

# 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.**

## PRICE TRANSPARENCY *Effective Early 2011*

You must also make available, upon request from the patient, certain quality-based information that reports to "health care information organizations".

Failure to comply could result in a \$250 penalty for each violation.

DHS is responsible for identifying the top 25 conditions, which you will be required to furnish pricing. They will also create the method for how you will calculate and present the median billed charges.

Gov. Doyle has signed into law Assembly Bill 614. If you have at least four medical professionals (Including; nurses, NP's and PA's) you will be required to provide at no cost to patients; the median billed charges (assuming no medical complications) for health care services. This includes any testing or x-rays you do in your office.

You must also prepare a single document that lists your fee schedule (assuming no medical complications) for diagnosing and treating each of a 25 conditions list identified by the Wisconsin DHS.

This list must include the following items:

- Median billed charge
- Medicare payment
- Average payment expected from a third party payer

This list ***does not*** constitute a legally binding estimate of the ultimate charges.

You must prominently display a statement informing patients that they **have** a right to receive this information.

## MEDICARE PARTICIPATION *Fed Up with Payment Issues?*

Plexus has encountered quite a bit of lamenting from clients about the continual payment issues encountered by them each year because of the SGR laws. You do have options.

1. You accept Medicare PAR agreement payment methods
2. You can be non-PAR and make payment decisions on a case-by-case basis
3. Become a private contractor

In option 1 above, you accept the 80% of the Medicare allowable amounts and bill the secondary carrier or the patient the remaining 20%.

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### *Medicare Participation*

In scenario number 2 above the non-PAR payment amounts are set at 95% of Medicare approved amounts, but you can charge more than the Medicare approved amounts. The limiting charge for non-PAR doctors is 115% of the above non-PAR figure.

If you choose option 3 above, you cannot bill Medicare for any claims for a two-year period. Your Medicare patients are cash and will probably find another physician.

Contact Medicare for more information.

Plexus has a clause in every clients contract about becoming a non-PAR provider. Call us if you have any questions.

### MEDICARE LATE FEES

When you accept Medicare assignment you agree to a set of payment types and billing types. This includes the charging of late fees to a patients 20% Medicare balance.

When you add late fees, as some of our clients do, you are in violation of your agreement.

Plexus has been in touch with our software vendor and there isn't a way to delete Medicare patients from the late fee generation right now.

To this end, Plexus will delete these fees when the patient pays their bill in full minus the late fees. In the meantime, our vendor is working on a "fix" for this problem.

### MODIFIER "AI"

#### *Instead of Consult Codes*

Medicare has issued the AI modifier to

- Identify the admitting or attending Dr while the pt is inpatient or in a SNF
- Append the initial inpatient code
- Append the initial SNF code
- Valid as of 1-1-10

This is an informational modifier.

### FCC PUSHING FOR TELEMEDICINE

#### *Save billions*

The FCC is pushing telemedicine as one of its' priorities in the upcoming national broadband plan. Remote monitoring of patient conditions is a form of telemedicine and could save \$197 billion in health care costs over a 25-year period.

The FCC is recommending that the federal government expand reimbursement for telemedicine, conduct pilot projects and deliver a plan to Congress on how to advance this type of medical treatment and information technology.

The VA already is using and promoting telemedicine. Their home telehealth program cares for 35,000 patients and is the largest of its kind in the world. Advocates say telehealth is cost-effective and improves care. According to the VA's plans, this telehealth program will grow to \$163 million in fiscal 2011, more than twice the \$72 million spent in fiscal 2009.

Telehealth includes the use of phones, computers and other devices with or without video images to all patients' remote access to consult with medical specialists.

This concept has not been totally embraced because of potential legal liabilities, difficulty in being paid for these services and blurs in providing healthcare across state lines.

### HIPAA UPDATES FOR 2010

#### *Keep Yourself Updated*

You must now notify a patient if you suspect any breach in PHI. This notification must be made within 60 days of the discovery of the breach and include the following items:

- Description of the breach, how it happened
- Steps the patient should take
- What the provider is doing to investigate, mitigate and prevent it from reoccurring

You must also notify DHHS of the breach and keep a log of any/all breaches found.

Business Associates must also notify you of any breach they encounter.