MESSAGE FROM THE CEO:

Physicians who lead.

I was sitting on an airplane, late in the evening on November 29, 2001, when my cell phone rang. I was heading to New Orleans to give a talk on tobacco control policy and finishing my remarks, while the last passengers boarded. I answered quickly as the cabin door closed and knew I had to shut down my phone. On the line was my brother telling me my mother had just died from lung cancer.

It was somewhat ironic to me, that while I was working for the Medical Society of New Jersey and leading the state’s efforts to reduce tobacco use, my mom was dying from smoking related lung cancer. What was not ironic was the impact the physicians of MSNJ and its broad coalition partners were making in the fight against Big Tobacco. I learned much from my work in tobacco control about marketing, promotion, tax policy, smoke-free air policy and the economics of policy interventions on health behaviors.

The Medical Society of New Jersey is a leader in public health policy and its recent joint statement with the Medical Society of the State of New York, the Connecticut State Medical Society and the Medical Society of Delaware shows the power of physician leadership on public health. The four state societies issued a joint statement urging policy makers in their states to not repeat the public health disaster inflicted by the tobacco industry. Physicians understand the difference between the social justice impacts of de-criminalization and the creation of a well-funded industry, whose objective is to sell as much recreational use marijuana as possible.

In New Jersey, legalization of recreational marijuana is still being considered by the legislature, as of this writing. Despite the lack of votes to move the measure on the first attempt, we are promised that the issue will once again be presented to the legislature. Opposing recreational marijuana in the New Jersey political world is difficult. Lobbyists and political advisors would never advise a client to “get on the wrong side” of an issue like legalizing recreational marijuana. Indeed, how many “healthcare voices” are publicly opposing the creation of a recreational marijuana industry in New Jersey? I know of two. MSNJ and our colleagues at the NJ Psychiatric Association.

Like our leading work to reduce death and disease from tobacco use, physicians have the opportunity to get in front of the recreational marijuana movement. Even if recreational marijuana is established by law, physicians can secure public health concessions at the beginning. Funding for research, labeling and advertising restrictions and other proven public health interventions should be part of any legislation legalizing marijuana.

Leadership means looking at the long term effects and taking unpopular positions because it is the right thing to do. Communicating concerns publicly and trying to shape a future that is conducive to health is what leadership in healthcare looks like. MSNJ membership is not for every physician, it is for physicians who lead.

Larry Downs, Esq.
CEO, Medical Society of New Jersey
ADVOCACY LEADERS:

The Medical Society of New Jersey is pleased to release the 2017-2018 Annual Report of the Advocacy Fund. The Fund is used to supplement MSNJ’s investment in physician advocacy. The Fund supports research, media advocacy, legal advocacy and efforts that amplify the voice of organized medicine in New Jersey.

Through contributions, MSNJ has made great progress on behalf of physicians by conducting economic and policy research, commenting on proposed regulations, and participating in legal cases. We have included a list of activities supported by the Advocacy Fund in the report on page 3.

The Fund is supported by hospital medical staffs, individual and corporate contributions. MSNJ Policy #200.898 directs that revenues and expenditures from the Advocacy Fund be reported to the MSNJ Board of Trustees on a periodic basis. MSNJ is distributing this report to all organizations making contributions to the Advocacy Fund.

5/1/18- 4/30/19
Total Medical Staff Contributions: $175,500

MSNJ recognizes the leadership of the contributing medical staffs. We provide timely educational material to medical staffs that support MSNJ. Active leadership is essential to bring the physician voice and perspective to health care reforms occurring at the state and national levels.
ADVOCACY EXPENDITURES:

- **Administrative Cost**
  - Postage
  - Blast faxes
  - Other communications
  - 0.24%

- **Managed Care**
  - Continued Advocacy on Prior Authorization
  - Continued Advocacy on Horizon Medicare Advantage Narrow Network
  - Continued Advocacy on EOB Transparency
  - Advised Specialty Societies of Potentially Adverse Payer Policy Changes
  - 50.52%

- **Media**
  - Press coverage
  - Printed material
  - Radio campaign
  - 16.77%

- **Legal**
  - Amicus briefs filed:
    - Challenging "Junk Science" in Accutane Litigation;
    - Supporting Absolute Privilege for Self Critical Analysis;
    - Medical Necessity of Diagnostic Imaging Referrals from Lesser Licensees; and
    - Duty of Care
  - 32.47%
AMICUS ACTIVITY:

NJ Supreme Court Says NO to Junk Science
MSNJ, the AMA, the Dermatological Society of New Jersey, the American Academy of Dermatology, the Society for Investigative Dermatology and the American Acne and Rosacea Society joined together in an amicus brief in In re: Accutane Litigation, arguing that peer reviewed medical publications should be given weight in legal proceedings. The New Jersey Supreme Court sided with science, excluding evidence presented by plaintiffs in litigation against Hoffman LaRoche, who alleged that their use of Accutane caused Crohn's disease. By adopting Daubert factors, the Supreme Court endorsed our view; one of the four factors now required to be considered by trial judges before allowing evidence to go to a jury, is "whether the scientific theory has been subjected to peer review and publication."

NJ Supreme Court Finds Hospital's Self-Critical Analysis is Privileged
The New Jersey Supreme Court agrees with the position taken by the Chilton Medical Center and supported by MSNJ and the AMA in an amicus brief—the privilege in the Patient Safety Act, which protects self-critical analysis, is not vitiated by the failure to report an adverse event. In Brugaletta v. Garcia, the state's highest court found that the privilege afforded to a hospital's self-critical analysis of errors was designed to reduce medical errors; the Legislature's intent to encourage candid self-critical analysis would be undercut if the privilege is diluted when a hospital fails to report a Serious Preventable Adverse Event.

NJ Appellate Division Opinion in Insurance Fraud Case against Radiologists
MSNJ and the Radiological Society of New Jersey filed an amicus brief in Allstate v. LaJara, which involved an insurance carrier's claw-back of payment from radiologists based on its interpretation of practice regulations concerning the performance of imaging services. Allstate asserted that radiologists must ensure the "medical necessity" of imaging orders from lesser licensees. The appellate court overturned in part, agreeing with our position that a radiologist is not required to perform a physical exam prior to testing to determine medical necessity. It also agreed in part with the lower court, stating that the radiologist must "assure that significant clinical data has been provided to justify the request" from a limited licensee. (Notably, the NJ State Board of Medical Examiners revised the rule effective January 2, 2018, removing this section.)

Appellate Court will Consider MSNJ's Amicus Brief on Duty of Care
MSNJ, together with the AMA’s Litigation Center, filed an amicus brief in the matter of Vizzoni v. Mulford-Dera, urging the New Jersey Appellate Division not to expand the duty of care to 3d parties who are not the patient of a physician. The Appellate Division granted our motion to file the brief and will consider our arguments during its deliberation of the issue.
ADVOCACY IN ACTION:

Meetings with US Congress
MSNJ, along with The Coalition of State Medical Societies met with NJ Congressional representatives to discuss surprise medical bills, MACRA, Medicare/ Medicaid administrative burdens, graduate medical education and the ACA during the National Advocacy Conference February 11-13, 2019.

Testimony before NJ Assembly Financial Institutions & Insurance Committee
In February 2019, MSNJ was invited by Chairman McKeon of the NJ Assembly Financial Institutions & Insurance Committee to testify and discuss innovations in the healthcare services and technology markets such as those developed by CVS, Amazon, and Apple, and the effect of these innovations on the delivery of healthcare in the State. Our members testified on innovations in medical practice and the importance of health information exchange affordability and availability.
MARIJUANA:

RECREATIONAL MARIJUANA
In March 2019, the Senate cancelled the vote for S2703, as they did not have enough votes. The bill is likely to come back up for a vote in either May or June. MSNJ President, Dr. John Poole, issued a statement prior to the scheduled voting session in March, urging legislators to oppose the legislation.

“The Medical Society of New Jersey expresses grave concerns over the media reports indicating Legislative leaders and the Governor have reached agreement on legislation to legalize adult use marijuana in New Jersey.

The physician community urges the legislature and the administration to exercise restraint in in their zeal to legalize marijuana. While physicians support decriminalizing adult use for social justice reasons, that step is already being taken on the administrative level through the Office of the Attorney General.

Conversely, creating an entire new industry to sell an intoxicating product to adult users is antithetical to improving the health status of our citizenry. Adult use products, like alcohol and tobacco, are enticing to adolescents and young adults. Legal marijuana will be no different. Despite protections found in law, industries exist to sell as much of their products as possible and to every possible consumer. While we rush to escape “black market sales” we invite the mass marketing and the superior distribution efficiency a legalized industry will bring to our state.

We urge our elected members of the NJ State Senate and General Assembly to stand with us by acting in the interest of the public health and welfare of our state.”

MSNJ also issued a joint statement alongside the Medical Societies of New York, Delaware and Connecticut.

Medical Marijuana Regulations
MSNJ filed comments regarding proposed regulations that change the medical marijuana program, urging the Department of Health to maintain the physician review panel's function of reviewing applications before adding medical conditions to the program.

Medical Marijuana Legislation
MSNJ presented its Medical Marijuana policy in letters to legislative leadership as well as written testimony to legislative committees.
MEDICARE/ MEDICAID REFORM:

CMS E&M Coding and Payment-Related Changes
In response to the outcry from MSNJ, the AMA and virtually all of organized medicine, CMS announced that it will delay coding and payment-related changes for E&M office visits for two years, including its proposal to collapse E&M codes.

CMS Step Therapy Policy Reversal
MSNJ, together with the AMA and others, filed an objection to CMS’s proposed policy reversal that would allow Medicare Advantage plans to institute step therapy for drugs on a forward going basis.

CMS Site-Neutral Payment Policies
The Physician Advocacy Institute (PAI), of which MSNJ is a founding member, filed comments in support of CMS’ site-neutral payment policies, pointing to the decline in independent medical practices and negative implications for continuity of care and quality brought about by payment reductions to physicians.

Medical Literature Exemptions from Sunshine Act Reporting
MSNJ has long standing opposition to the reporting of the cost of medical literature provided to physicians under the Sunshine Act. We believe the literature was meant to be included under the education exemption and urged Congressman Frank Pallone to add a clarifying amendment to legislation that was pending in Congress. Since that legislative effort failed; we have joined virtually all of organized medicine in another letter to CMS urging it to reverse its position on reporting medical literature.
MEDICARE/ MEDICAID REFORM (CONTINUED):

NJ Medicaid Emergency Room Payment
Despite opposition from MSNJ, NJHA and others, A4207, which caps payments at $140 for low acuity emergency room encounters, was enacted into law.

_Under the new law, “physicians and hospital emergency rooms are once again being asked to shoulder the burden for a shortcoming of the broader health system.”_ John Poole


NJ Medicaid Payment for Advance Care Planning
MSNJ submitted comments in support of NJ Medicaid’s application to the federal government for matching funds for Advance Care Planning services for Medicaid Recipients.

NJ Medicaid Fee Increase
MSNJ asked the state to postpone its request to the Federal Government to modify the state Medicaid plan in order to increase fees for physicians and other providers, who are employed by or contracted with certain teaching hospitals, expressing concern that access will not be increased in the state at large and recommending that _all_ physicians who treat Medicaid patients receive an increase in fees.

OUT OF NETWORK:

NJ OON Guidance and Resources

MSNJ, along with the Access to Care Coalition, submitted comments on the draft guidance from the NJ Department of Banking and Insurance on the Out of Network Law. Notable changes as a result of our comments included: extending the amount of time physicians have to reject a payer’s initial payment from 7 days to 30 days; allowing physicians more time to submit arbitration requests for claims prior to the Bulletin’s publication date (11/20/18;) and utilizing MAXIMUS’ existing arbitration website.

Since then, MSNJ has been actively engaged with payers and state agencies on implementation issues.

MSNJ has also presented concerns and suggestions to legislators regarding working on a reformation bill to remediate issues with the current law. In April 2019, MSNJ testified before
the Senate Commerce Committee on issues surrounding the implementation and operation of the law, including broad misapplication.

MSNJ has several resources to assist members with implementation of the law, including: fee benchmarking discounts; access to arbitration professionals; same specialty case review; assistance with payers through our Claims Assistance Program; flow charts and videos. Read more at: http://www.msnj.org/oon.

Federal Legislation on Surprise Medical Bills
MSNJ joined the AMA and much of organized medicine in a letter to the Committee on Ways and Means regarding issues surrounding surprise medical bills, including: insurer accountability, limitations on patient responsibility, transparency, universality, setting benchmark payments and alternate dispute resolution.
PAYER REFORM:

Prior Authorization
MSNJ continues its efforts on prior authorization reform. At our Policy and Strategy Panel meeting in July 2018 we heard from two payers, the NJ Department of Banking and Insurance and the NJ Hospital Association. There are several prior authorization bills before the NJ Legislature that MSNJ supports, including A3845 "Ensuring Transparency in Prior Authorization Act" which follows the AMA Model Bill. MSNJ has also formed a working group with the NJ Association of Health Plans in an effort to work together to reduce the burden of prior authorization.

NJ Medicaid Eliminates Prior Authorization Requirements for MAT
In April 2019, NJ Department of Human Services Commissioner Carole Johnson announced that NJ Medicaid plans will no longer require prior authorization for patients who are seeking access to medication-assisted treatments (MAT) for opioid addiction. MSNJ supports this initiative and was supportive of proposed legislation, A4744/S3314.

THANK YOU New Jersey Governor Phil Murphy and Commissioner of Human Services Carole Johnson for eliminating a harmful barrier to Medication-assisted treatment (MAT) under Medicaid. Your actions will save lives!

Delays in care can have fatal consequences.

NOW ALL NEW JERSEY INSURERS NEED TO FOLLOW MEDICAID’S LEAD AND END PRIOR AUTHORIZATION FOR MAT

Medicare Advantage Prior Authorization
MSNJ joined the AMA and much of organized medicine in a letter urging CMS to reconsider its allowance of Medicare Advantage plans to implement prior authorization policies and step therapy.
PAYER REFORM (CONTINUED):

Modifier 25
MSNJ continues to work on modifier 25 payment issues with the AMA and the Federation of State Medical Societies. MSNJ was joined by 46 medical and specialty societies in a letter to AmeriHealth and its parent company, Independence Blue Cross, opposing its policy change that reduced payment for evaluation and management (E&M) codes appended with modifier 25. Despite coordinated efforts, AmeriHealth’s policy remains in effect. The Federation has been successful in preventing similar policies by Anthem BCBS and United Healthcare from going into effect.

Electronic Medical Bills for NJ Workers’ Compensation Claims
The NJ Division of Workers Compensation amended the final rule on electronic claims for workers’ compensation, in light of MSNJ’s comments, clarifying the exemption for practices that file less than 25 claims a month. The regulations require medical claims to be filed electronically and payment within 60 days or less, effective November 1, 2019.

State Health Benefits
The Governor signed A4228, which requires the state health benefit programs to establish and contract for a Medicare Primary Assignment and Audit Program in order to ensure that all persons covered by those programs who are eligible for Medicare have Medicare as their primary insurer. MSNJ is engaged with the Murphy Administration in its continued efforts to reduce state health benefits costs, aiming to maintain patient access and choice despite pressures to reduce costs.
PHYSICIAN RETENTION:

Loan Redemption
MSNJ continues to seek legislation to improve access to the loan redemption programs for physicians to increase retention. The Fiscal Year 2019 State Budget includes an important first step to improving the State’s physician loan redemption program, allowing rollover of unused funds from the nursing program into the Primary Care Practitioner Loan Redemption Program.

Residency Slots
MSNJ also urges expansion of residency slots and other initiatives for physician retention in the state.

Poole says that means students are graduating from medical school, but they’re not able to find a residency spot in the state, causing them to leave. And once they leave, statistically they’re not likely to come back.


Tuition Reimbursement Program for Psychiatrists
MSNJ filed joint comments with the New Jersey Psychiatric Association on the rules regarding Tuition Reimbursement Program for Psychiatrists. The final rule was released without change.
PUBLIC HEALTH:

Medical Aid in Dying
A1504/S1072, which permits qualified terminally ill patients to self-administer medication to end life, passed in both Houses and was signed into law by Governor Murphy in April 2019. New Jersey is now the eighth state to allow patients this option. MSNJ opposed the legislation and is reviewing its position at this year’s Annual Meeting.

Mental Health Parity Legislation Signed into Law
In April 2019, Governor Phil Murphy signed legislation that will enhance enforcement of mental health parity laws in the state. The law requires health insurers to provide coverage consistent with federal requirements of equal coverage for mental and physical health care services. The law goes into effect on June 10, 2019. MSNJ supported this law.

NJ Catastrophic Illness in Children Relief Fund
MSNJ wrote to the NJ Catastrophic Illness in Children Relief Fund supporting the return to their previous position, allowing fund availability to children who are US citizens, regardless of the immigration status of their parents.

STATE-BASED HEALTH EXCHANGE
In March, Governor Murphy announced New Jersey will transition into a state-based exchange by 2021. This is primarily in response to the Federal Government trying to dismantle the Affordable Care Act (ACA).

  MSNJ President, Dr. John Poole provided a statement in support of this announcement: “MSNJ supports reforms to the New Jersey insurance market that create increased access to healthcare for our patients. That includes existing policy in New Jersey that allows coverage of children to age 26 and state codification of protections against denials of coverage for pre-existing conditions. We also support eliminating annual and lifetime limits.”

Smoking Ban
Governor Murphy signed legislation to ban smoking on public beaches. MSNJ supports this law.

Women’s Health- Title X
MSNJ supports efforts to lift the “gag” order for physicians providing women’s health services. The AMA issued a statement stating, “Gag orders that restrict the ability of physicians to explain all options to their patients and refer them—whatever their health care needs—compromise this relationship and force physicians and nurses to withhold information that their patients need to make decisions about their care.” In March 2019, the AMA filed a lawsuit to block the rule.
SCOPE OF PRACTICE:

Advanced Practice Registered Nurse Compact
MSNJ joined the AMA and several other groups in a letter to the National Council of State Boards of Nursing regarding an APRN Compact that threatens to undermine state scope of practice laws.

MSNJ was successful in obtaining a prohibition of changes to scope of practice through the multistate Nurse Licensure Compact in A1583, which is moving through the NJ Legislature. The compact shall not abrogate or supersede any provision in Title 45 of the Revised Statutes, or in any other title or chapter of law applicable to the practice of nursing in this State.

NJ Medical Assistant Rule- Venipuncture
After rule adoption, MSNJ clarified with the NJ State Board of Medical Examiners that: phlebotomists are not required to obtain licensure or certification in the state in order to perform venipuncture; medical assistants, who are trained in phlebotomy, are not required to obtain certification in order to perform venipuncture; and it is within the scope of practice of physician assistants and nurses, who are trained in phlebotomy, to perform venipuncture.

Dry Needling
The NJ Assembly passed A392, a bill allowing physical therapists to perform "dry needling," a technique used by acupuncturists to relieve pain, and considered by many as an alternative to opioids. MSNJ, along with several other specialty societies submitted written testimony opposing the bill, as physical therapists do not have adequate training to perform dry needling. MSNJ agrees with the AMA's policy that physical therapists and other non-physicians practicing dry needling should – at a minimum – have similar standards for training, certification and continuing education to those for acupuncture.
SUBSTANCE ABUSE:

Compensation from Pharma to Prescribers
MSNJ filed comments on the proposed rule, along with a variety of stakeholders, including businesses and at least one hospital system. Among other things, we sought affirmation that speaker bureau activity is in a safe harbor.

On February 26, 2019, MSNJ participated in a stakeholders roundtable convened at the Division of Consumer Affairs in Newark to discuss our position on the rule. The DCA indicated final publication of the rule and any changes will be made in “early spring,” due to the number of comments which were filed on the amended rule. Pharmaceutical companies are interpreting the rules strictly and refusing to allow NJ licensed physicians to participate in industry funded activities at national meetings. We presented the problems and hardships faced by our physicians in light of this rule to the DCA.

Barriers to Care
To further address the opioid epidemic, the AMA and the Medical Society of New Jersey urged policymakers and insurers to remove barriers to care for pain and substance use disorders, including: removal of prior authorization for medication assisted treatment (MAT); mental health and substance use disorder treatment parity; and patient access to affordable non-opioid pain management. MSNJ also hosted a discussion of best practices for treatment of opioid addiction and access issues in New Jersey at its January 2019 Policy and Strategy Panel meeting.

NJ Medicaid Substance Use Disorder Treatment
MSNJ submitted preproposal comments to NJ Medicaid regarding potential changes to the hospital and physician services manuals relating to substance use disorder treatment, voicing concerns about potential barriers to inpatient care, including prior authorization.

NJ Medicaid Office Based Addiction Treatment
MSNJ submitted comments in support of NJ Medicaid’s application to the federal government for approval of office based addiction treatment, including medication assisted treatment.
SUBSTANCE ABUSE (CONTINUED):

Opioid CME- Physicians
MSNJ filed comments concurring with the broad definition of topics that may be the subject of Continuing Medical Education on the subject of opioids. The broad definition should allow credit for seminars already conducted to meet the biennial license requirement of one credit in Category 1 CME.

Opioid CME- Optometrists
MSNJ filed comments supporting the requirement for optometrists to take a credit of continuing medical education (CME) on opioid prescribing, urging the Board of Optometrists to require that the statutory CME training be conducted by a specialist in pain and addiction medicine. The rules were adopted without change.

Prescription Drug Monitoring Program
MSNJ filed comments on proposed regulations that implement statutory changes to the Prescription Drug Monitoring Program. We supported the process for patients to request corrections of inaccurate entries and increased access. We urged the state to facilitate physician efforts to correct inaccurate prescriptions attributed to them in the drug monitoring data base.

NJ CDS Licensure
MSNJ filed comments objecting to the proposed doubling of the license fee associated with registration and renewal for prescribing Controlled Dangerous Substances (CDS). The rule was adopted without change.
OneHealth New Jersey

OneHealth New Jersey is a physician-led health information network delivered in partnership with MSNJ offering a suite of health information technology tools to help health professionals across the state of New Jersey CONNECT, ANALYZE, ENGAGE, and TRANSFORM the health care industry.

OneHealth New Jersey provides you with the tools necessary to:

- Access patient information in a timely, secure manner;
- Improve care coordination and patient safety;
- Increase physician/patient communication;
- Engage patients through an online patient portal;
- Utilize patient panel and population health analytics in a meaningful way;
- Effectively transition to a value-based payment model;
- Support efforts to meet requirements for MIPS/APMs;

Learn more at: www.onehealthnewjersey.com.
New Jersey Healthcare Executive Leadership Academy

The New Jersey Healthcare Executive Leadership Academy is currently in its third year with 22 new participants in Cohort 3. This initiative builds on 5 years of collaborative work among MSNJ, the New Jersey Hospital Association (NJHA) and the New Jersey Association of Health Plans (NJAHP). All 3 organizations represent the key pillars of the healthcare delivery system in New Jersey and all would benefit from a strong cadre of healthcare leaders. Seton Hall University is the academic partner, directing the leadership sessions that are being taught through this year’s topic of the Opioid Epidemic. This year, the joint project has secured grants awarded by The Physicians Foundation and funding from the Institute of Medicine & Public Health of New Jersey.

The second class of NJHELA from 2018 have already used their learnings and started to move the needle on improving End of Life within their respective organizations/companies. We hope to continue such collaboration among the 3 industries within healthcare and look forward to seeing positive changes implemented through our Fellows in the next 5 years. The project partners have invested many hours of work and planning to build a leadership development opportunity that will build skills through multiple perspectives on solving healthcare problems. We have developed a program that will allow the participants to understand how health plan, hospital and physician perspectives are applied to solving problems in healthcare delivery. We think the multiple stakeholder approach will not only build leadership skills, but create new relationships that will benefit our state in the future. For more information, please visit: www.msnj.org/NJHELA.
CLAIMS ASSISTANCE PROGRAM:

The Claims Assistance Program (CAP) assists members with insurance company issues. After receiving documentation from the member, MSNJ staff writes to high level contacts within the insurance companies in an effort to resolve the issue.

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<tr>
<th>2018 Total CAP Claims:</th>
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<tbody>
<tr>
<td>Aetna: 4</td>
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<tr>
<td>AmeriHealth: 10</td>
</tr>
<tr>
<td>Cigna: 8</td>
</tr>
<tr>
<td>Horizon: 31</td>
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<tr>
<td>UHC: 15</td>
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<tr>
<td>Total: 68</td>
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NOTABLE SUCCESSES

- Facilitated Contract Negotiations (Multiple Payers)
- Site of Service Payment Correction (Horizon)
- Clarification of Medical Policy Update Language (Horizon)
- Corrected Erroneous Terminations (UHC)
- Delayed Implementation of Modifier 25 E&M Policy (UHC)

MEMBER RESOURCE CENTER:

The MRC was created over 10 years ago to improve member services by: eliminating unnecessary call transfers; identifying trends; and evaluating member issues to determine the need for advocacy and education.

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<tr>
<th>2018 Total Inquiries: 1,266</th>
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<td>Call: 943</td>
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