

TMGMA ENEWS

March/April 2018



Message from the President

Happy almost Spring everyone! The weather sure has been crazy lately. One minute it is beautiful and sunny and the next it is snowing in March. Hopefully, as we get closer to our Spring Conference the weather will normalize itself and we will have smooth sailing

for our TMGMA Cruise. Ship will be sailing out on April 11th and will return to port on April 13th.

In This Issue

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Are your bags packed for our TMGMA cruise? If not, there is STILL time to get on the ship. [Register now](#) for the conference and don't forget the Pre-Conference Workshops on April 11th. We are so lucky to have the guest speakers that we have for this year's pre-conference workshops. You will have the opportunity to hear Tom Stearns, FACMPE and Kimberly Estep, PhD share their experience with us as we work on Professional Development. Western Governors University will also be presenting and this is a wonderful opportunity to learn about the program and the scholarships that are available to TMGMA members. Or, if you are needing some extra information on MACRA you will not want to miss Adele Allison as she gives us her tips and tricks on economic reform. Be sure and read Adele's article in this issue under the Speaker Spotlight.

We have finalized the 2018 Spring Conference and I am so excited about our sessions. This is your opportunity to navigate the changing voyage that we face in healthcare today. Our topics this year cover finance, marketing, technology, leadership, legislature and more. Don't let this cruise sail on by without you.

As always I want you to know that the TMGMA board and I are here for you. If you have questions, concerns or ideas we want to hear from you. Do not hesitate to reach out to one of us.

Thank you again for allowing me to serve as your president and for joining me on the TMGMA Cruise this year! I can't wait to Sail Away with you!

Myriam Bagwell, CMPE
President, Tennessee Medical Group Management Association



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ACMPE CORNER

Become a Certified Member of the American College of Medical Practice Executives!

CURRENT PROGRAM CRITERIA — EFFECTIVE THROUGH DEC. 31, 2018

To apply for board certification, you must:

1. Be a current MGMA member
2. Have two years of healthcare management experience
3. Have six months of experience in a supervisory role
4. Pay a \$250 application and processing fee

[Apply Now](#)

After program acceptance, applicants must demonstrate mastery of the principles outlined in our [Body of Knowledge for Medical Practice Management](#) by completing three requirements:

Pass a multiple choice exam - This 175-item, multiple-choice exam assesses your on-the-job knowledge of the broad scope of group practice management principles and practices as described in the six domains of the Body of Knowledge for Medical Practice Management.

Pass a scenario-based exam – This 90-item exam assesses in-depth knowledge of medical practice management principles, problem-solving and decision-making skills a candidate would need to handle and resolve real-world medical practice issues through 18-25 scenarios.

Earn 50 hours of continuing education (CE) - You can start earning CE 30 days prior to your nominee acceptance date through a variety of [qualifying activities](#). CE credit can also be earned during your exam preparation and after passing the exams.

The Certification Commission and the MGMA Board vote monthly to confer and award the CMPE designation to individuals who have completed these requirements. After the vote is final, staff will send official notification of your advancement, earning your CMPE credential.

NEW PROGRAM ENHANCEMENTS BEGIN IN 2019

MGMA is excited to announce new enhancements to the ACMPE board certification program due to take effect on Jan. 1, 2019. [Learn more about the new pathway to your CMPE.](#)

Upcoming Exam dates:

Exam Dates	Registration	Location
June 9 - 23, 2018	Apr 23 - May 7, 2018	Exam sites can be found online .
Sept 8 - 22, 2018	July 23 - Aug 7, 2018	Exam sites can be found online .
Dec 1 - 15, 2018 *final testing date before changes	Oct 22 - Nov 6, 2018	Exam sites can be found online .

Exam preparation resource materials are available in the [MGMA store](#).

Registration information is located on mgma.com/exams

2018 Fellowship deadlines:

NEW! Additional Professional Paper option: See the new [Business Plan](#)

Outline Due: April 6, 2018

Manuscript Due: July 20, 2018

ACMPE CORNER CONTINUED

Study Groups: Online or LIVE

Certification Online, there are 8 weekly webinar modules covering the 6 domains in the Body of Knowledge, which are open to members and non-members. See the [webinar series](#) in the MGMA store for more details. There is also a Tennessee MGMA study group in the member community hosted by Deborah Hudson. For online go to: [Tennessee ACMPE Study Group](#)

Fellowship Online study group webinar series is designed to help individuals considering Fellowship to learn more about the process and requirements. All webinars are now available [on-demand](#).

SHOWCASE YOUR
EXPERTISE BY
BECOMING A
CERTIFIED
MEDICAL PRACTICE
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Anchor  p!
All Healthcare Professionals on Deck

SAVE
THE
DATE

Tennessee MGMA 2018 Spring Conference
April 11-13, 2018
Park Vista Hotel, Gatlinburg

MGMA
TENNESSEE

TMGMA Legislative News

TMGMA works closely with both the MGMA and TMA Government Affairs staff to provide our members with the latest legislative & regulatory information. TMGMA members are encouraged to participate in grassroots activities, anecdotal surveys, and contacting your elected officials on issues of importance to medical practices. For more information on how you can get involved or questions on any legislative issue, contact your TMGMA Legislative Liaison DeAnna Brown, FACMPE, CPC at dbrown@tnvalleyurology.net.



DAY ON THE HILL 2018
Tuesday, March 6
Cordell Hull Building
Nashville

Thank you to all who joined us on Day On The Hill, we had an excellent time with our legislators discussing the issues that are important to healthcare. If you were unable to join us, please make plans to join us next year! Even if you feel a little unsure about the process, TMA always makes this easy. They always brief us on the issues, provide talking points, and you can be as active in the discussion as you want to be. Your presence is vital.

2018 MIPS Resources

CMS posted several resources related to the 2018 MIPS performance year: www.cms.gov/Medicare/Quality-Payment-Program/. This includes quality measure specifications and benchmarks, as well as an Improvement Activity (IA) fact sheet and specifications for the Advancing Care Information (ACI) measures.

Watch for New Medicare Cards

Make sure you are capturing correct Medicare ID numbers. Social Security numbers will no longer be used as the identification number. The new cards will have 11 characters, alpha and numeric and the time frame for CMS to reissue the cards is April 2018 – April 2019. Find out more information here <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>.

MGMA Legislative Updates

MGMA is collaborating with the American Hospital Association, America's Health Insurance Plans, American Medical Association, American Pharmacists Association, and the BCBS Association with concerns related to prior authorizations. The focus is on 5 areas:

1. Selective Application of Prior Authorization
2. Prior Authorization Program Review and Volume Adjustment



Tennessee Medical Association Adds Director of Insurance Affairs

Karen Baird, CPC, CPMA has joined the Tennessee Medical Association as Director of Insurance Affairs. Baird will serve as TMA's in-house expert on federal and state health insurance policies and reform. Karen will serve as the TMA staff point person to assist members with health plan questions, administrative hassles and reimbursement problems. She will monitor health plan payment policies, and support TMA members with their coding (billing and diagnostic), documentation, claims adjudication and other insurance-related questions.

Baird brings more than 30 years of healthcare administrative experience to TMA, most recently as office manager with Midtown Primary Care Clinic in Nashville. She is a certified professional coder and medical auditor, and is a member of numerous professional organizations including the American Academy of Professional Coders, National Alliance of Medical Auditing Specialists and others.

"Physicians and medical practices depend on their state medical association to advocate on their behalf and help resolve problems with health plans. Our leadership deems this a critical service area for our members and we are making additional investments in this area of advocacy. We are fortunate to have someone with Karen's experience in this position and feel she will be a great asset for members," said Russ Miller, TMA Chief Executive Officer. She can be contacted by calling 615-385-2100 ext. 1651 or email Karen.Baird@tnmed.org

Budget Bill Passes

Feb 8 Congress passed a two year budget deal signed into law by President Trump on Feb 9. The Bipartisan Budget Act of 2018 (H.R. 1892) is largely a win for physician practices.

- It reduces burden in the MIPS program
- Eliminates the IPAB
- Extends the work GPCI floor for 2 years through 2019
- Permanently repeals the Medicare therapy payment cap
- Incorporates new flexibility for ACO's
- Expands coverage for telehealth services
- Decreases requirements in the Meaningful Use program
- Extends Children's Health Insurance Program funding for an additional four years through fiscal year 2027.

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MGMA Conference

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Speaker Showcase

MACRA: It's all about the Data

By Adele Allison, National Director of Provider Innovation Strategies and TMGMA 2018 Speaker

We've all heard it said that what gets measured gets done. Humans are competitive by nature; and, whether we are benchmarking for personal achievement or peer comparison, measurable goal setting, performance and outcomes offer accountability in the determination of achievement or failure.

Measurement has become the cornerstone of that megalithic structure we now call "health value." Historically, the focus has been centered on management of resources and cost containment. Today, purchasers of healthcare whether payer, employer, government or patient are seeking the Triple Aim – lower costs, better care, and better health.

Data is being used to establish health value. Taking a leadership role, Congress solidified pursuit of health value when it enacted the Medicare Access & CHIP Reauthorization Act (MACRA) in 2015. This 95 page, bipartisan law references the term measurement 171 times using data (mentioned 103 times) for purchasing services for Medicare beneficiaries. As other payers join this movement, managing patient populations to demonstrate health value will become crucial to your economic success.

Quality Measurement

Today, CMS uses standardized quality performance measures that typically are endorsed by the National Quality Forum (NQF). These measures align with 6 clearly defined national quality strategy domains that support the Triple Aim, as follows:

MACRA By The Numbers

- 95** – Pages long
- 31** – mentions of "Reasonable Cost Reimbursement"
- 18** – Mentions of Risk
- 27** – Mentions of EHR or Technology to Manage, Measure or Report
- 8** – Times mentions Meaningful Use
- 38** – Times Quality Measures is discussed
- 19** – Mentions of Resource Use or Efficiency
- 103** – The word "Data" is used

Speaker Showcase

Triple Aim	CMS National Quality Strategy Domain	Domain Description
Lower Costs	Efficiency and Cost Reduction	<i>Annual spending measures per capita, episodic care costs and quality to cost metrics</i>
Better Care	Care Coordination	<i>Measuring successful transitions of care, admissions and readmission rates and provider communication</i>
	Safety	<i>Patient and Provider safety, including healthcare acquired infections and conditions</i>
	Clinical Care	<i>Acute, chronic preventive and clinically effective</i>
Better Health	Person- and Caregiver-Centeredness	<i>Experience and outcomes reported by patients and caregivers, and functional outcomes</i>
	Population and Community Health	<i>Measuring health behaviors, access, social / economic factors, physical environment, and disparities</i>

You are being measured today more than ever. Both performance and outcomes will be linked to revenue as a stakeholder under up and coming population-based payment models growing across our economic landscape.

Efficiency Measurement

Efficiency and cost are related, yet separate terms. Very simply, the cost of care is defined as the total health care spending for services rendered over a defined period of time, be it a single office visit or an extended episode of care. On the other hand, efficiency relates cost to a level of care quality; and, there is no singular way to measure for efficiency according to the Institute of Medicine (IOM). Efficiency measurement associates costs with care that is safe, timely, equitable, effective and patient-centered. To a great degree, efficiency relates the total cost of care with a risk-adjustment calculation, understanding that care for more complex patients require more resources.

Remember that CMS is a payer and the most fundamental data source payers have today is claims. Providers typically consider their claims process as a means of getting paid. True. Yet, clinicians need to undergo a crucial mental shift to position for value-based payment. Understand that your claims process is actually a reporting vehicle. It always has been. Claims represent your means of communicating the nuances associated with the patients you treat to the organization that pays you. All payers use this information extensively to understand the burden of disease, patient complexity and to stratified risk associated with the patients they cover.

Speakers Showcase

In Summary

Health plans have been using claims data to manage community-based risk for decades. As the population-based payment moves risk to provider communities, the role of community-wide population health management becomes more essential to providers. Population health management relies on data with strong integrity. New and emerging structured nomenclatures can lead to powerful outcomes in health value, but only if information is captured consistently across the care continuum, among payers and from providers. Liquidity of this data between all stakeholders will further empower the process of population management. In the end, clinical and financial success will be dependent upon measures and metrics that leverage more comprehensive information. The future is all about the data.

About the Author

As the national director of provider innovation strategies, Adele Allison monitors healthcare reform for DST System's health solutions division and is a legislative/regulatory subject matter expert. Having served as the co-chair of the HHS ONC Beacon-EHR Vendor Affinity Group and a current co-chair for HHS' WEDI Payment Models Workgroup, Allison has nearly 30 years of healthcare experience and is an active participant with HHS' HCPLAN. A published author, Allison is a member of UAB's advisory board on curriculum development and served on UAB's HITECH Committee for health IT curriculum development; and, is a member of the board of directors for Alabama HIMSS.



Adele Allison is one of our General Session speakers at this year's Spring conference. She also will be conducting a pre-conference workshop on MA-CRA and essential strategies. We hope you will join us for this hands-on workshop to position for matters of economic reform.

Institute of Medicine. 2001. *Crossing the Quality Chasm: A New Health System for the 21st Century*. Washington, DC: The National Academies Press. <https://doi.org/10.17226/10027>.
Institute of Medicine, *ibid*.

Tennessee MGMA 2018 Spring Conference
ANCHOR UP! All Healthcare Professionals on Deck
April 11-13, 2018 • The Park Vista Hotel, Gatlinburg, TN
CONFERENCE AGENDA

Wednesday, April 11TH

7:15-8:15am	Local Chapter Officers Breakfast and Round Table Discussion
8:00-5:00pm	Registration Desk Open
8:30-11:30am	Preconference Workshops (Pre-registration and Fee Required): <ul style="list-style-type: none">• <i>Developing Professional Competence</i> – Thomas H. Stearns and Kimberly K. Estep• <i>Impact MACRA: Essential Strategies in Economic Reform</i> – Adele Allison
8:30-12:00pm	Hospital Owned Physician Practice Executives (HOPPET) [Session open to all Administrators of system-owned practices – no Affiliate members please] <i>The Forces of Healthcare Impacting Medical Groups</i> – Eric Passon and James Porter
12:00-7:00pm	Exhibit Hall Open for Attendees
12:00-1:00pm	Networking Lunch
1:00-2:45pm	General Session: <i>No More Team Drama – How Leaders Cultivate Real Teamwork</i> – Joe Mull
2:45-3:30pm	Networking Break with Exhibitors
3:30-5:00pm	General Session: <i>Implement the Correct Technology to Help Scale and Secure Your Medical Practice</i> – Blake Schwank
5:00-6:00pm	Opening Night Reception

Thursday, April 12th

7:30-8:30am	Breakfast with Exhibitors
8:30-9:45am	General Session: <i>Washington Update</i> – Drew Voytal, MPA
10:00-11:00am	Breakout Sessions <ul style="list-style-type: none">• <i>Your Data is Your Voice: Scribing for Clinical Documentation Improvement</i> – Adele Allison• <i>Avoiding a Mutiny: Hire, Retain & Motivate Good Employees</i> – Stephen A. Dickens• <i>Just What the Doctor Ordered: 13 Ways to Give Your Marketing New Life</i> – Ronelle Sellers• HOPPET: <i>Employers Perspective</i> – Eric Passon and James Porter
11:00-11:30am	Exhibitor Networking Break
11:30-12:30pm	Breakout Sessions <ul style="list-style-type: none">• <i>Facing the Leviathan: Practical Tips for Today's Enhanced Regulatory Environment</i> – Panelist: Patti Cotten and Daniel Swanson; Moderator – Ian Hennessey• <i>All Hands on Deck: Navigating Your Way Through the Sea of MACRA Requirements</i> – Jackie Boswell• <i>Financial Storytelling</i> – Kenneth T. Hertz• HOPPET: <i>Payers Perspective</i> – Eric Passon and James Porter
12:30-1:30pm	Lunch with Exhibitors
1:30-2:00pm	Tennessee MGMA Update and Awards
2:00-3:00pm	Breakout Sessions <ul style="list-style-type: none">• <i>Navigating the Voyage of Patient Access and Charging for Medical Records</i> – Loretta Duncan• <i>Budget for Success</i> – Kenneth T. Hertz• <i>Cruising Through Key Legal Compliance Issues in Telemedicine</i> – Calvin Marshall, Jr.• HOPPET: <i>Private Equity Perspective</i> – Eric Passon and James Porter
3:00-3:45pm	Dessert Break with Exhibitors
3:45-5:15pm	General Session: <i>Navigating Emotions through the Seas of Life</i> – Lisa Nuckolls
6:00-9:30pm	Reception, Dinner and Casino Night

Friday, April 13th

8:30-9:30am	Breakfast with Exhibitors
9:30-11:00am	General Session: <i>Servant Leadership – Serving as a Leader</i> – Marshall Wilkins
11:00am	Closing Remarks and Prize Drawings