URS BILLING SERVICES, LLC

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Medical E-Newsletter

Primary care physicians treating Medicaid patients would see their Medicaid payments rise under a proposed rule announced today by Health and Human Services (HHS) Secretary Kathleen Sebelius. Through the Affordable Care Act, the increase would bring Medicaid primary care service fees in line with those paid by Medicare. The boost would be in effect for calendar years 2013 and 2014. States would receive a total of more than $11 billion in new funds to bolster their Medicaid primary care delivery systems.

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Increasing Revenues, Minimizing Overhead Costs and Improving Patient Care Data Collection Accuracy

Medical practices seeking greater operating efficiency and improving bottom lines are implementing more stringent registration, billing and data collection policies. Practices failing to implement and take charge are likely to lose literally hundreds of thousands of dollars annually. Remember monetized incentives will help the success of the practice, so don't write those off, just try to add extra care to your staff by practicing the 5 steps often!

Create a Patient Care

If you would like to see your staff focus more on patient needs, establishing a patient care team can be the first step. 1) **Evaluate** your current work processes to be patient-centered. By doing so, you'll probably realize that most of your workflows revolve around physician and staff needs, rather than patient needs. For example, patients must wait seven days for test results that are ready in two, or patients must contact the office 48 hours in advance of a prescription renewal.

2) **Emphasize** "us" vs. "me." When staff members talk about what they want, ask them to put it into terms that relate to the patient and the rest of the team. If a staff member wants to start taking appointments earlier in the day, make sure he or she considers how that will affect patient satisfaction and the needs of the rest of the team.

3) As a **leader**, be an example of teamwork. Hold same-day huddles with staff and physicians to assess, as a group, what worked and what didn't. Ask each staff member questions about his or her day and use that feedback for improvements. Expect more from staff; challenge staff to think about patient needs in a critical way.

4) **Eliminate** unnecessary workflow steps that hinder communication and slow responses to patients. A traditional workflow for handling a patient who has a question about his or her medication may look something like this:

Step 1) Front office staff member takes phone call   Step 2) Message taken Step 3) Message given to nurse Step 4) Nurse calls patient to clarify Step 5) Nurse talks to physician Step 6) Nurse calls patient to answer question

when it should look like this:

Step 1) Patient submits question via e-mail or online portal
Step 2) Nurse talks to physician or nurse contacts patient to answer question

The Coding Corner

MYTH: Implementation of ICD-10-CM/PCS can wait until after electronic health records and other health care initiatives have been established.

FACT: Implementation of ICD-10-CM/PCS cannot wait for the implementation of other health care initiatives. As management of health information becomes increasingly electronic, the cost of implementing a new coding system will increase due to required systems and applications upgrades.

Q & A

Q: I'm a new physician, what % do I typically receive of the medical bill?

A: Physicians typically receive about 60% of charges billed. However, this % does vary depending upon geographic area and amount charged for certain services.