



Medical Group  
Management  
Association

**MGMA**

Colorado  
A State Affiliate

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# Quarterly Communicator

*The Official Newsletter of Colorado MGMA*

## **Past President's Column** **By Ellen Boyd** **Immediate Past President**

Well, it was a kind of a slow summer for us all, I hear, and winter is coming on. Not much illness happening. With the copays higher and the deductibles increasing, people are thinking twice about going to the doctor. I keep telling my group to pray for illness. I know that sounds bad, but that's how we make a living. I've thought about it a lot.

I truly hope we have wellness for the entire population. But I know we must keep up immunities by catching something that we can react to, and then develop an immunity. That is the illness I want. Nothing earth shattering. Nothing like a total epidemic. Just a steady stream of sniffles and vomiting. I feel for the hurricane survivors. I don't know what kind of illness, nor wellness for which they will need treatment. I don't want that kind of illness. That's hardship, and I don't wish that upon anyone. I just keep thinking immunity----that's a good thing.

We've done a lot of wellness physicals lately. We're promoting healthy living, eating habits, and physical well being. I like that kind of wellness. I keep thinking and knowing, that's a good thing. All in all, I guess medical practices are good things. We help keep the economy going, we give people jobs in a caring environment, we keep working away at illness, and we continue to promote wellness. We really help people. I like that. We work hard, and I like that too. We care a lot. What a great field in which to work. I'm proud of what we all do and the career field we are in. But----just a little illness.

## **President's Column** **By Jim Knight** **President**

As you have heard or read, I am relocating to Santa Fe, New Mexico. I am joining a practice in Santa Fe and have actually begun working there and as of now I'm maintaining two residences-Lakewood and Santa Fe. This weekend I ventured into the mountains around Santa Fe just to get some altitude. Now Santa Fe is at 7000 feet in elevation so I have a bit of altitude at work but I needed more. There is a ski area just to the northeast of the town and some nice mountain tops from which to overlook the valley below.

Tesuque Peak is a small mountain that is a part of the ski area. It is a mild 12,000+ feet and has a nice view from the summit. From the top, I can see Mt. Taylor in Arizona, San Antonio Peak in Colorado, and the Sandia mountains by Albuquerque. This perch that I'm sitting on now is in the Sangre de Cristo range. Getting to this place was easy and the visual rewards are great. As I'm pausing here at the top of Tesuque, I'm thinking about the good fortune I have had, some of it attributed to our association – the Colorado MGMA.

Honestly, there have been challenges along with the successes that I have witnessed in my years in the leadership group of the association. Confronting those challenges with the object of improving the CMGMA for future members and leaders always kept the leaders focused on the right things. The successes realized were also partly due to just blind good luck. But most of the successes were because of the people who said "yes" to serving. I see some good people serving now and I see some that hopefully will serve in the future. Personally, I would not be as successful as I am today if I had not said yes to serving some years ago in Kansas and more recently in Colorado. I have been lucky!

Well, there are some monsoonal thunderstorms developing and the wind is picking up. It must be time to descend. Writing this periodic column for a few years from a mountaintop has been a treat for me. It gave me another reason to get out into the mountains, to contemplate, to think, to enjoy nature and share it with you. Thank you for the opportunity.

I hope to return to Colorado for the November 3-4, 2005 Fall Conference to see many of you again. If we miss each other there, I bid you happy trails.

**2005 Conference  
Schedule at a Glance**

**Fall Conference  
November 3-4, 2005  
Sheraton Denver West  
Lakewood, CO**

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## CMGMA Board of Directors

### James Knight, President

Southwestern Ear, Nose & Throat Associates, P.C.  
1620 Hospital Dr.  
Santa Fe, NM 87505  
505-946-3906 fax 505-984-1149  
jim.knight@southwesternent.com

### Susan Young, FACMPE, President-Elect

Rocky Mountain Primary Care  
8753 Yates Dr. #110  
Westminster, CO 80030  
303-205-0113 fax 303-205-0124  
rmpcmso@idcomm.com

### Michael Bergerson, Secretary

Ft. Collins Youth Clinic, PC  
1214 Oak Park Dr.  
Ft. Collins, CO 80525  
970-267-6701 fax 970-267-9507  
mbergerson@youthclinic.com

### Ellen L. Boyd, Immediate Past President

Centennial Valley Pediatrics  
818 W. South Boulder Rd., #100  
Louisville, CO 80027  
303-666-7337 fax 303-666-7379  
ellenboyd@qwest.net

### Michael Rohr, CMPE, Member-At-Large

Colorado Mountain Medical, PC  
181 W. Meadow Dr. #200  
Vail, CO 81657  
970-476-1800 fax 970-476-8976  
miker@colmtmed.com

### Gina Johnson, Legislative Liaison

2558 S. Newcombe St.  
Lakewood, CO 80227  
303-988-9393  
ginajohnson2558@msn.com

### Julie M. Kjack, FACMPE, College Forum Rep.

Northwest Neurology, PC  
3550 Lutheran Pkwy., #200  
Wheat Ridge, CO 80033  
303-597-4444 fax 303-577-1444  
j.kjack@nwneuro.net

### Scott Raberge, Corporate Affiliate Rep.

Professional Finance Co., Inc.  
5754 W. 11th St., #100  
Greeley, CO 80634  
970-352-5000 x321 fax 970-352-7972  
scott@pfccollects.com

Colorado MGMA Office  
Summit Meetings, Inc.  
90 Madison Street, Suite 403  
Denver, CO 80206-5414  
303-756-8380 fax 303-759-8861  
cmgma@conferenceoffice.com

## The College Corner By Julie Kjack, FACMPE

As summer is nearing an end and we are approaching our October MGMA annual conference, I want to talk to you about ACMPE day in Nashville. On Tuesday, October 25th MGMA celebrates ACMPE, the American College of Medical Practice Executives!

- 7:45 AM ACMPE Convocation: Honoring award recipients and recognizing new ACMPE Fellows. (It looks like we will have a Colorado person walking the stage!)
- 10:30-11:45 AM: Breakout session, "Using the Guide to the Body of Knowledge for Medical Practice Management for Professional Advancement"
- 11:45 AM-1:45 PM: ACMPE business meeting and luncheon
- 4:15-5:30 PM: Breakout session, "Promoting Your Professional Development with ACMPE"
- 7:00-10:00 PM: ACMPE Fellows' Dinner

I encourage everyone to participate in the above activities while they are in Nashville. You can only attend the dinner if you are a Fellow, but the other activities are available for all members of the college and MGMA.

Becoming a Fellow in the American College of Medical Practice Executives (FACMPE) is the highest distinction achievable in our profession. In our challenging and competitive industry, it sets you apart. ACMPE has resources to help get you on the path to Fellowship.

On Saturday, October 22nd, a Board-certification face-to-face tutorial is available at the MGMA 2005 Annual Conference in Nashville.

As of June 30, ACMPE had 3,125 Nominees; 1,527 Certified Medical Practice Executives; and 434 Fellows.

ACMPE recently updated and organized content in the ACMPE area of the MGMA Web site, making it easier for you to find information. One of the areas you may find helpful is the ACMPE Frequently Asked Questions (FAQ) section. It helps current and potential members get a better understanding of the certification requirements, continuing education requirement, assessment of knowledge, Fellowship and much more. Simply go to [www.mgma.com/acmpe](http://www.mgma.com/acmpe) and select Frequently Asked Questions on the left navigation bar.

If anyone has any questions or needs any help in your advancement in the college please contact me. I can be reached at 303-597-4444 (desk), 303-435-4444 (cell) or [j.kjack@nwneuro.net](mailto:j.kjack@nwneuro.net). It has been an honor to serve as your College Forum Representative and I look forward to serving in this capacity for another two years.

Looking forward to seeing you in Nashville and at our Colorado MGMA fall meeting in November!

## Beware of Top Five Interview Mistakes

By Deborah Walker,  
CCMC Career Coach

We've all heard stories of job candidates who looked great on paper but who were absolute disasters in person. With fewer interview opportunities available in our competitive job market, it's essential to make the best possible first impression. Learn from the mistakes of others and avoid these top five worst interview blunders:

1. Not preparing for the tough interview questions.

Like every job seeker, you probably have your own set of tough interview questions you hope will never be asked. The best strategy is to prepare ahead of time with answers to ALL of these questions. A career coach can be a great resource for helping you work out suitable answers with a positive spin on negative or challenging career situations.

2. Failure to match communication styles.

Making a great first impression is easier to do when you communicate effectively with your interviewer. The best way to do this is by mirroring his or her communication style. Allowing your interviewer to set the tone of the conversation will put him or her at ease and makes the conversation flow more naturally.

For instance:

- \*If the interviewer seems all business, don't attempt to loosen him or her up with a joke or story. Be succinct and businesslike.
- \*If the interviewer is personable, try discussing his or her interests. Often personal items on display in the office can be a clue.
- \*If asked a direct question, answer directly. Then follow up by asking if more information is needed.

3. Talking too much.

In my recruiting days, I abhorred over-talkative candidates, and so did most of my client employers who interviewed these candidates. Over-talking takes several forms:

- \*Taking too long to answer direct questions. The impression: This candidate just can't get to the point.
- \*Nervous talkers. The impression: This candidate is covering up something or is outright lying.

To avoid either of these forms of over-talking, practice answering questions in a direct manner. Using role-playing in preparing for your interview will help you avoid excessive, nervous talking.

4. Saying negative things about your current or past employers or managers.

Even if your last boss was Attila the Hun, avoid stating your ill feelings about the person or work situation.

*Continued on page 4*

## Corporate Affiliate Corner

### Exhibitor Corporate Affiliate Update

By Scott Raberge

The Denver Sheraton West has granted our request that the exhibit area be ready for occupancy at 8:00 p.m. on Thursday, Nov 3rd. This means that the Corporate Affiliates can attend the Opening Reception from 6-8 p.m. then set up their exhibits afterward at 8 p.m. We will allow for this to occur from 8-9 p.m. so the hotel can be prepared. We hope this provides more incentive for Corporate Affiliates to attend the Opening Reception and make themselves available to that quality contact time with the other members. Some will still want to come in early and set up on Friday which we will still accommodate. Also we are encouraging our Corporate Affiliates to use the early morning time period to have breakfast with the other attendees rather than spending time at their booths as we feel this will encourage better interaction with our Corporate Affiliates and the general attendees at the fall conference. There will still be the morning and afternoon break periods for attendees to visit each booth.

### Third Party Payer Committee Update

By R. Todd Welter

What's new in managed care? What isn't new in Managed Care! Here is just one of the many!

According to the health insurance brokers we are heading toward bigger and bigger deductible PPO plans as employers try to keep the costs of employee benefits under control. Increase in need for medical services (an overall aging population), increasingly expensive new technology, double digit increases in hospital rates (12.9% according to Colorado Health & Hospital Association), and increasing pharma costs, governmental mandates and the legal environment (defensive medicine) are all conspiring to increase cost to employers. There are a lot of solutions, the main one is increase deductibles and make medical management happen through the wallet. This may spawn the widespread use of Medical Savings Accounts (MSA's) but that is a subject for another day.

Slowing utilization via deductible Medical Management is a double edged sword. The first level of the professional side of medicine (Primary Care Physicians) live on utilization! That utilization then feeds the rest of the food chain. So if our primary care friends are hurtin', everybody starts to hurt eventually. Some primary care offices are already hurting and have been for a while, others are just now starting to feel it.

While slowing utilization is not all together a bad thing to the system at large, it does beg a question:

If the the average number of visits to a PCP are 2-3 per person per year (I don't know exactly what the magic number is), then the PCP will not, more than likely, even touch the actual insurance (all their claims go to the deductible in a high deductible situation).

Then why would PCP even chose to be on the health plan panel? Why take the managed care discount? Accept the fact that fewer patients, at greater reimbursement and be more customer focused.

Why not simply be out of the network and therefore not subject to the plans discounted payment?

How will this affect the patient?

How will this affect the upstream specialists and the traditional referral system?

These and more questions we need to wrestle with because times are changing.

## Medical Information Systems

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## Legislative Update

By Gina Johnson

*This information is provided by the MGMA Washington Office*

### Medicare 2006 Proposed Physician Fee Schedule

On Aug. 8, the Centers for Medicare & Medicaid Services (CMS) published in the Federal Register the proposed 2006 Medicare fee schedule for physician services. The schedule includes proposed payment rates for covered services and changes to Medicare policy. MGMA plans to submit comments on numerous aspects of the proposal. The final rule will be published on or about November 1, 2005.

The 2006 proposed rule includes an average 4.3% cut for physicians. This payment cut is the first payment reduction physicians will experience in several years. Congress enacted a two-year adjustment to physician payments mandating a positive 1.5 percent update each year in the Medicare Prescription Drug, Improvement and Modernization Act (MMA). This temporary legislative adjustment mitigated a 4.5 percent reduction in 2004 and a 3.3 percent reduction in 2005.

MGMA will continue to lobby Congress to prevent a cut in physician reimbursement and will reiterate to lawmakers and the Bush administration the need to permanently fix the physician-reimbursement system. However, the recent data and the current federal budget deficit make it difficult to prevent a reduction in 2006.

### Bills Introduced to Address the Medicare Payment Formula

Two bills entitled Preserving Patient Access to Physician Act of 2005 have been introduced in both the House and Senate to address the flawed Medicare physician payment formula, HR2356 and S1081. They would ensure that physicians receive a 2.7 percent increase in 2006, instead of the projected 4.3 percent cut under the current formula. The 2.7 percent increase is in accordance with the recommendation of the Medicare Payment Advisory Commission (MedPAC). The House bill would also replace the current Medicare physician payment update formula with a new formula that increases the update each year starting in 2007 to reflect changes in the Medicare Economic Index.

### House Considers Pay-for-Performance Bill

The only bill to tie a replacement of the SGR to the creation of a pay-for-performance program was introduced on July 29 by Rep. Nancy Johnson. This bill, called the Medicare Value-Based Purchasing for Physicians' Service Act of 2005, would repeal the flawed SGR formula, thereby eliminating the Medicare physician payment cut of -4.3 percent in 2006. Instead, the bill would give physicians a 1.5 percent increase in 2006.

Subsequently, physician reimbursement

updates would be tied to the Medicare Economic Index (MEI), which CMS estimates to be between 2 percent and 2.3 percent annually between 2007 and 2010. Under the provisions of the bill, medical practices would receive full MEI increases in 2007 and 2008 if they report performance measures chosen by the secretary of the Department of Health and Human Services (HHS). Practices not reporting would receive MEI minus 1 percent. Likewise, in 2009 and in subsequent years, medical practices would receive full MEI updates for showing clinical improvement on performance measures or by achieving clinical benchmarks established by the secretary of HHS. Practices not achieving clinical benchmarks or showing improvement would receive MEI minus 1 percent.

MGMA expressed appreciation to Rep. Johnson for her intention to replace the flawed SGR formula with a more equitable reimbursement system. MGMA also voiced concerns over issues of implementation that would be created by any pay-for-performance program under Medicare.

## Salary Survey Report

By Jan Krause

*The Colorado Medical Group Management Association (CMGMA) Healthcare Staff Salary Survey: 2005 Report Based on 2004 Data* is a census of Colorado medical and dental practices, and is designed to assist physicians, dentists, practice administrators, and managers in evaluating staff compensation. A survey team was created by the CMGMA Board this year to advise, guide and enhance the quality of the survey, and to increase the participation rate of respondents.

Ron DeVries, Dennis Flint (also Membership Chair), Lance Goudzwaard, Pam Knight, Bill Tucker, CPA and Jan Krause, CMPE worked as a team to develop and produce the survey report. We thank all the individuals who contributed their time to provide data for this report.

Survey participation grew again this year with an additional ten practices responding, listing 58 separate job positions.

The report contains two major components—salaried and hourly compensation. Those two categories are reported as all participants, and then in separate geographic sections.

- 1) Colorado Springs and Florence
- 2) Metropolitan area which includes Denver, Aurora, Boulder, Centennial, Englewood, Golden, Lakewood, Littleton, Lone Tree, Morrison, Thornton, Westminster and Wheatridge
- 3) Northern Colorado area—Estes Park, Fort Collins, Greeley, and Loveland
- 4) Western Colorado area—Basalt, Edwards, Frisco, Glenwood Springs, Grand Junction, Montrose, Olathe, Rocky Ford, Steamboat Springs and Vail.

Also this year, for the first time, information on turnover, established job ranges and raises granted in 2004 were added. Benefits,

time off and holiday, are included as previously, as well as a compensation summary table that lists responses of five or fewer to specific job titles.

Watch for articles written by survey team members, and based on survey information on the CMGMA "members only" section of the web site.

### Beware of Top Five Interview Mistakes (continued from page 2)

No matter how reasonable your complaints, your negative comments will be viewed as disrespect towards your boss. When faced with the challenge of talking about former employers, make sure you are prepared with a positive spin on your experiences.

5. Giving away too much salary and earnings information.

Candidates often weaken their future earning potential by speaking too freely about their current income. No matter the official salary range of the position you are interviewing for, your current earnings have an enormous effect on the size of the offer. Investing in a career coach to help you answer salary questions can add thousands of dollars to your new job offer.

You already know that it takes a strong resume that sets you apart as a candidate of choice to be invited for an interview. The next step is to hone your interviewing skills to actually win job offers. Polishing your interviewing skills can mean the difference between getting the job and being a runner-up.

## CMGMA Committee Chair Persons

### Wess Chambers, Dental Committee

Cody Dental Group  
4301 E. Amherst Ave.  
Denver, CO 80222  
303-758-5858 fax: 303-758-6753  
wess.chambers@codydental.com

### Dennis Flint, Membership Committee

High Country Health Care  
P.O. 1292  
Frisco, CO 80443  
970-668-1791 fax: 970-668-1792  
dennis.flint@rmmso.com

### Greg Dyson, Rural Health Committee

Family Care Clinic  
615 Fairhurst  
Sterling, CO 80751  
970-521-3252 fax: 970-521-3266  
greg.dyson@bannerhealth.com

### Jan Krause, Salary Survey Committee

Krause & Company, P.C.  
4155 E. Jewell Ave., #200  
Denver, CO 80222  
303-691-5090 fax: 303-753-1532  
jkrause@krausecpa.com

### Todd Welter, Third Party Payer Committee

R.T. Welter & Associates, Inc.  
655 Broadway, #500  
Denver, CO 80203  
303-534-0388 fax: 534-0393  
tw@rtwelter.com

## Medicare and Medicaid Update

### New Medicare Prescription Drug Coverage: Updated Information You Need to Know

By Alex Trujillo  
Regional Administrator,  
Centers for Medicare & Medicaid Services

This autumn is a very important time for people with Medicare. The new prescription drug coverage will be available starting January 1, 2006, and can make a significant impact on prescription drug costs. But people with Medicare must sign up for the coverage, and make their own decisions on how to get the most out of this benefit.

In October, the 2006 "Medicare & You" handbook will be mailed to every person with Medicare. It will contain details of the plans available in each state, including premiums and benefits, which will vary by plan. Information will also be publicized in the media, and by local partners.

CMS will also have a plan comparison feature on our website, [www.medicare.gov](http://www.medicare.gov). By entering simple personalized information, the site will customize the choices to fit individual priorities. Side by side comparisons among available plans will help users make a confident decision about which choice is best for them.

In addition, the CMS phone line, 1-800-MEDICARE (1-800-633-4227), will be staffed by trained people, 24 hours every day. They can walk callers through the same steps that are used on the website.

And local people are ready to help, too. CMS has partners in every state, with toll-free numbers, where all needed information will be available.

Sign-up begins on November 15, 2005. People with Medicare who enroll between then and December 31, 2005, will get coverage beginning on January 1, 2006. Enrollments after that will provide coverage as of the first of the following month. The initial enrollment period ends on May 15, 2006.

It's important to remember that everyone eligible for Medicare (Part A or Part B) is also eligible for this prescription drug benefit, regardless of income, prior illness, or age. Coverage will pay for both brand name and generic drugs. And, depending on current prescription spending patterns, it could cut out-of-pocket costs by hundreds of dollars next year, and every year.

We at CMS are committed to helping all people with Medicare

learn about and understand this new benefit – the biggest change in the Medicare program since it began, 40 years ago. For more details, you can call us at 1-800-MEDICARE (1-800-633-4227), or visit our website at [www.medicare.gov](http://www.medicare.gov).

### New Member Highlight By Dennis Flint Membership Committee



CMGMA is pleased to welcome Cindy Holdt into our family. Cindy is an example of "good things come to good people." After starting her professional career as an elementary school teacher, she changed course and became an entry level accounting clerk with Pikes Peak Cardiology in Colorado Springs. After leaving for a brief sojourn in Texas, Pikes Peak Cardiology wooed her back (hmm...Texas or Colorado?...Texas or Colorado?... ) where she currently holds the position of Chief Financial

Officer. Talk about working your way up through the ranks! She has 3 grown children in NM, California and Colorado and looks forward to the excellent networking/continued learning opportunities CMGMA membership provides. Please say howdy to Cindy at our November conference. Welcome aboard!

