


THE Bulletin

MARCH 2012 Volume 88, Number 3

PROMPT PAYMENT ISSUE:
KEEP THE CASH FLOWING
ICD-10 IMPACT
5010 READINESS

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THE Bulletin

Read by 96% of GCMS members.

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Our Vision

That the Genesee County Medical Society maintain its position as the premier medical society by advocating on behalf of its physician members and patients.

Our Mission

The mission of the Genesee County Medical Society is leadership, advocacy, education, and service on behalf of its members and their patients.

PLEASE NOTE

The GCMS Nominating Committee seeks input from members for nominations for the GCMS Presidential Citation for Lifetime Community Service. The Committee would like to be made aware of candidates for consideration.

THE BULLETIN

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PROMPT PAYMENT ISSUES

This issue of the *Bulletin* is special. It focuses on prompt payment issues with which physicians and their office staff need to become highly familiar. The manner in which our offices will function and in which we get paid will be changing radically over the next few years. Our Executive Director Pete Levine chairs a Task Force of the Greater Flint Health Coalition that is designed to work toward prompt payment solutions. The task force is made up of key individuals from third-party payers, practice managers from diverse medical practices, a representative of the Michigan Association of Health Plans, the Michigan State Medical Society, and the UAW Retirement Trust (also known as VEBA). This issue of the *Bulletin* represents a compilation of key issues that the Prompt Payment Task Force would like to communicate to physicians. Some are things that will result in faster payment, and some like HIPAA 5010 will determine whether physicians are paid at all.

The future is now as relates to the automation of certain office practices. This issue of the *Bulletin* can help to serve as a guide in how to get through this maze - especially if you have been avoiding it to date. The concept of HIPAA 5010 is designed to lead us to massive changes in the coding process called ICD-10.



Laura A. Carravallab, MD

Both physicians and our staff will need to gear up for this as the implementation date approaches for ICD-10. Currently, March 31 is the deadline for implementation of HIPAA 5010. At the time that I am writing this it appears to be a hard deadline and unlikely to change.

I would like to let you know that our local and state Medical Societies have remarkable relationships with third-party payers, and every month they help our members fix major problems in their offices relating to payment systems. You can always call Pete Levine (733-9925) or Stacie Saylor (Michigan State Medical

Society, 800-914-6767) for help. In addition, the practice management sessions held monthly at the GCMS offices on the fourth Thursday from 8 a.m. to 10 a.m. could be of significant value to you. Having your key staff attend might help to move your office ahead on these issues, and many others.

Finally, I hope you were able to attend our Town Hall Meeting on "Health & Fitness, Getting Our Patients Healthy is in Their Best Interest and Ours." Health outcomes are an issue which will dramatically affect the way we as individual physicians are perceived by third-party payers. We will endeavor to keep you abreast of changes as they arise.

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SPEEDING IS HAZARDOUS TO EVERYONE'S HEALTH

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– Frank Zappa (1940 - 1993)

A recent PBS Frontline episode called “The Meth Epidemic” was a fascinating exploration of how the rising use of methamphetamine has spiraled out of control to become arguably the leading drug abuse problem in the United States. This epidemic exacts a huge toll on individuals, family structure and stability, and society. The phenomenon has been termed the unnecessary epidemic.

Methamphetamine is a potentially addictive synthetic stimulant and is a Schedule II controlled substance, as are morphine and cocaine. The drug causes release of a flood of the neurotransmitter dopamine in the brain resulting in an intense high that can last from six to 24 hours. Also known as speed, crank, ice, crystal, or glass, meth is snorted, smoked, swallowed, or injected and produces a high that is stronger and more persistent than cocaine. That is because meth releases more dopamine and is metabolized more slowly than cocaine. With continued use, however, dopamine stores are depleted and receptors are destroyed. Addicts suffer a loss of the experience of pleasure resulting in depression, anxiety, and paranoia. They can develop permanent damage to the brain that can affect judgement and motor control. The stimulant effect can lead to heart attack and stroke.

Abuse of methamphetamine spread from Hawaii and rural areas of the south and west in the 1990s and is now a problem throughout the country. An estimate of the number of meth users is about one percent of the population over 12 years of age; much higher than for heroin use and about half the number of cocaine users. Meth was listed as the primary cause of death for 900 people in 2005. Cost estimates strictly due to meth use are difficult to quantify and vary widely but it is likely in the tens of billions of dollars annually. They include the burden on the criminal justice system, protection of children in foster care due to meth addicted parents, lost productivity, drug treatment, health care costs, and injury and death from exploded meth labs along with the cost of cleaning up the toxic waste the labs produce. A recent local news story addressed the issue of treatment for a burn victim at



Daniel Ryan, MD

Hurley Medical Center following a meth lab explosion and fire resulting in unreimbursed care exceeding \$130,000. We all pay the price.

The methamphetamine problem is termed the “unnecessary epidemic” because Congress and state and federal authorities could do more to reduce the availability of the drug. Unlike heroin and cocaine, which are derived from plants that are cultivated widely in conducive climates, meth is manufactured, often in dangerous make-shift labs, from ephedrine and pseudo-ephedrine. These two drugs are common ingredients in asthma and cold remedies. Tighter control of the

distribution of these key ingredients of meth would seriously cripple the spread of methamphetamine.

Many states already restrict the sale of products containing ephedrine and pseudo-ephedrine by mandating behind-the-counter sales and/or requiring a signature on a registry. Oregon has significantly reduced the problem, in that state, by requiring a prescription for medications containing ephedrine and pseudo-ephedrine. Drug manufacturers generally fight efforts to impose tight restrictions on the sale of over-the-counter asthma and cold products and this exacerbates the rise in meth availability and abuse. However, they are attempting to create products from which it is more difficult to extract the active ingredients. Also, the federal government has implemented tougher prison sentences for meth traffickers, increased funding for local law enforcement investigations and prosecutions, and attempted to stem the flow of ephedrine and pseudo-ephedrine from foreign manufacturers into the United States. But the disappearance of local meth labs creates a vacuum that is readily filled by drug cartels, especially from Mexico. The essential problem is the insatiable demand for the drug.

Until effective and affordable alternatives to ephedrine and pseudo-ephedrine are available, laws requiring prescription-only sales of these drugs are essential. This could be an effective tool to reduce the burden of meth addiction on society. We cannot afford the costs of this scourge.



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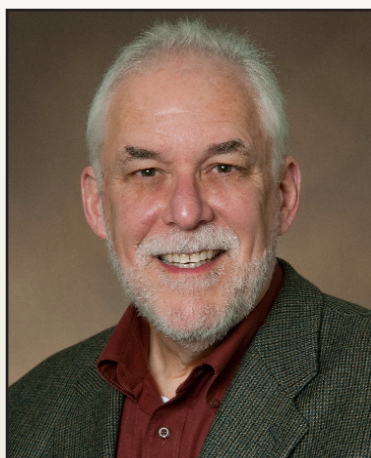
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PROMPT PAYMENT/STRATEGIC PLANNING

This issue of the *Bulletin* was created by a group of people who make up the Greater Flint Health Coalition's Prompt Payment Task Force which I have the pleasure of chairing. This is a group of high-level insurance and provider representatives who have open dialogue about how to get things done better in the realm of submitting billing to payers and making payments to providers. This issue of the *Bulletin* is replete with information that will be of value to your practice relating to HIPPA 5010, ICD-10, and preparing for them.

The whole billing process is going to become more complicated, not less. Everyone involved in creating this *Bulletin* realizes that for many practices the transition to ICD-10, when it occurs, will be difficult. Our local health care systems, payers, and your medical societies will all be involved in providing information through this process, but the internal work is yours.



Peter Levine, MPH

Also, in this issue of the *Bulletin* is a brief set of minutes from our Town Hall on Health and Fitness. Below are links to the slide presentations by three of our speakers. The information about health and fitness efforts which we are involved with via the Health Coalition, the Public Health rankings of this county, and the payer information related to HealthPlus are of real value. Take a look! Link to Mark Valacak's slide presentation, Link to Kirk Smith's slide presentation, Link to Erik Helms' slide presentation.

We also focus at the Medical Society on the education of practice managers.

We have sessions for them on the fourth Thursday of most months from 8 a.m. to 10 a.m. All of the issues discussed in this issue of the *Bulletin* have at some or other come up in that setting as well.

Please know that the GCMS Board is in the process of revisiting the organization's strategic plan. Stay tuned for updates.

Flint Named One of 25 Best Healthcare Cities

Posted on January 17, 2012 by Regina Strong, on the Genesee Regional Chamber of Commerce Website

The Daily Beast, an online news site, named Flint one of the Best Healthcare Cities for 2012. The list, which includes the top 25 cities with the most comprehensive overall health-care coverage, the most comprehensive coverage for the very young and the very old and the most comprehensive coverage for the disabled, was compiled using census data. According to the data utilized for the rankings, 89 percent of Flint residents have overall health-care coverage; 96.16 percent of children 18 years old and younger have health-care coverage; 99.91 percent of adults 65 years old and above have health-care coverage and 94.38 percent of the area's disabled population has health-care coverage. Flint is one of four Michigan cities included in the ranking. The other cities include: Midland, Holland and Bay City. To view the entire list visit <http://www.thedailybeast.com/galleries/2012/01/11/the-best-health-care-cities-2012.html>

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GREETINGS FROM YOUR DISTRICT DIRECTORS!

It has been an exciting time at MSMS. The excitement stems not from the continued advocacy and leadership that the organization provides for its members. Instead, this time it stems from a revamped strategic plan.

Several years ago MSMS, in collaboration with many stakeholders, came out with its Future of Medicine Initiative. This was a group of task forces designed to address the aspects of medical care in Michigan that needed improvement. From these initiatives, the MSMS strategic plan was formed. We have been operating under that plan for more than five years. As with any plan for a dynamic organization, it occasionally needs revisiting and revamping. This is exactly what your MSMS board has been engaged in for the past few months.

After a healthy discussion at our recent board meetings we have revised the plan. What our members will now be seeing is a focus on each of five main areas.

Viability of Primary Care
Quality and Safety



S. Bobby Mukkamala, MD
District VI Director

Medicaid
Health Care Resources Stewardship
Childhood Obesity

While some look familiar to you, one is definitely new on the list: Medicaid. The MSMS board has decided to take elevation of Medicaid related issues to a key strategic priority. This is largely based on the fragile nature of this program in our state and the impending flood of enrollees as health care reform continues to evolve.

In addition, each of these strategic priorities will now be overseen by specific committees within the MSMS structure so there is more direct board oversight and guidance as we go forward

All in all, it was an excellent exercise to assure that the organization representing 16,000 physicians in Michigan (in reality we know we represent all of them) is deliberate and thoughtful as it directs its efforts on our behalf.

So keep your eyes open for references to these priorities as you see the future of medicine unfold.



THE LATEST UPDATE ON ICD-10 AMA FORCES DELAY!

HHS announces intent to delay ICD-10 compliance date

As part of President Obama's commitment to reducing regulatory burden, Health and Human Services Secretary Kathleen G. Sebelius recently announced that HHS will initiate a process to postpone the date by which certain health care entities have to comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10).

The final rule adopting ICD-10 as a standard was published in January 2009 and set a compliance date of October 1, 2013 – a delay of two years from the compliance date initially specified in the 2008 proposed rule. HHS will announce a new compliance date moving forward.

"ICD-10 codes are important to many positive improvements in our health care system," said Sebelius. "We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead. We are committing to work with the provider community to reexamine the pace at which HHS and the nation implement these important improvements to our health care system."

ICD-10 codes provide more robust and specific data that will help improve patient care and enable the exchange of our health care data with that of the rest of the world that has long been using ICD-10. Entities covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be required to use the ICD-10 diagnostic and procedure codes.

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GCMS UPCOMING EVENTS

- 3/20, 11:30 a.m. – High Tea at the Cork
4/20, 6:30 p.m. – Wine Tasting: Dr. Dan & Mary Ryan's Lake Fenton Home
5/4-6 – Annual Session, Ann Arbor
5/19, 9 a.m. – Healing Hands 5K Run/Walk
5/22, 11:30 a.m. – Geranium Luncheon, Warwick Hills

GCMS MEETINGS

– MARCH 2012 –

- 3/5, 8 a.m. – Legislative Liaison Committee Meeting
3/7, 7:30 a.m. – Bulletin Meeting
3/19, Noon – Membership Committee @ GCMS
3/22, 8 a.m. – Practice Managers @ GCMS
3/27, 6 p.m. – GCMS Board of Directors @ GCMS
3/28, 12:30 p.m. – Community & Env. Health Committee Meeting



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Thank You

A big thanks to GCMS members for your support of the GCMSA January program, An Evening with Maestro Enrique Diemecke. The event was sold out way ahead of time, and a big success!

The event began at 6:30 at Fandangles. Attendees were served wine and hors d' oeuvres while the doctors tried to unwind the tension built up by a day's hard work. The decorations were a black theme with some silver sparkles on the table cloths. Candle lights shined through crystal candle holders. The whole room was packed with our doctors and the Alliance members, mingling and enjoying each other's company. The FIM guests arrived shortly, with Paul Torre, President of Flint Institute of Music, Davin Torre, Director of the Flint School of Performing Arts, Tom Glasscock, the Manager of the Flint Symphony Orchestra, Sheila Zorn, the Director of the Donors Relations, and of course, the speaker, the world renown Maestro Enrique Diemecke, the Music Director of the Flint Symphony Orchestra.

The event Chair Betty Salimi gave a brief introduction of the guests, and the sumptuous dinner followed. Rosa Wang, President of the Genesee County Medical Society Alliance gave a summary of Maestro Enrique Diemecke's achievements, while everyone was enjoying the tasty chocolate cakes prepared by Chef Steve. Enrique then gave us a presentation with his usual humor and charismatics. Guests went home with a complimentary ticket to the Saturday night Flint Symphony Orchestra concert, and lots of fond memories and newly gained insight of the conductor's perspectives on the music to be performed on Saturday.

The GCMSA March 20th program will be chaired by Jay Kommareddi. It will be held at 11:30am at the Cork, located on Saginaw Street. It will be another successful event, so please encourage your spouse to join us and get

to know each other more or rekindle friendships.

We have begun to prepare the Annual Healing Hands 5K Walk/Run Race chaired by Jeanette Rivera. The event will be on May 19, 2012, 9:00am. Anyone who is interested in helping, please contact Jeanette at 810-241-2431. Please mark your calendar and prepare to join us to raise funds for the Genesee County Free Medical Clinic.

Last, but not least, on behalf of GCMSA members, I would like to thank the GCMS board members and the President Laura Carravallah for giving us the \$1000 grant, which will give us a tremendous boost for our budget. It will allow us to do more for our community and our members. Your generosity is very much appreciated.

Sincerely,
Rosa Wang, President
Genesee County Medical Society Alliance



PRACTICE MANAGERS

In late January, the practice managers convened to hear a presentation on HIPPA 5010 and Meaningful Use. HIPPA 5010 will radically alter billing function and could affect practice cash flows.

The presenters were staff from MSMS, Dara Barrera and Stacey Hettiger. The presentation was highly interesting, and was a direct parallel with updates of the presentation given in September to physicians at our Town Hall meeting with the same topic. Please see the presentation via these links: [HIPPA 5010](#) and [Meaningful Use](#).

The February practice managers session revolves around Commit to Fit, a program of the Greater Flint Health Coalition designed to improve the community's overall health and enhance physician practices by focusing the community on better outcomes. If you would like your practice manager to begin to attend these sessions please contact Sheree Ayres at (810) 733-9923 or sayres@gcms.org.



GCMS MEMBERS

If you are interested in having access to the "Members Only" section on the GCMS.org website please call or email your password to Sheree at sayres@gcms.org or call 733-9923. Thank you.



PLANNING TO BE SUCCESSFUL WITH ICD-10

By Nancy Lash & Denyatta Henry

Have you ignored the upcoming implementation of ICD-10 scheduled for October 1, 2013? Or, are you trying to figure out how to educate your staff and physicians regarding the changes? Hospitals including McLaren Flint (formerly McLaren Regional Medical Center) are also concerned.

In the effort to be successful McLaren Flint has invested in the services of consultants and education. Back in September 2011, we initiated education for our Coders, Clinical Documentation Specialists and other members of our team on the new ICD-10 requirements. They are attending monthly webinars provided by our consultant. In January 2012, education will begin for our physicians and other providers in the form of monthly documentation tips. These tips will reflect the needed diagnosis specificity required with the new ICD-10 changes.

An additional tool is planned for March 2012. This tool will be a computerized assisted coding program (CAC). It is designed to scan the electronic medical record, highlighting key words and provide coding suggestions. This will assist in achieving optimal diagnosis specificity. The product includes reference tools and links for the staff to utilize.

In conclusion, the upcoming world of ICD-10 is very detailed. It will require much more specificity than ICD-9 and documentation to support the codes used. Therefore, early preparation is a must if you plan to be successful with ICD-10. You may wish to contact the hospital system you are affiliated with, your physician provider organization, or the Genesee County Medical Society for educational resources that are available to you.

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Town Hall Meeting

In February, a Genesee County Medical Society Town Hall Meeting was held on the issue of Health & Fitness, Getting Our Patient's Healthy Is In Their Best Interest And Ours.

Dr. James Martin was awarded the Presidential Citation for Lifetime Community Service. He thanked the membership for the honor and received a standing ovation for his lifetime of work.

New members approved for membership included: Ann Burton, MD, David Gordon, MD, Charles Husson, DO, Christopher Papp, MD, Manoochehr Abadian-Sharifabad, MD, Premasudha Ramadas, MD, Ezequiel Martinez-Madrigal, MD, Kavitha Kesari, MD, Mona Hanna-Attisha, MD, Olugbemiga Jegede, MD, Ramon Raneses, Jr., MD, Elizabeth Hale, MD, Samer Saleh, MD, Delshad Ahmad, MD, Firas Abed, MD, Atinuke Akinpeloye, MD, Ahmad Al-Najjar, MD, Omar Alkharabsheh, MD, Sriranjani Bajjuri, MD, Oluwamliyiwa Boloduro, MD, Junaid Farooq, MD, Saskianth Gorantia, MD, Amani Hassan, MD, Rajani Gundluri, MD, Deepak Kalra, MD, Israa Khan, MD, Poonam Mahajan, MD, Achenef Melese, MD, Naveen Minumula, MD, Rasha Nakhleh, MD, Faisal Niazi, MD, Neiveen Peter, MD, Haamid Syed, MD, Shaik Tabrez, MD, Tessa Antalán, MD, Vineela Bandarupalli, MD, Bhavana Bangalore, MD, Jeffrey Chenyi, MD, Nikolas Dimovski, MD, Brian Flanagan, MD, Vamsi Korrapati, MD, Al-Marie Logrono, MD, Jeremiah Lopez, MD, David Mayor, MD, Ridhwi Mukerji, MD, Omer Nour, MD, Shruti Pathak, MD, Indeevar Peram, MD, Silpa Ramireddy, MD, Sandeep Padala, MD, Rajitha Valsan, MD, Marcello Santos-Schmidt, MD, Nandan Shah, MD, Sohaid Elsayed, MD, Varun Golla, MD, Michael White, MD, and the following MSU medical students: Nabil Abou-Baker, Lynn Baca, Christina Dean, Vidhi Doshi, Eve Hood, Luda Khait, Justin Lockwood, Angela Marchin, Jamie McCartney, Osy Ndubaku, Rachel Paneth-Pollak, Elizabeth Parker, Diana Sarkisyan, Sarath Sujatha-Bhaskar, and Amanda Winston.

Presentations were provided on the topic of fitness and health by Kirk Smith, President & CEO of Greater Health Coalition, discussing the Commit to Fit program, Mark Valacak, Director of the Genesee County Health Department talked about the community's health status and the need for change, Erik Helms, Vice President of Provider Network Development and Business Intelligence from HealthPlus discussed third party payers focus on prevention and wellness. Dawn Hiller, Manager of the Hurley Medical Center Wellness Services Division gave a presentation on great ways to communicate with patients and how to pick up on their cues, the timing of receptivity and other wonderful tips to improve outcomes. Links to the presentations are provided below. For more information on any of these issues, please do not hesitate to contact Pete Levine, or Sheree Ayres.

[Link to Mark Valacak's slide presentation](#)

[Link to Kirk Smith's slide presentation](#)

[Link to Erik Helms' slide presentation](#)

A SPECIAL THANK YOU
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TOWN HALL MEETING:

CATHY BLIGHT, MD
LAURA CARRAVALLAH, MD
VENU VADLAMUDI, MD
S. BOBBY MUKKAMALA, MD
PETER LEVINE, MPH





Town Hall Meeting



Legislative Liaison



On February 6, GCMS Legislative Liaison Committee met with Senators John Gleason and Dave Robertson. In addition, Angela Marchin, MSU medical student was present.

Andrew Schepers of MSMS introduced several topics for discussion, including the consensus revenue estimating conference. There is surplus revenue projected at the State level, and a schism over whether to spend that surplus or to apply it to the debt.

The State of Michigan is attempting to focus on obesity issues. Obesity is down slightly. It was noted that in Genesee County, tremendous effort is being expended to reduce health care costs via fitness initiatives through the Commit to Fit programs associated with the Greater Flint Health Coalition.

The SGR fix deadline is March 1st, or cuts of 28 percent will be applied to physician payments. A short term fix has been built into a work place bill which hopefully will pass in advance of the deadline.

Half of the cuts have been restored to graduate medical education funding. The Department of Health and Human Services is looking at increasing residency slots.

MSMS has sponsored legislation which would improve the liability laws in the State of Michigan from a physician perspective.

A lively discussion was held on each of these issues.

**Check Out Our Website: www.gcms.org
Call Sheree Ayres to give her your password (810) 733-9923.**



Greater Flint Health Coalition Prompt Payment Task Force

The Ad Hoc Committee on Prompt Payment was convened by the Greater Flint Health Coalition to address inefficiencies in the healthcare billing system including issues to ensure that physicians and hospitals receive timely payments for services rendered. Membership of the Prompt Payment Task Force includes representatives from Genesee County's physician practices, medical society, three hospital systems, and major insurers. Pete Levine, Executive Director of the Genesee County Medical Society serves as Chair of the Task Force.

The Task Force meets bi-monthly; working to achieve: (a) collection of data on timeliness (or lack thereof) of payments for physicians and hospitals (b) describe/analyze the process for information gathering to resolve issues presented; and, (c) present options for problem resolution. In 2008, the Task Force began developing strategies to advocate for all payer organizations in the state of Michigan to adopt a single set of rules for claim submission and processing in order to ensure uniform interpretation across payers. Recent activity of the Task Force has been focused on educating providers on the impact HIPAA 5010 and ICD-10 will have on physician practices and billing procedures.

The Greater Flint Health Coalition is a Flint, Michigan-based non-profit health coalition whose two-fold mission is to improve the health status of Genesee County residents and the quality and cost-effectiveness of the health care delivery system in the community. For more information on the Greater Flint Health Coalition or its Prompt Payment Task Force, visit www.gfhc.org.

Announcement

**GCMS members now entitled to 15% discount on
automobile and homeowners insurance.**

For details, contact:

POTTER & ROOSE INSURANCE

810-767-8590

Providers of insurance for the GCMS
& its members for 50 years.

906 Mott Foundation Bld., Flint, MI 48502

**GCMS/MSMS
NEW MEMBER
APPLICATIONS**

GCMS NEW MEMBERS
MSU Medical Students

Nabil Abou-Baker
Emily Antoon
Megan Cobb
Christina Dean
Jamie McCartney
Rachel Paneth-Pollak
Elizabeth Parker
Diana Sarkisyan
Ellsheva Shapiro

Prompt Payment Task Force Committee Members

Name	Organization	Representing
BJ Byers Manager, Provider Servicing	Blue Care Network	Insurer
Tina Gach, Provider Consultant	Blue Cross Blue Shield of Mich.	Insurer
Jennifer Grennell, Manager of Provider Relations	HealthPlus of Michigan	Insurer
Mike James, JD, President & CEO	Genesys PHO	Provider
Traci Kim, Practice Manager	Complete Eye Care	Provider
Theresa King, Operations Manager II	Medical Managements Professionals	Provider
Dru Knox, Billing Manager	Genesys Health System	Provider
Donna LaGosh, Executive Director	Oakland County Medical Society	Provider
Nancy Lash, Sr. Manager of Pt. Accounts	McLaren Flint	Provider
Pete Levine, Executive Director	Genesee County Medical Society	Provider
Gary Paavola, Business Manager	Vascular Surgery & Diagnostic Center	Provider
Philip Raubinger, CAPP, M, Practice Administrator	Cardiology Inst. Of Michigan	Provider
Stacie Saylor, Chief Reimbursement Liaison	Michigan State Medical Society	Provider
Ruth Schang, CCS-P, CPC, Asst. Director, Prof. Billing	Hurley Medical Center	Provider
Christine Shearer, Director of Legislation	Michigan Association of Health Plans	Insurer
Kelly Sherrill, Director of Claims	HealthPlus of Michigan	Insurer
Kirk Smith, President & CEO	Greater Flint Health Coalition	Ex-Officio
Kerri Walther, Professional Billing Manager	Hurley Medical Center	Provider



2012 Hospice Teleconference

3 CE Credits Available

“End of Life Ethics”

Exploring ethical dilemmas and decisions that occur at the end of life, the principles of ethical decision making, and the effects of these decisions on families and staff.

When: April 24, 2012

Time: 8:00 a.m. Registration
8:30 a.m.-12:30 p.m. Program

Where: Genesys Banquet Center
805 Health Park Boulevard
Grand Blanc, MI 48439

Sponsored by: Avalon Hospice, Genesys Hospice, Heartland Hospice, McLaren Hospice, Hurley Medical Center, and Brown, Hill and Reigle Funeral Homes.

Funded by a grant from the Community Hospice Foundation

For reservations or further information, contact Audrey Charlton @
Avalon Hospice 810-733-7250

YOUR \$\$\$ AT WORK

- S** GCMS continued fighting for SGR relief
- S** GCMS intervened directly with third party payers to help specific practices experiencing problems, especially with HIPPA 5010
- S** GCMS began the process of updating the strategic plan
- S** GCMS members have supported the Commit to Fit program
- S** GCMS held a session for its members on Health & Fitness, Getting Patient's Healthy Is In Their Best Interest And Ours
- S** GCMS continues holding practice managers meetings with the most recent revolving around Meaningful Use and HIPPA 5010



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KEEP THE CASH FLOWING

MANAGING A PRACTICE'S ACCOUNTS RECEIVABLE



*By: Philip Raubinger,
CAPPM Practice Administrator
Cardiology Institute of Michigan*

PATIENT ACCOUNTS RECEIVABLE:

Many medical practices are struggling due to poor economic times, changes in medical fee schedules and low collections on patients' accounts receivable.

Accounts Receivable or AR is simply the monies owed for services rendered by a provider. Outstanding Patient AR can be overwhelming to a medical practice small or large. Patient AR is usually the largest single item in monies owed to a medical practice; outstanding amounts accumulate over time if they are not being worked or effectively managed. The accounts receivable cycle begins with the delivery of service (creation of an account receivable) and ends with receiving cash for services rendered or recognizing that a particular account is not collectible. How you manage and collect these outstanding monies can be vital to the profitability of the practice.

COLLECTIONS UP FRONT IS KEY:

There are many steps that can be taken to help improve your collections process. To start, it is important that the provider verify the member's eligibility each and every time services are rendered. Obtain any pre-certification from the insurance company or referral from the physician's office before the patient is seen at the office. In this economy, many patients' employment status and insurance coverage change frequently. There are many free tools to verify insurances coverage. There are also websites that offer verification of medical insurance at one location for a small monthly fee. In addition, most medical insurance companies have online software to verify insurance coverage and in fact, many offices employ a staff member dedicated to this task. Investing the extra expense in staffing to obtain better information will be worth it in the end. The information will provide dates of coverage, co-pays, deductibles as well as primary policyholders. It is also important that this information be kept current in your Electronic Medical Records or practice management system. Verify the patient's insurance a week before the appointment. If information

is lacking or coverage is denied, contact the patient and request the needed information. Verifying appointment with the patient 24-48 hours in advance is vital to keep your schedule full and without practice downtime. When verifying appointments be sure to make the patient aware that co-pays and deductibles are due at the time of service and the amount expected. To maintain good cash flow, it is an integral part of the practice to collect from the patient at the time services are being rendered. In review, the benefits of obtaining insurance verification prior to the patient's arrival include:

- Reduced claim denials due to inaccurate patient information
- Allows you to obtain information about the patient's co-pay, coinsurance and deductible
- Ensures eligibility for payment of services being provided
- Promotes an efficient and less stressed staff

CHECK IN...

During the patient's check-in in at the front desk, collect all co-pays and deductibles. If a patient does not have medical insurance coverage, a cash only policy should be followed. This will vary in each practice, but a minimum of 50 percent is recommended to be paid upfront the idea is to at least collect enough money to cover the practice's expense. Many practices require the entire amount to be collected before services are provided. If the patient is unable to pay at the time of service, this should be communicated to the physician as well. Talk with your physicians and ask how they would like to handle these situations. The physician may suggest alternatives for the patient. The remaining amounts can be paid on an installment plan that you can arrange with the patient if necessary. Payment books can be created to aid the patient in regularly making payments. Once the front desk has collected monies owed, have them update insurance cards; verify phone numbers and addresses and any PCPs if a specialty office. All this information is critical to the collections process and important for the patient's care.

At the time of discharge, the patient should be required to settle any remaining personal indebtedness either with cash, an approved credit card, or an agreed-upon schedule of installment payments that will result in the earliest possible settlement of the account. Sit and talk with the patient at the check out desk, always being mindful to treat them with respect and dignity.

Here is a highlight of the items in review.

- Verify patient's insurance coverage well in advance of the appointment
- Obtain any pre-certs or referrals for dates of service before the appointment
- Verify appointment 24-48 hours in advance confirming with patient, informing patient of any co-pays, deductibles or balances due.
- Collect co-pays and deductibles at time of check in. Re-verify all patient demographics and insurance information
- If necessary create a payment book for the patient

KEEP THE CASH FLOWING...

To help improve cash flow and keep the AR at a minimum, all charges or credits should be submitted no later than two business days following service so that accounts are kept up-to-date and final bills can be prepared. Specialty organizations such as the MGMA publish industry standards that can be used to compare your processing speed with other similar practices. Always compare to other groups that are identical to yours in number of providers and specialty before deriving any conclusions. Once insurance claims are received and patient accounts updated, patient statements can be sent out for the remaining balance owed. Patient statements should be mailed on a regular basis. Many practices send statements out weekly by last name. An example of this is as follows: Week #1 A-E, Week #2 F-L, Week #3 M-R and Week #4 S-Z. This keeps your patient statements flowing smoothly throughout the month, reduces stress on staff entering patient payments and keeps the cash flowing. There are industry experts that do this type of work. Billing statement firms create the statements and mail them to the patients for you. These typically are much more professional looking than your template and easier to understand than the native statements you may print from your EMR or practice management software. Upon receiving patient payments typically in a check form, you may want to talk with your banking representative. Obtaining a check scanner allows your billing specialists to scan the checks the day you receive them. The monies are then deposited that

evening into the practice's bank account. This process eliminates staff travel and improves your practice's cash flow.

HANDLING THE PATIENT...

Many patients simply do not pay their bill on time or just ignore medical bills. It is important that the physicians of the practice are aware of the amount of patient AR and should be advised on a quarterly basis. The physicians can determine if they would like to pursue the monies owed through a collections process or simply elect to write off. There are many companies that specialize in collections of medical bills. Look to your local medical associations or consulting firms for recommendations.

In closing, managing the revenue cycle efficiently is no easy task and requires constant attention. Each phase of the Revenue Cycle - from the moment a patient is scheduled for an appointment until the time payment is received from the insurance company - is equally important to maximizing insurance reimbursements and managing patient AR.

Keeping this process written down and reviewed regularly with staff and physicians will help to keep your patient AR at a minimum and keep the cash flowing.

TRUST EXPERIENCE. COUNT ON COMMITMENT.



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READY OR NOT

5010 Compliance is Now Required for ICD-10-CM

By Theresa King, CPC

To accommodate the ICD-10-CM code structure – the transaction standards used for electronic health care claims – CMS required ANSI 5010 compliance on January 1, 2012, which means that all health care transactions are traveling on a new electronic chassis and have been upgraded from Version 4010/4010A1. ICD-10-CM has been mandated for adoption and implementation by all providers and health plans for dates of service effective October 1, 2013, per the U.S. Department of Health and Human Services (DHHS) final rule published January 15, 2009.

Failure to adhere to this new electronic communication protocol may result in denials or non-processing of medical claims and delayed payment until such time that the deficiencies are remedied. Groups may be experiencing unusual denials, payments mailed to an incorrect address or less expedient cash flow since January 1, 2012. These issues should be reported to payors and clearinghouses immediately for resolution; groups can work with their payor representative, clearinghouse, or billing agency to ensure these issues are being addressed.

STAYING ON TOP OF 5010 COMPLIANCE

It is important that physician practices maintain these new 5010 changes, especially now that CMS mandates compliance. Therefore, they should conduct the following tactics on a continual basis or work with certified billing and practice management professionals if they haven't done so already, to:

- Plan for short-term cash flow disruptions by quantifying all insurance carriers and the financial impact that can be expected in the short term. It is best to consider supplementing projected revenue shortages with an increased working capital line of credit, if appropriate.
- Support those companies or individuals who handle the billing or manage the practice. It is critical to ensure that the necessary practice information is gathered for electronic claims submission, like confirming that all National Provider Identifier (NPI) numbers are being used, and that the billing provider and service facility addresses are listed as complete, physical addresses. Addresses can no longer be a P.O. box or lock box, and therefore to direct remittances or payments to a different address practices can use the pay-to-provider, name and address fields in the new 5010 claims submittal forms.
- Use the correct ZIP code: a nine-digit ZIP code is required at the billing and service provider loops. Some carriers such as Medicare may be checking the nine-digit ZIP code against what is on record for the NPI.
- Understand which clearinghouses or direct submission methodology the practice is using for submissions in 5010 format.
- Review and check every initial 5010 format claims submissions for “denial anomalies” and follow up with the appropriate source for correction.

THE NEXT STEP: ICD-10-CM

Now that practices have implemented 5010 transactions, the next logical step is preparation for ICD-10 code changes. There are significant issues and potential concerns that medical practices should be aware of with respect to ICD-10 implementation. By preparing early however, practices can alleviate several operational and budgetary issues.

Below are some recommendations for practices as they start the implementation process.

- *Keep Cost Considerations in Mind:* practices should consider all facets of their business as they estimate costs for ICD-10 implementation, including size, physician training, coder and biller training, technology and overall adaptation.
- *Get Educated:* Organizations such as Michigan Medical Billers Association (MMBA) are offering high quality education and training on ICD-10. Visit the MMBA website for more details: www.michiganmedicalbillers.com
- *Adapt to the Changes:* physician practices, hospitals and referring providers must quickly adapt to necessary documentation changes. The United States version of ICD-10 CM (Clinical Modification) contains 68,000 codes, while the ICD-10 PCS (Procedure Classification System) contains 87,000 codes compared to the 11,000 of ICD-9. The magnitude of this difference is at once testament to the daunting size of what we must accurately classify and to the inadequacy of our existing system to do so.
- *Communicate with Vendors:* billing companies like Medical Management Professionals, Inc. (MMP) are currently working with billing system vendors, claims clearinghouses and outsourcing partners to assure they are ready for ICD-10. In the same token, physicians and practice administrators should be communicating with their partner vendors and referring physicians about the upcoming transition to ICD-10, and specifically regarding technology upgrades.
- *Stay Abreast of Payor Payment Policies:* most commercial insurance carriers have indicated they will “crosswalk” ICD-10 codes back to ICD-9 codes for payment purposes. Therefore, it would be wise for physician groups to include ICD-10 in their payor contract negotiation discussions over the next two years for decreased risks concerning compliance errors and claims denials.
- *Brace the Group for Revenue Changes:* practices can and should prepare for a potential disruption of cash flow. A lack of adequate enforcement tools may also pose a challenge for practices, including penalties for payor readiness failures. These are far less than compliance costs however, which may delay and further confuse widespread adaptation to ICD-10.

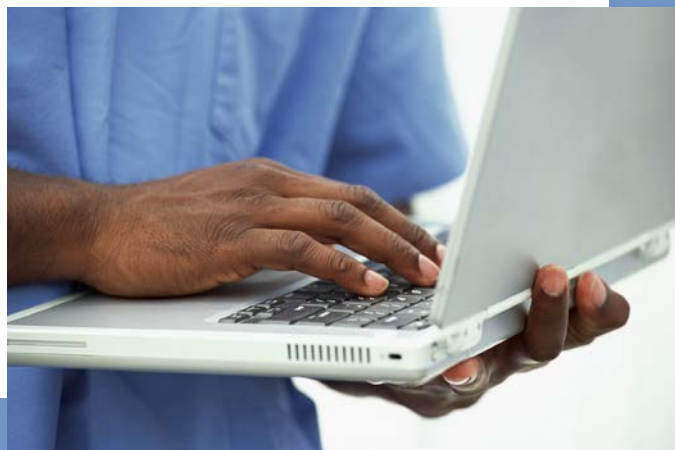
In summation, strategic thinking and preparation that involves education, costs analyses and effective communication with vendors and payors will assure that practices will be ready to implement these changes by 2013. It is wise to access every available resource.

A comprehensive resource is Michigan Medical Billers Association (MMBA). MMBA is a non-profit organization, solely devoted to the education of Practice Managers and Medical Billing Staff. High quality, low cost education is offered in several parts of the state. MMBA membership is over 500 members strong and growing. The board is made up of volunteers working in the industry, with a diverse understanding of what it takes to effectively manage the revenue cycle, and a passion to help others succeed,

MMBA members have access to the latest payor updates to better understand payor readiness, implementation, and systemic changes to claims adjudication processes. Our comprehensive training opportunities include ICD-10 seminars. To become a member, visit the MMBA website: <http://www.michiganmedicalbillers.com>.

No matter what resources are utilized, MMBA, local medical societies, billing agencies, practice management professionals, practices must prepare now for the financial implications that will occur as ICD-10 is implemented.

Theresa King is Past President of MMBA, and an operations manager with Medical Management Professionals, Inc. (MMP). For questions about ICD-10, contact MMBA at MMBAhelp@yahoo.com or MMP at ICD10@cbizmmp.com.



HAPPY BIRTHDAY DOCTOR

S. Bobby Mukkamala	1	Virgilio Villarreal	13	David Lee	22
Joseph Varghese	2	Suresh Anne	14	R. Roderick Abbott	24
Sascha Nicolai Knoblich	2	Cory Cookingham, Sr.	14	Nicholas Velarde	25
Gianina Cazan-London	2	Paul Karr, Sr.	14	Clinton Dowd	26
Wendy Lawton	4	Bruce Troutman	15	Venkata Kilaru	26
Rama Devi Rao	4	James Neubeck	16	Shagufta Ali	26
Rizwan Danish	5	Christie Samuels	16	Harold Rutila	26
Vijay Naraparaju	5	Russell Sandberg	17	James Vanbrocklin	26
Ghassan Bachuwa	8	Silva Doyle	19	Chang Lee	27
Dilip Desai	9	Robert House	19	Jamal Hammoud	27
Robert Rosenbaum	9	William Liekweg Jr	20	Joseph Batdorf	28
Madan Arora	10	Yaseen Hashish	20	Vikram Rao	28
Fengxia Qiao	11	Asif Ishaque	21	Jawad Shah	28
Frank Cook	12	Parrish Sadeghi	21	Tomy Kalapparambath	28
John Brady	13	David Gordon	21	Elfateh Seedahmed	30
Karsten Fliegner	13	Abdul Alawwa	22		
Charles Hennessy	13	Tjin Lie Lim	22		

CLASSIFIEDS

OFFICE SPACE AVAILABLE

Small office located by front door of Genesee County Medical Society suite. Great exposure for businesses seeking visibility with physicians. Conference room availability possible. Office size 100 sq. ft. at \$12 per sq. ft. triple-net. Additional office space available. Contact Pete Levine at (810) 733-9925 for details.

FULL-TIME PHYSICIAN NEEDED

at the Emergency Medical Center of Flint Various shifts available for part-time, as well. Must be willing to do minor stitches, infants & children, splinting, and minor eye & ear procedures. This is a classic urgent care much like family practice. Hours of operation 9:30am – 9pm, 7 days a week, closed on major holidays Located at 2284 S. Ballenger Hwy., Suite 2, Flint, 48503. Contact Pete Levine at 810-733-9925.

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Membership Application**

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MEDICAL SOCIETY**
4438 Oak Bridge Dr., Suite B
Flint, MI 48532
810-733-9923



Please PRINT or TYPE

FULL NAME _____ MD or DO (Circle One)
Last First Middle Initial

HOME ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

OFFICE ADDRESS, CITY & ZIP _____
Area Code & Telephone Number

PRACTICE NAME _____
Office Fax Number

EMAIL ADDRESS _____ For mailing, please use (check one): Office address Home address

BIOGRAPHICAL DATA Sex: Male Female Birth Place _____ Date of Birth _____
Month Day Year

Maiden Name _____ Spouse's Name _____

Languages Spoken _____

Government Service (check one): Military National Health Service Beginning Date _____ Completion Date _____

EDUCATION (please complete or attach CV)

INSTITUTION	LOCATION	DEGREE	YEAR GRADUATED	
			Beginning	Ending
College/University _____	_____	_____	_____	_____
Medical School _____	_____	_____	_____	_____
INTERNSHIP, RESIDENCY, AND FELLOWSHIPS	SPECIALTY	COMPLETION DATE		
_____	_____	_____		
_____	_____	_____		

License: MI # _____ Date Issued _____ ECFMG # _____

License held in other states/countries (list states or countries) _____

PROFESSIONAL DATA

Present Type of Practice (check appropriately):

OFFICE BASED: Solo Hospital Based Teaching Research Government
 Group Practice Name _____ Other (specify) _____

Specialty(ies) _____

Board Certifications (list specialties & dates) _____

Present Hospital Appointments (list dates) _____

Practice History _____

Previous Medical Society Membership (list dates) _____

Specialty Society Memberships _____

Within the last five years, have you been convicted of a felony crime?..... Yes No If YES, please provide full information.

Within the last five years, has your license to practice medicine in any jurisdiction been limited, suspended or revoked?..... Yes No If YES, please provide full information.

Within the last five years, have you been the subject of any disciplinary action by any medical society or hospital staff?..... Yes No If YES, please provide full information.

I agree to support the GENESEE COUNTY MEDICAL SOCIETY Constitution and Bylaws, the MICHIGAN STATE MEDICAL SOCIETY Constitution and Bylaws, and the Principles of Ethics of the American Medical Association as applied by the AMA and the MSMS Judicial Commission.

Signature _____ Date _____

WHEN COMPLETED, please mail to MSMS or Genesee County Medical Society, or FAX to 517-336-5797. THANK YOU!

