

July 1, 2015

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AMA addresses key issues at annual meeting, including ICD-10, IPAB, MOC & GME

The Georgia delegation reports that a number of important developments took place during the American Medical Association's (AMA) annual meeting in Chicago in June. AMA's House of Delegates

- Called for more transparency and education in the maintenance of certification (MOC) process
- Called for a two-year grace period for the ICD-10 billing codes that are scheduled to go into effect on October 15, 2015
- Passed a policy to "address insufficient funding for graduate medical education (GME) ahead of a predicted shortage of 46,000-90,000 physicians [in the U.S.] over the next decade
- Called for "additional steps to address the [opioid misuse epidemic]"
- Passed a policy that says that "medical reasons should be the only exemptions from vaccinations"
- Adopted a policy that supports a new study that will "prevent violence against health care professionals while in the workplace."

In another development, AMA President James L. Madara, M.D., recently sent a letter to Congressional leaders to encourage them to support the 'Protecting Seniors' Access to Medicare Act of 2015' (H.R. 1190), which would repeal the Medicare Independent Payment Advisory Board (IPAB).

Dr. Madara stressed that, "The IPAB's arbitrary, annual cost cutting targets will likely lead to short-sighted strategies that will threaten access to care for millions of Medicare patients across the country."

He also said that, "Getting rid of the IPAB will allow physicians and policymakers to focus on long-term efforts to improve care quality, improve health outcomes, and make Medicare more sustainable while preserving access to care for seniors now and in the future."

S. William Clark III, M.D., is the chair of Georgia's AMA delegation, while Sandra B. Reed, M.D., is the vice chair.

MAG members can contact MAG Executive Director Donald J. Palmisano Jr. at dpalmisano@mag.org with questions related to the AMA meeting.

[Click for complete AMA meeting summary](#)

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‘Health care spending billions to protect the records it spent billions to install,’ www.politico.com, June 1, 2015

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MAG member voted into office as chair-elect of AMA Board

The American Psychiatric Association released the following press release on June 10...

Patrice Harris, M.D., a psychiatrist and past member of the American Psychiatric Association (APA) Board of Trustees, was voted into office as chair-elect of the American Medical Association (AMA) Board of Trustees earlier today.

The Board of Trustees is an elected body of 21 physicians who guide the AMA as it sets standards and policy for the medical profession. "I am thrilled that Dr. Harris will serve as Chair-Elect on the AMA Board," said APA President Renee Binder, M.D. "The APA Board of Trustees is looking forward to working with her as both groups strive to improve and advance the practice of medicine."

Dr. Harris' election to chair-elect comes in the wake of her re-election to a second term on the AMA Board of Trustees. She was first elected to the board in 2011. APA CEO and Medical Director Saul Levin, M.D., noted: "It's an honor to have one of our former Board of Trustees members re-elected to the AMA Board of Trustees and become chair-elect of the board. Dr. Harris will continue to carry the integration of psychiatry and mental health within the house of medicine."

Dr. Harris has taken on several leadership roles at the AMA, including a term as chair of the AMA Council on Legislation. "It's a great honor to be elected chair-elect to our AMA Board of Trustees," Dr. Harris said. "I am proud to be in this role and to have a strong voice for the patients we serve. My success in the AMA is in no small part due to the hard work of the members of the Section Council on Psychiatry."

Dr. Harris is the Director of Fulton County Health Services and the head of the Fulton County Department of Behavioral Health and Developmental Disabilities. As director of health services for Fulton County, which includes Atlanta, Dr. Harris directs all county health services, including health partnerships that deliver a wide range of treatment and prevention services. She is a past president of the Georgia Psychiatric Physicians Association and served as a member of the AMA Women Physicians Congress. Dr. Harris also maintains a private psychiatric practice.

Dr. Harris is a member of the Medical Association of Georgia.

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MAG unveils "Medical Cannabinoid Oil Registry" fact sheet

The Medical Association of Georgia (MAG) has produced a one-page fact sheet that explains how affected patients can register to possess medical cannabinoid oil in the state.

Lawmakers passed a measure (H.B. 1) during this year's legislative session that allows Georgians who have one or more of eight covered conditions to obtain a written verification from a physician to possess up to 20 fluid ounces of low-level THC cannabinoid oil – including up to five percent for adults and up to three percent for children.

MAG Legal Counsel Trish Yeatts explains that, "Patients who wish to obtain the oil must consult with their physician who must agree to submit the required forms verifying that the patient is suffering from one of the covered conditions."

She says the covered conditions include cancer (end-stage or when the treatment produces a related wasting illness and/or recalcitrant nausea and vomiting); seizure disorders that are related to epilepsy or trauma-related head injuries; ALS; multiple sclerosis; Parkinson's disease; sickle cell disease (severe or end-stage); and Crohn's or mitochondrial disease.

Yeatts also stresses that, "The decision to allow patients to obtain cannabinoid oil is solely at the discretion of the physician."

She explains that the process includes three primary steps, including having the patient sign a waiver, having the physician register for and log into the Georgia Department of Public Health's "Low THC Registry," and having the physician submit quarterly reports to the Georgia Composite Medical Board. MAG members can contact Yeatts at 678.303.9274 or pyeatts@mag.org with questions.

[Click for MAG fact sheet](#)

[Click for Georgia DPH "Low THC Oil Registry" website](#)

[Click for patient waiver](#)

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Physicians should check BCBSGa 'Pathway' status by July 3

The Medical Association of Georgia (MAG) is encouraging physicians who wish to remain in the BlueCross BlueShield of Georgia (BCBSGa) 'Pathway Network' to confirm that they have "in-network" hospital privileges by Friday, July 3. BCBSGa addressed the subject in a letter that it recently sent to nearly 500 physicians in the state.

The company says that, "Physicians participating in our Pathway Network must have privileges at a Pathway hospital if they practice in a specialty that utilizes hospital services. Physicians participating in the Pathway Network may also choose to have admitting arrangements in place with another physician participating in the Pathway Network to ensure Pathway members are admitted to an in-network Pathway hospital. If you currently do not have privileges at a Pathway hospital, you may choose to pursue privileges."

BCBSGa also stresses that, "Pathway (HMO) and Pathway X (HMO) members do not have out-of-network benefits. These members must see in-network physicians and use in-network hospitals or they have no benefits except for emergent care..."

The company says that affected physicians should fax the form that was included with the aforementioned letter to 866.993.3936 by Friday, July 3 – adding that it will follow-up with any physicians who fail to do so.

Finally, BCBSGa is emphasizing that "any modification to a provider's participation in the network would follow the notification guidelines in the agreement with that provider."

Physicians should contact their BCBSGa network consultant or call BCBSGa at 800.428.4446 with questions.

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

[Click for BCBSGa 'Pathway Network' letter](#)

[Click for BCBSGa 'Pathway Network' hospital list](#)

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Château Élan offering discount for rooms for MAG's "Summer Legislative Education Seminar" until this Thursday, July 2

The Medical Association of Georgia (MAG) will host its annual "Summer Legislative Education Seminar" at the Château Élan Winery & Resort in Braselton on Friday, July 31 and Saturday, August 1.

MAG is encouraging attendees to call 678.425.0900 and reference the "Medical Association of Georgia" or go to <https://booking.chateauelan.com> and use code 63Q8MJ to obtain a discounted room rate of \$185 per night plus taxes. The discount will be available until July 2 or when the block of rooms sells out.

Contact Anita Amin at 404.299.7700 or anita@jlh-consulting.com with questions.

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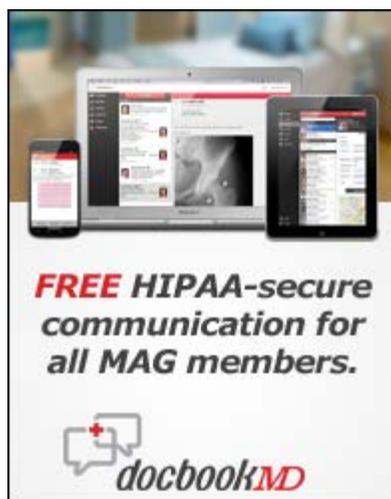
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MAG Foundation promoting Naloxone fact sheet & encouraging physicians to sign up for golf tourney to benefit 'TAI' campaign

Several noteworthy developments have recently taken place with respect to the Medical Association of Georgia Foundation's 'Think About It' campaign to reduce prescription drug abuse in the state.

The MAG Foundation is promoting the availability a new one-page fact sheet that addresses Georgia's '9-1-1 Medical Amnesty Law', which 1) allows physicians to prescribe Naloxone (to reverse the effects of an opioid overdose) to at-risk patients or people who are in a position to help those patients and 2) established limited civil and criminal immunity for physicians who prescribe Naloxone and others who administer the drug to patients who are suffering from an opioid overdose.

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

[Click for MAG's '9-1-1 Medical Amnesty Law' fact sheet](#)

The MAG Foundation is also encouraging physicians in the state to support a golf tournament that The Medical Center Foundation in Gainesville will host on Thursday, October 1 to raise funds for the 'Think About It' campaign as a player or a sponsor.

The Medical Center Foundation hopes to raise nearly \$200,000 for the 'Think About It' campaign during the Medical Center Open, which will take place at the Chicopee Woods Golf Course in Gainesville.

MAG Foundation President Jack M. Chapman Jr., M.D., says the MAG Foundation will use the proceeds to develop and disseminate communications resources that address the proper use of Naloxone as well as the provisions of the 9-1-1 Medical Amnesty Law to physicians and other key stakeholders in the Northeast Georgia Medical Center's 13-county service area. Dr. Chapman adds that the funds will also be used to purchase Naloxone for first responders and to train first responders and to pay for prescription drug disposal boxes.

[Click here](#) or contact MAG Foundation Program Development Director Lori Cassity Murphy at 678.303.9282 or lmurphy@mag.org with questions related to the golf tournament.

[Click for golf tournament flyer/registration form](#)

And with the assistance of MAG member and Director of Fulton County Health Services Patrice Harris, M.D., MAG Executive Director Donald J. Palmisano Jr. and 'Think About It' Community Chairman Dallas Gay generated support for the 'Think About It' campaign on Fulton Government

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TV’s ‘Health Line’ program in June.

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Physicians Foundation & CMS promoting free ICD-10 resources, while AMA calls for two-year grace period for transition

The Physicians Foundation is encouraging physicians to take advantage of a free 'ICD-10 Charts' resource that was designed to help medical practices make the transition to the ICD-10 billing codes that are scheduled to go into effect on October 1, 2015.

"ICD-10 Charts is a collection of innovative ICD-10 training resources that can help streamline your entire ICD-10 implementation process and save your practice a considerable amount of time and money..." says Parth Desai, the Mercer University medical student who founded ICD10Charts.com.

He explains that, "The ICD-10 Chartbuilder is the focal point of our system, allowing any practice to make fully personalized ICD-9 to ICD-10 conversion templates, instantly. Every conversion template is custom-made to only include the ICD-10 codes needed for your practice, and can be printed, exported to your EMR, saved, and updated to fit your needs."

And Desai notes that, "The ICD-10 Charts Training Academy includes over five hours of end-to-end ICD-10 training, specialty-specific ICD-10 training, and also a more concise version of the course for busy physicians and nurses. The goal is for practices to make the entire transition to ICD-10, using only these free services."

ICD-10 Charts has customizable templates for every major medical specialty, according to Desai.

[Click for ICD10Charts.com](#)

[Click to watch ICD-10 Charts video](#)

Meanwhile, the Centers for Medicare & Medicaid Services (CMS) is promoting the availability of an *ICD-10 Quick Start Guide* that "outlines five steps health care professionals should take to prepare for ICD-10.

[Click for CMS 'ICD-10 Quick Start Guide'](#)

And in a related development, the American Medical Association is encouraging physicians to contact their Congressional leaders to call for a two-year grace period to make the ICD-10 transition.

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Recordings of MAG calls on immunizations, collections online

A recording of a town hall conference call that the Medical Association of Georgia (MAG) hosted on June 15 that addressed adult immunizations in Georgia is now available online.

The call featured Adrienne Mims, M.D., who is the chief medical officer for Medicare Quality Improvement for Alliant GMCF, and Liza Chapman, who is the second vice president of the Georgia Pharmacy Association. Dr. Mims discussed adult immunization disparities in Georgia, a new project that Alliant GMCF will oversee to increase immunization awareness among adults in the state, and the Georgia Immunization Registry (GRITS) reporting requirements. Chapman addressed the immunization requirements for pharmacists in the state.

A recording of a "Maximizing Patient Collections" webinar that MAG hosted on June 16 is also now online. This is part of a "Practice Management: What You Need to Know Now" webinar series that MAG is hosting for its members and their staff on an exclusive basis. MAG will also host a "Missed Appointments = Missed Opportunities" session on July 20 and a "Front Office Success" session on August 17. The three-part series features Elizabeth Woodcock, who is a nationally recognized practice management expert.

The free events have been supported with a grant from Health Care Research, a subsidiary of Alliant Health Solutions.

[Click for immunizations town hall recording](#)

[Click for Dr. Mims slides](#)

[Click for Liza Chapman slides](#)

[Click for patient collections webinar recording](#)

[Click to register for July 20 and/or August 17 webinars](#)

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Physicians Institute for Excellence in Medicine Executive VP appears on MAG's 'Top Docs Radio' show



Bob Addleton, EdD, the executive vice president of the Medical Association of Georgia's Physicians Institute for Excellence in Medicine (PIEM), appeared on the 'Top Docs Radio' program on the Business Radio-X Network on June 9.

He discussed how PIEM helps patients and physicians in Georgia and a number of other states, including the work it is doing to promote the patient-centered medical home – as well as its leadership workshops, educational programs (e.g., opioids), and collaborative grants (e.g., chronic pain).

PIEM's mission is to "promote patient safety and achieve clinical improvements for physicians, members of the health care team, and their patients."

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OIG issues anti-kickback alert

The U.S. Office of Inspector General (OIG) recently issued an alert that said that "physicians who enter into compensation arrangements must ensure that these arrangements reflect the fair market value for services the physicians actually provide."

OIG stressed that, "A compensation arrangement may violate the anti-kickback statute if even one purpose of the arrangement is to compensate a physician for his or her past or future referrals of public payer business."

Medical Association of Georgia Legal Counsel Trish Yeatts reports that OIG recently settled with 12 physicians who entered into questionable medical directorships and office staff arrangements.

She explains that, "OIG alleged that the arrangements constituted improper compensation under the anti-kickback statute for a number of reasons, including that the payments were based on the physicians' volume or value of referrals and did not reflect fair market value for the services to be performed. And in some cases, OIG said affiliated health care entities paid the salaries of the physicians' front office staff."

The physicians or physician groups that were involved were each reportedly fined between \$50,000 and \$200,000.

"The bottom line is that OIG has been increasing its efforts to punish physicians for Medicare and Medicaid violations," says Yeatts. "So I would suggest physicians have private counsel review any existing or impending compensation arrangements, such as medical directorships, to ensure that they comply with existing law."

Contact Yeatts at 678.303.9274 or pyeatts@mag.org with questions.

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The Medical Association of Georgia (MAG) is encouraging county medical society 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 in conjunction with MAG's House of Delegates (HOD) meeting 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 county medical society. 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 county medical society 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 no later than Friday, July 17.

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 with questions.

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MAG’s HOD meeting will take place at the Hyatt Regency Savannah on Saturday, October 17 and Sunday, October 18. MAG’s Board of Directors will meet at the Hyatt Regency Savannah on Friday, October 16.

The Hyatt Regency Savannah is sold out — though attendees should 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 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

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

“MAG employs a democratic process,” says MAG Executive Director Donald J. Palmisano Jr. “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 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 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 or contact Yeatts at pyeatts@mag.org or 678.303.9274 with questions related to HOD resolutions.

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Financial Times honors MAG member 401(k) plan manager

Kevin Rainwater – a managing partner at the Atlanta Capital Group who manages the 401(k) retirement plan that is available to MAG member physicians and practices – has been honored as one of the Financial Times' 'Top 401 Retirement Advisers.'

"This is a great tribute," says MAG Executive Director Donald J. Palmisano Jr. "This says a lot about Kevin Rainwater's capabilities as a leading financial advisor, not to mention the caliber of the Atlanta Capital Group."

MAG member practices can save time and money and retain employees by participating in the MAG-sponsored 401(k) retirement plan that's available through ACG and Transamerica. Contact Rainwater at 404.893.4100 or krainwater@atlantacapitalgroup.com for details.

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GDC flags article on proliferation of generic medicines

The Georgia Drug Card has flagged an article that appeared in the Miami Herald that says that, "About six of every seven prescriptions filled in the U.S. today are for generic medicines, as consumers, employers and health plans increasingly turn to generics to save money...(meanwhile) many insurance plans increasingly shift more of the medicine bill onto patients, through higher copayments and bigger deductibles."

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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Classified: Physicians needed to perform physicals

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

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New MAG members

MAG welcomed the following new members during June...

Tamin Mohamad Al-Kharrat, M.D., Canton
Jayendrakumar J. Shah, M.D., Duluth
Meena J. Shah, M.D., Duluth

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GCMB releases new vaccine protocol forms

The Georgia Composite Medical Board (GCMB) recently released the forms that were produced as a result of H.B. 504, which requires every vaccine protocol to be filed with GCMB beginning on July 1, 2015.

According to GCMB, "The bill requires pharmacists and nurses who are parties to a vaccine protocol to hold current certification in Basic Cardiac Life Support, complete certain training, and to maintain individual liability insurance of at least \$250,000. Each pharmacist and nurse who is a party to a protocol must also submit a notarized affidavit to the delegating physician attesting to compliance with the law's liability insurance, certification, and training requirements, and identifying the location or locations in which the pharmacist or nurse will administer vaccinations pursuant to the vaccine protocol agreement."

GCMB also notes that, "Each vaccine protocol agreement must be submitted to the Board, along with the affidavits and proof of individual liability insurance. Protocol agreements must be renewed biennially."

The Medical Association of Georgia supported H.B. 504 given the strict limits and notification requirements.

[Click for H.B. 504 details & forms](#)

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Alliant Quality gets CMS award to improve immunization rates

Alliant Quality recently distributed the following press release...

Alliant Quality, the Quality Innovation Network-Quality Improvement Organization (QIN-QIO) for Georgia and North Carolina, has been awarded a new project by the Centers for Medicare & Medicaid Services (CMS) to improve adult immunization rates in Georgia.

Our goal under the initiative, Improve Medicare Beneficiary Immunization Rates Through Improved Tracking, Documentation, and Reporting with a Special Focus on Reducing Immunization Health Care Disparities is to move Georgia to the Healthy People 2020 goal in adult immunizations of influenza, pneumonia and zoster and reduce racial disparities.

"No one in America should die from a vaccine preventable illness," said Adrienne Mims, M.D., MPH, FAAFP, AGSF, Vice President, Chief Medical Officer, Medicare Quality Improvement for Alliant Quality. "Yet, in Georgia, we have low rates of vaccination for influenza and pneumonia among seniors. This is especially true for African American elders. Clinicians who choose to care for seniors can prevent illness and deaths by assessing vaccine status and either providing the vaccine or referring their patients to locations to receive them. Together, we can increase immunization rates and reduce the racial disparity in Georgia."

Alliant Quality will create a Learning and Action Network (LAN) in Georgia and integrate the immunization work with other current quality improvement initiatives. Through the LANs, participants will receive education on best practices, share successes and lessons learned.

Pneumonia and influenza, both vaccine preventable diseases, greatly impact adults age 65 and older. According to the Centers for Disease Control and Prevention's Behavioral Risk Factor Surveillance System (BRFSS), the influenza immunization rate for adults in Georgia over age 65 in 2013 was 54.6 percent compared to the national average of 62.6 percent.

"We are excited to further our quality improvement efforts in Georgia as the Medicare QIN-QIO," said Dennis White, MSIT, DHA, President and CEO, Alliant Health Solutions. "Through this new immunization project we have the opportunity to expand our work with health care providers and other stakeholders in striving to improve health and quality for beneficiaries, families, and caregivers."

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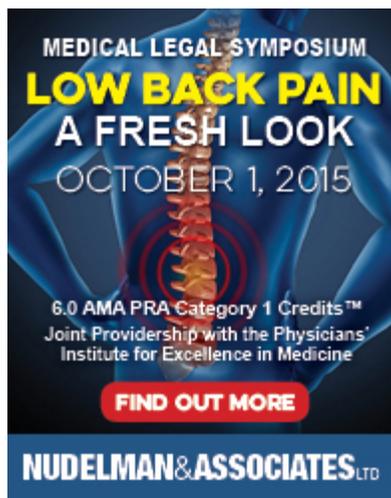
For information on how to join these efforts, visit www.alliantquality.org.

Alliant Quality is a not-for-profit organization dedicated to continuously improving health care. In operation since 1970, Alliant Quality provides innovative health care solutions focused on quality improvement, utilization management, medical review, and health care outcomes research.

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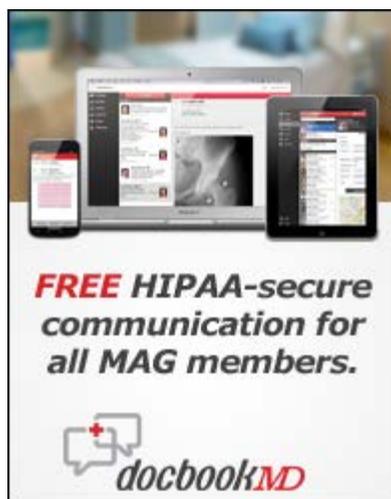
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Alliant Quality to help 25 Georgia practices to submit PQRS data

Alliant Quality is recruiting up to 25 medical practices in Georgia to participate in an initiative that will provide those practices with free support to submit PQRS (*Physician Quality Reporting System*) information to Medicare using an electronic health record (EHR) system or a data submission vendor (DSV).

Alliant Quality says that the practices would need to be able to report two clinical quality measures (CQM) – including Controlling High Blood Pressure (NQF 0018) and Tobacco Cessation Counseling (NQF 0028) – in addition to the seven CQM that are needed to meet the core PQRS reporting requirements.

Alliant Quality stresses that any medical specialty is eligible as long as it can report the aforementioned CQM.

Alliant Quality also notes that participating practices must use one of the following EHR systems: Aprima, ASP.MD, Athena Health, Azzly EHR, Cerner, Cure MD, eMSs, Medical Office System, Meditouch, Medinformatix, Medical and Practice Management, MPM (LSS Data Systems), Practice Fusion, Practice Studio, SuperEMR, Springcharts, Success EHS, Total Outcomes Management, and Vitera Intergy.

Alliant Quality says the participating practices must submit the two enrollment forms by Wednesday, July 22.

Alliant Quality is the Medicare QIN-QIO for Georgia and North Carolina.

Contact Tara McAdoo at 678.527.3673 or tara.mcadoo@alliantquality.org with questions.

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CMS correcting eCQM measures for 2016 eReporting

The Centers for Medicare & Medicaid Services (CMS) has announced that it is "updating select electronic clinical quality measures (eCQMs) that eligible professionals and eligible hospitals will electronically report in 2016 [that were posted on the CMS website on May 1] for the annual update of the 2014 measure set. Errors have been found in the XML renderings of 12 eligible professional eCQMs and four eligible hospital eCQMs. Corrections for these measures should affect only those who are electronically consuming the Healthcare Quality Measures Format (HQMF)."

According to CMS, the measures that affect eligible professionals include: "CMS128v4, Anti-depressant Medication Management; CMS136v5, ADHD: Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication; CMS137v4, Initiation and Engagement of Alcohol and Other Drug Dependence Treatment; CMS145v4, Coronary Artery Disease (CAD): Beta-Blocker Therapy-Prior Myocardial Infarction (MI) or Left Ventricular Systolic Dysfunction (LVEF <40%); CMS155v4, Weight Assessment and Counseling for Nutrition and Physical Activity for Children and Adolescents; CMS156v4, Use of High-Risk Medications in the Elderly; CMS160v4, Depression Utilization of the PHQ-9 Tool; CMS182v5, Ischemic Vascular Disease (IVD): Complete Lipid Panel and LDL Control; CMS52v4, HIV/AIDS: Pneumocystis Jiroveci Pneumonia (PCP) Prophylaxis; CMS61v5, Preventive Care and Screening: Cholesterol – Fasting Low Density Lipoprotein (LDL-C) Test Performed; CMS64v5, Preventive Care and Screening: Risk-Stratified Cholesterol – Fasting Low Density Lipoprotein (LDL-C); and CMS69v4, Preventive Care and Screening: Body Mass Index (BMI) Screening and Follow-Up Plan."

CMS says that it is "working on these corrections and will be re-posting these measures on the eCQM Library Page on CMS.gov on or before July 1, 2015."

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CMS finalizes rules for Medicare Shared Savings Program

CMS distributed the following information on June 4...

"The Centers for Medicare & Medicaid Services (CMS) today released a final rule updating the Medicare Shared Savings Program to encourage the delivery of high-quality care for Medicare beneficiaries and build on the early successes of the program and of the Pioneer Accountable Care Organization (ACO) Model. This final rule is an effort to provide support for the care provider community in creating a delivery system with better care, smarter spending, and healthier people.

The Medicare Shared Savings Program final rule will both enhance the focus on primary care services and provide additional flexibility in the program, which should grow participation. CMS is making these modifications to the proposed regulations after considering comments received from the December 2014 Notice of Proposed Rulemaking.

'Accountable Care Organizations have shown early but exciting progress in improving quality of care, while providing more patient-centered care at a lower cost,' said CMS Acting Administrator Andy Slavitt. "The ACO rules today strengthen our ability to reward better care and lay the groundwork for more providers to become successful ACOs."

The final rule issued today improves the program over the proposed rule in a number of areas, including but not limited to:

- Creates a new Track 3, based on some of the successful features of the Pioneer ACO Model, which includes higher rates of shared savings, the prospective assignment of beneficiaries, and the opportunity to use new care coordination tools;
- Streamlines the data sharing between CMS and ACOs, helping ACOs more easily access data on their patients in a secure way for quality improvement and care coordination that can drive critical improvements in beneficiaries' care;
- Establishes a waiver of the 3-day stay Skilled Nursing Facility (SNF) rule for beneficiaries that are prospectively assigned to ACOs under Track 3; and
- Refines the policies for resetting ACO benchmarks to help ensure that the program continues to provide strong incentives for ACOs to improve patient care and generate cost savings, and announces CMS'

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intent to propose further improvements to the benchmarking methodology later this year.

The Medicare Shared Savings Program was created by Section 3022 of the Affordable Care Act to promote better health for Medicare fee-for-service beneficiaries by encouraging physicians, hospitals, and other health care providers to improve patient health and experience of care and to reduce growth in costs. The program is voluntary and accepts applications on an annual basis in which organizations agree to participate for three years.

Over 400 ACOs are participating in the Medicare Shared Savings Program, serving over 7 million beneficiaries. Early results released last November indicated the Medicare Shared Savings Program ACOs starting in the first two years of the program improved quality of care for beneficiaries, as ACOs improved performance in 30 of 33 quality measures.

According to an independent evaluation report released by CMS earlier this month, the Pioneer Accountable Care Organization (ACO) Model generated over \$384 million in savings to Medicare over its first two years – an average of approximately \$300 per participating beneficiary per year – while continuing to deliver high-quality patient care. The Pioneer ACO Model is the first that meets the tests to have its elements incorporated into other Medicare programs.

ACOs are a part of the Department's broader initiative to create a health care system that results in better care, smarter spending, and healthier people. The Administration earlier this year announced the goal of tying 30 percent of Medicare payments to quality and value through alternative payment models, such as ACOs, by 2016 and 50 percent of payments by 2018."

[Click for information on the Medicare Shared Savings Program](#)

Contact HHSIEA@hhs.gov with questions.

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MGMA promoting free webinar series for practice managers/staff

The Medical Group Management Association (MGMA) is encouraging both member and non-member medical practice managers and staff to register for one or more of its free summer webinar series, which will include...

"Human resource management" on July 7

"Risk management and patient-centered care" on July 14

"Financial management" on July 21 and July 28 (parts I and II)

"Essay exam overview and critique" on August 3

MGMA says the "sessions are open to anyone interested in pursuing board certification through ACMPE. Those who register will also have access to a dedicated Board Certification Study Group Member Community where they can ask questions, post messages, and interact with the content experts/presenters during the series of sessions."

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Avalere releases hospital acquisition of physician practices report

Avalere Health LLC recently released a white paper that determined that "340B-participating hospitals were more likely than non-340B hospitals to acquire independent physician practices" – keeping in mind that "The 340B program requires manufacturers to provide certain health care providers with discounts on outpatient drugs."

The company said it "looked at 4,865 hospitals and their 'possible acquisitions' of all types of physician practices between 2009 and 2013 to examine the acquisition rates of 340B hospitals vs. non-340B hospitals."

Avalere determined that the findings "do not necessarily mean that the acquisition of physician practices by 340B hospitals is driven solely by the drug discounts available in the 340B Program...but that the analysis merely indicates that there appear to be differences between 340B and non-340B hospitals with regards to possible physician acquisitions."

It concluded that "policy makers may want to consider whether the 340B program creates financial incentives for hospitals to acquire a community-based physician practice."

[Click for 'Hospital Acquisitions of Physician Practices & 340B Program' white paper](#)

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