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COA Report

California Orthopaedic Association

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Ortho News This Week

Sedgwick still reimbursing at 2018 rates for California



DaisyBill

Since the beginning of 2019, Sedgwick CMS has incorrectly used the 2018 Physician Fee Schedule to reimburse providers. Our data indicates that Sedgwick is consistently and incorrectly reimbursing providers for 2019 dates of service. While the California Physician Fee Schedule is infinitely more complex in 2019, many claims administrators are correctly reimbursing providers. But some are not. On a regular basis, this blog will bring to light the claims administrators that repeatedly and non-compliantly reimburse providers the wrong amount for services rendered in 2019. Today, we commence with Sedgwick. [READ MORE](#)

Infographic: 5 fast facts about millennial patients



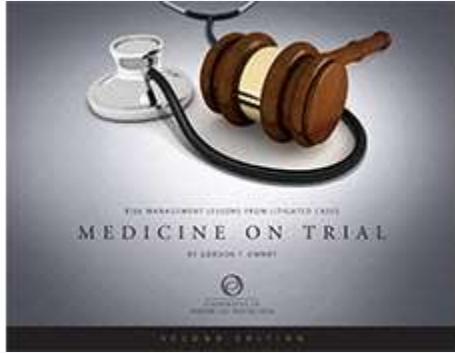
Modern Medicine Network

The healthcare industry is shifting—thanks to the needs and behaviors of millennials. Get to know this generation making up 29 percent of the U.S. adult population and see how being born into a digital world has shaped their expectations as they engage in their own health.

[READ MORE](#)

Learn from Orrin Franko, M.D. how to market and use technology to appeal to millennial patients at COA's upcoming 2019 Annual Meeting – May 16-19, 2019 at the Ritz-Carlton Laguna Niguel. To register: <https://annualmeeting.coa.org/>

PRODUCT SHOWCASE



Learn from Real Litigated Cases

As a leading California medical professional liability provider, the Cooperative of American Physicians is committed to protecting our physician members with not only superior coverage, but also valuable resources, including our most-requested risk management publication, Medicine on Trial: Risk Management Lessons from Litigated Cases. [Request your free copy](#)



4 best practices in patient activation and retention

MGMA

In their work with hundreds of healthcare organizations across the nation, MGMA consultants Pamela Ballou-Nelson, RN, CMPE, MA, MSPH, PhD, and Kenneth T. Hertz, FACMPE have each documented two best practices for patient activation and retention, for a total of four outlined herein. First, Ballou-Nelson suggests keeping a keen eye on clinical activation, which then gives way to patient activation. "To be effective," she writes, "your team needs to analyze and share perspective about patient-centeredness; making a patient part of the team, building individualized care plans with patient activation measures, self-management and literacy awareness." [READ MORE](#)

PRODUCT SPOTLIGHT



BandGrip - Wound Closure 2.0

BandGrip Micro-Anchor Skin Closure is a revolutionary new wound-closure technology that's changing the way orthopedic surgeons take care of their patients—and can change the way you practice too. It's quick and non-invasive, keeping incisions sealed while promoting faster healing. See a difference. Make a difference. [Learn more](#)



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VA chooses Cerner's scheduling software over Epic's

Becker's Hospital Review

The U.S. Department of Veterans Affairs has decided to scrap its scheduling software project with Epic and switch to a service from Cerner, the Politico Morning eHealth newsletter reports. Seven things to know: 1) In 2015, the VA signed a \$624-million deal with Epic to use its scheduling software. 2) The project with Epic was ultimately delayed as the VA weighed whether it would rather use a homegrown scheduling system compatible with its legacy EHR, VistA. Then, in June 2017, the VA announced its decision to overhaul VistA and transition to a Cerner system. [READ MORE](#)



Sutter-Anthem contract dispute means 20,000 patients must find new doctors

The Sacramento Bee

Anthem Blue Cross and Sutter Health are still trying to resolve their Medi-Cal contract disagreement, representatives of the companies told The Sacramento Bee this week, but as of Feb. 1, roughly 20,000 patients around Northern California have had to seek new doctors. Through a prepared statement, Sutter leaders said: "We have been negotiating in good faith for months and made compromises to reach a timely agreement. However, we will not agree to terms that compromise patient access and option, or that give the insurer authority to second-guess doctor and patient treatment plans." [READ MORE](#)



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