

While I Was Paying Attention to Other Things, a New Hoop Appeared for My Practice to Jump Through



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Sometimes it's hard to figure out what to pay attention to. There are projects, staffing, budgets, contracts, technology, Medicare cuts and on and on. While I'm trying to pay close attention to this stuff, along comes a program that I should have paid attention to and asked questions about before it launched, but I didn't.

A local payer is requesting notification each time a physician orders an imaging study for a covered patient. In this case, the practice owns the MRI so practice staff are doing the paperwork. This advance notification is not DIRECTLY tied to payment, nor is it mandatory. I've been around the block a few times, however, and I know what non-mandatory means, and so I try to play nice when it's reasonable to do so. But, I didn't pay attention, and the next thing I know the practice is in a hubbub trying to insert the advance notification into a process that's already unnecessarily complex. The reason it's difficult is that the person who has the information the insurer wants, the physician, is two staff people removed from who actually is responsible for entering the data. As with most medical information, getting it from the physician to the insurer requires a series of hoops and a lot of dexterity.

The Wall Street Journal wrote about this type of advance notification program a few days ago, and I think it's another interesting sign of the healthcare times. Read about it [here](#).