



WCH TIMES

August 2006

Volume 01

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Member of National Association of Healthcare Consultants



Member of
AMBA
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WCH BIG DAY

Dear Doctors, Managers and Office Staff! We are extremely excited to announce release of first WCH monthly newsletter: **WCH TIMES**. We created this newsletter with a purpose to offer professional advice on variety of issues facing healthcare providers right now. Through out these newsletters we will share with you our ideas, goals and accomplishments as well as provide vital information of today's complex healthcare industry including coding policies, recommendations and important tips on how to run a smooth practice. We want you to be informed and benefit from our newsletters and keep looking forward to receiving new issue every month. Every newsletter can be also found online, once you log into our website

[http:// www.wchsb.com](http://www.wchsb.com). Please feel free to send email with your comments and recommendations about this newsletter to olgak@wchsb.com. We hope that you will enjoy

WCH TIMES!

There is one more thing that we would like to ask our readers that will help us to create these monthly issues more interesting and enlightening for you - to serve you better, WCH is giving you an opportunity to ask us questions about medical billing, practice management, insurance policies, etc...either by phone, email or mail. We will publish your questions and our answers in the next upcoming issues. If necessary for providing a correct answer, we will contact such organizations like OIG, CMS, Insurance companies American Academies of Specialties.

We are waiting for your questions!

OUR JOURNEY

In this first newsletter it will be appropriate to begin by introducing our achievements and success.

In December 2001, We Can Help Service Bureau, Inc opened its doors for business by offering quality billing services to doctors and facilities in metropolitan area. Alex Romanchev, CEO and his partner Dmitriy Bobkov, CIO established this company in purpose of its name: We Can Help. Since inception, WCH has grown up and proudly services over 45 facilities located throughout Northern Eastern United States and expanded our services to provider credentialing, practice management, credentialing verification, electronic medical billing, computer support, etc. We strongly recognize our company mission: to help healthcare practitioners and insurance companies to build a strong and friendly relationship, to streamline and simplify the processes of credentialing, reimbursement and office operations. WCH difference can be seen through our high quality services and soaring levels of customer satisfaction.

Journey through time:

- 2001
 - WCH Opened for bossiness
 - Received a title "Service Bureau" from NY Department of State
 - Obtained New York Medicaid Provider Number
 - Initiated Electronic Billing Service
 - Added new services: Provider Credentialing, Office Management, Computer Support

WCH DIRECTORY

Billing department—ext 110
 Management—ext 101
 Technical support—ext 104
 Credentialing—ext 101

OUR EMAILS

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**We invite you to join
 our WCH Community
 Visit our website
www.wchsb.com
 to learn more.**

- | | |
|------|---|
| 2002 | - Designed our website: www.wchsb.com
- Initiated building blocks for our first billing/practice software
- Moved to a new larger facility |
| 2003 | - Registered as vendors with Medicare, Medicaid, Value Options, GHI, BC
- Created billing/practice software: HIPAA
- Installed test version of practice of the software to client site |
| 2004 | - Became members of American Academy of Professional Coders
- Became Fraud & Abuse Compliance Officer
- Added to the list of services: Credentialing Verification & Remote Receptionist Services
- HIPAA practice version was installed into our client's site |
| 2005 | - WCH Community Forum was created and added to WCH web site
- Became members of National Healthcare Consultants
- Created new features for HIPAA: Authorization report, patient billing ledger, image capability. |
| 2006 | - Designed 835 ERA import/print for New York/ New Jersey Medicare/ Medicaid
- Registered with American Medical Billing Association
- In process of registering with New Jersey State Department of Banking and Insurances
- In process of obtaining copyrights/ trademark rights for HIPAA |

We would like to take this opportunity to express our sincere appreciation to our clients that had helped us grow and expand our services and abilities: Thank You! It has been a long and difficult road for WCH to get to the place we are at today, but we are not done yet! In the future we need to transfer all our doctors to NPI number, become certified credentialing specialist, become certified CVO, decrease in our service fees, open a billing/receptionist business school, etc.

MEDICARE NEWS**NPI is not a joke!**

All healthcare providers must have NPI numbers by the deadline date May 23, 2007. WCH urges you to apply for your number now, while there is enough time for the NPI enrollment department to process your applications without delay. Moreover, Medicare has already begun requesting NPI numbers from those providers that are making changes in their enrollment file. We had sent out three letters to you recommending applying as soon as possible for NPI. Just to give you an example, in April 2006, turn around time to process NPI number was close to three days, right now in July 2006 the process takes 15 days. As you can see more and more providers are applying for NPI, realizing that they are getting closer to the

deadline. I can only imagine the process time once we reach 2007. Those doctors that want to apply for NPI before the compliance date please contact Olga Khabinskaya, WCH Manager for further assistance with the process. However if you choose to perform the enrollment process on your own, we advise to contact Centers for Medicare and Medicaid Services for more information.

New Provider Enrollment Forms

As of May 01, 2006 the CMS issued the revised CMS-855 Medicare enrollment applications. Please be advised, that all new and old providers that are submitting these applications for process must be aware of two main key points:

- NPI number must be included on the CMS form with NPI award letter attached
- Completed form to accept Electronic Funds Transfer

Medicare gets rid of Paper Remittances,

Beginning June 1, 2006 the standard paper remittances received through the mail will no longer be available to providers, who also receiving electronic remittances. These types of providers will receive paper statements from their billing agents. You are currently receiving Medicare and for some clients Medicaid statements from us on paper every week. Please be aware that we have about two to three day difference between us receiving the remittance and you receiving

ing the check. Medicare is moving toward electronic environment; with WCH cooperation we will make your transition more comfortable.

The 2006 Physical Therapy Cap,

This year has been tremendously difficult for patients and providers, in January 2006 all physical therapy services for exception of occupational therapy has been limited to \$1,740.00 per calendar year. Which means patients can only be treated up to their maximum allowed amount and if they require additional services, their condition must reflect conditions specified in March 2006 update by CMS. Since January till present time we had provided you with important reading material about the cap and over the phone consultations about this matter. Ac-

ording to House of Representatives, they are fighting with Bush Administration on a long term alternative to the therapy cap process, while still allowing Medicare patients access to needed services, according to Rep. Ben Cardin D-MD. Hopefully by 2007, we will have a better outlook on physical therapy benefits. Please feel free to contact us with your questions about the cap, we are here to help.

Are fee schedule cuts coming in 2007?

If you were astonished by fee schedule cut by 4.6% done by Medicare in January 2006, well if Congress will not block this act, then in 2007 this cut could go into effect. According to CMS recent studies, the Medicare Payment Advisory Commission says that physi-

cian spending increased by 8.5% overall in 2005 and it was prompted by physicians billing of higher E/M services and more procedures. I believe every physician received Comparative Distribution Report, demonstrating E/M and frequency of usage. We will keep our fingers crossed in hopes that Congress will fight for physicians in this matter. However, we do have one good news, Medicare released on June 23rd News Brief: CMS proposing changes to the Medicare Physician Fee Schedule that will improve the accuracy of payments to physicians. The proposed notice includes substantial increases for "evaluation and management" services. These changes will apply to payments for services furnished beginning with 2007.

MEDICAID NEWS

Progress notes, you are kidding?

NYS Medicaid announced on April 1, 2006 that for procedure 90862- Pharmacologic Management, submitted for Medicaid primary patients must be accommodated with progress notes for pre-payment review. Psychiatrists will be required to submit Medicaid claim together with a copy of the session note documenting the provision of service in order to receive payment.

This nonsense, the provider is only getting paid \$36.00, why so much hassle? As it turns out, this was a temporarily program because of the concerns regarding potential improper billing for this code. The review process ended June 30, 2006 and only affected DOS from May 1, 2006 through July 31, 2006.

Voice Interactive Phone System,

Medicaid now offers the Voice Interactive Phone System to afford providers the opportunity to conduct a client search of Medicaid patients who were not able to present their card at the time of the visit. This system is accessible by calling 518-472-1550. The cost of this service is \$.85 per minute. Don't forget you still have an option to go through ePACES.

LOOK FORWARD IN THE UPCOMING SEPTEMBER 2006 ISSUE:

- * MEDICARE NINE-DAY PAYMENT HOLD**
- * UNITED HEALTHCARE MIGRATION TO THE AMERICHOICE PROCESSING SYSTEM**
- * HORIZON HEALTHCARE PLAN WILL CLOSE IN FEBRUARY 2007**
- * DISCUSSION OF ELECTRONIC REMITTANCES**

.....AND MUCH MORE