VITALS

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Message from the Chief

Ron Flormann
CCO, Glenwood Systems LLC

Emotional Issues Affect Revenue

Cash flow is an emotional issue; it is the basis from which an economic enterprise operates efficiently and profitably. Yet too many medical practice owners don't want to be involved in the details of financial management required to keep cash flowing smoothly, especially if it requires asking patients for money.

When I was a boy, I had a paper route for years. Early in the first year I treated my collections like a bank; when I needed money I made collections – enough to pay for the papers and to give me a little spending money. I soon learned that folks had no problem paying the $1 charge each week, they even tipped – everybody had a $1 bill in their pocket.

When I let the collections go to $8 or $10 it became harder to collect.

continued on page 2

INSIDE THIS ISSUE

"I selected Glenwood to bill for my very busy multi-location practice. When we made the decision to implement EMR we selected 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. – Family Practice

Biller's Tips

Nat Loganathan
Founder, Glenwood Systems LLC

Pitfalls in Cash Flow

Often practices find themselves in a cash-flow crunch unexpectedly. Some are due to their own making, some due to billing operations and some due to insurance carriers. Cash flow is smooth when billing operations are performed on a daily basis and no major changes occur in the practice.

Cash flow disruption can occur when a practice is being established or when a new provider is being credentialed. It takes a while to get approved by the carrier and in the case of government payers, it takes an even longer time to set up for electronic claims.

With Medicare, if a practice changes location or changes the "pay to" address, it triggers a cash hold. Cash flow will not resume until all the paperwork is fully resolved. This is a lengthy process and prone to paperwork errors and delays.

Uneven cash flow due to billing operations mainly happens if charges are bunched together (especially from hospitals and nursing homes) and billed out in an irregular fashion.

New-year deductibles, especially with Medicare, also have significant cash flow impact on Medicare-heavy practices.

The cash flow crunch can happen due to slip-ups in claim batch files as well. Unless claim batch files are checked daily for acceptance by the carrier, there is a finite chance that cash flow will be tripped one day. Since claims pass through several systems and parties, a glitch in any of the systems can cause unexpected cash flow shortfall. Often this is not detected until weeks later when payments do not show up.

Finally, carriers themselves cause cash flow disruptions due to their own financial conditions, system upgrades and natural disasters like hurricanes, etc. Medicare and Medicaid can create additional cash flow problems when they periodically switch the contractors for their claims processing operations.

It is important for practices to recognize these cash flow pitfalls in order to plan ahead for transitions, cash management and overall billing organization.

continued from page 1

I'd have to make repeated trips to collect or accept a check that had to be cashed at the bank 5 miles away by bike. The hard lesson here was that it cost me more to collect if I didn't do it on a consistent weekly basis.

The same can be said about the portion of your collections driven by patient pay. Today almost one third of practice revenue is generated by payments from the patient. More financial responsibility by the patient for the encounter is due in large to co-pays, deductibles and self-pay. Not collecting promptly probably means not being paid at all. Financial well-being is no longer just depending on the carriers.

In some practices it is the physician who is responsible for overseeing both the financial results and patient care; in other practices a manager may be hired or the revenue cycle management may be outsourced to a third party service to manage financial results. In each case the business owner has a duty to themselves, their staff and patients to review their practice's financial performance at minimum on a monthly basis.

No matter how the financial model is approached, the sooner billed the sooner collected. If the practice follows through with basic tasks; insurance eligibility verification, the use of payable codes, submitting claims daily, resolving open problems, collecting the patient portion of the visit, your cash will flow sooner and at a lower cost per dollar collected.

On another note, Glenwood has started an e-mail program offering our readers insightful articles on best practices to help you manage the financial return of your medical practice. We've included the topic of the ABN (Advanced Beneficiary Notice) in this newsletter. If you aren't receiving our bi-weekly bulletins let us know and we'd be happy to sign you up.

See What Our Customers Are Saying About Glenwood

"I can't express how happy I am with Glenwood Systems. The GlaceEMR is very user friendly and the performance of their Billing Service is great! I'm especially pleased with their collection rate."
Neelakanth R. Harapanahalli, M.D. – Family Practice

"The Glenwood Team really knows what they are doing! We now use the GlaceEMR and their Billing Service results are great!"
Joel Segalman, DPM, FACFAS, FACFAOM – Podiatry

"A company can be judged by their service and support. Glenwood goes to the top. I was surprised how easy it was to learn and use GlaceEMR and I am very happy with the billing service collections."
Savinder Julka, M.D. – Internal Medicine

"Glenwood Systems should be proud of their employees. The team delivers a high level of knowledge and service. Their patience and listening skills helped us through a tough EMR implementation and MU Attestation. We appreciate all of you dearly."
Bridget Ravindra, Practice Manager – Internal Medicine

Advanced Beneficiary Notice (ABN) Advisory

The CMS form **CMS-R-131** is a standardized notice that you must issue to a Medicare beneficiary before providing certain Medicare Part B (outpatient) or certain Part A items or services.

You must issue the ABN when:

- You believe Medicare may not pay for an item or service,
- Medicare usually covers the item or service, and
- Medicare may not consider it medically reasonable and necessary for this patient in this particular instance.
    - For instance if there is a National Coverage Determination (NCD) or Local Coverage Determination (LCD) determining Medical Necessity based on diagnosis

For information regarding NCDs and LCDs visit the CMS website: www.cms.gov/medicare-coverage-database.

You should only provide ABNs to beneficiaries enrolled in Original (Fee-For-Service) Medicare. The ABN allows the beneficiary to make an informed decision about whether to receive services and accept financial responsibility for those services if Medicare does not pay. The ABN serves as proof that the beneficiary knew prior to receiving the service that Medicare might not pay.

If you do not issue a valid ABN to the beneficiary when Medicare requires, you cannot bill the beneficiary for the service and you may be financially liable.

You should not obtain an ABN from a beneficiary in a medical emergency or under great duress (i.e., compelling or coercive circumstances).

The ABN also serves as an optional (voluntary) notice that you may use to forewarn beneficiaries of their financial liability prior to providing care that Medicare never covers. Medicare does not require you to issue an ABN in order to bill a beneficiary for an item or service that is not a Medicare benefit and never covered.

You and the beneficiary must each retain one copy of the signed ABN. If you are using Glenwood's EMR, you may scan the signed hard copy for retention.

The following are claim modifiers should be added when using ABNs:

GA: Waiver of Liability Statement Issued as Required by Payer Policy, Individual Case

Use this modifier to report when you issue a mandatory ABN for a service as required and it is on file. You do not need to submit a copy of the ABN with the claim but you must have it available upon request.

continued on page 4

What's New at Glenwood

Meaningful Use Stage II

Glenwood continues our efforts to provide clients with the most up-to-date EMR software necessary to obtain Meaningful Use incentive payments from CMS.

Glenwood has completed pilot testing for Meaningful Use Stage II criteria. We expect to receive our Stage II certification by the end of March.

Account Management Team

Glenwood is pleased to announce the addition of two new Client Service Executives as part of our Account Management Team – Theresa Ruleman and Pamela DiBenardo.

Glenwood's Account Management Team has been created to provide an extra level of expertise and experience to the Glenwood billing support team.

Theresa Ruleman is based in North Carolina and comes to Glenwood with over 14 years of insurance expertise. She has a broad background with traditional Medicare Part B and Medicare Advantage.

Theresa has served the North Carolina medical community as a Provider Relations Representative for Medicare Part B. She worked with the Provider Outreach and Education team to conduct workshops, seminars and webinars to convey CMS updates throughout the state and she also chaired the Provider Communications Advisory Committee.

While with Medicare Advantage, Theresa worked as a Provider Relations Network Development Representative and her task was to build a network of providers to service a local Medicare HMO plan.

In addition, Theresa has obtained certification as a CompTIA Certified Technical Trainer (CTT+) as well as Medical Administration.

Pamela DiBenardo is based in Florida and comes to Glenwood with over 10 years of practice management experience. She has a broad background successfully managing the key metrics necessary to profitably grow an ambulatory medical practice.

Pamela has significant experience in practice set-up and design, administrative office procedure set-up for multiple specialties, medical billing and revenue cycle management, and specialty marketing to referring physicians.

Pamela is a Certified Medical Office Manager (CMOM) and a Certified Medical Coder. She has earned her B.A. in Business from Stony Brook University and has a certificate in Medical Administration.

Please join us in welcoming Theresa and Pamela to Glenwood!

Glenwood Receives Certification for Electronic Prescription of Controlled Substances (EPCS)

Effective January 11, 2013 GlaceEMR v4.5 has been certified by Surescripts to electronically prescribe controlled substances (EPCS) **Schedule II** through **V** as allowed by individual state laws. This certification allows Glenwood client providers using GlaceEMR v4.5 the ability to fill and refill controlled substances Schedule II through V via e-Rx.

Providers who choose to utilize the EPCS module must adhere to the local laws and regulations governing e-prescribing of controlled substances in their individual state. The EPCS module is only compatible with pharmacies that accept EPCS requests. You can view the list of pharmacies that are currently accepting EPCS:

www.surescripts.com/about-e-prescribing/e-prescribing-of-controlled-substances.aspx

The addition of the EPCS module incorporates increased security features required by the DEA that individually identify and authorize the provider e-prescribing a controlled substance. This requires a two-factor authentication; a unique identification code generated by a special token for every controlled substance prescription and a digital identification certificate.

The two-factor authentication requires a knowledge factor ("something the user knows") and a possession factor ("something the user has").

a. Knowledge factor: consists of a 4-digit PIN. Glenwood will send you the initial PIN and you can later change it.
b. Possession factor: consists of a Hardware or Software Token which produces a 6-digit one-time password. This password will change everytime a button is pushed on the token.

An additional third party will provide hardware and software systems that will allow providers to e-prescribe controlled substances via GlaceEMR v4.5.

Each individual provider wishing to electronically prescribe controlled substances via GlaceEMR v4.5 must apply for and secure an IdenTrust "ACES Unaffiliated Individual" Certificate. For more information visit: www.identrust.com.

To initiate e-prescribing of controlled substances through your GlaceEMR v4.5 software please call us today at (888) 452-2363.

continued from page 2

GlaceEMR Integrated Payment Processing

Feel like your profits are leaking?
Stop wasting time, productivity and money.

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

Payment processing with Glenwood and TransFirst lets you spend your valuable time focusing on what's most important – your patients.

Glenwood Systems offers:

- Automatic payment posting to the GlaceEMR system
- Online balance payments for patients through the Glace 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!

GX: Notice of Liability Issued, Voluntary under Payer Policy

Use this modifier to report when you issue a voluntary ABN for a service that Medicare never covers because it is statutorily excluded or is not a Medicare benefit.

GY: Item or Service Statutorily Excluded, Does Not Meet the Definition of Any Medicare Benefit

Use this modifier to report that Medicare statutorily excludes the item or service or the item or service does not meet the definition of any Medicare benefit.

GZ: Item or Service Expected to Be Denied as Not Reasonable and Necessary

Use this modifier to report when you expect Medicare to deny payment of the item or service due to a lack of medical necessity and no ABN was issued.

Medicare prohibits you from issuing ABNs on a routine basis (i.e., having patients sign an ABN prior to every visit regardless of what will be done that day). You must ensure that a reasonable basis exists for non-coverage associated with the issuance of each ABN. Some situations may require a higher volume of ABN issuance, and as long as proper evidence supports each ABN use, you will not be violating the routine notice prohibition.

For a copy of the ABN and instructions, visit the CMS website: www.cms.gov/Medicare/Medicare-General-Information/BNI/ABN.html.

Glenwood Systems
Medical Billing & EMR Made Easy

100 Grand Street
Waterbury, CT 06702

Glenwood Systems is proud to announce GlaceEMR v4.5 has been certified for e-Rx of Controlled Substances

Glenwood's GlaceEMR v4.5 software is one of only a few EMR systems available that offers e-Rx of controlled substances.

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