Remicade update

In December, we issued a call to action regarding a Blue Cross Blue Shield draft policy on Remicade. In response to our feedback, BCBS’ Remicade Medical Policy has been updated!

The Pharmacy Policy Review committee stated that providers expressed the following concerns over the previous medical policy not reflecting current treatment of complicated patients with inflammatory bowel disease:

1. In extremely ill patients, waiting for a response to an immunomodulator is a breach in current standard of care.
2. The policy doesn’t address the accepted practice of checking drug levels and antibodies directed to the individual agents.
3. It is often necessary to escalate therapy temporarily to control disease and maintain remission. This is not reflected in the current dosing structure.

Prime reviewed current literature and revised the Remicade medical policy addressing the needs of complicated patients with inflammatory bowel disease:

Those individuals with perianal fissuring/chronic fistulizing Crohn’s disease will not be required to try a conventional agent for Crohn’s disease. The dosing requirement(s) below will apply.

Additionally dosing will be approved as follows:

a. The dose is within the FDA labeled dose for the labeled indications or is supported in literature for additional indications (see dosing table); OR
b. Both of the following
   1. The patient has Crohn’s disease and has had loss of response to current infliximab therapy, AND
   2. The patient’s infliximab trough level is subtherapeutic (<3 μg/mL) and the patient is infliximab antibody negative

As president of AGS, I thank you for answering the call to action and urge you to encourage your colleagues to join us!

Robert Shaffer, MD | President
Membership categories to match your career:
• Practicing physicians
• Government/academic physicians
• Associate memberships for non-physician clinicians, certified registered nurse practitioners and physician assistants
• Residents and Students

Advocacy on behalf of Alabama’s gastrointestinal specialists:
• We maintain a dialogue with Blue Cross Blue Shield so we may discuss specific issues relating to the practice of gastroenterology.
• Our voice in the Alabama State House and the U.S. Congress focuses on legislation to strengthen the practice of gastroenterology while protecting the practitioner and the patient.

Communication with gastroenterological professionals in Alabama:
• Website: www.alagastro.org
• Electronic newsletter: The Scope
• Alerts and Calls to Action

Discounted registration fee for the AGS Annual Conference, June 13-14, at the The Grand Hotel in Point Clear.
• Continuing Medical Education
• Network with colleagues

Questions?
Please contact Executive Director Jennifer Hayes at (334) 954-2500 or jhayes@masalink.org if you have questions.

MAKE YOUR CONNECTION TODAY!
Log on to www.alagastro.org to print an application or join online at www.tinyurl.com/AGS2015. If your practice needs one invoice for all potential members, e-mail cmorris@masalink.org and we will be happy to create one for you.
Membership in AGS for 2015 is off to a great start!
Not on the list? Join today!

We are excited to announce the following physicians have joined AGS for 2015. We especially welcome all of our new members (marked with a star). Thank you all for your support of AGS.

- Robert Philip Albares, MD, Dothan
- Mark M. Anderson, MD, Montgomery
- Cody B. Barnett, MD, Mobile
- Brent Barranco, MD, Birmingham
- Michael Alan Berry, MD, Foley
- C. Julian Billings, MD, Huntsville
- Allison Michelle Duke Bridges, MD, Birmingham
- Michael Wayne Brown, MD, Huntsville
- Matthew L. Carnes, MD, Birmingham
- Gregory L. Champion, MD, Birmingham
- Stephen Lanier Coleman, MD, Fairhope
- Jeffrey J. Crittenden, MD, Dothan
- Charles Alexander Dasher, MD, Birmingham
- William Timothy Denton, MD, Birmingham
- Jack Anthony Di Palma, MD, Mobile
- Charles O. Elson, MD, Birmingham
- Dina Ferrante, MD, Huntsville
- Susan Ellen Bonfili Fleet, MD, Mobile
- Richard Elliot Ginsburg, DO, Montgomery
- C. Allen Goetsch, MD, Huntsville
- Miles E. Gresham, MD, Birmingham
- Gerard D. Haggstrom, MD, Florence
- Thomas L. Hagood, MD, Foley
- William Henry Halama, III, MD, Birmingham
- Colin Alexander Helman, MD, Birmingham
- John Callaway Hendrix, III, MD, Montgomery
- James Swann Hixon, MD, Anniston
- Derek K. Holcombe, MD, Alex City
- Daniel Forrest Jackson III, MD, Dothan
- H. Whitney Jennings, Homewood
- Jeanette Newton Keith, MD, Decatur
- Rob Lerner, MD, Mobile
- Ralph Thomas Lyerly Jr., MD, Jasper
- Talha Malik, MD, Birmingham
- Brendan Martin McGuire, MD, Birmingham
- William Davis McLaughlin, MD, Dothan
- Mukul Mehra, MD, Birmingham
- Rao Rama Meka, MD, FACP, West Point, Ga.
- Nina P. Nelson-Garre, MD, Montgomery
- Barbara Louise O’Brien, MD, Foley
- Rajat N. Parikh, MD, Birmingham
- Rajesh Kantilal Patel, MD, Huntsville
- Robert A. Pendley, MD, Huntsville
- Thomas A. Pugliese, MD, Gadsden
- Bradley Scott Rice, MD, Hampton Cove
- Meredith Corlew Roath, MD, Huntsville
- Lindsay South Robison, MD, Birmingham
- Reynaldo Rodriguez, DO, Mobile
- Donald C. Rosen, MD, Anniston
- Gardner Rowell, MD, Tuscaloosa
- Travis James Rutland, MD, Dothan
- Robert A. Shaffer, MD, Birmingham
- Subramaniam B. Sundar, MD, Tuscaloosa
- Samuel Joseph Tarwater, MD, Dothan
- Raymond Tobias, MD, Birmingham
- John-Paul Voelkel, MD, Huntsville
- Michael Weinrib, MD, Montgomery
- W. Penn White III, MD, Montgomery
- Jason McKinley Wilkes, MD, Florence
- Winter Bertling Wilson, DO, Guntersville
- Amy Roberts Woods, MD, Foley
- Khurshid Yousuf, MD, Decatur


AGS Annual Conference
June 13-14, 2015

Call the Grand Hotel Marriott Resort at (800) 544-9933 and reference the Alabama Gastroenterology Society room block.

Guest rooms start at $209 per night. The Grand Hotel will extend this special rate for two days before and two days after our meeting so you can spend time with family, relax or explore local attractions.

Make your reservations today! We expect rooms to sell out.

See you in Point Clear in June!
CMS announces goals for shifting Medicare reimbursements

by Jackson Thornton

In a press release issued on January 26, the Centers for Medicare and Medicaid Services (CMS) outlined its goals for the next several years. 2016 is just around the corner and these changes will affect all physicians who are paid by Medicare for services.

- By the end of 2016 – Tie 30 percent of fee-for-service, Medicare payments to quality or value through alternative payment models, such as Accountable Care Organizations (ACOs) or bundled payment arrangements.
- By the end of 2018 – Tie 50 percent of payments to these models
- By the end of 2016 – Tie 85 percent of all traditional Medicare payments to quality or value
- By the end of 2018 – Tie 90 percent of all traditional Medicare payments to quality or value through programs such as the Hospital Value Based Purchasing and the Hospital Readmissions Reduction Programs.

HHS plans to intensify its work with states and private payers to support adoption of alternative payments models through their own aligned work, sometimes even exceeding the goals set for Medicare. HHS also announced a Health Care Payment Learning and Action Network that will accelerate the transition to more advanced payment models, The Network will hold its first meeting in March 2015.

Putting this in perspective, the HHS announcement states that in 2011, Medicare made almost no payments to providers through alternative payment models. Today, such payments represent approximately 20 percent of Medicare payments. The new HHS goals represent a 50 percent increase by 2016.

The fact sheet and press release use phrases like “intensify” and “accelerate” that seem to indicate expediency in implementing these payment models.

Keep your eye on CMS and HHS as well as your payments during this year for more changes to come.

Physicians face Meaningful Use penalties

More than 257,000 physicians and other health professionals have been notified that their Medicare payments will be cut in 2015 because they failed to meet Federal “meaningful use” standards for using electronic health records, according to the Centers for Medicare and Medicaid Services (CMS).

The healthcare professionals will see a 1 percent reduction in Medicare payments for 2015, CMS said. A CMS spokeswoman said in a statement, “Since 2011, more than 400,000 eligible professionals have received incentives under the Medicare and Medicaid EHR Incentive Program. Beginning today, however, CMS will be notifying the minority of eligible professionals who have not successfully participated in the program that they will be subject to payment adjustments in 2015 as required by law.”

In addition to the 257,000 clinicians facing a one-percent cut, another 28,000 doctors face a 2 percent reduction in Medicare reimbursements in 2015 for failing to meet the requirements of both the meaningful use program and the electronic prescribing program, which requires physicians to use e-prescribing technology.

News of the penalties could add pressure on the administration to adjust the meaningful use program. While 257,000 healthcare professionals are being penalized for failing to reach Stage 1 of the meaningful use program, Stage 2 seems to be an even steeper climb – only 4 percent of all eligible healthcare professionals had attested to it by Dec. 1; they have until April to reach the goal but are required to attest for a full year in 2015 or face penalties.