

Case study

Medical Management Software

How effectively a medical practice is managed typically has a major impact on whether the practice is profitable or engaged in a struggle to keep revenue above costs. Private pay and co-payment billing, account management and bookkeeping tasks, insurance claim posting and follow-up are just a few of the important procedures a practice needs to manage, beginning before the patient enters the office and continuing after the patient leaves.

“When a practice is having issues with billing and submitting claims, in most instances there are serious problems with the software the practice is using,” states Amy Ryan, CEA (Chief Executive Administrator) of Atlas Medical Management and Practice Manager, Neuropsychology & Psychology Services, N. Tonawanda, New York. “Practices tend to blame the problem on personnel. In my experience, rarely is that the case.”

CHALLENGES

In over 25 years as a practice manager and a medical management consultant for diverse medical groups, Amy Ryan has witnessed extreme billing and claims processing problems: one practice had accumulated \$500,000 in debt primarily because it was unable to understand why its claims were being denied. Other practices have struggled with issues such as incorrect entries, inability to submit claims and cumbersome, time-consuming claims submission.

SOLUTION

Implementing MEDENT Practice Management and EMR/EHR provides easy-to-use aids and safeguards to ensure claims are accurate.

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Amy Ryan, CEA, Atlas Medical Management and Practice Manager, Neuropsychology & Psychology Services

In Amy's 25 years as a practice manager and consultant for diverse medical practices, she has set up numerous software billing systems. She has worked with over a dozen software vendors and has experience in all areas of billing, being well-versed in everything from coding to reviewing records to processing accounts receivable. Also, having worked for an HMO and a PPO organization, Amy has a solid understanding of the insurance side of healthcare.

Amy was first introduced to MEDENT Practice Management and EMR/EHR in 2005 when she worked for an OB/GYN practice. She found the MEDENT system very easy to learn, and she was able to master it in a week. "With MEDENT, there is never a problem or an issue," explains Amy. "There's never a problem getting claims out, and there are no denials. If there is a data entry error, the MEDENT system catches it. With other systems, that's not the case."

Since 2008 Amy has worked for Dr. Michael Santa Maria who runs Neuropsychology & Psychology Services. Dr. Santa Maria founded Atlas Medical Management in 2011, and Amy became CEA. Atlas began serving its first clients in 2013 and has a strong focus in California. Amy's experience at Atlas has confirmed her earlier perception that when a practice is having issues with billing and submitting claims, in most instances there are serious problems with the software the practice is using.

"When MEDENT is in use at a practice for which I'm consulting, I know immediately that the problem is not with the software but with staffing," states Amy. "I know that there is a personnel problem and that I can fix the problem. The MEDENT software then helps to identify any individual who may not be adequate for the job. When another system is in place at a practice, I have to go in and interview employees and watch their use of the system. Often I have to call the software vendor as I learn the system and try to identify the cause of the problem. With systems other than MEDENT, if there is denial of a claim, determining the cause can be very long and difficult. The system does not flag incorrect entries as MEDENT does."

"With the MEDENT system when there is a problem with data entry, the system enables me to identify who has made the error. Other systems lack this capability. Many do not pre-load codes as the MEDENT system does, and people enter the codes incorrectly. Also, other systems do not stop incorrect claims from going out. MEDENT can even check for Medicare eligibility."

"Over the years with numerous changes in insurance and healthcare, MEDENT has been updating and upgrading and has stayed current whereas many other vendors have not," continues Amy. "Some have stayed with DOS-based systems. With these systems, personnel often have to go through four or more different screens whereas with MEDENT the information is all on one screen and everything is consistent. For a claim to be processed in a DOS-based system, personnel have to use two separate systems. Billing information has to be transferred manually from one system to another in order for a claim to be sent out over the Internet. The transfer is not automatic as it is in MEDENT. If there are transmission errors, personnel learn of these through separate e-mails. The entire process is very time-consuming and cumbersome."

“With MEDENT all of the information needed – demographics, referral information, insurance information and Red Flags – is all right there. In a busy office where personnel are checking in many patients, it’s easy to miss something such as that there is no authorization on file or there isn’t a referral in the system. With MEDENT all of the information from ledger history to what is needed to generate a bill and to transmit a claim is all there.”

“Sometimes I’ve had to provide personnel with ‘cheat sheets’ so that they can locate all of the different screens they need in order to access information on authorizations and past payments or to update an address or the provider code. For example, in mental health the provider code is particularly important because each category of provider – a social worker, a psychiatrist, a drug counselor – is allowed only one consult per year. The claim will be denied if the code is not reset to the specific provider. A denial results in long delays, with turnaround time on claims significantly lengthened.”

In one practice for which Amy consulted in 2008, claims were still being submitted using paper. “The practice was \$500,000 in the hole,” explains Amy. “I switched the practice to MEDENT which makes it easy to see why a claim has been denied. It took only one year to clean-up the practice and get it to where it could pay its bills. The practice is now a profitable business, with revenues greater than costs. It’s now able to move forward and not get behind.”

“MEDENT’s support is tremendous!” exclaims Amy. “Rarely have I needed to call. In those rare instances where I have, I’ve found the support people are well-trained and if they don’t know the answer, they’ll find someone who does. With MEDENT, I’ve never encountered a problem that required a programmer to go in and fix. With other vendors I sometimes have to call every week or two to three times a week, and getting the problem solved can take a couple of months.”