



# Meaningful Use: Avoiding Medicare Penalties for Treating Patients

by Reuven Lirov, M.A.

## The Deadline Approaches

*Is Ben's practice ready for the EHR deadline...or will he have to make more changes?*

Ben and Carmen Wilson said goodbye to their friends at the door and walked arm in arm to their car.

"That was fun," said Carmen. "It looked like you and Richard were having some intense conversation."

"Shop talk," said Ben, opening the car door for his wife. He walked around the car and slid into his own seat. "It was all about Meaningful Use."

"Wow—I haven't heard about that in a while," said Carmen. "Wasn't that what got you to change to electronic health records in your office?"

"That's right. Back in 2009, there was a big push to make the switch to Meaningful Use of electronic health records, and I did. But at that point, there wasn't a lot of clarity about what

exactly would count as Meaningful Use. We knew the solutions we used would have to be certified, but the powers that be hadn't certified anything at that point. And of course things have changed since then, both in technology and in our office."

"Very true," mused Carmen. "Our little boy wasn't even born yet. Time flies when you're having fun!"

Ben chuckled.

"So why did that come up tonight?"

"Back in 2009, the goal was to get everyone to Meaningful Use of electronic health records in five years. Well, it's been five years. October 1st is the deadline, and anyone who isn't using an ONC-certified EHR by October 1st faces penalties."

"But you've already done what you were supposed to do!" objected Carmen.

“Things have changed,” Ben repeated, pulling into their garage. He turned off the car and turned to Carmen. “I remember reading the New York Times that year that small practices like mine—”

“It was just you!” his wife broke in.

“Right. So making changes was pretty easy. Smaller practices were leading the way and the biggest organizations were putting significant funds into big five-year plans. But you know, something like 10 percent of doctors weren’t even online yet.”

Carmen slowly shook her head. “Hard to imagine now, isn’t it?”

“Very. Still, the deadline is approaching, so I need to make sure that what I did way back when meets the requirements now.”



“The babysitter is going to be wondering what we’re doing out here,” Carmen said, climbing out of the car. “It doesn’t sound like this is going to be a big problem.”

“No,” Ben agreed. “It’s just one more thing to think about.”

*Is Ben’s practice in compliance...or will he have to make more changes?*

## Shedding Light on the Issue

*How will Ben and his practice cope with more changes?*

Ben was staring at his computer screen, lost in thought, when Carmen arrived. She had sailed past the reception desk with a wave as the staff was closing up for lunch, so she hadn’t been announced. It was only a moment or two before Ben felt her presence and looked up, but it was long enough for her to register the stress Ben was feeling.

“Hey, honey,” he greeted her.

“Hey,” she said softly. “Is it that ONC HER thing?”

“ONC-certified EHR, actually, but yes, that’s what’s on my mind.”

“I thought you might be able to have lunch with me. We could talk about it over a sandwich or something,” Carmen suggested.

“Why not?” Ben agreed. They left through the back door, heading to

the tree-lined parking lot. “I’m not so concerned about our software, but the meaningful use requirement might bite us. We have to look not just at what our systems can do but at what our people actually are doing.”

Carmen nodded. “I know just what you mean. At the pizzeria, we know that we have everything the health regulations require set up and in place, but follow-through is something else. People get into a hurry, or get set in their ways, or just don’t see the importance of following the rules, and first thing you know we have a scoop in the ice bin or something.”

“The stakes are high enough here that everyone ought to be on board,” Ben said. “Hey, we could just walk over to the sandwich shop.”

“Works for me,” Carmen agreed. “High stakes matter a lot as long as you’re thinking about them. But, speaking from my own experience with scoops in the ice bin, I’d say that during a normal day we don’t spend a lot of time thinking about those things. Plus, sometimes the consequences are more immediate for the people in charge than for the rank and file. If the restaurant has health code issues, it will affect everybody eventually if nothing is done, but usually it just means that I have to deal with it. Compared with the immediate convenience of leaving the scoop in the ice bin, that doesn’t seem like much to a



## Old Dogs and New Tricks

*Can Dr. Wilson make the changes at his practice on his own, or does he need help?*

Ben's patient sighed heavily. "I know I should eat better, sleep more, exercise, and all that, Dr. Wilson, but it's hard to change at my age."

"Lifestyle changes can be hard at any age," Ben agreed, "but the chiropractic lifestyle will make a difference for you."

"I was planning on dying young," his patient joked, "but I never got around to it."

"I hear you! But since you're going to be around for a lot longer than you expected, it makes sense to work on those changes. Try just doing one thing at a time. When that gets easy, move on to the next change."

"Okay, but you know what they say—you can't teach an old dog new tricks!"

As Ben prepared for the next patient, he thought about the changes he was going to have to make to meet the October 1 deadline for meaningful use reporting. Providers who had met Stage 1 meaningful use requirements now had to meet Stage 2 requirements, plus having to use 2014-certified

kid who's getting slammed with the lunchtime service."

Ben agreed. "The possible future consequence to the group never seems as pressing as the immediate comfort of the individual."

"Or even," said Carmen as she added a cookie to her plate, "the possible future consequence to the individual, like what that cookie might do to my energy levels this afternoon, compared with how yummy it looks right now."

"The issue for us is that Medicare will cut payments if we haven't demonstrated meaningful use by October 1st."

"So the partners with more Medicare patients might feel more motivated than those with more private insurance patients?"

"Actually," Ben said, negotiating his way through the tables with their tray, "Medicare pretty much sets the standards for all insurers and state boards. Where Medicare goes, the rest will follow."

"Is there really a big gap between where you are now and where you should be?" Carmen asked.

"We'll have to figure that out. But I think it's like your ice scoop example. We're looking at people's behavior and choices, not just the systems." Ben took a bite of his sandwich. "I guess that's what's worrying me. People don't like change. When we switched the light bulbs in the office it bothered people. Changes in the documentation systems bothered people. Now we're talking about more changes."

*How will Ben and his practice cope with more changes?*

software, even if they had used 2011-certified software for Stage 1. The incentives would be nice, but somehow it all seemed more complex now than it had when he had opened his practice.

Dr. Wilson remembered his patient saying, “It’s hard to change at my age.” But he didn’t really feel that he was so much older than he had been the first time he’d thought about meaningful use. Maybe it really was more complicated this time around—or maybe, he thought as he listened to the bustle of the practice outside his door, his practice was more complicated.

Getting everybody on board for something new was naturally going to be harder than setting things up for himself, and of course he had a lot more patients now, plus a family, so he had less free time. And of course handling the records of a dozen patients was a lot simpler than dealing with the number of records in the current system.

When he had looked at the objectives and measures he’d have to meet, Ben realized that he couldn’t really tell whether he was in compliance or not without doing a lot of work with the data in the system, and he wasn’t sure he had anyone on staff who would find that kind of analysis easy.

Ben always advised patients to take small steps and work up to big changes, but that might not



be a possibility for the meaningful use requirements, since there was a deadline looming. Maybe he needed to form an action group at the practice—or get some outside help.

*Can Dr. Wilson make the changes at his practice on his own, or does he need help?*

## Time to Worry?

*Can Genesis take away Dr. Ben’s worries?*

“You could have called me!” Carmen spoke from the foot of the stairs.

“I’m sorry, sweetheart,” said Ben, dropping his keys into the bowl on their hall table and closing the door behind him, “but things got away from me at work. Where’s our little guy?”

“In bed,” Carmen said pointedly.

“After he and I gave up on you and ate the dried-out, overcooked dinner that sat in the oven for an extra half-

hour while we waited, I bathed him and read his story and put him to bed.”

“I didn’t realize it was so late,” Ben protested.

“I guess not. And you weren’t answering your phone—”

“I was talking on my phone, and the office phone—”

“Oh, I know about the office phone. I heard the message several times. It says what to do in case of a medical emergency, but not in case of worrying because you don’t show up for dinner and I don’t know where you are.”

“I’m sorry,” Ben sighed. “Is there any dinner left?”

“You mean the overcooked, dried-out dinner? Sure. Let me get you some.” Carmen stalked into the kitchen.

Ben followed her. “I’m sorry I didn’t call and I’m sorry you were worried,



but could we put that aside for a moment? I was actually looking forward to telling you that I think I found a solution for the ONC certification issue.”

Carmen gave Ben a sidelong look. She fixed a plate and put it into the microwave. “Okay, tell me,” she said.

“First of all, IRS code 179 allows me to deduct the entire cost of the software for this change. I haven’t hit \$500,000 in deductions yet, so I can basically let Uncle Sam chip in on any added software costs.”

“That’s great news!” Carmen set the plate in front of Ben and slid into the chair next to his.

“Plus,” Ben continued, taking a bite, “since I’m already using Genesis software, which is certified, I’m not looking at starting over. They sent me an eBook that goes into detail on what I need to do.”

“No more research?” Carmen asked, thinking of the time Ben had been spending searching for answers to all his questions about meaningful use certification.

“None. They can help me identify the objectives I’ve already met or can meet quickly, so I can put my time and energy into working hard on the ones that need hard work.”

“That sounds good.” Carmen was silent, watching Ben eat. “Better than that dinner.”



“Dinner’s fine,” Ben assured her.

“Dinner’s always great when you fix it. And I appreciate your ability to be happy for me even when you’re mad at me.”

“I know this is a big deal for you,” Carmen acknowledged, “but you know you’re a big deal for me, and I was worried.”

“And worry quickly becomes anger when you realize you’ve put in all that worrying time for nothing,” Ben laughed. “I’m not angry about the solution to my electronic health records issues, though, let me tell you. Just relieved. There’s still plenty of work to be done, but no more worrying.”

*Can Genesis take away Dr. Ben’s worries?*

## What Would You Do?

*Some advice from the Genesis community*

Collecting money from your patients can be a difficult task. With manual postings and payments over the phone the chance of errors is very high. Dr. Alex needs a credit card company which is integrated with his Practice Management System, one that will automatically post one-time payments or scheduled monthly payments and alert him of declined transactions. This addition to his workflow will save a lot of time and frustration.

—Michelle Corrigan

Collecting money from patients can be more difficult than collecting from insurance companies due to the delicate nature of the relationships. Patients will enjoy the convenience of paying with a credit card, but a follow up plan is essential. Dr. Alex needs to research and review the companies integrated with his practice management software that offer auto posting to the patient accounts and notifications to Dr. Alex of any issues to minimize higher fees moving forward.

—Jason Barnes

Can this practice really afford to use such an antiquated approach to credit card processing? Personally, I would not allow a practice to write down my credit card number, because they are clearly demonstrating that they don’t follow PCI guidelines which have been in place for more than 10 years. That would make me wonder—How can I trust them with my medical records?.

—Naomi Perez

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