

May 1, 2015

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NEWS FROM THE LEADING VOICE FOR THE MEDICAL PROFESSION IN GEORGIA



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Highlights from MAG's April 18 BOD meeting



MAG president Manoj H. Shah, M.D., addressing MAG's Board of Directors on April 18.

The Medical Association of Georgia's (MAG) Board of Directors (BOD) took action on a number of important issues during its meeting on April 18. The BOD...

- Elected Fred Flandry, M.D., to complete the term of Jules Toraya, M.D., as the vice chair of the BOD. Dr. Flandry is an orthopedic surgeon in Columbus.
- Appointed W. Scott Bohlke, M.D., to the MAG Foundation's Board of Trustees. Dr. Bohlke is a family physician in Brooklet.
- Approved a motion for MAG to evaluate the feasibility of forming a joint venture with the Georgia Hospital Association and MAG Mutual Insurance Company to develop a new health information exchange in Georgia.
- Tabled a discussion on a 2014 House of Delegates (HOD) Resolution (309C.14) that is related to MAG's position on advanced practice nurses making diagnosis and prescribing until its next meeting in October so MAG staff can conduct additional research.
- Decided to take no further action at this time on Resolution 301C.14, which is related to MAG's position on the Interstate Compact that would expedite the licensure process to allow physicians to practice medicine in multiple states.

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"A record 4.3 billion prescriptions were filled [in the U.S.] in 2014...number of prescriptions covered by Medicaid rose by nearly 17 percent, and that increase accounted for 70 percent of growth in the number of prescriptions filled at retail pharmacies."

[U.S. News & World Report/AP](#), April 14

The BOD directed MAG staff to continue to monitor the Georgia Composite Medical Board and the Federation of State Medical Boards for developments.

- Decided to take no further action at this time on Resolution 308C.14, which is related to MAG's position on a 36-month progressive graduate medical education licensure requirement and the duration of undergraduate medical education. The BOD directed MAG staff to continue to monitor the Georgia Composite Medical Board and the Federation of State Medical Boards for developments.
- Called for MAG staff to conduct additional research and prepare a report to address HOD Resolution 701HC.14 – which is related to MAG's position on "assistant physicians" as a new category of primary health care providers – before its next meeting in October.
- Approved the 2014 MAG audit that was prepared by the accounting firm of Mauldin & Jenkins.

The BOD also received an update on the American Medical Association (AMA) from MAG member and AMA Trustee Patrice Harris, M.D.

And S. William Clark III, M.D., introduced the members of the seventh (graduating) and eighth (current) classes of the MAG Foundation's Georgia Physicians Leadership Academy.

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



MAG Executive Director Donald J. Palmisano Jr. received a "challenge coin" at the MAG Board of Directors (BOD) meeting on April 18 to recognize him for raising more than \$40,000 for the MAG Foundation's 'Think About It' campaign to reduce prescription drug abuse. Palmisano and Trey Reese with Hall Booth Smith, PC each ran 100 miles during the Umstead Endurance Run in North Carolina in March to raise the money. Pictured from the left are BOD Chair Rutledge Forney, M.D., MAG Foundation Trustee John S. Antalis, M.D., Palmisano, MAG President-elect John S. Harvey, M.D., and MAG President Manoj H. Shah, M.D.

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The image shows a collection of medical devices: a smartphone, a laptop, and a tablet. Each device displays a user interface with various medical data, charts, and text, suggesting a secure communication platform. Below the devices, the text reads 'FREE HIPAA-secure communication for all MAG members.' At the bottom is the logo for 'docbookMD', which consists of two overlapping speech bubbles with a red cross above them.

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President signs Medicare bill into law

On April 17, President Barack Obama signed the "Medicare Access and Chip Reauthorization Act" (H.R. 2) into law. The Centers for Medicare & Medicaid Services (CMS) says, "This law eliminates the negative update of 21 percent [that was] scheduled to take effect as of April 1, 2015, for the Medicare Physician Fee Schedule. In addition, provisions allowing for exceptions to the therapy cap, add-on payments for ambulance services, payments for low volume hospitals, and payments for Medicare dependent hospitals that expired on April 1 have been extended. CMS will immediately begin work to implement these provisions."

CMS also notes that, "In an effort to minimize financial effects on providers, CMS previously instituted a 10-business day processing hold for all impacted claims with dates of service April 1, 2015, and later. While the Medicare Administrative Contractors (MACs) have been instructed to implement the rates in the legislation, a small volume of claims will be processed at the reduced rate based on the negative update amount. The MACs will automatically reprocess claims paid at the reduced rate with the new payment rate. No action is necessary from providers who have already submitted claims for the impacted dates of service."

The American Medical Association (AMA) reports that, "Under the provisions of H.R. 2, the fee schedule conversion factor will be increased by 0.5 percent on July 1, 2015, and by another 0.5 percent on January 1, 2016."

The U.S. Senate passed the bill by a vote of 92-to-8, while the House passed the measure by a vote of 392-to-37.

Medical Association of Georgia (MAG) President Manoj H. Shah, M.D., is applauding the physicians in the state who contacted their Congressional leaders to encourage them to pass H.R. 2.

In addition, he says, "I encourage my colleagues to take a few moments to contact Senator Johnny Isakson and the other Congressional leaders in the state who voted to pass this legislation to thank them."

This includes Reps. Buddy Carter (R-1st), Sanford Bishop (D-2nd), Lynn Westmoreland (R-3rd), Hank Johnson (D-4th), John Lewis (D-5th), Tom Price, M.D. (R-6th), Rob Woodall (R-7th), Austin Scott (R-8th), Doug Collins (R-9th), Jody Hice (R-10th), Rick Allen (R-12th), and David Scott (D-13th).

Dr. Shah concludes that, "This bill is by no means a perfect solution, but it does represent a step in the right direction and it does provide patients and physicians with some certainty and stability for the next five years."

MAG members should monitor www.mag.org for the latest developments.

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[U.S. News & World Report/AP](#), April 14



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MAG CEO addresses health insurance, payer issues on 'Top Docs'



Medical Association of Georgia (MAG) Executive Director Donald J. Palmisano Jr. discussed key health insurance and third party payer developments on the 'Top Docs Radio' program on the Business Radio-X Network on April 14 – and a recording of the program is now available online.

Palmisano gave updates on Blue Cross and Blue Shield of Georgia's efforts to amend its contract with physicians in the state; rental networks and network adequacy and all-products clauses; key bills that lawmakers considered during the 2015 legislative session; and physician pay for the Medicare and Medicaid programs.

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[*U.S. News & World Report/AP*](#), April 14



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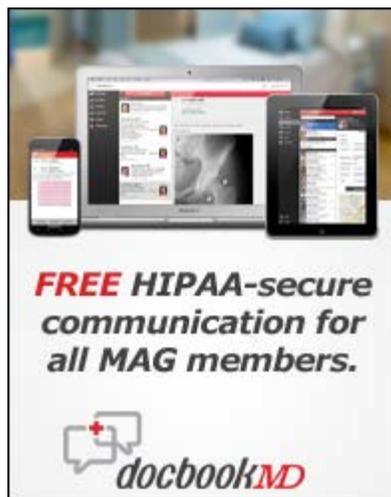
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Recording of MAG call on health informatics now online

A recording of a town hall conference call that the Medical Association of Georgia (MAG) hosted on April 20 that addressed how health informatics can improve the quality and efficiency of health care is now available online.

Health informatics includes electronic health, health information exchanges, data and messaging standards, and patient facing technologies like portals, personal health records, and mobile apps, devices and sensors.

The call featured Mark Braunstein, M.D., who is professor of the practice at Georgia Tech's College of Computing. His new book – a "Practitioner's Guide to Health Informatics" – is now available. Physicians can contact Dr. Braunstein at mark.braunstein@cc.gatech.edu.

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](#)

[Click for Dr. Braunstein's slides](#)

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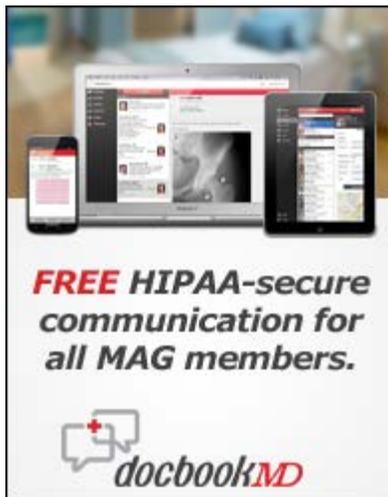
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MAG to host call on POLST, IOM report on May 18

The Medical Association of Georgia (MAG) is encouraging member physicians and applicable practice staff to register for a town hall conference call that MAG will host at 6:30 p.m. on Monday, May 18 that will address the role of a physician order for life-sustaining treatment (POLST), POLST legislation in Georgia, the Institute of Medicine's 2014 "Dying in America" report, and the resources that are available on the Georgia POLST Collaborative website.

The call will feature Richard W. Cohen, M.D., who is the facilitator of the Georgia POLST Collaborative, and Adrienne Mims, M.D., who is the chief medical officer for Medicare Quality Improvement with Alliant GMCF.

The call will conclude with a Q&A session. The entire call is expected to last about 30 minutes. Once a participant completes the registration process, they will receive an email that contains the telephone number and code that they will need to participate in the call – which will be recorded and posted under "Breaking News" on www.mag.org on May 19.

The forum is being supported with a grant from Health Care Research, a subsidiary of Alliant Health Solutions.

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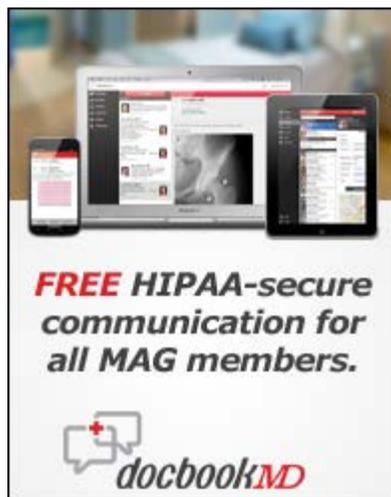
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MAG sponsors Georgia POLST Conference



The Medical Association of Georgia (MAG) was one of the sponsors of the 2015 Georgia POLST Conference that took place in Atlanta in April. From the left are Richard Cohen, M.D. (a MAG member and the facilitator of the Georgia POLST Collaborative), Ira Byock, M.D. (the keynote speaker), and Adrienne Mims, M.D. (a MAG member and the chief medical officer for Medicare Quality Improvement with Alliant GMCF). Dr. Byock gave a dynamic talk on "Providing 'The Best Care Possible' Through the End of Life." Go to www.gapolst.org to obtain a Georgia POLST form or for additional information on the Georgia POLST Collaborative, which "aims to educate patients, families and health care professionals throughout the state about the Georgia POLST." Click [here](#) for a recording of a MAG town hall forum on the Georgia POLST and end-of-life issues.

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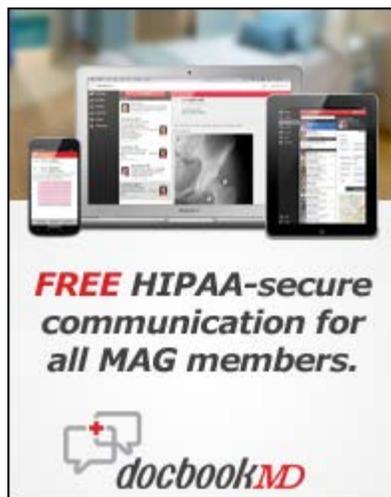
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MAG promoting May 13-14 North Georgia "Bus Tour"

The Medical Association of Georgia (MAG) is encouraging physicians and medical practice staff in North Georgia to take advantage of a special "Rural Physician Outreach Bus Tour" that will include stops in Commerce, Demorest, Clayton, Blairsville, Ellijay and Dahlonega on May 13 and 14.

"There is a real need to support rural health care communities by providing hands-on technical assistance and education to physicians, practice managers, coders, HIT staff and others who are involved in the meaningful use attestation process and the ICD-10 transition that will go into effect in October," says MAG Health Policy and Third Party Payer Advocacy Department Director Susan Moore. "MAG sees this effort as a great way to help ensure that rural physicians and their practice staff have the information they need to succeed from both business and patient care perspectives."

In addition to MAG, the event will feature representatives from HomeTown Health (i.e., a "network of rural hospitals, health care providers, and best practice business partners"), GA-HITEC (which helps Medicaid physicians achieve the EHR "meaningful use" requirements), the Georgia Department of Community Health, HP Medicaid, and the Georgia Health Information Network (GaHIN).

The event was originally scheduled to take place on February 25-26, but it had to be rescheduled as a result of inclement weather.

The bus tour focused on the southern half of the state in 2014.

Physicians and practice staff must register for the event.

Contact Moore at smoore@mag.org with questions.

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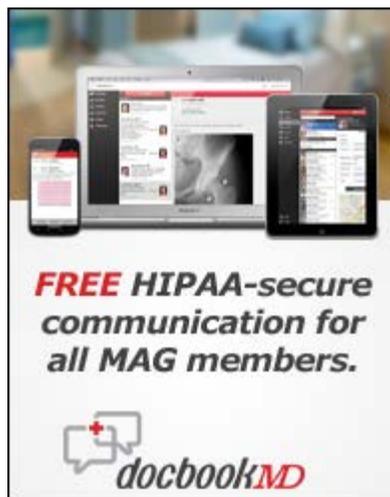
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MAG honors GRU/Rutledge State Prison



From the left are Jack T. Rutledge State Prison Warden Shay Hatcher, Jack T. Rutledge State Prison Director of Nursing Mary Terry, Georgia Correctional Health Care Health Services Administrator Hazel Vaughn, Jack T. Rutledge State Prison Medical Director Edward Aikens, M.D., MAG Director of Correctional Medicine Clyde Maxwell, MAG Correctional Medicine Committee Chairman Patton Smith, M.D., and Georgia Department of Corrections Field Operations Manager Cynthia Nelson.

The Medical Association of Georgia's (MAG) Correctional Medicine Committee honored Georgia Regents University's Division of Georgia Correctional Health Care with its *Bliven Award for Excellence* for the medical care that it provides at Jack T. Rutledge State Prison in Columbus during a ceremony that took place on April 15.

MAG Correctional Medicine Committee Chairman Patton Smith, M.D., and MAG Director of Correctional Medicine Clyde Maxwell were on hand for the presentation.

"MAG surveys every prison in the state that houses prisoners who have been sentenced, and GRU/Jack T. Rutledge State Prison met 100 percent on all essential and applicable standards," Dr. Smith explains. "That's a great accomplishment, and the administrators and health care providers at this facility should be applauded."

GRU/Jack T. Rutledge State Prison is just the seventh prison to receive the honor in the award's twelve-year history.

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Jack T. Rutledge State Prison Warden Shay Hatcher noted that, "This represented a major initiative the involved the entire medical department, and we were delighted to receive this distinguished award."

Maxwell says that MAG's Correctional Medicine Committee is recruiting physicians who are interested performing accreditations at correctional facilities in the state.

He explains that, "The committee is focused on enforcing the national accreditation standards for prisons and jails to ensure prisoners are receiving adequate health care."

Maxwell also notes that the physicians who perform the accreditations receive a small stipend.

MAG members who have an interest in performing accreditations should contact Maxwell at cmaxwell@mag.org or 706.746.2009.

MAG created its Correctional Medicine Committee following the high-profile prison riots that took place in Attica, New York in 1975, and just before the Georgia State Prison system was placed under the jurisdiction of the federal courts for maintaining health care facilities that violated a constitutional prohibition on cruel and unusual punishment. The MAG committee was charged with "studying and recommending ways to improve the delivery of health care in non-federal prisons in Georgia."

MAG subsequently developed standards for evaluating health care in jails and prisons in the state, which evolved into the standards that are now used by the National Commission on Correctional Health Care.

In 1982, MAG developed the legislation that was used to establish an accreditation program for health care for correctional facilities in Georgia. The state began funding the program in 1983, and MAG subsequently started charging application fees for site accreditation visits.

The Medical College of Georgia at Georgia Regents University assumed responsibility for the health services contract for state prisons in the 1990s. GRU's Division of Georgia Correctional Health Care currently provides health care at more than 60 correctional facilities throughout the state.

In addition to the aforementioned 33 prisons, MAG surveys 10 county jails in the state. Each facility is surveyed every three years.

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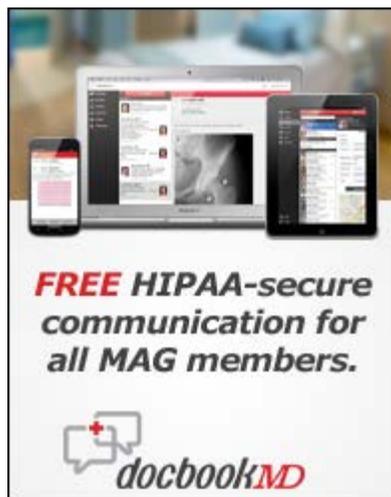
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MAG wins 7th award for mag.org

For the second year in a row, the Medical Association of Georgia (MAG) has won an Academy of Interactive and Visual Arts' (AIVA) *Communicator Award* for its mag.org website – which brings the number of awards the organization has received for the website to seven.

"We are proud and honored to be recognized in this way," says MAG Director of Communications Tom Kornegay. "We also believe that this is important because our website has a lot to do with building MAG's brand and reputation and standing as the leading voice for physicians in the state."

Kornegay stresses that MAG's website is a collaborative effort, though he credits MAG Communications Coordinator/Webmaster Samantha Grantham in particular for her tireless efforts.

He believes that, "Our website continues to evolve and get better with time because Samantha is genuinely interested in effecting change based on the feedback we get from our member physicians and other stakeholders."

Grantham also manages MAG's social media campaign.

According to AIVA, "The *Communicator Awards* is the leading international awards program recognizing big ideas in marketing and communications...(it) receives over 6,000 entries from companies and agencies of all sizes, making it one of the largest awards of its kind in the world."

MAG members can contact Grantham at SGrantham@mag.org with questions or comments related to MAG's website.

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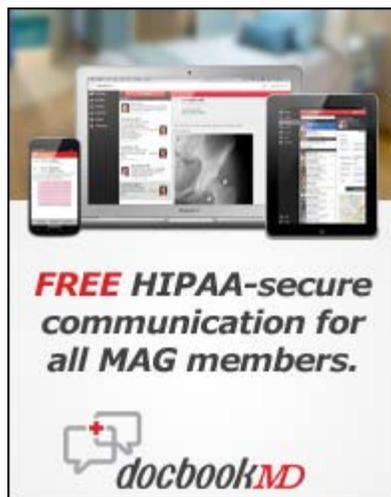
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MAG thanks legal experts for long-time 'Journal' support

Medical Association of Georgia (MAG) President Manoj H. Shah, M.D., is thanking two of the state's leading legal authorities for their ongoing editorial contributions to the *Journal of the Medical Association of Georgia*.

"It is important to acknowledge that Dan Huff and Sidney Welch have been supporting MAG for a long time now," says Dr. Shah. "They are passionate advocates for physicians in Georgia, and they write timely articles that contain useful information that enable our member physicians to make better practice management decisions."

Daniel J. Huff, Esq., is a founding partner of Huff, Powell & Bailey, LLC. His Atlanta-based firm defends physicians, hospitals, product manufacturers, businesses, corporations, and other professionals in lawsuits and other proceedings. Huff and his firm try several jury trials each year. MAG members can contact Huff at 404.892.4022 or dhuff@huffpowellbailey.com. [Click here](#) for additional information on Huff.

Sidney S. Welch, J.D., M.P.H., is a partner with the Healthcare, Life Sciences & Technology Practice at Kilpatrick Townsend & Stockton LLP. She counsels health care, life sciences, and health care technology clients in transactional, regulatory, administrative law, and litigation matters on a national basis. MAG members can contact Welch at 404.815.6036 or swelch@kilpatricktownsend.com. [Click here](#) for additional information on Welch.

Huff and Welch have been writing articles for the *Journal* since 2009 and 2008, respectively.

Dr. Shah is also thanking the law firm of Smith Moore Leatherwood LLP (www.smithmoorelaw.com, 404.962.1000), which has been writing articles for the *Journal* since 2013. Go to www.smithmoorelaw.com for additional information on Smith Moore Leatherwood.

Stanley W. Sherman, M.D., is the editor the *Journal*.

MAG members can [click here](#) to review the articles that Huff and Welch and Smith Moore Leatherwood have written for the *Journal* on an exclusive, password-protected basis.

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

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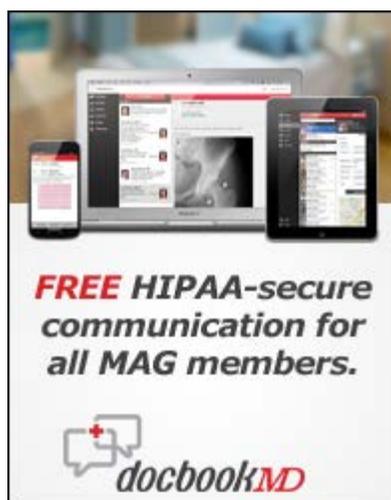
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MAG encouraging HOD attendees to reserve room ASAP

The Medical Association of Georgia (MAG) will hold its House of Delegates meeting at the Hyatt Regency in Savannah on Saturday, October 17 and Sunday, October 18. The MAG Board of Directors will meet at Hyatt Regency on the morning of Friday, October 16.

To reserve a room, attendees should contact their county medical society (if applicable) to determine if it has already reserved a room for them as a first step.

Contact Anita Amin at anita@jlh-consulting.com or 404.299.7700 with any questions, including information on other nearby lodging options.

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The Medical Association of Georgia will host its annual Legislative Update meeting at the Château Élan Winery & Resort in Braselton on Friday, July 31 and Saturday, August 1.

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 6 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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MAG members assume key roles at Physicians Foundation

Two Georgia physicians will serve in key leadership positions at The Physicians Foundation for the next three years – including Walker Ray, M.D., as president and Alan Plummer, M.D., as vice president. They represent the Medical Association of Georgia (MAG) on The Physicians Foundation's Board of Directors.

The Physicians Foundation "seeks to advance the work of practicing physicians and help facilitate the delivery of health care to patients." It was formed as a result of a class action "managed care" lawsuit that was filed by MAG and a number of other medical societies against private third party payers in 2003 that resulted in a significant monetary settlement.

The Physicians Foundation has awarded more than \$31 million in grants.

The non-profit organization is "committed to identifying how the Patient Protection and Affordable Care Act impacts physicians and what needs to be re-assessed or changed in order to achieve (key) goals."

Finally, The Physicians Foundation "examines critical issues affecting the U.S. health care system by periodically surveying practicing physicians and patients, and studying the impact of government healthcare policies."

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[***U.S. News & World Report/AP***](#), April 14



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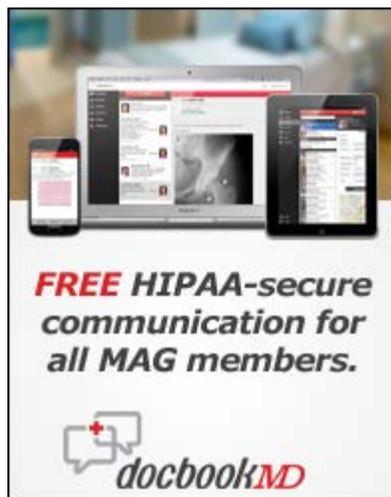
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Dougherty County MS names new executive director

The Dougherty County Medical Society (DCMS) has announced that Susan Workman will serve as its executive director beginning on May 1. Workman can be reached at director@dc-ms.org or 229.436.8191. Go to <http://www.dc-ms.org/index.html> for additional information on DCMS.

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MagMutual to "allocate millions for loyal policyholders"

MAG Mutual Insurance Company distributed the following press release on April 23...

MagMutual Insurance Company, the Southeast's largest medical professional liability insurer, announced today it will set aside the full value of its obligation for the Owners Circle[®] loyalty program. By voluntarily specifying these funds on financial statements, MagMutual becomes the first medical liability insurer to allocate funds for loyal policyholder-owners while calling for greater transparency across the industry.

Since 2012, MagMutual has declared \$200 million in loyalty funds beyond dividends, including \$50 million this month. MagMutual CEO Joseph Wilson, M.D., said the company can do this without impacting financial status and ability to pay claims. MagMutual reported 2015 financials including total admitted assets of more than \$1.6 billion, with over \$773 million in surplus – the strongest in its 33-year history.

Starting with the next quarterly statement filed, balance sheets will reflect a line item for Owners Circle[®] segregated surplus.

"We're the only company in the industry to voluntarily set aside these monies because we intend to honor our promise to policyholders," said Dr. Wilson. "If your insurer has not specifically earmarked loyalty funds, then you should be asking why."

Each year, MagMutual's physician-led board of directors considers whether and how much the company will allocate to the Owners Circle[®]. Credits to each policyholder's account are calculated based on the expiring premium for each eligible named insured physician. MagMutual makes account distributions after an insured physician retires from practice (after age 50), or becomes fully disabled or dies.

"What's promised in return for your loyalty is reflected on our financials" said Neil Morrell, president of MagMutual. "This is another example of the benefits of being with a mutual insurer that gives value to policyholders as opposed to a stock insurer concerned with shareholder value."

Morrell said the industry is in danger of pledging more money than it has because NAIC accounting rules potentially allow insurers to understate the full liability of loyalty program declarations.

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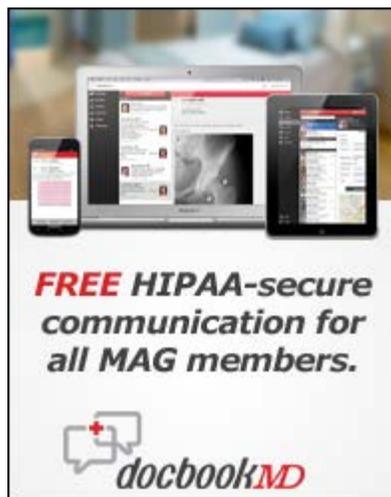
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GDC flags AP article on "soaring" Rx drug costs

The Georgia Drug Card reports that, "According to an article by Associated Press, U.S. spending on prescription drugs soared last year, driven up primarily by costly breakthrough medicines, manufacturer price hikes and a surge from millions of people newly insured due to the Affordable Care Act."

The article also notes that, "Spending rose 13 percent, the biggest jump since 2001, to a total of \$374 billion, according to a report released Tuesday by the IMS Institute for Healthcare Informatics. After accounting for population growth and inflation, the increase equaled 10 percent."

The Georgia Drug Card is consequently 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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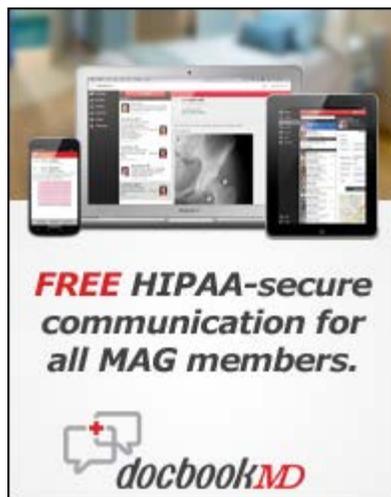
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Sponsored message: Senoia practice looking to sublease office space

A family practice in high-growth Senoia, Georgia is looking to sublease 1,700 square feet of office space. More than 58 percent the area's residents have a post-secondary education with a household income of more than \$77,000 per year. Office includes four examination rooms, a nurse's station, and a private doctor's office. The office shares a large waiting area and reception area with the family practice. Contact David Long at 770.843.4795 or DLong@thepalettagroup.com or go to <http://www.thepalettagroup.com/42-main-street-suite-2a.html>.

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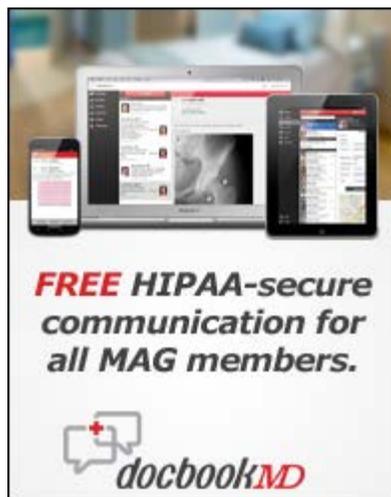
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MAG welcomed the following new members during April...

William White Brooks, M.D., Macon
Angela Fay Falany, M.D., Woodstock
Michael Andrew Hulse, M.D., Woodstock
Najia V. Lawrence, M.D., Woodstock
Kristen Higgins Leezer, M.D., Woodstock
Jorge Luis Moreno Jr., M.D., Jackson
Elliot Payne Robinson, M.D., Macon
Emily Janine Ross, M.D., Atlanta
Winston Lloyd Samuels, M.D., Snellville
David Authur Van, M.D., Griffin
Michael Ernest Wilson, M.D., Rock Spring

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A photograph showing a laptop, a smartphone, and a tablet, all displaying various healthcare-related software interfaces, including patient records and medical imaging.

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The logo for DocbookMD consists of two speech bubbles, one containing a red cross, with the text "docbookMD" below them.

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CMS issues proposed rule to align EHR stages

The Centers for Medicare & Medicaid Services (CMS) has issued a proposed rule for the Medicare and Medicaid EHR Incentive Programs to "align (the) Stage 1 and Stage 2 objectives and measures with the long-term proposals for Stage 3."

CMS says, "The modifications would allow providers to focus more closely on the advanced use of certified EHR technology to support health information exchange and quality improvement. The new rule proposes a change in the reporting period for meaningful use from one year to 90 days in 2015."

CMS also notes that, "Together with the proposed Stage 3 notice of proposed rulemaking (NPRM) issued on March 20, 2015, the proposed rules align and merge the 'stages' of (the) meaningful use requirements."

Finally, CMS explains that, "The proposed rule changes the programs by: Streamlining reporting by removing redundant, duplicative, and topped-out measures; Modifying patient action measures in Stage 2 objectives related to patient engagement; Aligning the EHR reporting period for eligible hospitals and CAHs with the full calendar year; (and) Changing the EHR reporting period in 2015 to a 90-day period to accommodate modifications."

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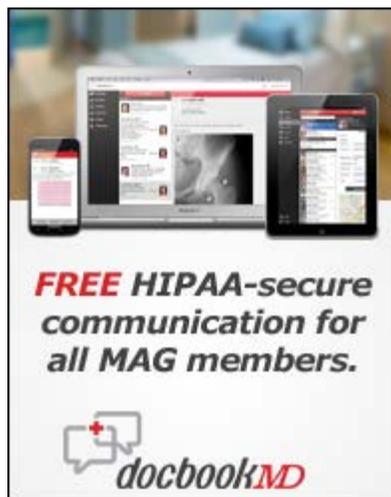
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News Briefs

AMA seeking feedback on EHR proposals by May 8

The American Medical Association (AMA) is seeking physicians' feedback on a proposed rule that the Centers for Medicare & Medicaid Services (CMS) recently issued to address the Stage 3 "Meaningful Use" criteria for the Medicare and Medicaid EHR Incentive Programs.

AMA says it continues to "harbor a number of concerns with the over-arching framework of the Meaningful Use program, including: The general pass/fail construct; Increased thresholds or other added criteria that do not reflect the existing barriers that make meeting certain measures very challenging; (and) The requirement to move to a full-year reporting period."

AMA is also seeking feedback on a proposed rule that the Office of the National Coordinator (ONC) recently issued that addresses the next version of certified EHR (i.e., "Version 2015").

AMA says that, "ONC was responsive to a number of the concerns (that AMA has) pressed repeatedly. These include proposals for: Creating greater transparency of certified EHRs; Further clarity on vendor requirements to address privacy and security concerns; Post market surveillance to address how certified products are performing; (and) Improvements in data exchange, including provider directories, patient matching and the API concept to access common clinical data."

But AMA points out that, "While a number of the changes proposed by ONC are promising, (it believes) further emphasis needs to be placed on testing products during and after the certification process."

Finally, AMA is also seeking general feedback on the Medicare and Medicaid EHR Incentive Programs.

The deadline to submit comments to AMA is Friday, May 8.

[Click for CMS & ONC proposed rules overview](#)

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News Briefs

DCH flagging May 1 "hard stop" for Medicaid Paperless Initiative

The Georgia Department of Community Health released the following bulletin on April 14...

The Georgia Paperless Initiative launched on September 1, 2014, between the Georgia Department of Community Health (DCH) and DCH's fiscal agent (partner vendor) Hewlett-Packard Enterprise Services (HPES). DCH and HPES teamed up to transition to a paperless system for Medicaid provider enrollment, claims filing, appeals and reimbursement. In 2015, the Paperless Initiative will be implemented in phases.

The Initiative for Phase 1 began with the rollout of online-only enrollment for institutional providers. The Provider Enrollment (PE) process is now online. Provider Enrollment applications and any download of supporting documents can be submitted through the GAMMIS Web Portal via a secure login under the PROVIDER ENROLLMENT (PE) hyperlink. You can contact the PE team at Contact Us or call HPES at (800) 766-4456. Any applicable documents can be faxed to the PE team at (866) 483-1045.

ALL claims, appeals, forms, prior authorizations (PA) and PE documents are to be submitted electronically through the GAMMIS Web Portal, www.mmis.georgia.gov. Effective May 1, 2015, paper will no longer be accepted from institutional and individual providers into the HPES web portal. This includes paper claims, appeals, provider inquiry forms (DMA 520 /520A), PAs, Medicare and Medicare Advantage claims, institutional claims, and Inpatient Part B only claims and PE applications.

As part of the Paperless Initiative and as of January 1, 2015, all new GA Medicaid providers must enroll in Electronic Fund Transactions/Direct Deposit with their financial institutions to receive payment. All newly enrolled providers are mandated to enroll into the GA Medicaid program to receive their payments via electronic funds transfer (EFT) and not as a paper check. Paper checks will be delayed and mailed out on a Wednesday rather than on Mondays. To enroll in EFT go to www.mmis.georgia.gov; under the Provider Enrollment tab select the EFT Agreement from the drop down box.

Post Office (PO) Boxes (no longer valid)

As of May 1, 2015, the following P.O. Boxes are no longer valid and should not be used:

- P.O. Box 105201 - Provider Enrollment/EDI Services/CMS 1500 Claims

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- P.O. Box 105203 - Crossover Claims
- P.O. Box 105204 - UB04 Claims
- P.O. Box 105205 - ADA 2006 Dental Claims
- P.O. Box 105206 - Adjustments and Voids
- P.O. Box 105207 - TPL/Finance/Buy-in

Only use the following P.O. Boxes that will remain open and are to be used as instructed by HPES:

- P.O. Box 105200 - Member and Provider Correspondence
- P.O. Box 105208 - Retroactive Eligibility Claims, Out of State Claims, Outlier Documentation
- P.O. Box 105209 - Miscellaneous Non-claims documents and Business Reply mail such as EOMBs and MSQs

Provider Inquiry Forms (access at the GAMMIS Web Portal)

DMA 520A Forms (Medical review, Clinical records) go to GMCF via the Provider Workspace secure logion on the GAMMIS Web portal, www.mmis.georgia.gov, under the link "Prior Authorization/Provider Workspace/Provider Inquiry Form."

The DMA-520 Claim Inquiry Form panel, on the GAMMIS Web portal, www.mmis.georgia.gov, allows providers and billing agents to view or submit a DMA-520 Claim Inquiry for claim payments issues, or questions on their remittance advices or EOMBs. New inquiries are restricted to claims with a remittance advice and its related attachments less than or equal to 30 calendar days of the current date. Only one DMA-520 form may be used per inquiry. All data fields must be completed. A contact tracking number (CTN) will be provided to allow you to track your request. If the CTN status is CLOSED, you will not be able to upload supporting documentation.

Adjustment Process

Refer to Part 1 PeachCare for Kids™/Medicaid manual, section 204, regarding the individual provider adjustment process. No paper adjustment forms will be accepted by HPES. Providers can access the GAMMIS web portal to make any adjustments within the timely filing and adjustment period.

For additional information on the Paperless Initiative, refer to the Frequently Asked Questions (FAQs) for providers, titled Transition of Paperless Processes, which was posted March 18, 2015, on the Georgia Department of Community Health website (www.dch.ga.gov). Both the FAQs and the latest issue of the *DCH-i* can be accessed at <http://dch.georgia.gov/publications>.

You can also contact HPES at (800) 766-4456 or through the Georgia Medicaid Management Information System (GAMMIS) at www.mmis.georgia.gov for assistance.

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DCH to host Medicaid Fair in Duluth on May 6

The Georgia Department of Community Health (DCH) will host a "Georgia Medicaid Fair" at the Gwinnett Convention Center in Duluth from 7 a.m. to 5 p.m. next Wednesday, May 6.

DCH says the event will cover: "Billing and Claims, CMOs, Physicians and Physician Extenders Programs, Rural Health/FQHC Programs, Achieving Meaningful Use of Electronic Health Records (EHR), Medicaid Home and Community Based Waiver Programs, Member Eligibility, and Provider Enrollment, Revalidation and more!"

DCH also notes that, "Attendees must register to reserve a seat for each individual session selected."

Contact HP Enterprise Services at georgiamedicaidfair@hp.com with questions.

[Click to register and for additional information](#)

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CMS unveils 'Hospital Compare' website

The Centers for Medicare & Medicaid Services (CMS) has introduced "Hospital Compare, the agency's public information website, to make it easier for consumers to choose a hospital and understand the quality of care they deliver."

According to CMS, "The Hospital Compare star ratings relate to patients' experience of care at almost 3,500 Medicare-certified acute care hospitals. The ratings are based on data from the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS) measures that are included in Hospital Compare."

CMA says, "HCAHPS has been in use since 2006 to measure patients' perspectives of hospital care, and includes topics like: How well nurses and doctors communicated with patients; How responsive hospital staff were to patient needs; How clean and quiet hospital environments were; and How well patients were prepared for post-hospital settings."

[Click for 'Hospital Compare' fact sheet](#)

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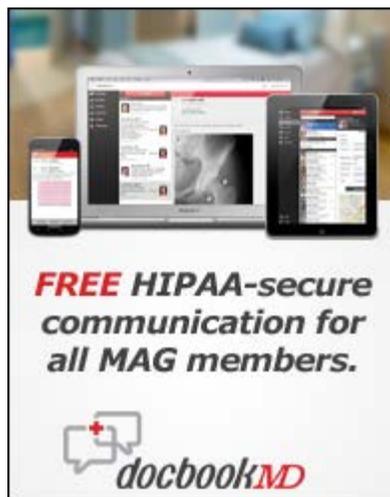
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News Briefs

Open Payments data available; CMS encouraging physicians to register

The American Medical Association (AMA) is reporting that physicians can now register for the Centers for Medicare and Medicaid Services' (CMS) "Open Payments System" and review their 2014 CY data.

The Physician Payments Sunshine Act requires manufacturers of drugs, medical devices and biologicals that participate in U.S. federal health care programs to report certain payments and items of value given to physicians and teaching hospitals. CMS is responsible for implementing the Sunshine Act, which it refers to as the Open Payments Program.

Physicians have until May 20 to review the Open Payments data and dispute any errors before it is released to the public. Disputes that are initiated by May 20 will be flagged in the public release on June 30.

Physicians can comment on their registration experience by sending an email to AMA at OpenPayments@ama-assn.org. AMA will use the feedback in its advocacy efforts.

[Click for instructions for using CMS Open Payments system](#)

CMS encouraging physicians to register, review payments

By Richard E. Wild, M.D., chief medical officer, Centers for Medicare & Medicaid Services, Atlanta Regional Office

The Centers for Medicare & Medicaid Services' (CMS) Open Payments program collects data from drug and device manufacturers and group purchasing organizations (GPOs) about payments they make to physicians and teaching hospitals. The program also reports information about ownership interests in drug and device manufacturers and GPOs held by physicians and their immediate family members. It's important that physicians and teaching hospitals confirm the accuracy of the financial relationships reported about them.

CMS encourages all physicians – including medical doctors, doctors of osteopathy, dentists, chiropractors and others - and teaching hospitals to register and review any payments reported about them. There are instructions and quick tips to help. The review period opened on April 6, 2015, and will be open for at least 45 days. Reporting inaccuracies helps to make sure that the information posted to the Open Payments website is correct. The only way for physicians and teaching hospitals to confirm that the data reported about

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[U.S. News & World Report/AP](#), April 14

them is correct is to register and review that data now during the current review period.

Last fall, CMS reported 4.45 million payments valued at \$3.7 billion which were made in the last five months of 2013. These payments were for items such as medical research, conference travel and lodging, gifts and consulting (along with physician ownership or investment interest in industry). CMS will collect this data annually and continue to make it publicly available, downloadable, and searchable. Data from the full 12 months of 2014 has been collected and will be released publicly by CMS on June 30, 2015.

Collaboration benefits physicians, teaching hospitals and drug/device manufacturers in the design and delivery of many life-saving drugs and devices. Open Payments gives patients a tool to become more involved and informed health care consumers by empowering them to discuss these relationships with their physicians. CMS has had nearly 6 million views of Open Payments data and we're pleased with the continuing engagement of stakeholders on this important transparency initiative.

Click [here](#) for additional information or send questions to openpayments@cms.hhs.gov.

[Click for CMS OpenPaymentsData](#)

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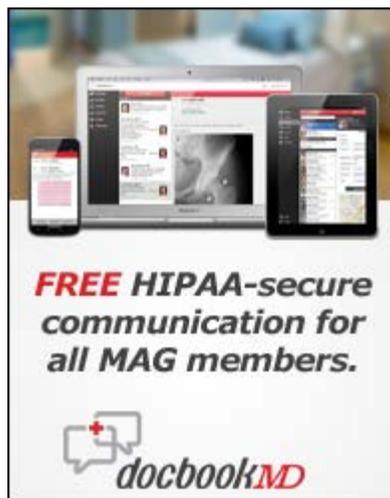
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News Briefs

CMS releases "Five Facts about ICD-10" summary

The Centers for Medicare & Medicaid Services (CMS) has released a "Five Facts about ICD-10" summary that addresses "common (physician) misperceptions about the transition to ICD-10." CMS says...

"The ICD-10 transition date is October 1, 2015. The government, payers, and large providers alike have made a substantial investment in ICD-10. This cost will rise if the transition is delayed, and further ICD-10 delays will lead to an unnecessary rise in health care costs. Get ready now for ICD-10.

You don't have to use 68,000 codes. Your practice does not use all 13,000 diagnosis codes available in ICD-9. Nor will it be required to use the 68,000 codes that ICD-10 offers. As you do now, your practice will use a very small subset of the codes.

You will use a similar process to look up ICD-10 codes that you use with ICD-9. Increasing the number of diagnosis codes does not necessarily make ICD-10 harder to use. As with ICD-9, an alphabetic index and electronic tools are available to help you with code selection.

Outpatient and office procedure codes aren't changing. The transition to ICD-10 for diagnosis coding and inpatient procedure coding does not affect the use of CPT for outpatient and office coding. Your practice will continue to use CPT.

All Medicare fee-for-service providers have the opportunity to conduct testing with CMS before the ICD-10 transition. Your practice or clearinghouse can conduct acknowledgement testing at any time with your Medicare Administrative Contractor (MAC). Testing will ensure you can submit claims with ICD-10 codes. During a special "acknowledgement testing" week to be held in June 2015, you will have access to real-time help desk support. Contact your MAC for details about testing plans and opportunities."

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[U.S. News & World Report/AP](#), April 14



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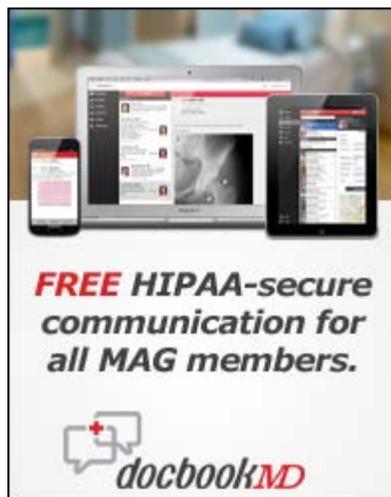
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MCG/GRU ad: 67 grads to stay in Georgia for residency

The Medical College of Georgia at Georgia Regents University (MCG/GRU) recently ran a full-page advertisement in *The Augusta Chronicle* that highlighted where its 2015 graduates will conduct their residency training. The ad says that, "Medical College of Georgia seniors will be well-represented in top training programs nationwide after graduation, with 1 in 5 staying right here in Augusta." It also points out that, "Sixty-seven (of the 220 graduating) MCG students will stay in Georgia."

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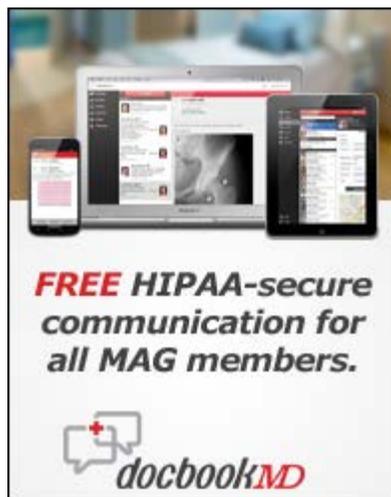
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WellStar/Piedmont physician in urgent need of bone marrow donor

Tod Rubin, M.D., with the WellStar Health System is calling on physicians in Georgia to help to find a bone marrow donor for William Dablah, M.D. – “a popular and beloved anesthesiologist who is affiliated with the WellStar and Piedmont Health Systems.”

Dr. Rubin explains that, “In September 2014, Dr. Dablah was diagnosed with rare and aggressive stage 4 non-Hodgkin splenic hepatic lymphoma. He is 44 years old and a single parent of a 15-year-old son and 12-year-old daughter. In January, after completing rigorous chemotherapy, William underwent an autologous bone marrow transfusion. Unfortunately, the procedure failed and he is unable to return to the practice of medicine. As you can imagine, his prognosis is grim with a likely survival of only two to four months. His ONLY chance of cure is finding a compatible bone marrow donor.”

Dr. Rubin also notes that, “Because of William's unique ancestry, his mother is Haitian and his father Ghanaian, this task is proving to be quite a challenge. In order to locate a suitable donor, our grassroots team is collaborating with Bethematch.org, a leader in managing the global database of bone marrow donors who can potentially help patients like William.”

Dr. Rubin can be contacted at tlr4444@yahoo.com or 404.307.4084.

[Click for Dr. Dablah's Bethematch.org donor page](#)

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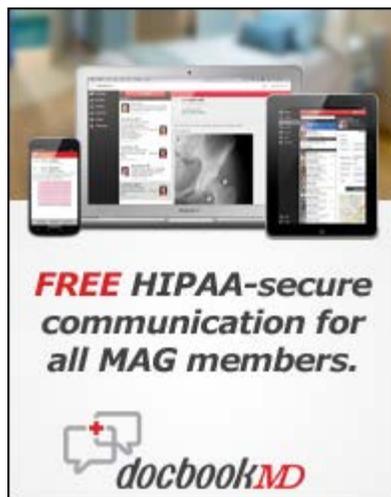
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Physicians who practiced in Pennsylvania may get settlement

The Pennsylvania Medical Society (PAMED) reports that physicians who practiced in the state in 2009-2012 or 2014 may be eligible for a "refund payment" from the Mcare Fund, which is "a medical liability coverage fund that is operated by the Commonwealth of Pennsylvania and is funded by assessments on physicians and other health care providers."

PAMED says, "The refunds are required as a result of a settlement of litigation involving the Mcare Fund...(the settlement) requires the Mcare Fund to refund \$139 million for assessment overcharges in the listed years."

PAMED also notes that, "The Mcare Fund will be mailing notices to eligible health care providers about their refunds – likely in the fall of 2015. The first round of payments is tentatively scheduled for early 2016."

PAMED is encouraging affected physicians to go to www.mcarerefund.org to make sure that their mailing address is accurate.

Contact PAMED Executive Vice President Michael Fraser at mfraser@pamedsoc.org with questions.

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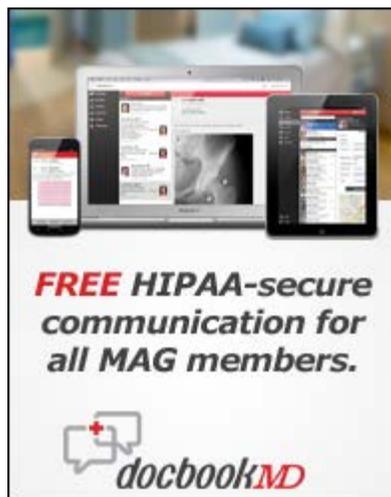
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