Dear all:

Below is a summary of MAG’s activities over the last few weeks. As always, please feel free to pass this update onto others. My previous updates can be found at http://www.mag.org/resources/executive-directors-message.

**Blue Cross Blue Shield of Georgia**

Over the last few months, we have had a number of issues with BCBS. Most recently, the Commissioner of Insurance rescinded the “Amendment” to the contract that over 6,000 physicians received. Since then, we have had consistent dialogue with BCBS in an attempt to continue to improve relations. We were recently asked by Representative Sharon Cooper, Chair of the Health Human Services Committee in the Georgia House of Representatives, to testify with various others regarding the challenges of working with BCBS. The story was covered by Georgia Health News and can be found at http://www.georgiahealthnews.com/2015/02/key-legislator-blasts-blue-cross-arrogant/.

Last week, BCBS/MAG Physician Advisory Committee met and are working on ways to continue to improve the relationship. This committee will meet quarterly. If you have any questions/issues you would like us to discuss with BCBS, please send this information to Susan Moore at smoore@mag.org.

**Board of Directors – Vice-Chair**

Because Jules Toraya, MD resigned his position as the vice-chair of the board of directors, this position will need to filled at the next board of directors meeting. If you are interested in this position, please let me know of your interest and I can give you more information. An important criteria is that you have to be a current member of the board of directors. If you are an alternate director, you must be elected to the director seat to qualify by the April meeting from your county medical society.

**Department of Community Health (DCH)**

DCH has been working on the issue of physician credentialing within Medicaid. Special thanks to Senator Dean Burke for conducting a study committee over the summer that has directly resulted in DCH revisiting this issue. Currently, the care management organizations (CMO) separately credential physicians in-house. Physicians and other providers have expressed concerns about the timeliness and uniformity in the credentialing process. DCH is working with Hewlett Packard and will have an amended contract drafted to allow HP to handle the entire credentialing process for DCH. We will continue to participate and update you on the progress.

**Correctional Medicine - Top Docs Radio Interview**

Please see the recording regarding MAG’s Correctional Medicine Program from Top Docs Radio at http://topdocs.businessradiox.com/2015/02/12/correctional-medicine/ or http://www.mag.org/news/articles/topdocs-correctional. Great interview by CW Hall and Top Docs Radio with Clyde Maxell and myself.

**MAG Foundation Think About It Campaign**

Thank you to all that have contributed to the Think About It Campaign in support of the race Trey Reese and I are planning to run in North Carolina. We have raised over $14,000 and are closer to our goal of $25,000. I have attached an article that ran in the Fulton County Daily Report about the fundraiser. Please take a moment and consider a contribution that can be made at http://www.mag.org/news/articles/run-promo.
RAC Audits
We continue to request that Congress address the problems with Recovery Audit Contractors. Please see the letter we sent to the committees of jurisdiction. [http://www.mag.org/news/articles/pai-hip](http://www.mag.org/news/articles/pai-hip).

Town Hall Forum
Please see the following Town Hall Forum we had on “Washington DC Update.” The call lasted about an hour and provided great information on national issues. [http://www.mag.org/news/articles/th-washington-update-recording](http://www.mag.org/news/articles/th-washington-update-recording).

Specialty Tier Drugs
A report and related release was issued by Avalere Health which analyzes cost-sharing for drugs used to treat complex diseases in health plans offered on the Affordable Care Act’s Exchanges. Avalere found that some insurers place all drugs used to treat complex diseases – such as HIV/AIDS, cancer, and multiple sclerosis – on the highest drug formulary cost-sharing tier. Avalere analyzed formularies for silver plans participating in 8 states, 6 of which use the Federally-Facilitated Exchange (Florida, Illinois, Pennsylvania, Texas, Georgia and North Carolina), and California and New York. Avalere indicated that the states represent 60 percent of 2014 enrollment in ACA Exchange plans. Avalere analyzed 20 drug classes, and found that, for five of the classes, over one-fourth of silver level plans placed all drugs in a class on the specialty tier in 2015. The five classes include drugs used for HIV/AIDS, cancer, and multiple sclerosis.

In releasing the report, Avalere Vice President Caroline Pearson stated that “Enrolling in a plan that places all medications for a particular disease on the specialty tier can mean significant out-of-pocket costs for consumers, particularly if they do not qualify for cost sharing reductions. Plans that place some drugs in a class on lower tiers may allow consumers to find lower cost alternatives.” The report can be found at [http://www.mag.org/news/articles/avalere](http://www.mag.org/news/articles/avalere).

ICD-10
Attached please find a report issued by the Government Accountability Office (GAO) related to the Center for Medicare and Medicaid Services’ (CMS) efforts to prepare for the October 1, 2015 transition to the 10th revision of the International Classification of Diseases (ICD-10) codes. The report was requested by Senate Finance Chairman Orrin Hatch (R-UT) and Ranking Member Ron Wyden (D-OR). The GAO was specifically asked to (1) evaluate the status of CMS’s activities to support covered entities in the transition from ICD-9 to ICD-10 coding; and (2) describe stakeholders’ most significant concerns regarding CMS’s activities to prepare covered entities for the ICD-10 transition, and how CMS has addressed those concerns.

In the report, the GAO found that CMS has undertaken a number of measures to prepare for the ICD-10 transition, including: developing various educational materials, conducting outreach, monitoring the readiness of covered entities and the vendors that support them for the transition, as well as modifying Medicare systems and policies. CMS also provided technical assistance to Medicaid agencies and monitored their readiness for ICD transition. The GAO also found that stakeholders reported the following main concerns with the ICD transition: (1) CMS’ testing activities have not been comprehensive; (2) CMS should expand its in-person training and develop additional materials; (3) CMS should engage covered entities through more non-electronic methods; and (4) the preparation and ultimate transition have created burdens for providers. In the report, CMS outlines a number of steps it has taken to address concerns, including planned end-to-end testing during three weeks in 2015 and additional in-person training opportunities. The report did not contain any recommendations.
As always, if you should need anything, please do not hesitate to call.

Donald

Donald J. Palmisano, Jr.
Executive Director/CEO
Medical Association of Georgia
1849 The Exchange
Suite 200
Atlanta, Georgia 30339
678-303-9290 (Phone)
678-303-3732 (Fax)
404-312-9030 (Mobile)

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