

# COMMUNIQUE

June/July 2022



Happy summer!

This is the last newsletter I will be writing as your MO MGMA President. Wow! The year has flown by.

We have had a year filled with change and yet we were also allowed to go back to some of the protocols we had pre COVID. I am not sure we will ever see another year like it.

I have experienced amazing, professional growth this year. I know that would not have been possible without MO MGMA. When I was voted on to the Board four years ago, it was completely out of my comfort zone. I am not a public speaker nor do I do well in large crowds. My very first board meeting changed my whole outlook on how I would do as a board member. The other board members welcomed me with open arms and open hearts. I learned more about healthcare management and about myself in the last four years than I had the 30 years prior. The reason MO-MGMA is so successful, is YOU, the MO MGMA members! We reach out to each other with questions, concerns, problems and best of all just to connect. I was so happy and excited to see the joy and energy that all of us shared at the Spring Conference. It was great education and so nice to be together in person again.

I want to thank you all...MO MGMA Board members, past and present, as well as all the members who made this a great experience for me. I have set a goal to pursue my CMPE with all the spare time I now have (LOL).

I look forward to seeing what I can learn my last year on the board while serving as your Immediate Past President, and I look forward to seeing you all for many years to come.

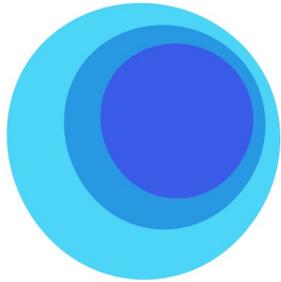
Your friend,

Daun Hills

President, MO MGMA

[Daun.Hills@coxhealth.com](mailto:Daun.Hills@coxhealth.com)

Missouri MGMA gratefully acknowledges  
the following companies for their sponsorship of our  
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Thank you all who attended our Spring Conference, *Excellence in Healthcare*. It was such a great experience to see all of you in person.

The conference started off with two fantastic workshops. Matt and Don gave us information to build a high performance culture and Taya and Kem showed us how to enhance our revenue cycle by leveraging technology and internal assessments. The day ended with back to back keynote speakers when Rennie Curran talked of overcoming adversity by having winning leadership and Stephen Dickens showing us that leadership is a choice.

Keynote speakers, Nate Regier talked about the compassion effect, Laurie Guest taught us how small change pays off big and Marion Jenkins showed us how it is time to break the mold of healthcare. Cameron Cox closed out the conference with his keynote "Only in Healthcare" that had us all laughing and realizing that we have many barriers in healthcare that are self inflicted.

The one thing that stood out to me, aside from the truly groovy disco party, was the networking and team building I witnessed. I myself made some new friends and connected with some old friends throughout the conference. The vendors and sponsors made all of this possible with their commitment to MGMA Missouri.

I want to truly thank my conference committee of Kyle, Daun, Greg, Laurie, Rebekah, Michael, Stefanie, Kristina and Veronica. They put on a great conference that I'll remember for quite a while.

For those of you who could not make it this year you can click [HERE](#) for a short video on the conference and its benefits. We hope you will join us next year May 10-12 in St. Louis.

Thank you again for such a great conference experience.

Travis Messer, MHA  
President Elect and Conference Chair, Missouri MGMA  
[tmesser@lakeregional.com](mailto:tmesser@lakeregional.com)

# 2022 SPRING CONFERENCE EXHIBITORS & SPONSORS

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*Thank You!*

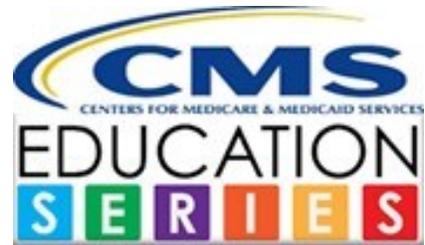
## CONGRATULATIONS TO OUR 2022 AWARD RECIPIENTS

### Practice Manager of the Year Award

The ProAssurance Practice Manager of the Year Award recognizes a practice manager member of MGMA Missouri who has demonstrated a noteworthy achievement of exceptional leadership and management proficiency to enhance strategic and operational effectiveness of health care delivery in his or her practice and community. The \$2,000 award is for the advancement and development of the practice manager in attending the MGMA MPE Conference. Congratulations to **Stefanie Hohensee, MHA, CMPE** pictured with Doug Darnell.



**Melissa Smith, CPC**, pictured with Daun Hills, received our Professional Enrichment Award. This award is for an Active member interested in pursuing continuing education through attendance at the MO MGMA Annual Conference. Melissa received free registration and hotel accommodations.



### June 22nd, 12-1pm: Introduction to the CMS Behavioral Strategy

Dr. Rick Wild, Chief Medical Office for the CMS Atlanta Regional Office, will be introducing the newly released CMS Behavioral Strategy and its implications for practicing physicians, clinicians, and other practice groups.

The presentation will be followed by an opportunity to ask questions and provide feedback on the strategy, or anything else CMS-related. [Register today!](#)





# ACMPE Corner

We are happy to announce our new ACMPE Forum Representative Kathie Huttegger, FACMPE. Kathie is no stranger to MGMA and has served for many years in various roles at the local, state, and national levels.

Kathie is passionate about making a difference and has been instrumental in leading change for many years through her career as a healthcare executive.

She completed her MBA degree and graduated cum laude from Southeast Missouri State University in 2000 after completing her undergraduate work at Missouri Baptist College in St. Louis.



*Kathie Huttegger, FACMPE*  
[kthutts@frontier.com](mailto:kthutts@frontier.com)

Currently, Kathie is spending her retirement teaching a variety of leadership courses at the undergraduate and graduate level for three universities. She has also authored several courses including “Professionalism and Communication in Healthcare” that was just published in September 2021.

Kathie and her husband Bob have served as home missionaries and been involved with international campus ministries for many years forging long-lasting global relationships.

With the belief that leadership is a lifestyle and communication is its bedrock, Kathie spends discretionary time writing and marveling at organizational dynamics; she is also determined to learn to play the piano and master Mandarin. She is grandma to seven amazing people with two great-grandchildren (Gia aged nine and Boston aged five).

Kathie encourages everyone to “be yourself because everyone else is already taken.”

Kathie joins us at an exciting time as ACMPE announces the new pathways to certification and fellowship. Please join us in welcoming Kathie!

# ACMPE Corner

Hello MO MGMA,

Now that the dust has begun to settle with the modification to the pathways for certification and fellowship, let me help you achieve your goals.

You can review the new pathways [here](#) and reach out to let me know what questions you have or how I can help.

Becoming a Certified Medical Practice Executive (CMPE) and later being inducted as a Fellow in the American College of Medical Practice Executives (ACMPE) are at the top of my list of best decisions I have ever made. The pathways are designed to demonstrate what you know but you can't help but sharpen your saw in the process. (Covey, 2004)

You are not alone and there are a host of people who want to see you be all you can be – why not start today!

Kathie

Kathie Huttegger, FACMPE  
MO MGMA ACMPE Forum Rep, [kthutts@frontier.com](mailto:kthutts@frontier.com)

## PATHWAY

# 1

- Active MGMA member
- Purchase and complete application
- TWO years of healthcare experience
- Bachelor's Degree or 120 hours of college credit

## PATHWAY

Currently completing experience or education

# 2

- Active MGMA member
- Purchase and complete application
- BEGIN PROGRAM
- May complete requirements once experience and education are met
  - TWO years of healthcare experience
  - Bachelor's Degree or 120 hours of college credit

## PATHWAY

NEW

# 3

- Active MGMA member
- Purchase and complete application
- SIX years of healthcare experience
- FOUR of SIX years, in healthcare management or leadership role

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# LEGISLATIVE NEWS

Rain rain go away...to California. My goodness it has been a weird spring and year. I hope that normalcy is just around the corner. Before I get into the weeds with your favorite topic, legislative news, I would like to send out a heartfelt thank you to all the members of the planning committee, Travis Messer, Daun Hills, Kyle Adkins, Greg Thompson, Veronica Cook, Stefanie Hohensee, Kristina Coons and Laurie Atwood, for their support this year. The end of last year was not an ideal ending to a year for my family and then in March of 2022 my practice suffered a stunning and much unexpected passing of a very talented, brilliant, and compassionate physician. This loss sent shockwaves through our practice and led to some challenging moments, but ultimately revealed brilliant collaboration, compassion, empathy, and incredible character of our organization.

On to the exciting stuff. At a federal level, these items were discussed at the last Legislative Liaison call. Thanks to Claire Ernst, MGMA Government Affairs, for sharing.

**[OIG prior authorization report](#)**-this report provides info about Medicare Advantage policies denying prior authorization requests for medically necessary care, and it includes the OIG recommendations to CMS, which are,

- ⇒ issue new guidance on the appropriate use of MAO clinical criteria in medical necessity reviews;
- ⇒ update its audit protocols to address the issues identified in this report, such as MAO use of clinical criteria and/or examining particular service types; and
- ⇒ Direct MAOs to take additional steps to identify and address vulnerabilities that can lead to manual review errors and system errors.

**[The Improving Seniors' Timely Access to Care Act of 2021 information](#)** – the bill that MGMA helped write. You can see if your senators/representative have signed on [here](#) and [here](#)

- ⇒ This is important proposed legislation and it falls in line with the OIG prior auth report. The legislation proposes Medicare Advantage plans establish electronic prior auth (ePA) capabilities, have the prior auths reviewed by qualified healthcare professionals, and prevent disruptions in care.

MGMA surprise billing landing [page](#) with member resources—this has been effective since 1/1/2022, however there is one piece that was delayed and that is, providers and insurers DO NOT have to provide an advance EOB. This landing page also has many great links if available if you are an active National member.

MGMA's Contact Congress landing [page](#) – where you can send grassroots template letters to Congress—THIS PAGE IS INCREDIBLY HELPFUL. VISIT HERE AND WITHIN A FEW CLICKS, YOU WILL BE SENDING LETTERS TO THE MEMBERS OF CONGRESS.

# LEGISLATIVE NEWS



At a state level the legislative session closed on Friday, May 13<sup>th</sup> and no, I do not believe that anyone wore a hockey mask to the final session which happened a day early because of a bit of infighting between some good Ol' party members.

“This session saw the legislature truly agreed to and finally passed (TAFP) 66 bills, including 43 non-budget bills. These bills now head to the Governor's desk, and Governor Parson has 45 days to either sign bills into law or veto them. If he chooses not to take action on a particular bill, it will automatically become law on the effective date” (Missouri Foundation of Health Newsletter). Here is the list and links for those that were passed, thanks to the Missouri Foundation of Health.

**[HB 1667](#)**, filed by [Rep. Phil Christofanelli](#) (R): Creates new regulations relating to the labeling, safety, and sale of kratom products. The bill also includes penalties for violating the provisions of the bill.

**[HB 2116](#)**, filed by [Rep. Rusty Black](#) (R): Creates new provisions requiring health care facilities to allow patients to have at least two compassionate care visitors during during visiting hours.

**[HB 2149](#)**, filed by [Rep. Brenda Shields](#) (R): Modifies provisions relating to professional licensure in the medical field.

**[HB 2162](#)**, filed by [Rep. Dirk Deaton](#) (R): Modifies provisions related to opioid treatment and recovery funds to allow a standing statewide order to be issued for the addiction mitigation medicine, naltrexone hydrochloride.

**[HB 2365](#)**, filed by [Rep. Brenda Shields](#) (R): Makes the early learning quality assurance report program permanent to provide families with up-to-date information regarding the quality of early childhood programs.

**[SB 681](#)**, filed by [Sen. Cindy O'Laughlin](#) (R): As an education omnibus bill, contains various provisions related to elementary and secondary education, including a provision that requires schools to test for lead in drinking water and to take measures to reduce lead levels if needed. It also includes a number of other school-related provisions, such as the requirement of parental notification and consent before a school can use corporal punishment, the creation of a pilot program for students recovering from addiction or dependency, and [much more](#).

**[SB 683](#)**, filed by [Sen. Cindy O'Laughlin](#) (R): Establishes a prison nursery program, modifies current law relating to child care subsidies and child care facility licensing.

# LEGISLATIVE NEWS

**SB 710**, filed by [Sen. Doug Beck](#) (D): As a health care omnibus bill, contains various health care-related provisions, including: Requiring individualized health care plans to be developed by school nurses in public schools and charter schools

- Allowing school agents trained by the school nurse to administer an epinephrine auto syringe
- Requiring health care facilities to allow compassionate care visitors to visit patients during visiting hours
- Allowing licensed home health agencies to provide treatment per written plans signed by a broader group of health professionals than before
- Requiring supplemental healthcare services agencies, such as assisted living, intermediate care, residential care, or skilled nursing facilities, to annually register with the Department of Health and Senior Services

Extending the expiration date of the MO Rx Plan from August 28, 2022, to August 28, 2029

This is a lot to digest so do not try it all at once. I would like to close this letter out with another dose of gratitude and reflection. This last year as the legislative liaison has been an eye opening experience to the mechanisms of healthcare legislation and the importance of active participation in not just local but federal elections. There are incredible people out there fighting on behalf of our physicians, nurses, auxiliary staff and patients. It is our duty as healthcare professionals and citizens to make sure we take the time to participate and share our voices through whichever means you choose, whether that be by voting, writing letters, marching, donating money or all of the above. You can make a difference.

With that said, I have let the board know that I will be unable to continue as the LL for the next term. My obligations at my practice have to take precedent and at this time, I do not believe that I can be the best for the members of the MO MGMA. Thank you to all of you for your support and for taking the time to read these.

Best Regards,

Michael Pence  
MO MGMA Legislative Liaison  
[michaelp@nephkc.com](mailto:michaelp@nephkc.com)



## Patient as a payer: Practice solutions to deliver comfort, confidence, and convenience

By Rajesh Voddiraju

Independent physician practices are experiencing the realities of a revenue cycle dependent on the “patient as a payer” paradigm. As the prevalence of high deductible health plans has increased, patients are responsible for a greater portion of their medical bills. The manner in which practices have approached their billing processes with insurance companies must evolve to include providing a payment picture to the patient, and much earlier. With a new “audience,” strategic objectives will change, and information-sharing must improve. Further, the consumer’s involvement in terms of financial responsibility alters the provider-patient dynamic, which cannot be ignored. Patients no longer enter a waiting room hoping to feel better, they arrive worrying how significantly the visit will impact their wallet.

Rightfully so. Patients owe an estimated \$140 billion in medical debt in the U.S., and one in [five of us has medical debt in collections](#). This is bad for both patient and provider. Research shows that only 6% of outstanding balances are [collected when a patient’s debt is more than \\$200](#). One in three patients who have balances exceeding [\\$200 fail to pay them in full](#). The No Surprises Act, enacted in January, hopes to address the problems stemming from surprise medical bills. Ready or not, transparency must be part of a practice’s plan.

With tighter reimbursements and the labor market challenges of the current healthcare environment, physician practices simply cannot afford collections failures with the fastest growing portion of their revenue base: patients. Traditional billing difficulties—typically through the involvement of payers—have generated distrust among even practices’ most loyal patients. Plus, the modern consumer deems antiquated collections processes after rendered services both confusing and inconvenient.

For physician practices to thrive, they must focus on increasing top line revenues, leveraging automation to reduce costs overall, and modernizing the patient experience to deliver both transparency and convenience. With well-conceived solutions as a framework, the patient payment process is straightforward and equitable, supporting a mutually beneficial relationship between provider and payer even amid the inevitability of rising medical costs.

## A lack of trust and transparency

Healthcare costs are fraught with massive variances regarding who's paying how much and for what services. Unfortunately, much of the billing and payer claims process remains a mystery to most patients. The very notion of healthcare bills is often clouded by doubt, misinformation, and incomprehensibility. As a practice, it's important to question the degree of confidence and comfort a billing statement provides the patient. The problem actually originates much earlier: before services are rendered. Patients typically have little knowledge about what their procedure, visit, or treatment will cost them out of their pocket. After all, this isn't usually a direct transaction between patient and clinician; the third-party involvement of a payer brings unique challenges.



Physician practices and their patients very much benefit from price transparency. Provision of medical services does *not* need to include a shock in the mail after each encounter. Leveraging modern technologies using artificial intelligence and machine learning, practices can provide visibility on the front end, a courtesy that empowers patients to understand and commit to treatment and its projected, associated costs. The alternative is a sea of disgruntled patients who may refuse pay altogether. Obviously, poor collections experiences can lead to negative patient reviews, damaging an organization's reputation, and their bottom line.

By eliminating surprise medical bills, physician practices are able to establish and maintain a more trustful relationship with their patients. For those who weren't already moving in that direction, the federal No Surprises Act, which was enacted in December of 2020 and went into effect in January 2022, ensures that self-pay and uninsured patients receive key information including overviews of anticipated costs and that they do *not* receive surprise billing in private insurance for most emergency care instances and many non-emergency care episodes. These protections cover out-of-network and non-participating provider emergency services, and provide good-faith estimates in advance of scheduled services or upon request. Medicare provides similar shields under the Advance Beneficiary Notice (ABN), or waiver of liability. Various states are introducing similar changes to promote transparency. These are critical first steps toward driving full transparency in healthcare.

## Streamlining the patient experience

One of the key benefits of improving patient visibility in healthcare costs is an improved patient experience. But better billing doesn't hinge on transparency alone. Physician practices find it valuable to review the end-to-end cycle of acquiring the patient through engaging in treatment to achieving statement resolution. For example, when the patient makes an appointment, does he have to call an office during office hours to secure a time? When he arrives, is he welcomed with a clipboard and 15-30 minutes of paperwork? Do miscellaneous check-in tasks and clinical information-gathering take additional valued time? Technology solutions, particularly in the form of automation, have the ability to make resource-intensive functions much smoother for both the patient and provider.

As other industries such as banking, hospitality and travel have discovered, customers prefer self-service and time preservation whenever possible. By offering online scheduling, check-in, and bill pay—preferably through a direct text message or email link—providers demonstrate that they value their patients' time. By making it as easy as possible to accomplish necessary tasks, they are more likely to be completed promptly, correctly, and with satisfaction by the patient, reducing administrative burdens on staff. Providers can't hope the patient has a stamp and a checkbook handy for prompt bill pay. Using a card on file expedites the paying process, improving top line revenue and reducing bad debt while streamlining payment for the patient. Our clients experience almost \$.98 on the dollar when enrolling patients on their card-on-file program in contrast to about \$.67 to the dollar on industry average. Over 30% of the patients pay their bill within 5 minutes of receiving their bill as a text message as opposed traditional paper-based bills. With this sustainable, secure infrastructure in place, practices are reaping many benefits of this functionality. As noted in the section above, transparency, which breeds trust, is critical to the relationship as well as to patient account management. Card-on-file transactions are a viable and productive option when the practice has established trust, consistency, and conciseness in its communications about costs of services.

When physician practices are struggling with revenue cycle success in this patient payment environment, it's critical that decision-makers focus on transforming the entire experience at the point of service. As patients become more engaged in their care, outcomes improve. Practices reap the benefits of their improved participation, including increased profitability. Improving the patient experience with software solutions is a win-win.

*Rajesh Voddiraju is president of Health iPASS, a Sphere Company.*

# NEW MEMBER WELCOME

## Active Member

### **Austin Malley**

Sharlin Health & Neurology  
Ozark

## Organizational Member

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MEDITECH

# CAREER CENTER

Career postings are published on the MO MGMA website at no charge. Please email the placement notice in MS Word or in an email to [Rebekah Francis](#). The position will remain on the site for three months or until it has been filled.

## **Please include the following information:**

- Position Title
- Location
- Position Description
- Required Qualifications