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Letter from the President



Jeff Ruch, CPA, MBA
President, MGMA-MO

I hope this letter finds you all well. Summer is usually a time to take some much needed time off from work and relax with family and friends. Perhaps you've been able to take a vacation away from home to a far off place of your dreams. Or if you're like me, sometimes the best vacations are staying at home with a good book, a drink of choice and just finding some quiet time away. Whatever your rest involves, I pray that each of you have been able to rejuvenate yourselves because there is much work to be done.

We all want to be successful in our work and this looks different for each of us. Many of our clinics and hospitals have started a new year on July 1. If you are like me, you may have had a successful year in terms of budget but it just wasn't enough. Like the change of the seasons, it is springtime in many of our organizations and a chance for that change to be a new start.

What does success look like for you? I believe we all wake up every morning and want to be the best we can be for ourselves and the organizations that we work for. There is so much work to do and so little time to do it in. There are financial pressures on each one of us to do more with less. Our physicians are counting on us to keep their compensation whole while balancing all of the other factors that affect their compensation from outside of our control. There are regulatory pressures, quality metrics that are becoming transparent for all to see, and organizational viability, just to name a few.

How do we create success for ourselves and those that count on us? I believe it starts with the right attitude. It has been proven that much can be accomplished with the right perspective on your situation. Think about the number of chronic and life threatening diseases that have been made better and even cured with the right attitude and positive thinking. Positive thinking can propel you to success. Thinking positively and changing one's thoughts from negative to positive can improve one's health, not to mention the situation at hand. I am not an expert in positive thinking but as I write this I am thinking how many of my daily tasks could be improved just by changing my thought processes a bit. We all have jobs, can talk, walk, drive a car, think on our own, and wake up every morning with a chance to make someone's life in our organizations just a bit more tolerable. Yes, we are truly blessed. Every patient

Letter from the President

that comes through our doors can be affected in ways we can only imagine by a kind word and compassionate touch. We have no idea what the next patient that enters our facilities may be going through. They may have just lost a spouse, had a car accident, filed for bankruptcy or been diagnosed with cancer. They may have just had the birth of their first child, got a raise or a new job, got married or moved into their dream home. The point is that we don't know what the next person is thinking or feeling when we encounter them.

Success to me is attempting to make a difference in the next patient's experience with my organization and those that they will encounter. If I can change the course of that patient's day, then I can go home being a success. I believe that if this is accomplished with every patient, every time, then the financial pressures we all face will come around also. There are so many people out there that need this type of compassionate care. People expect good care but it's the compassion that they need the most. They just need to know we care about them and are willing to meet them where they are in their day. After all, isn't this really why we exist?

As we start a new year, I would ask that we define success in terms of how much of a difference we can make in the lives of others we come in contact with. This can also be accomplished outside of our organizations. I have been blessed to be a part of an organization that truly cares about our success. MGMA-MO has opportunities this year to make a difference in each other's lives through volunteering. There are many areas where help is needed and we'd be honored if you would consider joining us in making healthcare in Missouri better and stronger through helping others be successful. Please consider reaching out to one of us and we'll get you plugged in to an area that you have a passion. Thank you for your continued support of our organization and thank you for what you do.

-Jeff Ruch, MBA, CPA
President, MGMA-MO
Jeffery.Ruch@Mercy.Net

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SAVE THE DATE

2017

MGMA-MISSOURI SPRING CONFERENCE

MAY 7-9

LEADER CHAMPIONS

PRACTICE CHAMPIONS

MGMA
Medical Group Management Association
Missouri

MGMA-MO 2017 Annual Conference

May 7-9, 2017 • Tan-Tar-A Resort

Ever since I was a little girl, I have always had a love for horse racing. My first in-person encounter was on a visit to Churchill Downs in Kentucky (not the actual Derby itself though) during one of our summer vacations. Our Dad let my sister and I choose the horses we wanted to win and he would go and place the bets, since we were too young to place bets ourselves. Our picks were winners in several of the races! Of course at that age, we had no idea all the hard work, dedication, determination and training that goes into being a Champion. We were just kids looking at the beauty of the horses, jockey silk colors and picking names that included our dogs' names. Our family grew up watching magnificent, well-trained horses run in the Triple Crown races. And since the annual Run for the Roses is the day prior to the start of the 2017 MGMA Missouri Annual Conference, it seemed only fitting to include the Kentucky Derby in the theme for the Conference.

A lot of hard work, dedication, determination and training does go into being a Champion race horse. A lot of hard work, dedication, determination and training by Practice Managers, as well as Physicians and staff, lead us to be "Champions" within our Practices, always striving to be the "Champions" to our patients and communities. Increase your odds by attending the 2017 MGMA Missouri Annual Conference "**Leader Champions, Practice Champions**". Be the Champion of your Practice through MGMA Missouri's trifecta of **EDUCATION** presented by national and local speakers, exhibitor **RESOURCES** and **NETWORKING** with your peers.

I am excited and honored to introduce the 2017 Annual Conference Planning Committee:

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Brad Carney, CPC, CMPE, Treasurer, MGMA-MO
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D. Joseph Keane, Keane Insurance Group, St. Louis
Amy Earp, SNC2, Joplin

Again this year, we are offering early registration discounts so watch your email for the conference "racing form" in October and mark your calendars to join us May 7-9, 2017!

**- Sharon E. Sagarra, MBA, FACMPE
2017 MGMA Missouri Conference Chair**



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These Four Surprising Stress Symptoms Might Be Sabotaging Your Work

Not all symptoms of stress look like you would expect them to. If you suffer from one of these lesser-known stress symptoms, you might be sabotaging your success without even knowing it.

Stress doesn't always look like an overwhelmed executive shouting at her assistant to gather up files before a meeting, a worried salesman trying desperately to make quota, or a busy mom struggling to get two toddlers to put their shoes on the right feet before getting in to their car seats. In fact, stress can often fool us by showing itself in unexpected ways.

Several symptoms of stress don't actually look like stress - and because of that, we may ignore them. But untreated stress causes conflict, burnout, and a reduced quality of both work and life, so catching stress early is critical.

To identify some of the more difficult-to-catch signs of stress, be on the lookout for these four hidden signals:

Are you extra forgetful lately?

Not all forgetfulness is a sign of aging! Stress impairs your working memory, making it difficult to remember what you are doing. Research suggests that if you are feeling more distracted and forgetful than usual, stress could be the culprit.

Are you extra aggressive lately?

If we shove our stress down and fail to acknowledge it, it has a way of cropping up in other areas of our lives. Many people who ignore their stress find themselves behaving with misplaced aggression, acting out on other people who aren't the cause of the stress. If you've ever seen a dog attack its sibling when it can't reach a squirrel on the other side of the fence, you've seen misplaced aggression. We sometimes lash out at others when we can't show our anger where it's really warranted.

Are you extra passive lately?

On the flipside of aggression, a brain under stress can try to conserve mental energy by "checking out." If you find yourself suddenly passive on issues that usually get you excited, it might be a sign of too much stress in your life.

Are you extra fatigued lately?

While fatigue is a well-known symptom of clinical depression, it can also be a sign that your body is trying to avoid coping with a stressor. You may brush off your increased fatigue as a natural reaction to working too hard - which it could be - but if you are getting a good night's sleep yet still always feel sleepy, stress may be to blame.

Hey, I was experiencing one of these four signs! What do I do?

Recognizing you're suffering from one of these lesser-known symptoms is the first step to treating your stress level. To reduce stress, start by taking control of your workload. Are you spending time on activities that are "urgent" at the expense of activities that are more important? Once you streamline your workload as much as possible, be sure to build mental breaks into your day. Particularly when working on stressful activities, short mental breaks allow your brain a chance to switch out of the panic mode it can sometimes get trapped in.

Finally, try to prevent "stress-bleed." Often, when we're stressed in one environment, we allow that stress to carry over into other realms of our lives. If you've ever snapped at your partner after a hard day of work, you know what that feels like! Create routines that limit stress bleed, like listening to music during your commute to build in a little mental buffer between work and home. Having a buffer doesn't mean you don't talk about your work day at home and your home life at work, but it does mean that you don't carry the stress with you from one place to the other.

Don't let stress be the boss of you. Recognize these four often-hidden stress symptoms and nip them in the bud before they threaten your happiness and success.

- Courtney Clark

Courtney Clark works with people to build accelerated resilience, so they can adapt faster and achieve more. She is the author of two books, "The Successful Struggle," and "The Giving Prescription." Courtney is a three-time cancer survivor, a brain aneurysm survivor, keynote speaker, and founder of a nonprofit. CourtneyLClark.com

John T. Avants

February 17, 1956 - June 8, 2016

It is with a sad spirit that we write about the passing of our longtime friend and MGMA-MO member John Avants.

John served as Executive Director of St. Charles Clinic Medical Group for over fifteen years and was an invaluable member of the SSM executive team. He was a good friend and colleague to many of us. As a MGMA-MO member John attended our spring conferences and could always be found surrounded by people.

John had left St. Louis and relocated to his home town of Chicago. His family was at his side during his final days. Please join us in remembering the contributions that John made to our association and the healthcare industry. Our deepest condolences to his family.



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Physicians' Responsibility to Obtain Informed Consent

A patient's absolute right to make informed decisions regarding his or her medical care is the foundation of informed consent. The American Medical Association states, "Physicians should sensitively and respectfully disclose all relevant medical information to patients. The quantity and specificity of this information should be tailored to meet the preferences and needs of individual patients."

Informed consent as a legal requirement began in earnest with a New York lawsuit back in the early 1900s. Justice Cardozo of the New York Court of Appeals stated, "[e]very human being of adult years and sound mind has a right to determine what shall be done with his own body..."¹ This Appeals Court decision laid the framework for our modern-day informed consent laws and rules.

Over the years, case law relating to informed consent has evolved—with some states introducing statutes governing consent requirements for healthcare providers.

Informed consent laws differ by state in the amount of information a healthcare provider is required to disclose to the patient. Some states employ a "reasonable physician" standard, meaning a healthcare provider must provide the amount of information a reasonably prudent physician would provide in the same or similar circumstances.² Other states use a "reasonable patient" standard, requiring that a physician provide information that a reasonable patient would need to make an informed decision.

Generally speaking, physicians do well to provide patients with enough information to be able to make a fully informed decision about medical care. Exceptions to the informed consent requirement can be made for emergencies where the patient is unconscious and arrives at a facility needing a life-saving procedure. Check your state's laws so you know what is required for your informed consent discussions with patients.

Pediatric Patients

A parent may consent to treatment for his or her own child. There are certain instances where a minor (under age 18) may consent to his or her own treatment. These instances differ by state, but generally include treatment for drugs/alcohol abuse, sexually transmitted diseases, HIV/AIDS testing, and reproductive health. Check your state's laws before allowing a minor to be treated without parental consent.

Practices routinely ask our Risk Resource Department what to do in situations of children with divorced parents. Typically, each parent maintains his or her right to consent to medical treatment for the child.

When you encounter a divorce decree granting full legal and/or physical custody to one parent, he or she has the sole right to make healthcare decisions for the child. If one parent has sole physical custody but legal custody is joint, then both parents maintain the right to make healthcare decisions for their child. These guidelines may not hold true in all situations. Consult an attorney when you have questions regarding the ability of a divorced parent to consent to treatment for a child.

You also may encounter situations where a parent's rights have been terminated by the court. Then the guardian of the child will have related documentation. It can be helpful to keep a copy of this documentation in the patient's record so healthcare providers with access to the record know who is allowed to consent to treatment for the child.

Consent to Treat Foster Children

Foster children present a unique dilemma for many practices. Often, foster parent(s) will have documentation from the court giving them permission to make decisions on behalf of the child for routine healthcare.

Birth parents do maintain parental rights with most foster care situations. Usually the foster parent or guardian will have authority to consent to routine healthcare for a child, whether via court order or the birth parent(s) signing a document giving the foster parent this right.

Questions also arise as to whether the parent maintains a right to request the child's medical record when the child is under the care of a foster parent. A birth parent's



**Jeremy Wale, JD,
ProAssurance
Risk Resource Advisor**

Physicians' Responsibility to Obtain Informed Consent, cont.

right to review a foster child's medical record is a tenuous situation best handled on a case-by-case basis.

If your practice treats foster children, consider contacting your state or local foster care agency to determine your legal obligations when treating these children. You also may wish to contact a local attorney to assist you in determining protocols to ensure that the proper person is consenting for a child's treatment.

The Vaccination Challenge

When parents decide not to vaccinate their children, some practices have made the decision to refuse to provide healthcare to those pediatric patients. That said, how do you handle patients whose parents have decided to cease their children's vaccinations? You have two options: continue to treat the patients or terminate them from the practice.

Termination from the practice is best handled delicately and by the physician. If you decide to terminate, consider having several conversations to determine if the parents are willing to reconsider before acting. If the parents hold their position, proceed to share your decision to end your care, explaining you will continue care until such time the parents are able to find another physician. This may require more than 30 days of care. Offer any assistance you have available to help these parents find another pediatrician.

If you decide to continue caring for patients whose parents refuse to allow vaccinations, document all conversations you have with the parents regarding risks related to the refusal. If you strongly advocate for vaccinations, you may want to counsel parents to consider vaccinating.

It may be helpful to obtain input from all healthcare providers and staff before implementing a practice-wide policy refusing to treat patients whose parents refuse vaccinations. It is important that all healthcare providers are on the same page and agree on such a policy.

Recurring Treatments

Treatments such as allergy shots, certain trigger point injections, dialysis, radiation, and chemotherapy are just a few examples of treatments that may continue over time. How should consent be handled for such treatments?

When a patient agrees to undergo this type of treatment, the initial informed consent process ideally covers the entire course of treatment. Patients are told they may question the treatment process, as well as each individual treatment. Informed consent may require more than one conversation, especially in the case of chemotherapy, radiation, or dialysis.

Consider having an in-depth, detailed informed consent discussion with each patient before you begin recurring treatments. Have the patient sign an informed consent document acknowledging that discussion and the patient's consent to the course of treatment. Verifying with the patient at each visit that he or she wishes to continue the course of treatment is a good idea—as is noting that verification in the medical record.

Elderly Patients

Elderly patients may present consent issues not routinely encountered. Examples include powers of attorney (POA), guardianships, mental competence, etc. Who, if not the patient, do you need to obtain consent from for an elderly patient's medical care?

Powers of attorney come in various forms; limited, general, durable, and healthcare are the most common. A POA is a document where a "principal" names an attorney-in-fact ("agent") to act on his or her behalf. The POA will usually outline the breadth of the agent's decision-making authority. Depending on how it is drafted and the type of POA, the agent may have very limited or virtually unlimited authority to make decisions on behalf of the principal.

The type of POA provided to your practice will have a large impact on whether the individual named in the POA has the authority to make healthcare decisions on behalf of the patient. A healthcare POA is the most straight-forward type of POA. This document specifically outlines healthcare decision-making authority granted to the agent by the principal.

We encourage you to read healthcare POAs carefully to determine the authority granted to the agent. If you are unsure, contact the ProAssurance Risk Resource department or a local attorney to assist you.

Non-healthcare POAs typically do not give the agent the authority to make healthcare decisions. Exceptions exist. Outside of a healthcare POA, if healthcare decision-making authority is not specifically granted within a POA, do not make presumptions.

Physicians' Responsibility to Obtain Informed Consent, cont.

You also may encounter patients who lack the mental capacity to continue to make healthcare decisions. Patients with dementia or Alzheimer's present consent issues you should be ready to address. You may be confronted with family disputes, court orders, conflicting POAs, or other documents that cloud the consent issue for a mentally incapacitated patient.

One of the best ways to avoid the confusion of consent for an elderly patient is to establish consent when the patient is still of sound mind. Ask your elderly patients if they have executed any type of POA, living will, or other document outlining who has decision-making authority in the event they become incapacitated or otherwise unable to make decisions. Request a copy of documentation outlining decision-making authority for your patients. Maintain this documentation in the medical record. Consider reviewing this with the patient periodically to ensure it is still current.

Refusing Consent Due to Lack of Funds or Reimbursement

Payment concerns are becoming more prevalent today due to high deductible health plans, uninsured patients, and lower reimbursement rates. What do you need to consider in these situations?

If you have self-pay patients, you may implement a pre-pay policy to ensure payment prior to rendering services. Difficulty may present when a patient requires an expensive diagnostic test or procedure that they cannot afford. Depending on the situation, consider establishing a policy addressing financial hardship and an associated payment plan for expenses that cannot be paid in one lump sum. If you choose to do this, be sure payment arrangements are in writing; this will help if you have issues with receiving payments.

A more challenging scenario occurs when a patient refuses to consent to a test or procedure because he or she cannot afford it. These are particularly challenging in potentially life-threatening situations. An example is a woman in labor who adamantly refuses a C-section because she cannot afford it—even after being told she, or her baby, may die if vaginal delivery is continued.

Medical battery is a very real issue with real consequences. The most likely scenario for a medical battery claim is when the patient expressly refuses treatment and the physician performs the treatment over the patient's objection. The C-section situation above is an excellent example.

If a patient is asked to consent to a C-section and expressly refuses, the physician's hands are effectively tied unless he or she can get the patient to change her mind. Certain situations require you or your practice to obtain pre-approval for a test or procedure from a third-party payer. These pre-approvals will sometimes be denied. If a third-party payer denies a pre-approval, you are left with two options: either appeal the denial or ask the patient to pay for the test or procedure.

If you decide to appeal the denial, each third-party payer has an appeals process you must follow. If the appeal is unsuccessful, you may try calling the payer directly, asking to speak with a physician reviewer. Once all efforts are exhausted, it's time for a documented conversation with the patient to explain the situation.

If a patient accepts responsibility for the cost of a test or procedure, consider putting that in writing. If your practice offers financing arrangements, you may wish to have a written document outlining both parties' expectations.

Note: This article, courtesy of ProAssurance, was authored by Jeremy Wale, JD, ProAssurance Risk Resource Advisor. ProAssurance Group provides healthcare malpractice insurance and is rated A+ (Superior) by A.M. Best.

Consent issues present many questions; call your healthcare liability insurer for assistance as those occur.

1Schloendorff v. Society of New York Hospital, 211 N.Y. 125, 129 (1914).

2. Thaw v. North Shore Univ. Hosp., 129 A.D.3d 937, 939 (2015).

3. Janusauskas v. Fichman, 264 Conn. 796, 810 (2003).

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**Merry E Mullins,
MBA, FACMPE**

It is August and school is almost back in session. The time is now to commit to obtain your board certification or Fellowship. Once again, MGMA will be offering an ACMPE preconference workshop on Sunday, October 30th at the MGMA16 conference: Pathways to Certification from 9:00a.m.-11:00a.m. There will also be a Pathway to Fellowship workshop from 12:30-2:30 pm. There is no additional charge for these workshops; however, you are required to register for them.

Am I eligible to become Board Certified in the American College of Medical Practice Executives?

To apply for board certification you need to be a current member of MGMA, pay a one-time \$250 application fee and submit your completed application form along with documentation of two years of healthcare management, with at least 6 months in a supervisory role. Once you have completed this step, you will become a Nominee in the American College of Medical Practice Executives. Once you receive Nominee status, you are 3 steps away from obtaining your certification.

1. Pass 175 question objective exam
2. Pass the 3 questions essay exam. (Exams are held in various testing sites.)
3. Accumulate 50 hours of CEU's (Continuing Educations Units) CEU's are obtained by taking the practice exam for the test, attending local, state and national conferences and meetings, educational webinars, on-line study groups, and by reading articles in the MGMA connection.

The last 2016 certification exams will be held:

Exam Dates

December 3 – 17

Location

Nationwide computerized testing

Registration

October 19 – November 2, 2016

Help is Available If you are unsure about the exam process and whether or not you are ready to test; there are a number of study groups around the country that are free to MGMA members. Some are live, some are webinar based, and some are on-line. You are free to join any study group that fits your schedule. The list of study groups is available on the forum representative member community at www.mgma.com.

Board Certification Study Group 2016 in process

There will be 8 weekly webinar modules covering the 6 domains in the Body of Knowledge, and they are open to members and non-members. If you are unable to attend the live sessions, each session will be available on-demand. Each session will be held at 1:00-2:00 pm Eastern/10:00-11:00 am Pacific Time. See the webinar series in the MGMA store for more details.

When you are ready to sit for the exams go to www.mgma.com and complete the application to take the exams.

Once you become board certified, you then become eligible to obtain your Fellowship in the American College of Medical Practice Executives.

Future Fellows

For future Fellows, I encourage you to continue working on your manuscript as August 26 2016 is the Final Manuscript Deadline. The new Fellow recognition will be at the National Conference October 30 - November 2, 2016 in San Francisco. You can find more fellowship information and resources at www.mgma.com/fellowship.

Fellowship Study Group is on-demand

If you are not quite sure how to get started, MGMA offers Fellowship study group webinar series that is designed to help individuals considering Fellowship to learn more about the process and requirements and encourage them to be part of this year's Fellows class. All webinars are now available on-demand.

**- Merry E Mullins, MBA, FACMPE
MGMA-MO ACMPE Forum Representative
merry.mullins@hmekc.com**

Welcome New Members

Encourage your colleagues to become members of MGMA-Missouri. They will reap the benefits of education, valuable networking, and learn about many issues dealing with practice management, legislation, and professional growth. To obtain a membership application, call the MGMA-MO office at (573) 556-6111, or sign up for membership on-line at www.mgma-mo.org.

MGMA-Missouri Membership Figures For August 2016

238	Active Members	3	Faculty/Student Members
42	Business Partner Members	28	Life Members
5	Associate Members		

Total Membership - 316



The Quality and Resource Use Report: How Will Your Practice Get Paid?

According to the Centers for Medicare & Medicaid Services (CMS), Quality and Resource Use Reports (QRURs) provide comparative information so that physicians, either in a group or individual practice setting, can view examples of the clinical care their patients receive in relation to the average care and costs of other physicians' Medicare patients. QRURs are similar to a report card, with the end goal being to achieve practice improvement and bonus payments. Ultimately, the report will suggest how solo practitioners and groups will perform under the Value-Based Payment Modifier (VBPM) program.

How a physician or physician group will fare depends on the quality of care provided and the cost, or resource use, for those services, which will adjust a physician's or group's Medicare payment under the VBPM program. Reviewing and learning to understand the QRURs now will help solo practitioners and groups learn in which areas they need to improve.

QRURs are generated for all solo practitioners and groups nationwide, as identified by their Taxpayer Identification Number (TIN). These reports are confidential. QRURs can be used to see how your practice compares with others caring for Medicare beneficiaries. Recently, the 2015 Mid-Year QRURs were released. However, mid-year reports are not comprehensive and may change somewhat when the annual report is released in the fall. Be sure you have access to view the 2015 Annual QRUR when it is released in the fall of 2016. This will be used to calculate your value modifier score and effect payment for 2017.

The TMF Quality Innovation Network is hosting upcoming events for the benefit of physicians and hospital health care professionals. You can learn more by visiting www.TMFQIN.org and clicking on the Events tab.

Dedicated to the Support and Professional Development of our Members