



# COMMUNIQUE

December 2019/January 2020



Can you believe Christmas is less than three weeks away? I feel as if the entire year has gone by way too fast. It was just summer and now here we are finishing up Thanksgiving with our families and preparing for Christmas.

I am proud to say I have finished my Christmas shopping but need to get to wrapping. Wrapping presents is my least favorite thing to do but it has to be done. I always look forward to this time of year because I get to see the magic of the holidays through the eyes of my two girls. It always reminds me to slow down and really enjoy this time with them. Although there is always so much to do at the office, I know I will never get this time back with my kids and family.

December is a great time to reflect on the year. Did I accomplish everything I wanted to accomplish this year? What did I learn that I would do again and maybe some things I would not do again? I was lucky to get to travel both for work and for fun in 2019! My family drove what seemed like a million miles to Destin, FL over the summer and we enjoyed a fun week at the beach. In October I got to experience MGMA National conference in New Orleans. It is always so great to attend a conference. It reenergizes me, so when I get back to work, I can really focus on what I need to get done and make some changes with what I learned.

I encourage everyone to mark their calendars for our spring conference in Branson. It will be a great time to reenergize, meet some new friends, and learn something new. Also, don't forget about our webinar being held December 10<sup>th</sup> on Reimbursement and Coding Changes for 2020. This will be one you don't want to miss. Kim Huey will discuss the CPT code update for 2020, ICD 10 code update for 2020, the fraud and abuse outlook and CMS changes to E&M coding and payments.

One last thing, make sure you renew your membership with Missouri MGMA. We look forward to offering you all great education next year and don't want you to miss out on any of it. I wish you all a very Merry Christmas and a blessed New Year!

Ashley Petty  
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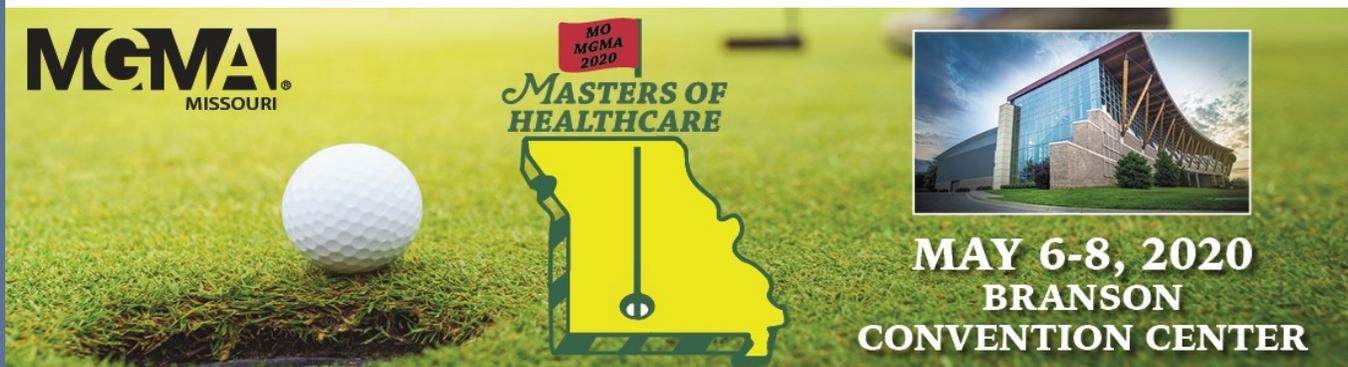
## ***MASTERS OF HEALTHCARE***

It's Thanksgiving week as I write this article and as I reflect on the challenges that each of us face professionally in this ever changing and challenging environment of healthcare, I'm particularly thankful for an organization like MGMA that I can lean on to get the expertise I need to be the best leader I can be. The best opportunity of the year for me to become an even better and more effective leader is just around the corner in May. That opportunity is of course the annual MO MGMA conference in Branson! We have quite a lineup of relevant and timely topics and dynamic speakers that will help us to become better healthcare leaders and I hope you and your colleagues will plan to join us!

As you enter into or near the completion of your annual budget planning, I hope you will consider the greatest investment you'll likely make all year and that is in yourself and other up and coming leaders in your practice. The best healthcare leaders are committed to lifelong learning and always strive to surround themselves with the best influencers they can. After all, iron sharpens iron. What a great opportunity to continue or even begin your succession planning, as a good leader should, to point your up and coming leader(s) in the right direction in terms of where they can have access to the best networking, mentoring opportunities, data and advocacy...and of course that is MO MGMA. The sessions will be informative and will cover a wide variety of topics that will serve each one of us as healthcare leaders very well. The committee worked hard to first identify what the most relevant topics of the day are in healthcare and then to identify the best speakers for those sessions. But don't forget about the powerful relationships and contacts we make each year at this conference. I know I've called on several individuals throughout the years to learn how they handle certain situations in their practice and those contacts have made a real difference to me and they will for you too. We all know what a challenging sale it is to make at times like these when the reimbursement crunch is getting the best of all of us. However, there has never been a more important time to be at the top of our game to make sure you and your practice stay relevant and in a good operating position. Consider bringing a key provider or two with you to the conference so that they also can learn and can see the benefits of the conference and the MO MGMA membership.

This is the premier medical group conference in 2020! You won't want to miss it. I hope you will plan to join us and bring a couple colleagues with you! If there is a barrier that stands between you and this conference, I hope you will reach out to me so that I can do my best to remove any barrier for you possible. My email address is [kadkins@gvmh.org](mailto:kadkins@gvmh.org). Please join me in becoming an even better Master of Healthcare!

Kyle Adkins, CMPE  
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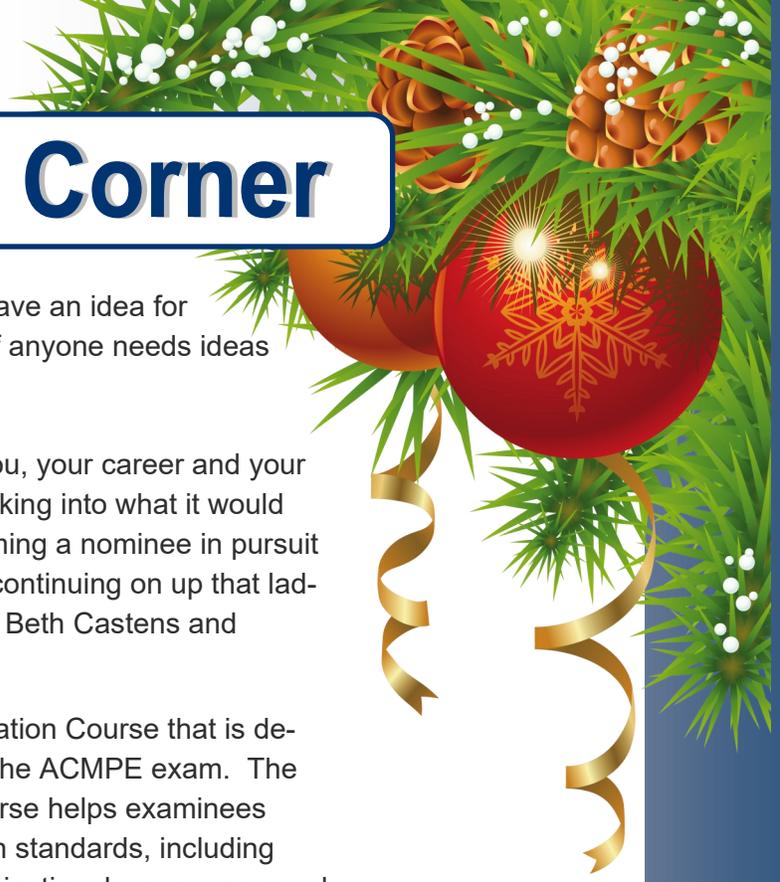


**MGMA**  
MISSOURI

MO  
MGMA  
2020

**MASTERS OF  
HEALTHCARE**

**MAY 6-8, 2020  
BRANSON  
CONVENTION CENTER**



# ACMPE Corner

Thanksgiving is over and Christmas is upon us! I have an idea for a way that you can gift yourself this Christmas! As if anyone needs ideas on what to buy ourselves – right?

In 2020 – I would like to see you focus on feeding you, your career and your job knowledge. I would like for you to consider checking into what it would take to invest in yourself and in your future by becoming a nominee in pursuit of certification. Already certified? Then how about continuing on up that ladder to fellow? You can do it! Just ask Brad Carney, Beth Castens and Stacey Reitzel – Missouri’s newest fellows!

MGMA offers an ACMPE Board Certification Preparation Course that is designed to help healthcare professionals prepare for the ACMPE exam. The next course will start on January 22, 2020! This course helps examinees identify content necessary to meet board certification standards, including financial management, regulatory compliance, organizational governance and departmental operations management. Let’s test your skills on the questions below that cover Human Resource Management!

2020 is right around the corner – Ready – Set – Go!!! (Answers are on page 10 )

- Q1 At what point in the employment process should alignment with an organization’s goals begin?
- A. Recruiting
  - B. Performance Reviews
  - C. Orientation
  - D. Annual Meetings
- Q2 Which of the following topics is legal to ask about on an employment application?
- A. Religious and political affiliations
  - B. Date and place of birth
  - C. Social clubs and societies
  - D. Length of time at current residence
- Q3 You are asked to prepare a budget for a new office that your practice is going to open. To determine the appropriate staffing budget, which of the following will you need to include in your calculations?
- A. Labor shortages
  - B. Location and space factors
  - C. Physician to staff ratio
  - D. Promotion from within

# ACMPE Corner

Q4 Disciplinary systems should be both preventive and:

- A. Progressive
- B. Defensive
- C. Regimented
- D. Analytical

Go to [MGMA.com](http://MGMA.com) to find out more! Also, please put the Missouri MGMA Spring Conference on your 2020 calendar! Save these dates – May 6-8 in Branson, Missouri!

Please reach out to me with any questions or encouragement that you are needing along the way! Let's continue with a lifetime of learning with MGMA helping you down that path!

Vicki Plumlee, FACMPE, CMM, CPC  
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## 2020 Membership Renewals

We consider your membership to be an investment and we hope you will renew your membership and continue to receive the many benefits MO MGMA's membership provides. Membership renewals are due January 1st. If you have any questions or have not received your renewal email and dues invoice, please contact [Rebekah Francis](#).

Local Missouri MGMA chapters provide excellent professional development and networking opportunities. *Membership in a local chapter is separate from membership in Missouri MGMA.* Missouri MGMA has 7 Local Chapters. Under the local chapter tabs you will find a list of board members and contact information. Feel free to contact the local chapter board members who can provide further information about their respective organizations.

- [Central MO](#)
- [Joplin](#)
- [Kansas City](#)
- [Northwest MO](#)
- [Southeast MO](#)
- [Springfield](#)
- [St. Louis](#)



## ***DECEMBER WEBINAR: Get ready for 2020 with this overview of coding and reimbursement changes.***

Join Kim "The Coder" Huey as she reviews the ICD-10-CM and CPT coding changes – and discuss documentation updates needed to support the new codes. This session will also review the CMS changes for evaluation and management coding and reimbursement and help to analyze the impact on reimbursement. How will Fraud and Abuse efforts change in response?

This session will cover:

- CPT code update for 2020
- ICD-10-CM code update for 2020
- Fraud and Abuse Outlook for 2020
- CMS changes to evaluation and management coding and payment

### **ABOUT OUR SPEAKER:**

Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC has worked with providers in virtually all specialties, from General Surgery to Obstetrics/Gynecology to Oncology to Internal Medicine and beyond. She has spoken at the national conference of the American Academy of Professional Coders, the American Health Information Management Association, the Health Care Compliance Association, and has presented audio-conferences for AHIMA, DecisionHealth, The Coding Institute, Coding Leader, Intelicode, and Progressive Healthcare.

Kim completed three years of premedical education at the University of Alabama before she decided that she preferred the business side of medicine. She completed a Bachelor's degree in Health Care Management and went on to obtain certification through the American Academy of Professional Coders and the American Health Information Management Association. Recognizing the important position of compliance in today's environment, she has also obtained certification as a Certified Professional Compliance Officer and has earned a Master of Jurisprudence in Health Law.

*Earn CE and ACMPE Credit for this webinar*

*Webinars are a member benefit. To register, login and proceed to [Webinar Registration](#) under the Members tab. Missed a webinar? [Login](#) to our website and watch previous webinars on demand.*





# **Best of both worlds: Hybrid concierge medicine can be long-term patient care solution for practices**

By Christian Green, MA

The one-to-one relationship between physician and patient often takes a back seat in today's demanding healthcare environment, in which administrative burdens, efficiency and volume can take precedence over individual care. Fortunately for practices, there are alternatives to consider. In exploring long-term patient care strategies, one option is hybrid concierge medicine. The hybrid concierge model offers services, such as comprehensive preventative care and wellness visits, beyond what is covered in a standard visit and outside of what insurance typically covers. Many of these services are provided during an annual checkup. Patients pay a flat fee to receive greater access to their physician through consultation, discussion and medical records review. As Wayne Lipton, founder and managing partner, Concierge Choice Physicians, LLC, Rockville Centre, N.Y., notes, "In a hybrid model, [for patients] it's not about access; it's about the value of enhancing the connectivity and having more time with the doctor to have a sense of comfort about what's going on with their healthcare."

## **FOCUSING ON THE DOCTOR-PATIENT RELATIONSHIP**

The emphasis on the doctor-patient relationship is the basis of concierge medicine. As Lipton conveys, this relationship often is deemphasized as practices strive for efficiencies. "One of the hallmarks of this type of practice is that a patient chooses a particular physician to have a stronger relationship with," Lipton says. "Membership is not on a practice basis, but on a one-to-one relationship ... what it does by its sheer design is enhance that relationship." Patients who long for an old-fashioned relationship with their physician find comfort and security in having 24-hour access to them. One of the perks is that physicians provide their cell number to their patients. However, as Lipton asserts, few patients take advantage of that privilege. "The time someone calls is when they are in desperate need of you, not because they are abusive," Lipton says. "Doctors have the right to drop any abusive patients." In fact, since he founded Concierge Choice Physicians in 2005, Lipton has only heard about abuse a handful of times. This is largely because physicians meet with patients to discuss their expectations and establish boundaries before accepting a new hybrid concierge patient.

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## BENEFITS FOR PHYSICIANS AND PRACTICES

For physicians and practices, hybrid concierge medicine can be a practical long-term solution for several reasons:

- Participation is solely up to individual patients, and practices don't have to give up patients to participate. In addition, not every practice physician must participate.
- Participation by a small percentage of the patient population (in most cases less than 10%) is necessary to make it worth-while for practices.
- By continuing to accept insurance, practices have a continuous source of revenue and preserve crucial relationships with hospitals and specialist referrals. However, hybrid concierge medicine provides another revenue source that practices directly control—one that's not affected by reimbursement rates and coding.
- For an hour or two a day, physicians can practice medicine the way they prefer, providing individual attention to their patients.
- The model can be used as a test case for transitioning to full concierge medicine, though Lipton cautions that practices rarely do so.

By integrating hybrid concierge medicine into their practice, physicians can offset some of the issues that can arise in a traditional model. "When you are concerned about quality of care and productivity being features of what your practice strives for, there's a bit of a problem with time," Lipton says. "It creates issues with burnout; it also creates issues of concern on the part of physicians that they've done everything they can. It also affects how much is referred out versus performed at the site during a particular visit."

## BEST OF BOTH WORLDS: HYBRID CONCIERGE MEDICINE CAN BE LONG-TERM PATIENT CARE SOLUTION FOR PRACTICES

When physicians can introduce a respite into their day, they can help alleviate some of these concerns. As Lipton notes, "It's a small portion of time in each practice's day where the pace is slowed down dramatically, and time is no longer the major motivating limiter." This also benefits the practice as a whole because patient volume is reduced during these windows. In turn, hybrid concierge medicine can help reduce physician burnout. In primary care, physicians can often see four patients an hour, but in the hybrid concierge model, that number may be cut in half, while not adversely affecting income. The model also makes it easier for physicians to transition into retirement and extend their careers. As Lipton mentions, some physicians he works with are practicing medicine into their mid-80s in the hybrid concierge model. On the economic side, hybrid concierge medicine can generate higher levels of compensation per hour. As mentioned, it is not affected by coding or reimbursement rates and does not require additional capitalization.

## HYBRID CONCIERGE IS NOT FOR EVERY PRACTICE

Despite the benefits, hybrid concierge medicine may not be a good fit for some practices. "It will vary on the economics of the community," Lipton emphasizes. "Interestingly, we've found that the model works in middle-income and lower-middle income areas, but not in an area that's Medicaid population." That said, there aren't many barriers to participation.

*Continued*



As noted, it's not a requirement for the majority of a practice's patient population to participate. In addition, if the annual fee is affordable—for example, less than \$2,000 a year—many patients may find it beneficial. Hybrid concierge medicine also doesn't work well in places where there's high patient turnover, such as resort areas, for example. In stable patient populations, the re-sign up rates are typically higher than 90%, Lipton says.

### WHO IS PARTICIPATING?

There's no single approach for setting up a hybrid concierge model. For practices, the biggest obstacle is marketing it to patients; for patients, the primary obstacle is financial, because they are participating directly rather than going through a third party. With larger groups, Lipton says that it doesn't matter whether physicians have five or 100 patients participating, marketing is the same for every physician. This makes the program less exclusive and not just available to "superstars." Although the hybrid concierge model is most often seen in primary practice, Lipton says some specialties—cardiology, endocrinology and rheumatology, for example—have patients who desire enhanced connectivity, a stronger relationship with their physician and a more comprehensive review of their health. For some of these specialties, such as cardiology, practices are looking for methods to earn back lost revenue. "Oftentimes, there's more of an incentive to think about ways to bring back some of that revenue that's lost from the changing of the reimbursement rates that occurred for certain procedures and testing," Lipton maintains. Although hybrid concierge medicine is still a small niche (approximately 3,000 to 5,000 physicians utilize it in the United States, according to Lipton), there is opportunity for growth without significant investment, as compensation is tied to practice success. For some practices, hybrid concierge medicine could be the solution they are looking for. "The hybrid model itself is really a wonderful

### HYBRID CONCIERGE MEDICINE IN ACTION: ARROYO MEDICAL GROUP

Arroyo Medical Group, Pismo Beach, Calif., is a primary care practice with six full-time-equivalent (FTE) physicians and one part-time PA, located in what practice administrator Sherry DiDomenico calls a "doctor desert." The practice has approximately 6,000 patients, and half the payer mix is Medicare. According to DiDomenico, Arroyo Medical Group adopted the hybrid concierge model five years ago to help combat shrinking revenues from traditional insurance. The desire to remain self-sufficient was also a strong motivation. "The physicians talked with local health systems about being acquired, but they didn't want to do it because they value their independence," DiDomenico says. "So they decided to look for other ways to stay alive. Concierge turned out to be part of that strategy." Currently, the practice has about 500 patients—around 8.33% of its patient population—participating in the program. The national average for hybrid concierge medicine is between 3%-10%. DiDomenico echoes what Wayne Lipton expresses about the hybrid concierge model emphasizing a one-to-one relationship. "The physician/patient relationship is much more personal," she says. "They are getting something they would never get in traditional insurance—a really comprehensive physical once a year—which would be expensive for them to pay for if they had to pay for all the labs separately and all the testing that gets done as part of that physical." DiDomenico recognizes how much the model can benefit physicians, particularly when it comes to lessening the burden on them. "They know that with a traditional patient, if they don't jump through all those hoops and justify every last thing they do for a patient, they are not going to get paid for anything," she says. "With a concierge patient, that is not an issue. It makes it less of a volume game; it gives them a little breathing space."

By Christian Green, MA, writer/editor, MGMA, cgreen@mgma.com. Reprinted with permission. Source: July 2019 MGMA Connection magazine

# NEW MEMBER WELCOME

## Active Member

Tricia Green  
David J. Stansfield, DO LLC  
Hillsboro

### MEMBERSHIP REPORT

Active	295
Business Partner	45
Associate	5
Faculty/Student	4
Life	<u>31</u>
TOTAL	380

