

News You Can Use

Vol. 8, Issue 2

January 2008

[Back to Website](#)

In This Issue:

[On Habits...](#)

[Did You Know?](#)

[Medicare News](#)

[Medicaid Update](#)

[Managed Care News](#)

[From Pen to Presentation](#)

[Service of the Month - A/R Improvement](#)

[Hot Tip Question and Answer](#)

[Coming Attractions](#)

[\[back to top\]](#)

***You can do anything if
you have enthusiasm.
Enthusiasm is at the
bottom of all progress!***

-- Henry Ford

Websites for YOU

www.amdcpa.com Anders,
Minkler & Diehl LLP

www.cms.hhs.gov (Medicare)

<https://nppes.cms.hhs.gov> (NPI
application and tools)

www.wcscrivnerfoundation.org (not
for profit health foundation)

www.despair.com (de-motivation
for all of us!)

www.designsontime.com (Designs

President's Message

Happy 2008!

Each new year brings new things. An optimism of what great things are to come. How about those annual resolutions? Most people could have lost 500 pounds by now if they added up each year's resolution to lose weight!

2008 brings a major change to Healthcare Management Alternatives, Inc. After much deliberation, I have decided to merge my physician consulting business into the firm of Anders, Minkler & Diehl, LLP. AMD is a well-respected accounting and consulting firm located in St. Louis.



The two major considerations for me to move HMAI were the ethical fit of the company and the compatibility of services. AMD's ethics and principles are outstanding and fit well with the way that HMAI has operated since its beginning. Similarly, AMD services physician groups of all sizes and wanted to expand its offerings with operational improvement opportunities for its clients. We were a perfect fit!

You can continue to find me at my existing contact information (jkweith@aol.com or 618-779-5508) or you can hook up with me at AMD (jweith@amdcpa.com or 314-655-5558).

To each of you, thank you for your support of HMAI and the bi-monthly newsletter. Let's continue to stay in touch! Best wishes for a happy, healthy, and prosperous 2008.

***Jerrie K. Weith, FHFMA
President***

On Habits.....

Linda Nash

"Habit is something you can do without thinking, which is

on Time)

www.wpc-edi.com/codes/taxonomy (taxonomy codes for NPI)

[\[back to top\]](#)

A problem well stated is a problem half solved.
-- Charles Franklin Kettering

Welcome to our Newest Clients!

Richland Memorial Hospital
Southern Illinois Healthcare Foundation

We wish the best to our newest clients, as well as all our existing clients!

Thank You!

No newsletter would be complete without columnists. Thank you very much to our 2007 contributors:

- Linda Nash, Linda Nash & Associates,
linda@lindanash.com
- Pam Vaccaro, Designs on Time,
pamvaccaro@sbcglobal.net
- Debra Littlejohn Shinder,
www.techrepublic-online.com

why most of us have so many of them." - Frank Clark

Habits shape our lives and predict our future. Change, chosen or unchosen, can jolt you into awareness and give you cause to reflect on the value of your habits.

I recently moved into a new space. The rooms, position of windows, doors, and furniture are different. I began to realize how many numbing predictable habits I have. They're not all bad but I was never one to think I was "set in my ways."

Daily rituals like my morning and afternoon tea remain but I now sit in different places. I spend less time cloistered in my office and more time writing on the deck. My office is arranged for greater effectiveness and I have developed a few improved ways of working. Everything hasn't changed but I'm more aware of my habits and the impact on my work and life.

It isn't necessary to wait for changes at work or in your personal life to change your bad habits. Unfortunately, most of us do. Habits are like chains, difficult to break. Don't develop an "I'll do it tomorrow" habit.

"Laziness is nothing more than the habit of resting before we get tired." - Mortimer Caplin

What habits do you need to examine? Think of just ONE and how a positive change would impact your success in work or life. Change that one and you might change your destiny.

"Thoughts lead on to purposes; purposes go forth in action; actions form habits; habits decide character; and character fixes our destiny." - Tryon Edwards

Thank you Linda, for your great insight. To read the entire article, go to www.lindanash.com. You can contact Linda at linda@lindanash.com.

[\[back to top\]](#)

Did You Know?

- The AMA is seeking a fully refundable federal tax credit (or

- Will Tunis, UMB Bank, william.tunis@umb.com
- Tracey Bierman, D.C., tlwdc@aol.com
- Elveeta Macon, State Farm Insurance, elveeta.macon.chz4@statefarm.com

***Two roads diverged in the wood,
and I took the one less traveled by, and that has made all the difference.***

-- Robert Frost

From Pen to Presentation

HMAI is always willing to participate in professional development opportunities such as seminars, authorship, and networking, whether as a participant or the focal point. This is what we've been up to over the last few months:

- Coordinated Past Presidents networking event for HFMA.
- Attended Professional Women's Alliance meeting on the impact of I-64 closures.
- Participated in the HFMA Membership Committee and meeting.
- Attended the MGMA of Greater St. Louis

comparable financial mechanism) to reimburse physician practices for the costs involved in adoption of EMR. No news yet on the success of this effort but you can read more about it at <http://www.ama-assn.org/amednews/2007/12/10/edsa1210.htm>.

- A study by the Center for Studying Health System Change (HSC) reported results last fall indicating that the number of physicians in solo and two-doctor practices decreased from approximately 41% in 1996-97 to approximately 33% during the period 2004-05. During this period more physicians moved to larger practices, including giving up ownership in their practices. "Physicians appear to be organizing in larger, single-specialty practices that present enhanced opportunities to offer more profitable ancillary services rather than organizing in ways that support coordination of care," explained Paul B. Ginsburg, president of HSC.
- Women comprised 91.3% of all RNs in the U.S. in 2006. About 60% of all RN positions are in hospitals, according to the U.S. Department of Labor. Between 2004 and 2014, RNs are projected to create the second largest number of new jobs among occupations – 703,000! (Retail salesperson positions are projected to be the largest growth occupations.)
- According to the Agency for Healthcare Research and Quality, 48% of employees enrolled in health plans had a deductible in 2002. In 2005, 64%! And it didn't matter if you were with a small or large employer. We all knew this, didn't we?

[\[back to top\]](#)

Medicare News

- Reprieve! The 10.1% overall reduction in Medicare Part B payments has been replaced with a 0.5% increase for January – June 2008. How about something that mirrors cost of living?
- Here are some new Medicare beneficiary rates for 2008:
 - Hospital Co-Insurance: from \$0 to \$512 per day, depending on length of stay.
 - Hospital Deductible: \$1,024 per benefit period.
- Effective 3/1/2008 (not that far away!), Medicare FFS claims MUST include NPI in the primary provider fields. You can continue to send both legacy and NPI or NPI only.

presentation on physician compensation.

- Participated in the MGMA of Greater St. Louis audio conference on risk management.
- Participated in the WPS Medicare Provider advisory and outreach group meeting.

To request a speaker for your group of author for your newsletter, contact Jerrie at jkweith@aol.com.

To accomplish great things we must not only act, but also dream; not only plan, but also believe.

-- Anatole France

Guest Columnists

Would you like to write for NYCU? If so, contact Jerrie for information. All requests will be judged on their individual merit and publication decisions are at the sole discretion of HMAI.

[\[back to top\]](#)

Thank You

Thanks to Mary Britsch of Profit Enhancement, Inc. who has maintained www.hmai.cc over the past 8 years and who has been

- Are you getting paid what you should for your Medicare flu and pneumonia vaccine shots? You should be receiving:

○ 90655	\$16.11
○ 90656	\$17.37
○ 90657	\$ 6.61
○ 90658	\$13.22
○ 90660	\$21.18
○ 90732	\$29.73
○ 90669	\$78.81

[\[back to top\]](#)

Medicaid Update

- In December, Missouri Medicaid reminded its providers that it discontinued accepting paper crossover claims for Medicare/Medicaid beneficiaries in 2005. All such claims must be submitted electronically. For more info, you can go to www.dss.mo.gov and search for the Hot Tip 7/1/2005 in the Provider section of the website.
- Medicaid is looking for your suggestion for Hot Tips subjects. To offer your input, email to mhd.provtrain@dss.mo.gov.
- Illinois Medicaid has moved to Primacy Care Case Management (PCCM) model for most Medicaid and All Kids participants. The program's official name is Illinois Health Connect. The goal is enhancement of primary and preventive care services for approximately 1.6 million participants through the "medical home" concept (basically the old gatekeeper model). Physicians who want to be a PCP in this program must enroll specifically in the program. For more info, 877-912-1999 or www.illinoishealthconnect.com.

[\[back to top\]](#)

Managed Care News

Blue Cross Blue Shield Illinois

- Legacy provider numbers AND NPI numbers were required on all claims effective 12/1/2007.

very important to the success of
News You Can Use.

Cigna

- In November, Cigna announced on-line precertification. Providers log into www.cignaforhcp.com and then click on View and Submit Precertification Requests. You can also view the status of previous precertification requests, regardless of the method used to obtain them.
- **Medicare Access** is here. This is Cigna's new Medicare Advantage FFS plan that replaces original Medicare Parts A and B. Sample patient I.D. cards are available at Cigna's website.

GHP

- Provider manuals are updated throughout the year. They can be accessed and/or downloaded at www.ghp.com.
- GHP has expanded its Medicare service area to include Jersey, Calhoun and Monroe counties in Illinois; Franklin, Gasconade, Osage and Cole counties in Missouri.

MultiPlan

- As we all know by now, MultiPlan operates the PHCS network now. If you have demographic changes to report to them, send them to

MultiPlan
Registrar Department
1100 Winter St., Waltham MA 02451
Fax 781-487-8273
registrar@multiplan.com

- Questions about applications, fee schedules, claims repricing, etc.? Representatives are available Monday through Friday 7:30 a.m. to 7 p.m., 800-950-7040.

UHC

- "Connectivity Director" is on its way in 2008. This option will allow no-cost direct connection to UHC for faster real-time and batch submissions. UHC states that the Connectivity Director can interface with most practice management systems. To take advantage of this option, you must (1) already be able to send/receive X12 HIPAA compliant EDI transactions; (2) already be able to extract info from your PMS and interpret it; (3) have sufficient knowledge to make adjustments to your system; (4) be able to interact with Connectivity Director either programmatically or via the web-based interface.

[\[back to top\]](#)

Service of the Month – A/R Improvement

Cash is king! Early in my career, I didn't understand what this means. After all, throughout my college education, accrual accounting was drilled into all the students. Then I owned my first company! I can emphatically state that Cash is Definitely King!

Physician practices certainly can appreciate the "cash is king" concept. It's the lifeblood of all business functions. Most practices rely heavily (90%+) on insurance payments for its cash flow. It can be simple to let the self-pay patient balances slide a little since they're relatively so small. But resist that temptation!

Every business should be diligent in collecting all the funds owed to it. You did the work didn't you? You didn't intent to donate your services, did you? Then let's get what we're entitled to.

An A/R Improvement project analyzes the financial data of the accounts receivable, taking into consideration marketplace pressures and benchmarking data. In addition, such a project also analyzes processes to identify opportunities to improve cash flow through improved efficiencies and appropriate use of resources. Such a project can also include a review of managed care contracts and comparison of third party payments to contracted rates.

If you think it's time to see if your A/R could be improved, contact Jerrie Weith (jkweith@aol.com) and get on the road to success!

[\[back to top\]](#)

Hot Tip: Question and Answer Box

Question: I think one of my managed care companies is paying me too low. What can I do?

Answer: Only one? Sorry, that was just too easy. Here are some automatic questions for you:

- When you say “too low”, what are you comparing the payments against? Do you mean you’re unhappy about the rates you’ve contracted? Or do you mean that the managed care company isn’t paying you what you contracted? For purposes of this answer, I’m assuming that you mean the latter.
- There’s a difference between “allowed” and “paid” as you know. But it’s easy to forget the difference when you’re looking at the insurance payments coming in. Your managed care contract states what the allowed is. Your EOB will be the allowed amount less any patient responsibility (co-insurance, deductible, etc.).
Most practices are really feeling the sting of increased patient responsibility and January through March of each year stings the most.
- So, first you need to review your EOBs to determine if the allowed amounts are what you contracted. If they are, then the area on which to concentrate is your patient responsibility process.
- But if you compare the allowed amounts on your EOBs to what you contracted and the amounts are different, then you have two steps to take:
 1. Confirm whether or not the managed care payer did an “update” (no it doesn’t mean increase, just a change) in its fee schedule. In standard managed care contracts, the payers are allowed to do this on little notice.
 2. If the fee schedule has changed, then re-review your EOBs. If it hasn’t changed, then we have some appeals to work on.
- Each time you identify a variation between what the allowed amount should have been and what was adjudicated, retrieve that claim information. Was the variation due to a missed modifier? Was all the information included that should have been? If so, then prepare your appeal (pay attention to deadlines for appeals).
- If the information wasn’t complete and that caused the underpayment, then (a) correct the claims and resubmit if you’re still in timely filing parameters and (b) conduct in-house training to avoid the error in the future.

There are other steps to take, but these will get you started. Remember to be diligent to avoid potential loss of revenue due to timely filing and appeal deadlines in your managed care contracts.

If you have a question, forward it to jkweith@aol.com and HMAI will get your answer for you.

[\[back to top\]](#)

Coming Attractions

Greater St. Louis Chapter HFMA

Check out the new website to stay updated on programs and events: www.hfmastlouis.org.

MGMA of Greater St. Louis

MGMA of Greater St. Louis meets most months on the second Wednesday of the month at Ces and Judy's. More info available at www.mgma-sl.org.

Professional Women's Alliance

The St. Louis PWA meets on the first Wednesday of each month. Meeting times vary, so consult the website at <http://www.stlpwa.org>.

[\[back to top\]](#)

Mailing address: Healthcare Management Alternatives, Inc.
531 Pebble Brook Lane
Belleville, IL 62221

Send mail to jkweith@aol.com with questions or comments about this web site.

Web site designed and maintained by [Profit Enhancement, Inc.](#)

Copyright©2002-2008 by Healthcare Management Alternatives, Inc.

Last updated: 12/31/2007