

March, 2016

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MAG says mergers would have “disastrous” results

The Medical Association of Georgia distributed the following press release on March 1...

The Medical Association of Georgia (MAG) believes that the pending Aetna/Humana and Anthem/Cigna health insurer mergers would have disastrous results for patients and physicians in Georgia.

“These transactions would reduce competition and place physicians and their patients at an even greater disadvantage as a shrinking number of health insurance companies assume increasingly dominant positions in the marketplace,” says MAG President John S. Harvey, M.D.

Dr. Harvey notes that the combined entities would control nearly 90 percent of the individual health insurance market in Georgia.

He believes that, “These mergers would exacerbate the physician shortage and undermine the economic viability of Georgia's health care system – especially in rural areas where hospitals and medical practices are struggling to keep their doors open.”

Dr. Harvey also notes that more than 30 percent of the physicians in Georgia who participated in a survey that MAG conducted a few months ago believe that the Aetna/Humana merger would threaten the long-term viability of their practice.

MAG has urged the U.S. Department of Justice to assess the mergers for antitrust violations in a full and comprehensive way.

Finally, MAG is encouraging Georgians to contact Courtney Faust at cfaust@oci.ga.gov / 404.463.2825 or Scott Sanders at ssanders@oci.ga.gov / 404.657.7742 to urge Georgia Insurance Commissioner Ralph Hudgens to oppose the mergers.

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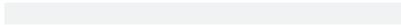
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MAG CEO urges state commissioner to block mergers

Medical Association of Georgia (MAG) Executive Director Donald J. Palmisano Jr. has called for Georgia Insurance Commissioner Ralph Hudgens to block the pending Aetna/Humana and Anthem/Cigna mergers.

In a March 1 letter, Palmisano stressed that, "Gone unchecked, a few insurers will be in a position to manipulate the marketplace to institute policies that will exacerbate the physician shortage and undermine the economic viability of the practice environment in the state which will limit the accessibility of care and individual patient choice."

He added that, "These mergers are likely to impair access, affordability, and innovation in the health insurance market."

And Palmisano pointed out that, "The evidence clearly shows that these mergers will result in disastrous consequences for physicians and patients in Georgia."

The letter features a number of statistics and graphics that highlight how the mergers would undermine the state's health care system.

MAG members can contact Palmisano at dpalmisano@mag.org with questions related to MAG's advocacy efforts to block the mergers.

[Click here](#) for additional information on the mergers.

[MAG CEO letter to Georgia Insurance Commissioner](#)

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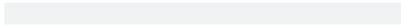
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Payer problems? MAG can help

The Medical Association of Georgia's (MAG) Health Policy and Third Party Payer Advocacy Department continues to create value for its members by helping them and their practice staff resolve third party payer problems so they can get and keep the money they have earned.

Gulshan Harjee, M.D., is a good example, as she credits MAG with helping her First Medical Care practice in Lawrenceville recover thousands of dollars from Coventry Health Care, which had withheld payments for every claim that was submitted in 2015 because the company said the practice had failed to submit the requisite medical records.

"We are a primary care practice, and our only revenue is patient care, so we always face a cash crunch," says Dr. Harjee. "But with MAG's assistance, we were able to resolve the issue and we are now receiving the payments that we are due for 2015 – as well as payments that we are due for as far back as 2013 and 2014."

Dr. Harjee went as far as referring to MAG Health Policy and Third Party Payer Advocacy Department Director Susan Moore as a "wizard" in a recent note of thanks.

In another case, MAG helped the Family Physicians of Evans practice get paid by BlueCross BlueShield of Georgia for claims – which were mostly related to the State Health Benefits Plan – that had been denied for a variety of reasons, including "provider not found" or "license number not available" systems messages.

"We are talking about more than 1,000 claims and some \$150,000," explains Family Physicians of Evans' Practice Manager Candace Duncan. "This was crippling our practice."

She adds that, "I greatly appreciate the assistance and resolution that I always receive when I reach out to MAG for matters that are related to insurance companies."

And in 2015, MAG teamed up with the Bibb County Medical Society (BCMS) to help area physicians recoup some \$4 million from Medicare – payments that its contractor, Cahaba GBA, had delayed making as a result of revalidation problems.

"After caring for Medicare patients for more than 20 years, Cahaba said that we were not a participating practice and held my partner's payments and my

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payments,” recalls Maria H. Bartlett, M.D., a cardiologist and former BCMS president. “This was an error on Cahaba’s part, and MAG was instrumental in helping us correct the error – which resulted in a big, overdue payment from Medicare.”

Finally, Stephen Jarrard, M.D., says that MAG made a big difference when he made the transition from being an employed physician to private practice.

“I was having so much trouble getting credentialed by the insurers that I was starting to wonder whether if it was worth it,” explains Dr. Jarrard, who is a general surgeon in Tiger. “But MAG’s Third Party Payer office got involved at my request, and through its knowledge of the system and contacts with the different payers I was able to start getting revenue flowing right away...I only wish I had called MAG sooner.”

MAG member practices that need advice on ways to resolve a third party payer issue – including claims disputes or assistance with coding or audits – can contact Moore at smoore@mag.org or 678.303.9275.

“In order to be the most effective advocate, MAG needs to understand the magnitude of the issue and the ‘pain points’ to your practice,” Moore explains, adding that, “I advise practices to tell me their stories as concisely and factually as possible because that helps me make the case on their behalf.”

Moore generally asks member practices that request MAG’s assistance to answer the following questions...

- What is the root cause of problem? (e.g., revalidation, credentialing, customer service, system conversion)
- When did the problem start and how long has it been going on?
- Have you fulfilled your contractual obligations (e.g., provider relations)?
- Is the problem isolated or is there a pattern?
- How much has the issue cost your practice in staff time or other costs?
- Has the issue placed your practice at financial risk (e.g., ability to meet payroll)?
- Has the issue affected your patients (e.g., access to care or their satisfaction)?
- Has the issue affected your practice’s reputation?
- What specifically are you asking the payer to do?

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Georgia House passes resolution to “salute” physicians



On January 27, the Georgia House of Representatives passed a resolution by Rep. Betty Price, M.D. (R-Marietta) to “salute” physicians in the state. The legislators took the action in conjunction with the 2016 ‘Physicians’ Day at the Capitol’ event. H.R. 1168 says that...

WHEREAS, Georgia physicians are trusted leaders who have a positive and lasting impact on the health of their patients and the health of their community as a whole; and

WHEREAS, physicians also critically support the health of their local and state economies through the creation of jobs with their related wages and benefits, the purchase of goods and services, and large-scale support of state and local tax revenues; and

WHEREAS, the Georgia legislature has helped foster one of the strongest practice environments in the country for both patients and physicians; and

WHEREAS, physicians have entered into their profession to offer services of care, prevention, and when necessary surgical intervention, for the physical and mental well-being of their patients and are concerned with the overall well-being of the public's health; and

WHEREAS, physicians are committed to providing the highest level of care

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for their patients in spite of challenges they are facing from the insurance industry, including prior authorizations, rate setting practices, unequal contract negotiations, and depressed reimbursement rates; and

WHEREAS, Georgia physicians are a vital part of the community and the state, with more than 19,000 physicians licensed to practice medicine in the state and accounting for more than 88,000 direct jobs, 117,000 indirect jobs, and 205,000 total jobs; and

WHEREAS, Georgia physicians support 10.8 jobs on average (including their own); and

WHEREAS, Georgia physicians are strong contributors to the Georgia economy, accounting for \$29.7 billion of total sales and revenue generated by the health care industry, more than \$16.6 billion of total wages and benefits supported by the physician industry, and \$1.1 billion in local and state tax revenue; and

WHEREAS, this state recognizes the Medical Association of Georgia, and several specialty societies including the Georgia Society of Anesthesiologists, Georgia State Medical Association, Georgia Society of Ophthalmology, Georgia Society of Clinical Oncology, Georgia Orthopaedic Society, Georgia Psychiatric Physicians Association, Georgia Radiological Society, Georgia Society of Dermatology and Dermatologic Surgery, and Georgia Chapter of the American College of Surgeons for their contributions.

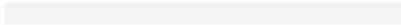
NOW, THEREFORE, BE IT RESOLVED BY THE HOUSE OF REPRESENTATIVES that the members of this body join in recognizing January 27, 2016, as Physician's Day at the capitol and saluting the physicians of Georgia.

BE IT FURTHER RESOLVED that the Clerk of the House of Representatives is authorized and directed to make appropriate copies of this resolution available for distribution to the public and the press.

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You and MAG could both win \$5,000 if you take the Physicians Foundation's biennial survey on the state of the profession

The Physicians Foundation is encouraging physicians to take its biennial survey – “one of the largest and most widely referenced physician surveys” in the U.S.

“This is the one national survey that allows physicians to share their perspective on the state of the medical profession,” explains Walker Ray, M.D., a MAG member and the president of the Physicians Foundation. “We’d like to hear from as many physicians as possible so we can accurately understand – and share with the public – physicians’ perspectives on the most significant issues in medicine and health care today.”

Dr. Ray notes that the survey will “allow physicians to share their thoughts on health reform, electronic medical records, new methods of physician reimbursement, ICD-10, and a variety of other topics.”

He adds that, “We want physicians to know that their participation is essential for generating awareness about the key challenges facing the physician community today as well as for helping policymakers formulate efficient and effective policies that improve quality of care.”

Physicians who complete the survey will receive a final survey report – and they will be entered into a drawing for a chance to win one of five \$500 Amazon gift cards or one \$5,000 Amazon gift card.

Medical Association of Georgia President John S. Harvey, M.D., is also calling for physicians in the state to complete the survey.

He says, “First and foremost, this is an important advocacy effort for our profession – but it is also worth noting that the state medical society for the state that completes the most surveys or the most surveys per capita will receive \$5,000 from the Physicians Foundation.”

According to the Physicians Foundation, the survey takes about 10 minutes to complete.

[Click to take survey](#)

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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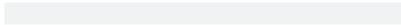
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An update on the EHR 'Meaningful Use' hardship process

By Elizabeth Woodcock, Woodcock & Associates

The hardship exception application for eligible professionals (EP) in the Electronic Health Record (EHR) Incentive Program is now due on July 1, 2016. In my last post, I urged you to avoid submitting the application if you could successfully attest for meaningful use (MU).

This advice was based on the instructions to the application which state that, "If you or your organization did not successfully meet meaningful use for an EHR reporting period in 2015 and would like to apply for a hardship exception."

Just a few weeks ago, the Centers for Medicare & Medicaid Services (CMS) announced that submitting the hardship exception application will not preclude you from receiving the bonus payment; in FAQ 14357, CMS reveals that "submission of a hardship exception application does not prevent a provider from attesting and receiving an incentive payment if meaningful use requirements are met."

This means that you can submit both; the hardship exception will be irrelevant if you are successful at attesting for 2015 – but it will be a solid fallback position if needed.

According to the Patient Access and Medicare Protection Act of 2015, all applications will be accepted. Unless another area applies, choose option 2.2.d. – "EHR Certification/Vendor Issues (CEHRT Issues)," a subcategory of "Extreme and uncontrollable circumstances."

The application takes an average of 10 minutes to complete, and it can be done for your entire practice in one fell swoop. What's at stake? A three percent penalty will be applied to your Medicare payments next year if you fail to successfully attest for 2015 – or apply for the hardship. For many practices, this means \$1,000 to more than \$5,000 in lost revenue per physician.

Because many of you have \$8,000 per physician sitting on the table in incentive payments for 2015 attestation, I urge you to report if you can.

If you need assistance with the 2015 reporting requirements, you can reach out to your Regional Extension Center, Georgia HITREC, which is an entity funded by the government to help you with healthcare IT, including MU.

[Click for revised CMS FAQ](#)

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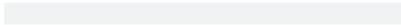
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Latest MAG 'Top Docs Radio' shows now online



'Top Docs Radio' host C.W. Hall, on the left, with Atlanta Capital Group Managing Partner Kevin Rainwater.

Recordings of two recent Medical Association of Georgia (MAG) 'Top Docs Radio' shows are now available online.

On February 9, Atlanta Capital Group (ACG) Managing Partner Kevin Rainwater talked about how MAG member practices can save time and money and retain employees by participating in the MAG plan that is available through ACG and Transamerica – as well as discussing some important dos and don'ts for retirement plans in general.

And on February 23, Scott Grubman, a partner with the law firm of Chilivis, Cochran, Larkins & Bever LLP in Atlanta, discussed health care fraud and abuse. Trial lawyer Jason Marcus with the firm of Bracker & Marcus also appeared on the show.

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.

Contact Rainwater at 404.893.4100 or krainwater@atlantacapitalgroup.com.

Contact Grubman at 404.262.6505 or sgrubman@cclblaw.com.

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Contact Marcus at 770.988.5073 or jason@fcacounsel.com.

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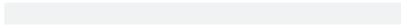


From the left are 'Top Docs Radio' host C.W. Hall, Jason Marcus, and Scott Grubman.

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MAG's 2016 legislative seminar to take place on Jekyll Island



The Medical Association of Georgia (MAG) will host a 'Summer Legislative Education Seminar' at The Westin Jekyll Island on Friday, July 29 and Saturday, July 30.

MAG is encouraging its members to call 912.635.4545 and reference the "Medical Association of Georgia" or go to <https://www.starwoodmeeting.com/Book/MAG2016> to obtain a discounted room rate of \$199 per night plus taxes. Note that the discount will only be available until Friday, June 17.

MAG will distribute registration and other information as it becomes available.

Contact Arianna Afshari at aafshari@mag.org with questions.

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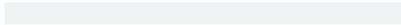
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MAG welcomes new legislative associate



Kimberly Ramseur recently joined the Medical Association of Georgia (MAG) as a legislative associate. She will also manage GAMPAC, which is MAG's non-partisan political action committee.

"Kimberly comes to MAG with some great experience as a lobbyist and policy expert and fundraiser," says MAG Government Relations Director Marcus Downs. "She has been active with the Hemophilia Coalition of North Carolina, and she served as research staff for Representative Sharon Cooper and the House Health and Human Services Committee in the Georgia General Assembly."

Ramseur is a graduate of the North Carolina Central University School of Law and the Georgia State University School of Public Health, where she concentrated on epidemiology.

"Kimberly has some great skill sets, she takes a lot of pride in her work," says Downs, concluding that, "I am confident that she is going to create some instant and significant value for MAG and its member physicians."

MAG members can contact Ramseur at kramseur@mag.org or 678.303.9273.

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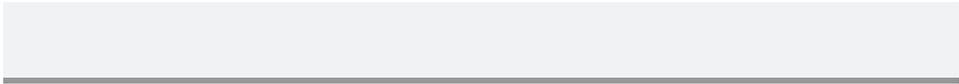
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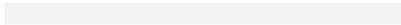
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Doctors' Manners Matter

The following is a list of key points from the first chapter of the book *Your Doctors' Manners Matter: Better Health Through Civility in the Doctor's Office and in the Hospital* that was co-written by MAG member Barry Silverman, M.D.

- Doctors with good manners are more likely to listen closely to their patients and encourage their patients to tell the complete story about what is troubling them. This makes for improved medical care
- When your doctor treats you with respect, you are more likely to follow the doctor's advice
- Every society has rules of social behavior; acceptable behavior in the medical office has changed over the years
- Doctors communicate the principles of medical ethics through courteous behavior
- Moral principles such as consideration, respect, and tolerance do not change. Quality medical care based on good manners reflects unchanging moral principles

Dr. Silverman is a member of the *Journal of the Medical Association of Georgia's* Editorial Board. He is making the book available to every first-year medical student in Georgia for free, which will include a preface that was written by MAG President John S. Harvey, M.D., and MAG Foundation President Jack M. Chapman Jr., M.D. Contact Dr. Silverman at mssbds@gmail.com.

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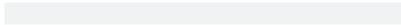
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GDC cites article on rising health care costs

The Georgia Drug Card has flagged an article, 'Here's How Much Americans Expect to Pay for Healthcare in 2016,' that appeared on GoBankingRates.com in February that said that, "Americans pay almost as much for health care each year as for housing, making it the second-biggest household expense."

The article noted that, "On average, household spending on health care in 2015 was \$8,247, according to Bureau of Economic Analysis data, and a 2015 PwC Health Research Institute report projected a 6.5 percent increase in health care spending in 2016."

With that in mind, 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.

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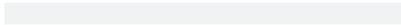
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Sponsored content: Workers' compensation and other medical-legal consulting can increase your revenue

\$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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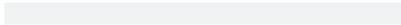
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New Members

MAG welcomed the following new members during February...

- Kwame Amponsah, M.D., Macon
- Brandon Bushnell, M.D., Rome
- James Chambers, M.D., Braselton
- Camilla Katherine Chance, M.D., Augusta
- Iris Kalin Clark, M.D., Statesboro
- Gary Anthony Daniel, M.D., Macon
- Mary Carolyn Downing, M.D., Savannah
- Carley Santina Ebanks, M.D., Macon
- Sean Lawrence Elliott, D.O., Ballwin
- Reuben Kristian Ellis, M.D., Macon
- Keith Reynard Harris, M.D., Rome
- Shih Yin Kao, M.D., LaGrange
- Bilal Rauf Khan, M.D., Macon
- Olena Klindukhova, M.D., Warner Robins
- Adam Hilly Levy, M.D., Macon
- Martin Joseph Lynch, M.D., Rome
- Carol M. Mulligan, M.D., Savannah
- Nathan Samras, M.D., Savannah
- Shahriar Sedghi, M.D., Macon
- George Allen Tindol Jr., M.D., Savannah
- Teresa Joyce Trippe, M.D., Macon
- Nnaemeka Maduka Umerah, M.D., Macon

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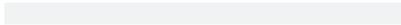
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News Briefs

Georgia POLST Collaborative to meet in April

The Georgia POLST Collaborative is encouraging physicians and other health care providers to register for its fourth annual conference, which will take place at the Atlanta Marriott Century Center from 9 a.m. to 3 p.m. on Thursday, April 28.

Speakers will include Alvin "Woody" Moss, M.D., the co-founder of the National POLST Paradigm Task Force, and Amy Vandenbroucke, the director of the Center of Health Ethics & Law at West Virginia University.

Early bird registration is \$135 per person.

Contact Lynne Kernaghan at kernaghanL@cox.net with questions.

[Click for registration and other details](#)

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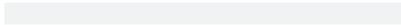
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News Briefs

CMS issues final rule on Medicare overpayments

The Center for Medicare and Medicaid Services (CMS) has issued a final rule that would require providers and suppliers who receive funds under the Medicare program to report and return overpayments no later than 60 days after the date the overpayment was identified or the date any corresponding cost report is due, if applicable, whichever is later.

The final rule also states that a person has identified an overpayment when “the person has or should have, through the exercise of reasonable diligence, determined that the person has received an overpayment and quantified the amount of the overpayment.”

And CMS says that overpayments only need to be reported and returned if a person identifies the overpayment within six years of the date the overpayment was received.

Finally, providers and suppliers must use an applicable claims adjustment, credit balance, self-reported refund, or another appropriate process to satisfy the obligation to report and return overpayments under the final rule, according to CMS.

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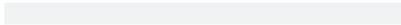
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News Briefs

DPH issues 'Zika Guidance' fact sheet

The Georgia Department of Public Health (DPH) has issued a 'Zika Guidance for Physicians/Healthcare Providers' fact sheet. DPH says that, "If you have questions about testing or Zika virus infection, please contact your district health department or the Epidemiology Program at Georgia Department of Public Health at 404.657.2588."

[Click here for DPH Zika fact sheet](#)

[Click here to download Georgia DPH Zika WebEx](#)

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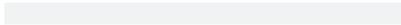
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News Briefs

DCH updates on health visits, Medicaid Fair & 340B drugs

The Georgia Department of Community Health (DCH) is reminding health care providers that, "On January 1, 2016, adults age 21 and older [who are] enrolled in Georgia Medicaid became eligible for coverage of one preventive health visit per calendar year...[this] includes a medical history, physical exam, health counseling, health screenings (such as Pap tests and mammograms) and Medicaid-covered adult immunizations (such as flu shots). Most Medicaid enrollees pay nothing for the preventive health visit and services."

DCH also notes that the Center for Medicaid and CHIP Services has released Living Well, which is "a set of outreach and educational materials designed to help Medicaid members, adults and children, understand the preventive benefits available to them...[the] materials are available to providers to assist them in educating their members about the importance of preventive health visits and services."

And DCH is promoting a Medicaid Fair that it will host in Duluth on Wednesday, May 4. It says it will distribute registration and other details in the near future.

Finally, DCH reports that, "The April 1, 2016 implementation of the 340B drug policy has been postponed until further notice. Providers will be notified of any future implementation plans with ample notice."

[Click for 'Living Well' campaign](#)

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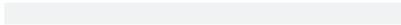
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News Briefs

SAMSHA releases revised 'Opioid Overdose Toolkit'

The Substance Abuse and Mental Health Services Administration (SAMHSA) has released a revised version of its 'Opioid Overdose Toolkit,' which is designed to "educate first responders, physicians, patients, family members, and community members on ways to prevent opioid overdose."

SAMHSA says that, "Opioid use disorder has become a major health problem that accounts for a growing number of overdoses each year. In 2014, opioid overdose deaths reached alarming levels: More than 28,000 people in the United States died from opioid overdose, mainly opioid pain relievers and heroin."

It also notes that, "The revised content now includes information on the first FDA-approved nasal spray version of naloxone hydrochloride, a life-saving medication that can reverse the effects of an opioid overdose."

[Click for free 'Opioid Overdose Toolkit'](#)

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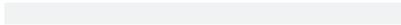
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News Briefs

AMA offers info for M.D. retirees, volunteers

The American Medical Association maintains a web page that features information for retired physicians and physician volunteers, which includes details on the Medical Reserve Corps (MRC), a career center, and volunteer opportunities. The website says that, "If you're interested in sharing your time and expertise, but aren't sure where to start, the opportunities [on the site] are a good starting place."

[Click for AMA 'Physician Volunteers' web page](#)

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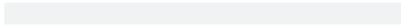
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