



# TMGMA ENEWS

November/December 2020



I am excited to say, “Happy Fall Y’all”! Fall is one of my most favorite times of year. I am also delighted to have the opportunity to serve as your 2020-2021 TMGMA President. To say the least, 2020 has been quite unique and due to COVID-19, TMGMA was unable to hold its typical Spring and Fall conferences. So, with challenges comes opportunity and TMGMA partnered with 12 state MGMA chapters to provide a multi-state virtual educational program with THRIVE 2020. From the 12 states that participated, there were 700 participants. Tennessee was well represented with 101 TMGMA members participating. TMGMA would like to thank M3 Solutions for hosting this event and for doing an outstanding job coordinating this event. TMGMA would also like to extend a gracious thank you to our Platinum Sponsor, SVMIC, our Gold Sponsor, SunTrust, and our Silver Sponsor, C-Spire, and to our members for your participation.

Currently and as we continue to look forward with safety measures at the forefront, TMGMA’s leadership team is planning and preparing for face to face conferences in 2021. Please visit [tmgma.com](http://tmgma.com) for the most current and up to date information regarding upcoming events and activities.

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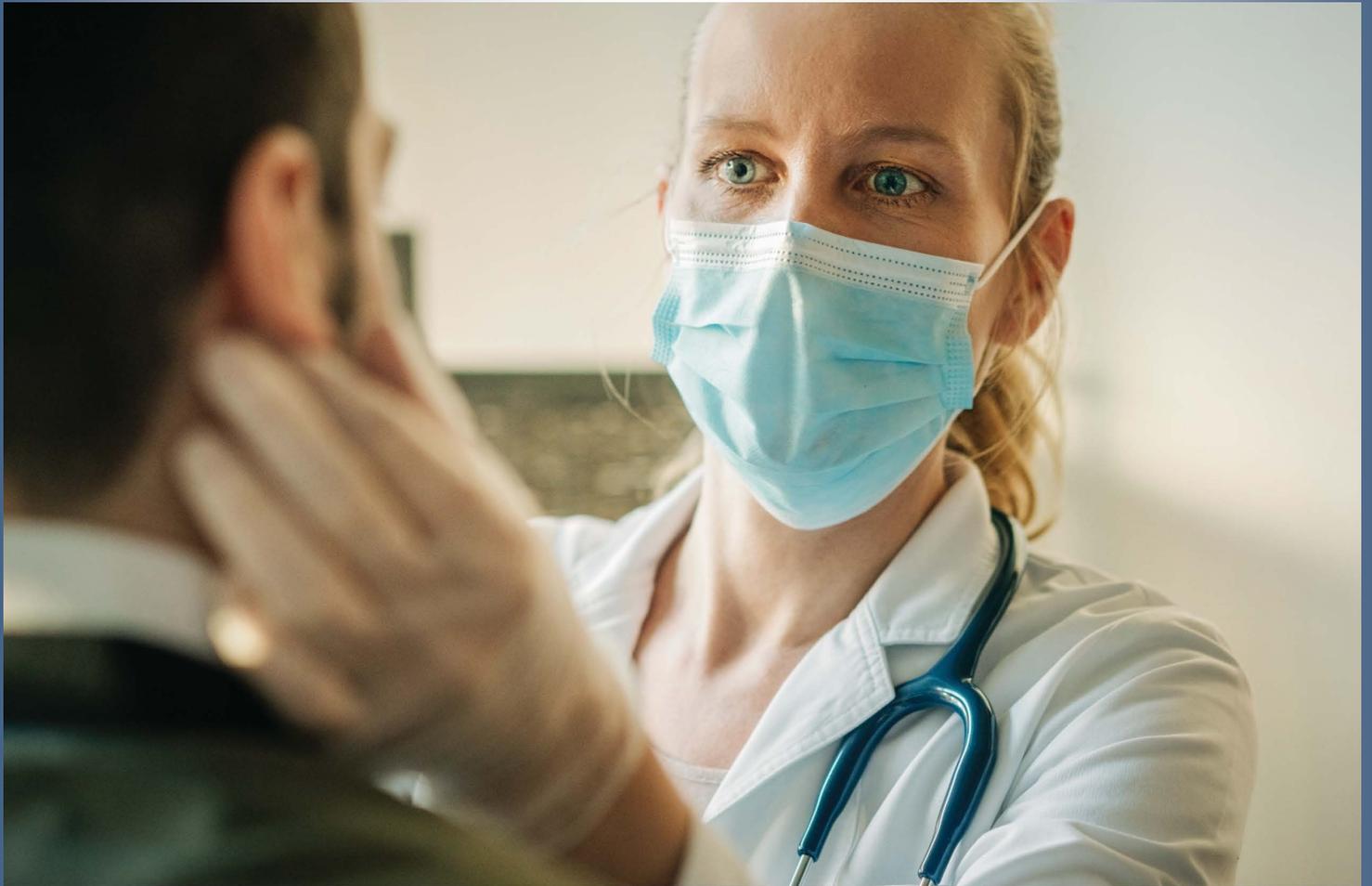
As the holidays are upon us, may you bask in a time of gratitude, thankfulness, and reflection. I want to take this opportunity to express my genuine gratitude and appreciation to you and to your teams for all of your hard work and dedication for taking care of people and for working together to make a difference in the lives of those that we have been given the opportunity to serve. May your holidays be blessed with much joy and prosperity of the season.

Again, thank you for the opportunity to serve as your President. I look forward to serving and working with you in the coming year.

Cheryll Doss  
President , Tennessee MGMA  
[cdoss@nashvilleoncology.com](mailto:cdoss@nashvilleoncology.com)



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# ACMPE Corner

## New Body of Knowledge and Exam Specifications

The ACMPE Board Certification examinations will begin reflecting the new Body of Knowledge framework in December.

If you are interested in taking the exam under the current BOK, you must take it before December 1.

If you are interested in testing under the new BOK and you test from December 1 to December 31<sup>st</sup>, you qualify for a \$50 discount.

You can visit the [Body of Knowledge page](#) under 2020 updates to review the new BOK, FAQ, and the review the differences between the new framework and the previous version.

### What do I need to be certified?

- Be a member of National MGMA
- Submit for Board Certification and pay application fee.
- Have 2 years of healthcare experience
- Bachelor's Degree or 120 college credit hours
- Pass multiple choice exam
- Pass scenario-based exam
- Earn 50 hours of continuing education credits

### Why should you get certified?

Find out why by clicking [here!](#)



DeAnna Brown, FACMPE  
[dbrown@tnvalleyurology.net](mailto:dbrown@tnvalleyurology.net)

### Congratulations to the 2020 Class of Fellows for Tennessee:

Angela Patterson, FACMPE – Cleveland  
Jeff McPherson FACMPE - Knoxville

### Congratulations also to the following:

#### FACMPE Nominees:

Brent Pendergast – Knoxville  
Jamie Gibson-Magee – Elizabethton

#### ACMPE Nominees:

Gretchen Napier – Brentwood  
Harrison Johnson – Nashville  
Dustin Wilson – Johnson City  
Julie Appleton – Fairview  
Richelle Phillips – Chattanooga  
Kimberly Palmer - Murfreesboro

# ACMPE Corner (continued)

## Ready to Test? It's on Demand!

ACMPE exam registration is on-demand. ACMPE program participants can register and sit for their exams with as little as two days' notice any time of the year.

On-demand Testing FAQ attached to email and uploaded in member community.

Over 500 Scantron testing locations <https://www.scantron.com/site-closures-delays/>.

2021 registrants may select Live online-proctored format from the safety of your own home. To become board certified, you must register for and pass both the multiple choice and scenario based exam requirement.

## Certificate Programs

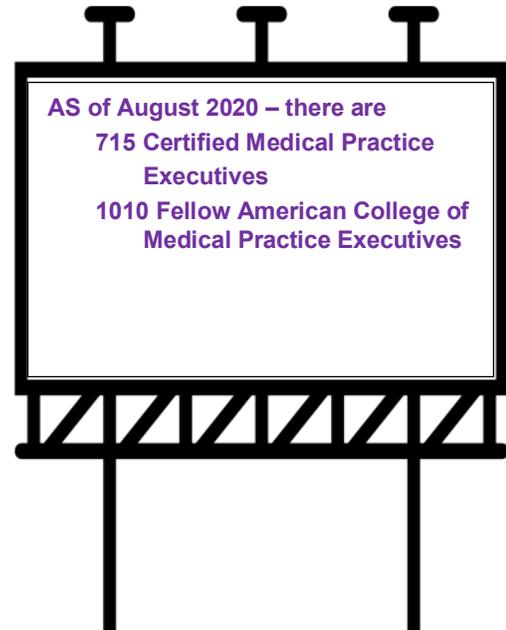
Telehealth Certificate is now available on demand. "Best Practices for Optimizing a Successful Telehealth Program".

Financial Management Certificate is coming in November!

Additional certificates will be offered soon including domain specific. Please visit our [ACMPE Certificates page](#) for more information:

## ACMPE Member Community

Subscribe to the ACMPE Member Community on the MGMA website for a source of great information including networking with colleagues, obtaining study advice, and general exam prep ideas!



## Need CEU Credits?

### ACMPE Article Assessments:

New Article Assessments are available! Article Assessments are a great way to earn credit. Contribute to your ACMPE continuing education hours by taking assessments with select MGMA Insights articles. Each assessment is worth one ACMPE credit hour.

You can find this continuing education opportunity by visiting our [Article Assessment](#) page. There are currently around 30 insight articles to choose from.

Did you know that you can use the MGMA Live webinars toward your CEU requirements? All of the upcoming live webinars can be found on the MGMA Events page found here <https://www.mgma.com/events>. There are also a few new webinars that you can register for and attend every month!

# Legislative Update

TMA's legislative committee submitted their 2021 Legislative Agenda to the Board of Trustees in October. The board approved to prioritize defending **Scope of Practice** to ensure patients get the best care possible which we all believe is physician-led care; preserving the right for physicians to **Balance Bill**; and fight to keep **Graduate Medical Education** funds in tact so that we do not lose residency spots in Tennessee.



MGMA Government Affairs site provides the latest in regulatory and legislative developments relative to COVID-19 including information on the CARES Act.

MGMA submitted comments to the Centers for Medicare & Medicaid Services in response to the proposed 2021 Medicare Physician Fee Schedule. MGMA recommended that CMS:

- ⇒ Continue to reimburse audio-only remote visits at a rate that adequately covers the cost of care.
- ⇒ Move forward with implementing improvements to Evaluation and Management office visits on Jan. 1, 2021, but take action to prevent physician payment cuts due to budget neutrality adjustments.
- ⇒ Delay proposed changes to Medicare Shared Savings Program ACO quality reporting.
- ⇒ Implement an automatic hardship exception for participants in the Merit-based Incentive Payment System for the 2020 and 2021 performance years, similar to the policy implemented for the 2019 performance year.

I am thankful for the opportunity to serve as your TMGMA Legislative Liaison for the 2020-2021 term!



Misty Hickman, FACMPE  
TMGMA Legislative Liaison

*TMGMA works closely with both MGMA and TMA Government Affairs staff to provide our members with the latest legislative & regulatory information. For more information on how you can get involved or questions on any legislative issue, contact [Misty Hickman, FACMPE](#).*

# ***GOT DIRECTIONS?***

## **BECOMING LEADERS OF CHANGE**

**Save the date**



**TMGMA 2021 Spring Conference**  
**April 14-16, 2021**  
**Park Vista Hotel | Gatlinburg, TN**

**TMGMA**<sup>®</sup>  
TENNESSEE



**December 16th: 2021 Reimbursement and Coding Changes**  
**Presenter: Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC**

[Register Now](#)

Get ready for 2021 with this overview of coding and reimbursement changes. Join Kim 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 2021
- ⇒ ICD-10-CM code update for 2021
- ⇒ Fraud and Abuse Outlook for 2021
- ⇒ Focus on office visit coding changes

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, Intellicode, and Progressive Healthcare. Kim completed three years of premedical education at the University of Alabama before she decided that she preferred the business side of medicine. She completed a Bachelor's degree in Health Care Management and went on to obtain certification through the American Academy of Professional Coders and the American Health Information Management Association.

# Trends in Healthcare Payments Tenth Annual Report

By: Deirdre Ruttle

Each year, InstaMed publishes the [Trends in Healthcare Payments Annual Report](#) for the purpose of promoting awareness, change and greater efficiency in healthcare payments. The report is created using data gathered from the InstaMed Network as well as surveys of consumers, providers and payers nationwide. Over the past decade, the report has made clear the growing role of consumer payment responsibility in healthcare payments and corresponding impacts for providers and payers, as well as advances seen in payment technology and adoption.

For 2019, the trends reveal a preference for digital payment options in healthcare, especially for consumers. The impact of COVID-19 and long-term precautions around human and manual interactions stand to accelerate this demand for digitization and will include a focus on contactless payments.

## Importance of Consumer Experience

Consumers owe more for medical bills and health plan premiums than ever before and are demanding digital options to make those payments. Since consumers are entrenched in the digital world outside of healthcare, they expect healthcare payments to be similarly digital. Among Millennials in particular – the generation that is becoming the largest population of working adults in the U.S. and the dominant consumer group in healthcare – there is near-ubiquitous use of connected devices.



While consumer healthcare costs are now growing more slowly than earlier in the decade, wage increases still have not kept pace. The number of high deductible health plans that feature lower monthly premiums but higher out-of-pocket costs for services has skyrocketed since the report was first published. Similarly, 82% of covered workers have a deductible in their plan, up from 63% a decade ago. Deductibles continue to be a driver in out-of-pocket medical costs and ever-increasing deductible amounts contribute to both the number of patients who owe a balance and the amounts of those balances.

The clinical relationship between patients and physicians remains a strong foundation for the consumer's overall experience. However, it is not the only important component. The administrative experience has increased in importance as consumer payment responsibility has grown. The data shows that 70% of healthcare consumers are confused by their medical bills and 91% were surprised by a medical bill in 2019. A negative payment experience can jeopardize loyalty – 66% of consumers surveyed were willing to consider switching providers if another provider offered a preferred payment experience.

## Outdated Practices Remain

Traditional payment processes for providers rely on billing payers for patient encounters using preestablished rates, channels and processes. Then, if needed, providers collect from patients for any portion not covered by the health plan. Over the last decade, patient collections have played a larger role in the payment equation for providers. The growth is clearly reflected in an increased volume of consumer payments to providers on the InstaMed Network.

Providers continue to struggle to adopt technological changes needed in order to get paid successfully and consistently. Manual and paper-based processes are still heavily used for healthcare payments,

consumers said they would likely enroll in eStatements if given the opportunity, but only 23% of consumers receive eStatements. While nearly all consumers said it's important to know how much they will owe upfront, 49% of providers are not able to determine payment responsibility during the patient visit – a shortcoming due in part to reliance on tools that cannot offer real-time information. Consumers also want to make online payments for medical bills (65% prefer this) and set up automated payments for medical bills, though 63% currently do not have this option. These factors may contribute to why 74% of providers say it typically takes more than a month to collect a patient balance.

## Opportunities for Providers

The first step in the payments journey for patients is often the paper statement, a powerful tool that providers can leverage to promote eStatement enrollment and other digital connections. Providers who have taken advantage of this tool have helped to increase eStatement volume significantly.

Automatic payments offer providers the opportunity to receive payments with less frequent consumer interactions. This enables more money to be collected faster. In addition, automatic payments are convenient for patients. This channel can also lead to a reduction in patient refunds as automatic payments only occur after responsibility is determined.

To fully empower consumers to take control of their payments, consumers need the ability to create digital wallets where payment methods can be securely saved on file for future payments, either one-time or recurring. This functionality also increases the likelihood consumers will return to make payments in the portal.

Providers stand to save considerable time and money with electronic transactions for all payment processes. Paper checks received from payers require time for manual deposit of the funds and posting to accounts. Paper-based and manual payment processes like these are time-consuming and prone to error. Providers need to connect with all payers for ERA/EFT in order to truly benefit from this payment type.

## Conclusion

The data shows that the healthcare payment experience digital-savvy consumers want and expect is often not the one they receive. Frustration and confusion plague the payments experience leaving many consumers dissatisfied. Providers can improve this relationship by tapping into digital options that consumers are already using in other industries.

Although this most recent report looked at survey data from 2019, it is impossible to ignore the permanent changes that COVID-19 will bring to healthcare. Social distancing and a focus on contactless interactions will put pressure on legacy approaches to healthcare payments and accelerate the shift to digital. Healthcare payments are rife with opportunity to utilize technology and electronic payments to achieve contactless payments at scale.



### About the Author

Deirdre Ruttle leads healthcare marketing activities as Chief Marketing Officer at InstaMed and head of Wholesale Payments Healthcare Marketing at J.P. Morgan. Deirdre's experience and expertise include a deep focus in healthcare payment research. For the last eight years, she has led the delivery of the Trends in Healthcare Payments Report to educate and inform the industry about the impacts of healthcare payments for all stakeholders: providers, payers and consumers.

*TMGMA appreciates the contribution of articles from our Affiliate members. The views and opinions of this article are those of the author and may not necessarily reflect the opinion of TMGMA.*

# Cutting through the noise to keep up with clinical advancements

By: Tolu Ajiboye

Despite the ongoing pandemic, advancements in medical technology for patient care are still being made. Between COVID-19 closures and intense news cycles, keeping up with this information can seem impossible. To improve health outcomes and ensure continued patient safety, it's essential for medical staff at your practice(s) to stay up-to-date with technology, new drug and indication approvals, and more. However, the avenues through which they gain this education should change to sit a post-COVID era.

Here are some ways you can ensure that:

## 1. Sign staff up for virtual conferences

The times we're in require that all non-essential travel or gatherings be limited. Fortunately, many in-person conferences—typically serving as valuable sources of information for medical staff—have gone completely virtual.

Sign medical staff up for [virtual conferences](#) and encourage them to participate actively. When attending virtual conferences, create a plan for staff to share information and key takeaways. This will create value for your entire team, and will also ensure the designated conference attendee takes good notes and stays engaged with the sessions.



## 2. Collaborate with life science companies

Experts from life science companies remain a great source of information on drugs and therapeutics for health professionals. To keep staff well-informed on the latest treatment protocols and drug product developments without compromising safety, you can organize and host [virtual meetings](#) with life science reps if you aren't yet resuming in-person meetings.

## 3. Designate a point person

Getting staff to keep abreast of medical advancements is a task that can easily fall to the wayside. To prevent this, you should appoint a member of administrative staff that will be responsible for setting out schedules and planning meetings and events to further this goal. Said point person should also be in charge of engaging medical staff and instilling in them a sense of professional responsibility to stay on top of innovation and changes in the field.

## 4. Create a budget

Some conferences and continuing medical education courses have financial implications, so you should, ideally, set resources aside for them at the start of each year. The budget for this may have changed, especially with the rise in virtual eliminating travel costs, so spend time re-evaluating the budget for the rest of this year and early 2021.



## 5. Create a plan for obtaining Continuing Medical Education Credits

Continuing medical education (CME) in the U.S is regulated, for the most part, by the Accreditation Council for Continuing Medical Education (ACCME). They accredit organizations that provide CME for physicians and have [extensive resources](#) to help navigate CMEs.

Many states require that physicians earn a certain number of credits annually to renew their medical licenses and maintain specialty board certification. But as a result of the pandemic, a significant number of CME programs and courses were disrupted and postponed.



But as things settle down, CME providers are transitioning to virtual platforms to impart knowledge. These faculties and organizers are now switching to the use of video conferencing tools and e-learning modules to teach and hold sessions. This means your medical staff can continue to earn CME credits, but virtually.

### Extra Tips

- Make sure to regularly ascertain the [state requirements](#) where the practice you manage is located.
- Expand your search for CME providers beyond hospitals. Learning resource sites like [Coursera](#) also host continuing medical education courses, in collaboration with accredited institutions, that physicians can enroll in.

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TMGMA is working with UT at Chattanooga and Clayton State University on a research study that aims to describe the challenges that outpatient medical clinic practice administrators face with determining the right volume of telehealth post the emergent issues of early Covid-19 pandemic. Recognizing that practices had to pivot to respond to the early pandemic pressures, we are interested in understanding your decisions and thoughts about the immediate change and what the future “right size” for telehealth will be.



This [\*Outpatient Medical Clinic Administrator Survey\*](#) is a one-time survey, which should take approximately 30 minutes to complete. It does not have to be completed all at one time. We recognize this is a large ask for busy leaders and are very appreciative of your participation. Results of the research will be shared with TMGMA members.



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