

## 2016 - 2017 Board of Directors

### President

**Jeff Ruch, CPA, MBA**  
Mercy Clinic  
Joplin, MO  
Jeffrey.ruch@mercy.com

### President Elect

**Sharon Sagarra, MBA, FACMPE**  
Practice Administrator  
Benrus Surgical Associates, Inc.  
St. Peters, MO  
sharon.sagarra@gmail.com

### Treasurer

**Brad Carney, CPC, CMPE**  
Office Manager  
Meritas Health Oakview  
Gladstone, MO  
bcarney@meritashealth.com

### Secretary

**Ashley Petty**  
Front Office Supervisor  
Pediatric Associates of SW MO  
Joplin, MO  
apetty@joplinpeds.com

### Immediate Past President

**Susan Reichert, FACMPE**  
Director, Clinics  
CoxHealth  
Springfield, MO  
susan.reichert@coxhealth.com

### MGMA Missouri Office

**Rebekah S. Francis**  
Executive Director  
P.O. Box 381533  
Birmingham, AL 35238  
(573) 556-6111  
info@mgma-mo.org

## Letter from the President



**Jeff Ruch, CPA, MBA**  
President, MGMA-MO

This is my favorite time of the year. The temperature change is refreshing after a long summer heat and the crisp morning air is an awakening of things to come. The wind seems to change from the south to the north and can be bitterly cold some days. Mostly I enjoy the change of colors that occurs with the trees. I am hoping for beautiful colors this year with all of the rain we received during the summer months.

The change from summer to fall reminds me of how healthcare is changing and how I have prepared my group for this change. I needed a refresher of change management techniques so I got out my notes on workshops and seminars I have benefited from over the years. One was an article I read entitled "10 Principles of Change", by John Jones, DeAnne Aguirre and Matthew Calderone. I will briefly summarize their thoughts below.

1. Address the "human side" systematically. Any significant change will create anxiety and fear of the unknown. Data and

analysis will be needed to address this anxiety without being reactive in nature.

2. Start at the top. This goes without saying but is important to note. Change that does not come from the top is not supported and endorsed by those who are going to answer for the change in the future. Success is best made when executive teams work well together.

3. Involve every layer. Successful change must include select leaders from every level of the organization as agents or champions for the change. These leaders must also be aligned with the organization's vision and supportive of change.

4. Make the formal case. People will inherently want to know why the change is necessary, whether the company is headed in the right direction, and what the change means to them personally. Success is best built on transparently and honestly answering these questions to these invested coworkers as thoroughly as you can, as quickly as you can.

5. Create ownership. Jones, Aguirre and Calderone state, "Leaders of large change programs must over-perform during the transformation and be the zealots who create a critical mass among the work force in favor of change. This requires more than mere buy-in or passive agreement that the direction of change is acceptable. It demands ownership by leaders willing to accept responsibility for making change happen in all of the areas they influence or control. Ownership is often best created by involving people in identifying problems and crafting solutions."

# Letter from the President

6. Communicate the message. We as leaders make the mistake of assuming that our coworkers see the vision and the need to change. A lot of times, we see these reasons as obvious. Most of the time however, this is not the case. Leaders need to find ways to build momentum by creating the message that energize and personalizes the change to the individual.

7. Address the cultural landscape. “Successful change programs pick up speed and intensity as they cascade down, making it critically important that leaders understand and account for culture and behaviors at each level of the organization. Companies often make the mistake of assessing culture either too late or not at all. Thorough cultural diagnostics can assess organizational readiness to change, bring major problems to the surface, identify conflicts, and define factors that can recognize and influence sources of leadership and resistance. These diagnostics identify the core values, beliefs, behaviors, and perceptions that must be taken into account for successful change to occur.” (Jones, Aguirre and Calderone)

8. Address culture explicitly. Once the culture is defined, behaviors should be identified and rewarded that support the vision and the change process. This requires developing a baseline, strategizing on what the end state looks like, and building a plan to get there. “Understanding that all companies have a cultural center — the locus of thought, activity, influence, or personal identification — is often an effective way to jump-start culture change.” (Jones, Aguirre and Calderone).

9. Prepare for the unexpected. People change, external and internal business forces change, and the vision may change throughout the process. Managing the unexpected involves constant reassessment of these impacts and the organization’s willingness to accept and respond to these unexpected outcomes.

10. Speak to the individual. This is likely the most important step. I think as leaders sometimes we get so busy that we forget that our most expensive expense is what we spend the least amount of time building. Leaders that get to know their people on a personal

TABLE OF CONTENTS	
Letter from the President . . . . .	1-2
2017 Conference . . . . .	3
MACRA Will Live On . . . . .	5
Upcoming Webinars . . . . .	6
Handle Staff Wars . . . . .	7
ACMPE News . . . . .	8
Legislative Update. . . . .	9-10
Member Report . . . . .	11

level and act like you care manage change much more effectively when it arises than leaders that don’t invest this time. Change can be very personal to an individual and this should be recognized and managed effectively.

Change is hard for a lot of us. Change is also a necessary part of growth and improvement. I used to play racquetball (in my much younger years) and found that I got better when I played people I didn’t know how they played. I learned to anticipate things during the game that I wouldn’t have learned to do without playing this person. We must change to get better and we must get better to survive in the years to come. My hope is that we all learn to manage change more effectively, for our organizations and the people that rely on us, to guide them through this process.

**-Jeff Ruch, MBA, CPA**  
**President, MGMA-MO**  
[Jeffery.Ruch@Mercy.Net](mailto:Jeffery.Ruch@Mercy.Net)

# MGMA-MO 2017 Spring Conference

## Leader Champions | Practice Champions

May 7-9, 2017 • Tan-Tar-A Resort

*“Never stop learning as you never stop teaching”*

I heard this quote during a recent memorial service of a friend and I have thought about it many times in the last few weeks. In college, I studied secondary education with a goal of becoming a mathematics teacher. After student teaching and graduation, I decided the driving force of “be at a certain point in the textbook by a certain point of the year” was not for me. A summer job assisting in a business office at a radiology practice began my thirty-plus year career in Healthcare. There have been ups and downs through those years, but every up and every down has taught me something and shaped the employee, co-worker, manager, mentor, and person I am today.

The Healthcare landscape has and will continue to change. In order to keep up with the changes clinicians and practice managers must never stop learning about the latest processes, technologies, healthcare delivery systems, and industry knowledge it takes to care for our patients and communities.

Your 2017 Conference Planning Committee has thought about this a lot as they have been working to put together a conference to provide you with the training and tools you need to take back to your practices and organizations. We will have local and national speakers that will engage you in the learning process. You will also have the chance to explore resources available to you, as well as opportunities to network with your peers and possibly find a new mentor or two.

Don't be left at the “starting gate”, plan on attending the MGMA Missouri Spring Conference May 7-9, 2017 at Tan-Tar-A resort in Osage Beach, Missouri.

**- Sharon E. Sagarra, MBA, FACMPE**  
**President-Elect and Conference Chair**  
[sharon.sagarra@gmail.com](mailto:sharon.sagarra@gmail.com)



Keeping the **game fair...**



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

Your Missouri medicine  
is getting hit from all angles.

You need to stay focused and on point—  
confident in your coverage.

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



**Healthcare Liability Insurance & Risk Resource Services**

ProAssurance Group is rated **A+ (Superior)** by A.M. Best.

Want to reduce risk? >> [ProAssurance.com/Seminars](http://ProAssurance.com/Seminars)



800.282.6242

• [ProAssurance.com](http://ProAssurance.com)

## Slavitt Offers Flexibility in 2017, but MACRA Will Live On

Responding to significant concerns about the impending start of the new reimbursement platform for Medicare as defined by the Medicare Access to Care and CHIP Reauthorization Act of 2015 (MACRA), the head of the Centers for Medicare & Medicaid Services (CMS) announced the creation of flexible options for 2017. On September 8, acting CMS administrator Andy Slavitt posted a blog that outlined the changes, stating the intention to “allow physicians to pick their pace of participation.”

The revelation was prompted by the outcry from physicians who reacted to April’s proposed rule outlining the implementation of MACRA. The new Quality Payment Program (QPP), set to stage the initial performance year in 2017, incorporates two pathways: physicians can either choose to participate as a qualifying member of an advanced Alternative Payment Model (APM), or report through the Merit-based Incentive Payment System (MIPS). Like the existing government incentive plans, to include the Physician Quality Reporting System, the QPP introduces increases for successful participants and reductions in reimbursement for those who are not.

The Advanced APM pathway remains available and was not impacted by the announcement. However, Slavitt’s blog revealed that CMS will exempt physicians from any risk of penalties for choosing one of three temporary reporting options for MIPS. The three options available in 2017 include:

1. Full-year reporting, beginning January 1, 2017;
2. Partial year reporting; or
3. Test submission by reporting a minimal number of data elements.

In addition to avoiding penalties, the participation options may provide payment boosts. Opting for a full-year reporting equates to eligibility for a “modest” increase, while partial-year participants will qualify to receive a “small” positive adjustment. Those who choose the test submission option will have no upside, but will not be subject to penalties either.

You may be asking the natural question, “What are the parameters of these new options?” Unfortunately, Slavitt didn’t elaborate, saying instead that the “options and other supporting details will be described

fully in the final rule.” These regulations and corresponding details are expected to be released to the public this fall.

In the interim, it is critical to note that MACRA, passed with bipartisan support, is the law. While the particulars of the implementation may have yet to be released, including the new options for 2017 and the remaining details about the program in general, we know that there are four pillars to the program that include: quality; resource use; meaningful use and clinical practice improvement. Under the law, these pillars are meant to further the existing programs and add a new one related to the reporting activities linked to clinical practice improvement.

Despite the flexibility in reporting for the upcoming year, it is not advised to let your foot off of the gas pedal. Practices should aim to continue their efforts in reporting these elements through the existing programs and make plans to continue to do so in the future.

Even with some flexibility in 2017, the ship has already sailed. The government is – and will continue to – gather data about your medical practice and administer financial consequences should the results not be within the parameters established for their expectations.



**Elizabeth Woodcock,  
MBA, FACMPE**

**- Elizabeth Woodcock, MBA, FACMPE  
Woodcock & Associates  
[www.elizabethwoodcock.com](http://www.elizabethwoodcock.com)**

## Upcoming Webinars

### **MACRA: Essential Strategies in Economic Reform**

**November 7th, 12:00 - 1:00pm**

**Presented by Adele Allison**

Revenue is a practice's life blood. Traditional methods of reimbursement are being abandoned. ACA, MACRA and recent policy has fast-tracked the shift of healthcare payment from volume- to value-based reimbursement. This session will explore the waters of payment transformation through the use of data and essential strategies and technologies associated with alternative payment models (APMs) and the merit-based incentive payment system (MIPS) as set forth under MACRA.

#### **Objectives:**

1. Identify strategies to implement in your personal practice that will prepare you for the transformations coming your way with MACRA legislative mandated changes.
2. Describe the role of effective data capture starting in 2017 to determine the value of services and healthcare reimbursement under population-based payment (PBP) models being applied effective in 2019.
3. Implement changes in improved data capture that aligns with MACRA essential documentation within the group practice and among organizational leaders.

### **Getting Ready for 2017: The Reimbursement Landscape for Medical Practices**

**December 14th, 12:00-1:15pm**

**Elizabeth Woodcock, MBA, FACMPE, CPC**

Discover how shifts in the health care landscape will impact your practice in 2017 - and beyond. In this dynamic presentation, national speaker, trainer and author Elizabeth Woodcock gives you the lowdown on emerging trends that can pose both opportunities and threats to your practice in the coming year. You'll have a front row seat as Elizabeth shares today's hot button topics, such as the:

- Final Medicare reimbursement for 2017 - what specialties will feel pain, which ones gain
- Summary of the CPT® changes for 2017
- Massive revisions to coding and billing for care management services
- Payment cuts for the government's "voluntary" incentive programs, including the value-based payment modifier
- Compliance with the Merit-based Incentive Payment System in 2017

**Educational webinars is just one of the many benefits of your MGMA-MO membership. Please visit [mgma-mo.org](http://mgma-mo.org) to register.**



**Damage to a reputation is like a rock thrown in water**

The ripples just keep going; with no way of anticipating the outcome.  
You've spent years doing things right.  
Make sure your medical malpractice carrier does too.

 **PSIC** | Professional Solutions  
INSURANCE COMPANY  
*Protecting Reputations ... One Doctor at a Time®*

Malpractice insurance is underwritten by Professional Solutions Insurance Company.  
14001 University Avenue | Clive, Iowa 50325-8258  
©2016 PSIC NFL 9459

**Learn more:**  
1-800-788-8540  
[www.psicinsurance.com/physicians](http://www.psicinsurance.com/physicians)

# How to Handle Staff Wars at Your Practice

Like in every other profession, people working in healthcare possess unique personalities and there are times when staffers at your practice will just clash. Despite our best efforts to remain impartial and on the sidelines, continual tension between staff members starts to gnaw away at office morale. While this may be entertaining if we are watching the Kardashians, it can begin to affect patient care if we allow it to snowball out of control.

The most important item to realize as a doctor and/or owner in a practice is that you are the last to know the war that has been simmering below the surface for some time. The staff all want to make a good impression on you and tend to keep the drama to themselves. If they come to you to complain about another employee, chances are this battle has been brewing for some time and you are only hearing an over-dramatized rendition of events.

## **As the leader of the healthcare team, how can staff wars be handled?**

- First, try to take a hands-off approach. These are adults and not children and as professionals, they should be able to make their own peace and compromise. I rarely step into these wars unless it is starting to affect how the practice is functioning. When staff members come to me and ask for my help, I try to make the involved parties sit down together for a discussion, between them only. The more thorough direction I give them in directly solving the tension, the longer lasting it will be I have found. If you jump in right away and make new initiatives to help people get along, they will start seeking your help for every dispute that arises. Do you really want to play kindergarten cop?

- It is imperative to listen to both sides of the story. Even if your "best" employee is giving you the details, you still need to listen to the other person. I have been surprised, even shocked, by acts that were done by those I considered outstanding workers. Remember you are dealing with humans and no one is perfect. Don't automatically discount an unbelievable tidbit someone tells you just because of the person involved.

- Investigate the allegations. Often, truth is very easy to discern by looking at all available facts and speaking to all involved parties.

- Be prepared to take action. If you must, issue warnings and make new office guidelines. You are the leader and the staff will be attuned to your authority. If they feel you will not take any action, they will not change. In my practice, depending on what kind of behavior is being covered, we often cut hours. If two staff members refuse to compromise and poison the atmosphere in the workplace, you cannot just sit back idly. The rest of the staff will become poisoned. Previously, I have had employees who made me hate going to work, at my own practice where I pay them their salary. Why make anyone's life so miserable?

- Don't give in to unreasonable demands just to make peace. Once, an employee insisted I change another employee's work schedule because she refused to work with her. It got to the point that she said she would refuse to work any hours when the other staff member was there. I ended up firing her because the employees cannot dictate how you run your practice. She was a very good employee but the workplace was much happier after she left and the others started working harder. Besides, who wants to be a babysitter for a diva employee?

- Have regular social functions for your staff. This allows them to get to know each other on a more personal level. This may be just lunch once a month in the office. Every summer, we take our staff plus one guest to Six Flags. We give them tickets and then we all meet up for lunch. They always come back best of friends for weeks following this event.

Whatever you decide to do, the least involvement you offer the better. But, when it lands at your feet and you are forced to take action, be fair to all parties and be firm. Don't we already face enough toxicity in the healthcare environment every day?

**- By Linda Girgis, MD  
Physicians Practice  
[www.physicianspractice.com](http://www.physicianspractice.com)**



**Merry E Mullins,  
MBA, FACMPE**

It's hard to believe we are already into the 4th quarter of 2016. I know many of you have set a goal to obtain certification or fellowship this year. Congratulations to all those who have met their goal. For those who haven't yet achieved your goal of becoming board certified, you still have one more opportunity in 2016. The computerized testing will be held nationwide from Dec 3-Dec 17, 2016. In order to be able to sit for the test, you need to register. The registration is open from October 19-November 2, 2016. If you feel you need a little more preparation before taking the exam, MGMA16 conference will be offering a ACMPE preconference workshop on Sunday, October 30th: Pathways to Certification from 9:00a.m.-11:00a.m. Those who are preparing to become Fellows in 2017 are invited to attend the Pathway to Fellowship workshop from 12:30-2:30 pm. at the MGMA2016 conference. 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.

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

When you are ready to sit for the exams go to [www.mgma.com](http://www.mgma.com) and complete the application to take the exams. Exam sites can be found at: <http://www.castleworldwide.com/cww/our-solutions/test-delivery/test-site-cities/#uslocations>

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 outline as the recommended deadline is June 2, 2017 with August 4 2017 as the Final Manuscript Deadline. You can find more fellowship information and resources at [www.mgma.com/fellowship](http://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.

### **Scholarship Available**

MGMA-Missouri offers a Professional Enrichment scholarship for Active members to help offset the cost associated with certification and Fellowship. The application is available on our website at [mgma-mo.org](http://mgma-mo.org).

**- Merry E Mullins, MBA, FACMPE  
MGMA-MO ACMPE Forum Rep**

# October 2016 MGMA-MO Legislative Report

## State government affairs

Constitutional amendments and a proposition highlight the Missouri ballot

While the field of candidates for statewide office is now set for the November 8 elections, Missouri voters will be casting votes for five constitutional amendments, plus one proposition. While none of the amendments or the proposition directly affects physician practices, some are worth noting. Following is a quick rundown and brief explanation of a “yes” vote on each:

- Constitutional Amendment 1 - A “yes” vote will continue for 10 years the one-tenth of one percent sales/use tax that is used for soil and water conservation and for state parks and historic sites.
- Constitutional Amendment 2 - A “yes” vote will amend the Missouri Constitution to establish limits on campaign contributions by individuals or entities to political parties, political committees, or committees to elect candidates for state or judicial office.
- Constitutional Amendment 3 - A “yes” vote will amend the Missouri Constitution to increase taxes on cigarettes each year through 2020, at which point this additional tax will total 60 cents per pack of 20.
- Constitutional Amendment 4 - A “yes” vote will amend the Missouri Constitution to prohibit a new state or local sales/use or other similar tax on any service or transaction.
- Constitutional Amendment 6 - A “yes” vote will amend the Missouri Constitution to state that voters may be required by law to verify their identity, citizenship, and residence by presenting identification that may include valid government-issued photo identification.
- Proposition A - A “yes” vote will amend Missouri law to increase taxes on cigarettes in 2017, 2019, and 2021, at which point this additional tax will total 23 cents per pack of 20. This amendment further provides that the funds generated by these taxes shall be used exclusively to fund transportation infrastructure projects.

Constitutional Amendment 3 and Proposition A increase tax on cigarettes and could, potentially, affect physicians and other healthcare providers by decreasing the smokers in Missouri. The reinstatement of campaign contribution limits proposed in Constitutional Amendment 2 could change the make-up of the legislature.

## Federal issue (in addition to the election)

HHS cuts fees that can be charged for releasing health data

Practices will not be able to charge as much when patients or their legally designated representatives request copies of protected health data (PHI), thanks to new guidelines from the HHS Office of Civil Rights (OCR) that took effect Aug. 23. The OCR is establishing a maximum flat fee of \$6.50 per request for PHI when that request is made directly by a patient or a patient’s legally authorized Healthcare Personal Representative (PR). The most crucial point is that any third-party entity, such as an attorney, becomes eligible to receive the \$6.50 flat fee for records if their request is delivered directly by the patient. This is called a “patient directive” and means the practice is required to use the flat fee and to send the PHI to the third party specified by the patient.

Thus law firms that were previously subject to much higher per-page and per-request fees can simply pay \$6.50 per request when they have their clients make the request via signed form letters. Their clients are the patients themselves, so under the OCR’s new rules, the lawyer must be charged the same as the patient should be charged.

Currently, several companies offer to handle all incoming requests for release of PHI on behalf of practices, almost always free of charge. They charge the requesting entity, which is most often an attorney, rates based on what state laws allow. Each state sets different allowable rates for what medical providers can charge for tracking down patient records and releasing them under HIPAA guidelines. Before the OCR released these new rules, release of information (ROI) outsourcing companies could generate a significant amount of revenue for fulfilling requests on behalf of physician practices. A large physician group may give away \$15,000 to \$20,000 a month to service companies to fulfill this function. Larger physician practices were willing to give up this potential revenue to avoid the hassle of spending staff time and resources on ROI requests.



**John Marshall**  
Legislative Liaison

## October 2016 MGMA-MO Legislative Report, continued

The new rule is a new cost of doing business. It is expected that law firms will make their clients issue requests for PHI so they can avoid the fees. As a result, it's likely that ROI outsourcing companies will have to start charging physician practices for what was previously a free service. If your practice outsources record requests to a third-party company, it's a good idea to ask whether they will begin charging for the service.

Note: OCR stresses that \$6.50 is not a hard cap on what practices can charge, but if the fees exceed \$6.50, the charging practice must be able to provide documentation on how it calculated the fees, showing that they were reasonable and reflected actual costs to the practice. The hassle this entails sets the bar high enough that most practices will not bother and will simply use the flat \$6.50.

Watch out for improper requests. The OCR rule makes it clear that only patients get the \$6.50 rate. That means the request must come directly from the patient, via phone, fax, email, or a letter. If an attorney claims to be representing a patient, they are not eligible for the flat rate. The only exception would be attorneys that are legally empowered to act as the patient's Personal Representative. This would mean the attorney has the power to make "unilateral health-care decisions" on behalf of the patient. This tends to be rare, since usually only patients who are physically or mentally incapacitated have PRs, and then the PR tends to be a family member or spouse.

- John Marshall  
Legislative Liaison, MGMA-Missouri  
[jmarshall@signaturehealth.net](mailto:jmarshall@signaturehealth.net)

Feel free to contact John regarding any of these issues.

## Save the Date October 21, 2016 MGMA-Central MO



### MGMA-Central Missouri Chapter Meeting

Friday October 21<sup>st</sup>, MGMA-Central Missouri Chapter will hold their quarterly educational session at Boone Hospital Center in Columbia. There will be an exciting panel discussion on the topic of "*Staffing in a Medical Group Setting*." This session will touch on various staffing aspects from Recruitment, Training, Retention, Education and more.

**Friday October 21, 2016 10:30 am to 1:00 pm**

Boone Hospital Center, 1600 E. Broadway, Columbia, MO 65201

For more information, please contact Travis Messer at [tmesser@lakeregional.com](mailto:tmesser@lakeregional.com)

## SAVE THE DATE



Presenting

## Medicare & Medicaid Symposium

November 17, 2016

9:00 – 4:30

At Joplin YMCA

3404 McIntosh Cir Dr.  
Joplin, MO 64804

Cost to Members \$10  
Cost to Non Members \$20

More information will be available at: <http://www.joplinmetromgma.com/>

By contacting Ashley Petty [apetty@joplinpeds.com](mailto:apetty@joplinpeds.com) or  
Sarah Renn at [srenn@midwestbilling.com](mailto:srenn@midwestbilling.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](http://www.mgma-mo.org).

## MGMA-Missouri Membership Figures For October 2016

259	Active Members	5	Faculty/Student Members
45	Business Partner Members	29	Life Members
5	Associate Members		

**Total Membership - 343**

### Active Member

Tim Cloninger  
St. Louis Medical Clinic, PC  
St. Louis

Korinda Wierzba  
Mosaic Life Care  
St. Joseph

Brandi Eilenstein  
CoxHealth  
Rogersville

### Student Member

Brook Vaughan  
Park University



**Dedicated to the Support and Professional Development of our Members**