

Administrative Office: 805/484-6822

www.venturamedical.org

September 8, 2017

NO-COST MACRA TECHNICAL ASSISTANCE AVAILABLE TO CALIFORNIA PHYSICIANS

The Health Services Advisory Group, in partnership with the California Health Information Partnership & Services Organization (CalHIPSO), is providing no-cost technical assistance to physician offices in California to help them prepare for and participate in the Quality Payment Program (QPP), established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

During the 2017 transition, eligible physicians and other clinicians have multiple options for participation. Choosing one of the three "pick your pace" options will ensure you do not receive a negative payment adjustment in 2019.

Don't wait until it's too late! If your practice is attempting to earn a small bonus payment by reporting on a full 90 days, your performance period must begin no later than October 2, 2017. Contact CalHIPSO now to register for services and receive no-cost technical assistance.

CalHIPSO is also hosting a CMA webinar on September 20 to answer physician questions about MACRA reporting. The webinar will review the pick-your-pace options and ensure you're satisfying the requirements of your reporting category. It will also highlight resources available to help you avoid a negative payment adjustment and identify successful strategies to improving quality care.

CMA MACRA Resource Center

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, the American Medical Association and the Centers for Medicare and Medicaid Services.

ANTHEM BLUE CROSS RESCINDS TERMINATION OF MEDICARE ADVANTAGE AGREEMENT WITH BROWN & TOLAND

Anthem Blue Cross has reached an agreement to extend its Medicare Advantage contract with Brown & Toland Physicians. Although Anthem Blue Cross previously announced the contract would be terminated effective October 1, 2017, the parties have since signed a contract extension through December 2018.

The termination would have affected approximately 1,900 Medicare Advantage enrollees in San Francisco. Click here to see the letter sent from Brown & Toland.

Physicians with questions can contact Brown & Toland Physician Services at physicianservices@btmg.com.

MARK YOUR CALENDAR

General Membership Dinner Meeting

Speaker: Elizabeth McNeil

CMA Federal Lobbyist

"Behind the Scenes of National Health Care Bills"

Thursday, September 14

6pm Exhibitor Reception

7pm Dinner/Program

Complimentary dinner for ALL physicians

Palm Garden Hotel

495 Ventu Park Rd., Newbury Park

- RSVP EXTENDED TO Sept. 12 - marycarr@venturamedical.org

CDPH RELEASES GUIDE ON NEW CANCER PATHOLOGY REPORTING REQUIREMENTS

California recently passed legislation that requires electronic reporting of cancer pathology results to the California Cancer Registry (CCR). Pathologists will be required to report cancer diagnoses electronically to CCR beginning January 1, 2019.

The new electronic reporting requirements will allow a broader use of

the data—including clinical trials matching, responding to community cancer concerns with more timely data and identifying data for research studies requiring rapid identification of cancer cases.

To help health systems, laboratories and pathologists meet new electronic-reporting requirements, the California Department of Public Health (CDPH) has released the California Cancer Registry (CCR) Electronic Pathology Reporting Standards Implementation Guide.

The implementation guide defines the reporting requirements and provides standardized formats for electronic pathology reporting of cancer diagnosis.

CCR is a statewide population-based cancer registry recognized as one of the leading cancer registries in the world and has been the cornerstone of a substantial amount of research on cancer in the California population.

HAS A CONTRACTED PAYOR STOPPED PAYING CLAIMS?

CMA has recently received an increased number of calls from physicians reporting concerns that some of the entities with whom they contract may have run into financial difficulties.

One of the symptoms of an insolvent health plan, IPA or other payor is the failure to pay claims in a timely manner. Another indication of financial distress is a payor that cuts checks within the statutory timeframes, but does not release the checks in a timely manner.

If you are experiencing repeated payment delays, you should investigate the financial health of the payor. To help physicians monitor the financial health of their contracted payors, CMA has put together a Payor Solvency Checklist. The checklist, available free to members in the CMA Resource Library, includes instructions on how to research and monitor the financial solvency of your contracted medical groups/IPAs, and discusses options available to physicians in the event a payor stops paying claims.

UNITEDHEALTHCARE PLANS TO DISCONTINUE PAYMENT FOR CONSULTATION SERVICES

Citing alignment with a policy implemented by the Centers for Medicare and Medicaid Services (CMS), and in response to misuse of consultation service codes, UnitedHealthcare (UHC) has announced that it will no longer reimburse consultation services for commercial product lines effective October 1, 2017. Consultation services previously represented by CPT codes 99241-99245 and 99251-99255 will now need to be billed utilizing the appropriate evaluation and management (E/M) procedure code that describes the office visit, hospital care, nursing facility care, home service or domiciliary/rest home care.

CMA, in conjunction with a number of other state medical societies, issued a letter to UnitedHealthcare expressing serious concerns regarding its decision to no longer pay for consultation codes. In the letter, CMA and others questioned UHC's claim that this change will be a "budget neutral experience" due to Relative Value Unit changes made to E/M codes in recent years. The joint letter also questions UHC's statement that it found a misuse of consultation codes for commercial patients after an extensive data survey. Instead, CMA and others recommended that UHC address concerns with physicians directly rather than implement a broad policy penalizing physicians who bill these codes correctly.

If you have any additional questions or wish to voice concerns about the UHC policy change, please contact UnitedHealthcare Network Management or your assigned UHC Physician Advocate.

CALIFORNIA CONGRESSMEN INTRODUCE BILLS TO ADDRESS PHYSICIAN SHORTAGE

Two important bills have been introduced in Congress to address our state's serious physician shortage and improve access to care in California.

The first bill, the **Training the Next Generation of Primary Care Doctors Act of 2017 (HR 3394)**, would reauthorize for an additional three years the Teaching Health Center Graduate Medical Education (GME) program that

was established by the Affordable Care Act (ACA). The Teaching Health Center program is a community-based primary care physician training program that has been extremely successful in expanding the physician workforce in underserved areas. This bill would also expand the number of residency positions available within existing teaching health centers and establish sustainable funding. This bill has bipartisan cosponsorship by California Congressmen Raul Ruiz, M.D. (D-Palm Springs), Jeff Denham (R-Modesto) and David Valadao (R-Fresno). The second bill, the **Comprehensive Additional Residency Expansion Act (HR 3451)**, introduced by Congressman Jeff Denham (R-Modesto) and sponsored by the California Medical Association (CMA), would build on HR 3394. The Teaching Health Center GME program currently supports 742 residents at 59 teaching health centers. This bill would add an additional 240 residency slots to train new physicians and authorize 10 new teaching health centers. It would also require the new teaching health centers be located in areas with a disproportionate share of Medicaid patients to help alleviate physician shortages and access to care in underserved regions.

These bills are critically important because California is experiencing a severe shortage of primary care physicians, particularly in the rural and Central Valley regions of the state. Our state has one of the lowest primary care physician to patient ratios in the nation. Only 10 percent of physicians practice in rural areas nationwide, although 25 percent of the population resides in these regions.

CMA URGES CMS TO FURTHER REDUCE MACRA ADMINISTRATIVE BURDENS

The CMA recently submitted comments on proposed 2018 changes to the Medicare Quality Payment Program (QPP), established by the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).

Though not perfect, CMA is pleased that the Centers for Medicare and Medicaid Services (CMS) has listened to physician feedback and has made changes that will significantly reduce the administrative burdens on physicians, particularly for small and rural practices.

Under the proposed rule, 2018 will be another transition year like 2017. This means that physicians who report only one quality measure in 2018 can avoid all penalties in 2020. CMS estimates that under the proposed 2018 MACRA rule, 94 percent of physicians will earn either a positive or neutral payment adjustment in 2020 for the 2018 reporting year. Thirty-seven percent of physicians are expected to be exempt because of the low-volume threshold. The proposal would also allow virtual groups and provide bonus points for physicians treating complex patients.

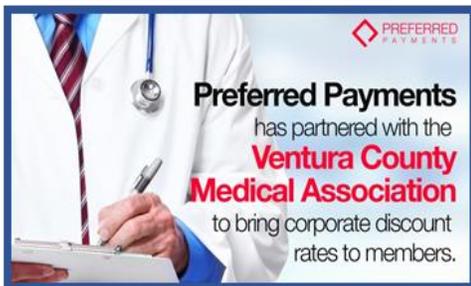
Among the additional changes CMA is seeking are a reduction in the number of electronic health record (EHR) measures; expanding the adjustments for complex patients; removing the requirement to report all payer data; and exempting physicians within five years of retirement. CMA is also urging CMS to hold EHR vendors more accountable.

Major highlights of the proposed rule include:

- Continues 2018 as a "Pick Your Pace" transition year, during which physicians can easily avoid all penalties.
- Provides additional accommodations for small and rural practices, including automatic bonus points for small practices.
- Expands the total exemption to physicians with \$90,000 or less in Medicare Part B allowed charges or 200 or fewer Medicare patients.
- Allows virtual groups to organize and help small practices pool resources to report successfully.
- Provides bonus points for physicians treating complex patients, including dual-eligible patients.
- The flawed "resource use" (physician cost) category will not count again for the 2018 reporting year.
- Continues to allow use of the 2014 edition of Certified Electronic Health Record Technology.
- Provides new Advancing Care Information (EHR) hardship exemptions for physicians in small practices.
- Provides exemptions from all Advancing Care Information (EHR) requirements if a physician's EHR is decertified.

- Provides new bonus points for Advancing Care Information (EHR) requirements.
- Permits physicians to continue to report modified stage 2 meaningful use measures in 2018 instead of new stage 3 measures.
- Provides new options to use facility-based scoring for facility-based physicians who provide more than 75 percent of their services in an in-patient setting or through the emergency department.
- For Alternative Payment Models (APM), extends the current, more reasonable nominal financial risk requirement of 8 percent of total Medicare revenue for two more years.
- Reduces the financial risk requirements for APM medical homes.
- Reduces reporting burden for the Merit-Based Incentive Payment System and APMs.

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YOUR VACCINE RECOMMENDATION IS A CRITICAL FACTOR IN PROTECTING PATIENT HEALTH

Patients trust you to give them the best counsel on how to protect their health. You know that immunization is an important preventive measure – but it's unlikely that getting vaccinated is on the radar for your adult patients. Your strong recommendation is critical in ensuring that they get the vaccines they need to help them stay healthy.

Adults are not getting the vaccines they need. The latest data from the Centers for Disease Control and Prevention (CDC) shows that vaccination rates for adults are extremely low. For example, rates for Tdap and zoster vaccination

are 28 percent or less for adults who are recommended to get them. Even high-risk groups are not getting the vaccines they need – only 20 percent of adults 64 years or younger who are at increased risk for complications from pneumococcal disease are vaccinated. This means that each year tens of thousands of adults needlessly suffer, are hospitalized, and even die as a result of diseases that could be prevented by vaccines.

Since many adults are not up-to-date on their vaccines, all health care professionals should use every patient encounter as an opportunity to assess whether any vaccines are needed.

If the patient is due for a vaccine, make a strong recommendation that you advise getting the vaccine because it can help protect them against a disease that could be serious.

- Share the tailored reasons why the recommended vaccine is right for the patient, given his or her age, health status, lifestyle, job, or other risk factors.
- Highlight positive experiences with vaccines (personal or in your practice) to reinforce the benefits and strengthen confidence in vaccination.
- Address patient questions and any concerns about the vaccine, including side effects, safety, and vaccine effectiveness in plain and understandable language.
- Remind patients that vaccines protect them and their loved ones from many common and serious diseases.
- Explain the potential costs of getting vaccine-preventable diseases, including serious health effects, time lost (missing work or family obligations), and financial costs.

Some patients may need additional time to consider information about vaccines or want more details than can be provided during a single office visit. There are a number of things you can do to help these patients stay on track with recommended vaccinations:

- Provide educational materials or trusted websites for them to review.
- Send reminders about needed vaccines.

- Document the conversation and continue the discussion at the next visit.

To download free patient education materials or find resources on addressing patient questions and concerns about adult vaccines, visit www.cdc.gov/vaccines/hcp/adults.

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 –Ground level in professional building. Reception area, 4 exam rooms with exam tables, 1 large private office, 1 in-suite restroom and break area. 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

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 Palms Medical Plaza. 1640 sq feet, fully furnished, networked, with 2 large 'procedure rooms', 2 story medical building, multiple work areas, in-suite restroom. All utilities and cleaning included in \$4,750 mo. Call (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

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

September 27- Medicare Workshop 11am-1:30pm; Arthur Lurvey, MD, Noridian Medicare Medical Director at Courtyard by Marriott, Oxnard. One-on-one consult with Dr. Lurvey available 11am-noon. Contact the VCMA office for registration

October 25 - Annual OSHA Staff Training, 11:30am – 1:30pm Courtyard by Marriott, Oxnard. Contact the VCMA office for registration

November 16 - Annual 'Western Extravaganza' 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:

September 13 Medical Staff Self Governance and the Tulare Medical Staff Trial 12:15pm-1:15pm 

September 20 MACRA: Guidance on the Merit Based Incentive Payment System (MIPS) 12:15pm-1:15pm

September 27 Assembly Bill 72: How to Challenge the Interim Payment for Out-of-Network Services at In-Network Facilities 12:15pm-1:15pm

www.cmanet.org to register. Please register at least one hour before presentation. 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.

NETWORK OF ETHNIC PHYSICIAN ORGANIZATION (NEPO) BUILDING HEALTHY COMMUNITIES SUMMIT

Taking place immediately before the California Medical Association (CMA) House of Delegates on October 19-20, at the Disneyland Hotel in Anaheim – and the early-bird price of only **\$199** ends on September 15.

The 2017 NEPO summit, **Striving for Health Equity in the Era of Change**, is a unique and exciting educational event for physicians, public health professionals, and community leaders. The conference will focus on emerging health policy issues and finding solutions to tackle changes in health care as we strive to achieve health equity and reduce health disparities.

For more information or to register, click here!

Or search 'NEPO Summit' at cmanet.org

In addition to earning up to **12 AMA PRA Category 1 Credits™**, the summit represents a unique opportunity to meet with the leaders of California's ethnic physician organizations.

CMA WEBINAR: MEDICAL STAFF SELF GOVERNANCE AND THE TULARE MEDICAL STAFF TRIAL

Medical staff self-governance is a vital part of the carefully crafted system designed to ensure the delivery of quality patient care in California hospitals. This webinar will provide an overview of the rights and responsibilities of the self-governing medical staff under federal and California law including credentialing, establishing clinical criteria and standards, organizing committees to monitor patient care, reviewing medical records, working with hospital administrators and governing bodies, and peer review, among other things, including the CMA Organized Medical Staff Section (OMSS) and the benefits of membership. This webinar will also discuss the recent lawsuit against the Tulare Regional Medical Center for violating self-governance rights of its medical staff and an update on where the case stands.

This webinar is free to CMA and OMSS members (\$99 for non-members).

Presenter:

Long Do is Legal Counsel and Director of Litigation in the CMA Center for Legal Affairs. He manages CMA's activities in the courts and regulatory agencies. Please register at least one hour before the webinar. Questions: 800-786-4262.