

- **Payers may pressure you to encourage patients to move from Medicare supplement insurance into their Medicare managed care products.** If payers no longer make much revenue from Medigap insurance policies, they'll want to transfer patients into the managed Medicare products, which will remain more profitable, and will likely recruit your help to do that. "That would be a natural [thing for the plans to do]," says Burns.

- **It will be harder to collect the fees Medigap previously paid for.** If Medigap pays for fewer out-of-pocket costs, it will shift the burden to the doctors because they'll have to bill Medicare patients directly, notes Burns. This just as your patient base of Medicare patients is about to undergo tremendous growth with the baby boomers hitting 65 and entering Medicare.

- **You'll have more administrative work.** Since you'd now have to collect deductibles and other services not covered by Medicare directly from patients, you'll need to have to figure out how much patients owe you, says Burns. If you thought it was hard enough obtaining information from payers under your managed care contracts, this will be yet another headache for you.

- **Patients will wait before obtaining needed care.** The rise in cost sharing causes a reduction in care, says Burns. So when patients finally do get the care they need, they're usually sicker and require more expensive services. If you're part of any pay for performance or other quality measurement incentive program, this can adversely affect "performance" and ultimately your reimbursement.  
— *M. Durben Hirsch (mhirsch@decisionhealth.com)*

### 3 tips to make patients happy with AWVs, and boost collections on bundled E/Ms

You must educate patients before and during annual wellness visits (AWVs) in order to boost their satisfaction and your chances of getting copays for E/Ms billed alongside AWVs, practice sources say.

It's common for enough separate physician work to occur in an AWV appointment that a significant, separate E/M service is billable, says Norma Keim, practice administrator at Cranberry Medical Clinic, a solo primary care practice in Terra Alta, W. Va. **Remember:** You attach modifier **25** (significant, separate E/M, same physician/day) to the E/M when billing it with the AWV. CMS initially said this should be rare, but the agency has softened its stance and now expects it to be more routine ([PBN 7/18/11](#)).

**The catch:** Patient reaction is the problem with bundling E/Ms into what CMS has loudly advertised as a free benefit of health reform, says Sue Ascoti, a managing consultant for Culbert Health Solutions in Woburn, Mass.

Follow these tips to prevent any nasty surprises to patients, increase their satisfaction with the visit and improve collections:

**1. Provide information on AWVs to your patients before the appointment.** The key is to educate patients about what an AWV is early in the process before they walk into your exam room and avoid any confusion with other services you may provide during that visit, Ascoti says.

- **Utilize your staff.** Have a short explanation prepared on what the AWV is for your receptionist to recite to patients who are scheduling their wellness visit over the phone and reinforce it on the day of the appointment, Ascoti suggests. **Example:** "You are (scheduling/here today for) an annual wellness visit. The doctor will talk to you about how you are feeling emotionally, assess your risk for chronic diseases and take notes on your medical history."
- **Touch on the issue of a physical exam.** Some patients expect the AWV to include a physical exam with direct contact from the provider, but some providers never touch the patient in the AWV, and CMS doesn't require actual touch. By explaining this to patients they won't walk away disappointed, she says.
- **Give the patient more information.** Provide a brochure or fact sheet on wellness visits at the time of the appointment that explains exactly what the doctor will be asking and looking for and what services are and are not part of the visit, Ascoti says. This helps the patients know what to expect and the more information you provide in advance, the better, she adds.
- **TIP:** Ask patients to bring in a list of their medications, ailments, other doctors that they are seeing and any procedures that they have recently undergone to help speed up the visit and increase patient involvement, Ascoti says.

**2. Don't be afraid to talk about money with patients.** "Many providers are really uncomfortable talking dollars and cents with their patients," Ascoti says. But by doing so, you stave off potential patient confusion or dissatisfaction by discussing any billing changes as they come up during or after the appointment, she adds.

- **Example:** If you are billing an E/M visit along with the AWV to address a chronic or acute illness or condition, it's always appropriate to tell the patient that the E/M visit will be billed separately, Ascoti says.
- **Example:** If a patient complains of a persistent sore throat during the wellness visit and asks you to examine it, simple say: "I'm happy to examine you for your sore throat, but there will be a co-pay for today's visit," Ascoti suggests.
- **Example:** Or, you could say, "As the medical assistant explained to you when you arrived, any additional evaluation to the wellness visit will have to be billed separately and there will be a co-pay for it."
- **Example:** Or you could give the patient an option and say, "You can get both but you're going to have to do a co-pay or we can reschedule," Keim says.
- **TIP:** It may be necessary to request that a patient get several services done in one visit even if the appointment was just for the AWV, Keim says. For patients that the doctor doesn't see often we may suggest that they get everything – a physical, AWV and E/M if necessary – done in one shot, she says. Just be clear with the patient that the additional services may require a co-pay.

**3. Be sure to document the AWV and the E/M service separately.** You must fully document the AWV and the E/M examination independently, Ascoti says.

- **Remember:** You can't refer to the AWV notes for the E/M visit, Ascoti says. Once the E/M evaluation starts, start taking separate notes that will satisfy the appropriate E/M level documentation requirement.
- **TIP:** Have a standardized form or template ready for all AWV appointments, Ascoti says. This way you can just fill in the fields and seamlessly go through the examination. — *Lauren C. Williams (lwilliams@decisionhealth.com)*

## no shows

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**1. Track no-shows and know the cause.** Your goal is to reduce the number of no-shows as much as possible, and charging a fee is just one tool, Rosenberg says. "You need to find out why no-shows are happening in your practice. Are a lot of them for a particular doctor, or is it a particular payer or time of day?" Doctors with poor bed-

side manners can cause no-shows, Medicaid patients are the most likely to cancel because they don't pay and early morning appointments are commonly missed because people oversleep, Rosenberg points out. In each case you have a different solution – talking to doctors about their manner, singling out Medicaid patients for reminders about the damage of no-shows and possible discharge for multiple offenses, and doing extra reminder calls or even wake-up calls for early appointments.

**2. Consider the competition before adopting a fee.** No-shows definitely hurt at Asthma & Allergy Associates PC & Research Center, a practice in Colorado Springs that has seen the appointment go "from eight and 10 weeks down to three weeks or less," says David Root, practice administrator. But the doctors decided against a no-show fee and put forward a softer public face compared to the competition. Given the slow, steady decline in the appointment book, "the object is to attract more patients by being less heavy-handed," Root says. **TIP:** It's also a good idea to keep your no-show fee in line with that of other practices in your area, Rosenberg says. Often the fee is \$25, and is combined with a policy of discharging patients after three no-shows.

**3. Use the no-show fee as a deterrent by starting with a warning.** A good policy for first-time no-shows is a warning call from the front desk staff, Rosenberg says. You must also make a distinction between a no-show and a patient who lets you know ahead of time that the appointment is cancelled or needs to be rescheduled. When you have notice 24 hours ahead of a time that a slot is being opened, you can try to fill it, but being told a few hours before the appointment will do little to prevent the damage, Rosenberg points out. **Remember:** Medicare allows you to charge beneficiaries a no-show fee so long as you apply the same policy to all patients regardless of payer. This policy has been effective since Oct. 1, 2007, according to the Medicare Claims Processing Manual, chapter 12, section 30.3.13.

**4. Once you decide on a fee, make sure everyone knows.** Beyond posting a warning sign about the fee, you can add a brief reminder script to front desk staff when they schedule appointments, especially with new patients, Rosenberg says. **TIP:** Get your providers closely involved, says Kristine Onstine, billing supervisor at Eureka Internal Medicine in Eureka, Calif. "Our doctors know patients and their situations better, they know a longtime patient who

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