

Administrative Office: 805 / 484 - 6822

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September 30, 2015

CALIFORNIA HAS THE MOST EXCHANGE ENROLLEES IN THE U.S.

California has enrolled more people through its Affordable Care Act (ACA) health insurance exchange of any state, with about 1.4 million enrollees as of June 30, according to new federal data. California surpassed Florida – with 1.3 million exchange enrollees as of the end of June – to have the highest exchange enrollment.

Nationwide, 9.9 million U.S. residents signed up for the ACA. About 7.2 million consumers purchased coverage through the federal exchange and 2.7 million purchased coverage through state-based exchanges.

Of those who purchased coverage in California, 9,302 people who just purchased catastrophic coverage; 350,225 bought a bronze plan; 895,657 bought a silver plan; 74,067 purchased a gold plan; and 64,316 bought a platinum plan.

Covered California open enrollment for 2016 begins November 1, 2015, and ends January 31, 2016. For more information on the exchange's 2016 offerings, click here.

With so many patients relying on exchange plans for their health care, it is even more critical that physician practices understand their participation status. For help verifying your participation status, see the California Medical Association's (CMA) "Surviving Covered California" tip sheets. These documents are available free to members in CMA's online resource library at www.cmanet.org/resource-library.

CMA also continues to monitor the problem of health plan network directory accuracy. Last November, the California Department of Managed Health Care (DMHC) released the results of an audit of the Anthem Blue Cross and Blue Shield Covered California networks. Among other things, the audit found that 12.8 percent of the physicians listed on Anthem's network were not accepting Covered California patients, while 12.5 percent were not in practice at the location listed in Anthem's directory.

In the case of Blue Shield, only 56.7 percent of the physicians listed in its Covered California directory could be verified as accepting Covered California

patients. These inaccuracy rates were consistent with CMA's and some county medical societies' own verification efforts and analyses.

DMHC will be conducting a follow-up of its audit this fall to determine whether the health plans have resolved their inaccurate network directories. Physicians who are misidentified as participating in a Covered California network when in fact they are not, or whose information in a network directory is inaccurate, are urged to contact CMA's Center for Economic Services at (888) 401-5911 or economicservices@cmanet.org.

VCMA Installation Gala

Honoring Incoming VCMA President Jeffery Davies, DO and the 2016 Board of Governors

Thursday, November 5

Wedgewood at The Tower Club

300 Esplanade Drive, Oxnard

6-7pm Reception

7pm Buffet Dinner & Installation Program

RSVP: julie@venturamedical.org

AUDIT SAYS STATE LAB OVERSIGHT IS DUPLICATIVE, SHOULD BE ELIMINATED

On September 10, the California Bureau of State Audits issued a report that said the California Department of Public Health's (CDPH) Laboratory Field Services should be eliminated because it duplicates a service provided by the Centers for Medicare and Medicaid Services (CMS).

CMS regulates all human laboratory testing in the U.S. through the Clinical Laboratory Improvement Amendments system. In California, labs must also be licensed through the state's Laboratory Field Services. This dual regulatory system is a huge burden on physician-operated labs in our state, and the California Medical Association has for many years advocated for the elimination of this unnecessary and duplicative licensing system.

In a letter to legislators and the governor, the auditors said the oversight provided by CDPH was "redundant and ineffective,"

and that eliminating its laboratory oversight would save labs from unnecessary and duplicative fees and inspections.

The audit also found that not only is the state's laboratory oversight unnecessary and duplicative, but it is also ineffective—only performing half of the required biennial inspections in 2013 and 2014; failing to investigate laboratory-related complaints; and without a process to ensure that it is aware, in a timely manner, when out-of-state labs that are licensed in California fail required proficiency testing.

VENTURA COUNTY FOUNDATION FOR MEDICAL CARE (VCFMC) LOOKING TO SEAT NEW BOARD MEMBERS

The Ventura County Foundation for Medical Care (VCFMC) is reorganizing and will be electing a new Board of Trustees. The reorganization meeting is set for Thursday, October 1st at 6:30pm in the VCMA conference room, 601 E. Daily Dr., #129, Camarillo.

VCFMC was originally incorporated by VCMA in 1971 for the purpose of contracting with health plans to provide local claims processing and access to patients for local physicians. Today, it is a network of 800+ local physicians and ancillary care providers, and is part of the California Foundation for Medical Care, a state-wide provider network. VCFMC currently contracts with the County of Ventura for their employee health plan.

At this juncture, VCFMC could seek other contracts for its provider network, and has the potential for greater growth through its alliance with the VCMA and the California Medical Association. An exciting development is the CMA's announced plan to develop a statewide Physician Services Organization that could provide infrastructure for expanded contracts and relationships. We hope that this will provide additional value-added benefit to VCMA physicians.

All interested physicians are invited to attend the meeting. If you are interested in attending, serving on the VCFMC Board, or would like to learn more, please contact the VCMA office at (805) 484-6822, or send an email to marycarr@venturamedical.org.

NPS AND PAS CAN SIGN POLST FORMS BEGINNING IN 2016

A new law (Assembly Bill 637) recently signed by Gov. Jerry Brown will allow nurse practitioners (NP) and physician assistants (PA), under the direction of a physician and within their scope of practice, to sign Physician Orders for Life-Sustaining Treatment (POLST) forms and make them actionable medical orders. The law goes into effect on January 1, 2016.

The POLST form is a legally recognized document that outlines a plan of care reflecting patients' wishes concerning medical treatment and interventions toward the end of their lives.

CMA co-sponsored AB 637, citing the importance of POLST as a tool for honoring end-of-life care preferences. The new law will result in increased use of POLST orders by allowing nurse practitioners and physician assistants the ability to sign the document so that it legally goes into effect immediately. Therefore, patients can exercise more control over the medical treatment they receive.

End-of-life conversations are never simple, but POLST is a powerful tool for physicians to use to help patients consider the level of care they want and need at the end of life. Thoughtful end-of-life planning can make a patient's last few weeks, months, or even years far more satisfying.

CMA publishes a POLST Kit, which includes legal forms and wallet identification cards, and answers frequently asked questions about end-of-life issues. Physicians are encouraged to keep a supply of forms in their offices for use when having end-of-life discussions with patients.

For more information on POLST, see CMA On-Call document #3451, "Decisions Regarding Life-Sustaining Treatment: Advance Directives and POLST," and visit CMA's website for more resources on end-of-life decisions at www.cmanet.org/endoflife.

CMA DEFEATS BILL THAT WOULD HAVE TRANSFERRED NEGOTIATING POWER TO HEALTH PLANS AT THE EXPENSE OF PHYSICIANS

CMA has defeated a bill that would have drastically changed the current health care marketplace by allowing a massive transfer of negotiating power to the health plans at the expense of physicians. Assembly Bill 533 was an attempt to shield patients from billing disputes between providers and health plans and would have required non-contracted physicians and

dentists to accept Medicare rates as payment in full when performing services in a contracted or "in-network" facility.

Although CMA is in favor of removing patients from billing disputes between health plans and out-of-network physicians, this specific solution was unacceptable and would have transferred far too much power to health plans. If physicians were required to accept Medicare rates, the plans would have no motivation to contract with physicians. This not only would have eliminated physicians' abilities to negotiate fair contracts and payment rates, but also would have incentivized plans to maintain narrower networks—without any punishment for failing to maintain adequate networks.

In the late days of the session, the bill's author—Assemblymember Rob Bonta (AD 18, Alameda County)—transformed AB 533 from a bad bill into a hostile act against the medical profession. Overnight, the bill became essentially a health plan-sponsored bill, with the strong support of consumer groups and organized labor.

AB 533 would have done more harm than good by giving massive market power and profits to health plans and insurers, while placing unfair burdens on the state's physicians and patients.

The measure would also have implemented a three-day delay for patients accessing out-of-network physicians under a PPO plan and created complications for physicians with an undefined dispute resolution process.

CMA fought the measure to the end, rallying physicians and lobbying against it until a final vote was taken at midnight on the last day of the legislative session. Ultimately, the bill did not receive enough votes to advance.

UNITED HEALTHCARE TO IMPLEMENT NEW MULTIPLE PROCEDURE PAYMENT REDUCTIONS EFFECTIVE NOVEMBER 15

In its August 2015 Network Bulletin, United Healthcare (UHC) announced that, beginning with November 15, 2015, dates of service, multiple procedure payment reductions (MPPR) will be applied to several types of services, including:

- Technical component of diagnostic cardiovascular and ophthalmology procedures
- Professional component of diagnostic imaging services
- Some endoscopy procedures

UHC reports that it is implementing the reductions to better align with the Centers for Medicare & Medicaid Services (CMS). The new claim edits will apply for UHC commercial claims. Policy changes include:

Diagnostic cardiovascular – MPPR will apply to the technical component of cardiovascular services with a multiple procedure indicator (MPI) of 6, as indicated by CMS, when multiple services are provided to a patient on the same day by the same physician or multiple physicians in the same group practice reporting under the same federal tax identification number (TIN). Services will be ranked by the CMS Total Non-Facility Relative Value Unit (RVU). The services with the highest RVU will be considered primary service and will be processed at 100 percent of the allowable amount. Second and subsequent services will be reduced by 25 percent of the allowable amount. Procedure codes subject to this policy can be viewed by going to the CMS 2015 Physician Fee Schedule. Once there, click on the "2015 RVU15A" file, then download the "RVU15A (Updated 1/8/15)" file, then open the file titled "PPRRVU15_V1223c.csv." The codes with a MPI of 6 (as indicated in column S "MULT PROC") are subject to this new policy.

Diagnostic ophthalmology services – MPPR will apply to the technical component of ophthalmology services with MPI of 7, as indicated by CMS, when multiple services are provided to a patient on the same day by the same physician or multiple physicians in the same group practice reporting under the same federal TIN. Services will be ranked by the CMS Total Non-Facility RVU. The services with the highest RVU will be considered primary service and will be processed at 100 percent of the allowable amount. Second and subsequent services will be reduced by 20 percent of the allowable amount. Procedure codes subject to this policy can be viewed by going to the CMS 2015 Physician Fee Schedule. Once there, click on the "2015 RVU15A" file, then download the "RVU15A (Updated 1/8/15)" file, then open the file titled "PPRRVU15_V1223c.csv." The codes with a MPI of 7 (as indicated in column S "MULT PROC") are subject to this new policy.

Diagnostic imaging services – MPPR will apply to the professional component when multiple diagnostic imaging services assigned a MPI of 4 are furnished to the same patient in the same session by the same physician or multiple physicians in the same group practice reporting under

the same federal TIN. Services will be ranked by the CMS Total Transitional Non-Facility RVU. The services with the highest RVU will be considered primary and processed at 100 percent of the allowable amount. Services with the lower RVU will be considered secondary and subsequent and reduced by 25 percent of the allowable amount. Procedure codes subject to this policy can be viewed by going to the CMS 2015 Physician Fee Schedule. Once there, click on the "2015 RVU15A" file, then download the "RVU15A (Updated 1/8/15)" file, then open the file titled "PPRRVU15_V1223c.csv." The codes with a MPI of 4 (as indicated in column S "MULT PROC") are subject to this new policy.

UHC reports that it will not apply professional component reductions when services are reported with modifier 59 or XE to identify different sessions.

Additionally, UHC announced it will also begin applying a multiple endoscopic reduction, in line with CMS, when multiple procedures are performed on the same day, by the same physician or multiple physicians in the same group practice reporting under the same federal TIN for commercial claims with a date of service on or after November 15, 2015. For more information on the details of the policy, see the UHC August Network Bulletin 2015 (page 25) on the UHC website.

Physicians are encouraged to review all of the multiple procedure reduction changes to understand how the changes will affect their individual practices.

Questions about any of the claims editing rules or payment policies can be directed to UHC at (877) 842-3210.

CDC SAYS FLU VACCINE BETTER MATCH FOR 2015

The Centers for Disease Control and Prevention (CDC) announced that the flu shot available to the public this year is a much better match for the flu virus that is expected to circulate during this year's flu season. Last season's vaccine did not protect against a particular strain of H3N2 flu virus – known as the "Switzerland variant" – causing the vaccine's effectiveness rate against the H3N2 strain to be only about 13 percent.

In an effort to get it right in 2015, scientists scrutinized 199 flu specimens collected in the United States and elsewhere between May 24 and Sept. 5. The majority of those specimens were H3N2 viruses and all were built in a way that should make them vulnerable to this

year's vaccines, according to the CDC's latest Morbidity and Mortality Weekly Report (MMWR).

In the United States, annual influenza vaccination is recommended for all persons aged 6 months and older who do not have contraindications. Manufacturers of the vaccine expect this season to see the largest supply of influenza vaccine distributed in the United States during one season with the exception of the 2009 pandemic.

L.A. CLOSE TO BANNING SMOKELESS TOBACCO USE AT ALL SPORTS VENUES IN CITY LIMITS

Following the footsteps of its Bay Area neighbors to the north, the Los Angeles City Council voted unanimously (14-0) to ban smokeless tobacco use from all sports venues within city limits. The rule will apply to players and fans alike.

The city attorney was given 30 days to draft the new law, which could take effect as soon as January, according to the Los Angeles Times.

The San Francisco Board of Supervisors passed a similar ordinance against tobacco in April that prohibited the use of all tobacco products at baseball venues within the city and county. Like L.A.'s measure, San Francisco's injunction includes a ban on chewing tobacco and snuff and applies to everyone attending the venues.

Los Angeles Councilmember Jose Huizar, who introduced the motion in June, said such measures are past due.

The Los Angeles Dodgers are among those in support of the ordinance.

The action of the Los Angeles City Council comes at a time when state Gov. Jerry Brown is set to consider a statewide ban on tobacco in every California ballpark. A bill to prohibit smokeless tobacco at those sites has already been passed by both the Senate and Assembly and is currently sitting on the governor's desk for a decision.

Tobacco use is the single most preventable cause of death and disease in California, claiming the lives of nearly 40,000 people each year. It costs the state \$9 billion in health care costs annually, placing a significant burden on California's already overstressed health care system.

CMA Reimbursement Helpline

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

888/401-5911

MARK YOUR CALENDAR

For more information go to Calendar Tab at venturamedical.org

October 15-18 – CMA House of Delegates, Disneyland Hotel

October 28 – Annual OSHA Mandated Staff Training 11:30am-2pm, Courtyard Marriott, Oxnard. \$65 pp includes lunch. 484-6822 or julie@venturamedical.org to request registration form.

November 5 – VCMA Gala Installation for incoming 2016 President, Jeff Davies, DO Tower Club, Oxnard (see page 1)

December 9 & 16 – Professionalism in the Medical Office, 2 Part Practical Training Sessions for Staff 8:30-10am each day, VCMA Conference Room, \$75 pp.

CLASSIFIEDS

Free listings for VCMA members. Submit ad info to: 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

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.

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

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

Fall Prevention Education and Services

Goal is to decrease repeated falls in elderly residents: fall prevention; patient evaluation in the hospitals, to a home evaluation, for safety improvement (depending on the outcome of the victim's ultimate morbidity).

Also free evidence based patient classes being offered throughout the county: Tai Chi, Stepping On, Walk with Ease, Matter of Balance. Monique.Nowlin@ventura.org for patient referrals and information flyers.
