



Save Money on Must-Have Business and Personal Insurance Coverage

As a CAP member, you can access great rates on the must-have insurance coverages all physicians need.

Even if you already have coverage, CAP Physicians Insurance Agency, Inc. (CAP Agency) can help you save money while providing you with the added convenience of securing multiple coverages, all in one place!

CAP Agency's licensed insurance agents' sole focus is to ensure CAP members get the best coverage at the lowest possible rates.

Learn more about three essential policies CAP Agency can customize and offer at preferred member rates, based on what's optimal for you, your practice, and your family.

[Learn more and get a quote now!](#)

Call 800-819-0061, email CAPAgency@CAPphysicians.com.



BUSINESS OWNER'S POLICY/PROPERTY AND CASUALTY INSURANCE

Essential Protection for Your Practice

Medical practices must carefully consider the financial risks that are common to all service-oriented organizations.

A Business Owner's Policy (BOP) provides superior coverage for claims stemming from:

- Fire, flood, and other accidental property damage
- Non-employee injuries
- Equipment damage
- Libel, slander, and copyright infringements
- Stolen property

A BOP provides you with a wide range of business liability and property/casualty coverage combined into one policy—so you can avoid purchasing these coverages separately and save! If you are under-insured or over-insured, the experts with CAP Agency will evaluate your BOP needs to obtain the right amount of coverage at the right time. PLUS, the BOP offered through CAP Agency includes enhanced features specifically for medical practices, including free installation of water damage monitoring technology!



Personal Umbrella Coverage

Don't Put Your Savings at Risk!

When “life happens,” personal umbrella insurance is an often overlooked but essential coverage. It provides you and your family members with additional liability coverage for any lawsuits that exceed the coverage provided under your homeowners, automobile, tenants, and recreational vehicle policies. Personal umbrella covers:

- Bodily injury liability
- Property damage liability
- Landlord liabilities
- Libel, defamation, and more!

From \$3 million up to \$10 million in coverage at affordable rates, you can protect your hard-earned savings from the high costs associated with lawsuits stemming from everyday life! CAP members also benefit from, at no additional cost, \$1 million in uninsured and underinsured motorist coverage—with no underwriting required! You can purchase an umbrella policy in just minutes.

Visit <https://capgel.epicbrokers.com//cap.aspx> to learn more and get started.



Workers' Compensation Insurance

A Vital Safeguard Required by State Law

When an injury occurs on the job, both productivity and profits suffer. Solid workers' compensation insurance helps you return your employees to work sooner and protects you from accident-related lawsuits.

All physicians in California with at least one employee must carry workers' compensation insurance to cover:

- Medical expenses
- Employee lost income
- Accident-related lawsuits
- Medical expenses of the injured employee

Even if you have workers' compensation insurance, CAP Agency may help you beat your current rates. CAP Agency's comprehensive coverage options can be customized to your practice's size and needs so you get the most accurate and cost-effective coverage. With a good policy, you can avoid lengthy claims processes and audits that typically occur at the end of each policy term.

Get more information and request a quote from a CAP Agency licensed insurance expert:

Call 800-819-0061, email CAPAgency@CAPphysicians.com. ↩



RISK MANAGEMENT AND PATIENT SAFETY NEWS



To Charge, or Not to Charge, That is the Question . . .

By Bradford S. Dunkin, MHA

Good communication is critical to the physician-patient relationship. Technology has made communication easier, faster, and more efficient in healthcare, especially through secure, HIPAA compliant encrypted e-mail and online communication. Patients have readily embraced and adapted to communicating with their healthcare providers online, a practice accelerated by the widespread use of telehealth during the pandemic.

According to a 2021 study in the Journal of the American Informatics Association, “Patient emails to doctors jumped to 157% of their pre-pandemic average by the end of 2020. There was a sudden explosion of message volume.” For example, Cleveland Clinic noted that messages sent through its patient portal doubled since 2019. Dr. Sandra Hong, Director of Cleveland Clinic Food and Allergy Center, stated “We actually receive an average of about 110,000 MyChart messages that require medical advice a week.”¹ Both large and small healthcare entities have experienced exponential increases in online communications.

Online communication and technology provide benefits to both patients and healthcare professionals. Patients may receive on-demand care and treatment without the burden or inconvenience of scheduling an appointment, and in turn, physicians can expand their ability to consult with and treat a higher volume of individuals.

As online care capabilities and frequency increase, so do the expectations for a rapid response time, which

can significantly impact staff workflows within hospitals and medical office practices. Understandably, there is a rising demand for practitioners to be compensated for the time commitment to these online services.

It is permissible to bill for online communications and patient care. The U.S. Centers for Medicare and Medicaid Services (CMS) first introduced Medicare billing codes in 2019 that allowed providers to seek reimbursement for writing messages through secure portals. The pandemic prompted the agency to broaden coverage for telemedicine and allowed hospitals to significantly expand its overall use.² Insurance companies, taking their lead from Medicare, acknowledged the growth in online messaging and now also allow reimbursement for these consultations.

There are three evaluation and management (E/M) Current Procedural Terminology (CPT®) codes that distinguish time spent for responding to inquiries from patients. The three categories that can be billed for include online consultations according to the duration of time: 1) 5-to-10-minute duration, 2) 11-to-20-minute duration and 3) 20 plus minute duration.³ Depending on the patient’s insurance, they may be responsible for the entire charge of the “encounter,” or they may be responsible for a co-pay or coinsurance as they would for an office visit as dictated by their specific health plan. Organizations that are currently charging for online communication typically exclude Medi-Cal patients, but

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keep in mind, Medicare patients may still have to pay 20% of the charge per the Medicare breakdown.

Here are some of the finer details regarding billing for online communications:

- Online digital E/M services can be reported when a provider performs appropriate E/M for an established patient and the services are differentiated by the amount of time spent over a period of seven days. The online interaction must provide the same services as an in-person or telemedicine interaction but by HIPAA compliant means, such as a secure online patient portal.
- It is a true E/M service and must be performed in lieu of another visit.
- The interaction must be medically necessary.
- It is typically patient initiated in response to a new or worsening problem, but it is managed appropriately without needing a telemedicine or in-person interaction.
- The interaction should include a medically appropriate history, a note about reviewing results and ordering testing, and the patient treatment performed.⁴

What activities are excluded from billing of online communications? Portal messages that are not true E/M services cannot be reported. For example, answering simple questions that take less than five minutes, communicating test results, calling in medication refills, changing medications due to cost or formulary, handling messages that do not require clinician expertise, and scheduling appointments do not qualify. If the online communication results in an in-person visit within seven days, the time or complexity of the portal message work is incorporated into the code selection of the in-person visit and the online service is not reported. One should not report these services if within a global period of a surgical procedure, unless unrelated to the procedure.⁵

Charging for online medical care and consultation services has many positive aspects. However, patients

who previously used online communication to obtain medical advice and treatment with no associated cost may ask, “Why do I now have to pay for a service that I have been receiving for free?” This could produce feelings of dissatisfaction or discourage patients from seeking care as they did in the past due to a possible charge for the service.

If hospitals, clinics, and physician offices decide to charge for online communications, some risk management recommendations to consider are:

1. Set consistent parameters for what online service will be charged according to established and current guidelines. Consult with a medical billing and coding professional for clarification if needed.
2. Follow applicable insurance rules and regulations with respect to coding and submitting services for reimbursement or charging to avoid allegations of insurance fraud.
3. Inform patients up front about changes in policy to charge for online communications. Post information in a variety of locations so that patients are aware of potential charges and may read the provisions of your policies. Have patients acknowledge that they understand the prices and accept the terms and conditions.
4. Let patients know that it is permissible to charge for certain services based on the amount of time spent to provide the service and educate patients on what items they will not be charged for. Keep in mind, it may be difficult for patients to determine if an inquiry or request for service may represent a charge which may introduce an element of mystery to the mix. One way to address this would be to review the inquiry and if it meets the threshold for a charge, the patient could be notified of this and could be offered other options such as an in-person visit or a telehealth visit instead.
5. Educate staff about the policies and procedures related to charging for online communications

in the provision of medical consultation and treatment.

6. Make it clear to patients when they should seek in-person medical care or care for an emergency medical condition (urgent or emergent care) and to not rely on online communication to communicate their health status and condition with an expectation it will be addressed online. Appropriate disclaimers should be used.
7. As the healthcare professional, use appropriate medical judgment and discernment. Do not

attempt to treat a patient through online communication where standard of care or accepted medical practices indicate in-person consultation, treatment, or care is required. ↩

Bradford S. Dunkin is Assistant Vice President, Risk Management and Patient Safety. Questions or comments related to this article should be directed to BDunkin@CAPphysicians.com.



¹Emailing Your Doctor Could Soon Cost You, *US News and World Report*, February 2023

²Emailing Your Doctor May Carry a Fee, *New York Times*, January 24, 2023

³Be Careful When Charging for Patient Portal Messages, *Urology Times Journal Vol 51 No 03*, February 23, 2023

⁴Be Careful When Charging for Patient Portal Messages, *Urology Times Journal Vol 51 No 03*, February 23, 2023

⁵Emailing Your Doctor May Carry a Fee, *New York Times*, January 24, 2023

and

⁵Be Careful When Charging for Patient Portal Messages, *Urology Times Journal Vol 51 No 03*, February 23, 2023

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Important Alert: NEW DEA Training Requirement

Effective June 27, 2023, any Drug Enforcement Administration (DEA)-registered practitioner (except for veterinarians) must complete eight (8) hours of training on the treatment and management of patients with opioid or other substance use disorders. This is a one-time requirement.

Practitioners who are board certified in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association are deemed to have already satisfied this training and are exempt from the new DEA training requirement.

The deadline for meeting this new training requirement is the date of the practitioner's next scheduled DEA registration submission—regardless of whether it is an initial registration or a renewal registration—on or after June 27, 2023.

For physicians who have not completed the required training, online continuing medical education (CME) courses are available through accredited providers. The American Medical Association (AMA) offers several courses, some free of charge, that are available through the AMA Ed Hub™ at <https://edhub.ama-assn.org/>.

Please visit www.CAPphysicians.com/DEA to review the DEA information letter for additional details.

Save up to 20% on Everyday Purchases of Supplies and Services for Your Practice!

As a CAP member, you have access to the CAP Purchasing Alliance, a free group purchasing program that provides independent practices access to the same volume pricing on specialty-specific supplies and equipment as the nation's largest health systems. There is no obligation to enroll, and in most cases, you do not have to change how you order or receive invoices from your current suppliers.

Your practice can benefit from deep discounts on items like:

- Exam Gloves
- Needles and Syringes
- IV Sets and Solutions
- Wound Care
- Sutures
- Shipping and Office Supplies
- Routine Vaccines
- And More!

Begin Saving Today! Enrolling in CAP Purchasing Alliance is Easy, Fast, and Free.

Visit www.CAPpurchasingalliance.com to Enroll Now!

There is no obligation once you enroll, and you may cancel at any time.

Have Questions?

Chat with a CAP Purchasing Alliance Client Manager by emailing support@cappurchasingalliance.com or by calling **855-907-9227**.

If you have questions about this group purchasing benefit or any other practice management benefits available through your CAP membership, like one-on-one consults, please contact Andie Tena, Assistant Vice President, Practice Management Services, at 213-473-8630 or via email at ATena@CAPphysicians.com.

Time is Running Out! Please Vote in the CAP Board and MPT Board Elections!

The elections for the Cooperative of American Physicians, Inc. (CAP) Board of Directors and for the Mutual Protection Trust (MPT) Board of Trustees are currently underway—and the July 19th annual meeting date is fast approaching!

It Is Critically Important That All Members Vote Without Delay

There are five easy ways to submit your signed, dated, and completed ballot and proxy:

- **Vote Online:** Log in to your CAP member account at <https://member.caphysicians.com> and follow the instructions. Register for an account at <https://member.caphysicians.com/register> if you do not already have one.
- **Vote by DocuSign:** You have received emails from CAP and will be receiving additional emails if you have not voted yet asking you to sign your ballot and proxy via DocuSign, which allows you to vote through your web browser easily and securely in less than a minute.
- **Vote by Fax:** Submit your mailed ballot and proxy to 213-576-8574.
- **Vote by Mail:** Use the postage-paid envelope included with your mailed ballot and proxy materials.
- **Vote through CAPMobile:** Download CAP's app by visiting:
<https://www.CAPphysicians.com/CAPMobileIOS> for iOS users and
<https://www.CAPphysicians.com/CAPMobileAndroid> for Android users.

You may also scan the QR code to download the app.



Log in using your CAP member account log in information. Register at <https://member.caphysicians.com/register> if you need an account.

If you did not receive your voting materials, if you need another copy of your ballot and proxy, or if you need help voting, please contact Membership Services at **800-610-6642**.

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Proposed Changes Coming to the Medical Board of California

By Gabriela Villanueva



In early 2023, the Senate Business, Professions and Economic Development Committee and the Assembly Committee on Business and Professions began their extensive sunset review oversight of eight regulatory entities, among them the Medical Board of California (MBC). As a result, Senate Bill 815 (SB 815) was introduced by Senator Richard D. Roth (D-Riverside).

The bill revises the Medical Practices Act and seeks to introduce reforms to the MBC.

“This legislation is all about protecting patients, lifting up consumers and making sure that the State’s watchdog actually has teeth,” said Roth. “SB 815 improves physician oversight, which is not only important for patients, but also critical for the overwhelming majority of dedicated physicians who are upstanding and play by the rules.”¹

The bill, among other provisions, contains patient safety reforms endorsed by patient advocates and Consumer Watchdog, which include:

- Increasing rights for patients in the enforcement process, including a mandatory interview before a complaint is closed; the right to submit a victim impact statement before discipline, and creating a Complainant Liaison Unit comprised of board staff that will engage directly with the public

- Creating a public member majority board structure by adding two public members to the MBC, to be appointed by the Senate Committee on Rules and the Speaker of the Assembly
- Implementing a licensing fee increase to adequately fund the board's operations without the use of state funds by proposing an increase of physician and surgeon fees to \$1,289
- Adopting a lesser "preponderance of evidence" standard that is used by 41 other state medical boards
- Amending the Act to require a licensee who is under investigation to participate in an interview no later than 30 days after being notified by MBC, eliminating the licensee’s ability to postpone for “good cause”

The Medical Board of California previously endorsed many of the changes contained in SB 815.

In support of the bill is the Consumer Protection Policy Center. Opposition for SB 815 was registered by the California Medical Association.

SB 815 passed the State Senate at the end of May by a vote of 32-1, with the remaining nine members abstaining. SB 815 is now headed to the State Assembly for consideration. ↩

Gabriela Villanueva is CAP’s Government and External Affairs Analyst. Questions or comments related to this article should be directed to GVillanueva@CAPphysicians.com.

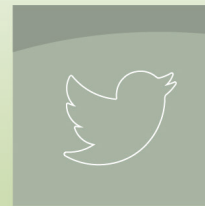
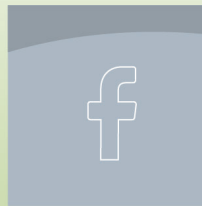
¹<https://2urbangirls.com/2023/06/state-medical-board-reform-bill-passes-senate-heads-to-assembly-for-approval/>



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