



Leaders Helping Leaders



Membership Matters

a publication for members of Oregon Medical Group Management Association

Message from the President - April 2022

Janet Mossman, FACMPE

As some of you may be aware, this will be my final formal address to the Oregon Medical Group Manager's Association as your President. I have really enjoyed serving in many capacities over these past eight years while serving on the Board of Directors. I equally look forward to serving my remaining year as Past President commencing July 1st, working collectively with those with whom you have entrusted to lead your association. I remember when Elaine Beeble first approached me to serve on the board. She and many before and after her who served in this position sure left big shoes to fill. As your president, I have tried to be responsible with budgeting, working with so many to bring quality education, and attend meetings to effect real change and growth for our profession.

With the changes around us, whether social, political, technological, scientific, economic, or otherwise, each require us to be more focused than ever in assisting our patients, staff, and providers in navigating during these changing times. With this, I see the need for work/life balance for executives as never before.

First, I will speak to the work portion of this balance. As professionals, I am pleased to say that the Board of Directors of OMGMA, its volunteers, and partners have worked diligently to bring forward so many resources during the swift onset of COVID and even as we move toward a new normal. We collectively pulled resources, those we knew, our experience, and education to put on some cutting-edge webinars, whether they were annual conferences, quarterly Manager's Time Out workshops, monthly specific topic webinars, or partnering with the Medical Executive Healthcare Forum of Oregon <https://share.pdxhealth.care/invites/7HoYJ6RMgm> to hold weekly talking point meetings via Zoom in order to network together and help each clinic, big or small, navigate the swift changing times. I thank all who participated and invite those who haven't, to please join in. You are certainly missing out!

Secondly, I would like to address the life balance of this equation. I know many of us have had to learn over the past two-years to leave it at work in order to plan, join, and do family and friend time to recharge in order to be a better administrator once we returned to the office on Monday morning. I have witnessed more administrators working remotely certain days of the week to accomplish the added work that came with COVID. With the 2022 PNW MGMA Conference coming up in May, I

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Message from the President

have had so many members relay how much they are looking forward to getting back to in-person events. They miss the personal connections of meeting with and connecting one-on-one with each other in person. This in my opinion, is what I enjoy too. Where else can you meet people and have so much in common, right?

I mention this because I believe it is best to look for silver linings whenever possible. In my opinion, OMGMA was and is a SILVER LINING. Immediately the Spring of 2020, I was guided by this association and its engaged members swiftly to combined resources and information. We met weekly on the Zoom meetings to share rapidly changing information and regulations, be they state, federal, or individual insurance carriers. We were there for each other and brought resources to share and take as was needed that given week. OMGMA networking at its best!

People often ask why I serve, why any of us serve? I believe it is to give back to an organization that gives me more than I can ever repay. My partners ask if it takes time away from my day. My reply is always the same, I could either spend 10 hours reading manuals to research a legislative update or attend meeting and/or workshops with my peers, and have it emailed to me in 5 minutes. You see, we are all reading white papers, we pocket nuggets that we think are needed, and we share out what we believe others may need as well. That is true networking and buoying up your colleagues in the very best way. I encourage anyone thinking about getting involved to join in and possibly consider serving on the OMGMA Board of Directors. I promise, you will always get more than you put into it. Have a super summer moving forward and happy camping!



Janet Mossman FACMPE
President, Oregon MGMA

Respectfully, Janet

- OMGMA Monthly Member Webinar Series -

Earn ACMPE and AAPC credit for the LIVE sessions

MGMA STATE
AFFILIATE
MEMBER
WEBINAR

**THE PERFECT 10 MUST-ASK
INTERVIEW QUESTIONS**

TUESDAY, MAY 10, 2022
1:00 PM ET / 12:00 PM CT /
11:00 AM MT / 10:00 AM PT

Mary Beth Meadows
PR Employer

ACMPE CREDIT AAPC

MGMA STATE
AFFILIATE
MEMBER
WEBINAR

**HUMAN TRAFFICKING:
DO YOU KNOW WHO IS
IN YOUR EXAM ROOM?**

TUESDAY, JUNE 14
1:00 PM ET / 12:00 PM CT /
11:00 AM MT / 10:00 AM PT

MELONY HILTON, RN, MBA,
FACMPE, CPHRM, CCM

MEDICAL PRACTICE
CONSULTANT, SVMIC

ACMPE CREDIT AAPC

[Click for information and registration](#)

Committee Corner

ACMPE Committee Donna Duval, FACMPE Committee Chair



ACMPE BOARD STUDY GROUP

We are excited to announce that Oregon now has a virtual study group to help you in your certification journey. The meetings are on Tuesday afternoons. If you are interested, don't hesitate to contact Lauren Harris at lauren@harrishealthcareconsulting.com.

CERTIFICATE PROGRAMS

As a reminder, MGMA offers ACMPE Certificate opportunities.

We currently offer, Human Resources, Financial Management, and our newest is the Operations Management. More information on our certificate programs can be found by visiting our [Certificate Program page](#).

To highlight our newest offering, Operations Management (OMC):

Aligned with the MGMA-ACMPE Operations Management Body of Knowledge, the Operations Management Certificate Program is an in-depth online learning experience that provides healthcare leaders with a mastery of operations management concepts including General Practice Operations; Project Management and Strategic Planning; Healthcare Data Analytics; Supply Chain; Asset and Facility Management; and Communications, Marketing and Community Relations.

Upon completion of the full 14-hour online program, participants will receive the Operations Management Certificate and be issued an OMC credential**.

PACIFIC NORTHWEST MEDICAL MANAGEMENT CONFERENCE

Career advancement and career developments are lifelong journeys and a requirement in healthcare to stay on top. Learn more about the value of each ACMPE offering and credentials. Visit us for breakfast on Wednesday, May 18th at 7:30 and learn more about ACMPE Certification. This session will be an informal panel discussion with questions and answers. We look forward to meeting you and providing more information about becoming ACMPE certified.

DIGITAL BADGING

With our digital badges via Credly, CMPEs, Fellows, and Certificate holders can share their achievements on various platforms such as:

- LinkedIn
- Facebook
- Twitter
- Zip Recruiter
- Email Signatures
- Personal Websites

Helpful links to learn more about digital badges:

- [MGMA Credly Home Page](#)
- [MGMA Digital Badges – More Information](#)
- [Credly Support](#)

LEARN IT. EARN IT. SHARE IT.

WHAT IS AN MGMA DIGITAL BADGE?

Digital credentials enable the data-rich recognition, communication, and tracking of achievement. Organizations use Credly to issue portable and secure credentials that empower earners, make outcomes and skills more transparent, and gain actionable data and insights about how and where those credentials are being used.

- Portable
- Data Rich
- Verified
- Engaging

WHAT IS THE VALUE OF MGMA DIGITAL BADGES?

Badges show the world that whomever has earned a credential has verified knowledge, skills, or abilities. Digital credentials are verified proof from a credible source.

Badges help you publicize your accomplishments on social media, on your website, and in your email signature.

It demonstrates that your knowledge is up to date.

WHO WILL NOTICE?

- Prospective Clients
- Clients
- Colleagues
- Employers

WHERE CAN I USE MGMA DIGITAL BADGES?

Digital badges tell the world, know what you've accomplished, quickly and easily! Post them on your social media platforms, your email signature, and your website.



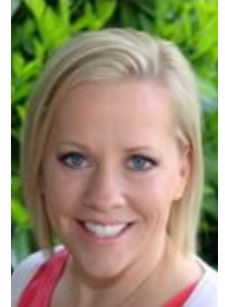
Committee Corner

Scholarship Committee

Jenna Wiltfong
Committee Chair

2022 PACIFIC NORTHWEST MEDICAL PRACTICE MANAGEMENT CONFERENCE SCHOLARSHIP

The Oregon Medical Group Management Association (OMGMA) is offering two (2) scholarships up to the amount of \$500 each to current OMGMA Member(s). These scholarships may only be used to attend the 2022 Pacific Northwest Medical Management Conference taking place May 17 – 19, 2022 at the Holiday Inn Columbia Riverfront in Portland, Oregon.



A total of 9.25 ACMPE Live CE hours will be available for this conference.

Applicants must meet all required criteria in the Conference Scholarship Policy. This scholarship is non-transferable and may only be awarded to an OMGMA Member once in five years.

Applications may be submitted for a period of 60 days starting 90 days before the conference begins.

Applications will not be accepted 30 days prior to conference.

Application submission window for the 2022 Pacific Northwest MGMA Conference begins Wednesday, February 16th, 2022 and ends Sunday, April 17th, 2022

Please [CLICK HERE](#) for scholarship details, criteria and application

Please [CLICK HERE](#) for conference information and registration



NOTICE: OMGMA Annual Member Business Meeting, May 18, 2022 (Vote for new Officers & Association Updates)

It is very important that our voting members prioritize attendance at this meeting. This meeting is open to all Active Members current in their Oregon MGMA membership. Please save the date and plan to participate.

We welcome any questions or comments ahead of this meeting: main@omgma.com

OMGMA Membership Meeting

Date: Wednesday, May 18, 2022

Time: 4:00 PM - 5:00 PM pacific

Location: Holiday Inn Columbia Riverfront - 909 N. Hayden Island Drive, Portland, Oregon 97217

*this meeting co-insides with the Pacific Northwest MGMA Conference

[Click Here for more information and handouts](#)

Membership
MEETING



[Click for information and registration](#)

Get Ready to Have Some Fun

**May 17 Reception and Networking/Entertainment Event
at the Pacific Northwest MGMA Conference**

Cocktail hour, dinner and entertainment is included with full conference registration, exhibitor, sponsor registration and May 17-One Day conference registration!

Are you be brave enough to be hypnotized?

After the Echelon Front Team-Leadership Training workshop, we will end the first day of the conference with a networking cocktail hour, dinner and entertainment provided by Joe Black, award winning Hypnotist and Magician. Joe Black has performed on some of the largest stages, including the **NBC hit show, America's Got Talent!** We've planned for an evening full of networking, good food, laughs and a lot of fun you don't want to miss.



Committee Corner

Membership Committee

Welcome new OMGMA members!

Over the last few months, current OMGMA members gave the gift of professional support, resources, education, and networking to 54 new members through the “Oregon MGMA Give One Program”. Through the “Give One Program” current OMGMA members could give the gift of a free one-year membership to new members. The Board of Directors would like to send out a BIG Welcome to new members and thank the current members for supporting the professional development of fellow medical practice leaders.

OMGMA members don’t miss out on the membership benefits:

- Participate in statewide conferences with a mix of medical practice leaders in one location.
- Participate in our regularly scheduled webinars on current topics to benefit your practice.
- On-demand webinar library
- Participate in the Medical Executive Healthcare Forum of Oregon
- Participate in educational outreach to all geographical areas of Oregon in “Manager Time Out Meetings (MTO).
- Receive certification through the American College of Medical Practice Executives (ACMPE) using the education, support, and resources provided to you as a member.
- Receive periodic legislative updates to keep informed on issues that face the healthcare community.
- Advocacy both locally and nationally to help shape the future of our health care delivery system.
- New to medical group administration? OMGMA provides many mentoring opportunities for those looking to increase their knowledge and skill set.
- Discount for Worker's Compensation insurance through SAIF Corporation (if your group qualifies). [Click here for more information.](#)
- Online Career Center if you are looking for work or if you are looking to fill a position in your organization.

Rondyann Gerst
Committee Chair



Jamie O'Hollaren
Committee Member



Donna Duval
Committee Member



The Oregon MGMA Career Center

Oregon MGMA welcomes anyone with a job opportunity in medical group practice to post a position on our website.

There is a posting fee of \$50 for 30 days.

Check out current [job postings online here](#)





The 340B Drug Pricing Program and Employee Benefits for Covered Entities

By: Yusuf Rashid

Health systems that qualify as covered entities under the 340B Drug Pricing Program in the U.S. are uniquely positioned to offer their employees high-value pharmacy benefits while supporting the intended objectives of the 340B program. Health systems with their own pharmacy services can provide employees with plan design options that incorporate domestic pharmacy networks with broader network pharmacy choices. However, offering employees value and choice in health benefits while reducing cost and forwarding the mission of the health system is increasingly complex.

The 340B Drug Pricing Program has experienced accelerated growth in recent years, and specialty drug spend continues to rise, threatening the sustainability of existing drug pricing models. Drug manufacturers required to offer 340B pricing to covered entities have responded with increased scrutiny on prescription claims originating from contract pharmacies. Unfortunately, health system employers are often bridled by misaligned contracts with pharmacy benefit managers that only exacerbate the challenges. To be successful with their pharmacy benefit strategy, health system employers will need informed reporting, aligned vendor partners and support from benefits consultants who understand their unique challenges and opportunities.

Today, the 340B Drug Pricing Program continues to grow and evolve, but not without controversy. Since Congress enacted Section 340B of the Public Health Service Act in 1992, drug manufacturers have been required to provide outpatient drug discounts to safety-net providers for their drugs to be covered by Medicaid or Medicare Part B. Safety-net providers that serve the most vulnerable populations are known as “covered entities” and qualify to participate in the 340B program. The profits that covered entities can generate from the 340B program are designed “to stretch scarce federal resources as far as possible, reaching more eligible patients and providing more comprehensive services.”¹

Although not initially contemplated under the act, in 2010, the Department of Health and Human Services (HHS) issued guidance allowing covered entities to contract with as many pharmacies as they wanted, even if the covered entity had its own in-house pharmacy. Through contract pharmacy arrangements, covered entities can realize 340B drug pricing on qualified prescriptions dispensed by contracted retail or specialty pharmacies. Since 2010, there has been a 4000% increase in the number of contract pharmacy arrangements.

*In 2020, the entire 340B Drug Discount Program experienced **17.1%** year-over-year growth and reached **\$80.1 billion** in drug spend.² This is attributed to several factors, including organic growth in the number of covered entities and contract pharmacies, as well as the rising costs associated with specialty medication prescriptions.*

In reaction to the growth of the 340B program and the required drug discounts, several manufacturers have started to restrict or deny 340B discounts associated with prescriptions filled by contract pharmacies. In 2020, drug maker Eli Lilly publicly announced that it would no longer honor requests for the 340B discount on prescriptions filled at contract pharmacies.

- In response to the drug manufacturers, the Department of Health and Human Services (HHS) Office of the General Counsel, in an advisory opinion from December 2020, stated that drug manufacturers in the 340B program are obligated to extend the 340B purchase discount to prescriptions filled at contract pharmacies and are required to charge the covered entity no more than the established 340B ceiling price.
- In May 2021, the Health Resources and Services Administration (HRSA) followed with an enforcement letter directing manufacturers to offer the 340B discount

Continued on next page



price to covered entities for drugs filled either through contract pharmacy arrangements or through in-house pharmacies.

- In June 2021, amidst pending litigation, HHS withdrew its December 30, 2020, advisory opinion.
- In October 2021, the U.S. District Court for the Southern District of Indiana ruled to vacate the HHS advisory opinion and HRSA's enforcement letter on grounds that the actions violated the Administrative Procedures Act.

With growing regulatory and public concern over drug prices, covered entities should consider contract pharmacy discounts at risk until the contentious issue is resolved.

While the courts and regulators finalize 340B requirements with respect to contract pharmacies, many covered entities are focused on expanding and refining their own domestic pharmacy strategies. Covered entities hold ultimate responsibility for compliance with the 340B program requirements whether prescriptions are filled at owned or contracted outpatient pharmacies.

Considering the vague regulations and current guidance that is subject to interpretation, domestic pharmacies are ideally positioned to take advantage of potential opportunities while also meeting regulatory responsibilities. When covered entities determine the patient populations they will serve at domestic pharmacies, it is important to consider that the intent of the 340B drug program is to allow covered entities to stretch scarce federal resources as far as possible, reach more eligible patients and provide more comprehensive services. The 340B program augments federal resources because the outpatient drug purchase discount is provided directly by drug manufacturers.

In terms of eligible patients, the 340B program requires that the patient be seen and receive care through a healthcare provider who is employed by or under a contractual arrangement with the covered entity. The covered entity is responsible for managing, coordinating, and documenting the care received by the patient. It is important to note that the patient's ability to pay and their status as uninsured or underinsured are all irrelevant to the requirements of the 340B program. Furthermore, a patient would not be considered eligible for the 340B program if the only healthcare service they receive from the covered entity is the dispensing of a drug. **The manufacturer drug discounts provided through the 340B program and the potential patients eligible under the program are all important considerations for covered entities as they plan the expansion of more comprehensive services to serve more patients.**

Today, health system employers are face with challenges such as labor shortages and rising employee healthcare costs, but employers with self-funded benefits can mitigate these challenges by leveraging the drug purchasing advantages of domestic pharmacies, including the 340B program. Safety-net providers facing demands due to the pandemic contribute to the 3.6% increase in healthcare employee resignations seen in 2021.³ Clinician burnout and stress, resulting in staff turnover and lost productivity, directly impact the health system's ability to expand comprehensive health services. To prioritize attraction and retention of talent, healthcare employers are realizing the importance of affordable healthcare benefits that improve employee health outcomes with a holistic view of social determinants, physical and mental well-being. Providing employee benefits that improve staff health and productivity is critical for health systems to deliver on their mission to all patients they serve.

Collocated within the health system, domestic pharmacies are best positioned to coordinate with care team partners to improve employee outcomes related to chronic disease and mental health. For instance, healthcare workers suffering from diabetes have been at particularly high risk during the COVID-19 outbreak. The risk of poor glycemic control and infection is exacerbated by workload stress, long hours, and nightshift work.^{4,5} Safety-net health systems have reinvested 340B profits to develop highly integrated clinical pharmacy services specifically targeting chronic conditions like diabetes. Pharmacists working within the health system's domestic pharmacies build strong direct relationships with their patients, and have a unique ability to coordinate holistic care with nutritional support and behavioral health referrals as well as comprehensive medication management.

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Despite advances in data and analytics to facilitate coordination of care, vendor-based mail order pharmacies do not have the level of integrated care offered by domestic pharmacies. Health systems are universally committed to providing the highest quality of care to their patients, and the health of their employees is a critical component of that mission.

Leveraging the purchasing advantages of a domestic pharmacy network as part of an employee benefit strategy requires the support of aligned vendor partners. With contract pharmacy arrangements at continued risk, optimization of domestic pharmacy capabilities is increasingly important. An effective domestic pharmacy strategy provides value to health plan members by prioritizing the performance of the health system's pharmacies over the pharmacy benefit manager's (PBM's) external pharmacy network. Specialized software vendors known as 340B administrators offer solutions that simplify compliance and manage virtual inventories while retroactively identifying eligible claims for the covered entity.

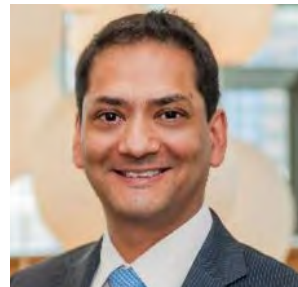
Unfortunately, data and insights from 340B software vendors is rarely used to inform the PBM's strategies. Traditional PBM contracts are designed around the performance of the PBM's pharmacy network and promote exclusive mail order and specialty pharmacy arrangements that direct revenue away from the health system and toward the PBM. Contractual rebate terms and PBM formularies are designed to maximize the manufacturer rebates negotiated by the PBM rather than achieve lowest net cost available through the 340B program.

Lastly, rebate exclusions often exist in PBM contracts that prevent covered entities from benefiting from either the manufacturer rebate as well as the 340B discount. The PBM is a critical partner in the administration of the employee prescription drug benefit, but misaligned incentives and conflicting strategies can prevent covered entities from realizing the full potential of domestic pharmacy networks.

Health system employers, particularly covered entities, require pharmacy benefit consultants that understand the unique opportunities available through domestic pharmacies. The rising cost of prescription drugs and the dynamic landscape of today's 340B program contribute to the complexity of health system employee benefits. Every health system is unique and brings its own level of readiness and willingness to leverage domestic pharmacy services for their employees. A complete solution may need to consider 340B discounts as well as group

purchasing, "own-use" purchasing rates as well as the support of PBM pharmacy networks. Domestic specialty pharmacy services can bring significant cost advantages, but will require clinical expertise, policy development, dedicated reporting, and compliance programs.

A comprehensive assessment will consider the health system's operational readiness, existing health concerns and cost drivers for the population and both short- and long-term health system goals. A thoughtful health system pharmacy benefit review will consider vendor strategies, evaluate contract pharmacy arrangements, and address contractual vulnerabilities with PBM partners. A well-informed pharmacy benefit consultant will partner with health system benefit managers to bring immediate value while developing a customized roadmap to realize future goals



Yusuf Rashid
SVP of Pharmaceutical Strategy
USI Insurance Services

Yusuf Rashid is a pharmacist and is the SVP of Pharmaceutical Strategy at USI Insurance Services, bringing over 20 years of healthcare leadership in pharmacy operations, health plan and consulting experience including government programs, Medicare, Medicaid, and commercial employee benefits.

1. 340B Drug Pricing Program, Health Resources & Services Administration (HRSA); Available at: <https://www.hrsa.gov>
2. Martin & Krikorian, The 340B Drug Discount Program: Complexity, Challenges, and Change, IQVIA White Paper, Aug 2020; Available at: <https://www.iqvia.com/locations/united-states/library/white-papers/the-340b-drug-discount-program>
3. U.S. Bureau of Labor Statistics, Economic News Release, Job Openings and Labor Turnover; Available at: <https://www.bls.gov/news.release/jolts.toc.htm>
4. Manodpitipong A, Saetung S, Nimitphong H, et al. Night-shift work is associated with poorer glycaemic control in patients with type 2. *J Sleep Res* 2017; 26:764772.
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Yusuf Rashid, SVP Pharmaceutical Strategies RPh, BSc. MBA

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As SVP of Pharmaceutical Strategies Yusuf supports the USI Employee Benefits team for the Northwest region. Yusuf's responsibilities include analyzing prescription and medical drug data to design and deliver financial solutions for clients and prospective clients. Yusuf uses a holistic approach in partnership with USI Health and Welfare consultants to improve outcomes and lower total cost of care. With several years of experience in vendor contracting, Yusuf helps employers eliminate wasteful spend by aligning PBM contracts with the best interests of USI clients and their employees. The USI goal is to create transparency in drug pricing and leverage market competition to maximize cost efficiencies for clients.

Yusuf joined USI in 2021 as an accomplished healthcare leader with a breadth of experience in the pharmaceutical industry including both commercial and government programs. Yusuf's proven leadership experience spans managed care pharmacy, health plan benefit design, PBM contracting, clinical pharmacy and specialty pharmacy. Yusuf is well respected for his ability to streamline complex systems to create value across various healthcare services. Yusuf has overseen strategic vendor contracts including telehealth, nurse advice line, utilization management, care management, and various health technologies. Most recently, Yusuf comes to USI Northwest from a regional health plan where he held the position of VP, Pharmacy and Vendor Relations with responsibility over all aspect's medication strategy across medical and prescription benefits.

Yusuf has an MBA in Healthcare Management from Western Governors University, a Bachelor of Science in Pharmacy, and a Bachelors of Science in Biology from the University of Alberta.