

TMGMA ENEWS

November/December 2019



Happy Fall Ya'll!

I have been waiting a long time to say that! The Fall weather across the state has eluded us until recently. I am grateful to finally have some rain and cooler temperatures. I must confess that I am not much of a pumpkin spice person, but I do love sitting around a campfire on any cool evening in the fall.

Speaking of grateful, I am both grateful and honored to have the privilege of serving as the president of Tennessee MGMA this coming year. I have learned so much over the past few years while serving on the board. I have been fortunate to work with some amazing people. I would like to take this opportunity to thank some of those people now. A huge Thank You to Mr. Steve Dickens for his service to the organization. Steve has served the past three years as Past President's Chair; one year longer than the job description calls for, because we twisted his arm and he is a good guy. Steve has shared his knowledge and expertise during some challenging years. It is with much gratitude that I say thank you to Steve for his service. Other members of our Leadership Committee that will be stepping down are Myriam Bagwell and Brandon Williams. Myriam served as our Past President this year and Brandon has served as our Chair of Member Services. Myriam and Brandon have been valuable members of our team. We appreciate their service to the organization, thank you Myriam and Brandon.

Your board has been listening to you through the surveys you have completed. The survey results provided us with some very valuable information. We have a vision of what we need to provide for our membership this coming year. We have been hard at work planning enhancements to your membership, developing conference agendas and planning locations for future conferences. You asked for Nashville as a conference location, therefore, we are going to Nashville for our Spring Conference! As I mentioned in earlier announcements, we are developing two tracts of learning for our Spring Conference. There will be learning opportunities for everyone, in all levels of management! We will have a leadership tract and a management-operations tract to choose from for breakout sessions. The general sessions will pertain to leadership in management. We have several national known speakers for our general sessions as well as our breakout sessions. We hope to exceed your expectations for your educational needs, expand your networking opportunities, and provide some fun for you and your colleagues. Mark your calendars for April 29 – May 1! You will not want to miss this conference!

I want to give a shout out to all our Local Chapter leaders! These leaders work very hard to provide an educational opportunity, networking and resources in your local area for you. These individuals are the conduit between the state and local organization. Their service is invaluable. Thank you to all those leaders who have agreed to serve in their local chapter this year. We appreciate you!

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If you missed out on signing up for our Peer to Peer initiative at our Fall conference, it's not too late! If you are interested in having a peer to communicate with on a regular basis, to bounce ideas off of, get advice on difficult management scenarios, or to discuss challenging situations of which may be experiencing, email us today! rebekahfrancis@att.net or cfaulkner@peerlesspediatrics.com

Congratulations to **Misty Hickman** and **Kelly Davis** for becoming Fellows with the American College of Medical Practice Executives. You have represented Tennessee MGMA well!

If you have not started working toward your certification or fellowship, consider doing so today! Tennessee MGMA is honoring our members who achieve this goal by awarding them with a free Spring or Fall conference registration from the Past Presidents' Scholarship Fund. Loretta Maddox, our ACMPE Forum Representative, has more information in her article in this month's newsletter. What better time to start the process than now! This year's Spring conference is offering a pre-conference workshop with Cristian Lieneck, FACMPE. Mr. Lieneck has been very successful in preparing professionals across the United States to achieve the goal of becoming certified or obtaining fellowship. Make this year your year! Get started today.

I am looking forward to an action-packed year! Thank you again for this amazing opportunity.

Take care,

Cathy Faulkner, FACMPE

President, TMGMA

cfaulkner@peerlesspediatrics.com



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ACMPE Corner

Hello TMGMA! I hope everyone is gearing up for the Holiday Season because it is already upon us. Since this time of year can be extra busy, I've included a couple of reminders regarding tracking continuing education, the ACMPE Board Certification Prep Course, and an exciting announcement about a new benefit for TMGMA members who obtain their Certification or Fellowship.



Free Registration to a Spring or Fall Conference for TMGMA Members who Obtain Certification/Fellowship

Beginning in 2019, any TMGMA member who received their certification or fellowship in 2019 will be awarded a scholarship for a **free TMGMA Spring or Fall conference registration** in 2020. These scholarships will be awarded from the Past Presidents' Scholarship Fund. Going forward, any TMGMA member who obtains Certification or Fellowship in a calendar year will receive this benefit in the following calendar year. Scholarship recipients will receive formal notification with instructions on how to register for the conference of their choice.

Tracking Continuing Education/Volunteer Hours

If you have attended any continuing education sessions, you need to add the hours to your ACMPE Transcript. MGMA has made some enhancements to the ACMPE Tracking portal.

To explore your new features, you can navigate to your portal by:

Logging in to mgma.com.

1. Selecting "My Dashboard" found on the top right corner.
 2. Selecting "MANAGE MY ACCOUNT" found on the top right corner.
- Selecting "ACMPE TRACKING" under the left hand menu.

NEW ACMPE TRACKING FEATURES

- Access, complete and submit your application after purchase.
- Record your ACMPE continuing education (CE) hours, enter professional development and request MGMA event credit towards CE hours.
- View your current ACMPE status with completion date, monitor requirements if in application stage and track your CE cycles (1/1/2019-12/31/2021 for CMPE/FACMPE OR 30 days prior to acceptance date for CMPE applicants).
- Enter new volunteer hours towards Fellowship requirements.

If you have questions about using your portal, please email acmpe@mgma.com.

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ACMPE Corner

ACMPE Board Certification Preparation Course

The ACMPE Board Certification Preparation Course is designed to help healthcare professionals prepare for the ACMPE exam. This comprehensive course helps examinees identify content necessary to meet board certification standards, including financial management, regulatory compliance, organizational governance and departmental operations management. To best prepare applicants for the examinations, topics are reviewed from the perspective of a variety of healthcare settings, including hospitals and ambulatory care settings.

Next Course: Jan. 22 – March 18, 2020

If you missed the course that started on October 24, you can still participate. Just follow the enrollment instructions below.

Enroll for the ACMPE Board Certification Preparation Course by going to the link below: <https://www.mgma.com/certification/board-certification/acmpe-program-participants/study-resources-for-board-certification>, then scroll down to ACMPE Board Certification Preparation Course, and “add to cart”. This is free for MGMA members, but you must purchase it to receive the link to the course.

The live kick-off was Thursday, October 24. After that, you will receive recorded sessions on each domain in the Body of Knowledge. If you join late, you will have access to past recordings. There will be a **live wrap-up with Q&A on Tuesday, December 3**. When you register for this webinar series, you will be added to the ACMPE Certification Preparation Network (formerly Tennessee ACMPE Study Group) in the MGMA Member Community. Along with the webinar prep course, Deborah Hudson, FACMPE, will be posting reading materials and sample study questions on the ACMPE Certification Preparation Network.

As always, if you are interested in pursuing Board Certification or Fellowship and you have questions or need assistance, please feel free to reach out to me. I’m happy to help in any way that I can.

I hope everyone has a Happy Holiday Season!

Loretta Maddox, MS, FACMPE, CHC

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Best of both worlds: Hybrid concierge medicine can be long-term patient care solution for practices

By Christian Green, MA

The one-to-one relationship between physician and patient often takes a back seat in today's demanding healthcare environment, in which administrative burdens, efficiency and volume can take precedence over individual care. Fortunately for practices, there are alternatives to consider. In exploring long-term patient care strategies, one option is hybrid concierge medicine.

The hybrid concierge model offers services, such as comprehensive preventative care and wellness visits, beyond what is covered in a standard visit and outside of what insurance typically covers. Many of these services are provided during an annual checkup. Patients pay a flat fee to receive greater access to their physician through consultation, discussion and medical records review. As Wayne Lipton, founder and managing partner, Concierge Choice Physicians, LLC, Rockville Centre, N.Y., notes, "In a hybrid model, [for patients] it's not about access; it's about the value of enhancing the connectivity and having more time with the doctor to have a sense of comfort about what's going on with their healthcare."

FOCUSING ON THE DOCTOR-PATIENT RELATIONSHIP

The emphasis on the doctor-patient relationship is the basis of concierge medicine. As Lipton conveys, this relationship often is deemphasized as practices strive for efficiencies. "One of the hallmarks of this type of practice is that a patient chooses a particular physician to have a stronger relationship with," Lipton says. "Membership is not on a practice basis, but on a one-to-one relationship ... what it does by its sheer design is enhance that relationship."

Patients who long for an old-fashioned relationship with their physician find comfort and security in having 24-hour access to them. One of the perks is that physicians provide their cell number to their patients. However, as Lipton asserts, few patients take advantage of that privilege. "The time someone calls is when they are in desperate need of you, not because they are abusive," Lipton says. "Doctors have the right to drop any abusive patients."

In fact, since he founded Concierge Choice Physicians in 2005, Lipton has only heard about abuse a handful of times. This is largely because physicians meet with patients to discuss their expectations and establish boundaries before accepting a new hybrid concierge patient.

BENEFITS FOR PHYSICIANS AND PRACTICES

For physicians and practices, hybrid concierge medicine can be a practical long-term solution for several reasons:

- Participation is solely up to individual patients, and practices don't have to give up patients to participate. In addition, not every practice physician must participate.

- Participation by a small percentage of the patient population (in most cases less than 10%) is necessary to make it worthwhile for practices.

- By continuing to accept insurance, practices have a continuous source of revenue and preserve crucial relationships with hospitals and specialist referrals. However, hybrid concierge medicine provides another revenue source that practices directly control — one that's not affected by reimbursement rates and coding.

- For an hour or two a day, physicians can practice medicine the way they prefer, providing individual attention to their patients.

- The model can be used as a test case for transitioning to full concierge medicine, though Lipton cautions that practices rarely do so.

By integrating hybrid concierge medicine into their practice, physicians can offset some of the issues that can arise in a traditional model. "When you are concerned about quality of care and productivity being features of what your practice strives for, there's a bit of a problem with time," Lipton says. "It creates issues with burnout; it also creates issues of concern on the part of physicians that they've done everything they can. It also affects how much is referred out versus performed at the site during a particular visit."

Continued

When physicians can introduce a respite into their day, they can help alleviate some of these concerns. As Lipton notes, “It’s a small portion of time in each practice’s day where the pace is slowed down dramatically, and time is no longer the major motivating limiter.” This also benefits the practice as a whole because patient volume is reduced during these windows.

In turn, hybrid concierge medicine can help reduce physician burnout. In primary care, physicians can often see four patients an hour, but in the hybrid concierge model, that number may be cut in half, while not adversely affecting income. The model also makes it easier for physicians to transition into retirement and extend their careers. As Lipton mentions, some physicians he works with are practicing medicine into their mid-80s in the hybrid concierge model.

On the economic side, hybrid concierge medicine can generate higher levels of compensation per hour. As mentioned, it is not affected by coding or reimbursement rates and does not require additional capitalization.

HYBRID CONCIERGE IS NOT FOR EVERY PRACTICE

Despite the benefits, hybrid concierge medicine may not be a good fit for some practices. “It will vary on the economics of the community,” Lipton emphasizes. “Interestingly, we’ve found that the model works in middle-income and lower-middle income areas, but not in an area that’s Medicaid population.” That said, there aren’t many barriers to participation. As noted, it’s not a requirement for the majority of a practice’s patient population to participate. In addition, if the annual fee is affordable — for example, less than \$2,000 a year — many patients may find it beneficial.

Hybrid concierge medicine also doesn’t work well in places where there’s high patient turnover, such as resort areas, for example. In stable patient populations, the re-sign up rates are typically higher than 90%, Lipton says.

WHO IS PARTICIPATING?

There’s no single approach for setting up a hybrid concierge model. For practices, the biggest obstacle is marketing it to patients; for patients, the primary obstacle is financial, because they are participating directly rather than going through a third party.

With larger groups, Lipton says that it doesn’t matter whether physicians have five or 100 patients participating, marketing is the same for every physician. This makes the program less exclusive and not just available to “superstars.”

Although the hybrid concierge model is most often seen in primary practice, Lipton says some specialties — cardiology, endocrinology and rheumatology, for example — have patients who desire enhanced connectivity, a stronger relationship with their physician and a more comprehensive review of their health.

For some of these specialties, such as cardiology, practices are looking for methods to earn back lost revenue. “Oftentimes, there’s more of an incentive to think about ways to bring back some of that revenue that’s lost from the changing of the reimbursement rates that occurred for certain procedures and testing,” Lipton maintains.

Although hybrid concierge medicine is still a small niche (approximately 3,000 to 5,000 physicians utilize it in the United States, according to Lipton), there is opportunity for growth without significant investment, as compensation is tied to practice success.

For some practices, hybrid concierge medicine could be the solution they are looking for. “The hybrid model itself is really a wonderful approach for practices to tap into other revenue sources where they have control of private pay in an environment where they’re not giving up their relationships,” Lipton affirms.

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HYBRID CONCIERGE MEDICINE IN ACTION: ARROYO MEDICAL GROUP

Arroyo Medical Group, Pismo Beach, Calif., is a primary care practice with six full-time-equivalent (FTE) physicians and one part-time PA, located in what practice administrator Sherry DiDomenico calls a “doctor desert.” The practice has approximately 6,000 patients, and half the payer mix is Medicare.

According to DiDomenico, Arroyo Medical Group adopted the hybrid concierge model five years ago to help combat shrinking revenues from traditional insurance. The desire to remain self-sufficient was also a strong motivation. “The physicians talked with local health systems about being acquired, but they didn’t want to do it because they value their independence,” DiDomenico says. “So they decided to look for other ways to stay alive. Concierge turned out to be part of that strategy.”

Currently, the practice has about 500 patients — around 8.33% of its patient population — participating in the program. The national average for hybrid concierge medicine is between 3%-10%.

DiDomenico echoes what Wayne Lipton expresses about the hybrid concierge model emphasizing a one-to-one relationship. “The physician/patient relationship is much more personal,” she says. “They are getting something they would never get in traditional insurance — a really comprehensive physical once a year — which would be expensive for them to pay

for if they had to pay for all the labs separately and all the testing that gets done as part of that physical.”

DiDomenico recognizes how much the model can benefit physicians, particularly when it comes to lessening the burden on them. “They know that with a traditional patient, if they don’t jump through all those hoops and justify every last thing they do for a patient, they are not going to get paid for anything,” she says. “With a concierge patient, that is not an issue. It makes it less of a volume game; it gives them a little breathing space.”

By Christian Green, MA, writer/editor, MGMA, cgreen@mgma.com. Reprinted with permission. Source: July 2019 MGMA Connection magazine

Save the Date



Wednesday, March 25, 2020

2020 LEGISLATIVE PRIORITIES

SCOPE OF PRACTICE

TMA for years has led advocacy efforts to keep Tennessee physicians supervising patient care and prevent inappropriate scope of practice expansion for midlevel healthcare providers. Advance practice nurses and physician assistants have been unsuccessful in their attempts to change state laws to achieve independent practice in Tennessee, and TMA remains steadfast in advocating for policies that improve and strengthen interprofessional relationships, not weaken them. TMA is leading a coalition of medical specialty societies and other healthcare organizations promoting physician-led, team-based healthcare delivery teams as the best model for patient safety and quality of care. tnmed.org/scopeofpractice



BALANCE BILLING

While no related bills gained traction in the Tennessee General Assembly during the 2019 session, Congress is considering multiple proposals to protect patients from “surprise medical bills.” TMA continues to educate state and federal lawmakers on health plans’ narrow networks as the root cause of balance billing and advocate for a solution that frees patients from the financial burden of unexpected out-of-network charges while protecting physicians’ rights to choose how they practice and get paid appropriately for services they provide. tnmed.org/balancebilling

TELEHEALTH

TMA supported a 2019 bill to ensure telehealth services would be reimbursed at the same rates as in-office visits. The bill did not pass, but it helped advance the conversation about appropriate rules and reimbursement for technology that is critical to improving healthcare access across the state, particularly in rural, underserved areas. TMA will continue advocating for laws, rules and regulations that support telehealth as part of coordinated, integrated healthcare delivery and bring reimbursement on par with comparable in-person services.

TENNESSEE PROFESSIONAL PRIVILEGE TAX

Prior to adjourning the 2019 session in May, the General Assembly abruptly exempted several professions from paying the state’s professional privilege tax. Doctors are still required to pay the annual tax, along with lawyers, lobbyists and stock brokers. TMA has advocated for reduction or removal of the professional privilege tax for years and will continue working with state lawmakers on possible solutions.

For more information, please visit tnmed.org/legislative

TMGMA Webinars

ON DEMAND WEBINARS



Reimbursement and Coding Changes for 2020* | December 10th @ 12:00pm

Get ready for 2020 with this overview of coding and reimbursement changes. Join Kim "The Coder" Huey as she reviews the ICD-10-CM and CPT coding changes – and discuss documentation updates needed to support the new codes. This session will also review the CMS changes for evaluation and management coding and reimbursement and help to analyze the impact on reimbursement. How will Fraud and Abuse efforts change in response?

This session will cover:

- CPT code update for 2020
- ICD-10-CM code update for 2020
- Fraud and Abuse Outlook for 2020
- CMS changes to evaluation and management coding and payment

Speaker Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC has worked with providers in virtually all specialties, from General Surgery to Obstetrics/Gynecology to Oncology to Internal Medicine and beyond. She has spoken at the national conference of the American Academy of Professional Coders, the American Health Information Management Association, the Health Care Compliance Association, and has presented audio-conferences for AHIMA, DecisionHealth, The Coding Institute, Coding Leader, Intelicode, and Progressive Healthcare.

Kim is an independent coding and reimbursement consultant, providing audit, training and oversight of coding and reimbursement functions for physicians.

This webinar is a TMGMA member benefit. To register, login and proceed to [Webinar Registration](#) under the Members tab.

*In addition to ACMPE CE credit you can also earn AAPC CE credit for this webinar session. After registering, you will receive a confirmation email containing information about joining the webinar.

2020 Spring Conference Save the Date

April 29 - May 1, 2020
Franklin Marriott
Cool Springs

VISION 2020

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