Many physicians and practice staff use short messaging service (SMS) text messaging to communicate with patients. But SMS text messaging is unencrypted, insecure, and does not meet HIPAA requirements. In addition, the short and abbreviated nature of text messages creates opportunities for misinterpretation, and can negatively impact patient safety and care. Until recently, asking patients to sign a statement that they understand and accept these risks—as well as having policies, device encryption, and cyber insurance in place—would have been enough to mitigate the risk of using SMS text in a medical practice. But new trends and policies have made SMS text messaging unsafe under any circumstance. This article explains these trends and policies, as well as why only secure texting or secure messaging should be used for physician–patient communication.

Read Full Article
Patient deductibles and financial responsibilities are skyrocketing. According to a 2014 survey by the Kaiser Family Foundation, 80% of all workers now have annual deductibles, and the average deductible amount has doubled over the last eight years. The study showed that today’s annual deductibles average $1,217 for employer-offered individual coverage. Deductibles for families are much higher, averaging $2,328 for HMOs and $1,947 for PPOs. And Affordable Care Act (ACA) plans could have deductibles of more than $2,500 for individual coverage and more than $5,000 for families.
Several years ago, we visited a practice in which the receptionist drove a Jaguar. We were particularly intrigued about this after we learned that her husband had been in and out of work for several years. As part of our engagement, we observed the receptionist checking in and checking out patients, and noticed fairly quickly that the encounter forms for several patients who paid in cash had “disappeared.”

The next day, the receptionist called in sick and within a few days had resigned. In the end it became clear she had been tossing encounter tickets and pocketing cash for years. But because the practice didn’t require anyone to account for all the day’s encounter forms, nor balance money collected against what was posted to the computer system, no one
Financial Reports and Data Aesthetic Surgeons Need to See

We frequently find that aesthetic surgeons make expensive business decisions based on hunches or staff suggestions instead of data. And when we ask which reports the surgeon reviews each month, we are often told, “the P&L,” if anything. This is often followed by:

- “I keep asking my manager for reports but I still don’t receive them.”
- “The staff said the computer can’t run that report/provide that information.”
- “I was told our report data isn’t accurate.”
- “I’m not sure which reports I’m supposed to look at every month.”
As late as mid-April 2015, a survey of 121 orthopedic practices indicated that 30% had done nothing to start preparing for ICD-10 (International Classification of Diseases, Tenth Revision).¹ That’s scary. And even the practices that had begun to prepare had not completed a number of key tasks.

Certainly, the will-they-or-won’t-they possibility of another congressional delay had many practices sitting on their hands this year. But now that the October 1, 2015, implementation is set in stone, this lack of inertia has many practices woefully...
behind. If your practice is one of many that hasn’t mapped your common ICD-9 (International Classification of Diseases, Ninth Revision) codes to ICD-10 codes, completed payer testing, or attended training, it’s time for a “full-court press.”

Clean Up Your Revenue Cycle Now: 6 Survival Tips for ICD-10 Induced Payment Slowdowns

The American Journal of Orthopedics – May 2014
by Cheryl Toth, MBA

You have read the scary headlines and dire predictions about ICD-10 claim submission complications and cash-flow crunches. What are you doing to avoid a near-certain slowdown in your revenue cycle this fall?

Assessing and improving specific areas of the revenue cycle cannot only mitigate the risk of ICD-10–induced cash
shortages. It can also improve the overall health of your billing and collections processes, resulting in faster payments with fewer problems. Use these survival tips to develop and maintain a solid revenue cycle in preparation for October 1 and beyond.

Read Full Article

21st-Century Patient Collections: Implement a Point-of-Service Collections Program Now

by Cheryl Toth, MBA

An 8-surgeon group in the Southeast had a history of high patient receivables, the result of a long-held culture of “We’ll submit to your insurance and bill you after insurance pays.” The billing and collections staff worked in the basement—far away and out of sight of the patients who showed up for their postoperative visits owing big bucks.
In a flash of wisdom, the administrator agreed to move the patient-balance collector into a converted closet near the check-out area, and provided the information, tools, and training that enabled her to speak with patients about their balances when they came in for an appointment. In her first month in this role and location, this employee collected more than her annual salary from patients.

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Meaningful Use for Surgeons – It’s Not as Complicated as You Think

The American Journal of Orthopedics – March 2015

by Cheryl Toth, MBA

It’s spring. Have you started your Meaningful Use reporting yet? More important, have you begun reporting at all? “Say the words Meaningful Use
to most orthopedists, and they usually roll their eyes or shake their heads," says Cheyenne Brinson, MBA, CPA, a KarenZupko & Associates consultant who has been advising surgical practices on Meaningful Use since the program’s inception. Although many orthopedists are successfully using certified electronic health records (EHRs) to e-prescribe and enter radiology and laboratory orders, Brinson says many other requirements are misunderstood and perceived as overly complex. In many cases, practices are doing more work than they need to in order to attest.

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Seven Surefire Ways to Start a Nonphysician Practitioner Off Right

The Journal of Medical Practice Management – January/February 2015
by Cheryl Toth, MBA
With the proper planning and preparation, nonphysician practitioners (NPPs) can improve physician productivity and increase patient access to the practice. A thorough training and orientation program is vital to optimizing the effectiveness and retention of an NPP. An organized approach to understanding payer reimbursement guidelines will ensure that his or her services are documented and billed correctly, and paid appropriately. And proper communication and marketing will go a long way toward building the NPP’s patient base. This article offers seven proven ideas for getting an NPP off to a great start in any physician practice.

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We Just Had Our Two Most Profitable Months Ever!

KZA Success Profile – January 2015
by Cheryl Toth, MBA
We love receiving emails like these from aesthetic practices that have successfully integrated what they learned at a KZA workshop.

Melissa Peterson, Patient Care Coordinator for John Wakelin, MD at Columbus Aesthetic & Plastic Surgery recently sent an enthusiastic note telling us that Dr. Wakelin had his two most profitable months since starting practice 10 years ago.

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