

August 3, 2015

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NEWS FROM THE LEADING VOICE FOR THE MEDICAL PROFESSION IN GEORGIA



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## Video of MAG/AMA town hall on EHR now online

A video recording of the town hall meeting that the Medical Association of Georgia (MAG) and the American Medical Association (AMA) hosted in Atlanta on July 20 to address the pending Medicare and Medicaid program Stage 3 EHR meaningful use regulations is now available online.

The one-hour ‘Break the Red Tape’ event featured AMA President Steven J. Stack, M.D., and MAG member and U.S. Rep. Tom Price, M.D.

MAG President Manoj H. Shah, M.D., said that, “The bottom line is that gone unchecked the Stage 3 regulations would have dramatic consequences. This includes being subjected to costly penalties and spending less time with our patients.”

MAG and AMA leaders and staff are using the feedback that they received at the town hall event in their advocacy efforts.

Contact Susan Moore with MAG at 678.303.9275 or [smoore@mag.org](mailto:smoore@mag.org) with questions.

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## More than 40 physicians, key legislators attend MAG seminar



More than 40 physicians and 15 legislators attended the Medical Association of Georgia’s (MAG) ‘Summer Legislative Education Seminar’ at Château Élan Winery & Resort in Braselton on July 31 and August 1.

“This was a great way for physicians to let state leaders know how their public policy decisions affect the practice environment and patient care,” says MAG Director of Government Relations Marcus Downs. “We view this as an important part of MAG’s advocacy efforts because it positions physicians as a trusted and credible resource for legislators.”

Downs thanked the physicians and legislators who attended the event: “We know their time is valuable, but there was a real consensus that the meeting was well worthwhile.”

He also applauded the legislators who took part in the panel discussions that took place during the meeting that addressed important issues, including tort reform, insurance reform, physician recruiting and retention, and the state’s prescription drug monitoring program.

And Downs stressed that the meeting featured legislators who serve on the key committees that are aligned with MAG’s legislative priorities, including Health and Human Services, Insurance, and Judiciary.

He is confident that, “The legislators who attended this event got some crucial feedback from real physicians who care for real patients, especially when it comes to the critical need to protect and preserve the medical profession in the state to ensure that Georgians continue to have access to the best

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Contact Downs at [mdowns@mag.org](mailto:mdowns@mag.org) with questions.

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## MAG call on government & payer audits now online

A recording of a 45-minute town hall conference call that the Medical Association of Georgia (MAG) hosted on July 20 that addressed what a practice should do if it becomes the subject of a government or private payer investigation or audit is now available for MAG members online.

The call featured Robert Threlkeld and Seslee Smith, who are partners with the law firm of Morris, Manning & Martin LLC. They addressed areas of risk and the steps that practices can take to avoid becoming a target – including compliance plans, billing and coding audits, and physician and employee training.

The forum was offered at no cost with a grant from Health Care Research, a subsidiary of Alliant Health Solutions.

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## ‘Top Docs’ show on narrow networks now online

Georgians for a Healthy Future Executive Director Cindy Zeldin joined Medical Association of Georgia (MAG) Executive Director Donald J. Palmisano Jr. on the ‘Top Docs Radio’ program on the Business Radio-X Network on July 14.

They discussed a number of important health insurance issues, including the health insurance exchange enrollment process and how the proliferation of “narrow” health insurance networks is affecting patients and physicians.

MAG provides the featured guest on the ‘Top Docs’ show at 2:30 p.m. on the second Tuesday of every month. C.W Hall hosts the one-hour program.

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## MAG president appointed to insurance reform committee

The Georgia Senate recently announced the members of the S.R. 561 ‘Consumer and Provider Protection Act Senate Study Committee.’ This includes...

Sen. Dean Burke, M.D. (chair)  
 Sen. Renee Unterman  
 Sen. Charlie Bethel  
 Sen. Burt Jones  
 Manoj Shah, M.D. (MAG president)  
 Richard Smith, DDS  
 John Crew (Strategic Healthcare Partners)  
 Angela Waller  
 Cindy Zeldin (Georgians for a Healthy Future)  
 Richard Novak

Sen. Burke introduced a bill (S.B. 158) to address a number of health insurance issues – including rental networks and all-products clauses – during the 2015 legislative session. The measure would have 1) required contracts to remain intact during the course of the first year or on the anniversary of its renewal and 2) required health insurers to maintain sufficient networks so patients know which physicians are in a particular network and 3) shored up a requirement for insurers to maintain provider lists that are accessible to the public.

S.B. 158 evolved into the study bill (S.R. 561) that led to the formation of the aforementioned committee, which will develop recommendations for the General Assembly’s to consider in 2016.

Contact MAG Government Relations Director Marcus Downs at [mardowns@mag.org](mailto:mardowns@mag.org) with questions.

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## MAG plays key role as GBP amends e-Rx rule

The Georgia Board of Pharmacy has amended a rule that is related to electronically generated prescriptions so it is aligned with state law.

The rule (480-27-.02) had stated that “if a prescription is electronically printed, it must be on security paper regardless of electronic or original signature.” That was at odds with Georgia law O.C.G.A 26-4-80, which says that “only electronic visual image signatures must be on security paper.” The rule and the statute apply to all prescriptions, including controlled substances and dangerous drugs.

“Following a presentation by the Medical Association of Georgia (MAG) and Walgreens, the Board chose to amend the rule to conform with the statute,” says MAG legal Counsel Trish Yeatts. “The rule was troublesome, costly, and confusing for physicians and other prescribers and pharmacists around the state.”

She explains that, “Effective immediately, only electronically generated prescriptions with an electronic visual image signature must be on security paper. Prescriptions with an original/wet signature do not have to be on security paper. However, this does not apply to Schedule II drugs or prescriptions for Medicaid or Medicare patients, which must always be written on security paper.”

The amended Ga. Rule 480-27-.02 now states that, “(4) An electronic visual image prescription drug order that bears an electronic reproduction of the visual image of the practitioner’s signature and is given directly to the patient must be printed on security paper with the wording that indicates the signature was electronically generated.”

Finally, Yeatts says that, “MAG would like to thank the Georgia Board of Pharmacy and everyone who assisted in amending the rule.” MAG members can contact Yeatts at [pyeatts@mag.org](mailto:pyeatts@mag.org) or 678.303.9274 with questions related to the rule change.

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## The latest news & notes for the 2015 HOD



The Medical Association of Georgia’s (MAG) 2015 House of Delegates (HOD) meeting will take place at the Hyatt Regency Savannah on Saturday, October 17 and Sunday, October 18 – while MAG’s Board of Directors will meet at the Hyatt Regency Savannah on Friday, October 16.

### Lodging

The Hyatt Regency Savannah is sold out — though attendees are encouraged to contact their county medical society (if applicable) to determine if a room has already been reserved for them. Attendees who would like to be added to the Hyatt waitlist should contact Anita Amin at [anita@jlh-consulting.com](mailto:anita@jlh-consulting.com) or 404.299.7700. Any waitlisted rooms that become available will be awarded on a first-come, first-served basis. [Click here](#) for a list of other nearby lodging options

### Elections

MAG members who are interested in running for MAG office for 2015-2016 should contact Donna Glass at [dglass@mag.org](mailto:dglass@mag.org) or 678.303.9251. The elections will take place during the HOD meeting.

“We encourage our member physicians to participate in the process, whether that’s serving on a committee or running for office,” says MAG Executive Director Donald J. Palmisano Jr. “The only requirement to run for MAG office is that you must be an active MAG member for the two years preceding the election.”

The following is the list of candidates who are running for MAG office for 2015-2016 to date...

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**'Health care spending to accelerate, U.S. report says,' AP, July 29, 2015**

President (automatic succession): John S. Harvey, M.D.

President-elect: Steven M. Walsh, M.D.

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Second Vice President: Steven M. Huffman, M.D.

Secretary: Andrew B. Reisman, M.D.

Treasurer: Thomas E. Emerson, M.D.

AMA Delegate (for re-election): S. William Clark III, M.D.

AMA Delegate (for re-election): Michael E. Greene, M.D.

AMA Delegate (for re-election): Thomas E. Price, M.D.

AMA Delegate (for re-election): Sandra B. Reed, M.D.

AMA Alternate Delegate (for re-election): Billie Luke Jackson, M.D.

AMA Alternate Delegate (for re-election): Alan L. Plummer, M.D.

AMA Alternate Delegate (for position held by E. Dan DeLoach, M.D.): M. Todd Williamson, M.D.

## Reports & Resolutions

MAG is stressing that annual reports and resolutions for this year's HOD meeting must be submitted by Wednesday, September 2.

"MAG employs a democratic process," says Palmisano. "We rely on the input of our member physicians to establish MAG's policies, and this policy work is addressed at our annual House of Delegates meeting."

He explains that HOD resolutions can be submitted by a county medical society (CMS) or state specialty society delegate or any HOD delegate who agrees to present an item of business.

Palmisano also notes that MAG directors and officers must prepare an annual report for the 2015 MAG HOD. He says these reports should include 1) meeting dates 2) activities and 3) a current list of directors. Alternate directors, meanwhile, are required to assist in the preparation of these reports as a bylaws requirement.

Resolutions and annual reports must be submitted in a Microsoft Word document format to Trish Yeatts at [pyeatts@mag.org](mailto:pyeatts@mag.org) by Wednesday, September 2 to be included in the HOD delegates' handbook. That cutoff date is especially relevant for resolutions that are related to MAG's Constitution and Bylaws given a 45-day bylaws requirement.

MAG staff will confirm the receipt of resolutions that are submitted with an email reply, but Palmisano emphasizes that, "If a delegate or director or an officer does not receive such an e-mail, their report will not be considered received."

Go to [www.mag.org/about-us/house-of-delegates](http://www.mag.org/about-us/house-of-delegates) or contact Yeatts at [pyeatts@mag.org](mailto:pyeatts@mag.org) or 678.303.9274 with questions related to HOD resolutions.





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## Awards

MAG is encouraging CMS and specialty society leaders and MAG members to nominate the individuals they believe deserve to be recognized for their contributions to the medical profession for MAG's annual awards. The awards will be presented during an awards dinner at the Hyatt Regency Savannah on Saturday, October 17.

Nominations for the *Lamartine Hardman Cup*, the *Joseph P. Bailey Jr., M.D., Physician Distinguished Service Award*, and the *John B. Rabun Award* must be submitted by a CMS. The *Jack A. Raines, M.D., Humanitarian Award*, the *Donna Glass Non-Physician Distinguished Service Award*, and the *Physician's Award for Community Service* nominations may be submitted by a CMS or an individual member.

Nomination letters and supporting information (CV, letters, etc.) must be submitted to the MAG Awards Committee c/o Samantha Grantham at [sgrantham@mag.org](mailto:sgrantham@mag.org) no later than this Friday, August 7.

Nominations must be submitted by email. Nominations that are mailed through the postal system will not be accepted. Nomination documents should not be longer than three pages each. The MAG Awards Committee will accept re-nominations.

[Click here](#) for the awards criteria.

Contact Grantham at [sgrantham@mag.org](mailto:sgrantham@mag.org) with questions.

## GAMPAC

GAMPAC Chair James Barber, M.D., has announced that every active GAMPAC member who attends the HOD meeting will be able to get a professional headshot photograph taken for free.

GAMPAC members will be able to have their photo taken at their convenience by Chris Savas ([www.chrissavas.com](http://www.chrissavas.com)) from 8 a.m. to 12 p.m. on Saturday, October 17 or from 8 a.m. to 12 p.m. on Sunday, October 18 at a temporary studio that will be set up in close proximity to the GAMPAC exhibit and the main HOD meeting room.

As an added bonus, Dr. Barber says that GAMPAC will host a free and exclusive luncheon for its members at the Hyatt Regency Savannah at 12:30 p.m. on Sunday, October 18 that will feature a talk by former Georgia Gov. Sonny Perdue.

Dr. Barber believes that, "GAMPAC is an easy and effective way for physicians to support candidates for political office in the state who want to enhance the practice environment in Georgia and who want to protect the patient-physician relationship."

And Dr. Barber notes that, "You can join GAMPAC at the membership level that suits your needs – whether that's the Chairman's Circle at \$2,500 or the Capitol Club at \$1,000 or the general membership level at \$250."

Call Ryan M. Larosa at 678.303.9273 or [rlarosa@mag.org](mailto:rlarosa@mag.org) or go to



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[www.mag.org/organizations/gampac](http://www.mag.org/organizations/gampac) to join GAMPAC.

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## MAG to hold medical student abstract competition at HOD

The Medical Association of Georgia (MAG) will hold a medical student abstract competition for MAG member students during its annual House of Delegates meeting, which will take place at the Hyatt Regency Savannah on October 17-18.

The competition will have four categories, including basic science/bench work, clinical research, public health, and case studies. One winner will be selected in each category, and the winning abstracts will be published in the *Journal of the Medical Association of Georgia*.

The contestants will also have a chance to enter a “Best Pitch Competition,” whereby each student will have 45 seconds to give their best “pitch” to a panel of physician judges. The winner of this competition will be featured on MAG’s website.

The contest is open to every student in every class in every medical school in the state.

The deadline for the abstracts of 350 words or less is September 16.

Submissions are limited to one abstract per primary author.

Acceptance emails that address the poster requirements and other details will be distributed by the end of September.

Contestants must set up their poster exhibits between 9 a.m. and 11 a.m. at the Hyatt Regency Savannah on Saturday, October 17. The exhibition will be open from 2 p.m. to 6 p.m. on October 17.

Contact Arianna Afshari at [aafshari@mag.org](mailto:aafshari@mag.org) with questions.

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## AMA/CMS agree on ICD-10 grace period, while MAG supports ICD-10 bill

The American Medical Association (AMA) and Centers for Medicare and Medicaid Services (CMS) have reached an agreement on “important elements of a [one-year] grace period” for the ICD-10 billing codes that are scheduled to go into effect on October 1.

CMS confirms that, “For a one year period starting October 1, Medicare claims will not be denied solely on the specificity of the ICD-10 diagnosis codes provided, as long as the physician submitted an ICD-10 code from an appropriate family of codes. In addition, Medicare claims will not be audited based on the specificity of the diagnosis codes as long as they are from the appropriate family of codes. This policy will be followed by Medicare Administrative Contractors and Recovery Audit Contractors.”

It also says that, “To avoid potential problems with mid-year coding changes in CMS quality programs (PQRS, VBM and MU) for the 2015 reporting year, physicians using the appropriate family of diagnosis codes will not be penalized if CMS experiences difficulties in accurately calculating quality scores (i.e., for PQRS, VBM, or Meaningful Use). CMS will continue to monitor implementation and adjust the duration if needed.”

And CMS explains that it will “establish an ICD-10 Ombudsman to help receive and triage physician and provider problems that need to be resolved during the transition...[plus CMS] will authorize advanced payments if Medicare contractors are unable to process claims within established time limits due to problems with ICD-10 implementation.”

AMA emphasizes that, “The October 1 deadline for implementation of the ICD-10 code set is fast approaching, and time is running out for physician practices to complete their preparation.”

CMS is also promoting a new video that “responds to myths and common misperceptions about ICD-10.” CMS says, “The animated short features a countdown with 10 facts about the new code set and transition.”

[Click for CMS/AMA press release](#)

[Click for CMS FAQ](#)

[Click for AMA ICD-10 web page](#)

[Click for ICD-10 ‘myths/misperceptions’ video](#)

In a related development, MAG President Manoj H. Shah, M.D., recently sent a letter to fellow MAG member and U.S. Rep. Tom Price, M.D., to express MAG’s support for H.R. 3018, which would “allow physicians and their

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practices to use either the ICD-9 or ICD-10 codes for a six-month transition period once the ICD-10 codes go into effect on October 1."

Dr. Shah wrote that, "MAG supports this legislation because it will give large numbers of physicians and practice staff the additional time they need to overcome a number of technical and operational challenges that they face to make the transition to the ICD-10 codes – not to mention the significant costs, which the American Medical Association and Nachimson Advisors have placed at between \$200,000 and \$8 million per practice."

He also noted that "MAG supports H.R. 3018 because it will enable physicians to remain focused on delivering the best possible care to their patients."

Finally, Dr. Shah pointed out that "physicians and practice staff are being asked to assume this burden at the same time that they are grappling with other onerous federal mandates, including the EHR 'meaningful use' requirements and the Physician Quality Reporting System (PQRS)."

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The Medical Association of Georgia (MAG) is encouraging physicians in the state to register for Health Connect South’s second annual event, which will take place at the Georgia Aquarium in Atlanta from 8 a.m. to 8 p.m. on Wednesday, September 16.

Health Connect South is “the preeminent organization dedicated to gathering the best and the brightest leaders, innovators, and decision makers in Georgia’s health ecosystem.”

It says that the event will include an “an exclusive mix of the Southeast’s top decision makers, innovators, and our next generation of health leaders...” Health Connect South has placed attendance at last year’s event at more than 600.

The agenda features discussions “on the Ebola response and collaborations that took (and are still taking) place to orchestrate this remarkable multi-institutional effort...will also be featuring special pieces on cancer, health technology, and innovative research in health.”

The list of high-profile speakers includes former U.S. Health and Human Services Sec. Louis Sullivan, M.D, The Carter Center CEO Mary Ann Peters, and American Cancer Society Chief Medical Officer Otis Brawley, M.D.

Health Connect South sees the event as a “gathering point where the most progressive aspects of health advancement in the Southeast are shared, explored and created.”

Given MAG’s role as a sponsor, MAG members can get a 20 percent discount off the \$699 registration fee by using promotional code MAG4HCS. The registration fee includes a VIP reception.

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## MAG members encouraged to click here to vote for 2016 legislative meeting venue

The Medical Association of Georgia (MAG) is encouraging its members to weigh in on where they would like to see MAG hold a (prospective) summer legislative meeting in 2016.

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## MAG supports SLC with ‘Doctor of Day’ volunteers

The Medical Association of Georgia (MAG) played a key role during the Southern Legislative Conference that took place in Savannah in July – as MAG worked with the Georgia Medical Society (GMS) and St. Joseph’s/Candler to provide ‘Doctor of the Day’ (i.e., basic medical) services during the event, which drew more than 2,500 attendees.

“Our physician volunteers did some great work over a four-day period,” says MAG Government Relations Director Marcus Downs. “They made a real difference, including responding to several emergencies.”

Downs is applauding the physician volunteers, which included William Darden, M.D., E. Dan DeLoach, M.D., Kelly Erola, M.D., Mark Murphy, M.D., Dent Purcell, M.D., Ben Spitalnek, M.D., Michael Wilkowski, M.D., Michelle Zeanah, M.D., and Michael Zoller, M.D.

He also thanked GMS Executive Director Ca Rita Connor and St. Joseph’s/Candler representative Menzanna Blakley for their efforts.

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## MAG Foundation recognizes Georgia Pharmacy Foundation

The MAG Foundation has recognized the Georgia Pharmacy Foundation (GPF) as a platinum-level sponsor for supporting its ‘Think About It’ campaign to reduce prescription drug abuse in the state with more than \$20,000 in cash and in-kind donations.

“The Georgia Pharmacy Foundation has been an exemplary partner in our effort to fight the prescription drug abuse epidemic in the state,” says MAG Foundation President Jack M. Chapman Jr., M.D. “We thank and applaud GPF for its incredible leadership and generosity.”

Dr. Chapman explains that the ‘Think About It’ campaign promotes four key messages, including that, “People should only take their medicine as it’s prescribed, they shouldn’t share their medicine, they should store their medicine in a safe and secure place, and they should properly dispose of any unused medicine.”

The MAG Foundation and its partners are addressing the prescription drug problem in Georgia in a number of ways, including disseminating communications resources that address the use of naloxone – which reverses the effects of an opioid overdose – and raising awareness on “Georgia’s 9-1-1 Amnesty Law” – which allows trained first responders to administer naloxone and which provides limited immunity for people who call 911 for drug overdoses.

Go to [www.rxdrugabuse.org](http://www.rxdrugabuse.org) or contact Lori Cassity Murphy at [lmurphy@mag.org](mailto:lmurphy@mag.org) or 678.303.9282 for additional information or to support the ‘Think About It’ campaign with a donation.

Go to [www.gpha.org/foundation](http://www.gpha.org/foundation) for information on GPF.

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## Sponsored message: MAG members can get \$100 discount for medical/legal symposium on low back pain

Mitchell S. Nudelman, M.D., J.D., is inviting MAG members to join him at a special medical/legal “Low Back Pain – A Fresh Look: With a Special Focus on Psychological Comorbidities & Patient Selection for Intervention” symposium that he will host at the State Bar of Georgia office (104 Marietta Street NW) in Atlanta on Thursday, October 1. Physicians can earn 6.0 *AMA PRA Category 1 Credits™* for participating\* in the symposium – and MAG members can receive a \$100 discount off the registration fee (\$225 net) by entering MAG2015 in the “Promo Code” box.

Dr. Nudelman says that “this is an exceptional educational program, the only one in Georgia that is approved to offer both CME for physicians and CLE for attorneys. This year’s topic addresses one of the most common yet vexing medical conditions in lower back pain. The distinguished faculty include experts in medicine, law, and psychology. They will delve into how to recognize and address the psychogenic aspects (of lower back pain) in order to better predict who will be most likely to benefit from invasive intervention such as surgery.”

Dr. Nudelman also notes that, “Past attendees have enjoyed the unique experience of meeting other professionals and the open exchange of ideas among this diverse audience, including physicians, employers, risk managers, adjusters, and nurse case managers in addition to attorneys (plaintiff and defense), psychologists, and pharmacologists.”

The event will conclude with a networking reception that will allow attendees to “make some professional acquaintances and develop new business.”

[Click to register for symposium](#)

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[Click for Dr. Nudelman ‘Bio & Credentials’](#)

*Dr. Nudelman is board certified in family medicine and has been a diplomate of the American Board of Family Medicine for more than 25 years. He has been a member of the Georgia Bar in good standing since 1991. He practices both administrative medicine and law. He is a fellow of the distinguished American College of Legal Medicine, and he is the chief medical officer of Medical Director Solutions, LLC, a medical peer review company that specializes in complex claims that he founded in 1998. Dr. Nudelman was the sole peer review physician to the Georgia State Board of Workers Compensation for more than a decade – and he has consulted on a wide*

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*range of cases involving medical care and other medical legal matters that often involve multiple medical specialties and complex medical facts.*

\*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Physicians' Institute for Excellence in Medicine and Medical Director Solutions, LLC. The Physicians' Institute for Excellence in Medicine is accredited by the Medical Association of Georgia to provide continuing medical education for physicians. The Physicians' Institute designates this live activity for a maximum of 6.0 *AMA PRA Category 1 Credits™*.

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## GDC highlights article on rising premiums

The Georgia Drug Card is highlighting an article that was posted on June 2 that says that “dozens of health insurers [that are] selling plans under ObamaCare have requested hefty premium increases for 2016, according to preliminary information published [on June 1] by the White House.”

The article also states that, “The insurers have cited higher-than-expected care costs from customers they gained under the ObamaCare’s coverage expansion and the rising cost of prescription drugs and other expenses as reasons for proposing the increases, many of which are in the double-digit percentages.

With this in mind, the Georgia Drug Card 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](http://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](mailto:johnc@georgiadrugcard.com).

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## New MAG members

MAG welcomed the following new members during July...

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Karla L. Booker, M.D., Lawrenceville  
Marcus Lamont Brown, M.D., Atlanta  
William Lane Hutchinson Jr., M.D., Decatur  
Amarachukwu Imediegwu, M.D., Atlanta  
Drazen Marijan Jukic, M.D., Dublin  
Mark Kishel, M.D., Atlanta  
Scott Helmuth Petermann, M.D., Tifton  
Benjamin David Spitalnick, M.D., Savannah

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## News Briefs

### New report addresses post-SGR Medicare pay

The Physicians Foundation has produced a ‘Medicare Watch List’ report that addresses the physician payment models that were established when the Medicare sustainable growth rate formula (SGR) was repealed when the Medicare Access and CHIP Reauthorization Act (MACRA) was passed into law.

The Physicians Foundation says that, “Insufficient attention has been given to how changing dynamics within physician payment models will impact medical practices and physicians over the next 10 years.”

The new report addresses how the Merit-based Incentive Payment Systems (MIPS) will affect practicing physicians and patients and whether the new Alternative Payment Model (APM) program is sustainable.

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### Report says 40 percent of insurance networks narrow

The Leonard Davis Institute of Health Economics at the University of Pennsylvania has released a ‘Skinny on Narrow Networks in Health Insurance Marketplace Plans’ report that found that more than 40 percent of silver plans on the state and federal health insurance exchanges have narrow (“small” or “extra small”) physician networks (i.e., 25 percent or less of the physicians in the area.)

A summary of the report says that, “Narrow networks are increasingly used as a cost containment strategy with the implementation of the Affordable Care Act (ACA), but consumers have little to guide them on the tradeoff between lower premiums and network size when shopping among the various plans offered through the ACA marketplace.”

The report’s authors conclude that “networks can be measured in a way that can be useful for consumers and regulators alike, and that presenting this information in consumer-friendly ways that make network distinctions clear and meaningful could ultimately improve health insurance coverage and health care access.”

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### Aetna issues “response” to CMS/AMA ICD-10 guidance

Aetna has released a ‘Sharing our response to CMS/AMA guidance about ICD-10’ summary that addresses the ICD-10 billing codes that are scheduled to go into effect on October 1. The three-page summary addresses claims denials, quality reporting, and payment disruptions. Call Aetna at 800.624.0756 (HMO-based and Medicare Advantage plans) or 888.632.3862 (all other plans) with questions.

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### CMS releases first post-SGR physician payment proposal

The Centers for Medicare & Medicaid Services (CMS) has released the “first proposed update to the physician payment schedule since the repeal of the Sustainable Growth Rate through the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA).”

CMS says, “The proposal includes a number of provisions focused on person-centered care, and continues the Administration’s commitment to transform the Medicare program to a system based on quality and healthy outcomes.”

It also notes that, “In the proposed CY 2016 Physician Fee Schedule rule, CMS is also seeking comment from the public on implementation of certain provisions of the MACRA, including the new Merit-based Incentive payment system (MIPS). This is part of a broader effort at the Department to move the Medicare program to a health care system focused on the delivery of quality care and value.”

CMS explains that, “The proposed rule includes updates to payment policies, proposals to implement statutory adjustments to physician payments based on misvalued codes, updates to the Physician Quality Reporting System, which measures the quality performance of physicians participating in Medicare, and updates to the Physician Value-Based Payment Modifier, which ties a portion of physician payments to performance on measures of quality and cost.”

It is “seeking comment on the potential expansion of the Comprehensive Primary Care Initiative, a CMS Innovation Center initiative designed to improve the coordination of care for Medicare beneficiaries.”

Finally, CMS is seeking comments “on a proposal that supports patient- and family-centered care for seniors and other Medicare beneficiaries by enabling them to discuss advance care planning with their providers. The proposal follows the American Medical Association’s recommendation to make advance care planning services a separately payable service under Medicare.”

The proposal’s July 8 release triggered a 60-day comment period.

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### Details on new CME reporting requirements now on CMS website

The Centers for Medicare & Medicaid Services (CMS) has announced that it has updated its website with information about the new reporting requirements for continuing medical education (CME) that are included in the 2015 Medicare Physician Fee Schedule final rule.

CMS says that, “In October 2014, [it] eliminated the exemption for payments or other transfers of value made to physician speakers at certain accredited continuing education events. The result of this change is that, starting in 2016, when an applicable manufacturer provides an indirect payment or other transfer of value to a continuing education organization for a continuing education event to physicians, and knows or finds out the identity of the physician attendees/speakers within the reporting year or by the end of the second quarter of the following reporting year, that payment must be reported to CMS in 2017.”

CMS also notes that, “An indirect payment is when a manufacturer directs, instructs or otherwise causes a third party to provide payment to a covered recipient. Not all indirect payments are required to be reported, regardless if it is a payment to a continuing education organization. Indirect payments are required to be reported unless the manufacturer does not know the identity of the covered recipient during the reporting year or by the end of the second quarter of the following reporting year. Direct payments made from a manufacturer to a physician will continue to be reported, unless the payment meets an exclusion outlined in the final rule implementing Open Payments.”

Call 855.326.8366 or email [openpayments@cms.hhs.gov](mailto:openpayments@cms.hhs.gov) with questions.

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### DCH to launch Medicaid enrollment & CMO credentialing process

The Georgia Department of Community Health (DCH) has announced that, “Effective August 1, 2015, (it) will implement a NCQA certified Centralized Credentialing Verification Process utilizing a Credentialing Verification Organization (CVO).

”DCH says that, “The new functionality will be added to the [Georgia Medicaid Management Information System](#) (GAMMIS) website and will streamline the time frame that it takes for a provider to be fully credentialed.”

DCH adds that, “Credentialing and re-credentialing services will be provided for Medicaid providers enrolled in Georgia Families and/or the Georgia Families 360° program. This new streamlined process will result in administrative simplification thereby preventing inconsistencies, as well as the need for a provider to be credentialed or re-credentialed multiple times.”

It explains that the “one-source application process” will “Save time; Increase efficiency; Eliminate duplication of data needed for multiple CMOs; and Shorten the time period for providers to receive credentialing and re-credentialing decisions.”

DCH also notes that, “The CVO will perform primary source verification, check federal and state databases, obtain information from Medicare’s Provider Enrollment Chain Ownership System (PECOS), check required medical malpractice insurance, confirm Drug Enforcement Agency (DEA) numbers, etc. A Credentialing Committee will render a decision regarding the provider’s credentialing status. Applications that contain all required credentialing and re-credentialing materials at the time of submission will receive a decision within 45 calendar days.”

DCH is emphasizing that, “Incomplete applications that do not contain all required credentialing documents will be returned to the provider with a request to supplement all missing materials. Incomplete applications may result in a delayed credentialing or re-credentialing decision. The credentialing decision will be provided to the CMOs. HP provider reps will provide training and assistance as needed.”

And DCH says that providers should know that...

- “Effective August 1, 2015, all new provider applications seeking enrollment with one or more CMOs will be credentialed through the new CVO.



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- From August 1, 2015 through November 30, 2015, the CMOs will continue to process all existing applications seeking initial credentialing for those providers that submitted an application prior to August 1, 2015.
- From August 1, 2015 through November 30, 2015, the CMOs will continue to recredential all providers currently enrolled in their respective health plans.
- Effective December 1, 2015, all providers will be credentialed and recREDENTIALED through the new CVO. Beginning December 1, 2015, the CMOs will no longer perform credentialing or recREDENTIALING services for enrolled providers."

Finally, DCH says that, "The CMOs will be responsible for the delegated credentialing and recREDENTIALING for Independent Practice Associations (IPA) and Provider Hospital Organizations (PHO)."

Send an email to Georgia Medicaid at [cvo.dch@dch.ga.gov](mailto:cvo.dch@dch.ga.gov) or call HP Provider Relations at 800-766-4456 with questions. Also go to [www.mmis.ga.gov](http://www.mmis.ga.gov) for additional information.

For questions related to contracts, providers should contact...

Wellcare at 866-300-1141 or [click here](#)

Peach State at 866-874-0633 or [click here](#)

Amerigroup at 678-587-4840 or [click here](#)

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### AMA weighs in on Medicaid managed care proposal

The American Medical Association (AMA) has submitted a letter to the Centers for Medicare & Medicaid Services (CMS) that addresses its views on the “first proposed revisions to the Medicaid managed care program’s regulations in more than 12 years.”

AMA points out that the proposal “includes many important provisions, which, when finalized, will have significant and broad-reaching impacts on Medicaid enrollees and the physicians who provide their care.”

And AMA notes that, “When [the rule is] finalized, states will have to make significant changes to the way they administer and oversee Medicaid managed care programs.”

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### New report highlights Medicare’s financial outlook

The Boards of Trustees of the Federal Hospital Insurance and Federal Supplementary Medical Insurance Trust Funds has released its annual report for 2015, which provides information about Medicare’s financial outlook. In terms of highlights...

- The Medicare Hospital Insurance Trust Fund will be depleted in 2030
- The Medicare Part A trust fund “fails the test of short-range financial adequacy.”
- Medicare Parts B and D “will remain adequately financed into the indefinite future.”
- Projected costs for Medicare Parts B and D will “grow steadily” from 2.0 percent of GDP in 2014 to approximately 3.4 percent of GDP in 2035 and to 3.8 percent of GDP by 2089.
- Total Medicare costs will grow from about 3.5 percent of GDP in 2014 to 5.4 percent of GDP by 2035.
- Projections for Medicare’s total costs are “substantially lower over the longer range,” as a result of a methodological change and provisions of the Medicare Access and CHIP Reauthorization Act that result in lower projected long-range costs in Medicare Part B.
- Medicare “faces a substantial financial shortfall that will need to be addressed with further legislation. Such legislation should be enacted sooner rather than later to minimize the impact on beneficiaries, providers, and taxpayers.”

The Centers for Medicare & Medicaid Services (CMS) says that...

- Medicare spending growth per enrollee averaged 1.3 percent over the past five years.
- In 2014, Medicare spending was “slightly lower for Part A and Part D, and higher for Part B than previously estimated.”
- In 2014, the average Medicare benefit per enrollee was \$12,432, representing a two percent increase compared to 2013.

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### Mercy Health Center seeking Athens area volunteers

The Medical Association of Georgia (MAG) is encouraging physicians and other health care providers who have an interest in volunteering to care for needy patients in the Athens area to contact the Mercy Health Center.

“Mercy Health Center is a true charity care clinic – one that cares for patients that do not have any form of health insurance,” says MAG Executive Director Donald J. Palmisano Jr. “It is an impressive and efficient facility that’s free of third party payer and other administrative issues so physicians and health care providers can really focus on treating the patient.”

Palmisano adds that the center’s most pressing needs include physicians and nurses and dentists.

Physicians and other health care providers who have an interest in serving as a volunteer should contact Paul Buczynski, M.D., at [paul@mercyhealthcenter.net](mailto:paul@mercyhealthcenter.net).

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### Good Samaritan of Cobb hiring medical director

The Good Samaritan Health Center of Cobb in Marietta is looking for candidates to serve as its medical director.

Good Samaritan is a “a non-profit community health center providing a comprehensive range of medical, dental, prescription and select social services. The organization is a Christ-centered 501(c)3 health care ministry serving the community’s working poor.”

It says the medical director will be responsible for “planning, administering and directing the clinical operation of the Center.”

The ideal candidate will have 10 years of experience in family practice or internal medicine in a private practice or community health center or comparable setting.

Candidates should contact Rod Chally at [RodChally@TalentConnections.net](mailto:RodChally@TalentConnections.net).

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