September – October 2014

NCDS update

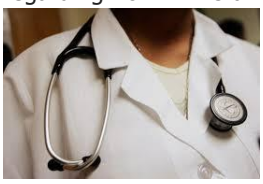
A Billing Industry Newsletter for Clients

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

Physicians feel EMRs 'Waste' Too Much Time, Study Finds

Akanksha Jayanthi – HealthData Management

Attending physicians reported losing an average of 48 minutes of free time per clinic day due to EMRs, according to a research letter in *JAMA Internal Medicine*. The American College of Physicians administered a survey to internists providing ambulatory care regarding how EMRs affect their time budgeting. Final survey results considered 411 respondents.



The majority of surveyed physicians — 89.8 percent — indicated at least one data management function was slower after implementing and adopting an EMR, and 63.9 percent said it took longer to write notes. One-third of respondents said it took longer to find and review medical record information with the EMR, and another 32.2 percent said it took longer to read other clinicians' notes.

The average 48-minute time loss for attending physicians equates to four hours for a five-day clinic week. However, 59.4 percent of all respondents, including residents and fellows, reported an average 78 minute time loss per clinic day, or 6.5 hours for a five-day clinic week, according to the research letter. Researchers suggest policy makers consider this loss of time when discussing future EMR mandates.

For more information or to view the article in its entirety please visit: http://www.beckershospitalreview.com/healthcare-information-technology/physicians-feel-emrs-waste-too-much-time-study-finds.html#sthash.jog4EEqD.dpuf

RAC Program Restarts After Two Month Hiatus

HBMA Washington Report

On August 4, CMS announced plans to restart the Recovery Audit Contractor (RAC) program after it had ordered a halt to new audits on June 1 of this year. CMS has become backlogged with audits and appeals, and it plans to restructure contracts with RACs later this year (see related story). Until the new contracts are awarded, however, the RAC program will be allowed to continue on a limited basis. RACs will still not be allowed to audit inpatient hospital stay claims until March 2015, a measure Congress put in place when patching the physician payment formula.

According to data from CMS, since its inception, the RAC program has recovered nearly $8 billion in inaccurate Medicare payments; however, the program has also overloaded CMS and healthcare providers with audits. CMS' backlog of appeals has grown ten times since the RAC program was started. The American Coalition for Healthcare Claims Integrity, which represents the RACs, praised the move to restart the program but expressed disappointment that RACs are not permitted to audit inpatient hospital stays.

CareSource Adds 66,000 Members Under First Six Months of Ohio's Medicaid Expansion

Carrie Ghose – Columbus Business First

CareSource has landed more than double the number of new enrollees in the first six months of Ohio's Medicaid expansion than any of the other private managed care plans working in the state, but the competitors are slightly narrowing the gap.

The Dayton nonprofit is the oldest and largest private Ohio Medicaid plan with more than 1 million members. Overall, 1.9 million of Ohio's 2.7 million Medicaid members – 80 percent of them children – are in some form of managed care, in which the insurers get per-member payments to cover all care. The state directly pays medical bills for the rest.

Ohio is among half the states that agreed to expand Medicaid eligibility to more low-income adults starting in January. State enrollment reports for June show that 180,000 have been assigned to a managed care plan.

CareSource has added 66,000 members under the expansion, or 37 percent of the total, a step down from 41 percent as of March.

Next is UnitedHealthcare Community Plan of Ohio at 33,000. Molina Healthcare Inc. , Buckeye Community Health Plan and Toledo-based Paramount Advantage are at 26,000 to 28,000 apiece.

Medicaid applications take up to 45 days to process and members have 30 days to select a plan or be automatically placed, so there are just over 100,000 new enrollees not yet with a plan.

For more information on this article please visit: http://www.bizjournals.com/columbus/news/2014/08/12/caresource-adds-66-000-members-under-first-six.htmlit:

NCDS Feedback: With a boom in Caresource enrollment that has also meant a boom in claims for the company to process. Some providers with a large Caresource patient base have experienced an increase in claim denials. In the process of resolving these denials NCDS representatives have reached out to Caresource. The dialog revealed that Caresouce did not effectively anticipate the volume of additional responsibilities created by the surge in new enrollees. According to Caresource representatives, all departments within Caresource are backlogged; from Provider Enrollment to Customer Service and Claim Resolution. NCDS encourages all clients to keep this information in mind when accepting new Caresouce patients, as there may be delays in reimbursement as this company troubleshoots the sudden surge in enrollment. Additionally, as with any Medicaid Managed Care Organization (MCO), providers implement a practice to check the patient's benefits each month, as it is very common for a patient to switch from one MCO to another (sometimes this is transparent to the patient and happens without his/her knowledge).

Changes to Services Requiring Prior Authorization

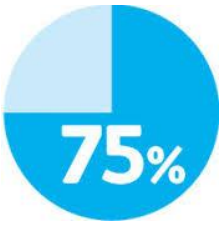
Effective November 1, 2014 Buckeye Community Health Plan (Buckeye) is making changes to services requiring prior authorization.

Cardiac Nuclear Imaging: November 1, 2014 Prior Authorization will be required for Cardiac Imaging including, Nuclear Cardiology/MPI, Stress echocardiography, and Echocardiography. As you are aware Buckeye is currently contracted with National Imaging Associates (NIA) for management of high tech radiological procedures and will expand this oversight to include the management of cardiac imaging services requiring prior authorization. To request authorization please call 866-246-4359 or online at www.RadMD.com. For more information please contact Buckeye's provider Services at 866-296-8731.

CPT codes impacted include: 78451, 78452, 78453, 78454, 78466, 78468, 78469, 78481, 78483, 78499, 78472, 78473, 78494, 78496.

Majority of Americans Find the Health Law Hard to Understand, Poll Finds

KaiserHealthNews.org



An Associated Press-GfK poll finds that nearly 75 percent of Americans find the overhaul "difficult" and nearly half say it is "very hard" to understand. However, health care remains a key issue. In California, there's an effort, for instance, to target messages that include access to health care in outreach to the much-sought-after female voters. Meanwhile, efforts to undo the health law will remain high on the GOP to-do list if Republcans gain control of the Senate.

The Associated Press/ABC: Poll: Confused By Issues Of The Day? Join The Club. People who vote regularly, follow news about November's election or simply feel a civic duty to stay informed are most likely to say that issues have become "much more complicated" over the past decade, an Associated Press-GfK poll shows. ... Nearly three-fourths of Americans find [the health care overhaul] difficult, according to the AP-GfK poll, and about 4 in 10 say it's very hard to understand. The law is complex; politicians even say so (Cass, 9/27).

For more information: http://www.kaiserhealthnews.org/daily-reports/2014/september/29/polls-and-politics.aspx?referrer=search

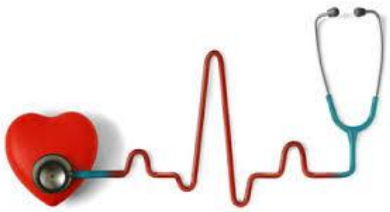
NCDS Perspective: This percentage is extremely important for providers to consider when accepting new patients, many of which now have insurance for the first time in a very long time. Consider: 3 out of every 4 patients does not understand the changes that have taken place in the healthcare industry. With that said, as much as healthcare providers would appreciate patient's educating themselves on their insurance plan that is simply not the reality. To safeguard your practice against the costly pitfalls of uninformed patients providers should be vigilant about checking coverage and benefits (prior to providing the service), collecting patient payments at the time of service and regularly updating patient demographic information. For more information on how to implement proactive, revenue building safeguards for your practice call NCDS today!

35 Key Findings on American Physicians Today

By: Akanksha Jayanthi, BeckersHospitalReview.com

Though still facing hurdles, physician outlook is more positive than before. Healthcare reform has sent the industry into a period of transition, but physicians' outlook on their profession has become more optimistic over the past eight years. Results from the biennial "Survey of America's Physicians" by Physicians Foundation and Merritt Hawkins indicates physicians are weary of the healthcare law but generally more positive of the future, compared to the past two surveys conducted in 2012 and 2008. Here are 35 key findings on physician attitudes of the evolving landscape.

- The majority of physicians — **81 percent** — report being either overextended or at full capacity, up from **75 percent** in 2012.
- Just **19%** of physicians said they have time to see more patients.
- Nearly **thirty-nine percent** of physicians said they will accelerate their retirement plans given the way medicine and healthcare are changing, compared to nearly **43%** of physicians who said they would not change their plans and nearly **19%** who said they will defer their retirement plans.
- Nearly **3/4** of physicians believe there is a physician shortage and that Congress should lift the cap on federal funding and increase residency slots.
- More physicians would give the Patient Protection and Affordable Care Act a failing grade: **46%** would give it a D or an F while **25%** would give it an A or a B.
- The number of solo practice physicians is down to **17%**, from **25%** in 2012.
- While **26 percent** of physicians participate in an accountable care organizations, only **thirteen percent** believe ACOs will improve quality and decrease costs.
- **One half** of physicians believe implementing ICD-10 will cause "severe administrative problems" in their practices, and **75%** believe it will "unnecessarily complicate coding."



- The percentage of physicians who reported being positive/optimistic about the future of the medical profession jumped to **48.9 percent** in 2013 from **22.6 percent** in 2012. Negative feelings fell from **77.4 percent** in 2012 to**51.1 percent** in 2013.
- More physicians said they would recommend medicine as a career to young people, up to **fifty percent** from **42 percent** in 2012 and **forty percent** in 2008.
- Approximately **71 percent** of physicians said they still found medicine rewarding, while nearly **29 percent** said the negatives outweigh the positives.

The survey was sent to 640,000 of the 800,000 active physicians in active patient care in the U.S. and had a 3.1 percent response rate.

For the complete article please visit: http://www.beckershospitalreview.com/hospital-physician-relationships/35-key-findings-on-american-physicians-today.html

Boosting Revenue Cycle with Counselors

By: Tammy Worth, HealthcareFinanceNews.com

In the past, healthcare providers have been able to utilize front-end billing and collections staff for most of the financial needs in a practice. But with patients paying more out-of-pocket costs and exchanges increasing the number of plans providers deal with, having financial counselors in a practice may become a necessity.

The good news for providers is that this doesn't necessarily mean augmenting staff. People already dealing with billing and collections can be trained – internally or externally – to take this responsibility.

David Zetter, founder of Zetter Healthcare Management Consultants and member of the National Society of Certified Healthcare Business Consultants, has been working with providers across the country on training staff to become financial counselors. He said the time it takes to properly train staff can vary widely. Recent training he has provided took two months in one practice; in another, it is taking well beyond six months.

Laura Palmer, senior industry analyst of professional development for the Medical Group Management Association, said there in no one-stop shop for training financial counselors for those who want to do it in-house. It is often learned on the job. If a practice wants some formal training, she recommends mentoring with a financial counselor. When she worked in a small office, her staff spent time at a local hospital, learning from people in their financial aid office.

Whether opting for training in-house or through a group like Zetter's, there are a handful of things practices need to know about the role of financial counselor.

First is creating a financial policy and making sure the counselor understands it. The financial counselor will review the policy with patients on their initial visit. Zetter said patients need to know their part of the payment and the cost of any fees that would be applied if the practice has to begin a collection process.

The second aspect of the job is verifying benefit eligibility. Counselors will check a patient's eligibility and should be able to communicate what the insurer will cover and estimate the patient's responsibility.

This is particularly necessary for providers offering services like physical therapy or mental health counseling that may be limited in scope. A patient has to understand what is allowable and what his or her responsibility is. Palmer said specialists or hospital counselors will need to be able to estimate outside facility charges like an anesthesiology or biopsy bills to give patients a full understanding of their financial obligations.

For more information on this article please visit: http://www.healthcarefinancenews.com/news/boosting-revenue-cycle-counselors

NCDS Perspective: The underlying importance of this article is to demonstrate how your staff can be a part of the process of patient collections, because your staff is physically present with the patients.

The above article features two main points that are crucial for every practice; the first being a financial policy. Every provider should have a general policy when it comes to patient collections. This policy should also be shared with NCDS so we have a strong understanding of how patient collections for your practice should be handled. The second point regarding verifying benefits and eligibility is one of the 'Best Practices' NCDS recommends every provider implement. Having a clear picture of what the insurance will cover prior to the patient being seen is a proactive approach used by the most successful providers, to ensure the patient is aware of his/her responsibility prior to it becoming a financial strain on the patient.

A Glossary of Health Insurance Terms

Allowed Amount: Maximum amount on which payment is based for covered health care services. This may be called "eligible expense," "payment allowance" or "negotiated rate." If your provider charges more than the allowed amount, you may have to pay the difference.

Coinsurance: Your share of the costs of a covered health care service, calculated as a percent (for example, 20%) of the allowed amount for the service. You pay coinsurance plus any deductibles you owe. For example, if the health insurance or plan's allowed amount for an office visit is $100 and you've met your deductible, your coinsurance payment of 20% would be $20.

Deductible: The amount you owe for health care services your health insurance or plan covers before your health insurance or plan begins to pay.

Medically Necessary: Health care services or supplies needed to prevent, diagnose or treat an illness, injury, condition, disease or its symptoms and that meet accepted standards of medicine.

Network: The facilities, providers and suppliers your health insurer or plan has contracted with to provide health care services.

Preferred Provider: A provider who has a contract with your health insurer or plan to provide services to you at a discount. Check your policy to see if you can see all preferred providers or if your health insurance or plan has a "tiered" network and you must pay extra to see some providers. Your health insurance or plan may have preferred providers who are also "participating" providers.

Out-of-pocket maximum/limit: The most you pay during a policy period (usually one year) before your health insurance or plan starts to pay 100% for covered essential health benefits. This limit must include deductibles, coinsurance, copayments, or similar charges and any other expenditure required of an individual which is a qualified medical expense for the essential health benefits.

For these and other terms related to health insurance please visit: https://www.healthcare.gov/glossary/

RAND: EHRs Negatively Affecting Physician Job Satisfaction

By: Helen Gregg, BeckersHospitalReview.com

Physicians like EHRs in theory, according to a recent RAND report. They believe electronic records will improve access to necessary patient information, thereby improving care, and have hope technological improvements will facilitate more efficient data exchange and clinician workflows.

However, EHRs in their current iteration are having a negative effect on physicians' job satisfaction, the report found. Based on a survey of physicians from 22 practices, RAND researchers found physicians see EHRs now as frustrating to use, time-consuming and an interference to the patient-physician relationship. They also are disappointed at the lack of interoperability between EHR systems and think EHRs are detrimental to the quality of clinical notes.

The RAND report found the level of satisfaction with an EHR to be an independent predictor of physicians' overall job satisfaction. According to the survey, just 35 percent of physicians said their EHRs have a positive effect on their job satisfaction. Additionally, the report found the more complex an EHR system is, the lower the general physician professional satisfaction.

http://www.beckershospitalreview.com/healthcare-information-technology/rand-ehrs-negatively-affecting-physician-job-satisfaction.html

Maximize Your Revenue

NCDS Medical Billing
7550 LUCERNE DRIVE SUITE 405
MIDDLEBURG, HTS., OH 44130-6503