MGMA
Medical Group Management Association
Louisiana

News Digest

July 10, 2015

Are you a manager? Need some tips and ideas?

Here's your chance to attend educational sessions, network with peers and find out vital information for your medical offices—all in one location.

REGISTER HERE for our August conference in New Orleans.

Enhanced Schedule

Register a coworker at the member rate to double your benefits.

Would you like to learn more about any of these subjects? Then register yourself and/or a coworker for the Louisiana conference.

Strategies to improve productivity, profits

How to deliver difficult feedback

Unvarnished truth about pricing

HR basics

ACA and employer requirements

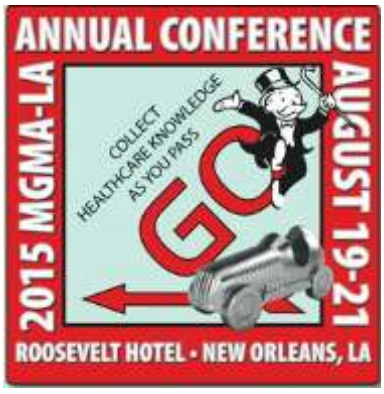
Audits

Keeping peace in the practice

Fraud and abuse traps in vendor relationships

Differences among your employees (generation gaps)

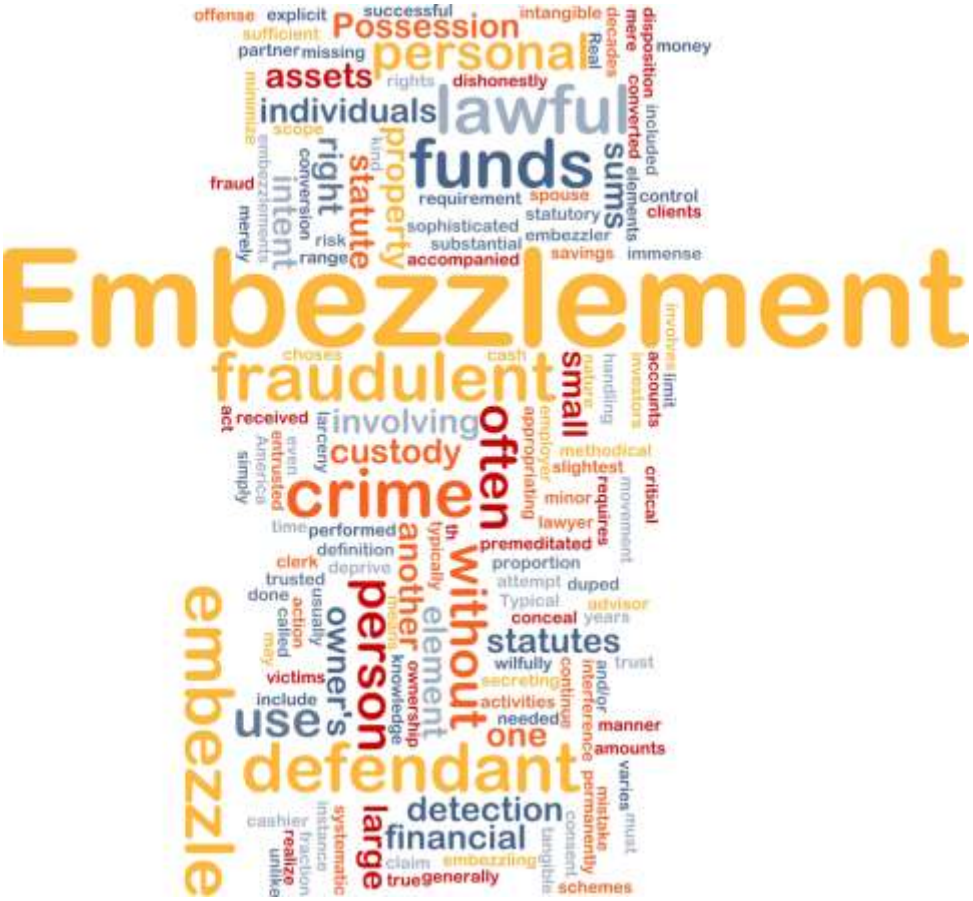
Mistakes administrators make



Collect Healthcare Knowledge as you pass GO

There's More—Download the brochure and educational topic descriptions **here.**

ICD-10 claims submission guide from CMS - see pg. 3



Fraud, embezzlement rampant in practices

The New Orleans Picayune recently published a story about a medical office embezzlement in Covington. This is not an uncommon occurrence, unfortunately. A 2009 study by MGMA found that 83 percent of the 945 practices that responded had at some point been the victim of embezzlement.

Houston CPA Carl N. Frost says that an estimated 70% of these embezzlers "have practiced their embezzlement skills with a previous medical practice. Such personnel are enabled in moving from practice to practice as physicians are particularly reluctant to 1) admit it has happened to them, 2) believe it was anything other than a minor isolated incident, and 3) report it to the proper authorities." Read his advice here.

When she began complaining that the practice was short on cash, it concerned him. He'd been working hard and seeing more patients.

Editor Debra Beaulieu-Volk, editor at *Fierce Practice Management*, says "The ways to steal from a medical practice are as varied as the human imagination." Learn more.

The website *Power your Practice* offers some good advice such as dividing responsibilities. "Separate the tasks that can place you at risk: whenever possible, make sure two related, financially sensitive duties aren't performed by the same person. The staffer who collects all the co-pays shouldn't be the one who tallies the day's cash totals. Having coworkers review one another's work helps keep them honest," the article points out. Information here.

An article at the *American Medical Association* website points out, "No employee should be accused of a crime before proof has been collected, because doing so may damage workplace morale. Voicing suspicions before having a good handle on the situation might provide an opportunity for an embezzler to destroy evidence. " Learn more.

This *Texas Medical Association* article tells of an office manager working weekends and staying late. "He trusted the woman who'd run his office for 10 years. But when she began complaining that the solo practice was short on cash, it concerned him. He'd been working hard and seeing more patients. It didn't make sense that he'd have cash-flow problems." Read it here.

MGMA testifies, administrative simplification

By invitation, MGMA testified on critical administrative simplification issues before the National Committee for Vital and Health Statistics (NCVHS), a federal advisory body under the Department of Health and Human Services. NCVHS is currently exploring adoption rates, barriers, and opportunities to expand industry use of electronic standards.

Last month we asked you to fill in an online survey which was part of MGMA's research to gauge where the industry stands on prior authorization, insurance eligibility verification, claim submission, electronic payments, and other critical administrative transactions. Survey results were incorporated into MGMA's oral testimony. Key findings from the survey show:

1) 86% of respondents called the current prior authorization process "moderately, very or extremely burdensome;"
2) 41% stated that the "eligibility response returned by our health plans typically lacks all of the patient financial responsibility information we need;" and
3) 25% stated they "occasionally, frequently or always" submit a version 4010 claim format to their clearinghouse, which does not accommodate ICD-10 codes, required starting Oct. 1.

MGMA's recommendations to the agency included expanding enforcement actions on health plans that do not support the mandated electronic transactions, increasing provider education efforts, and exploring financial incentives for practices to adopt electronic transactions. See testimony slides here

Job opening at Terrebonne General

Medical Staff Manager

See details here

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CMS outlines ICD-10 Claim Submission Guidelines

In a MLN Matters article, the Centers for Medicare & Medicaid Services (CMS) offers claims processing guidance for implementing ICD-10 on Oct. 1, 2015.

For claims with dates of service prior to Oct. 1, 2015, practices are reminded to submit claims and other transactions with the appropriate ICD-9 diagnosis code.

For claims with dates of service on or after Oct. 1, 2015, these transactions are to be submitted with the appropriate ICD-10 code.

As with ICD-9 codes today, practices will still be required to report all characters of a valid ICD-10 code on claims.

CMS also states that ICD-10 diagnosis codes have different rules regarding specificity and providers are required to submit the most specific diagnosis codes based upon the information that is available at the time.

In addition, the article includes dates of service guidelines for institutional and supplier claims as well as special outpatient claims processing circumstances.

To assist practices with the ICD-10 transition, CMS has developed a five-step Quick Start resource.

Medicaid check write schedule July through December 2015

Your link for this schedule (downloadable) is here

Louisiana DHH delays
LaHIPP discontinuation to Dec. 1

Details here

Virtual credit cards and hidden fees

More health plans (insurance companies) are paying claims with virtual credit cards (VCC), but physicians might not be aware of hidden fees associated with this payment method. New policy passed at the 2015 American Medical Association's Annual Meeting helps shine light on ways physicians can get paid fairly.

If your practice accepts VCC payments, you may be losing a significant amount of your contractual payments to high interchange fees charged by the credit card company. These payments often offer health insurers significant financial rewards while sticking physicians with all the associated fees and extra work. MORE HERE

CMS to permit non-specific ICD-10 codes for one year

(Information courtesy MGMA)

The Centers for Medicare & Medicaid Services (CMS) has announced a set of new policies related to the Oct. 1, 2015 transition to ICD-10.

For the first year that ICD-10 is in place, Medicare claims will not be denied, and eligible professionals will not be penalized under PQRS, the value-based payment modifier or meaningful use based solely on the specificity of the diagnosis codes, as long as they are from the appropriate "family" of ICD-10 codes.

In addition, CMS will authorize advance payments to physicians should Medicare contractors be unable to process claims as a result of ICD-10 complications.

The Agency also announced plans to create a new communication center to monitor and resolve issues as quickly as possible, as well as an "ICD-10 Ombudsman" to assist providers.

In a separate announcement, CMS indicated that nationally it accepted 90% of claims from more than 1,200 submitters who participated in CMS' third round of ICD-10 "front end" (acknowledgement) testing.

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Questions? Contact MGMA-Louisiana Conference Coordinator Janna Pecquet, janna@lmgma.org