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SAVE THE DATE 2021 CONFERENCES

Spring Conference

April 29-30
Soaring Eagle Casino
Mt. Pleasant, MI

Fall Conference

September 30-October 1
Shanty Creek Resort
Bellaire, MI

Third Party Payer Day

November 5
Soaring Eagle Casino
Mt. Pleasant, MI



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Practice Focus

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Newsletter Editors

Evan Paulus

Debra O'Shea, CMPE

MiMGMA

Debra G. O'Shea, MBA, CMPE

Executive Director

INFO@MIMGMA.ORG

800-314-7602

P.O. Box 205

Jackson, MO 63755

Executive Director

Debra G. O'Shea, MBA, CMPE

Epoxy Healthcare

President

Susan Lutz, MPA

Director of Operations, VisionCare Associates

President Elect & Program Committee Chair

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President's Message



By Susan Lutz

Dear MiMGMA Members,
For the past few months, I have been haunted by these words "...and then the pandemic hit." I have both said and heard them over and over. The pandemic has affected our practices, our work, our home life, and the entire fabric of our

society. With the number of positive COVID cases currently hitting all-time highs here in Michigan, it seems there is no end in sight.

During this season of giving and thanks, we can focus on the positives that have come out of the pandemic. We've all learned how to work efficiently with the added burden of screening and PPE requirements for both patients and staff. We have learned how to utilize virtual options for communicating with each other (via Zoom, Teams, etc.) or implementing Telehealth services that we did not previously have in place. Many of us have learned how to work full-time and assist with virtually schooling our children. We've participated in numerous webinars and virtual conferences for our educational opportunities. Few people had even heard of Zoom before the pandemic and now we use it as our everyday vocabulary. We all should be proud of ourselves for our resiliency and for adapting to a new way of life. I hope you celebrate those successes.

I would like to highlight some of the MiMGMA accomplishments from the year, which include the many virtual educational opportunities that we offered as well as our first-ever virtual conference in November when we co-hosted Third Party Payer day with Illinois MGMA. Congrats go out to Janice Robinson and the rest of the Reimbursement Committee as well as our Association Management team for putting on a successful virtual event.

As you all know, we have had to cancel the Fall Conference, which is historically when we hold our Annual Meeting. The main business conducted at the Annual Meeting is the election of the MiMGMA Officers for the next year. MiMGMA still needs to conduct this business of electing its Officers. Before the

end of the calendar year, all MiMGMA Active Members will be receiving an electronic ballot to elect the Officers. The slate of Officer is officially announced in this newsletter.

Several months ago, Board members suggested that the current Officers continue to serve through 2021. Since we were not able to hold our Spring or Fall Conferences or meet some of our other membership goals, it made sense to continue with the same leadership for the next year. The current Officers agreed to continue to serve with exception of the Secretary position. Natalia Szczygiel, who has served as our Secretary this year, will be stepping down as originally planned at the end of the year. Thank you, Natalia, for your service as an officer on the Executive Committee for MiMGMA. The Nominating Committee requested applications for the Secretary position several months ago and I am pleased to announce that Evan Paulus has been slated in that role. Evan brings an extensive background in Healthcare management as well as experience as the MiMGMA Membership Committee Co-Chair for the past year. Thank you to Evan for agreeing to serve in this capacity. And thanks to all the Officers who have committed to another year in their current roles.

We will soon be putting a call out for Committee Chairs for open positions as well as for Committee Members. Please consider joining a Committee or serving as a leader in the organization. We have a great group of managers and administrators who are working behind the scenes to move our organization forward and we would love to have you join us.

Before I sign off, though, I want everyone to know the tremendous job done by our Executive Director, Debra O'Shea, and her team at Epoxy this year. She has really done an outstanding job helping us to navigate our organization through the challenges brought forth by COVID. I appreciate what she has done for me as President and for the Board. I know she will continue her excellent service for the organization in the coming year.

I wish all of you have a safe and happy holiday season. Stay safe and healthy MiMGMA! I look forward to seeing you in person in 2021! ■

Executive Director Update



By Debra O'Shea,
Executive Director MiMGMA

2020 – What a year! From sickness to PPE shortages to cancelled events, no one was prepared for the challenges the pandemic brought upon us. However, as Susan mentioned, there were many positives amidst the

struggles. 2020 was a productive year for MiMGMA – We successfully planned and executed our first virtual conference, launched the dual membership pilot with national MGMA, set up new resource pages for our members, introduced our new Member Communication Center, and implemented exciting

changes, like our revised affiliate sponsorship program that will be released shortly. We are grateful your support, and we want to remain a resource for you in the future.

Looking forward to 2021, we intend on getting back to in-person events as soon as it is safe to do so. We will continue monitoring the status of the pandemic and provide updates as needed. Our Spring Conference is currently scheduled for April 29th - 30th, and we are hopeful that we will get to see you all in Mt. Pleasant at that time. After that, our Fall Conference is scheduled for September 30th and October 1st at Shanty Creek Resort in Bellaire, and TPPD is scheduled for November 5th in Mt. Pleasant.

Don't hesitate to reach out to me at 800-314-7602 or INFO@MIMGMA.ORG with any questions you may have. Wishing you and your loved ones a safe and happy holiday season! ■

Reimbursement Update



By Janice E. Robinson, FACMPE,
CPC, CMRS

Reimbursement topics to watch for in 2021:

1. *E&M Coding changes effective Jan. 1, 2021.* History and physical elements will no longer be a factor for code selection. Physicians will choose outpatient E&M levels based on medical decision making or total time. Educate providers of code selection revisions and assure that EMR documentation reflects these changes.
2. *CPT code 99201 has been discontinued effective Dec. 31, 2020.* Remove 99201 from EMR templates, route sheets and fee schedules.
3. *Review your fee schedule.* Medicare's budget neutrality requirement may increase RVU's for some services to offset the proposed Medicare conversion factor reduction.

4. *PHE (Public Health Emergency) declaration is set to expire Jan. 21, 2021.* HHS Secretary Alex Azar will need to renew the COVID-19 PHE to continue the telehealth waivers and other flexibilities that allow medical groups to care for patients during the pandemic.

5. *Monitor commercial payer telehealth restrictions and billing requirements.* Many payers placed an end date of Dec. 31, 2020 for telehealth changes that were instituted during the pandemic. Continue to watch expiration dates for telehealth flexibilities.

6. *Medicare Part B deductible for 2021 is \$203.* Medicare Part A deductible for 2021 is \$1484.

7. *AUC (Appropriate Use Criteria).* The AUC program was created under the Protecting Access to Medicare Act (PAMA) to increase the rate of appropriate advanced diagnostic imaging services to Medicare Beneficiaries. The educational and operations testing period for the AUC Program has been extended through 2021. Currently, the program is set to be fully implemented on January 1, 2022. ■

Third Party Payer Day

Michigan Medical Group Management Association hosted our annual Third Party Payer Day virtually on Friday, November 13th. Lots of timely billing and coding information was provided by our speakers. Attendees were able to earn 6.0 CEUs for participation in all of the sessions. Prior to the conference, registered attendees received a swag bag in the mail that included promotional materials and snacks to enjoy during the day-long conference. MI MGMA partnered with IL MGMA to utilize the same virtual software platform and increase the educational opportunities. Attendees were able to visit sponsors in the virtual vendor hall and schedule one on one discussions with available vendors. Payers provided details

about hot topics such as: telemedicine, denial and appeal tips and tricks, COVID-19 billing and coverage policies, prior authorization tools and reference materials. Visit the Post-Conference Resources page on the Michigan MGMA website at www.mimgma.org to view presentation slides, handouts, CEU information and follow up questions and answers from the payers.

We're sorry if you weren't able to join us virtually. Be sure to save the date on your calendars for next year's Third Party Payer Day, which will be held on Friday, November 5, 2021. We hope to be able to return to Soaring Eagle Casino and Resort next November 5th for an in-person conference. If not, it's nice to know we can still provide the much needed education virtually. ■

Thank You to Our Sponsors and Vendors!



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Nominating Committee Report

The 2020 Nominating Committee was composed of the following MiMGMA Active Members as outlined in the organization Bylaws:

- Kim Parker, Immediate Past President
- Natalia Szczygiel, MiMGMA Member
- Janice Robinson, MiMGMA Member
- Susan Lutz, President (ex officio member of the committee)

The 2020 MiMGMA Officers agreed that they should maintain their current offices through 2021 since they have not been able to fulfill their goals for the year due to COVID. Many other MGMA state affiliates are taking this same approach to their leadership positions for the next year. According to the MiMGMA Bylaws, a slate of Officers for the following year must be voted on by the active membership at the Annual Meeting. MiMGMA will be holding an electronic vote before 12/31/2020 in place of the Annual Meeting due to COVID.

There is a vacancy in the Secretary position for 2021 since our current 2020 Secretary will be stepping down at the end of her term this year. The MiMGMA Nominating Committee sent out an email 'call for candidates' on 9/14/2020 for applications for the Secretary position. The Nominating Committee met electronically to consider the applicants the week of 11/16/2020. The committee voted to put forward the following slate of Officers for 2021:

- **President:** Susan Lutz
- **President-Elect:** Kenneth Rates
- **1st Vice President:** Patty Kerrins
- **Secretary:** Evan Paulus
- **Treasurer:** Laura Mrozinski
- **Immediate Past President:** Kim Parker

This report is respectfully submitted by the 2020 MiMGMA Nominating Committee on 11/23/2020. ■

Program Committee Update



*by Ken Rates, MHS, MBA
Program Committee Chair*

As MiMGMA began 2020, the Program Committee was feverishly making plans. We were scouting venues for upcoming events, brainstorming content, identifying speakers, and looking for ways in which we could bring our members

the most value. And then Covid happened. While we were still optimistic that we could hold our Spring and Fall Event, as time went on, it became clearer that this was not a possibility. Ultimately, we had to cancel our Spring and Fall events. While we heavily contemplated going to a virtual event in Fall, the very nature of the event itself did not lend itself to holding an event of this model.

A small ray of sunshine, our Third Party Payer Day Event went off virtually in collaboration with the Illinois Chapter of MGMA. And it did so with much success. It pleases me to know that in a year where so many setbacks have occurred, MiMGMA was able to deliver value to our members.

For 2021, MiMGMA's board has agreed not to advance any of the Executive Committee members. This means we will retain our 2020 positions for one more year. Instead of becoming President in 2021, I will remain President-Elect and Program Committee Chair for 2021. As 2021's Program Committee Chair I hope we will see a return to face-to-face networking so that we can continue to deliver the value you have come to expect. I have no doubt that MiMGMA will put together a stellar conference. I hope to see each of you at an upcoming event in 2021. Stay well. ■

Membership Committee Update



*by Evan Paulus, Member Services
Committee Co-Chair*

The Membership Committee has been hard at work, welcoming new members as well as working to retain those whose membership is coming to an end. In a year that has seen many of us consumed in

activities we had never intended (transition to telemedicine, remote working, extensive infection control planning/training, etc.), memberships in professional associations such as MiMGMA may seem low on the priority list. But this year

has made it clear that the benefits of membership and the professional network that it provides is critical to our success.

Our MiMGMA membership numbers have remained steady this year, even in the midst of the pandemic. The members of the Membership Committee have been hard at work connecting with new members and sending gentle personalized reminders to those who are about to expire.

Finally, the committee has been reviewing our recruitment efforts directed towards the next generation – our students – and the important role our faculty members play in their development. We are working on developing a marketing strategy directed to recruitment of students and faculty, and ultimately conversion of those students once they graduate. ■

Why Choose Board Certification through ACMPE?



By Sandy Sprague, FACMPE

The Certified Medical Practice Executive (CMPE) credential, administered through the American College of Medical Practice Executives (ACMPE), has set the industry standard for more than 60 years as the most significant benchmark of

ability and experience in medical practice management. Board certification credentials are designed, developed and evaluated by your peers to ensure that the standards are relevant, rigorous and specifically tied to competencies outlined in the six domains of the Body of Knowledge (BOK) that are necessary to drive medical practice success.

CMPE professionals enjoy:

1. Professional respect from physicians, peers and colleagues
2. Increased earning and career potential
3. Access to a network of more than 6,600 peers who are transforming medical care delivery every day

HOW DO YOU GET STARTED?

MGMA wants to support all who aim to achieve the CMPE credential. Therefore, we have introduced two board certification pathways to allow candidates who may not yet meet the educational and experience requirements to enter our program.

Pathway One Application Criteria:

To apply for board certification you must:

1. Have two years of healthcare experience
2. Hold a Bachelor's degree or 120 hours of college credit
3. Be a current member of MGMA.
4. Pay the \$250 application fee

Submit your completed application online or via email or fax demonstrating the required two years of healthcare management experience and educational requirements.

Pathway Two Application Criteria:

To apply for board certification you must:

1. Be a current member of MGMA.
2. Pay the \$250 application fee
3. Submit your completed application online or via email or fax.

Once your application fee and completed form are received and your eligibility verified, we will contact you by email within 10 business days to confirm your acceptance in the program as a nominee. If it is determined that you do not meet the eligibility requirements, you will be refunded your application fee less a \$25 processing fee.

For additional information, please visit MGMA.ORG or contact Sandy Sprague, FACMPE, MiMGMA ACMPE Forum Rep at [SSPRAGUE@GREATLAKESEYEINST.COM](mailto:ssprague@greatlakeseyeinstant.com) with questions. ■

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Ethical Concerns About Terminating a Provider–Patient Relationship During the Pandemic

Laura M. Cascella, MA, CPHRM, MedPro Group
Patient Safety & Risk Solutions

The outbreak of the coronavirus disease 2019 (COVID-19) has rocked the healthcare community, sending ripples of uncertainty in relation to patient and healthcare worker safety, financial security, ethical decision-making, standards of care, and beyond. Decisions, choices, and actions that were already difficult prior to COVID-19 — such as terminating a provider–patient relationship — have become even more complex in the face of the ongoing pandemic.

Yet, these situations will undoubtedly still arise, particularly as healthcare professionals resume services, triage patient care needs, and adapt to developing standards and practices precipitated by the evolution of the virus.

General risk management guidance historically has stated that healthcare providers have the right to treat the patients they wish to treat and the right to terminate relationships with patients for various reasons as long as the practitioners are not violating federal and state laws — e.g., in relation to discrimination or patient abandonment. However, the pandemic has sowed seeds of doubt and hesitation in various facets of healthcare, including patient relations. As a result, many decisions are not clear cut, and providers might be concerned about how COVID-19 affects their typical protocols.

When deciding whether and how to terminate a provider–patient relationship in the era of COVID-19, taking into account some additional factors is prudent. First and foremost, providers should consider the reason for wanting to dismiss the patient from the practice. Often, providers seek to terminate relationships with patients due to behavioral issues or nonadherence, such as unsuccessful communication attempts, missed or cancelled appointments, refusal to obtain needed tests or treatments, rude or demeaning behavior, failure to follow office policies, etc.

In these situations, providers should consider whether the patient behaviors are a long-standing issue or potentially a manifestation of the current unstable and fragile environment. COVID-19 has taken a significant toll on people's mental health, emotional well-being, physical health, financial security, etc. The stress and anxiety associated with the pandemic might lead to behaviors or actions that generally are uncharacteristic for an individual. For example:

- A patient who is rude or belligerent might be reacting to

AGGRESSIVE OR VIOLENT BEHAVIOR

Violence in healthcare is an all too common issue. When a pandemic is added to the mix, the situation might become even more tenuous. Patients might become agitated more easily, and that agitation can potentially lead to aggressive or threatening behaviors. The stress of COVID-19 also might worsen other risk factors for patient violence, such as psychiatric disorders, behavioral health issues, and substance abuse.

If a healthcare provider or staff member feels that a patient's behavior might become violent, the primary concern should be the safety of patients and staff in the practice. Every healthcare facility should have an established security protocol, with verbal or physical triggers that initiate a call for law enforcement support. Further, all healthcare personnel should receive training on handling these situations and following emergency

protocols. For more information, see MedPro's article [From Verbal Insults to Death: The Reality of Workplace Violence in Healthcare](#).



underlying anxiety and stress. Responding with empathy and attempting to de-escalate the situation can help restore order and bring the patient's feelings into perspective. Additionally, offering patients information and resources related to emotional health and well-

being might motivate them to seek needed support.

- A patient who is nonadherent with his/her medication regimen (e.g. not filling prescriptions or hoarding medications) might have concerns about medication costs as a result of lost income due to the pandemic. Working with the patient to find alternative treatment options or community resources to provide financial assistance might help resolve nonadherence and ensure the patient receives necessary treatment.

- A patient who continues to cancel or miss appointments might be fearful of coming into the practice and potentially contracting the virus. Clear communication with patients about safety measures the practice is taking to prevent the spread of infectious diseases can help assuage these fears. Additionally, offering patients options such as telehealth appointments might help address missed/cancelled appointments.

- A patient who misses appointments or deviates from treatment because he/she is unwilling to use telehealth options

might have access issues or feel uncomfortable with the technology. Discussing these concerns with the patient, determining whether community resources are available to overcome limited access, and explaining various aspects of telehealth (e.g., how the technology is used, what the patient can expect during a telehealth appointment, and privacy/security measures) might increase the patient's comfort level and willingness to try a telehealth format.

Although some difficult and nonadherent patient behaviors might be short-term reactions associated with fallout from the pandemic, other issues might persist or endure from pre-COVID-19 times. In these cases, if a provider feels that attempts to address the behaviors have failed, the most suitable option might be to terminate the provider-patient relationship. If this decision is made, the provider should follow the healthcare practice's formal process for ending a relationship with a patient. That process should take into account:

- Whether attempts have been made to preserve the provider-patient relationship through the provision of patient education, a written patient agreement, or a payment plan (when payment issues are the reason for terminating the relationship).
- Whether the patient's record contains adequate, objective, and factual documentation that supports the decision to end the relationship. For example, have patient complaints



or inappropriate remarks been objectively documented in the record using quotes when possible? Have the dates of missed/cancelled appointments been documented as well as staff follow-up efforts?

■ Regulatory, contractual, and professional standards for terminating a provider-patient relationship (e.g., state laws or patient care obligations related to a managed care organization, health maintenance organization, or preferred provider organization).

■ Timing of the termination to avoid allegations of abandonment. The provider should consider the patient's clinical status and availability of other practitioners in the area.

■ The termination process, including expectations for notifying the patient in writing and documenting the notification in the patient's health record.

■ Administrative considerations, such as the use of a "no-schedule" list, to ensure that patients who are dismissed from the practice are not inadvertently readmitted.

For more detailed information and guidance, see MedPro's [checklist](#) and [guideline](#) on terminating a provider-patient relationship. For specific questions or complex situations, consult with your MedPro senior patient safety and risk consultant or attorney. ■



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Before You Sign Your Lease Renewal Option...

By Valarie Parker, CARR,
Affiliated Business Partner Committee Co-Chair

Although tenants may feel good about having a renewal option in their lease, the truth is it's typically drafted to benefit the landlord much more than the tenant. Tenants can often achieve much better terms if they understand the landlord's intent behind a renewal option and how to execute a specific game plan to achieve terms in their favor.

Property owners don't want tenants to know that even if a tenant has a renewal option, they can usually negotiate a better deal if they decline their renewal option and renegotiate. With proper representation, tenants can achieve significantly better terms than what is offered by most lease renewal options. Additionally, most tenants don't know there is a margin in every deal to realize concessions beyond what is initially proposed.

The majority of practices handle their lease renewals without doing research, talking to a real estate advisor, or negotiating in any way. Instead, they blindly exercise the lease renewal option and assume the terms are 'fair' or 'good enough'. Many healthcare providers blame this approach on being too busy or not knowing whom to contact to help them with the process. The result of this simple action represents a lost opportunity for the practice to recapture

tens to hundreds of thousands of dollars in excess expenses over the length of a standard lease.

The Playing Field Is Not Level

The terms of a renewal option rarely favor the tenant. Landlords work hard to protect themselves by ensuring the lease rate of a renewal option is higher than what they would charge a new tenant for a vacant space. When an existing tenant agrees to renewal terms without negotiating properly, they leave a substantial amount of money and concessions on the table. The bottom line is most tenants are starting their negotiation on an unlevel playing field. The results of a poorly negotiated lease can dramatically impact a practice's profitability.

Above Market Lease Rates

The vast majority of leases include an annual increase clause that raises the rental price each year. Those annual increases typically out-pace inflation. This creates a lease rate that is almost always well above the current market value at the end of a lease term. If the Landlord had to release the space to a new tenant, it would usually be at a lease rate that is lower than the current lease rate and renewal option terms. This presents another compelling reason to avoid signing off on most lease renewal options.

*Understand how much is really at stake
during your next lease renewal...
then be prepared to capitalize.*

The Importance of a Renewal for the Landlord

Most renewals are rich deals for property owners. They can make much higher margins on a renewal with an existing tenant compared to a new lease by keeping rates above market and offering minimal concessions to sign the renewal. In addition, the landlord saves money by avoiding several costs that arise if the tenant decided to relocate and leave the space. These factors, described in detail below, drastically increase the margin on the deal that.

Vacancy & Rent Collections: It's not uncommon for a vacated space to remain that way for a year or longer, even in a tight market. Not only is the Landlord not collecting any rent for the entire year before the new prospective tenant comes along, when you factor in the new tenant's negotiation period, build out period and free rent period, it could be a total of 18-24 months before the Landlord sees another check for the space.

Advertised Rates: To be competitive, a property can't be advertised at inflated rates. Landlords may need to market their spaces at rates that are considerably lower than what many of their tenants are paying, and they're banking on the current tenants being none the wiser.

Tenant Improvement Allowance: If the current tenant leaves, the space will likely need to be refreshed or redone completely. It's extremely rare for the existing build-out to be a perfect fit for the next occupant, which means a Landlord may have to invest tens or hundreds of thousands of dollars to accommodate the new use.

Free Rent: New tenants often receive a free rent period, in addition to the no-rent build out period. Landlords may give three months or more in free rent on longer term leases.

Conclusion

These expenses add up, which is why a landlord is motivated to find savings by renewing a lease with an existing tenant. When a tenant exercises their renewal option without

comparing their terms to what a new tenant would receive or what they could achieve at a competing property, the landlord pockets these savings instead of passing them on to the current tenant. The difference between these savings and what a landlord actually offers a renewing tenant can be astounding. It's not uncommon for a landlord to save well over \$100,000 by doing a renewal instead of finding a new tenant and investing all the additional expenses into the deal.

The typical concessions offered to the tenant in most renewal scenarios are a mere fraction of the savings realized by the Landlord when a tenant renews. Knowing this, it's imperative to hire a healthcare real estate advisor to exclusively represent your interests and to develop a customized strategy to procure your next lease. This will ensure you are getting the best possible terms on your lease renewal and will tip the negotiation scales back in your favor. If approached properly, it is very common to save tens to hundreds of thousands of dollars on your lease renewal. Alternatively, if you simply accept the renewal option terms blindly, the same potential savings and concessions can result in dramatic losses and added expenses that can be avoided.

Help your practice avoid this common pitfall by understanding how much is really at stake during your next lease renewal, and then be prepared to capitalize. ■

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Michigan Medical Group Management Association

P.O. Box 205

Jackson, MO 63755

800-314-7602

INFO@MIMGMA.ORG