



UNDERSTANDING THE MSO MODEL FOR GROWTH AND EXPANSION

Ericka L. Adler, JD, LL.M

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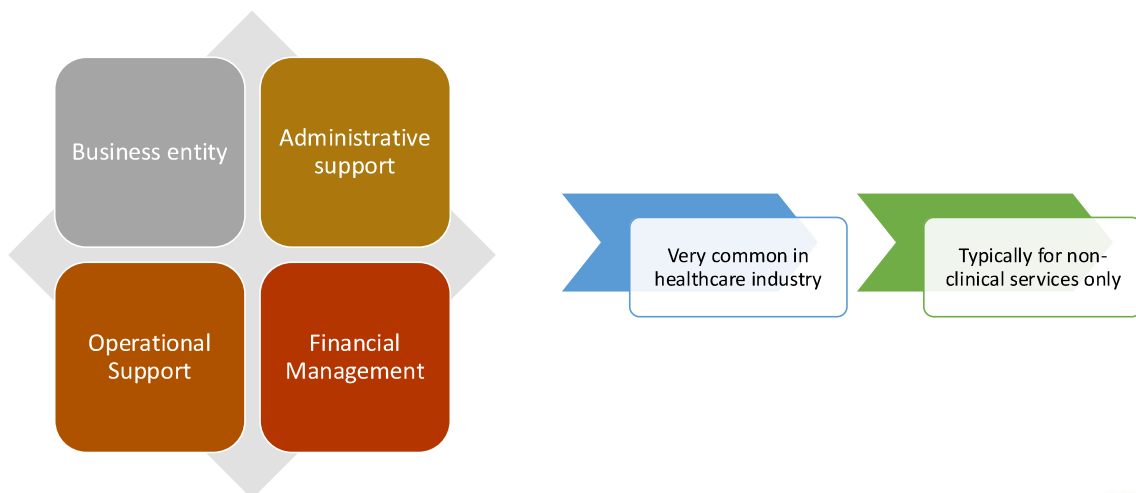


Learning Objectives

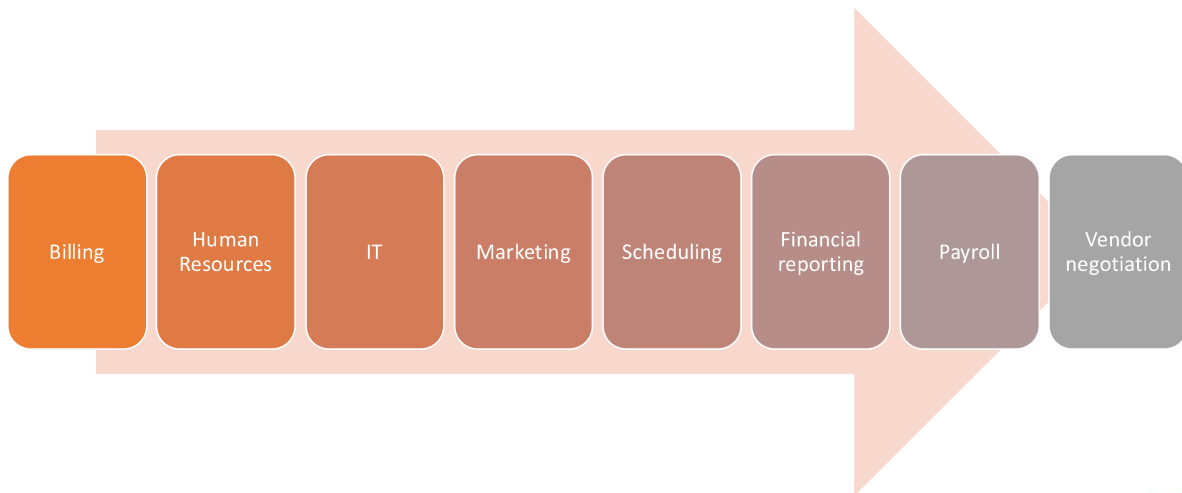
1. Discover how MSOs alleviate administrative burdens, allowing physicians to focus on patient care.
2. Evaluate the legal and structural considerations when partnering with an MSO to ensure compliance and protect autonomy.
3. Identify opportunities for growth and efficiency through MSOs, including scaling practices and promoting financial sustainability.



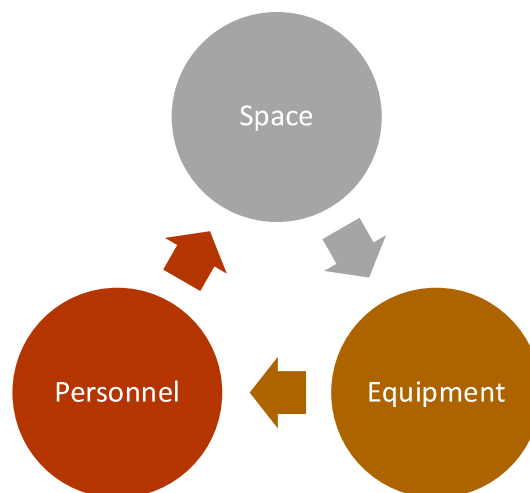
What is an MSO? “Management Service Organization”



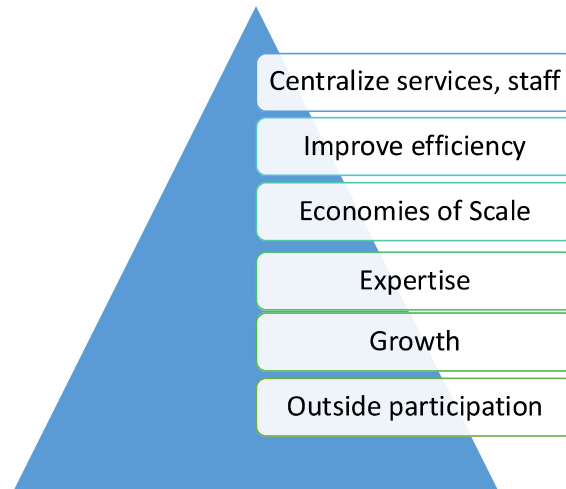
What type of services can MSO offer?



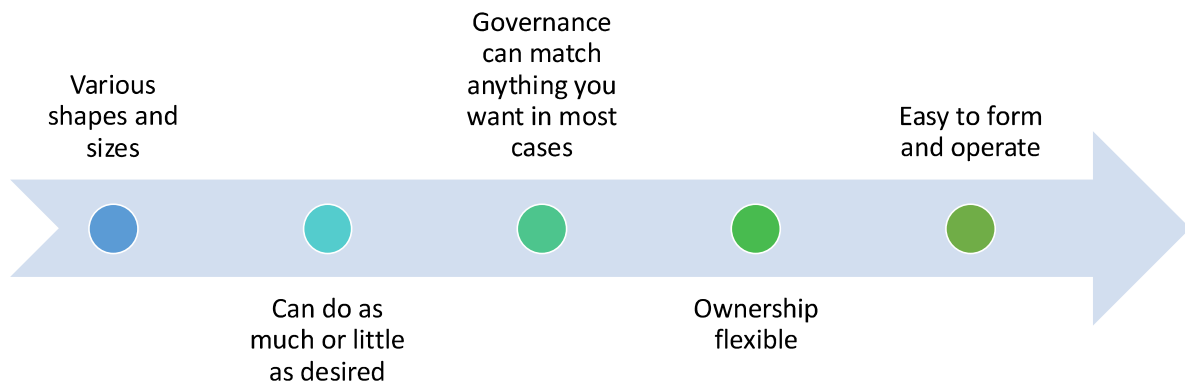
What type of items/services can MSO offer?



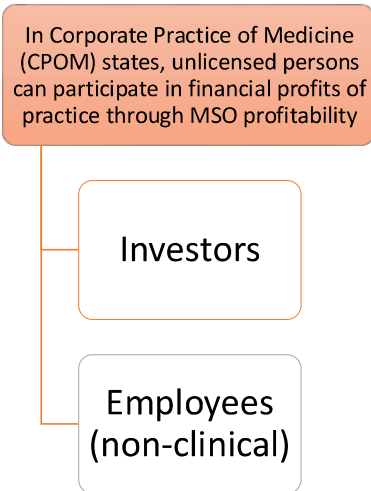
Why use an MSO?



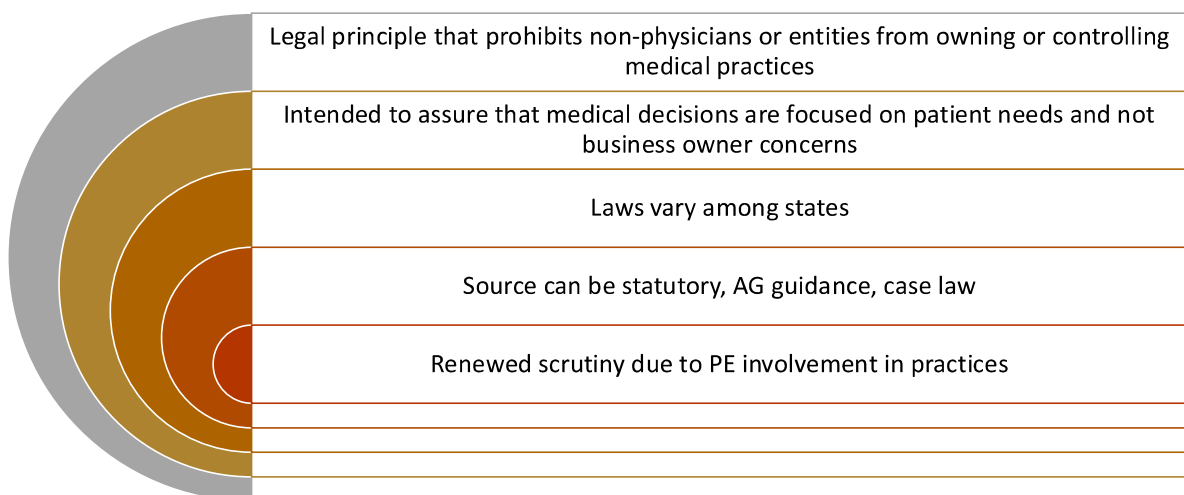
What do MSOs look like?



Legal Reasons to Use an MSO?



What is “Corporate Practice of Medicine?”



Examples of CPOM Concerns

Non-physicians setting or influencing patient care protocols or treatment plans.

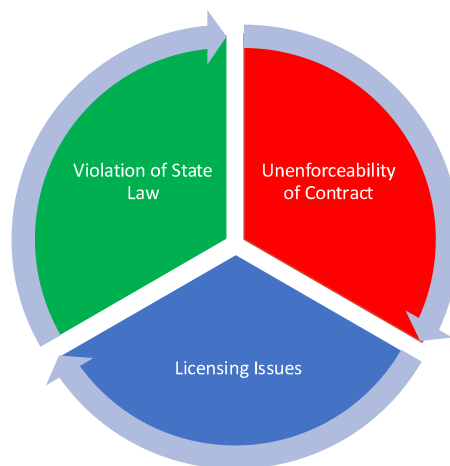
Business entities sharing in medical revenues or controlling physician compensation based on profits.

MSOs or management firms hiring or firing medical personnel or dictating clinical schedules.

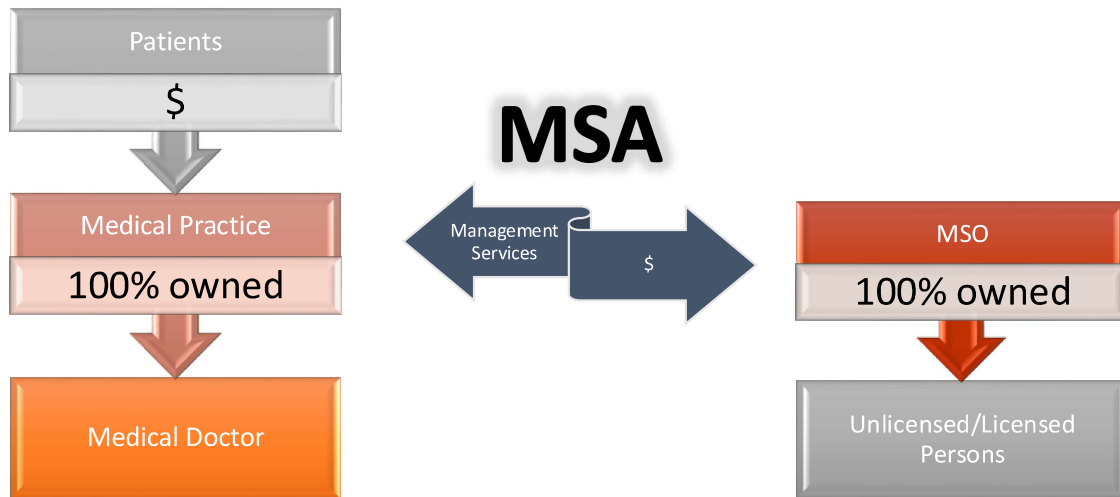
Excessive control to unlicensed entities over the operations of a medical practice, including treatments, tests that can be ordered, etc.



What Happens if CPOM is Violated?



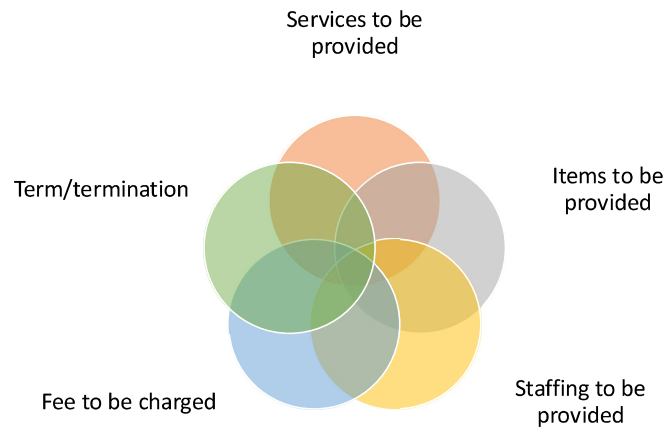
MSO Structuring



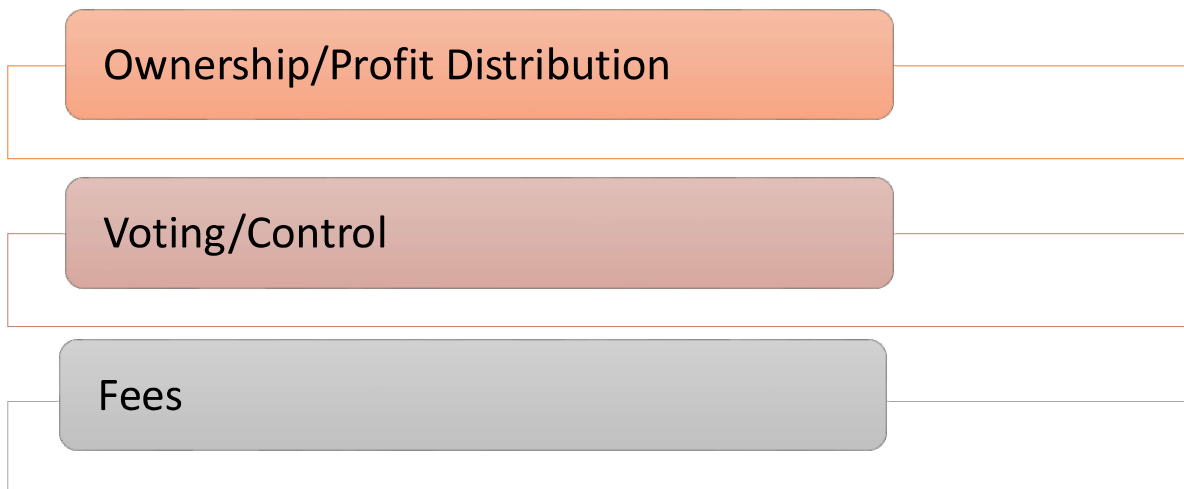
MSO Structuring: Documents



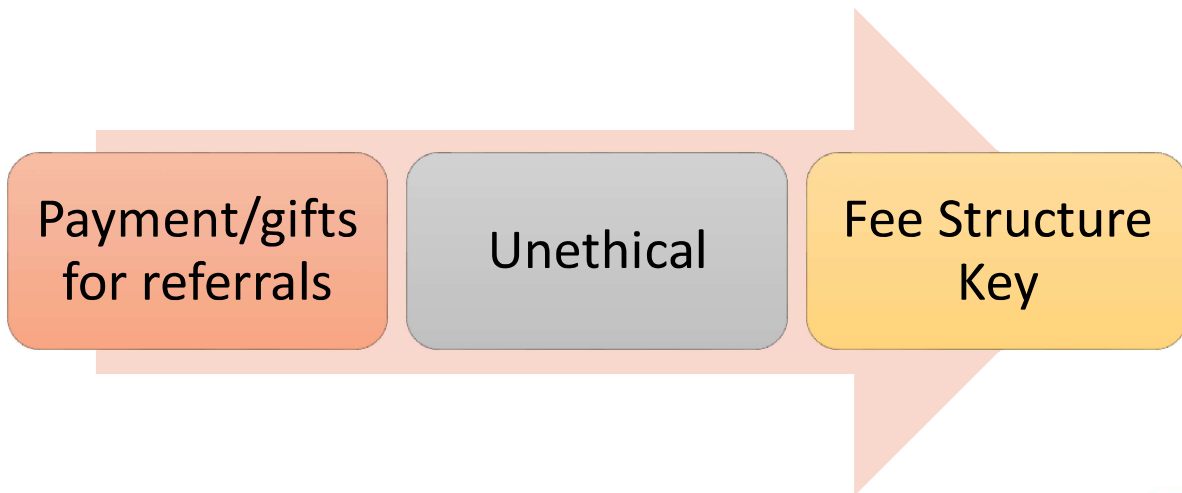
MSO Management Agreement



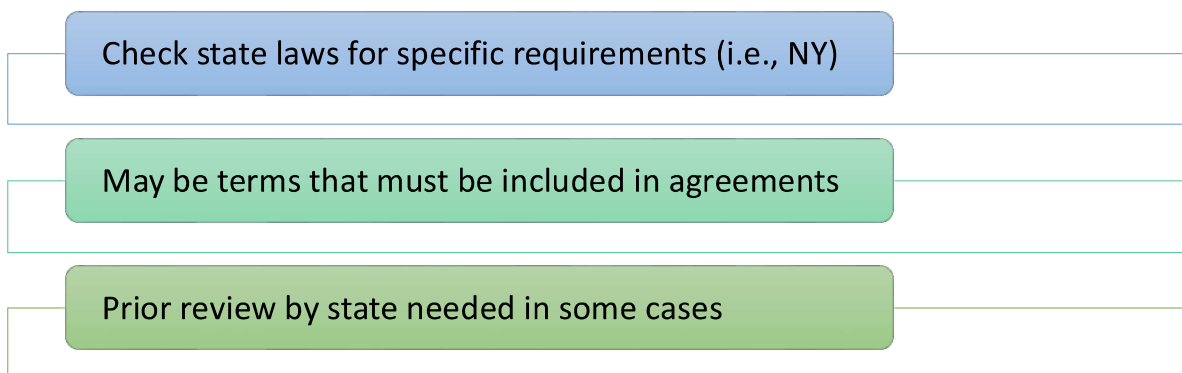
MSO: Documentation Issues



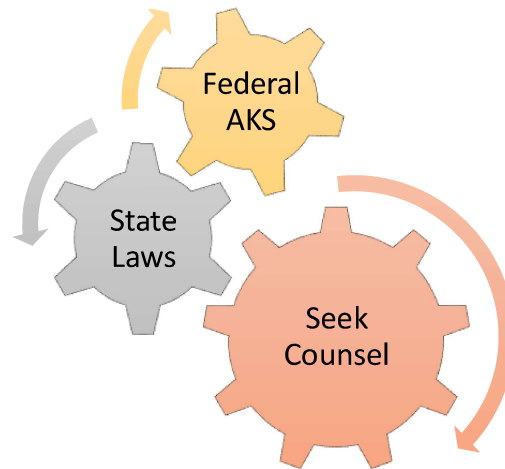
MSO Fee Legal Issue: Fee Splitting



MSO: Legal Requirements For Documents



Non-DPM MSO Arrangement: Legal Issues



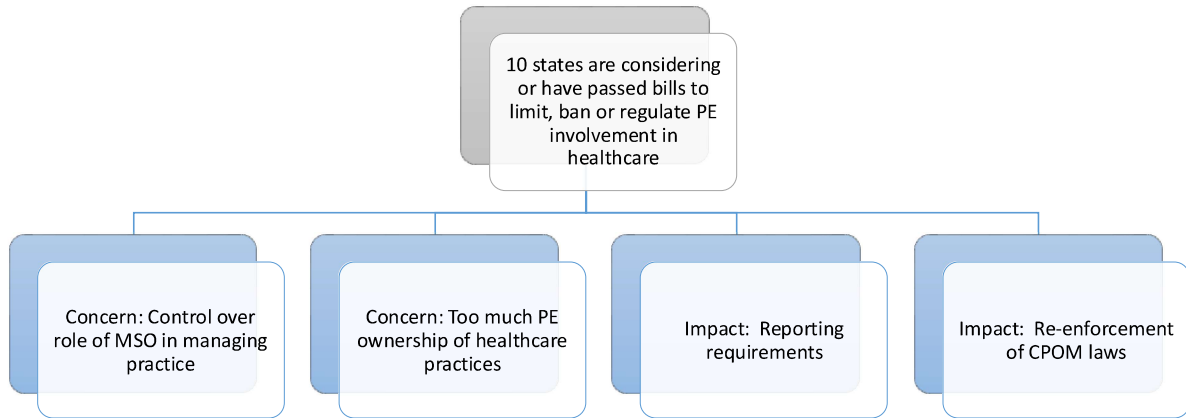
Legal Challenges to MSO Approach

- <https://www.thebignewsletter.com/p/private-equity-unitedhealth-take>

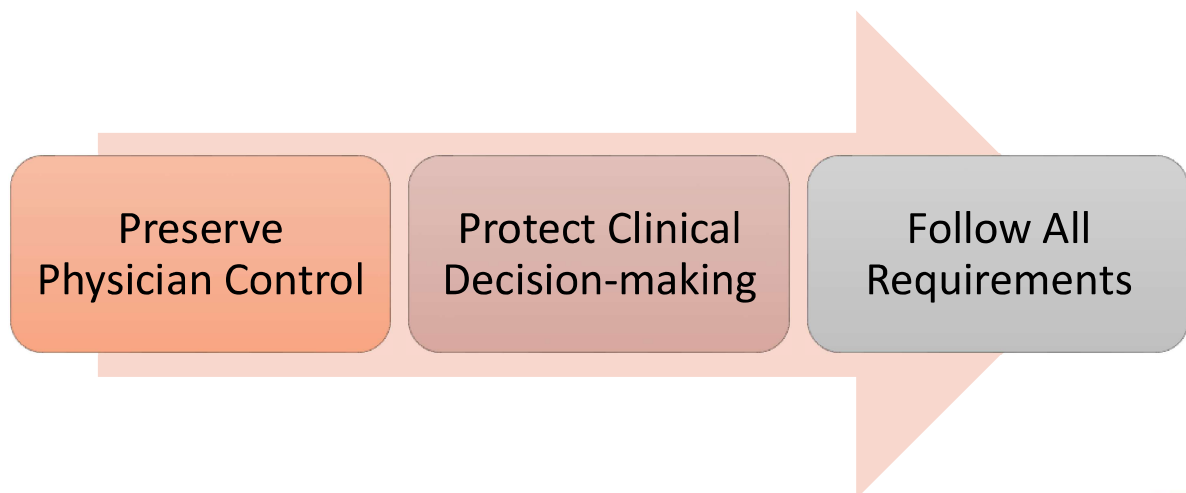
“Oregon Governor Tina Kotek signed the nation’s strictest law against corporate control of health care practices in the state. It’s a major defeat for private equity and large health insurers, and something that advocates and physicians have been advocating for years, as more and more of the state’s capacity got bought up by financiers.”

Prohibits *control* of clinical practices by anyone but licensed medical providers. A clinician must have decision-making authority over staffing levels, wait times, clinical decisions and operations, and as well diagnostic coding decisions, billing and collection policies, price setting, and payer contract negotiations.

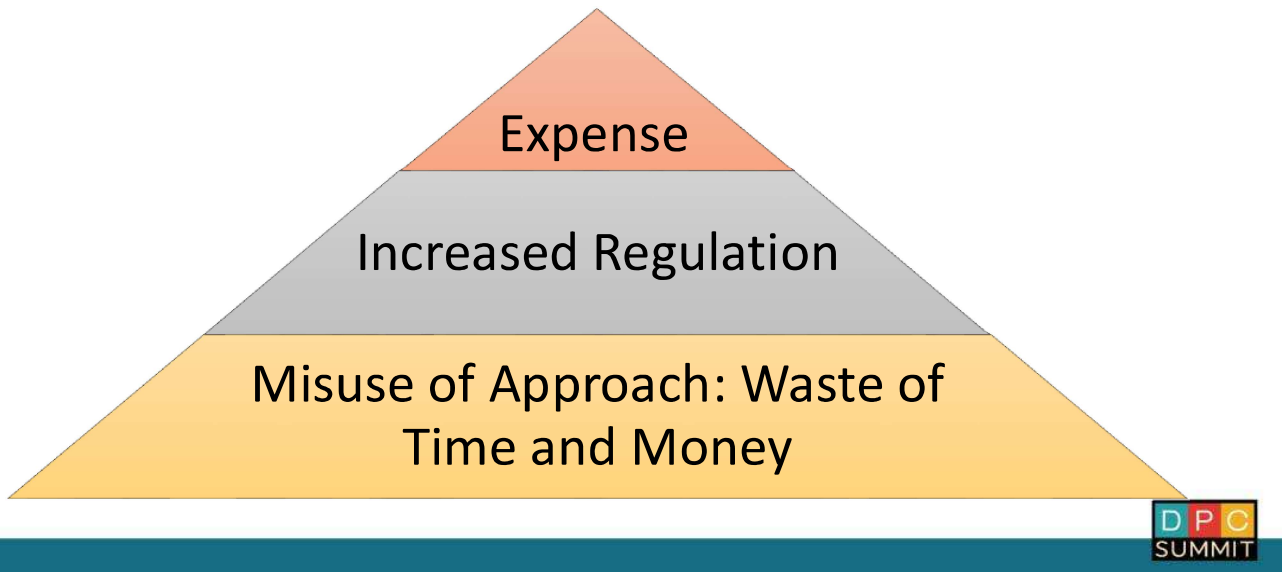
State Legislative Reform



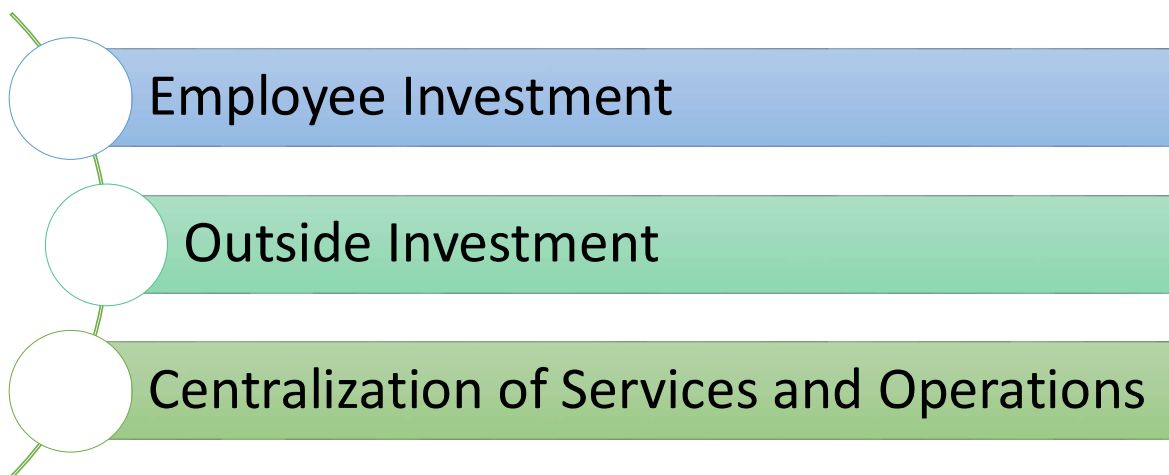
Working with New Laws



Cons of MSO Approach



Pros of MSO Approach



Pros of MSO Approach:



Live Content Slide

When playing as a slideshow, this slide will display live content

**Social Q&A for Understanding Management
Services Organizations Model for Growth and
Expansion**

QUESTIONS?

Contact Information

Ericka L. Adler

eadler@ralaw.com

312-520-6023

