2014 Annual March of Dimes
Prematurity Summit:
Reducing Disparities in Birth Outcomes and Maternal Mortality

The March of Dimes (MOD) second annual Prematurity Summit, held November 13 in Atlanta, hosted dynamic speakers from around the state and highlighted issues impacting Georgia’s most vulnerable citizens. This year’s theme focused on “Reducing Disparities in Birth Outcomes and Maternal Mortality.”

The Summit kicked off with Georgia Department of Public Health (DPH) Commissioner Dr. Brenda Fitzgerald commending Georgia for its improvements in the premature birth rate. Since 2012, when Georgia earned a “D” rating (premature birth rate of 13.2%) on the MOD premature birth report card, this year, Georgia received a rating of 12.7% earning them a “C” rating, the same rating the U.S. received for premature birth. Of course Dr. Fitzgerald stressed even though Georgia has made some improvement in its prematurity rate, the state still has a long way to go in meeting the pledged goal, which was to reduce the preterm birth rate by 8%, to a rate of 9.6%, by 2014.

But this year, Dr. Fitzgerald focused on the strides Georgia is making in improving preterm birth rates and meeting that 9.6% goal. She highlighted DPH’s priority areas as probable contributors to Georgia’s improvement from a “D” to a “C” rating. Dr. Fitzgerald reviewed key contributors to the state’s high infant mortality rate, such as identifying the regions or cluster areas with high infant mortality and mapping the Obstetric care provider shortage areas. Additionally, she discussed areas showing real promise in improving outcomes, like the expansion of Telemedicine in many health districts, improving outcomes, like the expansion of Telemedicine in many health districts, including:

- • Reducing Disparities in Birth Outcomes, Maternal Chronic Disease and Mortality. Dr. Michael Lindsay, MD, MPH, Department of Gynecology and Obstetrics, Division of Maternal-Fetal Medicine, Emory University; Chief of Gynecology and Obstetrics at Grady Healthcare System and Chair of the Maternal Mortality Review Committee. Georgia ranks 50th in the nation on maternal mortality and some of the chronic diseases that impact this rate were highlighted.
- • Data Update on the Early Elective Deliveries Hospital Engagement Network (HEN). Lynn Hall RN, BSN, LSSBB, of the Georgia Hospital Association. Hall provided an overview of the data from GaHEN collaborative, which included data from 61 Birthing Hospitals.
- • Neonatal Abstinence Syndrome Grand Rounds, Karen D’Apolito, PhD, APRN, NNPCB, Professor and Program Director, Neonatal Nurse Practitioner Program, Vanderbilt University.
- • Panel Discussion on Working Together to Improve Our Birth Outcomes. Panelist included Margaret Apolito, PhD, Obstetrical and Gynecological Society, Inc.

2014 GA Prematurity Report Card

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President’s Column

30 L&Ds closed and more are on the way…

The Governor’s Committee on Stabilization of Rural Hospitals has a tough job—but it got harder last week when they heard about more hospital Labor & Delivery Unit closures in Georgia. They learned having a rural hospital doesn’t guarantee having an OB unit. Although Georgia has 180 hospitals, only 75 L&Ds remain to cover all of the state’s obstetric deliveries. In rural Georgia, OB units are closing at a rate of more than one per year. This is often seen as a cost cutting measure necessary to preserve the solvency of a hospital. The cost of specialized staff, anesthesia and surgical backup combined with low Medicaid reimbursement and uncertainty of DSH payments are just some of the reasons these units are closing.

A larger, looming question is who is looking out for access to obstetrical care in Georgia? Who monitors the closings and whether the resulting lack of access to care will increase the state’s already dismal statistics in women’s healthcare and pregnancy outcomes? Georgia consistently ranks 49th or 50th in maternal and infant mortality, 4th ranks 49th or 50th in maternal and perinatal mortality rates, and 45th out of 50 states in low birth weight babies. Research done by the Georgia Maternal Infant Health Research Group (GMHRG) demonstrated that women who traveled more than 45 minutes to their birthing facility are 1.5 times more likely to deliver preterm as those who travel shorter distances. Right now, more than a quarter of the women in Georgia are driving further than 45 minutes for delivery and this number is increasing as more L&D units close. Access to obstetrical care needs to be recognized by those outside our profession as a serious problem in Georgia. It costs our state millions in health dollars as we struggle to care for all the high risk pregnancies and subsequent NICU newborns. Measuring the ongoing quality of life, family issues and costs resulting from these risky births also remains a challenge.

Stopping the closures and retaining OB resources in rural areas of Georgia will require a motivated legislative effort, cooperation throughout the community and detailed resource planning. A plan must be developed that considers which L&Ds are critical to keep open to ensure continued obstetrical access in high need areas. Medicaid covers approximately 60% of Georgia’s deliveries and has provided stagnate reimbursement for 14 years! Current and relevant rates must be addressed. Additional resources must be devoted to medical education and training OB/Gyns who will be comfortable in rural Georgia. New resources to support struggling OBs, such as telemedicine and CNM use, must be increased to improve OB access where needed.

C. Anne Patterson, MD
GOGS President
Atlanta, Georgia

We need to improve obstetrical care in Georgia by caring enough to take action, make significant changes and focus on long term planning for sustainable improvement. We at the Society are working to keep the facts in front of those in leadership positions throughout the state who can help make needed changes. I hope you will do the same.

I appreciate your confidence by electing me your President. I look forward to working with you and for you over the coming year.

The end of the year is upon us, and we have accomplished a lot. I recently spent some time at the GOGS office browsing through old newsletters and minutes from past board meetings. I read the original edition of OB/GYN News (Volume 1, Number 1, 2004) from cover to cover. Our first edition consisted merely of two sheets of standard printing paper, held together by a single, metal staple. As I compared the original newsletter to today’s colorful, high gloss publication, my initial thought was we have come a long way! We have grown from a part-time, one-man operation to a multi-functional, highly talented and effective team, conducting business from within our own building.

While browsing through old minutes and early editions of the GOGS newsletter, my initial excitement at the progress we have made began to fade. I realized, in spite of the great strides in so many areas, much remains undone. Meeting the needs of women and children in underserved areas of our state has become more urgent with the ongoing closings of rural hospitals. Maternal and perinatal mortality rates continue to plague us. We are faced with old and new challenges. Tort reform? Sure. Reproductive rights? Yeah, that’s still with us. Declining reimbursement, the shifting winds of federal and state legislation and a level of bureaucratic intrusion will conspire to make for a busy year for GOGS. To complete the quote of the French editor Alphonse Karr, “…the more they remain the same.” I am uncertain about the future of healthcare in Georgia.

The recent mid-term elections resulted in new local, state and national elected officials. These officials will have an impact on GOGS and healthcare for our state. Many of our concerns will be debated again under the gold dome. Will we gain the ear of those who understand our and our patients’ needs by supporting the agenda of GOGS and OB/Gyns throughout the state of Georgia? I hope so. Meanwhile, I urge you to make the sacrifice of time, energy, and money necessary to support Drs. Toledo and Roberts, along with Skin Edge and our Government Relations Committee, as they prepare to lobby for GOGS concerns before the Georgia General Assembly during the upcoming 2015 legislative session. Stay tuned, for these are issues that profoundly affect our profession.

In the meantime, may the true spirit of the Holiday Season be with you and yours for the remainder of this year, and as we prepare for the challenges and joys the New Year is sure to bring.

Cheers!

2015 Winter Symposium

Jointly sponsored by the Georgia OB/Gyn Society and the Georgia Chapter of American Association of Pediatrics

Saturday, February 21, 2015
Atlanta Airport Marriott, Atlanta

Slated topics include:
- Neonatal withdrawal syndrome on the rise—What can be done?
- Breastfeeding—What drugs can safely be prescribed?
- LARCs—Can we reduce teen pregnancies?
- HPV Vaccines and cancer

Save the date and watch for the Registration Brochure in your mail soon.
2015 Legislative Session:
A Busy One for Georgia OBGyn Society

The 2015 session of the Georgia General Assembly will commence on Monday, January 12, 2015 and is expected to last until early to mid-April. Governor Nathan Deal and the other Constitutional officers will be inaugurated on January 12th. Then the legislators will get down to business. This will be an extremely busy year for the Georgia OBGyn Society at the State Capitol as there is a number of high profile and very important issues that will have a direct impact on OBGyn members’ practices.

Medicaid Reimbursement
First is the issue of Medicaid reimbursement. We successfully avoided cuts to our OBGyns’ reimbursement rates during difficult economic and budgetary times over the past few years. Now, we are working to secure an increase in the reimbursement rate as the state is on better financial footing. This past fall, Pat Coti and myself met with representatives from Governor Deal’s office as well as with the Office of Planning and Budget. The Department of Community Health and the House and Senate Appropriations Committee chairmen to discuss the impact Medicaid reimbursement has on physicians’ practices and on access to healthcare for our citizens. We also discussed “Medicaid Parity,” which is bringing Medicaid rates up to Medicare levels, not only for “primary care physicians” as the federal government has done for the past few years, but also for OBGyns. We will continue to seek support for increased Medicaid reimbursement rates.

Medical Malpractice
We also expect legislation overhauling the medical malpractice system will be introduced again this year. You will recall a similar bill was brought forward last year. The OBGyn Society’s Board of Directors voted to oppose it because studies showed it would lead to more claims filed against physicians and more awards made to claimants, resulting in higher malpractice premiums. No other state has adopted such a system, and we will attempt to have the bill held in committee as we did last year.

Billing for Services
An effort was also made last year by the health insurers to introduce legislation eliminating the ability of OBGyns to negotiate a capitation fee for certain services performed. We were successful in preventing the bill from going forward, but we may see another effort this year. We successfully defeated such a proposal several years ago and are already talking with legislators about the harmful impact of such a bill.

Medicaid Expansion
It will be interesting to see if the General Assembly takes up the issue of Medicaid expansion. Governor Deal has been opposed to it, but other states have looked at securing block grants from the federal government to assist citizens in purchasing insurance coverage. A lot of parity is involved in the level of reimbursement.

Legislative Day at the Capitol
We hope to see you at the Physicians’ Legislative Day at the Capitol on March 5, 2015. This is an excellent way to catch up on the status of these issues and spend time discussing them with your state senators and representatives. Our next OBGyn Society board meeting is set for February 22, 2015, and we will provide a legislative update at that time. During the session, we will provide weekly reports to our members with a status update on any bills of interest. If you have any questions about any issues, please feel free to contact me.

Thank you again for the privilege of representing you at the Capitol! We look forward to a successful session!
Hypertension in pregnancy remains a leading cause of maternal morbidity and mortality. Unfortunately, Georgia has one of the highest rates of maternal mortality in the U.S. In 2011, Georgia had 47 maternal deaths resulting in a maternal mortality rate of 35.5 (rates are per 100,000 live births). Even more disconcerting was the 2011 death rate among non-Hispanic black women: 63.8. Comparatively, in 2007 (the most recent year for which statistics are available), the U.S. had a maternal mortality rate of 12.7 for all races and 26.5 for black women. In 2013, Georgia ranked number 50 in maternal mortality. Therefore, improvement in management of hypertension in pregnancy may help improve the mortality rate.

In response to research in the management of hypertension in pregnancy, ACOG recently convened a task force to review data and publish evidence-based recommendations. An Executive Summary of their findings was published in Obstetrics and Gynecology (the Green Journal). The purpose of this article is to provide a limited overview of those recommendations, focusing on those that may change our current approach to the management of hypertension during pregnancy.

The Centers for Disease Control and Prevention (CDC) estimates 28.5% of women in the U.S. over 18 have chronic hypertension. They also reported younger women (18-39) were less likely than older women to be compliant with recommended treatment with only 44.5% taking their prescribed medications. The Executive Summary cites two primary areas warranting special attention. First is the need to recognize the multisystem nature of preeclampsia. Past attempts to establish rigid parameters for the diagnosis of preeclampsia have resulted in delays in recognizing the presence and severity of preeclampsia. Secondly, preeclampsia is progressive and dynamic in nature. The use of the term “mild preeclampsia” is now discouraged as it only applies to the moment diagnosis is established. Hypertensive disorders of pregnancy remain classified into four major categories:

1. Chronic hypertension - Hypertension preexisting to pregnancy
2. Preeclampsia/Eclampsia - Hypertension with one or more associated systemic findings including:
   a. Proteinuria - >300mg/24 hours
   b. Thrombocytopenia - <100K
   c. Impaired liver function – transaminases twice the normal concentration
   d. New development of renal insufficiency (serum creatinine >1.1 mg/dl or doubling of serum creatinine in the absence of other renal disease)
   e. Pulmonary edema
   f. New onset cerebral or visual disturbances
3. Gestational hypertension - BP elevation after 20 wks in the absence of proteinuria or other systemic findings
4. Preeclampsia superimposed on chronic hypertension

It is often difficult to determine when preeclampsia becomes superimposed on chronic hypertension. Because many women of childbearing age do not participate in preventative health care and have comorbidities such as diabetes and obesity, the diagnosis of chronic hypertension may not have been established prior to pregnancy. There may also be a degree of preexisting end-organ damage for which no baseline studies are available, thus making the determination of chronic vs. pregnancy related abnormalities virtually impossible.

The following represent selected highlights of the task force recommendations:

- Low dose aspirin (LDA) for prevention of preeclampsia

Recent data examined in a meta-analysis of more than 30,000 women indicated a small reduction in the incidence and morbidity of preeclampsia when LDA (60-80 mg daily) was used in women with a history of: 1. Early onset preeclampsia with or without preeclampsia, it is no longer considered indicative of severe preeclampsia.

- Elimination of IUGR in the diagnosis of severe preeclampsia

Since fetal growth restriction is managed in a similar fashion to women with or without preeclampsia, it is no longer considered indicative of severe preeclampsia.

- Timing of delivery

For women with gestational hypertension or preeclampsia without severe feature delivery at 37 0/7 weeks is suggested.

For women with severe features, but stable maternal and fetal status with a gestational age at 33 6/7 or less, it is suggested delivery be deferred for 48 hours to allow administration of corticosteroids, with expectant management only in a tertiary care center. If any of the following are present, it is suggested delivery NOT be delayed:

- Uncontrollable severe hypertension
- Eclampsia
- Pulmonary edema
- Placental abruption
- DIC
- Pre-viable fetus

For women with HELLP syndrome and a gestational age of 34 0/7 weeks or greater, it is recommended delivery occur soon after initial maternal stabilization.

- Post-partum NSAID use

For BP elevations persist past the first 24 hours postpartum, it is suggested continuation use NSAIDs be replaced with other analgesics. NSAID use is associated with BP elevations in some patients.

The Physicians’ Alliance Health Plan Trust (PAHPT) Is Saving Members Thousands on Their Health Plans

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- Is currently exempt from a number of ACA taxes and fees
- Offers multiple plan options to fit your needs

Physicians’ Alliance of America (PAA) has been serving practices for over 22 years. PAA sponsors the PAHPT as a major value for PAA members.

PAHPT is the simple, quality solution built specifically for the medical community. For more information and testimonials by PAHPT enrollees

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Visit www.PAHPT.com

Physicians' Alliance Health Plan Trust

Escape the confusion and uncertainty of ACA, Take care of your staff and save money! Contact PAHPT Now!
Immediate Postpartum IUD Placement Training

Immediate postpartum intrauterine device (IUD) placement training is underway for Georgia’s OB/Gyns. The training, facilitated by Melissa Kottke, MD, MPH, MBA, and Alan Joffe, MD, community medical director at Peach State, was presented to residents and faculty at Navicent Health (formerly Medical Center of Central Georgia) on October 29, 2014. The program was informative, interactive and very well received.

Dr. Kottke presented data and information outlining why immediate postpartum IUD placement is highly effective, to place IUDs within 7 days of delivery. Participants were able to practice these techniques on the simulated uterine model. Competency-based training is the key to successful insertion and significantly reduces the risk of expulsion. Training has been successful internationally with a range of providers and is commonplace in other countries including India, Egypt, China and Mexico.

Thanks to a partnership with Peach State Health Plan, GOGS is able to offer provider training in Georgia. It is a great opportunity for the state to actually be on the forefront of this exciting opportunity. Georgia is one of only a few states, including South Carolina, Colorado, Iowa and New Mexico, to adopt this innovative practice. PP IUDs are readily reimbursed by Medicaid.

More information on setting up IUD or implant insertion can be obtained by contacting GOGS Clinical Liaison Kaprice Welsh at kwelsh@georgiaobgyn.org. Information on billing codes for reimbursement of PP IUDs in the hospital setting is available at www.georgiaobgyn.org.

The immediate postpartum period is a particularly favorable time for IUD or implant insertion. Women who have recently given birth are often highly motivated to use contraception, they are known not to be pregnant, and the hospital setting offers convenience for both the patient and the health care provider.

Hepatitis B can be transmitted from mother to child at birth. Test EVERY Pregnant Woman, EVERY Pregnancy for Hepatitis B.

The Georgia OBGyn Foundation
Well on the Way to Becoming a Reality

The Georgia OBGyn Society is proud to announce we are in the early stages of creating the Georgia OBGyn Foundation, a priority identified in our Strategic Planning session in 2011.

The purpose of the Foundation is to create a healthier Georgia by improving women’s health care and continuing the professional development of OBGyn physicians. The Foundation board members are working hard to develop the foundation’s mission and goals. Board members are comprised of past GOGS presidents and are: President Dr. Ruth Cline, Secretary-Treasurer Dr. Cathy Bonk, members Dr. Schley Gatwood, Dr. Pam Gallup Gaudry, and Dr. Terry Pope.

The Foundation obtained its 501(c) (3) status this year, and is currently working through the strategic planning process, visioning, goal setting and initial ideas to provide financial support. The Society has retained Forum Communications to assist with strategic planning, directional research, and developing marketing materials for the Foundation. In addition, the non-profit North Georgia Community Foundation has been contracted to manage Foundation funds and serve as fiscal sponsor. In assisting with this visioning process, a survey was recently sent to the membership by email asking for input that will help the Foundation crystallize its vision and goals.

You will hear more about the Foundation in coming months as we expect an official launch in 2015. The Society’s goal is to have all marketing and informational materials, as well as a Foundation website, available for our members when this launch takes place. A formal outreach program will begin soon, but we want you to know now, even as the Foundation is being formalized, there are opportunities to give in support of this vision through multiple channels and types of gifts. Please contact the Georgia OBGyn Society staff at 770-904-0719 for more details.
December is Health Awareness Month

The University of Georgia’s College of Public Health has added Stephen Goggans, MD, MPH, as the new district health director for its East Central Health District. Beginning January 2015, Dr. Goggans will oversee DH’s operations in all 13 counties within its East Central region.

Dr. Goggans brings more than 13 years of experience in leadership roles at health care and educational institutions. Since 2002, he served as assistant professor in the Department of Medicine at Georgia Regents University while also delivering clinical care at Georgia Regents Health System. Dr. Goggans also served as a faculty and consulting member at Athens Regional Medical Center and St. Mary’s Health Systems.

Dr. Goggans earned a doctorate in medicine from Medical College of Georgia and a BA from Emory University. He interned in the Department of Pathology at University of North Carolina at Chapel Hill and completed his internship and residency in Internal Medicine at Medical College of Georgia. Dr. Goggans received his master’s degree in public health from the University of Georgia’s College of Public Health in 2013.

December is HIV Awareness Month

HIV Awareness Month kicked off with World AIDS Day on December 1st and is a global initiative to raise awareness, fight prejudice, and improve education about HIV, the virus that causes AIDS. Around the world, about 34 million people are living with HIV. In the U.S., about 50,000 people get infected with HIV every year. It’s important for everyone ages 15 to 65 to get tested for HIV at least once. Though significant progress has been made with drugs and drug cocktails to slow the spread and development of the disease, there is still no cure or vaccine against it. HIV/AIDS killed an astounding 21.8 million people worldwide from 1981-2000 alone, and the number continues to rise.

January is National Cervical Health Awareness Month

Cervical cancer was once the number one cause of cancer in women. In the U.S., the use of the Pap Test has produced a 70% decline in this type of cancer. Help keep up this great progress by celebrating Cervical Health Awareness Month. Cervical cancer tends to cause death in women who can’t afford health insurance. For this reason there are a number of organizations that provide free or low cost Pap Tests all over the country. Cervical Health Awareness Month is a chance to encourage women to protect themselves from HPV and cervical cancer. About 20 million Americans currently have HPV, the most common sexually transmitted disease. For more information, visit http://www.ncc-online.org/index.php/january.

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• 2015 Spring CPT Coding Seminar: Save the date of Friday, May 1, 2015 for the GOGS spring CPT seminar at the Marriott Marquis City Center in Macon.

Save the Date

Georgia’s RHC Expand on Savannah Campus

Mercer University and Memorial University Medical Center expand on Savannah Campus

Mercer University broke ground recently on an $18 million expansion of School of Medicine (MUSM) facilities on its Savannah campus at Memorial University Medical Center. This endeavor will include renovation of the William and Ijfah Hopkins Center for Biomedical Research as well as construction of an addition to the Hopkins Center to serve as a medical education and research facility for the university.

Byck Ears Board Certification in Pelvic Medicine/Reconstructive Surgery

David Byck, MD, FACOG, has become one of the first physicians in Savannah to earn a new certification from the American Board of Obstetrics and Gynecology (ABOG). He is now board certified in female pelvic medicine and reconstructive surgery, an accreditation that fewer than 1,000 physicians in the U.S. have earned since it was introduced in 2013.

News for Providers About Georgia Medicaid’s Upcoming CMO Procurement

Georgia Medicaid is one of the fastest growing state Medicaid programs in the nation, with enrollment currently at nearly 1.4 million. As a result, the number of Georgians through Medicaid has expanded from 2.1 million to 4.5 million residents since 2011.

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Georgia Families and Georgia Families 360° members will expire on June 30, 2016. Georgia Medicaid will be reprocuring the CMO contracts for Georgia Families with a July 1, 2016, effective date, including one CMO for Georgia Families 360°. Bidders will be able to demonstrate statewide access to care. Providers may be contacted by prospective bidders and current CMO representatives at the Georgia Medicaid CMO Outreach Meetings.

GRHA’s Rural Health Clinic One-Day Conference

Georgia’s Rural Health Association’s one-day conference will be held Tuesday, January 13, 2015, 9 - 3 pm at the State Office of Rural Health, 502 South 7th Street, Cordele, GA 31015. Cost for GRHA members is $99, for non-members is $129. Topics include RHC Cost Elements and Required Documentation, An Operational Approach to RHC Certification, Clinical Documentation Improvement and CD-10 Implementation, and Georgia Medicaid/RHCs. For conference information and registration, visit http://www.grhainfo.org/2015RHC/.

2015 ACOG Annual Clinical Meeting

The Georgia Rural Health Association (GRHA) has added a new event to its 2015 agenda—GRHA’s Rural Health Clinic One-Day Conference, Georgia’s Rural Health Association’s one-day conference will be held Tuesday, January 13, 2015, 9 - 3 pm at the State Office of Rural Health, 502 South 7th Street, Cordele, GA 31015. Cost for GRHA members is $99, for non-members is $129. Topics include RHC Cost Elements and Required Documentation, An Operational Approach to RHC Certification, Clinical Documentation Improvement and CD-10 Implementation, and Georgia Medicaid/RHCs. For conference information and registration, visit http://www.grhainfo.org/2015RHC/.

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The conference for the Care Management Organizations (CMOs) serving nearly 1.4 million Georgia Medicaid/Georgia Families and Georgia Families 360° members will expire on June 30, 2016. Georgia Medicaid will be reprocuring the CMO contracts for Georgia Families with a July 1, 2016, effective date, including one CMO for Georgia Families 360°. Bidders will be able to demonstrate statewide access to care. Providers may be contacted by prospective bidders and current CMO representatives at the Georgia Medicaid CMO Outreach Meetings.

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