

DOES YOUR EHR'S E/M SOLUTION FEEL MORE LIKE A PROBLEM?





July 30, 2021







ACCESS TO 6
DIFFERENT JOURNALS
PLUS MORE THAN
950 CME CREDITS

TOP NEWS

NEW COA MEMBER BENEFIT

COA

VERADIGM STAND-ALONE ePRESCRIBING PLATFORM

As of January 1, 2022 two things will change in prescribing medications:

- 1. The Centers for Medicare and Medicaid (CMS) is requiring that Part D prescriptions for Medicare patients for controlled substances must be submitted electronically.
- 2. California is mandating that all prescriptions be submitted electronically.

To assist COA members in complying with these requirements, COA has partnered with Veradigm (a business unit of Allscripts) to offer its members access to a standalone application for e-prescribing. A stand-alone option allows physicians to e-prescribe even though they do not have an EHR system in their practice.



Veradigm ePrescribe is fully compliant with all California and federal mandates and has the following capabilities:

- Electronic Prescribing of Controlled Substances (EPCS)
- Connectivity to CURES California's Prescription Drug Monitoring Program (PDMP)
- Electronic Prior Authorization (ePA) within the ePrescribing workflow
- Ability to access patient-specific drug price information at the point of care via Veradigm RxTruePrice

Veradigm is offering COA members a 15% discount on their e-prescribing app.

- \$29 per health care provider per month with ads
- \$33 per health care provider per month without ads.

For more information, <u>listen to the video presented at COA's 2021 Annual Meeting</u>. Helena Molyneux can be contacted at: 908-283-1364 or <u>helena.molyneux@veradigm.com</u>.

Click her to sign-up for the COA program.

COVID News

Department of Managed Health Care

This week, Governor Newsom announced that California will require all State and Health Care Workers to be vaccinated or undergo weekly COVID Testing The testing is required for health care workers by August 9. Masking will also continue to be required. The Department of Managed Health Care reminds carriers of federal law that requires them to cover the cost of testing.

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PRODUCT SHOWCASE



Orthopedic Surgeon for busy practice

Great opportunity for an orthopedic surgeon in a busy practice with excellent compensation. Primarily WC & PI practice with some private insurance patients.

Will need to work in multiple modern clinics in Los Angeles & Orange Counties & Inland Empire.

No nights or weekends No hospital call Fellowship not required

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Are you Involved in a Surgeon-Owned ASC?

COA

If so, have you applied with CMS to be considered a hospital during the COVID-19 pandemic? If not, you should consider applying.

CMS has opened the door for ASCs to be considered hospitals during the COVID-19 pandemic. It is a temporary program that allows ASCs to see different types of cases – cases that would normally be sent to hospitals and be reimbursed hospital rates for those Medicare cases. This represents a 35%-40% increase in reimbursement for the ASC. While the program is temporary at this time, Medicare could extend the program even after the pandemic.

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Medicare Proposes New Changes for Telehealth Services in 2022

Foley & Lardner LLP

On July 13, 2021, the Centers for Medicare and Medicaid Services (CMS) released an advance copy of the calendar year (CY) 2022 Medicare Physician Fee Schedule (PFS) proposed payment rule, to be published on July 23, 2021. While the proposed rule introduces some new virtual care services (including Remote Therapeutic Monitoring), CMS rejected all requests to permanently add new telehealth services next year. This article discusses: 1) the current state of Medicare telehealth services; 2) requests for new telehealth services; 3) extending the timeframe for Category 3 temporary codes; 4) a new permanent code for virtual check-ins longer than 10 minutes; and 5) whether CMS should continue allowing direct supervision via telemedicine.

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Webinar: Revised Reporting Requirements for the Provider Relief Fund

California Medical Association

Last year, the California Medical Association (CMA) advocated for Congress to provide more than \$175 billion in funding to help physicians sustain their practices through the COVID-19 pandemic. Now, join us for a webinar on how physicians must report on their Provider Relief Fund (PRF) expenditures. The U.S. Department of Health and Human Services has

released revised reporting requirements and frequently asked questions. These requirements went into effect on June 11, 2021. The updates reflect significant changes to prior guidance. In this webinar, CMA and representatives from accounting firm Moss Adams will share the latest information and how it could affect your organization, as well as help in navigating the reporting requirements.

REGISTER

Epic Pays Hospitals That Use Its EHR Algorithms, Report Finds

Becker's Health IT

Verona, Wis.-based EHR giant Epic gives financial incentives to hospitals and health systems that use its artificial intelligence algorithms, which can provide false predictions, according to a July 26 STAT News investigation. For its report, STAT interviewed several health systems that use any of Epic's 20 algorithms. Employees of several major systems told the publication they were concerned about Epic's algorithm for predicting sepsis, claiming that the tool routinely fails to identify the condition in advance and frequently triggers false alarms, according to the report. Some hospitals reported benefits for patients after refining the model, but the process took at least a year.

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COA Report

Connect with COA



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