

FOCUS

Route to:

Volume 1, Number 2
October, 1992

The Quarterly Newsletter for Physician Office Staff

Name Chosen for Newsletter

The winning entry in the "Name the Newsletter" contest has been chosen. **FOCUS**, an entry submitted by Rosanne I. Farina, Office Manager for Peters, Caccese, Scott & DuGan, was selected recently by the editorial board as the name for the quarterly Office Manager/Office Staff newsletter.

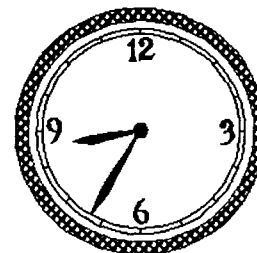
Rosanne felt **FOCUS** would be appropriate since the newsletter will focus on pertinent information regarding the hospital and healthcare issues. For her winning suggestion, Rosanne will receive a gift certificate for the Shanty Restaurant. Congratulations!

Clinical Laboratory Improvement Amendments Alert

For those practices providing clinical laboratory services in their offices, good news was announced on September 1 by the Department of Health and Human Services Secretary Louis Sullivan, M.D. A grace period has been granted until December 1 for completing Clinical Laboratory Improvement Amendments (CLIA) registration. Without CLIA registration, HCFA will deny Medicare payment on laboratory tests performed in a physician's office.

Additional good news for physicians' offices: 1) physician office lab (POL) inspections will not take place until 1993 and 1994; and 2) the initial inspection of POLs will be primarily educational.

Source: Medical Group Management Association



*Daylight Saving
Time ends on
October 25.
Don't forget to
set your clocks
back one hour!*

Hospital Courier Service Update

Currently, all physician and dental offices located in medical office buildings 1210, 1230, 1243, 1251, 1259, and 1275 South Cedar Crest Boulevard, and 400 and 401 North 17th Street are able to send and receive mail from the hospital. Due to the overwhelming demand for this service, it is suggested that each office have its outgoing mail ready at the front desk or a designated location at which the courier will know to look on a daily basis.

Trexlerstown Medical Center, affiliated with Lehigh Valley Hospital, has recently been added to the courier route. Mail addressed to Trexlerstown Medical Center from private physician or dental offices, located in the above mentioned medical office buildings, will be delivered by the courier service. Mail should be addressed to:

Trexlerstown Medical Center
6802 Hamilton Boulevard
COURIER SERVICE

Crime Prevention Program Offered Again

If you were unable to attend the last Physician Office Practice Forum on September 16 and missed the Crime Prevention program, you are in luck! The hospital's Security Department will again offer its Crime Prevention program for all interested hospital employees and staff. An invitation has also been extended to members of physicians' office staff.

The program, which will provide tips to safeguard you and your family at home, at work, and while traveling, will be held on **Tuesday, October 20, at 7 p.m., in the School of Nursing Auditorium at Lehigh Valley Hospital, 17th & Chew.** No registration is required.

Holiday Food Drive



The staff of Lehigh Valley Ophthalmic Associates will again collect food for the Allentown Ecumenical Food Bank for the Thanksgiving and Christmas holidays. All the medical offices in the 400 and 401 North 17th Street buildings, and anyone else who wishes to participate, may join in this worthy cause.

Donations of canned or boxed foods may be dropped off at Suite 101 of the Fairgrounds Medical Center, 400 North 17th Street, throughout the months of November and December. For further information, call 433-0450.

Are You a "Certified" Office Manager?

Due to the scrutiny of the health care sector in today's economy, medical groups are equipping themselves for survival with proficient managers. There is a difference in responsibilities for the manager as compared to other staff members, and while medicine has become state of the art, the government and insurance companies are making excessive demands. There is a need for sophisticated managers who can orchestrate administrative functions so physicians can devote their time to practicing medicine.

One problem, however, has been defining and evaluating the professional role of the office manager, which varies immensely according to the size and complexity of the group, skills of the manager, and needs of the physicians.

All managers, regardless of their capacities, should master a foundation of medical management knowledge and additionally keep abreast of changing health care policies in the external environment.

One recent survey indicated that 90% of office managers would seek manager certification to improve proficiency, enhance their professional images, and add credibility to their roles.

Likewise, nine out of ten physicians agree that a certification would be worthwhile to ensure that their managers or prospective new-hires demonstrate parity to peers in other practices. Most office managers have been limited to seeking certifications in specific technical, task-oriented skills such as medical assisting or coding, for example, until just recently.

In response to the need for health care manager certification, several organizations are now providing opportunities for managers to identify and demonstrate proficiency in management techniques applicable to all groups and managers, regardless of the candidate's job experience, education level, or specialty.

Some universities offer comprehensive certificate programs which entail the completion of 10-12 courses during a specified period of time, up to one year in length.

An alternate to the curriculum approach is a self-study certification exam recently introduced by the Professional Association of Health Care Office Managers (PAHCOM). The credential is attained through self-preparation and/or a review course offered by the Association, and if obtained, must be maintained with continuing education credits. Exam preparation alone serves as a mechanism to broaden your skills and identify your management strengths and weaknesses.

In short, medical office manager certification establishes a higher standard for practice managers and advances professionalism.

[Reprinted from *On Managing* with permission from HealthCare Publishing]

A number of office managers have expressed an interest in joining a local PAHCOM chapter. A planning meeting to establish a local chapter will be scheduled in the near future. If you are interested in becoming a member of this worthwhile group, contact Colleen Burgess, Office Manager for Allen Neurosurgical Association, at 433-3143.

Helpful Hints for the Office

by Eva Levitt

Neurological Services, Inc.

Collections

It is best to have the same person call a patient regarding an overdue bill each time a contact is made. Such a policy establishes a personal relationship between the patient and the office and gets better results.

The first time a patient is called about an overdue bill, the person making the call puts his or her initials in the corner of the ledger card or computer sheet. Any future calls and follow-ups are handled by the same person. You can split the alphabet up among the staff who handles collection calls giving one staff member A through L, and a second staff member M through S, etc.

The important thing to remember is to give your accounts receivable
Continuity of Care.

Ordering Tests

Preparing a booklet or flyer describing the kinds of tests you usually order in your office for your patients is a very good idea. When tests are ordered, the patient has much on his mind and often does not ask the questions that will come up later when he gets home.

For example, if a CAT scan or MRI scan is ordered, when scheduling the test, your receptionist could provide to the patient a booklet which explains

what the test is, how long it takes, and what it may show. As a result, the patient will have many questions answered and will feel more secure about the upcoming test. A well-prepared booklet reduces the likelihood of inquiries the next day.

Post Hospital Follow-up

Many patients who are discharged from the hospital are so anxious to go home that they don't really pay proper attention to the doctor's instructions. It is, therefore, a good idea to have your office nurse call the patient the day after discharge to find out how he is feeling, and ask if he understands how to take his medication.

A follow-up appointment can be made, and insurance information for billing can be obtained. The nurse can tell the patient that she or the doctor will get back to the patient to answer any questions which may arise. The patient then knows that the office, including the doctor, is concerned about his post hospital follow-up and this helps to reduce incoming calls.



The Collection Process: An Increasingly Important Function

***by Mary Jo Shields, Administrator,
and Barbara Kresge, Collection
Manager, Cardiology Care Specialists***

The collections process has always been an important function in every medical practice, however, in today's world of reimbursement cutbacks, it is imperative that each practice review its collection process for effectiveness and efficiency.

The collection process begins with the patient's first contact with your practice. The initial step in instituting a collection process for many practices is to educate both staff and physicians. Both of these groups need to be aware of the importance of their role in the submission of charges and subsequent payment of services.

Training for physicians may include an inservice by the billing staff on problems they encounter in obtaining charges, audits of office and hospital charts to verify documentation, and training on how a physician should handle a patient's questions about their bill. We strongly recommend to our physicians that they not attempt to answer a patient's billing questions but that they arrange for our billing and collections personnel to meet with the patient.

Staff education can consist of attendance at outside professional conferences, the use of video or audio tapes, reading newsletters and in-house inservice programs. We found a combination of the above very helpful, but effective education can be done for

a minimum amount of money by keeping the training in-house. Due to the volume of literature on billing, we set aside one to two hours each month for each of our billing staff to read literature without outside interferences.

Once training has been completed, then reasonable goals can be set monthly for a percentage of collections to be collected that month. This should not be a punitive process, but rather one focused on continuous improvement. If problems occur that interfere with the collection goal, then the staff and manager must meet and determine ways to resolve that problem.

Our physicians and billing staff also developed financial hardship guidelines for our collection staff to follow. The guidelines speed up our collection process by allowing our staff to proceed on many accounts by setting up payment plans without needing to speak with an individual physician about his patients' overdue accounts.

The following steps have assisted us in improving our collection percentage by 15 percent:

- 1) Accurate patient registration form completion. Correct information from the very beginning of a patient's contact with a practice is becoming essential for prompt and effective reimbursement.
- 2) When our staff verifies a patient's upcoming appointment, they also confirm any outstanding account balances with the patient.

Continued on Page 6

3) On the day of the patient's appointment, the front desk personnel and our Collection Manager review together any balances due and any extenuating circumstances concerning the bill. Our Collection Manager will, at times, request to see the patient before they leave the practice in order to discuss an overdue account.

4) Payment is obtained at the time of the visit. This has been facilitated by our acceptance of major credit cards and MAC cards. If the patient's insurance is responsible for the charges, the insurance information is verified with the patient at the time of check out. We bill all insurance companies ourselves. This ensures that the claim is submitted promptly and that payment is assigned directly to us thus reducing the collection time.

5) We utilize increasingly strong dunning messages on our monthly statements. If you inform a patient that a bill will be sent to a collection agency, be sure that you follow through on it if the patient refuses to pay. Stating you will send an account to collection but not taking action at the end of the timeframe you specified gives a patient grounds to sue you for harassment.

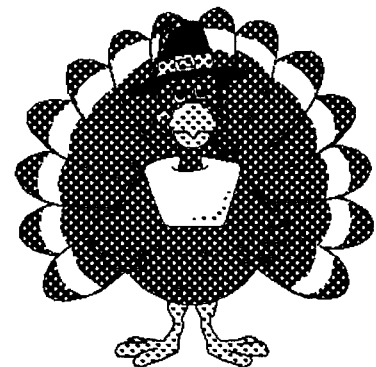
By the time the patient's second monthly statement is sent, our Collection Manager has reviewed the account. She calls the patient and any insurance company involved. If we receive notice from the insurer that payment was made to the patient, we send an insurance fraud letter which simply states that if we do not receive

payment and the patient keeps the money, he/she must declare the payment as income for tax purposes and that we will not support the patient's claim of payment should they be audited by the IRS.

If insurance coverage has been verified and we are having difficulty in collecting from the insurer, we will contact the State Insurance Commissioner. If the problem lies with Medicare or Medicaid, we have found that contacting our state or local Congressman has proven very beneficial in a timely resolution of the problem.

Finally, we do send patient accounts to collection once we have exhausted all the above avenues. However, by utilizing the above methods, we only need to send an extremely small percentage of our accounts to an outside agency.

The above process works well for us, however, each practice must assess its needs and capabilities when developing a collection process that will work best in their situation.



Office Staff Tours Underway

Since the physician members of Orthopaedic Associates of Allentown are firm believers in education and communication, they felt that their office staff needed to have a better understanding of the hospital, its workings, and its people.

Practice Administrator, Steve Haraschak, contacted Maria Pillsbury Kammetler, Physician Office Practice Services representative, who arranged for a tour of the facility at Cedar Crest & I-78.

According to staff members in attendance, "Maria put a great deal of energy and thought into the tour and succeeded in providing us with a circuit jam packed with information that was custom designed for our practice."

"In a business where time is such a precious commodity, this experience was well worth the investment from an educational standpoint. It made it possible for us to meet the voices we deal with on a regular basis, get a better understanding of what is done in each department we visited, how it is done, and where they are located. It also provided an excellent opportunity to ask questions and receive information on a wide variety of topics. We would highly recommend taking a few hours out of your busy schedule to take a tour. It will be time extremely well spent!"

For more information about individualized practice tours of the hospital, please contact Maria Pillsbury Kammetler in the POPS Office at 402-2242.

Time to Line Up for Flu Shots



It's time to start thinking about flu protection, according to the Centers for Disease Control. Flu season generally starts in October, runs to May, and typically peaks in mid-January.

Influenza, which kills between 20,000 and 40,000 Americans each year, infects up to 20 percent of the population annually. The virus causes fevers, sore throats, muscle aches, coughs, and general fatigue.

Flu shots are still the best precautionary measure, CDC officials say.

The vaccine, which is effective one year, offers protection from several strains of flu.

CDC officials strongly recommend annual flu shots for:

- those over age 65
- nursing home residents
- people with heart, lung, or kidney problems
- anyone with diabetes or other chronic illnesses, including AIDS
- health care workers
- home care providers and family members of those who are chronically ill

Upcoming Educational Opportunities

October

25-28 **MGMA 66th Annual Conference, Orlando, Fla.**

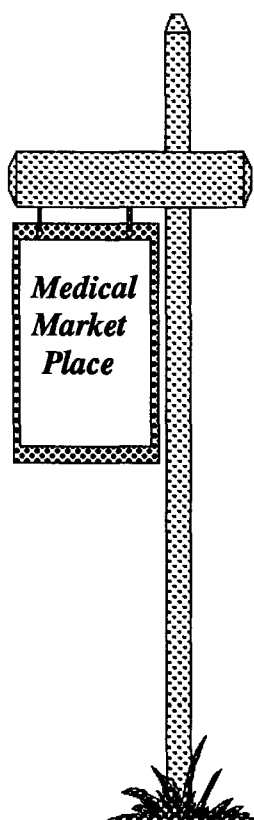
November

- 16 **Medicare: Practical Guidelines and a Look Ahead, Philadelphia, Pa.**
- 17 **Medicare: Practical Guidelines and a Look Ahead, Norfolk, Va.**
- 20 **Medicare: Practical Guidelines and a Look Ahead, New Orleans, La.**

December

- 2 **Physician Recruitment, San Antonio, Texas**
- 3-4 **Group Practice Governance - Making It Work, San Antonio, Texas**
- 7 **Medicare: Practical Guidelines and a Look Ahead, Omaha, Neb.**
- 8 **Medicare: Practical Guidelines and a Look Ahead, Chicago, Ill.**
- 10 **Medicare: Practical Guidelines and a Look Ahead, Manchester, N.H.**

For a current program update or for more information, call the Medical Group Management Association Education Department at (303) 397-7881.



Medic Computer System

Medical billing software package. Three years old. Complete medical billing software with the most recent updates in Medicare. Six terminals included. Texas instrument equipment. Originally sold for \$32,000. Will accept best offer. Please call (215) 366-9160.

Konica Fax 280

Purchased November, 1989. Asking \$250.00. Call Colleen at 433-3143.

Olivetti Electric Typewriter ET 121

Interchangeable Daisy Wheel printing element. \$200.00 or best offer. Call Colleen at 433-3143.

Silver Reed EX60 Typewriters

Three at \$350 each or best offer. Call Loretta at 402-8812.

OBSERVANCES & DATES TO REMEMBER

October: National Pizza Month - According to the Dairy Council, Inc., pizza is the base of a \$25 billion industry! Ninety-four percent of Americans consume pizza regularly and four many occasions. Sixty-eight percent of pizza is purchased as take-out. Pepperoni pizza has more calcium and less fat than a hot dog on a roll, a bacon-and-egg breakfast, or a tuna sub! Cheese pizza was developed in 1889 when an Italian tavern owner used tomatoes, mozzarella, and basil to make a pie featuring the colors of Italy.



October 18-24: National Dental Hygiene Week - Dental hygienists remind you to brush, floss, and smile! They aim to make Americans aware of the importance of preventive oral health care and the dental hygienists' role as preventive professionals.

November: Child Safety and Protection Month and National Alzheimer's Disease Awareness Month.

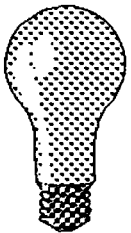
November 3: General Election Day - American voters will go to the polls and cast their votes for the next President of the United States. The entire House of Representatives and 35 Senate seats are also open.

November 19: The Great American Smokeout - A day observed annually -- the third Thursday in November -- to encourage smokers to kick the habit for at least 24 hours. Sponsored by the American Cancer Society.

December 1: World AIDS Day - An international day of awareness and education about Acquired Immune Deficiency Syndrome (AIDS) sponsored by the World Health Organization of the United Nations and the American Association for World Health.

December 3: 25th Anniversary of the First Heart Transplant - Dr. Christiaan Barnard performed the world's first successful heart transplantation on this day in 1967 at Cape Town, South Africa.

Lighten



UP!

☺ America is still the land of opportunity. An immigrant came here broke 11 years ago. Today he owes \$181,000.

☺ It used to be that you filled a briefcase with work so you could bring your office home with you. Thanks to beepers, now you can bring the switchboard home, too. - Robert Orben

☺ "Thank goodness we have free elections in this country. Can you imagine how low the voter turnout would be if there was a charge?"
- Richard C. Shebelski in *QUOTE*

☺ In order to maintain a balanced perspective, the person who has a dog to worship him should also have a cat to ignore him.

A Thanksgiving Day Calorie Counter



In America, Thanksgiving dinner may well be "the mother of all feasts." Even the most diligent of dieters will fall away on this particular day and enjoy usually avoided fattening foods such as gravy, candied yams, and whipped cream. Not to ruin your day, but we thought it would be fun to figure out just how caloric and fat-laden a traditional Turkey Day meal can be. The results are given below.

A "Typical" Thanksgiving Day Turkey Dinner with all the Trimmings

	Calories	Fat (in grams)
3 oz. roast turkey (white meat)	147	3
3 oz. roast turkey (dark meat)	171	6
1/2 cup cornbread stuffing	150	5
1/2 cup mashed white potatoes	93	4
1/4 cup brown turkey gravy	100	5
3 tbsp. cranberry sauce	75	trace
1/4 cup corn	46	1
or		
1/4 cup peas	29	trace
with		
1 tsp. butter	33	4
1 cup candied yams	250	10
1 dinner roll	115	2
with		
1 tsp. butter	33	4
1 slice pumpkin pie (1/8 pie)	300	15
2 tbsps. real whipped cream	90	10
1 glass red wine	204	0
1 small relish dish consisting of:		
2 green olives		
2 black olives		
2 sweet pickles		
carrot and celery sticks	105	8
1 cup coffee	0	0
with		
1 tbsp. half and half	20	2
Total Calories	1,961	Total Grams of Fat 79+

Bon appetit!!

(Figures for items such as candied yams, turkey gravy, and pumpkin pie are approximate. Actual figures depend on the recipe used. The numbers were derived from USDA charts and the help of Loraine Zuckerman, R.D., L.D., a consulting nutritionist in private practice in Silver Spring, Md.)

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