



Healthcare Leaders Association of Texas

Founded by Healthcare Leaders for Healthcare Leaders in 1973

November 2025



Texas HLA President’s Message

As the holiday season approaches, I, like many of you, am looking forward to gathering with family and friends — a time to celebrate traditions, express gratitude, and look ahead with hope. The close of the year offers a special opportunity to reflect on our accomplishments and embrace the possibilities that lie ahead.

Here at HLA Texas, we are deeply grateful to each of you who have connected with us this year. Your engagement and support have truly made a difference in our progress and growth.

We are especially excited to announce the upcoming launch of our HLA Texas Listserv — a new way for members to connect, share insights, and collaborate. Invitations and instructions will be sent next week by our Executive Director, Lisa Beard, so keep an eye on your inbox for details on how to join.



Cassi Taylor HLA Texas President

On November 18th, we will host our second Purposeful Partnerships zoom call. This call provides a platform to connect businesses that sell to medical practices who share a commitment to strengthening the Texas healthcare ecosystem by supporting healthcare leaders. Visit our website for the link to sign up for the call.

As we step into 2026, we look forward to expanding opportunities for professional growth, building new relationships, and strengthening the partnerships that make HLA Texas such a meaningful community.

With gratitude and best wishes for a joyful holiday season,

Cassi Taylor

President HLA Texas

In Partnership, Cassi Taylor

President, Healthcare Leaders Association of Texas



HLA Healthcare Leaders Association Texas Purposeful Partnerships Uniting Businesses to Advance TXHLA’s Mission Join us for a Zoom call on Tuesday, November 18th at 12pm CT This event provides a platform to connect with like-minded businesses who share a commitment to strengthening the Texas healthcare ecosystem by supporting our local leaders. By aligning with TXHLA’s mission, you can help foster integrity, collaboration, and excellence while growing your business through meaningful partnerships. Join us to create lasting connections that benefit both your business and the healthcare leaders you support. For more information contact Lisa Beard at admin@hlatexas.com Zoom Registration: https://bit.ly/4hNuiCO

8 Big Takeaways from the 2026 Medicare Physician Fee Schedule

When the Centers for Medicare & Medicaid Services (CMS) released the 2026 Medicare Physician Fee Schedule (PFS) final rule, it gave practice administrators plenty to digest — from modest rate bumps to new efficiency adjustments and shifting telehealth rules.

While CMS framed the changes as part of its effort to “modernize and align payment accuracy,” many independent physicians see the update as a mixed bag. Medical Economics called it a “policy grab bag,” warning that smaller practices could feel the brunt of the adjustments.

Here’s what you need to know — and what it means for your practice.

1. Two conversion factors instead of one

For the first time, CMS is splitting the conversion factor — the dollar amount that converts relative value units (RVUs) into payments — into two categories.

If you’re a qualifying participant in an Advanced Alternative Payment Model (APM), your conversion factor will rise to \$33.57. Everyone else will use \$33.40. Both represent about a 3% increase, according to CMS.

It’s an uptick, yes — but not one that keeps pace with inflation or practice costs. As Medical Economics noted, those modest gains will likely be offset by other policy changes elsewhere in the rule.

2. The efficiency adjustment that isn’t so efficient

CMS finalized a -2.5% “efficiency adjustment” for 2026, applied to non-time-based services such as procedures and diagnostics. The agency says it’s correcting overestimated time values in work RVUs — essentially, rewarding productivity and “right-sizing” payments.

Many doctors disagree. For independent practices already battling staffing shortages, higher rents, and rising EHR costs, this so-called efficiency measure looks like another quiet reduction in pay.

3. Practice expense data gets a pause

You might remember CMS discussing updated practice expense (PE) inputs based on new AMA survey data. That’s now on hold.

The agency decided not to use the most recent AMA Practice Expense Survey for 2026, citing concerns over small sample sizes and representativeness. That means many office-based practices will continue operating under outdated cost assumptions — an issue that could widen the gap between independent and hospital-owned groups.

Medical Economics warns that this dynamic could further accelerate consolidation, with small practices struggling to compete.

4. Telehealth rules evolve again

Telehealth continues to be a moving target. For 2026, CMS made several adjustments that both simplify and complicate virtual care:

The agency will streamline how services are added to the Medicare Telehealth Services List, eliminating the confusing “provisional” vs. “permanent” distinction.

Frequency limits for inpatient, nursing-facility, and critical-care telehealth visits are being removed permanently.

Physicians can now provide real-time audio/video supervision for certain incident-to services. But there’s a catch: CMS did not extend its pandemic-era flexibility allowing physicians to bill telehealth services from home. Going forward, providers must bill from the specific location where they’re enrolled — a bureaucratic headache for multi-site or hybrid practices.

That means more credentialing, more paperwork, and potentially slower reimbursements. As Medical Economics put it, “some progress, some back-pedaling.”

5. A push for behavioral and chronic-care integration

8 Big Takeaways from the 2026 Medicare Physician Fee Schedule

CMS continues to emphasize integrated care — especially around mental health and chronic disease management. The agency notes that six in ten Americans have at least one chronic condition, and four in ten have two or more.

To support better coordination, the 2026 rule adds new G-codes for advanced primary care management (APCM) services that blend behavioral health and chronic-care management. CMS also expands coverage for digital mental-health treatment devices, including tools used for ADHD and depression care.

For practices, this represents both opportunity and workload: more ways to bill for holistic care, but also more coordination and documentation requirements.

6. Skin substitute payments face major restructuring

It may not make headlines, but the new skin substitute payment overhaul could shake up wound-care and dermatology practices.

Spending on these products exploded from \$252 million in 2019 to over \$10 billion in 2024, according to CMS. Starting in 2026, skin substitutes will be treated as incident-to supplies under the PFS for office settings, aligning payments with FDA product classifications.

That means simpler coding, but also potentially lower reimbursement for some practices that currently bill them separately.

7. Independent practices brace for more headwinds

If you're running an independent practice, you've probably noticed a theme: modest gains, offset by hidden cuts.

Medical Economics warns that smaller groups face the steepest challenges. The combination of efficiency penalties, limited reimbursement increases, and new telehealth site rules could squeeze margins even further.

Hospital-based physicians may also feel the pinch,

but independent clinics — especially those relying heavily on procedural revenue — will likely be hit hardest.

Now's the time to review your payer contracts, model reimbursement changes, and rethink scheduling and staffing for 2026.

8. Professional groups push back on payment policies

Professional societies didn't mince words in reacting to the rule. Many criticized CMS for ignoring inflationary realities and failing to stabilize physician payments.

The American Medical Association called the final rule "unsustainable" for frontline doctors, warning that annual updates that lag inflation will continue to erode practice viability.

Primary care and specialty organizations similarly urged Congress to step in, noting that persistent underpayment risks worsening physician shortages and limiting access for Medicare patients.

In short, while CMS views the 2026 rule as a technical correction, organized medicine sees it as a call to action.

- Physicians Practice

[View Full Article Here](#)

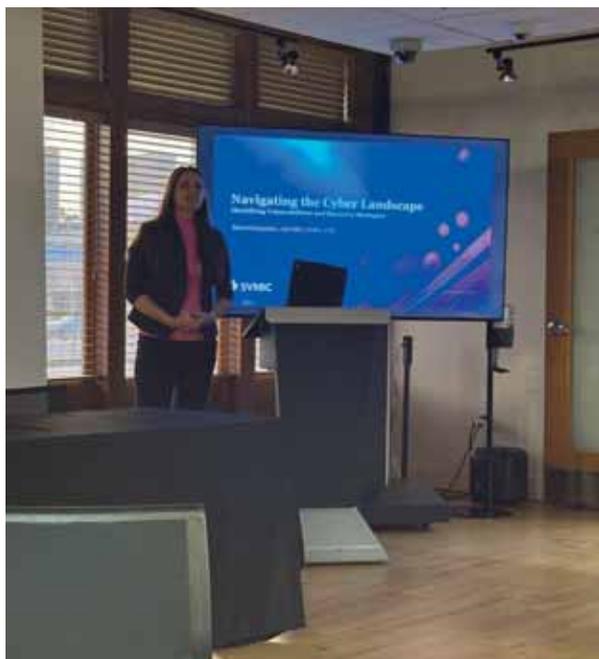




The North Texas HLA Chapter had an incredible day of connection, purpose, and leadership growth this month! The day featured a Leadership Panel Discussion – **Stronger Together: Shaping the Future of Healthcare**. This event was more than a conversation — it was a meaningful exchange of insight, collaboration, and real-world leadership wisdom. Our panelists delivered insight that challenged and inspired us! A heartfelt thank you to our phenomenal speakers who gave their time and expertise to pour into our community: Patrick Figures, Chad Harris, Rana McSpadden, FACMPE, CHPC, CPC and Ben Wright

We are incredibly grateful to our sponsors whose partnership made this event possible and continues to support the growth of healthcare leaders across North Texas. Straight Edge Technology, SVMIC, CARR and Panacea Financial.

Huge thanks to UTA Santa Fe Campus for allowing us to host our event at your facility. To all that attended, thank you for investing in leadership excellence and being part of a night filled with learning, connection, and purpose. Together, we are building stronger teams, stronger organizations, and a stronger future for healthcare. We can't wait to continue this momentum — stay tuned for upcoming events!





Introducing the Gulf Coast Healthcare Leaders Association 2025/2026 Board of Directors

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Upcoming Members Only Webinar

Healthcare Leaders Association of Texas offers Free Member webinars each month to state chapter members. These webinars are archived on our Webinar Page in the Members Only area for view on demand after the webinar as well.

December 10, 2025 / 12:00 - 1:00pm Central

Getting Ready for 2026: Reimbursement & Coding Changes -
Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO



ABOUT THE WEBINAR:

- Review of ICD-10-CM coding changes and hints of the future – ICD11?
- Review of CPT coding changes for 2026
- Review of Medicare changes for 2026

LEARNING OBJECTIVES:

- Describe the most impactful diagnosis coding changes for 2026
- Identify new CPT codes for 2026
- Determine documentation changes that may be necessary with new codes
- Recognize changes in Medicare payment policy for 2026

CE CREDIT INFORMATION FOR LIVE PARTICIPATION:

*This program has the prior approval of AAPC for continuing education hours. Granting of prior approval in no way constitutes endorsement by AAPC of the program content or the program sponsor. This program meets AAPC guidelines for 1.0 CEUs. Can be split between Core A and all specialties with exception of CIRCC and CPMS for continuing education units.

ABOUT OUR SPEAKER:

Kim Huey is an independent coding and reimbursement consultant, providing audits, training, and oversight of professional coding. She completed three years of pre-medical education at the University of Alabama before she decided that she preferred the business side of medicine. She completed a Bachelor of Science in Health Care Management from the University of Alabama and a Master of Jurisprudence in Health Law from Loyola University Chicago School of Law. Kim's passion is helping physicians successfully navigate the complex regulations and reimbursement environment. For over thirty-five years she has worked with physicians in virtually every specialty. Kim is the author of AHIMA's Current Procedural Terminology and HCPCS Coding for Physicians and Facilities.

Upcoming Members Only Webinar

November 11, 2025 / 12:00 - 1:00pm Central

How Practice Leaders Can Walk the Patient Journey, Uncover Hidden Barriers, and Turn Insights into Measurable Results - Lauren Harris, FACMPE, CPCO



About the Webinar: Patient experience starts long before a visit and continues well after the bill arrives. In this tools-based, actionable session, healthcare consultant Lauren K. Harris, FACMPE, CPCO helps practice leaders see their organizations through a patient’s eyes. Using her Pillars of Practice Management framework, Lauren shares ten practical ways to “secret shop” your own practice — from online search and scheduling to check-in, billing, and follow-up.

Participants will learn how to evaluate their systems and processes in a consistent, structured way to identify meaningful opportunities for improvement. The result is a clearer view of what patients actually experience and a stronger foundation for engagement, loyalty, and long-term success.

Learning Objectives:

- See your practice the way patients experience it
- Identify friction points that affect patient satisfaction and loyalty
- Apply the Pillars of Practice Management framework to strengthen systems and achieve results

About our speaker: Lauren Harris, FACMPE, CPCO is Founder and President of Harris Healthcare Consulting. She is passionate about independent medical practices and enjoys partnering with them to see them succeed. She has 25 years of experience honing leadership and operational skills in medical practice management with various specialties in large and small organizations. At Harris Healthcare Consulting she collaborates with practitioners and practice leaders by providing business and operational expertise. She achieved her MGMA/ACMPE certification in 2008 and her FACMPE certification in 2013. She is also a Certified Professional Compliance Officer - CPCO™ Certification through AAPC. She currently serves as Treasurer for the Washington State Healthcare Leaders Association.

Live webinars and our on-demand webinar library are a FREE benefit of HLA Texas Membership. [HLA Texas Members - How to register for this webinar.](#)

SIGN IN to your Member Center on our website www.hlatexas.com using your HLA Texas username/password. **The SIGN IN** button is located on the top left of our webpage.

After you sign in to your Member Center, select the "**Monthly Webinar Series**" button for registration and access to the on-demand webinar library.



MEMBER LISTSERV

HLA Texas is launching our new Listserv for our active members, this will be an exclusive platform where our active members can connect, collaborate and share real-time insights on healthcare leadership and management state wide.

This tool is designed to strengthen our professional network - making it easier than ever to exchange ideas, ask questions and stay informed on key issues impacting Texas Healthcare.

Watch Your Email for Information on How to Participate!

www.hlatexas.com



- **Networking and peer support** - Connect with other healthcare leaders to discuss common challenges, share experiences, and receive candid advice.
- **Information sharing** - Share documents, policies, and other relevant information with a network of colleagues.
- **Question and answer forum** - Ask questions of colleagues and receive feedback on a wide range of topics.

Group Membership

Interested in your colleagues joining HLA Texas?

Medical practices that wish to purchase multiple Active memberships:

After 5 paid \$150 Active memberships, each additional membership from the same group is discounted to \$100.

If your practice is interested in taking advantage of the discounted group membership, please contact our office via email at: admin@hlatexas.com or phone at (205) 981-0011.



Healthcare Leaders Association of Texas champions excellence in healthcare leadership, providing resources and networking for professionals to improve care delivery and influence industry standards for a healthier tomorrow.