VITALS

Message from the Chief

Ron Flormann
CCO, Glenwood Systems LLC

The Pathway to Improved Profitability

External market drivers are thrusting change upon you and there are some big decisions to make.

If you are still in private practice, then you are one of the "proud and the brave." Administrative requirements and revenue restrictions continue to plague the private practice physician. In fact, many of your colleagues have decided that it is easier to be an employed physician and have left private practice to work for someone else. It is, in my opinion, a shame that the entrepreneurial spirit of the U.S. physician is being challenged so severely.

Yet there is a segment of private practice physicians that have been able to overcome the challenges of the market and improve the profitability of their practice.

These physicians have found **The Pathway to Profitability**, adapting their practice to meet the clinical and business needs of today.

"Using GlaceComplete we have greater focus on the billing process. Glenwood's product has reduced the number of billing input errors, missed bills and helped us improve our front desk collections. Because we've been able to standardize the best practice patient encounter, the software double checks to ensure all tasks are covered helping to eliminate missed charges," said Dr. Shah. *"GlaceComplete is an excellent product for a practice that is organized and dedicated to billing efficiencies."*

Paul Shah, M.D. – Pediatrics

Biller's Tips

Nat Loganathan
Founder, Glenwood Systems LLC

What does SNOMED-CT have to do with ICD-10?

Stage 2 of Meaningful Use requires EMRs to provide consistent, collaborative care among different provider groups for any given patient. This means that EMRs need to talk to each other and they need to understand each other. The only way for them to reach this understanding is to speak a common language. Stage 2 of Meaningful Use has defined this language as SNOMED-CT – specifically for the problem list within a patient's chart.

SNOMED-CT is an acronym for Systematized Nomenclature of Medicine – Clinical Terminology. Available at no cost through the National Library of Medicine, SNOMED-CT is recognized throughout the United States and internationally as the most comprehensive clinical healthcare terminology in the world.

SNOMED-CT provides the core general terminology for the EMR and contains more than 311,000 active concepts with unique meanings and formal logic-based definitions organized into hierarchies.

SNOMED-CT contributes to the improvement of patient care by recording clinical information in ways that enable meaning-based retrieval. This provides effective access to information required for decision support and consistent reporting and analysis. Patients benefit from the use of SNOMED-CT because it improves the recording of EHR information and facilitates better communication, leading to improvements in the quality of care.

SNOMED-CT concepts are organized into hierarchies with multiple levels of granularity. The broad coverage of topics included in SNOMED-CT is illustrated by the hierarchy examples listed below:

- Clinical Finding/Disorder   - Special Concept
- Procedure/Intervention   - Physical Object
- Observable Entity   - Physical Force
- Body Structure   - Social Context
- Organism   - Specimen
- Substance   - Staging and Scales
- Pharmaceutical/Biologic Product   - Event

Yes, your medical practice is a business. While your higher goal is to deliver the best possible care to your patients, you can't exist as a non-profit and continue to fund the practice. Change and success requires an "Adapt and Overcome" mentality.

Producing more from your practice isn't a matter of buying new products, it is the installation of process and the use of tools to modify your business and clinical practices. Improved profitability requires that you reduce and remove redundant and wasteful tasks, lower operational costs, increase patient encounters, monitor and manage receivables while improving cash flow. Once the process is in place you need to monitor and manage your KPI (key productivity indicators) in a simple and easy manner.

Do you want to be Kodak, #1 in their market for over 100 years and now on the verge of bankruptcy, or an Apple, on the verge of bankruptcy in 1997 and now a market leader? The difference? The ability to Adapt and Overcome.

The Pathway to Profitability is in front of you. Visit us at www.GlenwoodSystems.com.

Regards,

P.S. The national ICD-10 conversion is a go for October 1, 2014. Glenwood's certified Stage 2 Meaningful Use software is fully compliant with ICD-10, complete with crosswalks between ICD-9 and ICD-10. Unprepared practices should expect a cash-flow disruption of 6 months or better!

ICD-10: What else is Glenwood doing to help our customers during the transition?

- We are releasing the Glace5.0 version with ICD-10 capability to physicians and other staff early so they can practice with it before the October 1, 2014 deadline.
- During that time physicians will be able to code in both ICD-9 and ICD-10. The system will provide the crosswalk between ICD-9 and ICD-10 codes, and vice versa.
- We will assist physicians in converting the existing ICD-9 superbill to the ICD-10 superbill.
- We will format the claims to support ICD-10 coding.
- We will update the Billing and EHR workflow to ensure ICD-10 compliance.
- As a value added service, we are releasing an Android app with the capability of exploring the ICD-10 library and the ICD-9 to ICD-10 crosswalk.

The following table will depict how ICD-9 codes will map to ICD-10:

Mapping Type	ICD-9 to ICD-10
No Match	3.0%
1-to1 Exact Match	24.2%
1-to-1 Approximate Match with 1 Choice	49.1%
1-to-1 Approximate Match with Multiple Choices	18.7%
1-to-Many Match with 1 Scenario	2.1%
1-to-Many Match with Multiple Scenarios	2.9%

ICD-10: Big Changes Are Coming

As most physicians have heard, on October 1, 2014 all the physicians in the U.S. must adopt the ICD-10 code set for reporting diagnoses to the payers. ICD-10 has approximately 140,000 billable codes (68,000 Diagnosis and 72,000 Procedure) compared with 18,000 codes in the ICD-9 code set (14,000 Diagnosis and 4,000 Procedure). This increases the complexity of reporting as physicians have to be more specific while reporting the diagnosis.

ICD-10-CM incorporates much greater clinical detail and specificity than ICD-9-CM. Terminology and disease classification are updated to be consistent with current clinical practice. The main benefits of implementing ICD-10 are:

- Measuring the quality, safety, and efficacy of care;
- Reducing the need for attachments to explain the patient's condition;
- Designing payment systems and processing claims for reimbursement;
- Operational and strategic planning;
- Improving clinical, financial, and administrative performance;
- Tracking public health and risks.

All these benefits come with complexities. Some of the complexities for a medical practice include:

- Staff education and training;
- Superbill changes;
- IT system changes, increased documentation costs, **and cash flow disruption**;
- Business-process analysis of health plan contracts, coverage determination, and documentation.

Unless your practice is strictly cash – ICD-10 presents a major challenge to every physician billing a third party payer. Our industry, especially payers and physicians, have become accustomed to ICD-9 and with any change comes challenge and disruption in service.

- Be sure your billing software is updated and accommodates ICD-10 billing submission. *Glenwood has a history of being on the front edge of requirements (remember 4010 – 5010?). Glenwood Customers will have upgraded v5.0 ICD-10 software in place no later than July 1, 2014 allowing our customers to continue to bill with ICD-9 for encounters before 10/1/14 and to practice with ICD-10.*
- Train yourself and your staff regarding the specificity of the required new codes. *Glenwood will have every client ICD-10 enabled by July 1, 2014 so they may configure the ICD-9 to ICD-10 crosswalks and configure their new "favorite" codes.*
- Prepare for the worst. No matter the extent of preparation, there will be an increase in denials as Payers and Physicians adapt to the change. *Glenwood recommends that you start to accrue reserve operating capital immediately. Plan to keep 4-6 months capital in reserve.*

Glenwood Systems is vertically integrated; we don't rely on third party programmers to make our software compliant. Combine this with a history rich in customer service and we can assure our customers that we will do our best to help with this potentially painful transition.

The Pathway to Improved Profitability
Glenwood Systems LLC   888-452-2363   www.glenwoodsystems.com

Remaining HIPAA Compliant: How to Protect Patient Records

A security risk analysis is likely the least understood and greatest exposure and risk for practices attesting to Meaningful Use (MU).

Many of the MU measures are already familiar to practices. Actions such as gathering vitals, demographic documentation, and medication histories physicians can perform in their sleep. However, the technical issues can be much trickier for physicians, who aren't necessarily IT experts.

The use of Health Information Technology (HIT) continues to expand in healthcare. Although these new technologies provide many opportunities and benefits for consumers, they also pose new risks to consumer privacy.

Risk Analysis Explained

A security risk analysis is a systematic and ongoing process of both:

- **Identifying and examining potential threats and vulnerabilities to protected health information in your medical practice.**
- **Implementing changes to make patient health information more secure than at present, then monitoring results (i.e., risk management).**

The HIPAA Security Rule requires covered entities to conduct a risk analysis to identify risks and vulnerabilities to electronic protected health information (EPHI). Risk analysis is the first step in an organization's Security Rule compliance efforts. Following HIPAA risk analysis guidelines will help you establish the safeguards you need to implement based on the unique circumstances of your healthcare practice.

After completing a risk analysis, which will identify your areas of risk, policies and procedures must be put in place to document and mitigate these risks.

Providers should develop a risk analysis by evaluating the impact and likelihood of potential breaches, implementing security features, cataloging security features, and maintaining security protections.

HIPAA Omnibus Final Rule Summary

There are three areas that physicians will need to focus on to comply with the new HIPAA rules:

- **Privacy, security, and breach notification policies and procedures (and in some cases, new workflows and forms)**
- **Notice of privacy practices**
- **Business Associate Agreements**

All of these forms must be updated. This updated documentation to identify your risks and how you will address them must be dated during the attestation period, not after.

The bottom line: If you do not document it, you did not do it.

Source: medicaleconomics.modernmedicine.com

We understand how difficult it can be to learn different coding systems. As you may already be aware ICD-10 is just around the corner. But how are the ICD-10 codes and SNOMED-CT codes different?

ICD is a statistical-based coding system. ICD takes less common diseases and groups them together in "catch-all" categories (e.g. E32.8 *Other diseases of thymus*) which can result in a loss of clinical information. Some providers also feel that the ICD terms are not "clinical user-friendly."

SNOMED-CT is a clinically-based coding system where the provider can document whatever clinical information is needed for patient care. SNOMED-CT is used by the provider during the patient care as opposed to ICD which is used by coding professionals after the episode of care.

While ICD-10 codes can be used to document the Diagnosis, SNOMED-CT codes can be used to document not only the Diagnosis but many other aspects of the patient chart including History, History of Present Illness and Physical Examination.

SNOMED-CT has better clinical coverage and a greater number of codes than ICD-10; SNOMED-CT offers 311,000 clinical concepts while ICD-10 offers 140,000 (for comparison ICD-9 only offers 18,000).

Glenwood understands these difficulties and provide tools to make your life easier and simpler. GlaceEMR will include a comprehensive search engine for ICD-9, ICD-10 and SNOMED-CT.

As the ICD-10 conversion on October 1, 2014 looms before us and Meaningful Use requirements continue to increase, **You** can be confident that Glenwood Systems is at the forefront of your clinical documentation and billing needs. All Glenwood clients will have Stage 2 with ICD-10 software installed by July 1, 2014.

We will also provide crosswalks between these coding systems. These crosswalks (software tools which will give the equivalent code in a different system) will allow you to enter one type of code, such as ICD-9, and the system will suggest possible alternative codes in the appropriate coding system, such as ICD-10. This also means that providers can be trained on SNOMED-CT and then have their EMR generate the ICD-10 codes, then allow the coders to verify the ICD-10 codes.

If you are not a Glenwood Client today contact us ASAP at (888) 452-2363 to ensure you are prepared for ICD-10 and Stage 2 Meaningful Use.

For more information please visit:

http://www.nlm.nih.gov/research/umls/Snomed/snomed_main.html

http://ihtsdo.org/fileadmin/user_upload/doc/download/doc_StarterGuide_Current-en-US_INT_20140222.pdf

ICD-10 We're Ready Are You?

In order to make a successful transition from ICD-9 to ICD-10 your practice management and EHR vendor should be working with you. CMS has suggested that providers ask the following questions of their vendors:

- Will you install products well before the October 1, 2014 deadline so I can begin testing them?
  A: Yes, Glenwood will make the ICD-10 database available to our current customers no later than July 1, 2014.
- Will support for my current products be discontinued after the October 1, 2014 ICD-10 deadline?
  A: No, Glenwood will continue to provide you the same software and technical support after the ICD-10 deadline.
- Will you provide periodic updates for new products? Will there be a charge for these updates?
  A: Yes, Glenwood will provide periodic updates; there is no charge for these updates.
- Will I need new hardware to accommodate ICD-10-related software changes?
  A: No, Glenwood does not require new hardware to accommodate the ICD-10 database.
- What are the costs associated with maintaining new products?
  A: There will be no additional costs from Glenwood to utilize the ICD-10 database.
- Will you offer product support? If so, how long will the vendor support the application?
  A: Yes, Glenwood will offer product support including our standard online training, technical support and billing support. Glenwood will support the ICD-10 application as long as ICD-10 is the industry standard.
- How do I report issues and how quickly will you respond?
  A: Issues can be reported to Glenwood's Technical Support Team via phone or email. During normal business hours, Technical Support will respond within a two (2) hour timeframe; outside normal business hours, Technical Support will respond the next business day.
- Will you provide training on your software?
  A: Yes, Glenwood will provide online training sessions on the ICD-10 database.
- Will you offer support during and after internal ICD-10 testing?
  A: Yes, Glenwood will offer Technical Support services during and after internal ICD-10 testing.
- Will you help me test my system with payers and other trading partners?
  A: Yes, Glenwood will help our customers test the system with payers and trading partners.
- Does your product give me the ability to search for codes by the ICD-10 alphabetic and tabular indexes? By clinical concept?
  A: Yes, Glenwood will provide the ability to search for the ICD-10 codes by alphabetic index, tabular index and clinical concept.
- Will your product allow for coding in both ICD-9 and ICD-10 to accommodate transactions with dates of service before October 1, 2014 and transactions with dates of service after October 1, 2014?
  A: Yes, Glenwood's system will allow coding in both ICD-9 and ICD-10 for dates of service before October 1, 2014 and for transactions with dates of service after October 1, 2014.

Source: CMS (http://www.cms.gov/Medicare/Coding/ICD10/Downloads/ICD10QuestionstoAskYourVendors.pdf)