Many physicians continue to wrestle with an economy-in-recovery and declining reimbursements. In this business climate, practices can’t afford reimbursement process mistakes and inefficiencies; they’re simply too expensive. Just a few denied surgical claims can cost a practice thousands of dollars. That’s the cost of the annual electronic health care records licence or the T1 line. Uncovering any and all opportunities to improve the speed and efficiency of getting paid can positively contribute to the bottom line. This article reiterates the basics and “best” practices for efficient revenue cycle operations. The goal is to have the right tasks performed by the right number of people at the right time and with the right tools to optimize revenue.
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.
All Work (RVUs) and No Pay?: Eight Questions to Ask the Hospital about Its Work RVU Compensation Formula

As more surgeons and specialists are offered hospital employment, work RVU-based compensation agreements are becoming more sophisticated and complex. In order to have a meaningful conversation with health system administrators and ensure that a compensation agreement addresses all issues pertinent to the physician’s practice and specialty, physicians must familiarize themselves with the nuances of work RVU-based compensation formulas, as well as the national benchmarking standards, CPT guidelines, and reimbursement rules that impact them. The eight questions developed for this article are the result of reviewing
multiple compensation agreements between physicians and hospitals and can help physicians drive the conversation with health system administrators. Engaging the services of a healthcare attorney or physician compensation expert for these conversations is advised.

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