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Holiday 2020

President's Message

Jason Bertram, M.D.

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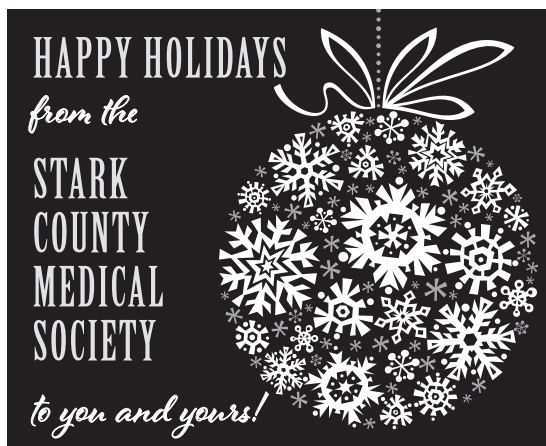
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LET'S ALL PAUSE AND TAKE A COLLECTIVE DEEP BREATH.

We are on the home stretch of 2020, a year that has presented a never ending series of challenges and has demonstrated the even greater resolve of our community. Today's message will be brief but I would like to take this last opportunity to express my gratitude to both the Society and to the community for rallying together and helping us overcome this trying year.

The Board of the Stark County Medical Society has committed to continue building upon our strong foundation and supporting the community for another 155 years. We encourage all of you reading this to lend your support. We thrive on collaboration and could certainly benefit from your fresh ideas and enthusiasm. Working together to support each other and leadership in organized medicine is the platform the Society is built upon and we invite all of our area physicians to be a part. Feel free to reach out to us starkmedical@ameritech.net at any time.

If there is one thing 2020 has shown us it is that the medical community in our county is together, even when we are forced to be physically apart. It has been our



Jason Bertram, M.D.

collective energy, resolve and spirit that has remained together and will continue to forge our path forward for years to come.

I appreciate the opportunity you have provided me to help serve the Society over the past year and I look forward to Dr Stacey Hollaway's leadership in the year to come.

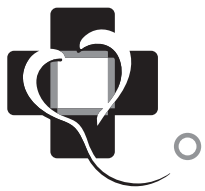
We have access to the politicians and the state medical association. Together, we have a voice that will be heard!

Contact us at starkmedical@ameritech.net or call 330-492-3333. We look forward to hearing from you!



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A CHECK-UP FOR YOUR REVENUE CYCLE

Kim A. Myers, CCS-P, CPC

President, Emergency Billing Services, Inc.

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Timely revenue cycle management (of both your insurance and personal balances) is crucial for the survival of your practice. Start by submitting claims every day. We suggest sending them electronically (EDI) through a secure, encrypted data transmission or clearinghouse, which sends the claims directly to the insurance company. Best practices also suggest that you receive your payment by electronic funds transfer (EFT) as well. This cuts down on the amount of time needed to get the claims to the patient's insurance and cuts down the time it takes to receive the payment. If claims are clean (no errors) Medicare and some commercial payer payments should come in 10-15 days when you use all electronic transactions. Although it is a cumbersome task, your billing staff should become fluent in using the various payer portals. Corrected claims, appeal and other tracking of financial information is easily available on portal. Many times, explanation of benefits (EOBs) have to be downloaded from the portals. If your staff is not retrieving this information in a timely manner, it will increase your days in AR (collection time).

Once the insurance receives the claim, they do the needed research to verify the patient's coverage, but should reply in 30 days. If you have not received a response in 30 days, call the payer or use portal access to investigate the claim, no exceptions. Although we hope the reply is that the claim has processed and proper payment is on the way. However, sometimes the response could be that the claim has denied.

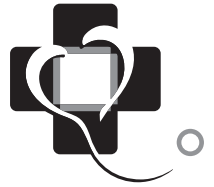
It is estimated that 70% of all denials are due to improper information on the claim. Some of these situations can be corrected and the claim resent. For Medicare, this would be the MA130 denial code. These are errors that must be corrected. There are no appeal rights until a clean, corrected claim is produced. If your office verifies eligibility prior to the patient's visit, many of these denial reasons can be avoided. Here are some reasons your claims may not be clean:

- Incorrect carrier
- Patient information (ID, DOB, SSN, Insured, etc.)
- Improper coding (diagnosis/procedure mismatch or use of bundled codes)
- Improper or missing modifiers
- Provider ID (Tax ID #, NPI #, etc.)
- Incorrect charges on a claim for place of service reported
- No active Coverage
- Non-covered Charges (procedure code is not covered due to the patients insurance plan or lack of pre-authorization)
- COB (Coordination of Benefits- An insurance may believe they are not the primary and ask that claim be sent to correct payer)
- No referral on file
- Incorrect units of service
- Duplicate Claim
- Medical Information Needed (Office notes or anything that will support the charges you submitted.)

Regardless of the cause, denials must be addressed immediately. You must appeal every denial. If you can't appeal the claim, it is reasonable to believe it should not have been charged in the first place. The reality is, the coder should be billing only charges that they can justify, based on the documentation. When you code only what the documentation supports, it is very easy to defend your charges. Things to remember when appealing a denied claim:

- Verify Insurance appeal address (cuts down on time when you have the right address the first time, and it's not always the same address that you submitted the claim to) Note: Appeals should be made within 30 days of denial
- Always include patient information (Patients name, ID #, Claim #, DOS, etc.)
- Use the Medicare "re-opening line" when possible. It saves time on processing a corrected claim.
- Include a letter, provider action form (PAF), or Medicare Redetermination form. If form does not supply enough space for your explanation, simply type "see attached letter" in the space on the form and attach a letter.
- Explain in as much detail as possible why you feel the claim should be paid.
- Include a copy of the EOB containing the denial.
- New Claim form. If a correction was made, type "corrected claim" in box 19.
- Attach any medical information that supports your reasoning for why they should pay the claim. (Office Notes, Pathology reports, etc.)

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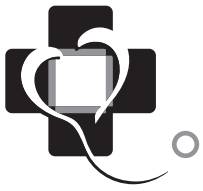
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From The Desk of
Charles E. Smith, M.D.

REVISED INTERMITTENT FASTING

Fasting is the latest fad in weight loss, but is it really worth the weight? We must remember that our bodies evolved to undergo intermittent fasting, so it is the “natural way” of eating, storing and utilizing energy. As an endo fellow in the 1970’s we did many studies of fasting, especially on thyroid metabolism, but one interesting protocol involved obese insulin resistant diabetics. Fasting for 3 days renewed their insulin receptors and sensitivity to the point they could be taken off insulin completely (usually from hundreds of units to nothing). Unfortunately, follow up was not adequate, and the good results abated after 1-2 weeks.

What happens during fasting? There is no set time table and the changes are fluid and overlapping. During the first 6-24 hours of fasting, glucose is provided (especially to the brain) by the breakdown of stored glycogen primarily from the liver. After 8-12 hours, lipolysis starts to take over supplying ketones through the liver. The brain switches to utilizing ketones instead of glucose although a small supply of glucose is maintained by gluconeogenesis from amino acids and glycerol. As fasting continues for several days, lipolysis and ketosis plateau, gluconeogenesis begins to decrease and no glycogen breakdown occurs.

In modern societies, food is consumed at least 3 times a day with most of it in the evening hours. Overconsumption of food in this manner leads to metabolic morbidities such as insulin resistance, excessive accumulation of visceral fat and lipid abnormalities. To combat this, weight loss is usually prescribed through continuous caloric restriction (cr) where daily intake is decreased by something like 30% or 500 calories a day.

Fasting diet programs are divided into three categories:

1. Intermittent fasting (if) where fasting occurs on a schedule of every other day or 2-3 days a week with ad-lib eating on other days. The fasting days are limited to either total fasting or, more often, “modified” to 25-30% of a weight maintenance diet based on ideal lean body weight, sex, and activity.

2. Time restricted eating (tre) where eating is restricted to 8 -10 hours with fasting the rest of the day. Calories are not necessarily restricted.
3. Periodic fasting (pf) where periods of fasting last from 2 to 21 days.

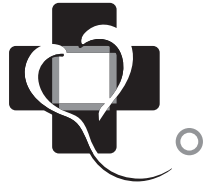

Long term studies with animals show that weight loss in general promotes improved glucose tolerance, decreases insulin resistance, delays ageing and increases longevity. Cognitive and motor function deficits are prevented and there is resistance to neural injuries. Caloric restriction lowers “AGEs” (advanced glycosylated end products) that form cross-links with proteins causing aging of tissues, especially in the kidneys and blood vessels. Human experience with longevity effects of long-term caloric restriction are limited, but it is known that holocaust survivors live about 7 years longer than their peers, as do survivors of Russian prisoner of war camps.

In addition to weight loss, fasting has many other benefits. T4 to T3 production is dramatically reduced which adds to the hibernation effect of fasting and prolongs life. Fasting increases autophagy helping to remove oxidatively damaged proteins and mitochondria. “If” leads to many beneficial metabolic effects due to increased lipolysis. Ketones are elevated even on non-fasting days and exert positive effects on blood pressure, pulse, and cerebral blood flow. “If” reduces ectopic fat, lowers metabolic rate, and converts white to brown fat. “If” has also been shown to decrease myocardial damage after an MI.


“If” helps preserve fat free (muscle) mass in obese patients. “If” produces better results with lipids, glucose, and insulin reduction than “cr” and with longer use the improvements are greater.

In a Mormon population, those who routinely followed “if” were 35% less likely to develop CAD and 44% less likely to become diabetic. Multiple metabolic parameters were improved, but this group also had less prevalence of smoking.

continued on page 9


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SCMSA NEWS

Attention all SCMS members: If your spouse or domestic partner is not already a member of the SCMSA, please sign them up! The group was established as an extension to the SCMS. Our main function is to create fellowship amongst physician's families. We also raise money for our charitable fund, which gives scholarships and also does outreach in the Stark community. The dues are only \$25.00 per year and \$20.00 for the spouse or domestic partner of a resident.

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Spouse's Specialty: _____

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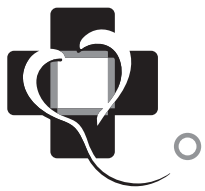
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strengthen the society.**





A CHECK-UP FOR YOUR REVENUE CYCLE *continued*

In an appeal, you want to supply the insurance with anything that will help prove that the charge was billable or billed correctly. Once an appeal is sent, a follow-up call should be made to the payer in 10 days, not to get a decision, but to assure they received the appeal. If not, ask to fax it to the person's attention you are speaking with. It is a huge waste of time if you wait a full 30 days to call, just to be told that they did not receive the appeal. Then, after you have a confirmation of their receipt of the appeal, you must allow 30 days for the payers to process (some payers require 60 days). However, if the carrier does not respond in the appropriate time it is the responsibility of the provider's billing staff to call payer and investigate why there is a delay.

Questions to ask the Insurance Representatives when calling for non-payment:

- What is the name of the representative you are speaking to?
- If not processed, what is the delay?
- Do they show it was processed?
- What date did the claim process on?
- What is the check date?
- How long should we wait to call back if not paid? (If the insurance representative says they are sending the claim back over to be reprocessed or states the claim is still being processed)
- What is the reference number for this call? (helps insurance reps follow the activity if you have to make multiple calls)
- What is the check Number?
- What is the claim Number?
- What address was the check sent to?
- Was the check cashed?
- If cashed, when?

Now submit whatever balance may be left (after the insurance payment and adjustment are made) to the patient. Statements should be sent out so that the patient is sent in weekly cycles to keep cash flow consistent. Cycles should be set so that statements are sent weekly, but patients only get a statement once every 30 days. The patients may call in with questions in regards to their statement, be sure to follow HIPAA guidelines (Health Insurance Portability and Accountability Act). Always make sure you are speaking to the patient or a person that has been listed on the patients HIPAA form. HIPAA is a set of rules that we are required to follow that protects the privacy of your patients as well as the provider's details.

If your practice accepts payments, the patient should be sent monthly statements. Some providers allow patients to make monthly payments, some may not. It is very important to stick to the practice's policy. Even if payment are accepted, most practices will find it necessary to set a time limit, such as all personal balances need to be paid in 6 months.

If you have sent out 3 monthly statements without a reply, the patient is ignoring your bills. It is time to use an outside collection agency. Once a patient's account reaches this point, you should send the patient a pre-collection letter that would explain that the balance has reached the maximum time limit and you will be forced to send the patient's account to your collection agency if the balance is not paid in full. It is wise to begin collection procedures on all accounts after 90 days of inactivity on the account.

Remember, educating staff and patients on your payment policies will avoid any misunderstandings. Patients are usually only upset if they are caught unaware. Written policies should be available to your patients. Consider putting a binder in the waiting room to help communicate your requirements.



MyHIPAAGuide.com

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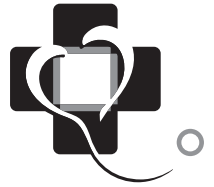
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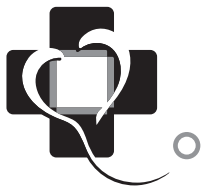
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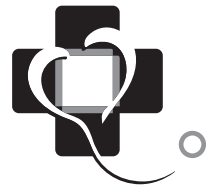
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REVISED INTERMITTENT FASTING *continued*

“Cr” diets are hard to follow day in day out and compliance usually declines after 1-4 months. Intermittent fasting diets may be easier for some patients to follow. Many studies showed no difference, but some demonstrated better and faster weight loss with “if” vs “cr”. Chronic daily dieting has been associated with decreased bone density, immune suppression, and lower leucocyte counts, but these adverse effects are not seen with “if”.

We have a circadian system that controls energy expenditure, appetite, insulin sensitivity, etc. Many of these processes including brown fat thermogenesis peak in the morning around noon. Eating out of sync with these rhythms, i.e. eating late at night, promotes obesity, diabetes, and metabolic dysfunction. Shifting food to earlier in the day time results in greater weight loss. Using the “tre” method of daily fasting increases weight loss compared to “cr”. There are increased free fatty acids, ketones and fat oxidation as well as decreased ghrelin and appetite.

With “tre” one should limit eating to 8 am to 3 pm while fasting from 3pm to 8am. The periodic fasting with Ramadan (fasting from sun up to sun down) is associated with increased insulin resistance and minimal or no weight loss. Overall, the data with “tre” are not as robust as with “if”.

“If” is safe and effective and, for a patient who is obese and exhibits metabolic syndrome features, “if” is probably the best diet. For better results, the patient should have ongoing support and instruction in a basic healthy diet. Incorporating some carbohydrate restriction on the non-fasting days improves the results.

I would use a combination of all three. Use “if” one or two days a week, “cr” on non-fasting days, and some time restriction on eating all food earlier in the day. I use a diet based on height, sex, and activity with calories limited to 25% on fasting days and 70% on non-fasting days. A short cut is to use 500-600 calories on fasting days and 1200-1800 on other days.

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INVESTMENT LESSONS FROM 2020

As the year draws to a close, it's fair to say that we've all learned something about the social, political, physical and environmental forces that have affected everyone. And, in some ways, our lives will be changed, perhaps permanently. But as an investor, what lessons can you learn from 2020?

HERE ARE SOME TO CONSIDER:

• **The markets look ahead.** Here's something many investors discovered in 2020: Investment prices don't always move in the same direction as the overall economy. This might not have seemed apparent right after the COVID-19 pandemic struck in mid-February, as the overall economy and the stock market took big hits. But just about five weeks later, the markets began a rally that lasted several months. During this time, the economy also recovered somewhat, but still remains on weak footing.

What can explain this discrepancy between the markets and economic activity? Essentially, economic numbers, such as the unemployment rate and gross domestic product (GDP), reflect what's happening today, but the markets are always looking toward tomorrow, which means they are anticipating a stronger economic recovery and the results that come with it, such as greater corporate earnings in 2021. No one can say for sure what

the future holds, but you can usually know the market's opinion by its performance.

• **Opportunities will always exist** for investors. Although the coronavirus seems unprecedented, the equity markets have rebounded from many crises before it. From war to global financial meltdowns, the market has seen it all. But even at the height of these events, when the markets might be most affected, individual segments or industries can do well.

For example, in the current environment, when many people have been forced to work and shop from home, and get their entertainment online, it's probably not surprising that some parts of the technology sector have seen their economic activity grow, along with their stock prices. Here's the key point: Investment opportunities always exist, especially in times of market stress – and smart investors will find them and incorporate them into their portfolios in a way that's appropriate for their goals and risk tolerance.

• **Patience and discipline can pay dividends.** As mentioned above, the stock market dropped sharply in the weeks immediately following the pandemic, but then gained steadily for months

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Medici Announces Acquisition of DocbookMD

**Global Telehealth Platform
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Medici today announced its acquisition of secure healthcare messaging company DocbookMD. The acquisition will offer doctors and other healthcare providers access to a broad range of mobile communication and telehealth tools that will fundamentally change how doctors practice medicine. In the arrangement, Medici will assume DocbookMD's technical assets, people and customer contracts including those with state medical associations.

Austin-based DocbookMD was founded in 2008 as a collaboration tool for doctors. It is a secure text messaging application that allows medical professionals to communicate with one another. DocbookMD is endorsed by more than 42 state medical associations and 400 county medical associations.

Medici, also headquartered in Austin, provides a global HIPAA-compliant mobile app with secure text, voice and video messaging and allows doctors to provide virtual healthcare to patients. In addition to offering colleague-communication capabilities, the platform offers more than a dozen innovative features including in-app billing, e-prescribe prescriptions and e-refer referrals. Medici empowers doctors, veterinarians, psychologists and other healthcare providers to practice medicine anytime from anywhere.

Medici plans to provide continued technology support for DocbookMD. Existing users and partners should expect uninterrupted usage of data, functionality and connectivity. Medici CEO & Founder, Clinton Phillips stated, "We are delighted to be acquiring one of the most trusted resources for doctors. Medici and DocbookMD are so well-aligned with each other, and with the interests of medical associations in helping doctors live and practice at the highest level."

Original DocbookMD co-founder, Tracey Haas, DO, MPH, is supportive of the move, stating: "We are thrilled to see DocbookMD find a home at Medici, with its physician-centric technology that continues to push mobile health beyond secure messaging. We are excited to see how Medici and DocbookMD can help healthcare professionals better meet patient needs in this new era of medicine."

INVESTMENT LESSONS FROM 2020 *continued*

afterward. Investors who tried to "cut losses" and exited the market likely did so at the wrong time and missed out on the beginning of the upturn. Unfortunately, this is not uncommon – investors who overreact to market declines often find themselves on the investment sidelines just when a new rally begins. Rather than being reactive in this way, you may be better off sticking with a long-term investment strategy, and buying and selling investments only when it makes sense for your situation, such as when you need to diversify your portfolio.

For many reasons, it's unlikely that we'll see anything exactly like 2020 again. But some of the investment lessons we learned are applicable in every year – so keep them in mind for 2021 and beyond.

*This article was written by Edward Jones for use by your local Edward Jones Financial Advisor.
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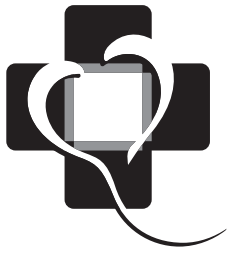
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