
VITALS

Volume 11

A Glenwood Systems LLC Newsletter © 2012

Fall 2012

Message from the Chief

Ron Flormann

CCO, Glenwood Systems LLC

“If you don’t know where you are going, any road will get you there.”

This famous quote by Lewis Carroll could have been written for a great many medical practices today. Our industry is changing dramatically. Information, the need for information, misinformation, technology, security, privacy, third parties, regulations and economic events all have an impact on the operation of your medical practice today.

Now more than ever you must have a plan for your medical practice so you may focus on the high standard of care your patients expect.

"Would you tell me, please, which way I ought to go from here?"

continued on page 2

INSIDE THIS ISSUE

- 1 Message from the Chief
- 1 Biller’s Tips
- 2 Technical Tips
- 3 Getting the Most Out of Your EMR Software
- 4 Meaningful Use Stage 2 Information

“I am very happy that I moved my Pain Management Practice to Glenwood’s billing service and EMR. The technical support has been fabulous; calls answered promptly at the help desk and the availability of a software engineer when needed. I was pleasantly surprised how comprehensive the billing reports are, much more than I had been used too. I also appreciate that the EMR is included free and fully integrated with the billing service.”

Vikram B. Patel, M.D., FIPP – Pain Management

Biller’s Tips

Nat Loganathan

Founder, Glenwood Systems LLC

Upfront preparation and rules-based software can prevent denials, lost revenue and audits.

Coding a service improperly is a common cause for denials, lost revenue and audits, especially with specialty practices and hospital-based services. Billing and Coding, though related, are entirely different. Coding falls into two categories for Physicians – E&M (Evaluation and Management) and Procedures/Therapy/Supplies.

E&M coding is not an exact science. The definitions are ambiguous and different guidelines exist. Both over-coding and under-coding have consequences on the revenue.

Though documentation is an essential requirement for E&M service, it does not mean that higher level of documentation alone justifies a higher level of code. To choose an appropriate level, physicians can develop simple criteria; based on complexity of problem(s) addressed, time spent with the patient, additional post-visit work involved (labs, consults and callbacks) etc. Once a level is selected, ensure that documentation justifies the level – many EMRs including GlaceEMR can assist in verifying the documentation level.

Insurance carriers compare the coding profile against national averages for the specialty when choosing an audit. Medicare coding profiles are publicly available. Glenwood provides an E&M coding profile as a part of its standard reports to assist physicians in optimizing their E&M coding.

Procedure, therapy and supplies coding require precision and knowledge of coverage rules for each contracted carrier. For a medical practice, it is time well spent to design a code set matrix (procedure vs. carrier) appropriately and keep it up-to-date. Medical societies, coding newsletters and consultants often provide current guidelines for designing a code set matrix.

continued on page 3

"That depends a good deal on where you want to get to," said the Cat.

"I don't much care where--" said Alice.

"Then it doesn't matter which way you go," said the Cat.

"--so long as I get SOMEWHERE," Alice added as an explanation.

"Oh, you're sure to do that," said the Cat, "if you only walk long enough."

(Alice's Adventures in Wonderland, Chapter 6)

Without a plan or map a physician can still deliver a high level of medical care, but it comes at a cost that may not be visible upfront. The choice selected is often a cobbled-together practice infrastructure frequently done "on the cheap" because professional help is "too expensive." The result is often inefficiency, breakdown, dissatisfaction, lower practice revenue and higher practice costs.

Would you build your home without architectural plans? Why would you try to address and deal with all of the elements required to run a medical practice today without a plan?

Daily I speak with physicians that tried to do it all on their own. "I got a free EMR," "No it doesn't integrate with my practice management system," "it wasn't really designed for my specialty but I make due," "I'll have my biller enter all the charges," "my biller was on vacation and now is all backed up," "my wireless isn't working," "my server is having a problem," "my scanners don't work with my computer," "we had a lot of no shows last week," "I can't find time to see more patients," etc. Each one of these events costs you time and money! Sure you can buy the cheapest car but if the lifetime cost to support and maintain is high was it really worth the initial lower cost investment?

Glenwood Systems has spent 15 years planning and developing software to integrate the best medical practice business practices. We strive to use artificial intelligence where it makes sense to eliminate redundant clerical tasks and improve efficiencies. As medical billers we've worked hard to make revenue cycle management easier and more efficient whether you bill in-house or choose to outsource. The results our software generates are telling:

- 95% of claims are paid on the first submission
- 96% of claims are paid within 30 days
- 99% of eligible collections are captured by the practice

Let Glenwood Systems help you map your plan. Practice revenue is a key building block to meeting all of the requirements necessary to deliver the care your patients expect.

Why don't you take a moment and give us a call @ 888-452-2363.

I'll speak with you soon,

Technical Tips

Samuel Raj

Technical Director, Glenwood Systems LLC

Data Security

When we hear the words "data security" we often think big bad hackers, spyware and viruses. But often security is breached by employees either unintentionally or intentionally by disgruntled employees.

Today with the increased use of software and the ability to connect from anywhere using technology, the practice's physical boundaries are no longer the actual boundary.

The prevalence of weak passwords (we heard of one doctor that used his name for every password he had) and the sharing of passwords has more real impact on your data security than the malicious employee activities.

A Protected Health Information breach is subject to serious action from HHS for HIPAA breach violations. As per HIPAA the violations can and are being punished. HHS has funded practice auditing and private contractors are looking hard. Penalties are severe:

1. A fine of up to \$50,000, or up to 1 year in prison, or both; (Class 6 Felony)
2. If the offense is committed under false pretenses, a fine of up to \$100,000, up to 5 years in prison, or both; (Class 5 Felony)
3. If the offense is committed with intent to sell, transfer, or use individually identifiable health information for commercial advantage, personal gain, or malicious harm, a fine up to \$250,000, or up to 10 years in prison, or both. (Class 4 Felony)
4. HIPAA also provide for civil fines to be imposed by the Secretary of DHHS "on any person" who violates a provision of it. The maximum is \$100 for each violation, with the total amount not to exceed \$25,000 for all violations of an identical requirement or prohibition during a calendar year. (Class 3 Felony)

To prevent such breaches:

1. Implement strong security policies and protocols (Do not store PHI in local computers or laptops, change passwords periodically, have complex passwords for systems with PHI, do not email with PHI contents, do not leave papers with PHI for others to see, etc.)

continued on page 4

Getting the Most Out of Your EMR Software

The features of your EMR, available with GlaceEMR, should allow your practice to benefit from workflow efficiencies which can reduce the burden on your staff and improve customer satisfaction especially with the “self-serve” patient set.

- Use the patient portal to facilitate communication with the practice
 - o request medical summaries
 - o check lab results
 - o select pharmacies
 - o request Rx refills
 - o complete patient histories
 - o provide informational handouts
- Use the portal via a kiosk in the office
 - o select pharmacies
 - o make payments
 - o complete patient histories

Maximizing the EMR Patient Portal is a great way to provide a self-service channel to patients that like to do things themselves on their own schedule.

Each time your patient can complete a task that normally requires a member of your staff is one less task a staff member needs to deal with.

At checkout provide your patient a card with their username and password to access the patient portal. Note that 79% of patients have internet access. If only 25% of your patients use it – that is 25% fewer daily calls or actions that a staff member needs to undertake.

While Glenwood does not provide a coding service, we can assist your practice by imbedding your code set in our practice management system / Superbill with validation rules, unit calculators and other mechanisms that prevent denials and also alert providers of missing, miscoded, mismatched CPT codes / Diagnoses.

Glenwood's practice management system has thousands of rules covering different CPT codes, ICDM diagnosis codes, Unit calculations and Modifier usage that can be configured appropriately to prevent denials and obtain proper reimbursement.

While Billing is an administrative and clerical process that ensures that maximum dollars are collected out of the *collectible amount*, Coding is the essential configuration process for a practice that determines the maximum dollars that can possibly be collected – the *collectible amount*.

See What Our Customers Are Saying About Glenwood

“Glenwood offers great software and even better service! I have an extremely busy practice and the GlaceEMR and Premium Billing Service help me efficiently capture my encounter data and maximize my practice revenue.” **Ghayth Hammad, M.D. – Internal Medicine**

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. – Family Practice

“My Neurology practice has used Glenwood Systems for billing and EMR for the past 10 years and I couldn't be happier. To make things even better, all of the physicians in the practice earned our Meaningful Use bonus this spring. I couldn't believe how easy it was to document the data requirements and to attest for Meaningful Use using the Glenwood system. I strongly recommend Glenwood Systems to all my colleagues looking for an easy to use, high performing EMR and Billing Service.”

Alan Jacobs, M.D. – Neurology



“Mr. Ornstein, watch two ‘feel-good’ movies and call me in the morning.”

Reprinted with permission from Medical Economics, Vol. 88, No. 24, Dec. 25, 2011, Medical Economics is a copyrighted publication of Advanstar Communications Inc. All rights reserved.

Medical Billing & EMR Made Easy
Glenwood Systems LLC 888-452-2363 www.glenwoodsystems.com

Meaningful Use Stage 2 Information

The Centers for Medicare and Medicaid Services (CMS) have released new information regarding Stage 2 of the Meaningful Use incentive program.

The onset of Stage 2 criteria has been delayed and will now become effective in 2014.

As part of the Stage 2 criteria, EPs must meet 20 total objectives (17 Core Objectives and 3 Menu Objectives) and must also report on 9 out of a total 64 Clinical Quality Measures.

Beginning in 2014 all EPs must report their CQM data to CMS electronically.

For more information about Stage 2 of Meaningful Use please utilize the following resources:

Stage 2 Fact Sheet:

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

EHR Incentive Programs website:

www.cms.gov/EHRIncentivePrograms

CMS Help Desk: 1-888-734-6433 (available Monday-Friday from 7:30am-6:30pm CST)

2. Make the employees aware of security practices (Encryption for any data with PHI, Lock or Logoff the computer when not in use, keep the antivirus/security software up to date, install the operating system and browser updates as soon as available, do not open unknown attachments, do not visit unsafe or unknown websites, etc.)
3. Audit the process, practice and protocols.
4. Implement proper network security (UTM Grade Firewall, VPN, HTTPS, Multi-factor Authentication, WPA2 class wireless security, Mac filtering, etc.)

HIPAA Fine Examples:

http://threatpost.com/en_us/blogs/hipaa-bares-its-teeth-43m-fine-privacy-violation-022311

http://threatpost.com/en_us/blogs/bluecross-blueshield-pay-15m-hipaa-violation-031512

A few simple actions and processes can save you and your practice the headaches of heavy fines, bad press and cleanup costs.



100 Grand Street
Waterbury, CT 06702

Industry News: ICD 10 Compliance Date Delayed

The Department of Health and Human Services (HHS) has announced that the compliance date for ICD 10 has been delayed until October 1, 2014. GlaceEMR software will be compatible with ICD 10 information.