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FALL CONFERENCE

October 1-2, 2020
Crystal Mountain in Thompsonville, MI



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Practice Focus

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President's Message



By Susan Lupo

MiMGMA Members, These have certainly been challenging times. We have now all been navigating the COVID-19 crisis for several months. We have managed our clinics through the stay at home orders, reduced staff schedules, safety

precautions, social distancing, and a general disruption to our normal lives. With the Governor continuing to lift medical restrictions, many of us have been facilitating reopening and ramp-up procedures as well as the return of testing, procedures and surgeries in our facilities in recent weeks. Like you, I am looking forward to getting back to business and to meeting the needs of our patients.

Even as the governmental restrictions are lifted and we resume pre-COVID services, it is likely that our clinics and our workplaces will continue to operate under enhanced safety and social distancing protocols. We will be living in this new normal

for quite some time and will need to remain diligent about maintaining patient and team member health and safety.

I want you to be assured that throughout this maze of uncertainty, MiMGMA will be here to support you! Healthcare is an essential service and the work we are doing is essential in our communities. MiMGMA has continued to provide helpful webinars and hot topics featured in our Member Community Center, in addition to the many other helpful resources available on our website at WWW.MIMGMA.ORG. We are committed to being the go-to resource for your practice management needs.

Click here for direct access to our COVID-19 Member Resource Center.

I hope that each of you has an opportunity this summer to rest, recharge, reflect, and relax. Spend time with family and friends, enjoy the outdoors, grill something, go to the lake, take a longer walk, and take a break. You all deserve it. I look forward to seeing you at our Fall Conference at Crystal Mountain in October.

Take care and be well! ■

Executive Director Update



By Debra O'Shea,
Executive Director MiMGMA

Dear Members, It has been a few weeks and months now of controlled chaos for all of us as we have adjusted to living in a world with COVID-19. Here at MiMGMA we strive to provide as

many resources as possible for you, our members, to assist you in dealing with life inside a global pandemic. Just as your clinics have had to deal with the reality of COVID-19 so have we here at MiMGMA. We cancelled our Spring Conference, have restructured our Fall Conference (more about this on the next page) and have continued to enhance our webinar on demand resources to bring you up to date online education accessible from the comfort of your home or office. While many of us are

tired of all the webinars and screen time we want you know that the information is at your fingertips when you need it.

During these uncertain times communication with your peers is even more essential. To facilitate member communication, we recently launched our new Member Communication Center (MCC) which allow members to communicate with each other. Our MCC runs on the Topic Box platform. It is a member communication hub that allows you to easily correspond with the MiMGMA community online or through your own email. This is a valuable communication tool for you to use to ask questions, share information, and correspond with one another. You can post a question and get individual responses or opt for a daily digest. The service is free to all members and very easy to use. Please visit WWW.MIMGMA.TOPICBOX.COM to sign up today and get the conversation started.

Stay Safe & Hang in There. Please know that we are here for you. If you have questions or just want to connect we can be reached at 800-314-7602 or via email INFO@MIMGMA.ORG. ■

HAVE YOU JOINED OUR MEMBER COMMUNICATION CENTER?

MiMGMA recently released our new Member Communication Center through TopicBox. This is a communication tool that allows you to easily correspond with the MiMGMA community members to ask questions, share information, and converse with one another. If you have not yet done so, you can request to join at MIMGMA.TOPICBOX.COM.



Fall Conference: Keynote Speakers

By Ken Rates

Your MiMGMA leadership plans to funnel our energy into bringing you an invaluable Fall Conference on October 1st and 2nd at Crystal Mountain Resort in Thompsonville, MI.

The Fall Conference is measuring up to be the best conference MiMGMA has put on. Why? Because we are tackling the concepts of leadership, self-promotion, personal and professional brand-building, networking, and professional development. Topics that, on the surface, we all know are important, but deep down we have trouble executing on. If you are ready to get serious about your career and your practice, I encourage you to be on the lookout for more information on our Fall Conference coming soon.

We have put together a knockout lineup with two keynote speakers:

Brenda Meller of Meller Marketing will breakdown the social media platform known as LinkedIn. The fastest growing business platform in the world, LinkedIn has roughly two professionals



join every second. Brenda Meller will share with you how to use LinkedIn to promote yourself as a brand and your practice as a go-to destination for healthcare services. Additionally, Brenda will show you how to use this platform to recruit top-level talent to your business.



Our second keynote is Greg Peters: The Reluctant Networker. Greg is going to tackle the single most difficult and challenging area of professional success: networking. Greg will break down the importance of networking, how critical it is to build a network, and how to professionally network when you are not a professional networker.

In addition to our keynote speakers, we have speakers lined up that are going to cover MGMA's Body of Knowledge including Human Resources, Operations, Legislation, and Revenue Cycle Management. As an added bonus each attendee will get a professional headshot with their admission. We will release more information about the agenda, hotel and registration in the coming months. I hope you will save the date and make plans to join me and other practice management leaders at MiMGMA's 2020 Fall Conference. ■

FALL CONFERENCE:

October 1st & 2nd
Crystal Mountain in Thompsonville, MI



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Fall Conference: Agenda

THURSDAY, OCTOBER 1

Time	Speaker & Topic
7:30 - 8 a.m.	Breakfast with Vendors & Check In
8 - 8:30 a.m.	Welcome
9 - 10 a.m.	Brenda Meller, Keynote Speaker: <i>Building Your Social Media Pie</i>
10 - 10:30 a.m.	Vendor Break
10:30 - 11:30 a.m.	Marcia Powers, Human Resources Consultant: <i>How To Manage Any Employee, Building Your HR Tool Kit</i>
11:30 a.m. - 12:30 p.m.	Chastity Werner, NPC: <i>Creating a Viable Medication Assistance Program</i>
12:30 - 1:30 p.m.	Lunch
1:30 - 2:30 p.m.	Chuck Reorutar, Focus Healthcare: <i>Artificial Intelligence in Healthcare</i>
2:30 - 3:30 p.m.	What's Your Problem HR Panel
3:30 - 4:00 p.m.	Vendor Break
4:00 - 5:00 p.m.	Greg Peters, Keynote Speaker: <i>The Reluctant Networker</i>
5:30 - 8:00 p.m.	Networking Event

FRIDAY, OCTOBER 2

Time	Speaker & Topic
7:30 - 8:30 a.m.	Breakfast with Vendors & Check In
8:30 - 9:30 a.m.	Drew Voytal, MGMA: <i>Government Affairs Update</i>
9:30 - 10:30 a.m.	Aaron Hamming, MPIE: <i>Patient Communications & HIPAA</i>
10:30 - 11 a.m.	Vendor Break
11 - 11:45 a.m.	TBD
11:45 a.m. - 12 p.m.	Wrap Up & Prizes



Fall Conference: Social Distancing

When we began 2020 we thought this would be a year of clarity and a year of 20/20 vision for our association. Well boy were we wrong!

As we look towards planning our Fall conference, there are still so many uncertainties surrounding meetings and conferences. Nonetheless we are excited to try and plan a socially distant, live event that will keep everyone safe and allow us to come back together and network in a safe environment.

We have been able to get most of our spring speakers to move to the fall so our agenda is already pretty well set and we have a great line up of educational content with an emphasis on networking which is so timely! Obviously things could change between now and October but as of right now we are still planning a live event but with some changes.



(6 FEET)

We want you to know that safety is our main priority. That means our event will look different than it has in the past. We are working closely with our venue, Crystal Mountain, to plan an event that allows for proper precautions and social distancing. Some of the changes we are exploring include:

- Limit on the number of conference attendees
- Limit on the number of vendors
- Less people at every table
- Food service with proper precautions
- Separate vendor hall with proper social distancing

- Our networking event will be held outside all with proper social distancing protocols – lots more on this as we get closer

- The possibility of a hybrid ticket for those who can't come but want to participate in our educational content

Our board of directors has a number of critical decisions in front of them in the next few weeks. We are committed to making a final decision to move forward with a live conference on or before August 1st. If we are going forward with a live event we expect to open registration in early August. We also are working on contingency plans should there be another COVID-19 outbreak that requires us to adapt our plans. Thank you again for sticking with us through these uncertain times. We hope to see many of you in October at Crystal Mountain! ■

MiMGMA is Looking for a Few Good Administrators!

By Sandy Sprague

Each year, MiMGMA, along with our sponsor, Dean Schink, CIC, LIC President, Specialized Insurance Services Agency, Inc., seeks to recognize the “MiMGMA Administrator of the Year.”

To be eligible, you must be an active member of MiMGMA and have demonstrated exceptional leadership/management skills. Certainly with the challenges of the COVID-19 pandemic, many administrators have more than demonstrated their ability to lead and navigate their practices through these very challenging times



and effectively improve the delivery of health care in their respective communities.

Nominations may be submitted until August 15, 2020; the nomination form with all details of how to submit your nomination can be found here:

Submit your nomination here!

Please contact Sandy Sprague at [SSPRAGUE@GREATLAKESEYEINST.COM](mailto:ssprague@greatlakeseyeinstant.com) should you have questions.

This award is truly the highest honor MiMGMA has to offer its membership! ■

Emerging Leaders Program

By Ken Rates

It has been a long time coming, but MiMGMA is proud to announce the formation of its Emerging Leaders Program. At MiMGMA we understand that Emerging Leaders are smart, talented, high-achieving individuals in their current roles. Emerging Leaders consistently produce more and better

work than their peers, are perhaps considered subject-matter experts, and know how to attain results by their own accord. Does this sound like you? If so, and you are a current member of MiMGMA, you are an Emerging Leader. Please let one of your board members know you self-identify as an Emerging Leader and one of our board members will reach out to you with further details. ■

Mentorship Program

By Sandy Sprague

Advancing Leaders! This is what MiMGMA is all about! MiMGMA offers a Mentor/Mentee Program that is available to administrators/office managers who would simply like to build an additional support system or provide the basis to assist another administrator. The mentor/mentee relationship is one that can benefit both parties and can bring gratification to all involved.

To quote Terence F. Moore, “Leaders are learners, and mentors can be invaluable in helping someone maximize their potential. These leaders build a cadre of people they can turn to for advice.”

If you are interested in being a mentor or if you would like to be mentored; visit our website at [WWW.MIMGMA.ORG](http://www.mimgma.org) and review the Mentor/Mentee program available to the MiMGMA membership. ■



ACMPE Update

By Sandy Sprague, FACMPE



Dear MiMGMA members,

I would like to reach out to all active MiMGMA members to introduce myself as your ACMPE Forum Rep. I have some very big shoes to fill as I follow Bob Karam, FACMPE, who held this position for several years.

As practice administrators, the need for superb time management skills is nothing new! We are required to demonstrate a high level of expertise and accomplish many tasks on a daily basis to meet the expectations placed upon us by our physicians, staff, and others. The COVID-19 pandemic has only taxed our time even further.

Still, after considering all the tasks that take up our time, I would like to encourage you to consider certification and

or fellowship if you have not already achieved either of these levels of education through the American College of Medical Practice Executives (ACMPE).

From my personal experience, making the decision to become a Certified Medical Practice Executive (CMPE) and then moving on to complete the requirements to become a Fellow in the American College of Medical Practice Executives (FACMPE) has absolutely been the highlight of my professional career thus far!

The process begins with you making the decision to become certified! I would strongly encourage anyone who has not completed their CMPE or FACMPE to go to the MiMGMA website (MIMGMA.ORG) for more details! There is so much information available! Do this for you; the gratification you will feel will make it all worthwhile! It all starts with your decision!!

If I can be of help, please do not hesitate to contact me at SSPRAGUE@GREATLAKESEYEINST.COM or (989) 793-2820. ■

Interested in Support for Your Research Paper FACMPE Requirement?



By Pat DeVoy, EdS, RHIA, CPC, CPPM

I would first like to commend all MiMGMA members who are taking the challenge of becoming a Certified Medical Practice Executive (CMPE) or Fellow in the American College of Medical Practice Executives (FACMPE).

You are surely facing challenges, questions and hurdles throughout your educational journey.

I am currently the Department Chair/Program Director at the University of Detroit Mercy in Health Information Management and Technology and hold a PhD in Global

Leadership from Indiana Tech. I teach both undergraduate statistics and graduate research courses and am very familiar with the research process. I'm also a faculty member of MiMGMA.

I would be happy to assist (at no cost) any MiMGMA member who is working on their research/paper. I can assist in any part of the process — determining a topic, writing a research statement, outlining your research/paper, etc. I can also assist with editing/grammar, etc. I understand the challenges a research author faces in writing a research paper and am happy to share my knowledge. Please contact Ms. Sandra Sprague, MiMGMA ACMPE Forum Representative if you'd like my assistance. She will notify me with your contact information and we'll begin to work together to reach your credentialing goal. ■

REIMBURSEMENT RESOURCES

Did you know that MiMGMA has a whole menu dedicated to reimbursement resources? You can find updates specific to COVID-19 on the main Reimbursement News page. Additionally, each payer has their own individual page with helpful information and relevant links. We update these pages regularly as new information is received.

[CLICK HERE TO VISIT MiMGMA's REIMBURSEMENT PAGE](#)

THIRD PARTY PAYER DAY

At this time, MiMGMA is still planning on holding a 2020 Third Party Payer Day. With COVID-19 in the forefront of our minds, the TPPD committee is working hard to find ways to bring you a safe yet equally valuable event as years past. Stay tuned for more information as we work through the details.

Have a reimbursement-related question? Contact MiMGMA Reimbursement Chair, Janice Robinson, at JROBINSON@BAYAREAFP.COM.

Reimbursement Update: HCC Coding and Value Based Reimbursement

By Janice E. Robinson, FACMPE, CPC, CMRS

The Medicare population has grown steadily since its inception in 1966. In 1970, there were roughly 20.4 million beneficiaries and there is estimated to be 77.2 million beneficiaries in 2030. Historically, CMS (Center for Medicare Medicaid Services) has made fee for service payments for each of the individual services that a provider furnishes to a beneficiary. This type of reimbursement has the potential to provide segmented care with minimal coordination amongst providers. Fee for service payments reward the quantity of services rather than the quality of care furnished. Anticipated population growth and the aging population seem to be the driving force for the changes in reimbursement models.

Value based care ties payments to the quality of care provided and rewards providers for high quality low cost care. CMS has been instrumental in the transformation of healthcare reimbursement with a wide array of programs mandated by several pieces of legislation such as the ACA (Affordable Care Act in 2010), MACRA (Medicare Access and CHIP Reauthorization Act of 2015), MIPPA (Medicare Improvements for Patients and Providers Act in 2008) and PAMA (Protecting Access to Medicare Act in 2014). Some of the value based programs introduced by CMS have been the Medicare Shared Savings Program, Bundled Payments, Patient-Centered Medical Homes, End-Stage Renal Disease Quality Incentive Program, Value Modifier Program and the Hospital Readmission Reduction Program. CMS insists that value based programs must support better care for individuals, better health for populations and lower costs. Private payers have adopted similar models of value-based care that mirror the principles of the CMS programs. The goal for all value based reimbursement models is to drive down healthcare costs and improve patient outcomes.

Payers assign patients a risk adjustment factor (RAF) score. RAF scores are used to risk-adjust quality and cost metrics. The most common risk adjustment model utilizes Hierarchical Condition Category (HCC) coding. Risk adjusted coding helps to communicate the health condition of the whole patient while trying to predict future health care resource utilization and costs. Many variables can influence the RAF score, one of the most important is the health status of the patient.

Since the provider cannot influence the patient demographic score (age and sex of the patient), the real impact that the provider has on the Raw Risk Score is to document and bill the complexity of the health status of the patient with proper detailed ICD-10-CM diagnosis codes. The more complex the patient's disease, the higher the RAF score.

The HCC model relies on ICD-10-CM codes to map to HCC categories. The HCC classification system classifies over 71,000 ICD-10-CM diagnosis codes into 1,391 diagnostic groups. Diagnostic groups are further classified into 204 Condition Categories. The current 2020 CMS-HCC Risk Adjustment Model (Version 24) includes 86 HCC codes. Not all diagnoses are mapped to a HCC category code, only diagnoses that are costly to manage. The HCC model focuses on chronic conditions like diabetes, CHF and CKD. Chronic conditions are much more likely to impact future health care costs.

The following scenarios display the impact on the raw risk score of improper coding. Suppose the patient is a 72-year-old female (community based not dual eligible) with diabetes that has Stage 3 chronic kidney disease.

Scenario 1: Diabetes, unspecified without chronic kidney disease diagnostic code.

Condition	ICD-10 Code	Relative Factor Score (Health Risk)	Demographic Score	Raw Risk Score
DM without complications	E11.9	0.105	0.386 (72 y/o F)	0.491
HCC Category 19				

Scenario 2: Diabetes with renal manifestations and stage 3 chronic kidney disease.

Condition	ICD-10 Code	Relative Factor Score (Health Risk)	Demographic Score	Raw Risk Score
DM with renal manifestations	E11.22	0.302	0.386 (72 y/o F)	0.757
HCC Category 18				
CKD Stage 3	N18.3	0.069		
HCC Category 138				

*Relative factor scores from 2020 Alternative Payment Condition Count Model Relative Factors for Continuing Enrollees

Providers and coders don't need to understand all of the details of HCC coding, but, should understand these core principles:

- Code all documented conditions, which coexist at the time of the encounter that require or affect patient care or treatment.
- Annually, report on a claim form all serious acute and chronic conditions that are managed that affect treatment. Documentation in the medical record should follow M.E.A.T. guidelines.
- Be specific when reporting conditions. Be sure to include manifestations of disease and/or complications when they are present and choose a diagnosis code with the highest level of specificity.

Accurate coding is essential for characterizing the disease burden of the patient. Incorrect risk scores ultimately affect patient care and provider payment. ■



**Patient demographic score
+ Health Status
= Raw Risk Score**

Welcome New Members!

New Member Name	Month Joined	Practice/Employer
Mary Storm	January 2020	CMU Health
Lindsey Tiedt	January 2020	Lansing Surgical Associates
John Fisher	January 2020	Meduit
Michelle Mellon	January 2020	Vanguard Fire & Security
Alysha Blemaster	February 2020	St. John's Internal Medicine
Nicole Brown	February 2020	Western Wayne Physicians
Tiffany Lachinet	February 2020	Muskegon Surgical Associates
Lisa Pesch	February 2020	Muskegon Surgical Associates
Carrie Rivera	February 2020	Pulmonary & Critical Care Specialists
Cheryl Troppens	February 2020	Troy Gastroenterology
Jennifer Walker	February 2020	St. John's Internal Medicine
Kevin Durrell (Dual)	February 2020	Henry Ford Health System
Pradeep Kalamat	February 2020	eSimplify
Abigail Lebioda	February 2020	Andromeda Technology Solutions
Patti McFeely	February 2020	Credit Adjustments, Inc
Lucinda Heathman	March 2020	Anesthesia & Pain Mgmt Consultants
Mary Michalek	March 2020	Troy Gastroenterology
Bill Ball	March 2020	nThrive
Arnab Bose	March 2020	Student
Pamela Kalfayan	April 2020	Great Lakes Ear, Nose & Throat Specialists
Laura Mezin (Dual)	May 2020	Cornerstone Medical Group



Teaming Up With National MGMA

Michigan MGMA has teamed up with National MGMA to offer the opportunity to participate in a new Dual Membership program. Through a single enrollment (via national MGMA) and one low cost, you can bundle the value of your local medical practice community via your state with the perspective that you can only receive when you join more than 55,000 national members.

Sign up today to double your benefits, save money and grow your network with a membership that combines the best of

practice management solutions, advocacy and professional development resources at a state and national level. If purchased separately these memberships would cost \$524.00 a year. As a dual member you get all of the same benefits for \$461.88 per year. Plus you get the ease and convenience of renewing your membership in one place.

This discounted membership is available for MiMGMA active members in Michigan. Visit mgma.com/membership/types/dual-national-state-membership today to start saving! ■

Do not leave money on the table: The forgotten areas to address during this pandemic!



By Paola Turchi, MSHCA, CHFP,
CMPE, CPC

COVID-19 has drastically affected patient volumes for most ambulatory practices. According to the Common Wealth Fund, the number of visits declined nearly 60% by early April, and although we have seen a rebound in the past three weeks, the

number of visits is still roughly one-third lower than what was seen before the pandemic. The drop in patient volume has directly affected physician revenue, so it is crucial to squeeze every possible dollar from revenue cycle areas that are commonly forgotten. These areas include the following:

Contract adherence

Some organizations keep a close eye on how carriers are processing their claims. They have uploaded their contractual allowables in the practice management system or third-party vendor, they maintain them on a regular basis, and can automatically route all underpayments, after the payments have been posted, to worklists for end users to address. Other organizations perform monthly, quarterly, and/or annual audits outside of their revenue cycle platforms and for the most part work all variances from a report. Unfortunately, there are other organizations that do not have the tools and/or bandwidth to support this process and are unaware if carriers are processing their claims according to their contracts.

If your revenue cycle platforms support contract adherence, but you are not leveraging these tools, this is the time to get them implemented. Ideally, underpayments are identified and routed to end users daily. According to a poll conducted by MGMA on April 3, 2018, only 24% of respondents follow this type of process. If you perform random audits, this is the time to run some of those reports and identify revenue opportunities. There is always a carrier not paying you what they should be paying you. If your practice does not have revenue cycle tools to help support these efforts, consider using a spreadsheet to compare the contracted rate with your allowed amounts for the past six to nine months. This data should easily be exportable from your practice management system. You can start with your top 3 payers and work from there.

Denied claims

First let us talk about some statistics so we can highlight the impact of denials:

- 30% of claims submitted for the first time are denied or rejected for various reasons
- 50% to 65% of denied claims are never worked due to lack of time or knowledge
- 90% of denials are preventable

- More than 70% of denied claims can be overturned

- It costs around \$25.00 to appeal a claim

If 30% of the claims are denied and 60% of the denied claims are never addressed, that means practices are leaving 18% of their total revenue on the table. So here is the second area of opportunity to address during this pandemic.

The goal would be to implement processes that avoid, and hopefully eliminate, these denials moving forward. Start by leveraging your denial management tools to identify the reasons your claims are being denied. If you do not have a denial management tool, consider running reports from your practice management system that include reimbursement comments and remark codes. Once you have the data, categorize all denials based on responsible party. For example, you can use the following groupings:

- Denials caused by demographic inaccuracies (front office)
- Denials caused by missing authorizations (pre-auth)
- Denials caused by coding errors (coding)
- Denials caused by billing errors (billing)

The purpose of categorizing these denials is twofold:

1. Identify which area of the organization might need additional training to complete their tasks
2. Identify which area of your practice management system needs to be leveraged to help you prevent these denials.

Once you have identified why your claims are being denied consider tackling two different initiatives: one that goes after the dollars that you have left on the table and a second one that focuses on implementing processes that leverage technology and training, to avoid these denials from happening in the first place.

Aged accounts receivables

Yes, it is true! The longer you wait to collect what is owed to you, the less likely you are to collect those dollars. If you are trying to squeeze every dollar out of your accounts receivable, this might be a good area to consider. It might also be a great opportunity to clean up your AR. If it has been a long time since you last touched the account, most likely you are past timely filling and those balances need to be adjusted off.

To get the most out of your aged accounts receivables, run an open balance report by insurance and make sure you are concentrating on accounts that are collectible, meaning, you are looking at claims that are still within the filling time frames. Then, prioritize these claims based on dollar amount, working your highest dollar amounts first.

Missing encounters

This is another area that sometimes gets pushed aside when we are overworked and understaffed. Take this opportunity to look for possible missing encounters. Leverage your practice management system to identify missing encounters and track those encounters to make sure they are captured. Also, consider building a custom report, if you already do not have one, that marries all post-op

visits with a surgery, so you can identify possible missing surgeries that were not scheduled in your practice management system.

Another report that might be beneficial for organizations which round on patients daily outside of the office, is a possible missing rounding report. This report would look for daily treatment continuity and identify possible gaps. For example, if a patient was seen on Monday, Tuesday, Wednesday and Friday, the report would highlight the fact that Thursday is missing.

Self-pay collections

More proactive self-pay collection practices have been of great importance in the past decade due to high deductible plans, but they are even more important now, considering the fact that this pandemic is leaving millions of Americans without health insurance due to unemployment. Take this opportunity to update self-pay policies for uninsured and underinsured patients and consider checking eligibility for every patient at every visit. Also focus on leveraging technology to facilitate the collection of outstanding balances, such as online and mobile payment capabilities, automated credit card deductions for payment plans, estimation tools and automated collection letters and phone calls.

If your organization happens to work patient outstanding patient balances as time allows, this might be another great area to look for additional dollars. Usually time never allows end users to concentrate on de-prioritized tasks, so you might be a call away from collecting what is owed to you. Start by filtering accounts by

dollar amount and prioritize the accounts based on aging. Look for accounts where the entire balance has been assigned to patient responsibility. I suggest starting with accounts which match your most strict timely filing requirements. For example, if most of your payers have a timely filing of 90 days, you want to make sure you work those accounts first. The goal is to have plenty of time to submit a claim should you find out that the patient has insurance. Then you can concentrate on other high dollar balances.

Other places to look for money

There are two additional areas I would recommend considering, if you are not already doing so, to identify additional dollars to collect:

1. Identify claims where the charge amount equals the payment amount. If the insurance company allowed 100% of what you charged, most likely you are undercharging and are leaving money on the table.
2. Identify claims where the full amount has been adjusted off. It is not unusual to find claims that were automatically adjusted off in error because the practice management system has not been configured appropriately.

For both cases, make sure you audit collectible claims, meaning claims that are still within the appeal filing time frame.

These are unprecedented times and physician revenue has been negatively affected by lower patient volumes. If you need assistance assessing and implementing the infrastructure to future-proof your revenue, Allscripts revenue cycle management experts can work with your organization. ■

STAY FOCUSED AMONG THE DISTRACTIONS.

Minimize the things that get in the way of why you're in healthcare to begin with.

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How to Make Owning Your Medical Office More Lucrative

By Dr. Michael Shepard, MD. PHD.,
and Cory Sursely



For most business owners, the short-term benefits of leasing their building are attractive, but we're guessing that most owners would favor owning their building and having control of their business use at a fixed cost. For doctors who own their own practice and will likely stay in their location for 7 or more years¹, owning their building can be a great investment for their future while allowing them to have a fixed expense until the building is paid off. As a contractor who specializes in both construction and leaseback services, we can educate doctors on how to leverage programs, accounting processes, and legal structures to make it more lucrative to own your medical office.

Note: we are passing along the knowledge that there are building ownership options and programs available, however, we recommend and advise that you contact your CPA and/or attorney before taking the steps featured here.

Help with purchasing the building

Most medical practices would qualify for the SBA 504 loan, which requires a lesser down payment (as low as 10%) then funds 50% of the cost through the Certified Development Company (CDC) at a lesser, fixed interest rate for 10 – 20 years. The remaining 40% is financed through a traditional commercial loan. This program works well for small businesses who are growing, but don't have a lot of working capital to expend on real estate, improvements or equipment. Being able to finance 80-90% of the cost couldn't be a better deal for these businesses. For more qualifying information visit the SBA website or read our blog on the topic.

Lease the Building from Yourself for a Tax Reduction

By forming an LLC to purchase your medical office, your medical practice

will be able to lease the building from your LLC, deduct the payment on the practice's taxes, and your LLC members would be taxed on their individual taxes as a pass-through. This would eliminate the tax for your practice and LLC members would be taxed at a lesser rate for the building².

Cost Segregation for Tax Savings

For business owners who purchase or build a building, a CPA can complete a cost segregation study to determine elements of a building that can be depreciated on a different schedule than the rest of the building. For instance, parts of your building that are considered "personal property or land improvements" can be segregated (i.e. desks, chairs, light fixtures, accent lighting, sidewalks, and landscaping). The cost of these portions of your building can be taxed on different tax schedules, 5, 7, or 15 years rather than the 39 year schedule your building will span. (Wikipedia) This will allow you to defer taxes and help you improve current cash flow³. An even more in depth and professional explanation from a qualified CPA is included through the following link.

Expanded Webinar Library

In addition to our regular monthly member webinars, we are expanding our webinar library to assist our members in these ever-changing times. In our COVID-19 Resource Center, you will find an on-demand webinar library filled with relevant webinar recordings. Check back often as we are updating this page with new recordings as we receive them.



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Here are a few of the topics these cover:

- COVID-19 Medical Practice Priority Checklist – Tips from leaders on the front lines in Washington State
- Billing for Physician Services During a Public Health Emergency
- HIPAA Rules During the COVID-19 Outbreak
- COVID-19 Telehealth Coding & Documentation
- Delivering True Clinical Conversations through Telehealth Adoption during COVID-19
- Taking Care of Your Business: Creating a Recovery Mindset During Major Events



Accelerated Depreciation for More Tax Savings

Your building has a set period of time for useful life, by which the building depreciates each year. Accelerated Depreciation is an accounting process that allows you to depreciate the building more in the beginning of its useful life. Paying the larger amount in the beginning lowers your net income, which you are taxed upon. So having a lower net income in turn would lower your taxes. Good resources to better understand this process are CRFB.ORG/BLOGS/

TAX-BREAK-DOWN-ACCELERATED-DEPRECIATION and CONTENT.
MONEYINSTRUCTOR.COM/1509/CALCULATINGDEPRECIATION.HTML.

Return on Your Investment

Probably the most enticing part of owning your own building is the opportunity to make a profit on the sale of it when you no longer need it. Another option would be to lease it to a new tenant when you retire and bring in ongoing income when you're retired from the practice.

Buying a building doesn't work for every doctor who owns his or her practice, but we wanted to make sure that you had considered all the facts. Whether it's construction, remodel, or leaseback, we are able to accommodate your needs. Call Michael Shepard, Dr. PH (800-WOLGAST), to discuss your building options. His background in the medical and construction industries will help guide you as you contemplate the future of your practice. ■

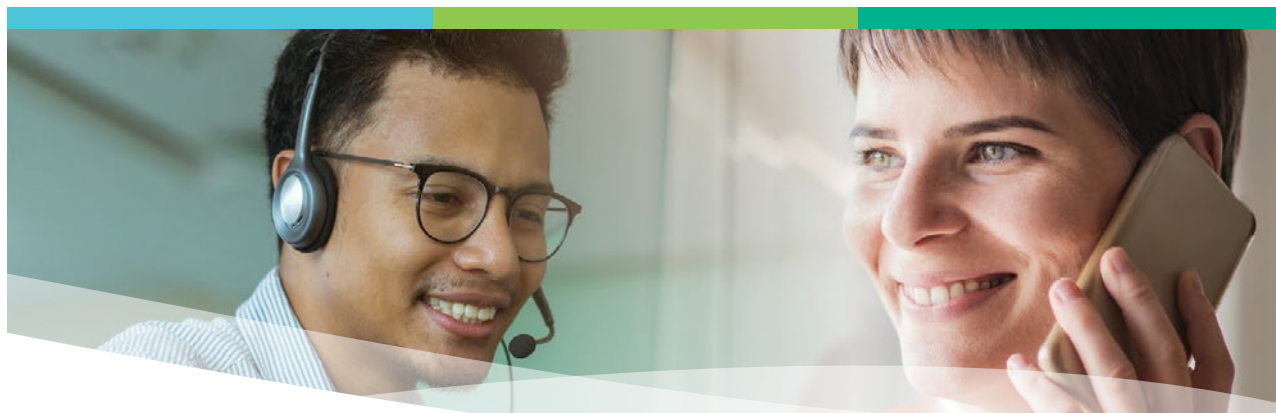
¹ Fitsmallbusiness.com: FITSMALL BUSINESS.COM/BUYING-VS-LEASING-COMMERCIAL-REAL-ESTATE/

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³ Ernst & Morris: WWW.COSTSEG.COM/COST-SEG.HTML



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Be Prepared: PR Best Practices

By Patti McFeely

In an ever-changing digital ecosystem, word of mouth spreads faster with every passing year. New technology means fresh insights and data, but it also means news stories that spread like wildfire. Online reviews and social media provide patients with the ability to update the world on how they are being treated—and whether or not it is fair. No one is immune to a PR crisis, and your reputation hangs in the balance, just one bad review away from crashing. The world is watching how you handle crisis situations, and being reactive is not an option.

As you develop crisis-management strategies to keep up with the digital world, you must frame your thinking around pre-planning. What steps can you take to ensure no bad press catches you offguard? Are you prepared? These best practices will help you defend and preserve your reputation.

Prepare for a Crisis

When your credibility is on the line, everyone from interns to the CEO needs to uphold your facility's goodwill. If one of your representatives is not living up to your standards, you must be prepared to let that person go. Today's CEOs are being compensated, judged, or even fired based on company and brand reputation.

Consider the example of Mount Sinai Hospital in New York City, where an emergency room physician was accused of sexual assault on a patient in January of 2016. As soon as Mount Sinai heard the of accusation, it suspended the physician and released a statement stating it would be cooperating with the police investigation. When you are faced with a PR crisis, you must act quickly. In a situation like this one, it is important to release a statement that will preserve your reputation. One way to ensure this statement gets out the door quickly is to create a file of press release templates, each relating to a potential crisis. When something happens, you can fill in the blanks of the template and get your statement out the door—leaving little time for the public to speculate about your credibility.

Open Internal Communication Lines

In the face of a crisis, communication is your most valuable tool. To effectively interact with the media and the rest of the public, your facility must gather data to inform its response. If your CEO is issuing an official statement, make sure you've created a direct line of communication for him or her to get the most accurate data. It is not enough to have interns or account coordinators compile data and hand it off to your CEO. When preparing for a press conference, give your CEO the opportunity to ask questions, and don't let anything impede your internal communication practices. Creating a straight line from data to discussions with your CEO will prepare you for the public. It will also reduce the likelihood of confusing your audience with the misspoken or misrepresented information. The more mistakes you make, the more your reputation is at risk.

At your facility, everyone should be aware of their role in the crisis. Employees at all levels should be informed of how they should respond—not just in the event of a news interview, but

also to friends and family members who inquire about a disaster. At Johns Hopkins Medicine in Baltimore, one central team supports both internal and external communication for both the school of medicine and the health system. This ensures that all messages across distribution platforms are aligned.

Collect External Data

Keep track of what's happening daily/weekly/monthly within your industry, the changes taking place in the market, and news from your competitors. Where are other facilities struggling? What are patients demanding that you might not be giving? The closer you pay attention, the easier it will be to track subtle inconsistencies and potentially stop crises before they start.

Follow industry conversations closely; subtle changes and complaints might indicate a rising problem, which will give you time to prepare for a potential disaster and refine your response. If you catch an inconsistency early, you can quickly and efficiently implement your strategy—which means the issue can be resolved before your patients have time to notice. As you monitor incoming data, pay attention to what is driving any anomalies. Identifying problems at the root will help you determine the best way to tackle them. By being proactive, you'll avoid rushing into volatile situations and making costly mistakes.

The keys to your success in crisis management situations are data and benchmarking. It might seem too simple—but you cannot be proactive unless you evaluate a problem from beginning to end, understanding not just its starting point but also its trajectory. Assess all available data to accurately craft and target messages to the right audience. If you do not know the cause of a PR crisis or the people it affects most, your crisis-management strategy is doomed to fail from the start.

It might be easy to plan a crisis response—but the response is useless without data collection. Know where your patients are, what they care about, how they like to communicate, and what frustrates them. Leverage this information to inform your strategizing and decision-making without breaking the bank. Use your observations on your patients to build your own data-collection strategy for crisis management.

Build Your Crisis Bucket

In a crisis, your network matters. You must craft a PR strategy that will draw a positive response—because the public's reaction can make or break your credibility. As you establish your crisis-management strategy, identify the people, influencers, and journalists who know your facility well. It is important to consider both positive and negative associates—people who either like you or detest you. These people are all familiar enough with your facility to have a conversation, write an article, or be quoted regarding your brand. Identify 20 to 50 of these people if possible. They make up your “crisis bucket.”

When your health system faces the beginnings of a crisis, look immediately to the people in your crisis bucket. Check on both your friends and your foes to find out what they are saying about any bad press. What do they think of the predicament? Are they reacting

positively or negatively? Are they echoing your narrative or adopting a new one that's motivated by the crisis? These people know your facility better than others. Because they have a history with you, their reactions will be the most valuable in helping you prepare your response. Let the people in your crisis bucket guide your next steps. From their reactions, you can gauge how the rest of the public is most likely to react because your crisis bucket will direct the rest of the story.

Own Your Message

As a crisis begins picking up steam, don't let it overtake your communication. Be proactive with other messaging, and don't forget about the rest of the world. Make sure the situation isn't dominating all of your efforts. Compare your crisis coverage to your non-crisis coverage to help you keep careful track of what the world is saying about you. When you evaluate the message coming from the public, you might be surprised to find out that what you thought was a mounting crisis actually isn't.

Consider the example of an ad agency's recent campaign for an international organization. The campaign was getting some bad publicity stemming from the spokesperson's behavior, and the agency was ready to trash the entire campaign—and with it all the planning and expenses that had gone into it. However, after running an analysis, the truth was that the bad publicity wasn't moving the needle at all. A few negative articles weren't impactful enough to create any real traction. The thoughtful analysis saved the campaign, several months of work, and a few people's jobs.

It's more important than ever to own your message—don't throw it away because of a potential crisis. Do proper data analysis and research before you make any decisions; it could save a campaign for you.

Evaluate the Crisis

If a tree falls in the woods with no one around to hear it, does it still make a sound? The same thought might apply to your crisis-management plan. If your problem gets a quick mention in a short article that no one shares, is it really worth your first response? Probably not.

When your company is facing a crisis, social amplification allows you to look at how a particular article is performing across channels. This can inform your next steps. Even if you assume that a mention in a major publication will get tons of traction across a variety of channels and industries, the data might show something completely different. Maybe the story is actually gaining the strongest momentum from trade publications or industry insiders—and the rest of the world has little or no investment in it. This type of direction will focus your attention and immediacy.

Conclusion

The digital age is revolutionizing how our society handles crises. Public relations teams are facing bigger challenges than ever to stay on top of data and predict brand disasters before they get off the ground.

Being proactive in a digital world means clear internal communication, efficient data collection, intensive preparation, and accurate crisis evaluation. Your response can make or break your reputation, and your team needs to be able to provide a clear picture of everything that's going on in regard to your company.

Do you have an effective digital crisis communications strategy? Start strategizing today. If you have any questions or comments about our paper, please let me know. I would love to hear your feedback and also how this pandemic has impacted your organization. ■



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