

September 2026

Serious illness conversations

On-demand learning available; improve your approach to palliative care

The on-demand recording of Serious Illness Conversations - Tools, Frameworks and Case Studies is now available. Led by hospice and palliative medicine specialist Kristin Keefe, MD, this practical session explores the differences between palliative care and hospice, when to consider a palliative care referral, and effective frameworks for navigating serious illness conversations. Designed for physicians and the entire health care team, the webinar offers actionable communication tools to help support compassionate, patient-centered care in any practice setting.

- Physicians: [Log in to the members-only CMS enduring materials library](#) to complete this CME activity and earn credit
- Practice staff: [View the webinar here](#), no login required

Accreditation Statement:The Colorado Medical Society is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

Credit Designation: The Colorado Medical Society designates this enduring material for a maximum of 1 AMA PRA Category 1 Credit™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

The Colorado Medical Society designates this enduring material for a maximum of 1 Hour(s) Attendance w/ No Credit. Participants should claim only the credit commensurate with the extent of their participation in the activity.

What are your pain points?

CMS seeks practice feedback on unfair health plan practices

The Colorado Medical Society wants to hear directly from practices about unfair health plan practices affecting day-to-day operations, including downcoding, claims that are pended or never clearly resolved, inappropriate recoupments or offsets, unclear remittance explanations, and burdensome appeal processes. Consider specific examples you are comfortable sharing, including the health plan involved, the type of claim action, the operational impact, and whether the issue was resolved.

Please reply to this email or reach out to membership@cms.org to schedule a listening session with CMS leadership so we can better understand what you are experiencing in real time and identify where additional advocacy, resources, or regulatory attention may be needed.

MultiPlan litigation update

The Colorado Medical Society is a plaintiff in *In re MultiPlan Health Insurance Provider Litigation*, a federal antitrust case alleging that MultiPlan and major health insurers colluded to suppress out-of-network reimbursement rates paid to physicians and other providers.

We have provided continual updates on this case since last year. The latest developments came after the Aug. 14 case management conference. The court addressed several developments in the ongoing litigation, including updates related to the DOJ's civil investigative demand seeking discovery produced in the litigation, as well as case filings, and other court materials. The court also addressed pending motions to amend or correct defendants' answers, directing those defendants to file amended answers as separate docket entries.

[Read more](#)

Medicaid medical frailty exemptions

Federal CMS issues new guidance; work requirements in effect Jan. 1

The Centers for Medicare and Medicaid Services (federal CMS) has released new guidance allowing states to use diagnosis codes and an optional three-tier framework to determine who qualifies for the medical frailty exemption from new Medicaid work requirements.

For Colorado physicians, the impact depends on how the state implements these rules. Colorado has already identified several categories of individuals who may be exempt, including patients with serious health conditions, disabling mental health disorders, substance use disorders, developmental disabilities, and blindness when those conditions prevent them from meeting the 80-hour monthly work, school, or volunteer requirement. If Colorado makes broad use of diagnosis codes and existing claims data, fewer patients may need physician certifications or additional medical documentation. However, patients who are not automatically identified as medically frail could require provider records, certifications, or other clinical documentation to maintain coverage.

The Colorado Medical Society will monitor state-specific guidance as implementation details are finalized to help minimize administrative burden on practices while ensuring eligible patients do not lose coverage due to administrative barriers.

[Read more from Health First Colorado](#)

Take the WEDI survey

Is your practice ready for the federal CMS prior authorization rule?

With the Jan. 1 compliance deadline approaching for the federal CMS Interoperability and Prior Authorization Final Rule (CMS-0057-F), the Workgroup for Electronic Data Interchange (WEDI) is seeking feedback through its fourth industry readiness survey. Practice managers are encouraged to participate and share insights on their organization's preparedness. Responses are anonymous, reported only in aggregate, and will help inform recommendations to federal CMS, guide industry stakeholders, and shape future educational resources. The survey closes Oct. 9, and results from previous readiness surveys are also available through WEDI. For questions, contact Ariana Poole at apoole@wedi.org.

[Take the survey](#)

Dues renewal season is now

Thank you in advance for your practice's continued membership!

Dues invoices for Colorado Medical Society members for practices that have opted into group billing have been sent. All invoices are due Dec. 31, 2026 for the membership period ending Dec. 31, 2027. Pay early to ensure your physicians have no disruption in benefits through the end of 2026 -- especially if you are Copic insured and benefit from the significant discount in medical liability insurance!

If you have updates to your contact information or billing contact, please contact our membership department at 720-859-1001 or membership@cms.org. It is strict CMS policy that your practice or physicians' contact information is never sold or shared.

Benefits for CMS-member practices




COLORADO

MEDICAL SOCIETY

FOR CMS MEMBERS

The disability insurance doctors expect.

Access to the leading income protection program for doctor groups – at discounted prices.

Explore Coverage →

John Kaufman, Copic Financial · 720.858.6287



CMS member exclusive group long-term disability insurance

[Learn more](#)



Buddylns

Exclusive benefit for CMS members, spouses, and groups of practice staff: Simplified issue long-term care benefit with life insurance

[Learn more](#)



Form a group within your practice staff, offering great dental benefits and improving employee retention

[Learn more](#)



CMS members and their practice staff receive 10 percent savings on child care for children 6 weeks to 12 years old at centers around the state

[Learn more](#)

Our featured Partners in Medicine for this issue

[View all Partners here](#)



Medicare

Should fit Your Life

Get up-to-date, objective advice so you have the Medicare plan that best matches your health, lifestyle and finances.

Up-to-date Medicare guidance

Objective, Unbiased, Local.

Plans that fit your health, lifestyle and budget

Mary Jo Heins & Nina Besant | Medicare Insurance Help Team

720.484.6946

mjheins@medicareinsurancehelp.com







Welter Healthcare Partners is the leading provider of integrated healthcare business solutions.

Welter can help you streamline the business side of healthcare with expert support in **Provider Enrollment, Coding Compliance, and Contracting.** We specialize in ensuring providers are enrolled accurately and on time, to protecting revenue through compliant coding and documentation, and strengthening payer contracts for better reimbursement. **Welter delivers the expertise you need to stay efficient, compliant, and profitable.**

Contact us today to get started!

welterhp.com

877-825-8272

info@welterhp.com





Colorado Medical Society, 7351 E Lowry Blvd, Ste 110, Denver, CO 80230, USA, 720-859-1001

[Unsubscribe](#) [Manage preferences](#)