



GEORGIA'S SOURCE FOR IMPORTANT PHYSICIAN INFORMATION

Health-Care Summit and -Heroes: A Successful 2003 Joint Venture

Health Care Perspectives 2003 merged with Health-Care Heroes this year and was a sellout! Health Care Perspectives—a summit on issues affecting your professional and personal life—featured nationally known as well as local panelists from the medical, political, academic and insurance arenas who offered insight into universal health coverage, Medicaid costs, consumer-driven healthcare, HIPAA and containing the cost of liability premiums.

The Atlanta Business Chronicle's Health-Care Heroes, cosponsored for the sixth consecutive year by MAG Mutual, followed with a keynote address given by John R. Seffrin, CEO of the American Cancer Society.

The winners are:

John D. Henry, Sr., FACHE
Emory University
Lifetime Achievement Winner

Otis W. Smith, MD
The Fulton-DeKalb Hospital Authority
Physician Winner

Rhonda Scott, PhD, RN, CS
South Fulton Medical Center
Allied Health Professional Winner

Harriet Robinson, PhD
Emory University
Health-Care Innovation Winner

Clinica de la Mama
Ed and Tracey Cota, Directors
Community Outreach Winner

Congratulations to the winners, finalists and nominees. You've certainly proven yourselves worthy of the word "hero." ●

Georgia Court Upholds Presumption Charge

In a March 2003 Georgia Supreme Court decision, the validity of the "presumption" charge was upheld. The "presumption" charge is a pattern jury instruction commonly used in medical negligence cases whereby the jury is instructed that under Georgia law, it is presumed that medical professionals perform services in an ordinarily skillful manner.

In *Beach v. Lipham*, the plaintiffs sued a doctor and hospital alleging that Mrs. Beach suffered brain damage as a result of the improper administration of morphine. The jury took just 15 minutes in rendering a verdict in favor of both defendants. The plaintiffs appealed, contending that the "presumption" charge is confusing, highly prejudicial and grossly unfair. Lawyers for the Beaches argued that this jury instruction overemphasizes and increases a plaintiff's burden of proof. The Supreme Court of Georgia held that the challenged instruction, as a whole, does not place undue emphasis on the plaintiff's burden of proof and is appropriate in medical negligence cases because medical professionals are held to a higher standard of care than ordinary negligence. The standard of care in medical malpractice cases is that degree of care exercised in the profession generally.

However, the Georgia Supreme Court acknowledged that the pattern charge is not the clearest statement of the law and may be confusing to jurors and therefore needs to be revised. This decision correctly affirms the long-standing principle of law in Georgia that physicians are presumed to exercise due care and skill in their treatment of a patient based on their education, training and experience. ●

Product News

Did you know?

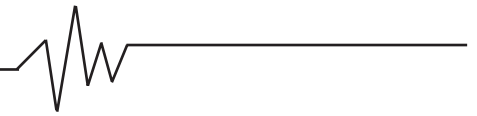
MAG Mutual has a new home loan program for physicians that promises substantial savings on closing costs—along with the most competitive interest rates available. Whether you are purchasing a new home or refinancing your current one, the program is open to all of our medical professional liability policyholders.

MAG Mutual Financial Services, Inc. (MMFSI) has partnered with Washington Mutual Home Loan Services, one of the nation's largest mortgage lenders, to offer you this special program. Loan origination, credit report (except jumbo loans),

application, legal and underwriting fees will be waived, potentially saving you thousands of dollars (second and third homes receive same interest rates as primary loans). You'll only be charged state-required fees and other prepaid items such as prorated interest, property tax, homeowner's insurance, etc. All "extra" fees are eliminated. Even the appraisal fee may be waived or streamlined.

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Starting this month and continuing through July, this column will provide you with frequently asked questions and answers concerning HIPAA.

Physician FAQ on HIPAA

Q: What is HIPAA?

A: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that has been implemented by the U.S. Department of Health & Human Services through several sets of regulations. Receiving considerable attention in recent months are the new patient Privacy, Security and Electronic Transactions and Code Set regulations. The main focus of these regulations is privacy and security of patient health information and standardization of the electronic health claims process.

Q: Does HIPAA apply to all physician practices?

A: HIPAA applies to all "covered entities." Covered entities include physicians that store or transmit health information electronically (or that use a vendor or service provider that does so electronically). Even practices with fewer than 10 employees may be considered covered entities and must comply with the HIPAA privacy, security and electronic transactions regulations if they store, transmit or receive health information electronically.

Q: When was the deadline for HIPAA's compliance?

A: There are actually several deadlines. The most important—so far—was April 14, 2003, requiring compliance with the *privacy* provision.

The next deadline is **October 16, 2003**. It deals with the standardization of Transactions and Code Sets through a medical practice's computer system. This is an important deadline because it could impact some medical practices' ability to submit health insurance claims and other data processing needs if their computer system is not compliant (and the government does not extend the deadline).

Q: What were we supposed to do by April 14, 2003?

A: You should have completed the following regarding HIPAA's privacy provisions:

- Assign Privacy Officer/Contact responsibilities to an employee (the office manager in most smaller groups)

- Prepare and properly distribute a *Notice of Privacy Practices* to your patients. This Notice should be a clearly written explanation of how your medical practice uses and discloses patient information for purposes of treatment, payment, healthcare operations, research, marketing, etc. The Notice includes patient rights regarding their health information and contact information should patients have a privacy complaint. It is very similar to the disclosure forms received a few years ago from banks, insurance companies, and similar entities (although you are not required to mail to all patients)
- Develop a HIPAA-approved *Authorization Form* which you will need for most disclosures or uses of a patient's information not related to Treatment, Payment and Operations (TPO)
- Write internal Policies and Procedures addressing issues such as: general *Staff Do's and Don'ts*
- Train your medical practice's employees on the privacy rules, your internal Policies and Procedures and your Notice of Privacy Practices
- Monitor results and periodically assess compliance with the Notice and Policies and Procedures

For more information, please contact David Miller at 770-931-7700 or visit www.coderscentral.com. Next month, we will discuss the upcoming Transaction and Code Set requirements. ●

New Internet Site Launched

MAG Mutual has a new face on the Internet. With new and improved means of communication, several methods of navigation and a fresh look, our website offers additional channels for quality customer service. We offer online CME credits, direct feedback to specific departments and product and service information for every stage of a physician's career. Visit www.magmutual.com.

HIPAA Business Agreement available at www.magmutual.com

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MAG Mutual Insurance Co.
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Atlanta, GA 30355-0979

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