CUA REPORT

Fall/Winter 2014

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

President's Report by David S. Benjamin, MD

CUA's Endeavors this Election Year

We must begin a review of a very active year with discussion of our success as a state in defeating Senate Bill 1215. SB 1215 effectively eliminated most physician owned ancillary services previously protected by the In-Office Exception under the California patient referral law.

SB 1215

This bill specifically mentioned Urology as a targeted example and as you might imagine, had potential long reaching ramifications for many other specialties such as GI, Cardiology, Orthopedics, and Dermatology. If passed, not only would California specialists be directly affected, but it would bolster the national argument to continue this mandate nationwide. Patients' access to care, quality of patient care and the fight for control of physician services were in extreme jeopardy. I encourage anyone interested to read the excellent article on the CUA web site (http://cuanet.org/frontlines/sb-1215-defeated/) by Dr. Eugene Rhee summarizing this fast-paced legislative contest.

I do not recall another issue that was so important to so many physicians that has been defeated so efficiently and decisively. With leadership from the CMA and CUA, a grass roots effort was put together within 2 weeks with help from a coalition of surgical and medical specialties, lobbyists and patient witnesses. In the end, in-office ancillary services that are so vital to Urologists and other specialties were protected at least for the time being. This important feat was presented recently at the annual AACU conference in Chicago and was met with accolades and gratitude.

AACU Conference

The CUA had a significant presence at the recent AACU State Society Network conference in Chicago. The event covered many issues beyond the success of SB1215. The ACA, ICD10, PA scope of practice and of course the attack on MICRA here in California were also discussed in earnest. (Please see Dr Aaron Spitz's report on page 6) It was clear leaving that conference that defeating SB1215 was a scratch on the surface of the work that lies ahead for Urologists and organized medicine.

MICRA and Prop 46

Upholding MICRA is now the clear focus in 2014. The Patient Safety Act or now Prop 46 is a three part initiative. The trial lawyers have presented this proposition as a way to protect patient safety. The safety appears to come from the first component of the proposition requiring random drug testing, testing physicians for substance abuse within 12 hours after any adverse events and reporting any abnormal tests to the California State Board. This first component also includes requiring the California Medical Board to suspend physicians before they are proven guilty of being under the influence and requires

Officers and Board members met for CUA's Interim Meeting in Orlando during the AUA Annual Meeting this past May.

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President's Report continued

health care practitioners to report any doctor suspected of drug or alcohol impairment or medical negligence. The second component is a requirement for health care providers to consult state prescription drug history database (CURES) before prescribing certain controlled substances. Finally hidden behind the patient safety and preventing narcotic abuse is the real agenda for the trial lawyers and that is the repeal of MICRA or increasing the non-economic damages cap from $250,000K to $1.1 million. If you quickly breakdown the three parts to this initiative you can see that suspending physicians before they are proven guilty is unconstitutional. There are multiple scenarios that would lead to a false positive "test" for a physician who had performed surgery 10-12 hours prior to consuming alcohol. The CURES program which may well be a good program in the distant future, currently is incapable of handling 10's of thousands of Physicians who will be required to sign up for the website and use it consistently. It will be nearly impossible for Emergency Departments to access the website in a timely fashion and receive the needed information to prescribe necessary pain medication. The repeal of MICRA would cost a potential excess of 100 million dollars to the state in increased insurance costs not to mention over $1000 to each household in California for healthcare. The trial lawyers appear to be lagging by a 3:1 margin in campaign funds and all major California newspapers have come out against Prop 46 as currently appears to be losing support. Please inform yourself, your colleagues and your patients. Contribute to UROPAC, and support your local and state Medical Societies as they continue to battle Prop 46.

New Chapters

The CUA recently completed the adoption of three chapters; the Los Angeles, Orange County and San Diego urology societies are now a part of the CUA. Any regional or county urology group in central or northern California that wishes to become a chapter, please let us know and we will assist you in the process.

New Threat Awareness Program

In response to a CUA survey last year regarding workplace violence, the first ever "Threat Awareness Program" is taking place in Maui at WSAUA. The CUA has been pioneering the effort to help urologists deal with the issue of workplace violence and threat awareness, prevention, response. This will likely be the first in

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New CUA Program

Sunday, October 26, 8am

Threat Awareness, Safety & Security for you and your Practice

Course Director:

Eugene Rhee, MD,MBA,
Immediate Past-President, CUA
2013 AUA Gallagher Health Policy Scholar,
Past President-San Diego Urological Society

Sheldon H. F. Marks, M.D.
Tucson Urologist & Security Training Expert

William Schiff, M.D.
Fresno Urologist & Security Training Expert

Course objectives:

Recent acts of targeted violence to urologists in the United States illustrate the importance of threat assessment and threat management. Threat assessment and management have been shown to be effective processes which mitigate risks for these events. The attendees of this meeting should accomplish the following objectives:

- Recognize and classify warning signs, understand common misconceptions about workplace security and violent encounters.
- Learn appropriate de-escalation techniques, policies and procedures that meet compliance standards.
- Learn ways to prevent and prepare for threats, aggressive patients and/or violence with realistic atypical drills.
- Develop compliant response protocols and policies.
- Learn cost effective methods for creating a safe workplace.

President's Report continued

a series of courses to be offered in conjunction with the Western Section AUA Annual Meetings.

CUA Bylaws Revisions

Finally the CUA Bylaws committee submitted a set of revisions to our existing outdated bylaws, based mostly on attorney recommendations, completely revamping them to be in conformity with the nonprofit corporations' code and current industry standards of practice. These were emailed and a notice mailed to the members in September and is on the agenda for this Membership meeting.

This report would not be complete without acknowledging the enormous efforts of past and present CUA leadership. In particular, Drs. Eugene Rhee, Aaron Spitz, Jeff Kaufman, our committee chairs and our staff. Most importantly, I thank our dedicated members who have supported the CUA over the years. Your voice is stronger now more than ever. I am pleased to tell you that the CUA is recognized as one of the most powerful professional physician organizations in California. Our relationship with the CMA is among the best of all the subspecialties and our stock-in-trade as the largest state urologic nonprofit in the country is intensifying.

It is a pleasure to serve as president for the CUA. Your membership renewal and participation will continue to make all the difference in our effectiveness and viability.

David S. Benjamin MD
President, California Urologic Association

California Urological Association Medicare Carrier Advisory Report

by Jeffrey Kaufman, MD, FACS
CUA Representative, Noridian/Medicare Carrier Advisory Committee

The Noridian/Medicare CAC met at LAX September 17, 2014. A number of issues were discussed that are of concern to California urologists. Even while many of us are coping with the current challenges of falling reimbursement levels, increasing overhead and burdensome regulation, the 2015 proposed Medicare Physician Fee schedule (MPFS)was released for comment July 3. Among the many concerns is a request that many more urologic codes be reviewed as potentially "misvalued" (which is Medicare code for "overvalued"). The time, effort and overhead associated with many of our common procedures will be reconsidered and potentially paid at a lower rate including cystoscopy, CMG, bladder ultrasound for residual urine volume, renal ultrasound and prostate biopsy. These are in addition to the many other urologic codes already under review by the RUC. Each cut in reimbursement to specialists is offset by an increased fee paid to primary care physicians reflecting government bias in this area. In a similar fashion, the proposed fee schedule seeks to change all current 10 and 90 day global surgical fees to zero day fees. This will decrease surgical fees but allow for E&M visit charges generated during the first 10 to 90 days postop. Clearly this will have different outcomes depending on your practice habits but in general is predicted to decrease surgical incomes overall (again, in favor of primary care physicians in a budget neutral universe). And of course, unless major legislation is passed to repeal it, the SGR will cause fees to drop overall about 30% next April 1, 2015. While we hope for (and are working to support) legislation to pass in the lame duck Congress this fall, predictions are quite mixed whether a favorable compromise can be found and funds identified to pay for the fix. On top of all this, the 2% withhold continues across the board on all government payments (including drug reimbursement) for several more years.

At the same time as reimbursement may fall further, quality reporting is expanding and the penalties for failing to comply are increasing. PQRS reporting has increased from 3 to 9 measures, several useful criteria are scheduled to be retired and the number of criteria relevant to urologic practices is diminishing. PQRS reporting overlaps with government quality measures used in the Value Based Performance Modifier payments beginning in 2015 so incomplete compliance carries an extra penalty. Additionally, the 2015 proposed MPFS seeks to increase potential penalties for Value Based Performance payments from 2% to 4%.

The California Medicare carrier Noridian is spending a great deal of energy gearing up for the transition to ICD-10 October 1, 2015. Their website (CMS.gov/ICD10---Road to 10) includes a webcast and many other educational sources. Their LCD policies have already been re-written to account for the new coding structures. They are encouraging early 2 way testing to minimize the cash shortfall predicted for most practices due to the

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Medicare Carrier Advisory Report continued

transition. Although efforts to further delay or repeal ICD-10 are ongoing, all practices should be making preparations to comply.

In the past, although it was discouraged, a patient was allowed to "brown bag" medications usually delivered by the physician in his office (such as LHRH agonists and other chemotherapy medication). This might occur if the doctor had experienced non-payment by the patient or his insurance carrier. Although the patient could not be reimbursed for the cost of medication (part B drugs will only be paid by Medicare when supplied by and delivered by the physician), the doctor's office was paid for his effort to deliver the drug (96402 for LHRH injections). No longer will this be paid if the medication is supplied by the patient or donated free due to hardship or other reasons. Code 96402 is only allowed now if the physician supplies the medication (if the drug is purchased by an HMO/IPA/Pharmacy benefit manager, charged to CMS but delivered by the physician, you may charge 96402 and list the drug on the HCFA 1500 form with a charge of $0.00 or $0.01 as your system allows). We believe that if the doctor performs the work to deliver the medication, irrespective of how it's supplied or paid for, he should be paid for his service and are fighting this policy.

Many new diagnostic tests are becoming available to diagnose or better characterize cancers. New policies have been created or are being considered for use of FISH (Urovysion) testing for hematuria or bladder cancer, methylation testing (Confirm MDx) of negative prostate biopsies to predict necessity of repeat biopsy and cancer genetic profiles (Prolaris) to sub-stratify moderate grade prostate cancer and better predict natural history or risk of progression. There is an explosion of new genetic, genomic and proteonomic testing becoming available, some of which is quite useful. Medicare is crafting policy to determine which are useful and cost effective based on validity, positive or negative predictive value and clinical applications. They do not pay for screening and will not pay for tests that have no impact on clinical treatment decisions. This is an area in rapid flux to be covered in future bulletins. Please refer to Noridian publications to stay current on coverage policies.

The Recovery Auditors (now referred to as RAs rather than RACs) have been allowed to continue automatic audits and some limited complex audits but not permitted to review in- versus outpatient hospital status (one midnight or less versus 2 midnights or more). While this impacts hospital billing more than physician charges, there are many doctors confused on how to bill hospital visits depending on the patient status (in or outpatient visits often carry different levels of reimbursement). The RA determination appeal rates (most of which are successful) have been extraordinarily high and CMS believes this is due to poor performance by the carriers. Consequently, the entire program is being reviewed, new bids are being sought, a new Scope of Work is being drafted and MedPAC has called the overall program into question. Fortunately, most RA (RAC) activity in California has targeted hospitals, not physicians, but you may get records requests or demands for repayment. Please review these very carefully and appeal every questionable finding. If you are unsure of what is being challenged, I may provide some help. More on this in future articles.

There are many changes impacting our urologic practices and many challenges to come. The CUA is well represented at all of the discussions fighting for your benefit. As usual, please contact me for specific questions or problems.

Jeff Kaufman, MD, FACS

Report of the AMA House of Delegates

by Aaron Spitz, MD, AUA Representative

The House of Delegates is the democratic policy making body of the American Medical Association. Twice a year over 500 delegates and a corresponding number of alternate delegates convene to establish broad policy on health, medical, professional and governance matters. These resolutions do not carry the authority of law, but they set a bar to which legislators may capitulate or springboard from. They also serve as the foundation for many healthcare institution rules and regulations. These resolutions inform the actions of the leadership of the AMA including the elected officers, Board of Trustees, and executives. At significant expense, legal teams are dispatched and AMA lobbyists are mandated to pursue the goals explicitly stated in the resolutions. Delegates are members of the AMA and they represent national medical specialty organizations, state medical associations, professional interest medical associations, the five federal services, and several other AMA member sections and groups. The AACU maintains one

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CUA Input Essential to the Health Policy Forum Program

Sunday, Oct. 26 during the Western Section's Annual Meeting

Moderated by Jeff Frankel, M.D., Chairman, Health Policy Committee

Eugene Rhee, MD (L) and David Benjamin, MD (R) discuss the CUA programs for the meeting in Maui.

TOPICS:

Update on the Ballot Measure to Change the Medical Injury Compensation Reform Act (MICRA)
David Benjamin, M.D., CUA President

Evolving Health Care Delivery 2014
Jeff Kaufman, M.D., Representative, Medicare Carrier Advisory Committee

AACU Update - Richard Pelman, M.D., AACU President

Utilization of Advanced Practice Providers in Urology, Ken Mitchell, MPAS, PA-C

Senate Bill 1215 In Memoriam – a fascinating legislative journey underscores the power of advocacy

Panel Discussion: Drs. Eugene Rhee, Jeff Frankel and Aaron Spitz

Results of the 2014 Western Section Member Health Policy Survey – Jeff Frankel, M.D.

House of Delegates Report continued

delegate and the AUA has two. There are 17 urologists amongst the various associations. We are few but we are highly effective at promoting our interests and defending our positions. Our representation is proportional to the percentage of urologists that are AMA members and we lost a delegate last year, so resumption of AMA membership by urologists is critical to our ongoing "seat at the table."

Several resolutions from the June meeting are of key interest to urologists:

Continued pushback against the USPSTF
The AUA introduced a resolution which was adopted as policy by they House of Delegates to strike reference to the USPSTF in the recent AMA Board of Trustees report on Strategies to Strengthen the Medicare program. This reinforces our success two years ago when we successfully passed policy which positions the AMA in opposition to the methodology and conclusions of the USPSTF regarding their "D" rating of PSA testing and calls for greater involvement of expert input into USPSTF methodology going forward.

Continued pushback against ICD10
Under the unflagging determination and leadership of Urologist Jeff Terry MD of Alabama the fight against implementation of ICD10 is reinvigorated. The passage of his resolution mandates the AMA to advocate that Congress ask the Comptroller General for the United States to conduct a study to evaluate the disruptive nature of the implementation of ICD10 and what steps might be taken to mitigate it, with a report back to Congress by May1, 2015. Also the AMA is to advocate that congress adopt a policy that Medicare would not be allowed to delay pay based on ICD10 for the first two years of its implementation

PPACA
Council on Medical Service Report 9-Improving the Affordable Care Act evaluates the current state of the ACA and its shortcomings and calls for elimination of the IPAB, repeal or significant modification of the Value Based Payment Modifier program, and repeal of the SGR.

Medicare and Medicaid
Report of the Council on Medical Services on Medicare Update Formulas across Outpatient Sites of Service addresses the disparate compensation for outpatient services in hospital outpatient departments (HOPD) versus ambulatory surgery centers (ASC) and physician offices. Each is subject to a different formula for payment updates with the HOPD being the richest. Office compensation is the lowest as it is tied to the SGR and a lesser formula as well. The report highlights the

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House of Delegates Report continued

increased cost to patients of the increasing presence of hospital ownership in outpatient surgery settings and physician office settings and calls for parity between HOPDs and ASCs as well as increased compensation to office practices for their professional fees.

Graduate Medical Education

Council on Medical Education report 5: AMA Duty Hours Policy calls for evidence based reevaluation of the residency hour restrictions that are rotation/specialty specific so as to optimize patient safety but also restore competency-based learning opportunities.

The AMA will advocate for additional GME funding for resident training to address manpower needs. There is high primary care emphasis but specific mention is made to underserved specialties.

The interim meeting will be in Dallas in November and the AUA will submit a resolution advocating for coverage for penile prosthesis surgery in the 12 state insurance exchanges which currently exclude coverage for it.

Stay tuned...

Special Report of the AACU State Society Network

by Aaron Spitz, MD

The 7th annual AACU state Society Network convened this past September 19 and 20th. This meeting is attended by all the state Urology society presidents as well as the presidents of national urology organizations. I attended on behalf of the Society for the Study of Male Reproduction for whom I am the treasurer (the president was unable to attend). In addition to business meetings, there were a variety of informative lectures and discussions on health policy issues designed to integrate and empower state society capabilities. A California contingency was invited to share our experience with the defeat of SB1215, the "gutted and amended" bill put forth by Senator Edward Hernandez last April which would have eliminated in office ancillary exemptions for group practices. The panel was comprised of Eugene Rhee, past president of CUA and member of the board of AACU, David Benjamin, current president of the CUA, myself, president elect of the CUA, and Stuart Thompson, associate director of the California Medical Association. Dr. Rhee conveyed the rapid timeline of merely one week from being alerted by another urologist in Louisiana to the assembly of a coalition of national and multi-specialty partners aligned to defeat the bill. I described the coalition's specific strategy and execution of lobbying, legal, and grass roots campaigns. Dr. Benjamin expounded on a key element to the successful defeat of the bill, the establishment of the California Integrated Private Practice Association (CIPPA). This group of 225 physicians from 15 groups including orthopedics, Gastroenterology and Dermatology

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Radiologic License Renewal Credits Available During WSAUA Annual Meeting!

The CUA is is pleased to announce that it has been able to obtain ASRT activity approval for category A credit during the WSAUA 2014 Maui meeting. Urologists can obtain up to 16.50 CEU credits for x-ray license renewal at no additional charge by attending specific sessions while at the Western Section Annual Meeting. **Urologists can earn these CEU credits at the same time they earn their CME credits.** Simply fill out the Attestation Form provided at the annual meeting to claim your credits and your certificate will be emailed to you.

Allied Health Program on Tuesday and Wednesday during WSAUA Annual Meeting

Bring or Send your APP, NP, PA, nurse and other allied professional colleagues!

This program is included in the Health Professional's registration package and is also open to all physicians. This program approved for **6** *AMA PRA Category 1 Credits™* for allied health professionals.

Special Offer: registration includes first-year free of membership dues for Allied Health Professionals who may wish to join the WSAUA.

Report of the AACU State Society Network continued

was galvanized by LUGPA members Alec Koo, Deepak Kapoor and attorney Howard Rubin. They provided additional lobbying and the sole legal representation at the senate hearing which crushed the bill. CIPPA is going strong and growing and prepared for the next battle. Mr. Thompson, Esq. reported how the California Medical Association mobilized its resources rapidly to aid the CUA in its efforts to counter SB1215. Their legislative agenda was rapidly amended to incorporate urology's needs and became part of the official asks during the legislative day in Sacramento, just one week prior to the committee hearing for SB1215. They also dedicated staff and lobbying to work seamlessly with CUA as well as other key national allies, which included the AACU as well as LUGPA. Also included in the coordinated effort were staff and lobbyists from the American College of Cardiology and the American Orthopedic Association. The coalition that formed is still intact and has dramatically broadened the relevance, reach and capabilities of the CUA. The attendees of the conference were provided with specific recommendations for mobilizing such an effort in their states should it be required. An important strategy that was key in the detection of Senator Hernandez plan is the utilization of electronic news screens which filter key words in electronic media to provide stories, blogs, message boards, or other communications which may prove important. State and national societies can all use these tools to stay alerted to state issues, which often come up very rapidly, and unexpectedly allowing precious little time for preemption or reaction.

Other important information presented at the conference included strategies for building relationships with state and national legislators in the home district. The majority of medical political activity is local and establishing personal relationships with legislators through fundraisers, office tours, or just a cup of coffee can result in tremendous influence on the political process. Doctors are high value individuals to legislators. We influence votes at the grass roots but just as importantly we know medicine and we can inform their policy making. The key is sustained follow up after an initial trip to Capital Hill or Sacramento. The AACU is committed to facilitating ongoing state level follow up and will even, when appropriate, provide PAC money for urologists to present to their legislators to kick start such meetings.

Face to face help with Medicare Problems

Meet with Dr. Arthur Lurvey, our regional Medicare Medical Director at Noridian, who will be available for individual problem solving. Ask your office manager or billing clerk if they have any difficult Medicare challenges they need personally addressed or questions answered —**this is a wonderful opportunity** for individual attention you seldom get from phone help lines. Bring your documentation too!

Dr. Lurvey will be available on-site Oct. 26, Sunday at his help desk

Jeff Kaufman provided a forecast and explanation of critical provisions of the ACA still unfolding. Jeff Terry (Alabama) discussed his ongoing and successful battle to delay implementation of ICD10. So far this looming revamp of our coding and billing process which expands our current code list to over 70,000, has been stayed until October 2015, but the goal is to continue to lobby for further pushback until the political environment at CMS and in congress changes to allow it to be rescinded or decoupled from billing.

We heard compelling information regarding the constraints on graduate medical education for all specialties including urology. It turns out that we train and provide far fewer doctors per capita than many industrialized, European nations. Our nation's total annual spend on GME is less than 2% of the Medicare budget, yet cuts are being implemented.

The final lecture focused on the potential for utilizing PAs in a urology practice as well as the formal training opportunities that exist for PAs in urology. PAs may be trained and utilized according to the rules of a given state, or in states with no restriction, according to the rules of a given practice and their competencies can include cystoscopy, fluoroscopy, prostate biopsy, urodynamics and vasectomy.

Preserve Your Practice, Join the AACU!

Report of the Commission on Legislation

California Politics in 2014

by Demetrios N. Simopoulos, MD

Proposition 46, The Troy and Alana Pack Patient Safety Act of 2014, qualified as a ballot initiative in California on May 15, 2014 after 587,554 Californians signed petitions supporting the measure. The Proposition makes three changes to the California Constitution regarding medical malpractice and physician oversight: 1) it requires random and targeted drug testing of physicians, 2) it retroactively indexes the noneconomic pain and suffering malpractice cap to inflation with a base rate of $1.1 million starting on January 1, 2015 (the current cap of $250,000.00 was set by the Legislature in a special session in 1975) and 3) it requires physicians prescribing controlled substances to check the CURES database, which is a prescription medication history maintained by the State of California on all California citizens.

It is unlikely that Proposition 46 will be approved. Estimates are that $55 million stands in opposition to the initiative while $5 million stands in support. In California politics, and especially for statewide ballot initiatives, campaign finance is a significant factor influencing public opinion. Sixty-seven percent of contributions opposing Proposition 46 are from medical malpractice and medical insurance companies. The top insurance donors opposing the measure, as of recent filings, are as follows:

The NorCal Mutual Insurance Company: $10 million.
The Doctors Company: $10 million.
Cooperative of American Physicians: $10 million.
The Medical Insurance Exchange of California: $5 million.
Kaiser Foundation Health Plan: $5 million.
The Dentist Insurance Company: $1.6 million.
The Mutual Risk Retention Group: $1 million.

Finally, recent polling has shown steadily decreasing support for the measure, as the public has now heard the opposition's message.

SB 1215 was a "gut and amend" bill introduced by Senator Ed Hernandez on February 20, 2014 and went before the Senate Business, Professions and Economic Development Committee on April 28, 2014. It would have eliminated the in-office exception for self-referral for advanced imaging, anatomic pathology, radiation therapy and physical therapy. The committee received testimony from physician groups both for and against the bill. Testimony in support of the bill came from radiologists, pathologists and physical therapists. Testimony against the bill came from dermatologists, cardiologists, orthopedic surgeons, neurologists, physical therapists associated with independent orthopedic practices and one radiation oncologist, Dr. David Kornguth, from Golden Gate Urology in San Francisco. The committee vote for SB 1215 was 1 yea, 3 no, and 5 abstain. SB 1215 was similar to H.R. 2914, introduced in the House of Representatives by Jackie Speier, and which remains active legislation.

Submitted on September 30, 2014

No on Prop 46 – get engaged!

By now, many of you are familiar with the Medical Injury Compensation Reform Act (MICRA) lawsuit initiative that will appear on the November 4, 2014, ballot. Proposition 46 is being opposed by a coalition of doctors, community health clinics, Planned Parenthood Affiliates of California, local governments, working men and women, business groups, taxpayer groups, hospitals and educators, all of whom know that the measure will lead to more lawsuits and higher health care costs. What's more, it will threaten personal privacy and jeopardize people's access to their trusted doctors or clinics. Practices are encouraged to get engaged now!

Visit the campaign website at **www.NoOn46.com** to add your name to the growing list of groups and organizations opposing Prop. 46.

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CareCredit: A great way to help more patients pay for urologic care and streamline your practice

by Amani A. Abou-Zamzam, MBA
Urology Consultant
UrologyConsulting.com

In today's insurance environment, many patients have healthcare plans with high deductibles. Patients may be hesitant to move forward with recommended care because of higher out-of-pocket costs. In an effort to help patients move forward, some practices are willing to extend in-house payment plans and to take on the responsibility and risk of collections. But this process can increase overhead, consume staff time, decrease cash flow and result in increased accounts receivable.

A product used successfully in other healthcare fields can help with this – the CareCredit healthcare credit card. It can benefit both the patient and the practice. When you accept CareCredit, patients have access to special financing options[1] to help them fit the cost of care into their budget – enabling more patients to proceed with needed urologic treatment and procedures. For over 27 years CareCredit has been serving the healthcare community. It is accepted at 180,000+ practices and used by over 8.5 million patients nationwide in orthopedics, plastic surgery, podiatry, dermatology, ophthalmology and dental practices. Patients and their families can continue to use their card for their other healthcare needs at any practice that accepts CareCredit[1].

Your practice benefits as well. Not only are you able to treat more patients, but the practice receives payment in two business days, regardless if the patient delays or defaults.[2] This can increase cash flow and decrease the time, energy and money invested in chasing your accounts receivable. On-site customer support for your staff is also provided by practice development managers.

In a recent survey of urology practices enrolled with CareCredit[3], the most important attributes of CareCredit were:
1) Satisfies patient demand for a payment plan
2) Improves cash flow
3) Reduces accounts receivable
4) Eliminates the difficulty of collecting delinquent accounts
5) Increases acceptance of treatment or care.
All enrolled urology practices surveyed also said they would recommend CareCredit to a colleague.

Although many patients may be facing higher insurance deductibles and self-pay portions, when you add patient financing as a payment option it can help ease their financial burden and it also allows you and your staff more time to focus on practice building activities and providing excellent patient care.

1 Subject to credit approval. Minimum monthly payments required. See carecredit.com for details.

2 Subject to representations and warranties in the CareCredit Card Acceptance Agreement for Participating Professionals.

3 August 2014 CareCredit Urology Survey conducted by Inquire Market Research on behalf of CareCredit.

Help patients get the urologic treatment they need to **live happier, healthier lives** with special financing options* from CareCredit. With the CareCredit healthcare credit card you can:

- Let patients know there's a convenient way to pay for deducibles
- Increase acceptance of recommended treatment or care
- Reduce A/R and billing cost
- Get paid in two business days

Visit CareCredit's booth at WSAUA for more information or to Enroll for FREE! ($195 value).

*Subject to credit approval. Minimum monthly payments required. See carecredit.com for details.

CareCredit℠
Making care possible...today.

800-300-3046 ext.4519
www.carecredit.com

Visit CUA on the WEB

www.cuanet.org

CUA

The CUA is the largest state urological, non-profit organization that is dedicated to preserve and protect present and future Urological care for the people of California by means of education, representation, advocacy, legislative reform and leadership in various state and national health policy arenas.

2014 Meeting Calendar

CUA 27th Annual Membership Meeting
Sunday, October 26, 7:15 am
All interested urologists are invited to attend

WSAUA Health Policy Forum and Practice Management Courses
Sunday, October 26, 8:00 am
Grand Wailea Hotel
Maui, Hawaii
(during WSAUA annual meeting)

Extend your professional network!

LinkedIn

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

Like Us on Facebook
www.facebook.com/CalUrological

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 ot coding hotline calls. Over 600 hundred members have joined the AUA Practice Management. Join today by calling: **410-223-6413**

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