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MGMA
Medical Group Management Association
Colorado

Colorado Connection

The Official Newsletter of Colorado MGMA

From the President



By Paula Aston
President, CMGMA
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It's springtime again. How quickly time flies. I just wanted to remind you all to continue referring your fellow administrator friends who are not CMGMA members because before you know it, we'll be seeing each other at the fall conference where someone will win a \$1000 Broadmoor gift certificate for the most referrals. We have had 41 new members since 9/1/15 so keep it up!

A reminder to attend our upcoming Payer Day on May 19. We are partnering with PAHCOM again this year and once again, we have a fabulous lineup. Of great interest will be our keynote speaker, Andrea Baldrice, VP of HUB International Insurance services who will be speaking about Amendment 69 – the Colorado single payer amendment, which will be on the ballot this fall. This amendment could have significant impact on our practices, as well as to us personally.

With our ever-changing healthcare environment, many of you may not be up to speed with the “sun-setting” of meaningful use, PQRS and other plans to improve patient care. These are being replaced with Medicare Access and CHIP Reauthorization Act of 2015 (MACRA). As practice administrators, we need to be prepared for these changes and how they will affect our practices. Hence, I am introducing Barbara Martin, the Interim SIM Office Director, who you will be hearing from a lot in the near future. Barbara is introducing the Transforming Clinical Practices Initiative (TCPI), which is a federally funded program to assist physicians/clinicians through the maze of changes. Barbara will probably be speaking at our fall conference, but I feel it is important that you all have an early introduction to SIM, MACRA, TCPI (how many more acronyms can we have???) through her article below.

Elevate your practice- Opportunities available in Colorado for grant funded practice support!

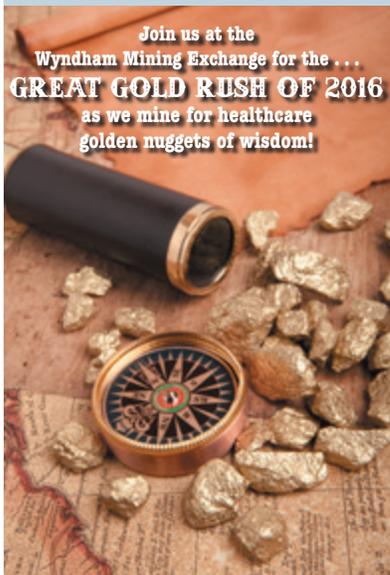
As a practice administrator, you have the opportunity to participate in a practice transformation program that offers grant funded support to help your practice thrive in the evolving world of health care.

Colorado's Transforming Clinical Practices Initiative (TCPI) is a four-year funding opportunity from the Centers for Medicare and Medicaid Services that will provide free technical assistance and coaching to health care providers, practices, and health care systems across the state, to support and prepare them for the forthcoming changes in the health care payment and delivery system. This support will be tailored to the needs of every participating practice, but the goals are common for all –improved efficiency of care, improved health outcomes, and improved patient care experiences.

TCPI is a practice coaching and support program for primary care and specialty practices in Colorado focused on preparing practices to be successful in evolving value-based payment models. TCPI addresses the building of infrastructure skills and competencies to prepare for value based compensation, including high functioning care teams, efficient workflows, efficient and effective referral processes, and demonstrating the value of care. Over the period of three years, practices will work with a facilitated peer learning community, led by expert coaches and faculty, which provides training in specific content areas including effective business support systems. Because TCPI also includes specialists, this program lends itself well to developing well-coordinated medical neighborhoods which will be essential in new models of compensation that require coordinated care and effective communication between

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Upcoming Events



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7 Ways to Create Better Business Habits for Greater Profitability

By **Mary Kelly, PhD, CSP,**
Commander, USN (ret)



Why are some people consistently more productive than others? Many high-achieving people claim their success is due to routines that manage their time and ensure productivity. Constructive habits help us achieve daily as well as strategic goals.

Strong business habits are especially important for entrepreneurs and others whose work is largely dependent on how they structure their day, such as insurance agents, real estate agents, and financial planners. Successful people prosper because they are habitual.

How Long Does it Take to Create a New Habit?

According Dr. Maxwell Maltz, it takes 21 days to create a new habit. My friend and healthy habit expert, Scott "Q" Marcus asks, "So what would be your first choice if YOU were able to commit to that new behavior for those 21 days so that YOU could develop a brand new healthy habit that would help to get rid of one of those old habits that hold you back?" Scott has a 21 day program that provides accountability for people who are serious about developing new habits. You can find out more about it (and him) at <http://www.ThisTimeIMeanIt.com>.

Others maintain that 21 days works best for repetitive tasks, like eating right, exercising, and carving out time with family. Complex change may take 66 days or longer because when we step out of our comfort zone into something new, we trigger an emotional response to change. We tend to be wary and resistant of change, making it harder to create the new habit. So we fight against ourselves. Additionally, it's easier to stay in the old routine than work to create a new progressive habit. It can be frustrating to evolve for changes to become automatic but well worth it to push forward. Once we incorporate a behavior into an automatic response, the habit becomes unconscious and easier.

How Do We Create New Habits?

Establish structure. We create new habits by establishing more structure, and when old

habits begin to surface, we take conscious control and change the direction of the habit. If we want to make time to walk the dog, schedule that activity for the same time every day.

Start Small. According to Mini Habits by Stephen Guise, it's the little things that matter when developing healthy habits. If we want to change, we should start small.

One-Minute Method. Commit to doing just one minute of the behavior you want to do per day. For example, commit to walking out side for just ONE MINUTE every day. That quickly turns into more. Few of us can claim that we don't have even ONE minute to walk. Guise uses doing one pushup per day as an example. Commit to doing one pushup per day and that leads to more.

For business, that translates to making just one outbound call, or sending information to just ONE prospect per day. To de-clutter, that means just one minute cleaning up a messy area, and it will probably lead to more de-cluttering.

Kaizen. The Japanese word for tiny continuous change is kaizen, which is a technique that implements small but continuous improvements. Adding too many huge changes at once tends to overwhelm us and decreases our motivation.

Stay motivated. Successful habit creators find what motivates them and they remind themselves of their ultimate goal. Want to lose weight? Get a proposal completed on time? Do some outbound marketing? Focus on the end goal.

An Apple a Day. Commit to doing the new habit every day. Even for a short period of time. Consistency is key.

Watch the Clock. Business people with healthy habits monitor and track their time. Use the calendar to schedule in the one-minute habit or doing that proposal. Once this becomes routine, we start seeing results.

Creating structure, developing a consistent routine, and starting with just one small change per day will help us to achieve our goals. Start today creating a change that you can track so that you can see results. The more consistent we are, the easier it becomes, then it becomes automatic.

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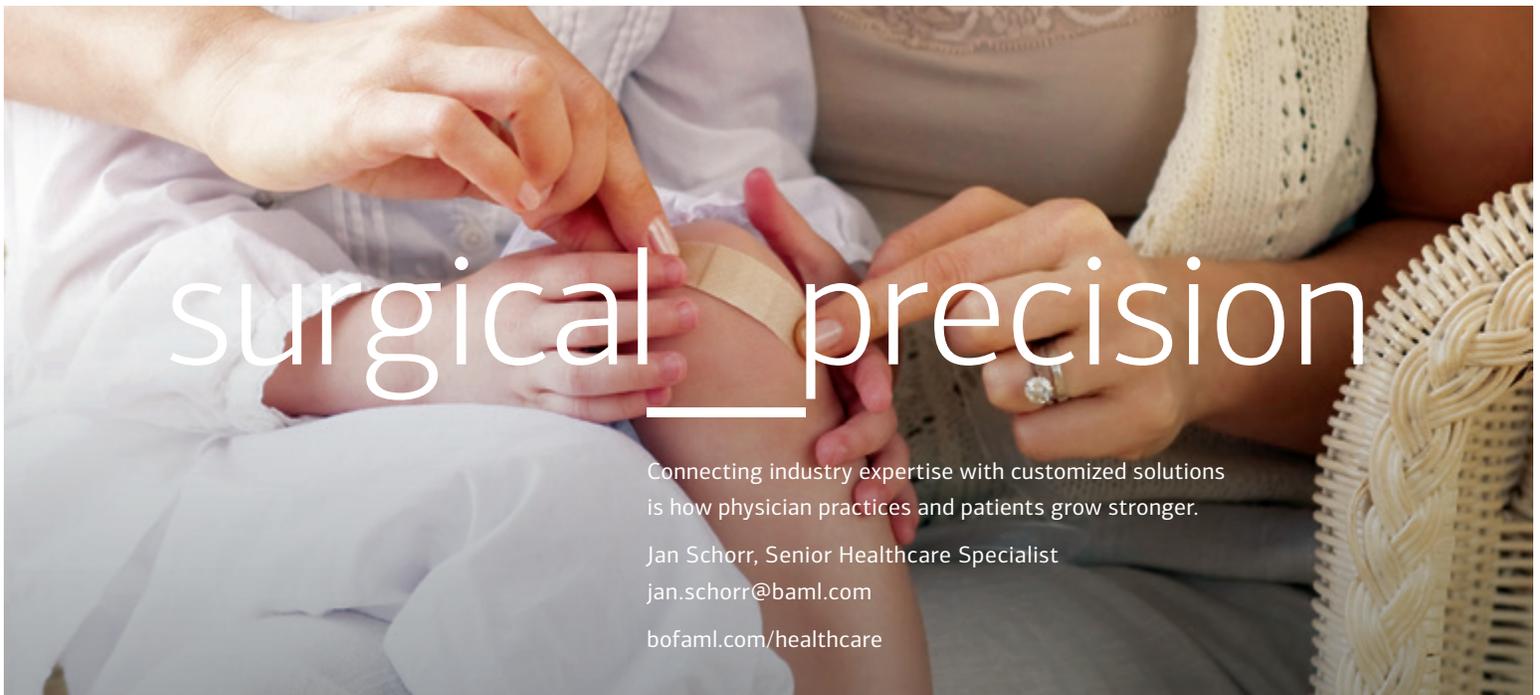
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Are You Familiar with Amendment 69?



By Judy Boesen, Immediate Past President
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Have you heard of Amendment 69? If not it is time to bone up on what it means to you and your patients.

Amendment 69 (Initiative 20) will appear on the November 2016 Ballot. Amendment 69 is authored by Irene Aguilar MD who is a Democratic member of the Colorado Senate and a primary care physician.

Amendment 69 is a state constitutional amendment which would create "ColoradoCare", a single-payer government run health care system in Colorado. (incidentally Medicaid is changing its name to "ColoradoCare" in the near future).

What you should know about ColoradoCare:

ColoradoCare will increase the state income tax to 14.63% (the highest in the nation). The increase comes from a 6.67% tax on the total payroll of all employers and a 33.3% payroll tax on all employees. In addition "non-payroll income from all beneficiaries" will be taxed at 10%. The new taxes will be added to the 4.63% Colorado Income

tax. Non-payroll tax includes rents, interest, dividends, capital gains, pensions and annuities. ColoradoCare is exempt from TABOR. Once a year ColoradoCare may elect to increase the income tax by whatever amount it sees fit. The increase in tax will pass if a majority of ColoradoCare members vote in favor of it (a member is at least 18 years of age and has lived in Colorado for 1 continuous year). A beneficiary is someone whose primary residence is in Colorado. Citizenship or permanent residence is not required to be considered a beneficiary.

ColoradoCare will control medical prices and medical spending. It will prohibit health care providers from collecting copayments, and any other cost-sharing without ColoradoCare's approval. It "shall not charge beneficiaries any deductibles". A health care provider is defined as "a health care professional licensed by the State of Colorado and includes individuals, hospitals, and other health care facilities licensed or certified by the state." Other individuals or entities include, "providers of services, medical interventions, pharmaceuticals, or equipment used to treat beneficiaries". This price control would make it illegal for anyone providing almost any health care service to accept any payment from a state resident not higher than the amount allowed by ColoradoCare.

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Colorado Care is not health insurance. The amendment states that “payment of the premium tax does not constitute the purchase of a health insurance policy by an employer or taxpayer”. There is no contract for ColoradoCare. Medicare and Medicaid enrollees are protected by federal laws requiring access to certain kinds of treatment. The rest of the residents will be able to access healthcare services that ColoradoCare chooses to provide, unless they buy additional health insurance. ColoradoCare will provide a comprehensive benefit package. It includes emergency and trauma services; primary and specialty care; hospitalization; prescription drugs; medical equipment, mental health and substance use services; chronic disease management; rehabilitative and habilitative services and devices; pediatric care, including oral, vision, and hearing services; lab services; maturity and newborn care; and palliative and end of life care. A member will choose a primary care provider. A beneficiary (anyone with a primary residence in Colorado) traveling or living temporarily out of state is still covered.

Colorado Care can access unlimited income taxes. It is exempt from normal government controls. It is not an agency of the state and not subject to direction by any state Department, commission, Board, Bureau or Agency. It will be run by an elected board of 21 trustees (3 trustees from each of seven newly created voting districts) elected by members. Trustees can only be removed by a majority vote of other trustees.

ColoradoCare will administer all State and Federal Health programs except Medicare. It will collect federal premiums that flow through Connect for Health Colorado, control and administer all Medicaid and Children’s basic Health Plan funding, funding for Worker’s Compensation and “any other state or federal health care programs. It will not have access to Medicare funds unless the federal government certifies it as a Medicare Advantage plan. It will not pay for people enrolled in “Original Medicare parts A, B, and D at this time.

The Colorado General Assembly will lose control of roughly 1/3 of the state budget. The state must fund ColoradoCare at the level that it funded Medicaid and other federal health programs even though it no longer will have control over the way money is spent. After the first year, the amount of state funds that flow to ColoradoCare must increase by the rate of inflation and population growth.

All personal health care data will be deposited in a database for publicly available research. A central database of medical records for management and research purposes is part of efficient medical records and billing records systems that can be accessed by providers and beneficiaries. No penalties are specified if the data is not protected or breached. It may be classified as a state health oversight agency and will be exempt from HIPAA privacy requirements.

ColoradoCare creates a monopoly health care program. Evaluations of existing monopolies show costs are poorly controlled, long waiting lists for basic care, limited access to new drugs, have miserable quality and discourage new discoveries.

ColoradoCare is an initiative (initiative 20 appearing on the ballot as Amendment 69) which is a flawed process. It only needed 86,492 signatures to get on the Ballot but received 158,831. It bypasses the legislative process because it takes the form of a new statutory act. Ordinarily, such legislative proposals take the form of a bill with a legislative sponsor, committee assignment, public comment and discussion. The discussion allows for amendments before it is

passed and signed by the Governor. Amendment 69, if passed, will never appear in the ordinary legislative process, instead it is non-legislation that alters the Colorado Constitution through a simple popular vote.

The proponents of Amendment 69 spent a great deal of money getting it on the Ballot and may not have the resources to advocate for its passage. Virtually all business organizations oppose amendment 69 for reasons identified above. Former Democratic Governor, Bill Ritter, and current Democratic Governor John Hickenlooper do not support Amendment 69. Very limited polling data shows stronger than expected support for this Amendment. In this unique election cycle, it is difficult to forecast whether or not this will pass since it is connected to the demographics of the people coming out to vote.

It is important that every practice administrator become knowledgeable about how Amendment 69 will affect their practice, community and state. Will business continue to work in the state, will doctors practice under this system, and will new business want to relocate here, what care quality will be available? Lots to learn for our business and lots of education for our “customers”.

Colorado MGMA will continue to provide education and information on this very important issue. May 19, 2016, is our annual Pikes Peak/Colorado MGMA payer day in Castle Rock. Our Keynote speaker is Andrea Baldrice whose topic is: Amendment 69 (Colorado single payer); What it Means to You and What You Need to Know. Please register at <http://www.cmgma.com/events/EventDetails.aspx?id=700721>

This Article is excerpted from Independence Institute.org, issue brief December and Frank M Cavanaugh’s Colorado State Health Care Initiative 20 (Amendment 69); Lee + Kinder, LLC Attorneys at Law April 12, 2016.

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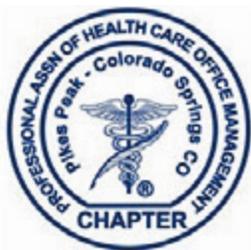
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2016 Payer Day

May 19, 9:30am-2pm

Cielo at Castles Pines, Castle Rock



Please join us for this collaborative event for Pikes Peak PAHCOM and CMGMA that will feature presentations and Q&A sessions with Colorado's top insurance payers, and our Keynote Speaker Andrea Baldrice, MBA, Vice President of HUB International Insurance Services.

Andrea will present "**Amendment 69 (Colorado single payer); What it Means to You and What You Need to Know.**" Take advantage of this wonderful opportunity to network with and talk one on one with our insurance business partners.



Lunch will be provided by

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“The Leadership Challenge”: A Book Review



**By Eric W. Speer, MBAHA, CMPE
President-Elect of CMGMA**

When I attended the State Leaders Conference in January, I participated in a roundtable discussion where Dr. Halee Fischer-Wright outlined a new strategy to partner with the American Medical Association in creating strong administrator-physician dyads. Some of

you might have gone to the inaugural conference in support of this strategy in nearby Colorado Springs. At the same time in January, I started organizing my MGMA fellowship paper on leadership and what great leadership would look like in a physician group practice. I have read over 13 books on the subject and recommend “The Leadership Challenge” by James Kouzes and Barry Posner as one of the best reads on the subject.

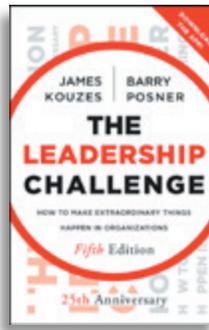
It is one of the few books that attempts to provide data on what constitutes leadership while footnoting its sources. It is truly an evidence-based approach to leadership. The book decidedly states that leaders are those who “mobilize others to want to make extraordinary things happen in organizations.”

The authors identified 5 practices of exemplary leadership to mobilize, or engage, people in obtaining a common purpose. The first practice is Model the Way. Clearly put, people know when leaders are faking it and not “walking the walk.” People have an innate sense of perceiving genuine beliefs, and those that are not. In order to “walk the walk”, the administrator and physician must know themselves and their values. Then, they must know the values of the organization and how they relate to themselves and their team members. Once the leaders understand the common thread in values, communicating the “why” becomes simpler.

Inspiring a Shared Vision comes when the common thread in values is identified. The leader must first listen to others’ values to identify how they relate to the shared vision. Then, the leader connects their values to a common goal. The authors stress how important it is that people see and feel that their own interests align with the vision. By team members having a say in the process of creating a shared vision, they will perceive how the vision is in their own best interest.

Challenge the Process also allows the team members to protect their interests by encouraging feedback in process improvement. The authors encourage enlisting others’ ideas and input, in order to create team member initiative. In particular, many cultures look to the administrator as the one to change the process. This practice allows the administrator freedom to delegate tasks while reducing the need to be involved in everything. With engaged team members, leaders can coach the process and not be the creator of change.

As other team members create the new process, leaders Encourage Others to Act. The authors encourage the leader to build a culture of trust. The first step for the leader is showing



vulnerability to allow team members to open up and divulge their vulnerabilities. This allows the organization to understand its vulnerabilities and knowledge gaps. Leaders should not “shoot the messenger” when any improvement opportunities are explained, as this will violate everyone’s trust, and buy-in for process improvement will be lost.

To reinforce how others should act and maintain trust, the authors propose that leaders celebrate small victories and recognize the contributions of individual team members. Leaders create a community similar to family where everyone can have fun. Leaders become personally involved in the success of others and coach the team to value the interdependence found within a community.

This book demonstrates that leadership may not be something we are born with. It is a skill that can be developed by all team members. “Leadership is not an affair of the head. Leadership is an affair of the heart.” This is what makes the book so powerful. In our day-to-day lives of operating a practice, it can be easy to forget about developing the relationships of those we work with. “The Leadership Challenge” confirms how leaders need to develop relationships to align its culture with its mission, vision and values. If the culture is not aligned, any progress in achieving a better patient experience is lost. Culture trumps all.

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Breakfast and Learn

April 27, 7:30-8:30 am
Denver West

Topic: Leasing for Medical Practices

Speakers: Perry Bacalis and David Foley, Carr Realty

Bio: Perry and David are real estate brokers that only represent healthcare tenants and buyers with their commercial real estate lease and purchase negotiations. Over 20 healthcare providers per year in Colorado trust the Carr team with their negotiations due to a substantial track record of helping them achieve the most favorable terms.

Objective: Carr Realty has found that 80% of doctors and practice administrators negotiate their own lease. But the reality is that a poorly negotiated lease or even an average negotiation can cost a practice, tens of thousands to hundreds of thousands of dollars over the term of a lease. With this much at stake, hiring the most qualified and professional representation can dramatically affect the final terms that can be achieved. So, Perry and David will be addressing the pitfalls of doctors and practice administrators negotiating their own lease, when they could be saving precious time and money by consulting with commercial real estate brokers.

Breakfast and Learns are FREE for members! (\$25 non-members)

Breakfast will be provided by Colorado Business Bank

From the President

From page 1

providers and practice settings. The program also offers preparation for understanding and succeeding in the sweeping changes in Medicare compensation models of MACRA: Medicare Access and CHIP Reauthorization Act. Maintenance of Certification (MOC) part I and CMEs are available for participating providers.

Applications are now being accepted for TCPI. Interested practices may enroll in one or both of these programs. To apply or learn more about either program, contact Allyson Gottsman (Allyson.Gottsman@UCDenver.edu , 303-724-8968 or visit www.practiceinnovationsco.org.

-Barbara Martin, Interim SIM Office Director



ACMPE Exam Date Schedule:

Exam Dates

June 11 – 25

September 10 – 24

December 3 – 17

Registration

April 27 – May 9

July 27 – August 8

October 19 – November 2

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