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COMMUNIQUE

Aug/Sept 2017

Letter from the President

Sharon E. Sagarra, MBA, FACMPE
President, MGMA-MO

Most work days, I take a midday stroll from my office in the medical building, where my Practice is housed, across the back-parking lot to the radiology and surgical entrance to the hospital. Sometimes I use that time to reflect on the day so far and what to expect for the rest of the day. Or to walk away from a situation or frustration, most recently due to an EMR transition, to clear my head. Sometimes I hear the wail of sirens of an ambulance headed towards the hospital emergency department, praying the unknown patient recovers from whatever ails them. Most of the time I just like to savor the amazing, ever changing sky (even when rainy/snowy), the sound of the birds, the beautiful blooming flowers and trees on campus and remind myself how lucky I am to be alive and able to participate in my own small way in making a difference in our patients' and each other's lives.

I grew up in the healthcare and insurance realms – my paternal Grandfather was an OB/GYN in New York City (he even delivered and saved his first grandchild, when it was discovered the umbilical cord was around her neck -me!), my paternal Grandmother and paternal Great Aunt were nurses and my Great Aunt's husband was a Pharmacist & owner of the corner drugstore around the corner from where my Father grew up in New York City. My Father turned to the insurance business, partly because he knew he was not cut out to follow in his Father's footsteps, investigating accidents & work comp claims. I spent my formative years hearing and seeing pictures of events that changed lives, for better or worst. Seemed I was destined to meld healthcare and insurance together when I chose a career in the business of healthcare. If my Grandfather and Father were alive today, they would not recognize how Healthcare has changed over the years. They were alive during a time where the art and science of healthcare were the roots of taking care of patients. Not these days.

At MGMA Missouri we recognize this and want to make sure we give you the tools and resources to assist you in running your practices, clinics and departments whether you are part of a small rural clinic, a physician owned practice, or part of a large healthcare system.

In July of every year, the new Board of Directors comes together, welcoming new ideas and opinions. The Board of Directors met in early July and we are excited about the possibilities for the coming year. Brad Carney, CPC, CMPE, President-Elect and the 2018 Conference Chair will be working with his planning committee to select topics for

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Letter from the President

our Spring conference, ***Piecing Together the Healthcare Puzzle***. Ashley Petty has stepped into the Treasurer's role, Kyle Adkins has joined the Board as Secretary and Susan Reichert, FACMPE is our immediate Past President. The new fiscal year also meant the end of Merry Mullins, MBA, FACMPE's two-year term, for which we are grateful for all she has done as our ACMPE Forum Representative, and the beginning of David Kelch, FACMPE's term as ACMPE Forum Representative. July also brought the announcement that Tan-Tar-A Resort, our conference location, will become part of the Margaritaville Family of Resorts. See, change is everywhere!

Change – for better or worst – is part of our daily lives and despite how frustrating healthcare may get, knowing your Physicians, your staff, your practice is making a difference in patients' lives makes it all worthwhile. Just make sure you take the time to take care of yourself with a daily stroll or something and know MGMA Missouri is here to assist you. Looking forward to serving as your President.

Sharon E. Sagarra, MBA, FACMPE
President, MGMA-Missouri
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MGMA-MO 2018 Spring Conference

Piecing Together the Healthcare Puzzle

May 6-8, 2018

"There are times I almost think I am not sure of what I absolutely know. Very often find confusion in conclusion I concluded long ago. In my head are many facts that, as a student, I have studied to procure, in my head are many facts of which I wish I was more certain I was sure!"

Those words were penned by Richard Rodgers for King Mongkut of Siam played by Yule Brenner in The King and I. They seem to sum up the big picture of health care, too. Just as managers and administrators got a great handle on PQRS, it changed to MACRA. Or is it MIPS? Oh, that's right, it's now QPP. The deeper we dig into the details, the muddier the waters get, too. Then we can try to figure out how APMs and ACOs play into all of this. As if that isn't enough to have to think about, what happens if our legislature repeals and replaces the Affordable Care Act? What will go away and what will stay?

Let's step out of our world for just a minute. Healthcare can be as confusing and possibly more so for healthcare consumers. They wonder every day if they made the right choice concerning their insurance: a catastrophic plan with cheap premiums but little coverage; choosing not to have insurance at all and pay the tax penalty; paying higher premiums for a plan that covers much more. They have questions like which insurance will allow me to see my favorite primary care doctor. Then at certain times the consumer may have to consider COBRA coverage vs. none. Those of a certain age must decide whether they want traditional Medicare, a Medicare Advantage Plan, a Medigap plan or…. The confusion goes on and on.

While we as managers and our customers as healthcare consumers are going through all this, the insurance companies are reviewing demographics, actuarial tables, health care costs. They are applying algorithms and formulas to determine the minimum they have to charge for any of a large number of products.

When we step back and look at the big picture we see those lines that tie the patient, the insurance company and the healthcare provider together. Those lines might be a T-1 internet cable or a telephone. Someone must keep our computers running. Some physicians like to wear their lab coats, so we need someone to keep those clean. While I could go on and on, our business partners are vital to our healthcare community.

Let's put it all together now: When I think of healthcare I think of a 3-dimensional puzzle, one of a pyramid. One side is made up of healthcare providers and their administrative staff. The second side is the "ancillary" staff: those we don't usually think of such as the environmental services team or the food service team in a facility setting. Side three is insurance companies, trying to keep healthcare affordable for patients. And side four is the businesses that support the other three sides. Again, think of our business partners. Now think of the apex of the pyramid as pointing toward the best possible care for the ultimate customer of all four sides – the patient.

At the MGMA-MO 2018 Conference we will work on "Piecing Together the Healthcare Puzzle." And I am excited and honored to introduce your 2018 Annual Conference Planning Committee:

Sharon E. Sagarra, MBA, FACMPE
President, MGMA-MO

Susan Reichert, FACMPE
Immediate Past President, MGMA-MO

Ashley Petty
Treasurer, MGMA-MO

Kyle Adkins
Secretary, MGMA-MO

Beth Castens, MHA, CMPE
CoxHealth, Springfield

Syd Stevens
Midwest Nephrology Consultants, Kansas City

Amy Earp
SNC Squared, Joplin

Joseph Keane
Keane Insurance Group, St. Louis

Brad Carney
MGMA-MO President-Elect,
2018 Conference Chair
BLCarney61@gmail.com

Medicare to Begin Using New Patient Identification Numbers

Personal identity theft affects a large and growing number of seniors. People age 65 or older are increasingly the victims of this type of crime. This is why the Centers for Medicare & Medicaid Services (CMS) is readying a fraud prevention initiative that removes Social Security numbers from Medicare cards.

Starting April 2018, CMS will begin mailing new Medicare cards to beneficiaries that include a new unique Medicare number called the Medicare Beneficiary Identifier (MBI). The mailings will be staggered throughout the year, with completion expected by April 2019.

To help providers and their Medicare patients transition to the new MBI numbers, CMS designed a new homepage for providers that links to the latest details, including how to talk to your Medicare patients about the new Medicare card. Please bookmark our website homepage, cms.gov/medicare, and review the New Medicare Card homepage with information on what you need to do now, and the Provider webpage, so you have the information you need to be ready.

Providers, please look at your practice management systems and business processes and determine what changes need to be made to use the new MBI. You will need to make those changes and test them by April 2018, before CMS mails out the new Medicare cards. If you use vendors to bill Medicare, you should contact them to find out about their MBI practice management system changes.

Please advise your Medicare patients that the new Medicare numbers won't change Medicare benefits, and that as soon as they get their new card they may start using it and they should destroy the old card. Also, please advise your Medicare patients to make sure that their mailing address with the Social Security Administration is up to date. If their address needs to be corrected, they may contact the Social Security Administration at ssa.gov/myaccount or 1-800-772-1213. TTY users can call 1-800-325-0778.

MIPS Improvement Activities Category and Your QIN-QIO

The Improvement Activities category of the Merit-based Incentive Payment System (MIPS) is a new area for clinicians to report and consequently is leading to many questions about the category. The MIPS program (one of two payment paths under the new Quality Payment Program) contains four performance categories: Quality, Improvement Activities, Advancing Care Information (ACI) and Cost. Quality, ACI and Cost replace the former Physician Quality Reporting System, Meaningful Use and the Value-based Modifier.

Improvement Activities
The Improvement Activities category is new with QPP and most participants will need to attest to having completed up to four activities for a minimum of 90 days for the 2017 transition year. To review and select activities, you can visit https://qpp.cms.gov/mips/improvement-activities. Make sure you keep the necessary documentation by reviewing the MIPS Data Validation Criteria.

Working with Your QIN-QIO
The TMF Quality Innovation Network Quality Improvement Organization (QIN-QIO) provides support in Arkansas, Missouri, Oklahoma, Puerto Rico and Texas to help clinicians successfully transition to QPP. In addition, working with a QIN-QIO actually counts for several activities under the Improvement Activities category.

Below are a few Improvement Activities that involve working with a QIN-QIO. If submitting for a partial or full year, you are required to choose one to four of more than 90 available activities. Each activity is assigned a "weight."

- Activity IA_EPA_4 (medium weight): Additional improvement in access as a result of QIN-QIO TA
- Activity IA_BE_3 (medium weight): Engagement with QIN-QIO to implement self-management training programs
- Activity IA_PM_6 (medium weight): Use of toolsets or other resources to close health care disparities across communities

Resources
The TMF QIN-QIO has created QPP fact sheets to help you select the Improvement Activities that are right for your practice. These fact sheets cover several areas of quality improvement which TMF can assist you with.

- QPP and Antibiotic Stewardship
- QPP and Behavioral Health
- QPP and Cardiac Health
- QPP and Chronic Care Management
- QPP and Diabetes
- QPP and Immunizations

To learn more about MIPS and choosing your Improvement Activities, visit https://qpp.cms.gov/measures/ia. To learn more about TMF QIN-QIO and how to access free technical assistance, visit https://tmfqin.org/qpp. To request free technical assistance with MIPS for practices or systems with more than 15 eligible clinicians, email QualityReporting@tmf.org. To request free technical assistance with MIPS for small and rural practices, contact 1-844-317-7609 or QPP-SURS@tmf.org.

This material was prepared by TMF Health Quality Institute, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy.

Keeping the **game fair...**

...so you're not **fair game.**

Your Missouri medicine
is getting hit from all angles.

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confident in your coverage.

Get help protecting your practice,
with resources that make important
decisions easier.

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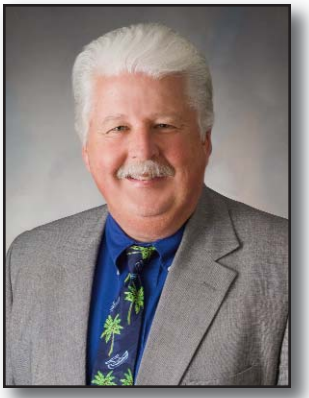
ACMPE Update



David A. Kelch, MBA, FACMPE

Please join us in welcoming David A. Kelch, MBA, FACMPE as our new ACMPE Forum Representative. David joined MGMA-MO in 1985 and has served in many leadership roles within our Association including 2010-2011 MGMA-Missouri President. David retired as the Executive Director of SSM Medical Group - West in 2014 and is currently president of Mid Towne Consulting, LLC in Saint Charles.

David is passionate about helping practice managers and administrators achieve their Certification and Fellowship in the American College of Medical Practice Executives. Please feel free to contact David at david.a.kelch@gmail.com.

There is no time like the present, make 2017 the year you begin your certification journey through the American College of Medical Practice Executives! As your new MGMA-Missouri ACMPE Forum Representative, I would like to help you take that next step. Sometimes, it could be the challenge, or the question, or knowing someone who completed the journey that makes you want to start. Whatever the reason, we have resources, study groups, on-line webinars and many multiple tools to assist you in your pursuit of certification.

What is board certification?

Board certification through the American College of Medical Practice Executives (ACMPE) is designed to verify and validate expertise and experience in medical practice management in the six domains of the Body of Knowledge (BOK).

To begin the certification process, you are required to have two years of ambulatory or other healthcare management experience that includes at least six months as a direct supervisor of people in a healthcare delivery system, as well as significant functional responsibility in at least one of the six domains in the Body of Knowledge.

Why choose certification through ACMPE?

The Certified Medical Practice Executive (CMPE) credential, administered through the American College of Medical Practice Executives (ACMPE), has set the industry standard for more than 57 years as the most significant benchmark of ability and experience.

Board certification credentials are designed, developed and evaluated by your peers to ensure that the standards are relevant, rigorous and specifically tied to competencies outlined in the Body of Knowledge that are necessary to drive medical practice success.

CMPE professionals enjoy:

- Professional respect from physicians, peers and colleagues
- Increased earning and career potential
- Access to a network of more than 6,600 peers who are transforming medical care delivery every day

How do you get started?

To apply for board certification through ACMPE and to work toward earning your CMPE credential, you must:

1. Be a current member of National MGMA.

2. Pay a one-time $250 board certification application fee and then you will be emailed a link to both the online and downloadable PPDF applications.

3. Submit your completed application online or via email or fax demonstrating the required two years of healthcare management experience, including at least six months in a supervisory role.

ACMPE Update, continued

4. Once your application fee and completed form are received and your eligibility verified, we will contact you by email within 10 business days to confirm your acceptance in the program as a nominee.

5. If it is determined that you do not meet the eligibility requirements, you will be refunded your application fee less a $25 processing fee.

Upcoming Exam Information

December 2017 Exams:	Dec. 2-16, 2017 (Registration Oct. 23-Nov. 3, 2017)
March 2018 Exams:	March 10-24, 2018 (Registration Jan. 22 - Feb. 5, 2018)
June 2018 Exams:	June 9-23, 2018 (Registration Apr. 23 - May 7, 2018)
September 2018 Exams:	Sept 8-22, 2018 (Registration July 23 - Aug. 7, 2018)
December 2018 Exams:	Dec. 1-15, 2018 (Registration Oct. 22 - Nov. 6, 2018)

In our next newsletter, we will define the process for continuing your certification process and working toward becoming a Fellow in the American College of Medical Practice Executives.

If you have any questions, please feel free to reach out to me at david.a.kelch@gmail.com, I know from experience that there are many reasons you can have to not apply for certification, but do it for yourself, this is the most recognized credential in our healthcare industry for practice managers.

David A. Kelch, MBA, FACMPE
MGMA-Missouri ACMPE Forum Representative

Sample multiple-choice questions

After fulfilling the qualifications to pursue the CMPE credential, one of the steps is to pass a multiple choice exam. This 175 item, multiple-choice exam assesses your on-the-job knowledge of the broad scope of group practice management principles and practices as described in the six domains of the Body of Knowledge for Medical Practice Management.

Here are ten questions for you to evaluate your knowledge, answer the ten questions, submit your answers to me at david.a.kelch@gmail.com and I will notify you of your success rate.

Give it a shot, you know more than you think you know. I will include ten different questions in each upcoming issues of the Communique for you to practice. Good luck.

1. How are operational decisions treated when extensive written policies and procedures exist?

a) Decisions are made by the administrative manager.
b) Situations are seen as new and require new solutions.
c) Situations are seen as routine and require similar solutions.
d) Decisions are referred to senior physicians.

2. Which of the following would have an impact on facility design?

a) Health Insurance Portability and Accountability Act.
b) Social Security Administration.
c) Medicare, Part B.
d) Americans with Disabilities Act.

3.The medical practice that has 60% of its accounts receivable funds older than 180 days could be experiencing which of the following?

a) Ineffective marketing efforts.
b) Ineffective collection efforts.
c) Increased number of encounters.
d) Good internal controls.

4. Which of the following taxes does NOT have a ceiling on the amount of employee taxable earnings?

a) FICA tax.
b) Federal income tax.
c) State unemployment tax.
d) Federal unemployment tax.

5. Which of the following is NOT an effective method to build trust among employees?

a) Compensate well.
b) Behave consistently.
c) Communicate openly.
d) Encourage participation.

6. To qualify as "exempt," an employee must meet the requirements of which two tests?

a) Professional and executive.
b) Executive and administrative.
c) Administrative and professional.
d) Duties and salary.

7. At which security level is intranet and network access best controlled?

a) Individual security level.
b) Department security level.
c) Workstation security level.
d) Building security level.

8. Which of the following physician compensation models rewards work effort?

a) Straight salary.
b) Production-based.
c) Per Diem.
d) Hourly rate.

9. Which is NOT the responsibility of the patient?

a) Withhold.
b) Co-payment.
c) Deductible.
d) Co-insurance.

10. Which is a medical organization's best approach to improve patient satisfaction?

a) Offer new services.
b) Enhance staff's ability to solve problems.
c) Provide patient satisfaction surveys.
d) Adhere to HIPAA guidelines.

Submit your answers to me at david.a.kelch@gmail.com.

August 2017 MGMA-MO Legislative Report

Missouri state government issues

ASSISTANT PHYSICIANS (NOT PHYSICIAN ASSISTANTS)

Aside from the two special sessions called by Governor Greitens this year, perhaps the one issue that has affected physician practices around the state this summer is a newly designated category of mid-level provider. State Representative Keith Frederick (R-Rolla) sponsored HB 1842 that passed in 2014. The bill created a new category of licensed professionals - assistant physicians. These are individuals who graduate in good standing from medical school and pass key medical exams, but are not able to 'match' with a residency training program. This occurs frequently since about 40,000 doctors apply for 30,000 residency slots each year.

Doctors who will practice in Missouri as assistant physicians will work with a licensed physician in a collaborative practice agreement much like nurse practitioners or PAs do now. The assistant physician will need to practice primary care in one of Missouri's Health Care Shortage Areas, which won't be difficult since 110 or 114 Missouri counties are shortage areas for primary care and mental health care.

Numerous additional doctors from around the U.S. could become eligible to treat patients in Missouri's underserved areas as a result of a planned expansion of a first-in-the-nation law which intends to help lessen the nationwide physician shortage. However, there seems to be quite a bit of consternation on the part of health plans regarding the credentialing for this new category of providers. So, reimbursement appears to be on a case-by-case basis.

(Footnote - Our practice has received numerous inquiries from eligible candidates from both domestic and foreign graduates.)

Federal issues

John Marshall
Legislative Liaison

EFFORT TO REPEAL AND REPLACE OBAMACARE FAILS

Faced with the narrowest of margins for error and a must to garner every vote, Senate Majority Leader Mitch McConnell (R-Ky.) delayed a vote on the bill to keep debate open to replace the Affordable Care Act (Obamacare). That would give Sen. John McCain (R-Ariz.) time to recover from a surgical procedure. But the losses of Senators Mike Lee of Utah and Jerry Moran of Kansas on July 17 sealed the fate of the Senate bill. Then, McConnell made a last effort to bring a "repeal now and replace later" bill to the floor, but it was torpedoed by a trio of Republican senators, including Susan Collins of Maine and Shelley Capito of West Virginia and Lisa Murkowski of Alaska. "I did not come to Washington to hurt people," Sen. Capito said in a statement. "I cannot vote to repeal Obamacare without a replacement plan that addresses my concerns and the needs of West Virginians." McCain also cast a decisive "no'' vote for one of the GOP-backed measures.

MIPS UPDATE

CMS has just unveiled its 2018 Quality Payment Program (QPP) proposed rule, which contains changes to the Merit-based Incentive Payment System (MIPS), making it the first major proposed rule released by the agency under the Trump administration. The 1,058-page document, now available online for review, shows that CMS remains committed to MACRA, MIPS, and the concept of pay-for-performance even as the Trump administration moves to roll back Obama-era regulations in other industries. The 2018 QPP proposed rule appears to increase flexibility for MIPS reporting and expand the number of exempted providers, reflecting feedback CMS was already processing under the Obama administration. CMS has also adopted a proposal by industry stakeholders to allow MIPS reporting by "virtual groups," as explained in the analysis below. Here are the key proposals in the rule:

August 2017 MGMA-MO Legislative Report, continued

• Expansion of the low-volume threshold. Previously, CMS established a "low-volume threshold" to filter out Medicare Part B providers who don't see enough Medicare patients to warrant their participation in MIPS. The current threshold is either $30,000 in Medicare Part B charges or 100 Medicare patients. Providers who bill less than that amount or see fewer than that number of patients are exempt. The proposed threshold bumps up the dollar amount to $90,000 and doubles the patient threshold to 200 patients.

• Virtual reporting groups for small practices. CMS is proposing to create a new reporting option for 2018 called "virtual group reporting." The proposed rule defines a virtual group as a group comprised of two or more practices with 10 or fewer practitioners each, who combine their performance for the full year reporting period. Interestingly, the proposed rule states that a practice with 10 or fewer practitioners is eligible to participate in MIPS as part of a virtual group if they exceed the low-volume threshold at the group level. Thus a provider who is individually MIPS-exempt can still participate in MIPS and receive bonus payments if his/her group combines their part B patients and charges to exceed the low-volume threshold.

• Reduced EHR certification requirements. CMS wants to make EHR requirements less onerous for MIPS purposes. For meaningful use reporting under MIPS, the proposed rule would only require EHRs certified under 2014 Edition guidelines instead of the latest 2015 Edition.

• Give MIPS bonus points for complex patients. Because this type of bonus did not exist in the original rule, it is being created as a one-time provision for the 2018 reporting year only, though this bonus may be renewed in future years if successful. CMS has been encouraged to adopt risk stratification in the MIPS program. This proposal would add 1-3 points to the MIPS composite score of providers who see "complex" patients. The term "complex" would be defined based on the average Hierarchical Conditions Category (HCC) risk score of patients seen, though CMS may use the number of "dual-eligible" (i.e. individuals who qualify for both Medicare and Medicaid) patients seen as an alternative way to define complex.

• Give MIPS bonus points to participating small practices. Similar to the complex patient's bonus, the small practice bonus would add 5 bonus points to the MIPS score of providers practicing in a small practice. The proposed rule defines a "small practice" as one with 15 or fewer total providers. A virtual group would also qualify as a small practice and receive the bonus for all of its member providers if the group totals 15 or fewer providers.

• Continue to calculate MIPS score without Cost component. For the 2017 reporting year, the fourth component of MIPS, the "Cost" category, is not being counted toward providers' final MIPS scores. The "Quality" category, which stands in for quality reporting, has been weighted upward to 60% to account for Cost being weighted at 0% for 2017. In the proposed rule, CMS would continue this for 2018. In 2019, the Cost category will account for 30% of the MIPS score, as required under MACRA.

John Marshall
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Top 10 Ways to Get Patients to Write Reviews for Your Medical Practice

1. Ask real patients for honest reviews:
Real patient reviews are an easy way to improve your practice's online reputation. Be sure not to ask staff, family or friends to post fake reviews, though. Fake online reviews, once identified, will damage your reputation.

2. Be polite:
When patients are happy with your service, ask them to write an online review of your practice. However, you should never pressure your patients to contribute if they are not willing or convinced. The most convenient time to request them for a review is at the end of their appointment at your office. Not all patients will be willing to write a review, but with consistent effort, you can grow the number of online patient reviews and enhance your ratings.

3. Make it easy:
Your patients are more likely to leave a review for your practice if the process is easy. You can consider providing a link about where to review your practice on business cards, on your practice website or at various places in your office.

4. Address negative feedback:
You will never have a 100 percent positive rating. There will be days when the staff is in a hurry, or when your appointments are running behind, or your patients are having a bad day. When you see an online review that is negative, you must follow up quickly. You should reach out to the patient, apologize for the unpleasant experience and offer to solve the problem. This will not only allow your practice to fix an issue but also shows that you are concerned about patients' comforts.

5. Don't forget to follow up:
Make a habit of sending a follow-up email to each patient after they leave your office and request them to write a review for your practice. In your follow-up emails, you should provide the link to sites where you want your patients to post feedback about your practice.

6. Get listed on popular review sites:
Make sure your practice is listed on popular review sites so that patients can find you and write their feedback. You must include links to the review sites on your practice website, as well.

7. Deliver unmatched service:
The best online reviews are usually the result of exceptional customer service. Be kind to your patients, and they will return the favor in the form of positive online reviews.

8. Offer incentives for posting a review:
Though it is not ethical to bribe a patient to post a review, you can show your appreciation for their efforts by offering them cash discounts on their next appointment. This may encourage your patients to post their feedback in exchange for a free checkup or discounts.

9. Stay active on social media:
Practices that maintain an active and positive presence on social media sites can gather more reviews than those that do not. That is why it is important for you to spend quality time on social media activities such as responding to comments posted by your patients and sharing informational articles.

10. Involve your front-office staff:
You should cultivate an environment in which your team feels responsible for enhancing your practice's online reputation. You must train your team to respectfully ask patients to contribute online reviews.

www.mypracticereputation.com