

## Patient Friendly Bills: Really?

Deciphering a medical bill or benefits statement can leave many consumers feeling, well, a little ill. Multiple statements from a number of different providers and payers can cause confusion. Wrong information or inaccurate charges on medical bills can lead to worry or even anxiety. Indeed, about 39 percent of adults report that time spent on paperwork or disputes related to medical bills and health insurance is a serious hassle, according to a 2006 survey from the Commonwealth Fund's Commission on a High Performance Health System.

It can be more than a headache, though. Some sick patients can become overwhelmed with so much medical paperwork to the point where they ignore bills in an effort to avoid becoming distressed. That can lead to financial trouble, collection notices and calls from creditors.

The good news is, some groups are taking an interest in simplifying medical bills -- such as the Patient Friendly Billing Project -- and there are ways to become better educated about medical bills and benefits statements so they don't seem so confusing.



▪ *Inaccurate charges on medical bills can lead to worry or even anxiety.*



• [www.DirectHealthAccess.com](http://www.DirectHealthAccess.com)

If you are away from home, either locally or on vacation anywhere in the world, having quick access to your medical records could mean the difference between life and death. Emergency personnel always do their best to assess and treat, but having specific information about you certainly improves your level of care. As a tool for you, it also comes in handy when you are filling out forms at the doctor's office. No matter how many medications you might take, when you don't feel well, it's often difficult to remember what you take and how often.

To address this, we've developed a tool that allows you to have **information** that is **instantly available** for the best possible care.

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computer drive you carry on your key chain. "I.C.E." stands for "In Case of Emergency", though it serves you in many ways. It stores your Personal Health Record (PHR) and can be read by a computer in any ambulance, ER or doctor's office. It can hold up to 1,300 pages of information about you! If you wish, it can also contain your legal documents such as a healthcare proxy, living wills, directions to original Do Not Resuscitate Orders and other Advance Directives to make your wishes clear to first responders and doctors if you can't speak for yourself. The medical record and these legal documents are stored on a secure portion of the drive, accessible only with a password you, your emergency contact or your health care proxy provides.

-Direct Health Access, 2007

▪ **I.C.E. Alert™** holds up to 1,300 pages of information about you!



### Individual Highlights:

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# SSN: Its use in healthcare...



*There are major, perhaps insurmountable, challenges to removing the SSN from the healthcare environment.*

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*"The SSN is the most powerful piece of information about a person."*

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Social Security numbers are widely used in healthcare, which has led to a growing concern over possible abuses, including identity theft. Instances of identity theft in healthcare have prompted the Office of the Inspector General (OIG) to assess hospitals' use and protection of SSNs and potential risks associated with such use. OIG will issue a report to the Social Security Administration this year that will include recommendations to enhance SSN integrity. OIG has performed similar reviews in other industries, including a nationwide review of universities' use and protection of SSNs. There is a danger of identity theft in healthcare settings.

Identity thieves can use SSNs to get other personal and financial information. Typically they use the numbers and the victim's good credit to apply for more credit in the victim's name. They then buy items with the credit cards and do not pay the bills. Victims often do not find out about the theft until they are turned down for credit or begin to get calls from unknown creditors demanding payment for items they never bought.

The Federal Trade Commission is the federal government clearinghouse for monitoring identity theft. The Social Security Administration is also concerned about identity theft that is directly related to inappropriate use of the SSN. It may even issue a new Social Security number if the identity theft victim is not able to achieve resolution. In an interview, a representative of the Federal Trade Commission offered the following insights:

- The Social Security number is the most powerful piece of information about a person.
- Some companies are taking the initiative in identity theft prevention. IBM told their health insurers they had to change their patient IDs or the company would not contract with them.
- There are several federal proposals requesting that the SSN not be displayed on insurance cards, driver licenses, and other forms of identification.

- Not many of the reported complaints so far are described as "medical" or healthcare related.
- We need to be "limiting" accessibility to the SSN.

There are major, perhaps insurmountable, challenges to removing the SSN from the healthcare environment. Among them are the following:

**The frequency of use of the SSN as a patient identifier.** Next to name, address, sex, and birth date, the Social Security number is probably the most frequently collected piece of information. Many hospitals and other healthcare providers use the SSN as the primary patient identifier, although providers are finally beginning to migrate to other numbering systems. Although the number of providers routinely collecting this data element is slowly declining, it is still a dominant piece of information. Indeed, some providers still use the SSN or a substitute as the medical record number.

**The SSN is frequently used as a subscriber identifier by insurance companies.** It is thus inextricably linked to the reimbursement process. This link to reimbursement will likely be the greatest impediment to change; however, changes to the reimbursement systems are not without precedent. Insurance companies have traditionally resisted any changes in the data elements collected in the reimbursement process because of cost.

**The Social Security number has traditionally been a part of the Medicare Health Insurance Claim number,** although inconsistently. The widow of a beneficiary who does not herself have Medicare, for example, may have her late spouse's SSN as her Medicare Health Insurance Claim number. Again, the use of the SSN in this context is intimately tied to reimbursement. However, inaccuracies in the recording and reporting of the claim number constitute the number-one reason that Medicare claims are returned to the provider, suggesting that another, perhaps less cumbersome, numbering system might be more appropriate.

## Coding: Why it's important...

Delivering quality healthcare depends on capturing accurate and timely medical data. Medical coding professionals fulfill this need as key players in the healthcare workplace.

Health information coding is the transformation of verbal descriptions of diseases, injuries, and procedures into numeric or alphanumeric designations. Originally, medical coding was performed to classify mortality (cause of death) data on death certificates. However, coding is also used to classify morbidity and procedural data. The coding of health-related data permits access to medical records by diagnoses and procedures for use in clinical care, research, and education.

Since the implementation of the federal government's first prospective payment system in 1983, there has been a great deal more emphasis placed on medical coding. Currently,

reimbursement of hospital and physician claims for Medicare patients depends entirely on the assignment of codes to describe diagnoses, services, and procedures provided. In the 1990s the federal government attacked the problem of healthcare fraud and abuse. As the basis for reimbursement, appropriate medical coding has become crucial as healthcare providers seek to assure compliance with official coding guidelines.

There are many demands for accurately coded data from the medical record. In addition to their use on claims for reimbursement, codes are included on data sets used to evaluate the processes and outcomes of healthcare. Coded data are also used internally by institutions for quality management activities, case-mix management, planning, marketing and other administrative and research activities.

-AHIMA, Feb. '07

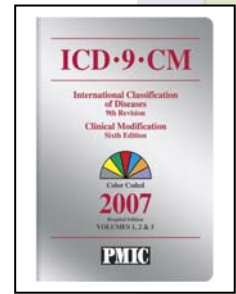
## Medicare Deadline: extended for some...

Seniors with low incomes who were eligible to enroll in the Medicare drug plan this year but missed the Dec. 31 deadline still can sign up without penalty.

Officials at the Centers for Medicare & Medicaid Services said they decided to waive the penalty - 1 percent per month of the national average premium - because they were worried the extra cost would deter some low-income seniors who missed the deadline from enrolling.

The government defines low-income seniors as individuals who earn less than \$14,700 a year or married couples with joint earnings of less than \$19,800. The center said low-income seniors can sign up anytime this year without having to pay the late-enrollment penalty, no matter when they first became eligible for Medicare drug plan coverage.

To see if you are eligible, check with the Social Security Administration by calling **800-772-1213** or going to <http://www.socialsecurity.gov> .



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*"Delivering quality healthcare depends on capturing accurate and timely medical data."*

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- Via partner company, Direct Health Access, LLC (I.C.E.)

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**Special Projects / (Other)**



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