

COMMUNIQUE

October/November 2020



I hope you were able to join us for the THRIVE virtual conference recently. I thought this was really well done and the information provided was helpful to me and my team and trust it was for you as well. As budgets continue to be tight, and in some cases getting even tighter, MO MGMA is in a position to continually strive to create greater value for its members and that is what we intend to do. Beginning

this quarter, we will be hosting a virtual “MO MGMA Quarterly Connection” meeting where we will select a timely topic that is important to our members and then assemble a panel of experts to speak to the questions that surround the topic. Our first Quarterly Connection meeting will be on Friday, November 6th at 12:00pm and the topic will be COVID-19. More information about the event and how to register is on page 7. We will be soliciting feedback in the months ahead from our membership on topics of interest you may have for the first quarter of 2021 session, so be watching for that. We believe this will be another way for our membership to be able to get some valuable education and networking (virtually) with their colleagues throughout the year. Any feedback or thoughts you may have along this line are always welcome!

Meanwhile, as you work hard dealing with the challenges that face you, please keep in mind that we have a board of directors that are here and available to serve you and your practice however you see fit. We can all be reached by phone or email and will be prompt in our responses for sure. The health of your practice is our primary concern as all of us are doing our best to become Masters of Healthcare (did you catch this year’s theme there) and we can’t always go it alone. Our board continues to look forward to serving you and your practice to the best of our ability. Please continue to be engaged in MGMA MO and anticipate membership renewal notices in the 4th quarter of 2020. Please ask us about how to get involved in your MO MGMA local chapter if you are unsure how to do that. I hope you are planning to join us for our annual conference in May in Branson! The conference committee is putting together a great lineup of topics and speakers and you won’t want to miss this!

Again, my name is Kyle Adkins and you can reach me at kadkins@gvmh.org or 660-890-8429. I welcome your email or call about anything having to do with your practice and MO MGMA. Thank you so much for allowing us to serve you this year!

Kyle Adkins, CMPE
President-, MO MGMA
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RIDING THE WAVES OF HEALTHCARE

MGMA
MISSOURI

Missouri MGMA Spring Conference
May 5-7, 2021
Branson Convention Center

2020 has been an unforgettable year. We have been marred with COVID-19, civil unrest and a presidential election year the likes of which we have never seen. Life has been a little more complicated to say the least. All of these things effect healthcare, our jobs as well as our lives.

We are all working more, with less while trying to balance our families, our safety, our mental health and our wallets.



We are trying to balance the needs of the patients who are required to wear masks and the ones who do not want to wear a mask.

I personally find it hard sometimes to navigate the constantly changing safety rules and laws as I am sure you all have as well. I believe we need a chance to come together, safely as a group and re-charge. By coming together in a more collaborative, personal way it is a chance to navigate through the many questions, concerns and ideas we each bring to the table.

We will be having a Luau on the Lake, “Riding the Waves of Healthcare” in Branson, May 5-7, 2021.

I know everyone was disappointed that we were not able to have our 2020 Conference, but we will make up for it in 2021.

Please make plans to attend and we can ride the waves together.

I look forward to seeing you in Branson!

Daun Hills
2021 Conference Chair and President-Elect
daun.hills@coxhealth.com

Don't
Miss
Out!

ACMPE Corner



GO FOR THE GOLD THIS FALL!



Hello my friends! Did you take the quiz that I talked to you about in the last newsletter? If so – how did you do? If not – it is not too late!! You can still take it at MGMA.com/CMPE-Quiz. There are 10 questions that are very challenging and they will give you great insight into your overall knowledge and preparation toward certification. I took the quiz to see what it was like and it was a great reminder to me of what I know and what I don't know!

New Body of Knowledge information that I discussed in my last newsletter will be coming out in October. It will include a study guide, workbook, practice assessment with a mock scenario based multiple choice exam and then an updated preparation series to get you ready. The new ACMPE Board Certification examinations will begin reflecting the new Body of Knowledge (BOK) framework in December of this year.

These are some exciting times in our ACMPE program! It takes a lot of time and effort to evaluate such a successful program but it is an important part of making sure that it continues to serve as the Gold Standard! I encourage all of you to **GO FOR THE GOLD THIS FALL!**

Keeping with the theme of "Change" this year, it is important that I let you know that my term as your ACMPE Forum Representative has come to an end. I am so excited to introduce you to your new ACMPE Forum Representative, Stacey Reitzel, FACMPE. Stacey is Associate Vice President of Physician Services at Perry County Memorial Hospital and is the current President of Missouri Association of Rural Health Clinics. Stacey is a true leader and will be able to assist you through the certification process to help you pursue your GOLD!

I have thoroughly enjoyed being your go to, your cheerleader and one of your biggest fans in your ACMPE pursuit. I have enjoyed our conversations and I have learned a lot from your questions! I will continue to be a proud member of Missouri MGMA and wish you the very best in your GOLD pursuit!

Vicki Plumlee, FACMPE, CMM, CPC
ACMPE Forum Representative, MO MGMA
vplumlee@ochonline.com

[Start your CMPE pursuit. Click here and apply today.](#)



DECEMBER WEBINAR: 2021 Reimbursement and Coding Changes

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.

Wednesday, December 16, 2020 | 12:00 PM

ABOUT THE WEBINAR:

Get ready for 2021 with this overview of coding and reimbursement changes.

Join Kim 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 an-

This session will cover:

- ◆ CPT code update for 2021
- ◆ ICD-10-CM code update for
- ◆ Fraud and Abuse Outlook for 2021
- ◆ Focus on office visit coding changes

alyze the impact on reimbursement. How will Fraud and Abuse efforts change in response?



ABOUT THE SPEAKER:

Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC

For thirty years, Kim 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

ON DEMAND WEBINARS



Please join us in welcoming Stacey Reitzel, FACMPE as our new ACMPE Forum Representative. Stacey received her Fellowship in 2019 and serves on the board of directors as President of Missouri Association of Rural Health Clinics (MARHC). Stacey is the Associate Vice President of Physician Operations at Perry County Health System.



Stacey is passionate about helping practice executives, managers and administrators achieve their Certification and Fellowship in the American College of Medical Practice Executives. Please feel free to contact her at sreitzel@pchmo.org.

THANK
YOU
Volunteers!

We are also happy to announce Richard Langholz, FACHE, CMPE as our new Legislative Liaison. Richard relocated to Missouri from North Carolina last year and is the Director of Clinic Operations at Hannibal Regional Medical Group. We are excited for Richard to bring his leadership and dedication to this role. If you have an interest in legislative issues and would like to serve on our Legislative Committee, please contact Richard at Richard.Langholz@hannibalregional.com



A big thank you to **Vicki Plumlee, FACMPE, CMM, CPC** for her work as our ACMPE Forum Representative from 2018-2020 and **Mathew Rigdon, JD** for his service as our Legislative Liaison from 2017-2020.

Stay informed. Stay engaged.

Quarterly Connection
TOPIC: COVID-19
Friday, November 6th

Connecting with our Members

Join us for a panel discussion with your peers on topics that matter most to your practice. This panel will focus on the COVID-19 pandemic and how it has affected and is affecting your practice. We will answer questions submitted by administrators from rural, private and system-based practices.

Register today and submit your question for the panel.



REGISTER NOW!



Chapters Respond to Pandemic with Change

All of us have endured a very interesting year thus far, one full of surprises and changes, one that no person could have predicted. The societal changes have impacted every industry and organization in America.

Businesses have had to evaluate and adapt policies and processes. In healthcare, telehealth visits have skyrocketed, as have online meetings. And member organizations such as Greater Kansas City MGMA and Northwest Missouri MGMA have certainly been impacted. Annual events have been cancelled and regular meetings forced to move to virtual platforms.



On August 25, 2020, all members of Northwest Missouri MGMA (NWMO) and Greater Kansas City MGMA (GKC) received an announcement of a change made that would support the Kansas City Metro healthcare community. The GKC and NWMO boards began conversations in May, first individually then jointly, about a potential merger. Both boards agreed to establish a task force made up of the president and president-elect of both organizations to plan a course of action, dubbed the 'Merger Leadership Committee,' MLC for short.

The MLC recognized and discussed many benefits of merging, include strength in numbers to stay relevant; our business partners' support to remain strong; that by dissolving one chapter into another would reduce total expenses by approximately 50 percent; and uniting together in a common cause would increase our connections within the healthcare communities for the entire Kansas City region.

In early August the MLC presented a merger proposal to each respective board. Each board discussed and voted unanimously to approve the merger, effective on January 1, 2021. An expanded task force is currently working on many varied details. Some of those are: board structure for the transition year; merging the two bylaws into one that meets needs of all; and adding additional events such as quarterly social gatherings to the monthly meeting schedule.

We are fortunate to be in Missouri where we have local MGMA chapters. And we are fortunate to have an extremely supportive state chapter. Rather than have two chapters that may be struggling to support members and/or stay 'in business' due to this pandemic, it makes sense to have one strong chapter in Kansas City. The reaction to the announcement from members has been in unanimous support of this decision.

The MLC and both Boards of Directors trust this process will make our combined chapter stronger, by creating a collective commitment by all member to create a new and relevant chapter that benefits the Kansas City Healthcare Community in innovative new ways.

By Presidents Brad Carney and Kory Barrett
President-Elects Chris Smith and Andrea Wyatt

MGMA WASHINGTON CONNECTION

New, simpler PPP forgiveness application available for loans under \$50k

The U.S. Small Business Administration (SBA) released a new loan forgiveness [application](#) (SBA Form 3508S) for Paycheck Protection Program (PPP) loans of \$50,000 or less. This application is intended to simplify the loan forgiveness process for borrowers by requiring fewer calculations and less documentation. Additionally, borrowers who use SBA Form 3508S are exempt from reductions in loan forgiveness amounts based on reductions in FTE count or in salaries or wages. As a reminder, SBA began approving PPP forgiveness applications and remitting forgiveness payments to lenders on Oct. 2, 2020.



Advance Payment Program loan payback delayed, details released

Following MGMA advocacy, Congress revised and improved repayment terms for the Medicare Advance Payment Program (APP) for those that accepted loans earlier this year. In response to recent legislative changes, CMS issued [guidance](#) stating the claims recoupment process is automatically stayed for one year starting from when the APP loan was issued. After one year, Medicare payments will be recouped at a rate of 25% for 11 months and 50% for another six months. Once this 29-month timeframe expires, local Medicare Administrative Contractors (MACs) will issue a letter for payment of any remaining balance. Medical group practices that want to begin payments sooner or make lump sum payments should contact their MAC.

MGMA encourages legislation to prevent Medicare payment cuts

MGMA [joined](#) over 60 organizations to express appreciation for legislation that would prevent drastic payment cuts to various sections of the provider community by waiving Medicare's budget neutrality requirement. The Centers for Medicare & Medicaid Services' final Medicare Physician Fee Schedule for 2020 included welcomed changes to reduce administrative burden and improve payment rates for E/M services. However, adhering to existing budget neutrality requirements will result in sizable cuts to various specialties starting Jan. 1, 2021. MGMA appreciates Rep. Burgess and Rep. Rush's leadership in introducing legislation (H.R. 8505) that would prevent pending Medicare payment cuts by waiving budget neutrality requirements for one year and looks forward to working with Congress on a viable legislative solution before the end of the year.

OCR issues additional HIPAA right of action fines

The Office for Civil Rights (OCR), the agency that enforces HIPAA privacy and security, announced two new [settlements](#) with providers over separate HIPAA right of access violations. The HIPAA right of access establishes the right of patients to obtain access to their medical records in a timely fashion, for a reasonable fee, and in their requested format. The two organizations, a practice with offices in New York and Florida and an Arizona hospital system, failed to provide patients timely access to their health information. The practice paid OCR a settlement of \$100,000 and the hospital system paid a settlement of \$160,000, with each organization required to adopt a corrective action plan. To learn more about these HIPAA right of access issues, download the member-benefit resource [The Patient](#)



Trump Administration Drives Telehealth Services in Medical and Medicare



On October 14, 2020, the Centers for Medicare & Medicaid Services (CMS) expanded the list of telehealth services that Medicare Fee-For-Service will pay for during the coronavirus disease 2019 (COVID-19) Public Health Emergency (PHE). CMS is also providing additional support to state Medicaid and Children's Health Insurance Program (CHIP) agencies in their efforts to expand access to telehealth. The actions reinforce President Trump's Executive Order on Improving Rural Health and Telehealth Access to improve the health of all Americans by increasing access to better care.

"Responding to President Trump's Executive Order, CMS is taking action to increase telehealth adoption across the country," said CMS Administrator Seema Verma. "Medicaid patients should not be forgotten, and today's announcement promotes telehealth for them as well. This revolutionary method of improving access to care is transforming healthcare delivery in America. President Trump will not let the genie go back into the bottle."



Expanding Medicare Telehealth Services

For the first time using a new expedited process, CMS is adding 11 new services to the Medicare telehealth services list since the publication of the May 1, 2020, COVID-19 Interim Final Rule with comment period (IFC). Medicare will begin paying eligible practitioners who furnish these newly added telehealth services effective immediately, and for the duration of the PHE. These new telehealth services include certain neurostimulator analysis and programming services, and cardiac and pulmonary rehabilitation services. The list of these newly added services is available at: <https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>.

[Information/Telehealth/Telehealth-Codes](https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes).

In the May 1 COVID-19 IFC, CMS modified the process for adding or deleting services from the Medicare telehealth services list to allow for expedited consideration of additional telehealth services during the PHE outside of rulemaking. This update to the Medicare telehealth services list builds on the efforts CMS has already taken to increase Medicare beneficiaries' access to telehealth services during the COVID-19 PHE.

Since the beginning of the PHE, CMS has added over 135 services to the Medicare telehealth services list – such as emergency department visits, initial inpatient and nursing facility visits, and discharge day management services. With today's action, Medicare will pay for 144 services performed via telehealth. Between mid-March and mid-August 2020, over 12.1 million Medicare beneficiaries – over 36 percent – of people with Medicare Fee-For-Service have received a telemedicine service.

Preliminary Medicaid and CHIP Data Snapshot on Telehealth Utilization and Medicaid & CHIP Telehealth Toolkit Supplement

In an effort to provide greater transparency on telehealth access in Medicaid and CHIP, CMS is releasing, for the first time, a preliminary Medicaid and CHIP data snapshot on telehealth utilization during the PHE. This snapshot shows, among other things, that there have been more than 34.5 million services delivered via telehealth to Medicaid and CHIP beneficiaries between March and June of this year, representing an increase of more than 2,600% when compared to the same period from the prior year. The data also shows that adults ages 19-64 received the most services delivered via telehealth, although

To further drive telehealth, CMS is releasing a new supplement to its [State Medicaid & CHIP Telehealth Toolkit: Policy Considerations for States Expanding Use of Telehealth, COVID-19 Version](#) that provides numerous new examples and insights into lessons learned from states that have implemented telehealth changes. The [updated supplemental information](#) is intended to help states strategically think through how they explain and clarify to providers and other stakeholders which policies are temporary or permanent. It also helps states identify services that can be accessed through telehealth, which providers may deliver those services, the ways providers may use in order to deliver services through telehealth, as well as the circumstances under which telehealth can be reimbursed once the PHE expires.



The toolkit includes approaches and tools states can use to communicate with providers on utilizing telehealth for patient care. It updates and consolidates in one place the Frequently Asked Questions (FAQs) and resources for states to consider as they begin planning beyond the temporary flexibilities provided in response to the pandemic.

To view the Medicaid and CHIP data snapshot on telehealth utilization during the PHE, please visit: <https://www.medicare.gov/resources-for-states/downloads/medicaid-chip-beneficiaries-COVID-19-snapshot-data-through-20200630.pdf>.



Welcome
NEW MEMBERS

Student Member

Ryan Van Nice