

2018 - 2019 Board of Directors

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Letter from the President



Brad Carney, CMPE, CPC
President, MGMA-MO

Look Forward to Look Back?

Here it is just the first part of June and last night I spent an hour or so looking at things to do while visiting New Orleans for the 2019 National MGMA conference. I may want to visit the New Orleans Historic Voodoo Museum, the New Orleans Pharmacy Museum, or possibly even the Museum of Death. For music I might want to visit Preservation Hall or the Spotted Cat Music Club. And I've only begun to look!

Looking forward, anticipating, is always exciting. I love to imagine what could happen, what might happen, what I might get to see or do in future trips, events, or undertakings. But as much as I look forward, once the trip or event starts, it is always different than I imagined. Not necessarily better, not necessarily worse, but different. Yet when I look back at any trip, event or other undertaking there are always good to great things that happened. And there are always some things that could have gone better.

In 2013 a mentor encouraged me to apply for Missouri MGMA Board and I followed her suggestion. I had no idea what to expect, just that she kept telling me

that it would be a good experience for me and for the organization. I didn't have anything I could plan to see or visit in looking forward to that, and I really didn't have a clear vision of what I was getting into. Yet I was looking forward to it, excited to be a part of it. And although it all seems so long ago; it was just 4 short years. July 2015 – the year I began serving in the position of secretary on the MO MGMA board of directors.

During the last four years I have had the opportunity to help plan conferences, explore outreach to independent and rural health clinics, help cultivate relationships between MO MGMA and other organizations, and so much more. Just as importantly, I have had the opportunity to build friendships with other board and committee members beyond what I could have dreamed by just attending conferences. I've learned leadership and life lessons working directly with those who have served before me: Pat Francis, Jeff Ruch, Susan Reichert, and Sharon Sagarra. I still turn to them on occasion. And I am still learning from those who are currently serving: Ashley Petty, Kyle Adkins, and Daun Hills. I look forward to working with and learning from Travis Messer. All these people have at least two things in common – they are or have been members of MO MGMA and they all have served selflessly to keep our organization strong. I would be amiss not to include Rebekah Francis, our executive director – she contributes so much to MO MGMA! Additionally, I have established both personal and professional relationships with many other healthcare professionals and vendors who have con-

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Letter from the President

tributed to our organization's success.

During those same four years, there have been some great things that have happened. And, there have been some things that could have gone much better. One of those great things is that your MO MGMA board was able to announce that in 2020 our conference will be in Branson, Missouri. This is the first time in well over 20 years the location has changed. There was one thing that was both a win and a loss, when during my conference year I cut our budget very deeply. Yet from that cut we, as a board, learned what we could operate without and at least one item we really needed to spend money on (the first conference committee planning meeting each year). Though most will never remember it, I almost announced a wrong scholarship at our annual business meeting. I've learned from all these experiences and will incorporate those lessons into all current and future leadership endeavors.

As I bring this article to a close, I have many mixed emotions. For that matter, just reminiscing brings many of those emotions to light. I'm excited for the future: Ashely Petty's leadership into the next decade, followed by Kyle, Daun, and Travis. It's fun remembering the past – annual conferences with themes of "Piecing Together the Healthcare Puzzle," "Leader Champions, Practice Champions," "ALL IN for SUCCESS," "TEAM ... Together Everyone Achieves More," "An Award Winning Practice...Have a Starring Role,"

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and others from every years earlier. And even though this is an end of sorts, I'll still be serving on your board as past president for another year. Up until today I never looked back at my past articles for content. I always tried to have them proof-read by another party. I hadn't noticed the theme of prioritization until today. In October 2018 I wrote about over-extending ourselves, saying yes to too many things. In February 2019 the topic was planning. In December 2018 I wrote about living your Dash, and that's more what I'm writing about today: remembering my dash while on the MO MGMA board; what happened from 2015 – 2019.

Finally, I leave you with these two thoughts: The first from Mark Twain, "Do the right thing. It will gratify some people and astonish the rest." And from me: Remember to take time for the important things in life – I'm headed out to play with my grandsons now!

Best Regards always!!

Brad Carney, CMPE, CPC, CPCO
President, MGMA-Missouri
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MGMA-MO 2019 Spring Conference

Ringmasters in Healthcare

April 10-12, 2019

It's hard to believe this year's conference happened almost two months ago. I hope everyone has had time to take back some ideas that you got while attending the conference in April. We had some great speakers and topics at the conference. I feel both for professional growth and personal. On our opening night, Jones Loflin let us know how to get our most important things done! The key is making sure you have quality in all 3 rings of your circus. Did you go back to the office and figure out what those 3 rings look like?

We started off Thursday with the wonderful Kyle Adkins discussing burnout. This is something I'm sure hits home with every one of us. The jobs we do every day are hard, and some days can be very exhausting. Burnout is something that I'm sure we have all experienced at some point. The day continued with some time to network and get to know our exhibitors. We had great vendors and I hope you were able to stop and get to know each of them and what their business does. We had a day full of wonderful breakout sessions and then ended with Scott Foster and the Myers Briggs personality session. It was great to be able to interact and learn a bit about my own personality and some coworkers that were also at the conference. Following Scott Foster, we had a reception full of food and fun! If you didn't make it down to grab some popcorn and have a balloon animal made you missed out. The clowns that came to make balloon animals could really make anything! They were amazing! And of course, who does not love popcorn and cotton candy?!

We ended the week Friday with a very important Washington Update. We are so lucky to get a chance for Drew Voytal to come speak and keep us updated on what is going on in Washington. While it might not be the most exciting topic it is probably one of our most important. Jonathan Fanning closed us out on Friday asking the big question: Who are you becoming as a leader?

I really hope everyone walked away from the conference feeling refreshed and reenergized. It is always a great time to get away from the office and really get some ideas flowing and talk with our peers. We are



never in this alone and have a wealth of knowledge in our membership. The conference is a great time to network and talk with others just like you who might be going through a similar issue or have advice to help get you through whatever problem you might be dealing with.

I hope you will all join us next year when we make the move to Branson for our conference May 6-8, 2020 when we become Masters of Healthcare!!!

- Ashley Petty
MO MGMA President-Elect and Conference Chair
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MGMA-MO 2019 Spring Conference Pictures

Ringmasters in Healthcare



MGMA-MO 2019 Spring Conference Pictures

Ringmasters in Healthcare



Scholarship Committee Report

On Thursday, May 11, 2019, MGMA Missouri announced and awarded the following scholarships:

Judith Hillyard Professional Development Scholarship
Barbara McCollum, Midwest Medical Specialists

Presidential Scholarship
Kristyn Richner, CoxHealth

Professional Enrichment Scholarship
Barbara Faupel, Allergy Consultants

Dependent Scholarship
Jacob Yarnall, Joplin

Presented to Michelle Yarnall, CMPE, CPC

Professional Enrichment Scholarships (ACMPE)
Beth Castens, CMPE, CoxHealth
Shelly Kelch, CMPE, First Capital Dermatology



Practice Manager of the Year Award

The ProAssurance Practice Manager of the Year Award was established to recognize 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 will support the personal advancement and development of the practice manager by covering the expenses to attend the national MGMA Annual Conference. Congratulations to this year's award recipient **Barbara McCollum**.



ACMPE Update

Summertime – Summertime – Sum – Sum – Summertime!

Things are heating up outside! School is out! Vacations are around the corner! In Missouri MGMA's world, things are heating us as well!

So far, this year we have had 4 new nominees, 5 new CMPEs and 17 Fellowship Applications that are working hard to become Fellows! These folks have kicked it into Summertime gear!

I have had the privilege of talking to a few of the fellowship applicants about their business plan ideas. They are HOT! This is very exciting and energizing! Most times these topics are used to gain Fellowship Status and to actually meet a need in their current practice setting! A win/win!



**Vicki Plumlee,
FACMPE, CMM, CPC**

In Missouri, we currently have 109 CMPEs and 35 Fellows. I would like to bring on the heat this summer to increase our CMPEs by 6 to get us to 115! I would like to see the Fellowship Applications break the thermometer with a gain of at least 5 new Fellows to get us to 40! We can do this!

What about the rest of you? Are you thinking of climbing the ladder and getting on that diving board? Are you thinking of putting on your swimsuits and wading in? Get out of that lawn chair and grab a Nominee drink! Once you taste the delicious goodness, you will want more!

Below are some sample test questions that fall under Business Operations in our Body of Knowledge – see how you do! (See answers on last page.)

- 1) **What is the purpose of an operations plan?**
 - A. To review individual performance
 - B. To review the internal operations of the past year and prepare for the coming year
 - C. To develop policies and procedures
 - D. To review the business strategy of the past five years and prepare for the next five years

- 2) **What is the foundation of an operational plan?**
 - A. Physician compensation structure
 - B. Strategic plan
 - C. Budget
 - D. Marketing plan

- 3) **Which of the following statements does NOT apply to capital purchases?**
 - A. Just-in-time ordering is recommended
 - B. Expected life of the items is greater than one year
 - C. Depreciation schedules are used
 - D. Items purchased become fixed assets

Whatever you do as the temperatures heat up this summer – stay cool! Please know that I want to be your life-guard when it comes to you jumping into the ACMPE pool! You can do it! If you start now your July will be a BLAST!

- Vicki Plumlee, FACMPE, CMM, CPC
MGMA-MO ACMPE Forum Representative
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How to Talk to Your Patients About Billing

You know how much you have invested in your career and how much money it takes to run a medical practice, but your patients may not.

If you let patients know from the beginning that you are running a business and expect to be paid, you'll have far fewer collections problems in the long run. Fortunately, having this conversation is not as difficult as you may think.

Don't be shy

"We're often embarrassed about collecting money, but we shouldn't be," says Kenneth Hertz FACMPE, principle consultant at Medical Group Management Association (MGMA) Health Care Consulting Group. "You can explain in a friendly tone that you are a business and want to be around for a long time provide care to your patients. That means you have to collect payments."

Once patients understand this, they are more likely to pay their bills on time. But you do have to be consistent with this message.

"Most patients understand their obligations and are willing to pay," says Elizabeth Woodcock president of Woodcock and Associates, a physician practice consulting firm. "A few are going to resist." For those few, you have to make it clear from the outset that you expect to be paid in a timely manner.

This means having a billing and collections policy and sticking to it — no exceptions. "Often, the doctor tells the billing staff to collect what patients owe, but then tells patients not to worry about payment. I'm always hearing from staff [who are] frustrated by doctors making exceptions to the policies," Woodcock says, adding that if patients learn they don't have to pay, they never will.

Of course, you can — and should — still make arrangements with people who can't afford to pay. But you must have a detailed policy for financial hardship, and every employee in your practice needs to understand and abide by that policy.

Setting expectations requires more than posting a set of billing policies. If you expect patients to comply with your policies, you must stick to those policies, too.

Educate clinical staff

It would be nice to leave billing to the billing department and patient care to the clinical staff. But that's not always possible.

Billing staff don't know what's going to happen before or during the visit. For example, a clinician may perform a procedure that requires an additional copay. "[Before] these things happen, someone from billing needs to come back and explain the extra charge to the patient," says Karen Lake, healthcare consultant at the firm Pearce, Bevill, Leesburg, Moore.

Clinical staff need to be prepared proactively address these situations, too. The rise of patient consumerism means that patients are more aware of their care costs and are more likely to ask what they'll be expected to pay for procedures, lab tests, and the like. Often, those questions come up in the exam room.

"Physician assistants and nurses deal with this all the time, so it's a good idea if the billing department does in-service training so that the clinical staff have a better idea of billing and insurance issues," Lake says. "They don't need to know all the details, but they do need to know when to call in the billing department for clarification."

Give people a chance

The majority of patients take their financial obligations seriously. They value your services and expertise. They just need to understand what they are responsible for paying. It's your job to explain that to them.

"The conversation doesn't have to be all 'Thou shall,' 'Thou shall not,' and 'We reserve the right,'" Hertz says. "Be up front, human, and matter-of-fact. It's just a matter of person-to-person communication."

- Avery Hurt

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June 2019 - Legislative Update

Missouri Legislative news

Missouri's 2019 legislative session ended on Friday, May 17. And while many of the health related issues that were debated this year did make it into bills that passed, a few key issues did not. The key issues that did pass were:

- **Prior Authorization** – The language that simplifies prior authorization did pass into law on the last day of the session. Among other things, this bill prohibits insurers from revoking prior authorizations for 45 days, requires them to transition to electronic systems by 2021, and mandates they make clinical criteria available online. (SB 514)
- **Virtual Credit Cards** – This bill passed and requires insurance companies to offer a form of payment that does not require processing fees. (HB 399)
- **E-prescribing** – Requires electronic prescribing for Schedule II-IV controlled substances beginning in 2021. (SB 514)

Many of the health related issues passed in a large omnibus bill this year (SB 514). A good summary of that bill, organized by topic, can be found at: https://www.senate.mo.gov/19info/BTS_Web/Bill.aspx?SessionType=R&BillID=5255853

On a less positive note, the bill authorizing a state wide prescription drug monitoring program did not pass. However, the St. Louis County prescription drug monitoring program continues to grow and now covers approximately 85% of the state.

Details on that program can be found at:

<https://www.stlouisco.com/PDMP>



Federal Legislative News

I have not seen any major items on the Federal level lately, however if you have seen any that you think should be distributed to the membership, please do not hesitate to contact me at mrigdon@capecapitalclinic.com.

Also, if you have not signed up for National MGMA's Washington connection, I highly recommend it. You do not have to be a member of national MGMA to receive the newsletter.

Signup is at:

<https://www.mgma.com/advocacy/washington-connection>

Additionally, you can visit -

<https://www.mgma.com/advocacy/make-change-happen/contact-congress#/> - to see a list of issues that National MGMA is currently supporting and to use their form letters to send a letter in support of an issue to you congressman.

- **Mathew F. Rigdon**
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Q&A: Hierarchical Condition Categories

Understanding Hierarchical Condition Categories (HCC) and their applicability to the Merit-based Incentive Payment System (MIPS) is important as clinicians work to receive recognition for the care they deliver to patients with complex conditions. Beneficiaries with complex health conditions may take additional time and resources to achieve positive health outcomes, and HCC helps recognize the complexity of that care.

Question: What are Hierarchical Condition Categories and why use them?

Answer: Hierarchical Condition Categories look at a beneficiary's demographics and co-existing conditions to calculate a risk score. HCCs use ICD-10 coding to assign a beneficiary risk score or Risk Adjustment Factor (RAF). These numbers factor into the risk-adjustment methodology that the Centers for Medicare & Medicaid Services (CMS) uses to score the Cost category measures and award the Complex Patient Bonus for MIPS. Using HCC coding for risk adjustment ensures that providers are not unfairly penalized for their care of patients who have complexities that impact outcomes and costs beyond the clinician's control.

Question: How does the HCC system work?

Answer: The HCC system's goal is to secure reimbursement adjustments for clinicians who are serving at-risk populations. For example, an HCC risk score of one indicates risk associated with expenditures that are similar to the average beneficiary nationwide, whereas a beneficiary risk score greater than one indicates above-average risk. A score below one indicates less than average risk. These risk scores are then applied to various measures in the MIPS program.

Question: Which MIPS measures are affected by appropriate HCC coding?

Answer: HCC coding affects the following measures in MIPS:

- Complex Patient Bonus – Up to a 5-point bonus is added to the MIPS final score for clinicians who treat medically complex patients.

For 2019, the second 12-month segment of the MIPS determination period (Oct. 1, 2018 – Sept. 30, 2019) would be used when calculating average HCC risk scores and the proportion of full-benefit or partial-benefit dual-eligible beneficiaries for MIPS-eligible clinicians.

MIPS-eligible clinicians or groups must submit data on at least one performance category in an applicable performance period to earn the bonus.

- Cost measures:

Medicare Spending Per Beneficiary (MSPB) – HCCs mapped from the ICD-10 codes are used to calculate expected costs. Accurate coding of claims, including all co-morbidities, is thus crucial to represent the patient's condition accurately when calculating the measure.

Total Per Capita Costs (TPCC) – The HCC/RAF is used in the expected cost calculation of this measure.

Question: How can documentation affect HCC coding?

Answer: Coding has a direct impact on the calculation of the risk adjustment factor (RAF). Proper provider documentation is required to support diagnoses that map to HCC codes. Including applicable ICD-10 (for all

Q&A: Hierarchical Condition Categories

co-morbid conditions as well as the primary diagnosis), correct patient demographic information and CPT/HCPSC codes in your claim submissions directly impacts reimbursement and risk scoring. The Medicare Risk Adjustment Eligible CPT/HCPSC Codes published on the CMS.gov website will guide your documentation of these codes.

Question: What is an example of how inaccurate or incomplete documentation and coding could affect the RAF?

Answer: In this example, a patient is a 76-year-old female who is Medicaid-eligible. She has diabetes with complications, is morbidly obese, and has congestive heart failure and severe chronic kidney disease. The table below shows how incomplete or inaccurate HCC coding can affect the RAF. Note the final RAF based on the lack of coding or inaccurate coding in the following chart. Complete, accurate coding is crucial to receiving an accurate RAF.

| No Condition Coded | RAF | Some Conditions Coded (one error) | RAF | All Conditions Coded | RAF |
|-------------------------------|--------------|---------------------------------------|--------------|-------------------------------|--------------|
| 76-year-old female | 0.468 | 76-year-old female | 0.468 | 76-year-old female | 0.468 |
| Medicaid eligible | 0.177 | Medicaid eligible | 0.177 | Medicaid eligible | 0.177 |
| Diabetes with complications | None | Diabetes without complications | 0.118 | Diabetes with complications | 0.368 |
| Morbidly obese | None | Morbidly obese | None | Morbidly obese | 0.365 |
| Congestive heart failure | None | Congestive heart failure | None | Congestive heart failure | 0.368 |
| Disease interaction (DM+CHF) | None | Disease interaction (DM+CHF) | None | Disease interaction (DM+CHF) | 0.182 |
| Severe chronic kidney disease | None | Severe chronic kidney disease | None | Severe chronic kidney disease | 0.224 |
| Total RAF Score | 0.645 | Total RAF Score | 0.763 | Total RAF Score | 2.152 |

Question: What is meant by documentation to support coding?

Answer: All coding of co-existing conditions must be validated by complete and accurate documentation of the condition and must be addressed clearly in the plan of care for the patient. It is not sufficient to have them listed on the problem list. Documentation must exist demonstrating that the condition is present and is being addressed in the plan of care.

Question: What should we do to be certain we are documenting and coding in such a way that our RAF is an accurate reflection of our patient population?

Answer: The following actions will help you ensure your practice is providing an accurate reflection of your patient population:

- Ensure correct documentation of patient demographics and verify whether there is dual eligibility (Medicare and Medicaid).
- Review documentation related to co-morbid conditions that may affect your HCC codes.
 - Is more documentation needed, or should a care plan be established, so that conditions can be coded appropriately?
 - Has the code most specific to the patient's condition been assigned?
- Provide education to all clinicians and support staff regarding required documentation.

Rebekah Hovey, Communications Specialist
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Welcome New Members

Encourage your colleagues to become members of MGMA-Missouri. They will reap the benefits of education, valuable networking, and learn about many issues dealing with practice management, legislation, and professional growth. To obtain a membership application, call the MGMA-MO office at (573) 556-6111, or sign up for membership on-line at www.mgma-mo.org.

MGMA-Missouri Membership Figures for June 2019

MEMBERSHIP REPORT

Active - 293
Business Partner - 44
Associate - 5
Faculty/Student - 4
Life - 30

Total Membership - 376

Active Member

Sheri Allgeier, CPA, CMPE
Sound Health Services
Des Peres

Rebecca Ebert, CMPE
Innovations Health Clinic
Kansas City

Tabitha Goschy
CoxHealth
Springfield

Andrea Mahacek
Washington University Dept of
Orthopaedic Surgery – St. Louis

Meghan Messimore
CoxHealth
Springfield

Jacob Petrus
CoxHealth
Springfield

Ashley Putnam
Hedrick Medical Group
Chillicothe

Tiara Redus
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MGMA - Missouri Upcoming Member Webinar

July 9, 2019

Defend Against Today's Phishing, Ransomware and Advancing Cyberthreats

As healthcare moves towards a more connected world, bad actors have additional opportunities to target patient data and impact IT networks. New attacks and new targets, such as medical devices, have changed the game and increased the scope of information security and compliance.

- Learn about the latest cyberthreats, such as botnets.
- Get the updates on constant threats, such as phishing, that remain the top causes of data breaches.
- Identify best practices around personal devices connected to facility networks.
- Obtain simple steps to secure your networks against threats.
- New ways to detect & respond to intrusions that reduce the impact of a breach.

Register today at <https://mgma-mo.org/events>

ACMPE QUIZ ANSWERS: 1) B, 2) B, 3) A