Pearls for a Successful Office

ASPSN Annual Convention
New Orleans, LA
October 27, 2012

Guy R Williams III, CMPE
guy@wilmingtonplasticsurgery.com
(800) 646 9308
Communication

noun

1. the act or process of communicating; fact of being communicated.
2. the imparting or interchange of thoughts, opinions, or information by speech, writing, or signs.
3. something imparted, interchanged, or transmitted.
4. a document or message imparting news, views, information, etc.
5. passage, or an opportunity or means of passage, between places.
Challenges to Communication

- Time
- Gender
- Generational Differences
- Systems in Place (or not in place)
Forms of Communication

- Verbal
- Nonverbal
- Written
- Electronic
Levels of Communication

- Administrative
- Interoffice
- Patient
- Referral
Administrative

- **Company Direction**
  - Past Performance
  - Future Vision
  - Developmental Goals

- **Staff Performance**
  - Grooming for Good Behavior
  - When to take corrective action
  - Everyone wants feedback
  - No one wants to be embarrassed in front of their peers
Interoffice Communication

- Meetings
- Changes
- Gatherings
- Problems
Patient Communication
Surgical Cost Quotation

Patient Name: Donna Indecisive  Today’s Date: Dec. 15

Procedure(s):
- Mini-facelift $6,000
- Lower + Upper bleph $10,000
- Fat transfer $7,000
- CO2 resurfacing $2,500

Multiple Procedure Discount:

$15,500

Total $15,500

Less: Consultation Fee: $400

50% Deposit: (due when surgery date is scheduled)

7,450

Balance Due: (due 5 business days prior to surgery)

7,450

Additional Surgical Costs

Implants: $300

Operating Room Fee: $3,300

Anesthesia Fee: $500

Total Surgical Costs: $12,230

$18,950

New Total!

Ellie Messi  Patient Coordinator

Patient Name

Date
Patient Communication

- Everything your patient sees must pass the Eyeball Test

- Website
- Who is answering your phone?
- Exterior of Building
- Reception and Registration
Patient Communication

- Consultation (pre and post physician)

- Patient Coordinator

- Preop Visit

- Day of Surgery
  - Patient
  - Patient Caregiver
Patient Communication

- Exit from Surgery
- Post Op Visit
- Recurring Communication
  - Follow Up care
  - Email, newsletter, events
Referral Communication

- Your referrals are just as important as your patients
- Telephone etiquette and pleasantness is imperative
- How easy is it to make a referral to your office?
- Inexpensive form of Marketing
  - Know your referral staff
  - Know your referring physicians
  - Hundreds can lead to thousands
  - How easy it is to lose a referral
Healthcare Challenges Today

- Access, Quality, & Care

- Health Care Legislation
Healthcare Reform – ACA (Affordable Care Act)

- Medical liability reform
- SGR still unaddressed / 29.5% cut in 2013
- Focus on reducing the deficit... entitlement reform?
- Expecting to add 400,000 patients to Medicaid rolls per state in 2014 and beyond
- 2012 presidential/congressional elections
- 2014 state implementation of exchanges - variability in state
- Support (Governors, Legislators, Attorneys General)
Federal Incentives
2012 E-Prescribing Incentive

The 2012 Medicare ePrescribing incentive program provides for an incentive payment to eligible physicians who successfully ePrescribe medications in 2012 equal to 1 percent of their total Medicare Part B payments for the year.

CMS Electronic Prescribing Incentive Program

<table>
<thead>
<tr>
<th>Calendar year</th>
<th>Incentive</th>
<th>Penalty</th>
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</thead>
<tbody>
<tr>
<td>2012</td>
<td>1.0%</td>
<td>-1.0%</td>
</tr>
<tr>
<td>2013</td>
<td>0.5%</td>
<td>-1.5%</td>
</tr>
<tr>
<td>2014</td>
<td>—</td>
<td>-2.0%</td>
</tr>
</tbody>
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In addition to 2012 penalties, according to MIPPA, physicians who are eligible but choose not to participate in the Medicare ePrescribing incentive program and do not qualify for a significant hardship exemption would be subject to a 1.5 percent Medicare payment reduction based on their 2013 Medicare Part B fee schedule amounts during the year (2 percent in 2014).
**E-Prescribing Penalties**

- Penalty amounts and corresponding years established by ACA
- CMS determines methodology and reporting period
- If EP is penalized, the amount will be deducted from each claim as it is processed (beginning 1/1/2012)
- Limited hardship exemptions available
  - EP/group practice is in a rural area with limited high speed internet access
  - EP/group practice is in an area with limited available pharmacies for electronic prescribing
- Providers not penalized:
  - Successful e-prescribers. New providers. EPs who, in the first six months of 2011, have a low level of Medicare claims from the denominator set of codes (fewer than 100 claims or less than 10% of Medicare allowed charges).
EHR Incentive Program (CMS /ONC)

- Beginning in 2011, Eligible professionals who use a “certified” EHR in a “meaningful” way can qualify for up to $44,000 over five years under Medicare, or up to $63,750 over six years under Medicaid.
  - Penalties begin in 2015 for EPs who are not meaningful users up to -5% in 2019
- Online registration for the program started Jan. 3 at https://www.cms.gov/EHRIncentivePrograms/20_RegistrationandAttestation.asp
- The “meaningful use” requirements: http://www.cms.gov/EHRIncentivePrograms/30_Meaningful_Use.asp#TopOfPage
- Details on meeting core and menu set MU measures: https://www.cms.gov/EHRIncentivePrograms/Downloads/EP-MU-TOC.pdf
- Full list of certified products available at: http://onc-chpl.force.com/ehrcert
- For more information on the program visit:
  - ONC site at: http://healthit.hhs.gov/portal/server.pt/community/healthit_hhs_gov__home/1204
  - CMS site at: http://www.cms.gov/ehrincentiveprograms/
  - MGMA site at: http://www.mgma.com/meaningfuluse/
Meaningful Use

- No double dipping with Medicare and Medicaid
  Or with Medicare MU and e-prescribing
- Regional Extension Centers provide training and support services to assist doctors and other providers in adopting EHRs
Thank you!

Q&A