

CUA REPORT



Winter 2011

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

If It's California and It's Urology—It's CUA

President's Report by Eugene Rhee, MD/MBA

Dear Fellow Urologist:

The Patient Protection and Affordable Care Act (PPACA) the new health care reform law, suffers in its ability to really improve quality medical care with “paltry steps”. The elephant in the room that still has not been addressed is fundamental in its scope: How are doctors going to be fairly compensated who treat Medicare patients? This isn't my own personal view... this is the published view of Gail Wilensky, PhD, the former administrator of the Health Care Financing Administration (now the Centers for Medicare & Medicaid Services), and former chair of the Medicare Payment Advisory Commission (Med PAC).

Today, we as physicians are faced with the possibility that Medicare fees will be slashed by 29.5% come January 1, 2012 as required by the sustainable growth rate (SGR) system. Paul Brower, MD, the chief executive officer of Orange County Urology Associates, once said “If your business model depends on maintaining the status quo, you won't be successful over the long term”. What does he mean by that? He means the threats that challenge urologic care in the near future are real. The PPACA introduces the Independent Payment Advisory Board assigned, not elected by the executive branch of government, whose purpose is to reduce Medicare costs. Accountable Care Organizations (ACO'S) are being introduced to test quality in consolidated and coordinated care while looking for efficiencies in costs. This will force more regulation on every practice to prove their value in the Medicare system.

On the STATE level (this has already happened in Maryland, Florida, Washington, and Oregon), there are silent bills (real threats) from other specialties that seek to elim-



65 members convene at the CUA 24th Annual Meeting, Vancouver, B.C. Pictured (from left to right) are Phil Weintraub, M.D., President-elect, Eugene Rhee, M.D., President, David Benjamin, M.D., Secretary-Treasurer, and Daniel Nachtsheim, M.D., Past-President 2001-03.

inate or modify the Stark self-referral law which allows more efficient and quality care with greater access for our urologic patients. But you know all these threats...

What you may not know is that the focus of these threats are at the STATE level... and why is that? Because there are few actual state urologic societies (The California Urologic Association is the largest). As the polarity at the federal level has reached its tragic comedic plateau, it has been made abundantly clear that bills introduced and passed as laws at the STATE level are the best targets. You must understand the value that the CUA brings more than ever. The CUA is an “early warning system” that bird dogs legislation that may threaten how we practice urology. The CUA exists only to serve the interests of urology and our patients.

The truth is: Members = Numbers = Power. This is how it works for the state urology societies. The CUA has CLOUT and is well known at the national level. The

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CUA is a very unique, hands-on, no frills association that is very sensitive to its members and requests for representation that is asked (as an example, the voice of the members regarding midlevel physician extenders performing cystoscopy). We know that what affects the individual practitioner eventually affects us all.

If you are the many who have stepped up and personally become involved, like Demetrios Simopoulos, MD (Sacramento) and has had a laser focus in the state capi-

How much is your membership in the CUA worth?...

- Web site membership directory listing and search utility
- Representation at CMA
- Representation at AACU/ UROPAC
- Representation at the AUA Health Policy Committee
- Representation at Joint Advocacy Conference on Capitol Hill
- Representation at various governmental agencies
- Grassroots Lobbying for your practice via 2010 CUA Patient Advocacy Initiative, CMA and personal efforts of members
- Early warning detection and fighting against adverse regulations before they take effect
- Provide free course to earn state required CEU for renewing permits and certificates in radiographic technology
- Provide free Health Policy Forum and Practice Management Courses at WSAUA meetings
- Hotline to help with personal reimbursement and regulatory issues
- Savings with endorsed business partners
- Bulletins and Alerts
- Training and Leadership for our future (sponsoring junior level Health Policy advocates for the WSAUA)

Dues = \$100
Value = thousands

tol for the CUA, or Aaron Spitz, MD (Laguna Hills) who was instrumental in executing the 2010 CUA Patient Advocacy Initiative, I thank you on behalf of the CUA. If you donated money, like Charles C. Streit, MD (Fulerton) I thank you on behalf of the CUA.

Listen, the elections are coming. The national and state debates are happening. If you can enlist the patients to write their congress folks (the CUA brochures sent to you will help tremendously), if you have a sphere of influence within your community and make aware what we face, you do a tremendous part in the overall coordinated efforts of urology. But if you feel you dont have the time, the energy....do one thing. **RENEW YOUR DUES** (The \$100 dues may be the cheapest form of practice insurance that you can purchase). **ENCOURAGE YOUR PARTNERS AND FRIENDS TO JOIN THE CUA NOW.** ■ (see application on page 11)

SPECIAL ANNOUNCEMENT

CUA Young Leadership Circle (YLC)

Scope:

By Presidential appointment this Circle will be comprised of 2-4 Young Leaders who will participate in and develop educational, mentorship, and networking programs of the CUA.

Mission:

The mission of the YLC is to:

- 1) Identify and advance opportunities for Young Leaders to develop professional skills and relationships that will help them in their careers and in becoming leaders in organized urology and;
- 2) Be active in the health policy arena and innovations in practice management via attending educational events, conducting and presenting research, writing articles to be published in the CUA Report, and other means.

Opportunities:

Depending on funding availability, the CUA may send 1 or more Young Leaders to the Joint Advocacy Conference in Washington D.C. and/or the California Health Care Leadership Academy - the state's premier opportunity for physicians and other health care leaders to learn about leading-edge trends and developments in California's rapidly changing health care environment.

The CUA is seeking candidates for this program now. Please submit your recommendations via email to Dr. Eugene Rhee, President at info@cuanet.org

Health Policy Report to CUA

By Jeffrey Kaufman, M.D.

Chairman WSAUA Health Policy Committee,
AUA Board of Directors Representative

As the end of the year approaches, California urologists are faced with a difficult decision regarding their Medicare participation status. Although Congress has played chicken with American physicians every year since 2002 over whether they will freeze or rescind pay cuts determined by the SGR formula, this year brings together a number of threats in a unique fashion with great promise for economic hardship in 2012. Even though most urology practices depend on Medicare for at least 50% of their patient load, over the past several years private payers have adopted Medicare payment policies as well which puts even greater focus on pending legislation and regulatory decisions flowing out of Washington.

The failure of the Congressional Super Committee to bring forth legislation designed to cut \$1.2 trillion dollars from the federal budget also meant failure for our best hope to finally fix the SGR formula. It was our hope (and the focus of considerable lobbying efforts) that they would incorporate a “doc fee fix” within their comprehensive economic package. We have been separately promised by Congressional leaders that the SGR predicted cut in reimbursement scheduled for 2012 will not be allowed, but there is little doubt in this economy that some type of cut will occur. As you well know, absent legislation to override the SGR, Medicare fees will be cut 27.4% across the board January 1, 2012. Additionally, the trigger pulled by Congressional failure to meet their targeted cuts by December 23 will cause an additional 2% cut across all Medicare expenditures beginning January 1, 2013. More concerning, this 2% decrease will be in addition to whatever SGR cuts occur and will continue for 10 years (total 20% cumulative decreased reimbursement plus SGR adjustments). For urology, we will also see another 2% decrease in the practice expense portion of fee calculations based on CMS survey information that suggested urology enjoyed lower costs than historically assumed (this is the 3rd of a 4 year transition that will ultimately cut 8% in practice expense reimbursements). And for any members participating in advanced imaging, extension of the multiple procedure payment reduction will additionally decrease fees for CT, MRI, ultrasound and other studies for both the technical as well as professional components. To make it more fun, these



Daniel Nachtsheim, M.D., Past-President (2001-03), helps to recruit new CUA members in Vancouver, B.C. during the recent Western Section AUA meeting.

fixed cuts are in addition to possible penalties that begin next year for failure to utilize electronic prescriptions. Shortly after 2012, additional penalties for failure to meet meaningful use criteria in using electronic medical records and successful reporting of PQRS measures will also be implemented. While there is an excellent chance that at least some of these cuts will be lessened by upcoming legislation, it's a depressing picture.

As if reducing payments to a level below the cost of delivering care was not enough, federal and private audit programs have considerably increased both scope and frequency. Palmetto, California's Medicare carrier, has been reviewing established patient office visits (code 99214) for some time based on a significant surge following the introduction of EMR. Many of you are aware that electronic records typically bring forward a robust amount of data from previous visits and some even “clone” past notes. Irrespective of the complexity of medical decision making, this volume of data is often sufficient to suggest a higher level office visit code than was previously typical. This has not gone unnoticed by payers. When billing profiles suddenly change, scrutiny is sure to follow. What's more disturbing is a new Palmetto initiative auditing outliers who bill mid-level EP codes (99213) more than average. It's hard to understand this “educational” effort since they claim they are looking for under coding as much as over coding (they consider a miscode in either direction to be an error harmful to the system). I am truly amazed that they care so much for our welfare that they are looking for evidence that we are undercharging Medicare. It's a funny world. Nonetheless, it's important

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to treat these requests for records seriously since findings of error patterns may lead to demands for large repayments using extrapolation techniques (whereby an error rate of 10% based on review of 50 charts can result in a demand for repayment of 10% of fees for 5000 previous bills using that code. The money quickly adds up with this strategy). To make it worse (just when you thought it couldn't get any worse), these audits will likely be prepayment which means even if your billing and coding is correct, payment will be significantly delayed pending records review. Despite Palmetto's claim that this initiative is "educational", in effect it's punitive even to those performing correctly. Please let me know if you have been so impacted. The CUA may be able to help.

Not to be outdone, agencies directly tasked with oversight have increased staffing and ramped up their own audit activity. The RAC contractor for California, HDI, continues to expand its list of eligible targets (published on line for your review). Their new effort will include prepayment reviews (in the past, they were limited by law to look back only) on codes they believe might be prone to incorrect billing, fraud or abuse. Note, this is not based on proof or even suspicion that you mis-coded, only on a statistical probability based on their belief that certain areas of medicine are more susceptible to errors than others. And, although payment to the RAC for errors found is limited to those occurring no more than 3 years prior to their review (recall that the RAC is paid a percentage of money they identify having been paid in error—in other words, they're bounty hunters), a new twist in their scope of work will allow them to look back beyond the 3 year limit and turn those findings over to the appropriate Medicare payer who can demand repayment even if the contingency fee doesn't benefit the RAC contractor. Is there no limit? Not really. Additionally, last year's health reform law PPACA also established state based RACs to audit Medicaid payments (MediCal in California). Their regulations should be similar to those governing the Medicare RACs (who have also had their scope expanded to now include Medicare parts A, B, C and D) but the details are still being worked out and many feel these new auditors could be more problematic—especially in California where MediCal rules and payments are so tight.

And finally, into this dismal mix, we are on track to convert all billing into the new ICD-10 format by 2013. For

Commission on Legislation Report

By Demetrios N. Simopoulos, M.D.,
CUA, COL Representative

CUA UPDATE NOVEMBER 2011

2011 was a relatively good year for organized medicine in California.

AB 52, which would have allowed the Department of Insurance and the Department of Managed Care to regulate private insurance premiums, co-payments and deductibles, did not pass the Legislature. It is widely believed that this legislation would have resulted in further reimbursement cuts to providers in the private insurance market.

A second achievement was the passage of SB 866. The CUA advocated for the passage of this bill, which will require the use of a standardized form by health plans for prescription drug prior authorization. Failure by a plan to accept this form within two days will deem the physician's medication request as granted.

Some significant challenges remain, however, in California. A 10 percent cut to physicians participating in Medi-Cal remains in effect, despite our best efforts to reverse this policy. Physicians must now decide on an individual basis whether or not it is feasible to remain a provider in this network given this fee reduction.

Looking forward, the 2012 elections are fast approaching. Now is the time to meet your local candidates for the Assembly and Senate. Find candidates with whom you share common political values and will support your mission as a physician. Discuss your issues with them and contribute to their campaigns, if you agree with their goals.

those not aware, this alpha-numeric coding system vastly expands and complicates coding and billing increasing potential code choices at least 3 fold. There are as yet no walk-across strategies available so coders will need extensive education and additional training to be able to process billing correctly. The estimated transition cost for a small office is at least \$85,000 and experts have advised putting away up to 9 months of accounts receivables in cash anticipating marked delays in payments. The good news is that this will positively impact the job market as armies of new coders will have to be trained to deal with this transition. The bad news is that it will cost you and the system hundreds of millions of dollars even while it provides no new value. Efforts to further delay implementation or repeal the process altogether continue but many feel it's impossible to stop this speeding locomotive. Changeover to ICD-10 promises to be costly and difficult, especially since it will occur in the middle of many offices adapting to meaningful use of EMR systems. It's a lot to get done. But take heart, despite man-

dates that we become fully involved in ICD-10 by October 2013, ICD-11 is expected out in 2015. One can only wonder what they're thinking. Against this bleak news, urologists must consider their economic future and whether continued participation in Medicare is worthwhile. If there is a chance to mitigate these threats, it is only through continued involvement and advocacy. Please continue to read bulletins from CUA, AACU and AUA. Please contribute to UROPAC. We moved into the big leagues of medical political action committees last cycle as we raised \$1 million—truly an astonishing accomplishment for a specialty the size of ours. You should be congratulated. But, it will be noticed even more if we fail to maintain that level in coming years. Please write a check today; consider it an investment in the viability of your future practice. Lobbying Congress, CMS and Sacramento vigorously to defend our practice and patients is our best hope. And there is always hope. ■

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Rivetti, Clark & Associates specializes in insurance planning for physicians. We have worked with the Housestaff at LAC+USC and Harbor-UCLA since 1979. We also work with many small and large medical groups. In addition, we work with the residents and fellows at Children's Hospital Los Angeles, as well as many other teaching hospitals, and are endorsed by the California Urological Association (CUA).

CUA members have access to special plan discounts through Rivetti, Clark & Associates. Below are additional details:

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- 10% discount off the normal rates
- Own Occupation and Specialty Specific
- Future Purchase Option (FPO)
- Noncancelable
- Partial Disability Benefits
- Cost Of Living Adjustment (COLA)

Long Term Care Insurance

- 10% discount off the normal rates¹
- 35% spousal discount if both spouses obtain a policy
- *Utilizing both of the above discounts, the total potential discount is 45%
- Comprehensive Coverage
- Facility Care Coverage
- Home Health Care Coverage
- Inflation Protection
- Shared Care



For questions, please contact Rivetti, Clark & Associates at 818-878-7800 or info@rivetticlark.com. Please take a moment to review the insert included in this issue of the CUA Report which outlines our Concierge Services.

¹ Contingent on a minimum of three applications

MEMBER ARTICLE

Value Based Purchasing: Why and what to expect?

By Franklin Gaylis, MD, FACS,

Medical Director, Genesis Healthcare Partners, San Diego

The seminal report, *To Err Is Human*, published in 1999 by Institute of Medicine (IOM) represents the epicenter of change in the US health care system. The report which cited an unacceptably high rate of medical mistakes rattled the status quo. This resulted in a call for greater attention to the practice of evidence-based medicine and development of practice standards. In a subsequent report published in 2001, *Crossing the Quality Chasm*, the IOM stated, "Between the health care we have and the health care we could have lies not just a gap, but a chasm" (Committee on Quality of Health Care in America, Institute of Medicine: Crossing the Quality Chasm: A new Health System for the 21st Century. Washington, DC: the National Academies Press 2001). In 2003, McGlynn et al reported in the NEJM a 55% overall compliance rate with appropriate care for common conditions (McGlynn EA, Asch SM, Adams J et al: The quality of health care delivered in adults in the United States. N Engl J Med 2003;348:2635). Those concerning reports brought an outcry for better quality and safety across the US healthcare system.

Many organizations were established including the National Quality Forum and Leapfrog which suggested ways to improve medical quality and safety. A standard definition of quality and the IOM appropriately defined quality as:

"The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge"

They emphasized outcomes and evidence based medical practice. We urologists have a vast experience in measuring clinical outcomes, one that predates much of the above mentioned discussion. Our specialty began looking at functional and oncologic outcomes for Radical Prostatectomy several years before the national effort which began in the early 2000's. The measurement of risk-adjusted outcomes though ideal, is costly and labor intensive. Therefore surrogates of quality including process/performance measures and surgical volume were established to alleviate these impediments.

2012 Annual Member Meeting

All Urologists are welcome to attend the

Member Meeting in Hawaii

X-Ray and Radiology for the Urology Practice
(Earn state required CEU for renewing x-ray permit)

- CUA 25th Annual Membership Meeting
- October 7-12, 2012
- Hilton Waikoloa Village (Big Island)

We have all experienced such process measures in our daily practice most notably the Surgical Care Improvement Project (SCIP) measures which were designed to prevent surgical infections, cardiovascular complications, venous thrombo-embolism and respiratory complications.

Performing such process measures is considered closely linked to achieving better outcomes. The goal of the SCIP measures, a national initiative to improve outcomes for patients having surgery, endorsed by many reputable organizations including the American College of Surgeons, has been the reduction of preventable surgical morbidity and mortality by 25% by 2010. These outcome measures were considered useful for internal quality improvement efforts, public reporting and pay-for-performance. It was estimated that compliance with the SCIP measures could prevent (for major surgical cases) 13,027 peri-operative deaths and 271,055 surgical complications. Several of the SCIP measures have been changed or eliminated since introduction and several recent publications have questioned whether these process measures correlate with better outcomes. A study recently reported in JAMA by Stulberg et al adds fuel to the debate in which many physicians ask: "Does compliance with the many mandatory reported processes of care correlate with better clinical outcomes?".

More recently the concept of Value Based Purchasing has emerged. The goal is to improve quality and reduce cost; this is a good idea which is expanding in

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application. In their book *Redefining Healthcare: Creating Value-Based Competition on Results* published in 2006, Professors Porter and Olmsted Teisberg push for tracking of health outcomes and price “so that consumers can know who gives value for the dollar”. They state that “companies must buy health plans based on value”. More recently the government has taken steps to implement Value Based Purchasing as a means to compensate hospitals and doctors for better value.

Recent proposals for **Hospital Value-Based Purchasing (VBP) Program (CMS Feb 2011)** are required by Congress under Section 1886 of the Social Security Act and represent the next step in promoting higher quality care for Medicare beneficiaries. CMS views value-based purchasing as an important driver in revamping how care and services are paid for. It is moving increasingly toward rewarding better value and outcomes instead of volume.

A concept gaining significant press with little detail is the Accountable Care Organizations(ACO). The intent of the ACO concept is to form organizations of healthcare providers who agree to be accountable for the overall quality, cost and care of assigned Medicare beneficiaries enrolled in the traditional fee-for-service program. ACOs will be required to meet certain quality criteria to participate in shared savings. In the first year, ACO’s must report on quality measures and in the remaining two years, ACO’s must meet quality performance scores. The quality measures are divided into five categories; patient/caregiver experience, care coordination, patient safety, preventive health and at-risk population/frail elderly health. Several of the quality measures align with those used in other incentive programs, such as the Physician Quality Reporting System (PQRS) and Electronic Health Record (EHR).

What does the future hold? There is little doubt that the demand for improved quality and safety will expand. In addition, greater attention will be focused on the cost of healthcare. Urologists have extensive experience in the field of quality based on our ability to risk adjust and apply metrics including functional outcomes to many of the procedures we perform. As a group we need to actively participate in the debate as we transition toward a value-based purchasing healthcare model. ■

**Renew Your Membership
Online Today!**

Just go to www.cuanet.org and click
the “Pay Dues” button
Annual Dues: \$100
Thank you for your Support!



**California Urological Association
Committee Activation Form**

Mark Your Interests and Fax to:
714-550-9234

Future:

CUA Officer

CMA Delegate

Committee Representative

Committees:

Membership

Public Information

Consultant–Hotline Calls

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CUA CMA House of Delegates Report

By David S. Benjamin M.D. CUA, HOD Representative

Dear Colleagues, CUA members and friends,

I had the pleasure of attending my first CMA House of Delegates meeting as the CUA representative this fall in Anaheim CA. It was one of the most influential meetings of my career that I have been to. Every facet of California medicine was represented. From the County Medical Associations, "Big Groups", "Small Groups" down to the Specialty Associations such as the CUA.

Once over my astonishment the first business at hand, the recommendation to legalize and regulate Cannabis. In 2010 the CMA formed a committee to recommend policy on legalization and taxation of Marijuana. The committee presented its policy recommendations which included the "Rescheduling" of medical cannabis in order to encourage research leading to responsible regulation, regulation of recreational cannabis in a manner similar to alcohol and tobacco, the taxation of cannabis, the facilitation of dissemination of risks and benefits of cannabis use and to of course refer to national action. After a heated discussion and debate the measure passed. This announcement immediately reverberated across the world and we will wait and see the impact this recommendation has on Government decisions.

The CMA also passed an important resolution that will affect California Urologists allowing the CMA to lawfully assist local Physician practices, medical societies and their communities to oppose the requirement of hospital-based or hospital-affiliated physicians or groups to carry minimum medical professional liability insurance (MPLI) with limits greater than that determined appropriate by medical staff or consistent with industry standards.

The CMA also vigorously opposed that Physicians be required to contractually indemnify hospitals for liability.

There were many many more resolutions passed, all to improve the practices of California Physicians but also to improve and/or protect them in their daily involvement in patient care and interaction with hospitals and health plans. I urge and really implore that each of you who read this join your local medical societies, the CMA and the CUA to maintain the improvement in health care in California and continue the excellent representation at the State level.

24th Annual Meeting Minutes

24th Annual Membership Meeting

California Urological Association Monday, August 22, 2011 ~ Westin Bayshore Hotel
~ Stanley Park Ballroom

(Held in conjunction with the Western Section AUA's Annual Meeting)

Officers Present:

Eugene Rhee, M.D., MBA, President
Phil Weintraub, M.D., President-Elect
David Benjamin, M.D., Secretary-Treasurer

Past-Presidents Present:

Daniel A. Nachtsheim, M.D.
Jeffrey E. Kaufman, M.D.

Executive Directors :

Frank J. DeSantis, CAE
Chris DeSantis, MBA
Jeannie DeSantis, MBA

1. Call to Order

A quorum was established with 65 members present and approximately 70 in total attendance, President Eugene Rhee, M.D. called the meeting to order at 1:15 p.m.

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2. Approval of Minutes

The minutes of the previous meeting of the 23rd Annual Membership Meeting held on October 27, 2010 were read and presented; a motion to approve the minutes was seconded and passed.

3. Report of the President–

Eugene Rhee, M.D., President

Dr. Rhee began his report by thanking everyone in attendance and introducing the officers and DeSantis Management Group. Dr. Rhee wanted to first mention the Health Policy Forum which occurred on Sunday in conjunction with CUA and WSAUA. He said that the HP Forum touched on many areas in which urologists have many concerns. He recognized all the CUA committee members and those who contribute to the goals of the CUA. He especially thanked Dr. Jeffrey Kaufman for all of his work with coordinating the Health Policy Forum and his dedication to issues facing urology and to Dr. Daniel Nachtsheim for his work with the national AUA and Joint Advocacy Conference to assist with state urology issues.

Dr. Rhee then discussed the development of the CUA Patient Advocacy brochure which targets and enlists our patients in order to educate them on the talking points about Healthcare Reform at a grassroots level. He said that most patients are eager to help with Healthcare Reform and this brochure is a tool to get them to reach out to our legislatures. He reported that the brochures have been printed and mailed to all CUA members. He also noted that the national AUA has been very interested in our concept.

Dr. Rhee reported that Mr. Howard Rubin stated on Sunday at the Health Policy Forum that Health Policy is under attack at a state level. So it is vitally important to have a state “watchdog” such as the CUA to catch challenging bills. Dr. Rhee stated that the CUA is in collaboration with the AACU and AUA and the State Society Network to convey the same message. Many lawsuits are targeting small practices and urology needs to mobilize. He said that the CUA was one of the strongest state societies represented at the (Joint Advocacy Conference) JAC this past March in Washington DC. Dr. Rhee encouraged all urologists to attend the JAC. Dr. Rhee emphasized CUA membership and said that many important communications were sent out during the year to keep our members informed about the new issues at hand and included opportunities to get involved. He said that CUA is on the move to protect the interests of urologists.

He also pointed out that the CUA has a new refurbished website with support tools that physicians and patients can use. There are many important links and area for hotline requests.

Dr. Rhee reported that the CUA is developing a new “Young Leadership Circle” at a grassroots level to encourage our young urologists to get aligned and informed early about political and advocacy issues. The idea is for the CUA to sponsor a young urologist: 1) to be on the CMA Young Urology Committee 2) attend the JAC conference 3) be a member of the WSAUA Health Policy Committee. He said that the officers will be working on this new project.

He concluded saying that now is the time that urologists need to get involved in what is going on in our political environment, if not, others will take over. The CUA will focus to be effective against legislation that damages the practice of urology. He said that increasing membership in the CUA is of importance, as it is numbers which will carry weight to change legislation. Dr. Rhee said that the CUA is a powerful state organization and thanked the work effort of everyone involved. The motion to approve the President’s Report was seconded and passed.

4. Report of the Secretary/Treasurer,

David Benjamin, MD

Dr. Benjamin reviewed the financial report noting that the CUA remains stable considering the current economy. He reported that for the 2010 year end there was a loss of \$8,200. The CUA has assets of \$126,000. The loss was a combination of increased number of members becoming seniors, the cost and production of the Health Care brochure project and increased communications. He stated that the main source of income for the CUA is dues with minimal outside support. He reported that of the 565 members, 151 are seniors leaving 414 dues paying members. Noting that of the 414, 146 members were added at no charge for the first year. He said that of the 268 dues paying members, 84% were current. He said that we hope to retain many of the 146 as dues paying members next year in order to increase our dues revenue and membership base. He said that the CUA remains financially stable but must increase revenues. He noted that members’ dues are the main support of the organization and to please review the list of those members outstanding in dues and encourage them to remain members. He reported that the Audit Committee, Dr. John Prince, met at the office, reviewed the books and

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records and found all to be in order. The motion to approve the Secretary/Treasurer's Report was seconded and passed.

5. Report of the Health Policy Committee – Jeffrey E. Kaufman, MD

Dr. Kaufman stated that there are many issues on the table that will have an impact on our urologic practices. He said it is extremely important to contact your local legislators and get in their offices to voice your concerns as it does make an impression and they do listen. Dr. Kaufman stated that the main concerns as outlined in his written report are: 1) Reform law PPACA – the main effort is to mitigate the impact of reform and maintain the integrity of medical practice. 2) Shortage of urology physician manpower – this results in serious scope of practice concerns as non-physician providers (Advanced PA's and PA's) are filling the gaps and increasingly taking on responsibilities formerly reserved for MD's. Dr. Kaufman said that the Carrier Advisory Committee meets by phone to address the scope of practice challenges from each state. He said that the proposed changes to Healthcare reform will have a significant impact on your day to day practice of urology. Dr. Kaufman noted that the Joint Advocacy Conference will again be held in March 2012 and hopes that many will attend. Dr. Kaufman said that his report was essentially given on Sunday at the Health Policy Forum. Dr. Kaufman noted that his full reports were in the booklet.

Dr. Kaufman at the end of his talk said that the CUA is available anytime to support issues that our members may have and to utilize the hotline, website and email. Whatever the issues may be, he noted that he is able to take your concerns as urologists to Sacramento, Washington and Medicare. The motion to approve the Health Policy Report was seconded and passed.

6. Report of the Commission on Legislation – Demetrios N. Simopoulos, MD

Dr. Simopoulos reported that there are two main bills that the CUA needs to get involved with by contacting our Senators and Legislators. Bill AB52 – CMA is strongly opposed. This bill has passed the assembly and in the Senate Appropriations. The bill would allow the Department of Managed Health Care and the Department of Insurance to regulate private insurance premiums, co-payments, and deductibles. The unintended consequences may result in decreased reimbursements to physicians and independent physicians will no longer be

able to keep their doors open causing deterioration of patient access to medical care. Bill SB866 – CMA and CUA are actively supporting this bill. This bill will standardize the prior authorization process for prescription drugs. Dr. Simopoulos also outlined Bills SCR17, AB810, AB1360, AB926 and AB1000. The motion to approve the COL Report was seconded and passed.

7. Slate of Officers 2011 – 2013

Dr. Rhee stated that it was technically the end of his term, but has been asked to remain president in order to continue and finish the projects and goals in process. There was a motion to approve the slate of officers and to fill the positions of the Alternate to the CMA and Young Urologist to the CMA, the motion was seconded and passed. 2011-2013 Slate is as follows:

President: Eugene Y Rhee, MD, MBA
 President-Elect: Philip Weintraub, MD
 Imm. Past President: Joseph Kuntze, MD
 Secretary/Treasurer: David S. Benjamin, MD

Representatives:
 CMA Rep: David S. Benjamin, MD
 CMA Alt: To be determined
 CMA COL: Demetrios Simopoulos, MD
 CMA COL Alt: Joseph Kuntze, MD
 Carrier Advisory Committee: Jeffrey E. Kaufman, MD
 CTAF Rep: Robert Eisenberg, MD
 CMA Young Urologist: To be determined

8. Adjournment

There being no further business the meeting was adjourned at 1:45 pm on Monday, August 22, 2011.

*Respectfully Submitted,
 David Benjamin, M.D., Secretary/Treasurer*

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California Urological Association Membership Application

Thank you for supporting the CUA. Please complete this simple form and fax or email it back to us. Your application will be acknowledged by email. THANK YOU!

Please select one choice below. The annual dues amount may be paid by check or credit card.

Urologist - \$100 Health Pro/Nurse/PA - \$75 Industry Rep - \$150

Name: _____

Organization / Company: _____

Office Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Office Phone: _____ Office Fax: _____

Email Address: (for confirmation) _____

This section for urologist only skip if not applicable:

Board Certified: Yes / No Year of Certification: _____

If no, are you board eligible? Yes / No If yes, year eligible: _____

Medical School & Year: _____

Percentage of Practice Urology? _____ Other: _____

Other Urological Organization Memberships: _____

Do you have any background you wish to share that can be of use to the CUA? _____

Are you interested in a leadership role? Yes / No / Maybe If yes, is there a specific area of interest to you? _____

If referred by a colleague, please let us know who: _____

I hereby make application to the California Urological Association for Active or Associate Membership and I agree to abide by the Articles of Incorporation and Bylaws.

Signature: _____ Date: _____

Please remit Membership Fee

Payment enclosed: _____ Check _____ VISA _____ MASTER CARD _____ AMEX _____ DISCOVER

Card number: _____ Expire Date: _____

Cardholder Name: _____ Signature: _____

Email Address for receipt: _____

Credit Card Payments: I hereby authorize **Medical Association Management Company** to charge my credit card account, the fee as indicated above. Please note that the transaction will appear on your statement under the name of "MAMCO Webpay."

Please fax back to 714-550-9234

Visit CUA on the
WEB

www.cuanet.org

CUA is a political and socioeconomic urologic organization whose purpose is to actively represent, organize and integrate urologists into the current healthcare system by means of communication and representation to similar organizations and to maintain the highest quality of urologic care.

Meeting Calendar

CUA 25th Annual Membership Meeting

Tuesday, October 9, 2012
Hilton Waikoloa Hotel
Big Island of Hawaii

Back by popular demand! X-Ray & Radiology Course for Urologists

This CUA course is especially for members who need to satisfy state re-licensing requirements (During the Western Section Annual Meeting in Hawaii October 7-12, 2012)

CUA/WSAUA Health Policy Forum and Practice Management Courses

Sunday, October 7, 2012
Hilton Waikoloa Hotel
(during WSAUA annual meeting)

WSAUA 88th Annual Meeting – Vancouver, BC

Hilton Waikoloa Hotel
Big Island of Hawaii
October 7-12, 2012

Extend your professional network!



Join the CUA on
<http://www.linkedin.com/>
Search for "California Urological" and then request to join.

AACU State Society

Information resource for pending legislation, up-to-date news on bills, and state Issues

State Society Network Page

www.aacuweb.org/govaffairs/in.states.asp

email question and Issues to:

Statesociety@aacuweb.org

Members can update their email addresses with AACU.

Physician Reimbursement Systems (PRS)

Offers help on coding questions and has the latest hot coding tips. Call 800-972-9298 or visit the PRS website at www.prscoding.com.

AACU 3rd party database hotline

Call 800-574-2334 (Free to AACU members)

CUA Hotline

CUA Hotline offers help on coding issues and reimbursement problems for members.

Please let us know your situation Email us at info@cuanet.org or call 800-349-9155

Visit the CUA website at www.cuanet.org

AUA Practice Management

AUA Practice Management offers unlimited access of coding hotline calls. Over 600 hundred members have joined the AUA Practice Management. Join today by calling: 410-223-6413

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Danny Keiller, M.D.

CMA YOUNG UROLOGIST REPRESENTATIVE:

TBD

CTAF REPRESENTATIVE:

Robert Eisenberg, M.D.

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The CUA Listens: The CUA Report is a publication for California Urologists. Readers are welcome to write, email the CUA Board of Directors and visit the website.