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Letter from the President



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

I was raised to believe with hard work and dedication I could be whatever I wanted when I grew up. I went to college wanting to be an elementary school teacher and ended up obtaining a degree in Mathematics and Secondary Education. I chose not to accept a position in teaching, after obtaining my Missouri Lifetime Teaching Certificate, as I wasn't going back to school to obtain Science certification and I was NOT cut out to be a wrestling coach (yes, one district was looking for a math teacher who could also be the wrestling coach – not sure why I was even brought in for an interview). Plus, I gained more satisfaction from the occasional tutoring I did than being at a certain point in a textbook by a certain point in the school year. My father was livid, he had wasted four years of tuition when I told him I wasn't going to teach. The radiology practice I was assisting at for the summer after graduation, allowed me to stay on until I figured out what I really wanted to do

with my life – I ended up staying for almost 20 years. After about ten months, I decided to go back to school, obtained my MBA in accounting and a new position was created to take advantage of my newly acquired expertise. I also joined a professional healthcare association.

When I left the Radiology practice, I was discouraged, burned out and was told by someone outside of the practice that I should concentrate on “just” accounting. I wanted something more and had been learning other aspects of running a medical practice. I took a position outside of healthcare, which ended up being a two month “sabbatical”. During my next position's tenure, I joined and became involved in MGMA at the national, state and local levels. My interest in healthcare management was re-energized. When I joined my current practice nine years ago, I decided to pursue certification, and eventually Fellowship status, to validate my knowledge not only to my Physicians but mainly to myself. I accomplished this through the resources MGMA and MGMA-MO offers, the encouragement of “cheer-leading” peers and the blessing of my Physicians, who believe in me and feel continuing education is important. A lot of the information I already knew from my years of experience and previous educational events I attended along with a little bit of common sense. And I was notified my professional paper had met the requirements of

[continued on page 2](#)

Letter from the President

Fellowship status just before my fiftieth birthday in 2013! But I'm not finished, I keep up my certification by attending MGMA-MO's Spring conference and our monthly webinars.

Whether you are a new manager or an experienced manager who has not pursued certification, please read ACMPE Forum Rep David Kelch's article in this issue. Hopefully you read his article in the August issue which included sample questions from the multiple-choice exam. If you answered those questions correctly as well as the questions in this issue, please consider taking the next step towards certification. There are several of us in the association willing to assist you and be your "cheerleader" on the road to certification (and then Fellowship but that is for another newsletter). To quote a speaker I heard earlier this year:

"Always continue to learn because you are always teaching."

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

Piecing Together the Healthcare Puzzle

May 6-8, 2018

"I want you to meet my uncle, Irwin Carney. Well, you can't really meet him since he has passed, but I want you to meet him through my memories. When I was in my teens we would go visit my grandparents in Springfield, MO. Most of my uncles and aunts lived in or near Springfield and would at least stop by grandpa's house to say hi and visit a bit. I wasn't particularly close to Uncle Irwin but looking back he taught me something: Many times there are more ways than one to solve a problem. Uncle Irwin loved doing the crossword puzzle in the Springfield News-Leader. There was a particular period of time you could win money by correctly completing the crossword puzzle and he was determined to win. One particular Sunday he had all but one word completed before Sunday dinner. That last word had him stumped. I don't remember the clue or the possibilities, but with the help of the family he had three possibilities of answers that all fit within the letters. The trick to winning, though, was you had to match what the newspaper would publish as the answer. Assuming he was right on all the other answers, he still only had a 1 in 3 chance to 'correctly' solve the puzzle. Uncle Irwin was frustrated!

In all of our communication with colleagues in our field, with vendors, with insurance companies and with patients we need to be sure we are using the language that will solve the puzzle correctly. One of my concerns for our industry is the number (and sometimes length and depth) of acronyms. When we use them are we really communicating the message we intend? Here are a couple of examples to consider.

When I began managing my first practice I was still actively helping lead a church youth group. We had students that were considering attending Oklahoma Christian College, referred to as OCC. A few weeks after beginning my healthcare career I heard one of the nurses say they were referring a patient to OCC. I remember wondering why so far away and that I didn't know they did any healthcare. When I heard it the second time I asked. OCC in this case was Outpatient Cancer Center. This may be an extreme example but think about the possibilities of confusing a patient.

One of my recent favorites is CPC. (By the way, my dyslexia kicked in one day and I goggled PCP - imagine my surprise when I saw websites about angel dust instead of primary care providers!) In MY world, up until sometime the middle of this year CPC was simply

Certified Professional Coder. However, under MACRA APMs, CPC is the Comprehensive Primary Care initiative. If you are not familiar with this program, being successful in it relies heavily on hierarchical coding. So, even in context we have to be careful to define our terms. Think about this statement: "CPC needs a strong CPC to be successful."

And since I mentioned MACRA, there's an acronym in an acronym for you. "Medicare Access and CHIP (Children's Health Insurance Program) Reauthorization Act." No wonder I keep Advil in my desk drawer!

There is one other observation I want to be sure to put on the table today. Many of today's patients are becoming more educated when it comes to their healthcare. I have noticed pharmaceutical companies are doing this through television commercials. One company uses the acronym, tells what it stands for and then defines it while trying to sell their medication. Consider all of the various websites available. Among the hundreds out there one of the most popular is WebMD. I happen to like Cleveland Clinic's Health Library on their website.

The bottom line is that to solve this puzzle we need to be ever conscious of the message we are communicating. Make sure that if we use the acronyms, use the right ones (CPC vs PCP). We will be talking about this and many other variables that make the healthcare puzzle so much more complex at our Spring Conference. I hope you will make plans now to join us May 6-8 at Tan-Tar-A Resort.

By the way, Uncle Irwin did not ever win any money from the Springfield News-Leader. And no, I didn't take up crossword puzzles because of him. But it did help me learn a lot about synonyms and just how complex our language is, leading me to understand more fully how difficult it can be to truly communicate.

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

Member Spotlight: John Marshall, MGMA-Missouri Legislative Liaison

John Marshall has been a member of MGMA-Missouri for many years and in 2009 he began serving on our Legislative Committee. His knowledge and passion for state and federal issues that impact physician practices was immediately evident to everyone who knew him and he quickly became our Legislative Liaison. John, with the support of his practice Signature Medical Group has led many grassroots efforts within the state and our members have benefited from his knowledge and experience. John spent time fighting for issues important to MGMA-MO members by meeting with elected officials, contributing Legislative News articles and providing us with timely updates. We cannot thank him enough for his service in this role.



John will be retiring next month as the Communications and Marketing Director of Signature Medical Group and as our Legislative Liaison. We congratulate him on his many accomplishments throughout his professional career and wish him many wonderful adventures in his retirement.

2017 SAMGMA FALL CONFERENCE

Project Power: Developing Leaders As You Get Stuff Done!

We are pleased to have Ellen Rohr as our speaker for this year's Fall Conference. Ellen's clients include The Dwyer Group, Make Mine a Million, and many industry leaders. During this 1/2 day interactive event, Ellen will present ways to develop leadership skills as you (and your team) get stuff done! She will share methods to help you implement a simple, consistent, teachable system for moving inspiration to action, as you develop leadership at every level of the company.

DATE: Wednesday, November 8, 2017

TIME: Registration 7:30AM

Breakfast: 7:30 - 8:30AM

Program: 8:30AM - 1:00PM

LOCATION: Cox South Hospital, Foster Auditorium

COST: \$50 Members

\$60 Non-Members

\$20 Students

Please make checks payable to SAMGMA and send with your name, organization, and email to:
SAMGMA – PO Box 3304, Springfield, MO 65808-3304

CAREER CENTER

The following positions are currently being advertised in the MGMA-MO Career Center. For full details please visit our website at www.mgma-mo.org.

<u>Company</u>	<u>Location</u>	<u>Position</u>	<u>Contact</u>
Midwest Orthopedic Group	Hannibal	Practice Manager	Janet Cox - jcox@midwestorthopedic.us
Dermatology Practice	Columbia	Practice Administrator	Tracy Bird- tbird@medicalpracticeadvisors.com

Q&A: MIPS Special Status and Hardships

Even if you are an eligible clinician for the Merit-based Incentive Payment System (MIPS), you may qualify for a special status or hardship. This Q&A discusses questions regarding special status and hardships such as the electronic health record (EHR) exemption.

MIPS Participation

Question: How do I determine if I am required to report for MIPS and how do I register?

Answer: Eligible clinicians are physicians, physician assistants, nurse practitioners, clinical nurse specialists and certified registered nurse anesthetists who have billed at least \$30,000 in Medicare Part B allowable charges and provided care for at least 100 Medicare beneficiaries during the threshold snapshot. The threshold snapshot for the 2017 performance year was Sept. 1, 2015, to Aug. 31, 2016. The eligibility criteria will be updated with each performance year.

There is no formal registration process for MIPS. Visit <https://qpp.cms.gov/> to verify your eligibility by entering your National Provider Identifier (NPI) in the MIPS Participation Status tool. Information on your special status classification will also be provided.

Special Status

Question: What is a special status?

Answer: A special status is a group or clinician's operating standard which qualifies them for an adjusted calculation of their final MIPS score as well as slightly different participation requirements. The special status classifications for the 2017 transition year are as follows:

- Non-patient-facing
- Hospital-based
- Small practice
- Rural
- Health Professional Shortage Area (HPSA)

Question: How does a clinician qualify for a special status?

Answer: The Centers for Medicare & Medicaid Services (CMS) uses Medicare Part B claims data to determine whether a clinician will be eligible for a special status classification. A series of calculations are run to indicate whether a clinician's Part B billing qualifies them for special rules under the Quality Payment Program (QPP). The results of these calculations will determine the number of total measures, activities or entire categories that an individual clinician or group must report.

Question: What time period is CMS using to analyze my Part B claims data?

Answer: CMS reviews two time periods because a clinician's status can change throughout the performance period. These periods are as follows:

- Sept. 1 – Aug. 31 of the year prior to the performance year
- Sept. 1 – Aug. 31 overlapping the start of the performance year

Question: What does each of the special status classifications mean?

Answer: The calculations are different for each classification. The table below provides a description for each status.

Q&A: MIPS Special Status and Hardships

Special Status	Description
Non-patient-facing	The clinician has 100 or fewer Medicare Part B patient-facing encounters (including Medicare telehealth services) during the non-patient-facing determination period.
Hospital-based	The clinician furnishes 75 percent or more of his or her covered professional services in the inpatient hospital, on-campus outpatient hospital or emergency room settings (based on place of service codes) during the applicable determination period.
Small practice	The practice that the clinician is billing under has 15 or fewer clinicians.
Rural	Practices in zip codes designated as rural, using the most recent Health Resources and Services Administration (HRSA) Area Health Resource File data.
Health Professional Shortage Area (HPSA)	Practices in areas designated under section 332(a)(1)(A) of the Public Health Service Act.

Question: I am classified as a special status clinician. What does this mean for my MIPS participation requirements and final score?

Answer: The table below shows the effect a special status classification will have on an eligible clinician.

Special Status	Effect on MIPS Participation
Non-patient-facing	Attest that you completed up to two, rather than four, Improvement Activities for a minimum of 90 days. Automatically exempt from the Advancing Care Information (ACI) category. ACI score re-weighted to 0 percent and 25 percent reallocated to Quality category.
Hospital-based	Automatically exempt from the ACI category. The ACI score is re-weighted to 0 percent, and 25 percent is reallocated to the Quality category.
Small practice	Attest that you completed up to two, rather than four, Improvement Activities for a minimum of 90 days.
Rural	Attest that you completed up to two, rather than four, Improvement Activities for a minimum of 90 days.
HPSA	Attest that you completed up to two, rather than four, Improvement Activities for a minimum of 90 days.

Hardship Exemptions

Question: Is CMS offering EHR hardship exemptions for MIPS as they have in the past with the Physician Quality Reporting System (PQRS) and meaningful use?

Answer: Certified electronic health record technology (CEHRT) is required for the ACI performance category. MIPS-eligible clinicians and groups may qualify for a reweighting of their ACI score to 0 percent of the final score if they meet the outlined criteria. A MIPS-eligible clinician or group may submit a QPP Hardship Exception Application for review, citing one of the following reasons:

- Insufficient internet connectivity
- Extreme and uncontrollable circumstances
- Lack of control over the availability of CEHRT

Find details and the application for EHR hardship exemptions on CMS' QPP <https://qpp.cms.gov/mips/advancing-care-information/hardship-exception>

For individualized assistance with your MIPS questions, submit a Request for Support <https://tmf.org/QPP/Request-Help> for no-cost help from a TMF consultant.

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*Source: internal company data 2015-2017



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ACMPE Update

In last month's newsletter, I included 10 sample multiple choice questions from the certification exam. Several members completed the questions and wanted to know more about the process. To those individuals and other potentially interested members in pursuing certification, the following tip sheet offers more insight into the testing process.

Multiple choice exam tip sheet

The American College of Medical Practice Executives (ACMPE) multiple choice exam will assess your knowledge and understanding of a broad scope of group-practice management principles and practices. The multiple choice exam consists of 175 multiple-choice questions drawn from the 6 domains in *The Body of Knowledge for Medical Practice Management, 3rd Edition*. The multiple choice examination questions reflect the knowledge and skills required to address day-to-day situations and occurrences. Though some questions are based on theory, most require practical application. In addition, the questions apply to a variety of group-practice environments, whether small or large, single- or multispecialty, university-based or freestanding facilities.

Examinees have 3 hours and 15 minutes to complete the exam. A passing score is derived by calculating the total number of correct responses in the exam.

Tips for answering multiple choice questions

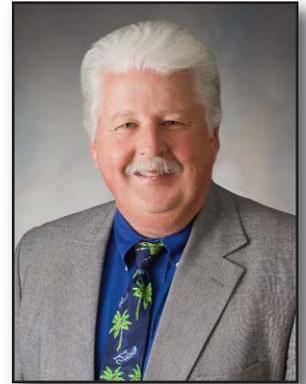
- Answer all of the questions. If you don't know the answer, you have a 25% chance of guessing correctly, and no points are deducted for incorrect answers.
- Rule out at least one option to increase your chances of correctly answering the question. If you rule out one or even two options, you improve your chances of guessing the correct answer to 33% or 50%.
- Skip questions to which you don't know the answer and come back to them later. Other questions on the exam may jog your memory.
- Read all of the choices before selecting your answer.
- Be aware of negatively phrased exam questions using EXCEPT, NOT and LEAST.
- Trust your instincts. Once you have answered a question, don't change your answer unless you are certain that your first choice is wrong. Research shows that most changed answers go from the correct choice to an incorrect one.

Exam preparation

Gain insight: Sign up for the ACMPE Board Certification Network in the Member Community on mgma.org. ACMPE Fellows and Certified Members are available to answer your questions and otherwise support you in your preparation for the exams. You can also use the forum to find other Nominees in your area with whom to study.

Assess your readiness: Use the assessment tools in the Certification Resources Library to find your strengths and weaknesses. Compare these to the emphasis placed on each domain in the exam.

Focus any further study: Pick your weakest domains and focus your efforts there. Search mgma.org for specific articles, resources, tools and educational products to review key concepts, terminology and regulatory issues in a particular domain.



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

ACMPE Update, continued

Domain emphasis in the exam

Financial Management	24%
Human Resource Management	17%
Operations Management	29%
Organizational Governance	7%
Patient-Centered Care	8%
Risk & Compliance Management	15%

Scoring

Scale scores provide a consistent scale of measurement, so that from one test administration to the next, the same scaled score represents the same level of knowledge. MGMA utilizes multiple exam forms and some forms may be more difficult than others. A scaled score ensures comparability in reporting across test forms. A score of 500 is needed to pass the exam on a scale of 200 to 800.

Sample multiple-choice questions

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

Scoring

Scale scores provide a consistent scale of measurement, so that from one test administration to the next, the same scaled score represents the same level of knowledge. MGMA utilizes multiple exam forms and some forms may be more difficult than others. A scaled score ensures comparability in reporting across test forms. A score of 500 is needed to pass the exam on a scale of 200 to 800.

Sample questions

- Which of the following is NOT true of accrual accounting?**
 - An item is expensed when a liability is incurred.
 - Equipment must be totally expensed at time of payment.
 - Separation pay liability based on policy must be expensed.
 - Revenue is reported when earned.
- According to the Fair Labor Standards Act (FLSA), such documents as basic employment and earnings records, wage rate tables and work time schedules for employees must be retained for AT LEAST this length of time:**
 - One year.
 - Two years.
 - Three years.
 - Five years.

ACMPE Update, continued

3. Which of the following factors is important to consider when projecting the demand for a new medical service?
- A. Practice resources consumed.
 - B. Practice operating expense.
 - C. Practice operating revenue.
 - D. Population encounter rates.
4. In planning the implementation of a computer system to replace a long-standing paper system, which of the following would be the LEAST effective tactic for building user and stakeholder buy-in?
- A. User and stakeholder education about the benefits of the new system.
 - B. Reprimands for those who do not participate in implementation of the new system.
 - C. Involvement of key personnel in selection and planning for the new system.
 - D. Development of key personnel to act as resources for other users during the implementation process.

I encourage you to pursue your certification, it is one of the best things you can do to improve your knowledge of your job and enhance your personal resume.

The correct answers to the questions in the newsletter last month are:

1, C, 2, D, 3, B, 4, B, 5, A, 6, D, 7, A, 8, B, 9, A, 10, B.

If you have questions, please feel free to reach out to me at david.a.kelch@gmail.com. I know from my experience, you can make many excuses not to pursue certification and fellowship, take the chance, do it for yourself and make yourself more marketable for potentially other job opportunities.

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

Upcoming Exam Dates

Dec. 2 - 16, 2017

Exam Registration
Oct. 23- Nov. 6, 2017

Mar. 10 - 24, 2018

Exam Registration
Jan. 22- Feb. 8, 2018

June 9 - 23, 2018

Exam Registration
Apr. 23- May 7, 2018

Sept. 8 - 22, 2018

Exam Registration
July 23- Aug. 7, 2018

Dec. 1 - 15, 2018

Exam Registration
Oct. 22- Nov. 6, 2018



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Manage Denials to Increase Practice Cash Flow

Revenue cycle management is a fifty-cent phrase for making sure your medical practice is paid for the care it provides. One obstacle to getting paid is claim denials. Practices can and must eliminate all denials resulting from practice error in the claims process.

The first step in the process is to measure the practice's baseline denial rate, and then determine and categorize the reason for each denial. Simply put, you need to track the number of claims submitted and the number denied.

You can further monitor this by:

- **Location**
- **Type of service**
- **Payer**

But if you are not presently doing denial management tracking, start with the global percentage. Set up denial reason codes in your practice management system that describe specifically the reason for the denial, which you can then roll up into broader categories. For example, wrong insurance, incorrect date of birth, and wrong subscriber are all demographic registration errors.

Coding denials might be broken down into incorrect modifier use, wrong CPT code, a diagnosis code that doesn't support medical necessity and submitting bundled codes. Look at the number of errors in each broad category. If you are posting payments manually, instead of with electronic remittance, you will need to post the denials manually. When a denial is received, post it in the system with a \$0 payment and assign the correct reason code. Calculate the baseline for the number and percentage of claims denied in each broad category such as registration, verification, missing referral or authorization, coding, medical necessity, filing limit, incorrect or missing NPI.

Why assess the baseline denial rate?

The purpose of assessing the baseline denial rate is not assign blame "off with her head" style, but to focus the practice's efforts on improvement. Let's say the practice found claims denied as being past the filing limit. A group should have no tolerance for this type of error, but mandates don't always bring results. Track a sampling of these to determine the cause. Possible causes might be in registration, in unworked suspended claims, in failing to understand Medicare Secondary Payer (MSP) rules or from other coordination of benefit problems.

Methodically, trace back the steps that resulted in denial. What work processes can be changed and what safeguards implemented to prevent recurrence? This might be education about MSP rules, a follow up system to review suspended claims or a review of all claims by payer 45 days before the filing limit.

What if there were denials due to coding errors? An example might be if an Evaluation and Management modifier was incorrectly left off the E/M service and appended to the procedure. When the denial is received, post it with a zero dollar payment with the reason code "modifier error." Modifier error is one example of a coding denial. Review the practice's current systems for assigning modifiers and for claims editing prior to submission. Rather than simply correct and resubmit, review the systems and identify steps that can be taken to prevent this type of denial in the future.

For each type of denial, a small working group can investigate causes and recommend process improvements. If you are a small medical practice, the Office Manager needs to meet with the billing staff to review reasons for denials and discussion solutions to eliminate. Each month, continue to track the denial rate and volume by type.

What kind of improvements have some medical practices used?

- **Full registration at check in**
- **Batch verification of eligibility and benefits**
- **Coding education**
- **Supervisory review of clearinghouse reports and A/R reports**
- **Cross training between the front and back office**
- **Publishing and promoting successful results**

A colleague of mine jokingly said to me, "Denials will always be with us." It is true that some payer denials cannot be prevented and are out of our control. But before we raise the white flag, let's do all in our power to eliminate preventable denials, one major obstacle on the road to payment.

- Reed Tinsley, CPA

Reed Tinsley, CPA a Houston-based CPA, Certified Valuation Analyst, and Certified Healthcare Business Consultant. He works closely with physicians, medical groups, and other healthcare entities with managed care contracting issues, operational & financial management, strategic planning, and growth strategies. His entire practice is concentrated in the health care industry. Mr. Tinsley may be reached by phone at 281-379-5988 or by e-mail at reedt@rtacpa.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 October 2017

194	Active Members	4	Faculty/Student Members
38	Business Partner Members	29	Life Members
5	Associate Members		

Total Membership - 270

Active Member

Ashley Brown
Little Flower Family Medicine
O'Fallon

Kurt Ebers
Hannibal Regional Medical Group
Hannibal

Sarah Crichton
DeSpain Cayce Dermatology Center & Medical Spa
Columbia

Free Member Webinars

OCTOBER WEBINAR

How to Successfully Recruit Physicians in Your Medical Group by Bill Clayton
October 18th, 12:00-1:00pm

NOVEMBER WEBINAR

MACRA: Tactical Value-Based Considerations by Adele Allison
November 14th, 12:00-1:00pm

DECEMBER WEBINAR

Getting Ready for 2018: Reimbursement Landscape for Medical Practices by Elizabeth Woodcock
December 12th, 12:00-1:00pm

Please visit the 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.