

December/January

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NEWS FROM THE LEADING VOICE FOR THE MEDICAL PROFESSION IN GEORGIA



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MAG unveils "billing" brief, merger web page

The Medical Association of Georgia (MAG) recently introduced a 'Health Insurer Patient Billing Tactics' issue brief.

"MAG is encouraging its member physicians to use this one-page summary as a communications resource with their patients and lawmakers and other stakeholders," says MAG Government Relations Director Marcus Downs. "This is important because health insurers are attempting to portray physicians and other health care providers in a negative light, suggesting that they responsible for what they have attempted to brand as 'surprise bills'."

The new brief points out that, "[Health insurers] unilaterally set the rates that they will pay physicians for the patient care they provide, while they sell policies that don't include enough providers to unsuspecting patients who must bear additional out-of-network costs."

It also explains that, "Physicians have little leverage when it comes to negotiating the terms of their contracts with insurers, which are imposing take-it-or-leave-it agreements and unilateral, mid-term amendments with growing impunity...providers often feel compelled to sign substandard contracts in order to get paid at all."

And it emphasizes that, "Physicians often don't know whether they are in or out of a given health insurance network because of the proliferation of rental networks, unilateral contract revisions, and dated and unreliable insurer databases. Therefore, physicians 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 bill the patient for the difference between what the insurer is willing to pay (i.e., the in-network rate) and their normal fee."

MAG is calling on health insurers in Georgia to...

- Expand the size and depth of their physician/provider networks.
- Become more credible and transparent about the physicians and other health care providers who are in their networks and update their network directories at least once a month.
- Pay physicians and other health care providers a fair and adequate fee for the services they provide.
- Offer fair, long-term contract terms – and take steps to develop blanket agreements so every physician/provider at a given facility is "in-network" so patients have budget certainty and peace of mind.

Contact Downs at 404.797.0488 or mdowns@mag.org with questions.

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

In a related development, MAG has created an advocacy resources page on its mag.org website to address the pending Aetna/Humana and Anthem/Cigna mergers.

[Click for new 'Aetna/Humana & Anthem/Cigna mergers' web page](#)

MAG members who have any questions or would like to discuss how the mergers will negatively affect patients and physicians with the U.S. Department of Justice should contact Trish Yeatts at pyeatts@mag.org.

MAG Action Alert: MAG is encouraging physicians 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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'Many Say High Deductibles Make Their Health Law Insurance All but Useless,' The New York Times, November 14



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The logo for the Georgia Drug Card Program is a vertical rectangular graphic. At the top left is the website address georgiadrugcard.com. Below this is the text "Georgia's **FREE** Prescription Assistance Program". A dark green button with white text says "CLICK HERE to print your free card!". Below the button is the Medical Association of Georgia logo, which includes a caduceus and the text "Medical Association of Georgia" and "Building a Better State of Health Since 1849". At the bottom of the graphic is the website address WWW.GEORGADRUGCARD.COM.

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'Top Docs' show on mergers, billing online

A recording of a recent Medical Association of Georgia (MAG) 'Top Docs Radio' show that featured MAG Executive Director and CEO Donald J. Palmisano Jr. and John J. Rogers, M.D., a MAG member who is the co-Emergency Department medical director at Coliseum Northside Hospital in Macon and the vice president of the American College of Emergency Physicians is available online. The show discussed the pending Aetna Inc./Humana Inc. and Anthem Inc./Cigna Corporation mergers and "balance billing."

MAG sponsors the 'Top Docs' program at 2:30 p.m. on the second Tuesday of every month.

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Recording of MAG call on key insurance bill now online

A recording of a 30-minute town hall conference call that the Medical Association of Georgia (MAG) hosted on November 18 that addressed a key health care reform bill (S.B. 158) is now available online.

MAG Government Relations Director Marcus Downs discussed how the 'Patient and Provider Protection Act' would help physicians and practice staff, including the adequacy of payment, reducing administrative burdens, reinforce the patient-physician relationship, and promoting the practice of quality medicine.

He also outlined how S.B. 158 will address rental networks, all-products clauses, unilateral contract revisions, and narrow networks.

Finally, he discussed ways physicians and practice staff can support MAG's advocacy efforts to see this legislation enacted in 2016.

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

[Click to listen to MAG town hall recording](#)

In a related development, the Georgia Consumer and Provider Protection Act Study Committee (S.R. 561) will hold its fourth and final meeting from 10 a.m. to 12 p.m. on Monday, December 14 in room CAP 450 at the State Capitol in Atlanta. The committee is addressing a number of important health insurance issues – and it will develop recommendations for the General Assembly to consider during the 2016 legislative session, which gets underway on January 11. MAG is encouraging physicians to attend the meeting. Contact Downs at mardowns@mag.org with questions.

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MAG promoting Rep. Price's EHR Meaningful Use "hardship relief" bill, calls for Congress to "refocus" Stage 3 requirements

The American Medical Association (AMA) recently announced that Medical Association of Georgia (MAG) member U.S. Rep. Tom Price, M.D., has introduced H.R. 3940, the "Meaningful Use Hardship Relief Act of 2015."

AMA reported that "in order to avoid a penalty under the Meaningful Use [EHR incentives] program, eligible professionals must attest that they met the requirements for MU Stage 2 for a period of 90 consecutive days during calendar year 2015. However, CMS did not publish the Modifications Rule for Stage 2 of MU until October 16, 2015 – meaning that by the time eligible professionals were informed of the requirements, fewer than the 90 required days for reporting remained in the calendar year."

AMA explained that this means that, "Physicians and hospitals are facing significant financial penalties due to this delay, which leaves less than the allotted time to report in this year. The new rules also add additional requirements, leaving physicians no time to upgrade systems and change workflows to meet the new program measures in 2015."

AMA added that, "CMS has acknowledged this and has stated in a FAQ document that followed the release of the rule that eligible entities may apply for a hardship exemption if they are unable to attest due to the lateness of the rule. They have also announced that they will broadly grant these exceptions for 2015. However, the statute requires that hardship exemptions be granted on a case-by-case basis only. This means that hundreds of thousands of eligible professions will be required to apply for exemptions and that CMS will be required to act on each application individually."

And AMA said that, "It would be both equitable and more efficient for eligible professionals, as well as for CMS, for Congress to allow for an expedited hardship exemption process for participants for the year 2015. CMS has indicated in Congressional staff briefings that it would welcome providing them with the authority to grant a blanket exception for 2015, which would help alleviate a huge administrative burden. H.R. 3940 would grant CMS the authority to grant blanket hardship exceptions to physicians, hospitals and other affected providers for 2015."

MAG is encouraging physicians in Georgia to contact their congressional leaders to urge them to support and cosponsor H.R. 3940.

[Click for H.R. 3940](#)

[Click for AMA letter supporting H.R. 3940](#)

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

In a related development, MAG was one of more than 90 groups that signed a letter that was sent to Congressional leaders to oppose the decision to proceed with Stage 3 of the Medicare/Medicaid Electronic Health Records Meaningful Use program.

The letter states that “we are writing to express our strong concerns with the decision by the Administration to move ahead with implementation of Stage 3 of the Meaningful Use program despite the widespread failure of Stage 2.”

It also notes that “the Stage 3 requirements are inconsistent with the goal of promoting better coordinated and high quality patient care.”

Finally, the letter calls for “Congress to act to refocus the Meaningful Use program on the goal of achieving a truly interoperable system of electronic health records that will support, rather than hinder, the delivery of high quality care.”

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Georgia delegation plays key role at AMA meeting

The Georgia delegation introduced a number of important resolutions during the American Medical Association's (AMA) interim meeting that took place in Atlanta on November 14-17, according to Georgia delegation chair, William Clark, M.D. He reports that this includes...

Resolution 006, which addressed the Institute of Medicine's 'Dying in America' report. The measure called for AMA to be an advocate for comprehensive care for patients with advance serious illness who are nearing the end of life. **HOD Action:** AMA will prepare a report that the HOD will review in 2016.

Resolution 221, which called for AMA to develop safeguards to protect physicians whose electronic health record (EHR) data and electronic medical systems have been compromised (i.e., from indemnification and liability standpoints). **HOD Action:** The HOD will receive an update on AMA's advocacy efforts in 2016.

Resolution 822, which called for AMA to be an advocate for the elements of H.R. 1608 that would amend the Social Security Act to provide Medicare coverage for certain lymphedema compression treatment items as durable medical equipment. **HOD Action:** The resolution was adopted.

Resolutions 813 and 823, which called for AMA to be an advocate for legislation to provide Medicare beneficiaries with coverage for the full amount of approved expenses that are related to clinical trials. **HOD Action:** The resolutions were referred to AMA's Board of Trustees with a request for an HOD update in 2016.

Resolution 924, which was related to alternative pathways to board recertification, and Resolution 925, which was related to National Board of Physicians' (NBPAS) recertification. **HOD Action:** The HOD asked AMA to develop reports and recommendations for its consideration in 2016.

In other AMA meeting developments...

The HOD called for a ban on advertisements that are directed at patients given rising drug costs and the need to maintain the accessibility of essential medications. The HOD also voted to have AMA 1) form a task force and 2) launch an advocacy campaign and 3) develop solutions to help make prescription drugs more affordable.

The HOD directed AMA to take additional steps to address the EHR meaningful use regulations that have "plagued physicians for far too long... with the goal of removing these hindrances."

The HOD adopted a policy to ensure that physicians in training have access to "potentially life-saving mental health services."

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Finally, the HOD voted to have AMA "continue to stand against [the ongoing] health insurance market consolidation...a trend that decreases health care access, quality and affordability."

In addition to Dr. Clark, Georgia's AMA delegation includes Vice Chair Sandra B. Reed, M.D., Michael E. Greene, M.D., Joy A. Maxey, M.D., and Thomas E. Price, M.D. Georgia's alternate delegates include John S. Antalis, M.D., Jack M. Chapman Jr., M.D., John A. Goldman, M.D., Billie Luke Jackson, M.D., and Gary C. Richter, M.D.

Go to www.mag.org/organizations/american-medical-association for additional details on MAG's AMA delegation.

MAG members can contact Dr. Clark at swclark3@bellsouth.net with questions related to the AMA meeting.

[Click for detailed summary of Georgia's AMA resolutions.](#)

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Joseph P. Bailey Jr., M.D., wins prestigious AMA award



The American Medical Association distributed the following press release on November 16...

The American Medical Association (AMA) presented Joseph P. Bailey Jr., M.D., Leon Henri Charbonnier professor, emeritus, and associate dean for clinical sciences, emeritus at the Medical College of Georgia at Georgia Regents University, with the 2015 *Distinguished Service Award*. Established in 1938, the *Distinguished Service Award* is presented for meritorious service in the science and art of medicine.

"Dr. Bailey has served his patients and fellow physicians with honor and distinction for more than a half century," said AMA President Steven J. Stack, M.D. "He has demonstrated an unwavering commitment to improving patient care as a leader in organized medicine."

Throughout his career, Dr. Bailey has served as a passionate patient and physician advocate. A past president of the Medical Association of Georgia (MAG), he has been a dedicated and integral member of Georgia's AMA Delegation for nearly 20 years, including his role as chair from 1999 to 2014.

During his more than 50-year career as an educator, he has impacted the lives of countless medical students and residents. Dr. Bailey served as Chief of Rheumatology at the Medical College of Georgia from 1967 to 2000, becoming a cherished mentor and friend to students and fellow faculty alike.

He has received numerous awards in recognition of his work, including the 2014 *MAG Legacy Award*, the designation of Master by the American College

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of Rheumatology in 2008, and the 1990 *MAG Distinguished Service Award*, which was later renamed as the *Joseph P. Bailey, Jr. Distinguished Service Award*.

Dr. Bailey earned his medical degree from Medical College of Georgia in 1955. A devoted father of two and grandfather of seven, he resides in Augusta.

The *Distinguished Service Award* was presented to Dr. Bailey during the opening session of the 2015 AMA Interim Meeting in Atlanta.

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MAG, MAA & CCMS host 'How AMA helps physicians' event



The Medical Association of Georgia (MAG) joined the Medical Association of Atlanta and the Cobb County Medical Society in hosting a 'How [the American Medical Association] is helping physicians in Georgia' reception and dinner at the Georgia Tech Hotel & Conference Center in Atlanta on November 12. Pictured is MAG President John S. Harvey, M.D., introducing the AMA panel, which included (from the left) AMA President Steven J. Stack, M.D., AMA CEO & Executive Vice President James L. Madara, M.D., AMA President-elect Andrew W. Gurman, M.D., AMA Chair-elect Patrice A. Harris, M.D., and AMA Chair Stephen R. Permut, M.D. Nearly 100 physicians attended the event. Contact Dan Eller at Daniel.Eller@ama-assn.org with questions about AMA membership.

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Nominations for 9th GPLA class are due on January 15

The Georgia Physicians Leadership Academy's (GPLA) Selection Committee will be accepting nominations for candidates for the 2016-2017 GPLA class (IX) through Friday, January 15. The Medical Association of Georgia Foundation program was established in 2007 to develop physician leaders who will enhance the medical profession and the health care system and the quality of life in Georgia.

The year-long GPLA is broken down into six interactive sessions, including five that take place on weekends. It is designed to enhance the student's skill sets in three key areas, including advocacy, communications, and conflict resolution. GPLA is also designed to foster relationships and networks within the medical profession in Georgia. Every GPLA student must complete a personal leadership project to 1) develop their personal leadership skills and 2) effect change in a given area (e.g., a CMS membership drive or a patient education program in their community).

According to GPLA Selection Committee Chair William Clark, M.D., "GPLA participants must be nominated by an approved sponsor, which include county medical societies in Georgia, state specialty societies, and similar organizations." Dr. Clark stresses that diversity (e.g., specialty, geographic location) is one of the considerations that the committee takes into account when it selects each class. He also notes that physicians who are not accepted for a given GPLA class will be considered in future years.

The sponsor organization is expected to pay the \$1,000 tuition fee, which is used to cover lodging, meals, speakers, and coursework resources. The individual GPLA students are responsible for their own transportation costs. The MAG Foundation uses grants and donations to pay for the additional costs. Spouses are encouraged to attend GPLA events.

More than 100 physicians – including 10 of the members of the Medical Association of Georgia's (MAG) Executive Committee and others who serve in leadership roles at MAG and other state and local medical societies – have graduated from GPLA.

Contact Susan Reichman at 404.583.0539 or susan@susanreichman.com with questions related to GPLA. Contact Lori Cassidy Murphy at 678.303.9282 or lmurphy@mag.org to support GPLA with a donation.

[Click for GPLA IX \(2016-2017\) details/nomination form](#)

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MAG honored with 8th website award

The Medical Association of Georgia (MAG) recently won its eighth award for its mag.org website – a prestigious Academy of Interactive and Visual Arts (AIVA) *Silver Davey Award*.

"It's a great honor, one that builds MAG's brand and reputation and standing as the leading voice for physicians in Georgia," says MAG Director of Communications Tom Kornegay. "MAG staff strives for excellence every day, so this validates our efforts...it means a lot."

AIVA is an "invitation-only body consisting of top-tier professionals from a Who's Who of acclaimed media, advertising, and marketing firms." AIVA members include executives from organizations like Condé Nast, Disney, GE, Microsoft, and Yahoo!

Kornegay emphasizes that mag.org is a collaborative effort, but he also quickly points out that MAG Communications Consultant Samantha Grantham deserves the lion's share of the credit for MAG's website.

He believes that, "We have an award-winning website because MAG's leadership has embraced the strategic value and because of Samantha Grantham's hard work and creativity and vision."

Grantham also manages MAG's social media campaign, which includes the organization's Facebook ([facebook.com/MAG1849](https://www.facebook.com/MAG1849)) and Twitter (twitter.com/MAG1849) 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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Time to RSVP for January 27 "white coat" event

The Medical Association of Georgia is encouraging physicians to make plans to attend the 2016 Physicians' Day at the Capitol, which will take place from 8 a.m. to 2 p.m. on Wednesday, January 27. Contact Liz Bullock at ebullock@mag.org or 678.303.9271 with questions.

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Make a difference as a MAG 'Doctor of Day' volunteer

The Medical Association of Georgia (MAG) is calling on physicians in every specialty to sign up to be a 'Doctor of the Day' volunteer during the 2016 legislative session in the state, which will run from January 11 to the middle of April.

MAG 'Doctor of the Day' volunteers provide free minor medical care for legislators and their staff in the Medical Aid Station at the state Capitol in Atlanta.

The MAG 'Doctor of the Day' is introduced in the House and Senate chambers at the beginning of each legislative day.

Physicians who are interested in serving as a MAG 'Doctor of the Day' should contact Liz Bullock at ebullock@mag.org or 678.303.9271.

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MAG Foundation issues naloxone reminder

The MAG Foundation is reminding physicians that Georgia's 9-1-1 Medical Amnesty law allows them to prescribe standing orders of naloxone.

Naloxone is an effective, non-addictive prescription medication that reverses the effects of opioid drug overdoses. Under the 9-1-1 Medical Amnesty Law, a unit dose of naloxone can be delivered on an intranasal or intramuscular basis.

Physicians in Georgia can prescribe naloxone via a standing order to a person who is at risk of experiencing an opioid overdose. At their discretion, physicians can also prescribe naloxone to pain management clinics, first responders (e.g., law enforcement officers, firefighters, and EMS personnel), harm reduction organizations, or family members or friends or other people who are in a position to assist a patient who is at risk of experiencing an opioid overdose.

The 9-1-1 Medical Amnesty law provides limited immunity for individuals who possess certain drugs and drug paraphernalia when they experience a drug overdose and are in need of medical care, for people who seek medical care for a person who is experiencing a drug overdose, and for certain underage drinking offenses for minors who seek medical care during an alcohol overdose.

In a related development, the U.S. Food and Drug Administration recently approved Narcan – the first FDA-approved nasal spray version of naloxone.

MAG members can contact MAG Legal Counsel Trish Yeatts at 678.303.9274 or pyeatts@mag.org with questions related to Georgia's 9-1-1 Medical Amnesty Law.

[Click for 'Standing Order Rx for Intranasal Naloxone'](#)

[Click for Georgia DNA 'Naloxone Standing Order Rx' approval letter](#)

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MAG promoting bill to repeal ban on new M.D.-owned hospitals

The Medical Association of Georgia was one of more than 40 state and national physician advocacy organizations that signed a letter that encouraged Congressional leaders to support H.R. 2513 – the 'Promoting Access, Competition, and Equity Act of 2015 (aka the PACE Act of 2015) – by Rep. Sam Johnson (R-Texas), legislation that would "partially lift the ban on new physician-owned hospitals and also address limitations on the growth of existing facilities."

The American Medical Association (AMA) reports that, "This bill amends title XVIII (Medicare) of the Social Security Act to ease application criteria and procedures for physician-owned hospitals to expand their facilities. Under current law, expansion of physician-owned hospitals is subject to certain limitations, such as those regarding the extent and frequency of expansion and requiring community output. The bill suspends these limitations with respect to applications for expansion filed before October 1, 2019."

AMA also explains that, "Following the end of this suspension period, hospitals with consistently high quality ratings are included among those hospitals that may apply to expand their facilities. The Centers for Medicare & Medicaid Services may not alter the methodology for computing a hospital's quality rating before October 1, 2019."

And AMA notes that, "With respect to hospitals under development as of March 23, 2010, the bill extends to May 1, 2015, the date by which a hospital may qualify for an exception to the ownership or investment prohibition on physician self-referrals."

Finally, AMA says that, "The bill also exempts physician-owned hospitals from specified documentation and coding adjustments and extends reductions in certain inflationary increases associated with Medicare payments for inpatient hospital services."

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Georgia Drug Card spotlights article suggesting government may intervene on prescription drug costs after 2016 election

The Georgia Drug Card has flagged an article that appeared in *The Fiscal Times* that says that "the powerful pharmaceutical industry is doing its best to hold back the tide, but mounting public outrage over excessive pricing of both old and new drugs may prompt government intervention after the 2016 election."

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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MAG welcomed the following new members during November...

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Uchenna Aguwa, D.O., Marietta
Jannet Ajala-Scruggs, M.D., Covington
Robert L. Alexander, M.D., Griffin
Felix W. Amoa-Bonsu, M.D., Atlanta
Christopher Eugene Armour, M.D., Atlanta
Alexander Ashford, M.D., Athens
Beth Ashford, M.D., Athens
Stephen John Becher, M.D., Atlanta
William Frank Bina III, M.D., Macon
Christopher Antonious Brown, M.D., Stockbridge
Roy Charles Brownlow, M.D., Newnan
Daniel Paul Brunner, M.D., Marietta
Tuan Le Anh Bui, M.D., Lawrenceville
Joseph John Burch, M.D., Rome
Nadine C. Burnett, M.D., Atlanta
Jeffrey Oliver Capes, M.D., Saint Simons Island
Pamella Petrina Charles-Pryce, M.D., Grayson
Yasamin Chowdhury, M.D., Atlanta
Eun Kyung Chung, D.O., Roswell
Robert Joseph Criscuola, M.D., Valdosta
Kelly Marie Day, M.D., Alpharetta
John Joseph De Caro, M.D., Atlanta
Deanna Mullis Del Mazo, M.D., Atlanta
Cheickna Diarra, M.D., Smyrna
Andrew Dickerson, M.D., Lawrenceville
John Lee Ditto, M.D., Alpharetta
Mark Edward Dorogy, M.D., Macon
Miles Wayne Ellis, M.D., Columbus
Zenia I. Fleming, M.D., Douglasville
Marshall Fleurant, M.D., Kennesaw
Masoumeh Ghaffari, M.D., Atlanta
Timothy Brant Gilrane, M.D., Stockbridge
Anthony Thomas Gonter, M.D., Social Circle
Eva Florence Goyette, D.O., Rome
Woodrow Wilson Gray Jr., M.D., Macon
Ngoc Ha Thi Gunter, M.D., Atlanta
Walter Greg Guthrie, M.D., Marietta
David Thomas Harvey, M.D., Tyrone
Matthew Aaron Hazzard, M.D., Gainesville
Delphanie Deshan Head, M.D., Atlanta
Thomas Charles Henris, M.D., Douglas
Nicole Davis Hrobowski, M.D., Atlanta

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Robert Keith Hunt, M.D., Rome
Saima Nazily Hussain, M.D., Decatur
Christopher A. Ibikunle, M.D., Loganville
Erica Taylor Isom, M.D., Atlanta
Curtis Jamison Jr., M.D., Atlanta
Christopher Robert Jones, M.D., Jonesboro
Umamaheswari Gade Jonnalagadda, M.D., Douglas
Aman Kumar Kakkar, M.D., Cumming
Charlotte L. Williams Khan, M.D., Lawrenceville
Mohsen Khoshneviszadeh, M.D., Atlanta
Havon Knight, M.D., Augusta
Lori C. Lebow, M.D., Gainesville
Dionne Denise Louis, M.D., Atlanta
Curtis David Malcom, M.D., Gainesville
Shane Manning, M.D., Atlanta
Kathy Ellen Mansfield, M.D., Thomaston
Jennifer A. Marrast-Host, M.D., McDonough
Zachary Bernard Martin Jr., M.D., Rome
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Jose Mathew, D.O., Atlanta
Samuel David McElroy, M.D., Savannah
Pratik Mehta, M.D.
Randall Miller Meredith, M.D., Augusta
Michael Najeeb Metry, M.D., Columbus
Kenneth Mark Mims, M.D., Stockbridge
Paul Lewis Nave, M.D., Savannah
Brian Neerings, M.D., Atlanta
W. Mark Newton, M.D., Evans
Cameron Dale Nixon, M.D., Tifton
Paul S. Panzarella, M.D., Stockbridge
Ghislain Richard Perron, M.D., Augusta
Sofie Pinney, M.D., Atlanta
Valens Marsilius Plummer, M.D., East Point
James Eron Porterfield, M.D., Evans
Angelina Postoev, M.D., Loganville
Richard John Presutti, D.O., Waycross
Allan Campbell Purdie, M.D., Rome
Deepa Ranganathan, M.D., Atlanta
Robin Ray, M.D., Savannah
Le Don Robinson, M.D., Atlanta
Orlando Fitzgerald Robinson, M.D., Greensboro
Charlie Craig Rouse, M.D., Carrollton
Ellen M. Sanders, M.D., Oakwood
Asha Jayendrakumar Shah, M.D., Duluth
Mohammed Rashed Shareef, M.D., Peachtree City
James Daniel Shepherd, M.D., Vidalia
Gobind Sharan Singh, M.D., Conyers
Aarthi Sridhar, M.D., Manhasset
Meryl Stein, M.D., Atlanta
Samantha Dias Suthar, M.D., Atlanta
Hamid Safdar Syed, M.D., Lavonia
Corazon Cabrera Tan, M.D., Atlanta
Jane Soon-Yuen Tan, M.D., Covington
Rekha Vandana Thammana, M.D., Atlanta
Susan Thomas, M.D., Snellville
Shakira Thomas, M.D., Atlanta
Katie Tipton, M.D., Tucker
Daniel Tucker, M.D., Atlanta
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DCH CVO to assume non-CMO credentialing role

The Georgia Department of Community Health (DCH) has announced that its Centralized Credentialing Verification Organization (CVO) will become responsible for credentialing and re-credentialing Fee-for-Service Medicaid/PeachCare for Kids® providers that aren't affiliated with a care management organization (CMO) beginning on January 7.

DCH says that, "This change will result in a uniform credentialing process for both Fee-for-Service and CMO providers (i.e., are associated with Amerigroup, Peach State or WellCare)."

DCH also believes that, "The CVO's one-source application process will: Save time; Increase efficiency; and Create one uniform credentialing process for both Fee-for-Service and CMO providers."

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The logo for the Georgia Drug Card Program is a vertical rectangular graphic. At the top left is the website address georgiadrugcard.com. Below this is the text "Georgia's **FREE** Prescription Assistance Program". A dark green button with white text says "CLICK HERE to print your free card!". Below the button is the Medical Association of Georgia logo, which includes a caduceus and the text "Medical Association of Georgia" and "Building a Better State of Health Since 1849". At the bottom of the graphic is the website address WWW.GEORGADRUGCARD.COM.

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AMA flags actions on pending insurer mergers

The American Medical Association (AMA) has released a summary of the steps that it has taken to address the pending Anthem-Cigna and Aetna-Humana mergers.

AMA reports that, "On September 8, 2015, [it] released the 2015 edition of *Competition in Health Insurance: A Comprehensive Study of U.S. Markets*, which offers the largest and most complete picture of competition in health insurance markets for 388 metropolitan areas (MSAs), as well as all 50 states and the District of Columbia...study is based on 2013 data captured from commercial enrollment in HMOs, PPOs and POS plans."

AMA notes that a special analysis revealed that the "Anthem-Cigna merger would diminish competition in up to 111 metropolitan areas within all 14 states that Anthem currently operates and the Aetna-Humana merger would diminish competition in up to 58 metropolitan areas within 14 states."

AMA is stressing that, "The prospect of reducing five national health insurance carriers to just three should be viewed in the context of the unprecedented lack of competition that already exists in most health insurance markets... AMA continues to urge federal and state regulators to carefully review the proposed mergers and use enforcement tools to preserve competition."

AMA says is "testified twice in September before the House Judiciary Committee to express [its] concerns regarding the proposed Anthem-Cigna and Aetna-Humana mergers and met with key staff from both the U.S. Senate and the House of Representatives to discuss the anticompetitive effects that the proposed mergers would likely have on the nation's physicians."

AMA also notes that it is "engaging the National Association of Attorneys General and will be presenting to a majority of state Attorneys General in late November on the AMA Competition Study and our position as it relates to the proposed mergers."

Finally, AMA sent a letter to the U.S. Department of Justice (DOJ) to urge it to "block the mergers, concluding that the mergers will likely result in higher premiums for patients, a reduction in the quality of health insurance (e.g., less availability of providers, lower consumer service), and lower payment rates for physicians that lead to lower quality or quantity of the services that physicians are able to offer patients (e.g., less investment in newer technology)."

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CMS: No need to revise orders written before 10/1

The Centers for Medicare & Medicaid Services (CMS) has released a new FAQ that says that addresses physician orders that were written before the October 1 ICD-10 compliance date.

CMS says that, "FAQ 12625 explains that CMS is not requiring the ordering provider to translate ICD-9 diagnosis codes to ICD-10 on orders written before October 1 for lab, radiology, or any other services."

CMS also notes that, "Orders written before October 1 should have a ICD-9 codes; For orders written before October 1 for services that will continue to be delivered and billed after October 1, providers can opt to use the General Equivalence Mappings (GEMs) to translate the ICD-9 codes on the original order to ICD-10. Providers are not required to update codes to ICD-10 for orders written before October 1; and Orders written on or after October 1 must use ICD-10."

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MAG one of 100+ to weigh in on MACRA

The Medical Association of Georgia (MAG) is one of more than 100 state and national medical societies that signed a letter that was sent to the Centers for Medicare & Medicaid Services (CMS) that outlines the principles CMS should adopt when it designs the regulations that will be used to implement the Medicare Access and Chip Reauthorization Act (MACRA). The American Medical Association (AMA) also submitted a detailed letter to CMS that addresses the "Implementation of the Merit-Based Incentive Payment System, Promotion of Alternative Payment Models, and Incentive Payments for Participation in Eligible Alternative Payment Models (CMS-3321-NC)."

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State promoting mental health resource for older adults

The Georgia Department of Human Services Division of Aging Services is promoting the availability of a new 'Older Adults & Mental Health: How to Find Help' web page.

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CMS extends value modifier, PQRS deadlines

The Centers for Medicare & Medicaid Services (CMS) has extended the informal review period for the 2016 Value Modifier, stating that "All requests must [now] be submitted by 11:59 p.m. on December 16, 2015."

CMS says that, "The informal review process allows groups (as identified by their taxpayer identification number) with 10 or more eligible professionals that are subject to the 2016 Value Modifier to request a correction of a perceived error in their Value Modifier calculations."

Send an email to pvhelpdesk@cms.hhs.gov or call 888.734.6433 (option 3) with questions.

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CMS has also announced that, "Individual eligible professionals, Comprehensive Primary Care practice sites, Physician Quality Reporting System (PQRS) group practices, and Accountable Care Organizations that believe they have been incorrectly assessed the 2016 PQRS negative payment adjustment have until 11:59 p.m. on December 16, 2015, to submit an informal review, requesting CMS investigate incentive eligibility and/or payment adjustment determination."

CMS explains that, "Informal review requestors will be contacted via email of a final decision by CMS within 90 days of the original request for an informal review; All Decisions are final and there will be no further review; Requests must be submitted electronically via the Quality Reporting Communication Support Page (CSP); [and] Informal review will experience downtime from December 3 through December 7, 2015. If you plan to file an informal review request, please do so outside of this window."

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

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Macon Volunteer Clinic seeking medical director

The Macon Volunteer Clinic is seeking a medical director. The job description says that the medical director "provides, supervises, assesses, and assures the delivery of quality health care...provides supervision and training to all health care providers at the clinic...recruits health care providers...reviews charts for quality and continuity of care...acts as Delegating Physician for Nurse Practitioner...[and] is responsible for clinic's compliance with all government and regulatory agencies." Candidates should contact Cile Lind at cile.lind@maconvolunteerclinic.com or 478.755.1110, extension 136.

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AMA promoting new payment models guide

The American Medical Association (AMA) is promoting a free 'Guide to Physician-Focused Alternative Payment Models (APM)' that it developed with the Centers for Healthcare Quality & Payment Reform.

AMA says the new resource addresses seven APM models that "can help physicians in every specialty redesign the way they deliver care in order to improve patient care, manage health care spending, and qualify for APM annual bonus payments." This includes: Payment for a High-Value Service; Condition-Based Payment for Physician Services; Multi-Physician Bundled Payment; Physician-Facility Procedure Bundle; Warranted Payment for Physician Services; Episode Payment for a Procedure; and Condition-Based Payment.

AMA explains that, "The legislation that repealed the SGR, the Medicare Access and CHIP Reauthorization Act (MACRA), created major new opportunities to advance [APM]. For services furnished from 2019 through 2024, MACRA provides a five percent annual bonus payment to physicians who participate in APMs and it exempts them from participating in the Merit-Based Incentive Payment System (MIPS). In addition to accountable care organizations, medical homes, and bundled payments for hospital-based episodes, MACRA also provides for the development of the [aforementioned] 'physician-focused' APM."

AMA adds that, "The seven APM described in the guide have been designed to be able to meet the MACRA eligibility criteria for APMs; however, this will require validation in the future rulemaking process. Under each APM, physicians would take accountability for specific aspects of spending and quality they can control or influence. Unlike many APM that have been implemented to date, however, the physician-focused APM would not place physicians at financial risk for costs they cannot control. Importantly, each of the APM in this report would give the participating physicians the resources and flexibility they need to redesign care so they can successfully improve care and manage spending for the particular patients, conditions and episodes for which they would be accountable."

Finally, AMA notes that the "Guide also provides examples of how the APMs are being used by different specialties and how they could be applied to diverse patient populations, including cancer care, cardiovascular care, chronic disease management, emergency medicine, gastroenterology, maternity care, and surgery."

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GCMB releases 2015 newsletter/annual report

The Georgia Composite Medical Board has released its 2015 newsletter and annual report.

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News Briefs

GA-HITEC effort aims to increase depression, alcohol screening

The Georgia Health Information Technology Extension Center (GA-HITEC) is promoting an 'Improving Identification of Depression and Alcohol Use Disorder in Primary Care' program that is designed to "increase the annual screening rate for the identification of depression (G0444) and alcohol use disorders (G0442) in Medicare beneficiaries."

GA-HITEC explains that, "Seniors often have multiple medical problems and take many medications. Yet, symptoms of depression can masquerade as somatic complaints. Together we can make patients safer by finding masked depression."

GA-HITEC says that participants will receive "free support and technical assistance."

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The logo for the Georgia Drug Card Program is a vertical rectangular graphic. At the top left is the website address georgiadrugcard.com with a small orange icon. Below this is the text "Georgia's **FREE** Prescription Assistance Program". A dark green button with white text says "CLICK HERE to print your free card!". Below the button is the Medical Association of Georgia logo, which includes a caduceus and the text "Medical Association of Georgia" and "Building a Better State of Health Since 1849". At the bottom of the graphic is the website address WWW.GEORGADRUGCARD.COM.

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