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Response to Additional Questions for the Record

Asked by The Honorable Ben Ray Lujan

A. How do you think that rural providers will be impacted by the transition to ICD-10?

It is our belief that the impact to rural providers will be no different than impact felt by providers everywhere. There is no doubt it will be a huge change. There could be added time spent in seeing a patient and possibly in documentation. But it can be very simple as we have found in our clinic. We cannot predict the challenges of every office. Nor do we confess to knowing the difficulties each office will face. But the fear mongering that has been out for there for the past few years proved not to be so in our office. We had no economic impact. Which we believe is the real fear. We were able to see the same amount of patients as before we implemented the new code set. There was no disruption in the flow of the office at all. Patients were not affected in any way. We spent no additional money to prepare. A comment was made from one of the members that that could not be true. But it is. Yes, we pay support fees for our electronic medical records. We have since implementation. But there were no additional costs for the move to ICD-10. We had no special training or any training at all for that matter. There are many resources available to assist in this change. In fact, have been available for quite some time.

B. I was glad to hear that you have been preparing for several years for the adaption of ICD-1-. What steps can other rural providers take to prepare for the transition?

Actually, we have not spent several years preparing. We were asked to join a pilot program our software company was offering. We have been effectively using ICD-10 since October 2013. The effort for us was led by our software. Providers need to be contacting their vendors and asking what they have done to prepare for ICD-10. We recommend getting involved as early as possible. Most EHR's are preparing. If the provider is not using an EHR then they could contact CMS, their local associations and/or one of the many assistance programs out there. There is help. A lot of it is free or for very little cost. Also a good way of preparing for this and other significant changes though is to have a professional healthcare manager running the office and business end of the practice. There is no question the burden providers have right now is unprecedented. But ICD-10 does not need to be one of those burdens. We believe it will actually make a lot of systems in healthcare easier. Providers have enough to do taking care of patients. That is where their focus should be. Not on ordering supplies, doing payroll and worrying about all the new and complicated programs being mandated. They should have qualified professionals within their own organization to rely on for these answers. That is the best way to prepare. Hire good quality certified employees who not only understand what is coming but have solutions as well.

C. You mentioned that you took part in a pilot program. Can you speak to the parts of that program that made your transition to ICD-10 a success? Do you think it would be beneficial for other providers to have access to the same program/training?

Yes, absolutely. And thank you for this question. So, this is how it worked for us: the ICD-10 code set was uploaded to our system. When choosing a diagnosis for a patient during documentation instead of having ICD-9's to choose from we had ICD-10's. A list of appropriate codes based on the documentation pops up and we choose the code that best applies to describe the patient's symptoms. Before the claim goes out to billing the software automatically switches the '10' code to an appropriate '9' code so that it is recognized and payable by insurance companies. That's it... it is truly that easy. Even though there are tens of thousands of codes, we only choose that we need. We in no way come close to using them all or needing to know them all. If other software companies have such programs absolutely other providers would benefit from having access. The point of it being a pilot program is to be able to work out any kinks, seeing what works and what doesn't work. It allows both the provider and the software developers to learn from each other. It gives the provider basically free training as they learn the new parts of the system. We felt like it would give a chance to learn about ICD-10 and be comfortable with it before it really counted. We the deadline was extended again we decided to continue using. It just had no effect on how we did business. Everything stayed the same. It just made sense to keep moving forward. It was a clearer, more descriptive picture of what was actually going on with the patient. And we liked that. When referring to a patient issue at a later date the detail in the ICD-10 diagnosis is helpful.

D. In your testimony you referenced several challenges that providers face. Do you have any suggestions for how this committee can ensure that rural providers continue to serve our communities?

Yes, just please continue to recognize that providing services in rural communities is different than in more urban areas. Things may move a little slower here but our needs are basically the same. Access to information is one of our biggest challenges. Funding for Rural Health Clinics is critical for offices to stay operational. Just because we are rural though doesn't mean we do not provide quality care and aren't capable of having current information. It may mean we have to

work a little harder, but we believe are patients are worth it. Rural does not have to equal old fashioned. We want to be leaders too.