA Members only.

August 19 – Meet with our State Legislators 10:30am-12:30pm, Saturday morning Discuss "Being Mortal" and other End of Life issues with Sen. Hannah-Beth Jackson, Sen. Henry Stern and Assembly Member Jacqui Irwin at the home of VCMA Pres-elect Colleen Copelan and CMA Trustee, Ron Thurston RSVP: marycarr@venturamedical.org

September 14 - VCMA General Membership Dinner Meeting – Elizabeth McNeil, CMA Federal Lobbyist; Palm Garden Hotel, Newbury Park, 6pm Exhibitor Reception, 7pm Dinner/Program RSVP: marycarr@venturamedical.org

October 25 - Annual OSHA Staff Training, Courtyard by Marriott, Oxnard. Contact the VCMA office for registration

November 16 - Annual Gala Installation of Officers, 6-9pm, Camarillo Ranch House, keynote speaker Dustin Corcoran, CMA CEO.

CMA WEBINARS

Free access to both live and on-demand webinars updating you and your staff on key issues affecting physicians. Upcoming webinars include:

August 2 Pregnancy and Breastfeeding Accommodations: Know Your Rights 12:15pm-1:15pm

August 16 The Pursuit of Happiness: A Practical Approach to Depression Treatment and Suicide Prevention in Young Adults 12:15pm-1:15pm

August 23 The Pursuit of Happiness: A Practical e Buzz on Zika: Should We Still Be Concerned? 12:15pm-1:15pm

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.