



Hi,

Fall is in the air and Halloween is just around the corner. Here's are a medical joke that you can use with your patients to put them in the Halloween "spirit". What do you get when you cross a vampire with a doctor? Lot's of blood tests....

Collection Tip of the Month

We receive a number of inquiries each year from offices who, for a variety of reasons, want to terminate their relationship with a patient. We commonly get asked: "Do I have to keep treating someone who won't pay me?"; "Must I continue to schedule appointments for patients that keep cancelling with little notice?"; or "Do I have to tolerate patients who are continually rude to my staff?" Medical practice legal advice on this topic is a little out of our scope of expertise, but I recently came across an article and webinar on the topic from Physicians Practice.com. Here is the link to the "on demand" webinar (you can watch it at any time). It is an informative 25 minute slide presentation that discusses best practices when discharging a patient.

<http://www.physicianspractice.com/patient-dismissal-when-and-how-do-it>

When terminating a patient from your practice, the most important thing to do is avoid a claim of patient abandonment. A physician should never be in a position



, from an ethical or legal perspective, of responding to such a claim. To prevent patient abandonment concerns, consider the following:

1. Document any consistent issues you are having with a patient. I recommend you not terminate a relationship until there is some evidence in the record of a problem, such as mistreatment of physicians or staff, unwillingness to keep appointments, or failure to follow through with treatment or recommended care. Also, provide patients with notice of problem issues and the opportunity to modify their behavior. Sometimes, patients do not realize how much their actions

impact on practice operations. Sometimes they do, and they just don't care.

2. Allow a patient sufficient time to find alternative care. I was talking with a physician once who wanted to immediately terminate his relationship with a patient who failed to keep multiple appointments. While I understood his anger and frustration, we ultimately decided to allow the patient 30 days to find another physician. Keep in mind that reasonable notice may be longer depending upon the patient's medical condition. For example, I recommended an oncologist not terminate a patient for non-payment of medical bills until the patient had completed her current course of chemotherapy. Also, be mindful of state-specific laws regarding minimum notice periods.

3. Provide patients with written notice of your intent to terminate care. It is not necessary to detail all the reasons why the patient is receiving the letter. Generally, a statement that the physician believes it is imprudent to continue to provide care to the patient will suffice. To the extent a patient insists on specific details, the physician can address this on a case-by-case basis, supported by adequate documentation. Remember not to discuss patient issues with any representative of the patient absent appropriate HIPAA documentation. When in doubt, or if contacted by the patient's lawyer, make sure you reach out to legal counsel.

4. Patients should be informed in writing of the date they will no longer receive care, how to obtain their medical records and how they can obtain assistance locating a new physician. I often suggest physicians provide patients with contact information for a state medical association or similar organization, which

often maintains a database of providers by specialty and location. The physician should arrange to quickly transfer medical records (subject to the physician's reasonable fee policies).

5. Determine under what circumstances, if any, the patient may continue to be seen by the practice after termination date. I worked with an allergist who provided notice to terminate a treatment relationship after 30 days, except as related to the treatment of one particular allergy condition, which would continue for 120 days. This allowed the allergist to continue to treat a condition for which she knew the patient would have difficulty finding care, while minimizing other interactions with the patient.

Practicing medicine requires a fine balance between caring for patients and running a business. In certain situations it will be necessary to be the caregiver and temporarily look the other way when a patient is being difficult or having financial troubles. This is the benevolent part of being a doctor, even when it makes poor business sense. More often than not, however, decisions to terminate a difficult patient reflect good judgment and will help you maintain a happier and more efficient medical practice.

Associate Spotlight



This month we are featuring Dawn Essman. Dawn has been with CDA for over 5 years. Dawn started out doing various administrative jobs and is now our Lead Data Entry Manager. The favorite part of Dawn's job is handling client questions about their statements, account inquiries and status reports.

Dawn enjoys spending time with her 4 children that range from the age of 4 to 10 years old. See her children's favorite cookie recipe below.

Industry News

No matter who wins the White House on Election Day, the way you practice medicine today is destined for change. I came across the article below that I thought fairly laid out each candidate's position on healthcare issues.

Robert B. Doherty, senior vice president for governmental affairs and public policy for the American College of Physicians, says, "the pressures on small practices, the rising cost, the pressure on payers to deliver care more efficiently, the pressures of EHRs -- those all will still be there with or without the law."

"Healthcare in this country is in crisis mode and regardless of what happens in November, our system in this country still needs overhaul, well beyond what the Affordable Care Act does," says Gregory Moore, who chairs the international health group for the Washington, D.C.-based law firm Clark Hill.

Here's a breakdown of where each candidate stands on various issues facing today's physicians:

| Obama | | Romney |
|---|------------------------------|---|
| * Fully implement all provisions of the Affordable Care Act | HEALTHCARE REFORM | * Repeal ACA * Restore state-based healthcare leadership vs. federal oversight |
| * ACA establishes several pilot programs, including | FEE-FOR-SERVICE ALTERNATIVES | * "Promote" alternatives; no further specifics |

| Obama | | Romney |
|---|-----------------------------|--|
| Comprehensive Primary Care Initiative and accountable care organizations | | |
| * Several pilot programs, promotion of health IT initiatives, featured in the ACA. EHR adoption incentives, included in the stimulus of 2009, already underway. | HEALTH IT PROMOTION | * "Facilitate IT interoperability"; no further details provided |
| * "Individual mandates" begins in 2014, expanding insurance options and penalizing those who do not purchase insurance | REDUCE UNINSURED ROLLS | * Promote state-based initiatives, including private-public partnerships, exchanges, and subsidies |
| * Expand program to low income individuals with incomes at or below 133 percent of the federal poverty level | MEDICAID EXPANSION | * Block grants to states to fund program and aid uninsured |
| * ACA has established annual wellness visits, "doughnut hole" protections. Obama opposes making Medicare a defunded contribution program. | MEDICARE REFORM | * Supports Paul Ryan plan to restructure Medicare by capping amount for either Medicare or private plan payments |
| * Does not support caps on non-economic damages; initial support for health courts and other initiatives | TORT REFORM | * Cap non-economic damages in medical malpractice lawsuits |
| * Expressed support for repealing SGR | REFORM MEDICARE SGR FORMULA | * Has not made formal proposal/statement on issue |
| | | |

How Can I Earn CEU's By Attending a CDA Seminar?

Many of you belong to various professional medical office management associations and are looking for industry professionals to conduct a seminar at your local or state meetings. CDA is now offering a free seminar called "9 Red

Hot Ingredients to Fire Up you're A/R Collections in Just 30 Minutes a Week?" for your medical or office managers association. We just conducted the seminar for the American Association of Professional Coders and they received 1.5 CEU's towards their professional certification for attending. Also, we were approved by the American Academy of Medical Administrators are allowing their members 1.5 CEU's for attending a live seminar or webinar.

You can view a short video on the seminar by going to

<https://www.cdac.biz/spiceitup>

If you are interested in learning more about how you can bring our seminar to your association, please call Dave or Tony.

Thank You For Your Trust!!

We are looking to help more clients like you. The greatest form of flattery is when one of our clients refers us to one of their colleagues. If you know someone that can benefit from our services, let us know and we will be glad to follow up.

Chef Dave's Kitchen

Dawn's On Top of the Stove Cookies

Melt one stick of butter, 2 cups of sugar, and a 1/2 cup milk over medium heat; bringing to a boil 1 minute. Add 1/2 cup peanut butter and a teaspoon of vanilla Stir until peanut butter has melted creamy. Mix in 3 cups of quick oats and 4 tablespoons of cocoa. Blend well. Drop in teaspoonfuls on aluminum foil. Let cool/harden. Enjoy!!

Caramelized Onion Sweet Potato Salad

2 tbs olive oil
3 red onions, peeled, halved and thinly sliced
1 tbs Dijon mustard
1/4 cup balsamic vinegar
1 tsp honey
1 tbs finely chopped orange zest
1 tbs finely chopped fresh thyme
3 sweet potatoes, sliced into 1/2-thick slices
Vegetable oil
Salt & freshly ground pepper

Heat oil in a heavy skillet over medium heat. Cook onions slowly until golden brown. Add mustard and vinegar and cook another 2 minutes. Remove from heat and add honey, orange zest and thyme, stir to combine. Let cool. Preheat grill. Brush the potato slices on both sides with the vegetable oil and season with salt & pepper. Grill the potatoes on each side for 3-4 minutes or until just cooked through. Place potatoes in a bowl and fold in onion mixture. Serves 4.

All the best,

Tony Muscato, VP of Sales

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Creditors' Discount & Audit Company P.O. Box 213 Streator, Illinois 61364 United States (815)
672-3176 x235