



November 2020  
Issue 16-056



# Colorado Connection

*The Official Newsletter of Colorado MGMA*

## Upcoming Events



2021

## Reimbursement and Coding Changes

December 16  
11am

**SPEAKER:**  
Kim Huey



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members!**

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information, visit  
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## From the President

**Bonny L. Brill, CMPE, CMRS**  
*Practice Manager, Colorado Colon & Rectal Specialists*

As we set our sights on wrapping up 2020 and moving on to a safer (hopefully) yet uncertain 2021, we are constantly reminded of the responsibilities each of us shoulder. Now more than ever it is imperative we brush up on our skills and focus not only on financial and clinical improvements in our practices, but on being better leaders. All while taking care of own selves—something we too often overlook.

THRIVE 2020, the State MGMA Virtual Summit held October 7-8, offered outstanding sessions and a unique virtual exhibit hall. More than 700 of us attended—the takeaways were great. Fun swag box, too.

A favorite session was Joe Mull’s Boss Better: Leading and Supporting People in Challenging Times. How do you motivate people? “You don’t,” said Joe, “Motivation is something people experience when the conditions are right.” He offered that employee commitment is ‘triggered’ by ‘unique conditions’ in the office. Better bosses lead by supporting rather than simply telling others what to do; they solicit opinion and ask a lot of questions. What does a committed employee want? To feel their work matters—they want to influence, and they want autonomy. What does a better boss do to cultivate commitment? They help you identify and develop what you need most. Can you be a better boss? I am certainly going to try, and thanks to THRIVE2020 I have more tools in my toolkit to help me. As the holiday season nears, my best to you, your families, and to those who look to you to lead exceptionally. ([www.joemull.com](http://www.joemull.com))



**ABC:**  
A (attitude) x B (behavior) =  
C (consequences)

– Mark Schulman,  
*World-Class Drummer, Author, Keynote Speaker*

## CMGMA

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## You are a BossHero.

[To every boss reading this] Thank you for all that you do.

Thank you for fixing all of the little things, which you often do alone and unseen.

Thank you for answering 99 questions a day while fitting 20 different projects, problems, and reports into a workday that only has enough room for 10.

Thank you for caring about your people. Truly caring. Thank you for asking about their families. Thank you for listening, playing therapist, and looking out for them. Thank you for worrying about their health, livelihoods, happiness, and fulfillment.

Thank you for working to create feelings of safety, belonging, and appreciation across your teams.

Thank you for going to SO. MANY. MEETINGS.

Thank you for learning ZOOM in a day, and then teaching everyone else.

Thank you for taking care of the leaders above you. You show up daily in service to the directors, administrators, doctors, and executives who rarely see the fires you put out.

Thank you for the tough conversations, the high standards, and the holding people accountable even when you know you'll be disliked and talked about but you do it anyway because THAT'S THE JOB.

Thank you for swallowing what you'd really LIKE to say before calmly and carefully saying what you know you NEED to say to preserve relationships and not get sued.

Thank you for being vulnerable and giving all of yourself even in the face of fear and potential failure.

Thank you for knowing there's never been a more important time to be a good boss.

You leave a mark.

You impact this world.

You are needed.

Because you serve and you care, and you try.

Thank you, BossHero, for treating the privilege of leadership as the noble, righteous honor that it is. On behalf of grateful people everywhere, THANK YOU for all of it.

Reprinted with permission from Joe Mull's Boss Better email newsletter. To subscribe visit [BossBetterNow.com](http://BossBetterNow.com)



*"If you are someone's boss, you are the topic of dinner conversation at your employee's house." ~ Joe Mull, CSP*

# CMGMA Legal Corner



**Jacqueline R. Guesno,**  
*Of Counsel*



**Kathleen A. O'Grady,**  
*Associate*

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**Is a medical practice required under current Colorado law to notify patients if a physician, patient, or employee test positive for COVID? If so, what must the notification include and how must it be delivered (letter, messaging, scripted phone message)? What does Colorado consider the potential exposure period – two days, 3-4 days, up to 14 days?**

Yes, a medical practice should notify any persons who have had close contact with a reported positive, whether that positive is a physician, employee, or patient. For COVID-19, a close contact is anyone who was within 6 feet of an infected person for at least 10 minutes or more. According to the Colorado Department of Public Health and Environment high risk “close contact” exposures can occur in fewer than 15 minutes depending on the workplace environment and types of person-to-person interactions. Someone who was close to a sick person multiple times during a shift may have been exposed and need to quarantine. An infected person can spread COVID-19 starting from 48 hours (**or 2 days**) before the person has any symptoms or tests positive for COVID-19.

The medical practice should notify a “close contact” that they may have been exposed to COVID-19 and the basis for the belief without revealing the identify of the positive person. The medical practice should convey this message over a call or video chat and should keep the positive person’s identify confidential. Colorado’s Department of Public Health & Environment requires full completion of 14 days of quarantine if exposed to someone with COVID-19, regardless of test results. An infected person can spread COVID-19 starting 48 hours (or 2 days) before the person has any symptoms or tests positive.

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# ACMPE Forum Rep Update



**Gena Weir**  
genaweir29@gmail.com

Demonstrate a commitment to your profession, physicians and patients. For more than 60 years, the American College of Medical Practice Executives (ACMPE) has been elevating exceptional medical practice managers to the role of Certified Medical Practice Executive (CMPE) and Fellow (FACMPE).

In that time, we've helped more than 4,000 certified members showcase their professional expertise and provided a significant advantage when it comes to earning potential. In fact, our certified members report earning nearly **\$6,000** more than their non-certified counterparts.\*

See what it takes to become a successful medical practice executive — select a domain to see the performance objectives the BOK can put you on track to master.

## 2020 Updates

The medical practice management profession has always and will continue to evolve and change. To ensure that board certification continues to be the most effective, and contemporary assessment of skills and abilities, the ACMPE exam blueprint has been updated. These changes will be reflected starting with the December 2020 exam window.

Psychometric standards dictate that the content standards for the exam be determined by conducting a Job Analysis Survey. This study uses healthcare administrator professionals to identify and prioritize the critical tasks of a profession. This data was then used to calculate the relative proportions of each subject area, or domain, and reviewed and compiled by subject matter experts.

While the exam content will contain common information, the organization of the information and the level of emphasis will change, as well as added areas of study and more concise tasks.

### Financial Management

Performance objectives to successfully maintain financial systems to ensure a profitable practice.

### Human Resource Management

Performance objectives to better utilize human resources to achieve & enhance organizational performance.

### Organizational Governance

Performance objectives to ensure effective governance and leadership through policies & strategic direction.

### Operations Management

Performance objectives for building an effective business plan and managing daily operations.

### Risk and Compliance Management

Performance objectives for protecting organizations from medical malpractice and adverse legal events.

### Transformative Healthcare Delivery

## Frequently Asked Questions: Board Certification

### **HOW LONG DOES IT TAKE TO COMPLETE THIS PROGRAM?**

Applicants will have three years from their application approval date to complete all their board certification requirements. On average, most of our members are able to complete their program requirements in six to nine months.

### **I'M NEW TO HEALTHCARE AND DO NOT HAVE THE REQUIRED EDUCATION/EXPERIENCE YET. CAN I STILL APPLY?**

Yes. The ACMPE board eligible classification allows candidates to enter the board certification program even though they may not yet meet the requirements of the Bachelor's degree or the two years of healthcare experience

After application approval, you can begin logging your continuing education (CE) hours and studying to pass the multiple-choice exam to become board eligible. With board eligible status, you can start working toward your Bachelor's degree or 120 college credit hours and two years of healthcare experience. Once you've satisfied these education and experience requirements, you can then register to take the scenario-based exam. Board certification will be achieved when board eligible candidates pass the scenario-based exam and meet the required CE credit hours.

### **WHAT TYPES OF MATERIAL WILL THIS PROGRAM COVER?**

Group practice management is unique, and the profession's nuances make it unlike any other. That's why the Body of Knowledge (BOK) for Medical Practice Management is so essential to success. It serves as a repository of industry knowledge, a guide to practice management, an assessment of competency and a learning tool.

The six domains of the BOK include: Operations, Financial, Human Resources, Risk and Compliance, Patient-Centered Care and Organizational Gover-

nance. Visit our [BOK information pages](#) to see the performance objectives of each domain.

### WHAT ARE THE EXAM REQUIREMENTS?

After applying and receiving program acceptance, applicants must demonstrate mastery of the principles outlined in our Body of Knowledge (BOK) for Medical Practice Management by completing two exam requirements:

- **Multiple choice exam** - This 175-item, multiple-choice exam assesses your on-the-job knowledge of the broad scope of group practice management principles and practices as described in the six domains of the BOK.
- **Scenario-based exam** – This exam may only be taken once you have logged two years of healthcare experience and earned your Bachelor's degree or 120 hours of college credit. The 90-item exam assesses in-depth knowledge of medical practice management principles, problem-solving and decision-making skills a candidate would need to handle and resolve real-world medical practice issues through 18-25 scenarios.

Exam registration periods for each exam are held quarterly but beginning on March 1, 2020, you will be able to register for exams on-demand and receive notice to schedule in 24 hours. Exam registration will be eligible for one year from purchase date before expiring.

[View exam competencies.](#)

### HOW DO I MEET MY CONTINUING EDUCATION (CE) REQUIREMENTS

You can start earning CE 30 days prior to your application acceptance date of either pathway through a variety of [qualifying activities](#). CE credit can also be earned during your exam preparation and after passing the exams.

We require that your 50 hours of CE include 30 hours from MGMA state, local, and national learning, including at least 12 live hours. The remaining 20 hours may come from either MGMA or qualified outside sources starting once your application is accepted, backlogging up to 30 days prior to your acceptance date. This will also apply to the 50 hours of CE required every three years to remain certified.

### WHAT IS THE COST OF THE PROGRAM

**Membership & application fees:** In addition to the cost of your ongoing membership with MGMA to maintain your credential, the board certification application fee is a one-time cost of \$250. If you are not already an MGMA member, there is an option to join at the same time for a \$100 savings. If for any reason, you are not accepted to the program, the application fee will be refunded to you.

**Exam fees:** The two required exams cost \$165 per exam.

**Study resource costs:** You can find a variety of free and low-cost study resources in the [ACMPE study resources library](#).

**Continuing education (CE) costs:** To earn and maintain your required CE hours, MGMA regularly offers both complimentary and fee-based courses, webinars and conferences for members to easily

meet their ACMPE credit hours.

### WHAT RESOURCES ARE AVAILABLE TO ME THROUGH THIS PROGRAM?

MGMA offers a free, quarterly ACMPE board certification preparation webinar series to help walk you through the requirements and study for your exams. You can also find additional support materials in the [ACMPE study resources library](#). Additionally, our certification team is always available to you, as is a dedicated MGMA ACMPE member community discussion group.

### DOES HAVING THIS CERTIFICATION INCREASE MY EARNING POTENTIAL?

#### Difference in Total Compensation between ACMPE Certification and No ACMPE Certification

Executive Management Positions	<b>\$13,690</b>
General Management Positions	<b>\$9,627</b>

Though we can't guarantee increased earning potential, a significant advantage in compensation has been reported by certified MGMA members according to survey data from the 2019 MGMA DataDive Management and Staff Compensation.

*\*Not enough data to report for Senior Management positions.*



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## UPCOMING WEBINAR

# 2021 REIMBURSEMENT AND CODING CHANGES

WEDNESDAY, DECEMBER 16

1:00PM ET / 12:00PM CT /

11:00AM MT / 10:00AM PT



**KIM HUEY, MJ, CHC, CPC, CCS-P,  
PCS, CPCO, COC**



## ABOUT THE WEBINAR:

Get ready for 2021 with this overview of coding and reimbursement changes. Join Kim Huey as she reviews the ICD-10-CM and CPT coding changes – and discuss documentation updates needed to support the new codes. This session will also review the CMS changes for evaluation and management coding and reimbursement and help to analyze the impact on reimbursement. How will Fraud and Abuse efforts change in response?

*This session will cover:*

- CPT code update for 2021
- ICD-10-CM code update for 2021
- Fraud and Abuse Outlook for 2021
- Focus on office visit coding changes

## ABOUT THE SPEAKER:

**Kim Huey, MJ, CHC, CPC, CCS-P, PCS, CPCO, COC**

For thirty years, Kim has worked with providers in virtually all specialties, from General Surgery to Obstetrics/Gynecology to Oncology to Internal Medicine and beyond. She has spoken at the national conference of the American Academy of Professional Coders, the American Health Information Management Association, the Health Care Compliance Association, and has presented audio-conferences for AHIMA, DecisionHealth, The Coding Institute, Coding Leader, Intellicode, and Progressive Healthcare. Kim completed three years of premedical education at the University of Alabama before she decided that she preferred the business side of medicine. She completed a Bachelor's degree in Health Care Management and went on to obtain certification through the American Academy of Professional Coders and the American Health Information Management Association. Recognizing the important position of compliance in today's environment, she has also obtained certification as a Certified Professional Compliance Officer and has earned a Master of Jurisprudence in Health Law. Kim is an independent coding and reimbursement consultant, providing audit, training and oversight of coding and reimbursement functions for physicians.

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# Don't be a teleworking crash dummy

The most important and effective security tool is the person at the keyboard

By Marion Jenkins PhD, FHIMSS  
Partner HealthSpaces

If COVID-19 wasn't bad enough — given the alarming news headlines and the ever-changing landscape of regulatory do's and don'ts affecting practices — online threats are evolving and spreading like the pandemic itself. With work happening everywhere now, end users need to exercise even more vigilance.

Here's what to watch for to help keep virtual workplaces safer in the post-COVID-19 era.

## New places where threats live

In today's altered work landscape, new technologies and tools had to be adopted very quickly, with little or no planning or training. While the kitchen table or home office might seem familiar physical environments, the technical environment may be significantly more prone to attack. With users being outside the normal security perimeter of the practice, the "threat footprint" has significantly increased.

Isolation during this crisis has made people hungry for information. Media headlines seem more focused than ever on sensation and alarm, rather than fact. The practice breakroom — where people once had informal but direct personal interactions while getting caught up with their friends and on current events — has been replaced by home office laptops and workstations, with little or no interaction with coworkers. This isolation removes informal interactions and collaboration with others, so subtle but important clues about online messages and behaviors are missing some important context.

Homeschooling and other altered connections involving daily life also bring new and unfamiliar workflows into the work-from-home (WFH) environment, so teleworkers may interact with a mix of work-related and family/personal tools throughout the workday. Since attackers know all these circumstances, it's easier than ever to trick people with online threats and scams.

## Cybercrime is a business

Many perpetrators of cyberattacks and scams are actual businesses (with bosses, salaries, bonuses, etc.), and those businesses create threats tailored to every market and circumstance. At the small/personal level are fake test kits,<sup>2</sup> highly marked-up critical supplies<sup>3</sup> and numerous other products with unsupported claims that have prompted warnings from the Federal Trade Commission (FTC) and the U.S. Food and Drug Administration (FDA).<sup>4</sup>

Because of so many new or altered work and/or personal processes, such as stimulus checks and altered tax deadlines, scammers have built threats around those as well, targeting consumers and businesses. And because of the trillions of dollars in financial aid, scammers are targeting the Paycheck Protection Program (PPP)



More than nine in 10 successful cyberattacks begin with a phishing email.<sup>1</sup>

and other government relief efforts, including those specifically intended for medical practices. These threats may be a direct attack or merely a test of your organization's security posture, as a precursor to more serious attacks.

Leading the way in terms of financial and operational impact is ransomware, in which perpetrators attempt to encrypt an organization's data and then extort very large sums of money — sometimes millions — to unlock the data. They frequently threaten to release the data publicly if the ransom is not paid. Technically ransomware does not harvest your data; it simply replicates itself to spread to other devices, encrypting the data associated with those devices and rendering systems inoperable. Other than paying the ransom, a complete system restoration from offline backups is the only route for organizations to restore operations.

## A battle of good and evil: tech alone can't win

There are millions of threats, with thousands of new ones being unleashed each month. Information security firms — including antivirus software companies, networking device manufacturers and security consultancies — work 24/7 to stay on top of threats. However, from a technical standpoint they can only respond to new threats as they arise and then create systems to detect and prevent intrusion going forward. Perpetrators then tweak their software to create a new threat. Until a threat is discovered and a "fix" is implemented, users and organizations are exposed. There is no "silver bullet" for security, contrary to some vendors' claims.

There are numerous articles on preventing cyberattacks, suggesting expensive security tools, the use of longer passwords, keeping operating systems and security software up to date, and reducing logout intervals. You should investigate and adopt the practices and tools that match your organization's needs and budget. However, these approaches generally miss the most important component in the whole process: the end user.

## Preparing your workers for cyber threats

**Being forewarned is forearmed.** Threats always follow what's trending online or in the news, and today's environment is causing perpetrators to ratchet up their game. While it's impossible to cover every scenario, look for these red flags on inbound emails, social media, screen pop-ups and other communications:

- 1. COVID-19-related messages.** This area is so broad that it's impossible to list all the threats. The more sensational or urgent the message, the more suspicious you should be.
- 2. Financial: PPP, individual banks, taxes or Small Business Administration.** Some businesses may have contacted multiple banks regarding PPP; scammers know this and craft emails with subjects such as, "PPP money is still available," or "You didn't complete your PPP application." Knowing that some larger banks have millions of customers, scammers can easily craft a convincing-looking message branded with these banks' logos that is full of traps.
- 3. The 2020 Census.** Since much of the census is not able to be done in person, online census scams have become more prevalent.
- 4. Voter registration/virtual voting/political fundraising.** This is an election year like no other, making it the perfect time to target unsuspecting and socially isolated individuals who are getting much of their information online and likely voting online or by mail.
- 5. New CDC or CMS guidelines, especially those governing medical practices.** This is especially devious, since new regulatory guidelines come out nearly every day and practice executives have to understand and follow them. Scammers are counting on this vigilance to work for them.
- 6. Items relating to business or personal tax deadline extensions.** IRS scams have been around for years, but this year's changes in deadlines and deductions represent new opportunities for scammers.
- 7. Software updates.** That "new update" for Zoom, Microsoft Teams, Google Meet or other service may be nothing more than an attempt by a scammer who knows you are using these new software tools for web meetings. They will use fake update messages to trick you.
- 8. Add-ons for web meetings.** At a minimum, these funny backgrounds, filters or masks might contain annoying adware or send more annoying web pop-ups your way. At the extreme, they may be avenues for harmful malware.
- 9. Anything related to cybersecurity, hacking, antivirus and the like are common user-bait.** Scammers are especially skilled at scaring users in a bid to make them click on anti-malware links that are themselves malware. (Hint: Look closely, usually there are misspelled words, bad grammar, garish graphics or a plethora of exclamation marks — those are telltale signs of a hoax.)
- 10. Windows 10 and browser updates.** Many practice applications require specific (and sometimes non-standard) browser versions, and there's been a lot of chatter around the new Edge browser. Scammers know this and hope you will think some quirkiness might be related to a browser issue rather than malware.

**11. Emails from human resources or building management saying "someone" has tested positive for COVID-19.** A scam message might say that HIPAA privacy rules prevent them from identifying the individual, and ask you to fill out a form detailing your recent movements. Buried in that form is a place for you to include your personal info to be harvested. (Note: The bigger/more top-down the organization is, the easier it is to pull this off.)

**12. Snail mail.** Digital threats not scary enough? There are others that can arrive in your physical mailbox. For example, there have been recent snail-mail scams involving a postcard from a fake HIPAA officer, directing users to a fake web link.<sup>5</sup>

**See something, say something.** Many symptoms that might denote malware, such as slowness, programs freezing, applications behaving strangely, etc., are symptoms of literally dozens of "normal" issues. However, it's better to be safe than sorry — contact your IT help/support line if you detect any unusual activity. At a minimum, it may help them troubleshoot other IT issues.

**Disconnect if you suspect an attack.** Ransomware is designed to replicate itself across the network and corrupt all your data. During an attack, it's important to limit the spread of the attack. If you suspect your computer might be infected, do not click on more links or open more windows or apps. Just power it down and contact your IT help/support line.

End users who embrace these principles will help their organization and technology teams minimize cyber threats in the "new normal" work environment.

### Key steps

These three keys will help minimize damage and speed recovery when\* your practice is attacked:

1. Find and stop the exploits as soon as possible.
2. Shut down/disconnect suspected systems immediately to limit access to files and systems.
3. Restore your systems from offline backups that are completely isolated from your production systems.

\* Most security experts agree cyberattacks have become a matter of "when," not "if." It is no longer feasible to prevent them; you need to take steps to mitigate their impact.

### Notes:

1. PhishMe. Enterprise Phishing Susceptibility Report. 2016. Available from: [bit.ly/3gDZUJO](https://bit.ly/3gDZUJO).
2. Chmura C, Jackson J. "Feds Work to Snag Fake COVID-19 Test Kits, Bogus Virus Products." NBC Bay Area. April 30, 2020. Available from: [bit.ly/3ayesJl](https://bit.ly/3ayesJl).
3. Department of Justice. "Combatting Price Gouging & Hoarding." Available from: [bit.ly/3aF1g5B](https://bit.ly/3aF1g5B).
4. FTC. "FTC Coronavirus Warning Letters to Companies." Available from: [bit.ly/2Yy8gfL](https://bit.ly/2Yy8gfL).
5. Dyrda L. "HIPAA-compliance postcards a scam, Office for Civil Rights warns." Becker's Health IT. Aug. 11, 2020. Available from: [bit.ly/3hEkqLP](https://bit.ly/3hEkqLP).



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# CMGMA Professional Development

We are excited to launch our CMGMA Internship Program! Interested in learning more? Check out our webinar from CMGMA Professional Development Chair Dea Robinson and several Colorado University department heads regarding how to get started with hosting an intern:

[CMGMA Internship Webinar](#)

[Handouts](#)



**Dea Robinson, PhD, FACMPE, CPC**

For more information, contact Dea at [dearobinson80@gmail.com](mailto:dearobinson80@gmail.com)

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# 5 tips to embrace change and prepare your practice for 2021

By Lisa A. Eramo

Albert Einstein once said, “*The measure of intelligence is the ability to change.*” COVID-19 has definitely taught practice managers this lesson, and in some cases, the hard way. Practices that didn’t immediately alter the way in which they conducted business continue to feel the negative effects of the pandemic. Likewise, the old ‘pre-COVID’ ways of managing staff just aren’t as effective or even as relevant. More specifically, COVID-19 has forced managers to embrace new and adaptable management techniques while keeping an open mind. It has also forced managers to let go of long-standing processes and beliefs. In this new reality, there’s no place for the mantra, ‘This is how we’ve always done it, so this is how we will always do it.’

Following are five focus areas practice managers should put on their radar in 2021 and beyond:

## Staff burnout

Burnout has always been a concern for HCPs. However, during COVID-19, that concern has increased exponentially as staff take on additional responsibilities such as answering higher call volumes, managing PPE stock, sanitizing exam rooms, learning new technologies—all while likely understaffed. Managers must be mindful of burnout (rather than ignore it) and address the problem proactively. For example, encourage staff to maintain a work-life balance and take breaks. Provide a flexible work schedule, when possible. Look into employer-provided mental health benefits if the practice doesn’t already offer them. Also, try to anticipate and prepare for future staffing needs so current staff doesn’t become overwhelmed. For example, can managers overseeing multiple locations centralize certain functions?

## Updated office policies

Many practice policies must be updated in light of COVID-19 to reflect social distancing guidelines and work-from-home arrangements. For example, does the practice have a formal telecommuting policy in place? What about a policy that requires staff who come onsite to self-certify that they had had no signs of a fever, cough, or trouble breathing within the past 24 hours nor have they had close contact with an individual diagnosed with COVID-19? Or a policy for life science representatives and others who would normally come onsite? Don’t forget about policies to address cleaning your practice, hand washing, and the use of PPE. Practice managers must take the time to ensure these policies are up-to-date and distribute them to all staff. Policies must also be uniform and consistent across multiple locations. No practice should be allowed to ‘go rogue’ with its policies and procedures. Ensure executive buy-in for any new and revised policies.

## Practice efficiency

Today’s practice managers must be able to do ‘more with less’—that is, maintain productivity with the same—or even fewer—staff. As such, practice managers are examining processes top-down to identify opportunities to improve efficiency by automating manual processes. For example, a simple dashboard can monitor key performance indicators such as no-shows, unpaid balances, and patient wait times. This will increase transparency and allow practices to steps to improve efficiency. Other potential areas for automation include posting and reconciliation processes to improve revenue cycle efficiency or incorporating patient self-service options, such as online bill pay, self-check-in, and online scheduling. Some practices have even incorporated Lean and Six Sigma to optimize clinic workflows.

Automating tasks will give staff time and mental energy back in their day, helping address the problem of staff burnout. To learn more about improving efficiency, check out these book recommendations.



## Teamwork and communication

During COVID-19 and beyond, staff members must have a united front to get the job done and feel supported along the way. Practice managers can take the lead and foster teamwork and communication. Listen to concerns and solicit feedback and ideas from staff. If some of your staff are still working remotely, consider virtual happy hours, recipe shares, or other teambuilding activities. Additionally, continue to support staff education by attending virtual conferences and sharing key takeaways as a team.

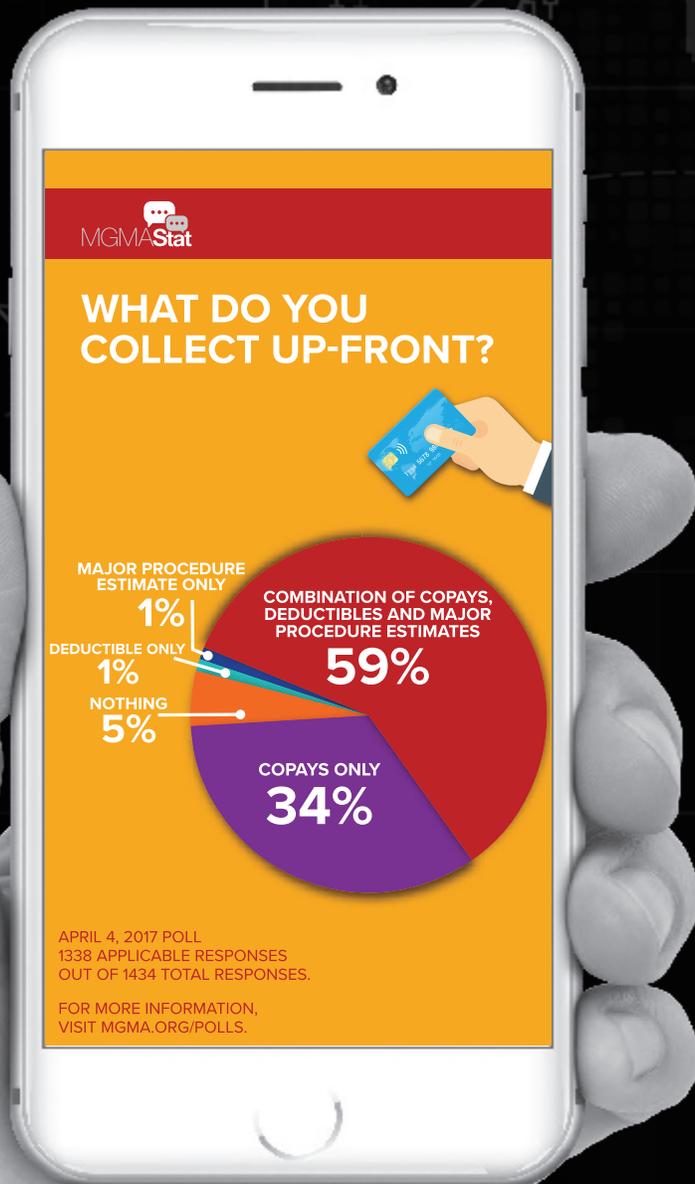
## Staff safety

Focus on developing strong supply chain management, including stockpiling emergency supplies and networking with other practices on potential supply-sharing arrangements. Create a plan for how much PPE is needed for a 6-month stretch, and be sure to be stocked. For managers overseeing clinics in multiple locations, does it make sense to create a respiratory clinic or dedicated COVID-19 location to mitigate risk and prepare for a potential second wave of cases?

As managers think ahead to 2021, those who embrace change will be most successful. Managing staff during COVID-19 requires a new mindset with flexibility at the core. It’s about being prepared but also being able to pivot as staff members’ needs evolve. Managers who invest in employees’ well-being, safety, and efficiency will be able to retain staff during this particularly challenging time.

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