Philadelphia Medicine

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Patient collections: 5 mistakes your practice can avoid

Many practices experience common accounts receivable (A/R) mistakes that when left unattended result in the nightmare of watching A/R soar and, sometimes, become unmanageable. Managing practice collections begins before the first patient visit and ends with a zero balance; all the while monitoring the key processes involved.

Mistake #1

It starts with the collection of insufficient or inaccurate financial data.

Mistake # 2

Collecting accurate demographic and billing information should not be limited to new patients. Update patient information and insurance information at each visit.

Mistake # 3

Another headache for practices is monitoring patients with aged balances who keep coming in for additional services.

Mistake # 4

Untimely submission of insurance claims and poorly designed patient statements will thwart collection efforts. It is also important to generate charges in "real time," so charges are posted and electronically sent to the payer within 24 hours.

Mistake # 5

Failure to analyze collection performance can be a major headache. Too often the staff is focused on getting the billing off their desk and the claims submitted, but have little time to follow up on receivables, analyze the practice's financial performance, and improve collections.

Finally, develop written financial policies. These policies should represent your philosophy and collection goals. The goals should be specific and identify employee responsibility. By including the entire staff in development and implementation of the policies, you get their buy-in, which is essential to achieving the desired results.

Excerpted from an article by Judy Capko. You can find the full article at judy@capko.com.

Are you facing higher Mcare assessments this year?

Many area physicians will face significantly higher Mcare assessments this year. For some specialties or geographic areas, the increases will be thousands of dollars. For others, the change will be less costly or minimal, and some physicians will have significant decreases.

If you pay your own medical liability costs you will be billed for your Mcare assessment by your primary carrier. The 2013 assessment was set at 25% of the JUA occurrence premium for the physician's specialty and county. For 2013, the aggregate assessment burden on physicians and other healthcare providers is expected to increase by $26.7 million or 13.1%.

Some examples of varying impacts on Philadelphia County physicians in specialties include:

Specialty	Philadelphia
Family physician	$742 or 16% increase
Obstetrician-gynecologist	$3,284 or 15.3% increase
Vascular surgeon	$4,428 or 23.5% increase

PCMS NEWS

Upcoming Programs

All programs to be held at PCMS headquarters
For more information and to RSVP call 215-563-5343, Ext. 113.

Residents/Fellows

Date: Tuesday, March 5
Topic: Understanding Your Employment Contract: A Legal Review
Time: 6:00 - 7:30 PM
Speaker: Dan Shay, Esquire

All PCMS Members CME Seminar

Date: Tuesday, March 12
Topic: Smoking Cessation
Speaker: Frank Leone, MD
Time: 6:30 - 8:00 PM

Practice Managers

Date: Wednesday, March 13
Topic: ICD- 10 Compliance
Speaker: Dena Mallin
Time: 12:00 - 1:30 PM

SAVE THE DATE

All PCMS Members
The 8th Annual Tools for Success Conference
at the Villanova Conference Center,
601 County Line Road,
Radnor, PA 19087
April 17 & 18, 2013

Health Literacy and Your Practice

Join our panel of specialists for an evening program on April 17th followed by a full day of learning, support, networking and, of course, a terrific lunch!

Presentations will include information and strategies for dealing with issues of ICD 10, Meaningful Use, Patient Center Medical Home, Medicare update, and legislative and regulatory and payer updates.

For information, call 610-892-7750.

All events are posted on the PCMS website. These include CME programs and seminars from outside sources. If you would like to post your event on the website, call 215-563-5343, Ext. 102

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Editorial

Prepare for smartphone medicine

by Harvey B. Lefton, MD

We face changes in medicine today that will alter our future practice patterns. We all recognize the need for better communication with patients. If the full impact of Obamacare is realized, this may be more of a challenge as 47 million Americans will enter the pool of insured with access to medical care.

Also, statistics show that 10,000 Americans are retiring each day. When coupled with a potential shortage of 100,000 doctors by 2020, this means that there will be significant challenges to meeting the future healthcare needs of our citizens.

One hopeful prospect for dealing with the changes in demand and demographics of the future is the cellphone. It is estimated that 55% of world citizenry have cellphones now, and by 2018 there will be a cellphone for every person on the planet. In the US over 80% of the population has cellphones. We are entering an era when patients will become more involved in their own medical care and participate with their physician in this care. Aside from having access to the medical records, cellphone applications are becoming more available for disease management. Patients are already participating in chat rooms with people with similar diseases to discuss their treatment options. Patients with multiple sclerosis, for example, interact in chat rooms to discuss response to therapy, and new therapy.

Cellphones can be programmed to remind patients to take their medications. In Mexico, where 80% of the people also have cellphones, patients with HIV now can join interactive services to remind them when to take medicine and see their physicians. They can enter into their phones when they take the medicines and get reminders when it is time to take their next dose of antiretroviral therapy. They also get updates urging them to adhere to treatment schedules, with actual statistics showing how their adherence can affect success of treatment or limit response.

Patients can also get updates for dietary counseling. With the epidemic of obesity and diabetes, diet counseling and peer discussion are also available through internet connections and cellphones. There is now a dermal patch that can be worn to continuously monitor blood sugar by using the cell phone. The phone can be programmed to sound alarms when sugars are too high or too low throughout the day.

Eric Topol, MD, the author of "The Creative Destruction of Medicine," has demonstrated a backing that fits cellphones and can give an EKG reading to his smartphone. He even used this device to get a cardiogram on a patient with chest pain on a nonstop flight. When his phone showed the patient was having a myocardial infarction, the flight was diverted and the patient taken off to get lifesaving care. Physicians can also use smartphones and mobile devices to access medical information from the EMR or the ICU setting when a patient is calling in for information to their doctor on call. Another application is storing blood pressure readings and lab data on the patient's smartphone. This can be transmitted to physicians for review. Patients can use smartphones in areas where physicians are not readily available to receive advice about management by offsite specialists. Smartphone photos can be taken of lesions and sent to a specialist for review and for treatment suggestions.

When his phone showed the patient was having a myocardial infarction, the flight was diverted and the patient taken off to get lifesaving care.

In the past, information was available only to the high priests and highly educated few. The Gutenberg printing press ushered in an era where the Bible and scholarly works were eventually available to the masses. We have now entered an era where the majority of patients throughout the world will find access to medical information and opinions and participate in their own medical care through the revolution of the smartphone technology.

Dr. Lefton is the President of PCMS.

2013-2014 state legislative agenda

The 2013-2014 session of the General Assembly will be filled with both challenges and opportunities for the Pennsylvania Medical Society (PAMED) and the Philadelphia County Medical Society.

Practice/payer reforms include:

- Fair contracting legislation (PAMED has a comprehensive proposal)
- Prompt payer credentialing of physicians
- Limits on retroactive denial of payment for services rendered
- Invalidation of indemnification and hold harmless clauses imposing liability for hardware and software problems on physicians in electronic medical records contracts
- Prohibition of restrictive covenants in employer contracts
- Economic credentialing reform
- Recruiting/retention incentives including student loan forgiveness
- Reform of the "MOM law," that prevents balance billing of Medicare patients
- Whistleblower protection
- Independent peer review
- Creation of an observation physician reimbursement category in a hospital setting
- Assure that physicians have input on the new electronic health information exchange, and that the system is "physician friendly"
- Participate actively in discussions over the possible creation of a state Health Insurance Exchange
- Require health care payment and price transparency
- Evaluate delegation to, supervision of, and scope of practice of non-physician health care providers
- Support modernization of hospital licensing, while protecting the independence and integrity of the physician-led medical staff to assure patient safety
- Secure state support for the LifeGuard program, which works to improve physician competency

You can find more details at www.philamedsoc.org.

Phasing out Mcare a top priority

Pennsylvania's troubled medical liability insurance system demands attention. Phasing out the Mcare Fund and retiring the Fund's $1.3 billion unfunded liability without cost to physicians remains a top priority.

The current phase-out process enacted in 2002 remains in place, meaning that early in 2013 the Insurance Commissioner will review the capacity of the private insurance market to sell more liability coverage to physicians. A decision that the private market is healthy would jump-start the phase-out, but would saddle physicians with Mcare's massive unfunded liability.

PAMED will continue to seek outside funds to retire the unfunded liability, while at the same time trying to prevent the implementation of the phase-out until that funding is secured. Additional Mcare priorities include:

- Requiring year-end surpluses in the Mcare Fund be used to reduce the following year's assessments.

A decision that the private market is healthy would jump-start the phase-out, but would saddle physicians with Mcare's massive unfunded liability.

- Assuring that physicians who make timely remittance of their Mcare assessment to their primary insurance carrier are not penalized if the carrier does not forward the payment to the Mcare Fund.
- Continue efforts to phase out Mcare, but only if it can be done in a manner that does not impose a financial burden on physicians.

Restrictions on medical records copying charges for 2013

General Rules				
Source of request	Copying (per page)		Retrieval	Postage, shipping, and delivery
Patient	Paper Pages 1-20 Pages 21-60 Pages 61+ Microfilm	 $1.42 $1.05 $0.34 $2.05	Prohibited by HIPAA privacy rule	Actual cost
Personal representative, such as parent of minor	Same as limits for patients		Prohibited by HIPAA privacy rule	Actual cost
Designee of patient, such as attorney with authorization	Same as limits for patients		$21.07	Actual cost

Special Purpose Requests			
To support	Copying	Retrieval	Postage, shipping, and delivery
Social Security claim or appeal	$26.70 flat rate	No additional charge permitted	Actual cost
Federal or state needs-based benefit program	$26.70 flat rate	No additional charge permitted	Actual cost
The physician may require the requester to provide documentation of the purpose of the request, such as an appointment of representative form SSA-1 696-U4) when the patient's attorney makes the request for a Social Security claim or appeal.			

Third party requests			
Source of request	Copying	Retrieval	Postage, shipping, and delivery
Subpoena (except as below)	Same as limits for patients	$21.07	No additional charge permitted
Subpoena from district attorney	$21.07	No additional charge permitted	No additional charge permitted
Commonwealth agency (executive or independent), such as licensing board	Not permitted as general rule. Allowed only if required by law or authorized by agency guidelines, statements of policy, or notice in Pennsylvania Bulletin		

pcms people

Alexander Vaccaro, MD, recently appeared on NBC10 regarding PSU's Adam Taliaferro's recovery from his spinal cord injury.

Paul J. Mather, MD. Mr. Ira M. Lubert and the Lubert Family, along with other donors, have established an endowed professorship in recognition of Dr. Mather's achievements for his patients at the TJU Advanced Heart Failure and Cardiac Transplant Center. Dr. Mather is now the Lubert Family professor of Cardiology. He is also the current president of the Southeastern Pennsylvania Region of the American Heart Association.

Edward Cantu, MD, transplant surgeon at the University of Pennsylvania, was recently featured in the *Philadelphia Inquirer* for his work in testing technology which saves donor lungs which otherwise may be discarded.

Host your event at PCMS
Host your next party or conference/seminar at PCMS headquarters. Ample free parking. Contact Louise Eder on 215-563-5343, Ext. 107 to schedule an appointment.

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