

EMRge Qualifies for Meaningful Use

EMRge by Origin Healthcare Solutions was built from the ground up and was created around the current standards of the Healthcare IT industry. These standards have allowed for us to make EMRge completely interoperable with the latest in computer physician order entry services and also give us the ability to maintain an interoperable Patient Health Record (PHR) for patients..



With the introduction of the "Meaningful Use" stimulus payments this January, OHS is happy to announce that EMRge will not only meet the requirements set forth in the Meaningful Use guidelines, but also make it easy for eligible providers to address the guidelines without having to completely alter their practice workflow. Here is a list of requirements you will need to follow to qualify for the ARRA stimulus funds:

- The ability to order labs electronically for at least 80% of orders
- Maintain medication/allergy listings
- Display vital signs over a course of encounters
- Record smoking status and whether cessation counseling was offered
- Map incoming lab information as "discrete" data
- Utilize "decision support" criteria
- The ability to provide patients with a copy of their Personal Health Record
- The ability to share information with other providers participating in a patients care
- Adhere to HIPAA standards for chart security
- The ability to provide "syndromic surveillance" reports to public agencies
- Communication with state immunization records
- Electronic submission of claims to payers
- The ability to send patient reminders
- A reporting engine capable of listing patients by diagnosis/problem
- Listing of encounters by "case"

To learn more about EMRge, call 800-276-6992 or email sales@originhs.com.



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www.originhs.com
www.ssimed.com

Anesthesia Client Increases Revenue and Reduces Billing Stress

By Lauren Bousquet

As you already know, Origin Healthcare Solutions is a leader in the health care industry, from quality software suites to outstanding billing services. Many practices turn to Origin for our billing services, helping them to generate more revenue than they ever imagined possible. An example of this excellence was reflected upon by Dr. Jeff Klein of Anesthesia Associates of Torrington, LLC.

Dr. Klein agreed to let us do a case study on his practice, and praise was all he had to give about Origin and our billing services. He mentioned many times how his practice became more "turn-key" and his revenue increased incredibly since signing on with Origin's full service billing. This, in turn, lessened his stress within his office and allowed him more time to concentrate on what he deems primarily important; the care of his patients. It was an easy and seamless process, and with today's fast paced environment, easy is something that is not always available.

To read the full study, go to www.originhs.com/library and look for the case study.

trainingschedule

keep in
touch

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EMRge Managers/High Level Users *

FREE to current clients

Training covers the definition and parameters menus inside of EMRge. Topics include adding/editing allergies, pharmacies, provider drug favorites, message and task types, and user securities along with various reports and useful features your practice should be utilizing such as flow sheets, lab favorites, and custom forms.

Classes run 9:00 am - 3:00 pm with lunch provided for the attendees. Class meets at 1095 Day Hill Road, Windsor, CT 06095

May 21 July 30 September 24 November 19

Managers Class/High-level Users Training*

FREE to current clients

This class is geared towards the Practice Administrator/ Office Manager to accomplish tasks in setup, parameters and definitions.

Classes run 9:00 am – 3:00 pm. Class meets at 1095 Day Hill Road, Windsor, CT 06095

Software/Systems Only Clients
June 17 October 21 August 26 December 30

Practice Reporter and Closing Reports*

FREE to current clients

Basic overview of Practice Reporter and all of its capabilities. Review Daily Closing, Month-End Reports and Ad-Hoc Reporting and Mail Merge.

Classes run 10:00 am – 2:00 pm.. Class meets at 1095 Day Hill Road, Windsor, CT 06095

June 3 —Full Billing Service Clients
July 15—Software/Systems Clients
August 12—Full Billing Service Clients
September 9—Software/Systems Clients
October 7—Full Billing Service Clients
November 4—Software/Systems Clients
December 16—Full Billing Service Clients

Custom Training

Custom training programs are available by contacting Elizabeth Loney. Additional fees will apply.

Topics covered include:

- Basic training for new employees
- Custom Form building in EMRge
- Refresher training for current users

And much, much more!

Can't make it to one of our classes in-person? Not a problem—we can accommodate clients from far away via Internet-based training sessions.

*Class times and dates subject to change. A fee may apply for certain classes. Please remember to sign-up in advance to attend any training session.

Delay in Implementing Phase 2 of Expansion of the Current Scope of Editing for Ordering/Referring Providers CRs 6417 and 6421

The Centers for Medicare & Medicaid Services (CMS) has announced it will delay, until January 3, 2011, the implementation of Phase 2 of Change Request (CR) 6417 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Claims Processed by Medicare Carriers and Part B Medicare Administrative Contractors (MACs)) and CR 6421 (Expansion of the Current Scope of Editing for Ordering/Referring Providers for Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) Supplier Claims Processed by Durable Medical Equipment Medicare Administrative Contractors (DME MACs)).

The delay in implementing Phase 2 of these CRs will give physicians and non-physician practitioners who order items or services for Medicare beneficiaries or who refer Medicare beneficiaries to other Medicare providers or suppliers sufficient time to enroll in Medicare or take the action necessary to establish a current enrollment record in Medicare prior to the implementation of Phase 2.

We encourage you to refer to the following MLN Matters Articles for more information: MM6417 and MM6421.

practicalsolutions

5-STAR PATIENT SERVICE PRINCIPLES

By Vic Miller, Vital Signs, LLC

You would think that all medical practices, which by their very nature are devoted to "caring", would deliver 5-star service and every practice would repeatedly stress this aspect of practice culture multiple times during the course of every year.

Regrettably, this is not the case. I have conducted numerous in-house training sessions and many seminars on the subject of what constitutes 5-star patient service.

In order to obtain the 5-star level, practices need to commit to conducting regular staff meetings that review the key ingredients of exceptional service. Unfortunately it has been my experience that few practices ever provide explicit in-house training on specifics for outstanding patient care. Needless to say, I believe, this to be a mistake.

Some practices I work with mistakenly believe that their employees should know instinctively how to render exceptional service. I do not think you believe this, but ask yourself how much time has your practice devoted to teaching patient service?

Put yourself in the picture – as an example – when you vacation at a 5-star destination you expect nothing but the best. The best staff that anticipates your needs; accommodations that are clean, fresh and well appointed; terrific food and attention to detail throughout your stay.

What was it about the staff at the resort that made your visit so enjoyable? You don't believe for a moment they understood 5-star service without the benefit of a corporate training program, do you? When your visit is complete, many resorts, restaurants, car rental, cruise lines, etc. will ask you to complete a survey covering all aspects of your experience with them. Why do they spend the money on such surveys? You know as well as I do – to monitor guest satisfaction and identify areas that need to be improved. A 5-star experience is always under review lest it become a 4-star. Could your practice benefit from such a survey? You bet!

It may go without saying, but I am going to say it – a properly trained 5-star staff is a no-brainer. It is good for the practice in so many ways. A 5-star team promotes high morale, creates pride in the workplace; that reduces turnover; that makes the practice function more efficiently; that grows the practice; that increases profitability that... you get the idea.

So where to begin? I am going to give you an acronym that I use as a first lesson to train practice managers on the fundamentals of introducing a 5-star patient service training program to their practice.

C – A – R – E

You spend a training session on each letter, require all staff—including the physicians—to attend the session. You adopt it as a practice mission and use it during a new employee interview, by asking for examples of C-A-R-E. You repeat the C-A-R-E training sessions at least twice a year and display it in the staff room; and have C-A-R-E become a key component of your annual employee reviews.

C – Courtesy. Excellence of manners or social conduct; and polite behavior. Here are a few questions – Does ALL of your staff greet the patient by name? Welcome them? Did the patient come with a family member? Welcome them by name. Is the patient comfortable? Do they need a drink of water, bathroom, wheelchair assistance, need to use the phone, etc..?

Inform the patient of on-time status– it would be great if you would contact the patient prior to their arrival if you are more than 30 minutes behind schedule. Prior to their departure, thank them for their payment. Do they have any unresolved questions? Thank them for choosing the practice, then let them know you would welcome their friends and family as patients.

A – Attentiveness. Deference, politeness, attention, and being observant. Your team members should show respect at all times towards both their fellow teammates and your patients. Being polite entails wearing a smile, making eye contact and being attentive to patient requests and questions.

Couple being observant to all the other aforementioned attributes and you have the makings of an all-star team member. Observant – does the patient require a wheelchair? A Kleenex? Directions? The use of a phone? Simply put, attentiveness requires every staff member to be alert, work together and anticipate what is required to make every patients visit as comfortable, and pleasant as possible.

R – Responsiveness: Reacting readily to influences, appeals, and stimulus. Each and every staff member



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coding&compliance



How to Determine if a Physician or Non-Physician who is Eligible to Order or Refer Services has a Current PECOS Enrollment Record

By Mary Davis

Although enrolled in Medicare, many physicians and non-physician practitioners who are eligible to order items or services or refer Medicare beneficiaries to other Medicare providers or suppliers for services do not have current enrollment records in the Provider Enrollment, Chain and Ownership System (PECOS). A current enrollment record is one that is in the PECOS and also contains the National Provider Identifier (NPI).

The lack of a current enrollment record in the PECOS is a result of not having submitted any enrollment information updates since November 2003. The purpose of this article is to provide guidance to assist physicians and non-physician practitioners in determining whether or not they have a current enrollment record in the PECOS, and if not, the necessary follow-up steps to take.

Remember:

- Part B claims (CR 6417) that are the result of an order or a referral, must contain the National Provider Identifier (NPI) and the legal name of the ordering/referring provider and the ordering/referring provider must be in the PECOS or in the A/B MAC's master provider file. This means if the ordering/referring provider does not have a current record in the PECOS, but has a record in the A/B MAC's master provider file that contains an NPI; the provider does not have to immediately establish an enrollment record in the PECOS.
- DMEPOS claims (CR 6421) that are the result of an order or a referral must contain the National Provider Identifier (NPI) and the legal name of the ordering/referring provider and the ordering/referring provider must be in the PECOS.

To determine if you have a current enrollment record in the PECOS, you can do the following:

- Utilize the national file of Medicare physicians and non-physician practitioners who are eligible to order/refer and have current enrollment records in the PECOS. This file is made available by the Centers for Medicare & Medicaid Services' (CMS) and contains the provider's NPI and his/her legal name (from the PECOS enrollment record).

- Utilize Internet-based PECOS. Instructions for establishing the status of your PECOS enrollment can be found on the CMS website. Note: If you have more than one NPES User ID and password, log in to Internet-based PECOS using each to ascertain if a PECOS enrollment record exists.
- Calling our Enrollment Help Line. If you are unable to verify your PECOS enrollment using either of the two methods outlined above, you can contact the HMS Enrollment Help Line at 1-866-488-0549 between the hours of 8:00 a.m. and 3:30 p.m. Monday through Friday. Please have your PTAN (i.e., your legacy identifier/Medicare provider number) and/or NPI number available to assist in expediting the call.

If you do not have a current enrollment record in the PECOS and will be ordering or referring services, particularly items of durable medical equipment (e.g., oxygen, diabetic supplies, and wheelchairs), you should take one of the following steps:

- Use Internet-based PECOS to complete and send your enrollment application. For more information regarding submissions via Internet-based PECOS, you can refer to our Enrollment Center or the CMS website. You can log on to the website by visiting <https://pecos.cms.hhs.gov>. (Note: When submitting your application via Internet-based PECOS, select "New Application". Upon receipt, they will readily determine the application is not an actual initial enrollment.)
- Fill out the paper CMS-855I Medicare provider enrollment application and mail the application, along with any required additional supplemental documentation to us. To obtain the CMS-855I application, as well as our mailing address and other helpful enrollment information, please refer to our Enrollment Center.

coding&compliance

Multiple Procedure Payment Reduction (MPPR) on the Technical Component (TC) of Certain Diagnostic Imaging Procedures

Section 3135(b) of the Patient Protection and Affordable Care Act of 2009 (PPACA) reduces payment for TC of the second and subsequent procedures from 75 percent to 50 percent of the MPFS amount effective July 1, 2010. Physicians and providers submitting claims to Medicare contractors (carriers and Medicare Administrative Contractors (MAC)) for multiple diagnostic imaging procedures provided to Medicare beneficiaries are affected.

Medicare currently applies a multiple procedure payment reduction (MPPR) of 25 percent to the technical component (TC) of certain diagnostic imaging procedures, i.e.:

- The reduction applies to TC only services, and the TC portion of global services, for the procedures with a multiple surgery value of '4' in the Medicare Fee Schedule database.
- The MPPR does not apply to the professional component (PC) or to the PC portion of global services. The 11 families of imaging codes to which

this policy applies are established according to modality (computed tomography (CT), magnetic resonance imaging (MRI), and ultrasound) and body area..

- The reduction applies only to more than one procedure performed in a single imaging session on contiguous body parts, i.e., within a family of codes, not across families. For example, the reduction would not apply to an MRI of the brain (CPT 70552) in code family 5 (MRI/MRA Head/Brain/Neck), when performed during the same session, on the same day, as an MRI of the neck and spine (CPT 72142) in code family 6 (MRI/MRA Spine).

This article is based on Change Request (CR) 6965, which directs Medicare contractors to reduce the payment under the Medicare Physician Fee Schedule (MPFS) for the technical component of certain multiple diagnostic imaging procedures done in a single imaging session from 75 percent to 50 percent. Be sure billing staff know of this change.

Source: MLN Matters—CMS

practicalsolutions continued

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should welcome the opportunity to quickly respond in a positive way to any request by a patient, a physician, a teammate or an outside entity for assistance. Instill upon one and all that whenever possible, the best time to do something is NOW. Quickly, efficiently, and completely – done! Keep in mind that a “NOW” response is the zenith of responsiveness. From a manager’s perspective, look to build a team that does not delay, defer or struggle to prioritize.

E – Empathy. Intellectual identification of the feelings thoughts or attitudes of another person. So often the obvious is overlooked on the assumption that everyone already knows. The obvious is that for the most part, your patients are not feeling well and they would rather not be in your office. Further, they do not know what fate awaits them how will their life be changed as a result of this visit? Much the same way you would expect the entire staff on a cruise line to be upbeat and solicitous to promote your enjoyment, so too should a medical team. The team should understand that their number one job, after promoting good health, is to

realize the patient is stressed and would welcome the smile and helping hand of an understanding, empathetic caregiver.

Resolve to take the first step towards 5-star service by instituting a C-A-R-E training program. Once you get started, trust me, you will realize that it was time very well spent.

After you have completed your first C-A-R-E cycle, it would help you a great deal if you conducted a patient satisfaction survey. Conduct it by paper format or by email. Continue C-A-R-E training because you are never “finished”. Monitor the surveys for they will guide your training. Done together, your practice will reach and maintain 5-star patient service.

If you have any questions or need my help in any way, please call me or email me.

Vic Miller
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757-876-3208 (mobile)

ancillary services

INCREASING REVENUE – ARE ANCILLARY SERVICES THE ANSWER?

By Helen Hadley, VantagePoint HealthCare Advisors



As expenses rise and reimbursements decline or, at best stay the same, many practices are searching for new ways to increase revenue. You've "tightened your belt" as much as possible to reduce expenses, increased office hours and patient visits, and made sure that the billing and collections staff is collecting every possible dollar. Then what?

Many practices have turned to ancillary services to supplement their revenue. Medical imaging, diagnostic testing, laboratory and pharmacy services, and physical therapy are among the more popular ancillary services being offered... more recent additions are smoking cessation and weight loss clinics, vitamins, laser hair removal, and Botox injections.

These ancillary services can produce substantial financial returns if you've done the appropriate due diligence. However, before moving forward, many major questions need to be answered including:

Does your billing and collections staff have a good enough track record to take on a new line of business?

Have you investigated the appropriate CPT codes and the medical necessity requirements of these services? (Don't rely on the vendor for this information.)

Have you developed a pro forma so that you have a clear understanding of your return on investment and how long it will take for the service to be profitable?

Do you have adequate staffing? How will the new service(s) affect their workload? Are they supportive? They can make a substantial difference in your patients' acceptance (and use) of the new services.

Can you provide a better level of service for your patients than the referral sources you now use?

Will your patient population provide a high enough demand for the service and/or will other practices refer patients to you to offset the costs involved?

Will the payers that represent the majority of your patients reimburse you? For example, some payers contract with specific laboratories and won't pay for services done elsewhere.

Are you aware of, and do you meet, the legal

requirements of the federal Stark regulations and anti-kickback statutes as well as any applicable state laws? Ancillary services can be provided within these legal parameters, but they are very complex and investing in legal advice is mandatory to protect yourself.

Can you meet the CMS supervision requirements for in-office ancillary services? There are three levels of supervision based on the CPT code of a diagnostic test – general, direct, and personal.

Have you investigated all financing options? Purchasing, leasing, renting, and purchasing "previously owned" refurbished equipment?

Have you considered the local "politics?" Who currently provides these services? For example, if you currently send your patients to the local hospital for these services, what will the impact be of discontinuing your hospital referrals?

What will the public perception be? Will they view it as providing an additional service as a convenience for your patients or simply a way to add to your bottom line? Will it create the perception of unnecessary testing? Is the service closely associated with the specialty of your practice (for example, what will the perception be of a family practitioner doing Botox injections?)

Most importantly, can your practice perform these services and maintain the same quality of patient care and the reputation it has developed in the community?

If planned correctly using financial models to project revenue and expenses, ancillary services may prove to be a viable revenue stream for your practice.

Before you leap, contact VantagePoint for a complimentary consultation at 203.288.6860 or visit our web site <http://www.vantagepointconsult.com>.

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Helen Hadley is President of VantagePoint HealthCare Advisors. Email: hhadley@vantagepointconsult.com

golftournament'10

ENJOY A DAY ON THE LINKS FOR A GREAT CAUSE

By Lauren Bousquet

Attention golf fanatics! Origin Healthcare Solutions is once again holding our annual golf tournament to benefit the Connecticut Children's Medical Center on Thursday, July 22, 2010 at the Wintonbury Hills Golf Course in Bloomfield, CT. Wintonbury Hills Golf Course is one of the highest rated golf courses in Connecticut.

A full 18-hole, par 70 course is sure to please. The course features traditional tree-lined holes which will provide golfers with a challenging yet enjoyable round of golf. Picturesque views of the Tunxis Reservoir will take your breath away while you enjoy your time on the course.

Registration begins at 10:00am, which is promptly followed by a boxed lunch at 11:00am. The shotgun start is scheduled for 12:00pm. After everyone has completed their round, a buffet style dinner will be served at 5:30pm with a 2 hour open bar (beer and wine only). During dinner, the silent auction will take place- all proceeds will go to Connecticut Children's.

You can contribute to the day by placing an advertisement in our tournament booklet. A full page advertisement is \$300, half page is \$200. Sponsoring is also a great way to contribute. Every sponsor will be able to insert items such as a pen or golf ball into each golfer's gift bag.

The sponsorship levels are:

Tee – Includes a sign on the course. \$150

Bronze – Includes a tee sign, a green sign and a half page advertisement in the tournament booklet. \$500

Silver – Includes one golfer, a sign displayed at lunch and a half page advertisement in the tournament booklet. \$1000

Hole-in-One – Includes twosome of golfers and their meals, a sign at one of the "Hole in One Contest" holes, and a full page advertisement in the tournament booklet. \$1750

Titanium – Includes foursome of golfers and their meals, recognition on a sign in each golf cart and a full page advertisement in the booklet. \$2500

Custom – If you have another sponsorship package you would like us to consider, please call.

For more information on the golf tournament and to find out how to register, visit <http://www.originhs.com>.



REGISTRATION FORM

Name _____

Company _____

Address _____

Phone _____

Email _____

Players

1. _____

2. _____

3. _____

4. _____

Golfers # _____ x \$150 each = \$ _____

Titanium Sponsor (4 golfers) \$2000

Hole-In-One Sponsor (2 golfers) \$1750

Silver Sponsor (1 golfer) \$1000

Bronze Sponsor \$500

Tee Sponsor \$150

Custom Sponsor Please Call

Full Page Advertisement \$300

Half Page Advertisement \$200

Method of Payment _____ Total: \$ _____

Check made payable to SSIMED, enclosed.

Visa/MasterCard—Call T.J. Burnett at 860.925.6371 for form.

Please send completed form and payment to:

SSIMED, LLC

P.O. Box 101

Windsor, CT 06095

or send via Fax to 1.888.655.0943



Join Our Email List

In the upcoming year, we will be sending out many notices and client communications along with the electronic version of this newsletter via email. If we do not already have your email, please send it to us at info@originhs.com with your name and office name. There is no limit to the number of people you can have signed up.

Holiday Closings

As a reminder, the office will be closed on May 31 in observation of Memorial Day and July 5 in observation of Independence Day. If you need emergency support on either of those days, you may call our Emergency Support line at **860-716-2640**. Additional charges will apply.

Complimentary Webinar

Please join us for a complimentary webinar on the Healthcare Reform Law—What Does Your Practice Need to Know? on May 27 from 2:00—3:00pm EDT.

What is it? What does it include? How will it affect my practice and my patients? The comprehensive healthcare reform bill, signed into law in March of this year, promises to have extensive implications for medical practices and their patients. Please join VantagePoint Health Care Advisors in concert with Origin Healthcare Solutions for a review of the new law and a discussion on how healthcare reform will affect your practice.

Visit <http://www.originhs.com/complimentary-healthcare-reform-webinar.html> to reserve your seat.

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originhs](http://www.twitter.com/originhs)

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companies/222323](http://www.linkedin.com/companies/222323)