MGMA MISSISSIPPI

A Word From Our *President*

President
Pam Franck

Regional Director,
North Mississippi
Medical Clinics, Inc.

One of my favorite quotes is "The journey of a thousand miles begins with a single step" by Lao Tzu. I have leaned on that concept so many times over the past 5 months. How many times during these challenging days have we had to remind ourselves to keep moving forward, one step at a time? Even if we have to repeat the same step over and over before we can take that next step forward.

Your MGMA MS Board has taken several steps forward, a few back, and are moving forward again in planning for educational opportunities for the remainder of the year. We were holding out hope that our Summer Conference could be held in August 2020 and were disappointed when it was apparent that our gathering together in person as an organization could not happen safely for our members and vendors. Thank you for your participation in surveys letting us know your opinions. A special thanks also to Kristina for her tireless efforts in trying to find a location, working with speakers and vendors, etc. to have us ready to meet should the opportunity arise. We truly know the value in networking with our peers in person, learning from trusted experts, and just getting away from the office for a few days. We are already looking forward to Momentum 2021!

In the coming days, we hope to be able to send information to you about both virtual and in person educational opportunities this Fall. In place of our Summer Conference, we are excited to partner with several of our fellow MGMA State Affiliates to bring you **THRIVE 2020: State MGMA Virtual Summit**, October 7-8. If you register and are not able to attend all sessions, you will be able to access the recordings as it fits your schedule. While we will not be gathering in person in October, we will have the same timely topics and quality speakers as we would have had at the Summer Conference.

We are still slated to meet at the Muse Center, Pearl MS, on November 12, 2020. Your Board is working now to set the agenda and secure speakers. We welcome your feedback concerning topics and / or speakers that you would like to hear. We will, of course, continue to monitor the CDC and our state guidelines concerning large gatherings and adjust as needed. Please save the date!

As your Board begins to plan for 2021, we hope that you are thinking about serving alongside us in some capacity. We will of course be accepting nominations for Secretary, but would also love to talk with you about other ways that you can serve MGMA MS depending on your area of interest.

I am so thankful to be a part of MGMA MS especially during these uncertain times. I can't imagine how hard this journey would be without each of you there to help me take that next "single step". Keep stepping MGMA MS!

SAVE THE DATE
THRIVE 2020
State MGMA Virtual Summit
October 7-8, 2020

Board Member Spotlight

Trevor Wigley
Assistant Administrator,
Satellite Services/Primary Care

Job Responsibilities
Currently I have oversite of 7 satellite clinics at Hattiesburg Clinic, 3 Primary Care, 2 Pediatric Clinics, 1 Endocrinology Practice, 1 Chronic Care Clinic. Since the Pandemic I have also been very involved with our Cough and Fever Clinic/ Cough and Fever Outreach which is the main facility for our suspected COVID-19 exposures and testing.

Personal Info / Hobbies
I am married and we have one fur baby a West Highland terrier. I enjoy traveling, gardening, flipping houses, and camping. We have pulled our camper to Colorado once and to Gatlinburg, TN several times.

Why MGMA MS?
I was first introduced to MGMA by Karen Peters, my first director at Hattiesburg Clinic back in 2005 and have really enjoyed going to the conferences when I can get away. The Mississippi MGMA has allowed me to make great contacts not only in Mississippi but throughout the country. I think it is important to meet people who are experiencing the same challenges we face daily and getting their prospective and workflows. It allows us to get ideas that may be better than ours or to share our best practices that may help enhance someone else's practice.

MGMA ®
MISSISSIPPI

Did you know that MGMA MS membership includes all of the following?

- Free monthly webinars for members
- Opportunity to upgrade skills, knowledge, connections
- Educational conferences, programs
- Resources on practice management issues
- Legislative advocacy
- Electronic News Digests and Alerts

- Research data
- Career enhancement
- Information exchange
- Problem-solving
- Networking
- Job Postings free of charge

Be sure to take full advantage of your membership today! Visit our website to check out our webinar library and career center. **www.mgmams.com**

Not a member of MGMA MS yet? Join us today!

Contact our office with any questions: info@mgmams.com

MGMA STATE AFFILIATE MEMBER WEBINAR

MGMA WASHINGTON UPDATE

TUESDAY, SEPTEMBER 15
1:00PM ET / 12:00PM CT /
11:00AM MT / 10:00AM PT

DREW VOYTAL, MPA
ASSOCIATE DIRECTOR, MGMA GOVERNMENT AFFAIRS

CLICK HERE TO REGISTER

ABOUT THE WEBINAR:

In a climate of significant legislative and regulatory changes reshaping the healthcare landscape in response to the COVID-19 pandemic, this timely program will present an update on the current state of federal healthcare policy affecting medical groups. Attendees will gain a deeper understanding of these changes and their impact on the day-to-day activities of medical group practices, in addition to being directed to clarifying resources. Specific topics include updates to the CARES Act Provider Relief Fund, Paycheck Protection Program, Medicare telehealth flexibilities, 2020 Medicare Quality Payment Program, and a host of other timely issues.

Learning Objectives:
• Learn about new or pending federal policy changes
• Understand how legislative and regulatory initiatives affect your daily work
• Identify resources available to assist you

Topics Include:
• 2020 implementations details for the Merit-Based Incentive Payment System and alternative payment models,
• Medicare Physician Fee Schedule payment and policy changes, and
• Key federal health policy issues, including compliance and health information technology related topics.
• MGMA advocacy and resources for members

ABOUT OUR SPEAKER:

Drew Voytal, MPA
Associate Director, Government Affairs
Drew serves as an Associate Director for MGMA Government Affairs in Washington DC. In his primary role as a Government Affairs member liaison, he works to inform membership of the federal rules and regulations impacting medical group practices around the country. He works closely with MGMA state affiliate chapters to organize grassroots efforts and is a frequent speaker at state and national meetings.

In addition to meeting with members and speaking at conferences, Drew manages education and outreach programs that inform MGMA members as well as policymakers in Congress and the administration.

Drew holds a Master of Public Administration with a Healthcare Administration focus and a bachelor's degree in Political Science, both from Western Michigan University.

MGMA MS offers a FREE Webinar Series as a benefit of membership. Our webinars focus on the domains of the ACMPE Body of Knowledge. These webinars are *free to ALL members.*

Will my PPP loan be forgiven in whole or in part?

Reed Tinsley, CPA

The Coronavirus Aid, Relief, and Economic Security Act (CARES Act) added the Paycheck Protection Program (PPP) to provide economic relief to small businesses nationwide adversely impacted by the Coronavirus Disease 2019 (COVID-19). The PPP is implemented by the SBA with support from the Department of the Treasury. These loans can be 100% forgiven is they meet certain tests.

PPP Loan Forgivness

So therefore the answer is "it depends." The amount of PPP loan forgiveness can be up to the full principal amount of the loan and any accrued interest. An eligible borrower will not be responsible for any loan payment if the borrower uses all of the loan proceeds for forgivable purposes as described below and employee and compensation levels are maintained or, if not, an applicable safe harbor applies.

The actual amount of PPP loan forgiveness will depend, in part, on the total amount of payroll costs, payments of interest on mortgage obligations incurred before February 15, 2020, rent payments on leases dated before February 15, 2020, and utility payments for service that began before February 15, 2020, over the loan forgiveness covered period. However, to receive full loan forgiveness, a borrower must use at least 60 percent of the PPP loan for payroll costs, and not more than 40 percent of the loan forgiveness amount may be attributable to nonpayroll costs.

For example, if a borrower uses 59 percent of its PPP loan for payroll costs, it will not receive the full amount of loan forgiveness it might otherwise be eligible to receive. Instead, the borrower will receive partial loan forgiveness, based on the requirement that 60 percent of the forgiveness amount must be attributable to payroll costs. For example, if a borrower receives a $100,000 PPP loan, and during the covered period the borrower spends $54,000 (or 54 percent) of its loan on payroll costs, then because the borrower used less than 60 percent of its loan on payroll costs, the maximum amount of loan forgiveness the borrower may receive is $90,000 (with $54,000 in payroll costs constituting 60 percent of the forgiveness amount and $36,000 in nonpayroll costs constituting 40 percent of the forgiveness amount).

Use of PPP Loan Proceeds

For consistency with the amendments made in the Flexibility Act regarding the percentage of loan proceeds that must be used for payroll costs in order to be forgiven as discussed above, the First Interim Final Rule was revised to read as follows:

How can PPP loans be used?

The proceeds of a PPP loan are to be used for:
• Payroll costs
• Costs related to the continuation of group health care benefits during periods of paid sick, medical, or family leave, and insurance premiums
• Mortgage interest payments (but not mortgage prepayments or principal payments)
• Rent payments
• Utility payments
• Interest payments on any other debt obligations that were incurred before February 15, 2020; and/or refinancing an SBA EIDL loan made between January 31, 2020 and April 3, 2020. If you received an SBA EIDL loan from January 31, 2020, through April 3, 2020, you can apply for a PPP loan. If your EIDL loan as not used for payroll costs, it does not affect your eligibility for a PPP loan. If your EIDL loan was used for payroll costs, your PPP loan must be used to refinance your EIDL loan. Proceeds from any advance up to $10,000 on the EIDL loan will be deducted from the loan forgiveness amount on the PPP loan.

The 60% rule reminder

At least 60 percent of the PPP loan proceeds shall be used for payroll costs. For purposes of determining the percentage of use of proceeds for payroll costs, the amount of any EIDL refinanced will be included. For purposes of PPP loan forgiveness, however, the borrower will have to document the proceeds used for payroll costs in order to determine the amount of forgiveness.

Summary

While the Act provides that PPP loan proceeds may be used for the purposes listed above and for other allowable uses described in section 7(a) of the Small Business Act (15 U.S.C. 636(a)), the Administrator believes that finite appropriations and the structure of the Act warrant a requirement that borrowers use a substantial portion of the loan proceeds for payroll costs, consistent with Congress' overarching goal of keeping workers paid and employed. This percentage is consistent with the limitation on the forgiveness amount set forth in the Flexibility Act. This limitation on use of the loan funds will help to ensure that the finite appropriations available for these loans are directed toward payroll protection, as each loan that is issued depletes the appropriation, regardless of whether portions of the loan are later forgiven.

Understanding the Requirements of Section 1557

In the Fall of 2016, many of you may remember the scramble to comply with the posting requirements of Section 1557 of the Affordable Care Act (ACA). Some of you may remember thinking, "What is Section 1557"?

Four years later and with the addition of a final rule, some of you may still wonder what it means and how it applies to your practice.

What is Section 1557?

Section 1557 is the nondiscrimination provision of the ACA. It has been in effect since the ACA's enactment in 2010, and the Department of Health and Human Services (HHS), Office for Civil Rights (OCR), handles enforcement. The law prohibits discrimination based on race, color, national origin, sex, age, or disability by applying and enforcing the following civil rights statutes:

- Title VI of the Civil Rights Act
- Title IX of the Education Amendments
- Section 504 of the Rehabilitation Act
- Age Discrimination Act

These protections extend to individuals participating in:

- Health programs or activities which receive funding from HHS
- Health programs or activities administered by HHS
- Health Insurance Marketplaces and all plans offered by issuers in Marketplaces

Does Section 1557 apply to my practice?

Healthcare providers who receive federal financial assistance (FFA) from HHS are considered covered entities under this Rule and must comply with the provisions. Some common types of FFA received by healthcare providers are payments from Medicaid programs, Medicare Parts A, C, and D, and grants or credits from other federal programs, including the Medicare Incentive Payment System (MIPS) or an Alternative Payment Model (APM) under the CMS Quality Payment Program.

How did the Final Rule change Section 1557?

On June 12, 2020, HHS announced a final rule that made some changes to Section 1557. One major change was the definition of "on the basis of sex." The 2016 Rule redefined discrimination "on the basis of sex" to include gender identity and termination of pregnancy. Gender identity was defined as "one's internal sense of gender, which may be male, female, neither, or a combination of male and female."

The U.S. District Court for the Northern District of Texas concluded that including gender identity and termination of pregnancy in the definition of "on the basis of sex" was contrary to the Religious Freedom Restoration Act and the Administrative Procedures Act. In October of 2019, the Court vacated and remanded the requirements as unlawful. The Department of Justice has taken the position that discrimination "on the basis of sex" does not include gender identity or sexual orientation and that gender identity is not a protected category under Title IX.

The final rule also made changes from an administrative standpoint by removing the mandate for covered entities to include notices and taglines in all significant publications. The requirement to post the notice and taglines in physical locations where services are provided remains in effect, but if your practice has been including this information with billing statements, newsletters, and any other significant publications, you can stop. The cost savings for the removal of this requirement is estimated at $2.6 billion for covered entities.

All applicable laws that prohibit discrimination based on race, color, national origin, disability, age, and sex will continue to be enforced by HHS under Section 1557. However, the enforcement will be according to the meaning of each of these longstanding civil rights statutes.

Key Points from the Final Rule

- Individuals with disabilities must be able to have physical access to healthcare facilities and appropriate communication

technologies if they are visually or hearing-impaired.

- Limited English Proficiency (LEP) individuals must continue to be provided qualified language translators and interpreters. The Rule maintains its limitation on the use of minors and family members for translators and interpreters. It also adds flexibility to providers in meeting the obligations of providing translators and interpreters by allowing providers to follow [the four-factor analysis](#).

- Covered entities must submit an [Assurance of Compliance](#), which states that they will comply with all nondiscrimination laws and regulations.

- The 2016 Rule's definition of "on the basis of sex" is removed and replaced with the interpretation of "on the basis of sex" under Title IX.

- The requirement to include nondiscrimination notices and taglines in all significant communications is removed.

- HHS returns to the enforcement structure that enforces each of the civil rights statutes separately and removes the single enforcement under the 2016 Rule that risked confusion or inappropriate application across the different laws.

- HHS revises the scope of enforcement to only include entities principally engaged in healthcare and the healthcare activities of other entities if HHS funds the activities.

- The final rule adds a provision stating that Section 1557 will be enforced consistent with other statutes, including the Religious Freedom Restoration Act, federal conscience-protection laws, the Church, Coasts-Snowe, Weldon, Hyde, and Helms Amendments, and the First Amendment to the Constitution.

What do I need to do to be compliant?

The OCR has received a number of complaints regarding discrimination in healthcare since Section 1557 has been effective. During the COVID-19 pandemic alone, the OCR has dealt with the States of Alabama, Connecticut, Pennsylvania, and Tennessee regarding complaints associated with alleged discrimination under these provisions. Healthcare providers must ensure compliance with Section 1557 as well as the other longstanding federal civil rights statutes.

For a quick check of your compliance, make sure you are doing the following:

- Post a Notice of Nondiscrimination in a prominent location within the practice and on your website's home page.

- Post taglines in at least the top 15 languages spoken by individuals with Limited English Proficiency (LEP) in the State(s) in which you provide services in a prominent location within the practice and on your website's home page.

- If you have more than 15 employees, designate a person responsible for handling grievances, and adopt grievance procedures. This provision was removed from Section 1557 in the 2020 final rule; however, it is still a requirement of Section 504 of the Rehabilitation Act.

- Have access to qualified interpreter and translator services for your LEP patients and auxiliary aids for visually or hearing-impaired patients.

- Ensure that your facility is accessible for individuals with disabilities.

- Train your workforce on your policies and procedures that prohibit discrimination.

For questions about this article, please feel free to contact Loretta Maddox by email at LMaddox@hcp.md or call 801-701-2969.

Loretta Maddox, MS, FACMPE, CHC
Sr. Compliance Consultant
[Healthcare Compliance Pros](#)

ACMPE Update from your Forum Rep

We're all experiencing changes right now. Some may say too many changes, but we all know that with change comes growth! (I'm definitely feeling those growing pains!) One exciting change is with the update to the Body of Knowledge! Read below to learn more about what to expect and how these changes will impact you on your journey to Certification and Fellowship through the American College of Healthcare Executives.

MGMA of MS ACMPE Forum Representative & MGMA MS Treasurer

Janet Benzing, CMPE

jbenzing@deltaregional.com

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COMING SOON – Exam Specifications and BOK Update

- On July 24th, we announced to MGMA members and ACMPE credential holders the new Body of Knowledge (BOK) specifications to be used for BOK resources and the ACMPE Board Certification examinations, a product of two years in development with member support.

- New resources will be released in October

- New exam specifications to be introduced in December.

- The following resources will be released to assist those preparing for the Exams:
  o Study Guide
  o Workbook
  o Practice Assessment (*Mock Scenario-based and Multiple-Choice Exam*)
  o Preparation Series (Updated)
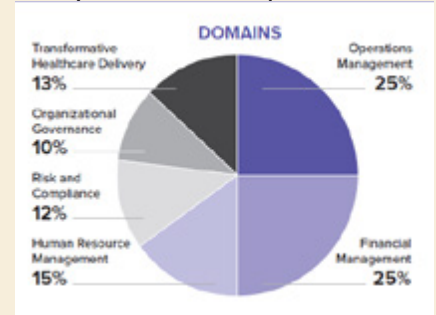
Certificate Programs

- Our ACMPE Certificate in Telehealth is now available on-demand.
  o "Best Practices for Optimizing a Successful Telehealth Program"

- Additional certificates through ACMPE will be offered shortly, including domain specific.

- Please visit our ACMPE Certificates page for more information.

ACMPE Board Certification Preparation Course – July 8- Sept. 2 2020:

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.

Session 1: Board Certification Preparation Overview webinar held on July 8, at 1:00 – 1:30 pm ET (12:00 pm CT, 11:00 am MT, 10:00 am PT)

Sessions 2 through 7 are self-study modules:
- Session 2: Operations Management Review
- Session 3: Financial Management Review
- Session 4: Human Resources Management Review
- Session 5: Risk and Compliance Review
- Session 6: Organizational Governance Review
- Session 7: Patient-Centered Care Review

Session 8: Board Certification Preparation: Live Question-and-Answer Session held Sept. 2, 2020, at 1:00 – 1:30 pm ET (12:00 pm CT, 11:00 am MT, 10:00 am PT)

ACMPE Article Assessments

- 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.

ACMPE Member Community

- Subscribe to the ACMPE Member Community group on the MGMA website to get study advice, ask exam questions and find a community of colleagues that will become a trusted source to help you navigate your career.

MGMA Website Updates

- We have launched a new dashboard! Check out our new and improved dashboard experience. Every day we are working hard to develop new ways to improve your MGMA experience. The new dashboard was launched, and will enhance your access to the benefits that help you the most and features...

  o Personalized tiles
  o Professional Development and Quick Access
  o Easy renewal access
  o Featured resources

As always, I'm here to guide you and encourage you on YOUR Certification Journey! Reach out to me via email or let's set up a time to chat on the phone.

Interested in getting more involved with MGMA MS?
We are always looking for an extra hand to help make this association thrive.
Please contact Kristina at kristina@m3solutionsllc.com *to see how you can help!*

Telehealth Tips, Strategies and Resources

Geri F. Cook, RHIA, CPHRM and Natalie B. Cohen MBA, MHA
LAMMICO's Risk Management and Patient Safety Department

Using interactive audio and video telecommunication systems, telehealth services are a substitute for an in-person encounter between a patient and provider. **A telehealth visit is not simply answering questions as you might do via phone or patient portal.** Because many of the virtual care and telehealth reimbursement and HIPAA requirements were relaxed during the Public Health Emergency (PHE) caused by the COVID 19 pandemic , patients and providers alike have had more exposure to this service delivery option. Following CMS 's lead, many payers expanded coverage for telehealth services during t he PHE by:

- Lifting the location requirements (e.g., originating site) for the patient
- Removing the established relationship provision between provider and patient (e.g., services to new patient visits)
- Relaxing the restrictions on the type of technology (e.g., platforms) that could be used to deliver the services
- Reimbursing for telehealth services without synchronous video connections (e.g., audio only)
- Adding services (e.g., additional CPT codes) to the list of eligible telehealth services
- Allowing additional provider types to provide telehealth services

Regardless of how the service is delivered, who is delivering the service, where the participants are located physically and what services are actually being delivered, below are some good practices, tips suggestions and resources for practices delivering telehealth services.

1. Providers should confirm professional liability coverage

2. Know the regulations

- Stay current on the federal, state, payer and licensing regulations regarding telehealth services in your area [Link]

- Patient consent for telehealth may be mandated by state or payer requirements [Link]

- Consider including the following:
  o Give the patient the option to decline to receive services via telehealth, and they may withdraw from receiving virtual care at any time
  Note: Include risks and benefits, treatment alternatives and risk and benefit of no treatment
  o Limitations of the service (e.g., certain diagnosis, lab testing, physical exam, emergency situations)
  o Security measures taken to ensure privacy (e.g., using a secured network)
  o Rights of the patient with respect to PHI (e.g., providing access to the visit summary)

  o Patient cost share obligations
  o Instructions in case of technical difficulties
  o Explain potential for needing an in-person visit
  o Recording of the call (if applicable)

- Providers should ensure they are meeting the licensing requirements in the applicable states Providers should comply with prescribing laws of applicable states

3. Maintain documentation.

- Clear and detailed documentation will be critical for coding, billing and reimbursement, clinical follow up and risk mitigation. Documentation of a telehealth visit should meet the same standards as an in person visit.

- Include the following in your documentation
  o Date and type of communication technology used
  o Patient name and method of verification of identity
  o All persons involved in the call from the provider and patient locations
  o Physical location of all participants
  o Patient relationship with provider (established or new)
  o Rationale for using telehealth in place of in person visit (e.g. COVID-19)
  o If consent was obtained , document what, how (verbal or written), when and by whom
  o Relevant clinical history, assessment, diagnosis, plan, treatment recommendations and follow up instructions
  o Limits on the assessment (and the need for additional workup) should be noted
  o Patient questions and answers
  o Any technology issues, failures or challenges during the visit
  o Total time spent (clock time) with patient and time spent by physician on the day of the exam preparing for the visit

4. Ways to e ncourage telehealth services

- Explain the benefits of telehealth to your patients

- Update website to include information on telehealth services (e.g. what conditions are covered)

- Change the out of office phone message to include telehealth options

- Employ social media channels to "market" telehealth services

- Develop written scripts for office staff and patient education resources. [Link]

- Develop patient instructions or prep sheet and include:
  o Whether patients be notified that their minutes of their data plan could be exceeded during the televisit
  o How to access assistance with the telehealth platform or application or in using equipment

 o Check in/registration process
 o Payment obligations and process
 o Bring to the telehealth appointment
  ▪ List of medications
  ▪ Name phone number and address of preferred pharmacy
  ▪ Reason for visit
  ▪ Any relevant clinical information (e.g., glucose levels, BP, height weight, etc.)
  ▪ Family member

• Provide patients with guidance on recommended technology (e.g. Internet speed , browser, etc.)
 o Do not use a public network
 o Use a secure and private room
 o Use a good camera
 o Place the camera at eye level
 o Test the sound use an external speaker/headphones or microphone if needed. Make sure you are not muted
 o Charge your device
 o Use wired connection if possible
 o Close all other applications
 o Remind patients that the visit may use data depending on their personal internet or cell phone plan

5. Prepare the practice
• Determine what platform to use and test it in your location

• Obtain a BAA from the vendor

• Include your telehealth platform in your HIPAA Security Risk Assessment
 o Create a telehealth policy and procedure for your practice
 o Train staff on the telehealth policy and procedures for your practice

• Scripts for scheduling. Include a triage plan to assess if an encounter is appropriate for telehealth.

• Develop a process for scheduling, consent, check in, patient education, check out, collections and other handoffs during the call

• Password protect devices used for delivery of services

• Disable phone and microphones when not in use

• Prepare to use auxiliary aids should there be a need

• Consider having a 'site coordinator'

• Have a plan for in person follow up exam if needed

• Practice, practice, practice

6. Telehealth etiquette
• Be professional
• Sign in early and do a tech check

• Turn off all web application notifications

• Verify the patient's identity

• Have the medical record readily avail able before beginning the encounter

• Introduce yourself and everyone in the room

• Place camera at eye level

• Use the self view window during the call

• Use headphones and/or speakers to improve communication

• Speak clearly and deliberately, pause often

• Narrate actions if you look away from the camera

• Dress as you would for an in person visit

• Select an appropriate location , e.g. consider using an exam room (familiar surroundings). Consider all of the following, especially if in a remote:
 o Private and secured
 o Strong, reliable, secure internet connection
 o Quiet or minimal distractions
 o Adequate lighting

• In the event of an emergency, stay online with the patient until transfer of care can be given to the team assuming care (if possible).

• Terminate the connection immediately when the visit is over. Do not leave the connection unattended.

7. Revenue cycle issues
• Create a telehealth appointment type in your scheduling system

• Include telehealth visits in RCM processes (e.g. insurance and benefits verification, financial obligations, pre-auth or pre-cert when applicable)

• Monitor payer policies (link to matrix and effective dates table)
 o Telehealth expansion
 o POS and modifiers
 o Cost share

• Alternative methods for accepting payment

Important Note: M any of the waivers currently in place will end when the Public Health Emergency ends.

Although it is early to say what telehealth services will look like "post-COVID-19", many believe that virtual care is going to have a more prominent place in our healthcare system moving forward. To assist you with establishing, maintaining and getting reimbursed for telehealth and other virtual services, LAMMICO has a consolidated list of resources to help its insureds and practice managers, regardless of where you are in implementation.

THRIVE 2020

State MGMA Virtual Summit

October 7-8

AGENDA

Wednesday, October 7th

(times below are in Eastern Daylight Time)

11:30am	Virtual Exhibit Hall Opens
11:45am	Kick Off and Countdown
12:00 – 1:00pm	**Keynote Session**
	Hacking the ROCKSTAR Attitude: Conquering Crisis Like a Rockstar - *Mark Schulman*
1:00 – 1:30pm	Break and Sponsor Highlights
1:30 – 2:30pm	**Concurrent Breakout Sessions**

A: Recruit, Retain and Motivate the Best Employees - Steve Dickens, FACMPE

B: Cool, New Emerging Technologies for the Medical Practice - Adele Allison

C: TBD - *Coming Soon!*

D: TBD - *Coming Soon!*

2:30 – 2:55pm	Break and Sponsor Highlights
2:55 – 4:00pm	**Concurrent Breakout Sessions**

A. The New Normal: HR Trends During COVID - *Howard Bogard Esq. and Matthew Scully Esq.*

B. TBD - *Coming Soon!*

C. Here to Stay? Telehealth – Now and Into the Future - Kim Garner Huey

D. Difficult Conversations: Building Trust and Accountability in Your Team - *Matt Griswold*

5:00pm	Virtual Exhibit Hall Closes

Thursday, October 8th

(times below are in Eastern Daylight Time)

11:30am	Virtual Exhibit Hall Opens
11:45am	Kick Off Day 2 and Countdown
12:00 – 1:00pm	**Keynote Session**
	The Commitment Competency: What Leaders Must Say & Do To Get Employees to Care & Try - *Joe Mull*
1:00 – 1:30pm	Break and Sponsor Highlights
1:30 – 2:30pm	Concurrent Breakout Sessions

A: Boss Better: Leading and Supporting People in Challenging Times - Joe Mull

B: Improving Practice Profitability - *Maddox Casey, CP*

C: Perfectionism and Perfectly Hidden Depression - Dr. Margaret Rutherford

2:30 – 3:00pm	Break and Sponsor Highlights
3:00 – 4:00pm	Concurrent Breakout Sessions

A: TBD - *Coming Soon!*

B. ACMPE Overview- Cristina Lieneck PhD, FACMPE

C: What is Artificial Intelligence? Should I be worried? - *Cameron Cox, III, MHA, FACMPE*

5:00pm	Virtual Exhibit Hall Closes

MGMA ALABAMA MGMA ARKANSAS MGMA COLORADO MGMA FLORIDA MGMA LOUISIANA MGMA MISSISSIPPI

MGMA MISSOURI MGMA OHIO MGMA OKLAHOMA MGMA OREGON MGMA TENNESSEE MGMA WASHINGTON STATE

THRIVE 2020
State MGMA Virtual Summit
October 7-8
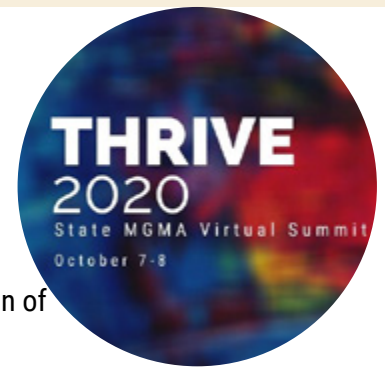
Hacking the ROCKSTAR ATTITUDE - Harness the energy, spirit and passion of Rockstars. Mark's high-energy, audience-interactive keynote, "Hacking the Rockstar Attitude," can best be described as a Rock show disguised as a keynote. Mark uses three core principles during this kinetic and sensory-driven program – ABC: Attitude * Behavior * Consequences. You can't always control what happens to you, but you can control your attitude which drives your behavior, and your behavior drives your consequences. Your audience will walk away with a blueprint for how to incorporate Rock & Roll philosophy, techniques and swagger in order to drive performance and energize their work environment. Are you ready to rock? **-Mark Schulman / World-class drummer, Author, and Keynote Speaker**

The Commitment Competency: What Leaders Must Say & Do to Get Employees to Care & Try - What happens in the workplace when everyone is committed? Effort, teamwork, innovation, and more. But commitment can't be bought. It must be earned. The most engaged and inspired employees don't get that way by chance. Their commitment is triggered by a unique set of conditions in the workplace. These conditions can only be created and sustained by direct supervisors. The Commitment Competency dives into the knowledge, skills, and beliefs bosses must deploy to spark employees to give their all. Drawing on fresh research in employee engagement and workplace psychology, this dynamic presentation teaches leaders how to #bossbetter and get people firing on all cylinders. **-Joe Mull / Joe Mull & Assoc.**

Concurrent Sessions
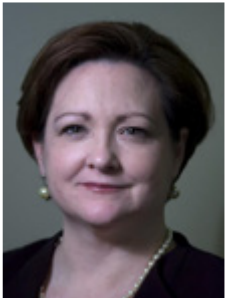
To Infinity and Beyond: Amazing Technology Innovations - Technical innovation is equivalent to magic. While many of us recall 20th century paper claims, paper charts and paper prescriptions, necessity is often the mother of invention. The need for safety, clinical data and better care coordination gave rise to electronic health records and ePrescribing. What will U.S. healthcare look like in a post-pandemic world? COVID-19 led to a 5,680% increase in telehealth claims from the previous year. Yet more is percolating in 21st century medicine that may further disrupt care delivery as we know it. Join Adele Allison as she looks to the future of digital tools, medical innovation, and the impact on provider-patient convergence. She will discuss how technology can keep us socially connected in a world of physical distancing; the use of digital pills; contact tracing; and, related bioethics considerations a digital world holds for us all. **-Adele Allison / SS&C Health**

The New Normal: HR Trends During COVID - This session will cover the varying employment related laws and obligations physician practices must comply with in the time of COVID-19, including, but not limited to, safe work practices, leave and accommodation issues, and recent Court decisions and guidance from the EEOC and Department of Labor. **-Howard Bogard and Matthew Scully / Burr Forman, LLP**

THRIVE 2020
State MGMA Virtual Summit
October 7-8

Recruit, Retain and Motivate the Best Employees - Generational shifts and economic factors are driving a rapidly changing workforce. Finding the right employee is a significant challenge but keeping them productive and engaged while on the job is even more so. This session addresses the recruitment and interview process along with tips on managing different employee styles while establishing workplace culture.Objectives:Develop a recruitment and onboarding process;Identify the factors that frustrate and drive away good employees;Define steps to retain and motivate employees;Articulate the cultural values important to employees; andCategorize coworker personality and generational differences and how to work with each. **- Steve Dickens, JD, FACMPE / SVMIC**
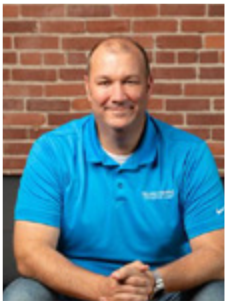
Difficult Conversations – Building Trust and Accountability in Your Team - If you really think about it, the single biggest threat to your practice and to your culture are avoided conversations. We all have so much to do, it is just too easy to avoid difficult conversations, yet these conversations are critical to driving patient outcomes and building a strong culture. Matt will talk about the importance of difficult conversations and how to approach them in a way that builds trust, alignment, and accountability.
- Matt Griswold / People Centric Consulting Group

Here to Stay? Telehealth – Now and Into the Future - You've been dealing with telehealth and the changing regulations for months now. Maybe you have it down pat, but maybe you still need guidance. This session reviews the basic guidelines as well as variances between payers. We'll discuss the documentation challenges, the patient relations issues, and explore whether telehealth will become part of our "new normal". CMS has indicated an intention to expand telehealth coverage past the COVID-19 Public Health Emergency – are you ready? **- Kim Garner Huey, MJ, CHC, CPC, CCS-P, PCS / KGG Coding and Reimbursement Consulting**

Improving Practice Profitability - Unfortunately, many physicians are working harder at their practice but not reaping the rewards. There are proven strategies to use to increase practice revenue while wisely cutting expenses. This discussion will provide specific ideas in both areas. Discussion will include topics on cost cutting, increasing revenue and conclusion with defining profitability.
- Maddox Casey, CPA / Warren Averett, LLC

What Is Artificial Intelligence? Should I be worried? - "Siri, make an appointment for my low back pain." "Alexa, who is the best doctor to handle my cirrhosis?" As if the regulatory changes weren't enough, we must also compete with technology. This session is an introductory course in defining artificial intelligence. In addition, the presentation will cover the current scope of the various "phases" of the technology and how they apply to healthcare … for the moment. Finally, the presentation will explore and encourage the review and expansion of how artificial intelligence may shift our world of healthcare. **- Cameron Cox, III, MHA, FACMPE / MSOC Health**

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ACMPE Overview - This session will provide an review CMPE and FACMPE eligibility criteria, timelines, fees and preparation/best-practice study tips for the Certified Medical Practice Executive (CMPE) exam.
-Cristian H. Lieneck, PhD, FACMPE / School of Health Administration Texas State University

Boss Better: Leading and Supporting People in Challenging Times - What do employees need most from their bosses right now? How do I empathetically support employees who are struggling while ensuring the highest standards of performance for our patients? What do I do when a typically reliable employee is suddenly unable to do it all? In this interactive Q&A session, Joe will take your questions about the people management challenges you are facing currently. Bring your questions and join us for a rich discussion of leading people in challenging times. **-Joe Mull / Joe Mull & Assoc.**

Perfectionism and Perfectly Hidden Depression - Many people are raised to believe that painful emotions are a sign of weakness or that being vulnerable feels unsafe. Survival often comes by creating a perfect-looking life, at the expense of being filled with self-criticism and shame and not being able to express emotions like fear, anger, loss, or grief. This groundbreaking topic will help explain the process of understanding perfectionism, identifying destructive beliefs, and connecting with suppressed emotions. It's a great place to learn tangible tips for quieting the critical inner voice and powerful strategies for coping with difficult feelings. **-Margaret Rutherford, PhD / The Self Work Podcast**

Click HERE to register today!

MGMA MS Members use promo code "MSMEM50" to save $50 on registration fees! The first 250 attendees will receive a free conference Swag Box via mail!