A PAMED Advocacy Update for Pennsylvania Physicians

We’re several months into the 2017-2018 Pa. legislative session, and the Pennsylvania Medical Society (PAMED) and our physician leaders are hard at work advocating on behalf of you and your patients.

Here is a brief update as of June 20 of some of PAMED’s priority issues.

Prior Authorization

HB 1293 — legislation strongly supported by PAMED that aims to improve transparency, standardization, and response times for prior authorization in Pennsylvania — was recently introduced by State Rep. Marguerite Quinn (R-143rd District).

Ways Physicians Can Help:

• **Ask your patients who have experienced delays from prior authorization decisions from health plans to share their story.** In mid-June, practices received tear-offs that they can give to patients who are experiencing such delays. The tear-off instructs the patient to call PAMED’s Knowledge Center to be transferred to their state Representative or share their story through PAMED’s online form at [www.pamedsoc.org/ShareYourStory](http://www.pamedsoc.org/ShareYourStory).

• **Contact your House member**, especially if he or she is on the House Insurance Committee, and ask him or her to support HB 1293.

Learn more at [www.pamedsoc.org/PriorAuth](http://www.pamedsoc.org/PriorAuth).

Prior authorization was also one of the issues member medical students, residents, and early career physicians discussed with legislators during PAMED’s May 23 Advocacy Day. Learn more on Page 4.

PAMED is also advocating for even more insurance reform — Streamlining the credentialing process in Pa. is another one of PAMED’s priorities. Learn more on Page 2.

Physician-Led, Team-Based Care

SB 25, legislation that would allow CRNPs to practice independently in Pa. and without collaborative agreements with physicians, passed the state Senate at the end of April. PAMED opposes this bill (as well as the House version of the bill, HB 100) and supports physician-led, team-based care.

While our efforts in the Senate were unsuccessful, PAMED appreciates the support of the 10 senators who opposed this bill, including Senators Alloway, Aument, Corman, Gordner, Martin, Regan, Vogel, Vulakovich, Ward, and White.

Rest assured that PAMED is continuing to advocate on behalf of physicians and patients as this important issue is considered by the state House of Representatives.

Learn more at [www.pamedsoc.org/TeamBasedCare](http://www.pamedsoc.org/TeamBasedCare).
Bill to Reform Insurer Credentialing Process Passes Pa. House in Unanimous Vote

HB 125 — a bill which seeks to reform the process of insurer credentialing for health care practitioners — was passed unanimously by the Pa. House on May 24. PAMED is now focusing our advocacy efforts on the Senate.

The issue of insurer credentialing for physicians is another one of PAMED’s advocacy priorities. PAMED supports a quicker, more streamlined credentialing process.

Noteworthy provisions in the latest version of the bill include the following:

• Requires all insurers licensed to do business in Pennsylvania to accept the Council for Affordable Quality Healthcare (CAQH) application or other form designated by the Pa. Insurance Department so long as the form is nationally recognized as an appropriate credentialing application when submitted by a health care practitioner for participation in the health insurer’s provider panel.

• An application shall be considered complete if the application is submitted through the CAQH electronic process and all required information is provided.

• The health insurer shall issue a credentialing determination within 45 days after receiving a complete CAQH credentialing application.

We will share any updates on HB 125 via our Dose email newsletter, our website at www.pamedsoc.org, and our mobile app.

Independence Blue Cross Updates Opioid Prescribing Policies

Effective July 1, 2017, insurer Independence Blue Cross (IBX) will limit initial opioid prescriptions to five days and require preauthorization if additional days’ supply is needed. Below are some recent and upcoming changes.

Opioid Management for Acute Pain

• As of July 1, 2017, IBX will implement a cumulative five-day supply per 30-day period for members newly initiated on an opioid (i.e. have not received an opioid within the last 30 days). If additional days’ supply is needed, prior authorization will be required. This applies to all opioid products whose standard dosing is ≤ 90 MED (daily morphine dose equivalent in milligrams), all opioid-containing cough and cold products, and all butalbital products.

• Prior authorization is required for the following: All opioid products whose standard dosing exceeds 90 MED, all opioid patches (as of July 1, 2017), and most strengths of long-acting opioids.

Opioid Management for Chronic Pain — IBX requires a patient-provider agreement. Prior authorization for that management is required annually.

Medication Assisted Treatment (MAT) for Opioid Addiction — IBX policy includes:

• As of May 1, 2017, prior authorization was removed from all buprenorphine/naloxone products when used for MAT.

• Effective July 1, 2017, buprenorphine products are available without prior authorization for a cumulative 180-day supply per rolling 365 days. A prior authorization must be requested if additional days’ supply for MAT is needed within one year.

• Prior authorization is required when an opioid is filled within two months of a paid claim of a buprenorphine-containing MAT.

Richard Snyder, chief medical officer at Independence Blue Cross, also told Philly.com that IBX expects to start covering methadone treatment as of Aug. 1, 2017.

For more information, go to www.pamedsoc.org/IBXOpioidPrescribing.
Pennsylvania Rep. Mark Mustio (R-44th District) understands how passionately physicians take their profession and their responsibility to patients. He shared that message when he met with PAMED and state specialty society physician leaders in Harrisburg on May 16.

Following Rep. Mustio’s visit, PAMED’s Board of Trustees met. Here are some highlights of the issues they discussed.

• The Board of Trustees voted to collaborate with PAMED’s Specialty Leadership Cabinet on several advocacy issues, including:
  
  ▶ **Right to try legislation** — Work with the Pennsylvania Society of Oncology and Hematology (PSOH) and other specialty organizations to oppose the passage of legislation that would provide for the use of investigational drugs, biological products, and medical devices to terminally ill patients without adequate oversight by the Food and Drug Administration (FDA).
  
  ▶ **Pharmacy authority to administer injectable medications, biologicals, and immunizations** — Work with PSOH and other specialty organizations to oppose the passage of legislation that would extend the authority to pharmacists and pharmacy interns to administer injectable medications, biologicals, and immunizations to persons who are more than nine years of age by injectable or needle-free delivery methods.
  
  ▶ **Involuntary commitment for individuals in need of substance use treatment** — Work with the Pennsylvania Psychiatric Society (PaPS), Pennsylvania College of Emergency Physicians (PACEP), and other specialty organizations to oppose proposed legislation and policy initiatives that seek to mandate involuntary commitment under the Mental Health Procedures Act for any individuals presenting in an emergency setting for a drug overdose or in need of more intensive substance use treatment.
  
  ▶ **Maintenance of Certification (MOC)** — Physician leaders discussed strategies and pathways for PAMED to continue to lead the fight for a fairer MOC process for all physicians. Learn more about PAMED’s advocacy efforts on MOC at www.pamedsoc.org/MOC.
  
  ▶ **Addressing the Opioid Abuse Crisis** — John Gallagher, MD, chair of PAMED’s Opioid Advisory Task Force, advised the Board about PAMED’s recent meeting with Pa. Attorney General Josh Shapiro regarding ways PAMED can collaborate with the Attorney General’s office to combat opioid abuse. PAMED also participated in a recent meeting convened by the Pa. Chamber of Business & Industry to discuss the opioid issue. Dr. Gallagher represented PAMED at the meeting. This meeting also was attended by Gov. Tom Wolf, Pa. Sen. Gene Yaw, Pa. Rep. Matt Baker, Pa. Attorney General Josh Shapiro, and various stakeholders.

Get resources in PAMED’s Opioid Abuse Resource Center, such as CME, prescribing guidelines, and more information on the state’s Prescription Drug Monitoring Program (PDMP) at www.pamedsoc.org/OpioidResources.

Got Questions on Medical Records? We Have Answers!

PAMED’s recent Quick Consult answers questions on health care providers’ obligations with patient medical records. Get this and more at www.pamedsoc.org/MedicalRecords.

Access all of PAMED’s member-only Quick Consult documents, including a new one on “incident to” billing and one on temporary regulations for physicians and practitioners under Pa.’s Medical Marijuana Program, at www.pamedsoc.org/QuickConsult.
It’s All about Relationship Building — Takeaways from PAMED’s Advocacy Day

A lively contingent of member physicians, residents, and medical students converged on the Capitol in Harrisburg on May 23 for PAMED’s 2017 Advocacy Day. They were there to meet with Pennsylvania lawmakers and discuss the need for reform of the prior authorization and credentialing processes, as well as non-compete clauses in physicians’ contracts.

Advocacy Day began with a conversation between attendees and Pa. Speaker of the House Mike Turzai (R-28th District). Speaker Turzai emphasized the importance of developing relationships with legislators and shared some practical advice, including:

- **Start with a phone call** and schedule some time to talk.
- **Identify the issue you wish to address and share personal examples** to illustrate your point.

“We as physicians complain and are frustrated with the day-to-day problems which hinder good quality patient care. Advocacy Day helped me to voice these issues one-on-one with legislators.”

Kandan Kulandaivel, MD
neurologist, Willow Grove, Pa.

**Don’t assume your legislator knows the issue.** Physicians are in a position to educate legislators about health care issues and how they affect patients.

After meeting with Speaker Turzai, the physicians and medical students broke into smaller groups to talk with lawmakers from the House and Senate representing both sides of the political aisle. It was then that the physicians and medical students put into action the lessons they had learned earlier that day.

Attendees had the opportunity to share their personal stories and anecdotes. For example, Aaron George, DO, a family medicine physician in Chambersburg, made an impression on legislators by sharing his experiences with the insurer credentialing process.

“The connections and advice given were invaluable and I would recommend that more physicians become involved and participate in activities like this, to see who, how, and what is occurring behind the scenes and how to be a part of it.”

Letitia Cosbert, MD
family medicine resident
York, Pa.

“Learn more and check out photos from Advocacy Day: www.pamedsoc.org/AdvocacyDay

“As future physicians, it is our responsibility to not only mend patients, but also to mend the legislation that affects their lives.”

Gillian Naro
medical student
Penn State College of Medicine
PAMED’s Care Centered Collaborative Offers Turnkey Solution for MIPS Reporting

The second quarterly progress report on the Practice Options Initiative was recently sent to 2016 delegates. View the summary at www.pamedsoc.org/POI.

A lot has happened in the last few months. The biggest news is that the Practice Options Initiative — now called the Care Centered Collaborative (CCC) — recently launched its first product to help physicians avoid a 4 percent penalty in 2019 based on this year's performance, and maximize their chances of earning a bonus. Learn more at www.patientccc.com/macra-mips-support.

This turnkey solution — developed by a physician for physicians — is designed to help you with Merit-based Incentive Payment System (MIPS) reporting required under the Medicare Access and CHIP Reauthorization Act (MACRA). It is offered through the CCC's partnership with Mingle Analytics, and PAMED members have access to discounted pricing.

Learn more about the CCC and what it can do for you by calling Anita Brazill at (570) 702-1152 or emailing info@patientccc.com.

Get more MACRA resources from PAMED at www.pamedsoc.org/MACRA.

Learn How Reporting Your Patient Data Through a Proven Data Registry Can Help

On June 14, PAMED and the CCC held a webinar with Dan Mingle, MD, a nationally recognized expert on quality reporting and president/CEO of Mingle Analytics, to help physicians and their practices learn how reporting their patient data through a proven data registry can help avoid a penalty and possibly earn an incentive under MACRA.

You can listen to the recording at www.pamedsoc.org/MaximizeYourMembership.

Update from the AMA Meeting

The Pa. Delegation played an integral role at the American Medical Association House of Delegates meeting in Chicago, held on June 10-14.

PAMED hosted a forum on addressing Maintenance of Certification (MOC). Learn more about PAMED's MOC efforts at www.pamedsoc.org/MOC. Physicians from the Pa. Delegation also took part in health care policy-making decisions on issues like out-of-network care. Learn more: www.pamedsoc.org/AMAAAnnualMeeting

"It’s our responsibility to light a path toward a future in medicine that protects people from every community and every demographic and empowers them to live longer and healthier," said Andrew Gurman, MD, AMA Immediate Past President and a member of PAMED. “It is our duty to shed light on the challenges that physicians face, and to seek changes to protect the profession. Let us shine a light so that others may find their voice. We are the light that medicine needs, that our profession needs, and that our patients need. Each of us has a crucial role to play in creating a health care system that better delivers for our patients.”

How Pa. Physicians Are Shaping New Ways of Practicing Medicine

Check out the spring/summer issue of PAMED's magazine — Pennsylvania Physician — to learn more about MOC, our unconscious biases, physician compensation, and more. The issue was mailed in early June. You can also read this and other issues online at www.pamedsoc.org/PAPhysician.

New Leadership Offerings

Core Skills for Physician Leaders — Get customized, cost-effective training held at your location for groups of 10-40 participants. Choose from 2, 4, and 7 hour CME programs on more than 20 leadership-focused topics. www.pamedsoc.org/CoreSkills

Year-Round Leadership Academy — Gain practical leadership strategies and develop crucial skills through our 10-month comprehensive program (Sept. 2017 – June 2018). Online and in-person courses offer CME and CPE credits. Limited number of scholarships available to PAMED members until July 17. www.pamedsoc.org/YRA

Check PAMED's website for the most current information at www.pamedsoc.org or call 855-PAMED4U (855-726-3348).
Questions Answered on PA PDMP Querying Rule

Pennsylvania’s package of four opioids bills was signed into law in November 2016. Since that time, PAMED continues to hear from members with questions on issues like PDMP querying requirements for certain drugs.

To get answers to physicians’ frequently asked questions, PAMED President Charles Cutler, MD, MACP, sent a letter to the Pa. Department of Health (DOH). PAMED received a response from Lauren Hughes, MD, DOH’s Deputy Security for Innovation, on April 17. Here are some noteworthy details.

Clarification of PDMP Querying Requirements for Suboxone, Tramadol, Cymbalta, and Lyrica

PAMED received this clarification from DOH on whether the following drugs are considered to be opioids or benzodiazepines, thus requiring a system query prior to each prescription even if the prescriber has already done a baseline query:

• Suboxone: A Schedule III drug; contains opioid synthetic buprenorphine; requires additional system query.
• Tramadol: A schedule IV drug; requires additional system query.
• Cymbalta: Not a scheduled drug; does not require additional query.
• Lyrica: A Schedule V drug; not consisting of opioids or benzodiazepines; does not require additional system query.

Currently, prescribers are required to query the database:

• For each patient, the first time the patient is prescribed a controlled substance by the prescriber for purposes of establishing a baseline and a thorough medical record.
• If a prescriber believes or has reason to believe, using sound clinical judgment, that a patient may be abusing or diverting drugs.
• Each time a patient is prescribed an opioid drug product or benzodiazepine by the prescriber.

Note: There are certain exceptions to the above querying requirements — Get details at www.pamedsoc.org/PDMP.

New Education Requirements for Safe Opioid Prescribing

Act 124 of 2016 requires the Department of State’s (DOS) licensing boards to consult with DOH to approve curricula for education concerning pain management, identification of addiction, and the practices of prescribing and dispensing of opioids.

We have received questions concerning when these curricula will be finalized and publicized to prescribers.

PAMED recently sent a letter to DOS to get answers to our members’ questions regarding this requirement. Learn more: www.pamedsoc.org/PDMP

Updates from the Pa. PDMP Office

Pennsylvania’s PDMP office has updated its verification requirements for PDMP users. In a recent email to PDMP registrants, the PDMP office said that — as of May 31 — the PDMP requires all new and existing users to verify the last four digits of their Social Security Number. It also said that the PA PDMP will never ask for your SSN over email.

The PDMP office also recently shared that users will now be able to search for their patients across state lines. While the initial focus is on enabling sharing with the PDMPs in neighboring states, it said that over the next few weeks, more and more states would be available for users to search. Please note: Some users, such as delegates, medical residents, and prescribers without DEA numbers, will not be granted access to search certain states if those states do not legally permit such users to access their PDMP.

Learn more: www.pamedsoc.org/PDMP

Check out Our New Legal Resource Center

PAMED’s new Legal Resource Center has details on legal tracking of court cases affecting physicians, medical-legal education on topics like HIPAA and child abuse reporting, and more. Check it out: www.pamedsoc.org/LegalResourceCenter
What You Need to Know about Pa.’s New School Immunization Regs That Take Effect Aug. 1

Pennsylvania’s new school immunization regulations will take effect on Aug. 1, 2017, just in time for the 2017-2018 school year. Here are five key changes to keep in mind.

1. **New definitions** — DOH is adding new definitions to its regulations for “full immunization” and “medical certificate.”

2. **Elimination of the eight-month provisional period** — Starting Aug. 1, the eight-month provisional period will be reduced to five days, with requirements that differ for single dose and multiple dose vaccines.

3. **Vaccine Requirements** — The new regulations update these vaccine requirements:
   - Require the combination vaccine of DTaP instead of individual dosages.
   - Require the combination vaccine of MMR instead of individual dosages.
   - Addition of a dosage of meningococcal vaccine for entry into 12th grade or in an ungraded school in the school year the child turns 18.

4. **Temporary waiver of immunization requirements** — The new regulations allow for certain waivers to immunization requirements or the timeframes in which the immunizations must be completed.

5. **School reporting** — Under its current regulations, DOH requires schools to submit immunization data to DOH by Oct. 15 of each year. The new regulations change this requirement to Dec. 15 of each year for hard copy submissions or Dec. 31 each year for electronic submissions.

Learn more about the changes and get links to helpful resources at [www.pamedsoc.org/ SchoolImmunizationRegs](http://www.pamedsoc.org/SchoolImmunizationRegs).

PAMED and Pa. Stakeholders Develop Collaborative Universal Patient Transfer Forms

On June 2, a workgroup that includes PAMED released a sample universal patient transfer to post-acute care form (UPTF-PAC) to provide information to allow for a smooth transfer of individuals from an inpatient hospital to a nursing facility, personal care home, or assisted living residence.

The release of the UPTF-PAC represents the second phase in stakeholder efforts to help improve communication during patient transfers.

In November 2016, the workgroup completed the first phase of the project with the release of a sample UPTF that provides information to allow for a smooth transfer of patients from a nursing facility, assisted living residence, or personal care home to an inpatient hospital, and in particular, to an emergency department.

Learn more and download the sample forms at [www.pamedsoc.org/UPTF](http://www.pamedsoc.org/UPTF).

These template forms are designed so that they can be incorporated into existing UPTFs, or can be used to create a UPTF if your facility does not currently have one in place.

The goal of this collaborative effort was not to mandate the use of these forms in Pennsylvania, but to outline information that would assist in a safe and effective transfer.

The workgroup includes PAMED, the Hospital and Healthsystem Association of Pennsylvania (HAP), LeadingAge PA, the Pennsylvania Health Care Association (PHCA), and the Pennsylvania Coalition of Affiliated Healthcare and Living Communities (PACAH).

During the past several months, representatives from these organizations have been working together on efforts to improve communication during patient transfers as a way to minimize opportunities for inaccurate or incomplete transfers of patient information or unnecessary delays in treatment.
Save the Date
Hershey Lodge, Hershey, Pa.

Pennsylvania Medical Society
House of Delegates & Annual Educational Conference
www.pamedsoc.org/hod