Congratulations To Our New AACC Designates

We congratulate the following chapter members on advancing to ACC’s new professional designation for cardiac care associate members!

Margo Minissian, ACNP-BC, MSN, CNS, AACC
Frances Saldivar, NP, AACC

We encourage other Cardiac Care members to apply for this status.

For more on this program, go to cardiosource.org/ACC/ACC-Membership/CCA/CCA-AACC.aspx.

Are You Enrolled?

As of July 6, physicians furnishing services to Medicare patients that require a written order or referral from non-Medicare enrolled physicians will not be paid for those services.

Your ACC is awaiting additional guidance on the particular types of services affected by this new rule and will let you know as soon as it’s available. In the meantime, cardiovascular practices are advised to closely examine Medicare remittances for informational messages that may indicate a problem with payment on or after July 6. If you see these messages on your claims forms, contact your Medicare contractor for additional guidance. For more on Medicare enrollment policies, click here.
Insurance Changes Are Coming

The following changes in health care insurance are coming in the next 6 months. If you want more details, please contact us at administrator@caacc.org.

- **Temporary Federal High Risk Pools**
  Provide uninsured Americans with pre-existing conditions access to coverage.

- **No Discrimination Against Children with Pre-existing Conditions**
  Prohibits denial of coverage of children with pre-existing conditions up to age 19.

- **Prohibits Dropping Coverage When People Get Sick**

- **Eliminating Lifetime Limits on Insurance Coverage**

- **Regulating Use of Annual Limits on Insurance Coverage**

- **Covering Preventive Health Services**
  All new plans must cover preventive services at no charge by exempting these benefits from deductibles and other cost-sharing requirements.

- **Extending Coverage for Young Adults**
  Requires plans to make coverage available to children until they turn 26 years of age.

- **Bringing Down the Cost of Health Care Coverage**
  Health plans must report on the share of premium dollars spent on medical care versus other expenses. Plans that spend too much on overhead must provide consumer rebates if they fail to meet the MLR standard.

- **Holding Insurance Companies Accountable for Unreasonable Rate Hikes**
  Creates a grant program to support States in requiring health insurance companies to submit justification for requested premium increases.

- **Ensuring an Effective Appeals Process for a Denial of Coverage**
  Requires new plans to implement an effective internal an external appeals process.

- **Improving Consumer Information Through the Web**
  Requires Secretary of Health and Human Services to establish an Internet Website through which residents of any state may identify affordable health insurance options.

- **Improving Consumer Assistance**
  Requires Secretary of Health and Human Services to award grants to states to establish health insurance consumer assistance programs.
Advocacy Corner
Tim Madden, Lobbyist for CA ACC

Legislative Report #221 - June 29th
The California Medical Association has been engaged in an extensive battle on legislation that would allow hospitals to hire physicians. Over the past two years there have been three bills attempting to give hospitals varying levels of authority to hire physicians. During this time period the CMA along with the help of CA-ACC and other specialty societies have been able to hold off any serious advances in these bills.

Over the past two months, the CMA has been involved in serious negotiations with the proponents of SB 726 (Association of California Healthcare Districts and AFSCME) to try and find some common ground of agreement on this issue. The Speaker of the Assembly requested all parties to meet in his office to work through their differences. After hours of negotiations no compromise was achieved.

This set the stage for a battle on the Assembly Floor. CMA had eight lobbyists working on the issue along with a number of specialty society lobbyists. The proponents, led by AFSCME, were applying pressure to Legislators saying this was a high priority issue for them.

The CMA was able to defeat the bill two weeks ago but the bill was granted reconsideration which allows it to have another opportunity to be considered on the Assembly Floor.

Yesterday morning the bill was brought up for a vote and ended up getting enough votes to pass off the Assembly Floor. The bill will now move back to the Senate where it will face another round of heavy lobbying.

Advocacy Updates

House applies latest SGR Band-Aid: The House of Representatives passed legislation (H.R. 3962) that would provide a 2.2% Medicare fee schedule update for physician services through November. This update would replace the 21% cut currently in effect.

Medicare claims administration contractors will discontinue processing claims at the negative update rates and will temporarily hold all claims for services rendered June 1, and later, until the new 2.2% update rates are tested and loaded into the Medicare contractors’ claims processing systems. CMS expects to begin processing claims at the new rates no later than July 1. Claims for services rendered prior to June 1, will continue to be processed and paid as usual. Claims containing June 2010 dates of service which have been paid at the negative update rates will be reprocessed as soon as possible. Claims containing June dates of service that were submitted with charges greater than or equal to the new 2.2% update rates will be automatically reprocessed. If you submitted claims containing June dates of service with charges less than the 2.2% update amount you will need to contact your local Medicare contractor to request an adjustment.
Upcoming Events

“Healthcare Reform and ACC Initiatives”, ACC President Ralph Brindis, MD, MPH, FACC, July 21, ONE MARKET, San Francisco

“15th World Congress on Heart Disease - Annual Scientific Sessions 2010”, July 24 - 27, Vancouver BC

“Disney’s Approach to Quality Service for Healthcare Professionals”, July 27, Los Angeles

“California Heart Rhythm Symposium”, Oct. 1 - 2, Santa Monica

“2nd Annual Orange County Symposium in Clinical Lipidology”, Oct. 2, Anaheim

“Practice Care: Practice for Cardiologists Angina Research and Education Initiative”, Oct. 6, Wolfgang Puck’s Beverly Hills, 6:00 pm - 8:30 pm

“21st Annual Meeting of the CAACC”, Oct. 7 - 8, Beverly Hills

See below for more details.

“Fellows in Training Beyond Medicine”, Oct. 9, 7:30 am - Noon, Beverly Hills

“Heart Transplantation and Advanced Heart Failure: An Expert Update on Diagnosis and Treatment Options”, Oct. 15 - 16, Los Angeles

“UCSF Update in Electrocardiography and Arrhythmias”, October 23

10th Annual Maui Cardiovascular Symposium, November 4 - 6, 2010. Maui HI

UCSF 27th Annual Advances in Heart Disease, December 10 - 12, San Francisco

“2nd Annual Arrhythmia Symposium”, Dec. 10, Los Angeles

See website for all program details.

You are Invited!

21st Annual Meeting of the California ACC
“Controversies and Advances in the Treatment of Cardiovascular Disease”
October 7 - 8, 2010 - Montage Hotel, Beverly Hills

Program Directors:
Gregory P. Fontana, MD, FACC Raj Makkar, MD, FACC P.K. Shah, MD, FACC
Alfredo Trento, MD John G. Harold, MD, MACC Dipti Itchhaporia, MD, FACC

For more information, to register, or to submit an abstract, please click here.
American College of Cardiology Code of Ethics

The ACC Code of Ethics strive to set standards and provide guidance for ACC members acting within the organization, in their clinical practice, and in their provision of health care generally.

To view the Ethics statement in its entirety, go to www.cardiosource.org/ACC/~media/Files/ACC/Leadership/ACC%20Code%20of%20Ethics.ashx.

*Here is an excerpt:*

6. **Expert Witness Testimony**

6.1 A member must be an acknowledged expert, having the appropriate education and experience, in the specific area in which he or she is testifying. A member shall not misrepresent his or her education and experience.

6.2 Expert witness testimony is considered the practice of medicine and should be provided in an objective manner using medical knowledge to form expert medical opinions that are subject to peer review.

6.3 A member providing expert testimony should be diligent in his or her preparation and should thoroughly review all pertinent medical records and all relevant information that has a bearing on the testimony.

6.4 Expert witness testimony should be fair, accurate, thorough, and objective.

6.5 A member appearing as an expert witness must identify personal opinions not generally accepted by other cardiologists.

6.6 A member shall not knowingly give false expert witness testimony or fail to perform adequate due diligence to determine the truth or falsity of the testimony.

6.7 Compensation for expert testimony should be reasonable and commensurate with the time and effort expended and not be contingent upon the outcome of litigation.

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**Our CA ACC Executive Committee**

*President/So. Governor*
Dipti Itchhaporia, MD, FACC

*Vice President/No. Governor*
George Smith, MD, FACC

*Past President/Past No. Governor*
Gordon Fung, MD, FACC

*Past So. Governor*
John G. Harold, MD, MACC

*Treasurer*
Benjamin Cohen, MD, FACC

*Chief Executive Officer*
Lianna Collinge, CAE
Donate to Your Political Action Committee

Why? Here are a few reasons:

* In response to the 2010 Medicare Physician Fee Schedule, ACC worked with Congress and the Administration to achieve a 4 year phase-in of most scheduled cuts to cardiovascular-related services to help physicians adjust to the changes.

* ACC has since worked with Representative Charlie Gonzalez (D-Texas) and 65 other congressional signatories on a letter sent to CMS urging them to phase-in reimbursement cuts to SPECT MPI.

  * ACC has worked with Rep. Charlie Gonzalez (D-Texas) to introduce legislation (H.R. 4371) addressing these cuts to cardiology. The bill currently has 125 co-sponsors.

* Since January 1, 2009, ACCPAC has disbursed over $750,000 to over 200 congressional candidates and committees, $60,000 of which was disbursed to members of the California delegation. 100% of personal contributions to the PAC from ACC members are used to fund such disbursements.

* Between 2009 and 2010 so far, ACCPAC has arranged 80 private, personal meetings between FACCs and their members of Congress.

Donating is EASY!

The ACC PAC was created to increase the political power and voice of the members of the College. It is a voluntary, non-profit, unincorporated association, independent of and not affiliated with any political party or candidate.

The ACC PAC mission is to back Federal candidates that support legislation that improves health care for patients with cardiovascular disease, facilitates the delivery of cardiovascular services by practicing physicians, and provides funds for cardiovascular research and prevention. The PAC is committed to fulfilling the mission of the College.

Your donations to the ACC PAC are greatly appreciated. It’s easy!

All major credit cards are accepted!

   (or click on the button above)
2. Log in with your password.
3. Click on the “Contribute to the PAC” button on the right side or on the “contribute” button at the top.
4. Follow the steps!
Caring for California

Summer 2010

The Diabetes and Cardiovascular Disease Provider Reference Guide is Now Available!

The reference guide includes:

- Guidelines supporting the screening and diagnosis of type 2 diabetes, dyslipidemia & hypertension
- Approaches to the clinical management of type 2 diabetes and related cardiovascular complications
- Effective communication techniques
- Health care provider and patient education resources
- Billing and procedure codes

Click here to access the Diabetes and Cardiovascular Disease Provider Reference

Your input is valuable in planning and updating future versions of the Reference Guide. Please take a moment to complete the survey by downloading the PDF form or completing the on-line survey posted on the Project web site.

To learn more about the Foundation’s Advancing Practice Excellence in Diabetes Program, please contact Senely Navarrete, MPH, Project Director at snavarrete@theçmãofoundation.org.

Five Questions Your Patients Should Ask at the Prescription Counter

1. Is this the exact drug that my doctor prescribed?

2. Why are you switching my prescription?

3. Will this switch impact my health?

4. Have you notified my doctor of this switch?

5. Is this the same dosage as my previous prescription

For more information on this issue or to print this article in its entirety, go to www.allianceforpatientaccess.org.