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# COA Report

California Orthopaedic Association

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## TOP NEWS

### **Significant change in Anthem's plan under health law may trip up consumers**



Modesto Bee via California Healthline

Although some California residents will still be able to buy health law coverage through the company, it will replace its preferred provider plan or PPO with an exclusive provider plan or EPO.

#### [Modesto Bee: Local Residents Still Have Obamacare Options. But Beware Of Change To Anthem Plan.](#)

While Anthem Blue Cross decided to withdraw from most of California's individual market, it continues to serve the Central Valley pricing region. According to Covered California, which serves 67,000 people in the five-county region, Anthem customers made up more than 65 percent of those consumers this year. For 2018, Anthem will replace its preferred provider plan or PPO with a significantly different type of plan called an exclusive provider plan or EPO. Insurance broker Debra Wright said the provider network for the EPO is about the same as the PPO, but customers need to understand the terms of the EPO. It does not cover medical bills for patients who use services outside the provider network.

### **Factors influencing patients' hospital rating after total joint arthroplasty**



Healio

Patient satisfaction assessments, such as the Press Ganey surveys, have been adopted by the Centers for Medicare & Medicaid Services to help determine reimbursements. It is uncertain what facets most affect survey scores among patients who have received total joint arthroplasty. This study explored which factors guide scores for TJA patients. [READ MORE](#)

## 10 things physicians need to know about MACRA in 2018



Medical Economics

On November 2, the Centers for Medicare & Medicaid Services (CMS) released its final rule governing its Medicare Quality Payment Program in 2018. The program, enacted under the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA), will affect participating physicians' payment in 2020. This means physicians have about two months to prepare for what they need to report when the calendar turns to 2018, especially in performance categories that require full calendar year data reporting. [READ MORE](#)

## Why work comp e-bills require multiple clearinghouses



Daisy Bill

Here's a question we often get: "Our office sends our electronic bills to a clearinghouse. Why do so many of them never reach the insurance carrier?" Clearinghouses claim to scrub and electronically submit bills to all payors, theoretically making them easy to pay. In reality, clearinghouses often mismanage e-bill delivery, resulting in delayed or outright lost bills. [READ MORE](#)

## New device shows promise for carpal tunnel syndrome



DG News

A simple-to-use device appears to alleviate the symptoms of carpal tunnel syndrome, researchers presented here on November 7 at the 2017 Annual Meeting of the American College of Rheumatology/Association of Rheumatology Health Professionals. Study participants who wore the carpal tunnel tissue manipulation device, known as Wrist-Aid, for 8 to 10 hours a day for 4 weeks had significant improvements in CTS symptom severity. [READ MORE](#)

## 29 percent of healthcare payments under alternative payment models



RevCycle Intelligence

About 29 percent of healthcare payments in 2016 were paid through an alternative payment model, such as shared savings/risk arrangements, bundled payments, or population-based reimbursements, the Health Care Payment Learning and Action Network recently reported. [READ MORE](#)



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