

Questions from August Webinar

1. What kind of cost is involved in a Patient Locator System? \$3.00 per person? What kind of upfront costs?

Generally there are three components to the cost including a set-up fee, monthly maintenance and per transaction charge. Typically the set-up fee will start at \$500, monthly maintenance at \$15 and then a per transaction cost ranging from 23-28 cents.

2. Could you share an example of a Medical Disclosure form to understand how it would be different than what we have now?

The medical disclosure form is a tool used to expressly state the obligation the patient has for paying services rendered and for costs involved with collections for unpaid accounts. The patient acknowledges acceptance of these terms by signing the form. From this point forward any new accounts generated would fall under these terms.

Please note that our experience with this practice includes work in IL and WI. Please seek assistance from legal counsel or your current collections company regarding the legality of this process in Ohio. One collection service provider, Financial Control Solutions (262-853-2703), does offer this service to their medical provider clients in IL & WI and is checking on Ohio's Collection Act provisions.

3. eCashiering – we accept cash, check, and credit cards already. I don't understand how this would be different than what we already have?

E-cashiering is an internet-based application that allows for a more integrated approach to payment receipt in your practice. As an example, payment plans can be set-up in the application. Once established, payment occurs automatically using the prescribed terms with a credit card on a monthly basis. Detailed reporting shows the transaction after posting. In this example, the credit card information is maintained in the application, not within the practice.

If you are interested in more information, feel free to contact WHIN/Marsha Radaj at 414-448-1100.

4. Remote deposit capture – do all banks offer this function and is there another cost to have this provided?

Most larger financial institutions offer the services of Remote Data Capture. Costs of these services generally include a set-up charge and fall in the analysis service fees. Regarding cost of the scanner, depending on size of the banking institution, many banks no longer charge for the associated hardware or have a minimal cost.

As an alternative, Falls Collections Services (FCS) does offer another remote capture competitive product. The scanner is priced according to the size of the account (\$500-\$700) and per transaction based on volume and number of banking relationships less per month – cost can range from \$29.99/mo/bank + transaction costs based on volume of \$0.14 to \$0.16 per transaction.

All these electronic files can be downloaded on an Excel spreadsheet and can then be interfaced into your PPM system. Reporting is excellent and is available 24/7.

5. How would I find out about what PEO services are provided in Ohio? Is there a website or professional association that I can access to get names, addresses, emails, telephone numbers?

There is an Ohio PEO – Professional Employer Organization directory. There are 81 different PEOs that operate in Ohio. You can find a listing by city at <http://www.staffmarket.com/peo-ohio.asp>. Otherwise, word-of-mouth advertising is your best bet for locating a Professional Employer Organization (PEO) in your area. Another resource to check on the internet at www.PEO.com.

6. Can you please name a system that would be a Patient Locator, and please provide a contact for eCashiering, Thank You.

Patient Locator: Passport OneSource

eCashiering: Feel free to contact WHIN/ Marsha Radaj at 414-448-1100.

7. What trends are you finding in changing the physician formula? Are there certain models that physicians are moving to?

In the past, physician compensation models were based on actual receipts of the provider. Some modifications were allowed for payer-mix issues (i.e. a certain percentage of receipts were equally shared: 20 - 50%). Many practices are utilizing gross production since the services provided are valued the same for each provider regardless of patient mix.

Also, as organizations are merging together, new elements are being considered in the physician compensation formula. Examples are:

- Production based on RVUs (relative value work units) by CPT codes
- Variance in overhead allocation
 - o Production with proportional overhead
 - Maybe be capped at a certain threshold of total receipts (e.g., \$1.25 Million)
 - o Production with equal overhead
 - o Production with fixed, variable and direct costing
 - o Production plus incentive pool (e.g., 20% allocated from each provider to fund the incentive pool)
 - Cost effectiveness
 - Patient satisfaction
 - Quality indicators and other incentives are compensated.
 - Utilization of an EMR system
 - o Production with variable and fixed overhead
 - e.g., rent is fixed and equally shared

8. What are the key elements used in an "oversight dashboard"? Can you share an example of what one would look like? Are they difficult to put together? How often are they done? Monthly, quarterly, weekly?

An oversight dashboard provides you critical data to use to manage your practice. Ideally, this data is available on a real-time basis. Assuming that your database is open to query from Crystal Reports of Business Objects and is consistently populated, creating a dashboard is not difficult.

Many practices are considering replacing old practice management applications as they also look to move forward with an EHR. Most of the new integrated practice management/EHR applications include the technical capabilities to customize a dashboard appropriate for your needs.

Examples of metrics often found in dashboards include:

- Patients checked-in, not checked-out
- Patient encounters (new patients and encounters per doctor/FTE)
- E/M coding patterns/total and per provider
- Top payer collections on a daily/monthly basis
- Un-posted charges
- Rejected claims count
- Days in AR
- Daily provider production statistics

We have included two screen prints as examples. These screen prints were captured from the CareRevolution EHR/PM system from EHS.

9. Has any vendor been approved for meeting Meaningful Use criteria?

No vendors have been formally certified for meeting Meaningful Use under ARRA and the HITECH Act. Currently organizations are in the process of applying to become certifying entities with the authority of certifying EHR vendors. Formally, vendors should begin running through the certification process in the fall. As an example of an organization likely to be approved to certify EHR vendors, see www.cchit.org.

10. How do you figure the percentage to charge the patient when you are collecting the collection fees?

If a financial disclosure agreement is signed by a patient in which he/she agrees to be financially responsible for an account sent to a collection agency, the collection agency will take on the responsibility of collecting their fee from the patient. The practice only has the responsibility to disclose the collection agency fee/rate and the fee depends on the agreement you have with the collections company.

11. Re: transcription, what are some key elements that a medical practice should consider in bidding out transcription services besides cost per line?

When outsourcing transcription services, there are a number of considerations involved in selecting the right solution. The need you have for report timeliness, access to date 24/7 from remote locations, U.S.- or India-based outsourcing, electronic storage, what is included in the line charge, template format, accuracy and other service-oriented metrics are all factors that should weigh into your decision. These are all service-level qualities that should have a major influence on your decision.

As we mentioned during the webinar, please review potential changes to the transcription services with an eye on the concepts of Meaningful Use and electronic health records.

To achieve the objectives of Meaningful Use, clinical documentation should occur at the point of care. The templates established to meet this goal allow this process to codify the documentation allowing for future access, sharing and reporting on the data.

At some point in the future voice recognition software may allow a string of text to be verbally received and converted into disparate data elements.

12. Can you please provide sample financial reports that you would deem useful for physicians? I use Quicbooks and would like to see a sample report. Thank you.

A sample reporting packet has been attached. As we mentioned during the webinar, this is based on the MGMA recommended chart of accounts.

13. Can you provide the formula for your days in A/R?

There are several ways to calculate days in A/R, but the healthcare industry standard is to divide your total outstanding accounts receivable by your average gross charge. Your average daily gross charge is your total gross charges for the past year divided by 365 charges.

Most PPM systems will calculate this benchmark on a monthly basis and report it comparatively in the production/ accounts receivable month-end reports.

14. What payers in Ohio are currently providing the ability to post payments electronically to a computer system?

Most of the large payers will provide electronic remits to post payments electronically to your practice management systems. If you want to drill into this further, you can search payers by state on the Realmed website at http://realmed.com/payer_connections_list.aspx.

For more information on these or any other practice management topics, please contact:

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