

# Colorado Connection

The Official Newsletter of Colorado MGMA



## President's Column By Jan Krause, FACMPE

### Finding our Hearts in the Midst of the Storm

This tidal wave of healthcare change requires us to meet new challenges that we may have never faced before. But to be a successful CEO, Practice Administrator, Physician, Manager, or other professional on the healthcare survival raft, we must carry on. Our patients are depending on us.

As CMGMA members we can lend a hand to each other, and know that through courage, intellect and skill we can survive and thrive.

For thirty years I have been a student of Jack Canfield, one of the authors of the "Chicken Soup" book series. My first experience with Mr. Canfield was when he was an instructor with Career Track in Boulder, and I bought a set of his cassette tapes. I must have listened to these at least 100 times over the years. One of his gems is a mantra about fear. Jack says, "Close your eyes and imagine that you are standing at the edge of the top of a ten-story building and ask yourself how you feel." Somehow, I felt the fear of heights every time. Then he says, tell yourself, "I feel the fear and go for it anyway." Magically, you begin to feel yourself mastering the fear. It may still exist, but you recognize that you can manage its presence.

Canfield labels this example as:

Fantasized  
Experiences  
Appearing  
Real

We may legitimately argue that there are plenty of real things around us right now that are real and fearful, but if we mentally and emotionally stay in a place of fear we cannot think clearly; and thinking clearly is what we must do.

Would you like to manage this fear, and expand your knowledge about prioritizing and managing the critical changes that will impact your practice during the next few years in only three days? There are a host of experts speaking at the 4 Corners Conference who can help you get there.

#### Thomas C. Royer, M.D., *Future of Healthcare in the Next 10 Years*

Dr. Royer served previously at Geisinger, Johns Hopkins, and the Henry Ford Health System, and has been repeatedly named as one of "The 50 Most Powerful Physician Executives in Healthcare" by *Modern Healthcare* magazine.

Dr. Royer will be attending an international 2010 World Health Executive forum on "Paving the Way toward Healthcare Sustainability," in Montreal in early November. He states in his blog <http://www.wiresidechatwithdrtom.blogspot.com/> that, "We all know it is the end of an era. Many of those attending will be from countries faced with not only health care budget freezes, but also cutbacks ranging from 5 to 20 percent. The way each attendee looks at sustainability will be different, and it is critical for all to understand what works, what doesn't."

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## 2010 Important Dates

**4 Corners Conference**  
April 28-30, 2010  
Sandia Resort  
Albuquerque, NM

**CMGMA Webinar**  
May 18, 2010  
12:00-1:00 pm

**CMGMA 5th Annual  
Golf Tournament**  
August 9, 2010  
The Ranch Country Club  
Denver, CO

**Fall Conference**  
September 15-16, 2010  
Red Lion Hotel  
Denver, CO

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



**The College Corner**  
By Mike Chisholm,  
FACMPE  
College Forum Rep  
**Exciting Changes in  
Store for  
ACMPE Examinations**

It is now easier than ever to schedule your exam via the national network of testing centers. Week-long testing windows are now offered with the next available time frames being: May 13-24, and August 9-14. Nominees can now communicate directly with the testing center to schedule a best time.

**How does exam registration work?**

The following link has all the information you will need for the ACMPE Examination:

<http://www.mgma.com/pd/default.aspx?id=976>.

Here you will learn that before taking the exams, you must submit certain eligibility requirements. Once you've submitted these items to ACMPE, you can begin the registration process. Upon registration on the MGMA website, ACMPE will verify your eligibility to take exams. Within 5 business days, you will receive a confirmation e-mail from ACT providing login and password which will allow you to schedule your exam at a specific time and location. For an up-to-date listing of all available exam sites, visit the ACT Center Testing Facilities Web page at:

<http://www.act.org/actcenters/locate/index.html>

**How much do the exams cost?**

Registration fees for computerized exams are \$165 for the essay exam and \$165 for the objective exam.

**May Exam Registration Open**

Registration is now open for the next exam window of May 22-28. You can find the exam sites in Colorado on the ACT website: <http://www.act.org/actcenters/locate/index.html>.

Nominees must register for the exams on the MGMA website. Once you have registered and paid via the MGMA web site, your eligibility will be verified and you will be provided a personal user name and password to sign up for a particular date/time and exam location. More details can be found at: [www.mgma.com/exams](http://www.mgma.com/exams).

To ensure that your registration goes smoothly, it is a great idea to submit your three exam eligibility requirements ahead of time using this link: <http://www.mgma.com/pd/default.aspx?id=5490#Eligible>. Even if you aren't planning on taking the exams any time soon, it is never too early to get these out of the way! The requirements are verification of two years healthcare management experience and two reference letters (one each from a Certified Member or Fellow and a senior leader in their organization).

**If you have questions about the college please contact me at: [mchisholm@awha.com](mailto:mchisholm@awha.com)**

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**Membership  
Committee News**  
By Julie Conroy  
Membership Chair



I am very happy to announce that we have two new members who have joined the CMGMA Membership

Committee. We are very excited to have these two very talented professionals joining in CMGMA's efforts to improve and increase our membership.

**Chris Hall:**

Chris is one of our five student members and is enrolled in the Masters program at University of Colorado Denver. He is seeking his Masters of Business Administration in Health Administration and began his quest in 2008. One of the great suggestions from Chris that came out of our committee meeting was developing a mentoring program for up and coming managers. Chris has been working with John Milewski, President-Elect for CMGMA and COO of Colorado Allergy & Asthma Centers, P.C. to learn the many facets of managing a practice.

**Rosina Aragon:**

Rosina is new to CMGMA and has been a national MGMA member for many years. Rosina is currently the Administrator for Colorado ENT Specialists. One of the many suggestions that Rosina presented in our committee meeting is finding ways to get more exposure with national MGMA members that live in Colorado. Rosina's observation is that CMGMA is not well known in the national MGMA arena. CMGMA recently did a mailing to MGMA members in Colorado and gained three new members. Efforts will continue to focus on recruiting more national members to our local chapter.

Other ideas that need to be explored are developing a social network page on Facebook and/or Linked In, having condensed educational sessions at the various hospital systems-both urban and rural areas. We also want to continue incorporating ideas obtained from the membership survey. If you have any suggestions on how to retain and grow the CMGMA membership, please feel free to send your suggestions to me.

**Membership Renewal Process**

In an effort to retain current members we have developed a more detailed reminder system to notify members who have not renewed. The result of these revised efforts has been successful in increasing renewal numbers. This new process has also allowed us to identify some necessary areas of improvement which is equally valuable. Please know that your feedback is extremely important to the Board so please don't be shy, share your thoughts.

**You can reach me at: [jconroy@backofficemd.com](mailto:jconroy@backofficemd.com) or by phone at 720-221-2246.**

## President's Column Continued

Through Dr. Royer's blog I learned of this website that has some great, current information on the federal healthcare political front: <http://www.politico.com/politicopulse/>

Check out this excerpt: SECRETARY SEBELIUS, at the National Press Club yesterday: "We have a great law. Now, we have to carry it out effectively. For these Americans, our department will serve as a nationwide health insurance reform Help Desk. ... We know that the only way this law will achieve its full potential is if Americans understand and take advantage of all the new benefits and choices that will be available to them"

And this one, ARIZONA, NEVADA MAKE 15 AND 16 - AP reports: "The governors of Arizona and Nevada say their states will join 14 others suing the federal government over health care reform." Gov. Jan Brewer announced Arizona was joining the suit Tuesday night. She signed a bill April 1 that gave her the authority to skirt the state's Democratic attorney general, Terry Goddard, who declined to sue on the state's behalf. You probably already know that Colorado is one of the 14 original states filing suit against the federal government.

### William F. Jessee, MD, FACMPE, FACPM:

Another of our favorite speakers, William F. Jessee, MD, FACMPE, FACPM will address attendees on "The Changing World of Medical Groups: How the Changes Will Affect Your Future"

### Robert Tennant, MA:

Representing the MGMA Washington D.C. office will be Robert Tennant, MA, with the latest federal developments, "Healthcare Reform and Medicare Policy: The Latest from Washington" presented in a general session, and then "The Stimulus EHR Incentives and Other Critical HIT Issues"

### David West, MD:

From Grand Junction, David West, MD will be speaking on a new service model developed there, "Opportunities for Cost Reductions in Your Healthcare System-The Grand Junction Experience." Dr. West has practiced Family Medicine in Grand Junction, Colorado since 1978.

### Marion Jenkins, Founder and CEO of QSE Technologies:

Marion Jenkins, Founder and CEO of QSE Technologies, will present on Information Technologies. QSE has a track record of IT projects in 30 states and territories primarily concentrated on the outpatient/ambulatory healthcare space—physician practices, ambulatory surgery centers, imaging centers, specialty hospitals and clinics and medical office buildings, through infrastructure design, implementation and ongoing support for new and existing facilities nationwide.

Your board members continue to be hard at work as you will see from the excellent articles in this edition of the *Colorado Connection*. John Milewski is rapidly becoming proficient in the production of Webinars in collaboration with Marilyn Rissmiller of the Colorado Medical Society. Watch for the announcement of the inaugural broadcast!

At the top of my list for the next few months is website enhancement. Please contact me if you would like to assist with information development, review or critique. We need all the input we can get to create a great, useful tool for you.

In closing I'd like to share one additional profound quote from Paul Hogan, the actor who played Crocodile Dundee, "The secret to my success is that I bit off more than I could chew and chewed as fast as I could." Keep chewing, and don't forget to stay close to your heart.

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## Membership News

By John Milewski, CMPE  
President-Elect



In today's world of healthcare management, it's essential we professionals continue to strive toward excellence. The question that always comes to my mind is, "How is this accomplished in a time efficient manner?" There are only so many hours in the day, and the demands are heavy and constant.



One of the elements essential for us to obtain is excellence through our growth in knowledge. CMGMA continues to advance our Education by strengthening its educational disciplines. Hence, CMGMA is taking a leap into a new, technological education arena. This new venue will be part of our ongoing online offerings. (See Webinar)

### Webinar—Announcement:

CMGMA will be e-hosting its 1st Webinar May 18th titled "*How to Prepare Your Practice for Health Reform and a Transformed Health System Description*", presented by Dave Gans. The newly automated on-line registration form is available on CMGMA's web site. This form of registration will be offered for all future conference and educational programming opportunities. **FANTASTIC! Register today!**



These Webinars are a direction we are taking in order to offer cost effective education to the CMGMA members across the state. In today's world of cost control, CMGMA is working to offer services at reasonable fees (or prices) to its members. The cost for this event is only \$25.00 for members.

### Fall Conference:

CMGMA is hosting its 2010 Fall Conference on September 15th & 16th, at the Red Lion Inn. Please mark your calendars!

### 4 Corners Conference:

It's not too late to register for the Four-Corners Conference. This event has allowed the 4 cornering states to come together and offer a quality educational venue at a lower price than a national conference.

### Introductions of Educational Committee Volunteers:

I would like to extend a welcome to our new Educational Committee. The Educational Chair, David Linger of Oasis Family Medicine, will be heading up this new committee. He is working with Todd Welter, R.T. Welter & Associates, Inc., and Susan Gray, Colorado Cardiovascular Surgical Associates, PC. The Educational Committee will be working on setting up 2010 and 2011 Webinars & Conference educational programming. It is very exciting to have such experienced professionals working on Education for CMGMA.

If you have any educational suggestions, please let me or anyone on the Educational Committee know. We are always looking for quality program ideas and/or speakers. Hope to see you and/or hear you at the next CMGMA educational conferences.

Opportunities in the New Healthcare Environment  
4 - Corners Conference in collaboration with MGMA  
April 28 - 30, 2010

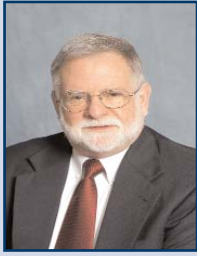


**Key Note Presentation by William Jessee, MD, FACMPE, FACPM, MGMA President & CEO**  
"The Changing World of Medical Groups: How the Changes Will Affect Your Future"

**Breakout Sessions: "Healthcare Reform and Medicare Policy: The Latest from Washington"**  
and **"The Stimulus EHR Incentives and Other Critical HIT Issues"**  
Robert Tennant, MA, Senior Policy Advisor, Medical Group Management Association

**Breakout Session: "Healthcare IT—The Good, The Bad and The Ugly"**  
Marion Jenkins, PhD, CEO, QSE Technologies

**Registration for CMGMA Members is \$225; for non-members the fee is \$275.**  
**See the complete Conference Schedule and Register on-line:**  
**[www.4cornersconference.com](http://www.4cornersconference.com)**



## Best Practices Report

### By Jeffrey B. Milburn, CMPE Third Party Payer Committee

Medical Group Management Association (MGMA) publishes the *Performance in Practices of Successful Medical Groups* every year. This report provides key benchmarking data on better performing medical groups who responded to the MGMA Cost Survey. The report also provides informational articles, success stories, and case studies along with the key indicators you can use to measure your practices performance. The 2009 report based on 2008 data identified 15 Colorado practices that participated in the survey and agreed to be identified in the report and met one or more of the key benchmarks. Colorado represented 3.06% of the 490 practices nationwide mentioned in the report.

The table below lists those Colorado practices identified in the report along with the categories in which they excelled.

The performance area selection categories included 1) profitability and cost management, 2) productivity, capacity, and staffing, 3) accounts receivable and collections. Practices were also considered for the patient satisfaction performance area if they completed the online Performance and Practices of Successful Medical Group survey and indicated that they conducted a patient satisfaction survey within their practice.

CMGMA members as of March 2010 are listed in the table in bold letters. Six (40%) of the 15 practices listed are represented by CMGMA members. Colorado Allergy and Asthma, Denver, whose COO is CMGMA member and President-Elect John Milewski, was the only Colorado practice recognized in all four categories. Cancer Center of the Rockies, Fort Collins, whose CEO is Tania Adams is also a CMGMA member, was the only Colorado practice listed in three of the four categories.

CMGMA members should be working to increase the total number of Colorado practices recognized in future years.

### Colorado Best Practices 2009

<u>Practice Name</u>	<u>Location</u>	Profitability and Cost Management				Practice Totals
		Productivity Capacity and Staffing			Patient Satisfaction	
		Accounts Receivable and Collections		Patient Satisfaction		
		Profitability and Cost Management	Productivity Capacity and Staffing			
<b>Cancer Center of the Rockies</b>	Fort Collins	x	x	x	3	
CMA Physicians	Boulder		x	x	2	
<b>Colorado Allergy and Asthma</b>	Denver	x	x	x	4	
Colorado Otolaryngology Associates	Colorado Springs	x			1	
Cornerstone Orthopedics and Sports Medicine	Louisville	x	x	x	3	
Family Medicine Center	Fort Collins			x	1	
<b>Fort Collins Youth Clinic</b>	Ft. Collins	x	x		2	
<b>Glenwood Medical Associates</b>	Glenwood Springs	x		x	2	
<b>Greenwood Pediatrics</b>	Centennial		x	x	2	
Internal Medicine Associates	Boulder			x	2	
Metro Denver Anesthesia	Denver			x	1	
Orthopedic Associates of Aspen and Glenwood	Basalt		x	x	2	
Pediatric Partners of Glenwood	Glenwood Springs		x	x	2	
<b>St. Anthony Health Center Senior Health Centers</b>	Denver			x	1	
<b>SurgOne</b>	Englewood			x	1	
<b>Category Total</b>		<b>5</b>	<b>7</b>	<b>8</b>	<b>9</b>	

CMGMA Members are listed in BOLD.

## Legislative Updates

By Janet McIntyre, MBA, FACMPE  
Legislative Liaison



Our third annual legislative reception took place at the University Club on January 21, 2010. This event is always well attended and embodies our association values of networking, education, and advocacy. Three excellent speakers gave their views on both the state and national scene. Dr. Bill Jesse, President and CEO of national MGMA, addressed national issues while Joan Henneberry,

Executive Director for Health Care Policy & Finance, and Edie Sonn, Public Affairs for Colorado Medical Society, gave an overview of Colorado state issues. This is always a terrific opportunity for our members to meet state legislators and build relationships with them. Please plan to attend next year—late January or early February. Colorado has a progressive and dynamic stance on healthcare thanks to our legislature. Please support our legislators over the summer as they gear up for elections and re-elections.

In something of a role reversal this year, the Colorado legislative session has been relatively tame compared to the national political and legislative scene. It's impossible to even summarize the sweeping changes that are happening on the national level. Our national association, MGMA, provides good coverage on their website ([www.mgma.com](http://www.mgma.com)) and through their emails to members, some of which we forward on to our members. We post some of the national news on our website, but try to focus more on our state situation.

Although our focus is on state issues, we must make note of the historic legislation passed last month. On March 23, President Obama signed the Patient Protection and Affordable Care Act (H.R. 3590) into law. This ushers in a big wave of healthcare reform. Key provisions in this new law may have an immediate impact on your practice and your patients, while others have a much longer time frame before they will take effect. Please check the attached article from the AMA on "How the passage of federal health system reform legislation impacts your practice"- [www.cmgma.com/AMA%20Fed%20HC%20Reform%200310.pdf](http://www.cmgma.com/AMA%20Fed%20HC%20Reform%200310.pdf) This is a good and short worthwhile read. Also, we have posted on the CMGMA website, a summary timeline for the rollout of the PPAC Act. Visit this link: <http://www.cmgma.com/PPAC%20Timeline040210.pdf>

Compared to recent previous years, the 2010 Colorado legislative session has been relatively calm with few controversial bills. The session closes in less than a month -- May 12, 2010 to be exact. As predicted, the session was dominated by budget cuts and a slashing of programs. Two large issues that have simmered quietly in the background are the upcoming state elections and the redistricting issues. We'll have more on this after the close of the legislative session.

Probably the most controversial and colorful bill of the session involves the use of medical marijuana. Our media has had tremendous coverage on this and we have seen an explosion of dispensaries in our state. I believe we will see much more coverage on this issue. There are significant ramifications from this bill for our providers, our patients, and our practices. **Do any of your employees use medical marijuana?**

As always, we work closely with our colleagues at Colorado Medical Society. Please check the CMS website and its Legislative Digest for the current week's status on bills in our legislature: visit [www.cms.org](http://www.cms.org) and click on the Legislative Digest.

Two bills that we at CMGMA continue to follow:

**1. Sunset Review of The Medical Practice Act**—This is done through the Department of Regulatory Agency (DORA) every ten or fifteen years. It is progressing through both houses. CMS' legislative digest has the most current info on this bill. Surely, it will pass, but what amendments are added will determine its final presentation. For instance, one current amendment proposes that PAs be allowed to have an ownership stake in medical practices.

**2. Clean Claims ( HB 1332)**—Rep. Joe Miklosi submitted an administrative simplification bill to limit the CPT modifiers used by the health plans. It would bar proprietary claim edits and allow only those CPTs developed by the Centers for Medicaid and Medicare. Edits would have to follow the National Correct Coding Initiative. If passed, this law would set up a task force to recommend a standardized set of payment rules and edits by the end of 2012 including: defining parameters for reimbursement (i.e. capitation versus fee-for-service), methodologies (i.e. RBRVS with conversion factors versus percentage of billed charges), and fee schedules.

Colorado may be the "little engine that could". Stay tuned for updates on this as we may need your support with phone calls e-mail etc. Please check out our summary of this bill on the CMGMA website on the legislative page: <http://www.cmgma.com/1332.html>

Thanks for your attention and for your help and support as CMGMA makes its voice heard at our state capitol.

### John Milewski, CMGMA President-Elect with Trish Merrill from Multisource Document Services at the 2010 Legislative Reception



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## Diffusing the Angry Customer

By Jerry Peer, Director of Professional Development for Professional Finance Company, Inc.

There is no denying that we labor in different and difficult economic times. Consumers are lashing out in anger and frustration at no one in particular due to their strained circumstances. Whether your business sells widgets or provides service, it is your ability to respond to these highly volatile situations that will dictate whether your customer's loyalty is maintained or lost forever. Like it or not, these times call for maintaining both your composure and in the end, your customer base.

### The #1 Mistake

When you are faced with an angry customer, you probably assume that the customer wants his or her problem fixed. That is a logical approach and it is at least partly true. Angry customers expect that you will be able to help them in some concrete way, by meeting their need. However, there is more to the story.

Ever notice that with a real angry person, even if you can fix the problem, the person may still act in angry or nasty ways? Why is that? Well, actually angry customers want a few things. Yes, they want the problem fixed, but they also want to **BE HEARD, TO BE LISTENED TO**, and to have their upset and emotional state recognized and acknowledged.

What most customer service representatives do with angry customers is to move immediately to solve the problem without giving the acknowledgement. Do you know what happens? The customer is so angry that he or she is not prepared to solve the problem, does not listen, and gets in the way of solving the problem. So the number one error is moving to solve the problem before the customer is ready, or calm enough to work with you. This may cause you to repeat things over and over.

### The Solution

The solution can be found in the following acronym (ASAP): **A**—Acknowledge the problem, **S**—Sympathize through careful selection of words, **A**—Accept responsibility for fixing the problem, **P**—Prepare to take action.

In the **Acknowledge** phase, paraphrase the issue or problem as you understand it. It may sound like, "If I understand you correctly Mr. Doe, you didn't receive the goods/services appearing on your most recent bill? Is that correct?"

In the **Sympathy** phase, continue with phrases such as, "It seems that you are really upset about this and I understand." OR "It must be very frustrating." OR "I am sorry if this has caused you any difficulty."

In the **Accepting** phase, be certain that the customer understands that YOU will serve as their primary point of contact and will do everything in your power to fix the problem. Give the customer a time frame for resolution and if necessary, provide a plan that includes updates if it is obvious it will take more than a day.

In the **Prepare** phase, pull any necessary documentation that speaks to the issue at hand and offers concrete (ideally visual) and easily understandable information that will help you in explaining your office's own current stand on the issue or problem to the consumer. Follow through with your promises and see the issue through to the end. Contact the customer as soon as you have developed a workable solution to the problem.

### A few other notes regarding dispute resolution:

Avoid any language that could be considered argumentative or challenging. It is difficult for any customer to object to cooperation and you may quickly gain them as an ally by working through the problem.

Maintain your composure. Remember, it's not personal, the customer is angry with their circumstances, not with you.

If your office policy allows, ask permission to place the customer on hold while you familiarize yourself with their account detail. Sometimes that 20-25 second hold allows the customer to gain some composure and if nothing else will get you in a position to better assist the customer.

**NEVER** raise your voice or talk over the customer. In fact, you should meet the elevation in their voice by lowering your own. It will cause the customer to have to work hard to hear you and has a calming effect.

Finally, no one expects you to be a lightning rod for abuse or vulgar language. If this occurs, calmly state that you can not continue the call if they continue to use that language and will terminate the call if they do. One final note: Always document your call or encounter with notes so if the customer needs additional assistance in the future you are able to accurately refer to past contact.

*Jerry Peer is the Director of Professional Development for Professional Finance Company, Inc. For questions or comments please contact Mr. Peer at 970-352-5000 ext. 305 or by email: [jpeer@pfccollects.com](mailto:jpeer@pfccollects.com)*

### Salary Survey Report By Eric Chappell Salary Survey Committee



First off, I want to thank all of you that have already participated in this year's survey.

#### The Salary Survey Deadline is May 5, 2010!

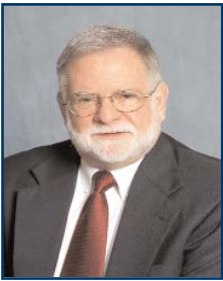
We will not be accepting surveys after the deadline. We are calling on those of you who have not returned your survey to do so right away! There are still a few chances to win the \$100 gift card. Without your participation, this year's survey will not be the valuable resource it is to many of your fellow physicians, administrators, and managers. We all know that employee salaries are not a hot topic for our practices due to the economy, but the data is still very important for yearly comparisons.

Remember, only participants in the salary survey will receive a complimentary copy of the salary survey. If you would like to purchase a copy, the survey will be available later this year at a reduced price.

You can easily download the survey by accessing it on the CMGMA website at [www.cmgma.com](http://www.cmgma.com), and click on "Download Colorado Physician and Healthcare Staff Compensation Survey".

If you have any questions please contact me: [echappell@coloradosurgicalservice.com](mailto:echappell@coloradosurgicalservice.com) or Tarra at: [tnuss@kkb-cpa.com](mailto:tnuss@kkb-cpa.com)

**Thank you to this year's two survey sponsors:  
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## Payer Performance Survey Article Part One 2009 CMGMA Colorado Payer Performance Survey- Results

By Jeffrey B. Milburn, CMPE  
Third Party Payer Committee

The payer survey, all 84 pages of it, was published and distributed a few months ago. Initial feedback has been very positive on this publication which provided updated payer information that hasn't been available since the 2004 survey published by MGMA.

So what did we learn? First of all, it takes a lot of work to gather, collate, and publish this information. Credit for the heavy lifting on this project goes to Jan Krause, FACMPE, CMGMA President, and the accounting firm Krause Kirkpatrick Bertrand, PC. Credit should also go to the 76 Colorado medical practices that took the time and made the effort to respond to the survey. This response greatly exceeded the 51 practices from the 2004 survey.

The report was basically divided into two sections. The first part reported on general payer satisfaction and focused on credentialing, negotiations, representatives, contracts, payment methodology and accuracy, and general contract compliance. Payers were ranked by name on a three-point satisfaction scale for each category. The payers generally rated as satisfactory and above.

The second part of the report was a comprehensive analysis of payer reimbursement by frequent CPT code. Reimbursement was reported in terms of dollars and as a percent of Medicare. Furthermore, information was reported on a statewide level and then subdivided by geographic area, practice size in terms of physicians and revenue, and practice specialty category. Specific payer reimbursement information was not reported due to regulatory restrictions.

Data was gathered on nearly 30 of the more common CPT codes and included new and established patient office visits, hospital care, office consultations, and preventive medicine visits. Data reported at the CPT code level included the mean (average), standard deviation, 25th percentile, median, and 75th percentile.

### Following are some general observations from the survey:

For analytical purposes we focused on CPT code 99213 which is a level 3 established office visit and the most common code reported. The median reimbursement for all of Colorado was \$72.85 or 118.6% of 2009 Medicare. In 2004 the reimbursement for this code was \$64 or 123% of Medicare. Reimbursement for this code increased \$8.85 or approximately 14% in five years.

Some of the payers had a fairly narrow range of reimbursement for specific codes suggesting a fairly tight contract reimbursement range while others were fairly broad suggesting more contracting flexibility.

There are differences in reimbursement based on a practices regional location within Colorado. Metropolitan Denver is slightly below the Colorado median and southern Colorado including Colorado Springs is slightly above the statewide median. Both Northern Colorado and the mountain region show higher reimbursement levels. Similar Geographic differences were also reported in 2004.

As expected, group size in terms of number of physicians is generally a factor in reimbursement. Smaller groups at 116% of Medicare are slightly below the Colorado median and the median for larger groups was 131% of Medicare.

Primary care practices with median reimbursement at 116% of Medicare were slightly below specialty practices which were at 121% of Medicare. The multi-specialty practice median was 143% of Medicare and some of this difference was attributed to the fact that these groups were generally larger in terms of number of physicians.

There weren't any major surprises found in the survey. Larger multispecialty group practices appear to have more contracting leverage. Metropolitan Denver reimbursement rates are lower and this may be due to provider competition. And, there are differences in reimbursement from payer to payer although the larger payers are generally grouped on the lower end of the scale.

The survey project team is actively soliciting critical feedback and recommendations from survey respondents and users on how to improve this product and how the information can be utilized by CMGMA members. Hopefully the membership will see the value of this survey and future participation will be even greater.

**To purchase your copy of the survey report contact the CMGMA office at (303) 756-8385.**

**CMGMA Conference Office**  
Summit Meetings, Inc  
90 Madison Street  
Suite 403  
Denver, CO 80206

## Payer Performance Survey Article Part Two

### How to use the 2009 CMGMA Colorado Payer Performance Survey

By Jeffrey B. Milburn, CMPE  
Third Party Payer Committee



In follow-up to the recent publication of the survey, we have been talking to users and potential users of the survey information. We thought it would be helpful to share some of their ideas and experiences.

One surgical practice found that they were being reimbursed between the 25th and 50th percentile by one of the larger Colorado payers. The practice had not met with the payer for contract negotiations in nearly 4 years. They recently met with their payer representative, shared some survey information, and agreed to a contract amendment that will increase reimbursement incrementally over the next two years to an amount that is 8% over the current statewide median.

One of the lessons to be learned in this case is that the availability of market reimbursement information provides a strong foundation for negotiation. Another lesson is that contracts should be reviewed frequently and it is easier to get smaller incremental increases from year to year than to try and play catch up every five years.

A local practice management consulting firm has found the survey information to be very valuable when advising clients regarding the adequacy of reimbursement in relation to the marketplace. Prior to this time, they only had limited information relating to reimbursement based on group size, location, and competition.

The availability of the survey information prompted the CFO of a large multispecialty group to evaluate all of their major contracts and develop a comparative reimbursement matrix that was benchmarked to survey results. The matrix showed a wide range of reimbursement levels that were not clustered around a reasonable benchmark. The group is now working on a contracting strategy that will essentially bring reimbursement for all of their commercial payers into a tighter range as a percent of Medicare to the benchmark over the next two years.

It is important for practices to understand and evaluate their payer mix. A certain level of reimbursement revenue is necessary to cover overhead expenses and meet physician compensation expectations. It has often been said that the ability to recruit and retain physicians is really the practice's bottom line objective. Successful practices understand that the balance between lower paying government plans and commercial plans needs to be managed to ensure adequate revenue. Practices can utilize the CMGMA survey data to budget realistic expectations or goals for commercial plan reimbursement to offset government program reimbursement and set revenue requirements that will cover overhead and compensate physicians.

Negotiating payer contracts isn't typically on the top of the practice managers list of fun activities. It's helpful to develop a strategy and one of the first steps is understanding what negotiating leverage the practice has. The payer survey indicates that if the practice has a specialty and/or geographic advantage, this should translate into higher reimbursement. If you are the only orthopedic practice at the Rocky Run ski area, you probably have a specialty and geographic advantage that will support a more aggressive contracting strategy.

On the other hand, a solo family practice physician in Denver across the street from Big Medicine Medical Group with 25 FP physicians isn't going to have significant contracting leverage according to the survey. This solo physician will develop a different contracting strategy built around realistic reimbursement expectations.

Another practice has elected to standardize their fee for service charge master so that it is above any potential payer reimbursement. They elected to set fees based on a percent of Medicare that is slightly above the 75th percentile reimbursement level in the survey.

CMGMA members can find a number of creative ways to use the payer survey. Contract negotiations and financial analysis and management are two obvious ways to use information from the survey. Take a look at the survey and see how you can use it in your practice.

**To purchase your copy of the  
survey report contact the  
CMGMA Conference Office at  
(303) 756-8385.**

## Savvy Employers Add Smart Money Management to Employee Benefits Packages

By Jan Chase, Senior Vice President and Healthcare Market Manager for Wells Fargo, Denver Metro

According to the Bureau of Labor Statistics (BLS, [www.bls.gov](http://www.bls.gov)), employee benefits make up nearly 30 percent of total compensation. Employee benefits represent a significant business expense, and it's no surprise that the BLS data also show that the cost for providing these benefits continues to rise.

When most business owners put together a package of benefits for their employees, they include standard features such as medical and dental insurance, and retirement savings programs such as 401(k)s. A few even include health savings accounts, education reimbursement, life insurance and more.

An important benefit that's often overlooked, and one that's free of charge from leading financial services providers, is helping your employees develop strong money management skills. There's no question that smart money management is the key to financial success. People need to know how to budget, how to save, how to plan for the future and how to use credit wisely.

As a business owner or manager, you can—and should—tap your financial services provider to make this necessary service available for your team.

Most leading financial services providers will readily come to your place of business to teach the basics of solid money management. Topics covered can be tailored to the specific needs of your employees, and workshops can take as little as an hour for a beginning overview.

Sessions can be held for employees who are looking to buy their first home. They'll learn about the home buying process, the responsibilities of homeownership, and financing options.

Another important topic is credit management. Your financial institution should be able to provide experienced financial professionals to help your employees understand the basics of credit and how to make it work for them. They'll learn about their credit report, and their credit score and how to improve it. They'll also learn how to use credit cards and loans the smart way. And they'll get helpful advice for dealing with debt problems.

With so much attention on the economy today, your employees are likely to be interested in planning for their future. Your financial provider should be able to talk with your employees about getting started with investing, developing a retirement strategy, and understanding the elements of building and preserving wealth. They'll also get tips for saving for a rainy day, education for their children, vacation, a wedding and other special occasions.

Last, though certainly not least, your company's financial services provider should offer your employees a range of special benefits, discounts, conveniences and services to help meet their personal financial needs.

And all of this is available from most solid financial service providers at no additional cost to your business. To learn more about what valuable savings and services your financial provider can offer your employees, talk with your business banker today.

*Jan Chase is the Senior Vice President and Healthcare Market Manager for Wells Fargo in Denver Metro. Chase can be reached by phone at 303-863-6014 or [janette.w.chase@wellsfargo.com](mailto:janette.w.chase@wellsfargo.com).*

## Welcome CMGMA New Members! October 2009-March 2010

**Tiffany Day**, Mayfair Internal Medicine, P.C.

**Chris Dooley**, Denver Pain Management

**Rita Durbin**, South Federal Family Practice

**Shannon Dux**, Family Medicine Associates

**Teresa Eagleson**, Panorama Orthopedics & Spine Center, PC

**Thomas Fender**, HealthONE

**Barbara Firminger**, Vail Valley Medical Center

**Jason Fitzsimmons**, 3t Systems, Inc.

**Christine Forkner**, National Jewish Health

**Barbara Fry**, Sound Inpatient Physicians

**Liz Hoskins**, Colorado Pulmonary Associates, PC

**Vandna Jerath**, Optima Women's Healthcare, PLLC

**Susan Johnson**, Senior Care of Colorado

**Theresa Lloyd**, Eagle Care Medical Clinic

**Alan Lougeay**, Colorado Springs Dermatology Clinic, PC

**Nancy Nykyforchyn**, DenverSpine

**Jennifer Queen**, Academy Women's Healthcare Associates

**Andrea Rahlf**, Vail Valley Medical Center

**Laura Rice**, Southwest HealthNet

**Timothy Schmidt**, Aurora Denver Cardiology Associates

**Karen Semryck**, Mile High Human Resource Consultants

**Cari Thomason**, Internal Medicine Associates

**Patricia Viduya**, Panorama Orthopedics & Spine Center, PC

**Dianna Vollmer**, Vail Valley Medical Center

**Patricia Wassik**, Health Connect Properties

**Molly White**, Legacy Comprehensive Counseling & Consulting

**Dan Zebarth**, Madison Street Company



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## CMGMA Webinar

### How to Prepare Your Practice for Health Reform and a Transformed Health System Description

Presented by: David Gans MSHA, FACMPE  
Vice President Innovation and Research, MGMA

The Patient Protection and Affordable Care Act and Health Care and Education Reconciliation Act of 2010 will fundamentally change our nation's health insurance and healthcare delivery systems. It is important that practice leaders understand what they can do to prepare their practices for the massive demographic and regulatory changes that will result from these laws.

This Webinar will examine how patient demographics, demand for professional and ancillary services, payer mix and practice reimbursement could change in the short and long term. Most importantly, it will suggest strategies you can use to prepare your organization for success in the new healthcare environment

#### Learning Objectives:

1. Describe the economic and political factors that led to health reform
2. Describe the impact of health insurance reform in Massachusetts and its implication for physicians in Colorado
3. Identify how health reform could affect:
  - a. Patient demographics
  - b. Demand for professional and ancillary services
  - c. Payer mix
  - d. Reimbursement
4. Provide 15 strategies a practice can use to prepare for a transformed health system

**WHEN: TUESDAY, MAY 18, 2010 12:00 – 1:00 PM**

**WHERE: AT YOUR DESK OR ANYWHERE THERE'S A PHONE!**

**CHARGE: Member: \$25.00 Non-Member: \$50.00**

**RSVP BY: NOON ON FRIDAY, MAY 14, 2010**

Please follow this link to submit your online registration:

<https://frost.he.net/~cmgma/terminal/webinar.html>

**Call-in instructions & link to the handouts will be emailed to all registrants after registration closes on Friday, May 14, 2010**

**Questions/Comments?**

Contact Caitlin Cowen at [cmgma@conferenceoffice.com](mailto:cmgma@conferenceoffice.com) or call 303-756-8380