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## President's Message



Tick, tick, tick. Only a few more weeks until NPI is supposed to be THE identifier for all claims processing, referrals, etc. By this time, we should have been submitting our NPI's to the payers and submitting claims with both legacy and NPI's when possible to do so.

There is a contingency plan in place for covered entities who are unable to comply with NPI final rule by 5/23/2007. So, CMS is only going to pursue enforcement action on a complaint-basis. Once a complaint is received, CMS will notify the entity in writing. Following the notification, the entity will have the opportunity to (1) demonstrate compliance, (2) document its good faith efforts to comply with the standards, and/or (3) submit a corrective action plan. HHS may not impose a civil monetary penalty where the failure to comply is based on reasonable cause.

What are indications of good faith in attempting to comply? Being able to demonstrate external testing with trading partners and having an NPI that is ready to be used on HIPAA transactions when the payer can accept it. Providers should be able to demonstrate that they took actions to become compliant prior to the deadline.

Everything is still up in the air. We have a deadline that may or may not apply. We may or may not have access to others' NPI's so that we can appropriately file claims. Bottom line: we may or may not get paid in a couple of weeks.

Best any of us can do is what we were required to do, then hope (and encourage) others to do what they were required to do.

*Jerrie K. Weith, FHFMA  
President*

**The first rule of any technology used in a business is that automation applied to an efficient operation will magnify the efficiency. The second is that automation applied to an inefficient operation will magnify the inefficiency.**

- Bill Gates

## Four Priority-Setting Traps Pam Vaccaro

Traditional wisdom about productivity suggests that you write out a to-do list, prioritize it by order of importance and urgency and then tackle it, right? However, you still find yourself succumbing to the "ACT then THINK" method of setting priorities. It is common to default to this approach when multiple tasks and requests on your time overwhelm you. To help you break these old patterns, understand these four common priority-setting traps and how you can avoid them.

### Whatever hits first

Do you "choose" your priorities simply by responding to things as they come across your desk? The *THINK then ACT* approach suggests that you negotiate with people to respond in a time frame that's convenient to you and agreeable to them.

### Path of least resistance

When was the last time you heard yourself say, "It's just easier to do it myself"? This is not always an incorrect assumption. Ask yourself these questions: Am I trying to avoid conflict? Do I need to invest time or money to train someone to take on some of the lower-priority tasks? Take appropriate action.

### Squeaky wheels

We're going to be hearing a lot about our stumbling healthcare system in the many, many months leading up to the 2008 election. Universal coverage seems to be back in vogue, at least for leading Democrats. Most are just throwing it out there as a solution right now, but former U.S. Senator Edwards stated his plan would be financed by taxing wage-earners making more than \$200,000 annually. Either way it goes,

it's going to be a long time till November 2008!



### New Tools For You

Don't forget to check the Useful Links & Tools page at [www.hmai.cc/links.asp](http://www.hmai.cc/links.asp).

We've added a Key Indicator Tracking worksheet for you to track the results you think are important in your practice.



### Welcome to our Newest Clients!

**Affirmed Family Healthcare, LL Center for Gastrointestinal Health Des Peres Hospital MasterCard Missouri Baptist Medical Center Suburban Surgical Associates, Inc.**

Best wishes to our newest clients as well as all of our clients. Don't forget to check out some of our clients at [www.hmai.cc/clients.asp](http://www.hmai.cc/clients.asp).



### Websites for YOU

[www.cms.hhs.gov](http://www.cms.hhs.gov) (Medicare)

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

[www.wcscribnerfoundation.org](http://www.wcscribnerfoundation.org) (not for profit health foundation)

[www.despair.com](http://www.despair.com) (demotivation for all of us!)

[www.memag.com](http://www.memag.com) (Modern Economics Magazine)

[www.aafp.org](http://www.aafp.org) (American Academy of Family Practice)

[www.designsontime.com](http://www.designsontime.com) (Designs on Time)

[www.cms.hhs.gov/PQRI](http://www.cms.hhs.gov/PQRI) (Physician Quality Reporting Initiative)

You know who they are in your life. Their requests are always urgent and they are very successful at getting you to respond according to their time frame. Give them a specific time or date when they can expect you to respond. They may squeak a little more initially, but hold your own.

### Inspiration

If you wait until you're "inspired" or motivated, a lot of what you want to do is simply not going to happen. Sometimes this kind of thinking is actually one of the biggest time-waster called procrastination. High-priority items won't always be the easiest or most pleasant tasks on your list. Do them anyway. You'll be glad you did. Avoid these four traps and watch yourself feel a lot more like you are at the helm of your life and time.

*Thanks to Pam Vaccaro for some great organizational and time management tips! If you would like to consult with Pam, you can contact her directly at [pamvaccaro@sbcglobal.net](mailto:pamvaccaro@sbcglobal.net) or visit her website at [www.Designsontime.com](http://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 at [jkweith@aol.com](mailto:jkweith@aol.com) so that we can take some concrete examples to them.

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### Did You Know?

- The percentage of prescriptions written by mid-level providers doubled between 2002 and 2005?
- The difference between an EMR and an EHR? Per Christina Beach Thielst, FACHE, an "EMR stores clinical data and is owned, accessed, and contributed to solely by the provider. An EHR goes beyond the capability of an EMR. It points to where other health information on the patient can be found, allows the patient to contribute and interact with the clinician, and leverages clinical knowledge to make clinical data more actionable." (Source: *Journal of Healthcare Management*, March/April 2007.)
- The difference between LCD's, NCD's and NCP's? National Coverage Decisions originate from CMS and apply to all Medicare jurisdictions. National Coverage Provisions are excerpts/quotes from various program manuals, collated into a single document, and apply to all jurisdictions. Local Coverage Determinations were created under BIPA and consist only of reasonable/necessary information – they replaced LMRP's. LCD's pertain to services/items not addressed in NCD's or program manuals. A few more acronyms, please!

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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](http://www.cms.hhs.gov/PQRI/01_Overview.asp#TopOfPage). Providers must be enrolled in Medicare to be eligible, but do not have to be participating providers, and there is no separate registration required. PQRI will use claims-based reporting for the

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## Retaining Your Best People

Here are some tried and true ways to retain your best employees, per **OfficeTeam** advertisement in the *Nafe Magazine*, Fall 2006:

1. Nurture growth.
2. Understand your employees.
3. Maintain two-way communication.
4. Promote work/life balance.
5. Regularly assess compensation.

*Well done is better than well said.*  
- Benjamin Franklin

## Five Fundamentals for a Healthy Bottom Line

- Don't pay too fast. Schedule your bill paying on a cycle common in your marketplace.
- Keep on top of past-due accounts.
- Watch your payroll - including overtime.
- Reign in overhead.
- Watch the margin - profit margin that is.

*Thank you to National City Bank for allowing*

calendar year 2007. The bonus will apply on all Medicare claims through 2/28/2008, even if not reportable for PRQI.

- ABN's are used to inform beneficiaries of potential financial liability. Currently there are two ABN's: general and laboratory. CMS was accepting public comment through 4/23/2007 on its plan to combine the two ABN's into one.
- WPS Medicare Part B IL recently supplied data on the number of duplicate claims it processes (WI, IL, MI, MN). WPS processes about 5.8 million claims and the duplicate claims represent 5.5% of that total – the CMS goal is 1%!

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## Revised CMS-1500

Please note the new deadline for using the 08/05 CMS 1500 Form:

<p><b>January 2, 2007 – March 30, 2007</b></p>	<p>Providers can use either the current Form CMS-1500 (12-90) version or the revised Form CMS-1500 (08-05) version. <b>Note:</b> 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.</p>
<p><b>April 2, 2007 NOW June 1, 2007</b></p>	<p>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. <b>Note:</b> All <b>rebilling</b> of claims should use the <b>revised</b> Form CMS-1500 (08-05) from this date forward, even though earlier submissions may have been on the current Form CMS-1500 (12-90).</p>

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## Managed Care News

### Aetna

WebVisits are here! At least in CA, FL and WA. The patients can communicate with their doctor on-line. Using RelayHealth, items like appointment requests are no-charge. But, depending on the employee's health plan, requests for prescription refills through webVisit are payable.

### MultiPlan/PHCS

In October 2006, MultiPlan acquired PHCS, but PHCS will be the brand name of the PPO products. Over 40,000,000 people have access to the MultiPlan/PHCS network.

### UHC

By third quarter of this year, the generic supply code 99070 will not be acceptable in any setting. Instead, only HCPCS will be accepted.

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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

*an excerpt from their recent newsletter. For more information on their services, contact Will Tunis, [william.tunis@nationalcity.com](mailto:william.tunis@nationalcity.com).*

### **Policy Clarification**

The difference between policies and procedures can be blurred sometimes. During a recent DOQ-IT audioconference, Margret Amatayakul explained them this way:

- Policies guide action. Effective policies describe what, who and why.
- Procedures direct action. Effective procedures describe what to do, when to do it, where to do it, and exactly how to do it within the framework of policy.

***Nothing so conclusively proves a man's ability to lead others as what he does from day to day to lead himself.***

**- Thomas J. Watson**

### **Medicaid Update**

A recent "Hot Tip of the Week" for Missouri Medicaid related to coverage for adult physicals: One adult "preventive" exam/physical (including well woman), ages 21 and older is covered. In addition, physicals are also covered when required as a condition of employment.

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](mailto:jkweith@aol.com).

## **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](mailto:jkweith@aol.com)) and get on the road to success!

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## **Hot Tip: Question and Answer Box**

**Question:** I am the office manager in a busy solo practice. The doctor is always bringing up how much more money his colleagues make than he does and insists that we're either not collecting the money fast enough or we're spending too much of it! How do I resolve this?

**Answer:**

The doctor's lounge can be an office manager's worst nightmare. A few remarks here or there and suddenly everything that seemed to be going well is now in question.

Sometimes it's a legitimate wake-up call. Maybe your overhead has been climbing slowly and with a little tweaking of staff schedules, a group purchasing agreement, a competitive bidding process for some key items, you can get back on track. Maybe the revenue is a little lower and you assumed it was due to a price reduction from Medicare, but really one of the employees has been a little sloppy in collecting as fast as possible.

But there are times when the facts are that you're doing everything you can with what you have. So what do you do?

- If you know some areas you could improve upon but the doctor has been reluctant so far, calculate a dollar value for the improvement and then re-present it to the doctor. Real dollars talk!
- Ask your doctor which office is making claims of super collection dollars and low overhead percentages. Talk to that office manager – ask for some tips. But odds are, you'll find that the doctors weren't matching up apples to apples. For instance, your overhead will be legitimately higher if your doctor requires an RN to assist him in the office and his colleagues utilize MA's or no staff at all.
- Use benchmarking statistics to track how you're doing compared to others in your specialty, same size, geographic region, etc.

There are several other tactics you can try. The key is to take a hard look at yourself first, then try to figure out what's making the differences between you and the other doctor's office.

*If you have a question, forward it to [jkweith@aol.com](mailto:jkweith@aol.com) and HMAI will get your answer for you.*

**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:

- Participate on Scrivner Spring Into Health Committee.
- Attended PRQI Audio-Conference.
- Attended MGMA meeting discussing the use of digital lockboxes.
- Reviewed WPS Medicare Part B draft presentations for their training programs.
- Participated in MGMA "How to Win at Managed Care Contracting" audioconference.

To request a speaker for your group of author for your newsletter, contact Jerrie at [jkweith@aol.com](mailto:jkweith@aol.com).

**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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**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 an NPI was supposed to be required by this date. New deadline is month-to-month as progress is assessed by CMS.

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.

In contradiction to the payers requiring us to submit our NPI's directly to them, CMS issued a List-Serv Message stating "CMS plans to make data available from the NPES system that will assist covered entities in developing these crosswalks (from legacy numbers to NPI)." Unfortunately, no date was provided by CMS, so we need to inform the payers directly until then.

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**Coming Attractions**

**Greater St. Louis Chapter HFMA**

Visit the chapter website for information on upcoming programs, [www.hfma-stlouis.org](http://www.hfma-stlouis.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](http://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.

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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