VITALS

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Message from the Chief

All in a day's work… it doesn't have to be so difficult or time consuming.

Ron Flormann
CCO, Glenwood Systems LLC

Too little time in the day, too much administrative paperwork, the schedule is full so we can't see you until…, my costs are going up, my reimbursement is declining, I've got too much money outstanding, EMR is too expensive and just another burden on my practice, I'm working six days a week and making less, I can't possibly see additional / new patients, why can't I just practice medicine?

Does any of this sound familiar? I hear these and similar comments every day. It amazes me that Physicians and Practice Managers aren't doing more to make practice management changes to improve the quality of their lives, improve practice revenue generation and make business life a little less hectic.

Continuous Improvement is the foundation of medicine, so why isn't Continuous Improvement applied more to the business aspects of the medical practice? During the past 25 years, the administrative burdens (HIPAA, Red

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The Biller's Tips

Be Organized and Remember - If You Don't Ask, You Don't Get

Nat Loganathan
Founder, Glenwood Systems LLC

If your practice is like the majority of medical practices in the United States, you accept third party insurance, and the provider contract rates are the single largest factor affecting your total practice revenue.

Smaller practices often regard payer rate and contract adjustments as factors beyond their control because of a perceived lack of market power. The insurance payers recognize and exploit this attitude; they may not update reimbursement rates and may attempt to keep reimbursement artificially low. Glenwood has seen examples of payers maintaining rates at the same level for ten years. During this same period, insurance premiums have increased along with the costs to run the medical practice.

To avoid losing money, the following best practices should be initiated and followed-up annually:

- Organize and compare each contract.
- Update the participation status.
- Review each contract for reimbursement rates, patient census and hassle factor (Glenwood monthly reports provide all the information you require to review rates & census). You may find that poor payers or those with undue administrative burdens drive up your cost per patient and may prevent you from capturing encounters with better payer coverage.
- Review the grid of payment for top CPT codes by the major payers.

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Flag, etc) have increased as has Payer pressure and reimbursement compression. Yet so many Physicians and Practice Managers try to use their same age-old processes (people and paper) to manage the changes in healthcare. The result is more time and money being spent on the administrative portion of a patient visit which limits the number of patients seen per day. This affects bottom line revenue, patient and staff satisfaction and limits the opportunity to expand the practice without expanding physical resources.

International Business has known for years that the well-organized use of software, process and service yield improved results by maximizing workflow efficiency and existing physical resources. Successful businesses view their entire company as a single enterprise. Individual department workflow is integrated to support the goals of the business vs. individual departments, eliminating choppy workflow patterns. The same is available for the modern medical practice and the cost is actually outweighed by the practice profit improvements.

There are few expert companies; Glenwood is one, which approaches medical practice management in a holistic manner. This process focuses on the medical practice as a whole and the interdependence of its parts. Each step in the patient encounter, pre-visit to fee collection, is integrated into a seamless workflow pattern. Throughout the process are practice checkpoints and each step / task is assigned to the appropriate lowest cost resource using software and people; process is introduced to provide consistent outcomes and reduce cost.

The results are superior clinical documentation, fewer claim rejections, better coding, and significant increases in claim collection, reduced overhead costs, and improved end of the day practice revenue. Additionally, better patient and staff satisfaction and the ability to increase the number of weekly patient encounters without expanding hours of operations or adding personnel becomes a reality.

Physician Enterprise Continuous Improvement is achievable with a commitment from the Physician and the Practice Manager, and the financial results are significantly higher than the cost of implementation.

The business end of practice management is evolving quickly; the successful Physician and Practice Manager must embrace Continuous Improvement or risk being left behind.

Glenwood Systems is here to help you if you want to make your practice more profitable, smoother and satisfying for your patients and staff.

Meaningful Use and Set Standards for EHR Incentive Program

The final Centers for Medicare and Medicaid Services (CMS) rule:

- Specifies initial criteria that eligible professionals (EPs), eligible hospitals, and critical access hospitals (CAHs) must meet to demonstrate meaningful use and qualify for incentive payments.
- Includes both "core" criteria that all providers must meet to qualify for payments, while also allowing provider choice among a "menu set" of additional criteria.
- Outlines a phased approach to implement the requirements for demonstrating meaningful use. This approach initially establishes criteria for meaningful use based on currently available technological capabilities and providers' practice experience. CMS will establish graduated criteria for demonstrating meaningful use through future rulemaking, consistent with anticipated developments in technology and providers' capabilities.

The final Office of the National Coordinator for Health Information Technology (ONC) rule:

- Sets initial standards, implementation specifications, and certification criteria for EHR technology under the incentive program.
- Coordinates the standards required of EHR systems with the meaningful use requirements for eligible professionals and hospitals.
- With these standards in place, providers can be assured that the certified EHR technology they adopt is capable of performing the required functions to comply with CMS' meaningful use requirements and other administrative requirements of the Medicare and Medicaid EHR incentive programs.

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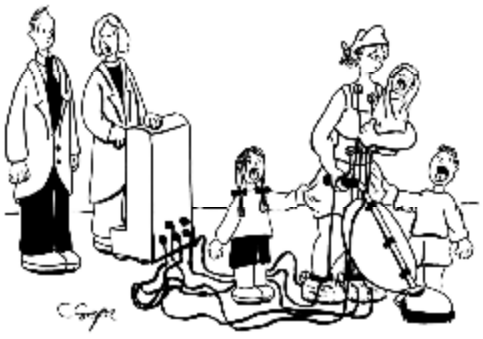
- Schedule a meeting with your lower paying commercial payers' provider relations representative and negotiate rates and updates. If you don't ask, there is rarely a chance of an increase.
- Drop payers whose patient census has no impact on your practice and whose payments are lower. Pay special attention to TPA provider networks who just act as repricing agents.
- To review IPA and capitation contracts, calculate per visit payment by using number of visits, copay collected, and PMPM (per member per month) payment data.
- Finally, be prepared to go out-of-network for payers whose payments cannot be increased to an acceptable level. Many times, you may end up collecting more if you go to an out-of-network status.

Review contracts for:

- Any unreasonable clauses regarding appeal process and refund process.
- Timely-filing limits.

Beware of payers who accept claims only by paper and have a short timely-filing limit.

In summary, ensure that all your insurance contracts are organized, and that you review insurance contracts at least once a year to avoid unknown lost revenue.



"We wanted to make the stress test as realistic as possible."

What's New at Glenwood

We're growing and thrilled about it, especially in this economy!!

Partnering with Physicians and Practice Managers, to improve the clinical documentation and revenue results in the practice, is growing at a healthy rate. Our process of continuous improvement and practice management evolution has demonstrated to be as effective in a distressed practice wrought with billing and collection issues as in a healthy practice seeking to modernize and adjust to the changing healthcare landscape requirements. Utilizing software, implementing process, and applying service where needed is having an impact that is producing positive revenue results. Our clients enjoy the fact that we apply the lowest cost channel to achieve the maximum results.

Glenwood is demonstrating to our clients that there is opportunity in the majority of practices to reduce costs, improve collections, ease the workflow, improve practice profitability and improve the satisfaction of the staff and patients. Our clients are growing their practices.

We also recognize that not all practices are ready for this advanced concept. Many physicians and practice managers believe that everything is fine, adding credence to the adage "You don't know what you don't know until you learn something new".

The Glenwood process requires that our client partners approach the practice management from a holistic perspective. Each component or department in the practice must be integrated on an enterprise level to maximize workflow and to contribute to the greater good of the practice. Interestingly enough, this concept and process is equally effective in a solo practice or a 20 physician practice on a proportional basis.

Our successful relationships are a partnership with the medical practice leaders and staff working hand-in-hand with the Glenwood staff.

We're growing, we're happy and so are our clients!

Want more information?
Call Us
888-452-8363 (GlaceMD)

A doctor and a lawyer were talking at a party. Their conversation was constantly interrupted by people describing their ailments and asking the doctor for free medical advice. After an hour of this, the exasperated doctor asked the lawyer, "What do you do to stop people from asking you for legal advice when you're out of the office?" "I give it to them," replied the lawyer, "and then I send them a bill." The doctor was shocked, but agreed to give it a try. The next day, still feeling slightly guilty, the doctor prepared the bills. When he went to place them in his mailbox, he found a bill from the lawyer.

Electronic Health Records at a Glance

"Our recovery plan will invest in electronic health records and new technology that will reduce errors, bring down costs, ensure privacy and save lives."
- President Obama, Address to Joint Session of Congress, February 2009

As promised by the President, the American Recovery and Reinvestment Act of 2009 included under which, according to current estimates, as much as $27 billion over ten years will be expended to support adoption of electronic health records (EHRs). This is the first substantial commitment of federal resources to support adoption and help providers identify the key functions that will support improved care delivery.

Under the Health Information Technology for Economic and Clinical Health Act (HITECH), federal incentive payments will be available to doctors and hospitals when they adopt EHRs and demonstrate use in ways that can improve quality, safety and effectiveness of care. Eligible professionals can receive as much as $44,000 over a five-year period through Medicare. For Medicaid, eligible professionals can receive as much as $63,750 over six years. Medicaid providers can receive their first year's incentive payment for adopting, implementing and upgrading certified EHR technology but must demonstrate meaningful use in subsequent years in order to qualify for additional payments.

For additional information: www.cms.gov/apps/media

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Why "Meaningful Use" Requirements?

EHRs do not achieve these benefits merely by transferring information from paper form into digital form. EHRs can only deliver their benefits when the information and the EHR are standardized and "structured" in uniform ways, just as ATMs depend on uniformly structured data. Therefore, the "meaningful use" approach requires identification of standards for EHR systems.

Similarly, EHRs cannot achieve their full potential if providers don't use the functions that deliver the most benefit – for example, exchanging information, and entering orders through the computer so that the "decision support" functions and other automated processes are activated. Therefore, the "meaningful use" approach requires that providers meet specified objectives in the use of EHRs, in order to qualify for the incentive payments. These requirements begin at levels in the first stage of meaningful use, and are expected to be phased in over five years. Some requirements are "core" needs, but providers are also given some choice in meeting additional criteria from a "menu set."

A pipe burst in a Doctor's house. He called a plumber. The plumber arrived, unpacked his tools, did some mysterious plumber type things for a while, and handed the Doctor a bill for $600. The Doctor exclaimed "This is ridiculous, I don't even make this much money!" The plumber replied, "Neither did I when I was a Doctor."