

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.**

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

MC SURPRISE VISITS *Knock Knock*

CMS has released a transmittal that says contractors (WPS) can perform unobtrusive site visits to check if a practice is still in operation.

This is why it is so important to keep Medicare informed of any changes in name and address. Be sure your hours are listed at your entrance also.

If a visit is made and you are not open all reimbursements will STOP!

www.cms.hhs.gov/transmittals/downloads/R306PI.pdf

FEEES FOR RECORDS *New Rates*

When parties, other than the patient, want copies of records be sure you have an authorization from the patient to release them or are in accordance with HIPAA guidelines.

Now you can charge:
\$.35 per page for paper copies
\$10 per x-ray image
Actual shipping costs
And if requested with less than 7 days notice:
A fee equal to 10% of the total fees charged.

FEEES FOR RECORDS *Con't from Column 1*

If the patients are requesting a copy of their own records, you are to charge a flat fee of \$15.

These fees are to include chart notes, billing records and any other item in the chart that you are allowed to provide per HIPAA.

HEALTHCARE REFORM *An Article in My Business Oct/Nov 2009*

Dr. Bob Graboyes wrote that the healthcare reform talks are addressing commercial carrier markets and the role small business will play in providing coverage to employees.

They are missing the mark, as this author feels, Medicare, Medicaid and malpractice are underestimated in their power to make or break small businesses.

This is going to be a long haul issue that cannot be remedied in a few months.

Encourage your state representatives to thoroughly look at this issue and make them aware of your personal views.

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MGMA COST SURVEY 2009

Findings are Based on 2008 Data

The Medical Group Management Assoc., (MGMA) stated that revenue declined in 2008. No big surprise there as we all felt it.

They say the fall in patient volume as indicated by the 9.9% drop in the number of procedures performed and 11.3% drop in the number of patients seen from 2006 to 2008 are attributable. Another villain is bad debt. It was a contributor to the fall in revenue too since it was up by 13% for the same time period.

Those specialties hit hardest were, OB/GYN and gastroenterology. Those who actually reported increases in revenue were, cardiology, anesthesiology, pediatrics, orthopedic surgery, family practice and urology.

This data is pulled from 33,000 medical providers, which is the largest population of any cost survey reported in the U.S.

STATE OF IL EMPLOYEES

When we go over the A/R for your practice each month we call insurance carriers to find out why they are not addressing claims.

This month we contacted BCBS of IL and found out that the State of IL is behind in paying the health insurance premiums for state employees. Claims are being processed, but the reimbursements are being held for premium payment.

We are told that as of now, Illinois has paid their August 2008 premium.

So if you have any patients with the State of IL as their employer, expect to wait for your money.

Currently, all of our clients have a collection policy in place that allows us to bill the patient after 60 days, maybe this pressure will trickle back to the state and force them to find funds for this vital benefit.

BADGERCARE PLUS CORE PLAN

Article in the Biztimesdaily 10-5-09

Since the announcement (June 15, 2009) of the childless adult-uninsured and unemployed coverage by the State of WI there has been an overwhelming response.

On October 5, 2009 Gov. Doyle announced that this plan is approaching the maximum number of enrollees and there will be a need to suspend enrollment on October 9. Applicants after this date will be put on a "wait list".

It was not surprising that there is a need to create a waiting list, but that it needs to be created only three months after inception is unexpected.

The State has received between 500-600 applications per day and more than half of these applicants have no income whatsoever. The plan was designed to cover 54,000 individuals, and nearly 60,000 have applied so far. This is a clear demonstration of need in our state.

BIG UPGRADE ALMOST DONE

Plexus is Taking Advantage

The software system upgrade is almost complete. This upgrade allows us to become totally HIPAA compliant internally rather than depend on third party suppliers.

We have the capability to obtain electronic EOB's plus electronic payment posting. In order for this to happen you must have the reimbursement from a carrier electronically deposited into your bank account. That transition will be our next phase. It is already working with Medicare for all of you and Aetna, Cigna and Blue Cross for most of you.

You have the option of checking real time eligibility for any patient that has their insurance built in the system. If the Eligibility button is live on your screen, you can use it.

You will not notice any change in the scheduling or appearance of the billing screens.

Electronic patient statements are scheduled for 2010.