

## Case study Mark J. Stenlik, M.D.

An orthopedic practice located in Rochester, New York, Mark J. Stenlik, M.D. provides bone and joint care to patients ranging in age from four to 100. One full-time physician and a physician's assistant see approximately 150 patients a week. Total staff size is eight.

"Dealing with numerous insurances with multiple plans is one of the biggest challenges we face," explains Diane Stenlik, Manager. "Having software from a vendor who is on top of industry changes is critical. Both with Medicare changes several years ago and with New York State's recent ability to accept Worker's Comp claims electronically, we've been in the forefront. In the first three weeks, we submitted 110 claims. No longer do we need to print, sign, assemble and mail 220 forms -- 110 to the NY Comp Board and 110 to the insurance company. Our practice will save at least four hours each week, and payment is so much faster."

### CHALLENGES

When Mark and Diane Stenlik founded their practice in 1987, they purchased software to submit claims electronically. However, the vendor began to charge additional for each insurer to which claims were submitted. Upon inquiring of a major insurer which vendor was the best at submitting claims, Diane learned about MEDENT from Community Computer Service.

### SOLUTION

The Stenliks began using MEDENT Practice Management in 1990 and MEDENT EMR in 1992.

**"Submission of NYS Worker's Comp claims has been time-consuming, and payment is slow. Electronic submission through iHCFA is fast and easy, and our first claim was paid in three days."**

Diane Stenlik, Manager  
Mark J. Stenlik, M.D.

With MEDENT, the Stenclik practice submitted more claims electronically. They began using the Community Computer service for the creation and mailing of patient statements as soon as it was available in 1995. The practice became paperless in 2003. They use e-prescribing and have been using speech recognition for four years. The physician's assistant uses speech recognition to record all narrative. Dr. Stenclik records notes from initial visits for transcription and uses speech recognition for follow-up visit narrative.

Before MEDENT, Dr. Stenclik hated computers. Diane describes telling him that once he found a valuable use for a computer he would change his mind. She states, "In the early days of the practice, if he needed to find a patient's chart after hours and it wasn't in the file, he would look in multiple places – shelves containing charts, the nurses desk, the transcriptionist's desk. Even if he found the chart, often he couldn't locate the information he needed. Now with EMR, he has immediate access to the patient's record whether he is in the office or at home. Specific information is in a consistent location. Now he loves his computer."

"There's flexibility as to how the chart is structured," explains Diane. "If you want to change the way it's set up, you can make a change, and the change is made across the system. Also, there are many ways to get information in to the system, and it can be tailored to the way the doctor works."

"With each new version of MEDENT, the software has improved," states Diane. "I recall when auto-post was first introduced, and it's fabulous! Before, when payments came in, it would take three hours to post them. With auto-post, it takes five minutes. Another excellent program is Interactive Reports which allows you to run a report for all outstanding claims to insurance companies. It really helps in collecting on past due claims."

"I've been pleased with the ease of getting paper work out since we began using MEDENT," comments Diane. "When there have been changes, such as those which occurred some years ago with Medicare, Community Computer was on top of the changes. They were among the first to re-program their software to handle the changes. They are always up-to-date on what's going on in the industry. When I first heard about NYS Worker's Comp electronic submission, I knew they would handle it well."

The Stenclik practice submits about 130 Worker's Comp claims each month. They were on the leading edge of submitting claims electronically through the iHCFA clearinghouse. "Any initial kinks were worked out with iHCFA in the first days of April," states Diane. "Within three weeks, we submitted 110 claims. Typically this would have meant printing, assembling, signing and mailing 220 forms -- 110 to the NY Comp Board and 110 to the insurance company."

Dr. William J. DeGasperi, President of iHCFA, describes, "The Worker's Comp electronic billing process is more effective, less costly and can significantly improve cash flow. The new EC4-NARR bill is a simpler version and allows a provider to use their supporting narrative format. When bills are submitted and confirmed by the Worker's Comp Board, there is no risk of confusion about its receipt. If the insurance carrier loses the claim, they cannot request a duplicate.

With MEDENT the submission process is completely electronic, including the progress note, and it can be done in one seamless step.”

“Community Computer support has always been excellent,” states Diane. “With the vendor we used before MEDENT, if there was a problem, they would attribute it to hardware or software they didn’t support, even though they had sold us all of the hardware and software we used. Community Computer has never done that to me. Whatever the problem, they fix it. We haven’t been down in the twenty years we’re had MEDENT.”

## RESULTS

MEDENT has enabled the Stenlik practice to efficiently submit claims and post payments, basically eliminate paper within the office and access patient information when and where it is needed.

The practice is one of the first to reap the benefits of electronic submission of NYS Worker’s Comp claims, enabling Diane to meet her goal of being on the front-end of new functionality.

The Stenlik practice saves at least four hours per week on the printing, assembling and mailing of Worker’s Comp claims. In addition, there is no longer a need for Dr. Stenlik to sign two copies of the forms, and no need to wait for him to sign for the claim to be submitted. “Once the procedures are in place with iHCFA, it takes only one to two minutes to submit a claim,” describes Diane. “The first claim was paid within three days. In comparison, another claim paid in the same timeframe had been submitted by paper over two months earlier.”

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