



# THE SCHMA TIMES

FLORENCE CHAPTER

JUNE '09—JULY '09

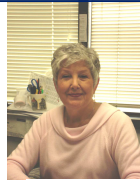
## 2009 SCHMA OFFICERS

MaryAnn Turner, President

Ellen Hearne, Vice President

Sonja Stamey, Secretary

Polly Price, Treasurer



## President's Message

I opened my fortune cookie and found: *"The best are not only the happiest, but the happiest are usually the best."*



How very profound and do we aspire to this? Do we work each day to be our very best in all that we do as we serve our patients and staff and physicians? Do we work to learn what new rules and regulations we need to embrace and put into action? Are we at least familiar with PQRI, E-RX, Red Flags, ICD-10, RAC?

We are fortunate to be in Health Care and in these challenging times we have the opportunity to learn what new legislation possibly may be coming to us by attending such great functions as the recent Insurance and Legislative Forum that was sponsored by our state SCHMA. The opportunity to hear from such excellent speakers and to network with managers from other offices helps us to be better prepared for the future.

I challenge you to be happy, enjoy the opportunity that you have to make a difference to someone today and be the best that you can be. Embrace the wisdom found in a fortune cookie.

MaryAnn Turner, President



Congratulations Chuck Kelly, Hope Hanna, Polly Price, Paul Provenzano, Mary Joy Cannon, Will Ginn, Debra Wolfe, Kristen Schuler, Laura Frazier and MaryAnn Turner for being the lucky winners of the April and May door prizes.

Door prizes were provided by Health Facilities Credit Union, Lab Corp. and the Florence Chapter of SCHMA.

*It pays to come to these meetings!*



Our chapter would like to thank Doug Hart for being such a dedicated member of our chapter. Doug not only sponsored our April lunch he also got there early and help set up the room for our meeting. Dr. Amanda Coleburn did an outstanding job informing us about Clinical Trials and the members got involved and had many questions for her.

Another special thanks goes to our May speaker David Green, Risk Management Consultant. Mr. Green shared with us the importance of securing identities. A special thank you goes to Lab Corp. for providing us with lunch at our May meeting.

A BIG THANKS goes out to all these listed above!!!



# MEMBER'S SPOTLIGHT

## MEET YOUR EDITOR....

As many of your already know, my name is Leslie Alban and I am responsible for the newsletter and the website for the Florence Chapter. I have been involved with the chapter for the past 3 years and I have loved every moment of it.

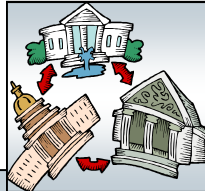
I am married to Jody and we have 2 sons, Ethan (8) and Evan (4) and they are the reason we smile all of the time. We have lived in Florence all of our lives and we will be here until we hit the lottery and move to some tropical island!



My healthcare career began in 1989 when I was hired at Carolina Health Care as a part-time employee, I was only 16 and still in high school. As soon as the school bell rang I was on my way to work and I am now working on my 20th year at Carolina Health Care.

My hobbies include "driving" motorcycles, playing with my children and traveling anywhere! I love to go, go, go!

I love being on the Florence Chapter Board and being a part of an awesome chapter!



## Your Legislative Report by Sharon Poston

The Insurance and Legislative forum was a huge success! We had over 100 attendees including physicians. Topics discussed included Medicare Advantage Plans, AMA plans to aid practices, and what our SC Dept. of Insurance may be able to do to help. Kimberly Hoover, National Legislative Liaison and Chair of the Insurance and Legislative Committee for SC, will meet with the Assistant Director of the DOI in the near future to discuss issues we have with the DOI.

The panel discussion was lively and informative. We had Dr. Kris Crawford, House of Representatives, Anton Gunn, House of Representatives, Dr. Oscar Lovelace (he ran for Governor of SC in 2006), Emma Fortner, SC Director of DHHS, Lisa Goldstein, MGMA lobbyist in DC, and Mona Reimers, CPC, from Indiana who spoke to Congress last year regarding the DISadvantages of Medicare Advantage plans.

The Congressmen asked that we contact our representatives right away and ask them to push the cigarette tax bill on through.

## WATCH OUT! HERE COMES THE HEAT

**On May 20, 2009, Attorney General Eric Holder and Department of Health and Human Services (HHS) Secretary Kathleen Sebelius announced a new inter-agency effort to combat Medicare fraud and scare the heck out of everyone.**

**The new inter-agency charter will include the development of the Health Care Fraud Prevention and Enforcement Action Team (HEAT). According to the HHS press release, Attorney General Holder and Secretary Sebelius also announced the expansion of Medicare Strike Force team operations to Detroit (if it still exists then), Michigan and Houston, Texas.**

Reportedly, the HEAT will include senior officials from the Department of Justice (DOJ) and HHS who will **add to and strengthen existing programs to combat fraud**, while investing new resources and technology to prevent fraud, waste and abuse before it happens (so do not even think about it). In the HHS press release, HHS reports that efforts will include the expansion of joint DOJ-HHS Medicare Fraud "Strike Force" teams.

**The HEAT will also reportedly focus critical resources on preventing fraud from occurring in the first place.** The team will build on demonstration projects by the HHS Inspector General and the Centers for Medicare & Medicaid Services (CMS) that focus on suppliers of durable medical equipment (DME) (remember those wheelchair and diabetic supply ads?). These projects increase site visits to potential suppliers to "prevent imposters from posing as legitimate DME providers".

Other initiatives include:

- **Increasing training for providers on Medicare compliance**, offering providers the resources and the knowledge they need to help identify and prevent fraud. How about writing regulations we can understand for starters?
- **Improving data sharing between CMS and law enforcement** so they can identify patterns that lead to fraud.
- **Strengthening program integrity activities to monitor and ensure Medicare Parts C (Medicare Advantage plans) and D (prescription drug programs) compliance and enforcement.** Now those MAs are folks that need to be monitored!

**The Attorney General and the HHS Secretary also called on the American people to visit a new Web site or call 1-800-HHS-TIPS (1-800-447-8477) to blow the whistle on their caregivers.**

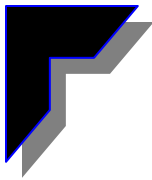
*"The American people are some of our best weapons in the fight against Medicare fraud," added Sebelius. "Fraud is happening in communities across the country right now and we need the American people to blow the whistle on thieves and criminals who are stealing from all of us." That ought to improve the physician-patient bond!?"*



## UPCOMING SPEAKERS

June speaker will be Diane Paschal, SCHA—"RAC".

July speaker will be Jim Canup, Director of McLeod EAP—Conflict Mgmt Styles & Challenges



## Mark Your Calendars

- ◆ June 10, 2009—12:00pm—1:30pm Monthly Meeting
- ◆ July 8, 2009—12:00pm—1:00pm Monthly Meeting
- ◆ August 12, 2009—12:00pm—1:00pm Monthly Meeting
- ◆ September 9, 2009—12:00pm—1:00pm Monthly Meeting
- ◆ September 2-4, 2009—Annual SCHMA Conference, Hilton Convention Center, Myrtle Beach, SC
- ◆ October 11-14, 2009—MGMA Annual Conference in Denver, Colorado
- ◆ October 14, 2009—12:00pm—1:00pm Monthly Meeting
- ◆ November 11, 2009—12:00pm—1:00pm Monthly Meeting
- ◆ December 9, 2009—12:00pm—1:00pm Holiday Reception

*\*See our Website for detailed information.\**



*MaryAnn Turner presenting David Green with a Certificate of Appreciation. Mr. Green spoke to our chapter on the importance of Red Flags.*

## MANAGEMENT TIP OF THE MONTH

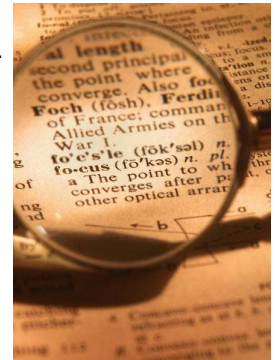
*"What Matters"*

*by Ellen Hearne, Membership Co-Chairman*

I have the following quote on my erase board in my office; "things that matter most must never be at the mercy of things which matter least". Goethe said that. This quote helps keep me focused at those times when my priorities become blurred.

No doubt, as leaders, we have many priorities. Whether it is increasing revenue, decreasing expenses, recruiting & training new staff, developing existing staff, negotiating contracts, managing A/R and on and on. Sometimes it's helpful to step back, take a moment & remember what matters most.

This summer I challenge you to take a step back, redefine what matters most to your operation and then shift your focus on that. A little clarity goes a long way.



## *CODING CORNER*

### *NINE THINGS TO KNOW ABOUT RAC*

*By Diana Gardner, CPC, CMPE*

Following a two-year demonstration project in four states, Medicare's Recovery Audit Contractor (RAC) program is going nationwide in 2009. They are rolling out the expansion of the program a few states at a time starting in March. The RACs have used the demonstration period to refine their processes and are expected to have a much faster ramp-up in the remaining forty-six states. Here are nine important points to know:

1. If you bill Medicare, you can be audited.
2. RACs are paid on a contingency basis. They are more likely to look at high-dollar services and aberrant patterns of billing. The RACs will not review every claim, as Medicare receives 1.2 billion claims per year (a mere 9,579 claims per minute). Outliers, be it in dollars or coding patterns, are at greatest risk for audit.
3. RACs seem to be more attuned to finding overpayments than underpayments. During the demonstration project, 96.3 percent of overpayment/underpayment dollars identified by RACs resulted in overpayments in which the RACs requested that providers return money. The remaining 3.7 percent resulted in underpayments in which the RACs asked Medicare to send providers extra money. Put another way, your friendly neighborhood RAC is about 26 times as likely to ask you to repay money as it is to send you a check for underbilling your services.
4. Don't bill Medicare until a service has been documented; this includes your dictation.
5. Don't rush your response to a RAC request. You have 45 calendar days to respond. Use that time to review your coding/documentation.
6. Do not delegate RAC responses to just anyone in the office. This cannot be overemphasized.
7. *You can (and should) appeal RAC decisions if you feel their decision was incorrect*; 14 percent of overpayment decisions during the demonstration were appealed, a full one-third of these appeals were successful. By comparison, only 4 percent of Medicare denials are ever appealed even though 59 percent of the time these appeals are successful. Do not accept all Medicare denials and RAC overpayment decisions at their face value.
8. *At times, a proper RAC decision can (and should) be rebilled to Medicare*. For example, your RAC may find you were paid in error for an echocardiogram because it was done in the office but billed as if it were done in an inpatient setting. Rebill the service using the correct site of service code, and (if the statute of limitations for timely filing has not passed) you can get paid.
9. The number of records a RAC can request from a practice is determined by how the practice bills Medicare, as RACs request records *per billing NPI*. If you are billing Medicare under a group NPI, the number of records a RAC may request is less than if each physician bills Medicare under his own NPI. The following limitations apply:
  - a. Solo practitioners — 10 records per 45-day period
  - b. 2-5 provider practices — 20 records per billing NPI per 45-day period
  - c. 6-15 provider practices — 30 records per billing NPI per 45-day period
  - d. 16 or more provider practices — 50 records per billing NPI per 45-day period

We don't yet know the full impact of RACs on the physician community, as our exposure to RACs during the demonstration was limited. While only 2 percent of the overpayments were attributable to physicians, the demonstration did not include determinations according to E&M code selection. Unfortunately, the new guidelines permit RACs to review your E&M coding and documentation to identify potential overpayments/underpayments.

No doubt, RACs will present another administrative burden to our practices. But don't be overwhelmed. Continue to make sure that you and your practice are consistently solid in your documentation, coding, and billing processes; appeal RAC decisions that you feel are incorrect; and do not let this latest incursion affect what you do best — care for your patients.