Practice. Focus.

Be Informed. Get Connected.

VOLUME 20, ISSUE 3 FALL 2023 WWW.MiMGMA.ORG



About MGMA	. 2
President's Message & Executive Director Update	3
Business Partner Update and Thank Yous	4
MiMGMA News & Membership Update	5
Fall Conference Thank Yous and Photos	6
_egislative Update	7

ACMPE Corner: Become a Fellow!
Reimbursement Update: Third Party Payer Day9
Feature: Strategies for Finding Top Healthcare Talent
Feature: The Medical Professional's Role in Death Registration11
Feature: High Cost of Billing Under Another Provider's Number 13









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.

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

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

Advertising

MiMGMA offers advertising space to our supporters and industry suppliers. Contact Debra O'Shea at INFO@MIMGMA.ORG for details.

Newsletter Editors

David Argenzio Debra O'Shea, FACMPE

MIMGMA

Debra G. O'Shea, MBA, FACMPE Executive Director INFO@MIMGMA.ORG 800-314-7602 P.O. Box 205 Jackson, MO 63755

Executive Director

Debra G. O'Shea, MBA, FACMPE *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, FACMPE 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 it me, or does summer go by way too fast? I'm already making my required list of binge worthy shows to watch when it's too wintery out to go outside. I am also thinking about Christmas decorations, and wondering what new decoration will be all the rage. I digress.

I really wanted to share with you what I learned today. I know we read a plethora of materials every day, and to retain some of it, is a feat in itself. Today, what I am reading about is How to Compete and WIN the War on Talent. Networking is one of our core goals at MiMGMA, therefore, today, I will share pearls within this article that may help you in your day-to-day job responsibilities. I learned what I need to do more of in my office to educate my staff. You may think I am speaking of clinical or EMR, or all those other things that us managers provide education on within our practices, but what I really need to concentrate on is my employee's benefits. Not only to help the employee see the value of any/all their benefits, but to detail them on exactly what these benefits entail — what they may be missing out on and what might bring more value to their bottom line. I can't tell you how many times a patient has visited our office and declared "I have no idea with my copay is." I asked myself, "Are my employees going to their appointments and saying the same thing?" With that, not only to educate them on what their benefits cover, but what

is included in their healthcare package. Help them understand not only what the corporation's healthcare covers when they are sick, but what wellness benefits they can take advantage of with little to no cost. Thinking beyond that, what other benefits do my employees have that they may not be aware of or know the full value of, and how can I help provide a greater understanding of these benefits? For example, presenting them with Q&A on what a profit-sharing plan is and what it means to them. While a new employee may hear me discuss that it is a benefit, they may not be aware of what that entails. A 2021 survey by the Society for Human Resource Management found that better pay, work-life balance and benefits are the top three reasons workers are searching for new jobs. Knowing that benefits rank within the top three means that I need to do more to educate employees on their benefits on an ongoing basis.

In conclusion, what I learned is the need and desire for employees to be educated on what their employer can do for them. Cheerlead, so to speak, as to why your employees should stay with your establishment. Benefits are a powerful tool to WIN the war on talent. If your employees know about their benefits, know how to use them, and know the value of those benefits, they are more likely to remain loyal to you. It all comes back to education. To that, I will challenge you today to mentor and teach your employees on a regular basis. It is true about Knowledge being Power. Share your knowledge. Engage your employees and give them the knowledge they need to be a loyal and productive asset to your organization.

Executive Director Update



By Debra O'Shea, FACMPE

here is much to appreciate about Michigan in the fall – The colorful scenery, crisp weather, and football season (Go Wolverines!), to name a few. One of my very favorite fall affairs is Michigan MGMA's Fall Conference. This year, the Fall Conference was held

in Traverse City, and it was such a wonderful time meeting new folks and catching up with many friendly faces.

I want to thank all who attended, exhibited, sponsored, presented, or supported the conference in any way. Our keynote speaker, Erik Dominguez, kicked off the conference on Thursday morning with an engaging session that was equally inspiring and informative. Other Thursday sessions included malpractice & risk management, mergers & acquisitions, strengthening your business, marketing, and RCM. We also enjoyed a lot of great conversation during our networking breaks and, of course, at our evening networking event at Mammoth Distilling. Thank you to The Rybar Group and Rehmann for sponsoring the networking event! Although Friday was a short day, it was filled with

excellent content, including a session on employee engagement and a legislative panel with two state representatives. We are truly grateful to all our presenters and panelists for lending their time and expertise to MiMGMA.

It's been a busy season already, but we still have one more big event to look forward to as we round out the year. On November 3rd, we will be hosting our annual Third Party Payer Day at the Soaring Eagle Casino & Resort in Mt. Pleasant. Our Reimbursement Chair, Joe Rivet, has gone above and beyond to make this year's TPPD a success. We're excited to greet everyone at our welcome reception on Thursday evening, sponsored by Rivet Health Law, PLC. On Friday, our conference schedule is jampacked with general sessions in the morning and breakout sessions in the afternoon. Check out our full agenda under the Third Party Payer Day heading at www.mimgma.org. If you are involved in the reimbursement cycle at your practice, you certainly won't want to miss this event! We can't wait to see you there.

REGISTER FOR TPPD

As always, if you have questions or would simply like to chat, you can reach me at 800-314-7602 or doshea@epoxyhealth.com. Have a lovely fall!

Business Partner Update



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

ven though summer is just getting stIt was great to see everyone at the Fall Conference, and if you weren't able to attend this year, we missed you! The Michigan MGMA Business Partners are always excited to see members in

person, and the Programming Committee put together a fantastic agenda again this year! We hope you got chance to speak with all the sponsors and exhibitors you were hoping to, but if you didn't, check out the list of sponsors and exhibitors below or reach out to MiMGMA to get contact information at INFO@MIMGMA.ORG.

EXHIBITORS

Backus Payne & Associates
Clarus Care
Coverys
DiaSante Health
Keane Insurance Group
MagMutual
Medical Advantage
MedPro Group
Medusind

Michigan Public Health

Institute

MLive Media Group
Myriad Women's Health
Phreesia
Professional Solutions
Revenue Integrity Solutions
TeamBuilder
The Rybar Group, Inc.
USX Cyber
Vatica Health
Velero Health
Veradigm

Thank you to our Fall Conference Sponsors

PLATINUM SPONSOR



BRONZE SPONSOR











BREAKFAST SPONSOR



COFFEE & BREAK SPONSOR



LANYARD SPONSOR



ADMINISTRATOR OF THE YEAR SPONSOR



LUNCH SPONSOR



NETWORK EVENT SPONSORS





WIFI SPONSOR



VENDOR QUIZ SPONSOR



Congratulations

to our 2023 Administrator of the Year, Janice Robinson FACMPE, CPC, CMRS!





Upcoming Webinar Is It Just "Culture" or Is It "Just Culture"? November 15 at 1 p.m EST Register Here!

Membership Update



By Samona Owens, MBA, LSS, Membership Chair

t's hard to believe but Fall has settled in! The leaves are changing colors, the kids have settled back into school, retail businesses are gearing up for the season and restaurants are preparing cozy meals, and yes football season. It's time

to for tailgating and holiday gatherings!

We had a great Fall Conference in Traverse City. It was great to meet some of our members, share our challenges and frustrations and just network. Again, our membership numbers have been steady throughout the past few months. We continue to work with various platforms to talk about MiMGMA and the benefits of membership. Our goal is to remain strong and engage our members by starting back the Small Group Networking Events and explore online networking opportunities. I challenge those who are reading this newsletter to send it to a friend or colleague and encourage them to be a part of this great organization.

If you have any questions or ideas, we would love to have you on this committee. Feel free to contact me at (313) 448-9606 or send me an email sowens@med.wayne.edu.

Have a safe and wonderful Holiday season!

Thanks to all who attended the Fall Conference!



By Christine Hosmer, CMPE, Program Committee Chair

s chair of the Programming Committee, I would like to thank each attendee, vendor, and sponsor who participated in the MiMGMA Fall Conference. Held each year, the Fall Conference is a valuable event for healthcare professionals in the state. It serves as a hub for knowledge sharing, networking, and professional development, and covering essential aspects of healthcare management. By

attending this conference, healthcare leaders can stay at the forefront of industry trends and be better equipped to address the challenges of modern medical practice management. Whether you are a seasoned healthcare administrator or a newcomer to the field, the Michigan MGMA Fall Conference offers something for everyone.

Next on the calendar is Third Party Payer Day. This event brings insights from payers, networking, compliance and risk mitigation, and an opportunity to maximize your practice's reimbursement. As with the conferences, it is truly member participation that makes MiMGMA events valuable.























We want to give an extra special thank you to State Representative Amos O'Neal (94th House District) and State Representative Mark Tisdel (55th House District) for taking the time to travel to Traverse City and meet with us during the Legislative Panel at the Fall Conference. You can learn more about your Michigan State Representatives, view the districts they serve, and find their contact information here.

Did you know?



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



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

ACMPE CORNER

Become a Fellow



By Sandy Sprague, FACMPE

ongratulations to our newest Fellows having successfully completed the Fellowship program in 2023 through the American College of Medical Practice Executives!

- Debra O'Shea, FACMPE
- Karen Hopman, FACMPE
- Molly Schmid, FACMPE
- Natalia Szczygiel, FACMPE
- Malissa Becksvoort, FACMPE

We are so excited to recognize and share in the success of the MiMGMA Fellows listed above! In each edition of the MiMGMA Newsletter, we offer information to entice our membership to explore the opportunities in becoming certified; to achieve the designation of CMPE, Certified Medical Practice Executive!

Of course, once a member achieves CMPE status, the next step is to continue to become a Fellow, to earn the title of FACMPE! The American College of Medical Practice Executives, ACMPE, provides the opportunities for its membership to reach for and achieve the coveted "gold standards" in medical practice management.

We asked our newest Fellows a few questions regarding their recent accomplishment, please see the responses below:

1. Why was it important to you to complete the fellowship program through ACMPE?

"The FACMPE fellowship is the pinnacle of recognition by MGMA. As an experienced practice executive, I felt it would be a worthwhile endeavor and signify that I was one of the premier professionals in practice management. I knew that I had the knowledge and experience to obtain the designation. I felt I knew just as much as those with the designation so I wanted to do the work to obtain the designation."

"Continual education for myself and my development. Also, it's a sense of pride for me!"

2. Have you seen any positive benefits at this time as a result of completing the fellowship?

"Not as of yet but for me that wasn't my main motivator. I own my own medical practice consulting firm so I am not necessarily looking for a career change based on obtaining my fellowship. The biggest positive benefit for me is knowing that I took the time to complete the program so I could earn the designation."

"I just completed it last week so it is too soon to know yet!"

3. What was the hardest part of completing the fellowship?

"Honestly, navigating the MGMA website to submit all my information was the worst part of the whole thing. The site often didn't work and wouldn't recognize the submissions I made which was very frustrating. But like any other challenge, I worked my way through it."

"Carving time out to do the research related to a business project I was working on."

Fellowship ***

5. Any words of advice for those in practice management yet to complete their fellowship?

"Completing your fellowship can be time consuming, depending on which fellowship path you pursue. I recommend setting aside time on your calendar to work on it so it doesn't get pushed to the bottom of your to do list. For less seasoned practice managers or administrators, I think completing the fellowship is the next step in your career and a good credential to have as you look to advance in your career."

"Take time to block on your calendar for the time to do it. Set the goal!"

4. What method/path did you use to complete your fellowship?

"I took the new path which requires you to have completed a certain amount of leadership development activities combined with work experience and education."

"Business project and related article write up."

So, there you have it! What is holding you back from setting and achieving your personal goal of becoming a Fellow in the American College of Medical Practice Executives?

Please contact Sandy Sprague, FACMPE, MiMGMA ACMPE Forum Rep at ssprague@greatlakeseyeinst.com should you have questions or go to mimgma.org for additional information.

Third Party Payer Day Agenda

7:15 am - 8:00 am

Registration/Breakfast -Swan Creek/Black River

8:00 am - 10:00 am

Medicare Administrative Contractor (MAC) - Mary Muchow, WPS GHA Saginaw

10:00 - 10:30 am

Networking Break With Vendors Swan Creek/Black River

10:30 am - 11:15 am

Blue Cross Blue Shield of Michigan & Availity Saginaw

11:15 am - 12:15 pm

Regulatory Update - Joe Rivet Saginaw

12:15 pm - 1:15 pm

Lunch, prizes & announcements

1:15 pm - 2:00 pm

Swan Creek/Black River

Breakout Sessions:

Aetna - Saginaw

Michigan Department of Insurance & Financial Services - Ojibway

Health Alliance Plan (HAP) -Three Fires

Physicians Health Plan (PHP) -Anish

© 2:00 pm - 2:45 pm

Breakout Sessions:

Saginaw VA - Anish

McLaren Health Plan - Ojibway

Michigan Department of Health & Human Services - Saginaw

Molina Healthcare - Three Fires

Networking Break With Vendors 2:45 pm - 3:00 pm Swan Creek/Black River

3:00 pm - 3:45 pm

Priority Health - Saginaw

Humana - Three Fires

Meridian - Ojibway

Breakout Sessions:

State of Michigan Workers' Disability Compensation Agency -

© 3:45 pm - 4:15 pm

(L) 4:15 pm

1:1 Q&A With Various Presenters Swan Creek/Black River

Conference Dismissed

REGISTER NOW!

Thank You to our Third Party Payer Day Sponsors!

PLATINUM SPONSOR



BRONZE SPONSORS











BAG SPONSOR

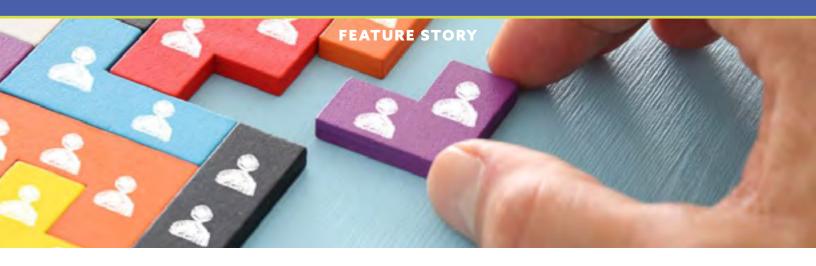


LANYARD SPONSOR



WELCOME RECEPTION SPONSOR RIVET HEALTH LAW, PLC





Strategies for Finding Top Healthcare Talent

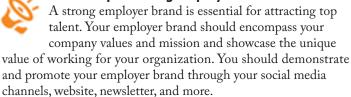
By Karly Kelley, Account Executive, MLive Media Group

ith ongoing staff turnover and a rapidly growing labor market, the healthcare industry is constantly challenged to recruit and retain the best talent. In fact, according to a recent study, 93% of nurses consider their health system to be understaffed.

It's more important than ever for healthcare organizations to develop effective recruitment marketing strategies to attract the right candidates and close the current healthcare staffing shortage gap.

Here are five strategies that healthcare organizations can use to enhance their recruitment marketing efforts:

1. Develop A Strong Employer Brand



2. Create An Engaging Career Site

Just like your main website is used to educate and appeal to your patients, your career site should be used to appeal to prospective employees. It's the face of your recruitment marketing efforts and should be designed to engage and inform potential candidates.

Your career site should include a minimum of three things:

- 1. Up-to-date and concise descriptions of job openings and benefits
- 2. Images and videos to showcase your company culture
- 3. Detailed information about the hiring process and company values

3. Develop A Comprehensive And Well-Targeted Job Advertising Strategy

Digital advertising is a highly effective way to reach potential candidates for your open positions because you can reach the right audience, at the right time, and in the right place. It is also an effective way to reach passive job seekers.

It is important to clearly understand who you want to reach. This includes things like the type of candidate you are looking

for, their education and experience, their location, and other relevant demographic information.

Your content must be engaging, informative, and relevant to your target audience to effectively reach them. This includes things like thought-leadership articles, employee testimonials, and other types of content that highlight the unique value of working for your organization. Utilizing images, videos, infographics, and other visual content can help bring your message to life.

To effectively reach your audience, you need to decide on the platforms to display your ads after defining them and crafting engaging ads. Consider using a combination of search engine marketing (SEM), digital display, advertisements, targeted email marketing, and paid social media ads in your plan.

Once your ads are live, track your results to see how well they perform. This will help you make any necessary adjustments to your ads so that you can optimize their effectiveness.

4. Use Recruitment Marketing Automation Tools

Recruitment marketing automation tools are designed to streamline the hiring process and increase efficiency by automating repetitive and time-consuming tasks. This includes functions like automatically posting your job description to multiple job sites.

5. Develop Employee Referral ProgramsOne of the most effective ways to promote your

company is through the voices of your current employees. Employee referral programs are a highly effective way to find top candidates. Encourage your current employees to network for job openings and offer incentives for successful referrals. This not only helps you find qualified candidates but also helps build a strong sense of community among your employees.

Establishing a solid foundation and formulating a comprehensive recruitment strategy can be complex. To ensure the success of your campaign, it is recommended to bring in a specialist in recruitment strategy.

Healthcare organizations can attract the right candidates for the job by strategizing and applying appropriate tactics. Whether you are a healthcare administrator, HR professional, or hiring manager in the medical field, understanding marketing tactics for successful healthcare recruitment is essential for your organization's success.

The Medical Professional's Role in Death Registration

By Dr. Jeff Duncan, PhD, State Registrar and Director, Division for Vital Records and Health Statistics, Michigan Department of Health and Human Services

ichigan law requires the medical section of a death certificate to be certified by an attending physician within 48 hours after the death of a person (MCL333.2843(1)(a)). As members of a profession dedicated to preserving life, physicians may at times view this requirement as a bureaucratic burden that detracts from time spent caring for the living. In fact, a thoughtful and detailed death certification represents a final act of care for a deceased patient, provides valuable information to surviving family members, informs public health, and supports biomedical research.

For deaths due to natural causes in Michigan, once the funeral director certifies the personal section and the physician certifies the medical section of the death certificate, the record is routed to the local registrar's office for filing. Proper and complete documentation of the causes of death by a physician, including intermediate and underlying causes along with all significant





death, and the use of qualifiers such as

"suspected" or "probable" is allowed.

The cause of death information provided by physicians as text on a death certificate is coded to the International Classification of Disease, 10th Revision (ICD-10). ICD-10 codes combined with other demographic information from death certificates, including age, race, sex, occupation, and residence location are used by public health officials to identify unusual trends or clusters of disease or causes of death. These coded data are used to compile information on national and state leading causes of death (www.cdc.gov/nchs/fastats/leading-causes-of-death.htm) that are used to inform public policy and direct public health intervention efforts to reduce premature mortality due to preventable causes.

Death certificates are an important source of information for researchers conducting epidemiological studies, particularly those focusing on chronic diseases such as cancer or heart disease. More recently, health researchers have focused on death certificates as a source of information to understand why some persons are more susceptible to dying from COVID-19 than others. Each year, staff in the Division for Vital Records and Health Statistics (DVRHS) work with researchers from Michigan and across the nation to provide high quality mortality data to support population-based studies. Death data are often linked to other data sets including cancer and other chronic disease registries, hospital discharge data, notifiable diseases, and other public health

FEATURE STORY

data to extend the breadth of research questions that may be asked and answered.

Data provided on death certificates is used by epidemiologists, scientists, and policy makers to develop strategies to improve life, and those efforts have been successful. From 1900 to 2015, life expectancy at birth in the United States increased over 25 years. Public health and social services programs use death certificate data to target health and social services programs aimed at reducing suicide deaths. Demographers and public policy makers use death certificate data to understand how social, geographic, equity, and unequal health care access lead to wide variations in death rates across

Michigan. Data from death certificates are provided to researchers in Michigan and nationwide to support biomedical research leading to improved medical treatments. Cancer researchers use death certificate data to calculate survival rates for different forms of cancer after treatment. Geneticists use death certificate data to discover the genetic characteristics of disease and death.

Michigan's Electronic Death Registration System (EDRS) allows medical staff and certifying physicians to log in and complete death certificates in a secure, online system that may be accessed in a web browser from anywhere. EDRS allows for easy referral of cases to medical examiners when required, or when there are questions.



We at DVRHS are working with the Centers for Disease Control and Prevention (CDC), national standards organizations, and electronic health record vendors to integrate EDRS with electronic medical records. We have also engaged the help of our partners at the Michigan Public Health Institute to help train physicians on how to use EDRS and, more importantly, how to effectively document the sequence of diseases and events leading to death, and how to describe events where that information is limited or unavailable. There is no cost to use EDRS,

and training is provided for free. Some training resources also offer CME credit.

Electronic filing using EDRS improves the accuracy and timeliness of death reporting and has a significant impact on public health, contributing to longer, healthier lives. By writing accurate and effective death certifications, physicians are directly contributing to society's knowledge of the prevention and epidemiology of disease.

Please feel free to email me (DUNCANJ11@MICHIGAN.GOV) or if you would like more information on EDRS or on the death certificate process in general visit www.michiganedrs.org.

Thanks to your hard work, death certificates contribute to longer, healthier lives.



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



The High Cost of Billing Under Another Provider's Number

By The Institute at MagMutual

hen it comes to Medicare, billing under the wrong physician's ID can cost doctors and hospitals – literally. Consider these three recent incidents that, taken together, resulted in more than \$7 million in penalty payments to the government:

- In 2018, CityMD, the largest urgent care company
 in the New York area, paid more than \$6.6 million
 to resolve allegations under the False Claims
 Act that non-credentialed physicians billed the
 government using the National Provider
 Identification (NPI) numbers of physicians
 who did not provide the services.
- Similarly, in 2021, a West
 Virginia hospital had to pay
 the government more than
 \$320,000 to resolve allegations
 that it had filed claims for
 services performed by a non credentialed physician who
 used the NPI of a credentialed
 physician.
- And an Oklahoma physician agreed to pay the government \$580,000 to resolve allegations that he violated the False Claims Act by allowing his employer to use his NPI to bill Medicare for physical therapy evaluation and management services furnished by other providers.

While it is possible to bill for services by one provider under the name and NPI of another provider, healthcare organizations must be intimately familiar with the rules and requirements where such billing is allowed. Following is an explanation of the law that applies and best practices to follow so physicians and healthcare organizations stay out of hot water.

Know Your Medicare Rules

Medicare-funded services generally must be billed under the name and NPI of the provider who actually performed the services. Billing under one provider's name and NPI for services that are furnished by another provider may be fraudulent if the identity of the person performing the services would be material to the government's decision to pay the claim.

The government does, however, generally permit the services of one provider to be billed under the name and NPI of another provider in two circumstances:

- First, where the services of auxiliary personnel (including both physicians and non-physician practitioners) are billed "incident to" the professional services of a physician.
- Second, where the services of a substitute physician are billed under the regular, but unavailable, physician's name

and NPI on a temporary basis (locum tenens¹ and reciprocal billing arrangements).

The "incident to" billing rules have strict requirements and only apply to certain services. The requirements can be found in the Medicare Benefit Policy Manual starting at section 60. Locum tenens and reciprocal billing arrangements have very specific and stringent requirements that can be found in the Medicare Claims Processing Manual in sections 30.2.10 and 30.2.11.

Failure to comply with the requirements for each billing arrangement could subject providers to significant liability under the False Claims Act, which imposes fines and penalties in cases when a person knowingly submits false claims to the federal government.

Best Practices When Billing Under Another Physician's NPI Number

Know your health plan contracts

It's important to note that the "incident to," locum tenens and reciprocal billing rules are Medicare rules and may not apply in the context of private payer billing. This means it's critical that doctors understand their health plan contracts and what they do

FEATURE STORY

and don't allow. Billing providers will indicate whether they cover billing under these arrangements in their contracts.

Permissible "incident to" billing requires direct supervision from the supervising physician, so be sure to include direct supervision attestation statements in those cases. Such statements should document how the physician supervised the non-credentialed physician during the patient encounter.

Document everything when billing under these arrangements

A healthcare organization must retain records of a locum physician's NPI and all the services that individual provided. This documentation will benefit the organization in the event of an audit.

Develop processes and procedures for system billing edits

Errors are common with locum tenens and reciprocal billing arrangements. Billing incorrectly can lead to audits and regulatory penalties. Clearly defined procedures and communication among practitioners, clinical staff and billing staff (if applicable) are essential.

In particular, locum tenens and reciprocal billing include requirements for when to bill the substitute or regular physician.

Tracking how long the regular physician has been absent and how long the locum tenens physician has been at the organization will help prevent mistakes.

Billing under another provider's name and NPI without complying with Medicare's strict requirements can carry significant penalties, violate commercial payer contracts and subject an organization or physician to criminal liability under federal law. Practicing medicine is complicated enough these days. Doctors should understand those

(and other) Medicare billing rules so they can focus on their patients, not administrative errors that can be avoided with knowledge and care.

MagMutual's <u>Learning Center</u> offers many additional resources concerning the business, practice and regulation of medicine.

Disclaimer: The information provided in this article does not constitute legal, medical or any other professional advice. No attorney-client relationship is created and you should not act or refrain from acting on the basis of any content included in this article without seeking legal or other professional advice.

¹The Centers for Medicare & Medicaid Services (CMS) now uses the term "fee-for-time compensation arrangement" to refer to locum tenens billing arrangements. This article uses the historical term "locum tenens" for these arrangements.







Michigan Medical Group Management Association
P.O. Box 205
Jackson, MO 63755
800-314-7602
INFO@MIMGMA.ORG