

Easy MEDfx Transition Leads to Improved Payments

“What’s good about MEDfx?” the questioner asked.

“Just about everything!” quickly replied Carol Gilchrist, RN, CMM, and Practice Manager of her husband’s busy pediatric office.

Separately, when the same question was posed to Michael A. Gilchrist, MD, he explained that while he has never had a car last as long as his legacy practice management program (PMS) did at 16 years, he knew it was time to make a change.

As difficult as it was to abandon the PMS program that Dr. Gilchrist began using in 1990 when he opened his private practice in Chelmsford, MA, he was absolutely amazed that “the conversion to MEDfx was so easy. Eight days after going live, we were getting checks [from insurance companies],” he said.

The large pediatric practice with child-friendly toys and parent-friendly magazines in the comfortable waiting room was started by “Dr. Mike” over 17 years ago when he left a group practice to start his own in Chelmsford.

A staff that consisted of himself, his wife, and a nurse in 1990 has grown to 18 persons including two other pediatricians and two nurse practitioners. Pulling from 8 surrounding communities including some southern New Hampshire towns, a typical day of office hours sees between 110 and 120 patients.

Carol first learned about MEDfx in 2003 at a PMS User Group Meeting and within months had signed on for the new software being developed by GBA. Critical to her practice, however, was immunization and she was willing to wait for the enhanced treatment protocols. “We print immune information all day long for camps and schools so we waited until that was ready.”

This past summer the office staff prepared for the switchover to MEDfx by populating the program’s tables. “Incredibly strong teaching by the GBA facilitators,” according to Dr. Gilchrist got the staff ready to “go-live.” Carol also credited GBA’s Implementation Coordinator for helping her with the crucial clearinghouse paperwork.

When the September 19, 2006, “go-live” date arrived, Carol was very nervous about switching clearinghouses and using CLAIMfx to submit claims. Now, just eight weeks later, she is surprised that “claims are being paid so fast.” A commercial insurer that used to take 30 days to pay, now sends payment to them in seven days. “Unheard of,” said Carol.

Holly Davies works in the Billing Department behind the practice’s busy Front Desk area and she was unfazed by the switch to a new software. “I’m liking the change [to MEDfx]. It takes some getting used to, but we all have to go forward---nothing stays the same,” she said cheerfully.

Line item posting in MEDfx is Holly’s favorite feature because when patients have questions, it is easy to explain the bill without needing to refer to the Explanation of Benefits (EOB) printout from the insurance company.

Errors that lead to rejected claims are noticed sooner rather than later and are easier to fix, she said.

Holly also can cite instances when MEDfx’s reporting capabilities have

helped her quickly gather needed information. She uses MEDfx’s Unbilled Transactions report to make sure that there are no outstanding charges to be submitted to an insurance company.

Through all the years working at her husband’s side, Carol has seen new office technologies that have impressed her. Often she relinquishes control of her keyboard while a member of GBA’s Technical Support team dials remotely into her system to make fixes. “I watch what they are doing and learn. They don’t have to come out to our office so often to troubleshoot.”



Michael A. Gilchrist, M.D. (standing), Holly Davies, Biller (left), and Carol Gilchrist, Practice Manager.

“The conversion to MEDfx was so easy. Eight days after going live, we were getting checks [from insurance companies].”

Michael A. Gilchrist, M.D.

Because PMS and MEDfx do not store all patient data in the same way, insurance information needs to be verified when patients come in for office visits. “It is an additional stress on our front desk to ask everyone who comes to the window for this

information and then to update their MEDfx registration screens. We didn’t add staff because it is temporary and will resolve itself, but we did not plan for [the extra work],” said Carol.

But, her praise for MEDfx continued in her next sentence when she related that – in just two minutes – she was able to print a report by insurance company of how the practice was being reimbursed for a new preventative treatment vaccine. Also, she makes frequent use of the productivity reports for the various providers in the practice.

Dr. Gilchrist, who specializes in pediatric behavioral development, has a terminal right outside his private office door where he can use MEDfx to find patients and see when and why they last visited his office. Especially on fall afternoons when “add-on illnesses” can crowd his schedule, he likes to reference the MEDfx Appointment Scheduler to know how to pace himself for the rest of the day.

The practice has been using e-prescribing for the past four years and his text technology investment, that he is shopping for now, is Electronic Health Records (EHR).

In his blue smock with a Winnie-the-Pooh embroidered patch on one side of his chest and a small stuffed giraffe poking its head out of the pocket on the other side, Dr. Mike says he has cut back now to three days of working. But, even with his son, Mark Gilchrist, MD, joining the practice a year ago, he will never retire saying, “Medicine is too exciting and I think it is the neatest job in the world.”

Editor’s Note: Michael A. Gilchrist, MD, explained that the literal Latin translation of the word “doctor” is teacher. “Parenting is an easier job if you know how to take care of your kids,” he said. To that end in 1991 he set up a website at www.childdocs.com and continues to keep it updated with general information for patients and parents.