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



Matthews Gwynn, M.D., discussing cannabidiols during the MAG Board of Directors meeting on January 31. Also pictured are, from the left, MAG Council on Legislation Chairman Michael E. Greene, M.D., MAG Chairman of the Board Rutledge Forney, M.D., MAG Executive Director Donald J. Palmisano Jr., and MAG President Manoj H. Shah, M.D. James L. Smith Jr., M.D., also gave a presentation on the subject.

The Medical Association of Georgia's (MAG) Board of Directors (BOD) took action on several key issues during its meeting on January 31. The BOD voted to have MAG...

- Oppose legislation that would increase the number of APRNs who have prescriptive authority who are supervised by physicians from four to eight
- Assume a neutral position on legislation that would allow fireworks sales to individual consumers in Georgia – a tax referendum notwithstanding
- Oppose legislation that would expand a PA/APRN's delegated authority to prescribe schedule II narcotics
- Seek a legislative compromise with pharmacists in regards to vaccine protocols
- Continue to support the use of marijuana in strictly controlled medical research programs for patients who have cancer or glaucoma or who suffer from seizures as a result of refractory epilepsy; support the standardization (i.e., concentration and dose) of cannabinoids; support the availability of cannabinoids for compassionate use in intractable cases; support measures that will hold physicians harmless for

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recommending the use of cannabinoids; and continue to oppose the recreational use of any drug or substance

The BOD approved MAG's strategic plan of work for 2015.

The BOD approved Lisa Perry-Gilkes, M.D., as a member of GAMPAC's Board of Directors.

The BOD endorsed a “six-point checklist” that will be featured in a video that the MAG Foundation will produce to promote more discriminate opioid prescribing practices as part of the MAG Foundation's ‘Think About It’ campaign to reduce prescription drug abuse; contact Lori Cassity Murphy at lmurphy@mag.org for details.

MAG Immediate Past President William E. Silver, M.D., received a framed version of the resolution that he received from Georgia's House of Representatives in 2014.

MAG Treasurer Steven M. Walsh, M.D., announced his plans to run for the office of MAG president-elect for 2015-2016, while MAG Second Vice President Thomas E. Emerson, M.D., said that he plans to run for the office of treasurer.

Walker Ray, M.D., gave a report on The Physicians Foundation's ‘2014 Biennial Physician Survey.’ [Click here](#) for the survey report.

MAG Chairman of the Board Rutledge Forney, M.D., thanked [MAG Mutual Insurance Company](#) for hosting the meeting.

Dr. Forney also thanked SunTrust Mortgage for sponsoring the BOD meeting. SunTrust offers a 'Doctor Loan Program' – which is a residential mortgage loan (\$650,000 at 100 percent financing, \$1 million at 95 percent, and \$1.5 million at 90 percent loan to value) that was specifically created for licensed medical professionals. Contact Beau White at 404.641.4131 or Beau.White@SunTrust.com or go to www.suntrust.com/beau.white for details.

Finally, MAG Secretary Andrew Reisman, M.D., announced that the Peachbelt County Medical Society now has enough members to elect a director for MAG's BOD.

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

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An advertisement for DocbookMD showing a smartphone, a laptop, and a tablet displaying a secure communication interface. The text below reads: "FREE HIPAA-secure communication for all MAG members." The logo for DocbookMD is at the bottom, featuring a speech bubble with a red cross and the text "docbookMD".

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MAG president addresses medical marijuana in AJC

The following column was written by Medical Association of Georgia President Manoj H. Shah, M.D. It appeared in the 'Atlanta Forward' section of The Atlanta Journal-Constitution on January 30.

The Medical Association of Georgia (MAG) supports the use of marijuana in strictly controlled medical research programs for patients who have cancer or glaucoma or who suffer from seizures as a result of refractory epilepsy.

This is an important issue for MAG, which is the leading voice for the medical profession in Georgia with more than 7,500 member physicians who represent every specialty and practice setting in the state.

MAG appreciates the steps that lawmakers in Georgia are taking to reach out to physicians as they craft legislation to address medical marijuana. We also applaud them for seeking solutions for the patients and family members who have to cope with these serious medical conditions on a daily basis.

The medical profession does not have any definitive, black-and-white research (i.e., evidence) when it comes to the efficacy of medical marijuana.

Our policy is based on "uncontrolled" research that suggests that there is a good chance that cannabidiol – an ingredient in the marijuana plant that does not get the patient high – may provide some patients with some health benefits (e.g., ameliorating epilepsy in children).

Unfortunately, more comprehensive studies simply aren't available because, at least in part, the U.S. Food and Drug Administration has classified every cannabinoid as a controlled substance (i.e., it has been illegal).

The landscape is changing as a result of several key developments. First, President Obama signed an executive order that cleared the way for clinical research to take place in academic settings (i.e., the federal government won't actively enforce the law). Second, a number of states have passed laws to decriminalize or legalize cannabinoid products.

Because a physician can't legally "prescribe" a cannabidiol to a patient today as a result of the aforementioned FDA classification, these products could end up being classified as supplements. MAG consequently believes that the state should regulate the quality of the products that are used in clinical trials to safeguard patients. MAG is also calling for product labels that include dose and composition and purity information.

Clinical trials are already underway with pediatric neurology patients in Atlanta, and Georgia Regents University will begin two cannabinoid trials for patients who have refractory epilepsy later this year.

MAG will be focused on ensuring that the products that are used in these trials are truly safe for patients. In addition, we will monitor developments to

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ensure that the physicians who care for these patients aren't held liable for any civil or criminal penalties for violating the federal statutes in the event they are enforced in the future.

It is also worth noting that in order to avoid being at odds with federal law (i.e., the FDA classification), the patients who participate in the clinical trials in Georgia will obtain the cannabinoid products with a physician's "recommendation" rather than a prescription.

As a final but important aside, Georgians should know that MAG opposes the use of marijuana and its derivatives (e.g., THC) for any purpose other than medical research. We adopted this policy for good medical reasons.

The bottom line is that MAG supports the use of marijuana in strictly controlled medical research programs so physicians can obtain some much-needed patient safety and product efficacy research so they can do what is best for their patients and so they can help the state determine what additional steps it should consider taking on this front in the future.

Editor's note: Dr. Shah wrote this column with the assistance of Atlanta neurologist Matthews W. Gwynn, M.D.

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MAG leaders discuss IMGs, legislature on 'TopDocs Radio'



Kate Boyenga, Dr. Manoj Shah, and 'TopDocs Radio' host C.W. Hall on December 9.

The Medical Association of Georgia (MAG) was featured on the 'TopDocs Radio' program on the Business Radio-X Network on two recent occasions – and recordings of the programs are now available online.

MAG President Manoj H. Shah, M.D., and MAG Membership Director Kate Boyenga discussed the role that international medical graduates (IMGs) play in today's health care system on December 9, while MAG Council on Legislation Chair Michael E. Greene, M.D., and MAG Director of Government Relations Marcus Downs discussed MAG's legislative agenda for 2015 on January 13.

[Click to listen to TopDocs MAG IMG program](#)

[Click to listen to TopDocs MAG legislative agenda program](#)

Go to www.mag.org/resources/gr or contact Downs at mardowns@mag.org for additional information.

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CMS expects to penalize 50% of physicians in EHR program

The Medical Association of Georgia (MAG) is encouraging physicians who have received a payment as a result of participating in the Medicare and Medicaid Electronic Health Records (EHR) Incentives Program to contact their EHR or HIPAA solution vendors to confirm that they are meeting the program's "meaningful use" requirements in full.

The Centers for Medicare & Medicaid Services (CMS) has reported that it had paid \$25 billion in incentives to more than 500,000 providers as of December 1, 2014. But CMS also predicts that more than 250,000 providers will be penalized in 2015 for failing to fulfill the meaningful use requirements.

CMS plans to conduct some 38,000 retroactive audits in 2015, and it is stressing that it will recoup the incentives from physicians/practices that that did not meet the meaningful use criteria in full.

CMS auditors have reportedly stated that "...being found deficient on any one measure will cause a provider to be out of compliance. In this case, CMS will recoup the provider's entire stimulus for the reporting period in question." CMS has up to six years to conduct an audit for a given year.

Debra Steen with ACR 2 Solutions, Inc. says that, "In early 2013, nearly 80 percent of phase one audited practices failed their risk assessments. One failed attester in Texas is facing up to five years in federal prison for false attestation and Medicare fraud. Many other attesters have been required to return millions in subsidy funds."

She adds that, "The number one problem for meaningful use qualification is the lack of a 45 CFR 164.308 compliant risk assessment...despite the requirements of both HIPAA and meaningful use."

Meanwhile, the CMS/Atlanta Regional Office says that, "Eligible professionals and eligible hospitals may be exempt from payment adjustments if they can show that demonstrating meaningful use would result in a significant hardship." [Click here](#) for details on hardship exceptions.

MAG members can contact MAG Director of Health Policy and Third Party Payer Advocacy Susan Moore at 678.303.9275 or smoore@mag.org with questions.

[Click for "NueMD HIPAA Compliance Survey Results" article](#)

[Click for CMS "Security 101 for Covered Entities" summary](#)

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MAG subsidiary executive to serve as ACEHP president



Physicians Institute for Excellence in Medicine (PIEM) Executive Vice President Robert L. Addleton, EdD was installed as the vice president of the Alliance for Continuing Education for the Health Professions (ACEHP) during a ceremony that took place in conjunction with the organization's annual meeting in Dallas on January 16. He will consequently serve as ACEHP's president in 2016.

During the meeting, PIEM also received ACEHP's *Outstanding Educational Collaboration Award* for an opioid pain medications project as a member of "CO*RE" -- a multi-partner educational group that

seeks to educate physicians on FDA guidance regarding safe prescribing practices for extended-release and long-acting opioid medications.

And in a key program development, Addleton reports that PIEM will be working with CO*RE in 2015-2016 as a of a grant to continue its activities that will allow it to assist nine state medical societies with educational grants in 2015.

PIEM is one of the Medical Association of Georgia's subsidiaries.

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The Medical Association of Georgia (MAG) is encouraging member physicians and other individuals and corporate sponsors to support MAG Executive Director Donald J. Palmisano Jr. and outside legal counsel Trey Reese (with Hall Booth Smith) with a donation when they run a 200-mile race to raise \$10,000 for the MAG Foundation's 'Think About It' campaign to reduce prescription drug abuse in the state. They will each run 100 miles during the Umstead Endurance Race that will take place near Raleigh, North Carolina on March 28-29. Sponsors can support the duo – aka 'Team Think About It' – with a flat donation or a per-mile pledge. Palmisano has personally pledged \$1,000, and 100 percent of all donations will go to the 'Think About It' campaign. Contact Lori Cassity Murphy at lmurphy@mag.org or 678.303.9282 with questions.

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Fundraiser to support 'Think About It' campaign

The MAG Foundation distributed the following press release on January 6...

The Medical Center Foundation in Gainesville has announced that it will donate the proceeds from its golf tournament in 2015 to the Medical Association of Georgia Foundation's (MAG Foundation) 'Think About It' campaign to reduce prescription drug abuse. The 'Medical Center Open' raised \$250,000 in 2014.

"The MAG Foundation is proud and honored to receive this kind of incredible support," says MAG Foundation President Jack M. Chapman Jr., M.D. "We would like to extend our sincere thanks to The Medical Center Foundation for providing some much-needed resources to combat the prescription drug abuse epidemic in northeast Georgia."

Dr. Chapman explains that the 'Think About It' campaign promotes four key messages: "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."

Dr. Chapman notes that the MAG Foundation will use The Medical Center Foundation funds to develop and disseminate communications resources that address the use of Naloxone (which reverses the effects of an opioid overdose) and Georgia's "Amnesty 9-1-1 Law" (which allows trained first responders to administer Naloxone and which provides limited immunity for people who call 911 for drug overdoses).

He says the funds will also be used to provide subsidies to purchase Naloxone for approved first responders and to provide training in overdose first aid the use of Naloxone and to pay for prescription drug disposal boxes in the community.

Finally, Dr. Chapman stresses that the MAG Foundation will be working "hand-in-hand" with a number of local stakeholders, including physicians, local government and law enforcement officials, college campus police departments, the Georgia Association of Chiefs of Police, and the Georgia Sheriffs' Association.

The 'Medical Center Open' will take place on October 1.

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A message on e-script errors from GPA

By R. Scott Brunner, Executive Vice President & Chief Executive Officer, Georgia Pharmacy Association

E-script errors: Common, frustrating, preventable

Electronic prescriptions were supposed to reduce errors and streamline the medication side of patient care. But from the pharmacists' perspective it feels as if there are more mistakes than ever.

Maybe electronic systems make it feel as if they will catch errors – the same way safer cars have actually led to more accidents. Maybe more nurses and PAs are inputting prescription data, adding additional links in a game of “telephone,” and another opportunity for the message to be garbled.

Whatever the reason, Georgia pharmacists are finding e-scripts riddled with errors.

We've seen a sheaf of examples: Ointments prescribed instead of suspensions. Incomplete SIGs. Dosages that are weight-based but not calculated, or an adult dosage prescribed for a child. And so on.

What happens when a pharmacist catches an error? She has to track down the physician, which – depending on the doctor and the doctor's staff – could set off an hours-long game of telephone tag.

As frustrating as this might seem for the pharmacist, consider the patient: At best, it means annoyance and frustration. At worst, it means someone not getting a critical medication quickly.

And what happens when a pharmacist *doesn't* catch an error? Think about *that*.

As Georgia Pharmacy Association board chair Pamala Marquess put it, “This isn't a rare occurrence, or even an occasional one. The reality is script errors are common across practice settings...unfortunately there are several per *day* – and any error is one too many when your priority is patient safety.”

There are a couple of features of e-script software that seem to cause the most problems.

Default options. Sometimes e-script software tries too hard to help by defaulting to certain options for medications, and a rushed doctor or PA may not realize that the software has entered that default choice. Sometimes the pharmacist will catch the mismatch (e.g., if it's an adult dose prescribed for a child), other times...maybe not.

The notes field. This is probably the source of most problems. A doctor will

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indicate one thing using the software, but give conflicting instructions in the notes. For example, choosing ‘1 tablet daily’ from the menu but writing ‘Take 1 tablet BID’ in the comments. Another: Adding “Brand written” or “DAW” to the Notes field. That isn’t enough; the DAW code has to be checked or the law says the pharmacist can’t provide the brand name drug.

In all these cases, pharmacists can’t guess which is the correct choice. They have to contact the doctor and wait for new prescriptions.

And something else you may not realize: Pharmacies pay for *each* e-script they receive. Every time you send a correction, it costs the pharmacy.

Pharmacists do a lot more than count pills and measure dosages. Among many other things, they ensure that what’s on a prescription makes sense for their patients. That starts with knowing they can trust what’s on those prescriptions.

An extra few minutes making sure what’s being sent will be crystal clear on the receiving end will save everyone – doctors, pharmacists, and most importantly *patients* – time, frustration, and money. And yes, it could even save a life.

By the numbers

In 2008, just five percent of Georgia physicians were prescribing electronically; by April 2014, that number had risen to 65 percent.

In 2008, 78 percent of Georgia community pharmacies were equipped to accept e-prescriptions. In 2014, it was 78 percent.

In 2013, the state crossed the halfway point when about 53 percent of new and renewed prescriptions were sent electronically.

Editor’s note: This is the verbatim article that was submitted to e-News from MAG.

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The free shipping is in addition to the normal 15 percent MAG member discount. MAG member physicians can also add their practice's logo or multiple providers and addresses to the prescription pads/EMR printer paper at no additional charge.

Go to <https://www.rxsecurity.com/mag-order> or call 800.667.9723 and use promo code "MAG013115" to order prescription pads/EMR printer paper from Rx Security, which is one of MAG's endorsed product vendors.

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Georgia Drug Card can help patients afford medications

The Georgia Drug Card reports that, "According to an article that ran in the Chicago Tribune, consumers and insurers paid an average of \$41.88 for a generic-drug prescription in recent years, up from a four-year average of \$14.21 between 2005 and 2009...(and) more than a third of available generics (now) cost insurers and consumers more than \$100 per prescription."

With that in mind, the Georgia Drug Card is reminding physicians in the state 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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Ad: Physicians needed for physicals in Brunswick & Macon

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

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Saira Adeel, M.D., Marietta
Khizer Khurshid Ahmad, M.D., Canton
Akif Ahmad, M.D., Acworth
Hanna T. Akiki, M.D., Austell
Joenie Teodoro Almeida, M.D., Savannah
Akiko Ando, M.D., Atlanta
Ahmed Sheeraz Babar, M.D., Kennesaw
Uno Omar Barcelli, M.D., Austell
Pamela Joyce Barnes, M.D., Atlanta
Tracy Watson Barr, M.D., Marietta
Sudhir R. Belagaje, M.D., Austell
Roger Wayne Beville, M.D., Metter
Alesia Renee Billingslea, M.D., Marietta
Joseph Dennis Biuso, M.D., Rome
Christopher G. Bowers, M.D., Milledgeville
Georgia Bromfield, M.D., Smyrna
Michaele L. Brown, M.D., Smyrna
Harlan Jason Bruner, M.D., Athens
Michelle McClain Calabro, M.D., Albany
Sheri Diane Campbell, M.D., Villa Rica
Cassie Nicol Campbell, M.D., Athens
Douglas Campbell, M.D., Marietta
F. Clark Cantrell Jr., M.D., Marietta
Nisha Chande, M.D., Atlanta
David Li-Wei Cheng, M.D., Savannah
Ruby Jo Graves Cheves, M.D., Athens
Jean Chin, M.D., Atlanta
Manu Chinnachandrudigari, M.D., Atlanta
Samina Choudhry, M.D., Marietta
Marilyne R. Christian, M.D., Kennesaw
George Bennett Cierny, M.D., Atlanta
Elving Colon, M.D., Thomasville
Mark Patrick Crick, M.D., Albany
John V. Cuff, M.D., Athens
Leland Reamer Dampier III, M.D., Savannah
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Amita N. Dave, M.D., Austell
Robert Christian Davies, M.D., Conyers
Jack Melvin Deese Jr., M.D., Brunswick
Craig Denlinger, M.D., Savannah
Samish Dhungana, M.D., Atlanta
John DiCarlo, M.D., Roswell

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Jack Randolph Eades, M.D., Savannah
Ravi Edupuganti, M.D., Atlanta
Thomas Lane Estes Jr., M.D., Augusta
Deena Heath Evans-Theiss, M.D., Marietta
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MAG Foundation leader to give talk in Columbus on opioid abuse

P. Tennent Slack, M.D. – a co-chair of the Medical Association of Georgia Foundation's 'Think About It' campaign to reduce prescription drug abuse – will give a "Prescription Opioid Overdose Epidemic" presentation at a Georgia Association of Physicians of Indian Heritage meeting that will take place at the Columbus Georgia Convention and Trade Center (801 Front Street) this Saturday, February 7.

Coffee will be served during a reception for U.S. Rep. Tom Price, M.D., that will take place from 5 p.m. to 6 p.m. The formal program will begin with a reception at 5:30 p.m. Dinner will be served. The event is free for MAG members – though registration will be capped at about 200. Contact Piyush Patel, M.D. at Piyu01@gmail.com or 706.507.5441 with questions and to register for the event.

Go to www.GAPI.org for additional information on GAPI. Go to <http://www.rxdrugabuse.org> to support the 'Think About It' campaign with a donation.

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Free 'physician workforce' webinar to take place on February 26

The Physicians Foundation is encouraging physicians to register for a free 'Learning To Identify Physician Workforce Challenges in Your Community' webinar that will take place from 1 p.m. to 2 p.m. on Thursday, February 26. The event will feature Erin Fraher, Ph.D., who is the lead developer at the University of North Carolina's Program on Health Workforce Research and Policy. She will discuss how to "leverage a new interactive workforce tool that will help you better understand whether the supply of physicians in your local area will be available to meet the demand for different types of health care services."

The Physicians Foundation says the webinar will cover "Specific components of the model that allow timely, customizable projections at local, state and national levels; how to use the online tool to deliver invaluable, actionable data on physician shortages; why policy makers and clinicians need to reframe how people think about physician supply and demand – and what is needed to address patient access issues; and key findings from model test trials."

Send an email to physfnd@cooperkatz.com to register for the event; participants will receive additional information once they register.

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." Go to www.physiciansfoundation.org for additional information.

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CMS flags EHR deadline, will use rulemaking to "help" providers

The Centers for Medicare & Medicaid Services (CMS) is reminding eligible professionals who are participating in the Medicare EHR Incentive Program that they "have until February 28, 2015 to attest to demonstrating meaningful use of the data collected during your EHR reporting period for the 2014 calendar year."

CMS also stresses that (eligible professionals) must attest to demonstrating meaningful use every year to receive an incentive and avoid a Medicare payment adjustment."

And CMS notes that, "Payment adjustments were applied beginning January 1, 2015 for Medicare eligible professionals that did not successfully demonstrate meaningful use in 2013 (or 2014 for first-time participants) and did not receive a 2015 hardship exception. Medicare eligible professionals that did not successfully demonstrate meaningful use in 2014 and do not receive a 2016 hardship exception will have payment adjustments applied beginning January 1, 2016. The application period will open in early January 2015."

In another EHR development, CMS has announced that it plans to "engage in rulemaking this spring to help ensure providers continue to meet (the Medicare and Medicaid EHR Incentive Programs) meaningful use requirements."

CMS says that it is considering: "Shortening the 2015 reporting period to 90 days to address provider concerns about their ability to fully deploy 2014 edition software; Realigning hospital reporting periods to the calendar year to allow eligible hospitals more time to incorporate 2014 edition software into their workflows and to better align with other quality programs; (and) Modifying other aspects of the programs to match long-term goals, reduce complexity, and lessen providers' reporting burden."

Finally, CMS states that "(while it) intends to pursue these changes through rulemaking, they will not be included in the pending Stage 3 proposed rule. CMS intends to limit the scope of the pending proposed rule to Stage 3 and meaningful use in 2017 and beyond."

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Medicaid providers must now enroll online

The Georgia Department of Community Health (DCH) is stressing that, "Effective January 1, 2015, DCH and Hewlett-Packard Enterprise Services (HPES) will no longer accept paper enrollment applications...will require that all individual providers submit their enrollment applications online through the Georgia Medicaid Management Information System (GAMMIS) at www.mmis.georgia.gov."

DCH says that it is "implementing this process to expedite the enrollment process for Georgia Medicaid providers, and to increase efficiency, effectiveness and reduce the administrative burden for the provider community."

DCH stresses that, "All paper application forms will be removed from GAMMIS. Additionally, any paper applications received on or after January 1, 2015, will be returned to the applicant with instructions to submit the application online through the GAMMIS Web Portal."

Call 800.766.4456 or email Enrollment@dch.ga.gov with questions.

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Residents can get NPI/Medicaid ID to prescribe outpatient Rx

The Georgia Department of Community Health (DCH) has announced that, "Effective January 1, 2015, medical residents may obtain an NPI and Medicaid ID in order to prescribe outpatient prescription medications. Pharmacies may submit the NPI of the medical resident who has signed the prescription on the pharmacy claim in the prescriber ID field."

DCH adds that "facilities may continue to use a prescription that is countersigned by the attending or supervising physician if they do not wish to enroll their residents and those claims should be billed under the (attending or supervising physician's) NPI number."

And DCH is stressing that, "Medical residents may only prescribe medications; they may not order, refer or bill other services."

In a related development, DCH announced that, "As of January 1, 2015, licensed marriage and family therapists (LMFTs) and licensed professional counselors (LPC) will be added as 'ordering practitioners' (once they complete the required OPR application)."

According to DCH, "(The Patient Protection and) Affordable Care Act requires physicians and other eligible practitioners who order, prescribe and refer items or services for Medicaid beneficiaries to be enrolled in the Georgia Medicaid Program. (And beginning on) June 1, 2014, service claims began denying if the ordering, referring or prescribing provider was not enrolled in Georgia Medicaid and the OPR provider's NPI number was not submitted on the claim."

Contact Linda Wiant with DCH at 404.657.9092 or lwiant@dch.ga.gov with questions.

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DCH to sign new Medicaid CMO contracts

The Georgia Department of Community Health (DCH) has announced that the "contracts for the Care Management Organizations (CMOs) serving nearly 1.4 million Georgia Medicaid/Georgia Families and Georgia Families 360° members will expire on June 30, 2016. Georgia Medicaid will be reprocurring the CMO contracts for Georgia Families with a July 1, 2016, effective date, including one CMO for Georgia Families 360°."

DCH also notes that, "Bidders must be able to demonstrate statewide access to care. Providers may be contacted by prospective bidders and current CMO representatives requesting Letters of Intent that will be provided to DCH during the procurement process."

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CMS clarifies CME/Open Payments reporting requirement

The American Medical Association (AMA) recently reported that the Centers for Medicare and Medicaid (CMS) has clarified the need for physicians to report Continuing Medical Education (CME) in the CMS Open Payments System, which is used to collect information about the financial relationships that physicians and hospitals have with health care manufacturing companies.

AMA says that "...the guidance was intended to clarify the Physician Fee Schedule Final Rule decision that independent CME would not be subject to reporting in most cases, but there would be certain circumstances when certain transfers to third parties could be treated as reportable indirect transfers. The guidance triggered widespread concern that CMS was reversing its Final Rule decision regarding transfers to CME providers that adhere to standards to ensure independence from manufacturer control or influence."

AMA reports that CMS is consequently stressing that "the (following) example (that was) provided in the Final Rule regarding independent CME remains applicable (i.e., reporting will only be triggered if a manufacturer requires, instructs, or directs the organization to use the funds for physicians)"...

When an applicable manufacturer or applicable GPO provides funding to a continuing education provider, but does not either select or pay the covered recipient speaker directly, or provide the continuing education provider with a distinct, identifiable set of covered recipients to be considered as speakers for the continuing education program, CMS will consider those payments to be excluded from reporting under § 403.904(i)(1). This approach is consistent with our discussion in the preamble to the final rule, in which we explained that if an applicable manufacturer conveys "full discretion" to the continuing education provider, those payments are outside the scope of the rule (78 FR 9492). In contrast, for example, when an applicable manufacturer conditions its financial sponsorship of a continuing education event on the participation of particular covered recipients, or pays a covered recipient directly for speaking at such an event, those payments are subject to disclosure (67759 Federal Register /Vol. 79, No. 219 /Thursday, November 13, 2014 /Rules and Regulations).

AMA notes that the Final Rule also states that...

...if an applicable manufacturer or applicable GPO provides funding to support a continuing education event but does not require, instruct, direct, or otherwise cause the continuing education event provider to provide the

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payment or other transfer or value in whole or in part to a covered recipient, the applicable manufacturer or applicable GPO is not required to report the payment or other transfer of value. The payment is not reportable regardless if the applicable manufacturer or applicable GPO learns the identity of the covered recipient during the reporting year or by the end of the second quarter of the following reporting year because the payment or other transfer of value did not meet the definition of an indirect payment. This approach is also consistent with our statement at (78 FR 9490), where we explained that “if an applicable manufacturer provided an unrestricted donation to a physician professional organization to use at the organization’s discretion, and the organization chose to use the donation to make grants to physicians, those grants would not constitute ‘indirect payments’ because the applicable manufacturer did not require, instruct, or direct the organization to use the donation for grants to physicians.” Therefore, because such payments are not indirect payments, we do not need to create an additional exclusion specific to continuing education indirect payments by modifying the indirect payment exclusion at § 403.904(i)(1) (67760 Federal Register / Vol. 79, No. 219 / Thursday, November 13, 2014 / Rules and Regulations, emphasis added).

Finally, AMA says that CMS has “suggested that the one caveat to the foregoing would be those instances where the CME panel was so specialized that the manufacturer/GPO would know the identity of the recipients because the number of individuals qualified to provide the education would be so limited.”

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DPH releases results of Georgia telemedicine study

The College of Allied Health Sciences at Georgia Regents University surveyed more than 250 physicians in the state as part of a telemedicine needs assessment study that it conducted for the Georgia Department of Public Health (DPH) – and it reports that about half of those physicians said they practiced telemedicine in the last year.

The study found that the most common telemedicine services that are used in Georgia today include mental health/telepsychiatry, consultations with specialists, and dermatology. It also determined that, "Rural physicians were more likely to have referred patients for telemedicine services, but significant differences were not found for any other responses when compared based upon geography."

A little more than a quarter of the physicians who completed the survey said that they were "knowledgeable" or "very knowledgeable" about telemedicine, while a comparable number classified themselves as "not knowledgeable."

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Governor appoints insurance agent to DCH Board

Georgia Gov. Nathan Deal recently appointed Russ Childers to the Georgia Department of Community Health's (DCH) Board of Directors. According to a press release that was distributed by the Georgia Associations of Health Underwriters, "Childers has been a life and health insurance agent for 42 years. DCH is oversees several key programs in Georgia, including Medicaid, PeachCare for Kids®, and the State Health Benefit Plan.

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DCH newsletter addresses "all matters DCH"

Physicians and practice staff who would like to receive the Georgia Department of Community Health's 'DCH-i' newsletter should send an email to dch-i@dch.ga.gov. DCH says the electronic newsletter addresses "all matters DCH."

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