

# NCDS *update*

A Billing Industry Newsletter for Clients

Keeping your office up-to-date on industry and insurance changes, late-breaking billing & reimbursement news, and general inter-office communication...

## CONGRESS URGED TO END MEDICARE PHYSICIAN PAYMENT FORMULA

JANUARY 21, 2010 | CHELSEY LEDUE, ASSOCIATE EDITOR,  
HEALTHCAREFINANCENEWS.COM

WASHINGTON – Physician, senior and military groups gathered Thursday in a five-city event to urge the permanent repeal of the broken Medicare physician payment formula that, they say, threatens access to care for millions who depend on Medicare and TRICARE.

"Every time Congress kicks this can down the road and fails to permanently repeal the payment formula, the price tag grows," said Nancy Nielsen, M.D., AMA immediate past president and internist from Buffalo, N.Y.

Had congress fixed this problem permanently in 2005, the price tag would have been \$49 billion, she said. Now the price tag has skyrocketed to \$210 billion and doctors are facing a 21 percent cut.

President Barack Obama signed a measure in December 2009, that postponed a 21.2 percent Medicare physician pay cut until March 1, 2010.

The measure was part of the Department of Defense Appropriations Act, passed in early December, by Congress. The measure came in the 11th hour, as physicians were expected to take the pay cut on Jan. 1, 2010.

The Medicare Physician Payment Reform Act of 2009 (H.R. 3961), was passed by the House this fall, which would repeal and replace the current Medicare physician payment formula, or the sustainable growth rate.

The Senate is in the hot seat now.

"It's time to give stability to Medicare and TRICARE and fix the broken payment system once and for all," said Cecil Wilson, M.D., AMA president-elect and internist from Winter Park, Fla.

"Military benefits are (also) tied to Medicare," said Captain Kathy Beasley, U.S. Navy Retired, MOAA deputy director of Government Relations for Health Affairs. "Those who don't live near military facilities are particularly at risk. The cuts are causing large numbers of doctors to stop seeing elderly and military patients."

"With a 21 percent cut, some physicians may decide to no longer accept Medicare patients," said Rodger Wetzel, AARP Executive Committee member. "There are few physicians in rural areas to begin with, finding a doctor will become increasing difficult for seniors in Medicare."

Ardis Hoven, M.D., AMA board chair-elect and Infectious Disease Specialist from Lexington, KY said that Primary physicians at Mayo Clinic in Glendale, Arizona aren't accepting Medicare payments anymore.

"The cuts will cause a below average ratio of physicians to patients," she said.

The Healthcare debate continues... NCDS will keep you informed as important information becomes available from our contacts in DC...



## NOTICE OF MATERIAL AMENDMENT TO CONTRACT

Effective May 1, 2010, Aetna will change the rate for physicians *assisting* at surgery. The rate will change from 20 percent of the negotiated rate or recognized charge based on Aetna reimbursement policies to 16 percent of the negotiated rate or recognized charge. The reimbursement for multiple eligible assistant surgery codes is as follows:

- 16 percent for the primary procedure
- 8 percent for the second eligible procedure
- 4 percent for each additional eligible procedure

If you have questions, please contact your local network representative.



## 5 MINUTES WITH... MICK POLO

FROM BC ADVANTAGE MAGAZINE DECEMBER / JANUARY 2010 | ISSUE 5.1

### 1. Tell us about your background and how you got started in the industry.

My father, Michael and Uncle David, founded our company in 1985. They focused on the development of medical software and created the original version of our practice management system. They quickly realized selling the software was not the solution that met the needs of the physicians' offices and transitioned the company into the billing service we are today that includes practice management functions, accounts receivable management and medical billing consulting.

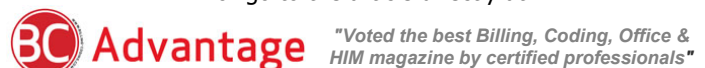
I was always around the family business doing odd jobs and helping through the early stages. I continued to work part time throughout college. After completing my bachelor's degree I told my father and uncle I would work with them until I found a "real job" as I was interviewing and considering opportunities from various companies. I'm proud to say that was about fourteen years ago and my career is as real as it gets!

Since I started at NCDS we have progressed from a small three-room office where I sat cramped at my desk pushed in the corner of the hall to now occupying the majority of the fourth floor of our office building. The "corner office" is much more comfortable than the surroundings of our humble beginnings. Being a part of the progress has given me a true appreciation for the work involved in our daily operations and a respect for what it takes to endure business through the years.

For the rest of the story select **BC Advantage "5 minutes with..."** from the Newsletter page on our website:

<http://ncdsinc.com/Newsletters.php>

or go to the article directly at:



[http://www.billing-coding.com/advantage/index\\_detail\\_article\\_email.cfm?ArticleID=3434](http://www.billing-coding.com/advantage/index_detail_article_email.cfm?ArticleID=3434)

## FEBRUARY 2010 MEDICARE ADVISORY

The February 2010 Medicare Advisory for Ohio and West Virginia is now available. This issue is packed full of useful information for submitting Medicare Part B claims.

<http://www.palmettogba.com/palmetto/providers.nsf/vMasterDID/825NLD2621?opendocument>

NCDS reviews this very useful tool each month as it becomes available online and so should you. It is a great resource not to be overlooked just because it no longer comes hardcopy in the mail.

### MEET YOUR NCDS CODING STAFF!



The NCDS team of certified professional coders lead our group of billing and entry personnel that review, prepare and process your claims to ensure proper reimbursement. They are educated and

experienced in multiple specialties as well as knowledgeable in coding differences between insurances. They are always here to help with any coding questions that may arise. Featured from left to right, Shirley, Jaime and Megan are continuously evaluating the latest information on coding changes and updates to help ensure the maximum reimbursement on your claims.

Call 888-876-8833 and select option 4 to speak with the coding staff.

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**WE APPRECIATE YOUR REFERRALS AND NEW BUSINESS. OUR COMPANY IS GROWING AND THRIVING BECAUSE OUR SATISFIED CLIENTS ARE THE BEST FORM OF ADVERTISING. THANK YOU, NCDS.**

### 2009 TECH SURVEY: TAKING THE PLUNGE

FROM THE ARTICLE BY SARA MICHAEL, [PHYSICIANPRACTICE.COM](http://PHYSICIANPRACTICE.COM)

**Cost hang-ups** - The cost of an EHR is still all over the map, according to our survey. Although it's hard to pin down exactly how much you should be paying, the range of costs does offer a window into what other practices are doling out. About a quarter of respondents paid or expected to pay between \$500 and \$4,000, and more than 40 percent paid between \$4,000 and \$12,000. A full 24 percent dished out \$12,000 or more, while 9 percent paid less than \$500.

**Vendor follow-through** - Several practices elaborated that they want the software to interface with their EHRs, and Beck points to compatibility between systems — both within a practice and practice to practice — as one of the greatest tech challenges. "There's lots of great software available," he says, "but the communication between the two is still not where it needs to be."

For the full article go to:

<http://www.physicianspractice.com/>

[index.cfm?fuseaction=articles.details&articleID=1389&page=1](http://www.physicianspractice.com/index.cfm?fuseaction=articles.details&articleID=1389&page=1)

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## HERE'S HOW YOUR COLLEAGUES ARE DIVING INTO TECHNOLOGY. ARE YOU READY?

### EHR ADOPTION | My Practice:

ANSWER OPTIONS	RESPONSE FREQUENCY			RESPONSE COUNT
	2007	2008	2009	2009
Has a fully implemented EHR	39%	35%	35.7%	318
Uses an EHR selected and provided by the hospital	2%	5%	7.0%	62
Has selected an EHR but not yet fully implemented it	12%	17%	16.1%	144
Plans to buy an EHR within the next 12 months	7%	21%	22.2%	198

### EHR/EMR... WHERE ARE YOU?

If you are using or considering purchasing an EHR/EMR system you NEED TO BE TALKING TO NCDS. We can offer advice, analysis and recommendations about the different software products available, government stimulus funds and Medicare incentives and penalties. Most importantly we want to work with your vendor to establish a seamless interface between your electronic records product and our practice management billing system to improve your practice efficiency, provide faster information transfer to increase cash flow, reduce claim turnaround time and maximize your revenue.

Call 888-876-8833 for Mick ext 23 or Dave x 22 to discuss the details.

### MORE ABOUT EHR/EMR

#### ELIGIBLE PROVIDER "MEANINGFUL USE" CRITERIA

The Stage 1 criteria that define the "meaningful use" of electronic health records for eligible providers has been released. Find out at:

<http://www.healthcareitnews.com/news/eligible-provider-meaningful-use-criteria>

#### STIMULUS/HITECH Q&A

**Q:** Which office of federal government provides this money and are there any websites providing forms and information for physicians?

**A:** For information on grant and other funding opportunities stemming from the HITECH provisions of the ARRA, go to the HITECH Funding Opportunities page on the HHS website. FAQ sheets and instructions for applications are available for each of the programs. Read more and ask your own questions at:

[http://ehr.healthcareitnews.com/priming\\_pump\\_QA.html](http://ehr.healthcareitnews.com/priming_pump_QA.html)

### OHIO HOSPITAL CONSIDERS MERGER OPTIONS

FROM HEALTHCARE FINANCE NEWS

St. Luke's Hospital, a 314-bed facility in Maumee, Ohio, may be considering a merger with another hospital group in its region, due to the increasing operating losses. St. Luke's has acknowledged an operating loss of \$8.8 million last year, much of which owes to its exclusion from more lucrative health insurance contracts. The hospital was removed from ProMedica health System's Paramount Health Care network eight years ago. The most likely merger options for St. Luke's would be with Toledo, Ohio-based health systems ProMedica Health or Mercy Health Partners.