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DECEMBER 2008

KENTUCKY MEDICAL GROUP MANAGEMENT ASSOCIATION

THE FOCUS

Kentucky MGMA Annual Spring Conference

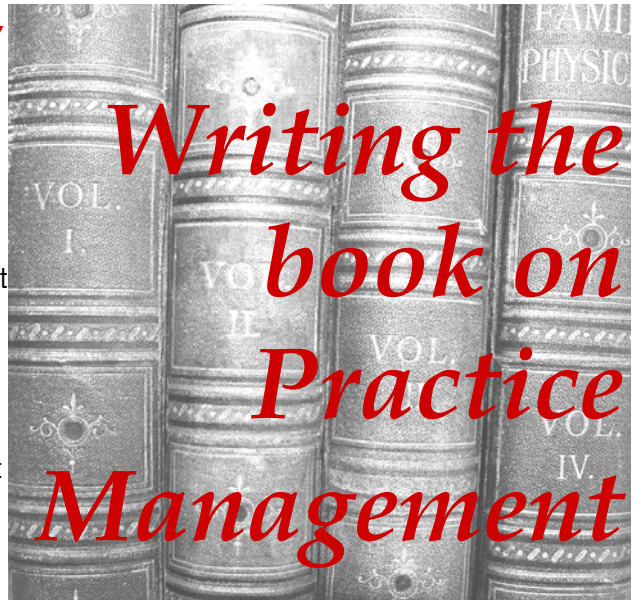
Mark Your Calendars Now

May 7-8, 2009

Downtown Marriott

Louisville, KY

Hear from nationally-known experts in the field as they share valuable information that will enable you to position your medical practices for success, along with practical tools to enhance the efficiency and effectiveness of the patient visit. Learn about the latest tools in scheduling, patient access, check-in, check-out, and the steps in between, along with data and measures to evaluate your medical practice.



*Writing the
book on
Practice
Management*

REGISTER NOW! Register online at www.kmgma.com

Complete agenda and registration information now online.

Business Partner Opportunities for 2009

The Kentucky MGMA's Exhibiting and Sponsorship Opportunities for 2009 are now posted online at www.kmgma.com in the Business Partner section. We hope that having all of the information at one time will allow you to better plan your calendars and budgets for the year.

Included in the online packet, is the opportunity to pre-register for both the spring and fall conferences. You will still receive the Exhibitor Prospectus with the conference information, but your booth space will already be secure. Please note that exhibit space for the Fall Educational Meeting will be extremely limited. This is your opportunity to guarantee a booth at either or both of the 2009 shows.

Also included in this packet is information on Website Sponsorship, Newsletter Advertising, and our Membership Directory Advertising. We hope you will consider these other options available to highlight your company to our membership.

In addition, we have special "Sponsorship Designations" for those Business Partners who support KMGMA through several sponsorships or advertising opportunities. Any company sponsoring KMGMA events/programs (excluding the cost of booth fees) at the following levels will be granted designations and discounts accordingly:

Bronze Sponsor: \$1,500 – receive 5% off booth fees (at all meetings) and 1 additional attendee (guaranteed booth space at BOTH meetings)

Silver Sponsor: \$3,000 – receive 10% off booth fees (at all meetings) and 2 additional attendees (guaranteed booth space at BOTH meetings)

Gold Sponsor: \$5,000 – receive 15% off booth fees (at all meetings) and 2 additional attendees (guaranteed booth space at BOTH meetings)

Please note that the 2009 Fall Educational Meeting will be held at the Lake Cumberland State Resort Park in Jamestown, KY. Exhibit space will be extremely limited. If you would like to guarantee a spot at that meeting, it is recommended that you pre-register.

As always, we recognize that it is only with the support of our Business Partners we are able to provide quality educational and networking opportunities to practice administrators throughout Kentucky. We look forward to working with you in 2009!

Gayle Thomas

KMGMA President

Gayle.thomas@bhsi.com

Executive Council

Gayle Thomas, President
Baptist Family Medicine at Tates Creek
Lexington, Kentucky
Gayle.thomas@bhsi.com

Connie Leffler, CMPE, President-elect
Women's Physicians, LLC
Jeffersonville, Indiana
womensphy@thepoint.net

Janet Wimsatt, RN
Kentuckiana Allergy, PSC
Louisville, Kentucky
jwimsatt@kentuckianaallergy.com

David Kelso, CPA, Treasurer
Iroquois Medical Center, PSC
Louisville, Kentucky
dkelso@insightbb.com

Ramona Osborne, CMPE, Past-President
Ohio Valley Surgical Specialists
Owensboro, Kentucky
rosborne@ovsonline.com

Members At Large (Voting)

Susan Miller, FACMPE,
Past Presidents' Council
Family Practice Associates of Lexington
Lexington, Kentucky
smiller@fpalex.com

Craig Gillespie, FACMPE, KMA Liaison
Pediatric & Adolescent Associates
Lexington, Kentucky
cgillispie@paalex.com

Members At Large (Non Voting)

Marty White, Legislative Liaison
Kentucky Medical Association
Louisville, Kentucky
white@kyma.org

Mike Soares
Professionals' Insurance Agency, Inc.
Louisville, Kentucky
msoares@professionalsagency.net

Local Chapter Representatives

Amy Morrison, Bluegrass MGMA
Lexington, Kentucky
Amy.morrison@bhsi.com

Shanda Bland, Green River MGMA
Owensboro, Kentucky
sbland@ridonline.net

Shane Carter, Purchase Area MGMA
Paducah, Kentucky
scarter@jpmpsc.com

Cissy Harper, Heartland MGMA
Elizabethtown, Kentucky
cisharper@comcast.net

Vivian Grise, Barren River MGMA
Bowling Green, Kentucky
W.heartandlung@insightbb.com

Darren Bennett, Louisville MGMA
Louisville, Kentucky
raaccnt@rehabmds.net

Dear Members:

"Any change, even a change for the better, is always accompanied by drawbacks and discomforts."
(Arnold Bennett)

CHANGE!!! That has been the mantra of this campaign year.

That word brings up so many different emotions in us, sometimes CHANGE is good, and other times CHANGE is frightening. As Medical Practice Executives, we live in a constant world of CHANGE. Medicare CHANGES to provider enrollment policies, CHANGES to prescribing, CHANGE from paper to EHR, insurance reimbursement CHANGES, CPT and ICD-9 code CHANGES, personnel CHANGES, human resource law CHANGES, tax law CHANGES, budget CHANGES, physician CHANGES, on and on and on..... It makes me tired just thinking about it!

How do we keep up with all the CHANGES? Being involved in your local chapter of MGMA, KMGMA and National MGMA is a great way to stay informed. All of these organizations provide opportunities to learn about the many changes in our profession as well as networking with other managers on how they and their practices are dealing with CHANGE.

I am so proud of the CHANGES that are happening within Kentucky MGMA. We have added three new Local Chapters over the past several months. This is a great accomplishment and I would like to thank all those involved in this process. Welcome to all those involved in these new chapters!

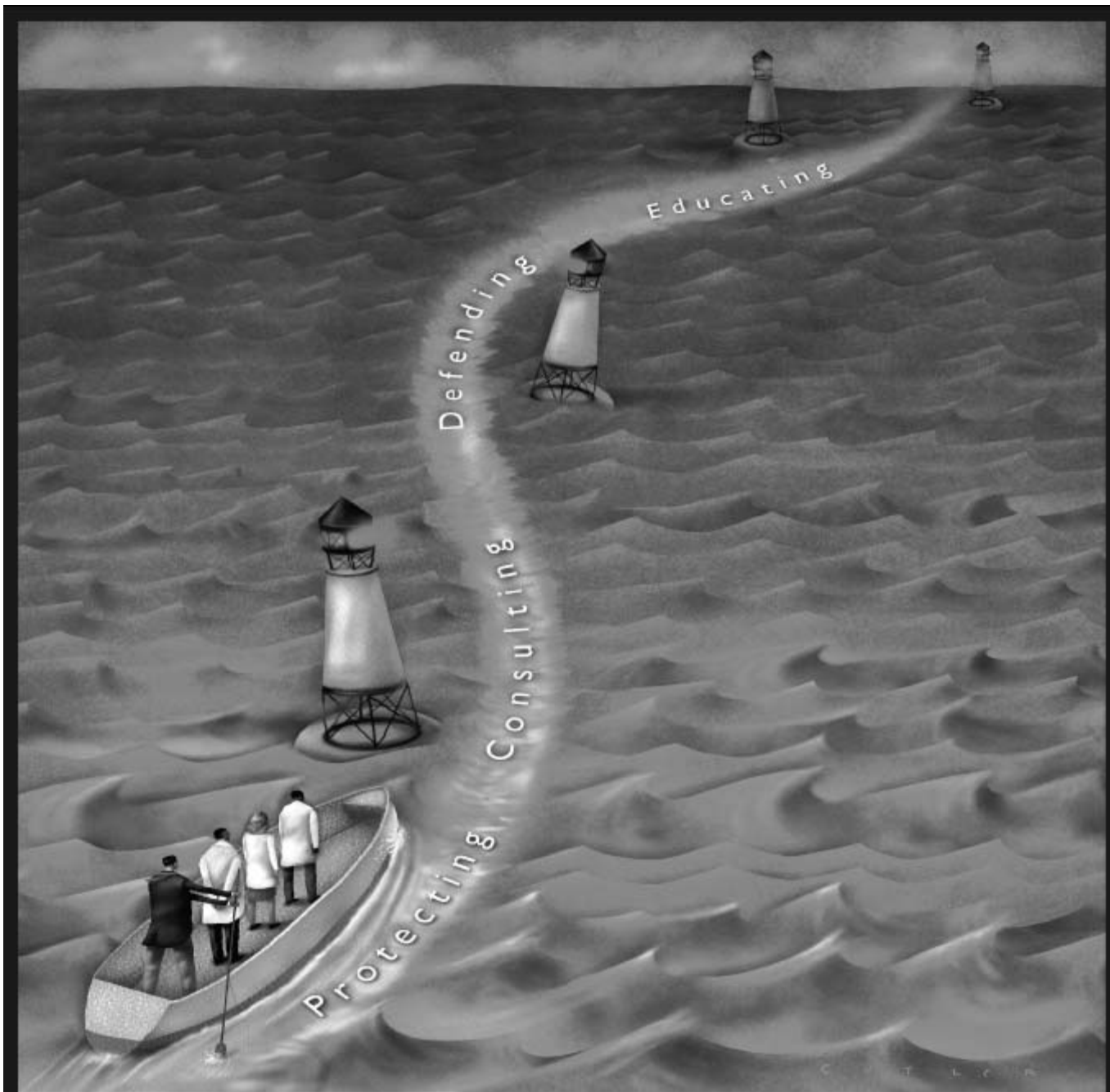
The Executive Committee will be meeting in mid-January to talk about what CHANGES may need to be made to better meet the needs of our members. If you have any suggestions that you would like to share with us, we would love your input. Please drop me an email at gayle.thomas@bhsi.com.

I hope you are making plans to attend the Spring KMGMA meeting in Louisville, May 7-8, 2009.

CHANGE is not so scary when you have others to share it with!!!

Happy Holidays to each of you and remember, "Change is inevitable ----- except from a vending machine"

Gayle Thomas
President, KMGMA



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For information, contact Michael Soares or Susan Decoreaux at mkt@svmic.com or call 1-800-942-2239. Web site: svm.com

Michael Soares
Local Chapter Liaison
mikes@avmic.com

Purchase Area MGMA plans for 2009

The Purchase Area Medical Group Management Association continued to grow during the fall of 2008. The organization now includes 48 members and meets the second Thursday of each month. The calendar for the first six months of 2009 is below:

2009

Schedule

Thursday, January 08	Intrepid Home Health in Murray	11am to 1pm	Beyond The Yellow Pages - Marketing a Medical Practice
Thursday, February 12	WBH - Meeting Room B	11am to 1pm	Motivating and Coaching to Retain Quality Personnel
Thursday, March 12	Lourdes - Board Room	11am to 1pm	Healthcare Trends - Quality Outcomes / Performance Measures
Thursday, April 09	WBH - Meeting Room B	11am to 1pm	Benchmarking & Financial Reporting
Thursday, May 14	Lourdes - Board Room	11am to 1pm	Medicare Updates and Education
Thursday, June 11	Four Rivers Clinical Research - Lourdes Med Pav	11am to 1pm	The Nuts and Bolts of Customer Service

PAMGMA continues to address healthcare issues that affect western Kentucky and have been active in working with the area nurse training programs and technical schools to improve the level of clinical support training while providing an efficient avenue for new trainees to enter the job market. In addition, PAMGMA will roll out its own website during the spring 2009 which will provide information about participation in the association, important meeting announcements and networking opportunities.

The 2009 PAMGMA Officers as follows:

President: Shane Carter

Jackson Purchase Medical Associates

Paducah KY

270-441-4250

scarter@jpmpsc.com

President-elect: Sarah Lovett

Primary Care Medical Center

Murray KY

270-759-9200

sarah@primarycaremedicalcenter.com

Vice - President: Tom Provost

Cardiology Associates of Paducah

Paducah KY

270-442-0103

tom@cardiologypaducah.com

If you would like more information about any one of the six local chapters located throughout Kentucky (Bowling Green, Elizabethtown, Lexington, Louisville, Owensboro, and/or Paducah), please visit the KMGMA website at www.kmgma.com and click on the "Local Chapters" tab.

COLLEGE CORNER

Undoubtedly, you have already been thinking about your New Year's Resolutions. This year, add pursuing your own professional excellence to that list! Give yourself a membership in the American College of Medical Practice Executives (ACMPE). Obtaining ACMPE status alerts colleagues and superiors to your dedication to and knowledge of the medical profession, solidifying your role as an effective and efficient leader. You deserve it and your practice deserves it! In addition, it is a resolution you can actually keep!

I have listed the Exam Dates for 2009, along with the closest testing locations. **ACMPE is still recruiting locations for testing sites. If you know of a site, please contact them as soon as possible at acmpe@mgma.com.** To register for one of the tests below, go to www.acmpe.com.

2009 Exam Dates and Registration Deadlines

Exam date	Registration Deadline	Location
Feb. 28, 2009	Feb. 14, 2009	Brentwood, TN
May 16, 2009	May 2, 2009	Brentwood, TN and Indianapolis, IN
July 25, 2009	July 11, 2009	Brentwood, TN and Indianapolis, IN
Oct. 11, 2009	Annual Conference (paper-and-pencil)	Denver, CO - MGMA Annual Conf.

Registration Fee

\$150 per computerized exam (\$85 per pen-and-paper exam)

IMPORTANT

To maintain your status as a Nominee, Certified Member or Fellow, 50 hours of qualifying credit hours must be earned and submitted every three years. All members are on the same three year cycle (Jan.1, 2007 through Dec. 31, 2009). A prorated requirement will be calculated for Nominees joining after the start of a cycle. View your online transcript at www.acmpe.com and log your hours today.

CONGRATULATIONS

2008 Certified Members

Terri Christian, CMPE	Louisville, Kentucky
Kevin Orr, CMPE, MBA	Louisville, Kentucky
Rena D. Price	Louisville, Kentucky
Stephen F. Schulz, CMPE	Louisville, Kentucky

2008 Nominees

J. Christopher Thorn, MBA, CPA	Louisville, Kentucky
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MGMA 2008 Advocacy Accomplishments

We will remember 2008 as a year in which Medical Group Management Association (MGMA) members' enthusiastic participation in advocacy efforts produced significant legislative and regulatory victories. Legislators and regulators heard strong and consistent messages from the Association and you - and took actions to address those concerns.

Our biggest success this year, the override by the House and Senate of the president's veto of the Medicare improvements for Patients and Providers Act of 2008 (MIPPA), achieved two of MGMA's top advocacy objectives for 2008, stopping massive cuts to Medicare reimbursement levels for 18 months and severely curtailing Medicare Advantage private fee-for-service plans' ability to "deem-contract" physicians without formal agreement. The bill also addressed many other issues affecting medical group practices, including e-prescribing and the Physician Quality Reporting Initiative (PQRI).

MIPPA became law because of the strength of your efforts to educate lawmakers and our coalition work with the American Medical Association (AMA), medical specialty associations and state medical societies. Below

THE CHALLENGE	MGMA ADVOCACY	WHAT IT MEANS TO YOU
<p>Medicare Part B Cuts</p> <p>You and other Part B providers were threatened with a 10.6% cut to your Medicare payments starting July 1, 2008, and an additional 5.4% cut forecasted for 2009.</p> <p>MGMA's LEARN research indicated that members could not afford to continue to provide adequate access to Medicare patients.</p>	<p>Members called and e-mailed Congress more than 36,400 times in 2008. You explained in detail how the cuts would severely curtail practice operations. This MGMA grassroots campaign worked: Congress overrode a presidential veto and stopped the payments cuts.</p>	<p>With a continuation of the 0.5% payment rate for the remainder of 2008 and an increase of 1/1% for 2008, Congress guaranteed 18 months of payment stability for Medicare providers and stabilized Medicare beneficiaries' access to quality care. This will allow time for an overhaul of the current Medicare payment system.</p>
<p>Medicare Advantage "deeming" provision</p> <p>Medicare Advantage places the burden on practices to determine each private fee-for-service plan's terms and conditions. If your practice treats a private fee-for-service patient, you are committed to a "deemed contract" without a formal written agreement.</p>	<p>MGMA led an ambitious, two-year grassroots campaign that culminated with testimony on Medicare Advantage deficiencies at congressional hearings. MGMA members demonstrated to legislators the impact of this unfair and unregulated contracting process.</p>	<p>MIPPA limits the ability of these plans to "deem," an important first step in reducing provider and patient headaches with Medicare Advantage plans. Rather, MIPPA requires these plans to establish traditional provider networks and formal contracts with medical practices in areas with two or more Medicare Advantage plans.</p>
<p>Incident-to billing rules</p> <p>In May, the Centers for Medicare & Medicaid Services (CMS) announced changes to the incident-to billing rules that would have reduced payment for nonphysician providers' care in some instances and made it more complicated to get full payment for their services in others.</p>	<p>As a direct result of advocacy efforts led jointly by MGMA and the AMA - and supported by 30 other physician organizations - CMS rescinded the changes to the incident-to billing rules spelled out in Transmittal 87. You and fellow members provided critical information about the effect of these changes on your practices.</p>	<p>Physician practices would have faced additional administrative demands, such as explicitly documenting each relevant provider's credentials in patients' medical records. Practices that failed to qualify for incident-to billing risked losing 15% of their Medicare payment because services provided by nonphysician practitioners that do not qualify as incident-to services are only eligible for 85% of Medicare's payment rate.</p>

THE CHALLENGE	MGMA ADVOCACY	WHAT IT MEANS TO YOU
<p><i>Durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) accreditation</i></p> <p>CMS would have forced physicians and licensed health professionals supplying DME-POS to become accredited with the agency - despite CMS lacking accreditation guidelines for health professionals.</p>	<p>MGMA, along with the AMA and other medical organizations, lobbied Congress and CMS, demonstrating the lack of relationship between the quality standards for DME and providers.</p>	<p>As a result of these efforts, CMS clarified that physicians and licensed health care professionals are exempt from multiple accreditation deadlines until the agency develops new quality standards applicable to those providers. Since CMS has no timeline to develop new quality standards for exempted providers, your practice can continue to care for patients and bill for DME as usual.</p>
<p><i>E-prescribing legislation</i></p> <p>Congress attempted to pass legislation mandating the adoption of e-prescribing. Practices not doing so by 2011 would have had their Medicare payments reduced by 10%.</p>	<p>MGMA, while supportive of practices adopting e-prescribing, strongly opposed the punitive measures included in the original e-prescribing legislations. MGMA lobbied Congress and the administration to create an e-prescribing program that relied more on incentives and less on punitive measures.</p>	<p>Congress included e-prescribing incentives in MIPPA. Successful e-prescribers will receive a 2% bonus for 2011 and 2012 and an 0.5% bonus for 2013. If eligible practices do not use e-prescribing, the legislations imposes penalties of -1% in 2012, -1.5% in 2013 and -2% in 2014 and beyond. In addition, your practice can receive an extra 2% Medicare bonus for participating in the PQRI.</p>
<p><i>Health Insurance Portability and Accountability Act (HIPAA) privacy burdens</i></p> <p>Proposed legislation would have forced you to obtain patient authorization each time your practice used patient data for such common tasks as benchmarking and quality reporting. Practices with electronic health records would be required to inform patients of every information disclosure, including those made for treatment, payment and health care operations.</p>	<p>MGMA opposed these provisions because of the burden they place on practices, the potential disincentive to practices acquiring health information technology (HIT) and their negative impact on the efficient delivery of patient care.</p>	<p>Congress did not pass any legislation containing these onerous and unnecessary provisions. In the next Congress, MGMA will advocate for HIT legislation that includes meaningful incentives for practices to adopt HIT, support for the development of interoperability standards, and a more constructive and inclusive approach to augmenting patient privacy.</p>
<p><i>Anti-markup provisions</i></p> <p>If your practice has more than one office and performs diagnostic tests, CMS has been considering limiting your reimbursement for those tests based on where they are performed.</p>	<p>At the end of 2007, MGMA lead a coalition of organizations lobbying CMS regarding the negative impact its proposal would have on group practices. As a result, the agency delayed implementation of this new rule in 2008, except for certain diagnostic pathology services. CMS then proposed a new anti-markup expansion effective Jan. 1, 2009.</p>	<p>In 2008, most of you continue to receive the full fee schedule amount for diagnostic tests performed in your practices. While MGMA continues for advocate for withdrawal of this proposal, your practice can preserve reimbursement levels and avoid the administrative burden of complex calculations.</p>
<p><i>Medically unlikely edits (MUEs)</i></p> <p>CMS developed medically unlikely edits (MUEs) files that it refused to make public - but used to deny certain items on your claim forms.</p>	<p>MGMA member feedback guided us in submitting comments to the National Correct Coding initiative and CMS in support of public release of MUEs.</p>	<p>As a result of MGMA's comments, CMS reversed its decision to keep these files confidential. On Oct 1, CMS made most MUEs public on its web site. You can access the link at mgma.com/policy.</p>

If you are an MGMA member who participates in the Association's **Legislative Executive Advocacy Response Network (LEARN)**, you have made a difference.

LEARN members respond to polls about emerging issues - and MGMA makes the results available to public-policy decision-makers. Want to join your colleagues in shaping public policy? Visit mgma.com/LEARN.

Leadership Elections and Budget to Highlight '09 Session

Marty White

KMA Liaison

white@kyma.org

When legislators return to Frankfort in January for a short, 30-day session, they will be faced with the daunting task of addressing a nearly \$500 million budget shortfall. Before that, however, they will elect their leaders, which may prove more challenging than finding millions of dollars.

Legislative Leaders

The leaders of each chamber of the General Assembly are extremely important as they determine committee appointments, which bills move through the process, and more. While each party has leaders, it's the majority parties' leaders, Democrats in the House and Republicans in the Senate, who control the legislative agenda. Generally, the members of the majority party in either chamber agree on who their leaders will be, but occasionally, as is the case this year, there are contested elections.

The 2009 legislative session is a what is referred to as a short, 30-day session. Regular sessions of the General Assembly are 60 business days long. During short sessions, legislators, like any other session, convene on the first Tuesday after the first Monday in January. Instead of meeting for 30 straight legislative days, legislators will meet for four days to elect their leaders and recess for approximately one month until they return in February to complete the final 26 days of the session. What happens in those first four days may well determine what results from the 2009 Kentucky General Assembly.

This year, there are contested elections for each of the five leadership positions in the House. Of most note is the election for Speaker of the House, where current Speaker Jody Richards (D, Bowling Green) is being challenged by Rep. Greg Stumbo (D, Prestonsburg), a former Majority Floor Leader prior to serving as Attorney General.

To date, the race for this leadership post has been contentious having been played out in newspapers and other mediums. Reportedly, the race is very close with each candidate for Speaker reporting that they have the votes to assume that role. How the votes are cast may divide the majority party in the House for the remainder of the session. If that occurs, it is unlikely much will be accomplished and that is concerning since the state faces a \$500 million budget.

Budget Shortfall

Prior to the session, Governor Steve Beshear announced a government shortfall and that he had asked all Cabinet Secretaries to determine where cuts might be made. At the same time, the Governor has eluded that spending cuts alone won't overcome the shortfall and that the state needs to increase revenue. He has suggested an increase in the cigarette tax.

At the same time, President of the Senate David Williams has made statements in the media that the shortfall isn't as bad as everyone is saying and that an increase in any tax before some belt-tightening isn't necessary. His statements combined with the fact that in a short session you must have a two-thirds majority of legislators approve of any revenue measures, it may be tough to pass even a cigarette tax, which is strongly supported by KMA.

The two-thirds majority issue may be why there is some talk in Frankfort about convening a special session of the General Assembly in January, when the regular session is in recess. Many, however, indicate that conducting a special session during the recess of a regular session is unconstitutional.

Sound confusing? It is. However, KMA will work diligently, as it has in previous sessions, for an increase in the excise tax on tobacco products and advocate that any increases in taxes be applied toward healthcare. It's time this state understood just how devastating cigarettes are to our citizens' health, healthcare costs, and other societal problems. The

(continued on page 9)

question will be whether the political will is there to look past the potential impact an increase in the cigarette tax might have when legislators seek re-election in 2010.

Do-Nothing Session?

These factors and others seem to constitute a recipe for a do-nothing session for the 2009 Kentucky General Assembly. Obviously, we will have to wait and see how this sessions plays out, but when you combine all the ingredients of a budget shortfall, leadership elections, no new tax pledges, and everything else that goes into a legislative session, it's hard to see how legislators will address any pressing issues other than the budget.

By the time legislators return to Frankfort after the January recess and potential special session, KMA will have a better idea about the direction of the 2009 session. We will keep members posted with legislative bulletins and alerts about any and all issues impacting patient care and the practice of medicine. As always, we will rely on you to call legislators when asked and to keep us abreast of legislators' responses on important issues.

Until that time, you can bet that KMA will monitoring all legislation carefully, but at the same time keep its head down to stay out of the political crossfire occurring in Frankfort.



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P.O. BOX 950247
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2009 Membership Renewals Have Been Sent!

Dues renewal notices were sent December 1st via email.

Didn't receive your notice?

Go to www.kmgma.com, under the Members' Only tab, click on "Pay Member Dues".
Update your profile and pay online.

Need to pay by check?

Update your profile online and click "Submit Registration".
At the payment page, click "Complete Transaction" and an invoice will
be emailed to you within 24 hours.

Questions? Send questions to melissaowilson@comcast.net.

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