

CUA REPORT



APRIL 2010

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



I'm mad as hell, and I'm not going to take this anymore!!!"

Do you remember that famous scene in Network (1976)? Actor Peter Finch plays the news-caster Howard Beale who is about to be fired, and on network television, incites his fellow Americans

to open their windows and shout out their windows during a lightning storm.

We are seeing something similar that is happening to our patients. Last fall, town hall meetings across the country showed just how polarizing healthcare in the US has become. Citizens are speaking out. With double-digit unemployment and rising premiums in healthcare (most recently the 40% rise by Anthem Blue Cross Blue Shield this year alone), we surely will see more emotion in the year to come as the healthcare debate rages on. As an example, patients themselves are writing to their congressmen on behalf of their physicians, explaining why Medicare is not being accepted [describing the flawed Medicare physician payment formula (SGR)].

And herein lies the problem: where are the physicians? We have sat on the sidelines, despite being the number one stakeholders, as an ossified community, not raising our collective voices, unlike Peter Finch did in Network—and now we are paying for it.

I was on Capitol Hill for the CUA with my urology colleagues the weekend the President signed into law the Health Reform Bill on March 23, 2010. What was

made clear from congressmen that are physicians (only 12 total in both houses; ask yourself how many lawyers do you think there are) was that there was no attempt at gaining meaningful input from this well informed group. This is substantiated by the recent New England Journal of Medicine survey published last March that reported that one-third of practicing physicians may leave medicine due to the recent passage of the bill. This ideological battle that occurs before the country will lead to casualties that extend far beyond just

60 members attend CUA meeting in Las Vegas!

Dr. Joe Kuntze receives a plaque of recognition on his 2 years of service as president



Dr. Kuntze addresses the 60 members in attendance at the CUA's 22nd Annual Meeting in Las Vegas at the JW Marriott.



Meet the CUA officers: From left to right, Secretary-Treasurer - Dr. David Benjamin, 2007-2009 President - Dr. Joe Kuntze, President-Elect - Dr. Phil Weintraub, 2009-2011 President - Dr. Eugene Rhee.

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political capital. Doctors themselves are in low supply and will continue to dwindle to crisis mode according to a plethora of data, some of whom say we are already there. Leading supporters of the then health care bill had said that doctors “favor the bill and are part of an unprecedented coalition of doctors rooting for its passage.” The claim was based on the American Medical Association’s endorsement of the legislation in Congress.

Please take note: according to the Bureau of Labor Statistics, in 2008 there were 661,400 physicians and surgeons within the United States. Of that number, 250,000 are members of the American Medical Association (AMA) -- and nearly 100,000 of those are medical students.

There is no doubt that the physicians agree that changes are needed (62.7%, according to the NEJM survey). The same 62.7 percent said they wanted reforms made, but that they “should be implemented in a more targeted, gradual way, as opposed to the sweeping overhaul that is now enacted as law.”

Recently, a Florida urologist made national headlines for posting a sign refusing to see patients if they voted for the current administration. Perhaps unethical, but his sign also read, “Changes to your healthcare begin right now, not in four years.” Heed his calling in the context of organized urology.

Today there is now sweeping health care reform law that has not involved the physician and despite what we as physicians think, if we don’t become involved in the process, the process will involve us whether you want it to or not. It has already started. Do something. Get involved with the CUA. As president I pledge to you that the officers and the various committee representatives will have professional presence at state and national levels, advocating for the practice of urology and seeking to politically strengthen our voice in a variety of significant ways. I have taken on this task as CUA president at a time of admitted great consternation for all of us in a muddy political climate within the sandbox of a healthcare debate. I implore that you be a part of this active debate, contributing your time, your energy or your money in any way you deem appropriate to help unify the specialty of urology. After the weekend on Capitol Hill, I attended a congressional luncheon sitting next to the Mayor of San Diego enlightening him of the problems of access locally that we all will surely face with lower reimbursements and I could not help but remember the old saying as I sat at the lunch table that those who fail to show to the table, will surely find themselves on the table. GET INVOLVED!

It was high irony that the Joint Advocacy Conference in Washington, D.C. March 20-24, 2010 was held the same weekend as the circus of events that were occurring to pass the health care reform bill. It was encouraging to see urologists all around the country present at the fifth annual conference, but 130 attendees will just not cut it.

Jeff Kaufman as you all know has tirelessly represented our best interests whether it involves Medicare fees, repeal of the SGR, P4P legislative maneuvering, CMS auditing, or the elimination of the consult code and its potential spread to PPO players. He cannot continue to go at this alone. The goal of the CUA this year is to take a hard deep look from within and reinvigorate involvement so as we may get involvement on many fronts to assist Jeff and to protect urology’s interests as we all face inevitable change in the very near future. I cannot stress to you all the clear and present call to become more involved in organized urology.

Please book your hotels and plane reservations EARLY for the 2010 WSAUA Annual Meeting at the Hilton Waikoloa on The Big Island, Hawaii. This WILL fill. In addition to the CUA Membership Meeting on Oct. 27, the CUA staff is putting together a “Radiology Certification Renewal Course” to be held during the Hawaii meeting. See the Meeting Calendar on Page 8 for more details.

As always please submit your Hot Line issues at info@cuanet.org. The CUA needs to be vigorously updated on what is occurring in your region. As the fight in Congress continues in the arena of health care reform, the CUA is an organization that you must be involved in to assure your voice is heard. Force this issue with your colleagues and join now. As we make the CUA lean and mean we are actively recruiting for new leaders and committee representatives. Please email the CUA if you are at all interested. We need to move forward aggressively and remember to shout out the windows as Peter Finch famously did in 1976. ●

ObamaCare: The implications for Patients, Specialty Physicians and their Insurance Agreements



Susan E. Charkin, MPH
President of Healthcents

The Obama Health Plan has far reaching implications not only for patients but for clinical providers alike. What does this all mean? Well, first let’s start with the insurance companies themselves. Under the current plan they must use a minimum of 80% of premium \$\$ towards the delivery healthcare. In addition, Health Plans can no longer deny coverage for pre-existing conditions or implement a maximum lifetime cap on claims, parents can keep their kids on their coverage until age 26 and can only based premiums on age and tobacco- sounds good right? Well, what the bill didn’t address is that there is no cap on the maximum yearly increases the Health Plans can pass along to its subscribers. Health Plans can work their way around these guidelines by just increasing premiums so that they ad-

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here to these guidelines- this means higher premiums which will be passed onto employers and then onto their employees in the form of employee contributions towards healthcare.

Employer will pass these increased costs down to employees in the form of increase employer contributions as well as higher deductible and copayments. Is it no coincidence that health plan stocks rose the Monday after the bill was signed. In addition, many employees will be taxed on their current employer sponsored health benefits, current benefits that they receive without paying these additional taxes. Health plan fear, uncertainty and doubt was replaced by relief and the knowledge that if anything this bill will increase their profitability by adding additional subscribers to their rolls without any real controls on premium increases.

In particular, seniors will get hit from all sides and suffer the most under Obamacare. Under the bill, Federal subsidies to Health Plans for their Medicare HMO/risk plans will be phased out. The Health Plans will have no incentive to offer this product thereby dumping approximately 10 million seniors back into standard Medicare. Simultaneously, Medicare (having postponed until October 2010) will implement its 21% decrease in physician reimbursement. In addition, Medicare will implement a 3% withholding tax on top of the 21% decrease- that is—that it plans to withhold 3% of all reimbursement to providers in order to ensure that it receives their Medicare taxes on a timely basis.

I predict under these circumstances, you will see an exodus of physicians from Medicare especially by the super-specialists such as urologists, cardiologists, and orthopedic surgeons. Given their specialties, many of these physicians will be able to maintain their patient base regardless of whether or not they participate with Medicare or not. Seniors will find their Medicare coverage increasingly useless as they will not be able to find physicians to treat them as their will be no financial incentive for these physicians to remain as participating providers in the Medicare program. These same physicians will however, offset the loss of Medicare revenue by continuing to maintain their standard non-Medicare health plan agreements (at significantly higher rates) as many of these plans will allow physicians to maintain their agreements as long as there are Medicare certified. (i.e.- physicians are first certified by Medicare and then choose to be either participating or non-participating with Medicare). Most Health plans will allow those same physicians to be participating providers even if those same physicians choose to be non-participating with Medicare as long as they maintain their Medicare certification. Senior will then be forced to sign up with these same health plans at substantially higher fees (remember no caps on insurance premiums?) to have the same coverage as they now have under the current Medicare system.

In short, this bill is good for the insurance industry- the potential of millions of new patients in addition to the continuation of no caps on premium increases and health plan profitability margins make this a good day for the insurance industry. The bill is bad for clinical

providers such as physicians as well as employers, employees, (union and non union members) and seniors. A reduction of Medicare reimbursement will result in fewer physicians to provider services, increased premiums for employers, increased contributions by employees, significant additional taxation as well as higher out of pocket expenses for many to receive the same services as they do now.

BIOGRAPHY

Susan E. Charkin, MPH is president of Healthcents, a physician and hospital consulting contracting and consulting firm that represents large physician groups, ASCs and specialty hospitals throughout the US (in their negotiations with third party payers such as Blue Cross/Blue Shield, United Healthcare/Oxford, CIGNA and AETNA. She and her staff of 15+ seasoned contractors negotiate 15-60% average increases over and above a payer's standard fee schedule for existing and new PPO agreements. ●

A Proposal to the AUA: The Time for Action is Now



Aaron Spitz, M.D., Laguna Hills
Delegate for the
AMA from the AUA

We have recently returned from the Joint Advocacy Conference in Washington DC and we are compelled to action. It was clear after the several congressmen/MDs that spoke with us that the current health care reform legislation sought no meaningful input from physicians nor did it make any meaningful concessions to physicians. Incredibly we learned that the legislation was actually a "housing bill" with a 2700 page "amendment" sent back from the senate to the house to approve. Even democratic members of the house have trouble with some of the provisions in this "amendment." At this point the only recourse we have is a repeal of the legislation.

Physicians, for the most part, sat quietly on the sidelines as the AMA, which for better or for worse (for worse-lately) is perceived to represent physicians, sold out America's doctors with support all along the process. No meaningful concessions were won. The SGR fix never came. Even if the SGR fix comes, the independent payment advisory board can undercut it with impunity. They are charged with finding 500 billion in cuts from medicare.

Given that Rx drugs are now untouchable (no generics, no group purchasing, no out of country purchasing for part D benefits) we know the savings will not come from pharma. That leaves physicians, hospitals and surgery centers.

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The AUA signed on to a formal letter of opposition to the legislation. I never heard that mentioned in any significant media outlet. No one knows that the AUA opposed the legislation. All anyone knows is that the AMA, (against the will of the house of delegates resolution 203, I might add), supported the legislation at every step. So now its time for the urologists of America to get in the game. We can start a trend that can spread across specialties and ultimately bring repeal.

The legislators were beaten into submission by Pelosi and Obama but they still fear the electorate. We physicians are in a unique position to influence the electorate because ultimately we are the “experts” on healthcare in the eyes of our patients. They repeatedly ask us “what do you think about the healthcare reform legislation?” and most of us don’t really know what to say. But whatever we say, they take as the most authoritative thing they’ve heard. Straight from the horse’s mouth if you will.

We physicians, more than any pundit, more than any politician, can sway the opinion of our patients regarding this new law. I propose that the AUA legislative leadership craft carefully vetted talking

“We physicians are in a unique position to influence the electorate because ultimately we are the “experts” on healthcare in the eyes of our patients.”

points that are easy for both Urologists and their patients to understand which make a clear and succinct case for the disastrous nature of this legislation. Furthermore, craft a letter which is easy to understand that may be distributed to patients to sign and forward to their legislators calling for repeal of this legislation.

Whether a physician or a patient is a democrat or a republican, the flaws in the

legislation are equally grave. Calling for repeal of the legislation does not by definition mean calling for turnover from democrat to republican, although in some situations it will indeed mean that. Because the AUA opposed this legislation, such a proactive move is consistent with publically expressed sentiment. The time for action is now.

The majority of patients and sadly the vast majority of Urologists have no idea what this legislation really does and we have to rapidly educate and mobilize them and then their patients. This will catch on to other specialties. If there are almost a million doctors and only half agree with this sentiment then there are 500 thousand doctors influencing on average 300 new patients or more a year each. If only half of these patients agree that’s still 75 million voters! That’s a tremendous potential for a grassroots tidal wave. Much greater than Tea Party or any other force out there now. Please put together speaking points and letters as soon as possible and lets get this flawed

legislation repealed and then lets move forward with a plan that is thoughtful and rational and not an amendment to a housing bill! ●

22nd Annual Membership Meeting Minutes

California Urological Association

Tuesday, October 27, 2009

JW Marriott, Las Vegas, Nevada

Grand Ballroom (Held in conjunction with the Western Section AUA’s Annual Meeting)

Officers Present:

Joseph Kuntze, M.D., President

Phil Weintraub, M.D., President-Elect

David Benjamin, M.D., Secretary-Treasurer

Daniel A. Nachtsheim, M.D., Past President

Jeffrey E. Kaufman, M.D., Past President

Staff Present

Frank J. DeSantis, CAE

Chris DeSantis, MBA

Jeannie DeSantis, MBA

1. Call to Order

A quorum was established with 60 members present and approximately 90 in total attendance, President Joseph Kuntze, M.D. called the meeting to order at 1:20 p.m.

2. Approval of Minutes

The minutes of the previous meeting of the 21st Annual Membership Meeting held on October 28, 2008 were read and presented; a motion to approve was passed.

3. Report of the President– Joseph Kuntze, M.D., President

Dr. Kuntze began his report by thanking everyone in attendance and introducing the officers.

Dr. Kuntze stated that one of his main goals this year is to maintain CUA leadership with 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.

He noted that the CUA is highly active with the CMA. He said that the CMA is the only lobbying organization proactively speaking the voice of California urologists. He stated that the issues and access to care come through Sacramento and in order to protect our patients, the key is to belong to both the CMA and CUA. He also noted the members listed in the booklet who hold leadership positions in the CUA. Those areas of leadership include: the CMA Council on Legislation, CMA Specialty Society Delegation, the CMA Leadership Academy, the California Technology Assessment Forum, AACU, AMA and AUA Coalition.

Dr. Kuntze said that the CUA is a powerful state organization. This year the CUA has dealt with RAC Audits, assisted the CTAF with guidelines for the treatment of BPH and robotic radical prostatectomy. The CUA has taken action on behalf of urology

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for coding and payor advocacy. The CUA has during the year has sent many timely email ACTION ALERTS and FRONTLINE Briefing notices to keep everyone aware of the constant changes and impacts to our practices for the benefit of our members. He also said the CUA is always looking for volunteers to help in the organization. Dr. Kuntze thanked the work effort of Dr. Kaufman and of the CUA office staff support – Chris and Jeannie DeSantis. 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 for the 2008 year end there was a net gain in assets of approximately \$5,300. The CUA has a reserve balance of \$134,000. The CUA remains financially stable.

Dr. Benjamin reviewed the Membership report noting that there were currently 526 members with 74% active members. At this time, there were 99 members delinquent in dues. 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. The motion to approve the Secretary/Treasurer's Report was seconded and passed.

5. Report of the Medicare Carrier Advisory 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. It does make an impression and they do listen. The biggest issue is Healthcare Reform - Value Based Purchasing. 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 in March was well represented with Western Section members. 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 CAC Report was seconded and passed.

6. Report of the Joint Advocacy Meeting in Washington DC – Daniel Nachtsheim, MD

Dr. Nachtsheim attended the JAC meeting in March on behalf of the CUA, noting three past presidents were in attendance – himself, Dr. Jeffrey Kaufman and Dr. Floyd Katske. The main theme was Urologists Advocacy on all matters of practice, legislation and changes coming to medicine. He said that Dr. Kaufman presented a revealing talk on the experience of California with the RAC audits, which will be affecting other states soon. He also reported that another notable presentation was given by Dr. Kevin Loughlin on the lessons learned from the Universal Health Care Plan adopted in 2006 in his state of Massachusetts. The law intended for all to be covered by health care, but never provided a way to pay for the ex-

panded coverage and never addressed how to reduce costs. Dr. Loughlin pointed out that more people were brought into care, but at a much higher cost than expected.

The main initiative is to unite urology's voice on Capitol Hill and make an impact on the legislators. The motion to approve the JAC Report was seconded and passed.

7. Report of the Commission on Legislation – William Bonney, MD

Dr. Bonney attended the COL meeting in March on behalf of the CUA. In the CUA meeting booklet, Dr. Bonney outlined many legislative issues of possible interest to the members. The issues included all information including identification numbers and the CMA recommendations whether to support or not support as well as the CMA's Legislative Hot List. The motion to approve the COL Report was seconded and passed.

8. Report of the CTAF – Robert Eisenberg, M.D.

Although not presented in person, Dr. Eisenberg has worked with the CUA officers and other experts to change the protocol for cryosurgery, guidelines for BPH microwave therapy, and robotic radical prostatectomy.

9. Election of Officers & Representatives – Joseph Kuntze, M.D., President

The slate of nomination of officers/committee representatives were presented to the membership for the term 2009-2011. Dr. Kuntze presented the slate and asked for any nominations from the floor, there being none asked that all in favor say, 'aye'. All were in favor.

President:	Eugene Rhee, M.D.
President-Elect:	Phil Weintraub, M.D.
Imm. Past President:	Joseph Kuntze, M.D.
Secretary/Treasurer:	David Benjamin, M.D.
CMA Representative:	Marty Prah, M.D.
CMA Alternate:	David Benjamin, M.D.
CMA Comm. On Legislation:	William Bonney, M.D.
CMA COL Alternate:	Douglas Chinn, M.D.
Carrier Advisory Committee:	Jeffrey Kaufman, M.D.
Calif. Tech. Asses. Forum:	Robert Eisenberg, M.D.
CMA Young Urology Rep.:	Danny Cosgrove, M.D.

10. Adjournment

There being no further business the meeting was adjourned at 1:45 pm on Tuesday, October 27, 2009.

Respectfully Submitted:

David Benjamin, M.D., Secretary/Treasurer

Disclaimer: The CUA believes the information in this newsletter is as authoritative and accurate as is reasonably possible and that the sources of information used in preparation are reliable, but no assurance or warranty of completeness or accuracy is intended or given, and all warranties of any kind are disclaimed. This newsletter is not intended as legal advice nor is the CUA engaged in rendering legal or other professional services. Articles and letters to the editor reflect the opinion of the author, not necessarily that of CUA or its members. The CUA reserves the right to edit or withhold from publication any letter for any reason whatsoever. Once received, all letters become the possession of CUA.

New Medical Board Disclosure Regulation: Effective June 27, 2010

STATE AND CONSUMER SERVICES AGENCY - *Department of Consumer Affairs*

Arnold Schwarzenegger, *Governor*



MEDICAL BOARD OF CALIFORNIA Executive Office



April 7, 2010

Frank Desantis, Executive Director
California Urological Association
1950 Old Tustin Avenue
Santa Ana, CA 92705

Dear Mr. Desantis:

The Medical Board of California is seeking the assistance of your organization in helping us get the word out to physicians and medical practice settings of a new disclosure regulation that will become effective on June 27, 2010. Title 16, California Code of Regulations section 1355.4 will require physicians to inform their patients that they are licensed by the Medical Board of California, and include the board's contact information. Physicians' failure to comply with this new regulation could result in a citation-and-fine by our board. We ask that you send the following information to your membership.

California physicians soon will be required to notify their patients that they are licensed by the Medical Board of California

Effective June 27, 2010, physicians in California must inform their patients that they are licensed by the Medical Board of California, and include the board's contact information. The notice must contain the following information.

NOTICE TO CONSUMERS

Medical doctors are licensed and regulated by the Medical Board of California
(800) 633-2322
www.mbc.ca.gov

This regulation, (citation), was instigated by the Medical Board, as mandated by Business and Professions Code section 138. The purpose of this new requirement is to inform consumers where to go for information or with a complaint about California medical doctors.

Physicians may provide this notice by one of three methods:

- Prominently posting a sign in an area of their offices conspicuous to patients, in at least 48-point type in Arial font.
- Including the notice in a written statement, signed and dated by the patient or patient's representative, and kept in that patient's file, stating the patient understands the physician is licensed and regulated by the board.

SPECIAL ANNOUNCEMENT

Radiology Certification Renewal Course

in the works during Western Section AUA
October 23-29, 2010 Hawaii Meeting
Details coming in June.

All CUA Members are Welcome

to attend the CUA Interim Board & Member Meeting in San Francisco

(during the AUA Annual Meeting).

Sunday, May 30, 2010
11:00 AM - 1:30 PM at the

The San Francisco Marriott Marquis Hotel
San Francisco, 55 Fourth Street,
in the Golden Gate Ballroom
(B2 Level – one level below Lobby)

Buffet lunch will be served from 11:30 am -12:30 pm.

**Come to be heard, get involved,
join a committee, or just listen.**

Please RSVP by replying via email to info@cuanet.org

CUA 23rd Annual Membership Meeting

Wednesday, October 27, 2010
Hilton Waikoloa Hotel, Big Island, Hawaii
(during the Western Section
Annual Meeting October 24-29, 2010)

CUA/WSAUA Health Policy Forum

Sunday, October 24, 2010
Hilton Waikoloa Hotel, Big Island, Hawaii
(during the Western Section Annual Meeting
October 24-29, 2010).

Welcome New Members!

Cu Ngoc Phan, MD, Newport Beach

Larissa V. Rodriguez, MD, Los Angeles

Garo M. Tertzakian, MD, Santa Ana



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
- Other _____

Name: _____

Address: _____

City: _____ St.: _____ Zip: _____

Tel: _____

Email: _____

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 Calender

All CUA Members are welcome to attend the CUA Interim Board & Member Meeting in San Francisco (during the AUA Annual Meeting)

Sunday, May 30, 2010
11:00 AM - 1:30 PM

The San Francisco
Marriott Marquis Hotel
San Francisco, 55 Fourth Street,
in the Golden Gate Ballroom
(B2 Level – one level below Lobby)

Buffet lunch will be served
from 11:30 am -12:30 pm.
Come to be heard, get involved,
join a committee, or just listen.

Please RSVP by replying
via email to info@cuanet.org

CUA 23rd Annual Membership Meeting Wednesday, October 27, 2010

Hilton Waikoloa Hotel, Big Island, Hawaii
(during the Western Section
Annual Meeting October 24-29, 2010)

CUA/WSAUA Health Policy Forum Sunday, October 24, 2010

Hilton Waikoloa Hotel, Big Island, Hawaii
(during the Western Section Annual Meeting
October 24-29, 2010).

WSAUA 86th Annual Meeting – Hawaii October 24-29, 2010

Hilton Waikoloa Village, Big Island of Hawaii
www.wsaua.org

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

2009-2011 OFFICERS OF THE CALIFORNIA UROLOGICAL ASSOCIATION, INC.

PRESIDENT:

Eugene Rhee, MD/MBA

IMMEDIATE PAST PRESIDENT:

Joe Kuntze, MD

PRESIDENT-ELECT:

Phil Weintraub, MD

SECRETARY-TREASURER:

David Benjamin, MD

CUA REPRESENTATIVES TO CMA

Delegate Alternate
MARTY PRAH, M.D. DAVID S. BENJAMIN, M.D.

SCIENTIFIC ADVISORY CMTE / MEDICARE CARRIER ADVISORY COMMITTEE:

Jeffrey E. Kaufman, M.D.

COMMISSION ON LEGISLATION:

REP: William Bonney, M.D.
ALT: Douglas O. Chinn, M.D.

COMMISSION ON SCIENTIFIC AFFAIRS FOR UROLOGY:

Vito Imbasciani, Ph.D., M.D.

GOVERNMENT RELATIONS COMMITTEE:

Jeffrey E. Kaufman, M.D.

STANDARDS OF PRACTICE COMMITTEE:

Douglas Chinn, M.D., Chair
Joseph D. Schmidt, M.D.

MEMBERSHIP COMMITTEE:

James Mooney, M.D.
Danny Keiller, M.D.

CMA YOUNG UROLOGIST REPRESENTATIVE:

Daniel J. Cosgrove, M.D.

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.