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FALL 2022  
WWW.MiMGMA.ORG

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MICHIGAN

## IGNITING TEAM SPIRIT

### 2022 FALL CONFERENCE

September 29th & 30th  
Crystal Mountain  
Thompsonville, MI

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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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## Career Opportunities

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

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## President's Message



By Ken Rates

**W**ell, it is hard to believe it has been a year since I assumed the role of President of Michigan MGMA. The time certainly has flown by. Some things I set out to accomplish as President I did, some things I did not. The one thing that I

learned along the way, regardless of whether I accomplished what I wanted to or not, was that Michigan MGMA and its members are an amazing organization to work for. I kind of already knew this having belonged to this organization for

nearly ten years, however I have gained a deeper appreciation of what it means to belong to Michigan MGMA serving in the role of President. As we approach the 2022 Fall Conference, I recognize my time in this role is coming to an end, but my commitment to Michigan MGMA and its members is not.

Speaking of the 2022 Fall Conference, I encourage each of you reading this to register for this conference. The folks on the Programming Committee work tirelessly to put on a wonderful conference with exciting content, and this fall will not disappoint. Please check out [MIMGMA.ORG](https://mimgma.org) to learn more about the conference and register. I hope to see you at Crystal Mountain in late September. ■

## Executive Director Update



By Debra O'Shea

**I**t seems that fall weather is finally here to stay in Michigan, and as always, that means it is almost Fall Conference time. We can't wait to see everyone at Crystal Mountain at the end of the month. Our Program Committee has put together an

excellent agenda, which includes topics such as hiring and retention, marketing, finance, crucial conversations and more. Paul Long will be opening the conference on Thursday morning with his keynote, the FUNdamentals of Awe-Inspiring Service. Paul is a lively speaker who truly inspires his audiences to create positive change both at work and in other aspects of life. Trust me when I say that you won't want to miss his session! We are also excited for our legislative panel on Friday morning as we will be welcoming two Michigan State Representatives to the stage for a Q&A style presentation. Be sure to bring your questions! Our full agenda can be found under the Program Update session of this newsletter.

As baseball season wraps up and football season begins, it's the perfect time of year for our conference theme: Igniting Team Spirit. We are encouraging all our attendees to pack their favorite sports attire and represent their team at our conference networking event on Thursday evening. Our networking event is consistently a highlight of our conferences. We will begin with networking time and drinks on the main level of the Crystal Center. After that, we will have the chance to Ignite Team Spirit together as we play a fun team game before enjoying a delicious dinner catered by our friends at Crystal Mountain. The remainder of the event will be spent outside on the beautiful Crystal Center Deck as we roast s'mores over a cowboy campfire.

If you haven't registered for the Fall Conference, you still have time. You can learn more and register [here](https://mimgma.org).

We are also looking forward to announcing our 2022 Administrator of the Year award recipient at the conference. Thank you to Dean Schink of the Alera Group for continuously supporting Michigan MGMA by sponsoring this prestigious award.

Finally, I'd like to take a moment to thank our Corporate Sponsors and Business Partners who have continued to support us and help. I encourage all who will be attending the conference to visit the vendor booths and thank them for their support.

Feel free to reach out to me at 800-314-7602 or [INFO@MIMGMA.ORG](mailto:INFO@MIMGMA.ORG) with any questions you may have. I hope you each have a wonderful fall season enjoying all that Michigan has to offer! ■



## Business Partner Committee Update



*By Julie Hardy  
Affiliated Business Partner Committee Chair*

**N**ow that Heather and I have officially taken over as chairs of the Business Partners Committee, we're excited to have the chance to speak up, integrate new ideas, and develop goals to move the committee forward.

Most of which revolve around increasing both the general membership of MiMGMA and Business Partner engagement. Business Partners play an important role with MiMGMA as we sponsor events, awards, and educational sessions. When we

work well together, it benefits you. You may be used to seeing us at the conferences twice a year, but what you don't see is that we're working year-round to provide meaningful education and experiences for our members. We want you to walk away from events feeling refreshed, passionate, and prepared for whatever comes your way. Our purpose is to support you and help your practices succeed, prosper, and grow. In fact, most of the business partners will be at the Fall Conference, September 29th and 30th at Crystal Mountain. Register now! We look forward to talking to you in person.

If you're looking for new insurance, collection agency, accountant, software, or consulting, check out the MiMGMA sponsors first! ■

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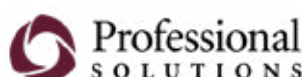
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## Save the Date for MiMGMA's 2022 Conferences

### Fall Conference

September 29 & 30  
Crystal Mountain, Thompsonville

[REGISTER HERE!](#)

### Third Party Payer Day

November 17  
Soaring Eagle Casino & Resort, Mount Pleasant

[REGISTER HERE!](#)

## Upcoming Webinars

### Scheduling Hacks & Preparing Medical Professionals for Interviews

Wednesday, October 26

1 p.m. - 2 p.m. EST

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## Membership Committee Update



By Cindy Kinney, Membership Chair

**A** HUGE WELCOME to our new organizational members. The Membership Committee is proud to announce that our membership has increased by 80% in 2022! I am so excited to meet you at one of our events.

We encourage all of our new members to take advantage of all the upcoming events, whether big or small. You will not want to miss our **Fall Conference at Crystal Mountain on September 29th & 30th**. Conferences

are great way to take a pause, grow your network, meet with vendors outside of the busy office setting, learn more about the latest critical topics, and most importantly fill up and overflow to be the best you can be for your patients,

staff and physicians. If you are not able to make it to the Fall Conference, we also have **Third Party Payer Day on November 17th at Soaring Eagle Casino & Resort**. Third Party Payer Day is always a membership favorite so you will want to register right away. Lastly, we offer a virtual **New Member Orientation** each quarter to review all the benefits of your Michigan MGMA membership.

Watch your e-mails... The MiMGMA has been working hard to develop **Small Group Networking Events**, by region. You will not want to miss these amazing, fun, networking events when they come to an area near you.

If you have any questions or are thinking about becoming more involved in the MiMGMA we would love to have you on a committee. Feel free to contact me with any questions **CINDYKINNEY@ACCENTCARE.COM** or (586) 405-7986. ■



### 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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## Fall Conference: Igniting Team Spirit!



by Patty Kerrins, President Elect & Program Committee Chair

**H**ow many different ways do we belong to a team? We have a team at work, we have a team of friends, and we have a team in our families, to name a few. How do YOU ignite

team spirit in all those teams? Michigan MGMA will help you this Fall Conference ignite a fire to be the best YOU, and to ignite spirit in the staff. September 29th and 30th at Crystal Mountain Resort, Thompsonville, MI

With two days at the beautiful Crystal Mountain, you'll take away SO much value with the packed agenda, networking and, of course, a chance to get away and enjoy the view. As someone who has seen our keynote speaker in the past, Paul Long pumps you up and delivers information on how to deliver awe-inspiring service in a FUN way. Other topics to be covered: workplace conversations, safety, maximize profitability, retaining workforce, marketing

and what's going on in Washington. Along with all that, the networking event and visiting with vendors takes this fall conference to another level.

Register today by going to [MiMGMA.org](https://MiMGMA.org) and click on Fall Conference. You'll be glad you did!

Come join in the fun, education and views. ■



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# Fall Conference Agenda

## Conference Agenda

### THURSDAY, SEPTEMBER 29

7:30 - 8:15 am	Registration & Breakfast
8:15 - 8:20 am	Welcome <i>Ken Rates, MiMGMA President</i>
8:20 - 8:30 am	Transition Time
8:30 - 10:00am	Keynote: The FUNdamentals of Awe-Inspiring Service <i>Paul Long, Keynote Speaker</i>
10:00 - 10:30 am	Break with Vendors
10:30 - 11:30 am	Leading Difficult Conversations in the Workplace <i>Kurt Wassink, HR Solutions Group of West Michigan</i>
11:30am - 12:30 pm	Best Practices and Standard KPIs to Manage Staff Productivity and Practice Performance <i>Graham Wright, Allscripts</i>
12:30 - 1:20 pm	Lunch with Vendors
1:20 - 1:30 pm	Transition Time
1:30 - 2:30 pm	Civilian Response to Active Shooter Events (CRASE) <i>Undersheriff Greg Hubers, Benzie County Sheriff's Department</i>
2:30 - 3:30 pm	Maximizing Profitability in Times of Uncertainty <i>Matt Barczak, Rehmann, Don McAnelly, Rehmann</i>
3:30 - 4:00 pm	Break with Vendors
4:00 - 5:00 pm	Panel: The Game has Changed - Recruiting and Retaining Today's Incoming Workforce
5:00 - 6:00 pm	Break - Transition to Networking Event
6:00 - 8:30 pm	Networking Event

### FRIDAY, SEPTEMBER 30, 2022

7:30 - 8:20 am	Breakfast with Vendors
8:20 - 8:30 am	Transition Time
8:30 - 9:30 am	Healthcare Marketing in the Age of Consumerism: Getting and Staying Top of Mind for Choosy Patients <i>David Doran, Oneupweb</i>
9:30 - 10:00 am	Break with Vendors
10:00 - 11:00 am	State of Michigan Legislative Panel: <i>State Rep. Christine Morse, House District 61, State Rep. John Roth, House District 104, Moderator: Dr. Leah Davis, DO, Grand Traverse Radiologists</i>
11:00 - 11:50 am	Washington Update with MGMA Government Affairs <i>Kelsey Haag, MGMA</i>
11:50 - 12:00 pm	Giveaways & Final Remarks
12:00 pm	Conference Dismissed

## Meet the Keynote Speaker: Paul Long

What's GOOD?! How do today's best companies accelerate business results? By engaging their employees, celebrating all that's GOOD and creating a culture of experience that empowers their workforce to create joy, FUN and fulfillment.



Paul Long is a speaker, author, podcaster and master of shenanigans. He has developed a concept called Fundamism, simply defined as the FUNdamentals of a F.U.N. and optimistic lifestyle. When implemented, Paul's philosophy has been proven to reduce attrition, attract great talent, improve customer experience and drive employee engagement. Paul is not only great in discussing operational growth theory, but in his corporate leadership experience he's also seen success putting his FUNdamentals into practice.

As the author of Fundamism: Connecting to Life Through F.U.N. Paul guides you on how to live your whole life—at work and at home—with joy, FUN and fulfillment as the driving force. The book does so through Paul's entertaining real-life stories, researched-based recommendations, and practical exercises.

He travels the world delivering high-content keynotes and training to Fortune 500 companies, government agencies and trade associations. His engaging, inspirational and unbridled energetic style is unlike any speaker you've experienced before. Paul's thought-provoking content, tactical solutions for growth and humor that rivals that of a stand-up comedian consistently generates outstanding feedback from participants.

Paul challenges audiences to move beyond the traditional avenues of achieving happiness — money, title, status — and develop their own core values that create fulfillment both at work and home.

## ACMPE Program Offerings



*By Sandy Sprague, FACMPE,  
ACMPE Forum Rep*

### ACMPE CERTIFICATES

Certificates are micro-learning opportunities to acquire and be recognized for competencies based on the Body of Knowledge (BOK). There are no eligibility or maintenance requirements. MGMA offers various levels of certificates stackable with all ACMPE designations.

#### 1. Principles of Practice Management Certificate

A primary training program of the core principles of medical practice administration, based on top areas of Body of Knowledge. Completion of assessment(s) results in the Principals of Practice Management Certificate. A great training in preparing to complete your CMPE. Completion will result in a Certificate with PPMC credentials for use.

#### 2. Domain-specific Certificate Programs

Covering one of the six domains based on the BOK, broken into topics and skills to cover in-depth information. Completion will result in Certificate for a specific domain, with credentials for use.

#### 3. Topic-specific Certificates

Each is created to teach competencies based on topics and skills pertinent to the BOK domains. Completion of assessment results in certificate of understanding the specific learning outcomes.

### ACMPE BOARD CERTIFICATION

The Certified Medical Practice Executive (CMPE) credential is recognized as the professional standard in medical practice management. Recognizing professionals who meet established knowledge, skills, or competencies. Organizations using ACMPE for staff development increasingly view Board Certification as a necessary tool in establishing and identifying the standard of excellence in medical practice administration.

### ACMPE FELLOWSHIP

A Fellow of ACMPE (FACMPE) is the most prestigious professional designation in the medical practice management community. As a Fellow, you'll find a platform to demonstrate leadership, innovation and professional engagement in the healthcare industry and the advancement of the medical group management profession.

For more information please visit [mgma.org](http://mgma.org) or contact Sandy Sprague, FACMPE, MI ACMPE Forum Rep at [SSPRAGUE@GREATLAKESEYEINST.COM](mailto:ssprague@greatlakeseyeinstant.com). ■



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## Fall Reimbursement Update



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

### CY 2023 Outpatient Prospective Payment System (OPPS) Proposed Rule

On July 15, CMS published a draft copy of the CY 2023 OPPS Proposed Rule, which was published in the Federal Register on July 26. While the rule proposes paying for drugs and biologicals acquired through the 340B program at average sales price (ASP) minus 22.5%, it notes that the Supreme Court's decision in *American Hospital Association v. Becerra* now prevents CMS from varying payment rates for drugs and biologicals in the way the 340B payment currently varies. CMS did not have sufficient time before publishing the proposed rule to account for the Supreme Court's decision, and it noted in the fact sheet for the rule that it anticipates applying a rate of ASP plus 6% for 340B drugs in the final rule. The rule proposes updates to both OPPS and ASC PPS payment rates by 2.7% for 2023.

Other proposals in the rule include:

- Establishing provider enrollment procedures and payment rates for rural emergency hospitals (REH)
- Removing 10 services from the inpatient-only list and adding one service to the ambulatory surgical center (ASC) covered procedures list
- Continuing coverage for behavioral health services furnished remotely by hospital staff to beneficiaries in their homes beyond the end of the public health emergency (PHE) as long as the beneficiary receives an in-person service once every 12 months
- Adding facet joint injections and nerve destruction as an additional service that would require prior authorization

CMS is seeking comments on a variety of topics within the rule, including whether there is additional data CMS could release on mergers/acquisitions/consolidations/changes in ownership in addition to the hospital and skilled nursing facility data CMS current releases. It also seeks comments on methodologies for counting organs to calculate Medicare's share of organ acquisition costs and comments on payment approaches to use for software services.

CMS published a Fact Sheet on the rule, a Fact Sheet on the REH provisions, and a Press Release to accompany the rule. Comments are due on September 13.

### Updated Code Descriptors for Prior Authorization for Certain Hospital Outpatient Department (HOPD) Services

On April 14, CMS published an Update on its Prior Authorization for Certain HOPD Services webpage to note that the code descriptions for some of the services included in the prior authorization program have been updated to align with the AMA changes. The codes themselves have not changed. CMS updated the descriptors in Appendix A and B of the Operational Guide for the program.

### Changes to Beneficiary Coinsurance for Certain Colorectal Cancer Screening Tests

On April 29, CMS published One-Time Notification Transmittal 11374 regarding the implementation of a gradual reduction in coinsurance for certain colorectal cancer screening procedures as mandated by the Consolidated Appropriations Act of 2021. The transmittal contains a schedule of which codes this reduction will apply to and how much coinsurance will be reduced by for certain years.

CMS published MLN Matters 12656 on the same date to accompany the transmittal.

On May 5, CMS published an MLN Connects article discussing an edit implemented in the April IOCE that incorrectly returned claims with modifier PT and only one procedural code on the claim. CMS announced they will bypass the edit until it is corrected in the July IOCE. Claims that were returned in error can be resubmitted.



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### July 2022 Integrated Outpatient Code Editor (I/OCE) Specifications Version 23.2

On May 26, CMS published *Medicare Claims Processing Transmittal 11434* regarding the July 2022 updates to the I/OCE. The *IOCE files* can be downloaded from the CMS website.

### Supreme Court Strikes Down 340B Payment Cut to Hospitals

On June 15, the Supreme Court issued a unanimous *Ruling* in favor of the American Hospital Association et. al stating that the payment cuts to hospitals participating in the 340B drug pricing program were contrary to statute and unlawful. The Court ruled that HHS exceeded its statutory authority in setting different reimbursement rates for 340B hospitals, as it did not survey hospitals' acquisition costs. The AHA issued a *Special Bulletin* on the same date applauding the decision.

### ICD-10-CM Code Files Posted

On June 10, CMS posted the FY 2023 ICD-10-CM diagnosis code files and guidelines to the *2023 ICD-10-CM webpage*. Files include the conversion table, code descriptions in tabular order, the code tables, the coding guidelines, and an addendum.

### CY 2023 Medicare Physician Fee Schedule Proposed Rule

On July 7, CMS published a draft copy of the *CY 2023 Medicare Physician Fee Schedule Proposed Rule*, which was published in the *Federal Register* on July 29. The rule proposes decreasing the conversion factor down from \$34.61 in 2022 to \$33.08 in 2023. Other proposals in the rule include:

- Adopting coding/documentation changes for E/M visits (including hospital inpatient, observation, emergency department, and more) that align with changes made by the AMA CPT Editorial Panel for January 1, 2023. This includes eliminated use of history and exam to determine code level, revised interpretive guidelines for levels of medical decision-making, and the choice of medical decision-making or time in determining code level.
- Delaying by one year the split-shared visits policy that was finalized in CY 2022 for the definition of substantive portion as more than half the total time.
- Extending the time that telehealth services are temporarily included on the telehealth services list during the public health emergency (PHE) but are not included on a Category I, II, or III basis for 151 days following the end of the PHE.
- Creating a general behavioral health integration service that is personally performed by clinical psychologists or clinical social workers to account for monthly care integration where the



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mental health services furnished by these provider types are the focal point of care integration.

- Making an exception to direct supervision requirements under “incident to” regulations at 42 *CFR* 410.26 allowing behavioral health services provided under general supervision of a physician or non-physician practitioner (NPP) when the services or supplies are provided by auxiliary personnel incident to the services of a physician or NPP.

CMS is seeking comments on a variety of topics from the rule, such as how to improve global surgical package valuation and pay more accurately for global surgical packages under the physician fee schedule (PFS), the potential use of the proposed and updated Medicare Economic Index (MEI) cost share weights in calibrating payment rates, changes in coding and policies regarding skin substitutes, and more. Comments are due by September 6.

CMS published a [Press Release](#), [Fact Sheet on the PFS rule as whole](#), [Fact Sheet on the Quality Payment Program changes](#), [Fact Sheet on Medicare Shared Savings Program Proposals](#), and a [Blog Post](#) on behavioral health changes.

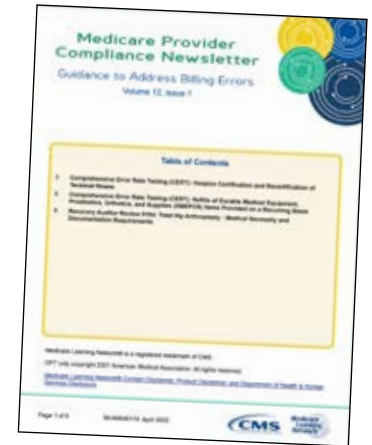
#### NCD 210.14 Reconsideration—Screening for Lung Cancer with Low Dose Computed Tomography (LDCT)

On April 29, CMS published [Medicare National Coverage Determinations Transmittal 11388](#) and [Medicare Claims Processing](#)

[Transmittal 11388](#) regarding implementation of the revised NCD 210.14—Screening for Lung Cancer with LDCT. CMS is expanding beneficiary eligibility for this screening by lowering the minimum age from 55 down to 50 years and reducing the smoking history requirement to at least 20 pack-years. Changes also include simplified requirements for counseling and shared decision-making visits, a removal of the restriction on who must furnish that visit, and more.

#### Quarterly Medicare Provider Compliance Newsletter

On April 4, CMS published the April edition of the [Quarterly Medicare Provider Compliance Newsletter](#). This issue of the newsletter contains a CERT review of hospice certification/recertification of terminal illness, a CERT review of refills of DMEPOS items provided on a recurring basis, and a Recovery Auditor review of total hip arthroplasties. ■



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# Workplace Violence Prevention: Behavior De-escalation



*By Solveig Dittmann, RN, BA, BSN,  
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Manager, Risk Management, Coverys*

**W**orkplace violence is a recognized risk in healthcare facilities. According to the Occupational Health and Safety

Administration (OSHA), workplace violence is “any act or threat of physical violence, harassment, intimidation, or other threatening disruptive behavior that occurs at the work site.” In 2020, the Bureau of Labor Statistics (BLS) reported that healthcare workers accounted for 73 percent of all nonfatal workplace injuries and illnesses due to violence in 2018. Many cases go unreported, so the actual rates are likely much higher.

In the hospital setting, the highest

risk areas are psychiatric units, emergency departments, waiting rooms, and geriatric units. Nurses and assistants who care directly for patients are at the highest risk for violence, which is most often perpetrated by patients or visitors. These alarming statistics clearly illustrate the need for comprehensive workplace safety programs in hospitals.

According to OSHA’s Guidelines for Preventing Workplace Violence for Healthcare and Social Service Workers, the first step in preventing violence is understanding patient, setting, and organizational risk factors. These factors include working directly with persons with a history of violence, poor environmental design that may block employees from escaping a violent situation, poor lighting, and a lack of means to communicate a situation, such as panic buttons in emergency room settings.

OSHA also identifies the primary organization-based risk factor as being the lack of training for staff members to



recognize and manage the escalating hostile and assaultive behaviors of patients, clients, visitors, and/or other staff members.

Violence develops on a continuum. The Department of Labor describes three levels of violence:

- **Level One** (Early Warning Signs) includes intimidating, uncooperative, and/or disrespectful behavior, and often verbal abuse;
- **Level Two** (Escalation of the Situation) includes arguing, defiance of rules and regulations, and verbal threats;
- **Level Three** (Further Escalation) includes physical fights, destruction of property, display of extreme rage, and/or the use of weapons to inflict harm. This level of violence usually requires an emergency response.

### De-escalation Techniques

The skillful use of behavior de-escalation techniques in the early stages of violence can prevent many of these situations from escalating into dangerous, physical, high-level violence. The Crisis Prevention Institute emphasizes the effective use of 10 behavior de-escalation techniques:

1. **Be empathetic and non-judgmental.** Try not to discount the person's feelings even if you feel they are unjustified.
2. **Respect personal space.** Whenever possible, allow one and one-half to three feet of personal space.
3. **Use non-threatening non-verbal communication.** Make sure that gestures, movements and tone of voice are neutral.



4. **Stay calm and avoid overreacting.** Remaining calm, rational and professional to avoid de-escalation of the situation.
5. **Focus on feelings.** Listen carefully for what the person is really trying to say and be supportive and empathetic.
6. **Ignore challenging questions.** Defensiveness can lead to a power struggle and increased agitation.
7. **Set limits.** Make sure directives are clear and simple and set limits that are reasonable.
8. **Choose wisely.** Carefully consider what you insist upon. Make sure you are clear about what is negotiable and what is not and offer choices when possible.
9. **Allow silence for reflection.** While periods of silence may seem awkward, it provides the person time to reflect on what is happening.
10. **Don't rush.** Stress rises when a person feels rushed so allow time for decisions.

### Other Tips

Other tips for de-escalating a potentially violent situation include:

- Do not argue. It is more helpful to show that you heard them and to de-escalate than to be correct.
- Focus on the specific behavior, not the person.
- Do not restrict the person's movement.
- Do not meet behind closed door if you foresee possible danger.
- Do not touch the person or make sudden moves.
- Do not threaten the person.
- Avoid asking "why" questions—these tend to increase a person's defenses.
- Do not take the person's behavior or remarks personally.

The problem of healthcare violence continues to increase. Educating staff members in de-escalating aggression before it becomes violent is a key risk management strategy for providing the safest possible environment for healthcare workers. ■

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# What If The Landlord Is My Friend?

## How To Negotiate If The Boundary Lines Are Blurred

**C**ommercial real estate negotiations are tricky, sophisticated and often times clouded with terms and conditions that are confusing to most healthcare providers. Negotiations are competitive enough with the simple fact that the two parties involved have competing interests. The tenant wants the lowest lease rate with the highest level of concessions, whereas the landlord will push for the highest lease rate and lowest amount of concessions they can get away with. What complicates this process further for many healthcare tenants is when the landlord has become more than an acquaintance—maybe even a “friend” or a “patient.”

In the game of commercial real estate, one of the landlord’s winning strategies is to leverage their position by becoming patrons, clients or patients of their tenants. This savvy approach provides them an obvious reason to support their tenant’s success, frequent and inspect their properties, and most critical to their own success, to blur the lines of whose side they are really on when it comes time to negotiate the next lease.

This is not to say that a landlord has bad motives and isn’t a genuine friend. Obviously, they could be. But at the end of the day, friend or not, patient or not—landlords must protect their own interests, livelihood, profits, business partners and family in the same way that healthcare practice owners must.

Whether a landlord is your patient, a golfing partner or just sends you a Christmas card, your friendship must be filtered through the competitive landscape of the negotiation game itself.

To enter negotiations confidently, while avoiding stumbling blocks, there are a few things you should consider:

### 1. Evaluate Your Friendship With The Landlord

You could say there are three types of friendships.

- **Friendships For Utility:** These are casual relationships based on each party helping the other in some way. Most business friendships fall in this category as they’re purely for networking and mutually beneficial business gain.

- **Casual Friendships:** A more personal relationship where each party genuinely enjoys spending time with the other. They can exist solely around shared interests and don’t need business interaction or incentives to survive. However, once the shared interests come to an end, often times so does the recurring interaction or friendship.

- **Friendships For Life:** These relationships function on a deeply personal level. Changes in life circumstances, hobbies, location, career, etc. do not impact the longevity of these friendships.

Most business relationships, and specifically landlord-tenant friendships, are those of utility – mutually beneficial for business. To evaluate your own landlord-tenant relationship and what it’s worth to you, consider this very simple litmus test: How much money would you give your landlord—not a loan but free and clear with no obligation to ever pay it back, if they needed it for personal reasons? \$100,000? \$50,000? How about \$50? Most people wouldn’t give thousands of dollars to a family member without expecting it to be paid back, much less a friend. Have you ever considered that agreeing to less than favorable lease terms could be the same as giving your landlord tens to hundreds of thousands of dollars for no good reason?



### 2. Recognize What Your Friendship With The Landlord

The reality is that when a friendship with a landlord (no matter what type) becomes a prohibitive factor in negotiating a lease, the tenant is at great risk of giving away free money (often tens of thousands of dollars). A relationship between a landlord and tenant becomes prohibitive and costly when the tenant assumes any of the following of the landlord just because of their “friendship” or “patient relationship”:

- That they’ll automatically receive a below market lease rate
- That the landlord will offer aggressive or generous concessions
- That the landlord is looking out for the tenant’s interests
- That the lease renewal option in the master lease is fair



or competitive for today's market and doesn't need to be negotiated

- That the terms secured on a handshake agreement are sufficient and there's no need to otherwise document them in a fully executed lease
- That a month-to-month lease would be sufficient enough to guarantee any future occupancy or terms
- That they won't be evicted or replaced by a new tenant
- That there's really no need to use a broker to negotiate a new lease or a lease renewal
- Or that there's no need to use a lawyer for lease review

### 3. How to Win in Negotiations and Maintain Your Relationship

The most proven and professional approach for a healthcare tenant to achieve his or her objectives, avoid being taken advantage of, and maintain a good relationship with the landlord is to hire an experienced healthcare real estate agent for representation in a lease negotiation.

An agent can help by competitively procuring lease terms from other viable options in the market and create a posture for the tenant that incentivizes the landlord to sharpen his or her pencil on terms. This is in stark contrast to when a landlord knows the tenant won't move and therefore has no reason to offer any concessions or to lower the lease rate.

But this is where the internal conflict exists for many tenants. Some tenants believe that involving a broker could backfire by irritating the landlord, hurting feelings, or causing a landlord to feel disrespected—resulting in worse terms created out of spite.

These beliefs are rooted in fear, not reality. Professionals and friends alike can and should engage the support of experts to handle their business. It's not an insult to a relationship. In fact, it protects the relationship by keeping the tenant and landlord at arm's length while negotiating and creating a buffer for emotions that could be damaging to achieving the best possible outcome.

This is not to say that a landlord won't use emotional manipulation to intimidate a tenant. Many landlords do, and when doing so, their hope is that the tenant is too uncomfortable to bring in an expert advisor who can show what other competing properties are willing to offer, what it looks like to achieve the most favorable terms, and most importantly, how to avoid being taken advantage of.

Additionally, when an experienced agent has the market data to back up the requests being made on behalf of the tenant, it

often removes the landlord's emotions from the negotiations, as they know at that point they have to be competitive.

Friendships between tenants and landlords do not have to disintegrate during negotiations. And they don't have to expose tenants to vulnerabilities. If the negotiation is handled professionally and respectfully by a healthcare real estate broker, the process should not fracture any relationship with the landlord. And if it does, then the landlord likely was never a friend to begin with.

In conclusion, remember it's more important to protect your interests and future profitability than it is to cater to the feelings of your landlord. There is nothing wrong with wanting to achieve terms in your favor, in the same way as the landlord wants terms in their favor. The way to respect the relationship and avoid costly mistakes is to hire representation to serve your interests throughout negotiations. ■



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# What is Practice Management Software and Why Do You Need It?



By Cheryl Reifsnyder, PhD

**R**unning a fast-paced medical practice can be a complex, stressful operation. In a single day, practice staff may deal with administrative, regulatory, financial, and technological tasks as well as patients. The knowledge that patients' health and well-being depend on the practice's smooth operation only makes it more stressful.

That is the reason for Practice Management (PM) software. It streamlines practice operations by automating many essential daily activities. The software's multiple functions combine to help keep your practice running smoothly and effectively.

## What is Practice Management software?

PM software is a collection of computerized solutions used by healthcare providers (HCPs) and their administrative staff to streamline many of the practice's essential day-to-day tasks. It exists to improve practice efficiency and, as a result, improve the quality of patient care. PM software can be used by practices of all sizes, including both generalists and specialists.

PM software usually focuses on financial and administrative tasks. In most cases, it integrates with the practice's electronic health record (EHR) system, allowing information exchange between patient profiles in the PM system and the EHR. Some PM systems have EHRs included as part of their functionality.

## Common features

Although each PM system is unique, most have several features in common.

**Scheduling:** PM software generally provides an appointment booking process that is more efficient and less stressful for patients and practice staff alike. Most PM systems allow staff to customize their appointment booking screens, to organize and display data according to individual requirements. Many systems enable patients to book appointments online, which can increase appointment requests. PM systems also often provide automatic appointment reminders. Text or emailed reminders decrease the number of missed appointments, which can also increase revenue.

Together, these features make the scheduling process go quickly and easily. This leads to shorter lines in the waiting room and less time required from staff — freeing them to spend more time on patient care. This results in an improved visit experience for both patients and staff.

**Patient information management:** A good PM system can further decrease administrative burden by providing patients

with free online check-in. Online check-in enables patients to complete customizable intake forms online. Patient information can then be imported directly into the patient's chart, eliminating the need to enter data manually into the EHR.

**Insurance eligibility checks:** PM software also enables staff to check the insurance status — including whether patients will be provided coverage at your specific medical practice — of several patients simultaneously. Eligibility checks also allow providers to review whether specific procedures will be covered by patients' insurance prior to ordering.

When required, an eligibility check can return a real-time response, helping patients spend less time at the reception desk while staff verify their insurance.

**Billing:** PM software frequently includes electronic billing, which automates and streamlines the practice's billing operations. Electronic patient billing includes collection tools that track patient transactions and balances. It can automatically deliver reminder notices and collections correspondence as needed. These tools eliminate the need for practices to track down overdue payments individually. Automating numerous billing department tasks can save staff time while increasing cash flow.



Flexible payment options are also included in many PM systems, which improve the patient experience by making the payment process more user-friendly. Not only that: Experts advise that more payment options offered by a practice increase the chances of payment.

**Management of electronic claims submissions and denials:** One primary reason for increased adoption of PM systems is that they enable more rapid submission and adjudication of insurance claims. The American Medical Association estimates that inefficient claims management systems lead to about \$210



billion in unnecessary expenses annually. Using an electronic system to manage claims submissions and denials can alleviate significant loss of time and money on faxes, phone calls, and snail mail.

A PM system is designed to capture all the relevant information from patient encounters, information that is required to obtain reimbursement. It then performs tasks such as:

- Generating claims for reimbursement requests
- Tracking claims status, payments, and denials
- Automated claims appeals process
- Creating patient statements
- Creating business correspondence

**Coding tools:** Some PM systems also provide coding tools containing information such as:

- International Classification of Diseases, Current revision, clinically modified for use in the U.S. (ICD-10-CM) diagnostic codes
- Current Procedural Terminology, fourth edition (CPT-4®) and Healthcare Common Procedure Coding System (HCPCS) codes

Coding tools make it easier and more efficient to identify the correct codes for submitted claims in accordance with federal mandates and deadlines. This optimizes calculating reimbursements to which the practice is legally and ethically entitled, while simultaneously helping avoid fraud or abuse fines for improper coding.

**Reporting function:** The ability to generate various report types is critical for helping a practice move toward its goals and objectives. The right reports can give a practice better understanding of its operations. They can enable practice administration to analyze trends and implement improvement strategies based on their findings.

PM systems generally provide customizable financial reporting. Users can also apply analytics to the financial data to gain a clearer picture of key financial indicators.

PM systems can generate other custom reports as well. For example, a report on HCP utilization or personnel productivity might be used to improve practice efficiency. Alternatively, reports might be generated for identifying patients who regularly fail to show up for appointments; gaining insight into how vaccination rates correspond to the frequency of patient reminders; or comparing turnaround times between claims submissions and payments for different payers.

### Benefits of using PM software

PM software can help you optimize your practice's operations by:

- Reducing paper-based workflow, helping streamline patient check-in and other administrative tasks
- Automating tasks for administrative staff, billing, and collections, saving staff time while increasing cash flow



- Helping staff and HCPs better coordinate administrative, logistical, and financial operations, increasing overall practice efficiency

- Helping the practice gain a better understanding of its operations at multiple levels through generation of customized reports

- Streamlining communications, helping improve coordination among staff and HCPs

PM software, particularly software that includes risk assessment and built-in compliance safeguards, also makes it easier to maintain compliance and regulatory

standards. Automatic updates occur as regulations change and can automatically track necessary internal data, helping to prevent errors. In addition, customization features mean that individual PM systems can be tailored to accommodate specific practice needs.

The automation PM systems supply helps free time for both providers and staff—time that can be used to focus on patient needs. This, in turn, increases patient satisfaction.

### Make the most of your practice's resources

You can bring this broad range of productivity tools to your practice to improve both your financial and operational performance using Veradigm's Practice Management. Veradigm Practice Management is a comprehensive revenue cycle management system available for practices of all sizes and specialties.

Veradigm Practice Management can help improve practice productivity and efficiency with features such as:

- Flexible scheduling
- Guided scheduling that uses artificial intelligence to optimize physicians' schedules
- Intuitive Quick Pay dialog screen that provides front desk operators with a guided workflow to improve the collection rate and check-in process

Veradigm Practice Management can help optimize financial resources with:

- Automated, customized claims management workflows
- Tools to help verify insurance eligibility and increase patient collections during office visits
- Real-time reporting to enable access to real-time payment, claims, and coding information to help measure financial performance

Veradigm Practice Management can also enable you to:

- Create rules for updating vouchers before claim creation as well as delivering the ability to qualify items based on voucher-specific criteria
- Create "tasks" based on voucher-specified criteria and assign qualifying vouchers to a Tasking Queue to assign to designated staff for review prior to submission.

*Contact us to learn more about how Veradigm Practice Management can help you improve both your practices' financial and operational efficiencies and productivity.*



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