

MANY CHOOSE TO BELIEVE MISTRUTHS

How many times have you repeated a belief that was not true? Perhaps you told your children that if they go swimming within 30 minutes of eating that they could cramp up and die. Maybe you told your kids that they should not swallow gum as it will stay in their system for 7 years. It could be that you refuse to let your children drink coffee as you've repeated that it will stunt their growth. Have you ever told your kids that crossing their eyes risks them getting stuck that way?

OK – all of these are false. No – you don't have to believe me, look it up. Many things in life that you've believed really have no basis in fact – and yes – we are all like that in some ways. My mother had me convinced that going out in the rain would give me a cold. I believed her. It wasn't until I was an adult that I found out that when it's raining out, folks stay inside more and THAT is what gives them a cold as they're spending more time around people spreading a virus! It wasn't the rain. Yet – how many have repeated the myth that going out in the rain gives you a cold?

Unfortunately, sometimes our beliefs are harmful to either ourselves or our employers. For instance, many believe that if a person writes on the front of a check "paid in full" that if the doctor endorses the back and deposits it that the patient no longer owes a balance. That is not true either.

Most billers, coders and managers believe that if a carrier has a doctor sign an agreement saying they have a 90-day timely filing period, that the doctor cannot get paid on claims filed beyond 90 days. They do not realize that the agreement limiting the timely filing only applies on less than 20% of the claims filed to that carrier and more than 80% of the time, they may have 6 months

or a year to file. That is because most people (including attorneys) are ignorant about ERISA laws when it comes to medical claims.

Perhaps 90% or more of billers and coders and managers believe the lie that all doctors make less money on Medicare patients than they make on non-Medicare. While that may be true of some specialties, it's definitely not true of family practice and internal medicine clinics that are doing what Medicare want them to do. The uninformed will point to a code, like 99214, and say "this proves Medicare is less profitable as BCBS pays \$123 and Medicare only pays \$111 for that code". It's folks that like that who are hurting their practices as they reinforce the belief that primary care doctors lose money on Medicare. It's sad that they don't realize what harm they are doing to the clinics, which is similar to what they are doing when they don't know ERISA rules.

Recently, I posted a long dissertation to about 60,000 people proving that doctors doing what Medicare wants done will average between \$1200 a year and \$1600 a year in Medicare Part B payments while most people younger than Medicare ends up bringing in an average of less than \$300 per year. Many people misunderstood and only read part of it and they thought "that isn't my experience – so he's wrong".

They are correct that it wasn't THEIR experience, simply because less than 2% of primary care physicians and their managers, billers and coders have studies this and are doing what they should be. 98% of primary care doctors are missing it – so the people thinking "that's not my experience is right". It's not. But – I'm right also – in that IF the primary care practice is following the Medicare guidelines and doing what is best for the patient and the practice – then their income on Medicare patients will be 4 times

what it is on commercial patients. It's too bad that people are still cutting the end off their ham....

A man in Ohio was watching his wife cook and she cut the end off a ham and then placed the ham in a pan. poured an orange juice and brown sugar mixture on it and put it into the oven. He asked her "why did you cut the end off the ham?"

She answered "My mother taught me to cook ham that way, so I've always done it that method"

A couple of days later, his in-laws were visiting, and he asked his mother-in-law why she cut the end off her ham when cooking it. She replied "My mother taught me to cook ham that way, so I've always done it that way"

That perplexed him, so he immediately picked up the phone and called his wife's grandmother and asked her the same question. Granny thought for a minute and then said "You know, I haven't cut the end off my ham in a very very long time. In fact, I stopped doing it that way after Pops bought me my larger cookware"

Many of you still cut the end off your ham because your granny's pan was too small or do things the way you've always done them, even though the old way may not be needed any longer. Many believe things that are not quite true any longer.

Medicare has added so many things that they want done on Medicare patients and they pay great for those things that it makes my job so easy now. My guarantee to doctors is simple. If I can't help them increase their annual clinic income by at least \$20K a year – they don't pay me for my hour consult. It has gotten so EASY to do that with family and internal medicine doctors because their manager, their biller and their coder have given

them so much misinformation in the past by telling them to see more commercial and reduce the Medicare patients.

In doing these hour long analysis with several doctors a week for more than 4 years, my experience is that 90% of doctors can easily increase their income by \$70,000 to \$210,000 a year net by doing what Medicare wants. It's easy and it has proven correct in every case so far where doctors listened to me and followed the guidelines . One can learn from it or one can choose to stay ignorant about it and continue hurting the clinic. It's time to get bigger cookware.

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