

Health Care Reform Part I

A Roadmap for Physicians



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Dated:

October 2010

About the Author:

Belinda Holmes specializes in medical compliance and operational products including chart audits and coding, OIG compliance, appeals, audit defense, credentialing, contracting, billing and A/R, as well as building efficient healthcare operations. Her areas of expertise include all physician specialties, hospitals, radiology and imaging centers, ambulatory surgery centers, and other healthcare facilities.

How much will Health Care reform affect you and your practice? How much will it hurt? Will it be "just a bee sting" or something much more? A great deal of discussion, uncertainty and anxiety has arisen since the signing of Health Care Reform legislation in March. However with the details provided in this three part series, you will be able to prepare and even enjoy the benefits of Health Care reform. Let's begin with a general overview of changes:

Primary Care Bonus

Effective January 1, 2011 primary care practitioners will receive a 10% bonus for a five year period. Starting in 2013, the Medicaid fees to primary care doctors must be equivalent to 100% of the Medicare fee schedule for that year.

Removal of Barriers for Preventive Services

In an attempt to increase patient access to preventive services, the law stipulates that co-payments and deductibles will not apply to designated preventive services. Medicare has also created a new benefit for an annual wellness visit providing a personalized prevention plan. Effective September 23, 2010, all health plans will be required to cover certain preventive services without cost-sharing.

Mandatory Compliance Programs

Medicare will require mandatory physician compliance programs as a condition of enrollment. The Recovery Audit Contractor (RAC) program will be expanded to identify underpayments and overpayments for Medicaid services, to target Medicare Advantage plans, and review drugs delivered under Medicare Part D.

Claims Processing

Effective with dates of service January 1, 2010, Medicare has cut the period for claims submission to no more than 12 months (from a maximum of 27 months previously). In addition, you will be required to report and return any overpayments you discover to your Medicare carrier or Medicare Administrative Carrier (MAC) within 60 days of discovery.

In-Office Ancillary Disclosure

For services performed after January 1, 2010 Physicians that provide in-office MRT, CT, PET or other services must, at the time of referral, inform patients in writing of alternative suppliers of the services. In addition, expect ancillary service revenues to continue to decline due to changes in utilization rates.

Referral Documentation

You must be ready to provide written documentation of referrals and orders for all services, equipment, certifications, etc., for verification purposes. This applies to all orders, certifications and referrals made on or after January 1, 2010. Medicare may revoke a physician's enrollment for up to one year for non-compliance.

Sunshine Provisions

These provisions will affect industry/provider relations and require annual reporting of physician ownership or investment interest in a manufacturer or GPO. The first annual report will be due March 31, 2013.

Anti-Kickback Statute

The standard of proving intent to defraud has been overturned. Violations of the Anti-Kickback Statute can invoke the False Claims Act and any corresponding penalties and punishments.

In understanding and preparing for Health Care reform changes, your practice will be able to optimize the benefits and be proactive in reducing the downside to legislative changes. In part two of this three-part series you will receive additional details for you and your practice.

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