



Leaders Helping Leaders



Membership Matters

a publication for members of Oregon Medical Group Management Association



Letter from the President

Hello friends,

Spring is finally here and I for one am ready for the change! Coming out of this last year of Covid has me looking forward to some normalcy that a vaccinated summer promises. The refreshing vitamin D coupled with lower Covid daily counts and more vaccinated Oregonians means we might have some version of group celebration this July 4th or be able to attend a Timber's game.

Speaking of change, it is a constant so be on the lookout. Look for the next opportunity for you and your organization because how we did it a few years ago isn't how we'll be doing it a few years from now. Will you initiate the change and mold it yourself or will you be letting the change mold you? Get in front of it.

The first changes made to our Bylaws in a decade will be voted on May 5, 2021 by the Members. Please log in and vote. The OMGMA Board of Directors supports these changes and asks for a YES vote on them.

Join us at the Pacific Northwest Medical Management Virtual Conference May 27-28, 2021, hopefully our last virtual annual conference!

Board of Directors

PRESIDENT

Greg Sarish, MBA

Sports Medicine Oregon
Tigard

PRESIDENT-ELECT

Janet Mossman, FACMPE

Pacific Family Medicine
Astoria

IMMEDIATE-PAST PRESIDENT

**Christi Siedlecki,
MSN, RN, FACMPE**

Grants Pass Clinic LLP
Grants Pass

SECRETARY

Jenna L. Wiltfong, CMPE

Hope Orthopedics of Oregon and
Willamette Surgery Center
Salem

TREASURER

Rachel O'Brien, MBA, BS, RN

Northwest Gastroenterology Clinic
Portland

Directors

Heidi Snyder, MHA

The Childrens Clinic, PC
Portland

**Rondyann Gerst,
CMPE, CPC, CRHCP**

Oregon Office of
Rural Health | OHSU
La Grande

Pam Colburn, FACMPE

Pediatric Associates
of the Northwest
Portland

Charleen Hall, CMPE

Barnes Foot and Ankle
Portland

DIRECTOR & ACMPE FORUM REP**Donna Duval, FACMPE**

Allcare Health
Grants Pass

Questions?

Contact us: main@omgma.com
(971) 373-1477

Christi Siedlecki is rolling off the Board as our Immediate Past President – Thank you for your years of tireless service and passion for OMGMA's best interests Christi. Such a great collaborator!

My years on the Board have been so rewarding. They have helped me forge deeper bonds with my colleagues and Members alike, opened my eyes to a deeper understanding of the issues facing our Association and given me opportunities to make a real difference. I encourage anyone who has the slightest interest to reach out to a Board member and ask what a 'day in the life' is like, then throw your name in the hat. You won't regret it – I promise!

Greg Sarish, MBA
President, OMGMA

NOTICE: OMGMA Member Business Meeting May 5, 12:00 PM - 1:00 PM (Bylaws edits vote)

More information and link to bylaws documents [here](#)

It is very important that our voting members prioritize attendance at this meeting. We must meet minimum quorum requirements in order to ratify association business.

Due to Covid-19 and restrictions on gatherings, Oregon MGMA will need to conduct this Member Business Meeting virtually.

The purpose of this Membership Meeting will be to vote on recommended edits to Oregon MGMA bylaws.

This meeting is open to all Active Members current in their Oregon MGMA membership.

OMGMA Membership Meeting Agenda

May 5, 2021 | Time: 12:00 PM – 1:00 PM

Location: Virtual, GoToMeeting

Called by: OMGMA President, Greg Sarish

12:00 PM - Welcome and Opening Announcements, Greg Sarish, OMGMA President

12:05 PM - Items to be ratified by the membership

- Bylaws Revisions - Christi Siedlecki, Bylaws Committee Chair and Immediate Past President
 - Questions, comment
 - Vote
- Adjournment – Greg Sarish, OMGMA President


Monthly Member Webinar

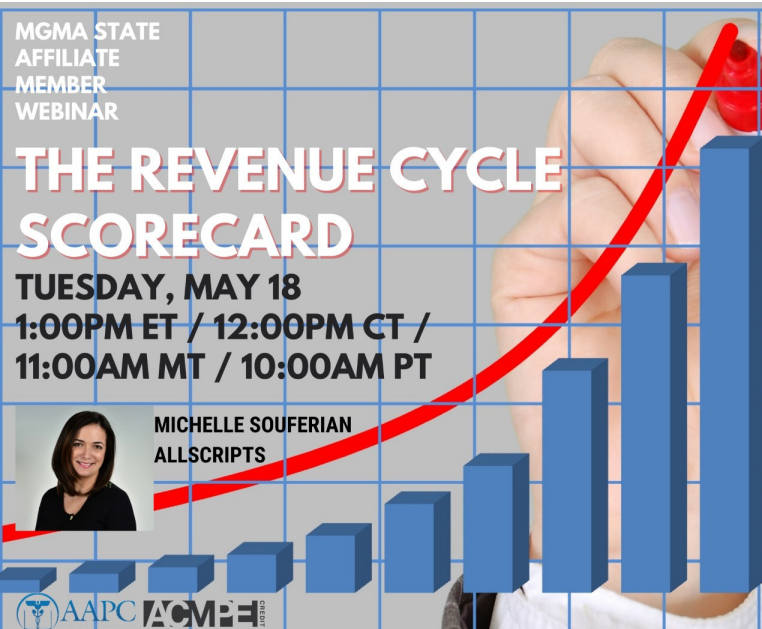
More information and registration [here](#)

MGMA STATE
AFFILIATE
MEMBER
WEBINAR

THE REVENUE CYCLE SCORECARD

TUESDAY, MAY 18
1:00PM ET / 12:00PM CT /
11:00AM MT / 10:00AM PT

 **MICHELLE SOUFERIAN**
ALLSCRIPTS



AAPC ACMEF CREDIT

MGMA STATE
AFFILIATE
MEMBER
WEBINAR

MAKING KIND AND HONEST FEEDBACK A TEAM HABIT

TUESDAY, JUNE 8
1:00PM ET / 12:00PM CT /
11:00AM MT / 10:00AM PT




AACMEF CREDIT AAPC Advancing the Business of Healthcare


 **Gretchen Napier**
Medical Practice
Consultant
SVMIC


MGMA STATE
AFFILIATE
MEMBER
WEBINAR

ONLINE REVIEWS & GOOGLE PROFILES: MARKETING & REPUTATION MANAGEMENT 101 FOR PRACTICE ADMINS

TUESDAY, JULY 13
1:00 PM ET / 12:00 PM CT /
11:00 AM MT / 10:00 AM PT



 **EVAN STEELE, MBA**
CEO & FOUNDER
RATERS

 **RON CHORZEWSKI PT, MBA**
SOLUTIONS CONSULTANT
RATERS

AACMEF CREDIT AAPC Advancing the Business of Healthcare

THANK YOU to all our Oregon MGMA 2021 Partners!

OMGMA and our members extend our sincere appreciation to each of you for helping our medical practices get through this pandemic year.

MEMBERS - As a thank you to our Partners please visit www.omgma.com and click on Partners Place. Please help us by reaching out now to talk and learn more about at least 1 new service that you may need in this upcoming year, or just want to learn more for future consideration.

PARTNER	SUPPORT SERVICES	MEMBER SINCE
GNSA	Human Resource, Payroll	2014
Jones & Roth CPAs and Business Advisors	Accounting, Consulting, Financial Services	2014
Moss Adams, LLP	Billing & Coding, Financial Services, Information Technology	2014
The Partners Group	Employee Benefits, Retirement, Financial Services, Insurance	2014
USI	Insurance	2014
DBS Health Information	Consulting, Medical Records, Staffing	2015
Medical Answering Service of Oregon	Quality Improvement, Answering Services, Appointment Reminders	2015
Physicians Insurance	Insurance	2017
Med-X Staffing Services	Scribing Services, Staffing	2018
Collect Northwest	Banking, Financial Services, Collections	2019
MAGMUTUAL	Insurance	2019
NORCAL GROUP	Insurance	2019
Automated Accounts	Collections	2020
CNA Healthcare	Insurance	2020
IT Group NW	Consulting, Information Technology	2020
PayneWest Insurance, Inc	Insurance	2020
Professional Office Services, Inc	Marketing, Online Reputation, Patient Statement Services, Printing	2020
RxVantage	Information Systems & Software	2020
Studebaker Nault, PLLC	Legal Services	2020
UMIA Insurance Inc.	Insurance	2020
Allscripts	Billing, Coding, Information Technology, Medical Records	2021
Brown & Brown Northwest	Employee Benefits, Retirement, Insurance	2021
First Interstate Bank	Banking, Financial Services	2021
HealthMark Group	Information Technology, Medical Records	2021



It's back and it's virtual for 2021

The Pacific Northwest Medical Management Conference is one of the largest educational and networking conferences for medical practice leaders on the West Coast. It features a combination of nationally renowned speakers, highly rated break-out sessions by experts in their field, and practical take-home tools that makes this conference a can't miss, unsurpassed educational opportunity.

This year Oregon MGMA will be joined by members from Washington State, Alaska, Idaho and Montana MGMA chapters.

The Pacific Northwest Medical Management Conference will be a great place to expand both your professional skill set and network. Whether you are new to medical practice management or a seasoned veteran, expect to walk away from the Pacific Northwest Medical Management Conference with timely education and take-aways you can implement immediately in your practice.

We are planning for an interactive virtual conference to provide you with valuable knowledge and tools to improve your core competencies, professional skills and help you to improve your organization's performance.

The first 150 attendees to register for this conference will receive a FUN and FREE Conference Swag Box!

Check out the agenda and speakers [here](#).

REGISTER NOW: www.pnwmgmaconf.com

Legislative Update April

Are you ready for Information Blocking Rules?

New Information Blocking rules took effect on April 5, 2021. Information Blocking is an area addressed in the 21st Century Cures Act of 2016. The new rules make it possible for the Office of the National Coordinator for Health Information Technology (ONC) to leverage penalties against healthcare providers who get in the way of patients having fast and easy access to their medical records. The standard set by the new rules is that the entity “knows that such action is unreasonable and is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information.”

MGMA has a great toolkit to help healthcare providers take necessary steps for compliance. Updated information may also be found on the ONC’s website found [here](#).

Deadline to Apply for PPP Loans Round 2 Extended

The deadline to apply for PPP Round 2 Loans with Loan Forgiveness was recently extended to May 31, 2021.

Your organization may be eligible if it:

- Previously received a First Draw PPP loan and will or has used the full amount only for authorized use
- Has no more than 300 employees; and
- Can demonstrate at least a 25% reduction in gross receipts between comparable quarters in 2019 and 2020

To learn more about second draw PPP loan eligibility, visit the Small Business Administration’s website [here](#).



Oregon MGMA Legislative Co-Chairs

Christi Siedlecki, MSN, RN, FACMPE

Rachel O'Brien, MBA, BS, RN



From the Oregon MGMA Membership Committee

Please share all of the great benefits OMGMA has to offer with other medical colleagues you work with!

- ❖ **Education** - offered through annual conferences, monthly webinars, our online education library, Managers Time Out meetings (MTOs) and email communications
- ❖ **Networking** - interact and build relationships with other healthcare executives in our state who face similar responsibilities and challenges.
- ❖ **Career Center** - review available positions from across Oregon. Members can post their open positions to the career center for free.
- ❖ **Legislative Updates** - to keep informed on issues that face our healthcare community
- ❖ **Mentors** - New to medical group administration? OMGMA provides mentoring opportunities for those looking to increase their knowledge and skill set.
- ❖ **SAIF Workers Compensation Insurance Discount** (if your group qualifies)
- ❖ **ACMPE Certification Support** - using the education, support and resources provided by fellow OMGMA members who have been through the process.
- ❖ **Continuing Education Credit Hours** – monthly member webinars and state conferences
- ❖ **Opportunities** - to interact and connect with industry suppliers offering emerging products and services to help you find solutions to changes in the industry.



Membership Committee

Chair: Pam Colburn, FACMPE

Rondyann Gerst, CMPE, CPC, CRHCP



Telehealth Reimbursement After the COVID-19 Public Health Emergency

One of the foremost changes in healthcare delivery during the COVID-19 public health emergency has been the widespread expansion of telehealth. The demand for telehealth services has grown over the last year as providers have expanded telehealth services to meet the needs of patients social distancing and sheltering in place during the pandemic. To support telehealth expansion, federal and state governments have removed a number of legal barriers and reimbursement requirements that limited the scope and availability of telehealth to certain patient populations, including Medicare and Medicaid beneficiaries. However, many of these changes affecting the provision of telehealth and subsequent reimbursement are temporary. As the country looks towards the end of the public health emergency, state and federal waivers and orders are beginning to expire. Providers must prepare for upcoming changes to telehealth reimbursement and ensure compliance with state and federal regulation of telehealth when the public health emergency ends.

Medicare Reimbursement And Enforcement of Telehealth After the Public Health Emergency

In response to COVID-19, the U.S. Department of Health and Human Services (“HHS”) declared a public health emergency on January 31, 2020, and subsequently issued a number of temporary waivers, pursuant to the waiver authority under Section 1135 of the Social Security Act, to expand telehealth services to Medicare beneficiaries. The 1135 waivers removed a number of barriers to providing telehealth services to Medicare beneficiaries. The 1135 waivers have allowed Medicare beneficiaries to receive telehealth services in their homes, regardless of the location or the availability of specialized technology. The 1135 waivers also expanded the types of health care providers that can furnish telehealth services to include all those that are eligible to bill Medicare for their professional services, including physical therapists, occupational therapists, and speech language pathologists.

In addition, Centers for Medicare & Medicaid Services (“CMS”) announced that during the public health emergency it would not be auditing claims for services that require an established patient relationship for reimbursement, allowing providers to see new patients through telehealth. Similarly, the HHS Office for Civil Rights announced in March that it would exercise “enforcement discretion” under HIPAA, such that covered healthcare providers will not be subject to penalties for violations of the HIPAA Privacy, Security, and Breach Notification Rules that occur in the good faith provision of telehealth during the public health emergency. This has allowed providers to utilize popular technology platforms that are available to most beneficiaries, which allow for two-way, real-time interactive communication.

The 1135 waivers are only effective for the duration of the national public health emergency. CMS does not have the statutory authority to reimburse telehealth services to Medicare beneficiaries outside of rural areas or, with certain exceptions, allow Medicare beneficiaries to receive telehealth in their homes. Once the public health emergency has ended, reimbursement of telehealth services provided to Medicare beneficiaries will once again be subject to statutory limitations.¹ These limitations include:

- Telehealth services may only be provided by certain provider types, including physicians, physician assistants, nurse providers, and clinical psychologists.

- Medicare beneficiaries are required to be physically present at a qualified medical facility to receive telehealth services.
- A patient's home is not an eligible originating site except for certain services, including home dialysis ESRD-related clinical assessment services or treatment of a substance use disorder or a co-occurring mental health disorder.
- Only synchronous services provided via real-time, audio- and- video telecommunications are reimbursable, except asynchronous technology is permitted in federal telemedicine demonstration programs in Alaska and Hawaii.
- Medicare reimbursement is only available for telehealth services listed on the Physician Fee Schedule ("PFS") released by CMS.²

In addition to the statutory limitations, enforcement activities related to telehealth will also resume. At the end of the public health emergency, CMS will return to auditing claims for services that require an established patient relationship, and providers will need to understand what services remain available to new patients. Further, any requirements for a face-to-face or in-person encounter imposed by a National Coverage Determination or Local Coverage Determination will also be in effect.³ Covered healthcare providers will continue to be required to comply with the HIPAA Privacy, Security, and Breach Notification Rules in their provision of telehealth. Providers will need to be aware of the effect that the end of the public health emergency will have on reimbursement and enforcement actions and adjust their telehealth services to Medicare beneficiaries accordingly.

Medicare will continue to reimburse certain services provided by physicians and practitioners who can furnish evaluation and management services to established beneficiaries through "remote communication technology."⁴ Remote communications, which include virtual check-ins, remote evaluation of pre-recorded patient information, and chronic care services, do not fall within the statutory definition of telehealth statutory "telehealth," and certain restrictions for reimbursement, such as the geographic and originating site limitations, do not apply.⁵ They may be furnished via audio-only, real-time telephone interactions or synchronous two-way audio interactions enhanced with video or other kinds of data transmission. These services must be provided to an established patient who has provided consent. If a remote service originates from a related evaluation and management service, it should be bundled into evaluation and management service and not reimbursed separately.

The CMS CY 2021 PFS final rule adds more than 60 services to the Medicare telehealth list that will continue to be covered beyond the end of the public health emergency.⁶ Permanent additions to the Medicare telehealth list include additional services for the treatment of substance use disorder and co-occurring mental health disorders, group psychotherapy, and neurobehavioral status exam. The CMS CY 2021 PFS final rule also expanded coverage for certain online assessment and management services that could be furnished as licensed clinical social worker services, clinical psychologist services, physical therapist services, occupational therapist services, or speech language pathologist services, so

practitioners that do not furnish evaluation and management services could provide certain online assessment and management services. CMS has also added certain services temporarily to the Medicare telehealth list through the end of the year in which the public health emergency ends to collect evidence to support the permanent addition of these temporary services to the Medicare telehealth list. These temporary services include certain nursing home services, physical and occupational therapy services, critical care services, and emergency department visits. Finally, recognizing a role for audio-only telehealth, CMS is establishing payment on an interim final basis for a new HCPCS G-code describing an audio-only medical discussion to determine the necessity of an in-person visit.

Medicaid and Private Reimbursement And Enforcement of Telehealth After the Public Health Emergency

Effective January 1, 2021 Washington's telemedicine payment parity law, which requires commercial insurance, state-regulated commercial health insurance plans, Medicaid managed care organizations' health plans, Public Employees Benefits Board health plans, and School Employees Benefits Board health plans to reimburse for telemedicine services at the same rate as if the services were provided face-to-face. The law does not apply to plans not regulated by the Office of the Insurance Commissioner ("OIC"), including certain self-insured and ERISA plans. Payment parity applies to telemedicine, which is defined as "the delivery of health care services through the use of interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider, for the purpose of diagnosis, consultation, or treatment."⁷ It does not include the use of audio-only telephone, facsimile, or email.

In response to the COVID-19 public health emergency, the OIC and the Health Care Authority ("HCA") have issued certain temporary policy changes related to telehealth services that fall outside of the "telemedicine" definition, which will end when the public health emergency ends. The HCA has allowed providers to furnish telehealth services via the telephone, email, texting, and e-consults, which may not be HIPAA compliant, during the public health emergency. The OIC also issued a temporary order requiring all state-regulated carriers to permit and reimburse for healthcare services provided over non-HIPAA compliant platforms, including video chat applications and the telephone.⁸ Providers may also provide certain telehealth services to new patients during the public health emergency although billing codes only allow for established patient services.⁹ Once the public health emergency has ended, reimbursement under the parity law will be limited to telemedicine services, which are subject to the following limitations:

- Telemedicine services may only utilize interactive audio and video technology, permitting real-time communication between the patient at the originating site and the provider.¹⁰
- Effective March 19, 2020, the need for a patient to have an in-person visit with the referring provider before the use of store-and-forward technology may be reimbursed is eliminated.
- Telemedicine services must be HIPAA compliant.

- Billing code requirements, including certain in-person components and established patient requirements, will no longer be waived and must conform to program-specific and carrier-specific billing instructions.

Finally, health care providers licensed under RCW 18.130.040 must take telehealth training between January 1, 2021 and June 30, 2021.¹¹ A health care professional who completes the training must sign and retain an attestation. The training requirement does not apply to physicians licensed under RCW 18.57 or RCW 18.71.

Practice Tips

Providers face billing risks and audits related to changes in Medicare telehealth reimbursement after the public health emergency ends. The Department of Justice and Office of the Inspector General have already indicated that telehealth fraud and abuse during the public health emergency is an area of concern. To proactively, prepare for audits or investigations, providers should review their practices and adopt policies regarding telehealth services for categories of beneficiaries and be prepared to self-audit telehealth claims. Claims that misrepresent information (e.g., originating or distant site provider) or where the means of communication (e.g., telephone, email, or texting) does not meet statutory and reimbursement requirements will be subject to repayment. Covered entities should also anticipate the need to provide HIPAA-complaint telehealth services and should review their privacy and security practices related to the provision of telehealth services. Covered entities should confirm that they are utilizing technology platforms that are encrypted, HIPAA-complaint technology provided under a business associate agreement.

Rachael R. Ream, J.D., Ph.D.

rream@studebakernault.com

O: 425.279.9929, EXT 103 | D: 425.458.3822

STUDEBAKER | NAULT