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HAPPY NEW YEAR

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Practice Focus

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

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President's Message



By Patty Kerrins, FACMPE

Dear Members, Sponsors and Colleagues,

As I enter my first year as your President of MiMGMA, I have noticed that our Chapter, and MGMA at large, has never been more relevant and important for all of us providing health

care support to the Michigan area and for those that are continuing the challenge across the nation. I've come to think of MiMGMA and the networking that is done through the organization as one of the best that is offered for what we do. A team that provides abundant opportunities to learn, teach, mentor, and share top quality healthcare advice. A team that enables us to advocate, brainstorm, give back to our community, meet, network and socialize with friends and colleagues all over the state and nation.

The changes around us—whether social, political, technological, scientific, economic or otherwise—require that we help our patients (clients) navigate through new and increasingly complex healthcare landscapes, which profoundly impact the companies for which we work. Our terrific MiMGMA community of professionals, including all our

sponsors, is a network on which I have become increasingly reliant when facing these new challenges and opportunities.

I'm proud of our chapter's successes over the years, and proud to be your leader for 2023, particularly in providing more opportunities for meaningful engagement of our members and sponsors, introducing innovative programming formats and topics, and providing professional development and outreach opportunities. In the year ahead, we will continue these initiatives, as well as add programming designed for the different stages of your career, virtual programming with our monthly webinar series, and events held in metropolitan areas to engage others that may not have the time to travel, to possibly organize sub-chapters within the state and beyond.

Thank you, members, for your continued participation and enthusiasm in our professional community, and sponsors, for your incredible support and advice. Finally, I'd like to give a special shout-out of appreciation to our Chapter Board, Committee Chairs and our Executive team, for their tireless work on behalf of the MiMGMA, and to the MiMGMA organization for all the resources, guidance and support they provide each and every day. Thank you ALL!

Wishing you a good and successful 2023, and looking forward to seeing you soon. ■

Executive Director Update



By Debra O'Shea, CMPE

Wow, what a year! It's hard to believe that 2023 is right on the horizon. In the midst of many ups and downs over the past 12 months, it was a great year for our association. From brand new events along with our usual conferences to increased membership

and revamped programs, 2022 will certainly go down in Michigan MGMA history as a year of growth and engagement.

After numerous canceled and rescheduled events throughout 2020 and 2021, I am proud to say that we were able to hold all our 2022 conferences (Plus our rescheduled TPPD from 2021) with no interruptions. Between our Spring and Fall Conferences and Third Party Payer Day, we had the opportunity to provide education to more than 250 healthcare professionals, over 65 of whom were first-time Michigan MGMA conference attendees.

At our Spring Conference in May at the Soaring Eagle Casino in Mt Pleasant, we celebrated each of you, our Healthcare Superheroes, for Soaring Beyond the Call of Duty. Keynote speaker Sherene McHenry taught us how to Lead Like a Superhero and effectively manage the many different types of personalities we encounter as practice administrators. In September, sports aficionado and keynote speaker Paul Long helped us have FUN while Igniting Team Spirit

at our Fall Conference at Crystal Mountain. His presentation, the FUNdamentals of Awe-Inspiring Service, left us with a renewed passion and desire to provide top-notch patient service. Our 2022 Third Party Payer Day in November brought back breakout sessions and increased payer participation.

This year, we also saw growth in all membership categories, including Active, Dual, and Student Membership. Since the launch of our new and improved Organizational Membership Program, we have onboarded numerous members from one large health system and are in the process of onboarding members from another system.

To finish out the year, our last exciting initiative was to kick off our new Small Group Networking Event program. Our first event in this ongoing series was held on December 1st in Southfield, during which members in the area came together for dinner, networking time, and a timely presentation on how to re-energize employees. Thank you to Linda Taylor and Bob Grosvenor of Executive Rhythm, LLC, for sharing their expertise. Stay tuned as we hope to bring more of these events to an area near you!

Lastly, I want to thank everyone who has supported us this year as we finally got back to business as usual. To our Sponsors, our Board of Directors, and last but not least, our members: Michigan MGMA would not be here today without you.

As always, feel free to connect with me at 800-314-7602 or DOSHEA@EPOXYHEALTH.COM. Cheers to a happy holiday season and a wonderful new year! ■

Business Partner Committee Update



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

It was fantastic to see many of you at Crystal Mountain in September at the Fall Conference. It's great fun to see everyone participate in another rousing round of Singo! Thank you everyone who made it a successful event.

As 2023 is now upon us, we're looking forward to next year and how we can help MiMGMA achieve their goals. The business partners take a special interest in ensuring that MiMGMA is able to meet the needs of its members. We support different educational sessions and conferences throughout the year because our first priority is helping you and

your practices achieve success. Our committee meets monthly to discuss different ways we can support MiMGMA.

If you provide products or services to the membership of MiMGMA, I'd like to encourage you to consider some of the benefits of being an affiliate business partner:

- Listing in Michigan MGMA's online directory
- Unique networking with members, colleagues, and peers
- Opportunities to highlight your industry expertise through the submission of newsletter articles

It's a great way to build new relationships with other business partners and colleagues.

We meet by Teams the third Wednesday of each month for 30 minutes at 1:30 PM and would love to have some new members join us. Please email INFO@MIMGMA.ORG if you have any questions or if you're interested in joining. ■

Thank You to our Corporate Sponsors!

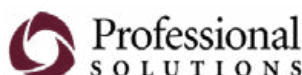
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2023 Conference Details Coming Soon!



SPRING CONFERENCE

April 28
Lansing Area

REGISTRATION COMING SOON!

FALL CONFERENCE

Date TBA
Traverse City Area

REGISTRATION COMING SOON!

THIRD PARTY PAYER DAY

November 3
Soaring Eagle Casino & Resort, Mount Pleasant

REGISTRATION COMING SOON!

Upcoming Webinars

Finding and Keeping Devoted Employees in the New Age of Work

January 10 at 1 p.m. EST
or January 19 at 3 p.m. EST

Register Here!

Navigating Information Blocking

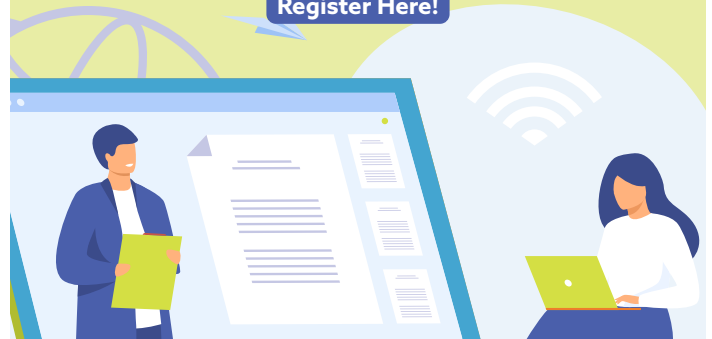
January 17 at 1 p.m. EST

Register Here!

Chronic Care Management and Depression Screening with WPS

February 8 at 12 p.m. EST

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Administrator of the Year Award



By Sandy Sprague, FACMPE
ACMPE Forum Rep

The prestigious MiMGMA Administrator of the Year Award, 2022, ceremony was held at the Fall Conference at Crystal Mountain!

Susan Lutz, MPA, COE, was this year's recipient. Susan has been a member of MiMGMA and National MGMA for 15 years; she served as President of MiMGMA for two terms (2020 and 2021).

Comments shared regarding Susan in the nominating process included:

"Exceptional administrator with a phenomenal work ethic"

"Extraordinary at leading and managing their organization comprised of 3 departments, 4 doctors, and 17 staff members"

"They coordinated their practice's integration with a private equity firm, and practice merger with another organization"

"This required managing multiple practices and their employees, integrating the billing department and facilitating revenue cycle management and productivity reporting"

"During each transition and difficulty, they led their office with grace, determination, and a work ethic second to none"

"They have been called our 'beacon on a stormy night'"

"Their bright attitude, cheerful demeanor and positivity radiated through the office which made the most unbearable of times manageable."

"Well experienced in recruiting and educating staff for all positions while maintaining low turnover"

"Has an excellent understanding of medical practice management and has helped navigate challenges facing practices in the ever changing medical climate"

"Their fingerprints can be seen all over their community as well as the medical industry."



An excerpt, Model the Desired Style of Leadership, from John C. Maxwell in "The Maxwell Daily Reader" was shared during the ceremony, very befitting Susan...

According to noted medical missionary Albert Schweitzer, "Example is not the main thing in influencing others... it is the only thing." Part of creating an appealing climate to grow potential leaders is modeling leadership. People emulate what they see modeled. Positive model; positive response. Negative model; negative response.

What leaders do, potential leaders around them do. What they value, their people value. The leader's goals become their goals. Leaders set the tone. As Lee Iacocca suggests, "The speed of the boss is the speed of the team." A leader cannot demand of others what he does not demand of himself.

Congratulations Susan! ■

MiMGMA Administrator of the Year Award Hall of Fame

2013: Charles Dobis, Lansing Ophthalmology

2014: Diane Bristol, Midland OB GYN

2015: Bob Wolford, Grand Rapids Ophthalmology

2016: Gary Paavola, Michigan Vascular Center

2017: Bob Karam, Paragon Health

2018: Brian Walters, Southwest MI Behavioral Health

2019: Christie Dando, Genemarkers

2020: Due to pandemic, no award given

2021: Patty Kerrins, Northpointe Obstetrics & Gynecology

2022: Susan Lutz, Specialty Eye Institute

MiMGMA Administrator of the Year Award Sponsor



MiMGMA extends its most sincere appreciation to Mr. Dean Schink, President of Specialized Insurance Services Agency, now part of Alera! Dean has continuously stood beside MiMGMA and provided the necessary financial support that makes this award possible. The professional recognition and monetary award would not be feasible without this sponsorship! Dean has already volunteered to sponsor the award in 2023! Thank you Dean!

Third Party Payer Day Wrap Up

Thank you to all who attended our 2022 Third Party Payer Day on November 17th at the Soaring Eagle Casino & Resort in Mount Pleasant! Despite cancellations and a winter weather warning, the day was a success.

This event marked the return to our traditional TPPD format with afternoon breakout sessions, which allowed for increased payer participation.

The morning consisted of general sessions with our Medicare Administrative Contractor (MAC), Blue Cross Blue Shield of Michigan, and Medicare Plus Blue, as well as an impromptu Q&A session with our very own Reimbursement Committee Chair, Joe Rivet, Esq.

Our afternoon breakouts included updates from the Michigan Department of Insurance and Financial Services, Aetna, Priority Health, Saginaw VA, Physicians Health Plan, Molina Healthcare, and McLaren Health Plan. Unfortunately, we were faced with a few last-minute cancellations that were out of our control – HAP, MDHHS, and UHC dropped out of this year's event. We are working with HAP to schedule a webinar to provide our members and TPPD attendees with updates and best practices for claims submissions, and MDHHS has been scheduling virtual Q&A sessions with attendees who were looking forward to meeting with them. UHC has declined our invitation to hold a webinar to share their updates.

In our post-event survey, attendees provided us with some great feedback and suggestions for payers to present in the



future. We look forward to taking this into consideration as we begin planning our 2023 Third Party Payer Day, which will be held on Friday, November 3rd at the Soaring Eagle.

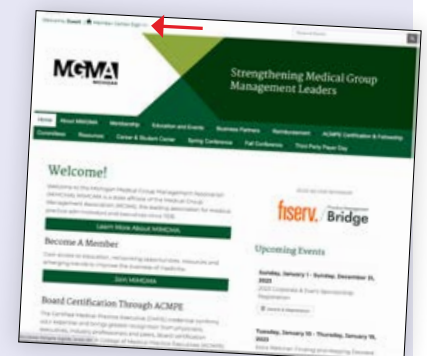
Finally, we'd like to say *thank you* to Joe Rivet for his work in planning this conference and his willingness to share his expertise and unique perspective with Michigan MGMA members and event attendees. ■

Have you renewed your membership?

As the end of the year approaches and a new year begins, it's dues renewal time for many of our members! If you haven't renewed or aren't sure when your renewal date is, visit our website at www.mimgma.org and sign in to your Member Center. Your membership expiration date should be displayed near the top of the page. Members within their renewal window will have the option to click the "Renew My Dues" button and pay their dues for the next year. We have enjoyed having you as a part of Michigan MGMA and hope you'll join us for another great year of education and networking!

Benefits of MiMGMA Membership

- **Webinars:** Attend our monthly webinars free of charge, plus get access to our full on-demand webinar library
- **Conferences:** Get discounted registration fees to our Spring and Fall Conferences where you can learn from the experts and earn CEUs
- **Networking:** Meet other Michigan healthcare professionals at our virtual and in-person events
- **Leadership Development:** Join a committee to help enhance your leadership skills and advance your career
- **Solutions:** Check out our network of vendors to find out how your practice can save money, increase efficiency, and improve the patient experience



Membership Committee Update



By Cindy Kinney, Membership Chair

As we are ending 2022, the membership for the MiMGMA has increased 52% throughout this year. The board has been working hard throughout 2022 to bring you quality programming like the Spring and Fall Conferences, Third Party Payer Day,

and, most recently, the **Small Group Networking Event**. I would like to give a huge thank you to Linda Taylor and Bob Grosvenor of Executive Rhythm (www.execrhythm.com) for their engaging and inspiring pearls of wisdom on how to Re-Engage employees at MiMGMA's first Small Group

Networking Event on December 2, 2022 in Southfield. What is our Small Group Networking Event? It is a place to make new connections, hear an inspirational message, collaborate with your peers on any pressing issues, and maybe catch up with former colleagues or two. In 2023, we anticipate holding these small events in various locations throughout Michigan. Keep your eyes peeled for an event near you.

I would like to challenge everyone to set your goals and intentions for 2023. If you had no barriers, what would you like to accomplish in your career and personal life in the 365 days of 2023? Let your thoughts become action gaining momentum— Write it down, make a plan, and keep it in front of you. I would like to encourage all of our members to get involved with the MiMGMA. Whether it is attending a conference or event or becoming part of a committee, we have a spot for you. Reach out to us today to find out how you can become more involved! ■



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!)



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Programming Committee Updates



by Christine Hosmer, CMPE, Program Committee Chair

It's hard to believe that 2022 is quickly coming to an end! It was great to have a full year of face-to-face events that allowed us to share our successes and hardships together. If you attended the Fall Conference at Crystal Mountain, you know how motivating it is to have conversations with people who are in the same boat as you... And be able to sing a song or two! For 2023, the Programming Committee is going outside the box to freshen up the conferences and networking events. As co-chairs of this committee, Susan Lutz and I look forward to being a part of this creative team that works diligently to bring both knowledge and fun to you – our members. Thank you to everyone who attended an event in 2022, and I hope to see you all in 2023!

Save the date! The Spring Conference will be held in Lansing on Friday, April 28, 2023! ■



Choose Your Best Path



By Sandy Sprague, FACMPE

Curious 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. ■

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Medicare Physician Fee Schedule Final Rule Summary



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

The 2023 Medicare Physician Fee Schedule Final Rule was released on November 18, 2022. The Final Rule can be found [here](#). Here is a high-level

summary of the rule changes for 2023.

Medicare Telehealth Services For CY 2023

CMS is adding new HCPCS codes to the list of Medicare telehealth services on a Category 1 basis, specifically HCPCS codes G0316, G0317, G0318, G3002, and G3003. The status of temporarily available codes on the Medicare Telehealth Services List will change to: "Available up Through December 31, 2023". CMS is extending the time services are temporarily included on the Medicare Telehealth Services List during the PHE, but aren't included on a Category I, II, or III bases for a period of 151 days following the end of the PHE, in alignment with the Consolidated Appropriations Act, 2022 (CAA, 2022). CMS is implementing the 151-day extensions of Medicare

telehealth flexibilities, including allowing telehealth services to be provided in any geographic area and in any originating site setting, including the patient's home, allowing certain services to be provided via audio-only telehealth, and allowing physical therapists, occupational therapists, speech-language pathologists, and audiologists to provide telehealth services. There is a delay in the in-person visit requirements for mental health services provided via telehealth until 152 days after the end of the PHE.

Telehealth Origination Site Facility Fee Payment Amount Update

The payment amount for HCPCS code Q3014 (Telehealth originating site facility fee) is 80% of the lesser of the actual charge or \$28.64 for CY 2023 services based on the percentage increase in the Medicare Economic Index (MEI) as defined in Section 1842(i)(3) of the Social Security Act. The 2023 MEI increase is 3.8%. The patient is responsible for any unmet deductible amount and Medicare coinsurance.

Evaluation and Management (E/M) Visits For CY 2023

CMS finalized changes for Other E/M visits that parallel the changes made in recent years for office/outpatient E/M visit coding and payment.



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Coding

Other E/M visits include hospital inpatient, hospital observation, emergency department, nursing facility, home services, residence services, and cognitive impairment assessment visits. For 2023, CMS adopted the revised CPT codes for Other E/M visits (except for prolonged services). This includes:

- Merger of hospital inpatient and observation visits into a single code set, and merger of domiciliary, rest home (for example, boarding home), or custodial care and home visits into a single code set.
- Choice of medical decision making or time to select visit level (except for visits that aren't timed, such as emergency department visits).
- Eliminated use of history and exam to decide visit level (instead, there's a requirement for a medically appropriate history or exam or both).
- New descriptor times (where relevant).
- Revised CPT E/M guidelines for levels of medical decision making.

CMS finalized Medicare-specific coding for prolonged Other E/M services and created 3 new G codes (one per E/M family). [Coding for these services is different than non-Medicare provided the payor has not adopted Medicare rule.] These are:

- G0316 for reporting prolonged hospital inpatient or observation services
- G0317 for prolonged nursing facility services
- G0318 for prolonged home or residence services

Report prolonged cognitive impairment assessment services using G2212, the Medicare specific code for prolonged office/outpatient services. Don't use CPT codes to report these services.

Split (or Shared) Visits

CMS is delaying for another year the CY 2022 final policy defining the substantive portion of a split (or shared) visit as more than half of the total practitioner time. For CY 2023, as in CY 2022, the substantive portion can be 1 of the following:

- History
- Physical exam
- Medical decision making
- More than half of the total practitioner time

Critical Care

CMS issued a technical correction clarifying that the reporting threshold time for the add-on code for critical care services is the same for split (or shared) critical care as for critical care that isn't split (or shared). Use CPT Code 99292 to report additional, complete 30-minute time increments provided to the same patient; therefore, it isn't reported until at least 104 minutes are spent ($74 + 30 = 104$ minutes).

Chronic Pain Management

CMS finalized and created 2 new G codes (G3002 and G3003) performed by physicians and other qualified health professionals, describing monthly CPM for payment starting January 1, 2023. ■



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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.

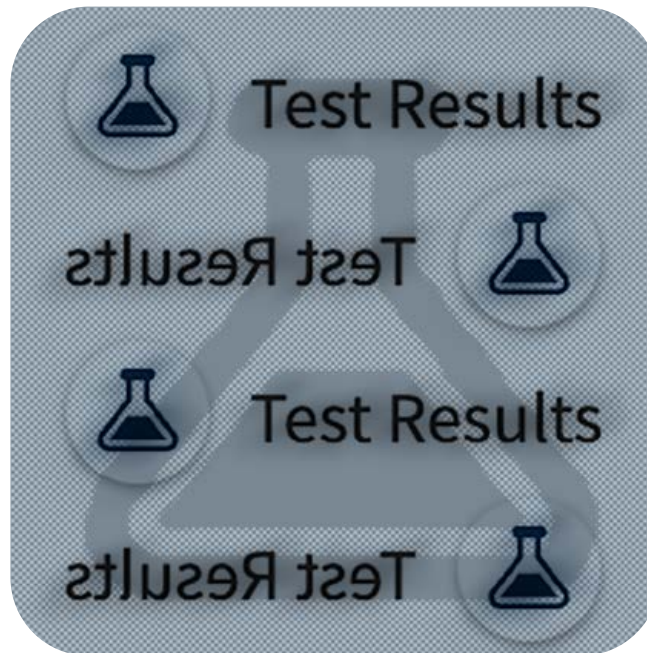
Risk #2: Patients May Not Understand Their Records

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.

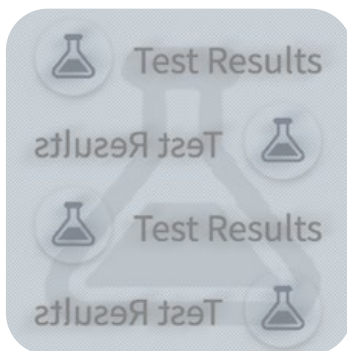
- Avoiding excessively complex medical jargon. Use plain language whenever possible; for example, “kidney stones” instead of “nephrolithiasis.”
- Avoiding extraneous, biased, or subjective statements in favor of factual statements. For example, avoid describing a patient as drug-seeking or alcoholic.
- 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

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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

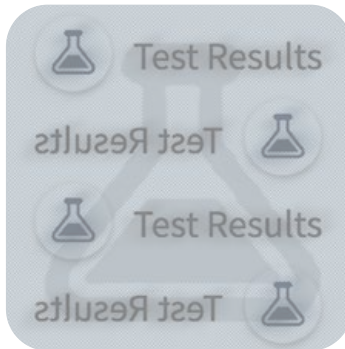
Under HIPAA, patients have the right to request amendments to their records if they think the information is inaccurate. According to the Department of Health and Human Services, covered entities have 60 days to act on a request.

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 Icenbower, BSN, JD, CPHRM.

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Opinion vs. Authority: Why Authoritative Representation Matters in Healthcare Real Estate

Opinions are everywhere. Millions of voices exist both in real life and on the internet on every topic imaginable. The age of information and social connectivity has made distinguishing fact from fiction or helpful advice from crowded noise extremely hard. And this isn't just an issue of digital literacy. Opinions from family, friends, and colleagues come at you too, often well-meaning, whether or not you solicit any advice.

But there's a difference between opinion and authority, especially in real estate and in the medical world. For example, you read Dr. John Doe opining on a dedicated Facebook group about why leasing makes no sense for a new practice owner. But while this may have been true for his practice, how many start-ups has he helped? What kind of purchase vs. lease analysis did he run to come up with his conclusion? How does he account for the differences in economic conditions from one market to another across the country? Or maybe you read a message board thread on the importance of choosing a high-cost retail location over a professional office park. Did that author take into account your specialty? What about your specific market or the available inventory in it?

Listen politely to opinions, but take them in conjunction with the advice and counsel you get from a trusted team of advisors who have helped a significant number of healthcare practice owners in the past. Dr. John's advice might be well-hearted, but his experience opening one office doesn't give him the insight necessary to advise you. So read the advice, educate yourself on other healthcare professionals' experiences and then turn to your CPA, your attorney, your healthcare real estate agent, and develop a strategy and execution plan specific to your needs, one that will help you maximize profitability through real estate.

The Power of an Experienced Team

One of the most significant business decisions a healthcare provider can make is strategically choosing an office's location, whether you're starting your first practice or relocating an established business; and this remains true regardless if you are



leasing or purchasing your office space. And paramount to that success and profitability is assembling the right people around you for support—people whose authority is valued over opinions.

Having the right team protects your valuable time and your bottom line, and the best teams marry trust and expertise in a variety of roles, specialties, and industries. And just as important as finding collaborative partners you trust, is finding people with the right amount of authority in an area that's beneficial to you. Choosing an attorney who specializes in commercial real estate, for example, will ensure that all legal terms in the lease or purchase contract are drafted to protect your interests in the short and long term. When it comes to lending, many offices require financing for additional build-outs, equipment, furniture, and more, so a lending specialist with a proven track-record lending to healthcare providers is also essential.

Extensive experience is also required of commercial real estate agents, who will provide guidance when choosing locations, evaluating market conditions, vacancies, and costs, offering purchase vs. lease comparisons, managing timelines, and negotiating the most competitive rates and terms. Experienced healthcare real estate agents should create a full market evaluation, providing a snapshot of a competitive market, and even negotiating three to four properties at once in order to offer a side-by-side view of what's achievable when you have a detailed negotiation strategy.

That type of experience is a powerful tool and part of the due-diligence healthcare providers should receive from an authoritative agent. It's worth far more than an online opinion about whether leasing or owning is the right move—it's the research and information that becomes paramount at the negotiation table. As you build your team, look for experienced professionals with a corporate focus to fill each role.



The Power Of Specialization

Beyond finding corporate partners with expertise in their field, finding people who specialize in healthcare is vitally important. A commercial architect who focuses on healthcare practices, hospitals, or medical campuses, for example, can ensure that your space is developed based on the needs of patients, healthcare workers, and the communities they serve.

Commercial real estate agents who specialize in the world of healthcare can provide that same specialization. These agents are familiar with the medical industry and understand a doctor's world, from a real estate perspective. They grasp the nuances in every medical provider's office that make finding the best space for a dentist or dermatologist drastically different than industrial, traditional office, or retail tenants. Healthcare-specific real estate agents understand the healthcare world. They understand medical lending programs that maximize a practice's profitability and cashflow. They understand what key concessions can save your practice tens to hundreds of thousands of dollars. And they understand the unique needs required by practices across the board. Agents not only save healthcare professionals significant time and money, they also help avoid costly complications, delays, and obstacles that arise in large real estate transactions.

Specialization also means that there should be no conflicts of interest—your healthcare real estate agent should be exclusively occupier-focused, meaning they'll never represent landlords or sellers. When an agent represents both sides of the transaction



(tenants and landlords or buyers and sellers), which is typical for the majority of real estate firms, there's a major conflict. By representing only healthcare tenants and buyers, agents can not only find tenant-specific solutions (like extending build-out periods or improvement allowances), they can also negotiate much more aggressively. This specialized experience can mean tens to hundreds of thousands of dollars saved beyond your lease rate at the end of the day.

The Power of Authority At No Cost

Fortunately for tenants and buyers, healthcare real estate agents come at no cost—and that's not opinion, that's fact. Like residential real estate, commercial landlords and sellers agree to pay for an agent's services on your behalf, whether you're negotiating a lease renewal, signing a lease at a new location, or purchasing your first medical office space.

At no cost, a healthcare real estate agent's services can save dozens of hours of valuable time, and just as important—they have the potential to save your bottom line. Deciphering between opinion and authoritative advice can be the difference of a costly mistake and savings to the tune of hundreds of thousands of dollars. And with so much at stake, the only person who should be offering advice on your commercial real estate transactions is an expert who advocates for healthcare providers and who fully understands the uniqueness of your specific requirements and market. ■

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