



*From the desk of Karen Walters, D.C.*

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**Do you currently use the Problem List in ECLIPSE?** If so, let's discuss what you need to know:

- *You should only use this for government programs that require your use of certified technology* — like the CMS MIPS program, or various state-based HIE programs (e.g. NC Health Connex). Otherwise, you don't need to enter data on this screen.
- A doctor recently asked why we don't simply transfer diagnoses from a patient's **Condition** tab to the **Problem List**. ICD-10 codes are required to document diagnoses for a patient's condition, including your documentation & bills. *The federal government has required SNOMED (not ICD) for Problems since 2014.* (Prior to 2014, the government required ICD. Note that a 1:1 correspondence between ICD-10 & SNOMED does not exist. As a courtesy, we still allow you to enter either code type.)

So, if you don't participate in HIEs, MIPS, or other programs that require certified ECLIPSE technology, you don't need to use the Problem List at all!

**How do you handle cash patients to provide discounts without running afoul of state & federal law?** There seem to be misconceptions regarding this topic. And as a result, some of you get frustrated attempting to handle this properly in ECLIPSE. So, here are a few facts & tips from my own practice:

- State laws vary with regard to the concept of multi-tier *fee-for-service* billing. In NJ, the law specifically prohibits healthcare providers from charging, as an example, one fee to Aetna & another [discounted] fee to cash patient John Smith for an office visit.
- A common mistake is the notion that "adjusting" a fixed amount from your standard fee legally justifies the lower fee. This may be fine for occasional use with a small percentage of cash patients, but is otherwise "proof of fraud" from the perspective of a commercial payer. Auditors will simply review the overall percentage in your records, note the obvious pattern, and possibly refer you for prosecution.
- One easy solution is to have an attorney create a contract that meets the laws in your state. The contract between you & your patient creates an alternative to the fee-for-service concept (e.g. a monthly charge without a visit limit, possibly for maintenance care).
- Once you have a defined path, there are two ways to approach & record this information in ECLIPSE. First, create a billing profile for these patients. Then, if multi-tier billing is legal where you practice, create codes with the proper fees to avoid using adjustments to "fix" a problem that shouldn't exist. Otherwise, create \$0.00 versions of your visit codes & separately bill your patient with a new "contract" code that properly represents the contracted fee structure (e.g. \$250/quarter). You can create billing reminders to ensure you enter & bill out your contract codes.

### **North Carolina Health Connex**

Though the NC Governor has postponed mandatory participation in this program into 2021, we should finish our certification within the next week. (They're backlogged and are dealing with quite a few vendors.)

Sincerely,

*Karen Walters, D.C.*

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