
VITALS

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Message from the Chief

Ron Flormann

CCO, Glenwood Systems LLC

Did You Select the Right EHR Software for Your Practice?

A leading industry publication recently stated that 30% of current EHR users are actively looking to change EHR software products and a much higher % are dissatisfied with the product they are using. No doubt the rush to claim a piece of the Meaningful Use Incentive has caused physicians to implement a product that isn't truly suited to their practice needs and specialty.

With the hundreds of vendors in the market, making the correct choice can be overwhelming and if a poor match, expensive. It has become apparent that cost, whether high or low, isn't an indicator of usability and usefulness.

Last week I was speaking with an industry consultant about the right choice for a practice.

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"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

Biller's Tips

Nat Loganathan

Founder, Glenwood Systems LLC

The Importance of Reviewing Coding Practices

An emerging trend shows that Medicare and private carriers are increasingly denying and down-coding claims that differ from what they have established as a norm. Medicare is denying higher level codes at a greater rate now compared to previous years. Several codes that used to be paid separately are now being denied as inclusive with primary code. Retroactive reviews and recoupment of payments are also happening at a higher rate than before.

It seems that current measures are a result of increasing sophistication in carrier software, use of third-party review services and policy changes.

It is more important now than ever before to review your coding practices. Several coding newsletters and LMRP (Local Medical Review Policy) published by Medicare provide insights about acceptable and outlier coding practices. Medical society practice resource websites and other carrier newsletters have useful information about the current coding and reimbursement climate as well. You will also be seeing more Medicare data analysis in the near future as the data is more accessible than in previous years.

Glenwood can help you profile your data for comparison against peer and national data. We have also initiated a process to summarize denials for your review to help you catch coding-related issues earlier in the submission process. We hope that physicians will tune in and optimize their practice profile and coding profile based on this and other data.

Many physicians are active in periodically reviewing their codes and are up-to-date with the latest industry trends. It is important for physicians who are not already performing periodic code reviews to begin this practice now.

Otherwise, it may be too late when the physicians are faced with large retroactive refund claims and stressful audits.

His client, a very successful multiple physician specialty practice, had retained him to help them move into medical practice software and improve the profitability of the practice. He made a very interesting comment when he spoke about Glenwood. Glenwood was paired against several very large and well-known EHR vendors and in the beginning he doubted that Glenwood would be the vendor of choice. What he observed of Glenwood was leading industry technology, vertically integrated software development resources, a very high-level of customer service, and a financially-sound company.

Glenwood can be described as a “boutique” software firm. We develop our own software and have it certified by an industry-recognized third party. Unlike so many other EHR vendors, large and small, Glenwood writes our own code. This allows us to react quickly to market and industry requirements. Our training and product support provide a positive customer experience.

This year Glenwood again demonstrated our leadership and ability to quickly meet market requirements. We’re ahead of some of the biggest names in the market.

- Glenwood’s GlaceEMR v4.5 received certification to electronically prescribe controlled substances (EPCS).
- Glenwood was one of the 1st seven companies to achieve ONC Stage 2 Meaningful Use certification as a Complete EHR.
- Glenwood was the 1st to certify for all 64 CQMs.

If you haven’t decided to use an EHR and earn the Meaningful Use Incentive there is still time before the penalty phase, and Glenwood can help make implementation and use as easy as possible.

If you are unhappy with your current EHR selection and are considering a change, Glenwood can help you.

In either case, Glenwood can’t begin to help you until you ask us. Call us today, we can help.

Regards,



See What Our Customers Are Saying About Glenwood

“I moved my practice from Misys to Glenwood a year ago. I have seen great improvement in revenue generation and collections. This is the best practice software solution out there.”

Prakash N. Shah, M.D. – Internal Medicine

“I really like the GlaceEMR; it is easy to use and integrates with my Glenwood billing service. The support Glenwood provides is great!”

Ramkumar Sankaran, M.D. – Nephrology

“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

Goals and Evolution of the Meaningful Use Incentive Program

The Meaningful Use Incentive Program continues to encourage eligible professionals (EPs) to use certified EHR in a meaningful manner in order to improve quality of care for patients. There is a focus on data capture and sharing, advancing clinical processes and improving outcomes.

In order to achieve Meaningful Use, EPs must use certified EHR technology to achieve specific objectives. These objectives and measures will evolve in three stages over the next five years and it is important for EPs to understand what is required to complete each stage:

Stage 1 (year 2011-2013)

- Data capture in standard format in discrete fields
 - Race
 - Ethnicity
 - Preferred Language
 - Smoking Status
 - Medications
 - Drug Allergies
 - Lab Tests & Results
 - Vital Signs – Height, Weight, BP, BMI
 - Care Plan
 - Procedures
 - Care Team Members
- Sharing information with other EHRs, exchanges and regulatory systems
- Analyzing and Tracking the clinical information
- Communicating the information to the Care Group
- Reporting the Quality Measures to CMS/HealthIT
- Improving patient engagement
- Introduction of SNOMED, RxNorm and LOINC code sets
- 14 required Core Objectives
- 5 objectives chosen from a list of 10 Menu Set Objectives
- Complete 6 out of 48 CQMs

Stage 2 (year 2014-2015)

- Implement advanced clinical processes
- Advanced integration with HIE
- Introduction of new protocol called DIRECT for exchanging information without HIE
- Promotion of patient engagement via Patient Portal
- Stricter rules when receiving Lab Results electronically
- 17 required Core Objectives

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What's New at Glenwood

GlaceEMR v5.0 Certified for Meaningful Use Stage II

Glenwood's GlaceEMR v5.0 achieved 2014 Edition Complete EHR/Ambulatory ONC Health IT Certification!

This certification designates that the Glace software is capable of supporting healthcare providers with Stage 1 and Stage 2 meaningful use measures required to qualify for funding under the American Recovery and Reinvestment Act (ARRA).

On June 4, 2013 the GlaceEMR v5.0 software was certified by ICSA Labs, an Office of the National Coordinator-Authorized Certification Body (ONC-ACB), and is compliant in accordance with the criteria adopted by the Secretary of Health and Human Services (HHS).

The 2014 Edition ONC Health IT Certification is awarded to those technologies that are capable of meeting the more rigorous testing criteria developed to support providers and hospitals with Stage 2 meaningful use, which focuses on the capability of health IT to deliver higher quality patient care and exchange clinical information securely.

GlaceEMR v5.0 is completely enabled for Meaningful Use Stage 1 and 2. There are no additional fees required to implement the Complete EHR capabilities.

"Being first in the country to achieve Complete EHR certification with all 64 CQMs is another in a series of firsts for Glenwood. Earlier this year GlaceEMR led the market with certification for EPCS," said Glenwood's founder, Nat Loganathan. "I attribute our accomplishments to our people, market knowledge and our software development capabilities. We are focused, agile and determined to be the best."

Incentive Payment Schedule and Stage Timeline

The Meaningful Use incentive payments under Medicare will continue through 2016. The last year to begin participation in the Medicare EHR Incentive Program is 2014. There is still time for a first year MU participant to earn substantial incentives in 2013 and 2014. For non-participants the CMS penalty period begins in 2015.

CMS has made an exception for EPs whose first year of meaningful use is 2014. To avoid the penalty in 2015, these providers will need to successfully attest at least three months before the end of the 2014 payment year.

For EPs whose first payment year is 2014, this means the 90-consecutive-day reporting period needs to begin no later than July 3, 2014 to avoid the penalty in 2015; for EPs attesting for the first time in 2014, the reporting period will need to begin no later than April 2, 2014. **Note an EP participating for the first time in 2013 for 90 continuous days (e.g. October 1st to Dec 31st) is eligible to earn up to \$15,000 in 2013.**

For more information about Meaningful Use payments and penalties visit www.GlenwoodSystems.com.

Preparing Your Practice for Audits

In 2014 more eligible individuals will be signing up for Medicaid and healthcare professionals who treat Medicaid patients are being warned to prepare their practice for possible audits.

Medicaid operates as a federal-state program, meaning that healthcare professionals may be audited at both levels. State programs maintain their own auditing operations while several nationwide initiatives exist to identify improper payments, including Medicaid integrity contractors (MICs) and Medicaid recovery audit contractors (RACs). Another national initiative, the Payment Error Rate Measurement Program, measures and annually reports a national improper payment rate for Medicaid and the Children's Health Insurance Program.

There are fundamental differences between these national initiatives. RACs are paid based on the amount of money in improper payments they identify. MICs are not paid a contingency fee and conduct post-payment audits to identify overpayments. RACs also have the ability to extrapolate data; looking at claims for a specified period of time, determining an error rate and identifying overpayments based on the claims analysis. This can lead to significant overpayment numbers.

Physicians will continue to see growth in federal Medicaid audits as the program grows; state and federal regulators will continue to scrutinize medical necessity and quality-of-care determinations as two areas to investigate in order to secure monetary returns.

Whether you are part of a solo physician practice, a group practice or a larger health care institution, no entity that bills for Medicaid is immune from federal scrutiny and possible audit activity. Here are some tips to help prepare your practice for potential payment investigations:

- Create a payment compliance program for your practice
- Designate someone in the practice to serve as a compliance officer or create a compliance committee
- Set compliance policies and procedures for your practice
- Train and educate your staff
- Have procedures in place to prevent inappropriate coding and billing
- Regularly conduct self-audits and monitor compliance procedures
- Lead your staff by example and conduct an ethical practice
- Enforce disciplinary standards
- Create a process for self-reporting improper payments and/or taking corrective actions

Source: www.amednews.com

**Glenwood Systems is proud to announce
GlanceEMR v5.0 has been certified as a
2014 Edition Complete EHR for Stage II
Meaningful Use**

Glenwood's GlanceEMR v5.0 software is one of
only a few EMR systems available that is certified
for all 64 CQMs.

To learn more call us today at (888) 452-2363.

GlanceEMR Integrated Payment Processing

Glenwood Systems has teamed up with TransFirst to integrate a payment processing solution within your GlanceEMR software.

This solution can help you and your staff work more efficiently, more accurately and more cost-effectively. And that can help you grow your business.

Glenwood Systems offers:

- Automatic payment posting to the GlanceEMR system
- Online balance payments for patients through the Glance Portal
- Elimination of manual entry and errors saving time and resources
- Ability to manage multiple patient payment options including Visa, Mastercard, Discover, AMEX and ACH (electronic checks) through a single payment processing solution
- Daily gross deposits into your local bank; fees deducted at month end
- Simple electronic enrollment process – **No contract terms or cancellation fees**

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

** If you are interested in attending a 10 Minute Webinar on Tuesday September 17th on GlanceEMR Integrated Payment Processing, please send an email to jhandrahan@transfirst.com to reserve your spot!!

Meaningful Use Goals and Evolution continued from page 2

- 3 objectives chosen from a list of 6, or a total of 20 Core Objectives
- Complete 9 out of 64 CQMs

Stage 3 (year 2015-2016)

- Will focus on improving outcomes of care; improving quality, safety and efficiency
- Decision support for national high-priority conditions
- Patient access to self-management tools in Patient Portal
- Access to comprehensive patient data through patient-centered HIE
- Overall focus on improving general population health quality and care

For more information please visit the Meaningful Use section of the Centers for Medicare and Medicaid Services (CMS) website: www.cms.gov