CUA REPORT

Spring/Summer 2015

A POWERFUL VOICE FOR CALIFORNIA UROLOGISTS

President's Report by David S. Benjamin, MD

2014 Political Year in Review:

As we begin 2015 we must first briefly review the political successes medicine and Urology achieved in 2014 in California. In early 2014 SB 1215, a bill meant to do away with the In Office Ancillary Services Exemption (IOASE), was efficiently and decisively defeated while still in committee with a combination of lobbying, grass roots campaigning and help from the California Integrated Private Practice Association (CIPPA). There was little time to celebrate as the medical community quickly turned its focus on defeating Prop 46. Prop 46 flaunted and advertised as a bill to mandate drug testing for Physicians was an outright attack on the Medical Injury Compensation Reform Act (MICRA) by the trial lawyers.

Though the battle on Prop 46 in the media and specifically on TV appeared to be even at times, the CMA along with a large and diverse coalition that included labor, business, local government, health providers, community clinics, NAACP, and taxpayers, came together to fight as one unified voice. The monies donated by the above mentioned parties outnumbered the trial lawyers 10 to 1. When Prop 46 came to the California voters on Nov 4th it was soundly defeated 67% to 33%. Californians understood the real issues and refused to increase health care costs and decrease access to care so that the trial lawyers could make more money.

CMA HOD:
The 2014 CMA House of Delegates (HOD) met in San Diego in Dec. The majority of focus at the meeting was on reorganizing the governance of the CMA. The Governance Technical Advisory Committee had been formed to give recommendations to the Board of Trustees (BOT) and HOD. The recommendations were to cut the size of the BOT from 58 to 30 which of course led to major discussions as to who would and not be cut. The Specialty Delegation which represents the CUA was reduced to 1 seat from 2 but saw it as a win as we had initially lost both seats but won 1 seat back. Resolution 302-14 was also of interest as the CMA voted to strive to attain a HOD membership that truly reflects the makeup of the CMA membership with respect to women and ethnic Physicians.

Threat Awareness Program:
For over a year the CUA has been working on a Threat Awareness Program in response to several

President David Benjamin addresses the CUA members with his report at the CUA annual meeting in Maui with guest speaker Arthur Lurvey, MD seated left. See minutes on page 8 for summary of report given.

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President's Report continued

publicized attacks and murders of Urologists and other physicians in California and throughout the United States. This program spear headed by Dr Eugene Rhee saw its first formal program/course presented at the 2014 WSAUA in Maui. The program was well attended and taught by Dr. Sheldon Marks and Dr. William Schiff both Urologists and security training experts. The post course reviews were excellent. Course objectives included recognizing pre-attack indicators, how to improve security and safety in your workplace as well as how to manage aggressive patients and de-escalate conflict effectively.

Dr. William Schiff (standing) passionately addresses a large audience at CUA "Threat Awareness Program" in Maui during the WSAUA 2014 annual meeting. The panel of speakers also included CUA past-president Dr. Eugene Rhee and Dr. Sheldon Marks (seated at right). Dr. Jeffrey Frankel (seated at left) moderated the overall course as part of the Health Policy Forum and is the chairman of the WSAUA Health Policy Committee. ***(See page 11 for more on this subject by Drs. Schiff and Marks.)***

Looking ahead for 2015 and beyond:

The medico-economic climate for Urology in California is challenging at best. Though we have won extremely vital political battles to protect our ancillary services and stabilize malpractice rates here in California, there are sure to be further debates and legal attacks on such privileges. The IOASE has data behind it to support continued exemption if further attacks are made, however it will be vital to keep such organizations as CIPPA going so as to be ready on any and all fronts. There is no doubt MICRA will be a focus once again and perhaps in the very near future. An interesting point brought up at the AACU yearly meeting in Chicago in 2014 was that of approaching the trial lawyers pre-emptively and offering a reasonable small increase in the non-economic damages cap. This would potentially go a long way in disarming the opposition and taking away "inflation without adequate compensation" as their strongest point and reason to do away with MICRA.

The upcoming deadline for transitioning to ICD-10 is approaching and though we all hope for further delays we must all begin preparations for that transition. It remains to be seen what our new congress will do to the ACA, meanwhile California will continue to see shortages in access to care within the CA exchange as Physicians refuse to sign up for poor contract rates. MUE requirements continue to increase Physicians stress and costs of practicing while decreasing efficiency and happiness within the job place. CMS appears ready to make some changes to MUE or at least decrease the hardship on Physicians as they try to comply with the ever changing requirements.

We live and practice in the best state in the country and we have the best and strongest Urology Association in the country, that we can be happy and proud of. The CUA continues to support its Urologists in every way possible from daily coding issues to fighting for vital practice privileges in Sacramento.

Membership:

Everything that the CUA has accomplished and is trying to accomplish depends on membership! There is no better time to be involved in the CUA, WSAUA, AUA, CMA, UROPAC, CalPac and local medical societies. The CUA needs each and every one of you at any level you can participate in. Please remember your dues, remind your partners, colleagues and especially your residents and young Urologists to get involved in any way they can.

David S. Benjamin MD
President, California Urologic Association

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AMA House of Delegates Interim Meeting Summary

By Aaron Spitz MD
Lead Delegate American
Urological Association

Chicago, November 8-11, 2014—-The American Medical Association House of Delegates is a representational democracy that sets official policy for the AMA. Although such policy has no legal means of enforcement, it often stands as the foundation upon which legislation is written and introduced as well as the upon which legal argumentation is made in state and federal courts. In spite of the actual low numbers of physicians that are AMA members, the perception by all major stakeholders in health care is that the AMA is the go-to representative for all physicians and hence they do represent us whether we think they do or not. Although the majority of policy that arises represents the best interests of all physicians, policies are often proposed that may intentionally or unintentionally advantage one specialty over another or even diminish a particular segment of physicians. It becomes the task of the delegates to both promote their organizations interests as well as defend them. The delegates represent states and specialty societies as well as training levels, the Armed Forces and even ethnic/cultural groupings. Representation is proportional to the delegation's parent organization's membership in the AMA. There are 19 urologists who represent various State Societies, the Armed Forces, the AACU and the AUA. Amongst the ranks are a few alternate delegates. Our AUA delegation is comprised of myself (Aaron Spitz) Willie Underwood, and our two alternates are Terrence Grim and Roger Satterthwaithe. The AACU Delegate is AUA Board member Jeffrey Kaufman. The AACU alternate is Richard Pelman. Our resident delegate is Hans Aurora (Cleveland Clinic).

This year we introduced resolution 801 "Patient access to penile prosthesis as legitimate treatment for erectile dysfunction" which proposed the following:

RESOLVED, That our American Medical Association work 1 in concert with national specialty and state medical societies to advocate for patient access to the full continuum of care of evidence based erectile dysfunction treatment modalities including oral pharmacotherapy, penile vasoactive injection therapy, vacuum erection device therapy and penile prosthetics (Directive to Take Action); and be it further

RESOLVED, that our AMA advocate that penile prosthesis not be excluded as part of the Essential benefits package for health insurance plans sold through the state health insurance exchanges. (Directive to Take Action)

The first resolve was accepted and the second resolve was stricken. The second resolve was contentious because the AMA generally avoids mandating a particular benefit, preferring to allow "the market" to decide. Knowing this we anticipated that the second resolve may be received as too directly prescriptive of a benefit package. Not wanting to risk the good will and ready acceptance by the House of our first resolve, we acquiesced to the deletion of the second resolve, believing that the first resolve provides new AMA policy that is meaningful for those working on behalf of expanding coverage for not only penile prosthesis but all modalities of treatment for erectile dysfunction. This positive outcome was the result of significant networking behind the scenes by our staff with the staff of other stakeholders, the cashing in of political capital for support we had lent previously for a bariatric surgery resolution of similar sentiment, and the strategic relationships and committee appointments the Urology delegation has developed over the years.

Despite a philosophy generally opposed to specifying health plan benefits, the House did ratify a resolution put forth by the resident and fellow section mandating the AMA to advocate for insurance coverage by all payers for the treatment of male and female infertility when it is the result of medical treatments.

Another issue of relevance to urology that arose was a resolution calling for opposition to the Stark Law as a whole. The resolution was proposed on behalf of employed physicians whose incomes are restricted by the hospital employers who claim, surreptitiously in some circumstances, that they are limiting the physician's compensation so to be in compliance with Stark Law. The ramifications of actually ending Stark are complex and myriad and the House declined to pass this resolution; however, during debate from the floor, delegates representing Radiation Oncology called for referral back to the Board and changed the emphasis completely, advising the AMA to review the current state of the in office ancillary exemption (IOAE) to Stark in order to develop policy

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AMA House of Delegates Interim Meeting Summary (Continued)

against what they claim are abuses. Although urology was not called out by name, it was clear that urology was the accused party. The resolution, now in referral, has opened an opportunity for radiation oncology concerns to influence AMA position on IOAE and Urology. We will fight behind the scenes with our excellent staff and with robust data that our partners such as LUGPA and eventually AQUA can provide.

The Council on Medial Service issued a report, which was amended which directs the AMA to notify CMS that the CLIA requirements regarding provider-performed microscopy (in office microscopic urine analysis) including annual competency assessments are overly burdensome.

Resistance to ICD10 continues at the House of Delegates. Although the AMA's default position is to oppose ICD10 outright, in the event it is implemented, additional policies are being established to try to mitigate the impact. The following resolution was passed with little debate:

RESOLVED, that our American Medical Association work toward the goal of having insurance companies and governmental entities reimburse physicians for the extra cost of increasingly complex and mandatory changes in coding. (Directive to Take Action)

The AMA has supported increasing compensation to "primary care" physicians. Current law has increased Medicaid payments to primary care physicians to the level of Medicare. There are specific practice patterns a physician must meet to qualify for the increased reimbursement and The Council on Medical Service proposed that not only should the reimbursement increase be continued but that it should be extended to OB/GYNs. A resolution was proposed to give psychiatrists the same status and therefore increase their Medicaid reimbursements as well. There was significant opposition to the report and the resolution by other specialists including the Urology delegation. The current implementation of increased Medicaid reimbursements appears to be a zero sum game in which less Medicaid resources are available for specialists who are already severely undercompensated. Even if Medicaid patients have improved access to care with improved payments to primary care doctors, there may not be specialists available for them to be referred to. We argued that we shouldn't be construing one set of doctors as somehow more important than another, and that all

The CUA table provided networking and connection opportunities at the Western Section AUA Annual Meeting in Maui.

physicians should be better compensated under Medicaid. Ultimately with the preponderance of voting delegates being non-specialists the report was approved endorsing OB/GYN's primary care status and advocating that they receive increased Medicaid payments. However, the concerns of the specialists regarding transfer of resources was acknowledged with an addendum that stated:

That our AMA advocate for the Affordable Care Act's Medicaid primary care payment increases to continue past 2014 in a manner that does not negatively impact physician payment for any other physicians. (Directive to Take Action)

One thing all doctors seem to agree on is the burden of prior authorization. The house ratified policy that calls on the AMA to conduct a study to assess the actual impact prior authorizations have in time and dollars on practices. Furthermore, the AMA is mandated to advocate against the current practice of prior authorization requirements for outpatient laboratory testing.

The "invitation only" scope of practice meeting headed by AMA CEO president James Madera introduced a radical departure from previous year's dialogue. The message is that we are losing the traditional turf war against Advanced Practice Providers in the courts and in the legislature and we need to change course. Since we can't beat them we need to join them in "team based care." But not just join them, actually lead them. The genie is out of the bottle, but it still has a master. The AMA is working diligently to convey the true difference in training and experience between Doctors and APPs so as to make it very clear who is qualified to lead these so called teams. The

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AMA House of Delegates Interim Meeting Summary (Continued)

AMA has also funded very powerful software that visually maps the distribution of doctors and APPs geographically so as to provide transparency for claims by APPs that they are meeting an unmet geographic access need. Now we can see if there really is an access issue where they are setting up shop. This software is free to use at http://www.ama-assn.org/ama/priv/advocacy/state-advocacy-arc/health-workforce-mapper-a.page.

Telemedicine featured prominently. AMA President Robert Wah strongly advocated embracing telemedicine and other innovations during his opening remarks . The AMA Board is also getting behind telemedicine. In a Board of Trustee report a mechanism for expediting licensure in multiple states was laid out and adopted by the House. A resolution to remove geographic variation from Medicare payments for telemedicine was not adopted, preserving the geographic differential for practice expense. The AMA's embrace of telemedicine coupled with a directive to engage Advanced Practice Providers (PAs and NPs) in 'team based care" signals an evolution in the very structure of health care delivery as we have come to know it. Remote sensors and point of service diagnostics were referenced as well in speeches and discussions, which are all early warning signs that disruptive technology and processes will soon reach a tipping point.

Maintenance of Certification continues to draw criticism from most in the House particularly as it may be linked to hospital privileging. The House resolved "the AMA update model hospital staff bylaws to address the problem of requiring board recertification to remain on staff." Additionally AMA's representative to the Joint Commission is mandated to convey AMA policies that discourage linking health plan and hospital privileges to board certification/recertification.

The rapid rise in the pricing and substitution of generic drugs, as well as the scarcity of previously readily available medications, has the attention of the AMA. Three resolutions addressing drug costs were introduced . One that called for an end to the Medicare prohibition on drug price negotiation was considered reaffirming existing policy. Two other resolves were referred for further deliberation regarding the AMAs plan of action regarding generic drug switching and rapidly rising generic drug pricing The AMA leadership still holds out hope for an SGR fix in the lame duck session. Texas representatives Kevin Brady and Michael Burgess MD spoke to the delegates with guarded optimism reinforcing the notion that there is SGR fatigue on the hill and "most of the hard work has been done" (Burgess) but their dialogue still left the "pay for" question very ambiguous.

James Madera, CEO of the AMA addressed the house with a speech outlining the 3 areas of emphasis of the AMA this year: One priority is improving physician satisfaction with their work life from prior authorizations to quality of office visits to utilization of office staff. A practical web site portal with implementation ready solutions has been provided at www.steps-forward.com. A second priority is modernizing and innovating medical education through innovation Grants awarded by the AMA to medical schools. 11 million dollars of grant money has been awarded to 11 medical schools that will focus on not only optimizing medical didactics but also integrating regulatory and financial concepts into the curriculum. The third priority is improving health outcomes with emphasis on early detection and prevention of diabetes and hypertension.

A special highlight and source of pride for Urology was the awarding of the Benjamin Rush award for Citizenship and Community Service to Urologist Dr. Peter Bretan for his extraordinary public service contribution to the Philippines. He has led numerous medical missions to teach and perform renal transplantation. Dr. Bretan most recently led a mission to the victims of Typhoon Haiyan.

The AMA continues to demonstrate its willingness to advocate on behalf of physician concerns that are frequently in alignment with surgical specialists including urologists. The leadership is increasingly populated with surgical specialists and urologists serve on key influential committees. The legal arm of the AMA had participated in over 250 state and federal cases on behalf of physicians often resulting in landmark decisions in our favor. With a republican controlled legislature there is certain to be a lot of activity and change regarding PPACA. The AMA more than any other state or specialty society will be invited to weigh in on legislation and regulation and, with 650 million in reserves, the AMA more that any other state or specialty society will have the fire power to intervene when legislation and regulation are running away from us. The AMA is a big boat; however, it's more like a tanker than a cruise ship with relatively few on board but carrying a much bigger payload. The AUA delegation has shrunken since the exodus of AUA members

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AMA House of Delegates Interim Meeting Summary (Continued)

from the AMA. Lets not abandon ship. Lets get back on board and even pilot it. It takes a while to turn a ship as big as the AMA, but its turning and it is on the right course. Rejoin the AMA . Don't miss the boat.

Member Spotlight!

Peter N. Bretan Jr., MD

Announces Candidacy for President-Elect California Medical Association

It is my distinct honor to humbly announce my candidacy for President Elect of the CMA for 2015. It has been my distinct honor to be a member of the CUA. The CUA one of most influential organizations that represents the clinical practice of Urology in California when it comes to the development of sustainable healthcare policy, while the CMA represents the whole profession of medicine in these regards. The CMA is the largest state delegation to our AMA, and I am proud to have been an active member of the delegation for more than 10 years. Because of this I feel that a deep understanding of the relationships of CUA and the umbrella CMA is necessary to propel both to our full and effective potentials in representing all of us in our profession of medicine to help shape healthcare policy, not just for California, but for the whole country.

My career reflects a broad experience in many types of medical leadership positions in our profession as in:
Past president of my county medical society; Past Chair of the CMA's President's Forum; Current District X Geographic Trustee; past Chief of Staff of my hospital; current Chief of Surgery and Urology at four separate hospitals; volunteer for local community and international indigent patient care; and Professor of Urology as a current teacher of medical students.

While these are diverse services for our profession, my core motivation in all these accomplishments is to help save lives and protect the Patient-Doctor Relationship, while enabling all physicians to sustain their practices. For 34 years, these vital passions have energized me as a: surgeon to perform almost 1000 kidney transplants; as an academic basic researcher to patent two organ-flush solutions; as a teacher to instruct premed students, medical students, residents and fellows to strengthen our future profession; as a solo practicing surgeon serving rural Northern California, where specialty care is sparse or absent; and now the most important aspect of organized medical leadership……..to help fashion rational and sustainable health care policy……..to save lives, by direct education and communication as a credible medical leader with our legislators. It is in the latter role that I can make the greatest impact, to further serve our profession and save lives!

Background & Biography

Dr. Bretan was born in Port Hueneme Naval Hospital in California, son of an immigrant Filipino farmer and disabled Army Veteran from WWII. He is a practicing renal transplant surgeon and urologist, and specializes in laparoscopic surgery. He covers rural Northern California as a solo practitioner and is on the active medical staff of eight rural hospitals via robotic telemedicine. He is a past President of the Marin Medical Society and has been a California Medical Association (CMA) delegate since 2004, and an AMA alternate delegate since 2003, having been an active member since 1976, when he was a medical student. He is the past chair of the CMA's Presidents Forum and remains on their Executive Committee as an Elected Member at Large. He has been on the Board of CalPAC since 2006. In 2012, he began his first term as CMA Trustee.

He is the founder and the lead transplant surgeon and urologist for Life Plant International (previously Rota Plant), a charitable organization that promotes disaster preparedness, organ donation and early disease screening in the United States as well as abroad. Life Plant International has saved many lives in the Philippines through recurring medical missions, which include performing and teaching kidney transplants and laparoscopic kidney removals, since 2002. See www.LifePlant.org for more details.

Dr. Bretan has published over 200 scientific articles covering both clinical and original research subjects, for which he has received multiple academic awards. He speaks internationally as a recognized expert in kidney transplantation, as well as prostate and bladder diseases; and serves as an expert reviewer for six clinical and scientific journals. For the past 30 years, he has reviewed/screened all submitted abstracts for the transplant sessions at the annual American Urological Association meetings and moderates these sessions regularly.

His academic career spans 31 years. He is a past UCSF clinical associate professor in surgery and urology, as well as director of the Cleveland Clinic and UCLA renal transplant programs. He continues to instruct premed and medical students from UC Berkeley (recognized with the 2011 Excellence in Service Award by the Cal Alumni Association) and Touro Medical School as current adjunct clinical professor of urology.

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Member Spotlight (Continued)

He was a captain in the US PHS Reserves, having served for the 26 years. In 2005 he was deployed to New Orleans after Hurricane Katrina, helping in reconstituting health care there with "Team Orleans" immediately after the disaster. For this deployment he was awarded the Disaster Service Medal and Outstanding Unit Award from the Office of the Surgeon General. Additionally, Dr. Bretan was appointed by the Surgeon General's Office to serve on the US Deployable Surgical Team in 2007. He continues in his commitment to disaster preparedness by serving on local, county and state panels for educating and organizing physicians for emergency services. Last month, his worldwide work was acknowledged by the AMA at the HOD meeting in Dallas, where he was awarded the Benjamin Rush Award for Citizenship and Community Service (see www.ama-assn.org/ama/pub/news/news/2014/2014-11-10-peter-bretan-receives-benjamin-rush-award.page).

With these rich and varied experiences, Dr Bretan believes that the patient-doctor relationship is sacrosanct and should be the basic emphasis for any health care system to remain economically rational, accessible and sustainable. He is well-qualified to assess the delivery of health care, taking into consideration scientific, fair public health policy, and most importantly compassion and altruism, in the determination of issues concerning organ transplantation, organ allocation and the general practice of medicine, both in private practice and in group academic settings.

CMA Accomplishments

As a member of CMA's Presidents Forum, he reenergized that organization by rewriting its bylaws in 2010 to include an Executive Committee where he serves as its first Member at Large. The forum has increased its activity and leadership, and its Executive Committee serves as an important adjunct in accomplishing this.

With the support and backing of the Presidents Forum and District X, where he served as Delegation Chair in 2010-12, he has written successful CMA resolutions to initiate three significant TACs: ACOs, Disaster Medicine and CMA/ CMS Alignment.

Since 2003, he has been a member of the Philippine Medical Society of Northern California (PMSNC), participating in their annual medical missions to the Philippines. In 2012 he became a board member of the PMSNC (and just recently serves as the organization's President Elect) and has represented the society in the CMA's EMOS/NEPO (Network of Ethnic Physician Organizations) meetings and activities.

Report of the Medicare Advisory Committee

by Jeffrey Kaufman, MD, FACS
CUA Advisor to Noridian, California Medicare Carrier

February 2015 -We're very lucky in California to have such an open, congenial working relationship with our Medicare carrier Noridian. Most of you are aware of the many changes instituted January 1, 2015 within the newest Medicare fee schedule. Most of these are federal, created by Congress in law that CMS has to implement. But at least, within that framework, we enjoy open lines of communication with our carrier that allow education, consult and discussion on policy in both directions. This openness and transparency has important benefits for California urologists.

The Medicare Carrier Advisory Committee met for the first time this year February 11 in San Francisco where a number of issues were discussed. First was an update on the status of the Recovery Audit program (the RAC or Recovery Audit Contractors are now simply the Recovery Auditors). At the present, due to law suits by vendors over contracting, most audits are on hold although some Automatic reviews are taking place (mostly related to hospital charges). The program is now divided among 4 national contractors and a 5th devoted to hospice, home health and DMERC issues. California's auditor remains HDI although we have a new RA medical director in the west who is mandated to oversee fairness in the system (but who does not review claims which is done by certified coders, nurses and other non-physicians). For hospitals, the look back period has been significantly shortened to 6 months from 3 years although it's not clear that physicians will enjoy a similar benefit (and still, hospitals are reimbursed for the cost of copying and supplying records while physicians are not). In response to many complaints that reviewers were sloppy in their conclusions, contractors must now maintain an accuracy rate of at least 95% or suffer lower reimbursement rates. More to follow when the program ramps up again later this year.

Failure to attest to EHR use this year may lead to multiple, redundant and overlapping penalties. There is a fine for failing to attest to electronic records use, another for failing to satisfy Meaningful Use criteria reporting, another for failing to satisfactorily complete PQRS report-

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Medicare Advisory Report (Continued)

ing and (since PQRS reports will be used to measure quality of care which in turn will determine future Value Based Performance Modification to Medicare payments) lowered fees for Medicare patients transitioned in from 2015-2017 depending on your practice structure. To apply for a hardship exemption for failing to use EHR and avoid penalties in 2016, the deadline is July 1, 2015. The form is available on line from Noridian although only about 1 in 3 applications is granted based on published, strict criteria.

In response to many appeals to make Meaningful Use easier to demonstrate, the attestation period has just been reduced from 12 months for 2015 to a single quarter (3 months), the same as it was for 2014. Whether you must comply with phase 1, 2 or 3 criteria depends on where you are in the program.

Among the many audit programs CMS employs to insure proper processing and payments for Medicare patients is the CERT (Comprehensive Error Rate Testing). This effort to audit the auditors is a random sampling of claims that are reviewed to establish that our carrier processes and pays correctly, that billing, coding, documentation (signed, dated, timed orders and documentation of indications in the medical record) and fees are correct. The likelihood that any of you will receive a request in any year is low but it is mandatory that you comply with any records request. Failure to do so will be considered an error and payment for the claim in question will be denied and refunds demanded. Do not ignore these requests. It is far easier to comply up front than to spend time and energy appealing denials.

There are multiple new subsets of modifiers to be used for -59 coding. Failure to completely and precisely code will lead to denied charges. I will cover this topic more fully in a later article but your billers andcoders should be aware of this change for 2015.

Finally and much more relevant to California Urologists was an extensive discussion about the explosion in new molecular diagnostic tests available, especially related to prostate cancer. Among the new policies that will be approved and in place shortly are those pertaining to Prolaris (based on prostate biopsies, used to stratify prostate cancer patient risk for progression and help decide on Active Surveillance vs more aggressive therapy), Decipher (based on prostates removed surgically to determine the need for adjunctive therapy) and ConfirmMDx (a test of methylation to confirm a negative biopsy and minimize repeat, unnecessary testing). Comments were favorably received by Noridian staff relating to these policies and modifying indications to allow use by urologists for appropriate patient management. However, not all molecular tests will be approved and covered by Medicare. The rationale and justification for what is covered and what is denied was reviewed and will be spelled out in published Noridian policy.
Please look for the final policy publications in the next few months and let me know if you have questions or believe they should be further modified.

As always, it's mutually beneficial for us and our state Medicare carrier to receive input from practicing urologists about policies that affect patient care and for the urology community to understand clearly the why and wherefore for national and regional policies that hugely impact our ability to care for our patients. Please contact me for any issues regarding California Medicare and other insurance coverage.

Report of the Secretary-Treasurer Minutes of the 27th Annual Membership Meeting

by Matthew Cooperberg, MD, Secretary-Treasurer
Sunday, October 26, 2014 ~ Grand Wailea Hotel, Maui, HI ~ Haleakala Ballroom (Held in conjunction with the Western Section AUA's Annual Meeting)

Officers Present:
David Benjamin, MD, President
Aaron Spitz, MD, President Elect
Eugene Rhee, MD, MBA, Immediate Past President
Matthew Cooperberg, MD, Secretary-Treasurer
Past-Presidents Present:
Joseph Kuntz, MD
Jeffrey E. Kaufman, MD
Doug Chinn, MD
Executive Directors:
Chris DeSantis, MBA
Jeannie DeSantis, MBA

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Secretary-Treasurer Minutes (Continued)

Call to Order
A quorum was established with 45 members present and approximately 60 in total attendance, President David Benjamin, MD called the meeting to order at 7:15am.

Approval of Minutes
The minutes of the previous meeting of the 26th Annual Membership Meeting held on November 2, 2013 and minutes of the Interim Members Meeting held on May 18, 2014 were read and presented. A motion to approve the minutes was seconded and passed.

Report of the President
David Benjamin, M.D., President
Dr. Benjamin began his report by thanking everyone in attendance and introducing the officers and DeSantis Management Group. Dr. Benjamin reported that 2014 has been an incredibly active year for the CUA which includes defeating SB1215 and adoption of three Southern California Chapters – Orange County Urological Society, San Diego Urological Society and the Los Angeles Urological Society - this was done to have a cohesive voice in urology to consolidate and expand advocacy and outreach to physicians as well as have an effective rapid response network.

Dr. Benjamin reported on MICRA and PROP 46. The clear focus is to uphold MICRA. Proposition 46 has been presented by the trial lawyers as a way to protect patients safety with random drug testing on physicians. He added that the CUA has once again made it possible for members to obtain radiology credits to renew their California x-ray license by attending specific scientific sessions during the meeting. This is a major benefit and worth 3 times the price of dues.
A motion to approve the President's Report was seconded and passed.

Report of the Secretary/Treasurer
Matthew Cooperberg, MD
Dr. Cooperberg reported that for 2013, the CUA posted a net gain of $11,330. With this gain, the CUA reserve balance has increased to $133,373 up from $122,042 in 2012. The net gain was due primarily to an increase in dues income – a result of the dues increase last year. Of the 535 regular members, 165 are exempt as seniors and 370 are dues paying. At this point 230 have paid their dues (62%) and 140 (38%) have not. Reviewing the financial reports, he noted that the CUA remains stable considering the current economy. He reported that operationally, the general fund produced total revenues of $61,300 against expenses of $49,696.
A motion to approve the Treasurer's Report was seconded and passed.

Report of the Audit Committee
John C. Prince, MD
Dr. Prince reported that he met with Chris DeSantis at the CUA office to review the affairs of the CUA. Dr. Prince conducted the audit of the CUA by reviewing the books and records and found all to be in order.
A motion to approve the Audit Committee Report was seconded and passed.

Report of the Bylaws Committee
John C. Prince, MD
Dr. Prince reported that the notice of proposed Bylaw amendments had been sent to the voting members along with the annual meeting notice in advance in accordance with the bylaw requirements. Dr. Prince reviewed the Bylaw amendments included in the meeting handouts and asked for any comments, questions or revisions.
A motion to approve the amended bylaws was seconded and passed.

Report of the AMA House of
Delegates – Aaron Spitz, MD
Dr. Spitz reported that with urology members, we are able to influence AMA policy that is specific to urological issues to defend our territory. He stated the AMA has done a lot of good. He reported that:

- We have had successful push back of USPSTF.
- Under the determination and leadership of Jeff Terry, MD, the fight against implementation of IC-10 has been reinvigorated.
- There have been increased costs to patients to go to outpatient centers due to increasing presence of hospital ownership.
- AMA will advocate additional GME funding for resident training to address manpower shortage.

Report of the AACU State
Societies – Aaron Spitz, MD
Dr. Spitz reported that it is extremely important to know your state legislators to build relationships in order that they understand urology. He said that doctors are high value to legislators. He reported that SB1215 was defeated.

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Secretary-Treasurer Minutes (Continued)

Report of the Medicare Advisory Committee – Jeffrey E. Kaufman, MD

Dr. Kaufman reported that:

- 2015 proposed Medicare Physician Fee Schedule requested that more urologic codes be reviewed as potentially misvalued – (Medicare code for "overvalued").
- IC-10: All practices should be making preparations to comply with IC-10
- New diagnostic tests: more diagnostic tests are becoming available to diagnose or better characterize cancers. Medicare is crafting policy to determine which are useful and most cost-effective based on validity, predictive values and clinical applications.

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

Dr. Simopoulos reported that there are two big issues:

1. Proposition 46: requires random drug testing of physicians, it retroactively indexes the noneconomic pain and suffering malpractice cap to inflation with a base rate of $1.1M and requires physicians prescribing controlled substances to check the CURES database, which is a prescription medication history.
2. SB1215 was defeated at the state level. This bill would have eliminated in-office exception for self-referral for advanced imaging, anatomic pathology, radiation therapy and physical therapy. SB1215 was similar to HR 2914 introduced in the House of Representatives by Jackie Speier, which remains active legislation.

A motion to approve the AMA House of Delegates, AACU State Society, Medicare Advisory Committee, and COL Reports were seconded and passed.

Dr. Benjamin concluded the meeting by encouraging everyone to keep their membership current and get involved with supporting the efforts of the CUA

How the Anthem Breach Will Impact Everyone

Submitted by Jeff Mongelli

Even if you do not have any Anthem patients doesn't mean the reported breach they experienced will not have a direct impact on your practice.

If you haven't heard, Anthem had 80 million patient records breached where identity information, including social security numbers, were stolen. It's been stated by some that because no clinical data was involved, this does not fall into a HIPAA violation. Oh contraire; HIPAA clearly states Protected Health Information (PHI) includes demographic information. That means this breach falls under the same body of laws you are now being forced to comply with.

The Omnibus Rule of 2013 sought to clearly define requirement guidelines for the healthcare industry regarding the safeguarding and protecting of medical information. To that end, the Rule did an admirable job. Unfortunately, due in part to a lack of resources to enforce the Omnibus provisions, the Office for Civil Rights has left the door open for other agencies to claim turf in the enforcement arena. Most notably the FCC, who last year won a case arguing a fair trade concern over a laboratory. Next up are the states Attorneys general. With each state adopting their own HIPAA criteria, the compliance landscape is changing rapidly. Last but not least is the recent movement towards civil complaints filed by injured parties, typically patients themselves. All of this is creating a bit of a cacophony of confusion that the Anthem breach will surely amplify. Here's what that means to you. The louder the volume, the higher the profile, the richer the target, the more we're going to see these turf wars and legislative battles play out publicly. The more HIPAA issues are in the headlines the worse that is for you, healthcare in general, and the goal of leveraging technology to improve patient care. More specifically, it means there are certain things you MUST be doing now that you've not had to do before. And, there are several things you SHOULD be doing.

To prevent your practice from being caught in a HIPAA snare, here's what you MUST do. First, conduct a comprehensive Risk Assessment. A proper Risk Assessment will cover Physical, Administrative, Technical and Organizational safeguards. This can be done in house if you prefer, but we encourage you to hire a professional company. A Risk Assessment is required annually. Second, update your policies and procedures. It used to be that you could buy a set of policies, unwrap them, sit them on a file cabinet, and let them grow dust until someone else comes along and tells you it's time to update them. That's no longer the case. You now need to have an updated set of policies (post Omnibus Rule), and be certain you're practicing the doctrine contained therein. Third, train your staff. It's now a legal require-

Continued on next page

Anthem Breach (Continued)

ment for your staff to receive HIPAA training on AT LEAST an annual basis. However, since people are your greatest vulnerability when it comes to security, we encourage you to train new employees when hired and everyone twice annually. These are the MUSTs you have to put in place.

What SHOULD you do to stay out of the HIPAA headlines? In addition to the MUST do's above, you SHOULD switch to a managed service relationship with your IT vendor. It's no longer effective to have IT available when something goes wrong. You need someone monitoring your systems, keeping things patched and up to date, and ensuring your data is being properly secured. If you aren't paying them to do this now, they aren't doing it. You SHOULD outsource your HIPAA compliance. Unless you have the human bandwidth and the expertise to do it in-house, you should go through a professional compliance process. Do you do your own taxes or do you hire a CPA? Most professionals hire a CPA to a) have confidence it's being done right; and to b) have someone experienced representing you if you get audited by the IRS. You need to start thinking about HIPAA compliance in the same way. It's not that you can't do it yourself, it's the wisdom in doing so.

Acentec provides a complete, turn-key HIPAA compliance solution for less than the cost and time it takes to do it yourself. With a number of high profile, celebrity clients looking to us to keep them protected, we're confident we can get and keep your practice HIPAA compliant.

Editor's Note: Article submitted by Jeff Mongelli who is the CEO of Acentec, Inc. Acentec is a preferred business partner with the OCMA and the CUA. Acentec has exclusively served the healthcare industry nationwide for the past ten years. Contact Jeff directly at 949-474-7774 ext. 207 or via email at jeffm@acentec.com with any HIPAA questions or concerns you may have.

Violence in Medical America:

What You Can Do About It

Sheldon H F Marks, MD, Security Consultant Tucson SWAT Member

William M. Schiff, MD, Security Consultant

Negligent failure to plan – a new legal paradigm. The old idea that, "Well, that's never happened to me," is not a good legal defense.

"Is your organization taking reasonable action to prevent predictable critical events which could take a significant toll on our workforce and our patients? Are we prepared to respond properly in such an event – not just management or even the doctors? What have we done to train and educate the receptionists, housekeeping, nurses and lab personnel? There is a wide gap between having a well thought out plan, approved by the legal department and neatly bound in the administration office, and the actual active training of all employees for violent encounters. Failure to train is an already established liability issue. What have we done to mitigate these foreseeable tragedies?"

The above is only an excerpt from the article, which contains a checklist of actions you can take now to assess and reduce your vulnerability to risk.

Please read the complete article online at:
http://cuanet.org/frontlines/vima/

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.

2015 Meeting Calendar

CUA Interim Board of Directors Meeting & Lunch
Saturday, May 16, 11:30 am
All interested urologists are invited to attend
Marriot -LMN Balcony Rooms
4th Floor

WSAUA Health Policy Forum and Practice Management Courses
Sunday, October 25, 8:00 am
Renaissance Esmerelda
Indian Wells Resort, CA
(during WSAUA annual meeting)

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Search for "California Urological"
and then request to join.

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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
Visit the CUA website at www.cuanet.org

Welcome New Members- 2015

Joseph J. DeOrio, MD, Lakewood

Hang Le, MD, Irvine

Eric Tygenhof, MD, Glendale

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)

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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