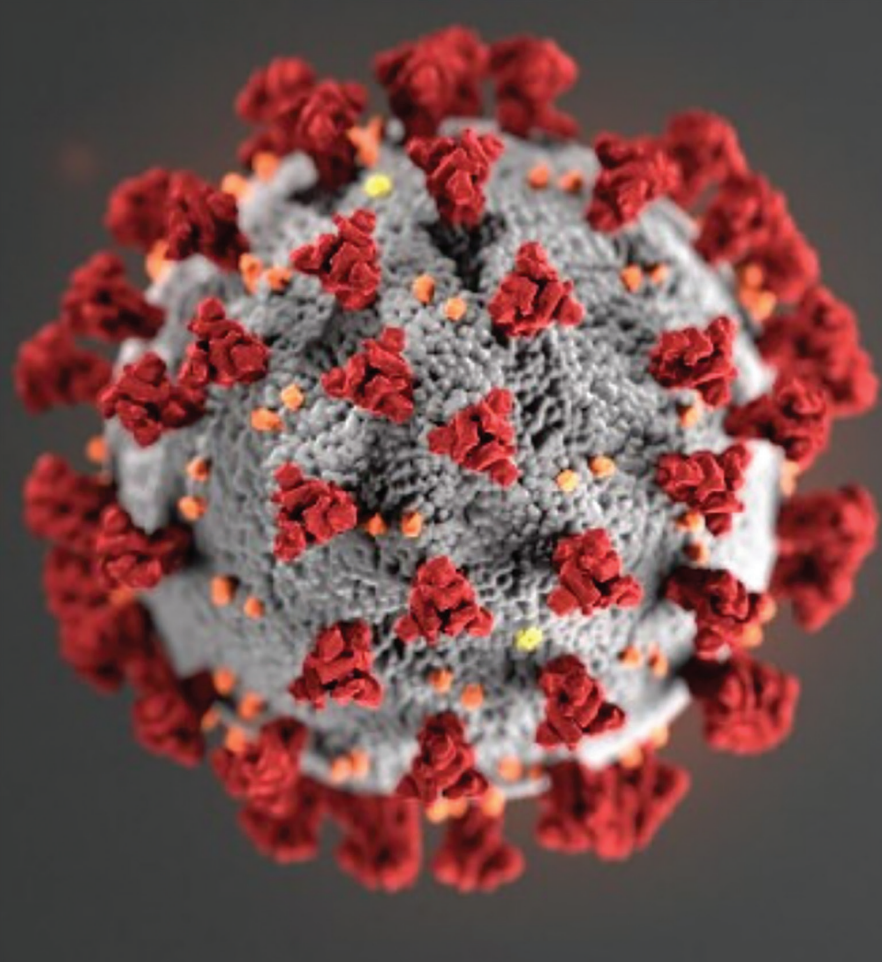


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Practice Focus

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Michigan MGMA has a career center on our website WWW.MIMGMA.ORG

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MiMGMA welcomes the submission of articles for publication in Practice Focus. Submit article proposals to Debra O'Shea at INFO@MIMGMA.ORG

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PRESIDENT'S MESSAGE

President's Message



By Susan Lupo

As we all struggle to get through these challenging times Michigan MGMA wants you to know we are here for you. We have created a COVID-19 page to share resources all in one place. Here are some of the things we have put together to assist you.

- COVID-19 landing page - accessible from our home page. WWW.MIMGMA.ORG
- We know you are busy so all webinars are being recorded and posted in our webinar library (accessible in the Online Education Section of the Member Center)
- Live webinars. Visit the **Member Center's Online Education Section** to find the latest COVID-19 webinars and more.
- COVID-19 Resources on our website from CMS, CDC, Employment Lawyers, Commercial Payers and more.
- We are limiting the number of emails to members. Your In-Box is full enough as it is.
- We encourage you to visit our website to check for updates.
- We have a whole reimbursement section (under the reimbursement tab) with a news page and individual payer pages that we will update with current information.

Remember you have to be logged in to see our webinars and access the webinar library. Go to WWW.MIMGMA.ORG to get started. If you need assistance the MiMGMA staff is here to help! Email them at INFO@MIMGMA.ORG or call them at 1-800-314-7602.

Looking beyond COVID-19, MiMGMA's Board and Committees have been diligently working on projects, proposals and initiatives to help improve our member experience. I would like to thank all the committee chairs and committee members who have been putting so much time into ensuring the success of our organization.

In addition to our focused work on improving our conferences and addressing matters related to our membership, we have committed to update our association's Bylaws to make changes based upon national MGMA requirements, the evolution of our organization, and current practices. Several members of MiMGMA have volunteered to serve on the Bylaws revision committee. An updated set of Bylaws will be presented to the membership prior to the Fall Conference, where a vote will occur.

I hope that any member who is looking for leadership opportunities or ways to get involved at a deeper level with MiMGMA will consider joining a committee! MiMGMA committees are a fantastic way to share your expertise or to go outside your comfort zone and learn something new. Please contact us at INFO@MIMGMA.ORG to find out more about the committees and the work we are doing for you!

I wish you all the best in getting through this COVID-19 pandemic. MiMGMA is here to support you throughout this journey. ■

Happy Spring!

Best regards,
Susan Lupo
President, MiMGMA

Executive Director Update



By Debra O'shea

Michigan MGMA is here to lend support during these unprecedented times. As Susan Lupo, MiMGMA President, mentioned in her article this is truly a challenging time for all of us in healthcare. And while each of your issues may be different

depending on the type of patients you serve, you are all leaders in your practices, which brings about a whole different set of responsibilities and challenges. Michigan MGMA is doing our best to provide you as many resources as possible. Susan elaborated on many of these in her note above. Please visit our COVID-19 resource page for the latest and greatest. We will be working with our Business Partners over the next few weeks

and months to help keep everyone connected and to share resources as they become available.

Speaking of being connected, one of our conference Keynote speakers, Greg Peters, "The Reluctant Networker" is going to host a live webinar for us on April 14th. Greg will be talking about how to stay connected in our new disconnected world. His focus will be on assisting you, as leaders, in staying connected with providers, staff and patients during this difficult time. Finally, MiMGMA administrative staff is working and here to serve you so please reach out to us if we can be of assistance. We can be reached via email (INFO@MIMGMA.ORG) or phone (1-800-314-7602).

Debra O'Shea, CMPE
Executive Director of Michigan MGMA

Billing Telehealth Amid COVID-19



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

Under the National Emergency CMS has issued a waiver relaxing existing telehealth requirements. Here is what you need to know:

The telehealth service must be done using telecommunications

with both audio and video capabilities for two-way real time communication.

- You can bill the telehealth codes approved by CMS (<https://www.cms.gov/Medicare/Medicare-General-Information/Telehealth/Telehealth-Codes>) which are payable as if the patient was seen in the office.
- Medicare requires a place of service 02
- Commercial payors require modifier 95.

As a result of the National Emergency, the Office of Civil rights will exercise enforcement discretion and waive penalties for HIPAA violations against health care providers that serve patients in good faith through everyday communication technologies, such as FaceTime or Skype, during the COVID-19 national emergency.

Providers eligible to provide telehealth services are: physicians, NPs, PAs, Nurse-midwives, Clinical Nurse Specialists (CNSs), Certified Registered Nurse Anesthetists, Clinical Psychologists and Social Workers (excluding billing for CPT codes 90792, 90833, and 90838), and Registered Dietitians or Nutrition Professional.

Modifiers

- G0 modifier is required when telehealth service is furnished for purposes of diagnosis and treatment of a stroke.
- 95 modifier is required for telehealth of commercial payors.
- GT modifier is not used for Medicare Part B.
- CR modifier is not required.

Co-Pays and Patient Liability Waived

CMS and a significant number of commercial payors are allowing flexibility with patient liability for telehealth services. While beneficiaries are generally liable for their deductible and coinsurance; however, the HHS Office of Inspector General (OIG) is providing flexibility for healthcare providers to reduce or waive cost-sharing for telehealth visits.. ■

Navigate the Dark Path Together



By Greg Peters

Under the Have you ever found yourself in a position for which your previous training had not prepared you? That horrible feeling of walking down a dark path takes a long time to fade. At any moment you could make a misstep that would result in either you or your organization (or both!) falling flat on

your face. Our entire world has suddenly found itself thrust into this situation. Schools, libraries, theaters, even playgrounds seem to be vanishing from our experience overnight. Our work world suddenly seems to be on very shaky ground and a misstep there could mean worse than just a little embarrassment.

So how do we deal with this?

Several years ago I found myself about to become the president of the Michigan chapter of the National Speakers Association. I will admit that I accepted the position largely out of ego, but as the date approached for me to take on my new duties, I suddenly realized that I had no clue what I was doing. Fortunately, my predecessor gave me some words of wisdom. "Contact all of the previous presidents and ask them for advice."

To my delight and relief, those former presidents were more than happy to meet with me and share their combined experience. I'm not going to claim that they transformed me into the most accomplished president ever, but I at least approached the position with more confidence and with a bag of tools that made me equal to the task.

Here are a few ideas you can take from my experience.

Reach out to your peers.

You are facing a new world in medical group management -- new rules, new protocols, new patient needs. If you try to solve it all yourself, you risk that misstep we talked about. Even if you stay on the path, your mental and emotional well-being will suffer from the constant firefighting. When you face these new challenges, reach out to your peers in Michigan MGMA. There's a good chance they've experienced something similar and might even have a few ideas on how you can face it.

Be there for them.

You aren't alone in facing this brave new world. Just as you need the advice of others, there are others who have need of your wisdom. Offer it freely. Take the initiative. Extend a hand to those you know and let them know what's been working for you.

Care.

One of the past presidents with whom I spoke gave me the most valuable piece of advice. "Before you ask them 'What are you doing?' ask first 'How are you doing?'" Remember, no matter what their role is in the medical group management industry, they are first and foremost a person. Their world is likely swinging wildly out of control, too. Sometimes they just might need a friendly ear and even a shoulder to lean on.

We will get through this dark time. How successful we are in that process and the world in which we will find ourselves depends on more than just our ability to work hard. It will stand on how well we stay connected and supportive of each other. Yes, we must maintain appropriate physical distancing for our physical health, but we must actively reach out to bridge the social gap that we've created to remain strong in the months ahead.. ■

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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 the Online Education section of your Member Center, you will find recordings of COVID-19 related webinars. Check back often as we are updating this page with new recordings as we receive them.



Thank you to our webinar sponsor:

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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

Practice Real Estate Negotiation in a Volatile Market



By Valarie Parker
CARR
Healthcare Realty

With the recent outbreak of COVID-19 and the steps that our state authorities are taking to slow it's spread, a majority of our clients are seeing a halt in revenue. One of the most important things that you can do for your business at this time is to optimize your cash flow and start to plan for the new normal. Although we may be entering into a volatile market, several things may be done to allow you to increase your profitability in the long run. One of the first items you need to evaluate are your current loans. The Fed has cut rates tremendously and although you are not likely going to receive a zero

We don't know how long our real estate market will be affected, but we can be certain there will be a lag at the very least. Some of those most adversely affected will be landlords or owners trying to sell their real estate holdings. Landlords will be extremely motivated to attract new tenants and retain existing ones—especially such high-quality tenants as medical practices. Although we are facing unprecedented challenges, we will be entering into a very favorable environment for tenants. Whether you are leasing, looking to purchase your existing leased space or find another location altogether, now is actually a great time for you to evaluate your options. Some of the opportunities include reducing your monthly rent payment, upgrading your office's appearance through improvement allowances, as well as obtaining free rent and other favorable concessions.

the business of real estate and typically have the upper hand when negotiating with tenants directly, even when in crisis-mode. Additionally, most landlords hire a real estate broker to represent their interests and provide local market expertise. Though substantial concessions may be available, a specific posture and negotiation strategy are paramount to achieving the best possible terms. In short, hire someone who will be able to create leverage that you cannot as a non-real estate professional.

When you begin negotiations, you have two options available to you: You can work with the landlord or landlord's agent and represent yourself, or you can hire a real estate broker. Here are some things you need to know if you choose to represent yourself in a negotiation. Under state law, a real estate broker can enter into an agreement to serve clients as an Agent. An agent is obligated to serve his or her client's interests with the utmost good faith, loyalty and fidelity. If you do not bring an agent into the negotiations, no one will be protecting your interests but yourself. If you deal directly with the landlord or landlord's agent, it is crucial to remember that he or she is not legally or logically in a position to advocate on your behalf, so it is important to exercise discretion with the information you share with the landlord's agent.

Even if your building's ownership and management are pleasant to work with, respond to issues quickly, and maintain the building well, their primary interest is maximizing profits. Landlords know that without market knowledge, tenants have no baseline against which to compare a lease offer. Therefore a landlord will most likely offer the highest lease terms that they believe an uninformed tenant will accept.

The only way to know if any offer is truly competitive is to compare it to the market. To do this you need to identify all the available properties which suit your needs, and then tour a significant number of them to determine which ones will be best suited for you and ensure that you don't miss any opportunities.

You then need to negotiate with the landlord at each property to receive the best offers for a suitable space for your practice. These offers will include terms for the base lease rate and any increases in the lease rate, as well as concessions such as free rent and an improvement allowance. You'll also need to know the lease terms and concession that new tenants in your current building are receiving from your landlord. At each step along the way, you'll be dealing with a professional real estate broker who is hired to achieve the best possible terms for the landlord.

If this sounds daunting to handle yourself, you do have an alternative. You can hire an experienced real estate professional as your agent—to act on your behalf with your interests in mind. He or she can provide you with comparable properties' lease rates, build out allowances, and other concessions, which can then be used as valuable leverage on your behalf in the negotiations with

the landlord. Ideally, you should select an agent with experience representing healthcare practices because they will be able to achieve specific terms and concessions that are not generally available to other types of tenants. Your agent will handle all the research and communication with the landlords, while maintaining a professional negotiating posture on your behalf.

Fortunately for you as a tenant, landlords and sellers pay for an agent's services on your behalf, so it costs you nothing. Commercial real estate is structured similarly to residential real estate. If you were to sell your home, you might list it with a broker and agree to pay a commission. The commission is split between the listing broker and the broker who represents the buyer. If the listing broker is able to find the buyer directly, then he or she would earn a double commission. The same kind of arrangement is made in the commercial real estate market, and you as a tenant

or buyer have access to professional representation at the seller's expense.

Remember that medical businesses are extremely valuable tenant, regardless of what a Landlord might tell you to gain leverage in negotiation. They will need you in their property more than ever in the coming months. Make sure that you are prepared when the time is right to open a negotiation on a building on your next real estate transaction. ■

Carr Healthcare Realty is the nation's leading provider of commercial real estate services for healthcare tenants and buyers. Every year, thousands of healthcare practices trust Carr to achieve the most favorable terms on their lease and purchase negotiations. Carr's team of experts assist with start-ups, lease renewals, expansions, relocations, additional offices, purchases, and practice transitions. Healthcare practices choose Carr to save them a substantial amount of time and money; while ensuring their interests are always first..



percent interest rate like some people may believe, we are still seeing historically low rates. If you have practice loans, call your lender and ask how they might be able to help. The bank may be willing to defer payments or refinance to a lower rate through debt consolidation. The banks would like to avoid defaults as much as you do.

Consider having your lease evaluated now, regardless of expiration date, so that you can proactively plan. **The ideal timeframe to begin negotiating is 12-24 months before your term ends.** One of the keys to a successful negotiation is to take advantage of the free services of a real estate broker or agent. This is important because most landlords are in

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2020 Spring Conference Cancellation

by Debra O'Shea
Executive Director, MiMGMA

The health, safety and well-being of our members is of the utmost importance to us as we support our membership through the COVID-19 crisis. MiMGMA leadership met on March 18th and voted to cancel the Spring Conference, which was slated for May 7-8, 2020. We believe that this is the best course of action at this time. Over the coming weeks, we will all be working to adjust to this new normal. MiMGMA leadership is collaborating to provide resources and support for our members during this difficult time; to that end, we welcome your input, feedback and suggestions.

Due to the uncertainty surrounding COVID-19, we will not be rescheduling the Spring Conference. Instead, we are focusing on our Fall Conference, which is scheduled for October 1st and 2nd at Crystal Mountain in Thompsonville, Michigan. We will share more information about the Fall Conference in a few weeks.

What Happens If I Already Bought a Ticket?

If you purchased a ticket for the Spring Conference, your registration will be automatically cancelled and you will receive a full refund. You don't need to do anything. Your refund will be made using the same payment method you used to purchase your ticket. If you paid via credit card, you should expect to get your refund within 3-5 business days. If you paid by check, your refund check will be mailed to the address in your MiMGMA profile within 7-14 business days. If you paid by check, please also take a

moment to double check that the address we have on file is correct by logging into WWW.MIMGMA.ORG and reviewing your address on file.

What Do I Do About My Hotel Reservation?

The Soaring Eagle Resort & Casino has a 24-hour cancellation policy for room reservations. You will be able to cancel your reservation and receive a full refund if you do so before May 6, 2020. You may contact the hotel's reservation department (which is currently open 24 hrs) at 1-888-732-4537 to cancel your reservation. If you made your reservation online, then you may go online to cancel that reservation.

What's Next?

We are working hard to provide you additional educational resources during this time. We are updating our website with links for practices. We are also working on arranging additional online educational content for our members over the next few weeks and months. While we understand this can't entirely replace an in-person meeting, we are doing our best to keep our membership connected. We are also trying hard NOT to overwhelm you with emails about COVID-19. Please consider checking our website for updates and resources.

We thank you for your support of MiMGMA and for your patience as we work together through all of these processes. If you have any questions or concerns about this information, please don't hesitate to contact our offices at 1-800-314-7602 or email us at

INFO@MIMGMA.ORG. ■

By Ken Rates

While we are saddened that the Spring Conference has been cancelled, we are confident that this was the best decision for our members as we navigate through the COVID-19 crisis together. Looking forward, 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



SAVE THE DATE FOR MIMGMA 2020 EVENTS

 **FALL CONFERENCE**
October 1 – 2, 2020
Crystal Mountain in Thompsonville, MI



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Soaring Eagle Casino in Mount Pleasant, MI

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MGMA State Leaders Conference

Several Board and Committee members were able to attend the MGMA State Leaders Conference in Denver which was full of excitement. The conference started off with an inspiring talk from our fearless national MGMA leader, Dr. Haley Fischer-Wright. An accomplished physician, author and CEO of MGMA. As many of you know, MGMA represents almost half of the healthcare delivered in the United States with membership of more than 40,000 health care professionals. Dr. Fischer-Wright shared with us how she sees the future of medicine and how we, as MGMA state leaders, will impact its future, along with our state membership. Also, she discussed the new era of the organization, with national membership merging with state membership. Michigan is lucky enough to test this collaboration, as we are a beta state to champion this collaboration. The goal is to be stronger as one at both the state and national levels.

The excitement continued with our first break out session labeled “Hack-a-thon - How can states create ROI for members”. We were split into two different groups, in which my group was to come up with campaigns on recruiting members to the organization. But first, what is a hack-a-thon? Typically it is an event, usually lasting several days, in which a large number of people meet to engage in collaborative efforts to solve a problem. The large group breaks up into smaller groups and brainstorm. Not just your round table discussion, where everyone gives their opinion, but each person throughout their craziest of ideas. These ideas are used to create a campaign or a pitch. We used props, posters, and whatever we could get our hands on to “sell” our idea. We unfortunately needed to do this in only an hour and a half (yes, at the beginning I said several days, but the conference was only a day and a half). The pitch was given by one brave soul from the group, while the rest of the 100 plus listened to our

presentation. Great ideas were shared, and yes, that hour and a half proved to have the most value, to me, of the entire conference.

Next, we attended a conference on financial forecasting, budgeting and reporting. The take-away from this session was learning more about how an organization works different from running a medical practice. Yes, there are many similarities, but there are also differences. Also, we were able to glean from other state members who attended the session, how they have solved financial problems as well as how they ran into problems and what to look out for. It shouldn't go without mention, that our own MiMGMA treasurer, Laura, was one of the speakers, and did a fantastic job representing our state's membership.

The crowd favorite is always the sessions labeled “Speaker Showcase”. This is where MGMA invites known speakers, who have given great performances to other organizations, into our meetings to deliver a shortened version of how they can inspire the conference attendees on inspirational topics. First up was Avish Parasha. For those who attended the Fall conference, you would remember his “Ding Happens” talk, inspiring personal growth. The second speaker was Frank Kitchen, and his motivational speech using his acronym FRESH and how each of us can live FRESH. Frank's talk was also centered on how we can impact others through his mantra: Educate, Elevate, and Empower. You never know, you may see Frank at an upcoming meeting, you will learn what



Debra O'Shea, Susan Lupo, Ken Rates, Patty Kerrins, Laura Mrozinski, & Janice Robinson

that acronym means and how it will inspire you.

Other sessions that we attended were on topics like “The Next Generation of Joiners: Recruiting & Retaining Younger Members” and “Balancing Your Volunteer Leadership with Your Full Time Job” which again, gives me great value on how to assist in making the Michigan chapter of the MGMA strong, results oriented, and a fun organization.

As it has been written, conferences have the most value when you can network with others like yourself. This doesn't go without mention with regard to this conference. To meet with other leaders, from many other states, and hear their compassion, their drive and their support for their states is beyond valuable. To be in the presence of people, who do what we do during regular working hours, and yet, find time to champion successful state MGMA programs is worth so much. Our MiMGMA will continue to thrive in the coming years. We have great leaders that are passionate about the future of MiMGMA. Thank you to our membership for allowing us to attend the conference as it is a true honor to represent MiMGMA. ■

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. ■

Affiliate Business Partner Committee Update

By Fred Schaad and Valarie Parker

As we start the 2020 year off, we are excited as the new Co-Chairs of the MiMGMA's Affiliate Business Partners' Committee and look forward to a prosperous year for MiMGMA. We would like to take time to highlight the many benefits of being an affiliate business partner:

Becoming an Affiliate Partner gives you unique membership benefits, some of which include: networking with other members, colleagues and peers, a listing in Michigan MGMA's online Affiliate Directory, access to industry news, access to our members only online Membership Directory, highlight your industry expertise by submitting potential newsletter articles, exhibit at our face-to-face annual conferences and receive discounts and invitations to our events. Being an Affiliate Member in our organization is

not just a title; it's a pathway to build and strengthen your business relationships.

Michigan Medical Group Management Association is the state affiliate of MGMA and is dedicated to serving the unique needs of practice executives and leaders throughout Michigan. We offer unique opportunities to connect with medical group leaders and executives from across our state exclusively focused in the healthcare field.

The Business Partners Committee works closely with our affiliate members and exhibitors to develop strategies for promoting the name and image of MiMGMA. The committee also works to facilitate collaboration between our business partners and other members. The Business Partners Committee meets every other month by phone on the 2nd Wednesday of the month from 1:30-2:00 p.m. Eastern time. You are welcome to join this committee if you would like, just email: INFO@MIMGMA.ORG. ■

MiMGMA's 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 and review the Mentor/Mentee program available to the MiMGMA membership. ■

Reimbursement Update

By Janice Robinson, FACMPE, CPC, CMRS

Beginning January 1, 2021, the American Medical Association will make large changes in outpatient Evaluation and Management (E&M) coding. In the interest of “Patients over Paperwork” and helping to reduce administrative burden, the AMA is changing the criteria for E&M code selection. The emphasis for code selection will be placed on the medical decision making (MDM) or time components and will eliminate the need to include the exam and history components. The patient visit is still expected to include an appropriate history and exam, but these components will not be considered when making the proper E&M code level selection.

- Here’s a look at some of the key changes:
- CPT Code 99201 will be deleted. Since the emphasis will now be placed on MDM, the appropriate E&M code that requires straight forward medical decision making would be CPT code 99202. There’s no need for two codes with straightforward medical decision making so the AMA will eliminate CPT code 99201.

- Current 99201 Descriptor: Office or other outpatient visit for the evaluation and management of a new patient requiring 3 key components:
1. A problem focused history
 2. A problem focused examination
 3. Straightforward medical decision making

- Current 99202 Descriptor: Office or other outpatient visit for the evaluation and management of a new patient requiring 3 key components:
1. An expanded problem focused history
 2. An expanded problem focused examination
 3. Straightforward medical decision making

- Effective January 1, 2021, new patient office visit CPT code (99202-99205) descriptors will list a medically appropriate history and/or examination. Code selection will be dependent on the MDM level or the total time spent with the patient on the date of service. The 3 key components will no longer be required and also code descriptors will NOT reference typical face to face time.

Revised 99202 CPT Code Descriptor effective January 1, 2021:

Office or other outpatient visit for the evaluation and management of a new patient, which requires a medically appropriate history and/or examination and straightforward medical decision making.

When using time for code selection, 15-29 minutes of total time is spent on the date of the encounter.

- The criteria for MDM will change to mirror clinical concepts. The level of MDM will be determined when 2 out of the 3 elements for that level are satisfied. Here are the three elements used to determine the MDM level:
 1. Number and Complexity of Problems addressed
 2. Amount and/or Complexity of Data to be Reviewed and Analyzed
 3. Risk of Complications and/or Morbidity or Mortality of Patient Management
- The concept of time will be redefined with these 2021 E&M code selection changes. Currently, you may choose the level of E&M based on time when counseling and/or coordination of care dominates more than 50 percent of the encounter and only face-to-face time is counted. With these changes set to become effective in 2021, all time spent on the day of the encounter (face to face and non-face to face) can help to determine the level of service. It’s important to note that time must be reflective of provider time and may not include staff time.

2021 New and Established Patient E&M Total Time Ranges

NEW PATIENT E&M CODE	TOTAL PROVIDER TIME
99202	15-29 minutes
99203	30-44 minutes
99204	45-59 minutes
99205	60-74 minutes

ESTABLISHED PATIENT E&M CODE	TOTAL PROVIDER TIME
99211	time component removed
99212	10-19 minutes
99213	20-29 minutes
99214	30-39 minutes
99215	40-54 minutes

Now is the time to become familiar with these changes and begin to introduce these changes to providers. In order to assure success, continue to follow guidance issued by the AMA, AAPC and CMS. Be sure to review the table issued by the AMA to help determine the level of service based on medical decision making. ■



Table 2 – CPT E/M Office Revisions
Level of Medical Decision Making (MDM)

Revisions effective January 1, 2021:
Note: this content will not be included in the CPT 2020 code set release

Code	Level of MDM (Based on 2 out of 3 Elements of MDM)	Elements of Medical Decision Making		
		Number and Complexity of Problems Addressed	Amount and/or Complexity of Data to be Reviewed and Analyzed <i>*Each unique test, order, or document contributes to the combination of 2 or combination of 3 in Category 1 below.</i>	Risk of Complications and/or Morbidity or Mortality of Patient Management
99211	N/A	N/A	N/A	N/A
99202 99212	Straightforward	Minimal • 1 self-limited or minor problem	Minimal or none	Minimal risk of morbidity from additional diagnostic testing or treatment
99203 99213	Low	Low • 2 or more self-limited or minor problems; or • 1 stable chronic illness; or • 1 acute, uncomplicated illness or injury	Limited (Must meet the requirements of at least 1 of the 2 categories) Category 1: Tests and documents • Any combination of 2 from the following: • Review of prior external note(s) from each unique source*; • review of the result(s) of each unique test*; • ordering of each unique test* or Category 2: Assessment requiring an independent historian(s) (For the categories of independent interpretation of tests and discussion of management or test interpretation, see moderate or high)	Low risk of morbidity from additional diagnostic testing or treatment
99204 99214	Moderate	Moderate • 1 or more chronic illnesses with exacerbation, progression, or side effects of treatment; or • 2 or more stable chronic illnesses; or • 1 undiagnosed new problem with uncertain prognosis; or • 1 acute illness with systemic symptoms; or • 1 acute complicated injury	Moderate (Must meet the requirements of at least 1 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	Moderate risk of morbidity from additional diagnostic testing or treatment Examples only: • Prescription drug management • Decision regarding minor surgery with identified patient or procedure risk factors • Decision regarding elective major surgery without identified patient or procedure risk factors • Diagnosis or treatment significantly limited by social determinants of health
99205 99215	High	High • 1 or more chronic illnesses with severe exacerbation, progression, or side effects of treatment; or • 1 acute or chronic illness or injury that poses a threat to life or bodily function	Extensive (Must meet the requirements of at least 2 out of 3 categories) Category 1: Tests, documents, or independent historian(s) • Any combination of 3 from the following: • Review of prior external note(s) from each unique source*; • Review of the result(s) of each unique test*; • Ordering of each unique test*; • Assessment requiring an independent historian(s) or Category 2: Independent interpretation of tests • Independent interpretation of a test performed by another physician/other qualified health care professional (not separately reported); or Category 3: Discussion of management or test interpretation • Discussion of management or test interpretation with external physician/other qualified health care professional/appropriate source (not separately reported)	High risk of morbidity from additional diagnostic testing or treatment Examples only: • Drug therapy requiring intensive monitoring for toxicity • Decision regarding elective major surgery with identified patient or procedure risk factors • Decision regarding emergency major surgery • Decision regarding hospitalization • Decision not to resuscitate or to de-escalate care because of poor prognosis

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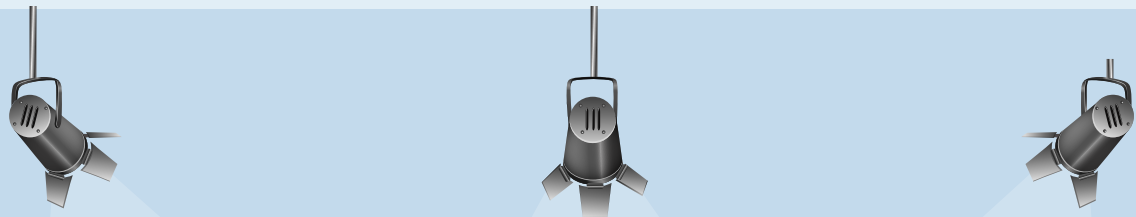
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Member Services Committee Update

By Steve Ebben & Evan Paulus

The Member Services Committee is hard at work making sure that our members find value in our professional organization. As a group of Michigan-based practice managers, we appreciate that there is strength in numbers. Recruiting: The Committee is busy recruiting, starting from a list of recently-lapsed members. The recent announcement of the Spring Conference caused membership to soar as well. Retention: You may have received an email recently announcing that MiMGMA has migrated to a new website. We strongly encourage you to log into your account on the site and update your profile. This information

is private to members only, but is extremely valuable to other members who may want to call or email you about a question they have. This is the strength of the network. Goals: Just like in your practice, MiMGMA has certain fixed costs that help to motivate the need to ensure strong membership. To make sure our professional organization is here for future generations, the Board has established some member recruiting targets. Our goal this year is to grow our active (paying) membership by 15%. Please encourage your colleagues to join and please email us if you have any suggestions on ways to promote new members. ■



New Member Spotlight: Andre Reed, Quality Improvement Coordinator for CMU Health

What is it that you do professionally?

I am a Quality Improvement Coordinator for CMU Health, in Saginaw. I support our providers by maintaining HEDIS dashboards, assisting our patients by closing patient care gaps for all payors, and managing patient panel changes within our EMR. I am also the liaison to our Physician Health Organization and a key contributor to attaining and managing our Patient Centered Medical Home status. At times, I create and/or collaborate on company policies and procedures, ensuring standardized procedures are being carried out in each department.

Tell us a little bit about how you got to this place in your career:

Quite simply...my boss took a chance and hired me. I came from a private practice where I wore many hats. The physician I previously worked for cross trained me, preparing me for something bigger. I was getting my Master of Science Health and Leadership degree, and she was providing me with the managerial experience in the

clinic. I understood how the practice flowed because I had training from the front desk to office management. Having those prior experiences prepared me for the unexpected call from my soon-to-be employer.

What are you hoping to get out of your MiMGMA membership:

I'm hoping to tap into the vast array of managerial knowledge. After attaining membership, I immediately signed up for the mentorship program. I want to learn all that I can, enabling me to conceptualize and implement enhanced methods or alternative approaches towards similar situations. I want to network and hear about the importance of being in certain organizations. My mentor, Ken Rates, has shared some of his literature he reads and encouraged me to see things with a wider lens. Some of the homework questions he asked gave me great pause, because it never crossed my mind. ■

Get Certified!

As you renew your dues and get ready for the new year, I encourage you to consider starting your Medical Practice Executive Certification (CMPE) in 2020. Here are some reasons why you may want to consider advancing your career with the CMPE designation:

- Medical practice leaders do not just “check the box” and show up to work. Instead, you continue to lead, learn, and grow by pushing the boundaries of innovation. Your team of employees, physicians, as well as your patients count on you.
- Set yourself apart with MGMA's career advancement resources. Both Executive Management (+2.88%) and General Management (+17.14%) positions with ACMPE certification report greater compensation figures than those who are not ACMPE certified. ■

• Total Compensation by ACMPE Status
Source: 2018 MGMA DataDive Management and Staff

	Not Certified	Certified (CMPE)	Fellow (FACMPE)
Executive Management Positions	\$121,500	\$125,000	\$171,789
General Management Positions	\$65,000	\$76,142	*

Legislative Committee Update

By Kim Parker

During the last MSMS Legs/Regs meeting there are several bills that are getting a lot of attention; The “Good Samaritan Law” expansion was discussed at great length. The bill was introduced by Dr. Barone II M.D., the intention behind this is; the law would provide legal protection to a person that calls 911 in the event of a drug overdose. The doctors concern is that reversible overdoses are not getting care in times for fear of prosecution. “Emotional Support Animals” bill parameters were discussed; a physician must provide information about the patient’s condition in support of having an “Emotional Support Animal” However, there is great concern about HIPPA violations. The discussion will continue

“Health Can’t Wait” bill is drawing a lot of attention. MSMS is currently seeking financial backing through the MDPAC program with MSMS. The insurance companies are financially vested in this bill and MSMS MDPAC is also looking for contributions whether it is from a private practice or a state organization to help with the financial backing of this bill. “Surprise Out of Network Billing” legislation was also discussed; the bill was introduced with a fee schedule. Continued education on co-pay/deductible vs. out of network billing will occur. Not all of what is currently on the table for discussion will affect our practices, but I encourage everyone to meet with your representatives, provide them with information on the current struggles you are having or submit stories to MSMS. Every little bit will help. ■



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