



## California Orthopaedic Association

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"Keeping you Active"

## Legislative Alert

### Secure Prescription Forms

On December 26, 2018, the Medical Board of California (MBC) sent physicians an Alert regarding AB 1753. If you have not seen the MBC Alert, it is attached to this email. AB 1753 was effective January 1, 2019 and tightened up certification requirements on printers who are certified to print "secure" prescription forms for controlled substances. In addition, to putting more stringent requirements on the printers, the bill also gave the Department of Justice the ability to dictate the format and information on the secure prescription form.

As a result of this legislation, the Department of Justice changed the format of the secure prescription forms to include a "serialized number" which must be 15 characters - a combination of alpha and numeric characters. Attached is also a copy of the Attorney General's memo defining the new numbering format. **So, as a result of this change, secure prescription forms that your office may be using will likely not meet these new requirements.**

**Effective January 1, 2019, physicians prescribing controlled substances should be using these new serialized numbered secure prescription forms.**

Both the Board of Pharmacy and the Attorney General's office have indicated that these changes do not affect electronic prescriptions.

The Board of Pharmacy is urging pharmacists and pharmacies to exercise their best judgment in handling situations in which the prescription form was compliant prior to January 1, but is not compliant with the new serialization requirement. The MBC memo includes the recommendations from the Board of Pharmacy. It is unclear whether the chain pharmacies will allow their pharmacists to use discretion in filling these prescriptions if the form is non-compliant. Schedule II medications will be the most problematic as you cannot call in or fax in these prescriptions.

### Options open to physicians:

1. Immediately order new secure prescription forms that meet the new serialized numbering requirements. An approved list of certified printers can be found on the DOJ website - <https://oag.ca.gov/security-printers/approved-list>. All the printers on the list are compliant to print these new forms with the exception of Mailing Plus. As of 1/2/2019 they are not compliant.
2. Start to electronically submit prescriptions for controlled substances - avoid paper prescriptions.
3. Fax or call in prescriptions for Schedule III, IV or V medications.
4. Work with your local pharmacies to determine if they will fill the prescription on a non-compliant form until you can obtain the new forms to minimize the disruption in patient care.

COA continues to question the need to change the format of these secure prescription forms. We are also urging the Department of Justice and the Board of Pharmacy to allow a phase-in period to give physicians time to obtain these new secure prescription forms.

If you have questions regarding this change, contact COA - 916-454-9884 or email: [admin@coa.org](mailto:admin@coa.org)

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# COA Report

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## Ortho News This Week

### Changes to the Workers' Compensation OMFS — effective January 1, 2019



DWC

The Division of Workers' Compensation has implemented changes to the Official Medical Fee Schedule (OMFS) for Physician/Non-Physician Practitioner Services as of January 1, 2019. These changes are consistent with the Medicare 2019 updates.

One important change is that DWC is no longer using a California statewide average Geographic Practice Cost Index (GPCI) to calculate reimbursement rates. Instead, they are using the actual Medicare regional GPCIs for each locality within California. This means that reimbursement rates will vary slightly depending on your location in California. California continues to use a single conversion factor. The 2019 conversion factor is: \$45.8513.

#### **A Valuable COA Member Benefit.**

COA continues to calculate the reimbursement amounts under the OMFS, so you don't have to. Fee Schedules for the California localities can be found on [COA's website](#).

Below is the DWC notice and links to the updated adjustments.



## NEWSLINE

Newsline No.: 2018-99

Date: December 10, 2018

### DWC Posts Adjustments to Official Medical Fee Schedule for Physician Services/Non-Physician Practitioner Services

The Division of Workers' Compensation (DWC) has posted an order adjusting the Physician Services/Non-Physician Practitioner Services section of the Official Medical Fee Schedule (OMFS) to conform to relevant 2019 changes in the Medicare payment system as required by Labor Code section 5307.1.

The Administrative Director update order adopting the OMFS adjustments effective for services rendered on or after January 1, 2019, can be found at the DWC website's [OMFS page](#). An explanation of changes is attached to the order.

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### 24 hour notice — Alert: Pathways to Success final rule



Hooper, Lundy & Bookman, PC

On Friday, Dec. 21, 2018, CMS issued a final rule, referred to as "Pathways for Success," that makes significant changes the Medicare Shared Savings Program. Issued just before the holidays, various stakeholders will likely have varying opinions about whether this final rule constituted an early gift or lump of coal. Among other things, the final rule overhauls the current track system for participating accountable care organizations, or ACOs, and requires a more rapid transition to assumption of downside risk. The two new tracks available to participating ACOs will go into effect for agreement periods commencing on or after July 1, 2019. [READ MORE](#)

### BOC Now — Fall Meeting Edition 2018



AAOS

#### SYMPOSIA SUMMARIES

The following is a synopsis of the presented symposia. Presentations are available on the [AAOS website](#). AAOS Now may also include articles summarizing several of the presentations

#### Symposium I: Cybersecurity, Hacks, and Ransom

Moderator: Amy Ladd, MD

Speakers: Sam Murrell, MD, Gregory Garza, Paul Haisman

Technology hacks and digital ransom demands have become more commonplace in the healthcare sector, and many physicians and practices may not be well equipped to ward off a future attack. In a panel discussion led by Amy Ladd, MD, three speakers discussed real-world examples of healthcare hacks and tips to improve cybersecurity. [READ MORE](#)

## Rethinking data strategies for the bottom line



Wolters Kluwer Health

Big data and analytics open doors to precision medicine, population health, and the shift to preventative and value-based care. Extracting “value” to achieve bottom line results, however, requires that healthcare organizations have systems in place to ensure all clinical, operational, and financial data are captured and used for the ultimate purpose of providing better care and for quality metrics reporting tied to risk-based payments and reimbursement. [READ MORE](#)

## 12 people hospitalized with infections from stem cell shots



The New York Times

Twelve patients became seriously ill after receiving injections that supposedly contained stem cells from umbilical cord blood, according to the Food and Drug Administration, which issued a warning to the California company, Genetech, that made the blood product they were given. (The company has no connection with Genentech, the biotechnology corporation.) [READ MORE](#)

### COA Report

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