

# DECEMBER 2023



## E-NEWSLETTER



### MESSAGE FROM THE BOARD

It's hard to believe that my two-year term as Chair of the Board of Directors will conclude in a few weeks. As a member of the Pennsylvania MGMA since 2008, I've witnessed and been part of this organization as it provided top-notch speakers, numerous networking opportunities, and a continued flow of educational events to help me, help my practice, and to you to help your practice.

Over the past four years, we witnessed the once-in-a-lifetime pandemic which caused havoc worldwide. For the Pennsylvania MGMA, we were unable to host our annual conference in three of those years, yet we provided monthly webinars to keep the steady flow of information and resources to you. In April 2023, we met, in-person, and realized the excitement and need to be with others. I was thrilled to be part of the effort to reinvigorate the Pennsylvania MGMA with an in-person conference.

As you are aware, there is a new strategic plan from MGMA which afforded the board with two new affiliation options. The Pennsylvania MGMA is governed by an all-volunteer Board of Directors, having established ourselves as an independent organization in the Commonwealth of Pennsylvania, on March 1992. After careful consideration and numerous meetings, the Board of Directors unanimously voted on October 9, 2023, to

### EVENTS

#### [Q & A with the Author of People First](#)

December 14

3:00 - 4:00 PM | Zoom

#### [Leadership Fatigue - How to Recharge and Avoid Burnout](#)

December 15

12:30 - 1:30 PM | Zoom

[View Events](#)

become a State Chapter [subsidiary] of MGMA. We are excited about this new direction and feel this partnership will best allow us to serve you.

As we forge ahead with this new venture, I confidently turn the gavel over to David Chimento, our incoming Chair.

Thank you for your support throughout my tenure as a director and officer. I wish you and your family Peace in the New Year!

--Shelley

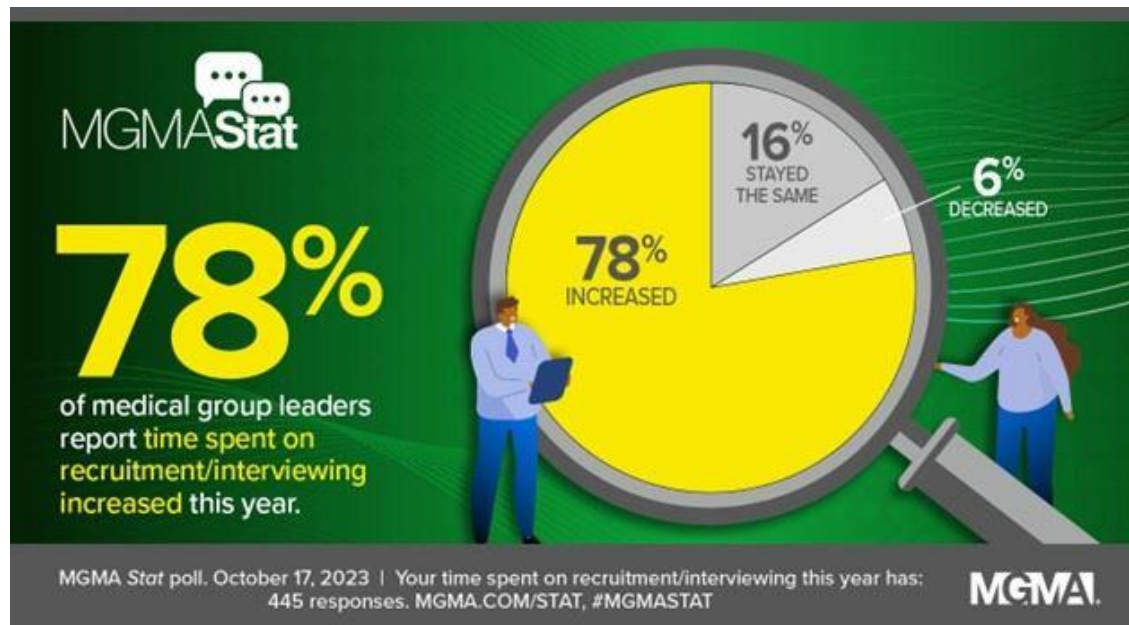
**Shelley Rine, CPC, COPC**  
Chair

## INDUSTRY NEWS

### More job openings, fewer candidates means more time spent by medical group leaders on recruitment

Reprinted from [MGMA Stat Articles](#)

The number of hours in a day holds steady at 24, but how many of them are spent on acquiring top talent is surging among medical group leaders.



An Oct. 17, 2023, [MGMA Stat](#) poll finds that **more than three out of four (78%)** medical group leaders say the amount of time they spend on recruitment and interviewing

**candidates increased in the past year**, while about 16% reported their time commitment stayed the same, and only 6% managed to decrease their time spent in this area. The poll had 445 applicable responses.

Even as some healthcare leaders report seeing some stability with staffing after the worst of the Great Resignation in 2021 and 2022, it took months or years of implementing new staffing models, new work-from-home opportunities, seeking out more outsourced help for recruitment and/or cultural/wellness initiatives to help medical groups stand out as employers of choice.

But for the majority of medical group leaders polled this week, staffing is still their top priority ([as noted in a Sept. 26 poll](#)), and it's taking a toll on reaching productivity goals ([per an Oct. 10 poll](#)). And the few practice leaders who said they are spending less time on recruitment and interviewing aren't always finding best practices to set them apart: Some provider organizations are hiring less due to financial pressures they have faced in the current inflation-burdened economy.

### **New MGMA resources**

Having the right information about practice performance isn't limited to your EHR or practice management (PM) system. It's often about how to handle interviews with prospective workers, gauging satisfaction among existing workers, and surfacing insights from exit interviews.

- The [Medical Group Interviewing Toolkit](#) includes sample questions for interviewing candidates for clinical and front office positions, sample exit interview questions for departing employees and an employee satisfaction survey template to assess your organization and determine opportunities for improvement.
- Hear more on this topic in the recent Ask MGMA podcast episode, ["Best Practices for Addressing Staffing Shortages and Employee Turnover."](#)

### **The struggle continues**

Even for organizations that have boosted pay to be competitive, many practice leaders report an "ever-rotating door" of turnover. "Staff turnover is horrible," one respondent told MGMA. "On average we are paying 20% more, still people are leaving left and right."

Many practice leaders in this week's poll and previous MGMA Stat polls have noted that their best strategy has been bringing in more candidates than needed in anticipation of rapid turnover. "I actually over-hired, expecting some won't stay," one respondent told MGMA, noting that they were "tired of the hamster wheel of stress over being short-staffed."

Some of the increased time spent on recruitment still involves candidates "ghosting" the hiring manager or interviewer, never showing up after scheduling a time to talk. When candidates do show up, interviewers need to be prepared to make a persuasive case to candidates who still benefit from a very competitive labor market where other industries have continued to attract talent through lucrative sign-on bonuses or expanded benefits. "I

spend far more of my day trying to sell the culture of our practice to potential employees,” one respondent told MGMA.

Administrative staff and medical assistants (MAs) were the most common roles noted as part of practice leaders' time commitments to recruit and interview among respondents who reported their time investments increased or stayed the same this past year. While most of the focus was on front office and customer service workers, several practice leaders noted that they continue to struggle with finding qualified candidates for medical coders, A/R staff and various back-office roles.

While many practice leaders noted they still spend ample time on physician and advanced practice provider (APP) recruitment, the area of clinical support remains especially difficult. One practice leader in a cardiology office noted that echo tech recruitment has been a tall order: “Traveling techs are now more expensive than traveling RNs and in shorter supply.”



## INDUSTRY ARTICLES

### Practices Struggle to Avoid Penalties in The Medicare Quality Payment Program

By: [Erin Stephens](#)



*Erin Stephens is a Certified Professional Coder with a specialized credential as a Certified Interventional Radiology Cardiovascular Coder through the American Academy of Professional Coders. Erin has 25 years' experience in diagnostic radiology and interventional radiology coding and professional billing. She has been a [Healthcare Administrative Partners](#) team member for 23 years. Erin's experience as a coder has awarded her the opportunity to move through the Health Information Services division to leadership roles as Coding*

For many practices, the idea of a positive payment adjustment for participation in the Medicare Quality Payment Program (QPP) has been lost. Several factors have combined over the past few years to change the goal for practices – it is now ‘penalty avoidance’ rather than a reward for reporting quality metrics. As we outlined in our [recent review of the Medicare 2024 Physician Fee Schedule Proposed Rule](#), the QPP requirements for successful participation are going to become even stricter.

The Merit-based Incentive Payment System (MIPS) scores for the 2022 performance year are now available through the [QPP Portal](#). In the 2022 year, the final score for many groups is being negatively impacted by the addition of a Cost Category score. The Cost factor represents 30% of the MIPS Final Score, and it is not directly controllable by a practice in the way that achieving specific results in the Quality or Improvement Activities categories can be controlled. A practice that thought it had a perfect score of 100 points through reporting Quality and Improvement Activities might find it has a lower score due to poor performance in the Cost Category, possibly slipping below the minimum threshold needed to avoid a payment penalty.

Some commenters in specialties such as radiology have calculated that the amount of reimbursement they received for evaluation and management (E/M) services in 2022 was less than the amount they would lose in 2024 due to a lower reimbursement rate. They have suggested that by reversing the claims for those services and refunding the payment for them, they could reverse the application of the Cost Category on their MIPS score. A similar strategy for avoiding future penalties might include not billing for E/M services in the first place.

Practices that feel they have been negatively impacted by the Cost Category or any other aspect of the MIPS scoring process may request a Targeted Review. The request must be filed by October 9, 2023, for the 2022 performance year. Detailed information is available by downloading the [MIPS 2022 Targeted Review Guide](#).

In addition to application of the Cost Category to more practices, there is going to be a higher minimum threshold of 82 points for performance year 2024, and there could be a reduced number of Quality measures available due to plans for removing topped out and other measures from the 2024 MPFS Proposed Rule.

The budget-neutral design of the QPP is such that positive adjustments are greater when there are large negative adjustments. As the criteria for obtaining a positive adjustment become increasingly difficult to meet, more practices could fall into the negative adjustment category.

The maximum upward adjustment for practices with a perfect score in their 2022 performance currently is reported to be 8.25%. That figure could change following a final reconciliation after all reviews have been completed. 2022 is the final year the

Exceptional Performance Bonus will be available, which will be applied in payment year 2024. This table shows the history of MIPS positive adjustments:

Performance Year	Payment Year	Maximum Upward Adjustment
2017	2019	1.88%
2018	2020	1.68%
2019	2021	1.79%
2020	2022	1.87%
2021	2023	2.34%
2022	2024	8.25%

The 2022 result is a much higher adjustment than it was in the preceding years. Part of the reason could be because there were fewer practices facing a negative adjustment in the earlier years, with the result that positive adjustments were reduced through budget neutrality; it was once far easier to avoid the penalty. Additionally, during the COVID-19 public health emergency (PHE), many practices were able to qualify for a hardship exception, further reducing the amount of negative adjustment and therefore limiting the amount of upward adjustment. Another factor in the 2022 performance year could be the effect of the Cost Category on more practices. Cost had been reweighted to 0% during 2020 and 2021 due to the PHE.

Organizations such as the [Medical Group Management Association](#), as well as other specialty organizations, are interested to learn about practices' experience with the QPP. Practices will have to be more diligent than ever to be sure they avoid negative payment adjustments in 2024 Performance Year and beyond.

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## OIG Approves Employed Physicians' Profit-Based Bonuses

By: [John R. Washlick](#), Shareholder, Healthcare, Buchanan

*[John Washlick](#) focuses his practice on healthcare transactions and corporate compliance. His background as a CPA affords him a unique perspective on mergers and acquisitions and their tax implications. His clients include hospitals, healthcare systems, physician practices,*



*individual physicians, and entrepreneurs and investment-backed entities.*

*John is a recognized authority on federal income tax issues involving tax-exempt organizations and the Anti-Kickback Statute and the Stark Law. He also advises healthcare industry clients, including entrepreneurs and investment-backed entities on general corporate law and regulatory healthcare-related issues, such as the corporate practice of medicine and fee splitting laws.*

In October of this year, the U.S. Department of Health & Human Services Office of the Inspector General (OIG) issued a favorable opinion ([Advisory Opinion 23-07](#)) addressing the question of whether an employed physician can be paid bonus compensation relating to procedures performed by the physician without violating the federal Anti-Kickback Statute (AKS). Under the facts presented, when the physician employees perform outpatient surgical procedures in a given calendar quarter at either of two ambulatory surgery centers (ASCs) operated by the practice employer (requestor), the physician employee would receive a bonus of 30% of the requestor's net profits of the ASC facility fee collection attributable to that physician's procedures performed at the ASC for the quarter. As a fundamental matter, the OIG pointed out that when the relevant ASC procedures are referred by the physician employee and are reimbursable by a federal health care program, the AKS would be implicated.

Under the facts presented, the requestor certified that the physicians were bona fide employees (i.e., not independent contractors) and that there were no Stark Law designated health services. Also, the requestor operated the ASCs and corporate division of requestor, that is, divisions within the same legal entity as requestor and NOT as subsidiaries of requestor.

The OIG arrived at its favorable opinion by relying on the statutory exception and regulatory safe harbor for "employees" under the AKS. The statutory exception protects "any amount paid by an employer to an employee (who has a bona fide employment relationship with such employer) for employment in the provision of covered items or services." The safe harbor regulations provide that the term remuneration," as used in the AKS, does not include "any amount paid by an employer to an employee, who has a bona fide employment relationship with the employer, for employment in the furnishing of any item or service for which payment may be made in whole or in part under Medicare, Medicaid or other Federal health care programs." The OIG determined that the proposed bonuses would be paid for "covered items or services" under the statute or "items or services for which payment may be made in whole or in part under Medicare, Medicaid or other Federal health care programs." Thus, the bonus was paid for bona fide services NOT referrals, which are not considered "covered items or services" under the AKS.

The OIG notes: “[t]hat a similar arrangement involving bonus payments to independent contractor physicians or other nonemployees or under a different corporate structure (in which, for example, the physicians were owners of the ASCs and paid themselves the bonuses contemplated by the Proposed Arrangement as ownership distributions) may raise fraud and abuse concerns under the Federal anti-kickback statute. Payment structures that tie compensation to profits generated from services furnished to patients referred by the compensated party are suspect under the Federal anti-kickback statute.”

At Buchanan, we have a multi-disciplinary team of [attorneys](#) and [government relations professionals](#) who are focused on the healthcare industry. They bring decades of experience helping clients and currently represent a significant number of the top not-for-profit and for-profit hospitals and health systems across the country, as well as post-acute, long-term care, assisted living, senior living, home health and hospice care facilities; ambulatory surgical centers; physician practices and faculty practice plans; ACOs and clinically integrated networks; health technology companies, and behavioral health providers and addiction treatment centers. We maintain regular communication with regulators, lawmakers at the state and federal level, and leaders from across the industry to ensure our clients are in the loop on the latest trends and headwinds that will affect providers and payors alike.

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## What 2 out of 3 Healthcare Professionals Don't Know About Commercial Real Estate

And How It Can Cost You 6-Figures On Your Next Lease or Purchase Negotiation

By: [Christopher Peffall](#), [CARR](#)



There's a staggering statistic with regards to real estate transactions that was published by the Consumer Federation of America. This statistic reveals a misconception that can lead to a number of pitfalls in any real estate transaction, most importantly, a potential loss in tens to hundreds of thousands of dollars in a single transaction.

Given that 65% of the market has this misconception, it is important that you understand this article as if it were a check made out to *you* with several figures before the decimal point.

What's the statistic?



[“65% of consumers believe the agent on the other side of the deal is always or almost always required to represent their best interests, simply because they are working on the transaction.”](#)

## **What Role Does The Listing Agent Really Play?**

Here’s the plain and simple truth: A listing agent does not (and cannot) represent your best interests as a tenant or buyer. In fact, they are required to do the opposite and represent the party with opposing desires in the transaction.

This is an important distinction, because in any negotiation, all parties want to get a good deal. And a great listing agent can make a tenant/buyer feel like they’re being represented and receiving a great deal from the property owner, when in fact, they may not be. To the contrary, they may be leaving hundreds of thousands of dollars on the table.

Understanding fiduciary roles and the distinction between a customer and a client in a real estate transaction is paramount. Even though a listing agent might make you “feel” like a client, it is a violation of real estate law for them to put your interests as a tenant/buyer on par with or above their client’s interests (when those interests are in opposition). It’s a violation of their fiduciary duties that could result in penalties, disciplinary action, or even a loss of their real estate license.

## **What Obligations Does A Buyer’s or Tenant’s Agent Have?**

When you hire an agent as a tenant or buyer, that agent is obligated by the same laws that a listing agent is obligated to when representing the landlord or seller, which includes a full range of real estate services (i.e. fiduciary duties). As a client, not a customer, they must provide you with a high level of service and care in helping to achieve the best possible outcome. The role of an agent is a weighty endeavor.

A good and reputable buyer’s agent takes these roles very seriously. Not doing so could otherwise lead to harm for their client and substantial penalties for the agent or brokerage.

## **What Benefits Are There To Hiring A Buyer’s or Tenant’s Agent?**

There are many benefits to hiring an agent to represent you in a purchase, a new lease, and even a lease renewal. Below are just a few.

- **It Saves (And Doesn’t Cost) The Buyer or Tenant Money It Ensures You Have A Solid Game Plan**
- **It Unlocks Lease Concessions Otherwise Unknown**
- **It Saves Valuable Time & Resources**

In summary, the most successful approach to achieving the best possible terms in any commercial real estate transaction is to hire a tenant/buyer’s agent that’s an expert in the market and can competitively advise you while procuring terms from multiple properties, giving you the client several options to choose from and make an informed decision on.

It is costly to believe that the agent on the other side of the deal is “always” or “almost always” required to represent your best interests, or equally to take a do-it-yourself approach in a specialized industry like healthcare real estate. Whether you’re renewing a lease, buying a property, or leasing a new office, make sure your practice’s next real estate transaction is handled at the highest level.

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## Wellness in the Ward: Balancing Health and Duty

By: Derek Goodman of [Inbizability](#)

In the demanding world of healthcare, preventing burnout is crucial for the well-being of medical professionals. This article from [Pennsylvania MGMA](#) will provide concise and actionable self-care tips to help healthcare practitioners maintain their physical and mental health, make sound decisions under pressure, and even explore new career possibilities. Let's dive right into it.

### Embracing Wellness in Your Routine

Regular exercise, sufficient sleep, and a balanced diet form the pillars of physical health, especially in high-stress environments like healthcare. These not only bolster [physical resilience but also enhance mental clarity](#). Setting aside personal time for relaxation and hobbies is equally important. This personal time acts as a buffer against the relentless pace of medical work, allowing professionals to decompress and return to their duties refreshed.

### Boundary Setting: The Art of Saying "No"

In the high-demand field of healthcare, knowing when to decline additional responsibilities is as vital as any medical skill. [Setting clear boundaries](#) helps prevent the creeping spread of work commitments into personal time. Tips for declining extra work include being direct yet respectful, and understanding that saying "No" is often necessary for long-term productivity and personal well-being.

### Demystifying Malpractice Insurance

Gaining peace of mind in the medical field often involves [understanding physician malpractice insurance](#). Having the right insurance coverage, tailored to your specific medical role, can significantly reduce stress. Consulting with a reputable insurance agent ensures you're not overpaying and are adequately covered. The cost of insurance varies based on several factors, but finding the right balance is key to feeling secure in your professional life.

### Decision-Making Under Duress

The ability to make sound decisions in high-stress situations is crucial in healthcare. Techniques include [taking a moment to pause](#) and assess the situation objectively,

visualizing the broader consequences of various choices, and gathering as much information as possible before acting. Trusting your instincts, honed by training and experience, plays a critical role in this process.

### **Career Evolution: Exploring New Horizons**

For those feeling the weight of their current roles, exploring new career opportunities can be a breath of fresh air. Creating an impressive curriculum vitae is the first step in this journey. Utilizing free online CV builders allows you to choose from a range of professional templates. Remember to [check into a tool like this](#) to present your academic background and skills in the best light.

### **Mental Health: Seeking Professional Support**

The significance of [mental health cannot be overstated](#) in the medical profession. Seeking counseling or therapy should be seen as a sign of strength, not weakness. These resources provide vital tools for managing stress, navigating emotional turmoil, and maintaining a healthy perspective on work and life.

### **The Power of Peer Connection**

Building a support network with fellow medical professionals offers invaluable benefits. These peers not only provide social support but also understand the unique pressures of the healthcare environment. Sharing experiences and coping strategies can be immensely therapeutic and helps in fostering a sense of community and mutual support. [Pennsylvania MGMA](#) is a great organization for making connections with peers.

### **The Refreshing Option of a Sabbatical**

Considering [a sabbatical is an often-overlooked strategy](#) for long-term career sustainability. Taking an extended break from work can provide much-needed rest, an opportunity for personal growth, and a chance to reflect on one's career path. Such breaks can lead to renewed enthusiasm and fresh perspectives upon returning to the field.

Healthcare professionals face unique challenges that can lead to burnout. By prioritizing self-care, learning to make sound decisions under stress, and considering alternative career paths, medical practitioners can safeguard their well-being. Exploring new career opportunities and seeking professional help when needed are crucial steps in this journey. By taking proactive steps, you can ensure a long and fulfilling career in the medical field or beyond.

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**Where healthcare execs stand on  
generative AI**

Reprinted from [Becker's Health IT](#)

**MEMBER LINKS &  
RESOURCES**

Fifty-eight percent of healthcare executives said their organization will implement or acquire a generative AI solution in 2024, according to a Dec. 6 KLAS [report](#).

KLAS gathered insights from 66 healthcare executives to shed light on their present integration, upcoming initiatives and existing hurdles in relation to generative AI.

Six things to know from the report:

1. According to the report, smaller organizations exhibit lower adoption rates, whereas larger organizations such as payers have already incorporated various generative AI tools from EHR vendors like Epic, as well as from companies such as Google, Nuance and OpenAI. KLAS noted that the heightened adoption among larger organizations is likely influenced by their greater resources.
2. Only 25% of healthcare executives who participated in the report said their organizations have adopted a generative AI solution.
3. Healthcare executives who intend to invest in generative AI said they are primarily driven by the goal of improving efficiency.
4. Healthcare executives expressed enthusiasm for the possibilities offered by generative AI, but a significant portion of respondents said they remain uncertain about the specific areas within their organizations where they will implement AI.
5. Among those with a defined strategy, the most common intent is to acquire generative AI solutions aimed at improving efficiency in tasks related to documentation, patient communication and workflow.
6. Accuracy, cost and security were listed at the top three challenges associated with generative AI.

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members &  
nonmembers)*



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- Include full name, headshot, short bio, and link if applicable (LinkedIn or website).
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