

DR. KNOW

We won't change the way you do billing...we'll change the way you do business!

An e-newsletter created by **PLEXUS HEALTH SOLUTIONS, INC.**

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NO MORE UPIN'S *As Of June 29, 2007*

CMS will discontinue issuing UPIN numbers as of this date. They will be permanently replaced by the NPI. All legacy provider numbers and identifiers will be discontinued and we will be unable to use them for billing purposes.

CMS is under a contingency plan as all facilities, providers and Medicare themselves are not fully done implementing the NPI data yet.

Plexus is compliant and billing with NPI's as of the original deadline date of May 23, 2007.

PHYSICIAN QUALITY REPORTING INITIATIVE (PQRI) *December 20, 2006*

On this date the President signed the Tax Relief & Health Care Act of 2006. This Act authorizes the establishment of a physician quality reporting system by CMS.

PQRI has a financial incentive for eligible professionals to participate in this voluntary reporting program. If you qualify and you report a designated set of quality measures on claims for DOS from July 1, to December 31, 2007, you may earn bonus payments subject to a cap of 1.5% of the total allowed charges.

To learn more go to:

www.cms.hhs.gov/pqri

CMS CAN DO 8 *As Of July 1, 2007*

As of this date CMS will accept up to eight (8) diagnosis codes on each claim. This will be both paper and electronic.

For more information go to:

<http://www.cms.hhs.gov/MLNMatersArticles/downloads/MM5441.pdf>

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Contents:

No More UPIN's.....	1
PQRI.....	1
CMS Can Do 8.....	1
Privacy/Security Officers Certification.....	2
Complicated Revenue Cycle....	2
Tax Credit For EMR.....	2

PRIVACY/SECURITY OFFICERS CAN BE CERTIFIED

Evolving Roles

Over the past four years the role of the privacy officer has evolved. In order to keep your privacy and security officers updated with the latest information, the American Health Information Management Association (AHIMA) has put together a certification program. For more information go to:

www.ahima.org/certification/chps.asp

MEDICINE IS A COMPLICATED REVENUE CYCLE

12 Steps From Beginning To End

The physician billing cycle is one of the most complicated revenue cycles in American business. It involves at least 12 steps that starts with patient registration and ends with a bad debt. The retail revenue cycle has only 6 steps.

Physician billing is more difficult and involved than ever. Here's why:

- *Physician claims are adjudicated at the line item level not on the total claim amount. This adds complexity to the billing activity.
- *Reimbursements vary by payer. These payment rates may change arbitrarily and be inconsistent.
- *Poor coordination of benefits and coverage gaps may occur.
- *The CPT-4/ICD-9 coding systems are imprecise and incomplete.

*There is a shortage of experienced physician billing staff.

*Billing workload has increased because of expanding practices and insurance inconsistencies.

*Computer systems cannot keep up with the payer regulation changes, therefore, making the management of the practice activities difficult and inaccurate.

*Computer system purchases along with software upgrades, remote backups and the necessary peripheral equipment becomes obsolete in a very short period of time. This becomes expensive to upgrade on a regular basis.

*Insurance companies periodically raise the bar and change billing requirements making it difficult to be reimbursed.

*There is no time in the office to appeal inappropriately denied or under paid claims.

That's why YOU have Plexus!

Based on an article in CodeTrends published by the Medical Assoc. of Billers

TAX CREDIT FOR EMR

Beginning January 1, 2008

A bill that would create income tax credits for the purchase of certain EMR technology has been introduced in WI. The credit would equal 50% of the amount paid for the hardware/software to maintain the electronic medical records. The maximum amount of credits that can be claimed in a taxable year is \$10,000,000. This amount will be prorated by state. The software would have to be certified by Certification Commission for Healthcare Information Technology. We'll keep you posted.