

2016 FIRST QUARTER

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A Word From Our *President*



President

Justin Rhodes

Director of Clinic Operations
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South Mississippi

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Happy New Year!

I trust that 2016 is off to a great start for you and your practice. MGMA of MS wishes you the best in our New Year and we are looking forward to partnering with you as we navigate through the rapidly changing Healthcare landscape.

Our MGMA of MS board is committed to providing you with value-added educational opportunities and tools that will enhance your practice management experience. We have an excellent line-up in store for this year and hope you will get plugged in to take advantage of all the benefits MGMA of MS has to offer.

Returning this year by popular demand is our annual insurance forum on Friday, February 5 at the Belhaven Center in Jackson. This event allows our members and staff to meet representatives from your insurance carriers and discuss 2016 changes and opportunities for improvement one-on-one. Mike Chaney, Mississippi Insurance Commissioner, will kick-off the meeting and we have secured commitments from all the major insurance carriers in our market. We encourage at least one person from your office to attend, particularly managers and billing personnel responsible for submitting and processing insurance claims. There is still time to register, visit our website at www.mgmams.com to sign up today!"

Also this year, we are offering FREE monthly webinars to our MGMA of MS members! Our February webinar, "**Reorient Your Patient Collections Strategies Around Your Patients**", will be held on February 24. You may click [here](#) to register now. Be on the lookout for event notifications that will give you the topic and date of the webinar each month.

Make plans now to join us this summer July 13-15 at the Golden Nugget in Biloxi as we Saddle Up for the MGMA Rodeo! President-elect Joy Yates and her planning committee are working on an outstanding summer conference lineup, be on the lookout for the full agenda next month. Make hotel reservations by calling the Golden Nugget and referencing MGMA of MS. 1-800-777-7568.

Our Outreach Chairwomen are busy planning and scheduling local outreach meetings throughout the year, and we will return to the Clyde Muse Center for our Annual Fall Meeting November 11.

I am looking forward to seeing you at all of our upcoming events. I am honored to serve as your MGMA of Mississippi President and as always, if there is anything I can do to help you or your practice succeed, please reach out to me.

Thank you, Let's make 2016 a great year!

Six Ways to Build a Positive Reputation



Karen Zupko

Eighty-eight percent of consumers trust online reviews as much as personal recommendations. Like it or not, what patients say about you through online rating sites affects your practice. Even patients who are referred by a friend or family member will most likely search online to learn more about you before making an appointment. What they read on rating and review sites can impact their desire to schedule — or not.

Here are six ways to build a positive reputation:

1. Search for your name on all rating sites.

Before you can manage your online reputation, you've got to understand what patients have already posted about their experience with you. Delegate the task of searching for your online reviews to a staff member and summarize your average ratings into one comprehensive document. Visit at least RateMDs, Healthgrades, Vitals, Yelp!, Angie's List, and Google — and if you are a plastic surgeon or cosmetic dermatologist, add RealSelf and RealPatientRatings to the list. Read through the consolidated summary thoroughly to get a sense about what you are doing quite well and which areas can be improved. You may be surprised to find that simple improvements could boost your scores.

2. Use automation to monitor what is said about you.

Once you've taken a look at the ratings and reviews that already exist, keep abreast of new postings by using an automated tool such as Google Alerts (www.google.com/alerts). Designate one staff person to monitor these so that negative reviews can be dealt with (more on that in a moment) and positive reviews can be turned into social media tidbits and testimonials.

3. Complete your profile and correct errors.

A profile with the default gray silhouette as the photo, along with nothing more than your street address, makes you look old school. Complete all the profile fields on each rating site. Upload a professional photo, not the one with you and your dog on the beach. And if you are able to include a short description or bio, develop a standard paragraph that is friendly and upbeat.

If you find incorrect data on a rating site, fix it. One young doctor was surprised when people he'd never treated began calling his cell phone. A rating site had included that number instead of the office number in his profile. He quickly corrected the mistake.

4. Self-assess your consultation and interpersonal skills with patients.

Do you sit next to patients or stand towering

above them? Do you really listen or just wait for the patient to stop talking so you can impart your advice? Do you educate or just "tell?" Minor modifications to your style can reflect positively in how patients perceive the value they receive and improve the reviews they post. Ask open-ended questions. Lean toward the patient to demonstrate you are listening. And to make sure patients understand their treatment options use teach-back strategies. For example, you might say to the patient, "All right, Denise, when you get home tonight, what are you going to tell your husband about our conversation?"

5. Ask satisfied patients to write reviews.

Don't just hope that happy patients will dash off and give you a five-star review. Ask them to share their positive experience, and direct them to the specific sites on which you want them to post. To make this easy, create and personally hand the patient a small business card that says something like, "It's been an honor taking care of you! We'd appreciate you taking a few minutes to rate your experience with our practice at one of these websites." Then list your preferences. Some physicians are reticent about handing the cards directly to patients. Enlist staff if that feels less awkward.

6. Use caution when handling negative reviews.

There's no need to mope about negative reviews. In fact, having a few of them can make a cadre of glowing ratings seem more authentic.

Patients understand that no one can be perfect 100 percent of the time. The key phrase to remember is: The only solution to online pollution is dilution. In other words, the best way to deal with negative reviews is with an ongoing stream of positive reviews from satisfied patients.

When your automated alert system does turn up a concerning post, be careful how you handle it. HIPAA limits your ability to respond, and trying to correct or argue with the patient online is a mistake. Encourage the poster to call and speak with someone at the practice instead. Before you address truly blasphemous posts, contact your attorney.

-Karen Zupko

www.karenzupko.com

Karen Zupko is president of practice management consulting and training firm KarenZupko & Associates, Inc., which has been working for and with physicians for more than 30 years.

WEBINAR

MGMA of MS offers FREE monthly webinars to our members!

Non-members webinar registration fee- \$50

Webinar - February 9

“Reorient Your Patient Collections Strategies Around Your Patients”

**Join us for a webinar on
February 9, 2016 at 12:00pm**

REGISTER NOW:

<https://attendee.gotowebinar.com/register/7141747308205362178>

The webinar will discuss:

- Trends in consumer-directed healthcare and how the shift to patient financial responsibility will impact healthcare organizations.
- Pre-service, time-of-service and post-service patient collection strategies to increase patient revenue.
- Newer payment models and technology to expedite patient collections while improving patient satisfaction with greater transparency about cost of care and billing.



About our speaker:

**Jeff Wood, Vice President,
Product Management**

Jeff Wood joined Navicure in 2012. He is responsible for the overall direction of Navicure's products. Prior to Navicure, Mr. Wood served as Vice President, Product Strategy & Planning at MedAssets, a revenue cycle software and services provider to hospitals and physicians. Mr. Wood has served in leadership roles at several technology companies: DonorsChoose.org, Blackbaud, and Online Insight and started his career in strategy consulting at Bain & Company.

Mr. Wood earned a B.B.A. with High Honors in Management Information Systems from the University of Georgia and an M.B.A. with Distinction from the Kellogg School at Northwestern University.



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ACMPE Update

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ACMPE Forum
Representative

Joy Yates, CMPE

Assistant Administrator
Hattiesburg Clinic
Phone: (601) 579-3483
email: joy.yates@hattiesburgclinic.com



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2016 exam dates have been announced!

Exams will be offered:

- Feb 13-Feb 27 – Registration is open NOW!
- June 11-June 25
- September 1-24
- December 3-17

More information, including registration deadlines, will be available at www.mgma.com/exams.

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Keep the 2016 deadlines in mind:

- Summer 2016 – Final Manuscript Deadline
- Oct. 30-Nov. 2nd – New Fellow Recognition at MGMA Annual Conference in San Francisco



Michael Jones
Administrator
Fort Wayne, Indiana



Stefanie Ardoin, RHIA
Practice Manager
Lafayette, Louisiana



Josephine Young, MD, MPH
Chief Operating Officer
Bellevue, Washington



Dr. Kevin Spencer
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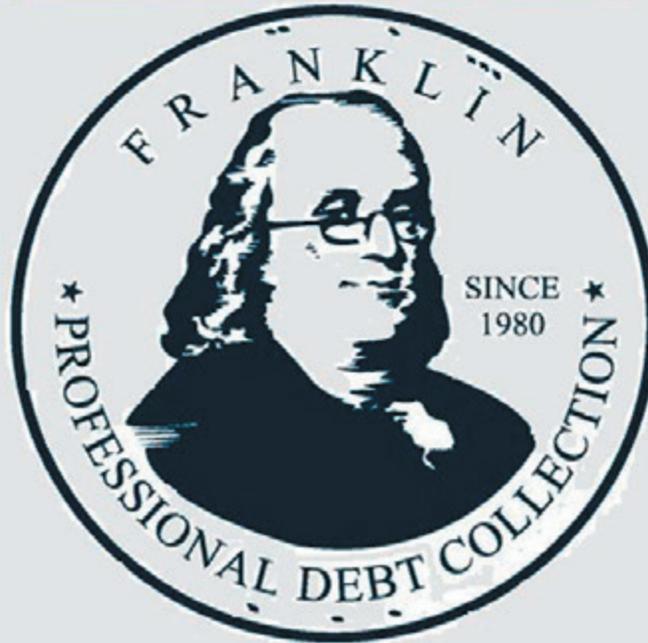
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The Conclusion of Meaningful Use?



Elizabeth Woodcock
MBA, FACMPE, CPC

The industry is abuzz with the news: *meaningful use is over*. Indeed, Acting Centers for Medicare & Medicaid Services (CMS) Administrator Andy Slavitt made the announcement on January 12 during his presentation at a large industry conference, stating “*the Meaningful Use program as it has existed, will now be effectively over and replaced with something better.*” But the MU train may not be pulling into the station quite yet.

First and foremost, this announcement has nothing to do with 2015, which is the biggest opportunity for physicians today. Failure to report could mean the loss of thousands of dollars – \$8,000, per physician, for most – in bonus payments, as well as the impending 3% penalty. CMS just opened the portal to report; you have until the end of February to input your 2015 data.

Second, CMS followed the January 12 proclamation with a post exactly one week later, revealing that the “it’s over” statement may have been a bit farfetched. Although I’d encourage you to read Slavitt’s January 19 blog post yourself (where he is joined by co-author National Coordinator for HIT, Karen DeSalvo), the CliffsNotes’ version reads like this: The EHR Incentive Program is in “transition” but changes “won’t happen overnight;” the law *requires* “that physicians be measured on their meaningful use of certified EHR technology for purposes of determining their Medicare payments” so the agency can’t just drop it; and, finally, “existing regulations – including meaningful use Stage 3 – are still in effect.”

Third, CMS had already signaled its intention for changes to the program by dramatically relaxing the rules for 2015 last fall. Granted, the proclamation was made very late in the game, but CMS took steps to eliminate approximately half of the objectives, and retains exclusions for many of the remaining objectives, including public health reporting.

Finally, with the President’s signature on the new law – the Patient Access and Medicare Protection Act – CMS is now allowed to exempt basically anyone and everyone from the 2015 reporting year. I would dare say that the federal government would not have permitted this sweeping exemption had there not been an intention to shift the program into a different direction, as compared to its historical roots. Please note, however, that the federal government refused to allow *blanket* immunity. It is vital for

you to submit a hardship application by March 15, 2016; review each exception carefully, noting that 2.2d includes “issues related to insufficient time to make changes to the CEHRT [your EHR system] to meet CMS regulatory requirements for reporting in 2015.” Don’t complete one unless you have to, as you’ll be giving up any bonus payment owed to you. That said, it appears to be an easy route out of the penalties.

That takes care of the here and now, so let’s talk about the future. Despite declaring meaningful use “over,” Slavitt himself refers to the “new regime,” outlining the focus on open APIs, interoperability, and patient outcomes, all of which were emphasized by CMS last fall and reiterated in the January 19 post. From the beginning, the EHR Incentive Program was scheduled to conclude in 2018, so nothing new will be long term. It is my opinion that the last two years of the program will be revamped, given CMS’ announcement, and this will surely parlay into how this topic is handled within the Merit-based Incentive Payment System (the program initiated by the Medicare Access and CHIP Reauthorization Act, passed in April 2015), slated to commence in 2019. Again, however, the actions in the fall of 2015 had already set us on that path.

For the near term, with a few exceptions, the objectives for 2016 are consistent with the relaxed criteria for 2015. Although I’m hesitant to use the term “easy” when referring to meaningful use, these revised criteria are certainly much more achievable than the original Stage Two standards (I mean, really, what was the government thinking making 5% of your patients message you electronically!?!). Recognize that the reporting period for 2016 is the full calendar year, so you should already be plugging away with the relaxed MU standards for this year.

CMS reports that the agency will issue clarifications in the “months ahead.” I, for one, will be anxiously awaiting the details. Ideally, CMS will further relax the program requirements, and continue to refine its focus on improving technology, rather than just measuring data about it. Because the EHR Incentive Program is the *law*, however, neither Slavitt nor CMS can change everything, including the penalties for failure to participate. They can, however, alter the *meaning* of meaningful use. There’s no doubt that the steam engine will get dumped in the scrap yard, hopefully replaced with a souped-up bullet train. But, we still need to be ready for the new ride.

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February 5, 2016

The Belhaven Center - Jackson, MS

8:30 am - 3:00 pm

MGMA of MS members - \$50

Non-Members - \$75

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and discuss your issues with them face to face!*

Join us as we start off our day with a word from MS Insurance Commissioner Mike Chaney. We will then hear from the top MS payers who process your day to day claims. If you have any questions you would like to ask during the forum, please send them to our office at info@mgmams.com so that we may send them to the payers. There will also be time for one on one questions and networking with our payers. Lunch will be provided.



2016 Calendar of Events

JANUARY						
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● Member Webinar ● Insurance Forum ● Outreach ● Conference

Jan 12 Member Webinar
 Feb 5 Insurance Forum
 Feb 9 Member Webinar
 March 8 Member Webinar

April 12 Member Webinar
 April 27 Spring Outreach
 May 10 Member Webinar
 June 14 Member Webinar

July 13-15 Summer Conference
 Aug 9 Member Webinar
 Sep 13 Member Webinar
 Sep 28 Fall Outreach

Oct 11 Member Webinar
 Nov 8 Member Webinar
 Nov 11 Fall Conference
 Dec 13 Member Webinar

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