

CAPsules®

The Cooperative of American Physicians Celebrates 50 Years of Physician Success

In an industry where trust, expertise, and unwavering support are paramount, CAP is proud to celebrate a remarkable milestone—50 years of providing exceptional medical malpractice coverage and services to support physician success.



COOPERATIVE OF
AMERICAN PHYSICIANS

50 Years
of
Physician
Success
2025

A LEGACY OF TRUST

In 1975, when medical malpractice costs in California spiraled out of control, threatening the viability of medical practices, a small group of nine doctors created the Cooperative of American Physicians, Inc. (CAP), a unique cooperative with a core product—the Mutual Protection Trust (MPT)—designed to offer affordable medical professional liability coverage to fellow physicians.

Today, 13,000 physician members—the largest membership count in the organization’s history—trust CAP and MPT for coverage that stands the test of time, providing security and stability in an ever-changing healthcare landscape.

Reflecting on the company’s success over the past 50 years, CAP CEO Sarah Scher notes, “Our greatest achievement is, and always will be, serving our physician members and focusing on innovative solutions to ensure their well-being and success.”

CAP and MPT have long been the second largest provider of medical malpractice coverage in California, building on a commitment to ensure that physicians receive the highest quality coverage and services to help them deliver outstanding care. Members have 24/7 access to risk management experts and risk reduction resources; free practice management consulting and time- and money-saving products; added insurance benefits; human resources assistance; and, if and when needed, unparalleled personalized and compassionate claims and litigation support for the best possible outcomes.

Formed by physicians who understood the difficulties and risks their peers encountered, CAP remains true to their founding principles. Today, CAP’s physician leaders drive the organization’s vision, prioritizing the development of innovative strategies that empower members to tackle obstacles and achieve their goals. At the same time, they maintain a strong focus on responsible management of the organization’s operations and MPT’s financial stability, which has earned AM Best’s esteemed A+ (Superior) rating every year since 2006.

The collective voice and collaboration of CAP members remain essential for addressing today’s challenges and protecting the gift of caring for patients.

During this 50-year milestone, CAP shines as a testament to the resilience and excellence of its members, who are celebrated every day for their steadfast dedication to their patients and communities.

Over the next several months, members can look forward to reading a special edition of *Physician Today* that will feature a comprehensive timeline and story of CAP’s history, an exclusive interview with CAP’s leaders, and more. Members can also request 50th anniversary commemorative gifts and engage in other online communications and activities. If you would like to share a story about a special experience you’ve had with CAP or any other comments about this occasion, please email CorporateCommunications@CAPphysicians.com. ↩

FEBRUARY 2025

CASE OF THE MONTH



OCR Takes a Stand: Mental Health Center Penalized \$100K for Medical Record Mishap

by Monica Ludwick, Pharm.D.

On November 19, 2024, the Office for Civil Rights (OCR) of the U.S. Department of Health and Human Services (HHS) announced a civil monetary action against a mental health center in California for failing to provide a patient with timely access to her medical records. As a result, the mental health center was hit with a \$100,000 penalty.¹

In this case, the patient requested her medical records from a community mental health center (the Center) during her visit on March 18, 2020. However, the records were not provided until seven months later, far exceeding the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule's requirement to provide a patient, or their representative, timely access to health information (within 30 days, plus the possibility of one 30-day extension).²

Initial delays in responding to the patient's request were due to the COVID-19 pandemic's stay-at-home order which led to the closure of County buildings, including the mental health center, and limited the number of staff members available to process the request.

In May 2020, when staff returned to the office, the patient was notified that her records were ready for pickup. On May 27, 2020, the patient arrived at the Center and waited 20 minutes, but left after receiving a notification that she would be contacted when her records were ready. However, by July 17, 2020, the patient had still not received her records. Multiple calls made to the Center that day went unanswered.³

In August 2020, the patient spoke to various staff members on several occasions, but no follow-up occurred. Frustrated with the lack of progress, the patient filed a complaint with OCR on August 21, 2020.

On October 7, 2020, OCR contacted the Center regarding the complaint. The Center then made multiple attempts to contact the patient by leaving voicemails and sending a letter of apology. The requested records were finally sent to the patient on October 20, 2020.³

During its investigation, OCR discovered the delay in providing the records stemmed from the actions of an individual staff member responsible for responding to medical record requests. Although one attempt was made to contact the patient after she left the clinic, there was no further follow-up.

On August 31, 2022, OCR notified the Center of its findings, stating that the failure to provide timely access to the medical records was a violation of the patient's rights under HIPAA.³ The Center was given the opportunity to settle the matter informally, but failed to do so.

On February 3, 2023, OCR again informed the Center of its noncompliance and provided an opportunity to submit evidence of mitigating factors. The Center alleged that initial delays were due to the stay-at-home order and failed attempts to contact the patient. However, OCR determined that these factors did not warrant a waiver of a monetary penalty.

On July 16, 2024, OCR informed the Center it was imposing a \$100,000 penalty for the delay in providing records. The formula used to calculate the penalty was 156 days x \$1,379/day = \$215,124, capped at \$100,000 (maximum penalty).³

The OCR Director emphasized the importance of timely access to medical records for patients. She stated that ensuring patients' rights to access medical information in a timely manner is a priority for OCR, and healthcare providers have a legal obligation to fulfill this right.¹ Failure to comply with these obligations can result in penalties, such as the one imposed on the Center.

This incident marks the 51st financial penalty imposed by OCR for alleged violations of the HIPAA Right of Access. It is also the 12th penalty in 2024 addressing noncompliance with HIPAA Rules. OCR is committed to taking action against healthcare providers who fail to meet their obligations under HIPAA and will use all available means, including civil monetary penalties, to ensure compliance with the law.¹

By following these steps, you can minimize the risk of fines and maintain compliance with patient medical record requests:

1. Familiarize yourself with HIPAA regulations:

Understand the HIPAA regulations regarding patient privacy and the right to access medical records. This includes knowing the timelines and requirements for responding to patient requests.²

2. Establish clear policies and procedures: Develop clear policies and procedures within your practice for handling patient medical record requests. Ensure that all staff members are trained in these policies and understand their roles and responsibilities.

3. Educate patients about the process: Inform patients about their rights to access their medical records and the process they need to follow to request them. Provide clear instructions on how to make a request, including the required forms and any associated fees.

4. Streamline the request process: Implement an efficient system for managing medical record requests. This may involve using electronic health record (EHR) systems to easily retrieve and transmit records, as well as having designated staff members responsible for handling requests.


5. Maintain organized records: Keep medical records well organized and easily accessible. This will help in promptly responding to patient requests without delays or confusion.

6. Respond within the required timeframe: Be familiar with state and federal regulations. Some states impose timeframes more stringent than HIPAA's 30-day requirement. For example, California law requires healthcare providers to respond to patient medical record requests within 15 calendar days.^{4,5} Aim to respond as quickly as possible to avoid potential monetary penalties.

7. Communicate effectively: Maintain open lines of communication with patients regarding their medical record requests. If there are any delays or issues, inform the patient promptly and provide an estimated timeline for completing their request.

8. Securely transmit records: When providing medical records to patients, ensure that the transmission method is secure and complies with HIPAA guidelines. This may involve using encrypted emails or secure online portals.

9. Keep documentation: Maintain documentation of all medical record requests and responses, including dates, communication records, and any challenges faced during the process. This documentation will serve as evidence of compliance, if needed.

10. Regularly review and update policies: Continuously review and update your policies and procedures to ensure compliance with any changes in state or federal regulations. Stay informed about any updates or guidance provided by relevant healthcare authorities. 

Monica Ludwick, Pharm.D. is a Senior Risk Management and Patient Safety Specialist. Questions or comments related to this article should be directed to MLudwick@CAPphysicians.com.

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Physician Association of California

Protecting Private Practice Symposium Wrap-Up: Maximizing Benefits, Overcoming Barriers

On December 3, 2024, the Physician Association of California (PAC) hosted the "Protecting Private Practice" symposium at the State Capitol. The event featured a diverse group of speakers, from physicians to patient advocates, emphasizing the importance of independent physicians and how their practices can overcome the obstacles they face.

Assembly Majority Leader Cecilia Aguiar-Curry delivered a powerful keynote speech, highlighting the benefits of private practices, such as direct patient-to-physician access, physician autonomy, and personalized care. Panelists shared insights on the struggles caused by complex insurance contracts, low reimbursement rates, and private practice physicians' strategies to navigate these challenges.

The event concluded with a call for state support to protect and sustain these essential providers, particularly in underserved and rural areas.

PAC looks forward to working with physicians throughout the state during this legislative session to promote and protect independent practices in California.

If you'd like to view a recording of the December 3 symposium, visit: <https://pac-md.org/welcome/>

To learn more about PAC, please visit: www.pac-md.org

RISK MANAGEMENT AND PATIENT SAFETY NEWS



Beyond the Prescription: The Role of Compounding Pharmacies in Safe, Effective Treatment

by Monica Ludwick, Pharm.D.

There are various reasons compounded medications are necessary: either because the patient cannot tolerate the commercially available drug or its excipients; the exact dose, strength, or route is not commercially available; or the patient may need a medication that is currently in shortage or discontinued.

The United States Pharmacopeia (USP) Convention formally defines compounding as “the preparation, mixing, assembling, altering, packaging, and labeling of a drug, drug-delivery device, or device in accordance with a licensed practitioner’s prescription, medication order, or initiative based on the practitioner/patient/ pharmacist/compounder relationship in the course of professional practice.”¹

Compounding pharmacists can put drugs into specially flavored liquids, topical creams, transdermal gels, suppositories, or other dosage forms suitable for patients’ unique needs. Compounding does not include making copies of commercially available drug products, since this is not allowed by law unless there is a Food and Drug Administration (FDA) declared shortage, like the one for GLP-1 receptor agonists, e.g., Ozempic, Wegovy, and Mounjaro.²

Semaglutide and tirzepatide were initially on the FDA’s list of drugs in shortage, which meant these drugs could be approved for compounding if other criteria were also met. In October 2024, tirzepatide (Mounjaro and Zepbound) was removed from the drug shortage list. However, due to concerns that the drug remains in short supply, the FDA continues to allow

its compounding by delaying enforcement actions against compounders.³ At the time of this writing, the FDA delayed enforcement of its regulations until February 18, 2025, for state-licensed pharmacists and physicians compounding, and until March 19, 2025, for outsourcing facilities.⁴

Compounding pharmacies have received heavy media attention lately, thanks to GLP-1 receptor agonists that have become popular for their weight loss effects.

There are some situations in which you may need to turn to a compounding pharmacy, and when you do, some careful research should be conducted before selecting one. Here are some questions you should think about when considering compounded medications for your patients.

► Is drug compounding the same as drug manufacturing?

Most pharmacies offer some level of compounding, typically for nonsterile preparations that are meant to be used in areas of the body where sterility is not necessary. The key differences between drug compounding and manufacturing include:

- **Personalization:** Compounding is patient-specific, while manufacturing is mass produced.
- **Regulation:** Compounding is more loosely regulated, focusing on individual cases, while manufacturing is strictly regulated by the FDA, with stringent quality control and Good Manufacturing Practices (GMP) in place to ensure the safety, efficacy, and consistency of products.

- **Volume:** Compounding is small-scale and customized, while manufacturing involves large-scale production.

► **How are compounding pharmacies regulated?**

The practice of compounding is regulated by state boards of pharmacy. Community and hospital compounding pharmacists are allowed exemptions to the 1938 Federal Food, Drug, and Cosmetic Act if they comply with the regulations outlined in Section 503A of the Act. All pharmacists and pharmacies engaged in compounding are subject to oversight by both federal and state authorities. 503A-designated compounding pharmacies, such as those that compound according to prescriptions specific to certain patients, are required by state boards of pharmacy to comply with USP and other guidelines.

Section 503B of the Act defines some compounding pharmacies as those with outsourcing facilities that may manufacture large batches with or without prescriptions and can be sold to healthcare facilities for office use only.²

Pharmacists involved in compounding are required to adhere to the relevant standards and regulations for the types of preparations they create. The FDA oversees the safety and integrity of the drugs (referred to as Active Pharmaceutical Ingredients, or APIs) used in compounded medications. The Drug Enforcement Administration (DEA) regulates the use of controlled substances in compounded drugs, which include narcotics like hydrocodone, amphetamines, and medications for anxiety and sleep disorders. However, there are no agencies regulating the medications that are being produced by compounding pharmacies.

Additionally, the USP sets standards that govern compounding practices and defines the chemical purity of drugs and establishes practice standards. They also develop criteria for the identity, quality, strength, and purity of medicines, dietary supplements, and food ingredients used in compounding, which are particularly important for

compounding pharmacists to follow.⁵

Compounding pharmacies can obtain accreditation through the Accreditation Commission for Health Care (ACHC), which follows a specific set of standards that concentrate on the quality and consistency of medications produced to assure patient safety. Although ACHC accreditation is voluntary, it ensures the pharmacy meets the most rigorous review and inspection measures in the industry.⁶

► **Do I need to tell patients their medication is compounded?**

Patients should be aware they are receiving a compounded drug. Typically, these medications are labeled by the compounding pharmacy and include the pharmacy's information.

Patients may ask whether the compounding pharmacy is accredited. The Pharmacy Compounding Accreditation Board's (PCAB) website lists accredited compounding pharmacies by state.⁶ You can also refer patients to the FDA BeSafeRx website to ensure they are safely buying prescription medicines online.⁷

► **I have seen more FDA warnings about compounded medications. Why?**

While compounded preparations are supposed to contain FDA-approved ingredients, the formulations as prepared at compounding pharmacies are not



reviewed by the FDA for purity, safety, or effectiveness. In 2023, the FDA received reports that some compounders were using salt forms of semaglutide, such as semaglutide sodium and semaglutide acetate, but neither are FDA approved, therefore there is no evidence that they are safe or effective.

Unlike commercially prepared medications that are pre-dosed, minimizing the risk of errors, compounding pharmacies prepare the dose manually, which can lead to miscalculated dosing. The FDA has received reports of dosing errors with compounded injectable semaglutide products, which can lead to potentially serious side effects like nausea, vomiting, headache, or acute pancreatitis. Some patients have required hospitalization as a result.

Many patients who received vials of compounded semaglutide lacked experience with self-injections, according to the adverse event reports. Unfamiliarity with transferring medication from a vial into a syringe, coupled with confusion between different units of measurement (e.g., milliliters, milligrams, and “units”) may have also contributed to dosing errors.

Some compounded versions of semaglutide that are being mixed with other drugs or different ingredients have become more popular. However, the FDA has issued a warning stating that these compounded options may not be safe.⁸

Compounded drugs pose a higher risk to patients than FDA-approved drugs because compounded drugs do not undergo FDA premarket review for safety, quality,

or effectiveness. Compounded drugs should only be used for patients whose medical needs cannot be met by an available FDA-approved drug.

Additionally, there are growing concerns with counterfeit prescription medications from online pharmacies. The Centers for Disease Control and Prevention (CDC) recently released a statement warning the public of this issue after the U.S. attorney’s office announced charges against 18 defendants in a scheme to manufacture and distribute millions of deadly counterfeit pharmaceuticals through fake online pharmacies.⁹

► What if I find an issue with a compounded drug, such as a medication error?

The FDA encourages pharmacists, healthcare providers, and patients to report adverse events and medication errors associated with compounded products to the FDA’s MedWatch Adverse Event Reporting program: <https://www.fda.gov/safety/medwatch-fda-safety-information-and-adverse-event-reporting-program>. You can also report websites that you think are illegally selling medicine. To do so, download and complete the form at <https://www.fda.gov/media/85598/download?attachment>, then submit it via fax to **1-800-FDA-0178**. ↩

Monica Ludwick, Pharm.D. is a Senior Risk Management and Patient Safety Specialist. Questions or comments related to this article should be directed to MLudwick@CAPphysicians.com.

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New Healthcare Laws in 2025

by Gabriela Villanueva



California legislators sent a record number of bills to Governor Newsom in 2024. Over 2,500 measures were introduced in early 2024, with 1,558 bills reaching the governor's desk at the end of the legislative session in September 2024.

The California Academy of Family Physicians (CAFP) has compiled a list of significant new healthcare laws for 2025, several of which provide avenues of new revenue:

AB 1842 (Reyes, D-Fontana)

Health care coverage: medication-assisted treatment.

Requires health plans to provide coverage without prior authorization, step therapy, or utilization review for at least one FDA-approved medication in each of the following categories: opioid overdose reversal (e.g., naloxone), substance use disorder treatment (e.g., daily oral buprenorphine), long-acting buprenorphine, and long-acting injectable naltrexone.

AB 1991 (Bonta, D-Oakland)

Licensee and registrant renewal: National Provider Identifier.

Requires physicians and other registrants to include their National Provider Identifier (NPI) when renewing their licenses electronically.

AB 2164 (Berman, D-Menlo Park)

Physicians and surgeons: licensure requirements: disclosure.

In an effort to destigmatize physicians from seeking mental health services, this bill prohibits the California Medical Board from requiring applicants to disclose certain conditions or disorders that do not impair their ability to practice medicine safely. Requires licensed physicians to complete and return a periodic questionnaire, either electronically or by mail, without disclosing prohibited information.

AB 2258 (Zbur, D-Los Angeles)

Health care coverage: cost sharing.

Removes cost sharing for essential preventive care services such as home test kits for sexually transmitted diseases and certain cancer screenings.

AB 2319 (Wilson, D-Suisun City)

California Dignity in Pregnancy and Childbirth Act. (Training, Maternal Health)

Expands the required content for implicit bias training, mandating completion by June 1, 2025, for current physicians and health care clinicians, and within six months of the start date for new physicians and other health care clinicians.

AB 3030 (Calderon, D-Whittier)

Health care services: artificial intelligence. (AI)

Requires any health facility, clinic, or physician's office using generative AI for patient communications to include a disclaimer indicating AI usage and provide clear instructions for contacting a physician or health care clinician.

SB 639 (Limón, D-Santa Barbara)

Medical professionals: course requirements.

Requires all general internists and family physicians, nurse practitioners, and physician assistants with a patient population in which 25 percent of their patients are 65 years or older to complete at least 20 percent of their continuing medical education (CME)

or continuing education (CE) requirements in the field of gerontology, the special care needs of patients with dementia, or the care of older patients.

SB 1320 (Wahab, D-Fremont)

Mental health and substance use disorder (SUD) treatment.

Mandates that health plans and disability insurers establish a reimbursement process for the provision of mental health and SUD services within primary care visits.

SB 1385 (Roth, D-Riverside)

Medi-Cal: community health workers (CHW): supervising providers.

Mandates that Medi-Cal managed care plans, by July 1, 2025, implement a process for supervising physicians and health care clinicians to be able to bill for CHW services during emergency visits and outpatient follow-up.

Top Ballot Measures Passed in 2024

Prop 35

Managed Health Care Tax

Makes permanent the existing tax on managed health care insurance plans and prevents the state from redirecting funding elsewhere. The tax is expected to boost health care funding by approximately \$2 billion to \$5 billion annually. Much of the funding will support an increase in Medi-Cal payment rates.

For additional information on new laws impacting physicians in 2025, visit the CAFP website at <https://www.familydocs.org/new-laws/>



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

Celebrating CAP's 50th Anniversary: Request Your Free Commemorative Gifts



Join the Cooperative of American Physicians (CAP) in celebrating 50 years of physician success.

Request your free commemorative gifts today as we honor the 13,000 physician members we serve and their dedication to providing outstanding patient care.

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Thank you for being part of this extraordinary legacy. If you would like to share a story about a special experience you've had with CAP or any other comments about this occasion, please email CorporateCommunications@CAPphysicians.com

Commemorative gifts are available while supplies last. Limit one of each item per member.



By Andie Tena

Maximize Your Practice's Efficiency With *My Practice*

Managing an independent medical practice is not easy. Juggling workflows, billing, and ever-changing regulations can feel like a never-ending challenge. That's where *My Practice*, a CAP member exclusive benefit, can provide guidance.

What Is *My Practice*?

My Practice offers **free** practice management consulting to help physicians and their staff navigate the complexities of running a practice for enhanced efficiency and profitability. CAP members can get customized support in key areas of practice management operations.

Whether you are opening a new practice or looking to improve an existing one, our team is here to guide you through the process. We will help you optimize operations, enhance patient communications, and improve your practice's financial health.

Here are some of the areas where we can provide assistance:

- **Practice Workflow and Efficiency:** From patient intake to scheduling, check-in/checkout, and beyond—we will help you create a smoother, more efficient patient experience.
- **Opening/Closing a Practice:** Get expert advice on starting a new practice or winding down an existing one.
- **Revenue Cycle Management:** We will help you streamline billing practices, improve accounts receivable, and provide up-to-date billing and coding guidelines.
- **Electronic Medical Record (EMR) Optimization:** Maximize your EMR system's efficiency.
- **Referral and Authorization Procedures:** Improve the efficiency of your referral and authorization processes for your patients.
- **Patient Communication:** Enhance communication with patients through timely updates, reminders, and follow-ups.
- **Retention of Medical Records:** Get clear guidance on how to keep and store medical records.
- **Patient Experience:** Improve patient satisfaction by reducing wait times and improving communication.
- **Compliance:** Stay on top of OSHA, HIPAA, workplace violence, and sexual harassment regulations and training.
- **Telehealth:** Navigate the complexities of telemedicine—from setup to reimbursement.



Get Started With *My Practice* by Taking a Free Virtual Practice Management Assessment

My Practice offers a **Free Virtual Practice Management Assessment**, exclusively for CAP members. This simple, online evaluation takes just minutes to complete.

Here is how it works:

1. Visit www.CAPphysicians.com/PA to fill out the inquiry form and complete your online assessment.
2. A CAP practice management expert will review your responses and schedule a one-on-one virtual consultation with your practice.
3. During the consultation, you will discuss key operational areas such as appointment scheduling, patient intake, billing workflows, and more.

This no-cost assessment provides actionable advice to help you improve operational efficiency for your practice.

Why Choose *My Practice*?

My Practice offers free expert practice management assistance tailored specifically for independent practices. CAP's team of experts understands the unique challenges you face and delivers actionable, personalized solutions to help you thrive. Thousands of CAP member practices have consulted with the *My Practice* team to streamline their operations. Whether you are a physician, practice administrator, office manager, or lead staff member, we are here to help.

Contact *My Practice* today at **213-473-8630** or via email at **ATena@CAPphysicians.com**, for immediate assistance. 🏠

Andie Tena is CAP's Assistant Vice President of Practice Management Services. Questions or comments related to this column should be directed to ATena@CAPphysicians.com.

Protecting Your Practice From Property Damage, Accidents, and Lawsuits



SYMPHONY RISK

When it comes to your business, it may be overwhelming to evaluate the various areas that can put you at risk for an accident or lawsuit. It is important to consider how a fire or flood could impact equipment, property, and files, or how financially damaging it can be for a delivery person to get injured on your property.

While there are several mitigation strategies to implement to reduce your risk, the best protection to consider is a Business Owner's Policy (BOP), which combines a wide range of liability and property/casualty coverage into a single package. Although these policies may be purchased or customized as individual policies, it is generally easier and less expensive to purchase them together.

A good BOP policy:

- Repairs or replaces damaged buildings, equipment, or other business property.
- Reimburses lost income or costs if the practice closes following a loss to property.
- Covers the cost of replacing or restoring damaged records or files due to a property loss.
- Pays for medical costs of individuals other than employees who are injured at your practice.
- Provides insurance against alleged claims of injury or damage caused by physicians or their employees (not from malpractice), including cost of legal defense and settlements.



FEBRUARY 2025

Now is the time to think about your risk mitigation plan and how you can protect yourself and your practice from fires, floods, injury, or other liabilities that can cause significant financial and business loss.

Practice closure, costly injury-related medical bills, court and legal fees, inventory replacement for damaged goods, and equipment repair or replacement are just some of the challenges you may face because of a business-related accident or lawsuit.

Get a Quote Now for a Business Owner's Insurance Policy!

If you do not already have a BOP, now is the time to explore options available to you through Symphony Health, CAP's preferred partner for your personal and business insurance needs outside of medical malpractice coverage.

Call **800-819-0061** or email **HealthCareServices@SymphonyRisk.com**

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Hanover Insurance Group's Smart Sensor program provides sensor equipment that sends you real-time alerts. With the program, your practice will receive easy-to-install sensor devices that will automatically monitor your property 24/7 and alert you via text message or phone call if there are any system issues, such as water leaks, temperature changes, mold detection, and more. With this valuable risk management offering, you'll receive:

- **Real-time monitoring of your building and equipment**—If an issue occurs after hours or on the weekend, you'll receive an alert immediately to your phone or email.
- **24/7 professional support**—You will have access to the monitoring and support center any time of day.
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Cooperative of American Physicians, Inc.
333 S. Hope St., 12th Floor
Los Angeles, CA 90071

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333 S. Hope St., 12th Floor, Los Angeles, CA 90071 | 800-252-7706 | www.CAPphysicians.com

We welcome your comments! Please submit to CorporateCommunications@CAPphysicians.com.

The information in this publication should not be considered legal or medical advice applicable to a specific situation. Legal guidance for individual matters should be obtained from a retained attorney.

FEBRUARY 2025



COOPERATIVE OF
AMERICAN PHYSICIANS

Introducing



The Successful Practice Manager

Achieve Practice Management Excellence With CAP's New Online Course

The Successful Practice Manager is a free, online practice management course developed by the Cooperative of American Physicians (CAP) to help independent medical practices effectively manage their administrative and business operations.

Course Features and Benefits

- Continuing medical education credit (CME) for physicians.*
- Continuing education (CE) credit for practice administrators.**
- \$100 gift card upon program completion.†
- On-demand, complete at your own pace from your home or office.
- Program can be completed in under five hours.

†Limit one/practice. Administrators only. Final test and survey must be completed.



Enroll now!

(See reverse side for instructions)

Practice Administrators enroll for CE credit at:

www.CAPphysicians.com/SPM

Physicians enroll for CME credit at:

www.CAPphysicians.com/SPMCME

Exclusively for CAP Physician Members and Practice Administrators

This program consists of six modules addressing the fundamental areas of practice management.

1

Office Administration

2

Human Resources Management

3

Business Management

4

Credentialing and Contracting

5

Billing and Reimbursement

6

Financial Management



Why You Should Enroll Now in *The Successful Practice Manager*

Whether you are new to medical practice management or want to brush up on your knowledge, you can complete *The Successful Practice Manager* to get ahead of the essential functions crucial to a thriving business operation.

Upon completion of the program, you will:

- Understand the fundamentals of practice management;
- Manage administrative tasks to support practice physicians in providing quality patient care;
- Implement human resources protocols to manage staffing, workplace culture, and payroll effectively;
- Manage coding, billing, and collections processes to ensure timely payments from patients and payers, and;
- Support the practice's physicians in business planning, contract management, and credentialing processes.

*The Cooperative of American Physicians, Inc. is accredited by the California Medical Association (CMA) to provide continuing medical education for physicians.

The Cooperative of American Physicians, Inc. designates this internet enduring activity for a maximum of 4.5 AMA PRA Category 1 Credit(s)[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**This program is approved as a learning event for ACMPE continuing education hours. A cumulative total of 50 ACMPE continuing education credit hours is among the requirements for attaining the Certified Medical Practice Executive (CMPE) credential. To maintain CMPE or Fellow status, you must earn 50 hours of qualifying credit hours every three years.

Learn more about the ACMPE certification program at <https://www.mgma.com/acmpe-continuing-education>. One ACMPE credit is earned for every 60 minutes of educational content, rounded down to the nearest 0.25.



Physicians and administrators can enroll easily and quickly!

Practice Administrators enroll for CE credit at:

www.CAPphysicians.com/SPM

Physicians enroll for CME credit at:

www.CAPphysicians.com/SPMCME

1. Complete the required fields on the sign-up page to create your account on CAP's online learning portal. If you have an existing account on CAP's online learning portal, please log in before clicking the enrollment link.
2. Once you have created an account, log in to your dashboard. The available course names will be displayed under the heading "Catalog."
3. Administrators, select the course titled "The Successful Practice Manager." Physicians, select the course titled "The Successful Practice Manager – CME Version."
4. Click "Start" to begin. You can start and return anytime, but remember, the modules are in sequential order and cannot be viewed separately.
5. Upon finishing the program, you will be able to download a copy of your certificate of completion and follow the process to receive your CE or CME credit.

For more information and for assistance with enrolling,
email MyPractice@CAPphysicians.com
or call **888-870-1885**.