

SUPERHERO EDITION



WINGS OF CHANGE: PREPARING FOR EMR

Thinking of investing in an EMR for your office? NextGen's EMR has been consistently ranked with prestigious, top awards from the AC Group, TEPR, MS HUG and KLAS. In addition, NextGen EPM and EMR are seamlessly integrated, sharing a single database, which means a single log-in, consolidated reporting, and faster, easier system maintenance.

But aside from making a selection about which EMR to choose, there are other steps you should be taking now to prepare.

- Have clear direction and support from senior management
- Set realistic expectations
- Get physician champions involved in the process
- Create an appropriate project infrastructure
- Select an EMR that can be customized
- Demonstrate value
- Be sensitive and prepared for change
- Allow adequate time for training
- Pre-load a lot of information into the system

Realize this is just the beginning....

NEXTGEN VIRTUAL OFFICE

ON-LINE EMR DEMO!

WWW.NEXTGEN.COM

Matrix is prepared to help you develop your goals and objectives for a successful EMR implementation and will be happy to set up a time to share with you the benefits of using the NextGen EMR system.

- Provide information sys-

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MR. FREEZE GOES TO WASHINGTON OR MEDICARE FREEZES PHYSICIAN RATES AT 2005 LEVEL

As expected, on Weds Feb 1, the House passed the Deficit Reduction Act of 2005 which will reverse the Medicare cuts for Part B payments. It will now go to the President for signature. CMS has not given any further guidance on how quickly they will be able to respond or change reimbursement.

Healthcare related highlights of a \$39 billion, five-year deficit reduction bill that the House passed by a vote of 216-214: Medicare: Saves a net \$6.4

billion from the health care program for the elderly. Saves \$6.5 billion by increasing Medicare payments to insurers that cover sicker patients and lowering payments to those covering healthier patients. Accelerates premium increases for better-off Medicare patients for doctor visits, and increases such premiums for all Medicare beneficiaries by about \$2.30 a month in 2007. Saves \$2.8 billion by reducing payments for imaging services, and saves \$2

billion by freezing payments to home health care providers. **Provides \$7 billion for doctor's fees to avoid a 4.4 percent cut otherwise taking effect Jan. 1. Medicaid:** Saves \$4.8 billion from the health care program for the poor and disabled by reducing payments for prescription drugs, tightening asset-transfer rules for nursing home eligibility, permitting states to reduce benefits and increasing co-payments paid by beneficiaries.

NEWSLETTER STAFF!

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NPI

**DEADLINE:
MAY 23, 2007**



Matrix is dedicated to maintaining your data in full HIPAA compliance.

***SUPERMAN XXXVIII:
YOUR PROVIDERS ARE NUMBERED!!!***

Dates

- May 23, 2005: Health care providers started applying for an NPI.
- May 23, 2007: By this date, all health care providers who utilize HIPAA standard electronic transactions *must* have an NPI. Healthcare providers who do not utilize HIPAA standard electronic transactions *may* obtain an NPI.
- May 23, 2007: By this date, most health plans and payers must have the capability to use the NPI to identify healthcare providers in standard electronic transactions. (Small health plans have an additional year to comply.)

As of May 2007, an NPI will

- replace all health plan assigned provider identifiers previously used by healthcare providers (for example, UPIN, Medicare/Medicaid

numbers, etc.).

- establish a national standard and unique identifier for all healthcare providers.
- simplify the administration of the healthcare system and encourage the electronic transmission of healthcare information.

As of May 2007, an NPI will not

- replace the tax identification number (TIN), which is an IRS requirement.
- convey information about the provider (for example, provider type, service location, etc.).
- guarantee reimbursement by health plans.
- enroll providers in health plans.

Practices need to plan carefully before obtaining NPIs

- conduct a NPI needs assessment to identify the appropriate individuals and organizational subparts to assign a NPI

- create a cross-walk that links the old legacy identifiers to the new NPI
- ensure that internal systems are capable of handling needed changes
- coordinate the transition to the NPI with other providers, payers and clearinghouses (including Matrix)

NPI Enumerator Contact Information

- by phone: 1-800-465-3203 (NPI Toll-Free) 1-800-692-2326 (NPI TTY)
- by e-mail at: Customersevice @npienumerator.com
- by mail at: NPI Enumerator PO Box 6059 Fargo, ND 58108-6059
- web address <https://nppes.cms.hhs.gov>
- for more info contact Tom at Matrix ttaylor@matrixmso.com or 330 899 1275 x230
- seminars

“I’m not normally a praying man, but if your up there, please save me Superman.”

Homer Simpson



MATRIX EXTENDS A SUPERHERO WELCOME TO OUR NEW CLIENTS: INMAN FAMILY HEALTH AND WELLNESS LOCATED IN CARROLLTON, OH AND PORTAGE REGIONAL GASTROENTEROLOGY IN RAVENNA, OH!!!!

NEW NURSING HOME BAT-CODES FOR 2006

Just when we have the nursing home codes figured out, the AMA and CPT decide to update them. The changes are made to address the problems created by the current coding structure. There will now be three levels of service for admissions, which is consistent with the structure of the three levels of service for admission in the Initial Hospital Care section.



The new Nursing home codes now include 3 **Initial Nursing Facility Care**. These include:

99304 – Initial nursing facility care, per day ... which require these 3 key components

- ◆ Detailed or comprehensive history
- ◆ Detailed or comprehensive exam
- ◆ Straightforward or low complexity medical decision making

Usually the problem(s) requiring admission are of low severity

99305 - Initial nursing facility care, per day ... which require these 3 key components

- ◆ Comprehensive history
- ◆ Comprehensive exam
- ◆ Medical decision making moderate complexity

Usually the problem(s) requiring admission are of moderate severity.

99306 - Initial nursing facility care, per day ... which require these 3 key components

- ◆ Comprehensive history
- ◆ Comprehensive exam
- ◆ Medical decision making high complexity

Usually, the problem(s) requiring admission are of high complexity.

These codes replace the old Comprehensive Nursing Facility Assessment codes, 99301-99303. These codes do NOT have times associated with them; therefore, documentation must include the 3 key components listed for each.

The new **Subsequent Nursing Facility Care** codes will be expanded to 4 levels to include the reporting of a comprehensive level of service. The old, three code system only allowed for the highest level of reporting to be a detailed history and a detailed examination, which is inconsistent with current clinical practice. The physician is required to document the patient's status, including any diagnostic studies, changes in history, physical condition, and reviewing the medical record, since the last assessment.



99307 – Subsequent nursing facility care, per day ... which require 2 of these 3 key components

- ◆ Problem focused history
- ◆ Problem focused exam
- ◆ Straightforward medical decision making

Usually, the patient is stable, recovering or improving

99308 – Subsequent nursing facility care, per day ... which require 2 of these 3 key components

- ◆ Expanded Problem focused history
- ◆ Expanded Problem focused exam
- ◆ Low complexity medical decision making

Usually, the patient is responding inadequately to therapy or has developed a minor

complication.
99309 – Subsequent nursing facility care, per day ... which require 2 of these 3 key components

- ◆ Detailed history
- ◆ Detailed exam
- ◆ Moderate complexity medical decision making

Usually, the patient has developed a significant complication or significant new problem.

99310 – Subsequent nursing facility care, per day ... which require 2 of these 3 key components

- ◆ Comprehensive history
- ◆ Comprehensive exam
- ◆ High complexity medical decision making

The patient may be unstable or may have developed a significant new problem requiring immediate physician attention. These codes replace the old Subsequent Nursing Facility Care codes, 99311-99313. These codes do NOT have times associated with them; therefore, documentation must include 2 of the 3 key components listed for each.

Be sure to review fee tickets and update as necessary. If you have any questions, please contact David Soulsby, CCS-P at 330.899.1275 Ext 225.



Be sure to tune in next time. Same **BAT** time, same **BAT** channel and review the exciting new Hydration and Therapeutic, Prophylactic and Diagnostic Injections and Infusions; and how **not** to get stuck.

CODING BAT-CAVE



“If Superman is so smart, how come he wears his underpants on the outside?”

Lex Luthor



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Process Makes Perfect



Medicare to Eliminate Surrogate UPINs (OTH000)

Currently, physician and non-physician practitioners are allowed to bill using Surrogate Unique Physician Identification Numbers (UPIN). Effective for dates of service April, 1 2006, and later, CMS will no longer accept the Surrogate UPIN OTH000 on any submitted claims. Last year a Program Safeguard contractor identified over ten million claims submitted using the surrogate UPIN. In many of these cases, a valid UPIN was available. Surrogate UPINs were in-

tended to be used during an interim period when a UPIN has been requested but not yet received. This requirement applies to both the ordering and referring UPIN.

In response to the CMS requirement, Matrix has purchased a national UPIN data base. This database will be used to replace all Surrogate UPINs with the appropriate Medicare issued numbers. While the update is currently being designed and tested, the actual update will occur well in advance of the CMS deadline.



If you have any questions regarding the CMS requirement or the UPIN update Matrix will be performing, please call Deanna Ward at 330-899-1275 ext. 290 or email at dward@matrixmso.com.



Support Desk hours of operation:

Monday—Friday: 8 am – 5 pm

After Hours Support is available 7 days a week, 24 hours a day. If you are in need of emergency support outside of normal Support Desk hours, call the Bat-Pager at:

(330) 920-0734

Our technician should return your page within 15 minutes.

For support during normal super hero hours, call:

330-899-1275 ext. 290 or

1-888-923-7028