
VITALS

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Message from the Chief

Ron Flormann

CCO, Glenwood Systems LLC

*"I was seldom able to see an opportunity until it had ceased to be one."
~ Mark Twain*

For the past five years the team at Glenwood has been writing about ways to improve your medical practice earnings. We've talked about the dynamically changing marketplace, free EMR, Meaningful Use, better collections by integrating clinical and billing software, automation, meaningful use, 5010, ICD-10, patient customer service, private practice to employed physicians, practice processes designed to help those physicians still in private practice improve their collection rate and bottom line profits, and many more issues.

As I travel the country visiting medical practices, I'm reminded of a quote by Mark Twain, *"I was seldom able to see an opportunity until it had ceased to be one."*

Physicians and their staffs are so busy, they don't take the time to evaluate tools to make their lives easier and improve the performance of their medical practice.

Perhaps this industry group has been so bombarded by EMR sales offers, greater administrative burdens and reduced reimbursement that they can't look up from their desks to see a better way. The way we run a medical practice has changed dramatically in the last ten years!

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Biller's Tips

Nat Loganathan

Founder, Glenwood Systems LLC

Claims Follow Up = Increased Reimbursement!

Getting reimbursed seems so simple; see the patient, submit for reimbursement and get paid!

You should expect to be paid in about 15 days if you are billing electronically and a little longer if you are submitting via paper either from your office or billing service. Most contracts require the carrier to respond within 30 days.

So, what happens when life doesn't go according to plan? Thousands and thousands of times per year a claim is "lost" and you might not know until it is too late – Timely Filing – no chance of reimbursement.

Claims aren't adjudicated for many reasons including; never received, the submission was rejected at the clearinghouse or payer level due to formatting or missing information (front end rejection), the claim may be held pending funding from a self-insured employer, etc.

None of these instances create a denial or a payment – the claim is "lost" in the system. To find these claims and ensure payment your biller should be working their aging reports and contacting the carriers for status on a regular basis.

Sometimes there just isn't enough time in the day of the biller to follow up on claim status and unless the physician or office manager is asking about a specific claim status they slip through the cracks. Unfortunately, billing is a time-consuming and detail-oriented process. Most medical practice billers spend most of their time submitting and posting claims. In a busy practice the drudgery of aging report review and contacting carriers to follow up on unsettled claims falls to the back burner. Following up on the status of a claim averages between 5 and 10 minutes per claim.

Without a diligent follow up program thousands of dollars are lost each year, and in a time of declining reimbursement, who can afford to ignore that revenue?

So what do you do?

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It seems that when presented with the opportunity to improve medical practice performance many physicians are so risk adverse they won't even consider a change. It amazes me how many times I hear "it sounds too good to be true." Well it is true – but nobody said it would be easy.

Imagine the world today if we didn't have a jet plane, car, lawn mower, snow thrower, telephone or GPS – all tools that have improved our quality of life. In so many cases physicians are experiencing the fate of the buggy maker and going to work for someone else. Why is it so difficult to evaluate and choose the tools to run a medical practice more efficiently and profitably?

Today Glenwood Systems offers the private practice physician remarkable economical software and services that:

- Improve Patient Outcomes
- Improve Patient Satisfaction
- Improve Your Collections
- Improve Operational Cost Structure
- Improve Profits

Take 15 minutes, step back from your day-to-day tasks and ask yourself, "is there a better way?"

Then, give me a call.

Regards,

P.S. We've got a new service! We'll call the insurance carrier on your behalf and follow up on all those claims that you don't have time to get their status. Check out our website for more information under Solutions.

Have you ever wondered – Why won't my billing service code my services?

The answer lies with the Office of the Inspector General (OIG) which disapproves of billing companies providing coding services due to a perceived conflict of interest since most billing companies are paid a fee based on the total collections of the medical practice.

Here's what Glenwood recommends for our customers:

- 1) Subscribe to a coding newsletter based on your specialty. These newsletters give the latest updates relating to your specialty and can help make sure providers are coding correctly. You can search online for examples of "free medical coding newsletters."
- 2) View reports and statistics from CMS to see what your fellow physicians are billing through Medicare:
<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/Medicare-Provider-Charge-Data/Physician-and-Other-Supplier.html>
- 3) Participate with a third party audit service such as Coding Network that will provide coding guidance and suggestions:
<http://www.codingnetwork.com/free-coding-analysis>

Is it Possible to Maximize Revenue with Minimal Effort?

Sometimes a small change can lead to big results. Physicians often have a tendency to look for complicated strategies to increase their gross revenue, such as adding an ancillary service, when simply seeing more patients or offering more services your patients need would accomplish the same goal.

Do you ever leave the office with a waiting list of patients who wanted to be seen that day and couldn't get an appointment? If so, you're losing revenue and risking the loss of patients to other practices. Physicians should fine-tune their scheduling and work to improve efficiency so there are more available appointment slots in a day.

For physicians who don't mind working more hours each week or who have open appointment slots they are looking to fill, it may be necessary to take your practice offsite to places where patients need your services. For example, you can open a satellite clinic in another town or arrange to provide care at a local rehabilitation center, group home or nursing home.

It is also important to provide as many procedural services as is practical and to make sure you are billing for all the minor procedures you perform.

Here are some simple strategies that can help increase your revenue:

1) Review Your Scheduling Practices

One simple way to increase revenue is to regularly work in an extra patient visit during lunch or at the end of the day.

It can also be beneficial to fine-tune the way you are scheduling patient appointments. With the standard 15-minute increment appointments, you may spend excessive time waiting for patients to arrive. With wave scheduling (appointments booked at the top of the hour) your patients may spend excessive time waiting for you to see them. A "modified-wave" schedule may be the answer.

The modified-wave schedule involves scheduling two 15-minute appointments at the top of the hour, one appointment 15 minutes later, and another appointment 30 minutes after the hour. Since there is no appointment scheduled at 45 minutes after the hour, there is time for either a 30-minute appointment, an extra work-in patient, time to return a phone call or time to catch up on your documentation.

The modified-wave schedule can also ensure you don't fall behind schedule before you begin. For example, if you are scheduled to see your first patients at 8 a.m. and one arrives late, it is likely the other patient with an 8 a.m. appointment will be on time.

If you feel comfortable with your current scheduling routine, you may want to focus on improving efficiency.

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What You Need To Know About GlaceEMR Version 5.0

Glenwood has been working hard to update our GlaceEMR version 5.0 software for Stage 2 Meaningful Use requirements and ICD-10 coding requirements.

How will this affect you and your practice?

Meaningful Use Stage 2

- Glenwood has already rolled out GlaceEMR version 5.0 (certified for Meaningful Use 2014 Edition) to 85% of our customers
 - Glenwood will upgrade all remaining customers to GlaceEMR 5.0 before the end of August 2014
 - Providers can attest for the 2013 Definition of Stage 1 and 2014 Definition of Stage 2 using GlaceEMR 5.0
 - For 2014 only: Providers scheduled to demonstrate Stage 2 in 2014 have several options:
 - Demonstrate 2013 Definition of Stage 1 using 2011 Edition CEHRT or a combination of 2011 and 2014 Edition CEHRT
 - Demonstrate 2014 Definition of Stage 1 using 2014 Edition CEHRT
 - Demonstrate Stage 2 using 2014 Edition CEHRT
 - 2014 Reporting Period: All providers, regardless of their stage, are only required to demonstrate MU for a 3-month EHR reporting period

For more information about Stage 2 requirements please reference the Stage 2 Overview Tipsheet from CMS:

http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/Downloads/Stage2Overview_Tipsheet.pdf

ICD-10

- Glenwood has already rolled out GlaceEMR version 5.0 to 85% of our customers and the ICD-10 codes have been loaded into the version 5.0 platform
 - Glenwood will upgrade all remaining customers to GlaceEMR 5.0 before the end of August 2014
- Glenwood customers can add both ICD-9 and ICD-10 codes for the patient Assessment
- However, customers will need to wait until October 1, 2015 before the ICD-10 codes can be used for billing/claims purposes
- Glenwood customers will have the flexibility to search for an ICD-9 code and the system will provide the equivalent ICD-10 code
- The ICD-10 search function has been improved and expanded to include many commonly used keywords

There are three choices:

- 1) The in-house biller should review the claims greater than 45 days on the aging report and start the calling process. Anything less than 45 days is likely in the settlement or payment process.
- 2) Get some temporary help. If the number of claims greater than 45 days is too high to address in a timely manner you can out-source the claim follow up portion of the billing process to get status reports and with that information respond properly to the carrier.
- 3) Out-source the entire billing process to a third party biller, let them worry about the billing process so you can focus on your patients.

Amazing as it seems, focusing on the “lost” claims can generate thousands of dollars to your practice revenue stream!

Glenwood Systems Payment Processing Solution

Glenwood Systems offers a state-of-the-art payment processing solution within the GlaceEMR practice management software. Designed to help your staff work more efficiently, Glenwood Systems offers:

- The ability to manage multiple patient payment options (including Visa®, MasterCard®, Discover®, AMEX® and electronic checks) through a single payment processing solution
- Automatic payment posting to the GlaceEMR system
- Elimination of manual entry, reducing errors and saving time & resources
- No costly maintenance of point-of-sale equipment
- Daily gross deposits into your local bank, with fees deducted once a month
- Simple electronic enrollment process – **No contract terms or cancellation fees**

Work smarter, not harder!

Contact the Glenwood Systems Program Team at Glenwood@TransFirst.com for more information or to **ENROLL TODAY!**

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**Claims Follow Up =
Increased Reimbursement!
Learn More Inside**

2) Work Smarter

Maximize Revenue continued from page 2

By starting each day with a quick 10-minute meeting of your key clinical and office staff members, you can save valuable time later in the day. During the meeting you should review the day's schedule including anticipating information needs or special circumstances that may arise and plan accordingly to prevent slow-downs. You will want to check that lab results, reports from other physicians, discharge paperwork and other essential information are included in the patient charts.

Try to identify patients who might require more time than scheduled and make adjustments. Negotiate an agenda for the patient visit – this technique is especially helpful when patients arrive with lists and also when new issues arise late in the visit. By creating an agenda beforehand, you can determine what negotiation and prioritization are needed for these types of patients.

Another small change you can make? Don't leave the exam room during a visit. Make sure each exam room is fully stocked and consider using your nursing staff to deliver to the patient any prescriptions, drug samples, patient education materials or other items so that you can move on to the next patient.

You should also delegate work that doesn't require a physician's license or medical degree. Allow your office staff to handle as many administrative tasks as possible while still maintaining a good understanding of your practice's operations.

3) Keep Multiple Revenue Streams

It's important for physicians to understand how the scope of their practice drives their revenue stream. Actions such as performing a certain office procedure, seeing nursing home patients, doing obstetrics or taking care of patients in the hospital can all lead to increased revenue.

Physicians should execute every procedure they are comfortable and confident performing in their practice. If you perform procedures that your colleagues don't, ask them to refer their patients to you. It is also important to maintain procedural skills as procedures pay better than the evaluation and management (E/M) services you would likely replace them with. Although not every payer will reimburse every procedure (some bundle them with the related E/M service) you should include them on the superbill and always bill for them. This process will position you to receive the best payment you can, when you can.

Source: *Family Practice Management*, 2009 May-June: 16(3):18-22