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MAG Board acts on key issues during year's first meeting

The Medical Association of Georgia's (MAG) Board of Directors (BOD) took action on several key issues during its meeting on January 30. The BOD...

- Decided not to modify MAG's policy on marijuana cancer treatment (460.999), which says that, "MAG supports the current law in Georgia that permits the use of marijuana in strictly controlled medical research programs for testing the effectiveness of the substance in the care of patients with cancer, seizures or glaucoma. MAG strongly condemns the use of marijuana and any of its cannabinoid derivatives such as delta9-tetrahydrocannabinol (THC) for general (recreational) use or for any purpose other than medical research."
- Voted to support legislation that would form a legislative committee that would address "surprise bills" and oppose any legislation that is introduced on the subject in 2016.
- Voted to approve MAG's strategic plan of work for 2016.
- Gave MAG staff the authority to continue to work with the Kansas Health Information Network (KHIN) and other related entities to research the development of an analytic service product for MAG members.
- Elected Walker L. Ray, M.D., and Alan L. Plummer, M.D., to another term as MAG's representatives on the Physicians Foundation's Board of Directors.

MAG Immediate Past President Manoj H. Shah, M.D., received a framed version of the resolution that he received from Georgia's House of Representatives in 2015.

Jim Barber, M.D., announced his plans to run for the office of vice speaker during MAG's annual meeting in October, while Lisa Perry-Gilkes, M.D., announced her plans to run for second vice president.

MAG Chairman of the Board Rutledge Forney, M.D., thanked MAG Mutual Insurance Company for hosting the meeting.

Contact MAG Executive Director Donald J. Palmisano Jr. at dpalmisano@mag.org with questions related the BOD meeting.

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MAG calls for insurers to improve patient billing

The Medical Association of Georgia (MAG) distributed the following press release to media outlets in the state on February 2...

The leader of the Medical Association of Georgia is calling for health insurers in the state to take some important steps to improve the patient billing system.

MAG President John S. Harvey, M.D., explains that, "Our health care system will be in a better place when physicians and other health care providers are allowed to focus on patient care while health insurers get back to providing their customers with access to the health care they pay for and deserve."

Dr. Harvey is calling for insurers to...

- Expand their physician/provider networks
- Be more credible and transparent about the physicians/providers who are in their networks and update their network directories at least once a month
- Offer fair, consistent contract terms, and take steps to ensure that every physician/provider at a given facility is "in-network" so patients have budget certainty and peace of mind

Dr. Harvey also points out that, "Today's physicians often don't know if they are in a given health insurance network because of the proliferation of rental networks, unilateral contract revisions, and dated and unreliable insurer databases — so the doctors who discover that they were out-of-network and didn't have a contract with the insurer at the time they delivered the care must try to collect the difference between the in-network payment and their normal fee from the patient, keeping in mind that the majority of health insurance plans aren't required to offer out-of-network benefits."

[Click for MAG 'Health Insurer Patient Billing Tactics' issue brief](#)

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'Physicians' Day at Capitol' another big success



Medical Association of Georgia (MAG) Government Relations Director Marcus Downs reports that the 2016 'Physicians' Day at the Capitol' in Georgia was a huge success – as more than 40 physicians and 40 legislators were on hand for the event that took place on January 27.

Downs says the physicians addressed a number of important issues, including narrowing health insurance networks and patient billing and prescription drug monitoring.

"I would like to express my sincere thanks to every physician who attended this important advocacy event," says Downs. "They are true champions for their patients and the medical profession in Georgia, and we realize that taking time away from their practice is a sacrifice."

Downs reports that the legislators who spent time with the physicians included...

- Senate Majority Leader Bill Cowsert (R-Athens)
- Senate HHS Committee Chair Renee Unterman (R-Buford)
- Senate Insurance Committee Chair Charlie Bethel (R-Dalton)
- Senate Ethics Committee Chair Dean Burke, M.D. (R-Bainbridge)
- Sen. Ben Watson, M.D. (R-Savannah)
- Sen. Judson Hill (R-Marietta)
- Sen. Tyler Harper (R-Ocilla)

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Sen. P. K. Martin (R-Lawrenceville)
Sen. Greg Kirk (R-Americus)
Sen. John Kennedy (R-Macon)

House HHS Committee Chair Sharon Cooper (R-Marietta)
House HHS Committee Vice Chair Rick Jasperse (R-Jasper)
Rep. Nikki Randall (D-Macon)
Rep. Lee Hawkins (R-Gainesville)
Rep. Buddy Harden (R-Cordele)
Rep. Dustin Hightower (R-Carrollton)
Rep. Jason Spencer (R-Woodbine)
Rep. Paulette Braddock (R-Powder Springs)
Rep. Demetrius Douglas (D-Stockbridge)
Rep. Darlene Taylor (R-Thomasville)
Rep. Bruce Williamson (R-Monroe)
Rep. Tonya Anderson (D-Lithonia)
Rep. Dominic LaRiccica (R-Douglas)
Rep. B. J. Pak (R-Lilburn)
Rep. Jeff Deffenbaugh (R-Lookout Mountain)
Rep. Bert Reeves (R-Marietta)
Rep. Trey Kelley (R-Cedartown)

Downs is encouraging MAG members to reach out to these legislators to thank them for attending the event. "And if your legislator wasn't able to make the event, I would encourage you to schedule a one-on-one meeting with them at the State Capitol or in your home town when it's convenient."

In addition to MAG, the event was sponsored by the Georgia Society of the American College of Surgeons (lunch sponsor), Georgia State Medical Association, Georgia Society of Ophthalmology, Georgia Radiological Society, Georgia Society of Anesthesiologists, Georgia Society of Clinical Oncology, Georgia Orthopaedic Society, Georgia Society of Dermatology and Dermatologic Surgery, and Georgia Psychiatric Physicians Association.

"This was a great team effort, and I would like thank this year's sponsors," says Downs. "And a special word of thanks to the Georgia Society of the American College of Surgeons – and its executive director, Kathy Browning – for its strong support, which included paying for this year's lunch."

[Click to contact your legislator](#)

[Click for 'Physicians' Day' slide show](#)
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A message from U.S. Rep. Tom Price: A step in the right direction

By U.S. Rep. Tom Price, M.D.

On December 28th of last year, President Obama signed into law the 'Patient Access and Medicare Protection Act' (S. 2425) – legislation that included several health care reforms that had bipartisan support in Congress. Included in that package of reforms was a provision addressing electronic health record (EHR) meaningful use requirements – specifically hardship exceptions for physicians who would be unable to comply with the Centers for Medicare and Medicaid Services' (CMS) final Stage 2 modification rule. At issue was the fact that CMS released its rule with less than the requisite 90 days left to comply in 2015.

The hardship exceptions provisions in S. 2425 are based on a bill that I had introduced, the 'Meaningful Use Hardship Relief Act' (H.R. 3940), almost two months prior. We acted because it was clear that many physicians would likely be unfairly penalized due to CMS's failure to offer health care providers adequate time to comply with new requirements pertaining to the electronic health records program. Under the new law, physicians are able to more easily obtain a hardship exception due to insufficient time in the 2015 reporting period. Additionally, CMS is now also able to batch process hardship exception applications for groups of physicians, rather than strictly on a more burdensome individual case-by-case basis.

On January 22, CMS released guidance on the updated hardship exception application, and our office is continuing to closely monitor this issue as well as the meaningful use and EHR program. We would encourage you to apply for the hardship exemption. You can do so by going to www.cms.gov or by [clicking here](#). This is a small step but a step nonetheless toward protecting the critical doctor-patient relationship. Patients and physicians face many challenges in today's health care system. Anything that can be done to allow physicians to focus more of their time and energy on the practice of medicine ought to be done so that we can further improve the quality and responsiveness of care.

Congressman Price is an orthopaedic surgeon who spent more than 20 years caring for patients in the Atlanta area. Dr. Price is a long-time MAG member.

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MAG's EHR Advocacy Milestones

The following timeline highlights the noteworthy steps that MAG has taken to address physician concerns surrounding the use of electronic health records (EHR) since 2012...

- 2012. MAG's House of Delegates (HOD) considers a resolution that addresses EHR design problems. The HOD refers the resolution to MAG's Board of Directors for study.
- 2013. MAG Electronic Health Care Committee (EHCC) member Gary Botstein, M.D., writes an EHR white paper that is endorsed by the EHCC.
- 2014. MAG's Board of Directors adopts the EHCC white paper, while Dr. Botstein is named to an AMA committee that develops a series of EHR usability recommendations (i.e., '8 top challenges and solutions for making EHRs usable')
- 2015. MAG and AMA host a 'Break the [EHR] Red Tape' town hall event in Atlanta that features U.S. Rep. Tom Price, M.D., while MAG's HOD approves two EHR resolutions – including one to support AMA's EHR priorities and one to call for a delay in the Medicare/Medicaid EHR program "meaningful use" requirements.

Contact MAG Director of Health Policy and Third Party Payer Advocacy Susan Moore at smoore@mag.org with questions related to MAG's EHR advocacy efforts.

[Click for AMA's '8 top challenges and solutions for making EHRs usable'](#)

[Click for AMA's 'Break the Red Tape' website \(i.e., physician testimonials\)](#)

[Click for AMA's 'EHR meaningful use doomed unless Congress steps in' alert](#)

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The conclusion of meaningful use?

By Elizabeth Woodcock, Woodcock & Associates

The industry is abuzz with the news: *meaningful use is over*. Indeed, Acting Centers for Medicare & Medicaid Services (CMS) Administrator Andy Slavitt made the announcement on January 12 during his presentation at a large industry conference, stating *“the Meaningful Use program as it has existed, will now be effectively over and replaced with something better.”* But the MU train may not be pulling into the station quite yet.

First and foremost, this announcement has nothing to do with 2015, which is the biggest opportunity for physicians today. Failure to report could mean the loss of thousands of dollars – \$8,000, per physician, for most – in bonus payments, as well as the impending three percent penalty. CMS just opened the portal to report; you have until the end of February to input your 2015 data.

Second, CMS followed the January 12 proclamation with a post exactly one week later, revealing that the “it’s over” statement may have been a bit farfetched. Although I’d encourage you to read Slavitt’s January 19 blog post yourself (where he is joined by co-author National Coordinator for HIT, Karen DeSalvo), the CliffsNotes’ version reads like this: The EHR Incentive Program is in “transition” but changes “won’t happen overnight;” the law *requires* “that physicians be measured on their meaningful use of certified EHR technology for purposes of determining their Medicare payments” so the agency can’t just drop it; and, finally, “existing regulations – including meaningful use Stage 3 – are still in effect.”

Third, CMS had already signaled its intention for changes to the program by dramatically relaxing the rules for 2015 last fall. Granted, the proclamation was made very late in the game, but CMS took steps to eliminate approximately half of the objectives, and retains exclusions for many of the remaining objectives, including public health reporting.

Finally, with the President’s signature on the new law – the ‘Patient Access and Medicare Protection Act’ – CMS is now allowed to exempt basically anyone and everyone from the 2015 reporting year. I would dare say that the federal government would not have permitted this sweeping exemption had there not been an intention to shift the program into a different direction, as compared to its historical roots. Please note, however, that the federal government refused to allow *blanket* immunity. It is vital for you to submit a hardship application by March 15, 2016; review each exception carefully, noting that 2.2d includes “issues related to insufficient time to make changes to the CEHRT [your EHR system] to meet CMS regulatory requirements for reporting

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in 2015.” Don’t complete one unless you have to, as you’ll be giving up any bonus payment owed to you. That said, it appears to be an easy route out of the penalties.

That takes care of the here and now, so let’s talk about the future. Despite declaring meaningful use “over,” Slavitt himself refers to the “new regime,” outlining the focus on open APIs, interoperability, and patient outcomes, all of which were emphasized by CMS last fall and reiterated in the January 19 post. From the beginning, the EHR Incentive Program was scheduled to conclude in 2018, so nothing new will be long term. It is my opinion that the last two years of the program will be revamped, given CMS’ announcement, and this will surely parlay into how this topic is handled within the Merit-based Incentive Payment System (the program initiated by the Medicare Access and CHIP Reauthorization Act, passed in April 2015), slated to commence in 2019. Again, however, the actions in the fall of 2015 had already set us on that path.

For the near term, with a few exceptions, the objectives for 2016 are consistent with the relaxed criteria for 2015. Although I’m hesitant to use the term “easy” when referring to meaningful use, these revised criteria are certainly much more achievable than the original Stage Two standards (I mean, really, what was the government thinking making five percent of your patients message you electronically?!?). Recognize that the reporting period for 2016 is the full calendar year, so you should already be plugging away with the relaxed MU standards for this year.

CMS reports that the agency will issue clarifications in the “months ahead.” I, for one, will be anxiously awaiting the details. Ideally, CMS will further relax the program requirements, and continue to refine its focus on improving technology, rather than just measuring data about it. Because the EHR Incentive Program is the law, however, neither Slavitt nor CMS can change everything, including the penalties for failure to participate. They can, however, alter the meaning of meaningful use. There’s no doubt that the steam engine will get dumped in the scrap yard, hopefully replaced with a souped-up bullet train. But, we still need to be ready for the new ride.

Woodcock is a nationally recognized practice management expert. Contact Woodcock at contact@elizabethwoodcock.com or 404.373.6195. Go to www.elizabethwoodcock.com for additional information.

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'Top Docs' shows on BCBSGa, legislature & GPLA now online



Recordings of recent Medical Association of Georgia (MAG) 'Top Docs Radio' shows that featured Blue Cross and Blue Shield of Georgia (BCBSGa) President Jeff Fusile, Georgia Rep. Sharon Cooper, and the MAG Foundation's Georgia Physicians Leadership Academy (GPLA) are now available online.

Fusile discussed how BCBSGa is "developing programs to facilitate better collaboration with providers to make health care more affordable for consumers and simplify the access to care." He also addressed how the company is, "Reaching out to rural communities and the impact of technology on delivering innovative solutions."

Rep. Cooper – the chair of the House Health & Human Services Committee – joined MAG Executive Director Donald J. Palmisano Jr. in discussing the 2016 General Assembly, including key health care legislation.

And in a special 'Physician's Day at the Capitol' edition of the show, GPLA Steering Committee Chair William Clark, M.D., and GPLA graduate Jim Barber, M.D., talked about the GPLA and the need to develop physician leaders in the state.

MAG sponsors the 'Top Docs' program at 12 p.m. on the second and fourth Tuesday of every month.

Between downloads and live listeners, MAG's 'Top Docs' show has reached some 4,000 listeners – which includes people in 47 states and 69 countries.

Listeners are encouraged to go to <https://twitter.com/TopDocsOnBRX> to

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submit questions to 'Top Docs' host C.W. Hall during the program.

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[Click to listen to 'Top Docs' Rep. Cooper show](#)

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From the left are Jim Barber, M.D., 'Top Docs' host C.W. Hall, and William Clark, M.D. The photo at the top shows Rep. Sharon Cooper, Hall, and MAG CEO Donald J. Palmisano Jr.

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DPH director thanks, applauds Ebola “team”

The World Health Organization recently declared the end of the global outbreak of the Ebola virus disease. The following is an open letter from J. Patrick O’Neal, M.D., the director of health protection for the Georgia Department of Public Health (DPH).

Dear Georgia Team,

I wanted to express my heartfelt thanks to you for your efforts to bring the worst outbreak of the Ebola virus disease (EVD) in history to an end. A number of individuals and groups and entities deserve to be recognized for their tireless efforts and leadership.

This includes Georgia DPH Commissioner Brenda Fitzgerald, M.D., Gov. Nathan Deal’s special task force on Ebola, and the Epidemiology Section at DPH.

I would like to thank Alex Cowell and the rest of the DPH Information Technology team for developing a superb monitoring program, Dr. Elizabeth Franko and her Georgia Public Health Laboratory staff for developing a world-class EVD testing program, and the DPH Communications Division for maintaining a high degree of awareness across the state.

I would like to thank our Emergency Preparedness Section, our nurses, and DPH Chief Financial Officer Kate Pfirman for their assistance in transporting the high-risk patients who were exposed to the Ebola virus from the airport to the homes where they received their care while they were quarantined.

Other entities that stepped up in a big way include the Georgia Hospital Association and the Medical Association of Georgia. Both organizations hosted regular conference calls and disseminated information to ensure that their members had the best, most credible information available. Of course, I would also like to thank the medical and nursing communities in general for their unconditional commitment to patient care.

I would like to applaud Grady Hospital for agreeing to conduct a variety of diagnostic tests, the Georgia State Patrol for agreeing to transport specimens, the Georgia Office of EMS and Trauma for establishing the 'Infectious Disease Transport Network,' the Georgia Mortuary Association for helping to draft rules for caring for infected bodies, and the Centers for Disease Control and Prevention.

Other key contributors include law enforcement, the legal community, emergency management, airport personnel, education (including school

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nurses), the Department of Defense, the business community, and the media.

Finally, I would like to thank the staff at Emory University Hospital for demonstrating great courage and showing the world that Ebola patients can receive life-saving care safely and successfully.

The state's response to the EVD was exemplary. We rose to the occasion as a team – and I've never been so proud to be a Georgian!

J. Patrick O'Neal, M.D.
Director, Health Protection
Georgia Department of Public Health

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MAG subsidiary EVP installed as ACEhp president



The Alliance for Continuing Education in the Health Professions distributed the following press release on January 19. Addleton is the executive vice president of the Physicians' Institute for Excellence in Medicine, which is a subsidiary of the Medical Association of Georgia.

Robert L. Addleton, EdD, CHCP, FACEHP, has taken office as the new president of the Alliance for Continuing Education in the Health Professions (ACEhp), a membership community of more than 2,000 health care continuing education professionals. He will serve as the president of ACEhp until January 2017.

"My career has been devoted to improving continuing medical education as a means of closing practice gaps in health care," said Addleton. "My involvement in ACEhp has helped to advance my professional efforts and connect me with other leaders. I look forward to serving as the ACEhp president as a way to give back to this organization that has been of tremendous benefit to me and my esteemed colleagues in the health care continuing education profession."

Addleton currently serves as the executive vice president of the Physicians' Institute for Excellence in Medicine, a nonprofit subsidiary of the Medical Association of Georgia (MAG). He was director of education for MAG from 1998 to 2007.

Before joining MAG, he was an organizational development consultant specializing in hospital-based performance improvement programs. Previous employment included positions in health care and academia. He holds a doctorate from the University of Alabama (educational leadership), an educational specialist degree (counselor education) from Appalachian State University, a master's degree in education (rehabilitation counseling) from the University of North Carolina at Chapel Hill, and a bachelor's degree in journalism from the University of Georgia.

Addleton is active in continuing medical education organizations at the local, regional, and national level. A recipient of the Alliance for Continuing Medical Education's President's Award and a fellow of the Alliance for Continuing Education in the Health Professions, he is a frequent speaker at conferences throughout the U.S. and a consultant to organizations offering continuing medical education activities.

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- Become more transparent about networks
- Update network directories on more regular basis
- Offer fair, consistent contract terms

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ACEhp is a membership community of more than 2,000 health care continuing education professionals dedicated to accelerating excellence in performance through quality education, innovation, advocacy, and collaboration. Founded in 1975, ACEhp is the recognized leader and trusted partner striving to close gaps in health care delivery by utilizing the best science and knowledge to produce effective professional development. For more information about ACEhp, visit www.acehp.org.

The Physicians' Institute for Excellence in Medicine is a national leader in developing and managing collaborative educational projects that provide education grants and projects to Continuing Medical Education (CME) providers with a focus on outcomes-based and performance improvement activities. The aim of the Physicians' Institute's 'Collaborative Model' is to improve the quality and impact of local CME. These collaborations give the Physicians' Institute tremendous reach into locally-provided CME based on locally identified professional practice gaps in community hospitals, health systems, and state chapters of specialty societies. For more information about Physicians' Institute, visit www.physiciansinstitute.org.

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PAI calls for DOJ to block insurer mergers

The Physicians Advocacy Institute (PAI) is urging the Antitrust Division of the U.S. Department of Justice (DOJ) to use its authority to block the pending Aetna/Humana and Anthem/Cigna health insurer mergers.

In a January 4 letter to DOJ, PAI President Robert W. Seligson stressed that, "Physicians and the medical societies that represent them are extremely concerned about the anti-competitive nature of these mergers and the adverse impact on physicians and their patients...[the] gravity of the decision before the DOJ and its lasting impact on the nation's health care system cannot be overstated."

PAI's mission is to advance fair and transparent payment policies and contractual practices by payers and others in order to sustain the profession of medicine for the benefit of patients. The not-for-profit advocacy organization was established in 2006 with funds from the Multi-District Litigation (MDL) class action settlements against major national for-profit health insurers.

Medical Association of Georgia (MAG) Executive Director and CEO Donald J. Palmisano Jr. is a member of PAI's Board of Directors. He also recently sent a letter calling for DOJ to oppose the mergers.

Contact Kelly Kenney at k2strategiesllc@gmail.com with questions related to PAI.

[Click for PAI's letter to DOJ](#)

[Click for MAG CEO's letter to DOJ](#)

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Physicians Foundation calling for grant applications

The Physicians Foundation has announced that it will accept grant applications for “promising programs that provide for the ongoing professional development of physicians as leaders in health care” through Monday, March 7.

The Physicians Foundation is “committed to helping bring the voice of physicians to national-level conversations and debate on the issues that affect practicing physicians and their patients. The Foundation supports projects that provide physicians with the tools, skills, and learning opportunities to engage effectively in discussions around the future of health care by becoming leaders in their profession and representing the needs of their patients and other health care providers.”

The Physicians Foundation stresses that, “Organizations with current Physician Leadership grants from the Physicians Foundation are not eligible to apply. Applicants must be tax exempt 501(c)(3) organizations located in the United States.”

[Click for Physicians Foundation grants website](#)

The Physicians Foundation is a “national nonprofit 501(c)(3) organization that seeks to advance the work of practicing physicians and help facilitate the delivery of health care to patients.” Since 2005, it has awarded grants totaling more than \$36 million. It focuses on physician leadership, physician practice trends, physician shortage issues, and health care reform. Go to www.physiciansfoundation.org for additional information.

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MAG members encouraged to check profiles, open emails

The Medical Association of Georgia (MAG) is encouraging its members to review their member profile by going to the "Login" page at the top of the www.mag.org website to confirm that the email address they have on file is accurate. MAG members can also contact MAG Membership Director Kate Boyenga at kboyenga@mag.org or 678.303.9263 to update their email address or in the event they need assistance logging into their member profile. Finally, MAG is encouraging its members to open the emails they receive from MAG – as the email distribution system it uses will automatically delete an email address once 20 consecutive emails go unopened.

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MAG wins ninth website award

The Medical Association of Georgia (MAG) was recently honored with its ninth award for its mag.org website – a bronze *Digital Health Award*. This is the second consecutive year that MAG has won this award.

The organization’s website says that “the goal of the *Digital Health Awards* is to recognize high-quality digital health resources for consumers and health professionals...(it is) an extension of the 22-year-old *National Health Information Awards*, the largest program of its kind in the United States.”

Samantha Grantham manages MAG’s website, as well as its social media campaign – which includes the organization’s [Facebook](#), [Twitter](#) and [LinkedIn](#) accounts.

MAG members can contact Grantham at sgrantham@mag.org with comments or questions related to MAG’s website or its social media campaign.



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GDC flags article on proliferation of Rx drug use

The Georgia Drug Card is flagging an article, 'Rx for America: Nearly 6 in 10 adults take prescription drugs, study says,' that appeared in the *Los Angeles Times* that reported that, "Americans have become increasingly medicated since the turn of the century, according to a new study."

The article said that, "Fully 59% of U.S. adults were on at least one prescription drug in the years 2011 and 2012, and 15% took five or more. A dozen years earlier, 51% of adults filled at least one prescription and 8% filled at least five, federal survey data show."

MAG is reminding physicians that their patients who have high-deductible plans or who do not have prescription coverage or who take prescription drugs that aren't covered by their health insurance plan can use the Georgia Drug Card to obtain savings of up to 75 percent off the retail price for brand and generic FDA-approved medications.

Georgians can print the Georgia Drug Card for free at www.GeorgiaDrugCard.com, they can request the Georgia Drug Card savings at any CVS/pharmacy in the state, or they can request a hard card by sending an email to John Cenerazzo at johnc@georgiadrugcard.com.

[Click for 'Los Angeles Times' article](#)

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Classified: Physicians needed for physicals in Georgia

A private disability company is seeking physicians as independent contractors who have a Georgia medical license and board certification in family or internal medicine to perform physicals in Brunswick, Athens, Gainesville or Calhoun on Saturdays and/or Macon on Thursdays and Saturdays. The pay is \$1,000 per day. The practice provides an office, staff, orientation, malpractice insurance, and electronic medical record system. Work dates are scheduled a month in advance and are flexible based on the physician's schedule. There is no mandatory minimum number of work days required per month, but most physicians work once or twice a month. The practice only sees each patient once, and it does not perform any treatment or follow-up care. Interested physicians should contact Claude Earl Fox, M.D., at 443.838.1168 or CEFox@medplusdisability.com.

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Sponsored content: Workers' comp & other medical-legal consulting can increase your revenue

\$100, \$300 or \$600? How much is the scheduled hourly rate for performing a workers' compensation (WC) IME? Shouldn't you call Dr. Nudelman and find out?

If your practice automatically turns down workers' compensation patients, you may want to give it a fresh look. As a result of the aging work force and increasing work injuries, employers need more physicians to help assess the relationship between a symptom or condition and a work injury. In those cases that are deemed work injuries, the patient needs the best care possible – focused upon improving the condition and returning them to work.

The system often only requires an independent peer review of the file and/or imaging or a face-to-face examination with a written report. While not for every doctor, this kind of medical legal work is not only intellectually stimulating and interesting, but it can pay very well when the physician understands the administrative process, has set rules, appropriate fees, and strict but fair, cancellation policies.

If you are interested in exploring how to start accepting WC patients, or if you already accepting WC patients but are frustrated with the administrative hurdles, please contact your MAG colleague Mitchell S. Nudelman, M.D., JD, FCLM. Dr. Nudelman is board certified in family medicine and a Georgia attorney. What's more, he was the sole peer review physician for the Georgia State Board of Workers Compensation for more than 12 years. He can help you get started or improve even the most experienced WC practice.

Dr. Nudelman understands how the WC system works. His company, [Medical Director Solutions, LLC](#), can represent you or your practice, and he can handle all of the administrative matters that might get in the way.

Please take a few minutes and contact Dr. Nudelman at 770.499.0398 (extension 205) or drnudelman@medicaldirectorsolutions.com. He looks forward to hearing from you.

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New MAG members

MAG welcomed the following new members during December/January...

Margaret Yvonna Abate, M.D., Hiram
Adekemi Oluseun Adedeji, D.O., Lithonia
Hodan Hamza Ahmed, M.D., Atlanta
Zuhair K Ahmed, M.D., Stockbridge
Ayushi Ahuja, M.D., Atlanta
Victor Manuel Alvarez, M.D., Norcross
Philippa Nkriu Amene, M.D., Lawrenceville
Kwame Amponsah, M.D., Macon
Cyriacus Uzoma Anaele, M.D., San Antonio
Nithi Selvaraj Anand, M.D., Marietta
Ali Asghar Saligheh Araghi, M.D., Alpharetta
Karen S. Artress, M.D., Smyrna
Befikir Astil, M.D., Fayetteville
Daisy Katherine Azana, M.D., Atlanta
Morteza Azimian, M.D., Peachtree City
Michael Harford Baldwin, M.D., Andersonville
Nazia Quresh Bandukwala, D.O., Rome
Andrew Bard, M.D., Atlanta
Kelly Renee Beavers, M.D., Atlanta
Javeria Bhawal, M.D., Atlanta
Iffat Bhuiyan, M.D., Marietta
Jill Blickley, D.O., Jasper
Robert Booth, M.D.
Ryan Breshears, M.D.
Kristin Michelle Broderick, M.D., Marietta
Michael David Bryant, M.D., Marietta
Jimmie Dale Cannon Jr., M.D., Jasper
Ashley Celis Cavalier, M.D., Saint Simons Island
Julie Chang, M.D.
Samuel Jan Chang, M.D., Athens
Sanjay Chaudhary, M.D., Marietta
Christina Chen, M.D., Kennesaw
Marsha Joan Cheshire, M.D., Gainesville
Parin M. Chheda, M.D., Marietta
Yasamin Chowdhury, M.D., Atlanta
Anthony Thaddeus Clavo Sr., M.D., Atlanta
Kamela Denise Coleman, M.D., Waycross
Ryan Crisel, M.D., Atlanta
Kimberly Blaine Crosland, M.D., Marietta
Brandy Noelle Cross, M.D., Marietta

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- Mary Francis Dampier, M.D., Atlanta
- David Thomas Derrer, M.D., Cumming
- Manpreet Kaur Dhillon, M.D., Marietta
- John Allen Douglas III, M.D., Kennesaw
- David Michael Dromsky, M.D.
- Marc Anthony Duran, M.D., Norcross
- Zhaneta Dzmitryieva, M.D., Marietta
- Anthony Ekwenchi, M.D., Powder Springs
- Wendell Kennell Ellis, M.D., Macon
- Syamala Devi Erramilli, MBBS, Tucker
- Khazraj A Fadhil, M.D., Atlanta
- William Fike, M.D., Clayton
- Rollin William Fuller, M.D., Cumming
- Ashish Ashwin Gajjar, M.D., Peachtree City
- Stephanie Lynn Garrett, M.D., Lawrenceville
- Sefanit Getachew Gebretsadik, M.D., Atlanta
- Masoumeh Ghaffari, M.D., Atlanta
- James Leo Gilbert, M.D., Atlanta
- Keisa J. Godwin, M.D., Atlanta
- Joshua Adam Golub, M.D., Cleveland
- David Phillip Gowdy, M.D., Alpharetta
- Sandeep Kumar Goyal, M.D., Atlanta
- Yolanda Patrice Graham, M.D., Kennesaw
- Wanda S. Gumbs, M.D., Atlanta
- Khanh Nguyen-Van Ha, M.D.
- Roland Hamilton, M.D., Kennesaw
- Shireen Haque, M.D., Rome
- Tomia Palmer Harmon, M.D., Atlanta
- Jing Jing Wong Harris, M.D., Smyrna
- Salim Hayek, M.D., Atlanta
- John Taylor Henson, M.D., Gainesville
- Allen Maxwell Hoffman, M.D., Marietta
- John Farrell Holbrook, M.D., Atlanta
- Thomas M. Holmes, M.D., Marietta
- Joseph Taliath Hormes, M.D., Marietta
- Timothy C. Horton, M.D., Atlanta
- Tara Hrobowski, M.D., Atlanta
- Nidhi Gupta Huff, M.D., Marietta
- Ashleigh Uzoamaka Igbokwe-Hamilton, M.D., Kennesaw
- Mopelola Idowu Isola, M.D., Hiram
- Elizabeth Leigh Jagers, M.D., Newnan
- Erosha Chamini Jayawardena, M.D., Rome
- Edsworth Sylvanus John, M.D., Augusta
- Andrew Kelly Johnson, M.D., Marietta
- Tianna Elizabeth Johnson, D.O., Atlanta
- Adrienne Clarice Jordan, D.O., Smyrna
- Peter R. Jungblut, M.D., Marietta
- Ada Adhiambo Kagumba, M.D., Newnan
- Nathan Michael Kaller, D.O., Atlanta
- Arthur David Kalman, D.O., Savannah

Laena Marie Karnstedt, M.D., Cumming
Marwan Kazimi, M.D., Atlanta
Philip R. Kennedy, M.D., Duluth
Kaveh Khajavi, M.D., Atlanta
Atul Khasnis, M.D., Newnan
Jennifer Kilkus, M.D.
Christine Kirlew, M.D., Atlanta
Stephen Fredrick Kitchen, M.D., Brunswick
Jason Stanley Krahnke, D.O., Marietta
Igor Lacmanovic, M.D., Smyrna
Feroz Ali Lalani, M.D., Tucker
William Calvin Lavelly, M.D., Atlanta
Grant Carlton Lewis, M.D., Savannah
Elizabeth M. Licalzi, M.D., Marietta
Cliff Chi Wei Lin, M.D., Atlanta
William Littlefield, M.D.
Hang Stanley Lu, M.D., Duluth
Steven James Lucks, M.D., Tyrone
Wambui Machua, M.D., Atlanta
Benadette Kerubo Makori-Nelson, M.D., Severn
Elizabeth Winship Martin, M.D., Columbus
Fonda Martin, M.D.
Karen May, M.D., Atlanta
Jessica Amy McAbee, M.D., Savannah
Kelly McCants, M.D., Atlanta
Mark Edward McClinton, M.D., Atlanta
Christopher Umberto Meduri, M.D., Atlanta
Ron Memark, M.D.
Matthew Michael Mondy, M.D., Augusta
Katherine McNaughton Moretz, M.D., Savannah
Christine Henry Murphy, M.D., Atlanta
Carrie Ann Nalisnick, M.D., Marietta
Wilfredo A. Negron, M.D., Fitzgerald
Kirstin Jo Nelson, M.D., Savannah
Tanya Nikolova, M.D., Marietta
Robert Emmett O'Connor, M.D., North Fort Myers
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Andrew Joseph Page, M.D., Atlanta
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Michael Park, D.O., Sandy Springs
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William Lee Tift, M.D., Macon
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News Briefs

AMA unveils 'Block the Mergers' campaign

The American Medical Association's (AMA) Advocacy Resource Center is promoting a new 'Block the Mergers' (i.e., Antitrust Reform) campaign, which addresses the proposed Aetna-Humana and Anthem-CIGNA mergers. The Medical Association of Georgia and AMA have both urged the U.S. Department of Justice to block the mergers.

[Click for AMA 'Block the Mergers' website](#)

[Click for 2017 EHR hardship exception application](#)

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News Briefs

AMA promoting new 'Zika Virus Resource Center'

The American Medical Association (AMA) is promoting its new 'Zika Virus Resource Center.'

AMA says that, "With global infection rates increasing rapidly, physicians should be prepared to handle possible cases of Zika virus and answer patients' questions. No locally transmitted cases of the virus have been reported in the continental U.S., but more than 30 cases have been confirmed in returning travelers. Prepare your practice and your patients with resources developed by infectious disease experts and assembled by the AMA in one convenient location."

[Click for AMA Zika Virus Resource Center](#)

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News Briefs

AMA encouraging all EP to apply for EHR hardship

The American Medical Association (AMA) is encouraging every physicians who is subject to the 2015 Medicare EHR 'Meaningful Use' program to apply for a hardship. AMA reports that the Centers for Medicare & Medicaid Services (CMS) says that "it will broadly accept hardship exemptions because of the delayed publication of the program regulations."

AMA also notes that, "Applying for the hardship will not prevent a physician from earning an incentive. It simply protects a physician from receiving an MU penalty. Therefore, physicians who believe that they met the MU requirements for the 2015 reporting period should still apply for the hardship protection."

Finally, AMA notes that "the program operates on a two-year look-back period, meaning that physicians who are granted an exception for the 2015 program will avoid a financial penalty for 2017."

[Click for step-by-step instructions for completing hardship](#)

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News Briefs

CMS: 2015 EHR program attestation now underway

The Centers for Medicare & Medicaid Services (CMS) has announced that it has updated its “EHR Incentive Programs Attestation Batch Upload [web] page with the Attestation Batch Upload Specifications for 2015 program year attestation...specifications include both CSV and XML data mapping options for the batch upload of the attestation information.”

It also notes that, “Attestations for the 2015 program year will be accepted for all Medicare eligible professionals, eligible hospitals, and critical access hospitals (CAH) from January 4, 2016 through February 29, 2016. All Medicaid program participants should refer to their State Medicaid offices for more information on attestation timeframes for the 2015 program year.”

And CMS points out that, “Eligible professionals, surrogates for multiple eligible professionals, or an authorized official for eligible hospitals have the option to upload attestations using a batch file. However, each provider type, stage number, and measure category combinations require a separate batch file. When choosing to attest via batch upload, each category must be complete.”

Finally, CMS says that “the following combinations are allowed: Clinical Quality Measures Only; Meaningful Use Objectives Only; Meaningful Use Objectives and Clinical Quality Measures.”

[Click for 'Attestation Batch Upload Page'](#)

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News Briefs

CMS: Deadline for 2015 EHR/PQRS is February 29

The Centers for Medicare & Medicaid Services (CMS) has announced that the “2015 data submission timeframe for the electronic health record (EHR) direct and EHR data submission vendor reporting mechanisms...must be submitted via the quality data reporting architecture (QRDA) I or III between now and February 29, 2016 at 8 p.m.”

CMS notes that, “An Enterprise Identity Management (EIDM) account with the ‘Submitter Role’ is required for these data submission methods...see the EIDM System Toolkit for additional information.”

Contact the CMS QualityNet Help Desk at 866.288.8912 or Qnetsupport@hcqis.org with questions.

[Click for EIDM System Toolkit](#)

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News Briefs

CMS: Alternate EHR attestation option available for certain Medicaid EP

The Centers for Medicare & Medicaid Services (CMS) has announced that it has finalized a proposal to allow certain Medicaid eligible professionals (EP) to use an alternate option of attesting through the EHR Incentive Program Registration and Attestation System for the purpose of avoiding the Medicare payment adjustment (80 FR 62900 through 62901).

CMS says that, "Beginning in 2015, Medicaid EP who have previously received an incentive payment under the Medicaid EHR Incentive Program, but will fail to meet the eligibility requirements for the program in subsequent years, will be allowed to attest using the EHR Incentive Program Registration and Attestation system for the purpose of avoiding the Medicare payment adjustment."

CMS stresses that, "There are no changes to the EHR Incentive Program Registration and Attestation System for the alternate attestation method."

[Click for EHR Registration and Attestation System](#)

[Click for Medicaid EHR Incentive Program website](#)

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News Briefs

CMS rule creates PA for certain equipment, supplies

The Centers for Medicare & Medicaid Services (CMS) has issued a final rule that establishes a prior authorization process for certain durable medical equipment, prosthetics, orthotics, and supplies (DMEPOS) items that are “frequently subject to unnecessary utilization.” CMS says. “This prior authorization process will help ensure that certain DMEPOS items are provided consistent with Medicare coverage, coding, and payment rules. And CMS says that it believes “the final rule will prevent unnecessary utilization while safeguarding beneficiaries’ access to medically necessary care.”

[Click for CMS press release](#)

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CMS releases EHR hardship exception update

The American Medical Association (AMA) reports that the Center for Medicare and Medicaid Services has released information that addresses the changes that have been made to the Medicare EHR Incentive Program hardship exception process. AMA notes that, "Medicare is implementing these modifications as a result of the recently passed Patient Access and Medicare Protection Act."

[Click for EHR hardship exception process update](#)

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CMS updates Open Payments data

The Centers for Medicare & Medicaid Services (CMS) has announced that it has updated the 'Open Payments' dataset to reflect the values it published on June 30, 2015. Open Payments is the "federally run transparency program" that collects information about the financial relationships that physicians and hospitals have with health care manufacturing companies.

The update includes "changes to records, changes to delays in publication flags, changes to disputed records, and records that were deleted."

CMS says, "This financial data was submitted by applicable manufacturers and applicable group purchasing organizations."

CMS notes that it will "update the Open Payments data at least once [a year] to include updates from disputes and other data corrections made since the initial publication of the data. The updates affect all types of payments or transfers of value to physicians and teaching hospitals and physician ownership or investment interests."

Finally, CMS says that the Open Payments Data website has been enhanced with a "tool where you can search for a doctor by name" and a "snapshot of Open Payment facts" and "Sections to explore and download data."

Contact the CMS Help Desk at openpayments@cms.hhs.gov or 855.326.8366 with questions.

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News Briefs

DCH updates billing instructions for 340B drug claims

The Georgia Department of Community Health (DCH) has announced that, “Effective April 1, [it] will change the way that it identifies 340B drugs for exclusion from rebates. DCH will stop utilizing the HRSA exclusion list, and all 340B drugs identified on pharmacy and medical claims must be billed using the following information per applicable Category of Service (COS).”

COS 300: Outpatient Pharmacy

Claims submitted via the NCPDP format to the Pharmacy Benefit Manager (PBM) must include the Submission Clarification Code 20 and the National Drug Code (NDC). Covered Entities must bill the Division the non-profit dispensing fee in addition to the actual acquisition cost of the drug.

COS 321: Outpatient Pharmacy Crossover

Claims must be submitted on a CMS 1500 through the Georgia Medicaid Management Information System (GAMMIS) and include a HCPCS code, UD Modifier, NDC and the actual acquisition cost of the drug.

COS 070: Outpatient Services

Claims must be submitted on a UB-04 claim form with the actual acquisition cost of the drug through the GAMMIS. Claim level identifiers must include a HCPCS code, UD Modifier, NDC, Revenue Code 253 for oral drugs and Revenue Code 636 for injectable drugs. Claims submitted for injectable drugs with temporary HCPCS codes (i.e.: J3490, J3590), Q-codes or C-codes must also include the UD modifier and Revenue Code 636.

COS 541: Hospital-Based Rural Health Centers

Claims must be submitted on a UB-04 claim form with the actual acquisition cost of the drug through the GAMMIS. Claim-level identifiers must include a HCPCS code, UD Modifier, NDC, Revenue Code 253 for oral drugs and Revenue Code 636 for injectable drugs. Permanent or temporary injectable drug HCPCS (i.e. J3490, J3590, Q-codes or C-codes) must also include the UD modifier and Revenue Code 636.

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DCH also notes that, “COS 541 providers attached to Critical Access Hospitals will only be reimbursed the acquisition cost for the billed 340B drugs and will not receive a percentage of charge rate.”

Send an email to 340B@dch.ga.gov with questions.

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News Briefs

Atlanta Post-Polio Association membership drive underway

The Atlanta Post-Polio Association (APPA) is encouraging physicians in the Atlanta area to join the organization. APPA says its purpose is to “ 1) increase members’ knowledge about the late effects of polio and 2) offer a supportive environment for sharing common experiences and concerns including discussion groups and 3) identify and work with community resources to address the needs of post-polio persons and 4) educate the general public and health care professionals about the late effects of polio and the needs of post-polio persons and 5) serve as an advocate for persons with disabilities, especially those with post-polio and 6) seek to undertake all other programs and activities necessary to carry out the purposes of the association.”

Contact Rita Carlson at 770.513.7066 or ritacarlson@bellsouth.net with questions.

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