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President's Message



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**Personal insight
 requires
 acknowledging
 one's
 shortcomings.**
 - Anonymous

Congratulations!

Congratulations to **Dr. Abraham Hawatmeh** on the opening of South County Imaging Center, LLC. The center is located at 12345 West Bend Dr. and appointments can be scheduled by calling 314-270-3939.

Kudos to **John P. McGuire, FHFMA**, Executive V.P./CFO of St. Anthony's Medical Center on his recognition as a Frederick C. Morgan Achievement Award Recipient. The Morgan award is the highest honor Healthcare Financial Management Association bestows. Congratulations, John!

Time for a mid-year check-up. That's right. Most of us are on a calendar year for reporting. Why not take a few minutes to see how well you're doing?

Pull that budget back out and dust it off. Compare your revenue estimate to actual results 1/1 – 6/30. If they're off, why? Did you over-estimate? Did something unexpected happen to impact your results? Do the same thing for your expenses. It isn't too late to make adjustments to your plans so you can make your budget for the entire year.

If your business is similar to mine, networking is key. (And if you're doctors, don't forget where your patients come from – you should be networking, too!) Did you set a goal for networking contacts at the beginning of the year? Have you met your goal so far? Are your networking strategies working?

Planning, goal-setting, and monitoring progress toward goals are important components for overall success regardless of your industry niche.

*Jerrie K. Weith, FHFMA
 President*

NPI... To Be Continued Stacy Trease, Gateway EDI

Although the official deadline for NPI has passed, NPI issues still remain. Even with various contingency plans, the provider office still bears the responsibility to ensure that it is meeting the NPI requirements. Here are some tips to help minimize disruptions in your cash flow:

1. If you have not applied for your NPI yet, apply today! Don't delay! Applying for your NPI is the very least you can do in order to start the process of being compliant with NPI regulations.
2. Share your NPIs with any business "partner" needing them.
3. Collect the NPIs of your referring providers.
4. Continue working with your vendors on any NPI-related format changes and/or updates.
5. Most importantly, keep in mind that all payers may not choose to utilize a contingency plan. It is the payer's right to require the NPI as it sees fit. Keep your eye out for payer-specific information regarding NPI requirements.

*Thank you Stacy, for really valuable information.
 To learn more about NPI compliance, go to www.gatewayedi.com.*

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Fraud in the Doctor's Office - Are You Setting Yourself Up To Be Embezzled? Will Tunis, National City Bank

- **Fact:** During any five (5) year period of time, over eighty percent (80%) of all medical practices will experience embezzlement in one form or another. Additionally, of those committing the embezzlement, it is estimated that seventy (70%) have practiced their embezzlement skills with a previous medical practice.

Congratulations are in order for **James P. Hill, CPA**, president of Greater St. Louis Chapter HFMA. He and his team of hard-working board members brought home 3 Yerger awards from National HFMA!

If it's a good idea... go ahead and do it. It is much easier to apologize than it is to get permission.
- Grace Murray Hopper

Websites for YOU

www.cms.hhs.gov

(Medicare)

<https://nppes.cms.hhs.gov>

(NPI application and tools)

www.wcscribnerfoundation.org

(not for profit health foundation)

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

www.memag.com (Modern Economics Magazine)

www.aafp.org (American Academy of Family Practice)

www.designsonline.com (Designs on Time)

www.cms.hhs.gov/PQRI (Physician Quality Reporting Initiative)

www.cms.hhs.gov/PQRI (Physician Quality Reporting Initiative)

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The purpose of life is a life of purpose.
- Robert Byrne

GEDI Training Schedule

Is Gateway EDI your clearinghouse? If so, and

- **Fact:** The average amount embezzled from a physician is \$106,000 per incident.

Source: Southern Medical Association

You've heard the horror stories about employees embezzling from the practice. But you've always assumed you were safe. After all, you checked references and hired smart. There can't be a thief on your team ... can there?

It's Probably Not Who You Think

What you don't realize is that the profile of an embezzler reads like something out of a dime store novel. According to the Association of Certified Fraud Examiners, the enemy within is probably someone who, outwardly at least, appears to be your practice's most loyal, honest and dedicated employee.

Eliminate the Opportunity

The good news is that with some basic internal controls, you can eliminate many of the opportunities for fraud to occur. These are commonsense checks and balances that you can incorporate into your everyday practice management.

- Segregate bookkeeping duties between employees to eliminate having one employee in total control of all bookkeeping systems and responsibilities. Insist on cross-training staff to work at the front desk.
- Compare your bank deposit with the day sheet and make bank deposits daily.
- Never allow the same person to prepare the bank deposit and take it to the bank.
- Have bank statements and cancelled checks sent directly to your home. Carefully review the practice charge card for suspicious activity.
- Randomly conduct spot checks every few days and compare your schedule with your day sheet. Verify that all the treatment delivered was posted, and scan the adjustments to ensure there was a valid reason for making them.
- Review your deposit tickets on a regular basis. The average amount of cash in a practice is 2-5 percent of total receipts. Whatever the amount, it should not change significantly from month to month.
- Review all your invoices from vendors. Only sign a check when an invoice or statement is accompanied by the three parts of the payment process: packing slip, purchase order and original proof of receipt.
- Track adjustments, write-offs and refunds by creating strict bookkeeping procedures for processing these easy-to-manipulate functions. Analyze all adjustments and each entry of your monthly adjustment report.
- Establish a system in which all employees who use the computer must log on with personal identification codes.

Be sure to send the right message to your staff. Embezzlers love the "hands-off" physician because they know you are never looking over their shoulder. To convey that you are actively engaged in the business side of your practice, for example, you might closely analyze your monthly reports in open view of your staff. Philosophically, the message to send is "I trust you, but I will verify."

This article is intended for general information purposes only, and is not intended to apply to any specific facts or circumstances or as a substitute for professional counsel.

Thanks, Will. The article was very informative and a good reminder for all of us. Will is in the Healthcare Business Banking Division of National City Bank. You can contact Will directly at 314-898-1238 or william.tunis@nationalcitybank.com.

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Did You Know?

The tide has turned! Now radiologists who specialize in mammography earn the highest salaries in medical imaging! Mammograms are usually the last thing radiologists want to spend their time reading due to historically low reimbursement and relatively high liability risk. (Source: www.auntminnie.com)

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you need a little refresher training, classes are scheduled from 9 a.m. – 12 p.m. in the St. Louis office:

July 13 August
14
September 12 October
19
November 13
December 7

Medicare News

- The Office for Civil Rights (OCR) now has the authority to issue subpoenas in investigations of alleged violations of the HIPAA Privacy Rule and the Patient Safety and Quality Improvement Act of 2005.
- C-SNAP is here. CMS Secure Net Access Pilot that is. WPS (IL Medicare) introduced C-SNAP in conjunction with CMS. Through the C-SNAP website, you can check claims status and patient eligibility. If you have Illinois Medicare transactions, go to <https://medicareinfo.com> to register.
- IL Medicare is asking the provider community to perform self-audits on its consultation services. See the June 2007 *Communique* at www.wpsmedicare.com.
- Need some Medicare refresher courses? Here are several from IL Medicare:

Basic Principles of Medicare

Date	Time	Course #	Address/Location
7/25/2007	8 am – 12 pm	WI2026	The Plaza Hotel & Suites, 201 N. 17 th Ave., Wausau WI 54401
8/22/2007	8 am – 12 pm	MN100	Best Western Kelly Inn, 100 4 th Ave. S, St. Cloud MN 56301
9/11/2007	8 am – 12 pm	IL101	Four Points by Sheraton, 319 Fountains Parkway, Fairview Heights IL 62208

Save Dollars, Avoid Denials

Date	Time	Course #	Address/Location
7/25/2007	1 pm – 5 pm	WSD2	The Plaza Hotel & Suites, 201 N. 17 th Ave., Wausau WI 54401
8/22/2007	1 pm – 5 pm	MNSD1	Best Western Kelly Inn, 100 4 th Ave. S, St. Cloud MN 56301
9/11/2007	1 pm – 5 pm	ILSD2	Four Points by Sheraton, 319 Fountains Parkway, Fairview Heights IL 62208

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RTA – A Distant Dream?

We have all heard of pilot programs of some payers for real time adjudication of claims. But there are significant snags toward universal implementation. Jim Bettendorf, Gateway EDI, shared his insights at a recent MGMA meeting.

In Jim's opinion, the healthcare industry would do well to incorporate transactional tools currently in use in the financial and pharmacy processing worlds. Why re-invent the wheel? Unfortunately, the healthcare industry claims processing is much more complex than either of these two examples, but their processes could be used as starting points.

Other sticking points include the entire industry's current state of operations focused on batch processing. RTA means that the claim must be submitted while the patient is still in the office – the charge tickets, completed, the claim sent, and payer response returned – usually within 30 seconds or less. Neither providers nor clearinghouses are currently in position to file claims one-by-one. For those providers who want to do this, most of the payer's pilot programs are encouraging submission of single claims directly to the payer (not through a clearinghouse).

Also, keep in mind that while the claims may well be adjudicated at the time of service, the actual payment may not be made any sooner. The payers are currently not planning to process the actual payment any more quickly than they currently do.

Looks like RTA won't be happening on a large scale in the near future.

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Medicaid Updates

NPI Dissemination

Finally, CMS has issued some guidance on dissemination of the all-encompassing NPIs! Yes, NPIs are obtainable under FOIA, but HHS has recognized they will be swamped with requests if that's the only option.

So, per 5/30/2007 Federal Register notice, HHS will make NPI numbers available on the internet. The data will be available in both downloadable and query-only databases. The website, which should be available 6/30/2007, is www.cms.hhs.gov/NationalProvlentStand/

“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:

- Presented "Planning: The Path for Practice Success" for residents of Saint Louis University And Des Peres Hospital.
- Attended MGMA of Greater St. Louis "Glinda the Good Witch Waves Her Hand" seminar on real-time claim adjudication.
- Coordinated HFMA Greater St. Louis Past Presidents semi-annual event.
- Volunteered at the Scrivner Foundation annual Spring Into Health Dinner.
- Attended "Lean Six Sigma" seminar hosted by Metro Healthcare Executives Group.
- Presented "Is Your Practice a Collection Success?" to the Office Managers Council of Missouri Baptist Medical Center
- Attended Professional Women's Alliance "Networking Works" meeting.
- Authored "Financial Statements 101" for *St. Louis Metropolitan Medicine*.

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

Missouri Medicaid now requires providers to follow NCCI guidelines. To view all the NCCI edits, go to <http://www.cms.hhs.gov/physicians/cciedits>

Effective 6/12/2007, MO Medicaid implemented pre-certification requirements for the following imaging services:

70450	70460	70470
70551	70552	70553

Before initiating a request to pre-certify these tests, providers are encouraged to sign up at <https://www.cyberaccessonline.net> to automate this process. You can sign up to use this on-line tool by calling 888-581-9797 or emailing momedcyberaccess@heritage-info.com.

Managed Care News

Aetna

Did you see your notice that the AMFS was updated effective 7/1/2007? You can access the new rates at www.aetna.com after you register with them, or you can call your provider rep.

Anthem

Both Blue Cross Blue Shield Missouri and HealthLink hold quarterly Office Manager Council meetings. The meetings cover recent changes with the payers and allow input by office managers. If you'd like to participate in the meetings, contact your provider rep. If you don't know who your provider rep is, contact Jerrie at jkweith@aol.com and she can hook you up.

Cigna

Cigna "Earnings Reflect Strong Results in Each of the Health and Related Benefits Businesses", so stated in a company press release on 5/2/2007. Net income was up \$2.93 per share, 2% increase over first quarter 2006. Adjusted income was 27% greater than first quarter 2006. Can't wait till we see our higher fee schedules!

GHP

In June, GHP announced a new payment policy program for claims processed August 8 or later. The new program aligns GHP's payment policies with those of CMS and the AMA. Their stated intention is that this is a "major step toward achieving our shared objectives of improving the consistency, accuracy and efficiency of our claims adjudication process.

UHC

UHC rolled out real-time (10 seconds) claims adjudication for a pilot group of physicians in January 2007. In April, the company announced that this is available nationwide. The goal is "access to the actual cost of care at the point of care" for UHC's beneficiaries. For physicians to be able to use this advantage, you have to be able to have your charges captured, complete, and entered before the patient leaves the site of service. Currently, real-time claims adjudication can only be conducted at www.unitedhealthcareonline.com but plans are underway to expand to clearinghouses in the future.

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Service of the Month – Operational Assessment

Do you feel like you're working harder and harder and not seeing improved results? It's hard enough just not to lose ground? That's a common refrain from physicians these days. And no wonder! Expenses keep rising and reimbursement keeps shrinking. Even Bill Gates wouldn't be a millionaire if those two pressures had happened to Microsoft!

Could be time for an operational assessment. Ideally, the assessment will cover both revenue and expense sides of the business, but can be just one or the other. During an operational assessment, a consultant will examine the revenue cycle using statistical analysis, staff interviews and observations. Expenses will be compared to norms for your specialty and size. Payroll and staffing will be examined through statistical analysis, compensation comparisons, observations and interviews.

The consultant's deliverable should be a concise report that describes the current state, areas for improvement, and a plan for making those improvements. The final result should be improved results for you!

If you think it's time to take a look at the business of your practice, contact Jerrie Weith (jkweith@aol.com) and get on the road to success!

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Change is the law of life, and those who look only to the past or present are certain to miss the future.
- John F. Kennedy

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.

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Hot Tip: Question and Answer Box

Question: Our practice has used a postal service P.O. box for several years. Recently, I've seen several articles about bank lockboxes. Should I change to a bank lockbox?

Answer:

A post office box is just the place where your mail goes that isn't at your physical location. A bank lockbox is where you would direct your payments for deposit. The bank lockbox is a function of your depository account with your bank. When the items are received at the bank, they are deposited into your account and you receive copies of the checks and accompanying attachments from your bank.

Should you change to a bank lockbox? The answer to this question depends on several things, including what your bank offers, how much the lockbox costs, how much volume (number of deposited items) you have, and how open to automation you are.

- Your bank – Some banks offer very reliable lockbox services, some not so much. Some banks outsource their lockbox processing. If your bank doesn't provide reliable lockbox processing, then you may need to consider switching banks.
- Lockbox expenses vary greatly by bank. Usually there's a flat monthly fee, then at least a per item transactional fee. One bank in the St. Louis area used to charge a monthly flat fee. If you have the documents imaged, there can also be an additional fee.
- Volume – if you are low volume, bank lockbox is probably not for you unless your bank charges a monthly flat fee. Your bank will be able to tell you how many deposited items you have monthly so that you can do the math.
- Automation – a bank lockbox requires some sophistication – not a lot but some. To take even better advantage of the bank lockbox, can your PMS allow the bank to post directly to your A/R? Then you'll really see some efficiencies!

Benefits of a bank lockbox include quicker deposit of payments into your bank account; fewer trips to the bank; better internal controls (segregation of some duties); move toward paperless and more efficient environment; potential reduction in FTE's.

Drawbacks of a bank lockbox include expenses associated with it; re-training of staff; reconciliation of the lockbox to the A/R if the items are posted automatically to the PMS.

To know if a bank lockbox is right for you, identify why you're considering it. Then talk with your bank and do some analysis to see if it makes sense financially.

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

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Coming Attractions

Greater St. Louis Chapter HFMA

Visit the chapter website for information on upcoming programs, www.hfmastlouis.org.

MGMA of Greater St. Louis

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


Scrivner Foundation

Second Annual Golf Tournament to benefit the Scrivner Foundation is scheduled for Friday, August 31 at Clinton Hills Golf Course in Belleville, IL. To be a sponsor or register a team, contact Patsy Haida at patsyh@scchd.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>.

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

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