

News You Can Use

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**Try not to become
a man of success,
but rather try to
become a man of
value.**

- Albert Einstein

Congratulations!

**Congratulations to
Dr. Denise Hooks-
Anderson and her
family on the arrival
of Lauren Hunter
Anderson in
February!**

New Tools For You

Don't forget to check the Useful Links & Tools page at www.hmai.cc/links.asp. We've added a Staff Compensation Model worksheet for you to track how you pay your staff and a table to compare those pay rates

President's Message



Tick tick tick tick. The clock is running out on the time to be ready for NPI on 5/23/2007. According to statistics from Illinois Medicare, only 72% of Medicare providers nationwide have obtained their NPI's.

It only takes a few minutes (10 or less) to do the on-line paperwork. If you do it on a weekend, you'll get the number back in a few minutes. If you apply during the week, it's slower and up to a week. The timelines will be longer as the due date nears, of course.

There is some conflicting information out there on NPI. Specifically, we're told it's highly confidential. Then we're told to "get it and share it". That doesn't sound highly confidential, does it?

Once you have your NPI, your managed care payers and state Medicaid agencies need to be advised. There are no plans at this time for a national registry (like we've had with UPIN for the past several years). Some of the payers have extensive worksheets requiring taxonomy codes; others have a simpler process. (Why do the payers need those taxonomy codes anyway?)

Obtaining and sharing your NPI is an ugly chore, but you will be truly sorry if you wait till the last minute and are left wondering why your claims aren't being paid.

*Jerrie K. Weith, FHFMA
President*

Putting Off Procrastination for Good!

Pam Vaccaro

Even if you have not set the proverbial "New Year's resolutions," the first month of the year holds promise for "fresh starts" and better choices. Research shows that by mid-February these are forgotten or the hard work it takes to carry out your resolves gives way to the life-sapping habit called procrastination. Keep yourself motivated by trying some of these quick tips for avoiding procrastination:

- Use a kitchen timer. Do the unpleasant task for x number of minutes and then stop. It will be hard to stop when you are feeling success.
- Reward yourself. Find a pleasant compensation for your discipline. Enjoy it.
- See it. Cut out a picture that represents what you want to accomplish. Look at it every day and feel what it will be like to have that goal met.
- Cut yourself some slack. "Falling off the wagon" is natural. Get back on. Start again.
- Celebrate. Never let an accomplishment go uncelebrated. Sometimes it will be the only motivation for keeping your eye on the goal and doing the unpleasant task at hand anyway.

with local survey results.

Welcome to our Newest Client!

Southern Illinois Physician Services, PC

Best wishes to our newest client as well as all of our clients. Don't forget to check out some of our clients at www.hmai.cc/clients.asp.

Five Principles to Healthcare Reform

Senator Max Baucus (D-Montana), outlined five principles for healthcare reform during his 2/13/07 remarks at the National Health Policy Conference:

1. Universal coverage
2. Sharing the burden, including insurance pooling
3. Controlling costs
4. Disease prevention
5. Shared responsibility

Websites for YOU

www.cms.hhs.gov
(Medicare)

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

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

Thanks to Pam Vaccaro for a timely and easy-to-reference article! If you would like to consult with Pam, you can contact her directly at pamvaccaro@sbcglobal.net or visit her website at www.Designsontime.com.

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CAQH Issues

HMAI has been a strong proponent of CAQH on-line credentialing since its introduction. However, there have been issues over the past several months that warrant research.

One issue in particular, is that you can log out of CAQH for Dr. Smith (for instance), then log in for Dr. Brown, but Dr. Smith's information is still displayed in the Profile. CAQH has said that it's just the Adobe reader that isn't letting the new profile be displayed. But this is a pretty big issue because that also means that the Attestation form has Dr. Smith's information still showing.

So, if you've had difficulty with CAQH, any problems, let Jerrie Weith know so that we can take some concrete examples to them. jeweith@aol.com.

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Change is Good! Linda Nash

"We've always done it that way" is the mantra of stagnation. It might have worked well 20 years ago, or even two years ago, but is it the best way now? That's unlikely.

Some of you remember the transition from pencil and paper to main frames and dumb terminals. Significant gnashing of teeth and foot dragging ensued. Just when people had finally settled down, the PC came along! Now, it's the internet, the Blackberry, and more.

Technology isn't the only driving force. The economy changes, markets shift, and global competition is reality. What used to happen in a decade can happen in a year or less. So, embrace change and always look for the next best solution.

Thanks to Linda Nash for a little "change therapy"! If you would like to consult with Linda, you can contact her directly at linda@lindanash.com, www.lindanash.com.

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Did You Know?

- Only 8% of privately insured adults embraced high-deductible plans in 2006, unchanged from 2005. And only 36% of insureds in these plans would stay with that plan if they had a choice. (Source: *Medical Economics*, February 2, 2007.)
- The median annual encounters for a Nurse Practitioner in 2006 was over 2,300. (Source: *MGMA Connexion*, Nov./Dec. 2006)
- If you have a practice with 11 or more FTEs, you're more than 50% likely to have an in-house clinical laboratory.

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

www.memag.com
(Modern Economics Magazine)

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

www.designsontime.com
(Designs on Time)

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

And don't forget to check out our clients' links. Just click on [Clients](#) on our website.

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The truth of the matter is that you always know the right thing to do. The hard part is doing it.

- General H. Norman Schwarzkopf

Six Ways to Build a Top Staff

1. Be friendly.
2. Tell your staff everything – and expect reciprocity.
3. If you need help, ask others for it!
4. Invest heavily in loyalty.
5. Fairness establishes credibility.
6. Never be too busy to laugh!

(Source: *Communication Briefings*, Preview Issue)

National Doctors

- Go to the doctor on your lunch hour now – and not leave the building! The New York Times reported in January 2007, that 100+ of the country's largest companies now offer full-service primary care clinics at the workplace. And another 150 plan to follow suit by the end of 2007.
- In February, President Bush proposed a fiscal year 2008 HIT budget of \$118 million for the Office of the National Coordinator for Health Information Technology.
- Accepting Medicare assignment means that you accept what Medicare allows as reimbursement for your services and nothing more. If a supplemental or secondary insurance reimbursement would result in a total payment by Medicare and the secondary insurer that exceeds the maximum Medicare allowable, the provider should refund the difference to the insurer.

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Medicare News

- The 2007 Physician Quality Reporting Initiative (PQRI) webpage is ready and waiting. http://www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage
- The 2007 workshop schedule for Missouri Part B is available on the website. Topics offered this year include: general updates, advanced Medicare, navigating the Medicare website, and denial workshops.
- We'll be seeing a new Medicare website. All the states will eventually be linked through one website instead of to individual websites.
- If you're an IDTF under Medicare, be careful when you look up your services in the fee schedule on the website. Remember to check under the OPPS/CAP section for your codes also.
- In Missouri, Medicare and Medicaid plan to conduct training seminars together.
- CMS has published a Medicare Physician Fee Schedule fact sheet that could be helpful while training staff or talking with patients.
- Medicare Illinois is updating its IVR functions in the "near future". Some of the changes will be a new menu option called "General Information", the elimination of the necessity to provide a patient's gender as an authentication element for eligibility, and will have the ability to recognize a reassigned Medicare number (when available) and voice bank the new Medicare number to the caller.
- Effective 7/1/07, Medicare Part B will accept up to 8 diagnosis codes on claims.

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Revised CMS-1500

Form CMS-1500 is one of the basic forms prescribed by CMS for the Medicare program. It is only accepted from physicians and suppliers that are excluded from the mandatory electronic claims submission requirements set forth in the Administrative Simplification Compliance Act, Public Law 107-105 (ASCA), and the implementing regulation at 42 CFR 424.32. The CMS-1500 form is being revised to accommodate the reporting of the National Provider Identifier (NPI).

January 2, 2007 – March 30, 2007

Providers can use either the current Form CMS-1500 (12-90) version or the revised Form CMS-1500 (08-05) version. **Note:** Health plans, clearinghouses, and other information support vendors should be able to handle and accept the revised Form CMS-1500 (08-05) by January 2, 2007.

Day

On March 30, don't forget to thank your doctor for the hard work and compassionate care you receive year in and year out!

You must do the things you think you cannot do.

- Eleanor Roosevelt

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:

- Attended Missouri Medicare Part B POE AG meeting.
- Joined the WPS Medicare Part B (Illinois) POE AG.
- Attended the MGMA St. Louis MODOT update seminar.
- Participated in the Scrivner Foundation board meeting.
- Attended Anthem/BCBS/Healthlink Office Manager's Council.
- Participated in HFMA St. Louis strategic planning session.
- Attended ACHE/MHEG panel discussion on Medical Staff Relations.

April 2, 2007

The current Form CMS-1500 (12-90) version of the claim form is discontinued; only the revised Form CMS-1500 (08-05) is to be used. **Note:** All **rebilling** of claims should use the **revised** Form CMS-1500 (08-05) from this date forward, even though earlier submissions may have been on the current Form CMS-1500 (12-90).

Thank you to HSI, LLC for the excellent information! For more information, contact Mike Gerling at mgerling@hsilc.com.

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Managed Care News**Aetna**

Enhanced Eligibility information is now available at www.aetna.com. Some enhancements include drop down lists and a "printer friendly" feature.

Anthem (BCBS)

There must have been a really rough stretch for using BCBS customer service. During its periodic OMC in February, even the president came to the group to apologize! They hope to have everything back to normal by mid-March.

When billing multiple modifiers, providers should bill the CPT/HCPC code in Box 24D, then place the modifier 99 in the first position under Modifier in Box 24D. Other applicable modifiers can then be placed in the additional spaces in Box 24D next to the 99.

Lumenos has hit the streets. That's Anthem BCBS new consumer-driven health plan. Missouri members will have JWA as the prefix on member cards.

Cigna

Cigna so far has been the only managed care payer that hasn't required separate reporting of NPI. Cigna expects to receive a summary file of NPI's from NPPEs. But in order for them to have good records, you must have your legacy numbers report on your NPI file.

HealthLink

When you report your NPI to HealthLink, you'll do it at <https://npi.wellpoint.com/npi/online/onlinesubmit.jsp>. Once you update at this website, you're good to go for BCBS and HealthLink.

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Interpretation of Guidelines

Take a look at page 4 of GHP's provider manual. The manual says "Appointments for urgent care should be scheduled within 24 hours. Emergencies must be seen immediately." Haven't you always interpreted this to mean that for your established patients? If it's for new patients, then every doctor's office would be treated as if it was a walk-in clinic.

In February 2007, GHP's interpretation was clarified. GHP says this means any patient that calls a doctor's office. So, if Jane Doe has never been seen by Dr. Smith, but calls Dr. Smith and says that she is acutely ill, GHP would require Dr. Smith to see that patient immediately...even if Dr. Smith has never heard of this patient. Normally, Dr. Smith would advise this patient to go to either an urgent care center or emergency room if he couldn't fit the patient in.

What's your take? Email Jerrie Weith and let her know, jkweith@aol.com.

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

Hot Tip: Question and Answer Box

Question: What are some resources I can use to evaluate the compensation our practice pays?

Answer:

There are many resources available to you. One or more of the following can be helpful, depending upon the size of your practice:

- MGMA nationally publishes an annual Compensation Survey. www.mgma.com
- MGMA of Greater St. Louis surveys local practices and publishes its findings each August. www.mgma-sl.org
- Talk with a local placement agency. Accountemps used to publish a booklet.
- When you're recruiting a new employee, use the information on the employment application to start your own method of tracking. Each time you get new salary information from an employee's application, plug it into a worksheet.
- Surf the web and see what you can dig out!
- Network with other practices/colleagues.

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

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NPI Implementation table

Stage	Implementation
10/02/06 – 05/22/07	Medicare will accept either the Medicare legacy number or the NPI. Medicare strongly recommends that the NPI is used with the Medicare legacy number as a secondary identifier.
05/23/07 and forward	Only NPI will be accepted.

Each of the commercial/managed care payers has its own schedule. And each wants you to report your NPI to them separately – what a pain! Seems like they should be able to retrieve it from your clearinghouse or your CAQH enrollment? To comply with each payer, go to their websites individually or catch the updates in their newsletters.

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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 for lunch on the second Wednesday of the month as Ces and Judy's. More info available at www.mgma-sl.org.

Scrivner Foundation

The annual Spring Into Health event is scheduled for Friday, May 11. The theme is Building Healthy Communities and the guest speaker is U.S. Representative Jerry Costello.

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

- Robert Frost

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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And it isn't too early to mark your calendars for the Second Annual Golf Tournament to benefit the Scrivner Foundation. Date is August 31 at Clinton Hills Golf Course in Belleville, IL.

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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