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November 17, 2017



COA Report

California Orthopaedic Association

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TOP NEWS

DMHC fines Anthem Blue Cross \$5 Million for systemic grievance system violations



Department of Managed Care

The California Department of Managed Health Care (DMHC) has taken enforcement action including a \$5 million fine against Blue Cross of California (Anthem Blue Cross) for systemic grievance system violations. Anthem Blue Cross has demonstrated a pattern and practice of failing to identify, timely process and resolve enrollees' grievances. Anthem Blue Cross has also failed to fully and timely provide information to the Department during the investigation of member complaints. [READ MORE](#)

AMA offers FAQ document to help employed physicians navigate QPP



AMA

The American Medical Association (AMA) released a guide designed to help hospital-employed physicians participate in the Medicare Quality Payment Program (QPP) created under the Medicare Access and CHIP Reauthorization Act (MACRA). The document includes a list of frequently asked questions (FAQs) and addresses topics such as compensation-related implications and use of electronic health records. Other topics include:

- Comparison between employment and private practice
- Merit-based Incentive Payment System Requirements

- Compensation implications
- Alternative payment model participation

[Read more](#)

[Read the guide \(PDF\)](#)

CMS finalizes outpatient and ASC rule, removes TKA from IPO list



AAOS

On November 1, 2017, the Centers for Medicare & Medicaid Services (CMS) finalized the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System rule, which includes updates to the 2018 rates and quality provisions, and other policy changes. Importantly, the rule finalizes changes to the Medicare inpatient-only (IPO) list for CY 2018. [READ MORE](#)

3 years later, Foley survey reveals positive prognosis for telemedicine



Healthcare Law Today

When we launched Foley's inaugural Telemedicine and Digital Health Survey in 2014, it was apparent that health care executives weren't ready to make telemedicine a significant focus of their business and patient strategies. The interest was there but, despite tremendous technological breakthroughs and imaginative applications, most telemedicine programs were in the early stages and there was little acceptance by the broader health care community. [READ MORE](#)

Insurer competition dips on ACA exchanges



Fierce Healthcare

Though no areas are lacking an Affordable Care Act exchange insurer for 2018, competition in the individual marketplaces has still declined. On average, 3.5 insurance companies are participating in each state's ACA marketplace in 2018, down from 4.3 in 2017, according to a new analysis from the Kaiser Family Foundation. That's down from an average of 4.3 in 2017, 5.6 in 2016, 6.0 in 2015 and 5.0 in 2014. [READ MORE](#)

Here's how one app eliminates out-of-network billing problems



Healthcare IT News

Norman said her company, Better, along with a handful of other Silicon Valley start-ups, is attempting to usher medical billing technology into the 21st century. Banking, transportation, furniture and grocery shopping can all be managed with some fancy finger work on smartphone screens. She and other entrepreneurs wondered: Why not medical bills? [READ MORE](#)



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