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COMMUNIQUE

Dec/Jan
2017/2018

Letter from the President

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

In November, just before Veterans Day, I had the opportunity to attend the start of a journey of events over the next year of one of Missouri's seven local MGMA affiliate chapters. MGMA of Southeast Missouri chose to use their Education Day to demonstrate "A Commitment to Our Community". I was excited about attending as John O'Leary, from my home base of St. Louis, was the keynote speaker. I had heard his story over the years, but had never had an opportunity to hear him speak in person. For those who might not know his story, at age nine, a fire exploded, and he was burned over 100% of his body. Despite being given a one-percent chance to live, he survived due to a community of people who came together to save, restore & push him to live. John now spends his life igniting sparks in people around the world to lead fuller, more significant lives.

John was very inspiring and a wonderful start to the day's program. Start each day asking yourself "Why me?" not as a "victim" but as a "victor". What are you grateful for? Commit to practicing "gratitude" throughout your day. Inspire others to become the best version of themselves. And at the end of the day ask yourself "What More Can I Do?" There was a panel discussion with local leaders (including both major Health Systems in Cape Girardeau) as well as a salute to the community's Veterans with an introduction to Operation Civilian Support, assisting soon to be Veterans re-enter civilian life. The local leaders discussed what an extraordinary community looks like to each of them, why do each of their organizations matter for the greater good and what is their individual commitment to the community. At the end of the day, everyone in attendance was asked to complete and turn in a "commitment card". Each quarter there will be an event centered around the three critical elements needed for an organization, company or community to thrive: Purpose, People-Centric and Innovation. This time next year will be an event to celebrate the kept commitments and what is possible when committing yourself to a worthy cause.

MGMA, MGMA Missouri and our seven local affiliate chapters are committed to assisting and supporting each other, our members and business partners/sponsors to be the best they may be through education, networking

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Letter from the President

and advocacy. This in turn will assist us as Practice Managers, Physicians and Staff be the best versions of ourselves for the greater good of our patients as well as our communities.

"You can't always choose the path you walk in life, but you can always choose the manner in which you walk" – John O'Leary

Wishing everyone a wonderful and safe holiday season and a prosperous new Year!

Sharon E. Sagarra, MBA, FACMPE
President, MGMA-Missouri
sharon.sagarra@gmail.com

Table of Contents

2018 MGMA-MO Membership Renewals

2018 membership renewals have been emailed to all members. We consider your membership to be an investment in yourself and your practice and we hope you will continue to enjoy the many benefits that you membership brings!

LIFE MEMBER
JEAN HANSEN, FACMPE

Congratulations to our newest Life Member, Jean Hansen, FACMPE. Jean was a medical practice executive for several years before joining Datafile Technologies as their Chief Operating Officer. Jean is a MGMA-Missouri past president and is a frequent presenter at our Spring conference.

Please join us in congratulating Jean on her Life Membership!

MGMA-MO 2018 Spring Conference

Piecing together the Healthcare Puzzle:

1 + 2 + 3 +4 + 5 + 6 + 7 + 8 + 9 = 45!

Does it All Add Up, or Are We Forgetting Something?

It wasn't too many years ago that my wife's grandfather, Woodrow Still, lived with us. While it's a long story how that came about, he had some dementia that was rather quickly diagnosed as Alzheimer's disease. My wife, Debbie, functioned as Grandpa Still's primary care-giver. She made sure his clothes were laundered, he ate his meals, he took his medicine, etc. As Debbie and I learned more about the disease process, one thing we were taught was that an Alzheimer's patient typically turns aggressive towards one person, and there is no rhyme or reason how that person is chosen. Grandpa Still chose to be aggressive towards Debbie. It was difficult for both of us as well as the rest of the family. His aggression got to the point that our coping mechanism was to justify that it wasn't Grandpa Still being aggressive, rather it was the disease.

While all of this was going on, Debbie began to be a bit concerned about either she or me having Alzheimer's or other memory problems in the future. She read somewhere that working different kinds of puzzles could help delay different types of dementia. So, she started working Sudoku puzzles. Let me try to give you a very quick description of Sudoku, in case you're not familiar with these puzzles. You have a square divided into 9 smaller squares on paper. Inside each of those nine squares are yet 9 more squares, in which you must use the numerals 1-9. The tricky part is that each row must have the numerals 1-9 in it as well as each column. No numeral can be duplicated in a square, in a row, or in a column. Also, if you add the numerals in each column, or each row, or each square, they add up to 45. (Google it – you'll find lots of puzzles!) Lo and behold, Debbie got me hooked on Sudoku. Some puzzles can be very challenging!

As I reflect on this, I'm reminded of how we, as medical group managers, must not forget any part of our business. Currently many practices are focusing on year end. My practice requires a myriad of different types of financial reports, all of which require an intense review of certain parts of the general ledger. That general ledger review will also be valuable in computing any year-end bonuses as well as determining if everything was coded properly for the providers income. I'm not even going to think about next year's budget right now, as it should have been completed several weeks ago.

The idea of bonuses should lead us to increase our focus on human resource management. Year-end may be the right time to change staffing strategy. It may be time to hire for a current position or create a new position. Or maybe it's time to reduce staff – a task that I very much dislike, but one that sometimes must be done. December is also renewal time for many employer-provided health insurance plans. I don't think this can be classified as strictly HR or strictly financial, rather overlaps into at least those two bodies of knowledge. The end of the year is also a good time to confirm all the staff members received any review due, as well as annual HIPAA and OSHA training.

Now that the topics of HIPAA and OSHA are on the table, what other risk management issues might we have forgotten? Thinking ahead into January, we will have to complete the OSHA 300 form. Many practices have professional liability insurance that renews on January 1 of each year. Another thing on my mind is that the fire department hasn't shown up yet this year for their annual inspection: are all exit lights working, are all fire exits and all breaker panels accessible? Are the fire extinguishers inspected and tagged properly? Beyond fire safety lies the task of reviewing hazardous waste protocols, MSDS sheets, power cords, etc. So many details!

When considering human resource items, I mentioned staffing changes. In some ways that makes me think of operations management and patient-centered care. We need to have the right staff in the right place at the right time for the patient experience to be as positive as possible. Our rooms must be clean, lights and equipment working properly, and we need to be certain we have all the supplies needed for any office visit or procedure.

While my 6-year-old grandson considers me old, I don't. Yet I'm finding I forget more than I used to. I

MGMA-MO 2018 Spring Conference

Piecing together the Healthcare Puzzle:

1 + 2 + 3 +4 + 5 + 6 + 7 + 8 + 9 = 45!

Does it All Add Up, or Are We Forgetting Something?

can't say I really have a fear of developing dementia or Alzheimer's. I can say what does concern me is something major falling through the cracks. Practice managers and administrators, billing managers, directors, etc. have many responsibilities. And many times, one is just as important as any of the others. I use a combination of primarily to-do lists, calendar reminders, and sticky notes to keep from forgetting. Potentially, another way to remember, at least the big picture, is the MGMA bodies of knowledge: mastering operations management + financial management + HR management + risk and compliance management + organizational governance + patient-centered care = SUCCESS! Just like 1 + 2 + 3 +4 + 5 + 6 + 7 + 8 + 9 = 45! In the words of Peter F. Drucker, "What's measured improves!"

I look forward to seeing you all May 6-8, 2018 at Tan-Tar-A resort, where we will all work on the hardest puzzle of all: Piecing Together the Healthcare Puzzle!

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

Organizational Memberships in MGMA-MO

For 2018, MGMA Missouri is offering a new type of membership for Healthcare Organizations. Active Membership fee for up to an unlimited number of members from the organization up to a maximum fee of $2,500. There must be at least 15 individual members to qualify and membership is based on the Calendar Year (January – December). There would be one application to attach a spreadsheet of individual members for loading by the MGMA Missouri Executive Director.

Each member from the organization will be afforded the same benefits and rights as a current individual Active Membership. The annual spring conference fee would be an additional cost. Please contact one of the Board Members and/or Rebekah Francis for more information.

2018 Medicare Reimbursement: Final Rule

Just hours within the release of the Final Rule concerning the 2018 revisions to the Quality Payment Program (QPP) on November 2, the Centers for Medicare & Medicaid Services (CMS) published the ruling that governs the Medicare Physician Fee Schedule (PFS) for the coming year. Although overshadowed by the QPP announcement on the same day, the Medicare PFS Final Rule's impact on physician reimbursement is arguably the more far-reaching of the two announcements. Let's break down the highlights of CMS' ruling.

First, the Medicare Access to Care and CHIP Reauthorization Act (MACRA) promised a 0.50% bump in reimbursement. While CMS granted that increase, its efforts to remain under a Congressionally-imposed target for the recapture of misvalued service codes, as well as to offset spending for new services, effectively whittled away a good portion of that amount. In the end, the PFS conversion factor for 2018 is $35.99, compared to 2017's $35.89.

Impacts on Specialties

As usual, there are winners and losers. Based on CMS' assessment of reimbursement changes included in the Final Rule, Allergy, Anesthesiology, Pathology, Urology, Otolaryngology, Oral/Maxillofacial Surgery, and Vascular Surgery will experience declines of 1% to 3%, while Cardiology, Dermatology, Infectious Disease, Radiation Oncology, Rheumatology, Podiatry, Psychiatry, and Plastic Surgery are projected to gain. The boost in reimbursement for these physician specialties, however, is projected to be only 1%.

Related to individual services, Primary Care performing behavioral health is a victor, with a payment increase resulting from an assessment of related office expenses. The set of care management codes introduced in 2017 – such as G0502 – migrate to permanent status by requiring the use of a CPT code. Primary Care Practitioners will also benefit from new prolonged services codes, G0513 and G0514. These new codes should be used when a clinician provides a prolonged (30-plus minutes) Medicare-covered preventive service.

Rural Health Clinics (RHCs) and Federally Qualified Health Centers (FQHCs) will reap the benefit of new codes for chronic care management, behavioral health, and psychiatric collaborative care, created exclusively for their use. The payment will be in addition to the standard RHC/FQHC visit rate, a huge opportunity for these so-designated community health centers.


Elizabeth Woodcock

The Medicare Diabetes Prevention Program (MDPP) expanded model moves into permanent payment status as of 2018. Anesthesiologists will use new codes for anesthesia services "furnished in conjunction with and in support of gastrointestinal endoscopic procedures," which CMS values in the Final Rule. Emergency Medicine will reap the benefits of a similar assessment of its codes (99281-99385), but not until 2019.

VBPM Penalties Modified

Perhaps the biggest beneficiaries of the PFS Final Rule, however, are the physicians who were slated to be penalized via the Value-based Payment Modifier program. Except for those who had opted out of Medicare, all US-based health care professionals "participated" in the VBPM program, which piggybacked on the Physician Quality Reporting System (PQRS). For those who did not report for PQRS, penalties for practices of 10 or more eligible clinicians were scheduled to be 4%, with smaller practices faced with a 2% reduction. In the Final Rule, these automatic downward adjustments — that were being imposed in addition to the PQRS penalty of 2% — were changed to 2% and 1%, respectively. Even if the program determined you were "high" cost or "low" quality, all clinicians participating in reporting are being held harmless in 2018. In addition to reducing the penalties, the negative information won't be reported to the public via Physician Compare. On the flip side, the maximum upward adjustments for high-quality, low-cost physicians were sliced to half of what CMS originally proposed.

Off-Campus Hospital Practices

Hospitals operating off-campus clinics get some especially dismal news in the Final Rule: a 20% decrease in reimbursement. Expect more cuts next year, as CMS espouses: "[W]e continue to believe the pay-

ment policy … should ultimately equalize payment rates between nonexcepted off-campus PBDs [provider-based departments] and physician offices to the greatest extent possible…." This decrease affects off-campus PBDs billing under the relatively new place of service (POS) code 19. Private practices have welcomed this policy change, as rates have been much higher in hospital-based clinics. This payment variance, according to many industry observers, is a key reason that hospitals have purchased physician practices. With this effort to ensure rate parity, the volume of acquisitions could possibly decline. This 20% decrease will not impact on-campus clinics, billed under POS 22.

Telehealth and Mobile Health

For nearly a decade, CMS has added CPT codes to the list of services that are covered for Medicare when provided via telehealth. This year is no different with the following codes now being reimbursed:

G0296 (Visit to determine low-dose computed tomography eligibility);
90785 (Interactive Complexity);
96160 and 96161 (Health Risk Assessment);
G0506 (Care Planning for Chronic Care Management); and
90839 and 90840 (Psychotherapy for Crisis).

Furthermore, CMS is eliminating the need to use the GT modifier for telehealth services, which was considered a duplicate effort as a result of the designated telehealth POS code, 02. This special POS code, which was introduced in 2017, will still be required.

Mobile health gets a huge boost from this Final Rule with CMS pledging to pay separately for CPT 99091.* Historically considered bundled, this code, which incorporates "remote patient monitoring," is now valued at 1.1 work relative value units. CMS' policies for its use are: (1) the patient must be informed in writing, and the consent be documented in the patient's record; (2) a face-to-face service must be provided to the patient within the previous year, at which time the remote monitoring is initiated; and (3) the service can only be billed once in a 30-day period.

Additional Impacts

Still unknown is the Final Rule's impact on Oncology, Rheumatology and other specialties using biologics because CMS says it intends "to provide for the separate coding and payment for products approved under each individual abbreviated application, rather than grouping all biosimilars with a common reference product into codes."

Those who provide advanced imaging services learn in the Final Rule that the Medicare Appropriate Use Criteria (AUC) Program for Advanced Diagnostic Imaging will begin with "educational and operations testing" in 2020. CMS provides a 24-month period for physicians to focus on the Quality Payment Program (QPP) until the AUC Program is launched.

CMS also provides a peak into comments based on its request to assess the evaluation and management (E/M) coding guidelines by referring to the differences between the 1995 and 1997 guidelines, as well as the impact of electronic health records, as among the several challenges that providers confront in appropriately using the set of codes. CMS will continue to accept comments; however, the agency also announced: "We are immediately focused on revision of the current E/M guidelines in order to reduce unnecessary administrative burden." This statement indicates future changes, which will affect the vast majority of physicians and advanced practice providers.

All in all, 2018 will be another tumultuous year, yet this fact should come as no surprise in an ever-changing and challenging reimbursement environment.

*99091 is the collection and interpretation of physiologic data (e.g., ECG, blood pressure, glucose monitoring) digitally stored and/or transmitted by the patient and/or caregiver to the physician or other qualified health care professional, qualified by education, training, licensure/regulation (when applicable) requiring a minimum of 30 minutes of time.

Elizabeth Woodcock, MBA, CPC, FACMPE
www.elizabethwoodcock.com

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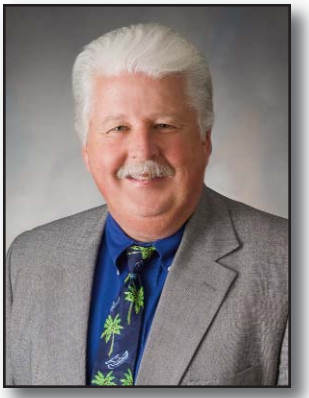
ACMPE Update



David A. Kelch, MBA, FACMPE

Program update: ACMPE board certification and Fellowship

With the holiday season upon us, I wanted to once again impress upon our MGMA-MO members the importance of beginning your pursuit of either board certification or Fellowship.

MGMA is very proud of and has focused much of its energy to ensure that the ACMPE board certification and Fellowship programs are recognized throughout our industry as the premier accreditation programs for both current and future medical practice leaders, there are new program enhancements for both board certification and Fellowship that are due to take effect on Jan. 1, 2019.

These updates were recently unveiled by Lee Ann Webster, Chair of the ACMPE Certification Commission, at the ACMPE reception held during the 2017 MGMA Annual Conference on Oct. 9, 2017 in Anaheim, California. For those that could not attend, I wanted to make you aware of these enhancements by highlighting some of the major changes for each of these programs.

2019 board certification enhancements:

Board eligible classification: Introduction of the board eligible classification for board certification in 2019 which will allow candidates to enter the program even though they may not yet meet the education and experience requirements. To achieve board eligibility, candidates must show an understanding and knowledge of the principles of medical practice administration by passing the multiple-choice exam. Board certification will be achieved when candidates pass the scenario-based exam, complete the required 50 continuing education credit hours and attain their Bachelor's degree or 120 college credit hours and two years of healthcare experience.

Continuing education requirements: Beginning in 2019, the education requirement of 50 hours of continuing education includes 30 hours from MGMA state and national learning, including at least 12 face-to-face hours. The remaining 20 hours may come from either MGMA or qualified outside sources. This will apply to the 50 hours required every three years.

Certification deadline: Candidates who enter the board certification program in 2019 will now have to complete their exams and 50 hours of continuing education within three years of their application date.
2019 Fellowship enhancements:

Education and experience eligibility: Starting in 2019, to participate in the Fellowship program, candidates must either have a Bachelor's degree AND seven years of healthcare experience, OR a Master's degree AND five years of healthcare experience. At least two years of this experience must be in a leadership role.

Volunteer hours: To showcase a commitment to their industry, Fellows will be required to complete six volunteer hours beginning in 2019. These hours must include three hours from healthcare related opportunities and three hours from community service.

Business plan proposals: Our Fellows are thought leaders within healthcare organizations and must be able to demonstrate the ability to execute on dynamic solutions to business problems. In that spirit, we will be phasing out the professional paper submission and moving towards the submission of innovative business plan proposals. We believe this move will better support our Fellows to concretely demonstrate practical skills to current and potential employers.

ACMPE Update, continued

Fellowship deadline: Candidates who enter the Fellowship program in 2019 will now have two years from their application date to complete their Fellowship requirements.

The role of board certification and Fellowship has always been to distinguish skilled leaders who can solve healthcare's most pressing business challenges, which is why the Commission firmly believes these new changes will create stronger recognition and demand for our designations in the industry.

As these changes will be implemented over the next year, I look forward to offering my support to help you complete either board certification or Fellowship.

If you have any questions at all, please feel free to call me or email me with your question. If I don't know the answer, we will find out an answer to your question together. Have a great holiday season, and add certification to your goals for the upcoming New Year.

- David A. Kelch, MBA, FACMPE
MGMA-MO ACMPE Forum Representative
david.a.kelch@gmail.com

ACMPE Credit Hours
JUST SO YOU KNOW!

Many times members believe that they must accumulate the 50 hours of continuing education at MGMA sponsored events only. While the percentage of hours to be earned to maintain your certification or Fellowship status will be defined in 2019, there are still many other opportunities to earn continuing education hours.

Activities that are eligible for credit hours

ACMPE accepts credit hours for programs that have relevant content directed toward improving your competence and knowledge development in medical practice management. Refer to The Body of Knowledge for relevant topics.

ACMPE recognizes that numerous professional activities require significant time and commitment, and that those activities contribute to your growth and management effectiveness. However, to have an assignment system that is open but subject to identifiable boundaries, ACMPE accepts credit hours only for the following types of continuing education programs and activities:

- Education programs sponsored by MGMA and any of its constituent bodies, including MGMA state and local affiliates (hour-for-hour credit)
- Education programs sponsored by other recognized professional associations and organizations (hour-for-hour credit)
- College and university coursework (variable credit hours)
- Books, articles and online course content published under your name, with partial credit granted for chapter authorship and co-authorship (five to 50 credit hours)

ACMPE Update, continued

- Editorship of published books (50 credit hours)

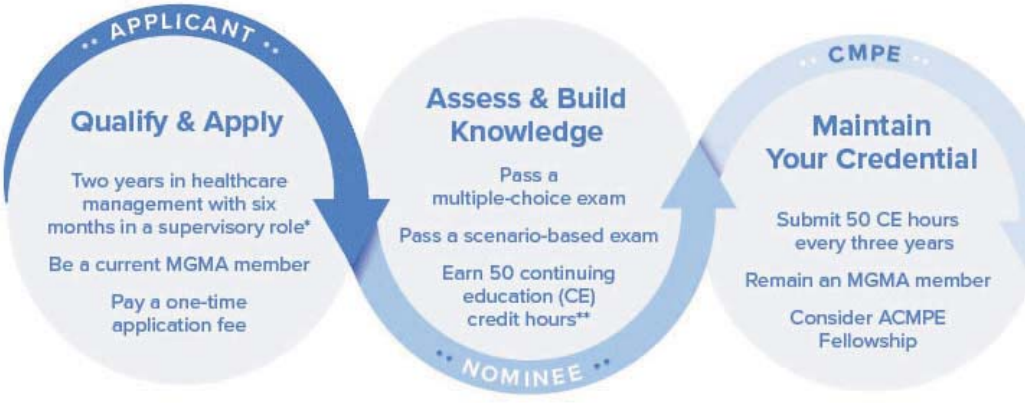
- Formal oral presentations that are at least 30 minutes long (The first time you give a presentation, you will receive two hours of credit for each presentation hour. For each additional time you give the same presentation, you will receive hour-for-hour credit. Whenever you give a presentation with another speaker or as a panel participant, you will receive credit for the exact time of your portion of the presentation, as long as it is at least 30 minutes.)

- Assessments taken in conjunction with published materials, including professional journals, books or stand-alone assessment products (Credit will be granted only for the amount of time required to complete the assessment. Time spent reading associated material is not eligible for credit. Types of assessments eligible for credit include multiple choice questions, short answer, essay and other standard assessment formats.)

- Poster presentations at conferences and meetings, allotted for only the number of clock hours that the authors are scheduled to staff their poster, according to the conference brochure (Credit hours will not be accrued for times during which the author is not present with the poster. The first time you give a poster session, you will receive two hours of credit for each presentation hour.)

- Distance-learning activities (e.g., audio conferences, self-study, Internet courses) in which a separation of place and/or time between the instructor and learner exists. To qualify for ACMPE credit, distance-learning activities must meet the following criteria:
  - The program must offer an opportunity for interaction and feedback for the learner (for instance, learning exercises, self-assessment, discussion guides, access to an instructor for questions).
  - It is not necessary to submit documentation. Staff monitors entries through random audits, so it is important that you retain copies of your continuing education documentation during the three-year period.
  - Documentation must be provided regarding the amount of continuing education credit to be awarded for the program based on a pilot study that provides evidence of the estimated time to complete the program.
  - The activity must be conducted within the context of a structured learning experience (variable credit hours).

Credit hours are not assigned to program activities such as informal discussion sessions, opening and closing remarks, business meetings, board/committee meetings or attendance at in-house meetings such as orientation sessions at an institution for its employees.



*Starting January 1, 2019, a bachelor's degree or 120 college credit hours will be required.

**CE credit can be earned 30 days prior to program acceptance, during exam preparation and after passing the exams.

December 2017 MGMA Legislative Report

Missouri state issues

MISSOURI ENROLLMENT IN AFFORDABLE CARE ACT HEALTH PLANS

In the first four weeks of this year's enrollment season, 78,676 Missourians enrolled in an Obamacare plan, according to numbers released Wednesday by the Centers for Medicare and Medicaid Services. That's about 17,000 more people than were signed up during the same period last year. The 2018 enrollment season ends Dec. 15. Two factors seem to be effecting enrollment: a shorter enrollment period and larger subsidies that result in less expensive plans for many.

CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) REMAINS UNFUNDED

While Congress continues to debate tax reform, a number of federal programs that effect health care in Missouri remain unfunded, including the CHIP program. While the CHIP program generally enjoys broad bi-partisan support, an important September 30th deadline has already passed, while Congress has been debating both the repeal of the Affordable Care Act and Tax Reform.

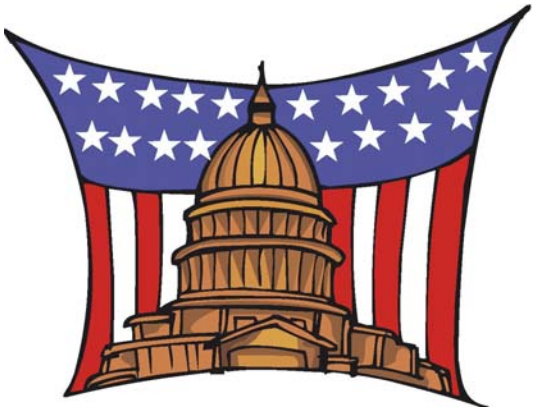
Federal issues

PRESIDENT NOMINATES FORMER DEPARTMENT OFFICIAL FOR HHS SECRETARY

President Trump has selected Alex Azar to lead the Department of Health and Human Services (HHS). Azar previously served as HHS deputy secretary and chief counsel during the George W. Bush administration and then as president of the pharmaceutical company Lilly USA. Azar's nomination must be approved by the Senate. If confirmed, Azar would succeed former HHS Secretary Tom Price, who resigned in Sept. Eric Hargan, who previously served as HHS deputy general counsel, has been serving as acting secretary.

HOUSE PASSES REPEAL OF IPAB

Recently, the House of Representatives passed a bipartisan bill, the Protecting Seniors' Access to Medicare Act (H.R. 849), to repeal the Independent Payment Advisory Board (IPAB) by a vote of 307–111.



The IPAB is a cost containment tool created under the Affordable Care Act to convene if Medicare spending exceeds a particular limit. The board has draconian power to make changes to Medicare spending, leaving little-to-no room for recourse if IPAB-mandated payment cuts are triggered.

The fight to eliminate the IPAB is not yet over. The companion bill (S.260) to H.R. 849 now moves to the Senate; if it is successful there, it will advance to the President for his signature.

MIPS UPDATE

On Nov. 16, 2017, the Centers for Medicare & Medicaid Services (CMS) published in the Federal Register a final rule changing the Merit-based Incentive Payment System (MIPS) and alternative payment model (APM) participation options and requirements for 2018. In this final rule CMS enacted most of the items that had been included in the proposed rule released earlier this year, but also added a few new changes. Items in the rule included:

• *PAYMENT CUT*: To avoid a future MIPS payment cut, group practices and eligible clinicians (ECs) must earn a minimum of 15 points, which is an increase from 3 points in 2017.

• *LOW-VOLUME THRESHOLD*: For the 2018 performance period, CMS will exclude ECs and groups that bill $90,000 or less in Medicare Part B charges or see 200 or fewer Medicare beneficiaries. This is an increase from the 2017 threshold of $30,000 or less in Medicare Part B charges or 100 or fewer Medicare beneficiaries. The agency projects about 35% of Medicare clinicians will fall below this threshold and therefore be excluded from MIPS.

December 2017 MGMA Legislative Report, continued

• *COST MEASURES WILL BE COUNTED AS 10% OF A GROUP'S OR CLINICIAN'S 2018 MIPS FINAL SCORE*: CMS will calculate cost scores using data on two measures that were included in the Value-Based Payment Modifier: (1) total cost of care for attributed beneficiaries and (2) Medicare Spending per Beneficiary, which tallies Medicare Parts A and B payments from three days prior through 30 days after an inpatient hospitalization. ECs and group practices that have a sufficient number of beneficiaries and hospitalizations attributed to them will be compared to national benchmarks based on the 2018 performance period. As a result, the cost benchmarks will not be released by the agency in advance. CMS will calculate year-over-year improvement in cost scores from 2017 and allot up to one point for improvement, but in a nod to the complexity of this program, the agency will use a different methodology than the one used to measure quality improvement.

• REDUCED EHR REQUIREMENTS: CMS will continue the 2017 requirement that ECs and groups using 2014 Edition CEHRT report the four transition base measures (i.e., security risk analysis, electronic access, e-prescribing and health information exchange) to automatically receive 50% of their total ACI score. ECs using 2015 Edition CEHRT are required to report one additional health information exchange measure. Those unable to meet all the base score measures will get an ACI score of zero.

• ADVANCED PAYMENT MODELS: CMS anticipates the number of QPs in Advanced APMs will double from 2017 to 2018 given the new MSSP Track 1+ and reopening of applications for the Next Generation and CPC+ programs. However, CMS finalized no additional Advanced APMs.

- Mathew Rigdon
MGMA-MO Legislative Liaison
mrigdon@capesurgicalclinic.com

Mark Your Calendars

2018 Free Member Webinars

Tuesday, January 9th
Tuesday, February 13th
Tuesday, March 13th
Tuesday, April 10th
Wednesday, May 8th
Tuesday, June 12th
Tuesday, July 10th
Tuesday, August 14th
Tuesday, September 11th
Tuesday, November 13th
Tuesday, December 11th

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. For more information please contact the MGMA-MO office via email at info@mgma-mo.org.

Scholarship Applications are due March 30, 2018

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 December 2017

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

Total Membership - 368

Active Member

Tracy Bird
Medical Practice Advisors
Spring Hill, KS

Cathie Borden
Kansas City

Janet Cox
Midwest Orthopedic Specialists
Hannibal

Karen White
Missouri Highlands Health Care
Ellington

Associate Member

Stephen Foutes
Missouri State Medical Association
Jefferson City

Business Partner Member

Jennifer Offutt
MedPro Group
Jennifer.Offutt@med-pro.com

A special welcome to our new Organizational Member CoxHealth and to our new CoxHealth members:

Kim Allen
Jessica Andrews
Josh Ang
Josh Bade
Teresa Barcus
Michelle Bekemeier
Laura Bingham
Brittany Blair
Leanda Bollinger
Austin Boyland
Glenda Brandon
Mary Braun
Priscilla Bravo-Boudon
Suzann Brewer
Julia Brunner
Michelle Buchman
Max Buetow
Trish Callahan
Michelle Clark
Ashlee Clifton
Sara Collyott
Roslyn Condon
Austin Corder
Stacey Cottrell
Elizabeth Coverdell
Stacy Cox
Samuel Dameron
Tiffany Deepe
Betty Douglass
Terri Elkins
Andrea Elliott
Mindy Essick
Ginger Fisher
Katrina Flood
Sue Foster
Karen Fox
Michelle Freeman
Tira Gagnepain
Jana Garde
Lisa Gideon
Amanda Goins
Joni Graves
Robin Grothoff
Terry Hammer
Ellen Hammock
Heather Hampton
Trina Hargis
Michelle Harris
Dennis Henson
Diane Irby
Ken Jennings
Michelle Johnson
Jill Johnson
Anita Jones
Jessica Josephsen
Craig Kelly
Chad Kuhlmann
Robert Latta
Audra Lesly
Vicki Lynas
Chris Maggard
Tess Marquez
Sherry Martin
Joel McCrary
Laura McElroy
Jordan Mckay
Stacey Minnich
Lori Mitchell
Ben Morris
Tresa Moyle
Jackie Muenks
Laura Nation
Bridget O'Hara
Barb Paul
Lisa Pennetta
Angie Randall
Amanda Rash
Shane Reichert
Rhonda Robinson
Brandi Saxton
Amanda Schudy
Sunny Scrivener
Brock Shamel
Stacy Shireman
Misty Smith
Courtney Stamper
Brett Stiles
Heather Swearengin
Cheryl Todd
Nita Webb
Sandy Whitney
Bryan Williams
Tracy Williams
Wendy Williams
Lisa Wormington
Shannon Wright
Ellen Young