

## 2017 - 2018 Board of Directors

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## Letter from the President



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

*"True genius resides in the capacity  
for evaluating uncertain, hazardous  
and conflicting information"*

Winston Churchill

Happy New Year! Hope everyone had a nice holiday season, despite the frigid temperatures.

In addition to cold weather, January also brought the opportunity for the MGMA- MO Board of Directors to attend the MGMA State Leaders Summit in Aurora, CO. The quote above has stuck with me since we heard it in Dr. Halee Fischer-Wright's, President and CEO of MGMA, opening message on how we can rise above the noise in healthcare while discussing her book "Back to Balance".

While there, we were honored and humbled to represent Missouri as the 2018 First Place winner of MGMA's State Partnership Award. The award is

presented, based on an essay submission, "In recognition of your exemplary stewardship in the needs of your membership and the advancement of the profession of medical practice management." This award validates all the hard work put in by the Board of Directors, ACMPE Forum Representative, Legislative Liaison, Business Partners and members who have assisted in making our association great. As in past years, the Summit was an opportunity to orient new board members, network with other state leaders by sharing ideas, successes and struggles in assisting our memberships, and hearing from potential conference speakers.

Despite winning the State Partnership Award, there is still much work to be done in our ever-changing healthcare environment. We will continue to strive to present to members, based on member feedback, national and local speakers who discuss relevant topics on our monthly webinars and in person at our annual Spring Conference. Cultivate exhibitors and sponsors who will assist in streamlining and assisting in your day to day operations. Keep you informed of relevant legislative information at the state as well as national level and continue to assist those looking to further their careers through ACMPE Certification and Fellowship.

On that note, please consider attend-

**continued on page 2**

# Letter from the President

ing MGMA Missouri's Spring Conference May 6-8, 2018 at Tan-Tar-A, a Margaritaville resort in Osage Beach, MO. The Conference Planning Committee has diligently been working to present another great program this year. If you need financial assistance to attend the conference, or with certification costs, please check out the many scholarships available on our website. And don't forget there are seven local chapters across the state offering webinars, meetings, networking opportunities and resources.

One last item, if you have not already done so, please remember to renew your 2018 membership. We would hate for you to miss out on the free monthly webinars, the discounted conference registration and our other member benefits.

**Sharon E. Sagarra, MBA, FACMPE**  
**President, MGMA-Missouri**  
[sharon.sagarra@gmail.com](mailto:sharon.sagarra@gmail.com)

## LIFE MEMBERSHIPS AWARDED

Please join us in congratulating Robert Hofsess, CMPE and Linda Roueche, FACMPE on their recent presentation of Life membership.

Bob is retiring from his position of Administrator at Medical Network Technologies at this end of this month. Bob has been an Active MGMA-MO member for many years and rarely missed attending our Spring conferences.

Linda is also retiring at the end of this month as the Administrator of Research Neuroscience Institute. Linda served on the 2010 and 2011 Conference Planning Committee and was active in promoting certification and fellowship through the American College of Medical Practice Executives.

Bob and Linda have each been MGMA-MO members for over ten years and it is our honor to grant them Life membership.

Please join us in congratulating them on their retirements and Life membership!

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## Member Webinars



### FEBRUARY WEBINAR

*Increasing your Profitability through Real Estate* by Perry Bacalis  
February 13th, 12:00-1:00pm

### MARCH WEBINAR

*Ransomware and Your Practice* by Blake Schwank  
March 13th, 12:00-1:00pm

Please visit the [MGMA-MO.org](http://MGMA-MO.org) website to register.

Webinars are a member benefit provided to MGMA-MO members. Non-members who would like to attend, please contact us at [info@mgma-mo.org](mailto:info@mgma-mo.org).

# MGMA-MO 2018 Spring Conference

## *Piecing together the Healthcare Puzzle:*

### **Three Christmases: How ‘Puzzles’ Prepared Me for Life – and Healthcare**

Now I know the conference theme is “Piecing Together the Healthcare Puzzle.” Today, though, I want to tell you about some of my life experiences with toys – experiences that prepared me for life – and Healthcare. Jigsaw puzzles, Sudoku puzzles and Crossword puzzles all have a definite place for each of the pieces that make them a whole: the jigsaw puzzle: the puzzle pieces; the sudoku puzzle: the numbers; and the crossword puzzle: the letters. Some ‘puzzles’ are not near as simple as those can be. As you read this, think of the various toys as puzzles. But these puzzles have many different potential “finished products.”

It’s hard to believe that Christmas was over a month ago already. And reminiscing about Christmases past can be so much fun. There are three that I remember particularly well. Though I don’t remember exact dates and ages, the first was when I was in kindergarten, probably about 1965 – yes I’m that old. That year Santa Clause brought me a set of Lego building blocks. (If you don’t know what Lego blocks are google Lego Land – they even have a theme park!) Over the next few years there’s no counting how many houses, garages, castles and other creations I built. Sometimes it would take several minutes to find just the right size piece in the right color for the window trim. And at times I would have to improvise by putting the narrow side of an oblong piece in place, making sure the part that protruded was inside. After all, I never saw the inside of the finished product, so I wanted the outside to look the best it could.

Not many years after that Santa brought me a Lionel train set. It was under the Christmas tree and plugged in when I woke up. All I had to do was turn on the transformer! It was awesome! Basic, but awesome. Santa had brought the engine, three train cars and the caboose with just enough track for an oval. Over the next few months some how it expanded to enough track for a figure eight and another car or two. Now I could make several different shapes of track – oval, figure eight, round and even only use one side of the “X” piece of track for the figure eight, making it so the train would run off the tracks. (What boy doesn’t like a good train wreck or car crash?)

I was probably ten years old the Christmas that I received an erector set. Today these are not near as

popular as Lego, but you can still buy some pretty neat sets. An erector set contains metal pieces of various sizes and lengths with holes. To build anything you must use bolts and nuts. (Again, google ‘erector set’ if you’re not familiar with one.) Mine was again a rather basic set, but it had enough pieces to build various structures, or at least skeletons of structures. While I didn’t spend as much time with it as I did with Lego or Lionel, it was the erector set that sparked my preparation for life.

One day, probably after school, I had both the erector set and Lionel train out. I came up with an idea – I could build a bridge with the erector set for the train to go over. Sounded like an easy enough of a task, since the erector set had metal platforms, too. I would just use one piece of track on each end as ramps, one piece over the bridge and use one of the metal platforms for the bridge deck. Then all I had to do was turn on the train. Of course I wanted a tall bridge, so that’s what I built. And it was a miserable failure. It was too tall for the one piece of track. I tore down my bridge and built one not near as tall. This time it looked like it was going to work. I plugged the transformer in, put the engine on the track and tried running it slowly over the bridge. But alas, the engine was too heavy for the ramp. I wasn’t ready to fail, so I pondered what I couldn’t do first – I couldn’t use the erector set for ramp supports. The metal support would set directly against the metal of the track and short out the circuit keeping the train from operating. Then it hit me – Lego! It’s plastic, so no electrical short. I had to choose just the right pieces and get the supports to just the right height and put them in just the right place to distribute the weight of the engine over the piece of “ramp” track. And guess what!? It worked – well, kind of. It did work but not particularly well. But that was good enough for me at that age. I did what I wanted to do, and now it was time to move on.

So how did this prepare me for life and Healthcare? I won’t bore you with the obvious: problem solving skills, setting goals and diligently working to meet those goals. Here are some other things I learned. First, I had to integrate all my toys to successfully meet my

# MGMA-MO 2018 Spring Conference

## *Piecing together the Healthcare Puzzle:*

### **Three Christmases: How ‘Puzzles’ Prepared Me for Life – and Healthcare**

goal. Or in the case of healthcare management, I am integrating all the knowledge and experience from years and decades past: boy scouts, paper route, retail management, accounting, volunteer work and everything I’ve learned since I made this my career. And, of course, my toys. Give some thought to what skills and experiences you’re integrating into your current position. You might be surprised where you learned something you are currently using.

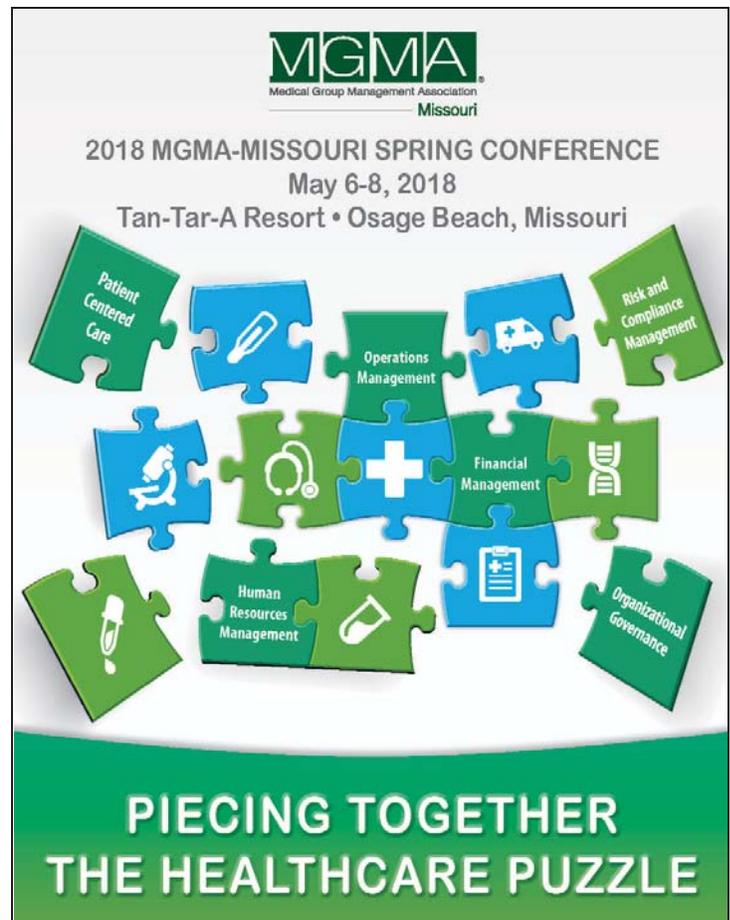
I also had to find all the right pieces. In building a house out of Lego at times I had to use a piece that wasn’t the right size. In building the bridge I tried to use the wrong materials. In managing a practice, you may not have all the right employees and may have to utilize someone in a position while wishing they had more experience – hence the wrong size piece. Sometimes we must be actors or actresses, meeting with patients with a very cool, calm collected demeanor while in the bowels of the practice you have 3 fires to put out. Not unlike me only worrying about how the outside of my Lego house looked. Or maybe there’s new technology that will allow you, your staff or practitioners do some part of their job much more efficiently – hence getting the right materials, again the right pieces.

Sometimes you find out a person or process just isn’t working, and you have to replace the person or refine the process. That’s exactly what I did when I tried building the ramp supports – I first had to replace the parts (metal to plastic), then adjust the new parts to the proper place (moving the supports). Maybe that new employee has untapped talent for a different position and you need to “adjust the support” in your office. In building the erector set bridge for a Lionel train with Lego ramp supports there was a fair amount of trial and error. Sometimes when we want to implement a new process, procedure or workflow we try it on either too small of a scale, too big of a scale or with the wrong parts. We institute changes. Sometimes it works well the first time. Sometimes we end up scraping the whole idea. And we get there by using trial and error

to refine that new process/procedure/workflow to maximize the efficiency.

I was so happy as a child to receive those Christmas gifts. I’m even happier that no one tried to tell me that they would teach me about life, for it was through my own imagination and motivation I was led to set a goal, accomplish it and move on to another goal; and so much more! At this point in my life at least some part of my success can be directly attributed to three toys, each a sort of a puzzle of its own: Lego, Lionel and an erector set.

**Brad Carney, CPC, CMPE**  
**MGMA-MO President-Elect,**  
**2018 Conference Chair**  
[BLCarney61@gmail.com](mailto:BLCarney61@gmail.com)



## Speaker Spotlight on Candy Whirley

### Z or iGen the next generation.....

Most important thing to know about the Z or iGen generation are their influencers. This includes 9/11, school shootings, recession, brothers and sisters getting out of college and moving back home because of no jobs, and parents losing jobs. But according to Emily Anatole, trends writer at The Intelligence Group Forbes, only 6% of them are fearful about the future. The Z's or iGen generation has seen a lot and they are resilient and inquisitive. They need to gain trust quickly.

To get the most out of this generation you have to SHOW them, meaning have a work culture of mixed generations, who trust one another and who are open to this next generation. They want to be part of decisions, development and idea generation. They are the most technical savvy generation yet, and it benefits company leadership to accept and understand this generation because they will strive to make a difference in the company because they strive to make the world a better place.

Employers of the Generation Z will need to sell safety, security and trust. With everything they have seen, this generation can be very skeptical and cautious.

“What Do We Know About the Generation After Millennials?” by Jason Dorsey  
(Except from the article)

#### TOP 3 TRENDS AFFECTING IGEN

iGen, also known as Generation Z, Gen Z, Centennials or Founders, are part of a generation that begins around 1996. In the U.S., iGen has always viewed 9/11 as history. Many of iGen's behaviors, values and communication preferences are already baffling older generations—even Millennials.

Here are three of Jason's latest discoveries about the trends shaping members of the iGen generation as customers, employees and citizens.

#### 1. Diversity

iGen is the most diverse generation in U.S. history and in many other parts of the world. iGen literally does not see diversity until it's absent.

#### 2. Technology

Since most of us are already dependent on using technology every day, you might think that iGen can't possibly bring a deeper relationship to tech. But iGen takes it to the next level. Members of iGen actually think pieces of technology in The Jetsons are things of the past, not the future! In fact, iGen is the greatest indicator we have of future technology trends that older generations will adopt.



Candy Whirley

#### 3. Parenting

It can be argued that parenting is the greatest trend influencing behaviors across generations. iGen's parents are Generation X and Millennials. Generation X does not want their kids to turn out like the Millennials (seriously) and Millennials are breaking into two different parenting generations. How iGen is parented will have a profound impact on all of us as they enter adulthood.

I hope you will join me at this year's Spring conference for my keynote session “It Takes 4 to Tango”. We will take an open and honest look at how all generations can hear from one another about how to communicate better with each other. You'll also learn to overcome personality differences that lead to problems like communication breakdown, negotiation let-down, and delegation fall-down by learning the secrets to connecting and partnering with other personality styles. You will leave my session understanding how to treat people like THEY want to be treated and recognize that people are not difficult, they are just different.

- Candy Whirley, CSP  
2018 Keynote Speaker  
MGMA-MO Spring Conference

# Medical Group Policy Issues to Watch in 2018

Following a flurry of regulatory and legislative activity in 2017, which MGMA anticipated, we foresee no slowdown of action on key issues important to medical group practices in the coming year. As your voice in Washington, MGMA will continue calling on the Trump Administration and Congress to work in a bipartisan manner to pursue legislative and regulatory policies that will enable practices to thrive in their mission to furnish high-quality, cost-effective patient care.

## 1. New HHS Secretary: Prioritize much-needed regulatory relief

On his tenth day in office, President Trump signed an executive order calling for repeal of two existing regulations for each new rule. Similarly, MGMA is encouraged by the Centers for Medicare & Medicaid Services' (CMS') "Patients over Paperwork" Initiative to remove regulatory roadblocks to delivering high-quality care. However to date group practices have yet to feel significant relief as a result of these actions.

With the confirmation of a new secretary of the Department of Health and Human Services (HHS) likely in early 2018, the next twelve months will shed light on how and when the Department will accomplish its regulatory relief aims. MGMA will continue championing burden reduction through the standardization and streamlining of federal rules. For the latest, visit [mgma.com/regrelief](http://mgma.com/regrelief).

## 2. Mixed signals from Congress on 2018 agenda

Congress will begin the new year addressing a laundry list of healthcare items from 2017, but leadership appears torn on an agenda for the remainder of 2018. While Republican House leaders consider healthcare entitlement reform and full Affordable Care Act (ACA) repeal top priorities, Senate Majority Leader Mitch McConnell indicated he would like to move onto other issues. President Trump recently distanced himself from tackling full ACA repeal and while he says he will not cut entitlement funding directly, he has left the door open for program reforms.

## 3. Amid criticism, MIPS ups the ante in year two

Over 70% of the 750 practices who participated in a 2017 MGMA study were very or extremely concerned about MIPS' lack of clinical relevance to patient care. The Medicare Payment Advisory Council has raised

similar red flags and may recommend Congress repeal MIPS. MGMA contends the current MIPS program is incompatible with CMS' "Patients over Paperwork" initiative.

Despite this criticism, CMS mandated full-year quality data reporting, a four-fold increase from 2017. Stating this level of burden would disproportionately harm small practices, CMS estimates exempting even more clinicians under the higher low-volume threshold this year, over 500,000 by their estimates. MGMA is urging both the administration and Congress to reduce burden and improve the clinical relevance of MIPS. For more information, visit [mgma.com/MACRA](http://mgma.com/MACRA).

## 4. Administration slow with new APMs but expect the pace to pick up in 2018

To date, the current administration has launched just one new alternative payment model (APM), the Bundled Payments for Care Improvement (BPCI) Advanced model, which was announced Jan. 9. The model features bundled payments for 32 inpatient and outpatient clinical episodes and will qualify as an Advanced APM for the 2018 performance year. Notably, the Centers for Medicare and Medicaid Innovation (CMMI), tasked with developing new APMs, has been without a director since September and recently sought stakeholder feedback on a new direction. HHS Secretary nominee Alex Azar testified that CMMI is very important in driving Medicare transformation and signaled his openness to mandatory APMs, which contrasts the agency's earlier decision to cancel two mandatory models. Stay tuned for the potential release of several long-anticipated new APMs, including a Medicare Advantage demonstration project and more specialty models.

## 5. ACA exchanges stable for now, but recent changes leave future uncertain

Despite an average premium hike of 34% for silver plans, 2018 exchange enrollment figures remained unexpectedly high. Still unclear is how the Affordable Care Act (ACA) individual insurance mandate repeal, expansion of association health plans and short-term coverage options will impact markets. While the changes may offer more consumer choice and flexibility, they could drive healthier customers from the exchanges and lead to increased premiums and weakened insurer interest. Many in Congress are calling for market stabilization measures such as reinsurance funding to mitigate the impact, but conservatives are

# Medical Group Policy Issues to Watch in 2018

not sold. With congressional gridlock likely to increase ahead of midterm elections, expect further changes to play out primarily at the state and regulatory levels. Of course, the fate of the ACA could change substantially if Democrats gain the majority in Congress in November.

## 6. Will the government finally improve EHRs and streamline claims transactions?

It has been 21 years since law authorized a standardized electronic claims attachment rule that would permit practices to send supporting documentation to payers electronically in support of a claim or prior authorization, thus decreasing reliance on fax and proprietary web portals. Action in 2018 is expected to address EHR interoperability and usability, two common complaints about the technology. Expect regulations prohibiting data blocking and additional pressure on providers and vendors to ensure patient data is shared effectively and securely. Implementation of the 21st Century Cures Act will continue with potential regulations aimed at creating a “trust framework” for the electronic sharing of patient data and promoting “user-centered design” of EHRs.

## 7. Healthcare mergers get vertical

The healthcare industry is consolidating, and merger momentum is not expected to slow in 2018. CVS announced last year it will acquire Aetna for \$69 billion. If approved by regulators, this would be the largest healthcare merger to date, potentially combining a drugstore, urgent-care clinic, pharmacy benefit manager, and health insurer under one roof.

Recently, mega-mergers between health insurers (Anthem-Cigna and Aetna-Humana) were blocked on antitrust grounds due to concerns that consolidation would harm competition in key markets. Those were horizontal mergers, i.e. those between direct rivals operating in the same space, while the CVS-Aetna deal is vertical integration between companies operating at different levels of a supply chain, which has traditionally faced less regulatory scrutiny. If vertical integration becomes the trend, it raises the question: who else will follow suit?

## 8. Cybersecurity threats expected to increase in 2018

According to recent studies, more than eight out of ten practices have been the victim of some form of cyberattack. Ransomware events (email attacks that hold patient data hostage) targeting the healthcare sector

are expected to increase sharply in 2018. Implications for practices experiencing a cyberattack include reduced productivity, permanent loss of medical records, decreased confidence in systems, and potential government enforcement action. Practices should take steps to minimize their vulnerabilities and access MGMA's HIPAA Resource Center for member-benefit cybersecurity education and tools.

## 9. Feds take aim at healthcare fraud

All signs point to federal officials continuing a tough stance on fraudulent billing practices in Medicare and Medicaid programs through 2018. Fraud and abuse are perennial concerns for the physician community, which faces oversight from several federal agencies, including HHS' Office of Inspector General (OIG), CMS, HHS' Office for Civil Rights, and the Department of Justice (DOJ). In July 2017, OIG and DOJ participated in the largest ever healthcare fraud enforcement action, resulting in charges against over 400 defendants and OIG exclusion of nearly 300 providers. Attorney General Jeff Sessions said the takedown is “just [the] beginning.” In 2018, officials are expected to target opioid-related crimes with a newly created Opioid Fraud and Abuse Unit focusing on analyzing data to identify opioid-related healthcare fraud.

## 10. Medicare care management codes more manageable in 2018

As group practices look to increase efficiency and improve patient value, we anticipate a continued uptick in Medicare non-face-to-face care management and telehealth services in 2018. This market shift coincides with CMS' relaxation of many of the overly stringent billing requirements for chronic care management (CCM) and added coverage for complex CCM services. CMS has also launched an educational campaign to increase awareness among Medicare beneficiaries of the benefits of CCM and its cost-sharing obligations. Beginning Jan. 1, Medicare will also cover remote patient monitoring, which is generally not considered telehealth by CMS and thus not subject to the same restrictions.

Stay tuned to the Washington Connection for ongoing developments in all of these areas.

MGMA, Dept. of Governmental Affairs

[www.mgma.com](http://www.mgma.com)

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\*Source: internal company data 2015-2017



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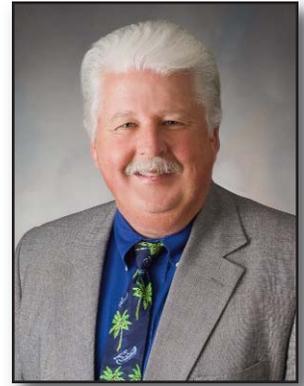
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# ACMPE Update

The 2018 MGMA MO Spring Conference theme is “Piecing Together the Healthcare Puzzle”. How appropriate in these uncertain times of unprecedented health care change. The conference will have great speakers and breakout sessions to help you learn more on how you can assemble the puzzle that is healthcare.

As you work to assemble your puzzle, take a close look at the opportunities you have to enhance your personal puzzle and improve your credentials. Certification and Fellowship through MGMA is the vehicle to attain those credentials.

To attain certification, you must be a member of MGMA on a national level, and then enroll as a nominee in the American College of Healthcare Executives. Once enrolled, 2018 is the year of change for the credentialing process.



**David A. Kelch,  
MBA, FACMPE**

## **Once you are a nominee, what do these changes mean to me?**

If you complete board certification before 2019, these changes do not impact you. The only impact for you will be 2019 and beyond when it comes to fulfilling your continuing education requirements.

If you do NOT complete board certification before January 2019, you will need to:

- Acquire a bachelor's degree or 120 hours of college credit to become board certified
- Ensure that 30 of your 50 continuing education credits come from MGMA (with 12 being face to face) to achieve board certification
- Complete your certification within three years if you do not want to reapply (and pay application fee again)

## **I'm considering ACMPE certification. What do these changes mean for me?**

If you do not meet the current requirements to apply (two years healthcare management experience, including six months in a supervisory role), you will be able to ENTER the program in 2019 without this experience. You will, however, need two years of healthcare experience and a bachelor's degree or 120 college credit hours in order to COMPLETE certification. If you do not have a bachelor's degree and have no intention of getting one, you will want to complete board certification in 2018.

Below are the exam dates, location and registration time periods to pursue the certification exam. Please refer to the MGMA website to verify testing sites in your area.

### **Upcoming Exam Information**

#### **March 2018 Exams**

March 10-24, 2018 (Registration Jan. 22 - Feb. 8, 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)

- **Fees:** Registration fees for exams are \$165 and are not transferable.

# ACMPE Update, continued

## What's on the exams?

As a collection of the skills and abilities that make up today's practice administrator, the Body of Knowledge for Medical Practice Management (BOK) serves as the foundation for the ACMPE board certification exams. The BOK provides professionals with the guidance they need to design and maintain operations in six designated domains.

## What are the formats of the exams?

Earning the Certified Medical Practice Executive credential (CMPE) is contingent on passing two exam requirements:

- **Multiple-choice exam** - This 175-item, multiple-choice exam broadly assesses your knowledge of group practice management principles and practices. There have been sample questions from this exam in past issues of the Communique newsletter.
- **Scenario-based exam** – This exam consists of multi-select, multiple-choice, short-answer or drag-and-drop matching questions that focus on the critical skills of practice administration that a candidate would be expected to show in a described situation.

### • **SAMPLE of Scenario-based questions**

*An administrator of a medical practice is approached by the billing manager about one of their employees. The manager explains to the administrator that the employee has been unable to meet her published performance standards. The manager states that when the employee was counseled last week about her lack of performance the employee broke down in tears. The employee shared with the manager that she is suffering from depression and is unable to focus due to problems in her personal life.*

*The manager explains to the administrator the employee managed to finish that workday without incident but has called in sick every day for the past week. The manager is concerned about the employee because a fellow employee received a disturbing text from the absent employee. The manager shares with the administrator that they fear the absent employee may be a victim of domestic violence.*

*The administrator and the manager consult their policies, and human resources and legal experts, to determine the next course of action.*

### **Question 1 – Multiple Choice**

*Which is considered a BEST practice in the initial conversation between the employee and manager in this scenario? Choose one.*

- A. Manager brought the employee to tears**
- B. Manager asked about employee's mental state**
- C. Manager provided co-worker's performance**
- D. Manager shared rating criteria**

### **Question 2 – Short Answer**

*What benefit should the administrator consider when referring the employee?*

*Hint: (Write down your answer)*

## ACMPE Update, continued

### Question 3 – Multi-Select

Which documents should the employee in this scenario receive about their absences? **Choose two.**

- A. Employee Handbook
- B. Performance Standards
- C. Bereavement Policies
- D. Leave of Absence Policies
- E. Benefits Guide

### Question 4 – Multiple Choice

Which type of support should be provided to this employee when they return to the medical practice? **Choose One.**

- A. Retirement Planning
- B. Employee Assistance
- C. Performance Management
- D. Unemployment Services

In this scenario-based sample, the scenario is presented for you read and review, the four questions that follow present you with the option to select your answer based on the scenario presented. These four questions have 5 potential answers. Each scenario-based exam will have 90 answers and a 120 minute time limit to complete.

As you can see, changes to the Certification process are underway. You have a marvelous opportunity to assemble your personal puzzle pieces and become a Certified Medical Practice Executive now. Please consider doing so. If you have any questions, please feel free to contact me at [david.a.kelch@gmail.com](mailto:david.a.kelch@gmail.com).

**PS** – The answers to the above scenario-based questions are 1-D; 2-Employee Assistance Program; 3-A & D; 4-B. How did you do?

- David A. Kelch, MBA, FACMPE  
MGMA-MO ACMPE Forum Representative  
[david.a.kelch@gmail.com](mailto:david.a.kelch@gmail.com)

At the recent MGMA State Leadership Conference held in Denver, MGMA Missouri won 1st Place in the State Partnership Award and a check for \$5,000. This award is in recognition of exemplary stewardship of the needs of our membership and the advancement of the profession of medical practice management. This award is based on how the organization has improved its efforts to advance the medical practice management profession over the past year.



Presenting the award to MGMA-MO were MGMA President and CEO, Dr. Halee Fischer-Wright and MGMA Board of Directors Chair, Yvette Doran FACMPE.



**Pictured from left to right:**

Halee Fischer-Wright, David Kelch, Ashley Petty, Sharon Sagarra, Kyle Adkins, Rebekah Francis, Mathew Rigdon and Yvette Doran

# February 2018 MGMA Legislative Report

## Missouri state issues

### Modifier 25

After major efforts from the American Medical Association and other organizations, Anthem has delayed the effective date of their planned cuts to modifier 25 from January 1, 2018 to March 1, 2018. In addition, they have reduced the reimbursement reduction from a 50% cut to a 25% cut.

### CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) REMAINS UNFUNDED

The CHIP program was reauthorized for 6 years as part of the recent short-term spending deal approved by the federal government on January 22, 2018.



## Federal issues

### ALEX AZAR CONFIRMED AS NEW HHS SECRETARY

The Senate voted to confirm Alex Azar as the new Secretary of the Department Health and Human Services (HHS) by a vote of 55-43. Azar previously served as HHS deputy secretary and chief counsel during the George W. Bush administration and most recently as president of the pharmaceutical company Lilly USA. During his confirmation hearings, Azar testified that he intends to continue the transformation to value-based payment in Medicare.

### 2018 VALUE MODIFIER RESULTS

Approximately 20,000 clinicians will receive between 6.6% and 19.9% more on their Medicare physician fee schedule payments in 2018 due to performance on quality and cost measures in 2016 under the final Value Modifier adjustment. More than 70% of clinicians will see no change to their 2018 Medicare reimbursement as a result of the Value Modifier. Following advocacy efforts from MGMA and others, CMS held harmless clinicians and groups who scored poorly and halved the automatic penalty for not meeting the PQRS reporting requirements. As a reminder, 2018 is the final year the Value Modifier will impact Medicare physician reimbursement. For more on the 2018 Value Modifier results and calculation, visit this CMS webpage.

- Mathew Rigdon  
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# Calling for More Positive Patient Reviews

## Marketing, Difficult Patients, Patient Relations, Technology

People's love of the internet can be witnessed by the growing number of reviews and subscribers on social media platforms. People prefer browsing the internet for every question and review sites act as a guide for them. For local businesses, BrightLocal says 97 percent of consumers read online reviews. This number should be enough to explain to you the importance of online reviews. Let's understand why online reviews are important and how can you attract more positive reviews.

### Why are patient reviews important?

Word of mouth. Your potential patients read reviews from existing patients for a clear view of your practice. Online reviews are digital word-of-mouth marketing where thousands of people read what's said about you, thereby affecting your practice's online reputation.

Personal recommendation. Since online reviews act as word-of-mouth marketing, people consider it as a personal recommendation. When a recommendation is posted by a friend, family, acquaintance or anyone in a patient's network, it has a major impact. It can spread like wildfire with the help of social media channels. This chain of trust in recommendations keeps growing.

Lead generation. The positive reviews take the viewer to your practice website. Your potential patients want to learn more about you, your practice and services before they visit your practice. So you need to have a responsive and engaging website. Your webpage should have intricate design and different content forms such as blogs, infographics, videos, etc. to attract and retain a potential patient, leading to higher conversion rates.

To increase your online presence and build your online reputation, you need more reviews. Here's how to get more positive reviews.

### 1. Offer excellent service

Your service is the primary requisite for positive reviews. A patient happy with your treatment is sure to post a glowing review for your practice. Maybe you would need to request a patient to post a positive review, but it's worth it because a disappointed patient is sure to write harshly about your practice online. So, work on your service to get more positive reviews on all review platforms.

### 2. Conduct survey

Launch a survey to receive feedback from your existing patients. Keep it simple with limited questions that don't



take much time for a participant to answer. Even yes/no questions can help you work on your actions. This will give you a brief about your patients' perception of your practice. Include a star rating system which can be presented on your website.

### 3. Ask for reviews

Going back to something from the first point, patients may say they don't post reviews because they weren't asked to. Ask your happy patients to post feedback about your practice online when they leave your practice. A simple request will not sound like pressuring your patients. If you are a new practice, you need more reviews to let people know about your practice and if you are not a newbie, you need positive reviews to defeat your competitors.

All of this helps you build the trust of patients in your practice. It increases the transparency of your services and strengthens your online reputation. Regularly monitor your online activities and have your website listed on third-party websites as a part of the citation. Track reviews received from various review sites and social media platforms. Handle any negative comments efficiently. Don't panic! A negative comment is not the end of the world but a stepping stone to success.

A potential patient does not read more than 10 reviews or so to decide on visiting your practice. So it is necessary to manage your reputation and reviews. Make sure your top 10 reviews are positive.

Also, your reviews should be fresh, i.e. not more than three months old. According to Search Engine Land, 69 percent of people find a review older than three months irrelevant. The searcher finds current and positive reviews trust worthy and valuable.

- **Manish Kumar Chauhan**  
[www.physicianpractice.com](http://www.physicianpractice.com)

Manish Chauhan is Digital Marketing Manager at myPracticeReputation which is an easy-to-use reputation management solution for physicians to help monitor, protect and promote their medical practices at all times in the simplest way possible.

## MGMA-MO Scholarships

Did you know that MGMA-MO has several scholarship and professional enrichment awards available to its members and a scholarship award for the dependent of an active member?

Through our mission to develop and equip our members to create dynamic, successful medical group practices that meet the needs of today's patients through education, building relationships, advocating, and providing tools that focus on the delivery of excellence in patient care the MGMA-MO Board of Directors has established the following scholarships and professional enrichment awards:

- The Presidential Scholarship will be awarded to an Active Member of MGMA-MO who is pursuing higher education through a formalized degree program. The applicant must be employed at the time of submission. **(\$2,000)**
- The Judith Hillyard Professional Development Scholarship will be awarded to an Active Member of MGMA-MO who is pursuing continuing education either through a formalized degree program or registration/lodging for a national MGMA sponsored conference or other national MGMA conference designed to strengthen management skills. The applicant must be employed at the time of submission. **(\$1,000)**
- The MGMA-MO Conference Professional Enrichment Award will be awarded to an Active Member of MGMA-MO interested in pursuing continuing education through attendance at the MGMA-MO Annual Conference. The applicant must be employed at the time of submission. **(Registration & Two Nights Lodging)**
- The ACMPE Professional Enrichment Award is awarded to an Active Member of MGMA-MO who is pursuing certification or fellowship through the American College of Medical Practice Executives (ACMPE). The applicant must be employed at the time of submission. **(\$250)** This award is available on a quarterly basis throughout the year.

The MGMA-MO Board of Directors, in recognition of the need for college level education in the development of future professionals, established one scholarship in support of a dependent of an Active Member engaged in pursuing a college degree. Also, one scholarship is to be awarded to a current Student Member in support of their attendance to the State conference.

- The Dependent Education Scholarship will be awarded to the dependent of an Active MGMA-MO Member planning to pursue higher education through a formalized degree program and submitting a completed application by the deadline. **(\$1,000)**
- The Vincent A. Schneider, Jr. Scholarship will be awarded to a Student Member of MGMA-MO or local chapter affiliate and full-time student majoring in healthcare at an accredited college or university in the state of Missouri. The scholarship will be awarded to a student interested in pursuing continuing education through attendance at the MGMA-MO Annual Conference. The applicant must be enrolled as a student at the time of submission. **(Registration & Two Nights Lodging)**

Each of these scholarships and awards will help MGMA-MO fulfill its mission and promote the professional development of its members. If you are an active member and pursuing higher education, please take the time to apply for any of these scholarships or awards and encourage your colleagues to do so as well. Applications are available online at [www.mgma-mo.org](http://www.mgma-mo.org). For more information please contact the MGMA-MO office via email at [info@mgma-mo.org](mailto:info@mgma-mo.org).

## 4 Steps to Giving Better Feedback to Practice Staff

Do you want some simple strategies to encourage others to learn — both from their successes and their mistakes? Would you like to help people arrive at their own solutions? Do you avoid giving "constructive feedback" because it rarely goes well?

Easy-to-learn communication skills will help others build upon their strengths and discover ways to improve. Here are a few strategies to employ:

**1. Use the right words:** If you want to help others get into a learning mode (what is referred to as a growth mindset), the language you use really matters. Avoid words like always, never, only, can't and instead, use words like learn, grow, develop, try out, and progress. The former set of words triggers the brain into a fixed mindset — a belief that one cannot change. If people believe they are really good at some things and not good at others, they are not primed for learning. In contrast, when people believe that there is room to learn and grow, their brain is in a growth mindset.

**2. Leverage mistakes:** It may seem oxymoronic, but often the only path to learning is through trial and error. Avoid thinking about mistakes or mishaps as failures — instead, think about them as learning opportunities. We all have witnessed babies learning to walk. What do they do? They walk then fall then walk then fall.... And their parents cheer them on. Because we know that is how they learn and develop. So the next time someone makes a mistake (including you), ask them (or yourself), what can I learn from this experience? Contrast this to getting overly critical, blaming, or angry — which does little to foster a learning environment.

**3. Always start a difficult conversation by stating your intention:** Prior to giving any feedback, be clear on your intention and communicate it to the person. If your intention is not positive, I suggest you do not give feedback because negative intentions are easily detected.

**4. Always give feedback that helps others improve:** Practice using this communication model — SBI-I (situation, behavior, impact, and inquiry) and you will find that giving constructive input is much easier than you thought. Here is how to transform one of those difficult conversations into a learning conversation. Let's use an example: Your medical assistant gave a patient incorrect information about their health

situation.

a. Convey your intent: Monica, I would like to talk about a recent interaction you had with a patient so that you can provide the best care possible. (Your positive intention.)

b. SBI-I — Name the situation, describe the behavior, identify the impact and ask about next steps/lesson learned: When you were giving Mr. Smith instructions about how to use the medication (situation), you incorrectly told him that it would not cause any drowsiness (behavior), which could cause him to take it before he drives and that might lead to an accident (impact). I am wondering what thoughts you have about how you will ensure you provide accurate instructions? (Inquiry allows the person to arrive at his/her own solution).

Only give advice if the person is not able to get to the solution or lesson learned.

Practicing the SBI-I communication model will allow you to gain skill and confidence in managing difficult situations with your staff (and anyone else in your life where these conversations may arise). Avoid blaming, evaluating or judging and use open-ended questions to help the person arrive at a solution or lesson learned. You can use SBI-I to provide positive feedback as well — when you give someone specific and genuine acknowledgment of what he/she has done well, it becomes a signal to the brain to do more of that behavior. Catch people being or doing good and aim to give at least five positives to every negative. This will help to ensure that when you give constructive feedback, the person is more open to hearing it (it does not feel like one more criticism because you have given lots of positive recognition). This is how you create a learning environment where employees thrive and your practice improves.

- Catherine Hambley, PhD

Catherine Hambley, Ph.D. is an organizational consultant and executive coach with a background in healthcare. She can be reached at [catherine.hambley@gmail.com](mailto:catherine.hambley@gmail.com) or 831.277.1395.



## 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](http://www.mgma-mo.org).

### MGMA-Missouri Membership Figures for February 2018

298	Active Members	3	Faculty/Student Members
38	Business Partner Members	28	Life Members
5	Associate Members		

**Total Membership - 374**

#### Active Member

Michael Burcham  
Lake Regional Health System  
Osage Beach

William McDermott  
CoxHealth  
Springfield

Amie McDonald  
Liberty Cardiovascular Specialists  
Libery

Michael Murray  
Golden Valley Memorial Healthcare  
Clinton

Teri Scott  
Truman Medical Center Lakewood  
Kansas City

#### Business Partner Member

Patric Rademaker  
DataFile Technologies  
[Patric.rademaker@datafiletechnologies.com](mailto:Patric.rademaker@datafiletechnologies.com)

Nancy Schmidt  
Home State Health  
[naschmidt@homestatehealth.com](mailto:naschmidt@homestatehealth.com)

#### CALL FOR BOARD NOMINATIONS

The Nominating Committee is currently seeking individuals who are interested in serving on the 2018–2019 MGMA-MO Board of Directors. MGMA-MO is governed by a 5 member board representing various areas from across the state. The association has the support of and works closely with our full-time Executive Director. Face to face meetings are held up to 4 times a year and supplemented by monthly conference calls.

To review qualifications, receive an application and instructions for submission please visit our website at [mgma-mo.org](http://mgma-mo.org). Nominations are due by March 31, 2018. If you have any questions regarding the process or want to learn more about the Board, please contact Susan Reichert, FACMPE, at [Susan.Reichert@coxhealth.com](mailto:Susan.Reichert@coxhealth.com).