



1st Quarter 2021
Issue 16-057



Colorado Connection

The Official Newsletter of Colorado MGMA

Upcoming Events



Protecting Your Practice from the Cyber Threat

March 9
11am

SPEAKER: Blake Schwank



June 23

Payer Day

Cielos at Castle Pines
Castle Rock



CMGMA Fall Conference

September 23-24

DoubleTree, Denver Tech Center

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www.cmgma.com



From the President

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

As we welcome the new year with hope and optimism, professional associations including CMGMA are revving back up after a hiatus filled with uncertainty. Last month CMGMA board members attended the MGMA State Leaders Conference 2021. Board members from across the country gathered virtually to share ideas of how best to serve our members during today's challenges. I am proud to report Colorado continues to be recognized as a prominent state chapter.

Looking back at 2020, CMGMA had to constantly pivot and adapt to ever-changing conditions—just as we did in our businesses and lives. I want to especially thank Kristina Romero, executive director, for her exceptional efforts and steadfast guidance. Our monthly virtual education events delivered spot-on topics designed to help practices carry on; and more than 750 people attended THRIVE2020, the distance conference hosted by Colorado and several other MGMA state chapters. Last year we began to offer MGMA/CMGMA dual membership to encourage people to join both state and national organizations at a reduced price. We kicked off the professional development program and served as preceptor sites for healthcare administration interns. All while monitoring and evaluating when to commit to conference venues and safely resume in-person meetings. I am proud to report CMGMA remains financially sound and programmatically strong.

The new year offers us opportunity to build on our pre-pandemic strategy, which includes growing membership 12.5% under the newly formed membership committee. We will collaborate with medical societies and independent physician associations to increase awareness of CMGMA to bring valuable education and certification to independent practice leaders. We will expand our presence with hospital systems in 2021. For example, Centura, HCA, and UHealth are current CMGMA organizational members. There are others on our radar for 2021-2022. We will be visible with MGMA nationally in key roles including ACMPE certification committee chairmanship. We will continue to lead efforts to encourage state chapters across the country to support emerging professionals/internships programs like ours. Importantly, CMGMA will continue to partner with the Colorado Medical Society in government affairs and advocacy matters.

If all goes well, face-to-face events will start in June with Payer Day, followed by CMGMA Fall Conference 2021 in September. Lunch & Learns and Emerging Professionals will resume as soon as allowed without sacrificing safety. CMGMA members can expect a hybrid platform of events going forward including streaming and recordings available to be shown later.

CMGMA has long wanted to involve healthcare professionals living outside the Denver Metro area.

"I think it's okay that everything we've done hasn't been successful as long as everything we've learned makes us more successful tomorrow."
~ Dr. Halee Fischer-Wright,
MGMA president and CEO

CMGMA

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Business Technology Analyst
Nuance's DAX

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UC Health - Hilltop Family Medicine

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Chief Administrative Officer
Centeno-Schultz Clinic

Professional Development Chair
Dea Robinson, PhD, FACMPE, CPC

From the President Elect Emotional Intelligence During the COVID-19 Pandemic



Tawnya Wartell, FACMPE
Practice Administrator
Colorado Cardiovascular Surgical Associates, PC

A year into the pandemic, I find myself often thinking about the first day it came in to play in my practice. We were told there was a patient in the building that was identified as positive. I walked in that day with a plan and immediately had to take another direction and have never turned back. I am sure we all have such experiences and remember them well. We did not have time to plan, we did not have any previous experiences to reflect upon, and we could not look for an article on the MGMA website to help us. But we had to react, and most importantly manage. I had staff and physicians looking at me for direction. And how I reacted was very much based on my emotional intelligence.

Quoting Bill Benjamin's Insight article from March 3, 2019, emotional intelligence "is an individual's reaction to a situation when put under pressure. It is commonly known as the "fight or flight" response." How one reacts in certain situations will directly affect the response of the people around them as well as the outcome. If a manager reacts to a situation with aggression or panic, the people they manage may feel that things are out of control or not have confidence that the situation will work itself out. If the reaction is of calm and action, employees will be able to continue performing leaning on their manager to get them through.

Another important part of emotional intelligence is self-awareness. A great leader will be able to reflect on how they have reacted to certain situations and learn from them. This allows for growth and management beyond basic skills and education. Also being aware that individuals will have different reactions allows a good leader to respond appropriately and understand how to help based on their reactions.

As managers in the medical field, I think we can all agree that in the last year our emotional intelligence has been put to test. Our world's have dramatically changed handing us challenges our experiences and intelligence could not necessarily help with. I hope we all can have the self-awareness to know that as managers, employees, physicians, administrators, what we have accomplished to adjust to the pandemic is beyond any expectation and our emotional intelligence has benefited from it. Putting it another way, give yourself and pat on the back.

Here is to 2021!

<https://www.mgma.com/resources/human-resources/bill-benjamin-on-emotional-intelligence-in-a-medic>

From the President *Continued from page 1*

This year we are pleased to announce key leaders from Colorado Springs, Northern Colorado, and Grand Junction will be selected to serve as liaisons on the board. These individuals will be responsible for growing membership in their locales, inviting colleagues to gather and join Denver events remotely thanks to technology, eventually host CMGMA road shows, and advance awareness of ACMPE certification.

Good succession planning promotes the 'infusion of new ideas and perspectives' and has been the backbone of CMGMA's success. CMGMA will be looking for the next generation of leaders of the organization to fill expiring board terms this fall including education, events, and vendor co-chairs as well as two executive committee positions. We are seeking people passionate about our profession, and a willingness to carry the torch and work together to lead others. Watch for announcements in the upcoming months inviting you to apply, or better yet contact us today to learn more about being part of the CMGMA leadership team.

CMGMA Legislative Luncheon

Tuesday, February 16 – 12:00pm-1:00pm (MST)
FREE for CMGMA members! • \$15 non-members

[Register Today!](#)

Join us for a virtual luncheon to explore the *Legislative Response to Recovery*. Attendees will receive an e-gift card to grab lunch and tune into the meeting.

Topics to include:

- Credentialing Bill
- State Legislation
- Vaccine Rollout
- Consolidated Appropriations Act

Speakers:



Emily Bishop
Colorado Medical Society
Director, Division of
Government Affairs



Jennifer Souders, FACMPE
CMGMA Legislative Liaison



Eric Speer, MBA, FACMPE
CMGMA Legislative Liaison



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ACMPE Update



Gena Weir, FACMPE
genaweir29@gmail.com

BODY OF KNOWLEDGE

-The Body of Knowledge (BOK) has recently been updated. Check out the [Study Resources page](#) for all new 4th edition resources for purchase.

EXAMS

- The ACMPE Board Certification examinations now reflect the new BOK framework.
- Please note, exams are not offered until Monday, February 8th, and December scores will not be released until the first week of February.
- As a reminder, Live Online-Proctored (LOP) exams have been extended until April 1st.

CERTIFICATE PROGRAMS

NEW! Certificate Program: Financial Management Certificate, Jan 27

NEW! Certificate Program: [Revenue Cycle Management](#), Feb. 3-4

- Please visit our [ACMPE Certificates page](#) for more information

ACMPE BOARD CERTIFICATION PREPARATION COURSE

- Check out the Board Certification Preparation Course information on the MGMA website to learn more.
- Registration includes one live webinar, seven self-study session modules; and one exam that allows you to claim continuing education credit. You must attend all sessions to claim ACMPE and CEU credit.

The ACMPE Board Certification Preparation Course is designed to help healthcare professionals prepare for the ACMPE exams. This comprehensive course helps examinees identify content necessary to meet board certification standards, including financial management, regulatory compliance, organizational governance and departmental operations management and transformative healthcare delivery. To best prepare applicants for the examinations, topics are reviewed from the perspective of a variety of healthcare settings, including hospitals and ambulatory care settings.

Sessions 1 through 7 are self-study modules:

- Session 1: Overview
- Session 2: Operations Management Review
- Session 3: Financial Management Review
- Session 4: Human Resources Management Review
- Session 5: Transformative Healthcare Delivery
- Session 6: Risk and Compliance Review
- Session 7: Organizational Governance Review
- Session 8: Board Certification Preparation: Live Question-and-Answer Session

CONTINUING EDUCATION

FAQ: 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.

- As a reminder, MGMA national, state, and local LIVE [webinars](#) and [events](#) count towards the 12 MGMA LIVE required hours.
- Upcoming MGMA national LIVE events can be found by visiting the [events page](#). This includes upcoming live webinars.

Emerging Professionals: Careers in Healthcare Leadership - Outside the Hospital Walls Virtual Panel

March 16, 2021

[Register Today!](#)

Join us for a virtual panel to explore a variety of healthcare leadership careers. Leaders in various areas of the field will discuss their experiences, what has been helpful in their careers, advice for emerging professionals, and audience questions.

Agenda:

- 6:00 to 6:15pm MST: Opening Remarks
Moderator - Breanna Wong, MBA-HA
- 6:15 to 7:15pm MST: Panel Discussion
 - **Independent Practice** - Troy Stockman, MHA-L, CMPE, *Chief Operations Officer at South DenverCardiology Associates, PC*
 - **Telehealth and Virtual Care** - Carissa Gordon, JD, MHA, *Director of Product, Virtual Clinic at Level2*
 - **Start ups** - Carah Campini, MBA-HA, *Director of Operations for a Stealth Company*
 - **Hospital Fellowship to Private Practice Admin** - Toni Oni, MHA - *Director Of Operations at New York Gastroenterology Associates*
- 7:15-7:45 Q&A
- 7:45-8pm Closing remarks



Mental Health and Well-Being During COVID-19

*Carl Clark, MD,
President & Ceo, Mental Health
Center Of Denver*

Wednesday, February 10th

11:30 a.m. -1:00 p.m. MST--Mountain Standard Time

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FEBRUARY WEBINAR



New Faces Running US Healthcare in Washington: What Does that Mean for Us?

Tuesday, February 9 | 11am

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ABOUT THE WEBINAR

By the time President Biden is done, over 3,000 people in Washington DC will have been appointed to a new job based on his selection or recommendation to run the federal agencies, with over 1/3rd of them in agencies that directly affect healthcare, health insurance, or employer based coverage rules. What changes have they telegraphed are important to them, and with the current modest Congressional Majorities, what can they actually do? More importantly, what do those changes mean to us?



ABOUT OUR SPEAKER:

Michael R. Bertaut, MBA, CHC, PAHM

Michael is a Certified Health Consultant and Professional of the Academy of Healthcare Management. He has 30+ years of analytical experience in the Healthcare, Telecom, and Retail Industry Sectors.

On the ground in Washington DC when the Affordable Care Act was negotiated and intimately involved in analyzing subsequent healthcare legislation, Michael has engaged in over 1,200 public discussions on Healthcare Costs and the Impact of Reform since 2009, averaging over 120 events per year. In era of COVID-19 and emergency orders, Mike has transitioned seamlessly to webinar formats and can address groups via Webex, Teams, Skype, or Zoom as necessary.

Michael is currently employed as the Senior Healthcare Economist and Exchange Coordinator for Blue Cross and Blue Shield of Louisiana.

After registering, you will receive a confirmation email containing information about joining the webinar.

CMGMA webinars are approved for 1.0 CE credit hour of LIVE learning from MGMA state for those attending the live session.

CMGMA Webinars are approved for 1.0 CE credit hour from MGMA state for on-demand listening.

UPCOMING MARCH WEBINAR

**MGMA STATE
AFFILIATE
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WEBINAR**

PROTECTING YOUR PRACTICE FROM THE CYBER THREAT

TUESDAY, MARCH 9

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

11:00AM MT / 10:00AM PT



Blake Schwank
Chief Executive Officer
Colorado Computer Support





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Top Five Trends in Healthcare for 2021



Taylor Cowart
Senior Associate
Coker Group



Max Reibolt, CPA
President/CEO
Coker Group

A Year to Remember and Time to Look Ahead

Every time we enter a new year, the same clichés abound; however, 2021 already feels entirely different as we leave 2020 and its unprecedented consequences behind. COVID-19 changed the entire world in just a matter of weeks, completely upending the status quo and requiring organizations and people to adjust their courses and expectations or fail to thrive going forward.

Healthcare was no exception, and in fact, was one of the industries most impacted – not only from a clinical side but operationally as well. Thus, now more than ever, organizations are seeking insights into what 2021 holds. If 2020 taught us anything, we could not anticipate every forthcoming trend, but we can use the past to guide our strategies and begin preparing for the long-term impacts of 2020.

Thus, Coker has polled its consultants and clients to determine what we believe will be the top five impactful trends for 2021.

Post-COVID Transactions

Pre-COVID, healthcare transactions were at an all-time high, with consolidation prevalent in virtually all areas. When COVID hit, these transactions slowed (with almost all stalled for Q2 2020); however, these transactions picked up later in 2020, moving into 2021. As many investors saw, healthcare is critical at all times and is a “sure thing,” even in an unstable economy.

Further, many organizations were significantly financially impacted during COVID, which has required them to be more proactive in seeking a partner to stabilize them moving forward. Thus, we expect transactions to continue trending upward in the coming months – including private equity, hospital and health system acquisitions of private practices, and mergers (both horizontally and vertically).

Key Considerations for Organizations

- Affiliation and partnership strategies
- Compliance concerns and effects on transactions
- Valuation and due diligence impacts
- Analysis of go-forward stability and long-term strategic impact

Political Transition

Following COVID, the significant impact on U.S. organizations is the election of Joe Biden. At the time of writing this post, the Senate is still being decided with

the run-off in Georgia, which will significantly impact the policies implemented under President-elect Biden. Regardless, the Biden administration will make changes to healthcare, with his agenda set to expand coverage (specifically Medicare), improve price stability and transparency, and combat COVID in the immediate term.

The new administration will likely revisit the Affordable Care Act (Obamacare) as well, but again, this will be highly dependent on the outcomes of the Senate race.

Key Considerations for Organizations

- The economic impact of Biden administration initiatives
- Transactional considerations and compliance updates
- Payer contracting initiatives
- Long-term strategic planning based on policy changes

Value-Based Arrangements

Value-based care has had bipartisan support and will continue to remain in focus with the Biden administration in coming years (again, likely regardless of the Senate outcome). Thus, organizations expect to see an expansion of value-based arrangements and value-based reimbursement (“VBR”) with both government and private payers.

Further, as organizations continue to cut costs and restore financial viability, a focus on value will be critical. Finally, COVID served as an alarming example of the necessity of population health and community management; thus, focus on these measures will remain.

Key Considerations for Organizations

- Evaluation of current strategies and internal infrastructure to support value-based care
- Data analysis highlighting outcomes and process improvement
- Development of clinically integrated activities and entities
- Transactional assignments driven by VBR

Operations and Efficiencies

As we have discussed, COVID impacted healthcare organizations acutely, with most taking massive financial hits – particularly in the months requiring a delay of “elective” procedures. While some organizations found a way to capitalize on the increase in testing, treatment, and procedures related to COVID to result in a relatively

successful year, many are still struggling to recoup these losses.

One of the groups hit hardest was smaller, independent, and rural hospitals. Unlike large, more urban institutions, these organizations did not have the influx of patients and critical care services to replace that lost revenue in the early months. Additionally, we expect to see some physician and executive compensation changes due to increased pressure to control costs. Thus, as organizations consider their plans for the next year, much will be focused on improving performance and operations and streamlining areas for improvement.

Key Considerations for Organizations

- Review of revenue cycle management activities
- Analysis of current expense structure and areas for improvement
- Staffing review and compensation considerations
- Contracting reviews and negotiations
- Optimization of leadership and administrative costs
- Utilizing data to highlight areas of opportunity
- Service line analyses

Telehealth

Many experts have stated that COVID increased the timeline of telehealth adoption by decades, forcing providers and patients to begin heavily utilizing these technologies overnight. While we will see a return to in-office visits in the immediate aftermath of COVID, virtually all organizations agree that telehealth will be essential to delivering healthcare moving forward and will be a crucial component of their ambulatory care strategy. With that said, the rush to implement these technologies will require organizations to take a step back and ensure they are correctly in place for the future.

Thus, we expect to see more integration into current technologies, returning focus on compliance and HIPAA requirements, expanding payer acceptance, and increasing vendor options in 2021 and beyond.

Key Considerations for Organizations

- Analysis of provider base and telehealth utilization
- Consideration of strategic ambulatory strategic and impact of telehealth
- Telehealth business unit start-ups
- Selection of vendor and integration with current technologies
- Analysis of current utilization and identification of process improvements
- Review of processes and compliance assessment

Summary

We believe these will be the top five trends in 2021 for healthcare; however, we emphasize that many uncertainties remain and will continue to shape our future expectations. Regardless, there will continue to be a significant change in the industry in the next year as we continue to adapt to COVID and get back to a “new normal.” There are countless considerations for organizations in facing these challenges, and leadership should consider their response to each of these as part of their annual strategic planning.

We are always excited and proud to be a small part of the healthcare industry, and now more than ever, we look forward to the opportunities this new year holds for our clients.



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Interested in getting more involved with CMGMA? We are always looking for an extra hand to help make this association thrive. Please contact Kristina at kristina@m3solutionsllc.com to see how you can help!



CMGMA Legislative Update

By Jennifer Souders, FACMPE
and Eric Speer, FACMPE

Colorado Representatives and Senators reported to work on January 8th with the first day of the General Assembly on January 13th. While we are early in the session, CMGMA and The Colorado Medical Society have been working diligently on our credentialing bill. We are happy to inform you that after 18 months of negotiation, we have reached agreement with the Colorado Association of Health Plans (CAHP) on wording of The Timely Health Care Professional Credentialing Act. The Act, should it become law, will require health insurers to abide by time frames for:

- providing written acknowledgement of receipt of a credentialing application
- providing a detailed list of any missing items to complete the application
- concluded the process of credentialing
- providing written approval or denial of credentialing
- updating network plan directories
- reimbursing claims for medically necessary covered services

Many thanks to our friends at CMS for leading the charge on this legislation!

Of National note:

- On 12/27 Congress passed the Consolidated Appropriations Act, a \$900 billion COVID-19 stimulus package that includes expansion of Provider Relief Funds, a second draw on the Paycheck Protection Program, and employee retention credits to provide financial relief to medical group practices.
- The 2021 Conversion factor will be \$34.8931 (instead of \$32.4085)
- The 2% Medicare sequester has been suspended from Jan 1-March 31
- The 2021 RVU file has been updated and can be found [here](#).

The Paycheck Protection Program (PPP) has been extended and

modified:

- o The loans are forgivable grants that are tax deductible!
- o Practices can receive second draw if their revenue was reduced by 25% in one quarter in 2020 when compared to 2019
- o New practices to the PPP can also take their first draw
- o a simplified loan forgiveness application process for loans under \$150,000
- o clarification that loan recipients may deduct forgiven PPPP loans
- o the creation of a “PPP second draw” loan for businesses that meet certain criteria
- o the allowance of additional eligible and forgivable covered expenses
- o the ability for certain 501 (c)(6) organizations to qualify for a PPP loan
- o the ability to elect a covered period ending between 8 and 24 weeks after loan origination

Provider Relief Fund (PRF)

- o New law allows providers to calculate lost revenues using a budgeted-to-actual revenue comparison, rather than actual year-over-year comparisons
- o Be sure to monitor the PRF [website](#) for updates.

Employee Retention Credits

- o If you were shut down due to the governor’s order in April, you could receive \$5,000 per employee in payroll tax credits.
- o In 2021, you can receive \$14,000 per employee in tax credits for the first two quarters.
- o \$19,000 in employee retention credits are available for eligible practices.

Want to Know if Your Employees Received the COVID-19 Vaccine? Some Best Practices to Consider

By [Joseph J. Lazzarotti](#) on January 17, 2021

While its rollout has been slow, the vaccine is being administered across the U.S. and in other countries. As of [January 15, 2021](#), nearly 36 million doses of a COVID-19 vaccine have been administered, just over 11 million in the U.S. For a variety of reasons, organizations want to know whether their workforce members (employees, contractors, etc.) have been vaccinated. Some are trying to assess prospects for return to work, while others want to provide incentives to get the vaccine, and still others are managing customer demands to know if their vendor's workforce has been vaccinated.

The EEOC has provided some [guidance](#) on the issue:

K.3. Is asking or requiring an employee to show proof of receipt of a COVID-19 vaccination a disability-related inquiry? (12/16/20)

No. There are many reasons that may explain why an employee has not been vaccinated, which may or may not be disability-related. Simply requesting proof of receipt of a COVID-19 vaccination is not likely to elicit information about a disability and, therefore, is not a disability-related inquiry. However, subsequent employer questions, such as asking why an individual did not receive a vaccination, may elicit information about a disability and would be subject to the pertinent ADA standard that they be "job-related and consistent with business necessity." If an employer requires employees to provide proof that they have received a COVID-19 vaccination from a pharmacy or their own health care provider, the employer may want to warn the employee not to provide any medical information as part of the proof in order to avoid implicating the ADA.

So, based on the answer to the question posed above, we know the EEOC's position is that asking or requiring employees to provide information on whether or not an employee was vaccinated is not a disability-related inquiry under the Americans with Disabilities Act (ADA). But that may not be the end of the inquiry. These are several considerations and best practices that organizations might consider before putting such requests to their workforce members.

- **Who wants the information, and why?** As noted above, there could be several reasons for wanting to ask employees about their vaccination status. Those reasons can affect compliance and best practice considerations. For example, if an organization is working to accommodate customer demands for vaccination status of the organization's employees who are performing services at the customers' facilities, the organization might want to consider, among other things:
 - Does it need to provide the information to the customer?
 - Is consent/authorization necessary?
 - How should the information be transmitted?
 - Who at the customer would have access to that information?
 - Will the customer safeguard it?
- **What steps can be taken to limit compliance risk?** If an organization decides to ask workforce members about their vaccination status, there are steps it can take to minimize compliance risk. For instance, an organization can minimize the chance of an ADA violation by (i) designing the request so it is not likely to elicit information about a disability, (ii) not asking why an individual did not receive a vaccination, and (iii) warning the employee not to provide any medical information



as part of the requested proof of receipt of a COVID-19 vaccination. Similarly, employers that are subject to the California Consumer Privacy Act (CCPA) and wondering whether their notice at collection to California employees needs to cover vaccination information may decide to provide notice in the abundance of caution.

- **Is it necessary to even ask employees directly...couldn't the organization look at its health plan's claims information for vaccine-related administration charges?** Aside from being arguably more administratively difficult, this method likely would be considered a violation of the HIPAA privacy rule. Plan sponsors may not use protected health information under HIPAA for an employment purpose without the employee's authorization.
- **Does the collection and processing of vaccination information raise data privacy and security risks?** Even if making the request is not a disability-related inquiry, it may be considered a medical inquiry, and the employee's response, confidential medical information. While not subject to HIPAA in the employer-employee context, this information still may have protections under state statutory and common law. Consider, for example, that several states, such as California and Florida, include "medical information" as part of the definition of "personal information" under their breach notification laws. Accordingly, if that information is breached, which could include access to the information by an unauthorized party, notification may be required.

Additionally, statutory and common law obligations exist to require employers to safeguard employee personal information, which may include information about their physical health, such as vaccination status. Thus, maintaining reasonable safeguards to protect such information is prudent. This might include access management measures and record retention and destruction policies. It also may include having clear guidelines for making disclosures of this information and determining whether an authorization is needed before such information may be disclosed or accessed by a third party.

These are just some of the issues organizations may find themselves grappling with as COVID-19 vaccinations become more available. Thinking them through carefully should help organization minimize their compliance and legal risks as they continue to manage their businesses through this pandemic.

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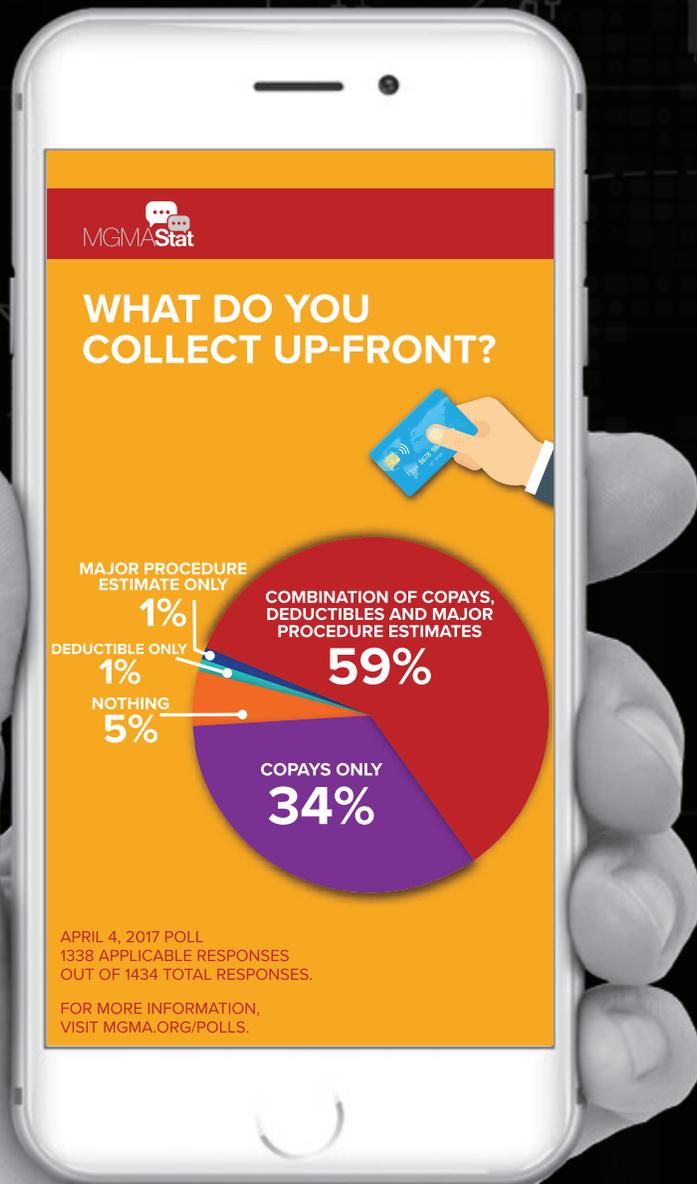
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