
VITALS

Volume 10

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Message from the Chief

Ron Flormann

CCO, Glenwood Systems LLC

At the end of the day, medical practice revenue performance determines if you will practice privately tomorrow.

Much time has been spent discussing and implementing EMR systems in the past two years. The ARRA Meaningful Use incentives have spotlighted clinical documentation software at the attention of medical practice owners and operators. In many cases focus on this medical practice tool has taken eyes off of the high-level goal for every medical practice – Revenue Performance.

We often don't like to discuss revenue performance; after all, our business is care and medical attention delivered to our patients – not money. Yet without healthy revenue performance we do not have the resources to care for our patients, our staff or our families. When anybody, even a physician, works hard to deliver their very best service they deserve to be compensated.

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Biller's Tips

Nat Loganathan

Founder, Glenwood Systems LLC

**What hole can I plug to stop the revenue leak?
Patient balance discussed.**

The issue of outstanding patient balance revenue is far more complex than it seems on the surface. It is a source of patient discontent, it can be a significant loss of earned revenue for the practice and it seems to continue to grow – especially in a bad economy.

There are two types of patient balances to be considered; office patients and hospital or nursing home patients. For each there should be a clear billing process and diligent follow through. An efficient billing process is critical to circumvent excuses for not paying the bill. While most patients accept responsibility for their pay portion we are seeing an increase of no-pays and their excuses; "I didn't receive a bill," "My insurance should have covered that," "The bill arrived late." Some patients believe that if they complain loud enough the debt will be written off, after all, "all doctors are rich, and they don't need my money."

Patient balances resulting from patients seen in the office are the easier of the two types to address. The best solution for these patient balance problems is not to have a patient balance at all. Be sure to always check insurance eligibility and collect the estimated patient-pay portion upfront. While this may be more cumbersome than sending a statement, it eliminates patient surprises and ensuing disputes, and ensures payment.

Hospital and nursing home patient balances can be problematic. Since the estimated balance cannot be collected upfront, statements are inevitable. These patients are typically bombarded with bills from multiple providers, become overwhelmed and the bills tend to be ignored. If there is no established long-term relationship with the provider, which is often the case with consultants, it further compounds the problem. The key to successful collection in this case is multi-faceted. Statements must be sent on time, statements must be clear and easily understood, there should be a return envelope, credit card options and a dedicated patient call center to help the patient understand their bill and facilitate payment.

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"As a solo private practitioner just starting an EMR, I could not have asked for a more comprehensive, supportive team to ease the transition from 30 years of paper charts to a customized computer system. My staff and I were at full working speed within a 2 week timeframe and are working seamlessly now! Thank you."

Laurie Montague, M.D., Claremont, NH

The question you should ask is “When was the last time I evaluated my medical practice revenue performance?”

Almost every medical practice owner we have ever spoken with believed that they were maximizing their collection rate. It’s not that they don’t have a good handle on the business aspects of their medical practice; it’s that this industry is wrought with “cracks” in the process that facilitate “revenue leakage.”

Consider a robust medical practice:

- A strong practice, good daily patient count and steady cash flow.
- Annual charges of (you insert your #). For our model we’ll use \$750,000.
- Collecting at 95% of their total entitled reimbursement revenue.
- Actual collections based on contracted rates and patient pay = \$375,000.
- What if you could pick up another 3% or 4% of that “leakage” – written off A/R, missed secondary payor opportunities, missed payor contract negotiation opportunities, etc. ?
- Remember you already paid all of your expenses and obligations using the first \$375,000.
- That would be another \$22,500 - \$30,000. Pure Profit.

Rather than just focusing on the collected, Glenwood Systems focuses on the uncollected – a unique philosophy.

Each analysis is individual and confidential:

1. We start with a mutual confidentiality agreement.
2. This is followed by an in-depth questionnaire:
 - a. We’ll need to know about your practice
 - b. We’ll review your A/R by Payor
 - c. We’ll review your Monthly Billing Reports
 - d. We’ll review your billing cost and efficiencies
3. When the Analysis is completed Glenwood will present you with our findings including an estimate of your potential gain along with the solutions we believe will best fit your individual circumstances.

Give us a call today, we’d be happy to provide you with a confidential, no-cost, no-obligation Practice Analysis.



PS – We have a new web site, please visit us at www.glenwoodsystems.com.

Technical Tips

Samuel Raj

Technical Director, Glenwood Systems LLC

Using Technology to Lower Your Costs

It has been proven time and time again that technology implementation, consolidation and integration, if done correctly, can reduce operational costs. Moving to software, consolidating the number of devices and integrating the application functions lowers IT costs, power costs, paper costs and other operating costs. More powerful devices with greater storage and the move to web-based applications can greatly benefit any medical practice today.

Just a few years ago a typical medical practice was all paper, devoting significant office space to paper files and charts. The rack space was non-revenue producing and the cost of paper charts, files, fax toner, etc. represented a significant annual expenditure. Combine this with the cost of manual workflow where clinical documentation and billing processes can create a greater risk of error, lost files and unclaimed revenue.

This was followed by stand-alone un-integrated software applications each needing its own hardware device, maintenance and upgrading and, in many cases, single event usage vs. batch usage created fragmented processes and redundant costs. Examples of this mess are scheduler software, insurance eligibility verification via the web with individual payors, clearinghouses, eRx, drug reference guides, practice management software and rarely a primitive stand-alone EMR.

Glenwood is a far-sighted company focused on developing and using advanced technologies to lower medical practice operating costs, improve workflow efficiencies and improve revenue collection results by integrating processes and simplifying procedures.

Today, products like GlaceEMR and GlacePremium+ replace stand-alone software and the costs of implementation and maintenance. Medical practice workflow becomes smoother and faster. Our products require less human interaction and produce fewer errors.

Glenwood is committed to staying ahead of your medical practice needs. We completed Meaningful Use Stage 1 and the 5010 compliance requirements in advance of need and we’re now working on Meaningful Use Stage 2, EPCS (electronic prescription for controlled substances) and ICD-10 to be ready when you need them.

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What's New at Glenwood

Katie Battick

Marketing Coordinator, Glenwood Systems LLC

A lot of things have been happening here at Glenwood since our last newsletter.

Our engineers did a great job making Glenwood 5010 compliant and the conversion went off without a hitch on our end. Unfortunately this wasn't always the case for some of the payors, but that seems to have been corrected.

If you haven't seen our new web site, I would love to invite you to visit www.glenwoodsystems.com. I think you will agree that the site is cleaner, easier to navigate and has lots of great information.

We continue to refine the Glenwood philosophy. We have always taken a very holistic approach to our client care. Using technology to reduce practice costs and using billing expertise to improve revenue results, we continue to drive financial performance in the medical practice to more than 99% of entitled receipts.

Starting this month Glenwood will introduce a Practice Performance Analysis for prospective clients. While our team has always worked with our clients to drive workflow efficiencies and improve revenue receipt results, we are expanding this offering to prospective clients.

Our team takes a consultative approach to medical practice revenue enhancement and workflow efficiency. We recognize that no single solution meets the needs of every practice and we also recognize that before we can offer a solution we need to understand your practice.

Glenwood now offers a confidential, no-cost no-obligation Practice Performance Analysis. We believe if your practice runs well, this will affirm the success; if there is revenue leakage to be mopped up, we have a method to assist you. More information can be found on our website under "Solutions."

Happy Spring!

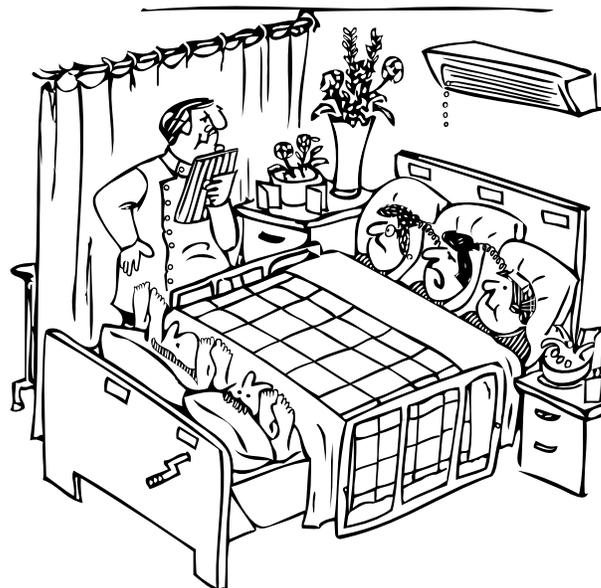
Glenwood's patient call center at Waterbury is professionally staffed and associates are trained to deal with irate patients. Our call center team addresses all callers including the irate patient with the utmost courtesy and professionalism. Our goal is to help patients understand their bill and responsibility. All calls are traceable and recorded for accountability.

When all measures fail in collecting patient balances, turning the patient balances to a professional collection agency is always the best option. When choosing a collection agency, remember that organization is a reflection of you and your practice. It is important to remember that debts get cleared and you may want to keep the patient relationship.

At Glenwood we provide our clients a gateway to Transworld Systems, one of the leading patient debt collection agencies in the country to help when all other options fail.

*"The Glenwood Team really knows what they are doing!
We now use the GlaceEMR and their Billing Service
results are great!"*

*Joel Segalman, DPM, FACPAS, FACFAOM,
Waterbury, CT*



**"I know we all have group insurance,
but this is ridiculous."**

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Glenwood Systems LLC 888-452-2363 www.glenwoodsystems.com**

ICD-10 Information

The Department of Health and Human Services (HHS) has issued a proposed rule to delay the ICD-10 compliance date from October 1, 2013 to **October 1, 2014**.

As of the start date all HIPAA-compliant entities including providers and payors must make the mandatory switch from ICD-9 to ICD-10. The new ICD-10 diagnosis codes will replace the current ICD-9 codes, not update them.

HIPAA-exempt payors (Workers Comp, Auto, Liability, Attorneys) can continue to use ICD-9.

Providers need more specific documentation to capture the most specific codes. They should also understand there could be more denials and should plan for the possibility of 2-5 years of claims disruptions while the bugs are worked out.

ICD-9	ICD-10
Codes = 3-5 characters	Codes = 3-7 characters
Approx 13,000 codes	Approx 68,000 codes
Most codes begin with a number, some with letter V or E	All codes begin with a letter, other characters can be numeric or alpha (except U)
Codes don't distinguish between right-sided and left-sided conditions	Specific codes for many right and left-sided conditions
Limited number of combination codes	Many combination codes (underlying condition and manifestation in one code)

More information on the proposed rule is available on fact sheets at http://www.cms.gov/apps/media/fact_sheets.asp

Resources:

- www.ahima.org/icd10
- www.cdc.gov/nchs/icd/icd10.htm
- www.cms.hhs.gov/ICD10
- www.who.int/classifications/icd/en

Glenwood offers you best value; anticipating your practice needs, accessible from anywhere and costing far less than other non-integrated or stand-alone products.

Our customers say it best:

"I use Glenwood's Full Billing Service and GlaceEMR and I am very happy with my results. The best part of Glenwood is the service; the team is very knowledgeable and responsive."

Purnima S. Adlakha, M.D., Holyoke, MA

"In September of 2011 I decided to move to EMR, knowing it would be hard work. I am happy I selected GlaceEMR; the software is very user friendly and the Technical Support is exceptionally good. I am amazed that I have been able to complete Meaningful Use requirements in such a short time. I would not hesitate to recommend Glace software and billing to other physicians."

Murlidhar R. Deshmukh, M.D., Kenton, OH

"Glenwood offers great software and even better service! I have an extremely busy practice and the GlaceEMR and Premium Billing Service helps me efficiently capture my encounter data and maximize my practice revenue."

Ghayth Hammad, M.D., Morgantown, KY



100 Grand Street
Waterbury, CT 06702

"I selected Glenwood to bill for my very busy multi-location medical practice. When we made the decision to implement EMR we selected the GlaceEMR. The user friendly integrated system allowed us to use the entire software suite in no time. This EMR and billing system provides everything a Physician needs to run a busy practice and the service is great!"
Steven F. Hall, M.D., Pigeon Forge, TN