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SPRING 2022
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HEALTHCARE SUPERHEROES

SOARING BEYOND THE CALL OF DUTY



SPRING CONFERENCE
May 12th & 13th, 2022
Soaring Eagle Casino & Resort
Mount Pleasant, MI

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Practice Focus

Practice Focus is published four times per year by the Michigan Medical Group Management Association (MiMGMA).

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WWW.MIMGMA.ORG

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President's Message



By Ken Rates

I don't know about you, but I am finally beginning to feel that Covid, specifically its restrictions, are in the rearview mirror. Social distancing restrictions, masking restrictions, and event restrictions appear to be lifting. With this newfound sense of

relief, I am thrilled to announce that the 2022 MiMGMA Conference season is upon us.

Due to a rescheduled event, our 2021 Third Party Payer Day was held on March 11, 2022. Special thanks to Joe Rivet and our Reimbursement Committee for all their hard work to pull off a very successful event. I know the conference was filled with an abundance of billing and reimbursement information. We now

turn our sights to our Spring Event at Soaring Eagle Casino & Resort on May 12 and 13, 2022. I know Patty Kerrins and the Programming Committee are working tirelessly to secure top-notch speakers and educators. And her networking afterparties are always a fun-filled and exciting event.

Our in-person events are not the only thing happening throughout MiMGMA. As promised, we launched our New Member Orientation event on March 22, and we are hosting countless webinars on a wide range of topics. Now is the time to get active within MiMGMA. I encourage all of you reading this take your membership to the next level and engage with the board members, committee members, and general membership.

Regardless of your level of involvement with MiMGMA, I hope to see you at one of our future events. Check out more info on these events throughout this newsletter. ■

Executive Director Update



By Debra O'Shea

As we surpass the 2-year mark from which the COVID pandemic began, it seems that we can finally see a light at the end of the tunnel. After our Fall Conference last September and our rescheduled Third Party Payer Day just a few weeks ago, we have officially made

a comeback to in-person events. Thank you to Joe Rivet and the Reimbursement Committee for making Third Party Payer Day a true success, even with a few roadblocks along the way.

Looking ahead, we are excited to welcome everyone back to the Soaring Eagle Casino & Resort in Mt. Pleasant for an exceptional Spring Conference on May 12th & 13th. Our theme is *Healthcare Superheroes: Soaring Beyond the Call of Duty*. Keynote speaker Sherene McHenry will be kicking off the conference with presentations entitled "Soar Superhero Soar" and "Lead Like a Superhero: Understanding the Five Types of Healthcare Workers." These keynotes will teach us actionable strategies to combat burnout and foster a healthy, productive work environment. We have a wealth of other timely topics on our agenda – Check out the full agenda on page 8.

While registering for the Spring Conference, you will have the option to RSVP to the Networking Event on Thursday evening. Please join us there! The Networking Event is truly one of the highlights of our conferences. In addition to dinner, drinks, and games, attendees will be encouraged to dress up in their favorite superhero gear. We will be voting on the best costume, and the winner will get a prize.

If you have any colleagues or peers who might benefit from attending our Spring Conference, please send them our way.

This is a great way to introduce someone to our organization. Plus, non-member attendees will get a free 1-year membership to Michigan MGMA included in their conference fees. We're excited to bring you a fantastic conference with excellent educational content in an accessible part of the state. You'll want to register soon as Early Bird Pricing ends on April 12th.

Register For the Spring Conference!



I'd also like to invite our Business Partners to check out the many sponsorship opportunities Michigan MGMA has to offer for the Spring Conference and beyond. We have event sponsorships available at a variety of price points, and limited exhibit space is still available in our vendor hall. Consider joining us at the Spring or Fall Conference as a sponsor or exhibitor. Visit us

at www.mimgma.org for more information on registering. As another state MGMA so perfectly put it, we can't wait to conference like it's 2019!

Finally, I want to wish each of you a happy and healthy spring. I know the past several seasons have been tough for many of us, and we are honored that you've remained part of Michigan MGMA. As temperatures begin to rise and flowers begin to bloom, may you find a renewed sense of hope and motivation.

If you have any questions or would simply like to connect, please reach out to me by email at doshea@epoxyhealth.com or by phone at 1-800-314-7602. ■



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Become a Partner



By Valarie Parker
Chairperson, Business Partner Committee

On behalf of the Business Partner Committee, we would like to thank all of our MiMGMA 2022 Sponsors and all of the business partners who have registered to be vendors at our conferences. It is because of your generous support that the MiMGMA is able to provide the services for the medical practices that we faithfully serve.

MiMGMA is dedicated to serving the unique needs of practice executives and advancing healthcare leaders throughout Michigan as well as build relationships. One way relationships are built is through connections with the Affiliate Business Partners. The Affiliate Business Partner Membership offers opportunities to connect with leaders and executives from all across Michigan exclusively focused in the healthcare field.

Being an Affiliate Business Partner gives you unique membership benefits, some of which include: networking with members, colleagues and peers, a list of Michigan MGMA's online Affiliate Directory, access to industry news, access to our members only online Membership Directory, the ability to highlight your industry expertise by submitting educational articles to the newsletter, exhibit at our face-to-face annual conferences and receive discounts and invitations to our events. Being an Affiliate Business Member in our organization is not just a title; it's a pathway to build and strengthen your business relationships statewide. We look forward to connecting and networking at our upcoming conferences! Please mark your calendars for:

■ **Spring Conference:** May 12th & 13th at the Soaring Eagle Casino & Resort in Mount Pleasant

■ **Fall Conference:** September 29th & 30th at Crystal Mountain in Thompsonville

■ **Third Party Payer Day Conference:** November 4th at the Soaring Eagle Casino & Resort in Mount Pleasant. ■

Thank You to our 2022 Corporate Sponsors!

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Third Party Payer Day Recap



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

And it finally happened — The rescheduled 2021 Third Party Payer Day on March 11 was a tremendous success! This was the reintroduction of MiMGMA's live, in-person reimbursement event after nearly two years. There were over 100 attendees and five presenters representing payer and state agencies.

All the presenters had packed presentations with great dialogue from attendees. Topics ranged from claim submissions and reimbursement to provider portal updates impacting providers. Some of the consistent topics included telehealth and Michigan's Surprise Billing law. Networking was also in full bloom and longingly missed by attendees.

Save the date for the 2022 Third Party Payer Day on Friday, November 4, 2022 at the Soaring Eagle Casino & Resort in Mt. Pleasant. If you have a topic idea you'd like to have presented, please email the Chair, Joe Rivet, at JOE@RIVETHEALTHLAW.COM as planning for the next event is already underway. ■



Save the Date for MiMGMA's 2022 Conferences

Spring Conference

May 12 & 13

Soaring Eagle Casino & Resort,
Mount Pleasant

Fall Conference

September 29 & 30

Crystal Mountain, Thompsonville

Third Party Payer Day

November 4

Soaring Eagle Casino & Resort,
Mount Pleasant

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Membership Update



By Cindy Kinney, Membership Chair

As we moved into 2022, our membership saw a slight overall decline. However, with a new year comes new opportunities for growth and programming.

New for 2022, we will be hosting a quarterly virtual New Member Orientation. The first one was held on March 22nd from 6pm – 7pm. If you were unable to make it, please consider joining us at our next orientation. The date will be announced soon. All are welcome, but we will be specifically targeting new members each quarter. The orientation is a great way for members to interact with our leadership team and to learn about what MIMGMA has to offer.

If you know of someone that could benefit from networking with healthcare peers from all around Michigan, please reach out to them and let them know about the Michigan MGMA. Please feel free to pass along my contact information, too.



There are multiple ways our members can engage with the Michigan MGMA and we want to encourage you to be part of our community. The Spring Conference is coming up on May 12 & 13 at Soaring Eagle Casino & Resort in Mt. Pleasant. I hope you will consider registering and taking advantage of the opportunity to meet and network with other health administrators from around Michigan.

In 2021, MIMGMA established an Academic Sub-Committee for all students and faculty members. If you are a current student or college faculty, please consider being part of this new committee. Joining will bring you tools and programming that align with your continued education and success. If you are interested in being on a committee or are looking for ways to be more engaged, please do not hesitate to reach out. I am more than happy to chat with you about all of the great opportunities Michigan MGMA has to offer. You may reach me at CINDY.KINNEY@BEAUMONT.ORG.

We are grateful for all of our members and affiliates. Thank you for your participation in making the Michigan MGMA a huge benefit to the healthcare community throughout Michigan. ■



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Spring is here! Time to Register for Spring Conference 2022!



by Patty Kerrins, President Elect &
Program Committee Chair

Healthcare Superheroes: Soaring Beyond the Call of Duty!

The programming committee has been busy putting together an excellent Spring Conference agenda centering on the superheroes theme. It will inform,

entertain and get everyone back together again. We start the conference out with an excellent keynote speaker: Sherene McHenry. Sherene will help you understand The 5 Types of Healthcare Worker. Spring conference is May 12th and 13th; to see the agenda and to register, head to MIMGMA.ORG. It's a small price to pay to get all the valuable content over the 2-day event at the Soaring Eagle Casino in Mt. Pleasant. We also have an exciting networking event planned for everyone to connect and have fun in the process. Think about your favorite superhero, and if you represent that superhero at the networking event, you could win the Big Cash Prize! Hope we'll see you there!

Also, don't forget to mark your calendars for this year's Fall Conference. September 29 and 30. We are working on this schedule, and we plan on an equally exciting conference for Fall.



Meet our Keynote Speaker: Sherene McHenry, Phd, CSP

Dr. Sherene McHenry, The People IQ Expert®, is a former graduate professor turned full time speaker and author. Armed with a Bachelors in Business Management from Wingate University, a Masters of Education from The University of South Carolina,

and a Ph.D. in Counselor Education from the University of Wyoming, Sherene empowers and equips audiences to increase engagement, productivity and purpose.

Sherene has spoken extensively throughout North America, as well as in South America and Asia. She's the author of Navigate: Understanding the Five Types of People, Pick: Choose to Create A Life You Love, 7 Ways to Get Your Team Fully Empowered and Engaged Guidebook, and The Busy Student's Guide to College and Career Success, multiple journal articles and a syndicated magazine column that addresses leadership and interpersonal issues in the workplace. Sherene is a Certified Speaking Professional (CSP), a Licensed Professional Counselor (LPC), a member of the National Speakers Association and past president of the Michigan National Speakers Association.

Conference Networking Event

Our Networking Event is one of the highlights of our conferences. Please join us on Thursday evening from 5:30 - 8 p.m. for dinner, drinks, and a fun scavenger hunt in the casino. We'll also have a superhero costume contest, so get out your favorite superhero gear and dress to impress! ■

**CLICK HERE to Register for
the Spring Conference!**

SPRING CONFERENCE AGENDA

May 12 and 13 at Soaring Eagle Casino & Resort

THURSDAY, MAY 12

7:30 - 8:15 a. m.	Registration/Breakfast
8:15 - 8:30 a.m.	Welcome Patty Kerrins, Program Committee Chair
8:30 - 9:30 a.m.	Soar Superhero Soar Sherene McHenry, Keynote Speaker
9:30 - 10 a.m.	Vendor Break #1
10 - 11 a.m.	Lead Like a Superhero: Understanding the Five Types of Healthcare Workers Sherene McHenry, Keynote Speaker
11 a.m. - 12 p.m.	Healthcare Legislative Update Josiah Kissling, MSMS
12 - 1 p.m.	Lunch with Vendors
1 - 2 pm	Employment Law in Year 3 of the Pandemic: What Has Changed – and What Hasn't Matthew Radler, Honigman LLP
2 - 3 p.m.	Is Your Practice Leaving Money on the Table? Julie Hardy, The Rybar Group, Heather Turcany, Merchants' Credit Guide Company
3 - 3:30 p.m.	Vendor Break #2
3:30 - 5 p.m.	HR Roundtable: Staffing & Retention in Today's Challenging Marketplace
5 - 5:30 p.m.	Transition to Networking Event - Break
5:30 - 8 p.m.	Networking Event

FRIDAY, MAY 13

7:30 - 8:30 a.m.	Breakfast with Vendors
8:30 - 9:30 a.m.	No Surprises Act – Has it Taken Your Practice by Surprise? Jill M. Young, CEMC, CPC, CEDC, CIMC
9:50 - 10:50 a.m.	Leveraging Actionable Insights in a Deluge of Healthcare Data Jose A. Perez, Jr., Perez Management Group LLC
9:30 - 9:50 a.m.	Vendor Break
10:50 - 11:45 a.m.	Spectrum Health West Michigan: Operational Deployment System For the Win! Max Quero Florit and Bonnie Osborn, Spectrum Health
11:45 a.m. - 12 p.m.	Giveaways/Final Remarks
12 p.m.	Conference Dismissed

Senate Bill 247: Prior Authorization Reform

By Scott Kempa



Over three years ago, Michigan State Medical Society (MSMS) led the charge in creating Health Can't Wait, a coalition of physicians, patients and other health professional and advocacy associations who together sought to enact legislation that put Michigan

patients first and ended delays in patients' access to health care. Throughout this time, patients, physicians, and other health care professionals shared countless stories of the ways in which prior authorization caused unnecessary and costly care delays, and interference in the medical decision-making process.

While previous attempts to pass meaningful prior authorization reform stalled in the previous legislative session, MSMS and the Health Can't Wait coalition continued to advocate for a solution. The culmination of that effort was eventually introduced in the form of Senate Bill 247, which added much-needed timeliness, transparency, and clinical validity to the prior authorization process.

After passing the Senate unanimously in April of 2021, Senate Bill 247 successfully passed the Michigan House of Representatives by a vote of 103-2 on March 23, 2022. Senate Bill 247 now awaits final signature from Governor Gretchen Witmer, marking the final step in achieving long-awaited prior authorization reform.

If you would like more information about becoming a member of MSMS, contact Kevin McFatridge at KMCFATRIDGE@MSMS.ORG. Or, if you are already a member and want to contribute to the continued legislative success of patient-centered policy reforms, please donate at WWW.MDPAC.ORG. ■



Did you know?

National MGMA provides an easy way for you to let your representatives know how you feel regarding issues impacting the medical practice community. With the click of a few buttons, you can find your elected officials and send them a pre-written message about important legislative issues. Click "Contact Congress" below to learn more about MGMA's current legislative initiatives and contact your representatives today!

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Choose Your Best Path



By Sandy Sprague, FACMPE

Curious to know your options to CMPE Status? We understand, one size does not fit all which is why we have developed two distinct “pathways” to reach the goal of Certified Medical Practice Executive through the American College of

Medical Practice Executives. Take a few minutes to explore the two paths outlined below as you embark on this journey!

PATHWAY ONE

Step One: Apply

- Have two years of healthcare experience
- Hold a bachelor's degree or 120 hours of college credit
- Be a current MGMA member (national)
- Pay an application fee

Step Two: Become Board Certified *

- Register and pass the multiple-choice exam
- Register and pass the scenario-based exam
- Earn 50 continuing education (CE) credit hours (Eligible credit starts 30 days prior to your application acceptance date)
 - + 30 hours from MGMA National, state or local
 - + (of the 30, 12 must be LIVE learning from MGMA National, state or local)
 - + 20 hours from qualified sources that pertain to the medical practice management field or MGMA

Step Three: Maintain your CMPE Credential

- Submit 50 CE hours every three years
- Remain an MGMA member

PATHWAY TWO

Step One: Apply

- Be a current MGMA member
- Pay an application fee

Step Two: Become Board Eligible

- Register and pass the multiple-choice exam
- NEW: Add ACMPE Board Eligible to your resume!

Step Three: Become Board Certified *

- Earn a bachelor's degree or 120 hours of college credit
- Obtain two years of healthcare experience
- Register and pass the scenario-based exam
- Earn 50 continuing education (CE) credit hours (Eligible credit starts 30 days prior to your application acceptance date)
 - + 30 hours from MGMA National, state or local
 - + (of the 30, 12 must be LIVE learning from MGMA National, state or local)
 - + 20 hours from qualified sources that pertain to the medical practice management field or MGMA

Step Four: Maintain your CMPE credential

- Submit 50 CE hours every three years
- Remain an MGMA member

Please visit MGMA.ORG for more information or contact Sandy Sprague, FACMPE, ACMPE Forum Representative for MiMGMA at [SSPRAGUE@GREATLAKESEYEINST.COM](mailto:ssprague@greatlakeseyEinst.com).

Applicants will have *three* years from their application acceptance date to become certified. ■

**Pending board approval*

2022 ACMPE Scholarships & Grants

National MGMA is now accepting applications for 2022 scholarships and grants.

MGMA awards scholarships to students with a current MGMA membership who are pursuing a career in medical practice management. They award grants to individuals who currently hold an ACMPE board certification and would like to pursue Fellowship.

The deadline to apply is May 27, 2022.

LEARN MORE AND APPLY HERE!



Fall Reimbursement Update



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

New Occurrence Span Codes

CMS issued a One-Time Notification Transmittal 11191 regarding new Occurrence Span Code 82 (Hospital at Home Care Dates) and new Room and

Board (R&B) Revenue Code Subcategory 0161 (Hospital at Home, R&B / Hospital at Home). These are used to track and identify claims submitted for beneficiaries receiving acute care hospital services at home. These are effective for dates of service on and after July 1, 2022.

Gap Billing Between Hospice Transfers

CMS issued Transmittal 11258 regarding edits to prevent gap billing between hospice transfers. Currently, there is no mechanism in place to prevent gap billing. Since hospice transfers must occur on the same day, there cannot be a break in hospice care or a gap in billing. The Medicare Claims Processing Manual, Ch. 11 – Processing Hospice Claims has been updated to reflect the update.

Quarterly Update to the Medicare Physician Fee Schedule Database (MPFSDB)

Payment files were issued to contractors regarding the April 2022 updates. Several codes have status indicators updates impacting payment.

Procedure status and payment policy indicators changed effective January 1, 2021:

Code/Modifier	76390	76390-TC	76390-26
Procedure Status	C	C	C
Work RVU	0.00	0.00	0.00
Non-Facility PE RVU	0.00	0.00	0.00
Facility PE RVU	0.00	0.00	0.00
MP RVU	0.00	0.00	0.00
Multiple Procedure	0	0	0
Bilateral Surg	0	0	0
Assistant Surg	0	0	0
Co-Surg	0	0	0
Team Surg	0	0	0
SOS	1	1	1

New Waived Tests

CMS published Medicare Claims Processing Transmittal 11188 regarding new CLIA-waived tests. There are 13 new tests included in this update.

Manual Updates to Critical Care, Split/Shared Evaluation and Management Services, Teaching Physicians, and Physician Assistants

On January 14, CMS published Transmittal 11181 and

Medicare Benefit Policy Transmittal 11181 regarding changes to the Claims Processing Manual and Benefits Policy Manual to reorganize the manual updates to policies for critical care services, split/shared evaluation and management services, teaching physicians, and physician assistants as finalized in the CY 2022 Medicare Physician Fee Schedule Final Rule.

Telehealth Update Medicare Physician Fee Schedule

CMS published updates regarding changes to Telehealth Services for 2022. There are two additional modifiers FQ and FR as well as reminders regarding the place of service changes for place of service 02 and 10.

New HCPCS Code for Remdesivir Antiviral Medication

CMS issued a Special Edition MLN Connects regarding the creation of a new HCPCS code (J0428) for VEKLURY™ (remdesivir) when administered in the outpatient setting. This code is effective with dates of service on or after December 23, 2021.

CMS also updated its Monoclonal Antibody COVID-19 Infusion webpage adding information about billing for this product. ■

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Shifting Reimbursement Models seem to change the rules, but the same metrics still matter most . . .

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Three Common Mistakes Healthcare Professionals Make



By Teresa Datema

Real estate is the second highest expense behind payroll for most healthcare practices. The benefits of capitalizing during lease negotiations can include a healthy raise through increased profitability, reduced debt, a nicer office and more. On the contrary, if negotiations are not handled properly, the results can be decreased profitability; resulting in the need to produce tens to hundreds of thousands of additional dollars just to pay the same bills that should have cost dramatically less.

While there are many key concepts and strategies you should always do prior to and during any lease or purchase negotiation, there are an equal or greater number of mistakes you should avoid. Having represented thousands of healthcare professionals over the last decade, we have gathered some of the most common mistakes healthcare professionals make during lease and purchase negotiations with the goal of helping others avoid the same mistakes. Here are three of the most common mistakes:

#1: Believing the Landlord or Seller Will Simply Offer Their Best Terms

Landlords and sellers are in business to make money. They are no more likely to voluntarily reduce lease rates or give up any extra money through concessions as you would be to voluntarily reduce your reimbursement from an insurance company or cut your patient fees if you didn't have to. While it sounds pleasant to hear a landlord talk about giving a 'fair deal' or 'reasonable price', your odds of getting either are bleak without truly understanding the market, entering the negotiation process with multiple other options and having the needed guidance to capitalize. Trusting a landlord or seller without the help of professional representation will most likely result in the forfeiture of tens to hundreds of thousands of dollars that could have stayed in your checking account. Case and point: if you were about to sell your home and a fair price was \$400,000... but your agent told you a buyer would pay \$500,000... what would you list or sell it for? The "fair" price of \$400,000... or the most you could get for it? Exactly. You would sell it for the most you could. Your landlord will treat you the same way. They will charge you the highest they can while giving you the least they can get away with.



#2: Determining Market Value By Asking What Your Neighbors Are Paying

Several years ago, we were reviewing the lease terms of a doctor who had been in a building for 20 years. In looking at his lease, he was paying \$30 per SF, and had not received any free rent or tenant improvement allowance in his last negotiation. When we posed the question: "Do you believe \$30 per SF with no

concessions is a good deal?" his response was: "I believe so." "Why, we asked?" His response: "There are four other healthcare practices on this floor. We all know each other and talk about our leases. We are all paying \$30 per SF and the landlord has told all of us they don't give free rent or tenant improvement allowances." Our response: "I understand the logic behind that approach... but what if I told you we just did a lease with a brand-new tenant on the first floor at \$21 per SF (\$1,800 per month in savings if it were your lease rate), while also obtaining 3 months of free rent and over \$100,000 in tenant improvement allowance!" The bottom line is that landlord got away with convincing five different practices the market was far higher than it really was and that they didn't deserve any concessions. Imagine finding out that you have been overpaying by \$1,800 per month for the last 5 to 10 years and forfeiting money that could have completely renovated your space? This scenario happens every day to uneducated tenants who consult with other uneducated tenants and compare terms that were the result of having no posture, no knowledge of the market and not applying leverage through representation.

#3: Not Knowing Market Availability and Comps

The foundation of a successful negotiation starts with understanding what your other viable options are, how they compare to each other and how to execute on them. When dealing with landlords or sellers, many healthcare providers try to bluff their way into and through negotiations. A savvy landlord or seller can often read a bluff from a mile away. Here is the problem with this approach: it communicates you are too busy, you don't know who to hire and you don't know what you could achieve. Trying to wing it in these scenarios will not work! This approach typically results in less respect from a landlord and the exact opposite results you were hoping for. Also, overly aggressive offers or unrealistic requests can compound the problem, as can emotional responses to the conflict inherent in most high-dollar negotiations. If you are going to be successful in your next negotiation, understanding market availability and comps is the first place to start. You can hire representation to do this for you, or you can invest dozens of hours yourself into the process.

These are just a sample of the more common mistakes you should seek to avoid when looking at your real estate decisions. Unfortunately, there are several more you need to avoid. ■



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Important Tax Breaks For Healthcare Capital Expenditures



By Matt Barczak, MBA, CPA

As a healthcare provider, it's important to be aware of possible savings on your tax liabilities, especially favorable tax breaks that are still available for your capital expenditures.

The rapid pace of change in medical technology, coupled with regulatory requirements, often leads to the need for building renovations and updates to keep your equipment current while providing the highest quality of care. You may count a number of assets as capital expenditures: buildings, computer and digital technology, medical equipment, office furnishings, and similar assets.

Tax benefits tied to buying vs. leasing

Because these types of capital expenses tend to be very costly, many practices end up leasing a new location rather than buying one. This lowers the upfront cost of acquisition, while the rental fees can be immediately deducted on your tax returns rather than working with depreciation of the structure over time.

However, there are numerous tax benefits available for healthcare enterprises that decide to purchase their structure rather than leasing it. Under Internal Revenue Code Section 168(k) and 179, bonus depreciation is covered. These two particular tax law provisions allow upfront deduction on tangible personal property, as well as specific qualified improvements that are made to real property which is used in a business or trade.

Changes to these tax provisions

Though the provisions have been around for many decades, they've seen shifts as they've been changed several times over the years. Because both of the tax rules give you a deduction for the expense of a property during the first year it has been placed into service – instead of over a longer time period as with depreciation – these rules lower your effective business tax rate while increasing your cashflow and incentivizing your capital investment, which helps provide growth in the economy.

Generally speaking, Section 179 will allow you to deduct 100% of your cost of depreciable business assets that will be placed in service during the 2022 tax year, up by \$30,000 over 2021 to a maximum of \$1,080,000. That being said, the total amount that you are able to deduct must be limited to your business' taxable income for the year. If the purchase price of a qualifying property is in excess of \$2.7 million, the deduction will start being reduced dollar by dollar.

Similarly, using bonus depreciation, you are able to deduct 100% of the expense of your depreciable business assets which have a depreciation period of 20 years or fewer. This often

includes computers, tablets, medical machinery or equipment, furniture, software, appliances, and qualified property improvements. Because there is no dollar limit on the rule, and it is not dependent on taxable income, you can claim the full benefit provided that you place the property in service before Dec. 31, 2022. Unless the bonus depreciation program is modified by Congress, it's expected that the deduction will decrease by 20% every year beginning in 2023 until it has been completely decreased at the end of the 2027 tax year.



Working with your trusted advisor

Tax benefits such as these are among the reasons you should work with a tax advisor when you're planning your annual capital expenditures and looking at how you should recover the cost of those expenses. This allows your advisors to model what your cashflow will look like and identify the tax benefits that make the most sense for your practice. With an expected increase in business tax rates, it's important to understand the timing of your capital expenditures deductions, so that you can obtain the best possible benefit from it.

It's wise to think about taking advantage of tax incentives including Section 168(k) and 179, especially during challenging economic environments, and it's also important to consider both the short- and long-term financial position of your healthcare enterprise. Our experienced team can help you develop a smart strategy to take advantage of these tax breaks while they're still in effect, while considering your overall business strategy – this will help keep your expenses in line with your overall plan.

If you have any questions, or would like additional information, please contact Matt Barczak at MATT.BARCZAK@REHMANN.COM. Visit Rehmann's [Comprehensive Planning Hub](#) for more helpful articles and resources. This is an all-in-one spot for the essential things you're thinking about right now and ideas for how you can best prepare for future success. ■

Assessing Place and Time: Hybrid and Remote Work Models Provide Growth Potential for Practices and Flexibility for Staff



By Christian Green, MA

In fall 2019, 93% of U.S. workers reported that they never or occasionally (once a month or less) worked from home.¹ This percentage was likely even smaller in the healthcare industry, which lagged other areas in offering flexible work

arrangements. “We did have some employees who worked remotely before the pandemic, but it was a very small number, just a handful,” recalls Beth Austin, vice president of operations, Spectrum Healthcare Partners (SHCP), South Portland, Maine, which has approximately 400 non-physician employees.

That all changed when the COVID-19 pandemic forced medical group practices to update public health safety measures in March 2020. As clinical and non-clinical staff left the office to work off-site, practices began to spend more time evaluating hybrid and remote work arrangements, particularly for non-patient-facing staff. What they often found was that employee productivity and morale increased, while rates of stress and burnout decreased.

Many healthcare leaders have begun to recognize the advantages of these work arrangements and how they can benefit the organization and employees. This is reflected in a PwC US Pulse Survey conducted last fall, in which 32% of healthcare leaders said that they strongly agreed that employee preference was the most important factor in developing their return-to-work plans, 7% higher than industry-wide numbers.²

The future of work arrangements



Feb. 9, 2022, MGMA *Stat* poll revealed that 59% of respondents said they shifted workers to permanent remote or hybrid settings during the past year.³ As one practice leader noted, work arrangements have changed a lot during the past two years: “COVID-19 propelled us into the future and now [remote work is] a retention and recruiting essential.”

Beyond retention, practices noted that productivity and space

constraints factored into their decision, often concurrently: “We need to maximize clinic space and found that these folks [chart prep, prior authorization positions and financial counselors] did not need to be in the office to be productive,” offered another practice leader.

In the poll, practices cited billing/coding, call center, scheduling and administrative positions as the most frequently remote/hybrid. But is there a way to determine which positions are the best fit for hybrid/remote work and which individuals should be considered?

A 2x2 axis of place and time

A good place to start is to look at the work of Lynda Gratton, PhD, professor of management practice at London Business School, who leads the Future of Work Research Consortium, which, in 2008, brought together more than 100 companies to examine the ways work is shifting and how organizations must change in the coming years to prosper.

Although the group’s focus has been on researching future trends, identifying best practices and learning from trial and error, recently the FoW has honed in on how work arrangements have been affected by the pandemic. What the FoW discovered is that hybrid and remote work models enable organizations to help make “work lives more purposeful, productive, agile, and flexible.”⁴ However, according to Gratton, the most important aspect of designing hybrid and remote work arrangements is to look beyond institutional concerns, focusing instead on individual human concerns.

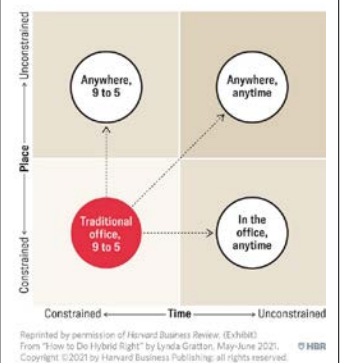
Organizations should start by assessing place and time. Being place-constrained in an office setting versus being place-unconstrained by having the ability to work anywhere is what most workers have grown accustomed to during the pandemic. However, the shift to asynchronous work, or not working at the same time as their coworkers, has also become more common during the pandemic.

For years Gratton has used a straightforward 2x2 matrix arranged along place and time axes (see Figure 1). In reviewing this matrix when assessing flexible work arrangements, organizations can plot certain positions in each quadrant, correlated to four factors:

1. Jobs and tasks
2. Employee preference
3. Projects and workflows
4. Inclusion and fairness.⁵

FIGURE 1
Work Arrangements in Place and Time

Working in the office from 9 to 5 used to be the norm, with companies allowing limited flexibility in where or when employees worked. The pandemic has upended that model, as managers recognize that many employees can work productively anywhere, anytime.



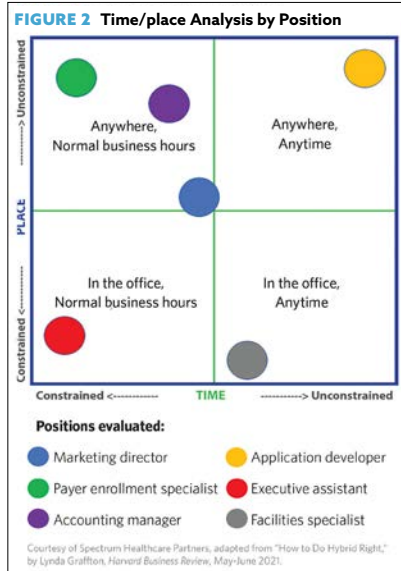
At SHCP, a handful of employees worked remotely prior to the pandemic, but the organization didn't set out to create a work plan until well after the pandemic started. As Austin relates, SHCP first conducted a secondary literature review on remote work across industries and held informal interviews with HR leaders and executives in other industries.

Jobs and Tasks

According to Gratton, organizations should look at positions on a case-by-case basis, based on their roles and tasks and the factors that drive productivity. For example, these could include focus, coordination, energy and/or cooperation.⁶ Organizations should ask how individuals in certain roles could be affected by work environments when factoring in place and time.

Using this as a basis, Austin, along with SHCP's chief human resources officer, Julie Wheeler, SHRM-SCP, SPHR, determined whether their organization's employees could work remotely or were better suited to be on-site. They then considered whether each employee had to work during standard hours (e.g., 8 a.m. to 5 p.m.) or could work any time, day or night.

"One of the key parts of our work was to get alignment from



the senior leadership team," says Austin. "People were all over the map — from those who thought people should be in the office all the time to those who thought we should let them work remotely all the time and everywhere in between. Or practices, personas can be created for each position, which can then be slotted in one of four quadrants, depending on how constrained the position is related to place and time (see Figure 2). When creating these personas, Austin says practices should consider:

- Job description (including diversity of role)
- Degree of need for relationship building
- Management/coaching responsibilities
- Inter- and intra-departmental collaboration needs

- Technology requirements
- Regularity and timing of interface with clients (internal and external).

For example, as illustrated in Figure 2, an executive assistant needs to be in the office during standard business hours, while an application developer doesn't necessarily need to be in the office or work during standard business hours. Most staff positions have flexibility, particularly where they work.

An ideal work-from-home candidate such as an application developer would be categorized as having/being:

- Narrow job responsibilities
- Tech-savvy
- Lower requirements for interpersonal interaction or relationship building
- Focus on cognitive thinking, problem-solving, or data processing and analysis
- Further along in career development and able to work independently or on non-collaborative projects
- Limited needs for special equipment.

Employee Preference

Once they received buy-in from senior leadership, Austin and Wheeler sent surveys to employees to determine their preferences. They first asked, "What is your work arrangement preference?":

- Working fully from the office (five days a week)
- Working mostly from the office (three to four days per week)
- Working mostly remote (one to two days per week in the office)
- Working fully remote (five days a week).

This was followed by gauging employee preference with meetings (in office, remote, no preference and not applicable):

- Attending large group meetings
- Meeting one-on-one with people you supervise
- Meeting one-on-one with your supervisor.

Once they received feedback from approximately 90 employees, Austin and Wheeler worked with the employees'

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supervisors on developing a work plan for each, based on supervisor recommendations, employee preference and employee personas.

When considering employee preference, it's also crucial to consider employee experience with your organization. Much like positional personas, organizations can create personas for the same or similar positions based on experience. Compare Beth, a new hire in the billing department, to Kate, who has worked in the billing department for 10 years.

BETH

- 25 years old
- Lives downtown within walking distance of the office
- Shares a small apartment with two roommates, so it's easier to focus in the office
- New to her role and can benefit from organizational knowledge. She also wants to be mentored and coached, which is conducive to being in the office.

KATE

- 40 years old
- Lives in the suburbs and has an hour commute each way
- Has a well-equipped dedicated workspace and no distractions
- Is part of an established network in the organization, so being in the office to learn and develop is not as imperative.

Projects and Workflows

Gratton contends that organizations also need to address how work gets done, who is doing the work, and where the work is done, all of which can again be determined by looking at personas.

The How

For those who work remotely, how does their role engage and interact with other roles and departments? For instance, Austin's application developer primarily works independent of other departments and roles. One of the most important productivity drivers for that position is focus. Conversely, the executive assistant is likely working across many departments and utilizes two of the most important productivity drivers: coordination and cooperation.

The Who

Looking beyond personas, organizations should invest time in assessing the individual and their role and then ask the following questions:

- Are they self-motivated?
- Can they work independently?
- Are they well-organized?
- Are they reliable?
- Are they effective and efficient communicators?
- Can they manage their time?
- What's their personality type?

In speaking to several practice leaders, there are also specific requirements they consider. As Cathy Faulkner, administrator, Peerless Pediatrics, Cleveland, Tenn., points out, her criteria for qualifying for remote work is straightforward: "My strategy is that it has to be... someone with a good work ethic, someone who has been with us three to five years," noting that she has been very selective in deciding which employees can work remotely. They are "someone that I feel comfortable

with allowing them to work at home because efficiency and productivity are important," she added.

Faulkner helps keep her organization's remote employees engaged by requiring them to spend time in the office two or three times a month for staff and team meetings. She sees remote work as an effective retention tool, as the individuals in her organization value their ability to work from home. "The people who are currently in those positions, I don't see them giving that up anytime soon," she says.

For Toby Hoaglund, MBA, CMPE, practice manager, Carson Tahoe Health, Carson City, Nev., her organization has always had a telecommuting policy, determined by each department. Within the groups she oversees — cardiology and psychology — remote workers are primarily phone schedulers. "You have to work phones internally in the office for six months and be at a certain percentage and meet those benchmarks in the office before you can even qualify to go remote," she says of the criteria, which is measured by managers. Employees also must sign a remote working contract, which defines their commitments and responsibilities.

Similarly, Jim Padley, MBA, CMPE, chief operating officer, ID Care, Hillsborough, N.J., says that his organization has a 90-day training period during which employees are evaluated to determine whether they are suitable for remote work. ID Care began looking at remote work options prior to the pandemic, so they were able to transition employees to remote work efficiently.

Padley noted that ID Care started with billing and call staff and received provider relief funds from the government, which allowed the organization to upgrade to a VoIP phone system for remote workers. According to Padley, ID Care continues to evaluate all job functions for remote work suitability and recently shifted its prior authorization staff out of the office.

The Where

To be productive, remote employees need to have a dedicated workspace, preferably a separate room where there are limited distractions. It's also important to have a comfortable chair and a desk large enough to accommodate a large monitor or two.

Padley notes that his organization tries to provide everything that employees would have in an office setting, such as two monitors for easily opening multiple documents for review.

To remain productive and engaged, remote workers should also consider:

- Creating a routine, including getting dressed for work and symbolically leaving for work — even if that simply entails going to the home office — to help enhance productivity, and ending the day at a specific time by leaving the home office.
- Taking breaks away from your desk throughout the day to recharge, including taking a walk, doing laundry or playing with a pet. When doing so, use status settings to let people know your availability.
- Using communication tools such as Microsoft Teams chat and engaging in virtual coffee breaks, lunches and happy hours can help bring remote workers closer together.⁷
- Promoting casual conversation when remote employees

yearn for more connection by establishing a “virtual water cooler” such as a daily group check-in or discussion board/chat room where individuals can catch up.⁸

Inclusion and Fairness

Gratton suggests organizations should obtain feedback from as many employees as possible in the remote plan design process. Not taking the pulse of employees can result in feelings of alienation, which can hurt productivity and collaboration and potentially increase turnover. She also points out that hybrid and remote work models should be an organizational initiative and should not be left up to individual departments.⁹

In addition to the employee surveys SHCP sent out, Austin and Wheeler asked managers to speak with their direct and indirect reports in one-on-one meetings and during team discussions to obtain additional feedback from employees. However, through the research the organization conducted, they determined it was best for the management team to gain organizational consensus on the framework (Gratton’s model) and criteria (using personas and asking key questions to employees). In addition, as Austin specifies, SHCP has prioritized ongoing discussions with the management team regarding culture and employee engagement for remote workers.

Productivity and Benchmarks

Many organizations have reported higher levels of productivity and engagement with remote workers. The basis for this may simply be employee gratitude and reduced stress. “[Knowing] that they can perform those functions at home, if necessary, it relieves a lot of emotional and mental anxiety,” says Galyn Damiani, SHSMD, senior director, brain & spine and critical care, Centra Health, Lynchburg, Va.

Less interruption may also boost productivity; some of Padley’s remote employees report fewer conversations with and distractions from other employees. Being near high-traffic areas, such as the kitchen entrance or a conference room, can also affect productivity for employees whose focus is a significant driver.

It’s relatively easy to gauge productivity, because there’s no reason for goals to be modified. “The ways we interact with employees might be changing, the way things get disseminated or played out varies, but in terms of what we measure, it doesn’t change,” Austin says.

Paul Berkley, president, Health Management Systems, Montville, N.J., adds that practices can set quotas and measure benchmarks the same way they typically do for on-site workers. “In looking at A/R, people who are doing verification, you can count numbers,” says Berkley. “I gave you 25 to do, and you did 25.”

Likewise, for positions such as call center staff and billing and coding staff, for example, there are measurable metrics:

- For the former, efficiency, first-call resolution response time, customer satisfaction rates
- For the latter, charts reviewed, claims coded, claims submitted, denials appealed.

Berkley notes that one of the biggest challenges to sustaining and improving productivity is maintaining rapport with employees. “The challenge... is setting up new communication

systems so that you’re able to talk to your people and they’re able to relate and talk to you,” he says. “You really have to make yourself much more available because it’s not like they can see us sitting at the desk around the corner.”

Culture

Communication is an important driver of engagement, which can contribute to a stronger organizational culture. For SHCP, the management team wanted to assess how culture would change in a remote setting. By identifying the organization’s core values, the team was better able to exhibit that culture to new hires. “Culture is based on modeling behavior,” explains Austin. “So you’re going to have to demonstrate the behaviors differently in a remote environment or a hybrid environment.”

To help introduce new hires to SHCP’s culture and to sustain it for remote employees, Austin noted that they employ several tactics, including:

- Icebreakers at the beginning of every meeting to help employees and new hires get to know one another
- Being more intentional through quick one-on-one conversations on Microsoft Teams rather than via email.
- Replacing longer meetings with shorter meetings with fewer invitees.

At Centra Health, Damiani notes that flexibility and concern with well-being has helped boost employee engagement scores. “Culture is what underlies executing on the strategies that we put in place,” she says. “If we don’t have a great culture and great engagement, then we’re not going to be able to effectively and efficiently execute on what we need to get done.”

To maintain these connections, practices have instituted monthly in-person staff and team meetings, virtual daily huddles, virtual happy hours and virtual games. For some, seeing their coworkers’ faces may be enough; however, others may yearn for something more fulfilling (see sidebar below).

Emphasizing empathy and supporting the needs and concerns of each employee can go a long way in helping to make everyone feel as though they have a voice. Damiani says that her organization makes sure that they understand how each employee functions as part of the team. As such, they are continually discussing how to effectively work together as a team in their staff huddles.

“Having those real conversations about what that looks like and not waiting for a problem to arise before addressing it are some of the ways that I feel are very important to help make sure that you maintain that culture,” she says.

Mayo Connections

Prior to the COVID-19 pandemic, 5% of Mayo Clinic employees worked remotely. Today, 25% of the staff work remotely. So how did an organization with approximately 74,000 employees sustain its mission, purpose and culture during a time when some employees may have felt isolated? Two key ingredients were being deliberate in maintaining connections and focusing on the well-being of employees.

Launched in mid-2019, Mayo Clinic’s Bold. Forward. @ Work strategy is made up of six workstreams, including Mayo

Connections. It was designed to ensure staff are connected and committed to the organization and each other as part of the workforce of the future.

According to Cathy Fraser, MBA, chief human resources officer, Mayo Clinic, the program is composed of well-being connection groups, professional development groups and social affinity groups:

- **Well-being connection groups:** Groups of 10 to 15 employees who meet weekly on Zoom for up to six weeks. Groups are led by a Mayo Clinic wellness coach who helps the group examine well-being resources, establish goals to boost well-being, work on resiliency skills and connect with colleagues virtually.
- **Professional development groups:** 12 sessions on various topics (for example, career progression) during which executive team members led small group discussions for approximately 50 employees for 45 minutes on Zoom. These groups were designed to reconnect senior leaders to staff and share the former's career progression, while they network with employees who are interested in similar career paths.
- **Social affinity groups:** Employees who have a desire to start groups based on shared characteristics, interests, life experiences or social identities can create a single zoom event or a series of events. Fraser says that these groups help foster community by promoting social interaction.

All groups are designed to bring employees closer together as part of a community that extends beyond work. A key facet of this is a culture geared toward flexibility in meeting employees where they are.

"Every individual is different, and it's very naive to believe that you're going to hire a ton of people and offer them a single value proposition," Fraser says. "You can't force people into a box and say, 'This is your box.'"

Staffing and Recruiting

In the Feb. 9 MGMA *Stat* poll, respondents mentioned the necessity of offering hybrid or remote work to non-patient-facing staff to retain talent. And for some job candidates, it's a non-starter if practices don't offer remote work.

For Padley, the remote work option has been an important means for attracting candidates, given ID Care's location in one of the less-populated areas of New Jersey. "Recruiting was becoming an issue because people didn't want to commute out to [us]," says Padley. "So that was already becoming a request... it's now enabled us to recruit much wider, because we can offer remote work for people."

Austin echoes those sentiments, saying that many job candidates strongly prefer remote work. "We have found that it has helped with our recruiting efforts, because for certain positions it doesn't matter where they are geographically," she says. "It's allowed us to open up new opportunities there."

Space concerns

Practice leaders cited space constraints as a significant factor in optimizing clinical space for providers. Padley notes that ID Care's revenue increased significantly during the pandemic — 25% in 2021 and just under 20% in 2020 — so shifting some employees to remote work made it possible to do more clinical work. "We had two years where, because of remote

work, we didn't have the pressures of adding space, but probably sometime before the end of this year, we will need to add space to accommodate the staff," he says.

Like Padley's practice, Hoaglund says space is a big issue for Carson Tahoe Health. "As a group, we are out of space and we always have been, so the thought is not really consolidating, but how can we get more workers and push more people remote to be able to get the throughput we need from our providers and get stuff done without increasing our physical space," she maintains.

Austin also points out that facilities were another key component of SHCP's remote work plan, as the organization was able to consolidate into one building. "We recognized that we also needed to reconfigure some of our workspace to ... maximize collaboration at times when people were in the office," she added, which included moving cubicles and setting up collaborative spaces.

Finally, for Damiani, she notes that the pandemic has been a significant driver in Centra Health's space planning, particularly the desire to build a new facility for the neurosciences service line and determining which employees need to be on-site.

The pandemic has also been a catalyst for new approaches to existing spaces, such as telehealth-specific rooms, Damiani says, noting that the organization does scenario planning in which they assess their needs for a time when 50% to 70% of their visits could be virtual. If this comes to fruition, it could also potentially close the distance between patients and providers, which Damiani says begs the question: "Could we potentially have hubs in other regions we serve... in which we could provide telehealth services so we're not bringing everyone to the mothership?"

COVID-19 ushered in a new way of working for practices. By continuing to offer flexible work arrangements, practice leaders can address the needs of their staff, reinvigorate recruitment efforts, and potentially grow their practice. ■

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