

MONITOR

VISION FOR MACM

Leading the Way in Mississippi Healthcare

By: Michael M. Beckett, President & CEO



Michael M. Beckett
President & CEO

As the newly appointed CEO of Medical Assurance Company of Mississippi (MACM), I am thrilled to share my vision for the future of our organization. Our mission is to foster growth, enhance employee engagement, and deliver best-in-class products and services to Mississippi healthcare providers. In an ever-evolving healthcare landscape, MACM is committed to being a

proactive and innovative partner, ensuring that our healthcare providers can focus on what they do best: taking care of patients.

GROWTH STRATEGY

Our growth strategy is centered around three key pillars: expanding our market presence, diversifying our product offerings, and leveraging technology to enhance our services.

1. Market Expansion: We will strengthen our relationships with existing members while actively seeking opportunities to partner with new healthcare providers across Mississippi. By demonstrating our value through exceptional service and reliable protection, we aim to become the go-to choice for medical malpractice insurance in the region.

2. Product Diversification: To meet the diverse needs of our members, we will continue to provide innovative insurance products tailored to the unique challenges faced by healthcare providers. This includes specialized coverage options for emerging medical fields and telemedicine, ensuring that our

members are well-protected in all aspects of their practice.

3. Technology Integration: Embracing cutting-edge technology will allow us to streamline our operations, enhance customer experiences, and provide data-driven insights to our members. We will invest in advanced analytics, cybersecurity, and digital platforms to offer seamless and efficient services.

EMPLOYEE ENGAGEMENT

Our employees are the backbone of MACM's success. We believe that engaged and motivated employees are crucial to delivering exceptional service to our members. Our approach to employee engagement includes:

1. Professional Development: We will invest in continuous learning and development programs to ensure our team stays ahead of industry trends and advancements. This includes offering training sessions, certifications, and opportunities for career growth within the company.

2. Work-Life Balance: Recognizing the importance of work-life balance, we will continue flexible work arrangements and wellness programs to support our employees' overall well-being. By fostering a supportive and inclusive workplace culture, we aim to attract and retain top talent.

3. Recognition and Rewards: Acknowledging and rewarding outstanding performance is key to maintaining high levels of employee morale. We will implement a robust recognition program to celebrate achievements and contributions, fostering a culture of excellence and collaboration.

DELIVERING BEST-IN-CLASS PRODUCTS & SERVICES

Our commitment to delivering best-in-class products and services is unwavering. We will achieve this by:

- 1. Client-Centric Approach:** Understanding the unique needs of each healthcare provider is paramount. We will work closely with our members to tailor our solutions to their specific requirements, providing personalized service and support.
- 2. Continuous Improvement:** We will establish a feedback loop with our members to continuously assess and improve our products and services. This will enable us to stay responsive to their evolving needs and maintain the highest standards of quality and reliability.
- 3. Industry Leadership:** MACM will actively participate in industry forums, conferences, and associations to stay at the forefront of healthcare trends and best practices. By sharing knowledge and expertise, we will contribute to the overall advancement of the healthcare sector in Mississippi.

ADAPTING TO THE CHANGING HEALTHCARE LANDSCAPE

The healthcare landscape is constantly evolving, and MACM is dedicated to staying ahead of the curve. Our plan to adapt includes

- 1. Healthcare Adaptability:** The practice of medicine is changing at a rapid pace. We will closely monitor and adapt to these changes. This proactive approach will safeguard our clients and mitigate potential risks.
- 2. Telemedicine and Digital Health:** The rise of telemedicine and digital health solutions presents new opportunities and challenges. We will develop specialized coverage options and risk management strategies to support healthcare providers in this digital age.

BEING PART OF THE SOLUTION

At MACM, we believe in being part of the solution to improve healthcare in Mississippi. Our commitment to protecting healthcare providers enables them to focus on delivering exceptional patient care. We will accomplish this with:

- 1. Advocacy and Education:** We will advocate for policies that support healthcare providers and enhance patient care. Additionally, we will offer educational resources and training programs to help providers navigate the complexities of the healthcare system.
- 2. Community Engagement:** MACM will actively engage with the local community to address healthcare challenges. By partnering with community organizations, we can contribute to a healthier Mississippi.
- 3. Risk Management:** Our comprehensive risk management services will help healthcare providers identify and mitigate potential risks, ensuring they can practice with confidence and peace of mind.

In conclusion, my vision for MACM as CEO is to lead the organization toward growth, innovation, and excellence. By focusing on employee engagement, delivering best-in-class products and services, adapting to the changing healthcare landscape, and being part of the solution, we will continue to protect and support Mississippi healthcare providers, allowing them to provide the best possible care to their patients. Together, we can build a healthier and more resilient Mississippi.

NEW MACM EMPLOYEES



Zac Sewall, Underwriter, graduated from Mississippi College with a degree in communications with a minor in marketing in May 2024. He began his career working at Evan Tullos State Farm in Madison as a sales associate before coming to work at MACM. Zac's time at MACM has been brief, but he hopes to be a valuable asset and work with MACM for many years to come.

Laura Mize, Underwriter, graduated from Mississippi State University with a bachelor's degree in business. Prior to joining MACM she worked on the administrative side of healthcare in areas such as billing and office management for the last 8 years. Laura was raised in West Virginia and has resided in Madison for the last 11 years with her husband and their 4 children who attend Germantown High and Madison Middle School.



Megan Ford, Sales Representative, is an LCSW and holds a Bachelor of Science in Social Work from Mississippi College and a Master of Science in Social Work from Jackson State University. After graduating with her Masters, Megan worked for the University of Mississippi Medical Center as a pediatric social worker. From 2014-2018, Megan served in a leadership role at Make-A-Wish Mississippi. Prior to MACM, Megan served as a Physician Liaison for the Mississippi Center for Advanced Medicine for 3 years and as a social worker for 3 years prior to that. In her spare time, Megan enjoys spending time with her husband, Jonathan, and two children, Rayleigh and Kingsley.

Sarah Fox, Claims Representative, is joining the MACM team as a claims representative. She graduated from the University of Southern Mississippi in 2010 with a Bachelor of Science in Nursing. She has 14 years of nursing experience including oncology and hospice. She was a referral RN for Hospice Ministries for the last 12 years covering St Dominic hospital. She maintained relationships with physicians, nurses, and other staff members to assist with patient evaluations and admissions. Originally from Hattiesburg, she currently resides in Flowood with her husband, Andrew, and their two children, Harrison and Evie. Sarah and her family are active members of St. Paul Catholic Church.



Is There a Collaboration Agreement in the House?

By: Kathy Stone, VP of Risk Management

Within this magazine is information from the Mississippi State Board of Medical Licensure (MSBML) and the Mississippi Board of Nursing (BON) regarding the regulations for advanced practice providers. Both of these boards require a collaboration agreement between a physician and a nurse practitioner, and a protocol between a physician and a physician assistant. (The terms “collaboration agreement” and “protocol” are often used interchangeably.)

During the process of defending our insureds, MACM’s Claims Department has identified instances in which collaboration agreements have not been executed between the collaborating physicians and the nurse practitioners (NPs) with whom the physicians are working and collaborating. This often happens when the NPs are providing hospital-based services only, but it has been observed in clinic-based practices as well. However, the licensure boards do not make exceptions to the collaboration agreement requirement.

Therefore, regardless of where the NP practices or the length of time the NP has been employed with your clinic or has been collaborating with you, it is absolutely necessary to develop a collaboration agreement that is specific to your practice and specialty and to execute the agreement with the signatures of both the NP and the collaborating physician as well as any secondary collaborating physicians. These signatures should also be dated.

If you would like an example of a collaboration agreement, please contact MACM’s Risk Management Department.

FREE CONTRACT REVIEW FOR RESIDENTS

After years of medical training, you now have an offer of employment. Before signing on the dotted line, an experienced healthcare attorney needs to review your contract. However, hiring an attorney is an expense you may not have considered.

Medical Assurance Company of Mississippi now has a program to provide a free review of an employment contract. This contract review is a \$500 value and is limited to one review per resident.

Please contact MACM if you are seeking employment or have an employment contract in hand and would like advice from a healthcare attorney.



To qualify, you must be seeking employment as a practicing physician in Mississippi.

Stephanie C. Edgar, J.D.
General Counsel
601.605.4882 | sedgar@macm.net



REMINDERS AND RECOMMENDATIONS FOR PHYSICIANS COLLABORATING WITH MID-LEVEL PROVIDERS

Review the Mississippi State Board of Medical Licensure (MSBML) regulations for collaboration with nurse practitioners and supervision of physician assistants which can be found at <https://www.msbl.ms.gov/administrative> under “Administrative Rules”.

Advanced practice registered nurses (APRNs) are responsible for reviewing the regulations from the Mississippi Board of Nursing (MBON) which may be found at <https://www.msbn.ms.gov/laws-rules/administrative-code> under “Part 2840 - Advanced Practice”.

Recommendations for supervising and collaborating with mid-level providers:

- Should have a compatible practice – treat same patient population, same medical specialty, trained in same procedures. For example, physicians who desire to collaborate with or supervise a mid-level to perform aesthetics procedures should also be trained in the performance of those same procedures.
- **Every** primary collaborating/supervisory physician should sign, date, and keep a copy of the collaboration agreement/protocol for each mid-level provider.
- Collaboration agreement/protocol should be a document that contains the necessary information as outlined by the MSBML and MBON rules. A hospital document detailing the duties and procedures a mid-level provider is credentialed to perform may not meet all of the requirements.
- The collaboration agreement/protocol should be signed and dated by the mid-level provider, the primary supervisory/collaborating physician, and any back-up/secondary collaborating physician(s).
- Primary collaborating physician should maintain his/her own copy of the log of charts reviewed and other required information contained therein as well as the documentation of the quarterly QA meetings.

Excerpts from MSBML and MBON Rules

MSBML Rule	Applies to APRNs	Applies to PAs
Supervising/collaborating physician must practice within Mississippi a minimum of 20 hours/week or 80 hours/month.*	X	X
Physician must submit a duly executed protocol and obtain approval from MSBML. See rules for information on what a protocol/collaboration agreement should address.**	X	X
The MBON requires the APRN to submit the formal collaborative agreement(s) to the MBON prior to beginning practice.	X	
Physician must add APRN to his/her file via the MELS Online Licensure Gateway and submit all required information prior to commencement of patient care.	X	
New graduate/newly licensed PAs must initially practice 120 days or 960 hours with the on-site presence of their supervising physician. A clerkship with the same physician may reduce this requirement.		X
Mid-level's practice is confined to the primary office/clinic of the supervising physician, or hospital(s)/clinic(s)/health care facilities within 75 miles of where the primary office is located.*	X	X
No mileage restriction for primary care providers (family medicine, general/internal medicine, mental health, women's health, general pediatrics) if certain conditions are met.	X	X
Primary collaborating physician must ensure backup physician coverage when he/she is unavailable or outside the approved distance. Backup physician must also sign collaboration agreement/protocol.	X	
The mid-level provider must be able to communicate reliably with a collaborating physician while practicing.	X	X
Protocol must describe in detail the back-up coverage in the event the supervisory physician is away from the primary office.		X
QA/QI program to include review by supervisory/collaborative physician of random sample of charts chosen by the physician that represent 10% or 20 charts, whichever is less, each month. Any patient on which physician was consulted may count as 1 chart.	X	X
Physician shall ensure maintenance of a log of charts reviewed containing chart identifier, reviewers' names, dates of review, conditions treated, any comments made by physician regarding care provided.	X	
PA should maintain a log of monthly charts reviewed containing chart identifier, reviewers' names, dates of review.		X
Mid-level and supervising/collaborating physician must meet in person or via video conference once per quarter for QA purposes and the meeting must be documented. See the rules for more information on what should be addressed and documented in these meetings	X	X

**Exceptions may be granted.*

***Not required to submit to the MSBML the protocol for approval of APRN collaboration if APRN will practice within 75 miles of physician or physician and APRN meet the conditions for a primary care extended mileage exception.*

DO YOU HAVE CYBER COVERAGE?

Claims Scenario

Your employee receives an email seemingly from Microsoft, warning them that their account may have been compromised, and to login to verify that they are the owner of the account. The user inputs their login and password, and the credentials are stolen by a hacker using this rudimentary but highly successful phishing technique. The criminal notices that your employee's computer has the Remote Desktop Protocol (RDP) enabled and logs into the employee's computer while they work from home, using the stolen credentials. The hacker uses the hijacked computer to find the backup server on the company's network and deploys ransomware to encrypt the company's backups, before launching a wide-ranging attack on the rest of the company's computers and servers. This attack costs the company over \$10,000,000 between the 7-figure ransom payment, related expenses, and business interruption losses.



Don't just be insured be prepared.

You don't have to be a group practice to experience such high cost. We've also seen solo practitioners incur devastating costs out of pocket for similar situations. Be prepared. Higher limits of our cyber liability insurance solutions are available in addition to the coverage provided with our primary medical professional liability policy.

Advantages of purchasing higher limits:

- Cyber Liability(e-MD*) available for up to \$5 million per claim and in the aggregate.
- Qualifying insureds receive preferred rates on higher limits of cyber insurance.
- \$0 deductible for certain insuring agreements.
- Additional Defense Costs and Separate Breach Event Costs limits available.
- Full Prior Acts coverage available.
- Seamless claims handling when transitioning from embedded coverage to higher limits of coverage.



THE IMPORTANCE OF INFORMED REFUSAL

By: Gerry Ann Houston, MD, Medical Director

CASE STUDY

A 69-year-old male with several chronic illnesses saw his primary care physician multiple times each year from 2007 until January 2014. He was scheduled to return in April 2014 for an office visit, but he was a no show. In July 2014 he was seen with complaints of diarrhea and was told he needed a colonoscopy. He went home to think about it only to return 8 days later with increasing weakness. Lab revealed a hemoglobin of 7.8 and hematocrit 23. He was referred to a general surgeon, who performed a colonoscopy with findings of a large mass at the hepatic flexure; biopsy confirmed an adenocarcinoma. A colon resection was done several days later with pathology revealing a 7.5 cm adenocarcinoma with 2 positive nodes. He had a prolonged hospital course requiring multiple surgeries and dialysis resulting from a breakdown of the anastomosis with peritonitis, sepsis, and renal failure.



The patient and his wife filed suit against his primary care physician for failure to recommend a colonoscopy from 2007 until 2014.

When the office records of the primary care physician were reviewed, there was no documentation that a colonoscopy had ever been offered to the patient. The physician said he had regularly discussed the need but that the patient always refused. He explained that in the front of the chart he kept a sheet of paper which listed blood tests and screening procedures that the patient needed. As the patient had the procedures done, he would fill in the date. He said he looked at this at each office visit and would remind the patient to schedule whatever test or procedure that had not been done.

Several years later the lawsuit was mediated with a compromise settlement of \$500,000.

INFORMED REFUSAL

The concept of informed consent is well known to physicians and other health professionals; it is a process of providing patients with sufficient information to enable them to make appropriate decisions regarding their medical care. Risk Managers are well versed in the components of proper informed consent and frequently communicate to physicians the importance of not only documenting the conversation that the physician must have with the patient but also the written informed consent form that must be signed by the patient who is agreeing to a test, procedure, or surgery.

But just as important, and often overlooked, is the informed refusal. All patients have the right to refuse any sort of medical treatment, but refusal should come only after full explanation and discussion by the primary physician or surgeon. And as with informed consent, the refusal must be adequately documented in the medical record.

To avoid being in the same position as the physician in the case just described, consider the following:

- Ensure that the language used to explain the needed treatment is clear and on the patient's level.
- Do not delegate the discussion to someone else in the office.
- Review the benefits and reason for the recommended procedure. Make sure that the patient knows the consequences of not having the treatment. If necessary, be blunt and inform the patient he will likely die if he refuses what is being offered.
- Try to understand why the patient is refusing the procedure. Knowing this may open a way to convince the patient that the treatment is necessary.
- Inform the patient of any alternative therapies. Though other options may not be as effective, they may be better than no treatment or procedure.
- Supply the patient with printed information about the treatment being offered; have him take it home to discuss with his family.

- A printed, customizable form signed by the patient may be used as an addition, but it is no substitute for the all-inclusive informed refusal note done by the physician after the face-to-face interaction with the patient.

DOCUMENTING INFORMED REFUSAL

After the encounter with the patient is over, documentation in the medical record is essential. Though everything was conveyed to the patient and all the necessary requirements of informed refusal were made, unless it is documented in the medical record, there is no proof that it happened. It becomes the physician's word against that of the patient or family.

When documenting informed refusal in the record, it is important to include the following:

- When and where the discussion took place
- Information about patient's condition that was reviewed and necessity for the recommended treatment
- Risks and benefits discussed
- Parties present during the discussion
- List of alternative treatments
- Statement that the patient had the chance to ask questions and answers were given
- Patient's reason for refusal
- Patient's understanding of the information and refusal implications

Although patients have the right to refuse what is recommended, it is the physician's responsibility to provide the necessary information and document the informed refusal appropriately. If this is done, even with an adverse event, the physician would have fulfilled his responsibility to the patient.

All information contained in this handout is provided by Medical Assurance Company of Mississippi for the sole purpose of risk management. It is not intended and should not be construed to be or to establish the standard of care applicable to providers practicing in Mississippi. This information should not be regarded as legal advice. We encourage providers to seek the advice of their own legal counsel.

RENEWAL REMINDER

Automatic renewal has made it much easier to renew such things as magazine subscriptions, professional society memberships, and home and auto insurance. MACM is hoping to ease the burden of the renewal process for your 2025 policy with a similar autorenewal process. You will not be required to fill out an online renewal application, but you must notify us in writing of any practice changes that might affect your coverage.

If you have not already done so, please notify us of any of the following:

- New practice address or email address
- Payment method changes
- New procedures or changes in procedures already offered
- New advanced practice providers/allied health professionals or departure of those previously covered
- Newly formed corporations
- Recent approval to certify patients for medical marijuana (coverage is excluded if not specifically approved by MACM)
- Disciplinary or staff privileges actions
- Contract with MPPH not previously reported to MACM
- Charges/Indictments for a violation of law
- Any medical or psychiatric illness or injury that impaired your ability to practice

If we do not hear from you, we will use the information we have on file to renew your policy 30 days in advance of your renewal date. However, once you receive your policy, review it carefully and contact us with any changes or questions.

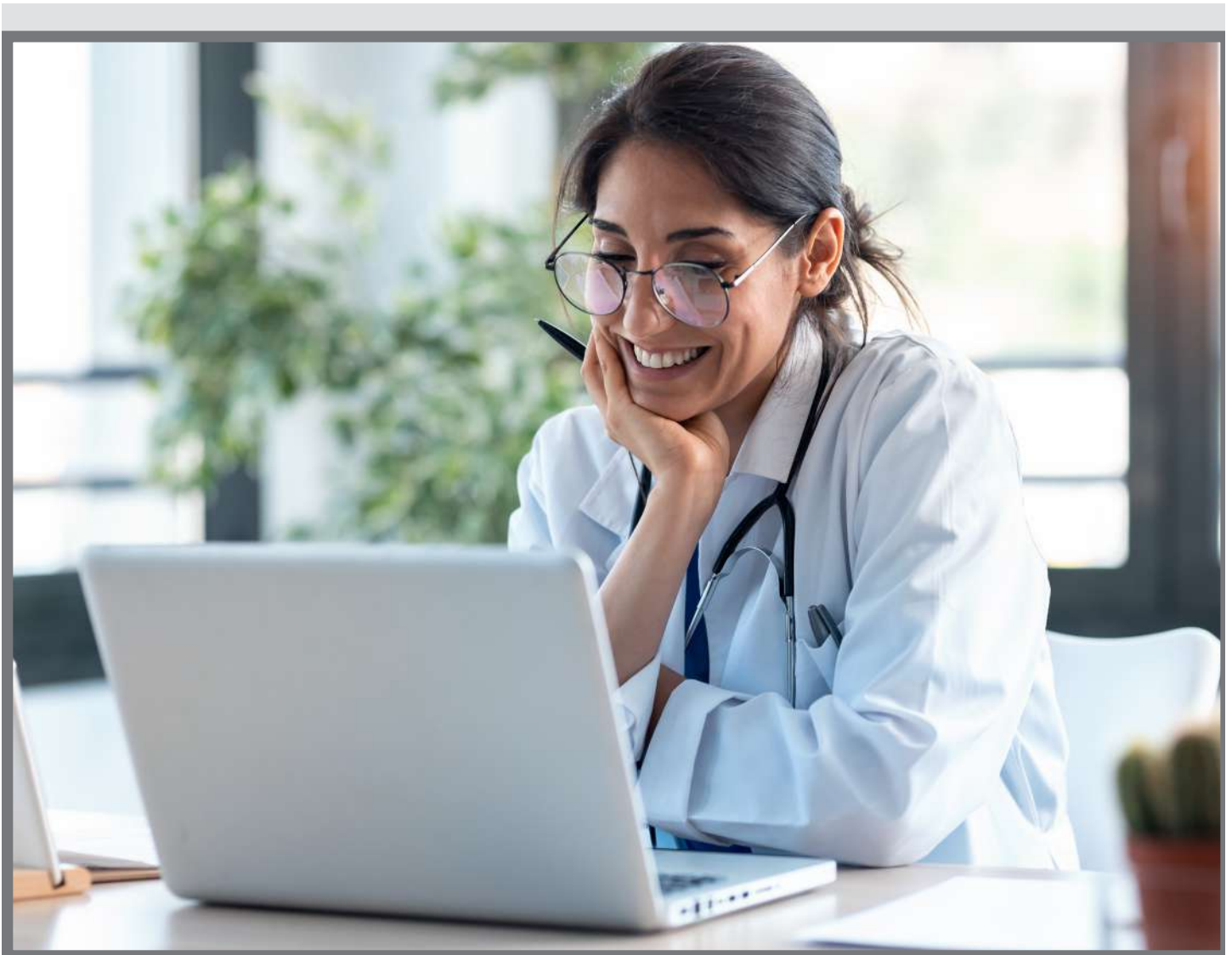
If you are aware of any changes to your practice, email details of these changes to underwriting@macm.net by October 1. Please understand that it is your responsibility to notify us of any changes that might impact coverage. If you fail to do so and a claim later develops, MACM may have the right to disclaim coverage.

For any questions, contact the Underwriting Department at (800) 325-4172.

MEDICAL INTERACTIVE

MACM is working with Medical Interactive, a national provider of risk management and patient safety education, to provide our physician insureds access to free online CME and MOC credits. Medical Interactive has a series of courses that meet the requirements of Mississippi's five hours for prescribing controlled substance education. The Medical Interactive CME courses have been approved by 17 medical boards for MOC points.

OVER 200 FREE ONLINE CME COURSES NOW AVAILABLE TO MACM PHYSICIANS



Medical Interactive has many options available that qualify for the one time eight-hour training requirement for all DEA registered practitioners. You can find several topics related to the treatment and management of patients with opioid or other substance use disorders including the “Controlled Substances Series: Mississippi License Renewals” for a total of 5 hours.

ONLINE LIBRARY TOPICS INCLUDE:

- **DEA/MATE Act Courses**
- Controlled Substances
- Diagnostic Error
- Documentation
- Medical, Legal, & Ethics
- Perinatal
- Practice Management
- Professional Interaction
- Provider Burnout
- Quality Improvement
- Risk & Claims
- Regulatory & Compliance

Steps to access the online CME:

1. Open the MACM website at www.macm.net.
2. Sign in to the Member Log In section of the website using your email address and password currently on file with MACM.
3. Once you have signed in to Member Log In and your personalized home page is open, click on the Education tab and then click on the Continuing Medical Education button. The button is Mandatory and Continuing Medical Education.
4. Click on the Medical Interactive CME button. Doing this will allow you to leave the MACM Member Log In section of the MACM website and open a new browser for the Medical Interactive site.
5. **PLEASE NOTE!** The first time you attempt to use the Medical Interactive site, you must create a separate user name and password. The information you use to log in to the MACM Member Log In will not work on the Medical Interactive site.

Should you have any questions or comments, please contact the MACM group administrator: Yevgenia Wilkerson, Senior Administrative Assistant for Risk Management yevgenia.wilkerson@macm.net | (601) 605-4882 | (800) 362-2912

Nasty Nostalgia

By: Stephanie Edgar, VP General Counsel

Remember when hordes of lawsuits flooded Mississippi's courts, rising malpractice premiums threatened to drive many doctors out of Mississippi, and state, national and international publications affectionately dubbed the Magnolia State a "judicial hellhole"? If you don't, count yourself among the lucky. The bad old days have largely faded from our memories, but as we approach an appellate court election, it's worth taking a trip down memory lane if, for no other reason than to remind us how far we've come and where we never want to return.

In November 1995, Mr. Smith developed what appeared to be a severe respiratory infection, including a bloody cough with weight loss and severe fatigue. After antibiotic therapy didn't work, he had a CT three months later, which revealed multiple lung nodules. He was referred to a pulmonologist who, over the course of three days, performed two bronchoscopies. Pathology interpreted the tissue collected during both bronchoscopies as squamous cell carcinoma. Mr. Smith was referred to oncology where he promptly began and completed three courses of chemotherapy. Following this, Mr. Smith moved to another state. About a month after the move, he was diagnosed with acute renal failure and was ultimately hospitalized where he was diagnosed not with squamous cell carcinoma but with Wegener's disease.

The inevitable happened, and a lawsuit was filed against the pulmonologist, oncologist and pathologist. Mr. Smith claimed that because he never had squamous cell carcinoma, chemotherapy was not indicated, and as a result of the three courses of chemotherapy, he was facing lifetime dialysis or transplant. The big problem for Mr. Smith, however, was that he had no pathology to support that he, in fact, had Wegener's disease. Plus, a pathology report from the out-of-state hospital where he was diagnosed with Wegener's disease actually stated that he had squamous cell carcinoma.

We insured only the pulmonologist and oncologist and concluded that the case was defensible. After all, if anyone breached the standard of care, it was the pathologist, and both of our insureds were relying on

the pathologist's interpretation, right? Wrong. The case was tried, and the jury returned a verdict of \$8,000,000. The pulmonologist was assessed 40% of the fault, meaning his responsibility was for \$3.2 million. The oncologist was assigned 50% or \$4 million of the verdict. The pathologist, on the other hand, was only liable for \$800,000 or 10% of the verdict. Mr. Smith's actual economic damages, meaning his objectively verifiable damages—ie, medical expenses, lost wages, loss of earning capacity, amounted to about \$2 million. So, presumably, the additional \$6 million reflected by the verdict was to compensate Mr. Smith for his noneconomic losses—ie, pain, suffering, emotional distress. We filed post-trial motions but got little in the way of relief, and ultimately resolved the case without an appeal.

While this case has obvious shock value, it, unfortunately, wasn't all that unusual in those days. As a result, cases like this had a drastic impact on claims evaluations and other cases' settlement value. There were times when defensible cases were settled and for far more than they were actually worth simply to avoid what happened in Mr. Smith's case.

Thankfully, the litigation landscape in Mississippi started to change with the passage of the Medical Malpractice Tort Reform Act (MMTRA) in October 2002. In addition to procedural safeguards, this Act capped noneconomic damages against healthcare practitioners at \$500,000; absorbed the formerly separate element of damages for loss of enjoyment of life within the definition of noneconomic damages; and fixed venue in the county where the alleged medical negligence occurred.

Perspective is always key, so here's some for you. Had Mr. Smith's case been filed after the MMTRA took effect, and assuming he would have been able to prove his case to a jury's satisfaction, the verdict, at most, would have been \$2.5 million instead of \$8 million thanks to the cap on noneconomic damages.

The legislature passed the MMTRA, but that was only one piece of the puzzle. Had we not had fair-minded

appellate courts to interpret this law, the legislature's effort would have been futile. Thus far, the only issue which Mississippi's appellate courts have not yet squarely addressed is the constitutionality of the noneconomic damages cap. We are optimistic that if it is addressed with the current makeup of the Mississippi Supreme Court, it would be upheld.

However, this optimism could turn to delusion in one election cycle. I'm not an alarmist, but this actually happened in Florida in 2014. Since then, the Florida Legislature has passed several laws that would limit noneconomic damages; however, these efforts have been rebuffed at every turn by the state's appellate courts. Florida has Disney World and beautiful beaches, and for a little while, it also had tort reform...until the Florida Supreme Court stepped in and held the cap on noneconomic damages to be unconstitutional. If it can happen in Florida, it can happen in Mississippi. In fact, there is a nationwide movement to eliminate or significantly raise caps on noneconomic damages.

Up for grabs in November are two contested seats on the Mississippi Supreme Court and one seat on the Mississippi Court of Appeals. Many of you have generously contributed to the Mississippi Physicians Political Action Committee, (MPPAC) and we will use a portion of those funds to assist candidates whose election will solidify a fair-minded majority on the

Mississippi Supreme Court. If you've never contributed to MPPAC or even if you have, please consider giving directly to candidates that will keep the playing field level.

Of course, the most important thing you can do in November is vote. MACM considers the following candidates to have proven themselves as pro-business and pro-medicine:

- **Mississippi Supreme Court, Central District 1, Place 3: Senator Jenifer Branning**
- **Mississippi Supreme Court, Southern District 2, Place 2: Associate Justice Dawn H. Beam**
- **Mississippi Court of Appeals, District 5, Place 2: Amy St. Pe'**

The absolute worst thing we can do is get complacent and assume that because things are good, they will always be good. We know full well the dangers of assumptions.

**Distributed by MACM with no consultation with any judicial candidate.*

Corporate Transparency Act: Beneficial Ownership Interest Reporting Requirements

January 1, 2025, is the deadline for most business entities to file newly required beneficial ownership reports with the federal government. Significant fines and possible criminal penalties may result for failure to comply. As soon as possible, please contact your corporate attorney and/or accountant for guidance.

2024 Caldwell Award Winner



Since 1982, MACM has recognized the top resident at the University of Mississippi Medical Center with the Robert S. Caldwell, MD Award. It is given each year in memory of the late Dr. Caldwell, a general surgeon from Tupelo, who was instrumental in the founding of MACM. Dr. Caldwell served on MACM's first Board of Directors and was elected the Company's first secretary. This award is presented every year in recognition of excellence in medical care, record keeping, patient relations, and leadership.

Robert Brodell, M.D.
Chair, Department of Pathology UMMC,
 Varsha Prakash, M.D. *Caldwell Award Winner*
 and Eric McVey, M.D. *Medical Director, MACM.*

Varsha Prakash, M.D. was selected as the Pathology STAR Resident Award (2021-2022), Alpha Omega Alpha Honor Society Member (2024), and the Best Clinical Pathology Resident Award (2021-2022). Prakash's work also extends to UMMC medical students. She was the resident representative to the Pathology Interest Group and attended every meeting and activity from 2021 to the present. Not surprisingly, this group grew from two participants to 14 during this time. Varsha has also involved herself in a full range of committee activities including service as an ASCP Pathology Ambassador, resident member of the processing Performance Improvement Team that set a record saving \$850,000 for UMMC. She also served as a resident member of the Group on Women in Medicine and Science (GWIMS) at UMMC.

"Dr. Prakash is truly a role model physician and professional for all, even me! She has such wonderfully high standards for patient care and our entire organization. She has such a hard-working, energetic, happy, pleasant attitude. It is impossible to not enjoy working with her." – Dr. John Lam, Professor, UMMC.

Medical Assurance Company of Mississippi

404 West Parkway Place
Ridgeland, Mississippi 39157

601.605.4882 | 800.325.4172
www.macm.net

PRST STD
U.S. POSTAGE
PAID
Jackson, MS
Permit No.
775

The Monitor is a publication of Medical Assurance Company of Mississippi.