PIMSY mental health EHR Newsletter – May B 2013 – PQRS Penalties & Bonuses

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PIMSY Quick Bite

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PQRS: Penalties and Bonuses

The Physicians' Quality Reporting System (PQRS) was a voluntary program for reporting to CMS (Centers for Medicare and Medicaid). Starting in 2013, it's mandatory, and penalties will now be imposed on non-reporting physicians, including psychologists.

If you are enrolled in Medicare under the clinical psychologist designation, have an NPI number, participate in the PECOS program and are reimbursed by Medicare under the Physician Fee Schedule (PFS), you must begin reporting certain quality measures to CMS starting in 2013 or you will start to be penalized in 2015. Click here for an overview of PQRS, including penalty details.

Step by Step Guide (for psychologists participating in PQRS for the first time in 2013):

1) Determine the reporting method for your practice: there are several methods for reporting PQRS data, but one easy way is via claims-based reporting. You simply add a few codes to the claim that you currently submit to Medicare. This can be through the standard CMS-1500 form, registry-based, qualified EHR (like PIMSY), or a Group Practice Reporting Option (GPRO). See the sidebar links here for details about each reporting method.

2) Pick a measure to report on: see the list of 13 available measures listed and find which ones match the services you provide.

(read more or access as a PDF ...)

6 Easy Steps to Reduce Billing Denials

Ever wonder why your billing is denied? Many times, the answer lies in the human factor – careless errors. We all know there are times when we cannot read the client's handwriting on their intake paperwork or on the doctor's notes. And then there are the typos and missing information.

When a claim is denied, it puts a crimp in the reimbursement process. If the denied claim is not caught in time, it becomes part of your Accounts Receivables. And that is definitely not where you want claims to go and die. So what can you do about it? Well, let's look at why some of your claims are denied (There are many more ways but these are the most common):

- Incorrect Date of Birth or Name
- Missing or incorrect Social Security Number
- ICD-9 Diagnosis code is inaccurate or non-billable
- Address of client is missing
- Non CMS 5010 Compliance
- Claims (HCFA/CMS 1500) filed with missing information
- Missing authorization number
- Missing NPI (National Provider Identifier)
- Incorrect TIN for provider
- Missing or incorrect modifier
- Claim is Not Filed on Time

Your practice can reduce claims denial by increasing its filing accuracy by following these easy steps: (continue reading...)

Are we going to jail?!

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