

# Practice. Focus.

Be Informed. Get Connected.

VOLUME 20, ISSUE 1  
SPRING 2023  
WWW.MiMGMA.ORG

ROCKING THE WORLD WITH

HEALTHCARE  
EXCELLENCE

**MGMA**  
MICHIGAN

**SPRING CONFERENCE**

April 28, 2023  
Crowne Plaza Lansing West  
Lansing, MI

**REGISTRATION NOW OPEN**

About MGMA .....	2
President's Message & Executive Director Update .....	3
Welcome, 2023 Sponsors! .....	4
2023 Conference Details & Upcoming Webinars .....	5
Contact Congress .....	5
Membership Committee Update.....	6
Programming Committee Updates .....	7
2023 Spring Conference Agenda.....	7

ACMPE Corner: Choose Your Best Path.....	8
Reimbursement Update: Spring Reimbursement Updates.....	9
Mitigating an Unwanted Outcome with Compassion.....	11
Note Transparency Requirements: Risk Management Considerations.....	12
Effective Financial Management to Guide Your Practice Through Uncertain Times.....	14
What 2 out of 3 People Don't Know About Commercial Real Estate .....	16





## Practice Focus

Practice Focus is published four times per year by the Michigan Medical Group Management Association (MiMGMA).

Articles or portions of articles may not be copied without the consent of MiMGMA. To obtain consent, please email

[INFO@MIMGMA.ORG](mailto:INFO@MIMGMA.ORG).

Articles published in Practice Focus contain the expressed opinions and experiences of the authors and do not necessarily represent the official position of MiMGMA. The content of this newsletter is for informational purposes only and is not intended to replace professional or legal advice.

## Career Opportunities

Michigan MGMA has a career center on our website

[WWW.MIMGMA.ORG](http://WWW.MIMGMA.ORG)

## Call To Authors

MiMGMA welcomes the submission of articles for publication in Practice Focus. Submit article proposals to Debra O'Shea at

[INFO@MIMGMA.ORG](mailto:INFO@MIMGMA.ORG)

## Advertising

MiMGMA offers advertising space to our supporters and industry suppliers. Contact Debra O'Shea at

[INFO@MIMGMA.ORG](mailto:INFO@MIMGMA.ORG) for details.

## Newsletter Editors

David Argenzio

Debra O'Shea, CMPE

## MiMGMA

Debra G. O'Shea, MBA, CMPE

Executive Director

[INFO@MIMGMA.ORG](mailto:INFO@MIMGMA.ORG)

800-314-7602

P.O. Box 205

Jackson, MO 63755

### Executive Director

Debra G. O'Shea, MBA, CMPE

*Epoxy Healthcare*

### President

Patty Kerrins, FACMPE

*Administrator, Northpointe OB/GYN, PC*

### President Elect & Program Committee Chair

Christine Hosmer, CMPE

*HR Supervisor, Michigan Vascular Center*

### Treasurer

Laura Mrozinski, CPA, CGMA, FACMPE

*Controller, Paragon Health, PC*

### Secretary

David Argenzio

### Immediate Past President

Ken Rates, MHSA, MBA

*Director of Operations – Primary Care – Bay, Thumb & Caro Markets, McLaren Medical Group*

### ACMPE Forum Representative

Sandy Sprague, FACMPE

*General Manager, Great Lakes Eye Institute*

### Legislative Liaison

Karen Hopman, CMPE

*CEO, KLJ Consultants, LLC*

### Reimbursement Committee Chair

Joe Rivet, Esq., CCS-P, CHC, CEMC, CPC, CPMA, CICA, CHRC, CHPC, CCEP, CAC, CACO

*Partner, Rivet Health Law*

### Affiliated Business Partner Committee Chair

Julie Hardy, MSA, RHIA, CCS, CCS-P

*Revenue Cycle Director, The Rybar Group*

### Affiliated Business Partner Committee Co-Chair

Heather Turcany

*Regional Director of Business Development, Merchants' Credit Guide Company*

### Member Services Committee Chair

Samona L. Owens, MBA, LSS

*Practice Manager, Wayne Pediatrics*

### Program Committee Co-Chair

Susan Lutz, MPA

*Director of Strategy and Compliance, Specialty Eye Institute*

## President's Message



By Patty Kerrins, FACMPE

**S**pring! You may now come out of hiding and see that spring is around the corner. Some may see a Robin for the first time and know that Spring is close, or some may look at the date on the calendar, and say that Spring has arrived! (Spring Equinox

was March 20th), but for years, living on Lake Huron, I know that Spring is here when I see the first freighter steam up bound or down bound. Today was that day! So just like Punxsutawney, PA has their groundhog, we have the shipping season to let us know that spring has officially arrived!

This leads me to appreciate the “gathering” season to come. When we gather together with loved ones, who we haven’t seen since last year, for a picnic or family reunions. Or see

friends as they come out of hiding, and meet up for cocktails or social gathering. Also, a time to appreciate the social aspects of life, as we hang out in the sun shine, on an outdoor patio somewhere. The little things, that we’ve missed these last few months with the cold and snow is “gathering.” With that being said, I am excited about MiMGMA’s Spring conference. With networking being one of the most important things we can do as managers, the spring conference will offer many opportunities to accomplish this. If you’re looking to solve a problem within your office, there’s no better place to do this than the conferences. Having the Spring Conference in Lansing will be fantastic, as this year there is an added bonus. We have a pre-conference meeting scheduled with legislators. An opportunity to give to spend time with them to share our concerns, that many of us deal with on a daily basis, that hinders our primary purpose... patient care. I hope you will consider joining us as we “gather” together for the Spring Conference! ■

---

## Executive Director Update



By Debra O'Shea, CMPE

**T**his time of year is always refreshing as we begin to pack up our winter coats and snow boots and see the spring weather roll in once again. The Michigan MGMA staff, Board, and Event Planning Committee might anticipate the arrival

of spring even more than most since we spend the winter making plans for our Spring Conference. When it comes to planning this event, there are many moving parts and items that must be finalized all while snow is falling from the sky and Michiganders are still enjoying the ski slopes.

The beginning stages of conference planning begin many months prior to the event and include tasks such as touring venues, meeting with keynote speakers, and negotiating contracts. After that, we must come up with relevant topics and contact speakers, piece together the agenda, open registration, share the event with potential attendees and exhibitors, and much more.

This year's Spring Conference is April 28th, which means we have almost reached the finish line. Our wonderful volunteers have worked hard to put together this conference, and we hope you'll join us there. We have several excellent speakers lined up to speak on topics such as leadership, revenue cycle management, private equity, employee retention, administrator burnout, and value-based care. In addition to the educational sessions, there will be plentiful opportunities to network with fellow administrators and business partners. While the conference is

quickly approaching, we hope you'll consider registering and perhaps bringing a colleague along with you.

I also want to encourage you to attend our Afternoon at the Capitol the day before the conference. By offering this pre-conference activity, we aim to give our members and attendees an introduction to grassroots advocacy, establish a relationship between MiMGMA and our state legislators, and champion an issue that is near and dear to many of you: Staffing. With assistance from the Michigan State Medical Society, we decided that the primary issue we want to discuss with our legislators is the hiring & retaining of quality Medical Assistant staff and what they can do to help. Please join us and make your voice heard! Registration for the Afternoon at the Capitol is offered as an add-on within the conference registration process.

Amidst the hustle and bustle of conference planning, we have had a few changes to our Board. I first want to thank Cindy Kinney for nearly two years of dedicated service as our Membership Committee Chair. As you may know, Cindy has stepped down from her position on the Board. At our last Board meeting, we welcomed our new Membership Committee Chair, Samona Owens, and at the February meeting, David Argenzio was officially appointed as our new Secretary, a position that had previously been vacant since our last election in the fall. David and Samona both have years of experience as medical practice leaders and will each bring a unique, valuable perspective to our Board.

If you have any questions about our upcoming conference or Michigan MGMA in general, please connect with me at 800-314-7602 or [DOSHEA@EPOXYHEALTH.COM](mailto:DOSHEA@EPOXYHEALTH.COM). I hope to see many of you in Lansing in on April 28th! ■

## Welcome, 2023 Sponsors!



*By Julie Hardy, MSA, RHLA, CCS, CCS-P  
Affiliated Business Partner Committee Chair*

On behalf of the Business Partner committee, we would like to thank all of our vendors who have registered for 2023 sponsorships. It is because of our sponsors that MiMGMA is able to continue to offer meaningful educational opportunities and events to the members we serve. As a sponsor, you get some of the best benefits of

any professional association and exceptional recognition by MiMGMA. If you're interested in sponsoring this year but haven't yet had a chance to sign up, there's still time!

**BECOME A SPONSOR HERE!**

If you'd like additional information on the benefits of sponsoring, please contact [INFO@MIMGMA.ORG](mailto:INFO@MIMGMA.ORG). ■

## Introducing our 2023 Corporate Sponsors!

### PLATINUM SPONSOR



### BRONZE SPONSORS





## 2023 Conferences

### SPRING CONFERENCE

April 28

Crown Plaza Lansing West, Lansing

[REGISTER NOW](#)

### FALL CONFERENCE

September 28-29

Hotel Indigo, Traverse City

[REGISTRATION COMING SOON](#)

### THIRD PARTY PAYER DAY

November 3

Soaring Eagle Casino & Resort, Mount Pleasant

[REGISTRATION COMING SOON](#)

## Afternoon at the Capitol

Join us the day before the Spring Conference on April 27 for an **Afternoon at the Capitol** in Lansing! We will be meeting with a few legislators to introduce them to Michigan MGMA, and discuss how they can support medical practices who are struggling to hire and retain quality MA staff. This is offered as an add-on to your Spring Conference registration, but there is also an a la carte option available!

[REGISTER NOW](#)

## Upcoming Webinars

### SECURE Act 2.0: Change is Coming for Your Retirement Plan

April 27 at 1 p.m. EST

[Register Here!](#)

## Thank you to our March Webinar Sponsor



## Did you know?

**N**ational MGMA provides an easy way for you to let your representatives know how you feel regarding issues impacting the medical practice community. With the click of a few buttons, you can find your elected officials and send them a pre-written message about important legislative issues. Click “Contact Congress” below to learn more about MGMA’s current legislative initiatives and contact your representatives today!

[CONTACT CONGRESS](#)



## Find peace of mind with the industry’s leading malpractice insurance carrier.

### Why make the switch?

- Berkshire Hathaway company rated A++ (A.M. Best)
- Flexible, affordable coverage options
- Unmatched winning claims record
- Comprehensive coverage across the nation

Contact Matthew Miller today to learn more.

260.492.4626 | [matthew.miller@medpro.com](mailto:matthew.miller@medpro.com)

[medprophysician.com/mimgma22](http://medprophysician.com/mimgma22)

A.M. Best rating as of 6/30/2021. MedPro Group is the marketing name used to refer to the insurance operations of The Medical Protective Company, Princeton Insurance Company, PLICO, Inc. and MedPro RRG Risk Retention Group. All insurance products are administered by MedPro Group and underwritten by these and other Berkshire Hathaway affiliates, including National Fire & Marine Insurance Company. Product availability is based upon business and/or regulatory approval and may differ among companies. © 2022 MedPro Group Inc. All Rights Reserved. MPIS-220122

## Membership Committee Update

By Membership Committee

Our Membership Chair, Cindy Kinney, has stepped down from her position on the Michigan MGMA Board of Directors as she is focusing more on other areas of life. During her time as head of the Membership Committee, Cindy successfully revitalized our Organizational Membership program and helped to implement two brand new programs: Our Small Group Networking Events and New Member Orientation. Cindy, we are truly grateful for all that you have done for Michigan MGMA, and we wish you the best in your future endeavors.

Moving forward, we want to introduce our new Membership Chair, Samona Owens, LSS, MBA. Samona is Practice Manager at Wayne Pediatrics. We are excited to have Samona as part of the Michigan MGMA Board of Directors. ■

**Samona Owens** is the practice manager of Wayne Pediatrics. With 30 years of healthcare experience, she ensures the day to day administrative and clinic operations run smoothly for both her employees and her patients.

Samona received her MBA in Business Administration in 2010 from Cornerstone University. Samona also serves as Wayne Pediatrics' HIPAA compliance officer to ensure the practice is protecting vital patient information. She received her Lean Six Sigma green belt in 2018.



As a leader, she values every employee under her management, seeing each one as an individual to be appreciated for their unique skill set. She encourages two way communication, and values feedback from employees to create a culture where everyone's voice is heard.

In her downtime, she enjoys reading, retail therapy, and spending time with her family. She is excited to serve as the membership service committee chair for the Michigan MGMA.



### Organizational Membership

We recently redesigned our MiMGMA Organizational Membership program to be more affordable and provide further value to practices and systems. If your practice has five or more managers who would benefit from being part of Michigan MGMA, an organizational membership is a great opportunity to provide them with additional education and resources. Our new pricing has multiple levels based on the number of administrators, so we have options for almost any practice. You can view the pricing structure below.

Ready to learn more or begin the process of setting your practice up with an organizational membership? [CLICK HERE](#) to fill out our contact form.

Please note that dual members and affiliate business partner members are not eligible for MiMGMA Organizational Memberships.

# MEMBERSHIPS	ANNUAL CORPORATE COST	COST PER MEMBER RANGE
5 members	\$500	\$100
6-9 members	\$750	\$125 - \$83.33
10-15 members	\$1,000	\$100 - \$66.66
16-24 members	\$1,500	\$93.75 - \$62.50
25 or more members	\$2,500	\$100 max (unlimited savings!)



**We know how much it takes to make a practice your own.**

It's why we've created malpractice insurance and financial services to take care of our own – doctors like you who have given everything to help others.

**Let us help you protect and grow what's yours.**

**Visit [profsolutions.com](https://www.profsolutions.com) to get started.**

We Take Care of Our Own is a registered trademark of NCMIC Group Inc.  
©Professional Solutions 2022 NFL 9006-10530

## Programming Committee Update



by Christine Hosmer, CMPE, Program Committee Chair

**A**re you ready to ROCK?! MiMGMA has been drumming up programs to engage and educate healthcare leaders for 2023. Next up on stage is the March webinar, when we will discuss the end of the Public Health Emergency, and what that means for our practices. Next up on stage is An Afternoon at the Capitol on April 27th, where you can discuss staffing needs and what's being done about it with representatives.

Headlining on April 28th, MiMGMA will be Rocking the World with Healthcare Excellence at the Crowne Plaza Lansing West. I'm personally looking forward to keynote speaker, Daniel Juday, who will inspire us with his unique views on leadership, relationships, and inclusion! Along with these power events, keep your eye out for small networking opportunities that are being hosted around the state. I hope to meet you there! ■



[REGISTER HERE](#)



### 2023 Spring Conference Agenda Friday, April 28, 2023

TIME	SESSION	SPEAKERS
7:30 a.m. - 8:15 a.m.	Registration & Breakfast	
8:15 a.m. - 8:30 a.m.	Welcome	Patty Kerrins, <i>MiMGMA President</i>
8:30 a.m. - 10 a.m.	Keynote: Belonging Isn't B-Side Material	Daniel Juday, M.Ed, CDP
10 a.m. - 10:30 a.m.	Break with Vendors	
10:30 a.m. - 11:30 a.m.	RCM Strategies to Implement Today	Kristin M. Orlick, <i>KO Consulting, Inc</i>
11:30 a.m. - 12:30 p.m.	Private Equity Primer	Katie Struck and Melissa Henry, <i>Together Women's Health</i>
12:30 p.m. - 1:30 p.m.	Networking Lunch	
1:30 p.m. - 2:30 p.m.	Reimagining Healthcare Retention Strategies	Wendy Taylor, <i>ATC Healthcare</i>
2:30 p.m. - 3 p.m.	Break with Vendors	
3 p.m. - 4 p.m.	Burnout Recovery: Mindfulness Skills for Busy Professionals and Leaders	Elizabeth Wise, <i>Crim Fitness Foundation</i>
4 p.m. - 4:55 p.m.	Value-Based Care: A Step-By-Step Approach	Trey Johnson, MD and Brad Adams, MBA, <i>Vatica Health</i>
4:55 - 5 p.m.	Closing Session and Giveaways	

## Choose Your Best Path



By Sandy Sprague, FACMPE

**C**urious to know your options to CMPE Status? We understand, one size does not fit all which is why we have developed two distinct “pathways” to reach the goal of Certified Medical Practice Executive through the American College of

Medical Practice Executives. Take a few minutes to explore the two paths outlined below as you embark on this journey!

### PATHWAY ONE

#### Step One: Apply

- Have two years of healthcare experience
- Hold a bachelor's degree or 120 hours of college credit
- Be a current MGMA member (national)
- Pay an application fee

#### Step Two: Become Board Certified \*

- Register and pass the multiple-choice exam
- Register and pass the scenario-based exam
- Earn 50 continuing education (CE) credit hours (Eligible credit starts 30 days prior to your application acceptance date)
  - + 30 hours from MGMA National, state or local
  - + (of the 30, 12 must be LIVE learning from MGMA National, state or local)
  - + 20 hours from qualified sources that pertain to the medical practice management field or MGMA

#### Step Three: Maintain your CMPE Credential

- Submit 50 CE hours every three years
- Remain an MGMA member

### PATHWAY TWO

#### Step One: Apply

- Be a current MGMA member
- Pay an application fee

#### Step Two: Become Board Eligible

- Register and pass the multiple-choice exam
- NEW: Add ACMPE Board Eligible to your resume!

#### Step Three: Become Board Certified \*

- Earn a bachelor's degree or 120 hours of college credit
- Obtain two years of healthcare experience
- Register and pass the scenario-based exam
- Earn 50 continuing education (CE) credit hours (Eligible credit starts 30 days prior to your application acceptance date)
  - + 30 hours from MGMA National, state or local
  - + (of the 30, 12 must be LIVE learning from MGMA National, state or local)
  - + 20 hours from qualified sources that pertain to the medical practice management field or MGMA

#### Step Four: Maintain your CMPE credential

- Submit 50 CE hours every three years
- Remain an MGMA member

Please visit **MGMA.ORG** for more information or contact Sandy Sprague, FACMPE, ACMPE Forum Representative for MiMGMA at **SSPRAGUE@GREATLAKESEYEINST.COM**.

Applicants will have *three* years from their application acceptance date to become certified. ■

*\*Pending board approval*



**We Make Reimbursement EASY!**

Offering services tailored to your practice, spanning the full revenue cycle continuum including:

- Coding and Billing Audits
- Payer Negotiations
- Claim Audit Appeals
- Operational Practice Assessments
- Due Diligence Consulting
- New Practice Start-Ups
- Revenue Cycle Optimization

**Julie Hardy, MSA, RHIA, CCS, CCS-P**  
 Director, Revenue Cycle  
 810.750.6822  
 jhardy@therybargroup.com  
[www.therybargroup.com](http://www.therybargroup.com)

AN INDEPENDENT MEMBER OF  
**IBDO**  
ALLIANCE USA



## Spring Reimbursement Updates



*By Joe Rivet, Esq., CCS-P, CHC, CEMC, CPC, CPMA, CICA, CHRC, CHPC, CCEP, CAC, CACO, Reimbursement Committee Chair*

### **New Medicare Outpatient Observation Notice (MOON), Detailed Notice of Discharge (DND), and Important Message**

#### **from Medicare (IMM) Forms Available**

On January 23, CMS published new versions of the [MOON](#), [IMM](#), and [DND](#) forms to its [Beneficiary Notices Initiative](#) webpage. These forms are required for use no later than April 27, 2023.

### **Updated List of Laboratory Tests Subject to Exceptions to Laboratory Date of Service Policy**

On January 4, CMS published the [Download Link](#) to the updated list of laboratory tests subject to exceptions to the lab date of service policy.

### **Clinical Laboratory Fee Schedule–Medicare Travel Allowance Fees for Collection of Specimens and New Updates for 2023**

On January 6, CMS published [Medicare Claims Processing Transmittal 11778](#) regarding the 2023 Medicare travel allowance fees for specimen collection and to clarify various laboratory specimen collection fee policies.

Effective date: January 1, 2023

### **January 2023 Integrated Outpatient Code Editor (I/OCE) Specifications Version 24.0**

On January 10, CMS published [Medicare Claims Processing Transmittal 11781](#), which rescinds and replaces [Transmittal 11738](#), dated December 8, 2022, to replace the summary of data changes attachment. The original transmittal was published regarding the January 2023 updates to the I/OCE.

### **January 2023 Update to the Hospital Outpatient Prospective Payment System (OPPS)**

On January 20, CMS published [Medicare Claims Processing Transmittal 11801](#), which rescinds and replaces [Transmittal 11737](#), dated December 8, 2022, to update tables 5, 6, and add table 20 in order to update the pass-through status of five devices that will be extended pass-through status for a one-year period beginning on January 1, 2023. The original transmittal was published regarding the January 2023 updates to the OPPS.

CMS updated the [Addendum A](#) and [Addendum B](#) files on the same date.

### **April Quarterly Update to ICD-10-CM Codes, Guidelines**

On January 5, the CDC posted the updated [ICD-10-CM](#)



[coding guidelines and files](#) for the April 1, 2023 quarter. Most of the coding changes apply to codes for social determinants of health, such as inadequate access to resources, threats of violence, and more.

### **Drug Waste - FAQs on JW and JZ Modifier Policy**

On January 12, CMS published an [FAQ](#) document regarding use of the JW and JZ modifiers, which will be used to report drug wastage. The FAQs address the overall policy, how the modifiers apply, billing concerns, and more.

### **Updates to Face-to-Face Encounter and Written Order Prior to Delivery List**

On January 17, CMS published a [Notice](#) in the *Federal Register* regarding updates to the list of HCPCS codes of DMEPOS items for which a face-to-face encounter and written order prior to delivery is required. The list includes 46 K-codes for power mobility devices and seven HCPCS codes for other items.

### **CMS Statement on FDA Accelerated Approval of Lecanemab**

On January 6, CMS published a [Press Release](#) regarding the FDA's accelerated approval of Lecanemab, a monoclonal antibody that will be used as an Alzheimer's Disease treatment. Because of the FDA accelerated approval, coverage of Lecanemab now falls under the already existing [NCD 200.3](#) for this type of treatment. Should Lecanemab receive traditional FDA approval in the future, CMS will broaden coverage of the product accordingly.

### Updated OIG Work Plan

On January 17, the OIG updated its [Work Plan](#) with the following new items:

- [OIG Toolkit on Analyzing Telehealth Claims To Assess Program Integrity Risks](#)
- [Assessment of CMS's Early Use of Payroll-Based Journal Data To Improve Enforcement of Nursing Home Staffing Standards](#)
- [Access to Providers Prescribing or Dispensing Medications for Opioid Use Disorder in Medicare and Medicaid](#)
- [Assessment of the Special Focus Facility Program for Nursing Homes](#)
- [Medicare Advantage Organizations' Efforts To Reduce Racial and Ethnic Health Disparities](#)

### Office of Management and Budget (OMB) Announces End Date for COVID-19 Public Health Emergency (PHE)

On January 30, the OMB published a [Statement of Administration Policy](#) announcing that the Biden administration plans to end the COVID-19 PHE on May 11. The statement was issued in response to two Congressional bills proposing a more immediate end to the PHE. The PHE was last extended on January 11, which brings it up for renewal again on April 11.



### FY 2023 Second Quarter Notice of New Interest Rate for Medicare Overpayments and Underpayments

On January 11, CMS published [Medicare Financial Management Transmittal 11784](#) regarding the updated interest rate for Medicare overpayments and underpayments. The latest private consumer rate has been changed to 11.25%.

### National Correct Coding Initiative (NCCI): Annual Policy Manual Update

CMS published the updated version of the [NCCI Manual](#). CMS also added an [FAQ](#) to the website on billing and coding advice regarding the NCCI program. The manual updates were effective January 1, 2023.

### Updates to the Medicare Secondary Payer Manual, Chapter 1 and 2

Significant changes and updates to verbiage, policy, and operational procedures. The [Medicare Secondary Payer Transmittal 11755](#) includes changes throughout the 70 pages of the manual, which are highlighted in red. ■

# COVERYS®

IT'S TIME TO EXPECT MORE FROM YOUR MEDICAL LIABILITY INSURANCE COMPANY.

**More means combining insurance protection with data analytics to reduce the downside risks of value-based care programs.**

**Helping clients reduce distractions and improve outcomes.**

To learn more, visit [Coverys.com](#) or call the Coverys East Lansing office at 800.313.5888, and select option 3 to speak with a representative.

\*A.M. Best financial rating is held by Medical Professional Mutual Insurance Company and its affiliate underwriting companies.  
COPYRIGHTED. Insurance products issued by Medical Professional Mutual Insurance Company and its insurance subsidiaries. Boston, MA

**COVERYS®**  
REDUCE DISTRACTIONS. IMPROVE OUTCOMES.®

# Mitigating an Unwanted Outcome with Compassion

By Professional Solutions Insurance Company

**Y**ou treated the patient and felt treatment went well, only to be advised that the patient/family/caregiver is upset with the outcome. What to do?

Upset patients are not uncommon. We all have expectations in everything we do: how things will turn out if we do “A” and not “B” or we plan for “C” and “D” happens. When it comes to medicine, no one will argue that it is called the “art of medicine” for a reason. If you are meeting the standard of care and documenting your rationale for the treatment plan, it is hard to argue successfully against your actions. However, that does not minimize the fact that perceptions and expectations exist and sometimes appear when least expected.

When that angry patient/family/caregiver presents their perspective, don't blow them off. Instead, as hard as it may be, now is the time to reach out to help them to understand what you did or said. The best course of action is to bring them into the office to discuss what they believe was (or wasn't) done or said. The meeting should take place sooner rather than later. This is when you need to tap into your compassion. Compassion can re-establish trust, rebuild the relationship and mitigate further legal actions.



Demonstrating compassion requires active listening on your part, making eye contact and the remaining calm. Take notes during the conversation so you can repeat back what you heard to confirm you are getting it correct.

## Recognize their emotions without becoming defensive

If the situation is because of your treatment:

- Help them to understand why you chose the treatment and why it differed from their expectations.
- Discuss the next steps in your treatment plan and affirm that you are on top of it to re-establish their confidence in you.
- Assess their understanding of the plan going forward and get their buy-in.

If the situation is due to misinterpretation:

- Apologize for any statement which might have been interpreted as being insensitive.
- Remember that their emotions were at an all-time high when they saw you and/or were in pain; trying to connect with someone in that state of mind can be difficult.
- Advise them that you will be more careful in the future and thank them for pointing the situation out to you so you can be aware of this going forward.
- Before you end the meeting, confirm that the patient/family/caregiver's expectations are met due to this meeting and the next steps (such as a follow up appointment, etc.) and encourage any additional questions.

## Document the meeting for quality assurance

Include who was present, the reason for the meeting, what was discussed and the resolution. The situation offers an excellent opportunity for the entire staff to learn how to handle these types of situations and will illustrate how a true leader can address an awkward situation. ■



**veradigm**  
formerly Allscripts

## THRIVE AS A MEDICAL PRACTICE

### Tap Into the Power of Veradigm

Veradigm offers your practice a suite of easy-to-use healthcare provider solutions that help streamline your clinical and financial workflows. We then deliver actionable insights you can use to drive improved outcomes, reduce patients' out-of-pocket costs, and enhance patient understanding of their disease state and medication therapy.



**Reduce the administrative burden associated with ever-changing regulatory and reimbursement requirements**



**Improve practice financial performance and take advantage of the benefits of health information technology innovations**



**Enhance patient satisfaction by reducing high costs and long wait times common to many prescriptions**



**Get patients all their specialty medications faster and more easily**

FOR MORE INFORMATION VISIT US ONLINE

veradigm.com   

© 2023 Veradigm LLC and/or its affiliates. All rights reserved. VOMP-847 February 2023



# Note Transparency Requirements: Risk Management Considerations

By Coverys Risk Management

New rules against “information blocking” are designed to increase transparency and protect patient rights, but many healthcare providers are dealing with the unintended consequences of note transparency. To avoid unnecessary confusion or burden, new risk management strategies are needed.

## The Implications of Note Transparency

The 21st Century Cures Act and the 2020 Cures Act Final Rule, as of April 5, 2021, give patients the right to access their electronic health information (EHI) without delay. Starting October 6, 2022, additional categories of EHI will be accessible to patients.

Healthcare providers are likely familiar with these requirements, but they may still be grappling with the implications. First, there’s the risk of expensive penalties. The Office of the National Coordinator for Health Information Technology received 429 possible claims of information blocking between April 5, 2021, and July 31, 2022. Perhaps more importantly though is the potential impact on patient communication and provider processes.

### Risk #1: Patients May See Their Results Before Their Provider

Patients have the right to access their medical records without delay. As a consequence, they may see their results before their provider has a chance to review them.



Consider a situation in which a patient is undergoing a biopsy to determine whether cells are cancerous. If the results indicate that the patient has cancer, the provider would want to convey this information if not in person, at least over the phone. However, with the new requirements for access to records, patients may see these results before the provider.

This means a patient could learn of a life-changing diagnosis by reading a lab report.

One only has to look at the situation from the patient’s point of view to see how this could result in distress and confusion. Patients will likely have questions, but because their provider will not be present, they will not be able to receive answers immediately.

### Risk #2: Patients May Not Understand Their Records

Healthcare providers often use medical terms and abbreviations that the average patient is unlikely to know. This could lead to confusion. For example, if a doctor writes “S.O.B.” for shortness of breath, the patient may assume the doctor meant something else entirely.

### Risk #3: Increased Confusion Could Create More Work and Liability

Note transparency is much more than just an IT issue. As healthcare providers adjust to the new requirements, they may have concerns about how note transparency could lead to turmoil in their processes, for example:

- Patients who are alarmed may call, increasing call volume.
- Providers may need to avoid medical shorthand and must therefore devote more time to writing notes in plain language.
- Increased note transparency may result in more requests for amendments to records.
- When treating minors, conflicts regarding confidentiality and note transparency may occur.
- Increased transparency and related problems may result in additional liability.

### Risk Management and Best Practices

Concerns regarding note transparency are valid. However, many of the issues may simply be growing pains. According to Open Notes, research has found that patient access to notes does not increase note length, time spent writing notes, or documentation workload.

Once providers become used to writing plain language notes, note transparency should not be overly time consuming, and it can improve communication with patients. Being aware of possible risks and taking steps to address them can help minimize potential issues.



## Documentation Tips

Providers need to write notes with the assumption that patients will be reading them, possibly without provider guidance. They should consider how the information will be interpreted and aim for both clarity and compassion by:

- Sticking to standard abbreviations. Do not invent your own abbreviations.
- Avoiding excessively complex medical jargon. Use plain language whenever possible; for example, “kidney stones” instead of “nephrolithiasis.”
- Avoiding extraneous, biased, or subjective statements in favor of factual statements. For example, avoid describing a patient as drug-seeking or alcoholic.
- Refraining from professional bickering in records. Including these types of comments in records may alarm the patient and increase liability.
- Remembering to be kind and supportive to the patient, even in the notes.

## Special Considerations for Radiologists and Pathologists

Adapting to these requirements may be especially difficult for radiologists and pathologists because they do not typically have as much direct interaction with patients as other medical professionals. Whereas they previously wrote reports just for a medical audience, they now have to write with patients in mind.

There are a few ways radiologists and pathologists can adapt to note transparency:

- Start the notes with a short summary intended specifically for the patient and follow with more detailed information and medical terms for members of the healthcare team.
- Accommodate patient requests to delay reports on a case-by-case basis. If a patient asks for a life-changing report to be delayed until provider review, document this request.
- Draft clinical notes and laboratory results pending confirmation are examples of data that may not be appropriate to disclose or exchange until they are finalized.
  - Remember that providers may not be required to notify the patient that an EHI report is available by text or email.
  - Be consistent and strategic with phone interactions. Radiologists and pathologists may not be required to accept phone calls. It may be smart to come up with a script directing patients to the referring clinician.

For more helpful tips, see the American College of Radiology page on Information Blocking and the American College of Pathologists Cures Act Fact Sheet.

## Minors' Rights

Minors, especially teens, may not want their parents to access certain information in their health records,

such as results for sexually transmitted diseases or pregnancy testing.

State laws regarding this issue vary significantly. In some states, minors over a certain age may have the right to access certain types of care without a parent's consent. Therefore, depending on the state laws, it may be necessary to separate the documents that are available to the parents from those available to the minors.

## Amendment Requests

Under HIPAA, patients have the right to request amendments to their records if they think the information is inaccurate. According to the Department of Health and Human Services, covered entities have 60 days to act on a request.

As access to documents increases, requests may also increase. You should establish procedures for amendment requests. For instance, to avoid issues, requests should be made in writing. Proactively educate patients about the process.

## Patient Education

Healthcare providers aren't the only ones who may need training on note transparency – patients also need to know what to expect.

- Set expectations for reports. Explain what you're looking for in the results.
- Ask patients if they want results to be delayed. Explain that reports may be available to them before their provider has had a chance to review them.
- Let patients know what to do if they are upset, alarmed, or confused about their records. Whom should they contact?

## Engaging the Team

Note transparency is here to stay, and additional portions of medical records will become available to patients soon. Getting everyone on board is essential for success. ■

*This article was based, in part, on the Coverys presentation “21st Century Cures Act: Patient Perspective and Best Practices,” presented by Heather Marchegiani, MBA, and Marlene Icenhower, BSN, JD, CPHRM.*

*COPYRIGHTED: Article used with permission from Coverys — a leading provider of medical professional liability insurance offering innovative solutions, analytics, education, and resources to help reduce distractions so healthcare providers can focus on patients. Visit [coverys.com](http://coverys.com) for more information.*

*This article includes general risk management guidelines for information purposes. It is not intended and should not be taken as legal or medical advice.*



# Effective Financial Management to Guide Your Practice Through Uncertain Times

By Janet Boos  
Vice President & General Manager  
Veradigm (formerly Allscripts)

Current financial times are extremely challenging for today's healthcare practices. They face increasing difficulties with staff recruitment and retention, rising overhead costs, and patients who are having greater difficulties paying. Staff shortages mean Accounts Receivable (AR) often increases with fewer people to check eligibility, process claims, and manage denials. The resulting work backlog can easily overwhelm your staff.

The growing list of challenges can leave a practice floundering for answers—but that doesn't have to be the case. Keep reading for some best practices to help your organization deal more effectively with uncertain financial times—best practices to help you to maximize practice efficiency and create a clear plan for effective financial management.

## Best Practice #1: Maximize efficiency

Your first best practice is to maximize practice efficiency where possible. One key strategy is to optimize provider schedules. With flexible scheduling options, practices can prioritize appointment types, reduce no-shows and last-minute cancellations, and make sure providers stay the right kind of busy.

You can also maximize efficiency by evaluating practice workflows: Make sure you are using a single, integrated platform to handle both clinical and financial practice data. For instance, it's critical for all your billing to be handled through a system directly integrated with your Practice Management (PM) and electronic health record (EHR) systems. Otherwise, staff will need to double-enter data, decreasing efficiency and introducing opportunities for error.

Using a single solution, such as Veradigm Practice Management, to handle all workflow steps reduces costs and increases operational efficiency. Veradigm PM can help you boost practice productivity by handling scheduling, collections, claims, and denials management with a single solution. Its integrated medical billing system automatically verifies eligibility. Integration with the EHR allows you to easily create “superbills” that automatically pull information directly from patients' chart notes, reducing double data entry and increasing accuracy. Veradigm PM can also help minimize errors and increase efficiency with automated, customized claims management workflows, which enable you to review and resolve claims before submission.



Veradigm PM and Revenue Cycle Services (RCS) can also help you automate workflows to improve resource productivity. Office staff can automate processes such as claim processing, statement generation, and collection letters, which can significantly reduce their manual work.

## Best Practice #2: Benchmark productivity

Another best practice is benchmarking your staff's productivity. The benchmarking process allows you to evaluate whether your practice is doing well and, if not, helps you identify areas for improvement.

Successful benchmarking has several key components:

### 1. Standardize workflows

Before you can identify specific measures to track, evaluate, and potentially improve, you must first standardize how your staff operates. You can compare their efforts only when staff members use the same workflows.

### 2. Measure key performance areas

Next, you need to identify and track data that can help you evaluate your staff's performance, such as:

1. Days charges spend in AR
2. Charge lags
3. Number of payments posted in a day

If your existing PM system does not already provide the data you

need, you may need to request analytics from your vendor. You need the ability to observe trends in your staff's performance to identify what processes are working and what are not; then, you need to incorporate some sort of feedback loop to integrate improvements.

### 3. Identify suitable benchmarks

Successful benchmarking also requires "benchmark data" from an independent source for comparison.

This data needs to be something besides your previous performance; you don't simply want to measure yourself against how you were doing last month or last year. You want to measure yourself against your theoretical best performance.

Benchmarking data can be sourced from specific professional organizations, such as the American Orthopaedic Association or the American Academy of Pediatrics, or a broader type of organization, such as the Medical Group Management Association (MGMA).

The end goal is to use this data, alongside data collected from your practice, to increase visibility into your practice's performance.

### Best Practice #3: Manage payer contracts

Another key best practice is ensuring you have all your payers' most recent contracts—and then putting that data to use.

You start by uploading payers' current fee schedules and contractual allowables into your PM platform. This enables you to track deviations when processing claims payments. Although you can write off small amounts, more significant deviations should go into a queue for follow-up and adjudication.

With Veradigm PM, integrated analytics enable you to evaluate other aspects of your payer contracts as well. For instance, what utilization are you getting for your managed care contracts? Managed care contracts provide your practice with fixed monthly payments. Analytics enable you to answer the question of the value of services you deliver for those contracts. You can evaluate how well you are being paid for different contracts with respect to how much each payer is utilizing your services.

### Best Practice #4: Effective denial management

Implementing effective denial management strategies will help you resolve existing denials and prevent future denials. These include:

**1. Get ERAs (electronic remit advice) electronically:** Your first step for effective denial management is to try to get 80% to 90% of your ERAs electronically. An ERA is the health plan's explanation of claim payments, reporting reasons for each adjustment and the value of each adjustment. Contact payers

who are still providing ERAs in paper form to see what it would take to convert to electronic.

This is a critical step because electronic posting is essential for effective denial management. ERAs for denials include reason codes, amounts, and Group Codes, which assign financial responsibility for the unpaid portions of claim

balances. For example, the CO (Contractual Obligation)

Group Code assigns responsibility to the provider; PR (Patient Responsibility)

assigns responsibility to the patient.

Once you identify those with the

CO code, you can post those contractual adjustments to your system and use analytics to categorize them.

### 2. Categorize denials

#### & create feedback loops:

Categorizing the different types of denials is crucial because it enables you to pinpoint the practice areas—such as the front desk, eligibility, providers, or coders—responsible

for those denials. For instance,

once you identify denials caused by

incorrect coding, you can return them to the physician or their coder for corrections.

If you don't categorize denials, they are usually addressed via a less efficient process: The billing office receives a denial, takes the time and energy (and associated cost) to rework and resubmit it, and the denial's original source is never addressed. Without a feedback loop to prevent the issue's recurrence, the same error appears the next month, the month after, and so on. Each denial is reworked at a cost of \$20 per iteration without ever being corrected.

By categorizing denials and using root-cause analysis, you can create feedback loops and initiate process improvements. This enables you to decrease denials and process cleaner claims, helping ensure faster payments and a more seamless cash flow.

Integrated end-to-end solutions from Veradigm can help your practice to harness the best practices mentioned above. Reach out today to speak with a Veradigm Account Executive to learn more about how Veradigm's solutions can help you meet your practice's goals; or download a graphic to optimize your revenue cycle process! ■

### About Veradigm

Veradigm® (formerly Allscripts) is a healthcare technology company that drives value through its unique combination of platforms, data, expertise, connectivity, and scale. The Veradigm Network features a dynamic community of solutions and partners providing advanced insights, technology, and data-driven solutions, all working together to transform healthcare insightfully. For more information on Veradigm, visit [www.veradigm.com](http://www.veradigm.com), or find Veradigm on LinkedIn, Facebook, Twitter, and YouTube





## What 2 out of 3 People Don't Know About Commercial Real Estate

*And How It Can Cost You 6-Figures On Your Next Lease or Purchase Negotiation*



By Teresa Datema  
CARR

**T**here's a staggering statistic with regards to real estate transactions that was published by the Consumer Federation of America. This statistic reveals a misconception that can lead to a number of pitfalls in any real estate transaction, most importantly, a potential loss in tens to hundreds of thousands of dollars in a single transaction.

Given that 65% of the market has this misconception, it is important that you understand this article as if it were a check made out to you with several figures before the decimal point.

### What's the statistic?

"65% of consumers believe the agent on the other side of the deal is always or almost always required to represent their best interests, simply because they are working on the transaction."

### What Role Does The Listing Agent Really Play?

Here's the plain and simple truth: A listing agent does not (and cannot) represent your best interests as a tenant or buyer. In fact,

they are required to do the opposite and represent the party with opposing desires in the transaction.

This is an important distinction, because in any negotiation, all parties want to get a good deal. And a great listing agent can make a tenant/buyer feel like they're being represented and receiving a great deal from the property owner, when in fact, they may not be. To the contrary, they may be leaving hundreds of thousands of dollars on the table.

- Real estate agents are regulated and licensed by their state and have fiduciary responsibility to their clients, equal to that of a what an attorney has with their client.
- Unless explicitly communicated, a tenant or buyer is a 'customer' of a listing agent, not a client, and the listing agent does not have loyalty to the customer.
- A listing agent's client on the other hand is the property owner, and they must make every effort to achieve their client's agenda and maximize their returns as directed by them, in spite of what it may cost the tenant/buyer (the customer).
- The only exception to this rule is if the listing agent discloses their fiduciary responsibility to you as the tenant, and you then ask for them to represent both you and the landlord within the



transaction. This would be akin to being the defense in a court of law, and asking for the prosecuting attorney to represent you (which does not happen). Not only would this be a terrible approach, but it is also illegal in the vast majority of states.

- Many states require disclosure of agency on every transaction because many cases brought in front of real estate commissions across the country are a matter of uneducated buyers or tenants not understanding the listing agent had a fiduciary requirement with the opposing party until it was too late. Despite this requirement, this disclosure does not happen in many transactions.

Understanding fiduciary roles and the distinction between a customer and a client in a real estate transaction is paramount. Even though a listing agent might make you “feel” like a client, it is a violation of real estate law for them to put your interests as a tenant/buyer on par with or above their client’s interests (when those interests are in opposition). It’s a violation of their fiduciary duties that could result in penalties, disciplinary action, or even a loss of their real estate license.

### What Obligations Does A Buyer’s or Tenant’s Agent Have?

When you hire an agent as a tenant or buyer, that agent is obligated by the same laws that a listing agent is obligated to when representing the landlord or seller, which includes a full range of real estate services (i.e. fiduciary duties). As a client, not a customer, they must provide you with a high level of service and care in helping to achieve the best possible outcome. The role of an agent is a weighty endeavor.

In most states, any agent that represents you as a client in the transaction must:

- Treat you honestly and fairly
- Obey you and following instructions, as long as it is lawful, during the transaction

- Remain loyal to your interests above the property owner’s, and even their own interests
- Disclose known material defects relevant to the property
- Disclose any other information that would further your interests

- Diligently and competently handle all research, communication, documents, funds, etc.

- Keep sensitive information confidential, both during and after the sale or lease

- Account for all funds received and disbursed

- Comply with all state and federal laws

A good and reputable buyer’s agent takes these roles very seriously. Not doing so could otherwise lead to harm for their client and substantial penalties for the agent or brokerage.

### What Benefits Are There To Hiring A Buyer’s or Tenant’s Agent?

There are many benefits to hiring an agent to represent you in a purchase, a new lease, and even a lease renewal. Below are just a few.

**It Saves (And Doesn’t Cost) The Buyer or Tenant Money:** In residential and commercial real estate alike, sellers and landlords have agreements with listing agents to pay commissions for both parties in the transaction. The property owner has already factored this into the deal. Not having an agent represent you doesn’t mean you’ll somehow save money equal to those commissions either. In fact, in the vast majority of transactions, the unrepresented tenant or buyer ends up costing themselves more in the deal due to a lack of market knowledge, strategy, and experience.

**It Ensures You Have A Solid Game Plan:** If you have a property you are looking to lease or sell, you want someone who has finalized dozens or even hundreds of listing contracts. This ensures you have someone you trust who has seen as many hurdles as possible, and can help you effectively navigate this type of transaction. Conversely, if you are seeking to lease or

purchase a space as a tenant or buyer, you want someone who has a game plan specific to your transaction and can deliver you the highest amount of concessions at the lowest possible rate.

**It Unlocks Lease Concessions Otherwise Unknown:** Without fail, when given the chance to review a lease that was negotiated without the assistance of an agent, you will find there was significant room for improvement in the business and economic points of the lease. With effective strategies, posture, and thousands of hours of experience negotiating commercial deals, a tenant’s agent can help you realize significant monetary concessions that wouldn’t be offered otherwise.

**It Saves Valuable Time & Resources:** Dozens of hours are spent on a typical transaction, hours that would otherwise cost the business owner and their staff. What takes an expert agent a few hours



might take a person representing himself or herself 3-4 times as long. Process flow, technology, and industry tools and resources provide a service that allows clients to avoid wasting non-billable hours on work that's a distraction to them and their staff's daily routine.

In summary, the most successful approach to achieving the best possible terms in any commercial real estate transaction is to hire a tenant/buyer's agent that's an expert in the market and can competitively advise you while procuring terms from multiple properties, giving you the client several options to choose from and make an informed decision on.

It is costly to believe that the agent on the other side of the deal is "always" or "almost always" required to represent your best interests, or equally to take a do-it-yourself approach in a specialized industry like healthcare real estate. Whether you're renewing a lease, buying a property, or leasing a new office, make sure your practice's next real estate transaction is handled at the highest level. ■



*CARR is the nation's leading provider of commercial real estate services for healthcare tenants and buyers. Every year, thousands of healthcare practices trust CARR to achieve the most favorable terms on their lease and purchase negotiations. CARR's team of experts assist with start-ups, lease renewals, expansions, relocations, additional offices, purchases, and practice transitions. Healthcare practices choose CARR to save them a substantial amount of time and money; while ensuring their interests are always first.*

*Visit [CARR.US](http://CARR.US) to learn more and find an expert agent representing healthcare practices in your area.*



# Backus Payne

## SIMPLY BETTER INSURANCE COVERAGE

FULL-SCALE INSURANCE PROTECTION  
FOR HEALTHCARE PROFESSIONALS.

Don't put your life in the hands of just anyone. A claim against your practice could cost more than just your firm. It could cost your entire life. When it comes to your family, your practice and your property, don't risk losing everything. We have the power to protect you from these unaffordable threats. Backus Payne can help you choose the medical malpractice options that best suit your needs.



## THOROUGHLY PROTECT YOURSELF AND YOUR PRACTICE

FROM HARMFUL MALPRACTICE LAWSUITS.

### PROTECT YOUR PRACTICE

Malpractice lawsuits can mean financial and personal ruin. Let us get you properly covered.

### MINIMIZE CLAIMS

We work alongside you from the first moment a claim is made.

### LOWER PREMIUMS

Never pay more than you should. Offering the right malpractice insurance at the right price.

### EASE OF SWITCHING

We're here to help with our sign & date application process.

**WE'RE ON YOUR SIDE.**



1460 Walton Blvd Ste. 221 • Rochester Hills, MI 48309  
(248) 218-4160 • Fax: (248) 283-6797 • [www.backuspayne.com](http://www.backuspayne.com)



**Michigan Medical Group Management Association**

P.O. Box 205

Jackson, MO 63755

800-314-7602

**[INFO@MIMGMA.ORG](mailto:INFO@MIMGMA.ORG)**