

TMGMA ENEWS

JANUARY/FEBRUARY 2021



Welcome to 2021! I hope everyone had a blessed holiday season and are looking forward to the new year.

Whether it is a pandemic, political or regulatory concerns, or various market conditions, healthcare will continue to have many changes in 2021. Following are some things to think about: Unless it is renewed, the U.S. Department of Health & Human Services Public Health Emergency declaration for COVID-19 is scheduled to expire on January 20, 2021. The Centers for Medicare & Medicaid Services (CMS) have determined the final rule for E&M changes effective for 2021. TMGMA's webinar on 2021 Reimbursement & Coding Changes was on December 16, 2020. If you missed it, members may access it via TMGMA's

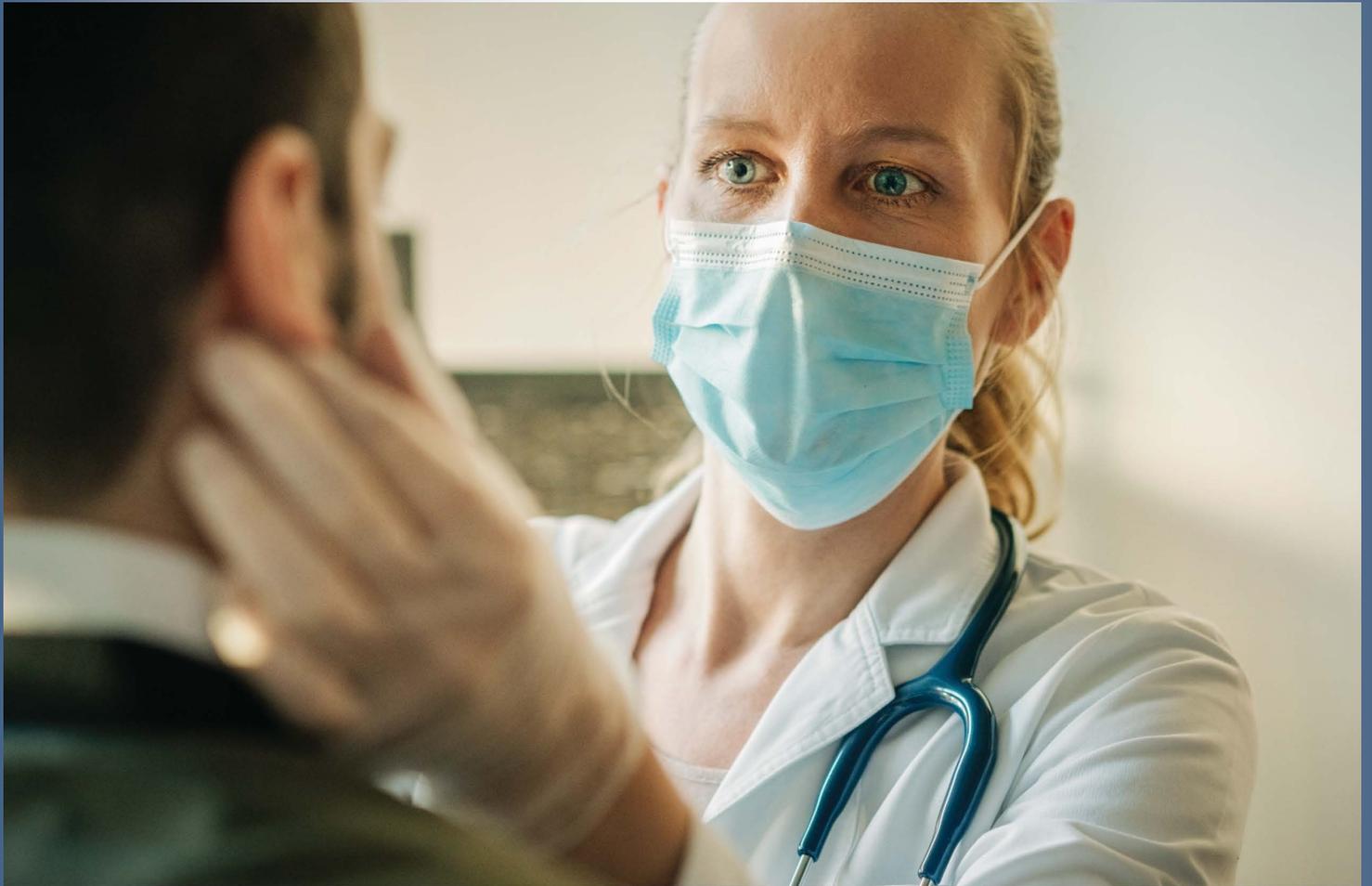
website under "Webinars on Demand". For those participating in MIPS, minimal changes are anticipated for 2021. Please refer to CMS' Quality Payment Program website at <https://qpp.cms.gov/login> for further information.

TMGMA is among many state chapters that are planning on having face to face meetings in 2021. Please save the dates and prepare to safely attend *TMGMA's Spring Conference – Got Directions? Becoming Leaders of Change*, which will be held on April 14-16, 2021 at the Park Vista Hotel in Gatlinburg, Tennessee. Keynote speakers for this event will be Craig B. Whelden, retired Major General for the U.S. Army and Jill Christensen, who has been named a Top 101 Global Employee Engagement Influencer. TMGMA will be surveying membership soon relative to the 2021 Spring Conference. Please respond to this survey as we value your input.

Remember membership renewals are now due. We appreciate your continued commitment to and participation with TMGMA. As always, for the most current and up to date information regarding upcoming events and activities, visit TMGMA.com.

Although we anticipate another year encompassed with surmountable changes, may you experience a year filled with joy, hope, promise, prosperity, love, and servanthood. May you find time for those and those things that are most important to you. May you always be a friend whether or not it is in a time of need. May you achieve success and accomplish those unfinished goals. May you overcome the unfamiliar territory with an overwhelming sense of satisfaction and that you have done your finest. On behalf of TMGMA, best wishes for a safe, productive, and prosperous year in 2021.

Cheryll Doss
President , Tennessee MGMA
cdoss@nashvilleoncology.com



We have your back, so you can move forward.

When a problem occurs, you need a proactive partner that can navigate unforeseen challenges and help you solve the tough legal issues that come with practicing medicine. In our collaborative claims process, our in-house attorneys and our roster of local defense attorneys help you – our valued members – to be ready for what lies ahead.

Move forward with us at
www.svmic.com



ACMPE Corner

Happy New Year! It's a new year and I hope one of your goals is to advance in the College!

Here's why you should get certified?

Find out why by clicking [here!](#)

Here's what you need to become Certified.

- ⇒ Be a member of National MGMA
- ⇒ Submit for Board Certification and pay application fee.
- ⇒ Have 2 years of healthcare experience
- ⇒ Bachelor's Degree or 120 college credit hours
- ⇒ Pass multiple choice exam
- ⇒ Pass scenario-based exam
- ⇒ Earn 50 hours of continuing education credits



DeAnna Brown, FACMPE
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Here's how to test!

ACMPE exam registration is on-demand. ACMPE program participants can register and sit for their exams with as little as two days' notice any time of the year.

1. On-demand Testing FAQ attached to email and uploaded in member community. Over 500 Scantron testing locations <https://www.scantron.com/site-closures-delays/>.
2. 2021 registrants may select Live online-proctored format from the safety of your own home. To become board certified, you must register for and pass both the multiple choice and scenario based exam requirement.

ACMPE Corner (continued)

NEED HELP STUDYING FOR THE EXAM? JOIN THE ACMPE BOARD CERTIFICATION PREPARATION COURSE

The next course should start this Spring and is designed to help healthcare professionals prepare for the ACMPE exams. This comprehensive course helps examinees identify content necessary to meet board certification standards, including financial management, regulatory compliance, organizational governance and departmental operations management and transformative healthcare delivery. To best prepare applicants for the examinations, topics are reviewed from the perspective of a variety of healthcare settings, including hospitals and ambulatory care settings.

Sessions 1 through 7 are self-study modules:

- #1: Overview
- #2: Operations Management
- #3: Financial Management
- #4: Human Resources Management
- #5: Transformative Healthcare Delivery
- #6: Risk and Compliance Review
- #7: Organizational Governance Review
- #8: Board Certification Preparation: Live Question-and-Answer Session

Certificate Programs

ACMPE Certificates available in

Telehealth
Payer Contracting.

Please visit our [ACMPE Certificates page](#) for more information:

ACMPE Member Community

Subscribe to the ACMPE Member Community on the MGMA website for a source of great information including networking with colleagues, obtaining study advice, and general exam prep ideas!

Need CEU Credits?

LIVE WEBINARS

Did you know that you can use TMGMA and MGMA Live webinars toward your CEU requirements? All of the upcoming live webinars can be found on the MGMA Events page found here <https://www.mgma.com/events>. There are also a few new webinars that you can register for and attend every month!

ACMPE ARTICLE ASSESSMENTS

Contribute to your ACMPE continuing education hours by taking an assessment with select MGMA Insights articles. Each assessment is worth one ACMPE credit hour. NEW insight articles are available on the [ACMPE Article Assessments page](#).



The first Tennessee MGMA meeting was held in May of 1972, with 9 medical practice managers in attendance. The first educational meeting was held in November of that same year, with speakers from Medicare, Blue Shield, Champus, and Medicaid. The first president, J. Elton Winslow, manager of The Jackson Clinic, in Jackson, TN, was elected and served from 1973 to 1974.

Through strong leadership and a desire to advance medical practice executives, TMGMA has grown to more than 300 medical practice managers representing independent physician practices, and hospital, university and health system affiliated practices.

Through 2021, we will take a look back at the last 50 years and recognize the leaders who have guided TMGMA. We would love for you to share any photos, newsletters, videos, and stories about TMGMA. We are starting a TMGMA archive to store this information, and we will be sharing that information through the year.

Please contact me at Deborah.Hudson@svmic.com if you have anything you would like to share or if you have any questions.

Deborah Hudson, FACMPE
Chair, Past President's Council

Legislative Update

The Holidays brought some much-needed joy and excitement. The Government has made the last week of the year very interesting!

Update from Drew Voytal, Associate Director, Government Affairs 12/22/2020

COVID-19 Relief Package (Signed by President Trump 12/28/2020)



Congress passed its much-anticipated government spending and COVID-19 relief package. The Government Affairs team read through this **5,500+ page** bill and identified almost a dozen “advocacy wins.” Through the COVID-19 pandemic, MGMA has written letters, joined coalitions, and had conversations with Congress to advocate on behalf of our members. The provisions contained in the legislation below are a result of #MGMAAdvocacy and your considerable contributions to our efforts.

- **Small business aid:** The Paycheck Protection Program (PPP) will be reopened and modified to provide for further flexibilities, such as permitting recipients to deduct forgiven PPP loans, increasing the types of forgivable eligible expenses, allowing certain borrowers to receive a second PPP loan, and expanding PPP eligibility to certain 501(c)(6) nonprofit organizations. In a MGMA July poll, 90% of respondents reported taking out a PPP loan, so these changes will enable many members to better utilize these forgivable loans that have been a lifeline to many practices.
- **Taxes on medical groups:** The MGMA-opposed 2% Medicare sequestration cuts will be suspended until March 31, 2021.
- **Medicare payment increases:** Medicare payments will increase across the board for CY 2021 from what was previously finalized in the 2021 Physician Fee Schedule (PFS) by adding \$3 billion into the PFS and delaying payment of HCPCS add-on code G2211 for three years. This will mitigate the payment cuts for many specialties scheduled to begin on Jan. 1.
- **Surprise billing:** Congress passed surprise medical billing legislation that is much improved from previous proposals because it includes arbitration and prohibits arbiters from considering federal payment rates. Final legislation included all MGMA requested last-minute fixes from our Dec. 16 letter <https://www.mgma.com/advocacy/advocacy-statements-letters/advocacy-letters/december-16,-2020-about-mgma-urges-congress-to-ma>
- **Timely billing requirements:** Congress eliminated a “timely billing” provision that would require providers to bill patients within a strict timeframe or face penalties of \$10,000 per incident. This requirement was largely unfeasible due to group practices’ reliance on payers to adjudicate claims before billing patients and MGMA advocated strongly against its inclusion in any legislation.
- **Expanding the physician workforce:** Congress created 1,000 new Medicare-funded graduate medical education (GME) residency positions. This is the first increase in nearly 25 years!
- **Permanent telehealth expansion for mental health services:** Mental health services rendered through telehealth to Medicare beneficiaries will be expanded past the expiration of the COVID-19 public health emergency. Essentially, these services can now be furnished in the patient’s home—something that was only allowed during the public health emergency.

Legislative Update

- **Medicare adjustment to maintain payment to certain practices:** The work geographic index floor under the Medicare program is extended through Dec. 31, 2023.
- **Relief for APMs:** The 2020 qualifying participant thresholds required to achieve alternative payment model (APM) benefits such as the 5% lump sum bonus will freeze through 2023. These thresholds were set to increase in 2021 to unrealistic levels.
- **Relief for radiology practices:** The start date for the mandatory radiation oncology APM will be delayed from July 1, 2021 until Jan. 1, 2022.

Member question: Does the COVID-19 Relief Package contain a provision to extend the FMLA portion of the Cares Act sent end December 31, 2020?

Drew's response: Our reading of the text and subsequent conversations with House legislative staff indicate that the refundable payroll tax credits for employers offering FFCRA paid leave have been extended through the end of March 2021. However, the mandate for employers to offer FFCRA paid leave to employees will still expire 12/31/2020. In essence, this means that an extension of FFCRA benefits through 3/31/2021 will be *optional* for employers.



Check you emails! TMA would like to prioritize their legislative focus by our needs. Please complete the survey at <http://re.spon.se/UD6q0v?t=ed> .
Check tnmed.org/legislative for updates.

SCOPE OF PRACTICE: TMA is the leading association in efforts to keep Tennessee physicians supervising patient care and prevent inappropriate scope of practice expansion for midlevel healthcare providers. Because of this leadership advance practice nurses and physician assistants have been unsuccessful in their attempts to change state laws to achieve independent practice in Tennessee, and TMA remains steadfast in advocating for policies that improve and strengthen interprofessional relationships, not weaken them. TMA is leading a coalition of medical specialty societies and other healthcare organizations promoting physician-led, team-based healthcare delivery teams as the best model for patient safety and quality of care. tnmed.org/scopeofpractice

BALANCE BILLING: TMA leads a coalition of hospital based physicians to protect patients from narrow networks created by insurance companies by supporting SB001. To this end TMA is holding state-wide listening sessions with Sen. Bo Watson and Rep. Robin Smith as the continue to push a provider friendly solution to balance bills. Their bill promotes a fair independent resolution process while holding a patient that has done their due diligence harmless. The bill based of successful models in New York, Texas and Georgia encourages payers to offer fair in-network rates to providers and keep out-off network and non-participating facilities to a minimum or be forced into loser pays arbitration.

tnmed.org/balancebilling

Legislative Update

GRADUATE MEDICAL EDUCATION FUNDING CMS' ruling this summer that Tennessee must start from scratch with its formula to fund graduate medical education slots through TennCare places over \$ 50 million dollars and all of Tennessee's residencies at risk. . TMA's priorities will be to obtain a seat at the table for further discussions on resident funding, preserve the slots gained in 2019, and to advocate for the preservation of the existing slots currently funded.

Local Chapter Legislative Liaisons:

I will be resuming the Legislative Committee calls at the beginning of the year. Therefore, I need updated contact information for each Chapter's Legislative Liaison. Chapter Presidents, please send me the contact information for your designated official at mhickman@obgyncentre.net.



Misty Hickman, FACMPE
TMGMA Legislative Liaison

TMGMA works closely with both MGMA and TMA Government Affairs staff to provide our members with the latest legislative & regulatory information. For more information on how you can get involved or questions on any legislative issue, contact [Misty Hickman, FACMPE](#).



STATE MGMA | SURVEY PARTICIPATION

JAN 4TH - FEB 12TH, 2021

Each year, you have the chance to contribute your practice's compensation data in the state-level MGMA Survey. This data is used industry-wide to make important and critical decisions surrounding compensation plans for executives, managers, and staff.

Let's make sure that 2021 provides the most robust data so that we can benchmark with confidence. **By participating in this survey, you will also gain complimentary, single-user access to the survey results via MGMA DataDive.**

Ready? Complete your practice profile first by clicking [here](#), then begin the survey. Use [these guides](#) for help!

GOT DIRECTIONS?

BECOMING LEADERS OF CHANGE

Save the date



TMGMA 2021 Spring Conference
April 14-16, 2021
Park Vista Hotel | Gatlinburg, TN

TMGMA[®]
TENNESSEE



January 12th: Navigating Information Blocking—The Paradigm Shift

The overarching objective is to have participants understand the paradigm shift that is occurring through the implementation of the 21st Century Cures Act's Information Blocking Regulations, effective April of 2021. In order to understand this paradigm shift, the presentation will begin by defining "Information Blocking" and review the implementing statute, the Cures Act and related regulations. Key provisions of the Cures Act will be compared to key provisions of the HIPAA Privacy Rule. Next, the presenters will discuss what this change means for operations, information technology, physicians and clinical staff, patients and compliance. The Information Blocking penalties will be discussed. Lastly, the exceptions to the new Information Blocking laws will be presented.

[Register Now](#)

TMGMA monthly webinars are a member benefit. To register, login and proceed to [Webinar Registration](#) under the Members tab.

Educational opportunity provided by TMGMA Affiliate Member

Succeeding in Virtual Care: A Frictionless Experience [Wednesday, February 10th, at 1:00 pm EST](#)

As the demand for convenient care grows daily, virtual care is a top priority for many healthcare facilities. Solutions appeared overnight, but where do you start and how do you ensure the platform you choose is right for your facility, team, and patients? Learn from healthcare industry experts as they discuss what to look for in a virtual care platform so you don't get left behind. Rhinogram is excited to be partnering with TN MGMA! Join us for this free webinar.

Purchasing or Leasing Healthcare Real Estate – Key Determining Factors

By: Eric Sipperley

One of the most common questions healthcare providers ask regarding their practice's real estate is "Should I purchase or lease my office space?" Many providers are quick to assume that since they own their home, they should also own their office space. While that logic is sound and often times owning is the top option by far, there are scenarios where owning your office space may not be in your best interest. The simple answer to the question, "Is it better to own or lease?" is – *It depends*. Unfortunately, there is no easy, one-size-fits-all answer on ownership vs leasing. Instead, there are many factors that come into play and need to be fully vetted when contemplating this decision.



Analyzing considerations like the season of your practice and future growth needs, available financing, cash flow and your practice's financial position, tax implications, and market availability, all play roles in determining whether to lease or purchase. The following considerations are important to evaluate and will help guide your decision on this topic.

Leasing Your Office Space

Flexibility: When you lease a property, you typically have more flexibility to relocate your office space as you will likely be signing a 5, 7 or 10-year term. At the end of that initial term, you can easily walk away from the space, relocate to another property, or decide to sign on for another term. You don't need to prepare the property to sell, list and show the property, or walk through a sale transaction to get out. You simply walk away at the end of the term or you renew the lease.

Concessions: Another great benefit of leasing comes in the way of the concessions that landlords will offer blue chip tenants, like healthcare practices. When you are properly represented and have the appropriate posture and negotiation strategy, many landlords will become more aggressive and stretch further to make a deal with a healthcare provider than with other traditional tenants.

Some examples of these concessions are tenant improvement allowances where the landlord will provide money to help build out the space in the property, or a free build out period to complete the construction so the tenant is not paying rent before they occupy the space. It's also possible to achieve free rent once the practice opens. With expert representation, a healthcare tenant can often times create leverage to demand concessions that reach into the six-figure range, totaling \$100,000, \$150,000, even \$200,000 and more in build out allowances from the landlord, along with 6-12 months



of free build out time and additional free rent upon opening. These concessions are huge benefitting factors to leasing verses owning, as it means less money from the tenant on the frontend to get the office up and running, and less money and interest paid to a lender.

Availability: An important factor to consider when determining whether to lease or purchase is market availability. If you are in a high-growth, dense urban or downtown area, there may be very few options to purchase. In most markets, lease options outweigh purchase options by 10 to 1, and in more populated markets, the disparity is even greater. It's important for healthcare providers to not get 'set' on only one scenario. The best strategy is to look at the entire market or area, both purchasing and leasing, to find out what property options are available. In these decisions, it is best to keep the needs of the practice as the main priority, as the practice is what drives revenue.

It's also imperative to look at an all-encompassing apples-to-apples comparison that takes into account the principle paydown, monthly figures, concessions and costs, tax implications and the equity position after 10 years, 15 years and 20 years. Those are the figures that will ensure the decision is informed and factual.

Purchasing Your Office Space

Additional Asset: If you have enough money for a down payment along with the ability to secure financing, and there are good purchase opportunities available in the area you are looking, then ownership may be the best option for your practice. It's very common at the end of a doctor's career that the value of the building and property are worth as much or even more than the practice itself.

Additional Annuity: Healthcare providers also have the option of selling their practice but retaining their property and leasing it back to the buying party. This creates an annuity and becomes retirement cash-flow, often with a building that is fully paid off.

Healthcare-Specific Financing: If you are considering a purchase, it is wise to speak with a healthcare-specific lender who has loan products geared towards healthcare real estate. These lenders typically understand the cycle of build outs, the unique nature of healthcare offices, the strength and cashflow of healthcare practices, and they in turn package their loans in a more beneficial way than a general lender might.

Principle Paydown: Another distinct benefit of ownership is principle paydown and equity that is built up. If you are leasing, you get nothing at the end of the lease term except another renewal document. At the end of 10-15 years of ownership, you will likely see a balance sheet on the property that can be in the hundreds of thousands and even millions of dollars to your benefit. If you pay off the building after 15 or 20 years, then your property costs are limited to upkeep, taxes and your operating expenses. That is a huge benefit of ownership.

Tax Benefits: Both purchasing and leasing have tax benefits and considerations that you will want to fully understand through the advice and counsel of a good CPA and Agent. Two of the most impactful tax benefits that result from commercial real estate ownership are depreciation and mortgage interest deduction, both of which are motivating factors of purchasing.



Additional Considerations

It's also helpful to look at the season your practice is in. Are you an associate right now, looking at a start-up? If so, it might make more sense to lease for the first 7-10 years to really determine where your target market is located, how much space you'll need in the short and long term, what your parking needs look like and more.

Do you own a practice that's been leasing for 10 years or more and you are now trying to determine whether purchasing is right for you? If so, running a detailed lease vs purchase analysis and then discussing it with your Agent and CPA would provide you meaningful insight.

Should a healthcare provider who is looking to retire in the next three to five years consider purchasing a building or should they simply remain in a leased space? Again, it depends... On the surface, it might not make sense to invest \$150 to \$200 per square foot into finishing out a new space, plus the cost of the building and land, if a practice sale is likely within a few years. However, if the new lease to the buyer of the practice creates cashflow, it could be an excellent investment and one that substantially increases the value of the practice. Again, every scenario and market are different and unique. That is why you need to have a good team of advisors around you and be confident you are evaluating all of your options.

In Conclusion

It's easy to see how this may be the most common question regarding healthcare office space; however, it's not a question that has a definitive answer for everyone. You need to dive into your situation and scenario deeper with the help of a good healthcare tenant Agent or Broker. There are many considerations and implications to consider and having all the information in a comparative analysis puts you in the driver's seat to make the most beneficial decision for your practice.

About the author:

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TMGMA appreciates the contribution of articles from our Affiliate members. The views and opinions of this article are those of the author and may not necessarily reflect the opinion of TMGMA.