

ALERT



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



April 2010

TENNESSEE MEDICAL ASSOCIATION MedTenn 2010 Conference

Doctors Access is a proud sponsor of the TMA and we look forward to seeing you at MedTenn 2010 in Nashville at the Airport Marriott April 9-11.



The Tennessee Medical Association is a professional organization for doctors created to enhance the effectiveness of physicians throughout the state to protect the health interests of patients.

Tennessee Medicare Part B Top 5 EDI Reasons for Claim Rejections for March 2010

Audit trails show which of your claims were accepted by the Cahaba GBA Part B processing system, along with claims that were rejected and the reason for the rejection. Referring to this report will allow you to correct and resubmit claims quickly, resulting in a dramatically reduced turnaround time. You will also become aware of any major problems with your claims so they can be corrected before they create an interruption in your cash flow. Audit trail reports are available the next business day for files that are received before 3:30 p.m. Central Time.

In order to increase the number of claims that successfully pass through audit trails and into processing Cahaba GBA Part B EDI Services has provided the top five reasons for claim rejections. For the month of **March 2010** these are:

1. 434- PROC CODE REQUIRES REFERRING NPI- 6,747 claims

Procedure code billed was for a diagnostic procedure such as an x-ray or lab work that requires the NPI of the ordering physician, or a consultation, which requires the NPI of the referring physician, and this was not submitted on the claim.

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2. 421- DIAG CODE (XXXXX) INVALID FOR DATE SVC- 4,422 claims

The diagnosis code submitted was not valid on the date of service billed.

3. 888- INSTREAM REJECTION- 4,083 claims

There was a problem involving HIPAA required loops, segments, or values. The specific loop will be identified, for example, 'ELEMENT N401 (D.E. 19) AT COL. 4 IS MISSING, THOUGH MARKED "MUST BE USED" (LOOP:2010BA POS:3140)'. The number after 'POS' indicates the position in the file where the error occurred. If you need help locating specific positions in your 4010A1 file here is an article explaining one way you may do this:

http://www.cahabagba.com/part_b/edi/hipaa_identifying_your_errors.htm

4. 207- INVALID HIC NUMBER SUFFIX- 2,858 claims

The suffix in the beneficiary's Medicare number was not valid. For an explanation of HIC numbers and their suffixes please visit

http://www.cahabagba.com/part_b/education_and_outreach/newsletters/2009/2009_01.pdf and go to page 9.

5. 302- INVALID BILLING (NO CHARGES BILLED)- 2,209 claims

Claim did not contain any billed amounts.

If you are having trouble with audit trails and need more assistance, please log-in to Live Support to schedule training or attend one of our free online Webinars. Please visit our website www.doctorsaccess.com and click this button to see a list of upcoming topics.



Maximizing Return on Accounts Receivable

If the focus of your attention to increase your practice's bottom line is cost cutting, cost cutting and more cost cutting, you most likely are leaving money on the table that would be available for increased physician compensation and don't even know it.

As investors, physicians are always looking to maximize returns. However, most medical practices spend so much of their efforts watching costs and managing the day-to-day operations of the business they tend to ignore the biggest asset they have: accounts receivable. Practices bill and collect, but do they really study the process to insure every dollar is collected as quickly as possible?

One of the problems facing most practices is that they are heavily staffed in the clinical area because that is where management, usually the physicians, has the

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greatest comfort level and understands the value the staff provides. When it comes to the billing staff, there are a lot of uncertainties and the services are not as valued because management does not always have a good understanding of the process. Obviously, this is not always true, but is more likely to happen in a small practice. The following paragraphs will help management set up a program to manage accounts receivable and gain a better understanding of that process.

Billing staff should be calculating various statistics each month and summarizing them into a brief report for management's review. In addition, all practices should be using reports (**which are built into your Doctors Access software**) to analytically review accounts receivable each month by payor and by physician. The key is not always the percentages themselves but the change in percentages month to month that is important.

By calculating and monitoring a few base line statistics, a practice may be able to increase cash collections and collect receivables faster. Increased collections results in increased physician compensation. The longer receivables go uncollected the greater the chance they won't be collected. Faster collections can also result in increased collections, in addition to better cash flow. Collecting and monitoring a few base line statistics can help catch problems as soon as possible or before they become even greater problems. The faster a practice can correct its billing problems the greater chance it has of collecting its receivables. Statistics can also help management evaluate insurance contracts and physicians' payor mix. It's all about properly managing accounts receivable!



Register to attend our **FREE** Webinar "How to Decrease A/R thru Reporting" April 20 by visiting our website www.doctorsaccess.com and clicking on the registration button.

Errors and Omissions Insurance Coverage

If you outsource your medical billing, insist that the billing company provide you with a current copy of their certificate of coverage. If your billing company does not have coverage – then the **physician/practice is liable** for errors and omissions. Doctors Access maintains current coverage so that our billing clients are protected. This insurance is expensive and many small billing companies don't provide coverage for their clients. If we can help you with your billing, we have you covered. For more information regarding our billing services please visit <http://www.doctorsaccess.com/medical-billing-services.html>

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Telephonic Appointment Reminder Module

Did you know that your Doctors Access software can be activated to automatically call patients to remind them of their appointments via our



CallPointe interface? **Sign-up with CallPointe between now and the end of May 2010 and the \$295 Implementation fee will be waived!** This a great opportunity to see how the CallPointe service can help decrease no-shows while freeing up time for your office staff!!!

Reasons to use CallPointe:

- Everything is automatic. It just simply works everyday and you will see the results when your waiting room is full. With CallPointe there is no need to maintain designated phone lines, hardware or software.
- CallPointe will automatically extract the patient information from your Doctors Access practice management software so that you or your staff will never have to send a file.
- CallPointe offers much more than just appointment reminders and No Show calls: patient recalls, physician appointment cancellation requests, inclement weather, disease management and collection calls are just a few more services that are offered.
- Messages can be delivered and confirmed by telephone, email, text messaging and TTY for hearing impaired patients and multiple language delivery.
- No long term contracts! You will receive all of CallPointe's benefits without the need to be locked into a multi-year agreement.
- Multiple custom messages for your practice. CallPointe will create multiple messages for you providing unique messages for different appointment type, location, and provider.
- CallPointe offers a touch prompt system allowing your patients to confirm their appointments and report back to you the results of the call.
- Human voice recorded messages! CallPointe delivers your messages in the same human recorded voice, no computer generated voices to confuse your patients.
- Callpointe utilizes state-of-the-art digital technology to deliver your messages. This cutting edge network technology will ensure that CallPointe will deliver the appropriate message whether the phone is answered by a person or answering machine.
- **30 day risk-free trial!** If you are not completely satisfied with the service you can cancel and you will owe CallPointe nothing!

For more information regarding this special offer. Please contact Jim Gaskins with CallPointe at 866-655-7302 or jim.gaskins@callpointe.com

