



Q&A from Ohio MGMA Webinar, hosted by LarsonAllen, July 14, 2010

1. **Have reward systems been changing in physician practices as we experience lower margins and see health care reform in the future?** *Certainly many questions about changing the reward systems moving to more direct production components of net revenue or Work RVU models.*
2. **Are you finding that practices are tracking patient satisfaction? Yes Clinical outcomes? Starting to through PQRI or other EMR capabilities. Employee engagement results?** *Yes, surveying the troops to see what can be improved*
3. **Are more practices moving towards direct deposit of Medicare payments to their lock box account?** *Yes, certainly*
4. **Are there specific benchmark studies that you have found to be helpful for medical practices?** *Certainly the MGMA Production and Cost databases as well as certain specialty specific data (AAOS, RBMA, etc.)*
5. **Have you seen any automation improvements at the front desk that help with providing better service and/or improving productivity?** *Yes, kiosks and eligibility tracking What about use of kiosks? yes*
6. **Have you found very many practices actually walk away from a managed care contract?** *Yes, if reimbursement is below Medicare or market rates. Have the payers eventually conceded?* *Depends on the leverage of the group*
7. **Running credit reports can be very expensive and controversial. Is this a common practice for high performing groups?** *Not typically unless in a Hardship case*
8. **With the poor economy that we are in, are you seeing a decline in A/R due to more self-pay and no-pay accounts?** *We are seeing the AR rise in volume for patient/self-pay balances. Combating it with our suggestions are elements of improving this.*
9. **What are you finding as the most common denial trends in medical practices?** *Medical Necessity, eligibility, improper diagnosis*

10. Are medical practices finding more delays from payers as they also experience a tough economy? *Yes, but the state by state prompt payment laws have helped. More of a problem for Medicaid in each state as they don't seem to play by these same sort of rules*

11. What percentage of practices are using real time adjudication? *Still fairly low but an attractive option if coordination for eligibility and benefits can be worked out with the payers in your marketplace*

12. How far along are medical practices with patient scheduling their own appts online? Is anyone doing it? Is it the exception? *Yes, practices are doing it, still a low percentage but the next wave in automation since so much is scheduled electronically over the web in other areas of life.*

13. How long do you see medical groups taking to go through a strategic planning process? *8-10 hours per year.*

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