DRAFT –v2 – Prospect Issue

VITALS

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Message from the Chief

Happy New Year!!

Nat Loganathan, CEO
Glenwood Systems LLC

I want to wish you a very happy and prosperous New Year! 2010 has dawns upon us with much anticipated health care reform in the offing. If health care reform passes, we hope it is for the betterment of the Physician community.

Today, practices have to adjust to serving more patients with per-patient reimbursements being held steady. This calls for improved work flow efficiencies that have never been imagined before – software vs. labor.

Historically most Physicians have perceived EMR deployment as an impediment to the practice workflow. We now see this perception changing. As Physicians take the plunge they are beginning to realize that EMR can indeed offer efficiencies that were not evident before. Successful EMR implementation requires organizational commitment and leadership on the Physician's part with ample support on the Vendor's part to overcome the

continued on page 2

INSIDE THIS ISSUE

The Biller's Tips

What's New for 2010?

Mindy Meyers
Glenwood Full Service Billing

The New Year often brings changes to physician practice billing that impact revenue.

The most important change with respect to billing in 2010 is the elimination of consultation codes (9924* and 9925*).

- Specialists will be required to use the standard admission and follow-up service codes instead.
- RVUs have been increased for E&M codes.
- Specialists can use initial admission codes in hospital settings appropriate to the level of care for the first visit.
- Admitting physician on record will be differentiated from the consulting physician with a use of a modifier by the admitting physician.

Reimbursement for Initial Preventive Physical Examination (IPPE) G0402 has been increased to match reimbursement level of 99204.

Overall RVU changes will have a positive impact on primary care practices and will have a negative impact on certain specialty practices (Radiology, Cardiology etc.).

Some changes have been made in e-prescribing and PQRI reporting. For e-prescription, the use of three G codes has been reduced to one G code. For PQRI, in addition to claims based reporting, EMR based reporting and Registry based reporting have been approved.

Remember, specialty specific coding changes and their impact on practice revenue can be reviewed in the

continued on page 3

continued from page 1

initial phasing in of EMR.

Glenwood is fully committed to make EMR deployment a reality with all our Clients. Our 2010 goal is to actively promote EMR implementation to each of our Clients. We are proud of GlaceEMR's range of features, adaptability, and "minimum-clicks" user interface concept that can made EMR adoption easy on the practice.

On the billing front, we are focused on improving provider communication and involvement in the billing process. We emphasize regularly scheduled phone conferences with our Helpdesk for constant process improvement. We believe that a "kaizen" like approach will yield 99%+ collections for all our clients.

We encourage all our Physicians to review their insurance reimbursement rates with the commercial carriers at least once a year by calling the provider relations representative. Also, it is the time of the year that most patients change insurance plans and have deductibles to meet. It is very important to check eligibility and collect any patient responsibilities upfront to the maximum extent possible.

I thank all our Physicians for their continued trust and support to make Glenwood as a part of their practice and looking forward to growing our Clients success!

What's New at Glenwood

Glenwood Systems continues to expand! In November we added Regional Managers to Southern California, Florida and Northern New Jersey. These seasoned professionals have joined Glenwood to help educate you about Glenwood's GlaceEMR, Practice Improvement and Billing Services.

GlaceComplete continues to be recognized as the **best value in the marketplace** today. GlaceComplete is an Assisted Billing Service that includes CCHIT 08 Certified GlaceEMR and PM software – **all for only 2% of collections**. Think about the bottom line savings here!

Designed for the busy office doing in-house billing, GlaceComplete incorporates fully integrated certified EMR, PM software and a labor service component to alleviate all of the mundane clerical work associated with the billing process and improve collection results. Freeing 50% - 70% of the biller's time, the biller is able to focus on root cause of the denied EoBs, patient A/R and new revenue generating opportunities such as Well Care and Payor contract review / negotiation.

GlaceComplete is also perfect for the progressive office that wants to save on their outsourced billing costs and get their EMR and PM software at no additional cost. Implementation will require a designated part time professional in the office trained and experienced to oversee the billing process. Do the math and give us a call if the savings work for you.

Glenwood is in final stages of the CCHIT 2001 Comprehensive Certification process certification approval expected early Q1 2010.

Want more information?
Call Us
888-452-2363 (GlaceMD)

Common GlaceEMR Questions

Do the notes have to be completed during the patient encounter?

GlaceEMR is structured so that the documentation entered during the patient encounter actually translates into the patient notes. The resultant documentation can be edited further if desired or accepted as formatted. In the event the physician decides to leave the encounter open to complete at a later time it can be left open in the system but will not be tracked until closed. If additions need to be made to the encounter after the electronic signature an addendum is created. This will note time date and user making the addendum and provides additional protection during an audit.

How do I change the templates in the GlaceEMR?

S.O.A.P. templates may be changed by the physician with our any interaction Glenwood Systems. Any other templates must be configured programmatically by Glenwood. This is what we refer to as customized templates.

How do I view previous patient notes or encounter information while I am developing current patient notes?

continued on page 4

continued from page 1

respective specialty association's websites. They are a great resource for Physicians in practice management.

START PLANNING IN 2010 for 2011 Incentives

Medicare Payment Incentives for Eligible Professionals

- The Recovery Act establishes financial incentives **beginning in January 2011** for eligible professionals (EPs) who are **meaningful EHR users**. Beginning in 2015, payment adjustments will be imposed on EPs who are not meaningful EHR users.
- Hospital-based physicians who substantially furnish their services in a hospital setting are not eligible.
- The incentive payment is equal to 75 percent of Medicare allowable charges for covered services furnished by the EP in a year, subject to a maximum payment in the first, second, third, fourth, and fifth years of $15,000; $12,000; $8,000; $4000; and $2,000, respectively. For early adopters whose first payment year is 2011 or 2012, the maximum payment is $18,000 in the first year.
- There will be no payments for meaningful EHR use after 2016.
- There would be no payments to EPs who first become meaningful EHR users in 2015 or thereafter.
- For EPs who predominantly furnish services in a health professional shortage area (HPSA), incentive payments would be increased by 10 percent.
- Payment Adjustments
  - The Medicare fee schedule amount for professional services provided by an EP who was not a meaningful EHR user for the year would be reduced by 1 percent in 2015, by 2 percent in 2016, by 3 percent for 2017 and by between 3 to 5 percent in subsequent years.
  - For 2018 and thereafter, if the Secretary finds that the proportion of EPs who are meaningful EHR users is less than 75 percent, then the reductions will be increased by 1 percentage point each year, but by not more than 5 percent **overall.**

http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=3466

CHUCKLE CORNER

Three men died and arrived at the Pearly Gates. St. Peter asked the first man who he was. "My name is Dr. Jones. I pioneered and developed the techniques for open heart surgery. Because of my work on earth, thousands of people all around the world have lived longer, healthier lives. Surely there is a place for me in heaven."

"Yes," Peter said, "come on in."

The second man approached and said, "St. Peter, my name is Dr. Smith. I pioneered and developed techniques for premature babies. Today there are thousands of children in the world whose lives were saved at birth because of my work. Surely there is a place for me in heaven."

"Yes, come on in," said Peter.

St. Peter asked the third man who he was. "My name is Mr. Johnson. I originated and developed the idea for HMOs. Because of my ideas on managed care and the efficiencies I developed, billions of dollars have been saved in the health care industry. Surely there is a place for me in heaven."

"Yes," said Peter, "Come on in. But you can only stay three days."

Three surgeons were discussing which types of patients they preferred to operate on.

Doctor Waters said, "I prefer librarians. All of their organs are alphabetized."

Doctor Franklin replied, "I prefer mathematicians because all of their organs are numbered."

Lastly, Doctor Zang responded, "I prefer lawyers. They are gutless, heartless, brainless, spineless, and their heads and rear ends are interchangeable."

continued from page 2

GlaceEMR provides a short to past patient encounter information so that the user can easily view this information while working on current notes.

How is my workflow changed when I start to use GlaceEMR?

GlaceEMR streamlines the practice workflow. All information builds on the last data input and the file moves electronically. Each point in the workflow – front desk, medical assistant / nurse, physician and lastly front desk is alerted electronically on the desktop of their computer that the previous set of tasks has been accomplished and the patient is waiting to for the next contact point.

How do I reply to a fax?

Once the fax has entered the system it can be annotated via written notes on the fax, electronically stamped or typed notes. It can then be returned to the sender or forwarded to another recipient

How much training do I need?

Typically most clients pick up 80% during the first class and come back for more after they have started to use GlaceEMR.

EMR NEWS

Criteria for Qualifying for an Incentive

The qualification criteria for incentives (i.e., meeting specified HIT standards, policies, implementation specifications, timeframes, and certification requirements) are still in development, and will be defined through regulation and additional guidance materials. However, CMS generally expects that under Medicare, "meaningful EHR users" would demonstrate each of the following: meaningful use of a certified EHR, the electronic exchange of health information to improve the quality of health care, and reporting on clinical quality and other measures using certified EHR technology.

MEDICARE AND MEDICAID HEALTH INFORMATION TECHNOLOGY: TITLE IV OF THE AMERICAN RECOVERY AND REINVESTMENT ACT
http://www.cms.hhs.gov/apps/media/press/factsheet.asp?Counter=3466

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