

ALERT



>>>>>> A MONTHLY UPDATE FOR FRIENDS AND CLIENTS OF DOCTORS ACCESS

DECEMBER 2008

PQRI UPDATE

Q: Is registration required to participate in the Physician quality Reporting Initiative (PQRI)?

A: No. An eligible professional does not need to complete a registration process with CMS in order to submit Physician Quality Reporting Initiative (PQRI) quality data via claims or registry participation.

To participate in the Physician Quality Reporting Initiative (PQRI), a physician or other eligible professional (EP) should begin by reviewing the detailed PQRI Quality Measure Specifications and related informational materials available on the CMS PQRI website: <http://www.cms.hhs.gov/PQRI> <<http://webmail.doctorsaccess.com/exchweb/bin/redirect.asp?URL=http://www.cms.hhs.gov/PQRI>> EPs should select measures applicable to their patient panels and the professional services furnished to their patients. The EP should then report the selected measures by submitting the specified quality-data codes on claims for services paid under the Medicare Physician Fee Schedule (PFS) and provided during the reporting period.

Q: Do I receive feedback reports?

A: Yes. A security official representing the organization (Taxpayer Identification Number or TIN) must register for an Individual's Authorized Access to CMS Computer Services (IACS) account to access available PQRI feedback reports.

Reference: <http://www.cms.hhs.gov/pqri> <<http://www.cms.hhs.gov/pqri>>

Also remember to refer to our online PQRI reference materials located on our support site, under the ALERTS/SUPPORT NEWS section at:

http://www.doctorsaccess.com/help/help_support-archive.html

CEDI PARTICIPANTS

National Government Services, Common Electronic Data Interchange (CEDI) will be making report changes starting January 9th. They will be shutting their system down for the switchover January 9th at 3:00pm-January 11th at 6:00pm.

Expect delays the following week depending on how many files are on hold during the conversion period for the switch over. During this time, no one will be able to connect to CEDI to send or pick up reports.

CEDI/DME MAC reports will be easier to read and combine some of the older reports into what they are now calling the "GEN RPT" which will list each batch and its totals with the \$ amount showing any listed rejections.

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DOCTORS ACCESS HOLIDAY SUPPORT HOURS

Doctors Access online **LIVE SUPPORT** will be **closed** the following days:

- **Wednesday, December 24th Closing @ Noon (Central)**
- **Thursday, December 25th Closed**
- **Friday, December 26th Closed**
- **Wednesday, December 31st Closing @ Noon (Central)**
- **Thursday, January 1, 2009 Closed**

Please refer to our FAQ section, Alerts/Support News, as well as, our new online manual and module reference cards for answers to your most frequently asked questions and support issues. Everything you need can be found at:

<http://www.doctorsaccess.com/help>

MSP UPDATE!!!

Doctors Access is continuing to conduct MSP training classes. For those of you submitting your TN based Medicare Secondary Claims via paper, you must sign up for one of our scheduled MSP training classes to learn how to transmit your Medicare Secondary claims electronically. To activate the MSP module, a one-time fee of \$200 will be incurred per office for implementation and online training.

The next MSP training class is:

- **JANUARY 14th, 2008 from 12:30 p.m. – 1:30 p.m (Central)**

To register for the class, please send an email request to info@doctorsaccess.com. An email response will be sent back to you, which will provide you with the direct web link, login credentials, call-in telephone number and time information for the class. After you have registered for the class please be sure that you log onto our LIVE SUPPORT site at

www.doctorsaccess.com/help and contact a LIVE DA REP **to ensure that your system is configured ahead of time for the MSP module.** You must be running DA version 22.320 or higher to have the MSP module configured. From the CIGNA EDI Connection service: **Effective November 30, 2008,** Medicare will no longer accept claims with incorrect MSP Types. If the type on the claim does not match the type for the beneficiary being billed in Segment SBR05, **Medicare will deny the claim as insufficient documentation and no appeal rights will be granted.**

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MSP claims can be more complex and CIGNA has developed several training courses to assist you in understanding how to file a MSP claim, as well as give you a better understanding of the MSP process. The below resources can be very valuable to you in determining the above types along with basic MSP claim information:

Medicare 101: <http://www.cignagovernmentservices.com>

MSP Manual: <http://www.cms.hhs.gov/manuals>

DUPLICATE MEDICAL CLAIMS?

When a medical claim is denied as a “duplicate” it means they have processed a claim for this specific medical service previously. It could mean one of the following:

- The claim was previously paid to the provider filing this claim
- The claim was denied for a specific reason and the claim was re-filed with the same error
- Payment was made to another provider for this service
- Possibly the first claim filed was for only the professional or technical portion of the claim and was paid globally

When a medical claim is denied as a duplicate, it indicates that claim denial management is not working. The claim has to be reviewed in more than one way to determine the next course of action. First, you need to look at the original EOB you received, **if you did receive an EOB**. This should tell you why the claim was denied. It may not be specific but it will give you a direction to work from. Review the claim with the EOB Denial. If the answer isn't clear, then the next course of action is to call the insurance company or payer of the claim. To speak with a payer representative is time consuming, but often this is the main route to determining the problem and making a collection.

MEDICAL BILLING SERVICES

- Is your accounts receivable scaring you?
- Are your incoming insurance payments decreasing?
- Do you not have enough time to follow-up on submitting claims?
- Is timely filing becoming an issue?
- Did you lose a billing clerk?
- Is your billing clerk going on a temporary leave?

We can help you!

Email us at info@doctorsaccess.com

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Receivables Turnover Ratio



What Does *Receivables Turnover Ratio* Mean?

An accounting measure used to quantify a firm's effectiveness in extending credit as well as collecting debts. The receivables turnover ratio is an activity ratio, measuring how efficiently a firm uses its assets.

Formula:

$$\text{Accounts Receivable Turnover} = \frac{\text{Net Credit Sales}}{\text{Average Accounts Receivable}}$$

Investopedia explains *Receivables Turnover Ratio*...

By maintaining accounts receivable, firms are indirectly extending interest-free loans to their clients.

A high ratio implies either that a company operates on a cash basis or that its extension of credit and collection of accounts receivable is efficient. (good)

A low ratio implies the company should re-assess its credit policies in order to ensure the timely collection of imparted credit that is not earning interest for the firm. (Accounts Receivable collection not so good)

So High is good.

Low is bad.

Monitor your receivables using our Dr.'s Dashboard Report. Visit Live Support and ask a Support Representative to activate the report for you. Need more help managing your receivables? Talk to us about our Medical Billing Services.

HAVE A HAPPY HOLIDAY SEASON!