

Practice Management Services Offered

Personnel Management:

- o Organizational structure
- o Personnel policies
- o Job descriptions
- o Staffing levels and utilization

Office Management:

- o Patient flow and appointment scheduling
- o Provider/staff productivity
- o Operational systems
- o HIPAA gap analysis, compliance plan and staff education.

Financial Management:

- o Monthly report analysis, utilization, and education
- o Fee schedule analysis and maintenance.
- o Accounting procedures
- o Expenditure reviews with suggestions
- o Billing and collection policies with education
- o Internal control systems with policies and procedures

Marketing:

- o Practice demographics
- o Marketing with a plan of action

Financial Analysis:

- o Coding analysis - benchmarking
- o Payor mix
- o Fee schedule and maintenance

Education:

- o Internet and data base utilization
- o Medical coding, documentation training and review
- o HIPAA, OSHA and customer service relations

Workshops:

- o Front Office Presentations
- o HIPAA Privacy and Security
- o Evaluation & Management Coding

Practice Management Funding:

The Georgia Practice Management Initiative started in 2000. It was developed and targeted to assist with retaining primary care services in rural and medically underserved communities. The project was initially supported by the Robert Wood Johnson Foundation, Southern Rural Access Program (RWJF SRAP), Rural Enrichment and Access Program for Health, the Georgia Department of Community Health, Office of Rural Health Services (ORHS), and the Georgia Statewide AHEC Network Program. Based upon recognition of the program's impact in rural Georgia, partial sustainability for the initiative comes from the Georgia Department of Community Health, Office of Rural Health Services (ORHS), Three Rivers Area Health Education Center (AHEC) and a reduced fee-for-service approved by Three Rivers AHEC.

GEORGIA MEDICAID – How to Get Paid

Update: The New CMS-1500 (08-05) Claim Form's Continued Use

Pursuant to a recent CMS notification, advising of formatting errors in the new version of the CMS-1500 (08-05) Claim Form, the Department is extending the March 31, 2007 deadline to cease accepting the old version CMS-1500 (12-90) Claim Form to June 1, 2007, or until further notice. The Department will continue to accept claims received on BOTH the current and new versions of the CMS-1500 form until June 1, 2007, or until further notice. All providers, including Medicare providers for dual eligibles, are required to continue submitting claims for injectable drugs on the new CMS-1500 (08-05, version OMB-0938-0999) claim form, in order that the Department may remain in compliance with the Deficit Reduction Act (DRA) of 2005, which mandates State Agencies collect and report accurate NDC numbers beginning January 1, 2007. To learn more about the new CMS-1500 claim form, please contact the National Uniform Claim Committee (NUCC) at 800-482-9367

Billing Injectable Drugs Using the N4 Qualifier

N4 is a unique 2-digit qualifier used to identify injectable drugs. The N4 qualifier is applied as follows: A. **Paper claims:** The N4 qualifier preceding the NDC number and corresponding HCPCS/CPT codes are required when billing injectable drugs on a HCFA 1500 claim form. The N4 qualifier is not required on UB 92 claim form. B. **837 (X12N) Claims:** The N4 qualifier, NDC number, and corresponding HCPCS/CPT codes are required when billing injectable drugs using 837 transmissions. a. Populate Loop 2410; segment LIN02 with 'N4' and LIN03 populate the NDC number. (Note: *the 'N4' is the NDC in 5-4-2 Format*). b. Enter the corresponding HCPCS/CPT code in the Service line field C.

Web or WinASAP Claims: The N4 qualifier is NOT required when billing injectable drugs via Web or WinASAP claim transmission. Web and WinASAP claim transmissions need **only** to include the 11-digit NDC numbers and corresponding HCPCS/CPT codes. **NOTE:** Paper and 837 claims received without the N4 qualifier will be returned to the provider or deny respectively. Web and WinASAP claims received with the N4 modifier will deny. All claims received with missing or invalid NDC numbers and/or HCPCS/CPT codes, or with invalid NDC/HCPCS/CPT combination will deny.

Quick Tips for Submitting Claims with National Provider Identifiers (NPI) to Georgia Medicaid General Tips

Before submitting electronic claims with an NPI to Georgia Medicaid as a provider you must:

- ◆ Apply for an NPI with National Provider and Plan Enumeration System at <https://nppes.cms.hhs.gov/NPPES/Welcome.do>.
- ◆ Submit your NPI(s) to Georgia Medicaid using the Georgia Medicaid NPI Submittal Form. This form is available on the Georgia Health Partnership Web Portal <https://www.ghp.georgia.gov/wps/portal>. Click on the **Provider Information** tab and click the **How to apply** link under "National Provider Identifier."
- ◆ Attach a copy of the NPI confirmation letter or e-mail when you receive it from the NPPES, stating the NPI assigned and associated taxonomy codes to the submittal form.
- ◆ Verify that the provider information (address, ZIP code, taxonomy code) that is regularly entered on claims is the same as in your Georgia Medicaid Provider file. This information may be used to match claims with the correct provider and assure that they are paid correctly. For more specific tips on submitting claims via a practice management system, clearinghouse or WINASAP, go to <https://www.ghp.georgia.gov/wps/portal>. Click on the **Provider Information** tab and click the **How to apply** link under "National Provider Identifier."

Source: www.ghp.georgia.gov



Enrollment Levels in Major Managed Care Plans

Health Plan	Total Managed Care Enrollment*
WellPoint	34.2 million
United Health Group	19.5 million
Aetna U.S. Healthcare	15.4 million
Humana	11.3 million
Cigna HealthCare	9.3 million
Kaiser Foundation Health Plans	8.6 million
HealthNet	6.6 million
Coventry Health Care	2.5 million

*Total enrollment for all medical membership
Publication: MCOL's Managed Care Fact Sheets.
<http://www.mcareol.com/factshts/mcolfact.htm>

Practice Management Mission

Three Rivers' Practice Management goal is to help serve all Primary Care Physicians and Physician Practices in our Three Rivers AHEC area. We offer a wide variety of technical assistance; our fees are based upon Medicare / Medicaid patient population of your office, if you are a medical teaching preceptor, and if your office is located in a Health Professional Shortage Area. Call 706-660-2736 for consultation services or for workshops tailored to your specific educational needs.

Health Care Spending Projected To Consume Almost Twenty Cents of Every Dollar Spent By 2016

Over the next decade, U.S. health care spending is expected to double from today's level, reaching \$4.1 trillion and consuming almost twenty cents of every dollar spent, federal forecasters report in an article published as a Health Affairs Web Exclusive. Health spending in 2006 is projected at \$2.1 trillion, which accounts for 16 percent of the gross domestic product.



	NHE* per capita	Population (millions)	GDP* (billions of dollars)	NHE as a percent of GDP
1993	\$3,468.6	263.1	\$6,657.4	13.7%
2004	\$6,321.9	294.0	\$11,712.5	15.9%
2005	\$6,697.1	296.8	\$12,455.8	16.0%
2006(a)	\$7,092.0	299.3	\$13,253.0	16.0%
2007(a)	\$7,498.0	301.7	\$13,955.4	16.2%
2011 (a)	\$9,525.0	311.4	\$16,962.8	17.5%
2016 (a)	\$12,782.2	323.6	\$21,138.7	19.6%

NHE: National Health Expenditures. GDP: Gross Domestic Product.

Sources: Centers for Medicare and Medicaid Services, Office of the Actuary, National Health Statistics Group; and U.S. Department of Commerce, Bureau of Economic Analysis and Bureau of the Census.

Note: (a) Projected.

Publication: Health Spending Projections Through 2016: Modest Changes Obscure Part D's Impact, Health Affairs Web Exclusive.
<http://content.healthaffairs.org/cgi/content/abstract/hlthaff.26.2.w242>

MUST READ - MLN Matters:

NPI – MLN Matters Number MM4023 - Learn under what circumstances a claim will be rejected when using the NPI: <http://www.cms.hhs.gov/mlnmattersarticles/downloads/MM4023.pdf>

Guidelines for Payment of Diabetes Self-Management Training - MLN Matters Number: MM5433 - <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5433.pdf>

Payment Allowances for Influenza Virus Vaccine and the Pneumococcal Vaccine - based upon 95% of AWP – MLN Matters Number: MM5365 - <http://www.cms.hhs.gov/MLNMattersArticles/downloads/MM5365.pdf>

Prostate Cancer Screening for Eligible Medicare Beneficiaries – MLN Matters Number: SE0709 - <http://www.cms.hhs.gov/MLNMattersArticles/download/SE0709.pdf> . Remember if the services is provided with a regular office visit the screening (CPT- G0102, ICD-9 V76.44) is a bundled service. In office "rest of Georgia" reimbursement is \$18.30 if billing cancer screening on a separate date of service without office visit. Rural Health Clinics and Federally Qualified Health Centers should include the charge on the claim for future inclusion in the encounter rate calculations. G0102 is restricted for payment only once per 12 months and for Medicare male beneficiaries age 50 or older.

Claims Processing - MLN Matters Number: MM5441 - <http://www.cms.hhs.gov/MLNMattersArticles/download/MM5441.pdf> Effective July 1, 2007 all Part B standard systems and the carrier for claims processing systems must capture and process up to eight diagnosis codes on all of your claims (both paper and electronic). Caution, avoid claims rejects, and attach the correct service with the applicable diagnosis to avoid rejects due to CCI edits.

Crossover Claims – MLN Matters Number MM5472 - <http://www.cms.hhs.gov/MLNMattersArticles/download/MM5472.pdf> CMS is requiring all carriers, FI, etc. to identify all Medicare COB claims that did not properly cross over from the Medicare system to the Medicare secondary payor. This will be accomplished by the assignment of a separate rejection code from other mass claim reject codes; effective date no later than July 1, 2007.

Podiatry Services – MLN Matters Number SE0707 - <http://www.cms.hhs.gov/MLNMattersArticles/download/SE0707.pdf> . Significant changes have been made in the Summary of Benefits. The category of "Medically Necessary Foot Care and Podiatry Services (Routine care)" has been merged into one category, "Podiatry Services."

Use of 9 Digit Zip Codes - MLN Matters Number: MM5208 — <http://www.cms.hhs.gov/MLNMattersArticles/download/MM5208.pdf> Effective October 1, 2007, for services rendered in the following 43 **Georgia ZIP** codes you must use the full nine-digit zip code on your claim for services paid by Medicare carriers or MACs under the Medicare Physician Fee Schedule (MPFS) and for anesthesia service; otherwise, your claim will be treated as unprocessable.

Timeliness Standards for Processing Other-Than-Clean Claims - MLN Matters Number: MM5355 - <http://www.cms.hhs.gov/MLNMattersArticles/download/MM5355.pdf> Claims received by a Medicare carrier that is not a clean claim will have a 45 day processing requirement, **but** the 45 day count is suspended when information is requested from a beneficiary or the provider down of the 45 days will resume once information is received by the Medicare carrier. Billing staff must pay attention to Medicare receivables in the 60 day ageing bracket for Medicare pending claims in a non-active status with the carrier.

Source: www.cms.hhs.gov

NON-PHYSICIANS PROVIDERS – Did You Know?

Physician Assistants – The Georgia Composite State Board of Medical Examiners is having a public hearing scheduled to begin at 8:30 a.m. on May 10, 2007 to provide the public an opportunity to comment upon and provide input into the proposed rules (changes) in Chapter 360-5, Section 09, **Disciplinary Action / Revocation. Amended** which covers **drug samples with new requirements**.

Pending amendments follows:

(h) Failure to maintain any of the following: (a) a list of professional samples approved by the supervising physician for request, receipt and distribution by the physician's assistant. (b) a current and complete list of specific number and dosage of each professional sample received and dispensed by the physician's assistant. Authority: O.C.G.A. §§ 43-1-19, 43-34-103, 43-34-108, would be a physician / physician assistant violation of State laws. **Purpose:** The purpose of the proposed new rules is to implement the provision of Code Section 43-34-103 (e2). **Main Features:** The proposed amendment to paragraph (3) of Rule 360-5-.09 delineates the authority given to physicians with respect to delegating duties of his / her physician's assistant for professional samples.

Nurse Practitioners: Are you aware that you should have a physician / nurse agreement on file with the Composite State Board of Medical Examiners and that many state regulations such as the PA proposed regulation above exist for Nurse Practitioners?

Visit: <http://www.medicalboard.georgia.gov>

Source: Georgia State Board of Medical Examiners



PQRI

MEDICARE ANNOUNCES MEASURE SPECIFICATIONS FOR THE PHYSICIAN QUALITY REPORTING INITIATIVE

The Centers for Medicare and Medicaid Services (CMS) announced, April 3, 2007, the posting of detailed specifications for the 74 measures included in the 2007 Physician Quality Reporting Initiative (PQRI).

PQRI establishes a financial incentive for physicians and other health practitioners to participate in a voluntary quality reporting program. Eligible professionals who successfully report data for a designated set of quality measures may earn a bonus payment, subject to a cap, of 1.5 percent of total allowed charges for covered Medicare physician fee schedule services provided during the reporting period of July 1, 2007 to December 31, 2007.

2007 PQRI quality measures relate to important processes of care that are linked to improved healthcare quality outcomes. They are evidence- and consensus-based measures that reflect the work of national organizations involved in quality measure development, consensus endorsement, and adoption. These include the American Medical Association Physician Consortium for Performance Improvement, the National Committee for Quality Assurance, the National Quality Forum, the AQA Alliance, and other physician and non-physician professional organizations. The professional organizations are also assisting CMS in providing PQRI education and assistance to their members.

The measure specifications document and other programmatic information are available at www.cms.gov/pqri/. Questions should be submitted through the website directly to CMS.

Source: *Centers for Medicare and Medicaid Services*, revised by CMS and released April 3, 2007



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CMS-1500 (08/05) INVALID PAPER CLAIM FORM

Frequently Asked Questions - Are You Using the Correct Form?

To confirm your understanding of the correct CMS 1500 claim form visits: <http://www.cms.hhs.gov/ElectronicBillingEDITrans/downloads/1500FAQ.pdf>

RURAL HEALTH and FOHC BILLING

To obtain a better understanding of rural health designations, covered services, payment and cost report guidelines, read: *Medicare Guide to Rural Health Services Information for Providers, Suppliers and Physicians*. This publication can be printed by visiting www.cms.hhs.gov/MLNProducts/

Order the Practice Management Tool Kit today!



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- Marketing Your Practice: Strategies and Solutions

How to Order:

Monday through Friday from 8:30am-5:00pm ET
Call 706-660-2499 or
contact us at www.threeriversahec.org

Recruitment and Retention Contacts:

Kari Dyer, Practice Services Coordinator (706) 660-2847
Peggy LaMee, CPAM, Practice Mgmt Specialist (706) 660-2736
Kathy Ellis, Center Director (706) 660-2730



Notebook

- Easy reference to policies, procedures, forms and templates.

From Start Up...To Fix Up!

Spring 2007

Additional ways Three Rivers Area Health Education Center can serve you ...

If you are a healthcare professional:

- * Access to continuing education programs, learning resource materials, and training in electronic access to medical information
- * Awareness of community needs to place, recruit and retain medical providers
- * On-site practice management consultative services
- * Order Distance Learning Modules: Notebook, DVDs and/or CD Rom

If you are interested in a health career:

- * Information about health careers that are in demand and fit your interests, aptitude and personality along with the educational requirements for those careers
- * Health career fairs and camps

If you are a community leader concerned about healthcare access in your community:

- * Assistance in recruiting and keeping qualified healthcare professionals to improve the community quality of life—a key factor in attracting new residents, businesses and industries.

For more information on our services or if you would like to be on our mailing list for upcoming programs and newsletters, please call 706-660-2499 or log on to our website at www.threeriversahec.org



NPI MADNESS:

CMS CLARIFIES GUIDELINES FOR NATIONAL PROVIDER IDENTIFIER (NPI) DEADLINE IMPLEMENTATION

The Centers for Medicare & Medicaid Services (CMS) announced that it is implementing a contingency plan for covered entities (other than small health plans) who will not meet the May 23, 2007, deadline for compliance with the National Provider Identifier (NPI) regulations under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Details are contained in a CMS document entitled, "Guidance on Compliance with the HIPAA National Provider Identifier (NPI) Rule." To view this guidance, visit https://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_Contingency.pdf on the CMS website. A press release on this topic is also available at https://www.cms.hhs.gov/apps/media/press_releases.asp on the web.

CMS encourages health care providers that have not yet obtained NPIs to do so immediately, and to use their NPIs in HIPAA transactions as soon as possible. Applying for an NPI is fast, easy and free. Visit the National Plan/Provider Enumeration System (NPPES) website at <https://nppes.cms.hhs.gov/>. A critical aspect of implementing the NPI is the ability for covered entities to match a provider's NPI with the many legacy provider identifiers that have been used to process administrative transactions. CMS plans to make data available from the NPPES system that will assist covered entities in developing these "crosswalks." More information and education on the NPI can be found at the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website.

Source: *Centers for Medicare and Medicaid Services*, revised CMS and released April 3, 2007

Our mission is to increase access to quality health care in rural and medically underserved areas by recruiting, training and retaining health care professionals.