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March 2017

Message from the President

On the Calendar:

- **March 7, 2017:** Third Party Payer Day, St. Mary's Medical Center, 3700 Washington Ave., Evansville (see page 11)
- **March 8, 2017:** WEBINAR: Patient and Practice Benefits of Starting a Medical Weight Loss Program (see page 11)
- **March 14, 2017:** WEBINAR: Data Driven Patient Billing (see page 11)
- **April 13, 2017:** Third Party Payer Day, Grand Wayne Convention Center, Ft. Wayne (see page 11)
- **July 26-27, 2017:** Indiana/Illinois MGMA Annual Conference

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We are excited to once again offer a joint annual conference with the Illinois MGMA. This conference will give us the opportunity to experience the Chicago area and enjoy our collaborative arrangement with Illinois MGMA.



Jim Butterfield

Your board has been working closely with the Illinois board, putting together an informationally packed conference with speakers and topics that will be relevant, practical, and profitable to you and your practices. As we have been meeting to prepare for this conference, it has become clear that the information needed to address situations within our daily responsibilities is readily available but is so diversified that one person in one place cannot possibly capture what is needed.

That is why a conference with pooled resources becomes such a valuable asset. Speakers that none of us could afford on our own will be assembled to teach and inspire us so that we return to our practices/hospitals ready to tackle the challenges ahead and

equipped to better understand how to handle them.

In addition to the informational speakers, we will interact with and learn from our Business Partners, who aren't just "selling" but believe that the companies they represent bring invaluable resources to our industry. We will have the opportunity to speak with them and personally evaluate if they can be helpful to our practices.

And then there are our peers...the opportunities to get to know them and learn from each other as we interact over breaks, lunches, and dinner. Included in your registration will be a dinner cruise on Lake Michigan, which will further enhance your ability to interact with your fellow conference attendees in a casual, enjoyable atmosphere.

Please put/keep this conference on your calendar, July 26-27, and know that as we look to build the content of this meeting, we are ensuring that you will leave with tools that will aid you in better practice management and that will bring benefit to our employers. Keep your eyes peeled for more information to follow.

We look forward to seeing you there!

by **Jim Butterfield**
 CEO,
 Evansville Surgical Associates

Save the Date: July 26-27, 2017

2017 Annual Conference

Year 2 of our Home and Away arrangement with the Illinois MGMA Chapter



At the DoubleTree by Hilton Chicago – Oak Brook

New Date for the IMGMA Annual Conference

Plan to join us in Chicago on Wednesday, July 26, through Thursday, July 27, 2017

Last year, both the Illinois and Indiana MGMA chapters celebrated their 30th Anniversary. To mark the occasion, both chapters partnered to hold a combined Annual Educational Conference, with the 2016 version in Indiana and the 2017 version in Illinois. Both chapters had a vision of a conference that would truly be celebratory in nature and better than ever! The 2016 Conference certainly delivered! It was extremely well received with an excellent turnout of attendees and exhibitors. The professional development and networking was significantly enhanced through this joint conference.

Over the past 6 months, the Boards of the Illinois MGMA and Indiana MGMA chapters have been working together in planning the upcoming 2017 Educational Conference. The 2017 Conference is shaping up to be a “can’t miss event” with plenty of opportunities for professional development and networking. This year’s pre-conference networking event will include a first: a dinner cruise on Lake Michigan along the Chicago lakefront while taking in the majestic skyline.

As we were in the planning process, an unheard of challenge arose over the past few weeks. As a result of events out of each chapter’s control, the dates for the 2017 Educational conference will have to be moved to a later date. The decision to reschedule the April Conference was not entered into lightly. It was made as a last resort by each Chapter’s Board while keeping our membership and loyal industry partners in mind. We sincerely apologize for any inconvenience this change may cause to the schedules of our association members and supporters.

The new Annual Conference dates are now Wednesday, July 26 – Thursday July 27 at the Double Tree Hilton – Chicago Oak Brook. If you are able to make our new Annual



Conference date no action is needed on your part except to SAVE THE NEW DATE in your calendar. Remember - The only change to the conference is the date. Summer time in Chicago is truly remarkable! We hope that your summer schedule is not already booked so that you can attend the rescheduled Annual Conference in July.

If you registered for the conference already, your current registration will automatically be forwarded to the new July 26-27 conference dates and our conference planners will contact you with more information.

Thank you for your continued membership and involvement with your respective MGMA state chapter. Again, please accept our apologies about the changing of the dates.

by Jim Butterfield
Indiana MGMA, President
and Andrew Digate, MBA
Illinois MGMA, President

Updating Hotel Reservations

If you made hotel reservations for the original conference date, you will need to contact the hotel to rebook a room for July using the new group code.

GROUP CODE: JUL

Guests are responsible for making their own reservations by calling the hotel directly at (866) 812-3959. Reservations will be accepted at the group rate through July 4, 2017, or until the contracted block has been filled, whichever comes first. Reservations requests received after the cutoff date will be taken on a rate and space availability basis.

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Fraud and the Lack of Internal Controls: How Safe is Your Organization?

When was the last time you read an article, seen a news report or heard through some other source about a medical practice being scammed from within the organization or externally? For virtually all, that time is likely within the last day or week as the occurrences of fraud in and against medical practices is alarming. Fraud commonly includes activities such as theft, corruption, conspiracy, embezzlement, money laundering, bribery and extortion. Fraud essentially involves using deception to dishonestly make a personal gain for oneself and/or create a loss for another.



Stephen J. Diagostino

Scams against medical practices can occur undetected and last for long periods in many forms, internally generated by perceived loyal employees or externally through a host of thousands of different types of attacks. What types of fraud do you feel your organization is best prepared to prevent and detect? Do you even know if your organization has been attacked and become a victim of fraud?

- ACH/wire (account takeover)
- Information theft, loss or attack
- Money laundering
- Credit/debit card
- Insider fraud
- Theft/misappropriation of physical assets
- Check
- Benefits
- Bill pay
- Mobile devices
- Third party POS skimming
- Identity theft
- Payroll

When was the last time your organization had an internal control review or a fraud risk assessment? How protected do you feel without the benefit of knowing you have done your homework to implement sound controls and processes to help safeguard your organization's assets, your reputation and your career? Know organization can 100% protect themselves from all forms of fraud, but ignoring the opportunities is not the right answer. What is the impact to your organization with a \$50,000 fraudulent event, not counting the loss of productivity time, loss of sleep from stress, legal costs, etc.? How about a \$1,000,000 fraudulent event; would your organization survive??

Any organization is vulnerable for fraud attacks; and fraud can happen to anyone, anywhere. Only a small percentage

of losses from fraud are recovered by organizations. A high percentage of frauds are committed by senior management and executives, but certainly fraud can happen at any level within an organization. Greed is one of the main motivators of committing fraud. Types of internal fraud are asset misappropriation (cash, non-cash), fraudulent statements (financial, non-financial), corruption (conflicts of interest, bribery and extortion).

According to Dr. Steve Albrecht's research which included an examination of red flags or indicators of occupational fraud and abuse that fell into two principal categories: perpetrator characteristics and organizational environment. The purpose of the research was to determine which of the red flags were most important to the commission (and therefore to the detection and prevention) of fraud. The ten most highly ranked factors from the list dealing with organizational environment were:

continued on page 4

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7. No separation of custody of assets from the accounting for those assets
8. No separation of duties between accounting functions
9. Lack of clear lines of authority and responsibility
10. Department that is not frequently reviewed by internal auditors

The ten most highly ranked factors from the list dealing with personal characteristics were:

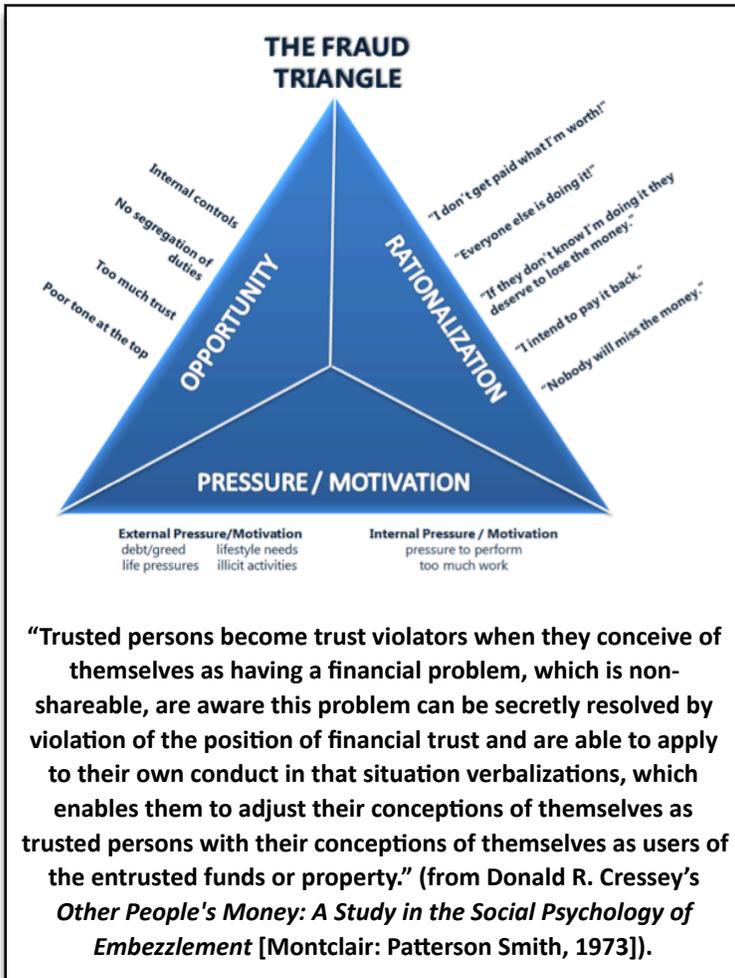
1. Living beyond their means
2. An overwhelming desire for personal gain
3. High personal debt
4. A close association with customers
5. Feeling pay was not commensurate with responsibility
6. A wheeler-dealer attitude
7. Strong challenge to beat the system

8. Excessive gambling habits
9. Undue family or peer pressure
10. No recognition for job performance¹

Why let your organization be a victim of internal or external fraud and not take proactive steps to safeguard your assets from fraud. Engage the necessary professionals to perform various internal control reviews and fraud risk assessments so you can then institute appropriate policies and procedures to help protect your organization from fraud and help mitigate the losses.

¹Library of Congress Cataloging-in-Publication Data, Mary-Jo Kranacher, Richard A. (Dick) Riley, Jr., Joseph T. Wells, *Forensic Accounting and Fraud Examination (Hoboken: John Wiley & Sons, Inc., 2011) Section III, 69.*

By **Stephen J. Diagostino, CPA/ABV**
Somerset CPAs and Advisors



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Ramping Up to MIPS: Don't Waste the "Pick Your Pace" Year

Hopefully by now you've heard about the Centers for Medicare and Medicaid Services' (CMS) new Quality Payment Program (QPP), and specifically MIPS, the Merit-based Incentive Payment System, which is one of two QPP options providers must participate in to avoid a 4 percent negative payment adjustment in 2019.

The MIPS program combines several former CMS programs, including PQRS, EHR Incentive Program, and Value-Based Payment Modifier, and for its first year, CMS is offering providers three "Pick Your Pace" options to help ramp up to the full program. Participating in any of the three options means avoiding the 4 percent negative payment adjustment in 2017, and two of the options offer the possibility of a positive payment adjustment of up to 4 percent. A fourth option allows providers to participate in an Advanced ACO instead of MIPS. However, CMS anticipates only a small number of providers will be ready and eligible for the Advanced ACO option in 2017.

The three Pick Your Pace options are:

Test your ability to participate by submitting any amount of data in any performance category. This could mean submitting data for one Quality measure, one Improvement Activity, or the base measures in the Advancing Care Information category.

Submit partial data over a 90-day period in more than one performance category. The more data that is submitted, particularly in the quality category, the greater likelihood of a positive payment adjustment.

Submit a full year of data in more than one performance category. Again, the more data that is submitted, particularly in the quality category, the greater likelihood of a positive payment adjustment.

Even if you choose to participate at a minimum level for 2017, take advantage of this one-year "grace period" to prepare for the more rigorous requirements of 2018 and beyond. Here are a few suggestions.

Confirm Your Eligibility

Physicians, Physician Assistants, Nurse Practitioners, Clinical Nurse Specialists, and Certified Registered Nurse Anesthetists are eligible to participate in MIPS if they bill more than \$30,000 to Medicare and provide care to more than 100 Medicare patients per year. That means providers who bill \$30,000 or less to Medicare or provide care to 100 or fewer Medicare patients per year are exempt.

Interestingly, this same low-volume

threshold applies to individuals or groups. So members of the same practice who all operate under the same TIN can decide for themselves whether to remain ineligible as individuals (if they meet the low-threshold criteria) or participate as a group if they meet the eligibility criteria in aggregate.

Complete Minimum Requirements

Be sure you actually complete the minimum requirements to avoid the automatic 4 percent negative payment adjustment. Submitting one quality measure for one patient encounter is enough to meet minimum requirements based on the Quality Category. Do only that, and you will have avoided the penalty. If you report no quality measures, however, you can still meet minimum requirements in either the Improvement Activities Category (by completing and attesting to one medium-weight improvement activity) or the Advancing Care Information Category (by completing and attesting to all of the base measures in one of the technology options). The Cost Category is not being scored for 2017 but will be part of MIPS for 2018.

Do More If You Can

Because of the way the MIPS program is scored, even a moderate level of participation in 2017 could earn you a positive payment adjustment. So completing the minimum

continued on page 6



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requirements in all three categories, or completing the full requirements of one or more of the categories for even just 90 days could result in additional reimbursement from Medicare in 2019. Of course participating in all three categories for a full year provides the best chance to earn a bonus.

Evaluate Your Technology

The entire MACRA Quality Payment Program is designed to move providers away from fee-for-service and toward pay-for-performance models, which inherently rely on technology and data to measure quality and value. According to John Morrissey in his Health Data Management article called, "IT crucial as physician groups begin the trek toward MACRA," providers who have kept up with and invested in the necessary technology to participate in Medicare's PQRS and EHR Incentive Programs will "have an advantage in meeting MACRA head on. For groups lagging in using a certified electronic health record, developing analytics to guide them and pushing critical data out to their practitioners, experts say it's time to catch up."

For instance, while MIPS participants can still use the 2014 version of certified technology to meet the Advancing Care Information Category requirements for 2017, in 2018, everyone will need to upgrade to 2015 CEHRT.

Also, even just reporting quality measures may require the use of a certified registry or qualified clinical data registry. Providers should use 2017 to evaluate and prepare for entering and extracting quality data into a practice management system or other data warehouse so they can take advantage of the reporting options that make the most sense for their practice.

According to Morrissey, Rob Tennant, health information technology policy director for the Medical Group Management Association, suggests practices should use 2017 to look beyond just "technology for the sake of reporting MIPS" and really try to invest in ways that add value to their practice by asking, "How can [we] leverage the technology to improve the clinical performance of the practice?"

Don't waste this Pick Your Pace year. Instead, use it get your practice ready for the industry's steady move toward value-based payment models.

by CIPROMS, Inc.

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Jeff Ruch

IU Health Physicians

Service Line Administrator
Indianapolis

Lisa Hastetter

Commonwealth Pain & Spine

Administrator
Evansville

More Indiana Residents Have Access to Prescription Savings

Statewide Prescription Assistance Program Offers a Prescription to High Healthcare Costs

The Centers for Disease Control reports that Americans spend more on prescription drugs than people in any other country: some \$45 billion in out-of-pocket dollars in the last year alone. With that in mind, the Indiana Drug Card is reminding physicians that their patients who aren't insured or who take prescription drugs that aren't covered by their health insurance plans, can use the Indiana Drug Card to obtain discounts of up to 75 percent off the retail price for FDA-approved medications.

Indiana Drug Card has been working closely with Indiana State Medical Association, as well as numerous clinics and hospitals around the state to distribute free discount prescription cards so that all Indiana residents will have access to this free program. Indiana Drug Card was launched to help the uninsured and underinsured residents afford their prescription medications. The program can

also be used by people that have health insurance coverage with no prescription benefits, which is common in many health savings accounts (HSA) and high deductible health plans.

Another unique component of the program is their preferred pharmacy option. Indiana Drug Card has chosen CVS as their preferred pharmacy so that residents who don't have access to a computer and can't obtain a hard card, can visit any CVS to have their prescriptions processed through Indiana Drug Card. Residents can simply reference "Indiana Drug Card" to have their prescription processed through the program. Indiana Drug Card is accepted at over 68,000 participating regional and national pharmacies.

Indiana Drug Card has helped residents save over \$134 million since its inception in 2009.

You can help by encouraging your patients to print a free Indiana Drug Card at www.indianadrugcard.com. Indiana Drug Card is also available as an app for iPhone and Android. You can search "Free Rx iCard" in the app store. Any physicians who are interested in ordering free cards for their clinic/hospital can email Natalie Meyer, Program Director, at natalie@indianadrugcard.com.

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by Natalie Meyer
Program Director, Indiana Drug Card

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Captopril 25mg TAB	30qty	\$29.09	\$24.65	15%

*Discounted prices were obtained from Walgreens pharmacy in January 2016. Prices vary by pharmacy and region and are subject to change.

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 (Example: Year 2016; Time 9:14; Enter ID 2016914)

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PHARMACIST INSTRUCTIONS: Submit as a primary claim (cannot be processed as secondary) using the following pharmacy processing information. For processing questions and comments please call the Pharmacy Helpline below.

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Mitigating Risk: Use Technology with Caution

Healthcare looks very different than it did 25 years ago. Physicians are using tablets, smartphones, interactive apps, and other electronic means to provide efficient healthcare to patients.

According to several sources, between 75 and 85 percent of physicians use a smartphone or tablet for professional purposes.¹ Uses include email, research, EMR entry, x-ray review, telehealth, and more. While electronic devices have many benefits, their use presents new risks.

Chief among these risk exposures is the increased possibility of a HIPAA violation. While a HIPAA violation is not the same as a malpractice claim, it can still negatively impact you and your practice, staff, and patients.

HIPAA concerns arise in several areas of electronic device use. Losing a device may allow an individual access to protected health information (PHI) stored on the device. If the device is not properly encrypted or secured, an individual may access PHI through apps, email, or hacking into a system using the device's connectivity.

Another risk arising from mobile electronic devices involves app usage. There are approximately 26,000 healthcare apps available, and 7,400 of those apps are marketed to physicians.² Somewhat surprisingly, the FDA has only approved 10 healthcare apps as of July 26, 2016.³

One physician wrote about a blood pressure app he was using that gave inaccurate readings. When he contacted the app's developer, he was told the app was in the "beta-testing stage" and intended for "entertainment purposes only." Despite this information, the developer was selling the app to end-users—without any disclaimers or mention of its test status.⁴

Healthcare providers need to be vigilant when deciding whether to use certain apps. Research the app's usage and do preliminary testing to ensure its accuracy. Use the app, then verify the results with traditional testing until the physician is satisfied the app's results are accurate. Another suggestion is to contact the app's developer and request testing/clinical trial results on its accuracy.

Use of smartphones, tablets, laptops, etc., in healthcare becomes more main stream every day. Be sure you are proactive in mitigating the accompanying risks. You may need to contact an IT security specialist to help ensure you are managing potential risks as effectively as possible.

¹"Mobile Officially a Staple in the Doctor's Office," March 26, 2015, <<http://www.emarketer.com/Article/Mobile-Officially->



Jeremy Wale

<<http://www.kantarmedia.com/us/thinking-and-resources/blog/professional-usage-of-smartphones-by-doctors-in-2015>>, accessed on October 11, 2016. "Professional usage of smartphones by doctors in 2015," October 27, 2015, <<http://www.kantarmedia.com/us/thinking-and-resources/blog/professional-usage-of-smartphones-by-doctors-in-2015>>, accessed on January 30, 2017.

²Sher, D, MD, "The big problem with mobile health apps," March 4, 2015, <<http://www.medscape.com/viewarticle/840335>>, accessed on October 13, 2016.

³"Mobile medicine resources: FDA approved apps," July 26, 2016, <<http://beckerguides.wustl.edu/c.php?q=299564&p=2000997>>, accessed on October 13, 2016.

⁴Sher, D, MD, op. cit.

By Jeremy Wale

Risk Resource Advisor , ProAssurance



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ACMPE Corner

MGMA will offer the following exam dates for 2017.

2017 EXAM DATES

Exam Window	Registration
June 10 – 24	April 24 – May 5, 2017
September 9 – 23	July 24 – August 4, 2017
December 2 – 16	October 23 – Nov. 3, 2017

Exam sites can be found [online](#). Registration information is located online at <http://www.mgma.com/education-certification/education-resources/register-for-the-acmpe-exams>.



2017 Third Party Payer Days

Join us for our annual Third Party Payer Days. Invited payers will have display tables with additional information, and representatives will be available to answer questions and discuss problems you may be experiencing at your practice.

Join us at any of the following locations throughout Indiana:

March 7, 2017

St. Mary's Medical Center
3700 Washington Ave., Evansville

April 13, 2017

Grand Wayne Convention Center,
Fort Wayne

Cost for IMGMA and IN-HFMA Members:

\$99 - first person

\$79 - each additional person from the same practice.

Cost for Non-Members:

\$160—first person (Fee includes IMGMA membership—\$125 value)

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Data Driven Patient Billing: Creating a 1 to 1 Engagement

Providers are increasingly reliant on self-pay revenue to maintain a healthy bottom line. But engaging patients with a one-size-fits-all communication strategy no longer delivers the revenue results that medical groups need to stay competitive.

In today's revenue cycle, billing personalization is key. Unlocking patients' financial needs, behaviors, and expectations before a statement is delivered can help providers offer a more relevant financial experience – one that accelerates payment, enhances patient satisfaction, and improves margins.

Join us at 1 p.m. Tuesday, Mar 14, 2017, for a free webinar about improving patient billing through data-driven engagement. In this webinar, you will learn the three main steps to get a data-driven, 1:1 patient engagement program up and running. We'll also cover best-practice communication techniques that can help you use the data your organization already has on-hand to quickly adapt patient engagement and execute smarter, more effective revenue cycle strategy.

Registration Required under "events" at www.imgma.net.

Presenters:

Clayton Kelly is the Vice President of Health Solutions for Elite Services, Inc., a leading provider of custom patient financial engagement and payment solution. A seasoned patient financial consultant, he's helped thousands of healthcare providers implement personalized engagement solutions that enhance and accelerate revenue collection.

Tom Simpson is a Vice President and Chief Operating Officer at Elite Services, Inc., where works closely with healthcare clients to ensure they have the patient engagement and payment tools they need to meet their communication goals. Prior to his time at Elite, Tom held leadership positions at several financial and media organizations throughout Central Indiana.



Patient and Practice Benefits of Starting a Medical Weight Loss Program

Join us at 3 p.m. Wednesday, March 8, 2017, for latest complimentary webcast, where Dr. John Hernried, MD, FACP, will discuss incorporating a medical weight management program into your group practice. This 45-minute webcast will include dedicated time to answer your questions.

Registration required at <http://www.Robard.com/2017Webcasts>.

Presenters:

Dr. John D. Hernried is the President & Medical Director of The Hernried Center for Medical Weight Loss in Sacramento, California.



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iSALUS Healthcare

MedPro Group

MMIC

SILVER BUSINESS PARTNERS

CCPA Purchasing Partners

CIPROMS

Curran Data Technologies

Cyberian Technologies

Elite Services, Inc.

GLA Collection Company, Inc.

Ideal Protein of America, Inc.

IMC Credit Services

Katz, Sapper & Miller

MKM architecture + design

Pathgroup

PNC Bank

ProAssurance Companies

Professional Office Services

Robard Corporation

Shepherd Insurance

BRONZE BUSINESS PARTNERS

Allied Collection Services

Brown & Brown

Coverys