

Practice Management Challenges: Unpaid Bills, Inefficiency, and Rules

And you thought just being a doctor was hard.

Managing a primary care practice, whether large or small, is no simple matter. It's a demanding job that involves battling with insurers to get paid, addressing complex daily workflows that lead to multiple inefficiencies, and staying abreast of all the latest rules and regulations. Small practices may rely on one or two people to manage it all, while large practices may employ an army of people to get it done, but no physician is entirely insulated from the challenges of practice management.

It's not hard to understand the lure concierge practices holds for some. Yes, not having to deal with insurers and

How to Protect Patients and the Bottom Line" (page 24) offers a great set of tips on how to turn a potential money loser into a money maker.

Do you have patients who always show up for their appointments, phones that are always answered by the third ring, office spaces that are highly efficient to work in, intra-office communication that is flawless, a hassle-free medication refill process, and everyone working as a high-performing team? If so, then you needn't read the article by Katherine James, PhD, MSCE, and her coauthors titled "Inefficiency in Primary Care: Common Causes and Potential Solutions" (page 15). If not, then this article may be just the salve you need.

Ah, rules. What would life be without them? The article by Daniel Shay, JD, called "Using Medicare 'Incident-To' Rules" (page 20) will help you make sense

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their associated rules, having a small intimate staff, and carrying a fifth of our current patient load sounds nice. But that is not the world that most of us live in. The articles in this issue are for those of us still braving the challenges and complexity of insurance-based, mainstream medical practice.

Two articles in this issue deal with getting paid for what you've done. That should be easy, right? But imagine a business in which the vendor provides a detailed accounting of the services it performed for the customer, submits the bill to someone else on behalf of the customer, and then has the bill routinely rejected. That vendor, if it wants to stay in business, has to fight with this someone else every single day simply to get paid for services it already provided. Yes, that is our industry. The article by Richelle Marting, JD, MHSA, CPC, titled "The Cure for Claims Denials" (page 7) outlines the major pitfalls of medical billing and how to avoid them. An article by Jamie Loehr, MD, called "Immunizations:

of how to bill for your employed nurse practitioner or physician assistant in a way that is effective and follows the stringent rules designed by Medicare. In "Electronic Access to Adolescents' Health Records: Legal, Policy, and Practice Implications" (page 11), Neil Calman, MD, and his coauthors address the often confusing privacy rules that surround adolescent health information especially in the patient portal age.

So please keep reading. Learn how to get paid for what you do, work more efficiently, and avoid receiving visits from stern-looking people with shiny black shoes and handcuffs. And don't forget to see a patient or two in between reading these great articles. **FPM**



Kenneth G. Adler, MD, MMM, Medical Editor
fpmedit@aafp.org