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Practice Manager Meeting

Next Meeting:

Thursday, April 12, 2018 at 8:00 AM

Topics:

- **Part II Revenue Enhancement Management**

Speaker: Julie Ham, Consultant

Location:

Patio Café—Back of Employee Cafeteria (1st Floor)

Please visit www.spo-ny.org.
Registration is simple, quick, and
limited to current members!

NEED HELP?

- Practice Management Problems
- Claims Issues
- Medical Policy Concerns

Call **Carolee Brooks Hildenbrandt**
at 212-953-1504 or email:
childenbrandt@goldhealthstrategies.com

The New Medicare Card Project

To better protect the identity of people with Medicare, the Centers for Medicare & Medicaid Services (CMS) is removing the Social Security Number (SSN) from the Medicare card.

In April 2018, the CMS will begin mailing new Medicare cards that contain a new Medicare Number.

Medicare providers, like you, will play a key role in the successful transition to the new Medicare card (NMC). CMS encourages Medicare providers to help alert your patients by displaying a poster in your office and giving your patients tear-off sheets or fliers.

The CMS has created an educational website for Medicare providers, external partners and people with Medicare to use to find the most recent information regarding the NMC project. We encourage you to visit the website frequently to check for updates.

Ask your Patients for Their Insurance Card at Every Visit

People who are entitled to Medicare, effective 4/1/2018 and later will only receive an MBI. They will never be assigned a Health Insurance Claim Number (HICN). Additionally, the CMS is aware that some providers currently use a combination of the SSN and various suffixes until they find a HICN that matches their patient.

The CMS will not allow for the return of an MBI (Personally Identifiable Information) in eligibility transactions if the SSN or the HICN is provided because there is a high risk of medical identity theft. Providers should ensure they have a registration/admission process in place that requests the Medicare identification card from their patients.

For more information, please visit: <https://www.cms.gov/medicare/new-medicare-card/nmc-home.html>

Do you track your DSO?

DSO stands for “Days Sales Outstanding”. This is the time frame, in number of days, it takes for you to see a patient until you get the final payment posted into your billing system. It is important to know this number as an indicator of the health of your business.

Your billing software can calculate this out for you. If your DSO is over 60 days – you have work to do:

- Bill out daily or at least weekly
- Run your DSO on a monthly basis
- Have the **right** person follow up on **unpaid** claims

DSO is an important metric to know.

Quality Payment Program: Performance Scores for 2017 Claims Data

If you are an eligible clinician who submitted 2017 Quality Performance data for the Merit-based Incentive Payment System (MIPS) via claims, view your performance scores through the data submission feature. Simply login at <https://qpp.cms.gov/login> and view your calculated individual measures’ scores and category score for the Program Year 2017.

Contact the Quality Payment Program Service Center at (866) 288-8292 or qpp@cms.hhs.gov if you have any questions