VITALS

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Message from the Chief

Ron Flormann
CCO, Glenwood Systems LLC

Efficiency Increases Revenue Receipts – You owe it to yourself to collect what you've earned!

We've covered many topics in this column during the past several years, each one following a common thread of medical practice efficiency and bottom line revenue enhancement. Still, I am SHOCKED by the number of medical practices that treat revenue management today like their predecessors did twenty years ago.

Ask most Physicians or Billers about their collection performance and most will tell you it's "Good." Ask how this is measured and few have the statistics handy to support the claim. Historically, success has been 1) steady patient count, 2) steady revenue stream, 3) enough revenue to cover medical practice expenses and 4) enough to provide the Physician the living he or she expects. Ask the Physician or Biller in the office what keeps you up at night and most answer – nothing, our revenue stream and patient count are solid!

Let me tell you what should be keeping you up at night – LOST REVENUE.

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INSIDE THIS ISSUE

You can't manage what you don't measure!

Glenwood Billing Services provide full Practice Performance Revenue Reports.

Biller's Tips

Nat Loganathan
Founder, Glenwood Systems LLC

Best Practice - What About the Secondary Balance?

One of the most challenging billing tasks is secondary payors. Traditional Medicare patients often purchase supplementary plans to cover their hospital co-insurances, office deductibles and co-insurances. For some Medicare patients, Medicaid becomes the secondary payor. Many of these patients do not understand their payment responsibility portions not covered by the payors.

Since Providers typically do not have contracts with secondary payors, the Office has to be careful when accepting a Medicare secondary carrier from the patient. It is important to be sure to follow coverage rules to avoid denial and non-payment. The Office should be aware that in some cases secondary payors will directly send the payment to the patient without an EoB.

Secondary payors may offer several coverage options to the patients. Some may cover a portion of deductible or exclude deductible completely. Some may just cover hospital co-insurances. Patients and the Front Desk must be aware of these limits when accepting secondary payors.

While Medicare typically forwards the primary EoB to the secondary payor for their processing, this is not always the case. In Glenwood's experience, it is not uncommon for Medicare's computers and a secondary payor's computers to have no communication or outdated coverage data.

The result is a need to send a secondary paper claim with a copy of the primary EoB. This becomes an expensive, cumbersome and error-prone task for the Office. If the practice chooses to offer this service, it should be done only as a courtesy to the patient. It is a waste of resources to spend tens of dollars sending and tracking a paper secondary claim for a small co-insurance.

Best practice is to inform patients that the practice will accept a select list of secondary payors after verification on a courtesy basis. It should be a basic office requirement to check secondary payor eligibility when accepting secondary insurance coverage from the patient. For example, payors like Medicaid will not cover the secondary balance if the Provider does not participate with Medicaid.

Patients should expect a bill from the practice if the payment is not made by the secondary payor within 90 days of the

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Costs driven by inefficiencies, receipts lost because collection has lingered - 1) high percentage of denials to claims submitted, 2) Accounts Receivable with significant revenue at 90 days or more – what is the cost of these collections and what is the loss associated with the delayed pay, 3) your payor mix – we all know that not all payors pay the same for similar procedures, yet most practices treat them equally, 4) how many co-pays did the front desk fail to collect today (what does it really cost to collect a co-pay not paid at the time of the patient encounter?), 5) not managing the patient-pay portion of high deductible plans early and 6) accepting responsibility for secondary insurance coverage claims.

Sure the cash flow is strong, we can all see that. The trouble most Physicians and Billers have is the slow seepage they don't see or manage. This is the real profit; the bills were paid out of the other cash flow. This is the revenue to use to make improvements in the practice, reward the best performers and yes, take a better dividend out of the business.

Technology today has offered the modern medical practice the opportunity to virtually eliminate denials and shorten revenue receipts – electronic filing and payment, insurance eligibility verification, patient deductible notification, patient balance alerts, coding suggestions, encounters / procedures due reporting - all built into practice management software. Couple this with a few best practices; actually checking if your patient's insurance is valid, co-pay and patient balance collections at the time of the encounter, accepting only payors that pay timely without unnecessary delays, managing the mix to ensure the best payors are accommodated and you have an efficient modern medical practice business model.

Glenwood Systems has spent better than 15 years helping practices like yours maximize receipts. We have tools for any type of practice from GlaceComplete – The Biller's Helper for in-house billing to GlacePremium Outsourced Full Service Billing for the practice that just wants to focus on practicing medicine. Glenwood uses technology to improve your revenue position, driving efficiencies and receipts with a mixture of software, service and process (best practice) to drive revenue results.

It doesn't make any difference if you are the Office Manager, Office Biller or the Physician; you owe it to yourself, the practice and your employees to collect what the practice has EARNED in the most cost effective manner. It is with this additional revenue that you can grow your practice and reward those who contribute to the practice success.

Give me a call at 888-452-2363; I'd be happy to answer any questions you might have about this topic.

Happy New Year!!

Trainer's Tips

Amanda Seferi
Corporate Trainer, Glenwood Systems LLC

The decision to implement a fully-certified EMR system is one of the biggest decisions undertaken in a medical practice today. This is especially true if the practice is mature and the staff and providers have not used an EMR system before. The workflow and documentation process will change; the look and feel of the patient encounter may change and the entire staff will be faced with a learning curve. The benefit of a well-designed EMR, such as GlaceEMR, is that the software flows and is intuitive.

The key to successful implementation and future use in the office is training. The effort each individual staffer and provider puts into the system training will be key to successful use and a smoother practice implementation. The training classes should be given full uninterrupted attention. Remember, the EMR software becomes the foundation of the patient encounter workflow and, in the case of GlaceEMR, the foundation for the most effective billing and reimbursement. A positive attitude and teamwork will benefit the staff as a whole. This is a big initiative and if you are like most practices you will look back a year from now and wonder how you lived without the software.

Glenwood provides an electronic written manual, training videos, online training classes and a practice environment (sandbox) for our clients at no cost. The classes are available each week in prescheduled 1 – 2 hour blocks depending on the module (front desk, nurse, provider, biller or office manager).

Here are a few very important tips for successful implementation and a smooth Go-Live:

1. Register for Online Sessions: When you receive the schedule, select a class and register. The classes are offered at no cost to our customers.

2. Attend Sessions: Be sure that you attend the session you have registered for. Missing your scheduled class will hold up the entire practice go-live.

3. Take Training Seriously: Set aside time for you and your staff to attend uninterrupted training. It is an investment, not an inconvenience. You'll take out of the training the effort you put into it.

4. Ask Questions: Most of us don't want to be the one to ask, but asking questions will increase your knowledge and ability to succeed. Remember, you don't know what you don't know and no question is dumb if you don't know the answer.

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What's New at Glenwood

HIPAA Version 5010

Glenwood software is ready for v5010!

Version 5010 refers to the revised set of HIPAA transaction standards; adopted to replace the current Version 4010/4010A standards. Every standard has been updated, from claims to eligibility to referral authorizations.

All HIPAA covered entities must transition to Version 5010 by **January 1, 2012**. Any electronic transaction for which a standard has been adopted must be submitted using Version 5010 on or after January 1, 2012. Electronic transactions that do not use Version 5010 are not compliant with HIPAA and will be rejected.

Glenwood Systems has completed 5010 development and testing. We are now in the process of upgrading all of our clients' systems to a new version that incorporates the 5010 changes.

There are seven major benefits of the 5010 upgrade:

1) Less ambiguity in the implementation guides

2) Enhanced usability and usefulness of certain transactions such as referrals and authorizations (X12 and NCPDP)

3) Improved utility of the NCPDP standards, compliance with Part D requirements

4) Supports standardization of companion guides across the industry

5) Supports increased use of EDI between covered entities

6) Supports e-health initiatives now and in the future

7) Provides infrastructure on ICD-10 and Present on Admission Indicator

Useful Links:

http://www.icd10watch.com/blog/7-benefits-hipaa-5010

http://www.icd10watch.com/blog/8-steps-starting-hipaa-5010-migration

primary EoB even if the practice "accepted" the secondary payor. Patients should be urged to pay any secondary uncovered deductibles and past due (over 90 days) balances at the time of each visit.

Summary:

1. Check eligibility for secondary payors at time of visit. Check if they cover deductible and if any co-pay applies.
2. Collect payment upfront for estimated secondary balance. Credit/refund can be given if estimated collection exceeds patient balance.
   or
3. Collect past due secondary balance (over 90 days) at the time of the visit. Always collect uncovered deductible upfront.
4. Educate the patient that the office does secondary billing on a courtesy basis and provide the participation status with the carrier.

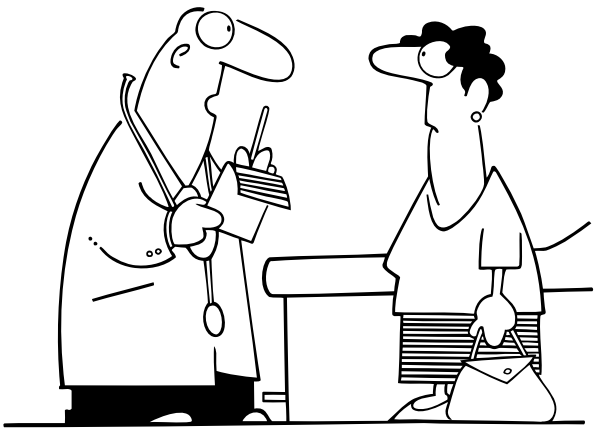
Suggested notice to the patients:

Our practice bills a limited number of secondary carriers on a courtesy basis OR Our practice accepts a limited number of secondary carriers whose claims are automatically forwarded to them by Medicare / Commercial Insurance.

You are ultimately responsible for all secondary balances. If the secondary balance is unpaid for ANY reason, we will bill you. If the secondary balance due is over 90 days, you are responsible for the payment. Please contact the secondary carrier if you have not heard from them after you receive your Medicare EoB.

Optional: A $10 statement fee will apply if we have to bill you for any unpaid balance.

Thank you for your cooperation.



"This prescription won't make you feel better, but it will stop your whining and make everyone else feel better."

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CMS Incentive Programs 2012 Help Desk Contact Information

Per the Center for Medicare and Medicaid Services (CMS), do not call your MAC/Carrier/Fi with questions about your incentive payments.

Please contact the appropriate help desk:

Meaningful Use EHR Incentive Program
Hours: 7:30am - 6:30pm CST (Mon-Fri)
Phone: 1-888-734-6433
TTY: 1-888-734-6563

eRx Incentive Program
Hours: 7:00am - 7:00pm CST (Mon-Fri)
Phone: 1-866-484-8049
Email: Qnetsupport@sdps.org

Physician Quality Reporting System (PQRS) Incentive Program
Hours: 7:00am - 7:00pm CST (Mon-Fri)
Phone: 1-866-288-8912
Email: Qnetsupport@sdps.org

5. Practice: Glenwood provides each office with a practice environment we call a sandbox. Each staffer attending a class is provided with a URL link which takes them to a practice area within the software you are being trained on. This is not the live version of the software and test information inputted here will not be carried to the live environment. The more you read the documents and view the training CD, the more questions you will be able to ask as your knowledge and comfort level grow.

6. Make a Timeline: Keep a timeline of the events you want to accomplish (Moving from 20% to 100% electronic charting, ePrescribing, etc). Set realistic goals and be flexible. Remember, implementation is a process, not an event.

7. Lay the Foundation: Make sure your hardware, network and internet connectivity meet the minimum requirements. Although we do not require our customers to purchase specific hardware, we provide hardware recommendations and minimum specification requirements.

8. Enjoy It: Make it your own; EMR will transform your practice. It's the future for all practices. This tool is an indispensable technology you will be using to meet the needs of your patients.

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Software – Process – Service – Results