

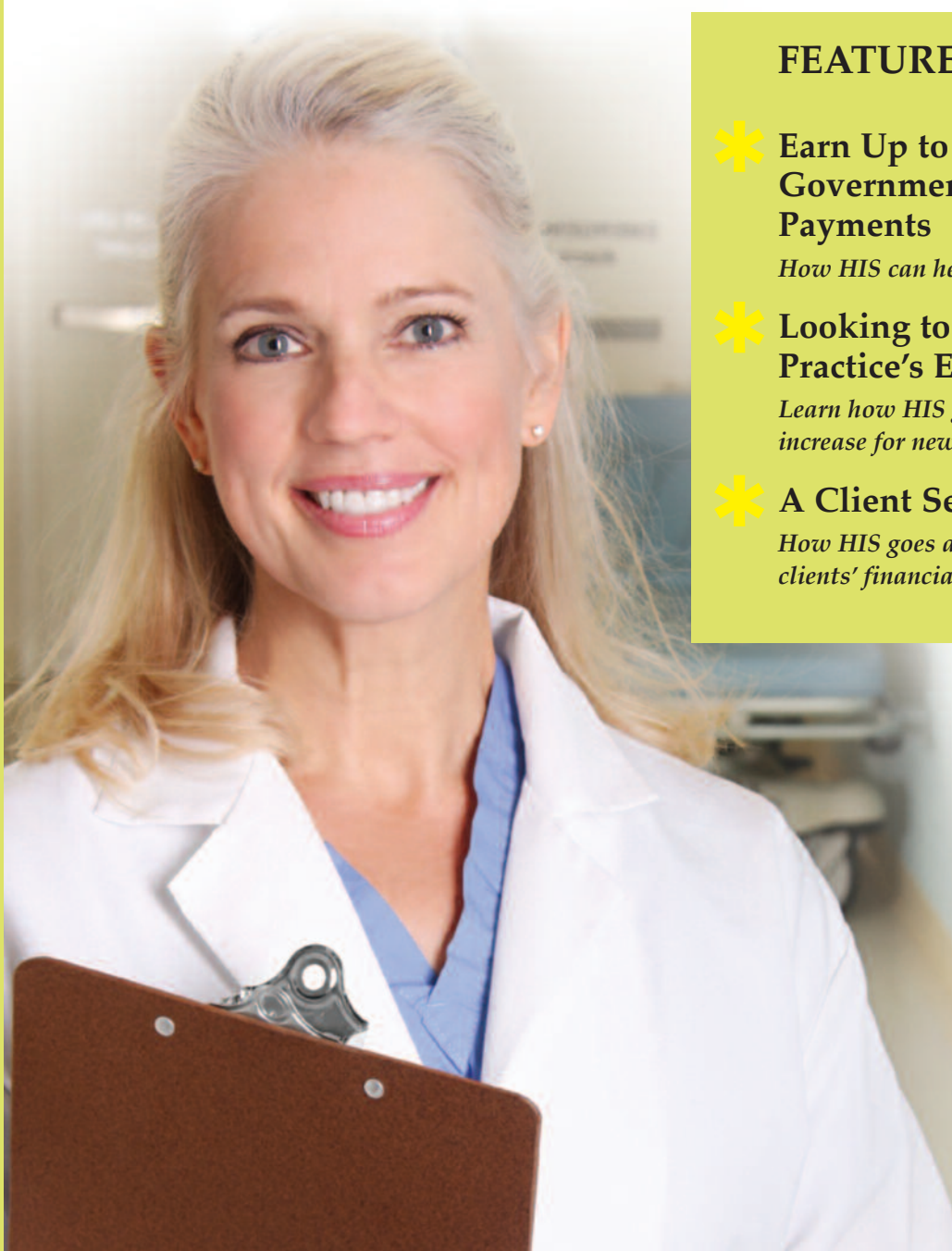
**Inside* HIS

Healthcare Information Services, L.L.C.

"Leaders in healthcare reimbursement and technology"

Q4 2009

HOW YOUR PRACTICE CAN SUCCEED DURING DIFFICULT ECONOMIC TIMES



FEATURED ARTICLES

- * **Earn Up to \$44,000 in Government Incentive Payments**
How HIS can help you qualify
- * **Looking to Increase Your Practice's Earnings?**
Learn how HIS guarantees reimbursement increase for new clients
- * **A Client Service Case Study**
How HIS goes above and beyond to protect clients' financial interests

AN OFFER DIFFICULT TO REFUSE

HIS guarantees reimbursement increase for new clients

HIS has an excellent track record in successfully increasing reimbursement for its clients. In addition, HIS CEO David J. Wold sees the company as an invaluable resource to physicians during a difficult economic time.

“There is so much uncertainty with health care reform and the economy,” Wold observes. “HIS can provide the leadership, knowledge and industry experience to help physicians crystallize what they want to do with their medical practice and help them chart the course to continued success.”



Wold is even willing to guarantee a 5 percent or more reimbursement increase over two years for new physician group clients. If HIS can't accomplish this goal, it will pay the client up to \$250,000, depending on the size of the practice, Wold says. To increase reimbursement, HIS uses a variety of revenue cycle management strategies – such as renegotiated contracts with payers, improved collections and cleaner claims.

To determine the baseline for the reimbursement measurement, HIS will divide total annual reimbursements by the total number of procedures at the beginning of a relationship with a new client. The sum – average reimbursement per procedure – will be compared to the new figure two years later, he says.

“We are confident we can increase a practice's reimbursement, despite all the miserable things that are happening in the economy. We are putting our money where our mouth is,” Wold states.

To learn more, contact Wold at dwold@healthinfoservice.com, 847-720-7001 *

A 360-degree approach to a business challenge

Technology MD is putting its knowledge of information technology and computer applications to use outside of health care, as well. For example, Carl Vachlin, Technology MD training manager, is leading the development of a sophisticated PowerPoint presentation for use by real estate agents. The presentation will allow agents to give virtual 360-degree tours of properties using their laptops or a kiosk at an open house. Agents also will be able to send a link to the presentation via e-mail to potential buyers.

To learn more about how Technology MD can create specific solutions to your business challenges, contact Technology MD vice president Jack Ryan, jryan@technologymd.net, 847-720-7020. *

David D'Silva: Working to improve value to clients



David D'Silva joined HIS as a senior vice president, bringing stellar financial and health care experience to his new position. He is responsible for HIS' Park Ridge office, Technology MD and purchasing.

By improving the value provided by both HIS and Technology MD, D'Silva plans to lead both operations to growth.

A former managing director at JP Morgan, D'Silva's first priority is to pass on the benefits of disciplined expense management, technological innovation and efficient workflow to HIS' clients. "Establishing a high degree of accountability at HIS will improve service delivery and client satisfaction," D'Silva says.

He says government incentive programs relating to electronic health records (EHRs) created by the American Recovery and Reinvestment Act (ARRA) provide a special opportunity for growth. "Right now, medical practices are taking a pause, waiting for the definition of 'meaningful use' to come out, we anticipate, in early spring," he observes. "By then, we expect a flood of activity – physician practices will want to implement EHRs before 2011 to be eligible for stimulus (ARRA) reimbursement."

At JP Morgan, D'Silva was responsible for a \$300 million receivables business within the company's treasury services division, with product management, operations, finance, IT and client services and information duties. The global business unit had 22 locations and 3,000 employees, as well as a \$50 million health care portion. D'Silva also ran the implementation of products and services for a \$6 billion treasury services business.

A graduate of DePaul University, D'Silva loves his new challenge. "HIS is poised to grow and become far bigger and better than we are today."

Coder Kathy Kokosinska: Bringing her clients peace of mind

Now in her 6th year working at HIS, coding and billing specialist Kathy Kokosinska strives each day to give her physician clients peace of mind.

"I provide my clients an accurate reporting and reimbursement process based on quality, ethics and compliance," she says. The process assures that all physician services are coded, billed and collected according to current policies and guidelines.

Kokosinska earned her certified professional coder (CPC) credential in 2005, a few years after receiving a college degree and specialized medical coding education. In addition, the experience and training she has received on the job at HIS has enabled her to



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A CLIENT SERVICE CASE STUDY

HIS helps physician practice increase IME and workers' compensation business

HIS recently helped a large medical group to realize significant reimbursement increases in its IME (independent medical exam) and workers' compensation business. An IME is a health assessment performed by a non-treating physician at the request of a third party such as an insurance company, employer, disability management company or attorney.

The increased revenue came after HIS helped the group to form its own IME/workers' comp program, after the group withdrew from a network that managed its previous program. By developing its own program, the group was able to eliminate an IME administrative fee previously charged by the network.

These positive results stem from the work performed by a team led by Lisa Mackey, manager of workers' comp and IME, and Alison Belz, IME collection specialist. A key component of their effort was the design of a comprehensive IME intake form – available to all HIS clients – that contributed significantly to IME collection success. Now receiving 70 percent of IME reimbursements within 30 days, “we have decreased turnaround time for payment dramatically,” Mackey says.

According to Belz, who serves as the “go-to” contact for all IME payers, the IME intake form facilitates the collection process when completed accurately and completely. The overwhelming majority of previous collections problems stemmed from a lack of information provided to HIS, she says. “All necessary information is being collected on this form: contact name, email addresses and fax numbers are vital. I use all the information on the intake form, and I see the improved collections that result,” Belz emphasizes.

Technology MD, a division of HIS, is building an IME database with information from completed IME intake forms – a valuable resource available for purchase. Not only does HIS know whom to contact, the company “develops good relationships with the key people,” Mackey says.

“The feedback we have received from case managers and payers has all been positive,” states HIS CEO David J. Wold. “They really enjoy having direct access to the physicians we represent.”

Belz carefully watches reimbursement trends and is quick to spot signs of trouble. Early this year, she noticed an insurance company payer hit hard by the Wall Street meltdown had problems with their internal bill payment process and, as a result, were not processing or paying bills on time. She quickly alerted Mackey who, after discussing the situation with the large group practice that had sent the bills, placed the insurance company on IME pre-pay status. Mackey says Belz protected the financial interests of HIS-client physicians while continuing the working relationship with the troubled company. “Instead of having an

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GOVERNMENT INCENTIVE PAYMENTS

Tap into our knowledge of EHR standards development

Technology MD, the information technology services division of HIS, is tracking the latest developments in government incentive programs designed to encourage medical practices to implement healthcare information technology.

HIS clients can tap into this knowledge to make the best decisions for the physician practice, says HIS CEO David J. Wold. For example, HIS recently helped a client to implement e-prescribing. So far, more than 60 of the practice's physicians have combined to write more than 6,000 prescriptions in the new system. These physicians are on track to receive the 2010 e-prescribing incentive payment of 2 percent of allowable Medicare professional fees.

Monitoring the process to determine "meaningful use" standards for EHRs

Sandra Stork, Technology MD's primary healthcare IT consultant, is closely watching the process that will determine meaningful use standards for electronic health records (EHRs). Physicians will need to meet these standards by 2011 to qualify for EHR implementation incentives created by the American Recovery and Reinvestment Act (ARRA). Physicians can earn up to \$44,000 in Medicare payment incentives over a five-year period starting in 2011.

Incentives to ambulatory practices are paid on a per-provider basis. Physicians with a high percentage of Medicaid patients, as well as those working in a "provider shortage area," are eligible for additional incentive payments.

ARRA broadly defines meaningful use in three ways:

1. Practice has a certified EHR product with e-prescribing capability.
2. Practice's EHR is connected for the electronic exchange of private health information.
3. Practice uses EHR to submit reports on clinical quality measures.



Stork says the Office of the National Coordinator for Health Information Technology (ONC) released the first draft of meaningful use standards in June. Over a 10-day period, the ONC received 790 public comments. The ONC then released a set of meaningful use recommendations in August and passed them on to the Center for Medicare and Medicaid Services (CMS), which has the responsibility for drafting the official rules by December 2009. Stork says there will be an opportunity for public comment in early 2010, with the final rules expected by mid-spring. To learn more about meaningful use and related issues, go to the Department of Health and Human Services' health IT Web site (<http://healthit.hhs.gov>). *

CODER KATHY KOKOSINSKA

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advance her expertise and career at HIS, she adds. Her HIS coding and billing experience includes work in specialty areas including MRI and other radiology services, orthopedics, internal medicine, podiatry and urology.

She says she enjoys the challenge and ongoing education required by her job, as well as the teamwork required to have medical services reported, processed and reimbursed quickly and accurately. *

TO LEARN MORE

Contact:

Lance Corlis, Director of Sales
Healthcare Information Services, L.L.C.
 info@healthinfoservice.com
 847-720-7002

A CLIENT SERVICE CASE STUDY

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unmonitored situation get out of hand, Alison alerted the right people at the right time with the right solution," Mackey says.

The HIS team not only has the ability to efficiently process IME and workers' comp bills and gain reimbursement – it also can advise physicians on how to increase this business, Mackey states.

To increase IME and workers' compensation business, Mackey says physicians should meet and talk to case managers, adjusters, attorneys and others in the IME and workers' compensation industry. Physicians also need to offer quick turnaround on reports and dictation because those referring these cases are serving employers who are trying to stem rising costs such as financial compensation to injured workers. Paying an injured worker who is not working impacts a company's profitability.

"The majority of case managers or others scheduling IMEs expect to schedule the appointment within one phone call," Mackey emphasizes. "When we tell them we have to contact the physician or physician staff to get it scheduled, we are often told to schedule it with someone else, or they will simply call a different physician practice. Therefore, giving the IME schedulers authority to add IMEs directly into the physician's schedule – according to the physician's parameters, such as 'no more than two a day' - enables the IME schedulers to schedule the physician more IMEs."

Recently, IME intake coordinator Angela Cooper was working with a case manager who scheduled a rush IME appointment with a physician during the phone call. "The case manager was impressed and asked to schedule another appointment," Cooper recalls. "This appointment was for an IME patient with whom the case manager was waiting for a response from a different physician practice. Instead, the physician (from the large medical group HIS represents) got the appointment and, most likely, the potential for more business from this particular case manager." *