



# WCH TIMES

Spring 2007

Volume 02

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## DEAR DOCTORS & OFFICE MANAGERS,



I hope that you found previous newsletter interesting and useful for your medical practice. WCH is continuing our effort to educate and prepare you for the future upcoming changes and updates taking place in the healthcare industry. We decided to put on hold the release of this newsletter till the mid April 2007, because we had realized that there are important changes taken place that need to be addressed after they have been finalized by the insurance companies. We had release several letters advising you of the upcoming change, this newsletter covers many issues discuss in the letters. In the future WCH newsletter will be released every two months.

In the last issue we had discussed WCH history, accomplishments and future goals. In this newsletter, I would like discuss WCH billing processes and routine work performed by our personal for your office. The purpose of this so called introduction is to answer one of the important questions we are being asked by you: What WCH does for your practice?

WCH goal is to increase your income and improve cash flow by providing excellent and efficient billing service. We ensure that your billing performed in compliance with all state laws and government regulations. Each claim is processed by our skilled medical biller, who makes sure that the bills conform to the Medicare CMS and a particular insurance guidelines. I want to assure you that all claims that were unjustly denied by insurance carrier are reprocessed or followed up by an appeal. We make sure that services rendered by you are fully compensated by payer. This process is performed on primary and secondary claims. Therefore, we teamed up our efforts with a lawyers firm The Law Office of Norman Langer and Superintendent of State Insurance Departments of New York to obtain maximizes reimbursement possible. And that is just a small part WCH does for your practice.

I also would like to inform our clients, that WCH has hired new staff and once again resume the department division of account representative and billers. The decision to hire new staff was based on the increase amount of work and in effort to keep providing high quality services. The new staff was hired approximately three months ago, they underwent sufficient training and we feel that they are capable to handle your account. Some of you had already received emails and faxes from our new employees. I would like briefly introduce our new staff and provide you with general account work they will perform on the accounts. Oksana Pokoyeva is a supervisor of all account work. She monitors all processes performed by new representative: Olga Lobizova, Elizaveta Bannova and Aleksandra Yuguy. Marina Bakina remains the primary supervisor of the billing and collection department in WCH. We are right now in process of adding new telephone lines to accommodate your calls, in the meantime please continue using your email and existing phone numbers for communications.

If you have any questions or comments, please do not hesitate to contact me at WCH.

Thank you for taking time out to read this newsletter.

Sincerely,

Olga Khabinskay,

Manager

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**We invite you to join  
 our WCH Community  
 Visit our website  
[www.wchsb.com](http://www.wchsb.com)  
 to learn more.**

**WCH NEWS****WCH PMBOS new rate**

Please be advised that beginning June 1, 2007 WCH will be charging monthly fee of \$50.00 for weekly information uploads and updates to all clients that are using WCH PMBOS application in their office.

**We now accepted credit card**

WCH now offers more flexibility with paying our invoices. We now gladly accept Visa and Master Card. For more information please contact WCH.

**MEDICARE NEWS****Empire Medicare changes their name**

Empire Medicare that covers Kings, Bronx, Suffix, Nassau, and Manhattan areas has changes its name to National Government Services. You might already receiving new correspondence by mail with new name and logo. For more information please visit [www.empiremedicare.com](http://www.empiremedicare.com)

**Medicare coverage of Ultrasound Screening**

Effective after DOS 01/01/07 Medicare will pay for one time ultrasound screening for AAA beneficiaries who are at risk (has a family history of AAA or is a man age 65 to 75 who has smoked at least 100 cigarettes in his lifetime). Eligible beneficiaries must receive a referral for the screening as a result of their initial preventive physical examination. Part B deductible doesn't apply for this procedure.

**NPI - GET IT NOW!**

Over 2 million NPI's have been issued so far, do you have NPI number for your practice? After compliance date May 23<sup>rd</sup> 2007, all submitted claims for your services must have NPI number. Without the NPI, claims may be adversely affected, with payment delayed or possibly even denial. WCH will return all superbills if we do not receive your NPI by May 1<sup>st</sup> 2007. Please be advised that NPI also will replace the UPIN use. Moreover, WCH is modifying the superbill with new additional field to reflect new changes. In order for WCH to be compliant with submission of NPI on your claims, we must have the following information:

- Your NPI
- Referring Provider NPI, Tax Id

**NPI of Ordering Provider**

All of the above numbers must be shared among the healthcare community. This impacts all Medicare participating or non-participating providers, CMS requires that providers and suppliers obtain their NPI before the compliance date. If they don't any request for

update of provide information will be rejected by the enrollment department. Furthermore, new providers enrolling into Medicare must obtain NPI prior to enrollment. Medicare has already begun on October 1<sup>st</sup> 2006 to accept NPI on their claims. CMS is in process of building a website similar to UPIN registry to provide access of all NPI numbers to the public.

**What is NPI?**

National Provider Identification, NPI - is a unique 10-digit numeric identifier assigned to health care providers and medical organizations. NPI will replace health care provider numbers which include (UPIN, PIN, and National Supplier Clearing House). The NPI numbers will not change and will remain with the provider regardless of job or location changes.

**Who must apply?**

All healthcare providers that render healthcare services, and medical groups, organizations and sole proprietor using their Tax Id or/and SSN must apply for the NPI.

**Who cannot apply?**

Entity that does not meet the definition of a "healthcare providers", which would include WCH, clearinghouses and non-emergency transportation services.

**Who will report your NPI to insurance company?**

WCH will report NPI to insurance only for those providers that obtained their NPI through our services, for the remaining doctors we recommend contacting each insurance company. We are not able to report doctors NPI that did not attain the service through WCH because we are not listed in your file as a contact person.

Don't miss out on upcoming Medicare provider training seminar, designated to help your practice grow and understand Medicare requirements.

For more information about scheduled training seminars, please visit [www.empiremedicare.com](http://www.empiremedicare.com)

Source of information can be found on <http://www.cms.hhs.gov/NationalProviderStand/>

## CODING ERRORS

Documentation no longer hold first place for claims rejection, according to the latest results of the Comprehension Error Rate Testing (CERT) program of the CMS. A common error involved overcoding or undercoding E&M codes by one level on a scale of five code levels. CMS has developed the CERT program to calculate error, through out a random selection of claims from healthcare providers across the country. The CERT requests an average of 200 or more claims each month from the provider addresses listed in the system, and then the contractor requests the records for review. When and if the Comprehension Error Rate Testing letter arrives, respond with all documentation including:

- Original doctors orders for treatment
- Notes from everyone who was involved in the service
- Care Plan's discharge summaries, lab orders and results
- All medical records for all services for DOS in question

Once the contractor receives back the information from the provider, they perform assessment of the case based on the following questions: Does the service fit a Medicare benefit category? Does the service meet the definition of medically reasonable and necessary? Does the documentation support the

service that was performed? Are the services reported, coded and billed correctly?

The CERT sampling process in random. The chance of your practice getting this request is unknown until the day the letter arrives.

Source of information can be found at American Academy of Professional Coders – 2007update

## HIP NEWS

### New Member ID Numbers:

HIP will soon begin replacing 11-digit Social Security-based numbers on non-Medicaid member ID cards with new eight-digit numbers. In the meantime the new eight-digit id number is available through online eligibility at [www.hipusa.com](http://www.hipusa.com).

### Authorization requirement has changed

We would like once again to touch base about HIP new requirement for outpatient authorization. Effective January 01, 2006 providers no longer require obtaining prior approval for routine outpatient mental health or substance. All providers are required to check eligibility before rendering service to HIP patient. The chart below identifies all services and their requirements.

Prior Approval Required	Prior Approval NOT Required
Inpatient treatment	Initial consultation
Partial hospitalization treatment	Individual treatment
Ambulatory detoxification	Couple./family treatment
Outpatient ECT	Collateral treatment
Nursing home treatment	Intensive outpatient treatment
Neuropsychological testing	Initial and follow up medication management
Psychological testing	

### Reimbursement of EKG and nuclear studies only for designated specialties

Effective April 01, 2007 HIP will not cover elective ECG and nuclear studies unless they are performed and interpreted by physicians credentialed with HIP in the following specialties: Cardiologist and Radiologist. For more information, please contact HIP.

Source of information can be found on [www.hipusa.com](http://www.hipusa.com)

## AETNA

### Paper EOB is being replace

In March, Aetna has send out letter to providers advising them of upcoming changes taken place in June 1st, 2007. On this day, Aetna will implement replacement of paper EOB with electronic file. This change is mandatory for all providers. For more information contact WCH or Aetna EDI department. Once Aetna will implement the change, WCH will continue processing your electronic EOB as usual.

Source of information can be found on [www.aetna.com](http://www.aetna.com)

## BLUE CROSS BLUE SHIELD

### Echocardiograms test can only be reimbursed to a specialist,

WCH has informed our clients about recent Blue Cross updated issued on October 20<sup>th</sup> 2006 effecting reimbursements on certain cardiac-related services. Echocardiograms will be only reimbursed to a specialist. No longer can internal medicine and family practitioner perform echocardiograms on a Blue Cross patient and receive payment. The designated specialties allowed to perform this test are: Cardi-

ologists, Pulmonologists, Radiologists, and other contracted SPECIALIST providers. For more information about this change, please contact WCH.

### Fee Schedule:

Blue Cross fee schedule is available online, as a provider you can look up the allowed amounts Blue Cross will reimburse you for specific services. To obtain Log in information to the site, please contact WCH.

### Quest is your Lab for Blue Cross members,

Blue Cross PPO and HMO members lab work must be submitted only to Quest Laboratory, otherwise if you will sent to another lab, Blue Cross patients will be left to pick the bill.

Source of information can be found on [www.empireblue.com](http://www.empireblue.com)

## NEW PLAN OFFERS 100% REIMBURSEMENT OF MEDICARE FEE SCHEDULE!!!

**Comprehensive Care Management** – a new physician HMO network that is growing fast in the Tri-state area. CCM will pay 100% of the Medicare allowable rate and cover most transportation services requested by the office. I guess compare to all other plans reimbursement CCM seems to provide doctor offices with full benefit package. There is no other plan like CCM that covers Medicare allowable rate. For more information about this plan please visit their website at [www.ComprehensiveCareManagement.com](http://www.ComprehensiveCareManagement.com)

## ENROLL TODAY FOR ELECTRONIC PAYMENTS AND STATEMENTS

Healthcare industry is moving into the paperless atmosphere, Medicare was first to start changing the way providers were receiving their statement and payments and now the whole insurance industry has picked up the idea and begun requesting from providers to sign up for the electronic exchange of information. This new way of transmitting information has been widely accepted by medical practices. Users find that electronic transmission reduces the time and effort spent on managing paper checks and explanation of benefits. Moreover, the reimbursements are being received almost immediately after the insurance processes the claim. Payments will be deposited directly to your bank account and EOB's matching those payments will be provided to you by WCH. Through its process, WCH is able to post payment to your claims and reprocess denied claims in faster time.

The following insurance companies had already sent out documents to providers to sign up for this new service:

United Healthcare	HIP
GHI	Cigna
Oxford	1199NFB
Blue Cross Blue Shield	Medicare
Americhoice	Medicaid
Aetna	Health First

**WCH is asking our clients to enroll with this service to receive faster payments.**

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## INFLUENZA FOR PROVIDERS AND STAFF

The Centers for Disease Control and Prevention asking providers to inoculate yourself and your staff against influenza. For more information on flu epidemiology and vaccination, please visit [www.cdc.gov/flu](http://www.cdc.gov/flu)

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## GHI NEWS

### GHI and HIP Announces Affiliation

GHI is taking a first step to create affiliation with HIP this process will first begin by combining and integrating two networks and then eventually leading to merge. Over the time the combined collaboration will improve management operation and reduce provider/member customer relations burdens. Let's hop that this merger will lead to higher reimbursements and expand the member's growth.

### GHI HMO Announces a network change

Beginning April 01, 2007 chiropractic and physical therapy care provided to GHI HMO patients will be covered under a new administrator: Prism Health Network –866-284-2901 [www.prismnetwork.com](http://www.prismnetwork.com)

Source of information can be found on [www.ghi.com](http://www.ghi.com)

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## OXFORD NEWS

### Oxford Laboratory Program Update

Effective January 1, 2007, LabCorp will become the national provider of laboratory for all Oxford members. Also effective the same date, Quest Diagnostic will no longer participate with Oxford plans.

Source of information can be found on [www.oxhp.com](http://www.oxhp.com)

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## CIGNA NEWS

### Cigna updated Fee Schedule

Effective January 15th Cigna has updated New York provider's fee schedule. Every participating Cigna providers can visit [www.cignaforhcp.com](http://www.cignaforhcp.com) to check their reimbursement rate. For site portal log in information please contact WCH.

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## NEW BEHAVIORAL HEALTH NETWORK

### Harmony Behavioral Health

Well Care Health Plan has contracted with Harmony Behavioral Health IPA, Inc to replace the current vendor, CMS IPA LLC. Harmony Behavioral Health is now managing the behavioral health services for eligible Medicaid, Medicare and the Child Health Plus members. For more information please visit: [www.harmonybehavioralhealth.com](http://www.harmonybehavioralhealth.com)

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## WELL CARE NEW PLAN

Well Care introduces new plan – PFFS- Private – Fee –For- Service. Its new easy option for doctors that participate with Medicare, and do not participate with Well Care.

Here are the advantages:

- No authorization or referral required
- No contract required

Reimbursement is based on the established 100% Medicare rates

For new plan information, please contact Provider Services at 866-235-2770

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## CARE PLUS

Effective March 01, 2007, Care Plus has a new name: Amerigroup Community Care. All Care Plus provider and their members have received letters advising them of the change. WCH recommend for you to visit: <http://www.careplus.net/> or contact them directly. For site portal log in please contact WCH.

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## UNITED HEALTHCARE

### Americhoice, Oxford and United Healthcare Migration

As most of you already familiar with Americhoice, UHC and Oxford network merge, there are still some questions that arise about provider credentialing, claims processing and other provider related issues. WCH would like to point one important aspect of this merge that all new providers looking to join these plans must apply through UHC only. For credentialing information please contact WCH. WCH offers several credentialing packages to practitioners; please feel free to contact me for our fees.

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## PM&R SERVICES

Physical Medicine and Rehabilitation services are only eligible for reimbursement when provided by a physician or therapy provider duly licensed to perform those services. PM&R services rendered by non-licensed provider are not eligible for reimbursement regardless of whether they are supervised by, or billed by, a physician or other licensed therapy provider.

Source of information can be found on United Healthcare 2007 update

**WCH WISHES YOU  
A GREAT SPRING!**