

Colorado Connection

The Official Newsletter of Colorado MGMA

President's Column

By Mary Jo Heins, FACMPE



The annual transition of the CMGMA Board conjures **memories of the past** and **visions of the future!** But I don't think simply in terms of events—I think of people!

Back in 2006 when *John Milewski* came on as Membership Chair, CMGMA had 330 members. In 2008 we're already over 400! This year, John spearheaded our first Legislative Reception. Mark your calendar for the second Legislative Reception on **January 20, 2009**.

Speaking of legislation, *Joyce Vollmer, Janet McIntrye, Susan Donahue, and Mike Bergerson* have all contributed to making CMGMA a voice on healthcare issues. Legislators, Division of Insurance, insurance carriers and the Colorado Medical Society ask us for our healthcare perspectives, ideas and priorities. Already these folks are working with our contacts regarding upcoming 2009 legislation. I so appreciate that we do far more than simply report on **what has happened**—via Joyce, Janet, and others we

are impacting **what is going to happen!**

Many of you attended either one or both of the CMGMA conferences in 2008. We expanded conferences to 1 ½ days to give you more educational choices. *Jan Krause* is way ahead of the curve on both our 2009 and 2010 conferences! In addition, we are working on webcasts that will be available to members from the website. The trial run is up on the Members Only page. We will be refining the presentations and will update you via email when we have more offerings.

Scott Raberge championed another fantastic Golf Tournament in July. Due to my broken wrist, I couldn't be out on the links this year, but it was a great time just coming to the dinner and networking. Scott is one of the many quality (and fun) vendors we have supporting CMGMA!

I was talking with Will Smitham of HealthOne today about our Salary Survey. The content is so comprehensive and useful! *Jan and Susan* did a marvelous job putting it together, converting us to CD, and developing a plan to generate even more participation in 2009.

Along with all these folks, we have a versatile "utility player" in *Judi Spurgeon*. Education, legislative reception, membership and recruitment—Judi is in the background, but very actively fielding the ball and picking up the slack to make all of this happen.

Past Presidents . . . bequeathed to us a solid legacy of educa- tion, networking and advocacy

Memories of CMGMA must include the Past Presidents who have molded the organization, seen it through rough financial times, and have bequeathed to us a solid legacy of education, networking and advocacy for every medical practice in Colorado! *Ellen Boyd* recruited many of us onto the Board and continues to be a valuable resource for the Board. Jim Knight left us for New Mexico, but is helping us with the 4 Corners Conference in 2010. Then there's my golfing buddy, Peggy Gustafson, and it was great to see Judy Lazar at the Fall

Conference. Julie Kjack continues as College Forum Rep and Debbie Milburn is working her contacts in the Springs for our next conference.

Visions of CMGMA's future include **YOU!** We had great response at the Fall Conference when we put out the word that we had leadership openings. Here are some opportunities for you:

- Education •Membership •Salary Survey
- Webcast •Networking Happy Hours •Legislation

Contact any one of the Board members to increase your network of colleagues and change the face and function of healthcare!

CMGMA Networking Happy Hour

Tuesday, November 18
5:00–7:00 p.m.

Hacienda Colorado
at Colorado Blvd and Mexico

Hors d'oeuvres paid for by
CMGMA
Cash Bar available

2009 Legislative Reception

Tuesday, January 20
University Club
4-7 p.m.

2009 Conference Schedule Spring Conference

May 7-8, 2009
Doubletree Hotel
Colorado Springs, CO

Visit www.cmgma.com
or call
303-756-8380
for more
information

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The College Corner
By Julie Kjack, FACMPE

Hello everyone! This is the month of our annual MGMA meeting and I am looking forward to seeing everyone and especially enjoying ACMPE day, which is Tuesday, October 21st in San Diego.

The MGMA 2009 meeting will be in Denver October 11th through the 14th. I challenge those of you who are on the path to Fellowship in the American College of Medical Practice Executives (ACMPE) to commit now to finishing the process and becoming a Fellow at the Denver 2009 meeting. How exciting it would be to receive such a high honor in our own city!

The first step is to join the college and become a Nominee. This can be done by getting an application from the MGMA website – www.mgma.com. I will be happy to write a letter of recommendation for you. In addition, you will need to have 50 hours of continuing education credits. You can report your credits on line, which is much easier than the old paper and pen method.

For those of you who are nominees and want to test to become a Certified Medical Practice Executive (CMPE) you can take a self-evaluation test on the MGMA website. Go to www.mgma.com and click on Professional development. Then click on Board Certification and look under Important Dates and Resources on the left side of the page. Click on ACMPE Personal Inventory and the Body of Knowledge – 2nd Edition Self-Evaluation will be available for you to take. If you are wondering what your strengths and weaknesses are, and are reluctant to commit to taking the test, it will be beneficial if you take the self-evaluation. Personally, I recommend that you go for it and sign up for the test and you probably will be surprised how much you do know.

The computerized tests can be taken at the MGMA office in Englewood, Colorado. The 2009 dates are as follows:

- February 28, 2009—registration deadline is February 14
- May 16, 2009—registration deadline is May 2
- July 25, 2009—registration deadline is July 11

Some of you are already CMPE's and just need to write your paper or do your case studies. I recommend that you get your outline in now and start on your paper or case studies. I know it is easy to put it off, but just do it!

If anyone has questions, please contact me at 303-435-4444 or email me at juliemkj@cs.com.

I encourage you to either start on the path to Fellowship or finish what some of you have already started. Becoming a Fellow is a very rewarding and career enhancing experience.

Third Party Payer Report
By R.Todd Welter

Changes in the Game.

As the saying goes, the only thing that stays the same is that nothing stays the same. We are in for an interesting year!

The adoption of SB-79 (C.R.S. 25-37-01) is, I think, a huge step in the right direction but it is by no means perfect. Hopefully the upcoming legislative session can add in some fixes. The weak point seems to be the notification period. But it is a weak point only for those not paying good attention to the mail. Be sure to look at the "Notice of Material Change" letters and communication you no doubt, are now, and will continue to, receive.

Be sure to run the numbers! If you need help—ASK! Be sure that any change does not affect your reimbursement in a negative way. Also be sure that you know what version of RBRVS or Medicare the payer is using.

Many of you already know: When we get the news of an increase or decrease in the Medicare fee schedule, it does not mean that the actual fees paid will go up or down by the same amount. Remember, the Medicare fee schedule calculations are based on the RBRVS. The RBRVS also moves around each year. So a 2% or even 10% increase in the "Medicare fee schedule" is really only a change to base or root calculation. A change in the RBRVS may either evaporate any increase or exaggerate them, depending on your specialty and the CPT codes you use (The same works in reverse as well).

The RBRVS is manipulated constantly by the raising or lowering of the Relative Value of a given CPT code. Of late, the RBRVS has been making some subtle increases to the Evaluation and Management codes. They seem to be taking those increases from some procedure based specialties in an effort to create a revenue neutral system of valuing medical services. Those that win in this game love it! Those that lose, hate it!

The payers pay very close attention to these changes because even a very small change could (and does) change their calculations and cost of care tremendously. These same payers are all too willing to pass along any decrease in your reimbursement, via a change in the Medicare fee schedule calculator and/or a change in the RBRVS values. This is a Material Change! So look for it and take appropriate action.

Never a dull moment!

President-Elect Column

By Jan Krause, FACMPE

What will you need to know during the coming year in order for you and your practice to be successful? And, how does a volunteer association meet those needs for all members?

These questions challenge the CMGMA leadership, and in particular the President-Elect, each year. Based on work begun in 2008, there are exciting plans for the 2009 year!

Spring in the Springs will occur May 7 and 8, 2009 at the DoubleTree Hotel. Our association will again welcome attendance from military personnel who are eager to learn more about how our public sector practices are managed.

October 11 through 14, 2009 the national Medical Group Management Association will host it's annual conference in Denver. Therefore, there will not be a separate fall CMGMA conference. Watch for more information about the conference from CMGMA and from MGMA.

We're looking forward with great anticipation, the 2010 Four-Corners Conference! CMGMA will be joining Utah MGMA, Arizona MGMA and New Mexico MGMA to host a joint conference for our members in Albuquerque. This will be an opportunity to provide even more hours of face-to-face quality education over the three-day format, April 28 through May 1.

The conference will be held at the beautiful Sandia Resort and Casino, located on the northern outskirts of Albuquerque. Check out the beautiful hotel, complete with golf course, spa and casino at their website: www.sandiaresort.com. Your CMGMA leaders are working with our peers from the other states to plan a quality educational experience for you.

In addition to these upcoming face to face opportunities, development has also begun on web-based education. This format will bring you opportunities for flexible, easy-to-access sessions. Watch for more information as the content becomes available.

The recent Fall Conference featured Colorado legislative representative Andrew Romanoff with updates on what happened with healthcare legislation in 2008, and his visions for the future. CMGMA was more active in state legislation this past year than ever before, and CMGMA members were influential with key decisions. For example, SB 164, raising limits on medical liability, was defeated, and SB 138, physician profiling was passed.

Dr. Bill Jessee enlightened us on Pay for Performance, and Jerry Bridge brought many new tools and concepts to expedite reimbursement. Completing our program were two excellent sessions on employee costs and benefits, and negotiating for performance bonuses.

Without the strong participation in the association that our members share we would not have the synergy needed to continue on the road of success. Please continue to share your ideas to keep our association strong.

Salary Survey Report

By Susan Donahue, FACMPE



On behalf of the CMGMA Board, I would like to take this opportunity to thank each of you for your participation with the 2008 CMGMA Salary Survey. Your support and involvement provide us with the tools to produce a valuable resource for our membership.

The 2008 Colorado MGMA Physician and Healthcare Compensation Survey is complete and each of you should have received in the mail a CD that contains the completed survey data.

This year's survey showed a 58.33% response rate from the original number of surveys that were distributed at the beginning of the year. The returned responses represent 825 providers (649 physicians and 176 non-physician providers), and 2,565 employees.

The staff survey consists of two major components (salaried and hourly compensation). The staff survey is then divided into the following sub-categories: 1) Colorado Springs and surrounding areas, 2) Denver metropolitan area, 3) Northern region, and 4) Western (Mountain).

The physician survey data includes compensation, production, and staffing ratios.

The CMGMA Board will soon begin working on the 2009 survey and they are looking for volunteers to serve on the 2009 Salary Survey Committee. If you are interesting in either leading or serving on this Committee, please contact Mary Jo Heins, President of Colorado MGMA at 303-893-8300 or by email at mjheins@clearcreekmed.com.

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CMGMA 3rd Annual Golf Tournament

Third Annual CMGMA Golf Tournament Driven for Success in 2008 By Scott Raberge

On Monday July 21st we had over 90 members, friends and family of the Colorado Medical Group Management Association join together for a fun filled day of networking and golf. The weather couldn't have been any better as it was another glorious sun filled afternoon in beautiful Colorado. Following play we enjoyed an incredible dinner and awards presentation on the outdoor deck of The Ranch Country Club.

Winners of the contest holes were:

Longest Drive hole #6 men—Alex Cmil, Longest Drive hole #7 women—Melissa Whitmer, Closest to the Pin hole #8—Ben Walker, Longest Putt hole #9—Shawn Reed, Most Accurate Drive hole #11—Lucas Hutchison, Most Accurate Drive hole #14—Jim Connors, Closest to the Pin hole #15—Dave Paison, Longest Drive men hole #16—Brian Barnes

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We look forward to you joining us for another fun filled exciting networking golf event again in 2009. Make sure you are a part of the excitement.



Aren't those supposed to be golf clubs in thier hands?



The "Cheshire Cat Grin" group.



Looks like they're up to something.

Healthcare Breathes Collective Sigh of Relief with Successful NPI Conversion

By Kenneth Bradley

Vice President of Transaction and Interface Development for Atlanta-based Navicure, Inc.

May 23rd has come and gone, and National Provider Identifiers (NPIs) have been used during the course of several billing cycles now. The dust is beginning to settle, allowing providers and payers alike to stand back to assess the transition.

The good news is that the sky did not fall on May 24th. Some clearinghouses reported a dramatic spike in rejections immediately following implementation, while others noted that the conversion was relatively smooth. The rejection rate experienced by Navicure clients, for example, remained constant before and after the NPI deadline. This was achieved because clients were forced to use their NPIs prior to May 23, allowing problems to be identified and corrected before they would have significant impact on revenue.

Careful planning and comprehensive vendor support resulted in the vast majority of providers being well prepared for the transition. In fact, virtually all the lingering problems can be traced to lack of payer readiness. While Medicare and most major commercial insurers have reported no problems, a small handful of Medicaid plans and local payers have struggled. Some even backed off of using NPI as the sole practice/provider identifier for a time, creating a tug-of-war with providers, who remain unsure about whether to report NPI numbers only, legacy numbers or some mysterious combination of both.

Issues need to addressed, resolved

As these glitches are ironed out, however, industry experts are also examining a number of other issues that have arisen since the NPI conversion date:

1. Provider organizations with multiple facilities choosing to consolidate to a single NPI are struggling to determine how to distribute data internally. Since the entity reports under a single NPI, regardless of the number of departments, units or locations, leadership is unsure how to route incoming claims and remittance information accurately and efficiently. Healthcare experts are looking at the possibility of incorporating sub-part NPIs to help provider organizations allocate management, revenue and performance data more easily. While these nuances are being addressed, forward-thinking revenue cycle management vendors are developing strategies—like assigning facility-specific prefixes with patient account numbers—so providers have access to the data they need to operate effectively.
2. Providers that are compliant with NPI requirements are frustrated with colleagues who are delinquent. When a patient is referred by one provider to another, for instance, both NPIs must be reported on the claim. If the consulting provider has not applied for its NPI, the ordering provider cannot supply payers with complete information. Currently, Medicare has instituted a grace period, where the compliant entity is allowed to use only its own NPI without penalty. No one can be sure how long these allowances will be made, however.
3. A significant number of payers surprised providers immediately prior to the NPI implementation date by requiring that 10-character taxonomy codes for the group also be included on claims (in addition to the new NPI number). While the concept of taxonomy codes is not new – they represent and confirm the specialty or subspecialty of reporting providers—the sudden demand to include them at the group level was unexpected. Payers adopting this tactic defended the requirement by stating it would resolve problems during adjudication because it supplied another layer of definitive identification data. However, providers had to scramble, often with the help of their clearinghouse vendors, to ensure this information appeared in the correct field of the ANSI 837 claim.

There can be no doubt that the relatively uneventful implementation of NPI has been a relief to the entire healthcare community. At the same time, issues that have resulted from the conversion must be addressed in a timely fashion, so that the overarching goals of the NPI program can be achieved—without causing delays or disruption in claims' payment.

Past President's Column

By Janet McIntyre, FACMPE

After a terrific Fall Conference, I now look forward to my new role as Past-President of CMGMA. It is an honor and a privilege to serve on this Board. I encourage each of you to consider participation as a board, committee or task force member. It is a rich and rewarding experience.

CMGMA continues to grow (400+ members) and develop. As members, we enjoy the benefits of education and networking. Phone calls, personal meetings and conferences are wonderful, but not always easy to do. Between email and the website, another member or a resource can be "just a click away". Watch for new and improved web communications in 2009.

Over recent years, we have strengthened our ties with Colorado Medical Society (CMS) and collaborated on several fronts—legislation and advocacy, education, and now oversight activities. CMGMA is on the panel with CMS to oversee the merger of CIGNA and Great West Life carriers in our marketplace. Joyce Vollmer and I participate on this panel. The first meeting was in April 2008 with bimonthly meetings scheduled over two years. We'll do our best to keep you apprised of the on-going through this newsletter as well as email.

As a reminder, all health plans (except two non-profit ones) in Colorado should be sending copies (including the helpful Summary Disclosure Form) to physician practices by 12/31/08 per the Fair and Transparent Contract Law (C.R.S. 25-37-101).

My practice has not received many so I plan to start calling the provider representatives to ask when I can expect those contracts. Now is a great opportunity to get all your contracts and related affairs in good order! As an added plus, Colorado Medical Society will host their annual "Meeting with the Payers" on December 4, 2008 in Denver. Check www.cms.org for details. It is a great opportunity to meet insurance folk in person and learn what's happening with many of the big plans.

In mid-October, I will go to San Diego to attend the national MGMA meeting. Not only do we have the national headquarters in our state, but also the annual conference will be in Denver next October (check www.mgma.com).

Thank you for your participation in this organization. Contact any of the board members with your questions. Consider becoming more involved with CMGMA in 2009!

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Membership

Membership Column

By John Milewski

It was a delight to be membership chairperson for the past 2 years. It has been truly rewarding working with many new members and the CMGMA Board. As you may know, CMGMA currently has over 400+ members which represents over 4,500 Colorado physicians. This size of representation makes CMGMA a powerful organization in many areas.

In 2008 we established a Student College Scholarship for students at local Universities. The scholarship was set up to pay for graduate students who wanted to attend our conferences. We awarded two students the opportunity to attend our Fall Conference by paying their conference registration fee. Both were graduate students out of the Business/Health Administration program at University of Colorado at Denver. The goal of the scholarships was to promote student attendance at CMGMA programs, and to allow the students an opportunity to visit with other practice administrators who could then share with them a "true picture" of practice management.

We also have the upcoming Legislative Reception Tuesday, January, 20, 2009 from 4:00 p.m.–7:00 p.m. This will be a great networking opportunity to meet other CMGMA members and to discuss any health care related issues with your local state representative. Not to mention, every member can extend an invitation to their local politician. It will be held at the University Club, 17th & Sherman, downtown Denver. We have invited both Senator Barack Obama and Senator John McCain, but they haven't returned our calls. Be sure to save the date on your calendar!

Overall membership continues to be strong. With the upcoming educational events, networking events, salary surveys, local legislative initiative updates, upcoming web-site education and the improved web site, CMGMA is still a bargain. Please be sure to invite other practice Administrators (non-CMGMA members) to join this organization as it is a great deal for the Money.

Coming soon to the CMGMA web site: CMGMA Classifieds

Office space for rent?
Equipment needed or for sale?

Post your free ad by emailing
cmgma@conferenceoffice.com

This is a Members Only benefit on the web site

Similar to the Job Board, you must log in
to access the Classifieds.

CMGMA Membership Change

Our policy of a calendar year membership has hampered our efforts to add to our numbers during the second half of the year.

Effective October 1, 2008, CMGMA memberships will be based on a 12 month membership, not the calendar year.

The office staff has begun recording the month of new memberships as of 10/1/08. Your renewal in 2009 will also be tracked by month.

This will enable us to actively recruit members throughout the year. So tell your Practice Manager friends to join now for a full year of benefits!