

## **Up-to-the-minute legislative and organizational events & issues**

### **CDPH REVISES GUIDANCE ON PARKINSON'S REPORTING REQUIREMENTS**

Effective July 1, 2018, physicians and licensed independent practitioners will be required to report cases of Parkinson's disease to the California Department of Public Health (CDPH). Licensed independent practitioners holding the following credentials who diagnose or treat Parkinson's disease patients are required to report: Doctor of Medicine (M.D.), Doctor of Osteopathy (D.O.), Physician's Assistant (P.A.), and Nurse Practitioner (N.P.). All providers required to report must first register with CDPH through the designated gateway at <https://hie.cdpn.ca.gov/>.

In April, CDPH issued details about how health care providers can comply with the reporting mandate. Since the issuance of the initial guidance, the California Medical Association (CMA) and other stakeholders expressed concerns to CDPH about the scope, breadth and timing of this new reporting obligation.

CDPH has since revised its California Parkinson's Disease Registry Implementation Guide to address several of these concerns. Among the changes are limiting the number of reportable ICD-10 codes to only include patient encounters for diagnosis or treatment of Parkinson's Disease or Parkinsonism occurring on or after July 1, 2018. CDPH has also specified that while any encounter type can trigger the requirement to report, such as outpatient visits, ancillary encounters are excluded (e.g., lab, imaging, cardio-pulmonary and therapies). The revised Implementation Guide provides a flow chart of reportable Parkinson's Disease cases to assist providers in determining their reporting obligations.

CMA and other stakeholders continue to work closely with CDPH to reduce the administrative burden these reporting requirements may pose on health care professionals.

CDPH has also extended the reporting compliance date for cases encountered

during the first quarter the law is in effect (July 1 to September 30, 2018) from 90 days to 180 days. Thus, providers who have trouble getting registered or interfacing with the CDPH reporting portal or who initially simply need more time will have 180 days from the date of diagnosis or treatment of a Parkinson's case to report it. However, as of October 2, 2018, all cases must be reported within 90 days. CDPH continues to work closely with physician offices, medical groups and large health systems to optimize integration of the reporting interface with electronic health record systems. Manual entry will remain an option for all providers.

The revised Implementation Guide is available at [www.cdpn.ca.gov/parkinsons](http://www.cdpn.ca.gov/parkinsons). The guide provides information for reporting Parkinson's disease data, outlines who is required to report, the timeline for reporting, and the manual and electronic methods for transmitting data to the California Parkinson's Disease Registry.

The data collected will be used to measure the incidence and prevalence of Parkinson's disease. California's large and diverse population makes it ideal for expanding the understanding of this disease to improve the lives of Parkinson's patients.

### **WATCH YOUR EMAIL FOR VCMA MEMBER SURVEY**

*Respond to Survey Monkey by  
Sunday, July 8 and be entered in  
drawing to receive \$100 VISA Card!*

### **AMA URGES REGULATORS TO BLOCK AETNA/CVS MERGER**

The American Medical Association (AMA) has urged regulators to block the proposed acquisition of health insurer Aetna by retail pharmacy and pharmacy benefit manager CVS Health. After conducting an exhaustive analysis, AMA found evidence of the merger's likely anticompetitive effects on Medicare Part D, pharmacy benefit management

services, health insurance, retail pharmacy and specialty pharmacy.

AMA President Barbara L. McAneny, M.D., announced AMA's opposition to the CVS-Aetna deal at a hearing held Tuesday by the California Department of Insurance (CDI).

"After very careful consideration over the past months, the AMA has come to the conclusion that this merger would likely substantially lessen competition in many health care markets, to the detriment of patients," said Dr. McAneny. "AMA is now convinced that the proposed CVS-Aetna merger should be blocked."

Over the past six months, AMA conducted an intense evaluation of the proposed CVS-Aetna merger, and sought the views of prominent academic experts in health economics, health policy and antitrust law.

AMA will also file a post-hearing memorandum outlining its concerns later this month that will outline the merger's potential negative consequences for health care access, quality and affordability, including:

An expected increase in premiums due to a substantial increase in market concentration in 30 of 34 Medicare Part D regional markets.

An anticipated increase in drug spending and out-of-pocket costs for patients as Aetna and CVS fortify their dominant positions in the health insurance, pharmaceutical benefit management, retail and specialty pharmacy markets that already lack competition.

A reduction in competition in health insurance markets that will ultimately adversely affect patients with higher premiums and a reduction in the quality of insurance.

A foreseeable failure to realize proposed efficiencies and benefits because the merger faces enormous implementation challenges, and those efficiencies have a questionable evidence base.

"What the AMA heard from nationally recognized experts at today's California hearing corroborates the AMA's analysis

and conclusions regarding the negative impact of the CVS-Aetna merger," said Dr. McAneny. "Thanks to Insurance Commissioner Jones' decision to hold this hearing, federal and state antitrust officials now have powerful reasons to block this harmful merger and foster a more competitive marketplace that will operate in patients' best interests."

The California Medical Association (CMA) has also expressed concern over the deleterious, anticompetitive effects that could result out of the proposed merger between Aetna and CVS, both behemoths in their respective industries. CMA submitted written comments on Friday, urging CDI to block the merger.

"CMA remains concerned that the proposed merger between Aetna and CVS health would result in reduced competition, higher prices and more constrained access to health care, which could be especially harmful to California patients and consumers," said CMA President Theodore M. Mazer, M.D.

#### **MARK YOUR CALENDAR**

#### **General Membership Dinner Meeting**

#### **"Candidates Forum"**

Hear panel of State Senate and Assembly candidates.

**Moderator: Janus Norman, Senior VP, Government Relations, CMA**

**Thursday, September 20**

6pm Exhibitor Reception

7pm Dinner/Program

**Complimentary dinner for**

**ALL physicians**

Spanish Hills Country Club

999 Crestview Ave., Camarillo

[marycarr@venturamedical.org](mailto:marycarr@venturamedical.org)

#### **END OF LIFE OPTION ACT REINSTATED WHILE STATE APPELLATE COURT REVIEWS ITS CONSTITUTIONALITY**

A state appellate court has stayed the Riverside County Superior Court's judgment issued on May 24, 2018, declaring California's End of Life Option Act void and unconstitutional. Due to the lower court's judgment, physicians had been advised against relying on the Act to prescribe aid-in-dying medication in caring for patients with terminal

illnesses. The appellate court's stay effectively reinstates the California's aid-in-dying law for the time-being, while the courts consider the constitutional questions surrounding the Act.

The California Attorney General's Office requested the stay to alleviate the confusion caused by the Act's invalidation. Edward Damrose, M.D., chief of staff at Stanford Health Care hospital and clinics, submitted a supporting declaration and stated that the "uncertainty over the Act is disrupting and impeding the ability of physicians to care for terminally-ill patients," and that a stay is needed to "afford more time to physicians to transition their practice and treatment of terminally-ill patients." Fourteen other declarations were submitted by terminally-ill patients, other physicians and state officials. "It is clear that, without a stay," the Attorney General argued, "terminally ill patients will suffer great harm, and some will be forever foreclosed from benefitting from any relief that this Court might eventually provide in a decision on the merits."

While the Act currently remains in full force and effect due to the appellate court's stay order, the Act's fate ultimately remains unresolved. Under the California Constitution, the legislature has authority to pass laws in a special legislative session only if they fall within, or are reasonably related to, the scope of a governor's proclamation calling for the special session. The lower court's judgment reasoned that the Act was unconstitutional because it was not reasonably related to the health care issues that were the subject of Governor Brown's proclamation for a special session in fall 2015. The appellate court has ordered full briefing on this constitutional question to be completed by July 25, 2018. Oral argument will then be scheduled and a decision from the appellate court can be expected within 30-45 days thereafter.

For more information, or if you would like to discuss the potential impact of the trial court's decision on your practice, contact the California Medical Association's Legal Information Line at (800) 786-4262 or [legalinfo@cmanet.org](mailto:legalinfo@cmanet.org).

#### **DMHC DIRECTS ANTHEM TO PUBLISH EFFECTIVE DATES FOR CLINICAL POLICIES**

In March, the CMA asked the Department of Managed Health Care (DMHC) to investigate Anthem Blue Cross' systematic failure to publish effective dates for its 241 different medical and clinical utilization management policies. Without clearly posted effective dates, the published policies cause confusion and misinform physicians and patients who have no timely method to determine which of Anthem's published policies are effective or what medical services are covered for purposes of providing clinical care, determining cost sharing arrangements, and evaluating the breadth of Anthem's coverage.

*CMA asked DMHC to look into this issue, and to require that Anthem add easily identifiable effective dates to its policies and to clearly indicate whether a posted policy is in effect in California.*

CMA also believes that Anthem's practice of not disclosing the effective dates violates Health & Safety Code §1363.5(a), which requires plans to disclose to DMHC and to network providers the process the plan uses to authorize, modify or deny health care services under the benefits provided by the plan.

*DMHC recently informed CMA that the agency has directed Anthem to include effective dates on all its guidelines and to ensure that its portal clearly notes whether particular guidelines apply in California.*

In response, Anthem indicated to DMHC that it has updated its national portal to direct providers to the appropriate state portal for state-specific guidelines. However, it does not appear that Anthem has fully complied with the DMHC order. While Anthem has published a document titled, "Clinical UM PPO Guidelines for California" on its state portal that includes effective dates, the national portal does not direct physicians back to the state portal for effective date information on its various policies as the payor stated to DMHC.

CMA has alerted DMHC to this concern and the department is looking into it further.

## **HEALTH NET TO RESCIND MODIFIER 25 AND EMERGENCY SERVICES PAYMENT POLICIES**

In March, Health Net notified physicians of planned changes to its modifier 25 and emergency services payment policies for Medicare and Medi-Cal lines of business. The California Medical Association (CMA) was opposed to these policies and has been working in coordination with many national and state specialty organizations to push back on the proposed changes.

Health Net has announced to CMA that it will not proceed with implementation of its modifier -25 and emergency services payment policies in California. Health Net will be sending out an official notice to physicians about the change. Additionally, Health Net has expressed a commitment to work with CMA and others to implement an educational program focused on providing data and feedback to physicians, as well as information on proper coding practices for emergency department services.

The policies at issue would have cut reimbursement of an evaluation and management service with modifier 25 by 50 percent when billed with a minor surgical procedure or a preventive visit (CC.PP.052 and CC.PP.057). Additionally, Health Net planned to implement a Non-Emergent Emergency Room policy (CC.PP.053), which would have reduced reimbursement for Level 4 (99284) and Level 5 (99285) emergency services to a Level 3 (99283) reimbursement rate if Health Net deemed the diagnosis was non-emergent.

Last month, at CMA's urging, Health Net agreed to delay implementation of the new policies until July 1, 2018, to allow time to review provider concerns with the new policies and to continue discussions with CMA and other stakeholders.

*Thanks to CMA's Center for Economic Services advocating for you!*

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**"LIKE" VCMA ON FACEBOOK TO RECEIVE UP-TO-THE MINUTE EVENT HAPPENINGS!**

**Ventura County Medical Association**

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## **BLUE SHIELD OF CALIFORNIA AND CALIFORNIA MEDICAL ASSOCIATION COLLABORATE TO BUILD HEALTH CARE MODEL OF THE FUTURE**

Blue Shield of California and the California Medical Association (CMA) today announced a multi-year collaboration to develop and support a new health care model that gives Californians access to quality, comprehensive and sustainably affordable care that improves the health of individuals and their communities.

Blue Shield will invest \$30 million to support the initiative, beginning with two pilot projects in Monterey and Butte counties designed to bring health care into the digital age, tie pay to value, and create a patient-centered experience through home- and community-based services. To achieve this, a new technology infrastructure will be built to help physicians focus their attention on care delivery, rather than administrative work. The goal is for Blue Shield and CMA to scale the projects statewide with a focus on supporting independent physicians.

The nonprofit health plan will work closely with CMA's leadership and physicians in those local communities to build new models of care that will:

Bring health care into the digital age: Use the latest technology to create a real-time, automated environment, reducing physicians' administrative burden and facilitating personalized health care for members (e.g., real-time transcription services that complete the electronic medical record on behalf of the physician without any additional data entry).

Tie pay to value: In collaboration with physicians and hospitals, identify clinical best practices and ensure health care providers are rewarded for using them (e.g., use best available testing to ensure the optimal treatment options are considered for cancer patients).

Create a patient-centered experience: Focus on all the factors that influence an individual's health status including their housing, food security, transportation, social, emotional and physical well-being. Mobilize, organize and deliver a personalized solution for each patient so they have their best chance to live the healthiest possible life

(e.g., establish a health care advocate who helps those in need receive the necessary support to optimize their health; home care for chronically and seriously ill patients; and shared decision-making with providers to choose the right care).

Improve physicians' ability to practice: Greatly reduce the capital requirements and financial burdens on physicians as they move into value-based care and alternative payment models.

"CMA is proud to collaborate with Blue Shield to bring California's health care system further into the modern age," said CMA President Theodore M. Mazer, M.D. "This innovative pilot project will utilize state-of-the-art technology to build a new health care model that expands and streamlines patient access to care while reducing administrative work. I would like to thank Blue Shield for recognizing the importance of investing in this effort to improve patient treatment, while reducing overwhelming administrative burdens, freeing physicians to be doctors rather than data entry technicians. We can, in this manner, create personal 21st century care."

"This new pilot project will greatly improve patient care by utilizing technology to better meet the needs of patients in Butte County," said former CMA President and Paradise Medical Group CEO Richard Thorp, M.D. "By streamlining administrative burdens for physicians and improving the delivery of high-quality care, this pilot project will enable physicians to focus more on treating patients rather than paperwork, and make it easier for small practices that serve rural areas to continue to provide care to our community."

"The task for Clinica de Salud del Valle de Salinas and our partners is to increase access to quality health care at a price that is affordable for working families in Monterey County," said Monterey County Medical Society President Maximiliano Cuevas, M.D. "This is an opportunity to work with our partners to explore putting in place a health care delivery system that removes the fragmentation of care that currently exists, and replaces it with a system that easily coordinates care between physicians, hospitals,

emergency departments and social service agencies.”

Earlier this year, Blue Shield announced it is taking steps toward providing its members access to patient-centered care by expanding its suite of home-based care programs. The health plan is collaborating with Landmark Health to bring comprehensive care to the homes of people suffering from multiple-chronic conditions, and Blue Shield’s nationally-recognized in-home palliative care is now available in all 58 California counties.

Also this year, Blue Shield and Gemini Health announced a new drug-price transparency service for prescribers and patients that provides real-time, patient specific cost information on their prescriptions and alternative drugs during the doctor visit.

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### **VCMA NOMINATIONS COMMITTEE TO MEET IN AUGUST TO DEVELOP FALL BALLOT**

Interested in sharing your ideas? Serving on the VCMA Board (bi-monthly), or representing your colleagues at the CMA House of Delegates (2 days/yr) is an opportunity to have input into tomorrow’s health care landscape.



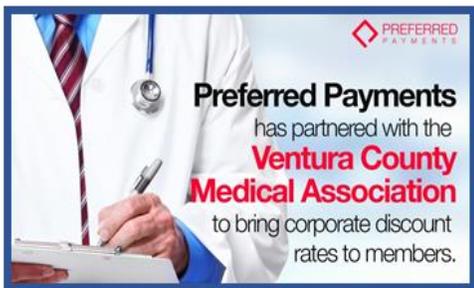
Submit your interest or inquiries to:

[marycarr@venturamedical.org](mailto:marycarr@venturamedical.org)

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### **PRACTICE OPPORTUNITIES**

**Simi Valley-** Urgent Care opening, Fill-in 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 Fill-in MD, DO or PA as soon as possible. [www.medcentersimi.com](http://www.medcentersimi.com)

Please contact Denice @ 805-583-5555 ex 26 or email [admin@medcenterofsimivalley.com](mailto: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](mailto: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](mailto:Kristina.navarro@ventura.org)

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**Thousand Oaks** - 2400 SF plush (spa-looking) office with large procedure room, 3-bed recovery area, and 4 exam rooms. Available for lease/sublease (part or all of the available square footage) from the original owner. For more info please contact (805) 244-6844.

**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 or [Brisbee@aol.com](mailto:Brisbee@aol.com)

**Thousand Oaks** - 1200 SF medical office space available immediately for sublease. Located on the campus of TOSH. Soothing reception area and two examination rooms. Patient exam rooms with fantastic mountain views. Also kitchen and physician office spaces. Call 805/379-3368 for more information and appointment to see.

**Medical Office for Sublet in Westlake Village** -Beautiful medical office to sublet in Westlake Village. Available up to four days a week. Convenient two blocks from 101 freeway. If interested please call (818) 438-5997 or email: [bresbii@gmail.com](mailto:bresbii@gmail.com)

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**Did you know? 60% of our members participate in 30% of our member benefits.** Invite Julie, VCMA Member Benefits Manager, to come to your office for a 20 minute review of benefits with you and/or your Practice Manager. Find out what savings you might be missing... [Julie@venturamedical.org](mailto:Julie@venturamedical.org)  
805-484-6822