

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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You can view past issues of this newsletter on our website.

WEA DUPLICATE PAYMENTS

12/26/11

On December 26th the third party vendor who issues remittances for WEA encountered a duplicate check run. These payments were again sent through advanced processing and mailed before the error was caught. This information was communicated to us in a routine A/R follow up call.

WEA asks that these duplicate payments not be cashed and that they be returned to them at the address on the EOB to the attention of Julie M. in the Accounting Dept.

The checks are dated 12/26/11.

REMINDERS

- Medicare held payments for the first ten days of 2012
- Check the description of all CPT-4 codes you commonly use - for changes
- There's a big push by carriers to validate the use of modifier "25", make sure your charting is complete
- There will be no delay in implementing ICD-10

CHANGE IN THE DEFINITION OF A NEW PATIENT

1/1/12

CPT has changed the definition of a "new patient". "A new patient is one who has not received any professional services from the physician or another physician of the exact same specialty and subspecialty who belongs to the same group practice, within the past three years."

Changes are italicized and underlined.

AUDIT-PROOF RECORD CORRECTIONS

Do This Correctly

In an article in the *Part B Insider* (Dec 2011, Vol.12, # 44), following the tips listed below will keep your charts clean and audit-proof.

1. Cross out, don't black out. The original information must be readable and included in the record.
2. Clearly mark item as a correction or supplementation.

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3. Include a date and signature, this means no backdating of entries.
4. These changes should be made by the original author.
5. Others may make changes, but be careful to indicate who is changing the document and they must sign and date it.
6. Record the purpose of the change and the source of the change or addition.
7. Be sure that if you are using an EMR and the record has been printed, be sure the printed copy is updated too.

CARRIER CONTRACTS

What To Look For

As you sift through the contracts sent to you for consideration, remember to look at some of our suggested areas below to make sure all your bases are covered and you have a contract you can live with long term. It would pay to look at your current contracts and consider re-negotiating them when the time is right.

- Find out all of the products that are covered in the contract. Make sure that if the carrier has a Medicare and/or Medicaid product that you sign up with them also, if you desire. Be sure that the HMO, PPO and POS plans are included with the commercial coverage.
- What is the fee schedule? Find your commonly used CPT-4 codes and see if you can live with the reimbursement rates.
- What hoops will you have to jump through to get your claims paid; chart note submission, script from a PCP, are they aware of state mandates, etc.?
- What is the timely filing limit?
- Will they automatically pay you interest if the claim is not adjudicated within 30 days of receipt?

- What is the process for account credits, will they recoup the funds or allow you to refund?
- What is the appeal process?
- Watch out for automatic deflation of fees.

PART 3 - EMR LIABILITIES

Limitations & Failures

Acquiring an EMR has been limited because of the technology itself. The incentives offered are making practices adopt an EMR product regardless of the potential negative impact. Approximately 70% of EMR implementations fail because of cost overruns, delays, difficulty in training all necessary staff or missing critical functionality.

Sometimes rushing into a system causes policy or set up decisions that fail to encompass the practices' specific needs. High failure rate also can be related to inadequate time, money or having the necessary resources to implement the entire installation.

Conning Research & Consulting reported in 2010 that the increased adoption of EMR's by hospitals and practices may indeed drive up the cost of medical liability insurance, at least in the early phase. They believe that documentation errors and the lack of EMR design interface will drive up medical liability claims and the cost of defending them. It was also reported that in 2010 50% of medical practices had purchased an EMR, but 90% of those EMR's purchased did not meet federal meaningful use standards.

As more providers convert to EMR's, data coding errors, software design flaws, implementation challenges and operation failures will occur. These situations should decrease over time. Medical liability will increase as patients gain easier access to their medical records. The cost of defending against these suits will increase as attorneys use electronic legal discovery and metadata.

To be continued...

Article from EHRs Increase Liability by Mark R. Anderson and Dr. Larry Ozeran.