

COMMUNIQUE

August/September 2020



Welcome to a new year at MGMA MO! My name is Kyle Adkins and I am the President of MO MGMA for the 2020-2021 term. I look forward to getting to know you and your practice and striving to make my practice and yours the very best they can be! We have lots of work to do and lots to learn from each other and our board is ready to do our part. Our board of directors this year are as follows:

Kyle Adkins, CMPE, President
Daun Hills, President-Elect
Travis Messer, Treasurer
Mathew Rigdon, Secretary
Ashely Petty, Immediate Past President

It has been an interesting year in 2020 to say the least, I think you will agree. Perhaps none of us would have imagined enduring a pandemic like we have this year and continue to every day. I think we all know now why emergency planning has been such a hot topic to CMS, TJC, etc. and I'm thankful we have been providing education in years leading up to 2020 on how to better be prepared for crises like the one we have witnessed.

My hat is off to you and your practice for doing your very best to serve your patient's needs every day while striving to keep your staff and providers morale high and maintaining a safe work environment. Those goals have come with tremendous challenges and lessons that we will learn from together and continue to.

2020 has been full of life lessons as a country, aside from the pandemic, that has caused such unrest and I pray that we will again soon find rest and comfort in our land. I certainly won't make these articles all about me throughout the year but I am a rather transparent guy and I consider MO MGMA part of my family so I'll share just a little about how 2020 has been an even greater trial for myself. I was diagnosed in January with Non-Hodgkin's Lymphoma following some abdominal discomfort. I've had many biopsies and a couple surgeries and 6 rounds of chemotherapy in addition to countless scans and tests. To say that 2020 has been an interesting year for me, is definitely an understatement as I have endured and lived through a lot. My prognosis is good and if I have a good PET scan in September I will be in a great position, considering everything, and will be scanned intermittently along the way simply to monitor things. (My hair is growing back now too, even though I was bald to begin with.) I can then have my port removed and some other related procedures....but my how blessed I am!

I share all of this because I've never felt like I know more about healthcare than I do now and it has nothing to do with being the Chief Operating Officer of my organization. It has all to do with being the patient. I've learned so much about healthcare in general through the patient's eyes and I hope to be able to share some of that with you as we network together over the coming year. *continued*

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I was so disappointed to not be able to share time with you learning together at this year's conference but in May of 2021, we will all be ready to absorb nuggets of wisdom with each other again. Even though we had no conference we are still carrying the theme forward this year... Master's in Healthcare!

I look forward to serving you and your practice to the best of my ability for the next year as we all strive to be better for those that count the most...our patients, our staff and our providers. Please plan to be highly engaged this year in MO MGMA. Please seek ways to be part of our committees. Please be active in your MGMA local chapters. Please plan to attend our annual conference in May in Branson!

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 I will do my best to give you timely answers to your questions and use my fellow board members as outstanding resources as well.

Thank you for allowing us to serve you this year!

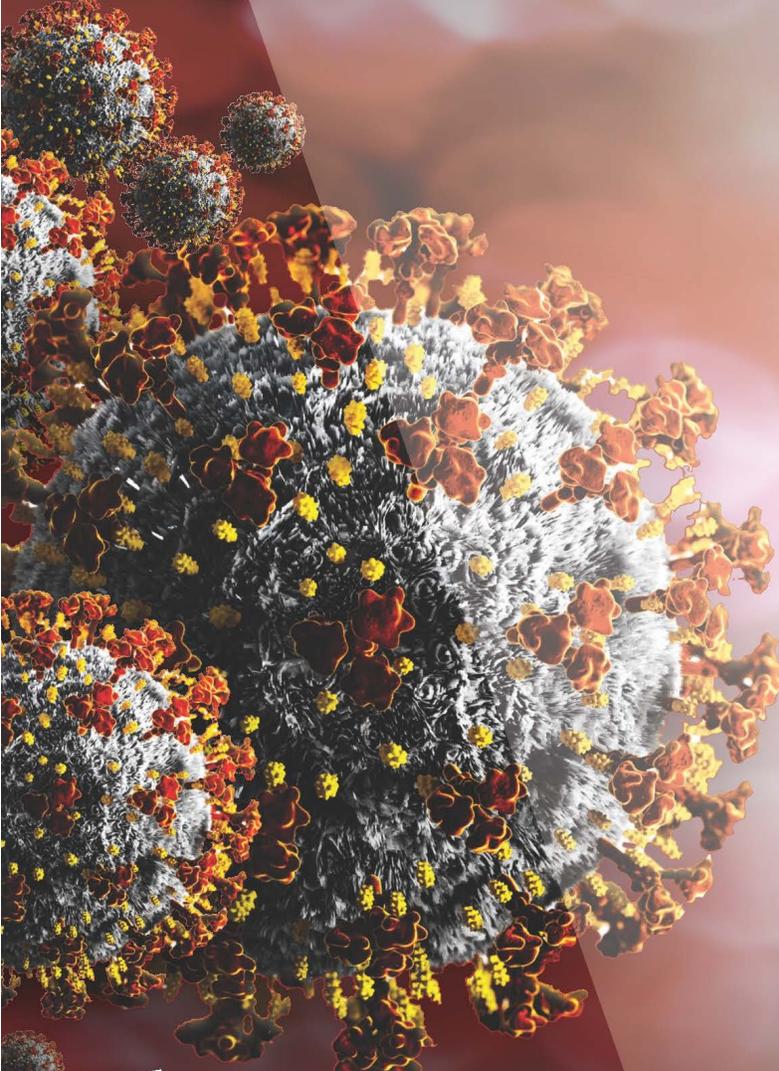
Kyle Adkins, CMPE
President-, MO MGMA
kadkins@gvmh.org

Save
the
Date

THRIVE 2020

State MGMA Virtual Summit
October 7-8

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**Keep up with
the challenges
facing good
medicine...**

the new normal

*What are the risks associated with
telemedicine?*

*We're barely making payroll, what if we
can't make a payment?*

*I'm a retired doc that wants to help,
will I be covered?*

*Will my premium be lower
while I'm closed or not doing certain surgeries?*

*What do you do to help burned out physicians
serving on the frontline?*

Am I covered if I get infected?

How do we keep our practice safe?

Visit the **ProAssurance COVID-19 Information Center**
to find frequently updated information gathered to support
your medical professional liability coverage decisions.

You'll find helpful risk guidelines, policy updates,
and crisis support at **ProAssurance.com/COVID-19**.



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Healthcare Professional Liability Insurance

For ProAssurance policyholder information and resources >>>

ProAssurance.com/COVID-19

LOOKING AHEAD

2021 MO MGMA ANNUAL CONFERENCE

To say this has been a challenging time in Healthcare would be an understatement. With the COVID-19 pandemic has come obstacles some of us thought we would never see. Presently, we find ourselves in a unique time. A lot of unrest and anxiety

I have seen various statements on social media where people have asked for 2020 to be over already. While this seems like the right answer to some, I am not convinced it answers the questions needing to be answered. We will always have strife and challenges before us. **The question is, how will we react to the challenge before us?** I think no one is better suited to help overcome the challenges we face like those of us called to serve in health care. We are called to treat the sick, afflicted and addicted regardless of political party, religion, race, economic status, sexual orientation, etc. I think for the most part, we do a good job. However, there is always room for improvement.

For the first time we had to cancel our Spring Conference in 2020 which makes it all the more important for us to get together in 2021. We are in the early planning stages and appreciate all of our members who provided feedback in our 2020 Member Survey. The survey results will assist us in bringing you the topics you want to hear in 2021.

I am excited to introduce our 2021 Conference Planning Committee:

Kyle Adkins, CMPE
President, MO MGMA
Golden Valley Memorial Healthcare, Clinton

Kory Barrett
University of Kansas Health System
Kansas City

Travis Messer
Treasurer, MO MGMA
Lake Regional Medical Group, Osage Beach

Beth Castens, FACMPE
CoxHealth, Springfield

Mathew Rigdon
Secretary, MO MGMA
Cape Girardeau Surgical Clinic, Cape Girardeau

Diane Irby
CoxHealth, Branson

Ashley Petty
Immediate Past President
Pediatric Associates of SW MO, Joplin

Gregory Thompson
Saint Louis Rheumatology, Saint Louis

Connie Warnat
Professional Credit Management, Lenexa

I sure hope that you can join us May 5-7th in Branson.

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

ACMPE Corner

2020—THE YEAR OF CHANGE!

Change is all around us! We live with it every day. Change can be frightening, overwhelming and the results can be uncertain. Change can also be challenging, eye opening and very good for our company, our employees and for our soul! This year our acceptance and tolerance for change is being tested on all fronts. 2020 has seen an overabundance of it! Well guess what – I have more change for you!



As the healthcare industry and medical practice evolves and changes, the American College of Medical Practice Executives (ACMPE) is committed to continually reviewing and updating our resources and examinations related to our Body of Knowledge to ensure that content remains current and relevant. We also want to make sure that our certification program continues to serve as the gold standard for medical practice expertise.

Starting in December of this year our Body of Knowledge will start changing. These changes are a product of 2 years in development with member support and have not been changed since 2013. There will still be 6 domains as follows:

Operations Management 25%
Human Resource Management 15%
Risk and Compliance Management 12%

Financial Management 25%
Transformative Healthcare Delivery 13%
Organizational Governance 10%

Within each domain there will be high level topic changes, additions and deletions. Think about all the changes that we have seen just this year!!! In October new resources (study guide, workbook, practice assessment, preparation series) will be released and new exam specifications will be introduced in December.

What do all of these changes mean for you? The medical practice management profession has always and will always evolve and change. For you on your journey, this will make sure that what you are studying and testing on is up to date and current with the times so that you can apply it now and well into the future! Your certification will reap benefits for you, your employer and our industry! This also guarantees that if you have an existing credential that it will continue to be regarded as the most contemporary assessment of proficiency for the medical practice executive profession!

Becoming a CMPE can be life changing itself! Visit [MGMA.com/CMPE-Quiz](https://www.mgma.com/CMPE-Quiz) to take the quiz to test your readiness for this positive change that you can make happen in your life!

Embrace the change! You can do it and we need change agents like you now more than ever! If I can help you on your journey please do not hesitate to reach out to me! I am your biggest fan!

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

SEPTEMBER 15th WEBINAR: MGMA WASHINGTON UPDATE

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.

ABOUT OUR PRESENTATION:

In a climate of significant legislative and regulatory changes reshaping the healthcare landscape in response to the COVID-19 pandemic, this timely program will present an update on the current state of federal healthcare policy affecting medical groups. Attendees will gain a deeper understanding of these changes and their impact on the day-to-day activities of medical group practices, in addition to being directed to clarifying resources. Specific topics include updates to the CARES Act Provider Relief Fund, Paycheck Protection Program, Medicare telehealth flexibilities, 2020 Medicare Quality Payment Program, and a host of other timely issues.

Learning Objectives:

- Learn about new or pending federal policy changes
- Understand how legislative and regulatory initiatives affect your daily work
- Identify resources available to assist you

ABOUT OUR SPEAKER:

Drew Voytal serves as an Associate Director for MGMA Government Affairs in Washington DC. In his primary role as a Government Affairs member liaison, he works to inform membership of the federal rules and regulations impacting medical group practices around the country. He works closely with MGMA state affiliate chapters to organize grassroots efforts and is a frequent speaker at state and national meetings. In addition to meeting with members and speaking at conferences, Drew manages education and outreach programs that inform MGMA members as well as policymakers in Congress and the administration. Drew holds a Master of Public Administration with a Healthcare Administration focus and a bachelor's degree in Political Science, both from Western Michigan University.



ON DEMAND WEBINARS

Understanding the Requirements of Section 1557

In the Fall of 2016, many of you may remember the scramble to comply with the posting requirements of Section 1557 of the Affordable Care Act (ACA). Some of you may remember thinking, "What is Section 1557"?

Four years later and with the addition of a final rule, some of you may still wonder what it means and how it applies to your practice.



What is Section 1557?

Section 1557 is the nondiscrimination provision of the ACA. It has been in effect since the ACA's enactment in 2010, and the Department of Health and Human Services (HHS), Office for Civil Rights (OCR), handles enforcement. The law prohibits discrimination based on race, color, national origin, sex, age, or disability by applying and enforcing the following civil rights statutes:

- Title VI of the Civil Rights Act
- Title IX of the Education Amendments
- Section 504 of the Rehabilitation Act
- Age Discrimination Act

These protections extend to individuals participating in:

- Health programs or activities which receive funding from HHS
- Health programs or activities administered by HHS
- Health Insurance Marketplaces and all plans offered by issuers in Marketplaces

Does Section 1557 apply to my practice?

Healthcare providers who receive federal financial assistance (FFA) from HHS are considered covered entities under this Rule and must comply with the provisions. Some common types of FFA received by healthcare providers are payments from Medicaid programs, Medicare Parts A, C, and D, and grants or credits from other federal programs, including the Medicare Incentive Payment System (MIPS) or an Alternative Payment Model (APM) under the CMS Quality Payment Program.

How did the Final Rule change Section 1557?

On June 12, 2020, HHS announced a final rule that made some changes to Section 1557. One major change was the definition of "on the basis of sex." The 2016 Rule redefined discrimination "on the basis of sex" to include gender identity and termination of pregnancy. Gender identity was defined as "one's internal sense of gender, which may be male, female, neither, or a combination of male and female."

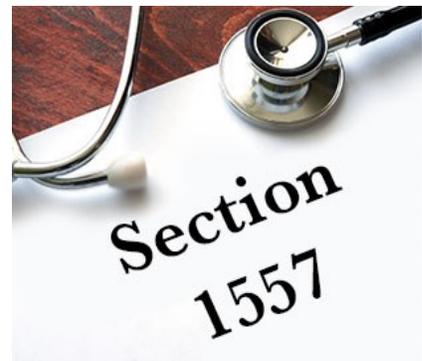
The U.S. District Court for the Northern District of Texas concluded that including gender identity and termination of pregnancy in the definition of "on the basis of sex" was contrary to the Religious Freedom Restoration Act and the Administrative Procedures Act. In October of 2019, the Court vacated and remanded the requirements as unlawful. The Department of Justice has taken the position that discrimination "on the basis of sex" does not include gender identity or sexual orientation and that gender identity is not a protected category under Title IX.

The final rule also made changes from an administrative standpoint by removing the mandate for covered entities to include notices and taglines in all significant publications. The requirement to post the notice and taglines in physical locations where services are provided remains in effect, but if your practice has been including this information with billing statements, newsletters, and any other significant publications, you can stop. The cost savings for the removal of this requirement is estimated at \$2.6 billion for covered entities.

All applicable laws that prohibit discrimination based on race, color, national origin, disability, age, and sex will continue to be enforced by HHS under Section 1557. However, the enforcement will be according to the meaning of each of these longstanding civil rights statutes.

Key Points from the Final Rule

- Individuals with disabilities must be able to have physical access to healthcare facilities and appropriate communication technologies if they are visually or hearing-impaired.
- Limited English Proficiency (LEP) individuals must continue to be provided qualified language translators and interpreters. The Rule maintains its limitation on the use of minors and family members for translators and interpreters. It also adds flexibility to providers in meeting the obligations of providing translators and interpreters by allowing providers to follow the four-factor analysis.
- Covered entities must submit an Assurance of Compliance, which states that they will comply with all nondiscrimination laws and regulations.
- The 2016 Rule's definition of "on the basis of sex" is removed and replaced with the interpretation of "on the basis of sex" under Title IX.
- The requirement to include nondiscrimination notices and taglines in all significant communications is removed.
- HHS returns to the enforcement structure that enforces each of the civil rights statutes separately and removes the single enforcement under the 2016 Rule that risked confusion or inappropriate application across the different laws.
- HHS revises the scope of enforcement to only include entities principally engaged in healthcare and the healthcare activities of other entities if HHS funds the activities.
- The final rule adds a provision stating that Section 1557 will be enforced consistent with other statutes, including the Religious Freedom Restoration Act, federal conscience-protection laws, the Church, Coasts-Snowe, Weldon, Hyde, and Helms Amendments, and the First Amendment to the Constitution.



What do I need to do to be compliant?

The OCR has received a number of complaints regarding discrimination in healthcare since Section 1557 has been effective. During the COVID-19 pandemic alone, the OCR has dealt with the States of Alabama, Connecticut, Pennsylvania, and Tennessee regarding complaints associated with alleged discrimination under these provisions. Healthcare providers must ensure compliance with Section 1557 as well as the other longstanding federal civil rights statutes.



For a quick check of your compliance, make sure you are doing the following:

- Post a Notice of Nondiscrimination in a prominent location within the practice and on your website's home page.
- Post taglines in at least the top 15 languages spoken by individuals with Limited English Proficiency (LEP) in the State(s) in which you provide services in a prominent location within the practice and on your website's home page.
- If you have more than 15 employees, designate a person responsible for handling grievances, and adopt grievance procedures. This provision was removed from Section 1557 in the 2020 final rule; however, it is still a requirement of Section 504 of the Rehabilitation Act.
- Have access to qualified interpreter and translator services for your LEP patients and auxiliary aids for visually or hearing-impaired patients.
- Ensure that your facility is accessible for individuals with disabilities.
- Train your workforce on your policies and procedures that prohibit discrimination.

For questions about this article, please feel free to contact Loretta Maddox by email at LMaddox@hcp.md or call 801-701-2969.

Loretta Maddox, MS, FACMPE, CHC
Sr. Compliance Consultant
[Healthcare Compliance Pros](#)

MGMA WASHINGTON CONNECTION

MGMA regulatory analysis: 2021 Medicare physician fee schedule

MGMA developed a member-exclusive [comprehensive analysis](#) of the 2021 Medicare physician fee schedule proposed rule, which includes changes to the Merit-based Incentive Payment System (MIPS) and Alternative Payment Model policies. This resource includes a review of policy proposals that would:

- Establish a conversion factor (e.g., the amount paid per relative value unit for each service) of \$32.26;
- Revise documentation, billing, and payment for Medicare E/M services;
- Change Medicare Shared Savings Program quality reporting; and
- Set performance criteria to earn a bonus and avoid a payment cut under MIPS.

MGMA will submit detailed comments to the Centers for Medicare & Medicaid Services (CMS) in response to the proposed rule. The final rule is expected this November or December.

MGMA to Congress: Waive budget neutrality for Medicare

Last year, CMS finalized a proposal to increase payment for office/outpatient E/M visits beginning Jan. 1, 2021. Due to budget neutrality requirements, these increased payments have resulted in a lower proposed Medicare conversion factor of \$32.26 (a decrease of \$3.83, or almost 11%, from the current conversion factor of \$36.09) in the CY 2021 physician fee schedule. MGMA [urged](#) Congress to waive Medicare budget neutrality in an effort to reverse the proposed conversion factor reduction and avoid payment cuts that would negatively impact certain specialties. If Congress were to waive these requirements, office/outpatient E/M visit increases would still take effect on Jan. 1, 2021, but would not result in payment cuts to a variety of specialties.

Provider Relief Fund: Application portal reopened

The Department of Health & Human Services (HHS) [announced](#) it has reopened the Provider Relief Fund (PRF) General Distribution portal for certain providers through **Aug. 28**. HHS is giving the following providers another opportunity to receive PRF payments:

- Providers who did not receive an initial payment that totals approximately 2 percent of their annual patient revenue;
- Providers who did receive an initial payment, but missed the June 3 deadline to submit their revenue information for additional funds;
- Providers who were ineligible for prior General Distribution funds due to a change in ownership or because they did not have Medicare fee-for-service revenue in 2019; or
- Providers who previously received Phase 1 General Distribution payment(s), but rejected and returned the funds and are now interested in reapplying.

For more information on the PRF, review MGMA's recently updated [resource](#).



CMS extends AUC testing period through 2021

CMS **announced** it has extended the educational and operations testing period for the Appropriate Use Criteria (AUC) program through 2021. As a result, there will be no payment consequences associated with the AUC program during CY 2020 and CY 2021. CMS encourages practices to use this additional time to learn, test, and prepare for the AUC program. Access the MGMA member-benefit **AUC Toolkit** for more information on the program.



Available now: 2019 final MIPS scores, performance feedback

CMS released 2019 MIPS performance feedback, 2019 final scores, and 2021 payment adjustments, which can be viewed on the Quality Payment Program (QPP) **website**. Members are encouraged to review this information, as finalized data may be different from preliminary information released earlier this year. Clinicians or group practices may request a targeted review if they find an error with their 2021 MIPS payment adjustment. Additional resources associated with this announcement can be downloaded from the QPP **resource library**.

Questions?

Contact MGMA Government Affairs by emailing govaff@mgma.org or calling 202.293.3450, 877.275.6462 toll-free

Need specialized practice management help?

Create meaningful change with MGMA Consulting Services! Click [here](#) to take the first step.

MGMA BENCHMARKING SURVEY

As benchmarking needs have changed over the course of 2020, we've created a monthly survey to capture the impact of the pandemic and provide a guide to support practices in planning for future months.

The effect of the pandemic on your state is unique compared to the rest of the country. We would appreciate your participation in the survey, so that we may in turn report benchmarks at the most useful, regional level. All participants of the survey will receive the results in early 2021.

Access to the survey: data.mgma.com
Resources to assist with survey completion:
mgma.com/participate

If we receive enough response from your state we can create a report specific to your data.

Sincerely,
Meghan Wong, MS
Director, MGMA Data Solutions



Welcome
to our
New Members

Active Member

Cheryl Kidwell

Orthopedic & Sports Medicine Center

St. Joseph

Student Member

Latresa Evans

Capella University

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