

DR. KNOW

We won't change the way you do billing...we'll change the way you do business!

An e-newsletter created by **PLEXUS HEALTH SOLUTIONS, INC.**

MARCH 15, 2008

CREDIT CARD RATES

MasterCard & Visa

Plexus has been notified by our credit card processor that as of April 1, 2008 the processing rate will increase by 0.03%. This will bring your rate to 3.5% of the charged amount.

If you would like to have a copy of the increase letter sent to us on March 8, 2008 and received by us on March 17, 2008, please let us know.

This is a rate increase by MasterCard and Visa, not the processor or Plexus. All processors will be affected by this raise.

TITLE XIX COPAYS

HMO's Now Have A Copay

We are noticing that the T-19 HMO's are charging the same copay as EDS. Please be aware of this and collect all copays at the time of service.

LEP PATIENTS

Non-English Speaking Persons

In August of 2000, the President signed the "Improving Access to Services for Persons with Limited English Proficiency (LEP)" Executive Order (#13166).

Those facilities offering services to federally funded persons (Medicare and Medicaid) are expected to provide LEP patients with meaningful assistance and access to the facility.

The AMA provides a booklet on this that determines the requirements on various criteria. You can download this at:

http://www.ama-assn.org/ama1/pub/upload/mm/433/lep_booklet.pdf

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You can view past issues of this newsletter on our website.

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CHANGES TO THE ABN *CMS Changed Form CMS-R-131*

Plexus will be sending to those clients who use an Advanced Beneficiary Notification (ABN) the updated form along with the new instructions on how to fill it out. It will be effective as of 3-3-08. Keep in mind that this form is not to be altered by your office for your specific purposes.

This new form replaces all other forms and combines them into one.

If you have any questions on this, please let us know as the Medicare website does not have the updated form on it.

\$371.5 MILLION IN IMPROPER PAYMENTS

Three States Currently Affected

In the States of California, Florida and New York, CMS has identified that \$371.5 million has been made in improper Medicare payments to health care providers and suppliers through their recovery audit contractors (RAC).

This program (RAC) began in 2005 and has identified and collected nearly \$440 million in improper payments.

The Acting CMS Administrator, Kerry Weems said, "The RAC demonstration program has proven to be successful in returning overpayments to the Trust Fund and identifying ways to prevent future improper payments..."

<http://www.cms.hhs.gov/RAC/>

KHSC HUMANA PAYMENTS *Delay in Payments*

United Hospital System is in a transition mode with their employee health benefits from Total Claims to Humana (effective 3-1-08). The claims submitted to Humana, as of this date, will not be paid until April 15, 2008.

Be sure to copy the new insurance cards for our records as of this date to ensure correct submission of your claims.

If you have any questions on this please contact KHSC at 656-2942.

UNITEDHEALTH GROUP *Faces \$1.3 BILLION Fine*

The StarTribune.com reports that California has imposed record sanctions on UnitedHealth Group (UHG) for problems in claim handling.

Currently, they have been fined \$3.5 million, the states' largest fine ever.

The California Dept. of Insurance said it found more than 130,000 violations of State rules on health claims that could result in the \$1.3 billion figure.

The woes began when UHG bought PacifiCare in 2005. This purchase represents 35,000 physicians and 27.5 million patients.

Regulators in many states have sanctioned UnitedHealth since 2000 for poor claims handling. One of the largest fines so far has been in Texas for \$4.4 million last November, for repeated delays in paying providers.