

# Colorado Connection

*The Official Newsletter of Colorado MGMA*

## President's Column

By Mary Jo Heins, FACMPE

### To Your Health



#### Personal

My last two trips to Minnesota have been a study in aging and health. Why are some 80 year olds sprightlier than 65 year olds? My own gene pool isn't anything to write home about, so walks around Sloan's Lake keep me from following the path of my parents. The Midwestern tapes in my head would have me sit at my

desk with no break all day. And I know that most of you reading this are nodding your heads – you Type A, dedicated, overachievers.

My encouragement to you in this midsummer newsletter is to "live the dream" that is Colorado this summer and fall! The creative juices can also kick in as you care for your physical body.

#### Corporate

Poor financial or procedural health in a practice can go unnoticed and unaddressed during times of growth (a bit like me in my thirties). Not so in 2009!

My practice, Clear Creek Medical Group, is primarily a Hospitalist practice. Our office pulmonary business constitutes 17% of our revenue. I asked my billing service to come in this week to review the patient aging to get the full story on some large, older hospital balances. To my chagrin, I also found that 3% of that aging was attributable to uncollected office copays! Needless to say, we have now revised our procedures at check-in as well as our communication patterns with the billing service.

Just as it is difficult to change personal routines to include exercise or schedule that annual check-up, likewise it takes a conscious effort to stop going through your emails or piles on your desk to take an hour to plan a practice check-up. Where do you start?

I'd like to suggest your CMGMA board and fellow members as a starting point.

We will probably know of someone who has expertise in reviewing your procedures, major cost centers, and revenue cycle. We have many practice consultants among our membership. There are a few retired managers who do interim work and consult on projects. Some experienced, employed managers may have the inclination and latitude to do such an assessment.

You can also peruse the on-line membership directory and invite a colleague to lunch.

Another source is a CPA who specializes in healthcare.

Annette Mickle and I are working on a presentation on this very topic for the North Suburban practice managers on July 17th.

And lastly, I always walk away from CMGMA events with ideas from fellow managers. We have 3 upcoming events to come and enjoy and glean from your colleagues:

Golf Tourney 8/10

Fall Lunch 9/9

MGMA Annual Conference 10/11-14

A corporate procedural and financial check-up can yield a great return on investment. Let us know how we can help you and your medical group!

## 2009 Important Dates

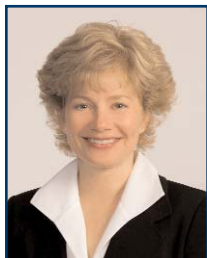
August 10, 2009  
**CMGMA Golf Tournament**  
Ranch Country Club  
Denver, CO

September 9, 2009  
**CMGMA Fall Business Luncheon**  
Sky Ridge Medical Center  
Lone Tree, CO

October 11-14, 2009  
**MGMA Annual Conference**  
Denver Convention Center  
Denver, CO

Visit [www.cmgma.com](http://www.cmgma.com)  
or call  
303-756-8380  
for more  
information

## Past President's Report By Janet McIntyre, FACMPE



### State Legislative Wrap

As with the rest of the economy, the Colorado legislature grappled with cost-savings and budget woes for most of the session. Even after the end of the session, the deficit number that surfaced in June was even worse than previously known. Undoubtedly, this will color next year's session.

CMGMA worked closely with the Colorado Medical Society again on a few bills, but most notably House Bill 1344, the one to raise the limits on medical malpractice lawsuit awards. Very likely, this will come up again next session. The fault-based tort system is in need of repair. Next session, however, the General Assembly will consider renewing the Colorado Medical Practice Act, the regulatory framework for physicians. This may be an excellent opportunity to consider the damage caps in the broader context of changing the legal environment of medicine. Stay tuned!

There were a number of significant healthcare bills this session. For information on any or all of the bills, please visit the Colorado General Assembly home page--<http://www.leg.state.co.us/>.

On June 15, 2009, President Barack Obama addressed the physicians at the AMA's annual conference. He gave his vision of healthcare reform, covering everything from tort reform and patient safety to our nation's unsustainable healthcare system. To read a copy of the transcript, <http://www.ama-assn.org/ama/pub/about-ama-our-people/house-delegates/2009-annual-meeting/speeches.shtml>. It is worth the read.

Although it's summertime, our legislators are busy learning and understanding issues, and planning for the future. Please do support them in these efforts and their fund-raising. (Yes, it is politics and it does take money.) The two committees that hear most of the healthcare bills are Health and Human Services and Business Affairs and Labor. Please pay attention to these names, get to know them if you can, and support them in their efforts to improve healthcare in our state.

### House Committees:

**Health and Human Services:** Jim Riesberg, Sara Gagliardi, Cindy Acree, Cheri Gerou, John Kefalas, Jim Kerr, Daniel Kagan, BJ Nikkel, Dianne Primavera, & Spencer Swalm

**Business Affairs & Labor:** Joe Rice, Ed Casso, David Balmer, Laura Bradford, Sara Gagliardi, Larry Liston, Kevin Priola, Su Ryden, Christine Scanlan, John Soper, & Amy Stephens.

**Senate Committee for Health & Human Services:** Betty Boyd, Lois Tochtrop, Morgan Carroll, Kevin Lundberg, Shawn Mitchell, John Morse, Linda Newell, Dave Schultheis.

### Do you know the representative and senator for your district???

This fall, CMGMA would like to involve more members in our legislative efforts. If you're interested to learn more, please contact me or any of our board member to get involved. We'll be hosting our third annual legislative reception this January, just after the start of the legislative session. You get to meet our legislators and really learn what goes on "under the dome" in regards to healthcare.

### Secretary Nomination

One of my duties as Past President is to chair the nominating committee for the next Secretary for the CMGMA Board. It's a fun job and I've

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received both volunteers and nominee names. I'll sift through the nominees with other past presidents and give our recommendations to the Board. Selection and vote will happen at our special fall meeting this year, September 9, 2009. Serving on the board is an excellent way to broaden your expertise and your network. Please consider serving on one of our committees or throw your hat in the ring for the executive board. It is a terrific experience! Talk with me or any of our board members for more information.

## The College Corner By Julie Kjack, FACMPE

Greetings and Happy Summer to all!

It is supposed to be summer, but as I sit here writing this article the thunder, lightning, and rain is blasting us. Next comes the hail and we just had all the windows cleaned. Like they say 'timing is everything'.

And speaking of timing it is the right time and the right year to become a Fellow in the American College of Medical Practice Executives - ACMPE. As you all know, the MGMA national conference is right here in Denver this October from the 12th thru the 14th. College day has been moved to Monday and the Fellows dinner will be Monday evening. A glorious event is being planned and I know those of you who will be fortunate enough to attend as new Fellows will have a great time!

Last weekend Mike and I were pleased to have Rebecca Dean FACMPE, Chair of ACMPE and Deb Wiggs FACMPE, WS MGMA board member at our house and got an update on the college. Rebecca said that there were 51 new CMPE's for the month of June, which is an all time record for the college. To date there are 13 new Fellows to be honored in October. There will be many more as most wait until now to submit their papers. Papers can be submitted thru mid August. So, if you are one of those who have had your outline (s) approved there is still time to get your paper turned in. It is my sincere hope that Colorado has at least 5 new Fellows this year. I have talked to a few of you and know that you are working hard to achieve this goal.

I attended the Oregon/Washington MGMA meeting in May and need to remind all of you that Oregon has issued a challenge to Colorado for the most new Fellows in 2009!

They had a great meeting in Portland. It starts on a Sunday afternoon and goes thru Wednesday noon, just like the MGMA meetings.

If any of you are interested in joining the college, advancing from a Nominee to a CMPE, or to a Fellow from a CMPE, please let me know how I can assist you. The rewards are many and I encourage all of you to very seriously consider making the commitment to achieve Fellowship. It truly is career advancing and something that you can be very proud of attaining.

Cell: 303-435-4444; desk 303-951-418; home 303-914-9844 or by email: [jkjack@clearcreekfamilypractice.com](mailto:jkjack@clearcreekfamilypractice.com) or [juliemkj@cs.com](mailto:juliemkj@cs.com)

## Do Your Patients Have Trouble Obtaining Health Insurance?

### CoverColorado May Be The Solution

If you have patients who have been denied health insurance due to a pre-existing medical condition, or have exhausted their COBRA benefits, CoverColorado may be able to help. While CoverColorado is not a low income plan, it may be the best option for people who can afford it.

CoverColorado was established by the Colorado legislature to help more Coloradans gain access to health care. It is a resource for eligible Colorado residents who do not have coverage through their employers and who cannot obtain individual insurance from insurance carriers due to a pre-existing condition.

Eligible candidates cannot be on Medicare, Medicaid or any other health insurance and must be a resident of Colorado for at least six months. CoverColorado provides full medical and prescription benefit coverage and currently utilizes the United/PacifiCare provider network.

Once approved, an applicant who has been insured for at least six continuous months, within 90 days of their CoverColorado effective date, could have full coverage on their effective date.\* This includes coverage for all pre-existing conditions. If an applicant has had a lapse in coverage exceeding 90 days, they will be subject to a six month waiting period for pre-existing conditions. (All medical and prescription benefits related to their pre-existing condition(s) would be at the member's expense.)

Key benefits of CoverColorado are:

- Comprehensive medical coverage for individuals with pre-existing health conditions,
- Coverage for nationally recommended preventive care services,
- Prescription Drug coverage,
- Choice of deductibles, and
- United HealthCare's PPO Network.

CoverColorado's premiums are higher than commercial insurance carriers; however, there is a premium discount option available for members whose household income and liquid assets are less than \$50,000 a year.

CoverColorado also offers a Coordination of Benefits (COB) plan is for those disabled individuals under the age of 65 who have missed the opportunity to purchase Medicare supplement policies during the open enrollment period. Applicants must already be enrolled in Medicare Parts A and B.

For more information on CoverColorado, please access their website at: [www.covercolorado.org](http://www.covercolorado.org).

\*Applicants must provide a Certificate of Creditable Coverage as proof of continuous coverage.

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## Salary Survey Report By Eric Chappell

I would like to thank everyone for your participation in this year's CMGMA Physician and Healthcare Compensation Survey. While the total number of completed surveys was down again this year, we appreciate the time commitment required to complete the survey. As you know, this is an exceptional tool in our office to benchmark benefits and salaries of employees and physicians.

The 2009 data has been collected and Krause Kirkpatrick Bertrand, PC is analyzing the data and putting together the survey for distribution in late July. Again this year, the survey will be distributed on CD to all members.

We are always looking for new ways to make the survey better and increase participation from you and other CMGMA members for next year and the future. If you have an idea and would like to share it, please contact me or Aimee Madison of the CMGMA Office.

I would like to congratulate all the winners of the weekly drawing!!

- Joan Brown  
WY Cardiopulmonary Services, PC
- Gary Naleski  
Pikes Peak Allergy and Asthma, LLC
- Tania Adams  
Cancer Center of the Rockies
- Nancy Timmons MSHA, CMPE, Front Range Center for Brain and Spine Surgery, PC
- Ellen Boyd  
Centennial Valley Pediatrics
- Michael Battock  
South Denver Anesthesiologists, PC

**A special thank you to this year's sponsors: Copic and Compass Bank!**

## NorthWest Denver Care Transition Project By Janet McIntyre, FACME

The Colorado Foundation for Medical Care (CFMC) is involved with a great project to build a community partnership for the improvement of health integration. Did you know that 20% of Medicare patients are re-admitted to the hospital within 30 days? The baseline or "should be" rate is 10%. Colorado has a readmission rate of 16.5%. NW Denver is one of 14 communities around the country to participate in a special program to bring this readmission number down by involving the community in better transitions of care. [http://www.cfmcc.org/providers/providers\\_pcc.htm](http://www.cfmcc.org/providers/providers_pcc.htm). By the way, Grand Junction has a readmission rate of 11.8%. What can we learn from the Western slope? Plenty.

## Education Update

By Sheri Page and Lance Goudzwaard



### FALL EVENT

As many of you know, the National MGMA Conference will be held in Denver this year on October 11–14, 2009. We are anticipating that many of our members will be attending the National Conference, and therefore we will not be having

our regularly scheduled CMGMA Fall Conference. Instead we will be hosting a fall luncheon.

The luncheon will be held at SkyRidge Medical Center on Wednesday, September 9, 2009, from 11:45 a.m. to 1:30 p.m. Not only will this be an opportunity for the annual transition of officers, but we will also have a fabulous speaker, Rob Tennant, who will provide us with the most recent legislative news. With possible changes from the new administration we thought this topic would be of great interest to everyone, regardless of your practice size or specialty. Rob Tennant is a Senior Policy Advisor for Medical Group Management Association, and he will educate us on the latest developments in healthcare from Washington, D.C. Join us to learn how medical practices will be impacted in both the near and distant future by HIT, ARRA, FMAO and other initiatives.

Unfortunately, space is limited for this luncheon, so register as soon as possible for only \$45. There will be 1 hour of ACMPE credit available for attending the luncheon.

### FOUR CORNERS CONFERENCE

We are making good progress in the planning of the Four Corners Conference on April 28-May 1, 2010 in Albuquerque, New Mexico at the Sandia Resort & Casino. This collaboration with state MGMA representatives has been fruitful, and we are excited about the fantastic education and networking opportunity for our members.

Please mark your calendars; you will not want to miss it!



## 4th Annual CMGMA Golf Tournament

On Monday August 10th, 2009, the Colorado Medical Group Management Association along with their members, families and friends will join together for a fun filled day of networking and golf. Following play we will enjoy an incredible dinner and awards presentation on the outdoor deck of The Ranch Country Club.

We are looking for every category of golfer—from the beginner to the club pro—as this will be a scramble format and all involved will have a great time.

We encourage everyone to register for this fun event whether you are the only one playing or not. We will pair all individual players with others to create fun and exciting groups of golfers, so register yourself, invite a buddy, or put together a foursome or more.

The tournament will take place at The Ranch Country Club, 2 miles West of I-25 on 120th Avenue. There will be a 1:15p.m. shotgun start time so that everyone will finish at the same time for an exciting evening of dinner and awards presentation.

The cost is \$80 per player which includes everything you will need to have a great time.

**For more information please contact:**  
**Scott I. Raberge at 970-352-5000 ext. 321**  
[sraberge@pfccollects.com](mailto:sraberge@pfccollects.com)

*Registration is now open!*

**To register for the golf outing,**  
**please visit the CMGMA website.**  
[www.cmgma.com](http://www.cmgma.com)

## Top 10 Reasons Why You Can't Afford to Miss the MGMA 2009 Annual Conference

- 1) You're very aware of the many federal regulations and private sector initiatives that are impacting your practice. The Annual Conference provides you with the most up-to-date information on the critical changes coming out of Washington and will arm you with the tools you need to help prepare your organization to meet these many challenges.
- 2) Virtual meetings and webinars cannot replace real connections and real relationships. Take advantage of this once-a-year event to network with your colleagues at the premier education and networking event.
- 3) You can select from over 100 concurrent sessions, including topics on financial management, managed care, business operations and much more.
- 4) Receive up to a maximum of 16.5 credit hours of ACMPE or CME credit or 19.5 contact hours of CPE credit.
- 5) You'll find it's more than an exhibit hall—it's the solutions hall—when you visit the more than 300 exhibitors offering programs, demonstrations and information on the latest products, services, and employment and education opportunities all in one place.
- 6) Hear from experts like Toby Cosgrove from the Cleveland Clinic Foundation, who will offer new ideas on ways to implement changes that defy conventional wisdom in health care clinical and administrative management.
- 7) Dig deep into critical, current health care topics in the intensive sessions covering medical practice valuation, patient safety, revenue cycle management and more.
- 8) Get a glimpse of the future with industry-leading visionaries like Ezekiel Emanuel, MD, PhD, author and Bioethics Chair for the National Institute of Health, and senior advisor at the White House Office of Management and Budget on health policy. You'll also hear from William F. Jesse, MD, FACMPE, MGMA President and CEO, and Annie McKee, PhD, founder of the Teleos Leadership Institute, who will change the way you see your practice and your profession.
- 9) Whether you are in an integrated delivery system (IDS) or are considering your options, don't miss the IDS sessions focusing on everything from general strategies for success to creating effective IDS structures and designing effective financial and compensation practices.
- 10) For the first time in history, four generations of employees are working side by side. With differing values and seemingly incompatible views on leadership, these generations have stirred up unprecedented conflict. Hear from experts like Cam Marston, Founder and President of Generational Insight, who will offer insight to help you build the connections needed to boost employee performance and retention.

## Colorado Medical Homes for Children

The medical home model is an approach to health care that ensures that all providers of a child's care operate as a team; that families are critical members of that team; and that all team members understand the importance of quality, coordinated medical, mental and oral health care. The Colorado Medical Home Initiative (CMHI), housed at the Colorado Department of Public Health and Environment (CDPHE) has been active in developing an infrastructure for this concept since 2001. The Medical Home Advisory board is comprised of participants from over 140 agencies statewide, while utilizing four task forces to segment the work. This state level infrastructure provides the foundation for implementation of the medical home model locally, reaching providers, children and families in their own communities.

In 2007, the Colorado General Assembly recognized a state goal of increasing the number of children who receive care consistent with the Medical Home approach with the passage of Senate Bill-07-130. One of the major components of Governor Ritter's Building Blocks for Health Care, Colorado has begun to build this medical home system for all children. A medical home system intentionally joins public health, personal health care, insurance organizations and other key stakeholders through state and local coalitions to improve the quality and cost containment of health care delivery.

In May 2008, the Colorado Medical Home Initiative released the Colorado Medical Home Standards – a list of eleven guiding principles that describe the characteristics of a medical home approach. The care delivered is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally competent. These practice-level standards are a framework for continuous quality improvement and are a way to acknowledge good practice while providing a shared vision and common language for a quality system of care for all children in Colorado.

For those children covered by publicly funded health programs, the Colorado Department of Health Care Policy and Financing (HCPF) will utilize the Colorado Medical Home standards that will serve as the framework to establish state, payer, family, and practice accountability.

Colorado is a nationally recognized leader in the medical home movement and distinguishes itself as the only state to have developed quality improvement standards with careful attention to a collaborative approach that included family leaders, providers, insurance companies, researchers and state departments. The inter-agency collaborative between HCPF and CDPHE has upheld the value of preserving the family-centered approach in all areas of decision-making throughout this process. Colorado's strong commitment to family-centered care has made it a national model. The medical home concept shifts the paradigm from episodic acute care to a continuous comprehensive model resulting in better health outcomes for patients.

The Department continues developing their partnership with the Colorado Children's Healthcare Access Program (CCHAP). CCHAP is a non-profit organization whose mission is to provide support services for children, families, and primary care practices to enable and encourage the practices to devote at least ten (10) percent of the practice to establishing a medical home for Medicaid and CHP+ children. The long-term goal is to develop a model that will increase the Early and Periodic Screening Diagnosis and Treatment (EPSDT) participation rates in Colorado by enhancing support systems and reimbursement to primary care practices and facilitate a coordinated and integrated system of care.

Each CCHAP-associated pediatric practice agreed to provide a quality medical home for Medicaid children. In addition, CCHAP provided fourteen (14) support services to the families and practices, and the Department reimbursed a fee to the affiliated CCHAP practice PCPs for preventive care provided for Medicaid children in their practices in accordance with the statutory definition of a medical home and in accordance with the EPSDT periodicity schedule. The pilot was funded through a grant from the Piton Foundation.

The preliminary results of this pilot program are promising based on a preliminary evaluation of the first six months of the program from July 1, 2007 through December 31, 2007. During the initial 6-month

observation period, CCHAP children were more likely to have a well child visit and less likely to visit the emergency room or require hospitalization compared to a similar group of children from the Denver County area who were receiving care at non-CCHAP sites. These findings were generally consistent across age groups and among children with a chronic condition. The preliminary findings suggest that CCHAP may be a successful cost-savings model which achieves appropriate preventive care and reduced emergency room and hospital utilization for a vulnerable population of children.

By replicating the CCHAP model internally through the use of current federally funded programs, the Department has also begun to utilize philanthropically supported clinics, which are highly coached, but not a part of the CCHAP pilot, as medical homes. The practices of Doctor's Care, Rocky Mountain Youth and Inner City Health, will allow the Department to compare private clinics to other types of practice models. This comparison will also be a part of the 12 month evaluation. The Department will also concentrate on eligible school-based health centers and family medicine providers for additional models in Phase III of medical home implementation.

If you would like to learn more about the Colorado Medical Homes for Children and/or SB-07-130, please contact Gina Robinson at 303-866-6167 or [gina.robinson@state.co.us](mailto:gina.robinson@state.co.us). For more information regarding the CCHAP program, please contact Dr. Steve Poole at [SPoole@tchden.org](mailto:SPoole@tchden.org)

## Membership Spotlight Sheri Page Integrated Ear, Nose & Throat



I have been a member of the Colorado MGMA for three years and I quickly understood the value of this membership and wished I would have joined many years ago. After realizing what a great association CMGMA is, I was honored when I was asked to consider volunteering for co-chair of the education committee. I'm not only contributing to great association but I am also learning much along the way, as well as meeting and networking with great people.

Dr. Timothy Pingree opened his practice in January 2005 and I have been the Practice Manager for Integrated Ear, Nose & Throat since September 2004. I had the challenge and privilege of starting his practice. Dr. Clark Walker and our Physician Assistant, Nicole Nelson have been with the practice since January 2005. In February 2009, Dr. Pat Carr joined our practice. I am proud to say the practice is very busy and successful. I think what sets us apart from other practices is our exceptional customer service that we are able to provide thanks to all my wonderful staff. We try to make things simple and convenient for our patients by answering our telephones live throughout the day including the lunch hour. Our reminder calls are also made by a staff member instead of a computer system. I feel if we are able to provide that extra personal touch along with great care, our patients will not only return to us but they will also refer to us.

Before joining Integrated Ear, Nose & Throat, I was in the Ophthalmology field for 10 years where I started at the front desk and advanced my career by earning my MBA which enabled me to be promoted to several positions, eventually leaving the ophthalmology practice as the Director of Operations.

Outside of work I enjoy traveling and scuba diving with my husband. I also enjoy running, working out and reading.

## Social Media: A New Way to Communicate

### By Erich Kirshner and Dawn Crawford

Medical practices are just starting to explore the opportunities available through social media sites like Facebook. While this new world can be unfamiliar and even a bit scary at times, it does offer a new way for practices to connect to their patients and professional contacts.

Social media, also known as web 2.0, is an Internet communications strategy that provides a new way to connect with your patients, colleagues, potential patients and dissenters. Common social media websites are Facebook, MySpace, Twitter, YouTube, Flickr and blogs. All these sites connect people with common interests to share ideas, photos and opinions. Social media sites can compliment your website and traditional marketing strategies by adding more personality to your practice's communications.

#### Five Tips on Using Social Media Effectively

Think of social media as an extension of your practice's brand and communications strategy – Maintain professionalism and be strategic in what your engagements. Remember that you might not have control over who is listening to your message.

Gain unfiltered, real feedback from supporters and dissenters – Be prepared for both positive and negative feedback on your social media postings.

Master one avenue of social media at a time – Just because you have a Facebook group does not mean you are engaging in social media. You need to regularly upload new content, engage in discussions, and maintain your online presence. Once you feel good about a social media strategy, try the next one.

Make sure your social media strategy is professional – While much of the communication through social media platforms is personal, your practice will want to adopt a professional communications approach. Despite this, remember it is important to make your professional communications compelling to your readers.

Take risks – This is a great, inexpensive way to experiment with messaging. Consider special marketing campaigns and doing informal focus groups. Consider novel ways to harness this new media to engage your patients and colleagues.

#### Five Pitfalls of Social Media

Thinking you are in control – Social media is about the conversation with your customers and dissenters. If you just delete all the negative comments your community will just take their conversation elsewhere, where you have no control at all. Create a standard of how far you will let people go and share that with your community.

Not making enough time to maintain your communities – This new world of Web 2.0 is generally free, but it is an investment of time. Make sure you have the time allotted to maintain your communities and respond to your followers. Many organizations are dedicating 10 – 15 hours a week to social media and some are creating a specific position to manage this work. This can be done by engaging students from a local college, or interns, and monitoring their work.

Feeling overwhelmed by this brave, new world – Make sure you are using the right tool for your community. Talk to your patients and colleagues about how they are already using social media and create a space for you practice on that platform. This is a strategy of joining in, not reinventing the wheel.

Not getting involved – Social media is here to stay. Granted some sites may come and go, but this way of connecting the world is part of a whole generation's way of life. Take it slow and be strategic.

Try to be corporate or cool – Be honest in your approach to social media, but in a casual way. Do not try to be an authoritarian and do not try to be the coolest kid on the block. Be honest and available to you community and they will make you popular.

*Erich Kirshner and Dawn Crawford are at Kirshner Communications [www.kirshnercommunications.com](http://www.kirshnercommunications.com). They welcome discussions with practices interested in learning about social media strategies.*

## Will The Red Flags Rule Thwart Identity Theft?

### by Jan Krause, FACMPE President Elect

The Red Flag Rules were made to protect our personal information and to keep identity theft from happening. The "Rule" is part of the Federal Trade Commission's (FTC's) implementation of the Fair and Accurate Credit Transactions (FACT) Act of 2003. Due in large part to the efforts of national and state Medical Group Management Association's (MGMA's) the implementation deadline for the rule has been delayed.

Identity theft is no small problem. The FTC recently conducted a survey that showed 4.5% of the 8.3 million victims of identity theft, or approximately 375,000 victims had experienced some form of medical identity theft.

Although the "Red Flags Rule" protects the same personal health record information as the HIPAA rules, it also requires the protection of other sensitive identifying information such as credit card, bank, social security and insurance information. Your "Red Flags Rule" plan should complement your HIPAA plan, not replace it.

Medical practices have been determined to be creditors by the FTC due to the following procedures that are common to almost all medical practices:

- Billing patients after services are completed.
- Accepting insurance, even though the patient is ultimately responsible for the medical fees.

#### The deadline for compliance is August 1, 2009!

Some examples of Red Flags are alerts, notifications or other warnings received from:

- Consumer reporting agencies
- Consumers
- Victims of identity theft
- Law enforcement officers
- Suspicious documents such as forgeries or a photo description that does not match a person
- People using inconsistent or mismatched addresses
- Social Security numbers of the deceased now active
- Credit card statements returned as undeliverable, but transactions on account continue

Non-compliance risks are massive. Failing to comply will result in civil fines, regulatory enforcement proceedings, plaintiff lawsuits and damage to one's reputation. The bar has been raised.

MGMA members can find tremendous support, information and forms <http://www.mgma.com/policy/default.aspx?id=22932>

The FTC has developed a step-by-step program to draft and implement a plan for most business and can be found <http://www.ftc.gov/bcp/edu/microsites/redflagrule/index.shtml>

In addition, the AMA draft sample policy provides further guidance for drafting a policy, found on the <http://www.kkb-cpa.com/>

If you wish to read the actual guidelines from the rule itself they can be found <http://www.ftc.gov/os/fedreg/2007/november/071109red-flags.pdf>

## CMGMA Welcomes New Members-2009

**Jenny Alfelor**, Genentech USA, **Francie Anderson**, Critical Care, Pulmonary and Critical Care Assoc, **Tana Auge**, Rocky Mountain Ear Center, **Vicki Baier**, Summit Healthcare Consultants, **Karen Bentele**, PG Architecture Design/Build, **Joseph Beutler**, University of Colorado at Denver, **Dennis Boyd**, Centennial Rehabilitation Associates, **Tracie Broome**, Colorado Springs Neurological Associates, **Kara Burke**, Colorado Orthopedic Specialists, **Byron Cairns**, Southern Colorado Clinic, **Denise Castillo**, Denver Neurological Clinic, **Deborah Chandler**, Colorado Springs Health Partners, PC, **Jan Chase**, Wells Fargo Bank Health Care Group, **Pam Clatterbuck**, Midtown Occupational Health Services, **Debbie Dean**, Grand Valley Neurology, **Elizabeth Dodd**, Denver Vail Orthopedics, PC, **Eileen Engelbrecht**, Retina Consultants of Southern Colorado, P.C., **Jack Finn**, St. Anthony Health Centers, **Victoria Foster**, General Surgeons of Western Colorado, **Jan Friedlander**, Friedlander Commercial Real Estate, **Gregory Fries**, Affordable Medical Supply Co, **Jan Gillespie**, Northern Colorado Pain Management, **Peggy Givens**, Precision Practice Advisors, **Margaret Hall**, Vail Institute for Aesthetic & Reconstructive Surgery, **A. Walter Hankwitz**, Lutheran Health Partners, **Mark Harris**, Medical Group Insurance Services, Inc., **Ed Hawkins**, Cogdell Spencer Erdman, **Susan Herrgott**, Regis University, **Cliff Holmes**, Peak Billing Services, **Tracy Humphreys**, Greeley Medical Clinic, P.C., **Beth Irwin**, Denver Nephrology, **Terry Jarosz**, Littleton Internal Medicine Associates, **Lynne Jones**, Colorado Springs Health Partners, PC, **Neha Joshi**, University of CO, **Peggy Kaiser**, Denver Nephrology, **Crystal Keefer**, Rehabilitation Associates of Colorado, P.C., **Sarah Kneefel**, Harvard Peak Medical Associates, **Lee Kogul**, Henry Shein, Inc, **Vicki Koontz**, Family Health Care of the Rockies, **Debbie Korotney**, Colorado Plastic Surgery Center, **Debbie Kreider**, Loveland Urgent Care and Family Practice, **Andy Kuo**, Laserfiche, **John Landsverk**, Senior Care of Colorado, PC, **Susan Lawrence**, The Women's Health Group, PC, **Kay Lux**, S.W. Memorial Primary Care, **David Maki**, Dmaki & Associates, **Tess Marcial**, 10th Medical Group, **Deena Merchant**, The Women's Health Group, PC, **Frank Merrill**, **Annette Mickle**, **Lois Mote**, St. Anthony Health Centers, **Dan Mullen**, Stonetree Network Solutions, Inc., **Maggie Munoz**, Platte Valley Medical Center, **Maribeth Neelis**, Colorado University, **Barbara Nicholas**, Rocky Mountain OB-GYN, PC, **Gregory Noble**, MedWorx LLC, **Vannessa Otero**, Mail Communications, LLC, **Chris Parise**, Brook Trout Telecom, **Mary Phillips**, The Nephrology Clinic, PC, **Tasha Pierce**, Solve IT, Inc., **Amy Poche**, Colorado Pain Specialists, **Laura Rice**, Southwest HealthNet, **Kelly Rickaby**, Colorado Pulmonary Intensivists, **Jane Rodgers**, Boulder Valley Thoracic and Cardiovascular Surgery, **Carol Salter**, Mckee Medical Center, **John Sanders**, Colorado Springs Health Partners, PC, **Aileen Sanders**, The Childrens Hospital, **Brad Schmelzer**, HOV Services, **Carol Schutzius**, Advanced Orthopedics and Sports Medicine, **Marvin Schutzius**, The Urology Center of Colorado, **Jeannie Seals**, Button Family Practice, PC, **Demetra Seriki**, Front Range Medical Billing Service, **Chermaine Sheyko**, Children's Eye Physicians, **Cory Sites**, Denver Nephrology, **Jennifer Smidt**, The Urology Center of Colorado, **Audrey Smith**, Denver Cardiology Associates, P.C., **Mike Stone**, U.S. Air Force Academy, **Amy Tate**, Denver Nephrology, **Anne Taylor**, Denver Spine, **Lisa Varga**, Exempla Good Samaritan Medical Center, **Patricia Wassik**, Health Connect Properties, **Kamee Wearden**, Advanced Orthopedics and Sports Medicine, **Lori Westin**, Denver Nephrology, **Larry Wheeler**, St. Anthony Health Centers, **Donna Wheeler**, Colorado Springs Health Partners, PC, **Katherine Wiley**, St. Anthony Health Centers, **Lovice Woodward**, **Cheryl Wooster**, CodeOne, Inc., **Lela Yu**, American Fidelity Assurance Company

## Managing Your Section 125 Cafeteria Plan

In today's competitive workforce, a solid benefit package is necessary to not only keep your quality employees, but also attract new employees. An important part of any benefits package is a Section 125 Cafeteria Plan. It is regarded as beneficial to both the employee and the employer making it a great asset to any company. While it allows employees to afford more benefits, it allows you to reduce your payroll cost.

However, the benefits of a Section 125 Plan can quickly be overshadowed by the maintenance required in keeping your plan in compliance. Like many employers, maintaining a qualified Section 125 plan can become a nightmare without the appropriate support. Your membership in the Colorado Medical Group Management Association just made that easier.

Our partnership with American Fidelity Assurance Company, one of the leading Section 125 Administrative Service providers, can help you manage your program properly. As a member of the Colorado Medical Group Management Association, you have access to their 25 plus years of Section 125 administrative service expertise.

American Fidelity provides the tools necessary to assist in keeping your Section 125 Plan in compliance by:

- ✧ Providing you with a qualified Section 125 plan document based on information furnished by you,
- ✧ Assisting with the plan and maintenance with updates of the latest compliance information and trends,
- ✧ Providing worksheets for the 25% Key Employee and 55% Dependent Daycare Non-Discrimination Tests, and
- ✧ Reviewing and servicing your plan annually.

In addition, their local Salaried Account Representatives work with you and your employees directly to explain the value of a Section 125 plan and enroll the Flexible Spending Accounts and Dependent Daycare. You will be provided with updated election forms, enrollment summaries and much more to assist you in the management of your Section 125 program.

By working with American Fidelity in the set-up and maintenance of your Section 125 Cafeteria Plan, you'll enjoy all these great services. That means no hassle, no headaches, and no worrying. They are there to provide you with the support you need every step of the process.

For information on American Fidelity's Section 125 Administrative Services, contact Lela Yu, Rocky Mountain District Manager (877) 967-5748, ext. 3077.

*\*American Fidelity Assurance is a Gold Corporate Affiliate of the CMGMA*