

COMMUNIQUE

February/March 2023



Hello everyone!

If you are anything like me you are ready to turn the page on winter and leap right into Spring. After time with family and friends during the holidays sometimes work becomes a grind as the winter weather continues. It is extremely important this time of year to take care of yourself both mentally and physically.

We recently had a Friday Focus question in which you all were asked “How often in the past 6 months have you as a leader felt extremely overwhelmed or experienced burnout related to your role?” The results were even more eye opening than I expected. Out of 71 responses, 43 individuals stated 5 times or more and only 1 out of the 71 who responded said they haven’t experienced being overwhelmed or burnout in the past 6 months. Think about that for a moment and let that sink in.

Our roles as medical practice leaders are both challenging and demanding . We could all use some help in dealing with these struggles and MGMA Missouri is here to help. In a direct response to these survey results we are dedicating our next quarterly connection to this topic. Mark your calendar for Friday March 10 at 10:30 am. During this live and interactive quarterly connection we will have a panel of industry leaders on this topic who will discuss and equip us with takeaways to help us fight burnout and being overwhelmed. Please keep a look out for the invite from MGMA Missouri.

Travis Messer, MHA
President, Missouri MGMA
tmesser@lakeregional.com



Sequential pulses
to a polyp ignited a

surgical fire

in the patient's airway.

Surgical fires were among the 10 most common sentinel events reported by hospitals to the Joint Commission in 2021.*

If a sentinel event happens and a ProAssurance insured is involved, they have direct access to medical liability claims specialists and risk management consultants with experience navigating these types of malpractice claims.

We've seen the worst you can imagine and have the expertise to help reduce risk and ensure a vigorous defense from day one. The principle of fair treatment guides every action we take in defense of our physicians and healthcare providers.



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* The Joint Commission, Sentinel Event data released for first 6 months of 2022. Visit: bit.ly/3zzsloj

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CALL FOR BOARD NOMINATIONS

The Nominating Committee is currently seeking highly engaged MO MGMA healthcare leaders who are interested in serving on the 2023–2024 Board of Directors. MO MGMA is governed by a 5 member board representing various areas from across the state. The association has the support of and works closely with our full-time Executive Director. Face to face meetings are held up to 4 times a year and supplemented by monthly conference calls. To review qualifications and submit an application please visit our website or contact Daun Hills at Daun.Hills@coxhealth.com and she'll be happy to visit with you about the responsibilities and rewards of this important role. Nominations are due by March 31, 2023.

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Participate in MGMA's DataDive **Compensation and Production Survey** and receive complimentary participant data access* to launch your practice in healthcare management.

Survey open through February 10, 2023.

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MGMA.



WOW! How can it be February already? As I have said before, time really flies and we hardly even know it until something big is coming up. I can't believe the conference is a mere 3 months away. I hope by now you have seen the agenda that was finalized. If not, I encourage you to go to the link for the website to [see the agenda and register](#) for the conference.

This time of year, I have a rougher time getting up in the morning because it's so dark and cold and I just want to lay in bed a little longer before I let the dogs out and start the process of getting three little boys ready for school. I tend to drink more coffee to get me going and keep me going. Our Thursday morning speaker is [Damon West](#) and his presentation is appropriately named "The Coffee Bean: A Simple Lesson to Create Positive Change". From what I have seen and heard about Damon, I think he will supercharge our morning on Thursday like a triple shot of espresso. I am very excited to hear his story and see what he has to offer regarding adaptation to change. The summary for his session is this:



Life is often difficult. It can be harsh, stressful, and feel like a pot of boiling hot water. The environments we find ourselves in can change, weaken, or harden us, and test who we truly are. We can be like the carrot that weakens in the pot or like the egg that hardens. Or we can be like the coffee bean and discover the power inside us to transform our environment.

Damon is an interesting guy and gaining national popularity at a rapid rate. We are so very fortunate to have him come speak at our conference because he is a hard guy to book! I encourage you to check out his bio on the full conference [brochure](#). I think you will be amazed at his story and how he can help us as managers.

I want to see all of you at the conference in May so we can learn and network together. Please reach out to me or Rebekah if you have any questions regarding the conference or the registration process. Our hotel block is open so once you register for the conference, make sure you reserve your room at the same time. As always, thank you for your support and we will see you in May!

Greg Thompson, MBA
President-Elect and Conference Chair
greg@stlrheum.com



Online Study Group

Feb. 1 - Mar. 22



American College of Medical Practice Executives

JOIN OUR STUDY GROUP – WEDNESDAYS AT 11:30 AM CST VIA ZOOM

I am joining some of the other forum reps to present a virtual study group. It is a free eight-week group that does not require membership in National MGMA. The course is designed to help you build your personal body of knowledge as well as help you prepare for the certification process.

The schedule of sessions is printed below. When you register, you will be in line to receive the study materials. We started last week but have a video of the session so you can catch up. Register and join us this week!

[Click here to register!](#)

We will be covering the content necessary to meet board certification standards, including financial management, regulatory compliance, organizational governance and departmental operations management and transformative healthcare delivery. Topics are reviewed from the perspective of a variety of healthcare settings, including hospitals and ambulatory care settings.

Session 1: February 1– Introduction to Certification (recording available)

Session 2: February 8 – Operations Management (Part One)

Session 3: February 15 – Operations Management (Part Two)

Session 4: February 22 – Human Resource Management

Session 5: March 1 – Financial Management (Part One)

Session 6: March 8 – Financial Management (Part Two)

Session 7: March 15 – Risk and Compliance

Session 8: March 22 – Governance & Transformational Healthcare Delivery

Session 9: March 29 – Exam Review

ACMPE Corner (continued)

ACMPE PREP COURSE AND MOCK EXAM WORKSHOP MO MGMA ANNUAL CONFERENCE WEDNESDAY, MAY 10th, 1:00-4:00 PM

This is an excellent opportunity to help prepare you for the certification exams. We will host two full mock exams (multiple choice and scenario-based) that will certainly boost your knowledge and confidence to sit for the required exams.

[Click here to register for our workshop and Annual Conference!](#)

CALLING ALL CERTIFIED MEDICAL PRACTICE EXECUTIVES HOP ON THE ACMPE FELLOWSHIP TRAIN!

Let's prepare for becoming a Fellow in the American College of Medical Practice Executives (FACMPE) in 2023. There are two pathways that largely differ when someone has been a CMPE for six years or longer. Review the chart on the next page to determine which pathway is appropriate for you.

If you are a member of National MGMA and hold the CMPE distinction, the first step for either pathway is to make application for fellowship -- here is the link for taking this step: <https://www.mgma.com/certification/fellowship/fellowship-requirements>

APPLY FOR OUR SCHOLARSHIP TO HELP WITH APPLICATION COSTS

MO MGMA offers three scholarship opportunities. One of them is the Professional Enrichment Award of \$250 to help with costs of certification or fellowship.

Professional Enrichment Award (ACMPE)*

Awarded to an Active Member 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. DEADLINE APPROACHING – MARCH 31st.

Apply today at <https://mgma-mo.org/Scholarships>

Remember, I am here to answer your questions and provide the support you need.

LET ME KNOW HOW I CAN HELP YOU!

Kathie Huttegger, FACMPE

MO MGMA Forum Representative

Email: kthutts@frontier.com | Mobile: 636-399-5556

ACMPE Corner (continued)

	PATHWAY 1	PATHWAY 2
MEMBERSHIP	Be a current MGMA Member	Be a current MGMA Member
EXPERIENCE	Bachelor's Degree and 5 years healthcare experience OR Master's Degree or higher and 3 years healthcare experience	Bachelor's Degree and 5 years healthcare experience OR Master's Degree or higher and 3 years healthcare experience
CERTIFICATIONS	Hold the Certified Medical Practice Executive (CMPE) in good standing	Hold the Certified Medical Practice Executive (CMPE) in good standing
TIMELINE	Application and requirements must be completed within 2 years from purchase before needing to reapply Requirements can be completed up to 6 years prior to application purchase date	Application and requirements must be completed within 2 years from purchase before needing to reapply Requirements can be completed up to 6 years prior to application purchase date
REQUIREMENTS	Complete one or more of the following pertaining to healthcare leadership and medical group management (total of at least 15 hours): <ul style="list-style-type: none"> • Business Plan • Facilitate or teach University or advanced coursework • Completion of industry related advanced education programs including Capstones, Master's Thesis, and Doctoral Dissertation • Formal presentations and speaking engagements at a recognized education event of at least 45 minutes in length • Author or co-author of an industry related book • Author articles for industry-respected organizations including, but not limited to MGMA publications of at least 1,000 words in length 	<ul style="list-style-type: none"> • Hold the CMPE designation for at least 6 years AND • Completion of 25 continuing education hours pertaining to leadership. These 25 leadership hours may be included in CE hours used to maintain their CMPE
VOLUNTEER REQUIREMENTS	Completion of 6 volunteer hours. 3 hours must be healthcare related, including but not limited to volunteering for industry-related organizations such as MGMA-ACMPE	Completion of 12 volunteer hours. 6 hours must be healthcare related, including but not limited to volunteering for industry-related organizations such as MGMA-ACMPE
MAINTENANCE	Uphold CMPE in good standing and completion of 6 volunteer hours; 3 hours must be healthcare related, including but not limited to, volunteering for industry-related organizations such as MGMA-ACMPE	Uphold CMPE in good standing and completion of 6 volunteer hours; three hours must be healthcare related, including but not limited to, volunteering for industry-related organizations such as MGMA-ACMPE

LEGISLATIVE NEWS

I hope 2023 is shaping up to be a great year for you all! The time is sure flying by. Below are few highlights from a national and state perspective.

National Policy Updates

MGMA released their [2023 advocacy agenda](#) with eight initiatives:

- Protecting the Financial Viability of Medical Group Practices
- Reducing Prior Authorization Burden
- Advancing Value-Based Care
- Improving Quality Reporting
- Promoting Standardization and Efficiency
- Maintaining Access to Care Through Telehealth
- Expanding the Physician Workforce
- Improving Implementation of the No Surprise Act

Missouri Congresswoman Ann Wagner is on the national front, yet again. Her Born-Alive Survivors Protection Act (HR 26) was passed in the House and now rests with Senate review. This bill essentially gives babies born through an attempted abortion the same rights as any newborn.

The “Farm Bill” is up for renewal. This bill gets renewed every five years and covers a variety of topics such as broadband internet and SNAP benefits. Congressman Mark Alford has been assigned to the Agricultural Committee tasked with developing the 2023 bill.

State Policy Updates

Governor Parsons gave his State of the State and shared he wants the budget signed by March 1st. Thanks to the [Missouri Foundation for Health](#) for providing an overview of the Mental Health and Healthcare budget items, which include \$113 million for:

- ⇒ Behavioral Health and Developmental Disabilities
- ⇒ Youth Behavioral Health Liaisons
- ⇒ Transformation of Community Rural Health
- ⇒ Maternal Mortality Prevention
- ⇒ Master Plan on Aging
- ⇒ Primary Care Education Logan Programs





State Policy Updates (continued)

If interested, consider subscribing to Missouri Foundation for Health email updates using this [form](#).

Parsons also signed [Executive Order 23-01](#) that aims to tackle discrimination against age and people with disabilities. His office states older adults will outnumber minors by 2030, for the first time in history.

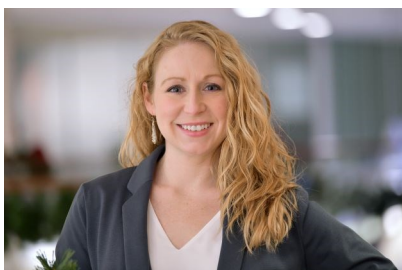
The 102nd Missouri General Assembly started hearings in January. Bills 45 and 90 were shared at the Senate Health and Welfare Committee. They are advocating to extend Medicaid coverage up to 12 months for postpartum mothers (60 days now).

Committee chairs were also assigned, and of note related to medical practices, are Republican Hannah Kelly, from Mountain Grove, who is leading the Children and Families Committee. Republican Mike Stephens, from Bolivar, is going to lead Health and Mental Health Policy. Lastly, the Healthcare Reform Committee is chaired by Republican Kent Haden from Mexico. Republican John Black, from Marshfield, is supporting the Budget Subcommittee of Health, Mental Health, and Social Services.

Hot topics for [bills](#) center around Covid-19 executive orders regarding vaccine mandates, Covid-19 expenditure transparency, veteran support, mental health access, controlled substances, drug testing for welfare recipients, coverage benefits, pregnant women, abortion and funding for Planned Parenthood, drug pricing, and college hunger... just to name a few. Streamlining welfare assistance and expanding the scope for nurse practitioners remain key priorities on the horizon.

As always, if you have any questions or thoughts on future topics, please don't hesitate to reach out.

Stay warm!



Ashley Sipes
MO MGMA Legislative Liaison
Ashley.sipes@mercy.net

Optimizing provider staffing, patient scheduling and communication for improved patient access

By MGMA staff members

The delicate balance between staffing your practice amid a tight labor market and the increasing demand for care from patients was disrupted countless times since the start of the COVID-19 pandemic, and it remains a major focus of healthcare administrators heading into 2023.

To better understand how to meet patient demands for a consumer-centric experience in healthcare, MGMA and Relatient produced the 2022 Patient Engagement Report — a research effort to:

- Understand the approaches and tools used in patient scheduling;
- Identify the top challenges in scheduling;
- Assess common strategies in patient communication methods;
- Understand challenges in administrative staffing; and
- Identify the top external threats to scheduling and communications.

In a recent webinar presentation on the findings, Relatient's David Dyke, chief product officer, and Emily Tyson, MBA, chief operating officer, provided an overview of how organizations are rethinking patient engagement, "whether it's to address shifts in value or to address operating performance and patient satisfaction," as Dyke noted.

The access landscape

Patient access' "new normal" has rapidly evolved since the height of the pandemic, with impacts from inflationary economics and "massive volatility" in labor markets and ongoing shifts in patient expectations for their healthcare experience, Dyke said.

"Patients still continue to report trouble finding the right type of provider; trouble making an appointment, whether that's technically or operationally; to having significant wait times associated with appointments," Dyke said, noting that many of these factors are not new but are being felt more intensely because of the speed at which they are changing post-COVID-19.

"On the provider side, it's increasingly a competitive landscape, [with] new players entering the market ... low-acuity environments setting up and taking care away from primary care networks," Dyke added. "These [shifts] are happening faster, but they've really been happening for a long time across healthcare."

Scheduling

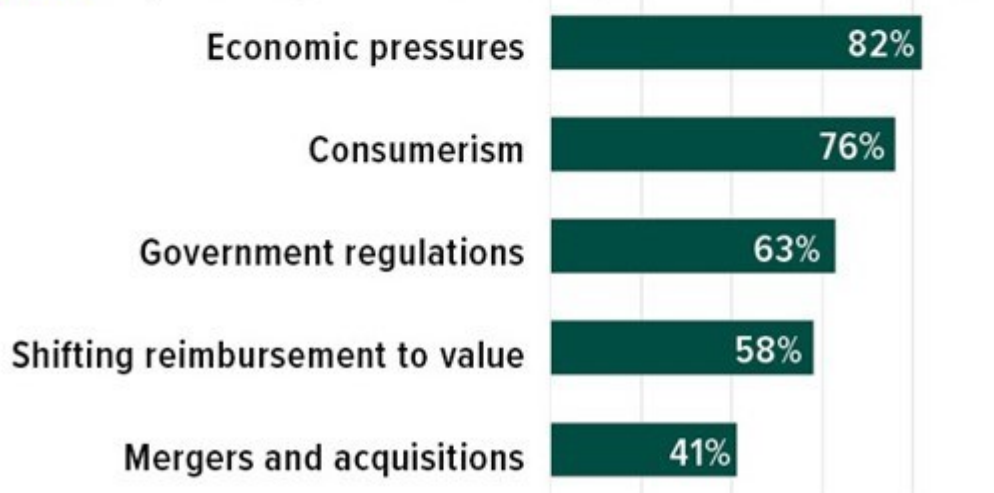
As Tyson noted, the study found that almost half (47%) of respondents indicated that patient scheduling was the patient experience function most important to their success, ahead of:

- Digital patient registration and intake (15%)
- Patient payments (15%)
- Appointment reminders/messaging (12%)
- Health maintenance campaigns (4%)
- Online chatbots/artificial intelligence (1%)
- Something else (7%).

Figure 1. Patient experience function most important to success



Figure 2. Impacts on patient scheduling and communications



Within that area of patient scheduling, call center experience, online scheduling and patient self-service were the most important to respondents, Tyson noted. But another way to consider this increasingly important area is the quality of scheduling as it impacts overall patient experience.

“This might seem like an obvious perspective — you want to deliver a high-quality experience ... [but] what is the definition of quality?” Tyson said, noting that the concept of quality could include appointment availability, scheduling without a phone call, the length of time needed to schedule, and the wait time until the scheduled appointment.



Medical group and health system leaders also must balance the expectations of patients around scheduling with their providers, who could be frustrated if the scheduling workflows send them the wrong patients, not enough patients, patients scheduled for an inappropriate amount of time for their care needs, or just individual preferences (e.g., doing specific procedures on certain weekdays).

The study revealed provider preferences (31%) and patient preferences (21%) accounted for more than half of the biggest factors impacting scheduling complexity, outpacing staff turnover (15%), managing waitlists and unfilled appointment slots (11%), patient-to-provider matching (9%), referral management (9%), and something else (4%).

How it gets done

As the factors impacting patient satisfaction have evolved and intensified, provider groups increasingly have more than one channel for patient scheduling, but the front desk or receptionist (84%) remains the most common channel for scheduling to occur, per the study, followed by:

but the front desk or receptionist (84%) remains the most common channel for scheduling to occur, per the study, followed by:

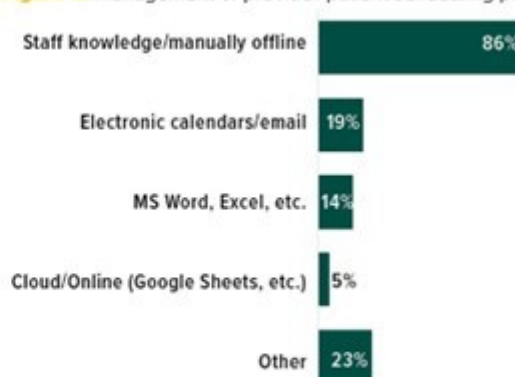
- Call center (58%)
- Online, request to book (48%)
- Online, self-booking (30%)
- Text/SMS (11%)
- Other (8%)
- Chatbot (5%).

“There have been real strides in the industry to try to enable patients to do this themselves, outside of usual business hours [with] an easy process to get the appointment confirmation and know that I am booked,” Tyson said, “but it’s still only 30%.”

Figure 3. Biggest factor impacting scheduling complexity



Figure 4. Management of provider/patient scheduling preferences



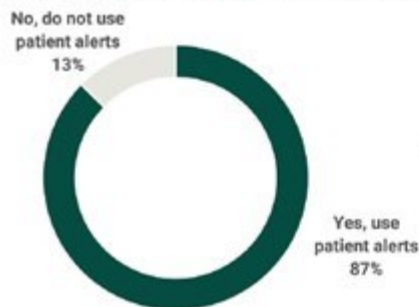
Appointment-related communications

Dyke noted that the study found that more than half of respondents reported a no-show rate above 6%, and the methods used by provider groups to remind patients about appointments varied widely:

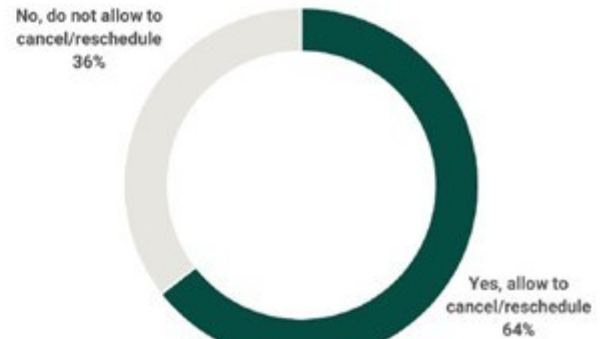
- About three out of four respondents noted using text messages to confirm and/or remind patients of appointments.
- A little more than half of respondents use email to confirm appointments (51%) or remind patients about appointments (55%).
- About half of respondents still rely on a manual, human phone call to confirm appointments (52%) or remind patients about appointments (48%), while a higher percentage uses automated calls for confirmations (63%) and reminders (52%).

MOST ORGANIZATIONS ALLOW CANCELLING AND RESCHEDULING VIA REMINDER COMMUNICATIONS

Use of Patient Alerts and Reminders



Allow Patients to Cancel/Reschedule from Reminder Communication



“The human phone call is still a very manual, expensive modality as opposed to automated calls with dynamic scripts, or emails or texts that can be automated,” Dyke said. The benefits of some of the automated and digital channels are found in combining cancellation and rescheduling functions into the patient alerts and reminders: Nearly two in three provider groups that have patient alert/reminder systems also allow patients to cancel or reschedule care from the appointment reminder communication.

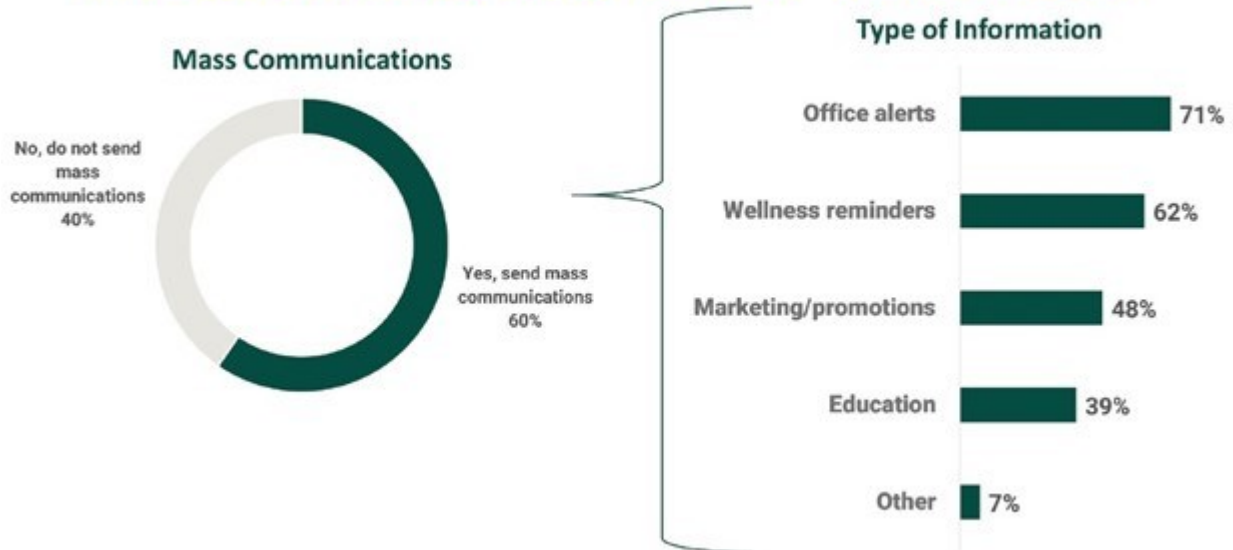
However, Dyke noted there remains misalignment in that nearly three out of four (73%) patient appointment cancellations or rescheduling occur during a human call rather than a prompt from an automated call, text, email or other modality. This typically is due to a lack of online schedule management to patients, patients being unaware of self-service scheduling, patients finding the system to not be easy to use, or systems being set up to trigger manual outreach to the patient following a rescheduling or cancellation request.

“Nearly a quarter of us are offering online schedule management, but the patients are finding that it’s too complicated,” Dyke said. In many situations, “the barriers to entry are a little high.”

Proactive outreach

The proliferation and types of outreach used by provider groups measured in the study varied quite a bit: 60% of groups use some type of “broadcast”-style mass communications (e.g., office alerts, wellness reminders, marketing/promotions, educational content).

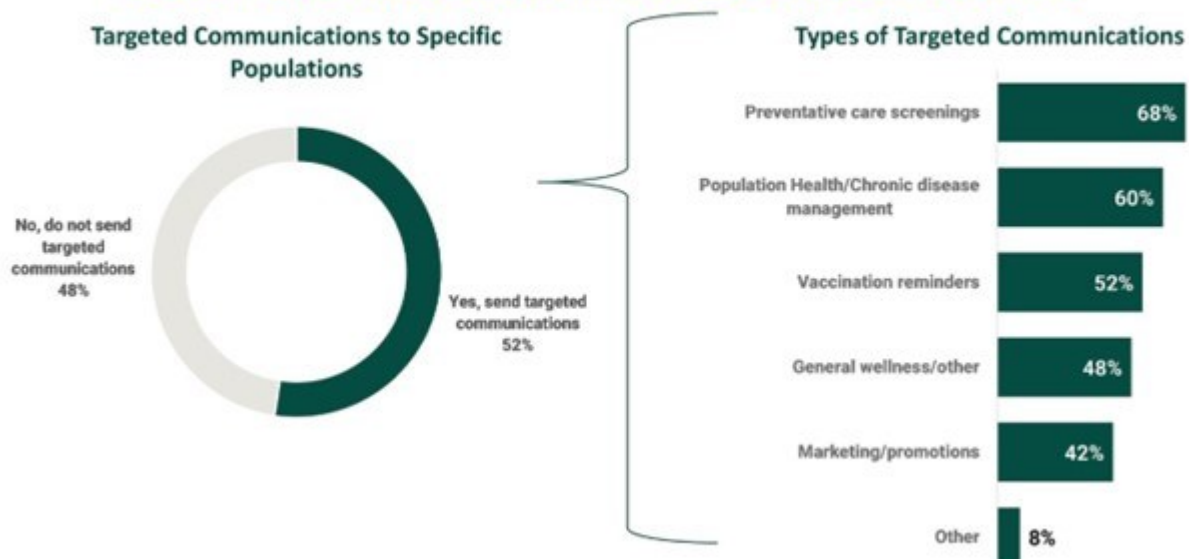
MANY ORGANIZATIONS USE “BROADCAST” STYLE OUTREACH



A slightly smaller share of respondents (52%) are engaging in targeted communications, of which the most common were:

- Preventative care screening information (68%)
- Population health/chronic disease management (60%)
- Vaccination reminders (52%)
- General wellness (48%)
- Marketing/promotions (42%).

ALMOST HALF OF ORGANIZATIONS DO NOT USE SPECIFICALLY TARGETED COMMUNICATIONS FOR PATIENTS



These findings show that, while general appointment reminders to improve no-show rates are important, there is room to grow in using patient data to get more granular. “There really seems to be a significant opportunity for ... more targeted, personalized messages,” Dyke said. “The ultimate consumer experience for many of us is to be reminded by those companies that we trust about something that’s more relatable to me, as opposed to a generic message that was designed for the whole world.”

Looking ahead

The MGMA-Relatient study saw a fairly even distribution around the top priorities among provider organizations to improve scheduling:

1. Offering/improving online, self-service patient scheduling (22%)
2. Improving the ability to fill appointment slots (21%)
3. Reducing no-show and cancellation rates (20%)
4. Reducing manual workflows with managing rules/preferences (17%)
5. Decreasing call center or front-desk wait times (16%)
6. Something else (5%).

As Tyson noted, most of those areas need to be balanced to support the organization’s primary goals (e.g., new patient acquisition, improving patient satisfaction scores, minimizing administrative burdens), and understanding how the different pieces connect as part of the broader patient access workflow.

“Just getting the patient booked is not the whole journey,” Tyson noted.

Source: January 2023 *MGMA Connection Magazine*

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Figure 5. Priorities to improve scheduling



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MGMA State Affiliate Member Webinar

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Using Your Retirement plan as a Recruiting Tool

Tuesday, February 14

1:00 PM eastern / 12:00 PM central

11:00 AM mountain / 10:00 AM pacific



Adriana Ramos Courts
AIF



Tom Davenport
AIF, CFA, CRPS, CIO



William Preisz
AIF, CPA, CRPS

MGMA STATE AFFILIATE

MARCH WEBINAR

THE REAL LABOR PROBLEM: HOW TO RECOGNIZE, REWARD AND RETAIN TOP PERFORMERS

SPEAKER

MATT SEEFELD
EVP AND HEAD OF EFFECTIVE INTELLIGENCE, MEDEVOLVE

14 MARCH
2023



1:00 PM EASTERN
12:00 PM CENTRAL
11:00 AM MOUNTAIN
10:00 AM PACIFIC

Eligible for 1.0 ACMPE credit





SCHOLARSHIPS

Did you know that MO MGMA has scholarships and professional enrichment awards available to its members?

The MO MGMA Conference Professional Enrichment Award will be awarded to an Active Member of MO MGMA interested in pursuing continuing education through attendance at the MO MGMA 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 MO MGMA 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.

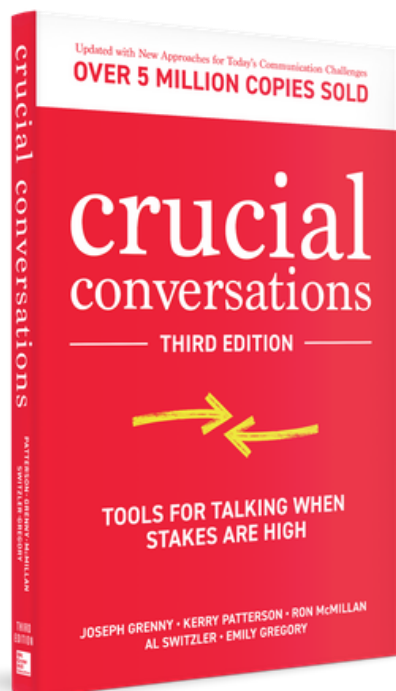
The Vincent A. Schneider, Jr. Scholarship will be awarded to a Student Member of MO MGMA or local chapter affiliate and full-time student majoring in healthcare at an accredited college or university in the state of Missouri. The scholarship will be awarded to a student interested in pursuing continuing education through attendance at the MO MGMA Annual Conference. The applicant must be enrolled as a student at the time of submission. (Registration & Two Nights Lodging)

Each of these help MO MGMA fulfill its mission and promote the professional development of its members. If you are an active or student member, please take the time to apply for any of these scholarships or awards. Applications are available online at <https://mgma-mo.org/Scholarships>.

Applications are due March 31st

If I could recommend one book that belongs on every healthcare leader's bookshelf it would be "Crucial Conversations" by VitalSmarts. It is a "must have" for every leader who wants to convert difficult conversations into actions and results.

A "crucial conversation" is defined as: "A discussion between two or more people where (1) stakes are high, (2) opinions vary, and (3) emotions run strong." Have you ever wondered how a perfectly routine conversation can end in a shouting match or a stand off? Workable solutions become evasive in your board meetings? Patterson, et al, break it down into an easy-to-digest primer on how to recognize when a conversation begins to go south and effectively redirect the communication.



"Crucial Conversations" offers solid tools that anyone can apply whether the person speaking, listening, or just observing a conversation that has become difficult.

The first edition has been a game changer for me and I am excited that the third edition is now available.

Kathie Huttegger, FACMPE
ACMPE Forum Representative
kthutts@frontier.com

NEW MEMBER WELCOME



Active Members

CoxHealth

Dana Christiansen
Lori Davis
Michelle Johnson
Tiffany Melton
Joanna Phemister
Megan Pippin
Debbie Poivre
Ashley Stiles
Christine Swims

Mercy Clinic

Betsy Bridgers
Jennifer Carlson
Justin Paletta

SSM Health

Jessica Handke
Jessica Oppermann

Kennett Asher DO
Saint Francis Medical Center
Jackson

Kelly Lada
Cedar Oaks Surgery Center
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Anne Auclair
Signature Medical Group
Saint Louis

Candyce Payne
Cayce Dermatology Center
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Amy Carr
Jordan Valley Community Health
Springfield

Carla Reed
Family Health & Wellness Clinic
Liberal

Eleanor Franklin
St. Louis Medical Clinic
St. Louis

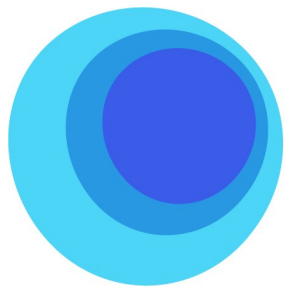
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