



### Coloradoans Cut Budgets to Afford Health Care

Many Colorado families with incomes of less than 500% of the poverty level often stop saving for, or spending on, necessities - such as education, housing and child care - so that they can afford health insurance, according to a report released April 30th by the Colorado Center on Law and Policy

The CCLP study, The Cost of Care: Can Coloradans Afford Health Care is available [here](#).

## PrimaryNews Issue 06 May-June 2009

### PrimaryData

Practical care for your practice.

8756 Dover Circle  
Arvada, CO 80005-1584  
720.226.9279 phone  
866.852.4731 fax  
[www.primarydatacorp.com](http://www.primarydatacorp.com)

### Current PrimaryData Specials

- **Complimentary 2-provider, 8-seat MEDfx practice management system** including implementation, training and BI reporting tool. If you are interested or know of a practice that is in need or have interest, point your web browser to [www.primarydatacorp.com/offer.htm](http://www.primarydatacorp.com/offer.htm) for details.
- **SpringCharts EHR Stimulus Lease Solution.** Need to implement an EHR solution in your practice but don't know how you can afford it? Spring Medical and PrimaryData have the answer — install SpringCharts EHR in your practice today and qualify for the 2011 proposed stimulus monies to pay for it through the SpringCharts EHR Stimulus Lease Solution. Details on this special offer are available at [www.primarydatacorp.com/springmedical.htm](http://www.primarydatacorp.com/springmedical.htm)
- **NEW! Dell Latitude XT2.** The first tablet PC with multi-touch screen technology uses natural gestures like a pinch or tap for scrolling, rotating, zooming and more. Intel® Core™ 2, 3GB memory, 80GB hard drive, wireless 802.11a/g/n, Windows Vista® Business w/media, 3 year limited warranty/next business day on-site Dell service for \$2395 through June 30<sup>th</sup>. Dell OptiPlex 360 Desktop with 19" color monitor, delivered, installed and configured for \$595.
- **e-Prescribing options to fit your practice** – integrated to EHR, practice management and document imaging solutions or standalone. See [www.primarydatacorp.com/ePrescribe.htm](http://www.primarydatacorp.com/ePrescribe.htm) for details.  
Call **720-226-9270** for details or answers to your healthcare technology questions and needs.

If you wish to stop your subscription to PrimaryNews, please send an email with the subject "Stop" to [news@primarydatacorp.com](mailto:news@primarydatacorp.com).

 Please consider the environment before printing this document.

Issue

# 06

May - June  
2009

Healthcare  
Technology  
News and  
Products

# PrimaryNews



### This issue

- [Practice Revenue Management](#) p1
- [Patients Want More Online](#) p2
- [Electronic Eligibility / Remittance](#) p2
- [Successful Revenue Management](#) p3
- [Tech Q&A, Trends, Picks](#) p3
- [Coloradoans Cut Budgets](#) p4
- [Current Specials](#) p4

### PrimaryView

These are difficult times for our economy and for many medical practices. Patients with insurance often have higher deductibles or co-pays, an HSA, or no longer have insurance at all. Your receivables and collection efforts may need greater focus. This edition of PrimaryNews is centered on Revenue Management and how it can assist your practice.

### PrimaryData RSS news feed

RSS - Really Simple Syndication - is a web format for receiving new information from web sites in which you are interested.

PrimaryData offers RSS feeds for use in news readers and web logs (blogs). These free feeds include information from PrimaryData as well as links to pertinent healthcare technology information and news. Information, each added to the feed automatically. You'll see a summary and a link which you can click for details. Details on our RSS feed at: [www.primarydatacorp.com/rss.htm](http://www.primarydatacorp.com/rss.htm)

Access our RSS feed directly at: [www.primarydatacorp.com/feed.xml](http://www.primarydatacorp.com/feed.xml)

**Red Flag rules postponed to August 1st, 2009.** See the [March – April PrimaryNews](#) for information on Red Flag rules.

## Practice Revenue Management

A team business approach leads to a successful practice.

Each day patients come to your practice with a myriad of health issues and insurance plans. Insurance plans have shifted more of the financial responsibility to patients. 80% of covered workers now have a co-pay, which are rising. Consumer-directed insurance plans add to the variety of copays. Higher deductible plans are becoming more common.

There were 45.7 million uninsured in 2007 with current projections of 6.9 million more by 2010. There are currently 25 million under-insured.

The average patient is now responsible for 35% of their healthcare bills.

A team approach is required for successful practice revenue management efforts.

Staff should be trained on methods of obtaining payment from patients. Your practice should be aware of the types of plans that patients carry and have a good system in place for verifying patient eligibility and communicating responsibility.

The better you set patient's expectations up front, the easier it is for the patient to meet your payment policies. Have a written financial policy that details patients' responsibilities and clarifies your staffs responsibilities in collecting patient and insurance payments.

Starting with the initial appointment scheduled, communicate your financial policy, any co-pays and balances, and obtain up-to-date patient

demographic and coverage information.

Appointment reminders take time, but less than the time to deal with no-shows which they can be effective in preventing. Reminders can be automated to focus staff on other tasks.

Having electronic eligibility capabilities within your practice management system is crucial for up-to-date patient coverage information that can be used to better inform and collect from patients at time of service.

Your practice should be prepared to accept most forms of credit/debit cards and electronic payments to collect co-pays, deductibles, and balances before the patient walks out the door.

Clean data and good posting skills should lead to clean claims submitted electronically along with electronic status and remittance to optimize staff productivity and collection efforts.

Administrators should regularly review the financial reports from the practice management system for days in A/R, and the percentage of accounts over 90 days old. Accounts that are 90 days past due are 90% collectible, accounts that are 180 days past due are 67% collectible, and accounts 1 year old are 40% collectible.\* It is critical to get payment as close to the date of service as possible.

Practice revenue management requires an informed and empowered team for success.  
\* Physicians Practice

## Patients Want More Online

The [2009 Survey of Health Care Consumers](#) was recently released by the [Deloitte Center for Health Solutions](#). Their findings suggest that patients want to be actively engaged and are comparing doctors, hospitals, medications, devices, health plans and self remedies. Key findings include:

- 68% are interested in home monitoring devices that enable them to check their condition and send results to their physician;
- 57% want a secure Internet site to access their medical records, schedule office visits, refill prescriptions and pay medical bills;
- 55% want to communicate with their doctor via e-mail to get health information and answers to questions;
- 42% want access to an on-line personal health record connected to their doctor's office. 9% now have a PHR, compared with 8% last year;
- 38% are very concerned about privacy and security of personal health information
- 37% are interested in on-line tools to help monitor and improve their health;
- 27% looked on-line for information about the quality of care provided by a doctor in the last 12 months;
- 13% looked on-line for cost information;
- 60% think government should set standards for collection of medical information, 21% health plans, 5% employers and 14% said no entity should set standards.

The full report is available [here](#).

Verified backups and a business recovery plan are great to possess whatever the season.

## Electronic Eligibility and Remittance

Both tasks important for revenue management.

### Electronic Eligibility

Being able to check a patients insurance status will assist your practice in determining if they are covered before you provide services as well as their co-pay information. The ability to collect payment decreases dramatically if you don't know a patient is uninsured until after they leave your office.

Today's practice management systems, like MEDfx, are integrated to healthcare clearing houses, like InstaMed, to allow electronic requests for eligibility status directly to a patient's payer. Eligibility can be done in batch mode of patients prior to their appointment without requiring any extra time from your staff or checks can be done individually for walk-in patients, providing you with up-to-the-second information.

InstaMed supports over 430 payers including Medicare, Blues, United, Aetna and Cigna. MEDfx has multiple areas to check and view patient eligibility.

The alternative to electronic eligibility is to spend as much as 20 minutes a call verifying eligibility. Manual calls are dependent on resources and time, which can be a costly decision when considering the billing and collection costs for patients not covered for services.

### Electronic Remittance

Electronic remittance is an electronic receipt of electronic claims submitted. After your electronic claims have been sent and processed payers provide an electronic file of the relevant EOBs which can be downloaded directly into your practice management system.

Electronic remittance can significantly reduce the time your staff spends posting payments allowing them time to better review data rather than just entering data.

Not all payers are able to provide electronic remittance. InstaMed currently supports over 280 payers including Medicare, Blues, United, Aetna and Cigna.

Staff should review EOB information about denied claims as well as claims that are kicked back by your billing system or clearing house. Investigating claims that are denied helps avoid repeat errors and help with the appeal process which will lead to more timely payments.

PrimaryData has put together a Claim Denial Tracker tool which is available at: [www.primarydatacorp.com](http://www.primarydatacorp.com).

The AMA has an excellent pdf report on claim submission, processing, adjudication and payment, [Follow that Claim](#), available [here](#).

### Clean Claims Integral

Submitting clean claims is integral to practice revenue management and ties into verifying eligibility and remittance. Common problems with claims include:

- Patient demographic and insurance information is incorrect;
- Billing to the incorrect insurance;
- NPI incorrect for providers;
- Timely filing requirements;
- ICD-9 and CPT codes posted are not appropriate grouped together.

Claims should be submitted daily and electronically. For insurance carriers that you're not contracted with, include information in your financial responsibility brochure that the patient is responsible for payment at time of service and you do not submit claims directly for those carriers.

30% of the claims submitted annually are denied; 15% of those are never resubmitted. 90% of denied claims are preventable.

MEDfx and InstaMed, with real-time HIPAA validation and automated status, can help ensure payment accuracy, timing, reconciliation, and cleaner claims.

### PrimaryData - Registered Dell Partner



We are proud to announce that PrimaryData has become a Registered Dell Partner.

As your healthcare IT partner, we offer a complete portfolio of technology solutions.

PrimaryData can help you design and implement solutions that work well within your practice and budget, simplify your IT operations and contribute to improved patient care.

## Successful Practice Revenue Management

Plan your overall business practices to maximize your collection efforts.

### Starting Smart with Scheduling...

Practice revenue management begins with appointment scheduling. Handling new and existing patient scheduling correctly and obtaining accurate information is critical. Your practice depends on patient appointments being handled correctly - mistakes here can compound into problems in other areas. Key factors within scheduling include:

- Get key information when making the appointment and review payment policies;
- Review outstanding patient balances when they call for an appointment;
- Verify insurance, eligibility and benefits prior to the appointment date (See article page 2);
- Appointment reminders, either automated or manual, within 48 hours reduce no shows;
- Confirm existing information is correct when the patient arrives;
- Collect co-pays, balances when checking in;
- Have a financial responsibility brochure available for patients at the front desk.

The best time to ask for and collect a patient balance is when patients are in the office, especially today with more patients bearing more of the payment responsibility.

How you handle scheduling has a dramatic effect on your practice revenue management.

### ...Leads to Effective Collections

Smart scheduling sets up effective collection. It is important for staff communicate co-pay, balance and financial responsibility at the appointment, appointment reminder and on arrival to maximize collection efforts. You can spend more on collecting co-pays than you receive and the likelihood of receiving balance payments decreases with time, so train staff to get payments before the patient leaves

Clean statements are just as important as clean claims. Statement design and data elements are critical for legibility, patient understanding of what services were rendered and what is expected of them.

Having the ability to accept patient checks, credit and debit cards, healthcare accounts along with being able to estimate patient payment and the option to setup payment plans can increase collections. MEDfx and InstaMed offer solutions to make your front and back office staff more productive.

Timely follow-up on outstanding balances with carriers and patients, tied into full featured financial business intelligence reporting allows you to maximize your collection efforts.

Improving patient collections is a team effort.

## EYE ON IT Current Trends Patient Kiosks

Patient kiosks are a relatively easy healthcare technology to implement, require a small investment (or free!), and can be free standing, mounted on a wall or desk, or mobile.

The most common use for kiosks is patient registration, co-pay and bill paying, updating patient insurance information, and scheduling appointments. Kiosks can speed processes for patients and decrease the workload for the practice, which can free up resources to help patients with other tasks. Kiosks can contribute to your revenue management efforts.

The California HealthCare Foundation has released a report on kiosks covering form, selection, integration, best practices and case summaries, available [here](#).

### SOFTWARE Monthly Pick MyPACS.net

Referred to as the "YouTube" of radiology, [MyPACS](#) is a free service offered by [McKesson](#) to the radiology community with over 28,000 users from more than 7,000 hospitals and imaging centers that use [MyPACS](#) for training and decision support. Users from around the world contributed over 19,000 cases containing almost 100,000 images with new cases added every day.

To create your free account and begin using your web browser to view and create cases visit [MyPACS here](#).

### Q&A Technology Tips

#### Q: What is cloud computing?

A: From Wikipedia: Cloud computing is a style of computing in which dynamically scalable and often virtualized resources are provided as a service over the Internet. The term cloud is used as a metaphor for the Internet. Users need not have knowledge of, expertise in, or control over the technology infrastructure in the "cloud" that supports them.



Cloud computing services usually provide common business applications online that are

accessed from a web browser, with the software and data stored on the cloud.

Cloud computing users can avoid capital expenditure on hardware, software and services, paying only for what they use based on a utility or subscription basis with little or no upfront cost. Benefits are low barriers to entry, shared infrastructure and costs, low management overhead and immediate access to a broad range of applications.

IBM, Amazon, Google, Microsoft and Yahoo are some of the major cloud computing service providers.

Give us a call at 720-226-9270 with your healthcare technology questions.

Summer time safety check: Make sure backup responsibility is covered with vacations.