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Ortho News This Week

Legislative Alert Response Needed – Reply Today



Urgent survey: Assessing the impact of CA surprise billing laws on physicians

California Medical Association

COA, the California Medical Association, the American Medical Association, and other medical specialty societies are asking physicians to take a short survey to share feedback on the impact that California's laws are having on practice viability, patient access to in-network physician care, as well as emergency and on-call medical services. We need to hear your story. [READ MORE](#)



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California Orthopaedic Associations

SAVE THE DATE

REGISTRATION OPENS JANUARY 1, 2020

COA 2020 ANNUAL MEETING
QME COURSE & CBONES ANNUAL MEETING
April 16-19, 2020
Terranea Resort, Rancho Palos Verde, CA

What CMS rule on affiliations means for health providers



Foley & Lardner

On Sept. 5, the Centers for Medicare & Medicaid Services of the U.S. Department of Health and Human Services released its final rule with comment period adding program integrity enhancements to the provider enrollment process. The rule was printed in the Federal Register on Sept. 10 and will take effect on Nov. 4 (although CMS will take comments on the new provisions until that date).

The new Medicare rule, which revises several regulations and adds 42 C.F.R. § 424.519 titled “Disclosure of affiliations,” adds several new authorities to revoke or deny enrollment, including authorizing CMS to deny or revoke enrollment based on the disclosure of certain affiliations that CMS determines poses an undue risk of fraud, waste or abuse.

Although the proposed rule’s affiliations disclosure requirements would have applied to all providers and suppliers, the final rule with comment period adopts a “phased-in” approach. For now, the disclosure requirements are applicable to a targeted subset of providers and suppliers that CMS determines have at least one applicable affiliation. The requirements will be expanded following additional rulemaking and assessment of the phased-in approach. [READ MORE](#)

SCIF, CorVel IBR withdrawal requests create enormous hassles for providers



DaisyBill

The billing lesson for today: providers should never agree to withdraw a request for Independent Bill Review (IBR), no matter how sweetly the payor begs. Trust us; we’ve learned the hard way.

Subsequent to a provider filing the IBR, some claims administrators will contact the provider, admit their error, and ask the provider to withdraw the IBR request — promising, of course, to reimburse the provider for the IBR filing fee in addition to remitting the disputed payment amount. [READ MORE](#)

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Colby Horton, Vice President of Publishing, 469-420-2601 | [Download media kit](#)
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California Orthopaedic Association

1246 P Street | Sacramento, CA 95814 | 916-454-9884 | [Contact Us](#)

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