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February 23, 2018



COA Report

California Orthopaedic Association

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TOP NEWS

Entities attempt to get physicians to accepted discounted workers' compensation reimbursement rates — DME



COA

The latest complaints from COA members involves third-party entities attempting to convince surgeons to accept discounted rates for Durable Medical Equipment (DME). DME that has been preauthorized and approved by the payor. [READ MORE](#)



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Orthopaedic Surgeon passes away in a plane crash in San Diego



COA

An San Diego orthopedic surgeon, who served as a qualified medical evaluator, died when his private airplane crashed shortly after takeoff, according to news reports. Dr. John Seroki, 61, was embarking on a solitary flight to Yuma, Arizona, at 6:30 a.m. when his single-engine Cirrus SR22T crashed into a construction site in San Diego's Kearny Mesa neighborhood. [READ MORE](#)

Medicare Holds Provider Enrollment Course in San Diego Registration — complimentary



CMS

San Diego, California

Tuesday, April 24, 2018 from 8 a.m. to 4 p.m. P.T.

Wednesday, April 25, 2018 from 8 a.m. to 5 p.m. P.T.

CMS will hold a National Provider Enrollment Conference on April 24 and 25, 2018 at the San Diego Convention Center in California. Take advantage of this opportunity to interact directly with CMS and Medicare Administrative Contractor provider enrollment experts. Register and learn more about this conference. [READ MORE](#)

Mercy Health and Bon Secours to merge



Modern Healthcare

Mercy Health and Bon Secours Health System plan to merge, forming a 43-hospital organization that serves seven states with \$8 billion in net operating revenue, the systems announced. The combined system would have \$8 billion in net operating revenue and \$293 million in operating income. [READ MORE](#)

Are high deductibles just discouraging good care?



Health Leaders Media

High deductibles are not having the effect that health plan leaders hoped, according to the results of a recent survey of insurance executives. Rather than encouraging members to become more active in their healthcare decisions and using resources wisely to improve their health, high deductibles just make them avoid healthcare altogether. [READ MORE](#)

These 5 bills before California lawmakers seek to expand health coverage, lower costs



SCPR

Many of the presenters at the final hearing expressed support for the concept of single-payer, but didn't agree that the single-payer bill (SB562) shelved in the Assembly last year has enough detail to get California there in the next few years. Some key groups and lawmakers are looking at a more gradual, incremental approach. [READ MORE](#)

Understanding short-term limited duration health insurance



Kaiser Family Foundation

Short-term, limited duration (STLD) health insurance has long been offered to individuals through the non-group market and through associations. The product was designed for people who experience a temporary gap in health coverage. [READ MORE](#)

Emergency reform: It's time for change in our healthcare system



The Hill

Anthem's decision to deny reimbursement for some (but not all) ER visits it deems non-emergencies has raised the hackles of providers and Congress alike. As one widely cited study noted, the average cost of an ER visit is \$1,233. And that's just a baseline; the bills for other ER visits can reach stratospheric heights, like the \$12,596 bill a Kentucky woman received in 2017. [READ MORE](#)

Trump administration jeopardizing health care for California's small businesses



Business Journals

If the Trump administration's proposed rule is finalized, it could increase premiums, unbalance insurance risk pools and make poor-quality health coverage easily accessible. [READ MORE](#)

CMS: Doctors don't need to redocument students' EHR entries



Medscape

Federal officials will let medical students' entries into electronic health records stand for parts of Medicare claims, eliminating a need for teaching physicians to redocument much of their work. The Centers for Medicare & Medicaid Services (CMS) recently made changes to rules for billing for evaluation and management services. Teaching physicians still must personally perform or reperform physical exams and handle decision-making steps for an evaluation and management service, but they now can simply verify the students' documentation of them in the medical record. [READ MORE](#)

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