

Compliance and Regulations Newsletter

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CALIFORNIA

Mandatory Consultation of CURES Begins October 2nd

As of April 2nd, the California Department of Justice has certified it has adequate staff to operate the Controlled Substance Utilization Review and Evaluation System (CURES), the state's prescription drug monitoring program (PDMP). The certification prompts a six-month implementation period after which use of CURES will become mandatory in many situations.

Starting October 2nd, all California licensed health care practitioners authorized to prescribe a Schedule II, III, or IV controlled substance must consult the CURES database no sooner than 24 hours, or the previous business day, before prescribing a Schedule II, III, or IV controlled substance to a patient for the first time and at least once every four months for as long as the controlled substance remains part of the patient's treatment.

Providers prescribing no more than a five-day supply of medications are not be required to consult CURES when doing so would delay timely access to treatment or if the prescription follows a surgical procedure. Doctors in the emergency department of a hospital are excused from consulting the database for prescriptions that don't exceed a seven-day supply. Other exceptions include doctors prescribing during hospital admission, transfers, and hospice care.

The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and confidentiality and disclosure provisions of California law cover information contained in CURES 2.0. Access to CURES 2.0 is limited to licensed prescribers and licensed pharmacists strictly for patients in their direct care.

Patients may obtain a CURES activity report from their health care practitioner.

CURES data reflects dispensing information exactly as it is reported to the Department of Justice. The reporting prescriber/dispenser creates and owns the prescription records submitted. The Department of Justice is a custodian of these prescription records.

The California Department of Justice is offering webinars on the CURES 2.0 system for prescribers and dispensers. Webinar attendees will learn step-by-step instruction on how to access CURES Patient Activity Reports and new system features. To register for scheduled webinars, providers should log into CURES account at <https://cures.doj.ca.gov/> and refer to the CURES 2.0 Webinars and Training Bulletin.

[Source 1](#), [Source 2](#)

CALIFORNIA

Debit Card Bill Goes Before Governor

Senate Bill 880, by Senator Richard Pan, began as a pilot project to allow State Compensation Insurance Fund to deposit temporary disability indemnity payments into a prepaid card account. It has since expanded to include all carriers and all indemnity payments.

After the bill was introduced in January applying to one carrier, other carriers wanted to be included. This led to negotiations revealing some carriers already deposited benefits onto debit cards.

SB 880 was amended in June, removing the word “temporary.” The amended bill would allow employers to make all disability indemnity payments using a prepaid card account from January 1, 2019 through January 1, 2023.

The prepaid card must meet certain requirements such as access to in-network ATMs and point-of-sale purchases without incurring fees from the financial institution. Fees associated with using the prepaid card must be disclosed to the employee in writing.

If an employee consents to using the prepaid card to receive benefits, another provision of the bill allows the employer or employee to change the method payment to by providing 30 day’s written notice to the other party.

On or before December 1, 2022, the Commission on Health and Safety and Workers’ Compensation must issue a report to the Legislature on payments made to prepaid card accounts using all necessary aggregate data submitted by employers on their prepaid account programs to the commission upon request. The report should include the number of employees who chose to receive their disability indemnity payments in a prepaid card account, the cash value of disability benefits sent to prepaid card accounts, and the number of employees who changed the method of payment from a prepaid card account to a written or electronic deposit.

SB 880 passed the Senate on August 20th and was presented to the Governor on August 24th. Governor Brown will have until the end of September to sign the bill into law.

[Source](#)

TEXAS

New Telemedicine Rules Effective September 1st

The Texas Division of Workers' Compensation has approved a new version of Texas Administrative Code §133.30 that allows medical providers to be reimbursed for telemedicine services.

Providers must follow Medicare payment policies and billing guidelines found in Division Rules Chapters 133 and 134 when billing for telemedicine or telehealth services. Pursuant to Medicare payment policies, current telemedicine services in the workers' compensation system may be billed and reimbursed only when provided to an injured employee at a Medicare authorized originating site located in a Health Professional Shortage Area (HPSA).

The new §133.30 creates an exception to current billing and reimbursement requirements for telemedicine services and provides no restrictions on the location of the injured worker at the time services are rendered. Health care providers are to be reimbursed for telemedicine services regardless of where the injured worker is located at the time the services were delivered.

The new regulation does not change who is allowed to provide these services. Health care providers should review their board regulations for information on scope of practice and specific requirements for practicing telemedicine.

The new §133.30, applicable to telemedicine and telehealth services provided on or after September 1, 2018, takes advantage of technological advances and ensures that injured employees have access to prompt, high-quality medical care.

[Source 1](#), [Source 2](#)