

# 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.**

## ERA/EFT ENROLLMENT

Real Convenient

Plexus offers you the opportunity to sign up for all of the electronic remittance advices (ERA's) and electronic funds transfers (EFT's) that are available from the insurance carriers.

This is encouraged because it is quicker, there is less paper to handle and you won't have to travel to the bank as often.

There is paperwork that must be filled out to accomplish this. Please let us know if we can do this for you!

## REMINDERS

- As of 11-1-11 use the new ABN form (dated 3-11)
- As of 11-1-11 there is a new Medicare Part B credentialing application to use
- As of 10-1-11 begin using the 2012 ICD-9 codes on your claims
- Medicare open enrollment is 10-15-11 thru 12-7-11 this year, verify coverage as you see pts

## IT'S NOT A JOKE

Medicare Fraud

Q: What do a physician, a DME provider and two ministers have in common?

A: Possibly a jail cell.

In Louisiana the ministers hosted health fairs at their church, the physician prescribed unneeded DME for the members and the DME order was filled by the DME vendor.

These health fairs took place at the church over a six year period of time and it's alleged that they bilked Medicare for \$2.5/m.

The trial was expected to last for several weeks.

## DID YOU KNOW...?

[plexushealthsolutions.com](http://plexushealthsolutions.com)

...you can find job opportunities on the Plexus website

...all of our past published newsletters can be found there too

...our Holiday closings are listed

...our hours of operation

Check it out!

**October 15, 2011**

**Volume No. 6**

**Issue No. 10**

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

You can contact us at:

**Plexus Health Solutions, Inc.**

**P.O. Box 0655**

**Kenosha, WI 53141-0655**

**262-654-5555 (voice)**

**262-925-7025 (voice)**

**800-982-3804 (toll free)**

**262-654-9333 (fax)**

<http://www.plexushealthsolutions.com/>

## Content:

|                              |   |
|------------------------------|---|
| ERA/EFT Enrollment.....      | 1 |
| Reminders.....               | 1 |
| It's Not A Joke.....         | 1 |
| Did You Know.....            | 1 |
| Interpreters.....            | 2 |
| WPS Medicare.....            | 2 |
| New Medicare Carrier.....    | 2 |
| SGR 2012 Survey Results..... | 2 |

## **INTERPRETERS**

Required Service

Two times within days this issue has come up.

If you encounter a patient who is deaf or has a language barrier (non-English speaking) you are required by law to supply, at no cost to the patient or their insurance carrier, an interpreter.

There is a company in Wisconsin that provides this service for you. They are Southern Wisconsin Interpreting and Translation Services (SWITS). They are ATA certified translators and RID certified sign language translators.

You can contact them at:

Southern WI: 262-740-2590 (Delavan)

Northern WI: 715-843-7000 (Wausau)

## **WPS MEDICARE**

Award

Earlier this year WPS ranked first among Medicare carriers in a 2011 satisfaction survey. WPS processes more than 100 million claims annually for physicians and other health care professionals in a total of four states.

## **NEW MEDICARE CARRIER**

01-01-12

After reading the above article the following is going to be a mystery for you.

As of 1-1-12, WPS will no longer process Medicare Part B claims for Section J6. NGS was awarded this contract for Wisconsin, Illinois and Minnesota (Section J6). NGS is located in Indianapolis, IN.

NGS will process claims and be responsible for enrolling, educating and auditing for medical health providers.

WPS had the Wisconsin Medicare contract since 1966 and it is not known if WPS will protest this award.

WPS will retain the processing of Medicare claims for various other states (J5 & J8).

## **SGR 2012 SURVEY RESULTS**

Not Pretty

Frank Cohen of The Frank Cohen Group, LLC has completed an analysis of the SGR survey. The purpose of the survey was to assess how a substantial reduction in the Medicare conversion factor, due to the SGR calculations, would affect a medical practice's response to changes in their policies and procedures.

The results of this survey show that a third of providers would consider opting out of Medicare with nearly the same percent saying they would stop seeing all Medicare patients. Nearly double that would stop taking new Medicare patients and nearly twenty percent say they would just retire. More than two-thirds have stated they are likely to terminate contracts with payers that shadow the SGR reduction with regards to payments.

Overall, if providers follow through on their responses and the results provided here reflect the facts, around 80% of all Medicare recipients could realize a reduction in access to health care services in one form or another. The outcome of the SGR reduction could be far reaching in many areas, including, in addition to access to quality healthcare for Medicare patients, more out-of-pocket expenses for insured patients, a greater financial burden on hospitals that employ physicians, a reduction in the number of practicing physicians and an increase in unemployment of non-physician healthcare professionals due to layoffs and staff reductions.

To get the full executive summary and detailed results of this study, go to [www.frankcohengroup.com](http://www.frankcohengroup.com) and click on the Download link. It will be the second link down the page.

We recommend that you contract your local legislator and ask them to vote to change the way Medicare reimbursements are calculated. This is the only way these averted reductions will stop.