



**Utilization Solutions**  
in Healthcare  
Solving the practice puzzle.

## Putting your Practice Puzzle Together

*A Monthly E-Zine for Utilization Solutions in Healthcare, Inc.*

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### ***In This Issue:***

**State Watch** - Highlights from across the country on issues affecting Midlevel Practice

**No Dollar Left Behind** - News notes and legislative changes that affect reimbursement

**Solve the Clinical Puzzle** - Features to enhance clinical practice. We encourage Practice Managers and Administrators to share these pearls with their clinical teams.

**Your 2 cents** - Interactive Survey/Poll

### **Our Solution for You**



### **State Watch**

#### ***NC Medicaid Issue - PAs - Hold your Enrollment Apps!***

NC has seen a great deal of confusing information regarding credentialing of PAs within the Medicaid system.

The Division of Medical Assistance (DMA) initially announced an October 1, 2011 deadline for physician assistant (PA) enrollment. State PA leaders and representatives from the North Carolina Medical Society (NCMS), the North Carolina Academy of Physician Assistants, (NCAPA) and the North Carolina Medical Group Managers (NCMGMA) collectively met with DMA to discuss this initiative and issued a joint statement urging all PAs and their medical practices to hold their Medicaid enrollment applications until DMA (1) completes rulemaking that establishes its authority to require direct enrollment and (2) fully explains all eventual ramifications that direct enrollment will have for these practitioners and their practices.

Until those details are known and until DMA secures the proper authority to continue with this initiative, the enrollment process presents risks without clear benefits.

The November 1, 2011 Medicaid Bulletin now states the following:

***The enrollment requirement for Physician Assistants (PAs) and Nurse Practitioners (NPs) is being delayed until further notice from DMA. A State Plan Amendment has been submitted to the Centers for Medicaid and Medicare Services to request direct enrollment of PAs. The North Carolina State Plan already has the requirements for the enrollment of NPs. Providers will receive further guidance in future bulletins.***

State PA leaders and representatives of the above organizations continue to engage with DMA in further discussions about direct enrollment of non-physician practitioners. Please ask any medical practice personnel who insist on continuing the application process to contact Lisa Shock, MHS, PA-C, as you are a valued USH newsletter subscriber with any questions.

We will continue to provide updates on this issue as we receive them.



### **No Dollar Left Behind**

*Are you taking advantage of the new Medicare wellness guidelines?*

The (Initial Preventive Physical Examination) or IPPE, which is commonly known as the "Welcome to Medicare" visit, is a one-time benefit for new beneficiaries that is only available within the first year after they enroll in Medicare Part B. Beginning in 2005, the Medicare Prescription Drug Improvement and Modernization Act provided coverage for this service. The IPPE provides education, counseling, and referral services, and focuses on health promotion and disease prevention.

The 2010 Affordable Care Act provided coverage for an (Annual Wellness Visit), or AWV beginning in 2011 and this service is available to beneficiaries after their first year of enrollment in Medicare Part B (unlike the IPPE). The first AWV focuses on the development of a personalized prevention plan, while subsequent annual AWVs allow the beneficiary and their healthcare provider to update the plan as the beneficiary's healthcare needs change over time.

Physicians, PAs, NPs and clinical nurse specialists may perform both the IPPE as well as the AWV.

Some practices have chosen to delegate the AWV to other staff - as the AWV (unlike the IPPE) may also be performed by a health educator, a registered dietitian, nutrition professional, or other licensed practitioner) or a team of such medical professionals working under the direct supervision of a physician.

It is important to understand the differences between the IPPE and the AWV, recognize what is included and code correctly for maximum reimbursement.

Learn more with these helpful articles below. They are best viewed by pasting the links into your browser.

References: <http://www.medscape.org/viewprogram/32124?src=cmemp>  
<http://www.medscape.org/viewarticle/748527>

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## Solve the Clinical Puzzle



### Clinical Providers! Did You Know?

United States Preventive Services Task Force (USPSTF) updated its prostate cancer screening guidelines.

A USPSTF-commissioned study, done over a 10-year timeframe, failed to show a clear benefit from prostate cancer screening with PSA.

Read more here: MedPage Today - <http://bit.ly/mQwRQmÃ?>

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### Your 2 cents

Please participate in this month's industry poll by visiting the link below:

<http://www.pushpa.biz/does-medicaid-credential-pas-in-your-state>

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### Our Solution for You

USH is proud to support small businesses. We would like to feature Adam Whitesell of Ameriprise Financial this month. Adam is a financial advisor and a Chartered Retirement Planning counselor. He can assist you and your practice with retirement and tax planning strategies as well as insurance and asset management.

Learn more here and take advantage of a free consultation as a USH newsletter reader!

<http://www.ameripriseadvisors.com/adam.m.whitesell>

Kind regards,

*Lisa*

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Lisa Shock is a Duke University Physician Assistant graduate and has greater than 10 years of clinical experience in a variety of healthcare settings. In addition to previously owning and running a rural primary care clinic, she is the current president and CEO of Utilization Solutions in Healthcare, a company she created in response to the many questions she has received over the years about Physician Assistant utilization. Lisa is a past president of the North Carolina Academy of Physician Assistants. She also contributed to the Physician Assistant profession by serving on the PA Advisory Council of the North Carolina Medical Board as well as the Quality Improvement and Health Information Technology Committee of the North Carolina Medical Society, and she remains a state PA expert in reimbursement and legislative issues. She enjoys part time clinical primary care practice and enjoys teaching geriatric medicine and long term care as a Duke PA Program faculty member.

Lisa was recently interviewed on BlogTalkRadio - [listen here!](#)

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