

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.**

SEPTEMBER 15, 2009

**Volume No. 4
Issue No. 37**

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

DME FEE UPDATES *Quarterly Revision*

The durable medical equipment, prosthetics, orthotics and supplies (DMEPOS) fee schedules are updated on a semi-annual basis with quarterly updates as needed. The current payment amounts can be found at the website following this article.

These current updates are for DME products our clients don't use at this time. But this is where you would go to find the reimbursement price for any orthotics.

http://www.cms.hhs.gov/dmeposfeesched/01_overview.asp

VENDORSHIP *Direct Reimbursement*

Vendorship is a law that will modify WI Statute 632.89 by eliminating duplicative and unnecessary regulation of the practices of LCSW, LPC and licensed marriage and family therapists. It will also change Medicaid rules to allow direct reimbursement for these mental health professionals.

It will become effective as of 1-1-11.

PROMPT PAYMENT ACT *New Interest Rate as of 7-1-09*

Federal agencies are required to use interest rates computed under the criteria established by the Renegotiation Act of 1071. Both the Contract Dispute Act of 1978 and the Prompt Payment Act provide for this interest due on claims at a rate established by the Sec'y. of the Treasury.

Beginning 7-1-09 and ending 12-31-09 the interest rate for claims not adjudicated within 30 days from the date of receipt is 4.875% per annum.

MEDICARE SCAM *Targeting Physician Offices*

CMS has learned that there is a scam where perpetrators are sending faxes to physician offices posing as the Medicare carrier. The fax asks the physician to respond to a questionnaire to provide account information within 48 hours to prevent a gap in Medicare payments. The faxes even have the Medicare logo on them. Do not answer these faxes. See more at:

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

You can contact us at:

Plexus Health Solutions, Inc.

P.O. Box 0655

Kenosha, WI 53141-0655

262-654-5555 (voice)

800-982-3804 (toll free)

262-654-9333 (fax)

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

Contents:

DME Fee Updates.....	1
Vendorship.....	1
Prompt Payment Act.....	1
Medicare Scam.....	1
'10 Medicare Reimbursements..	2
Big Update Coming.....	2
Direct Deposits.....	2
Clarifying EDS Copays.....	2
The High Cost of Hagglng.....	2

2010 MEDICARE REIMBURSEMENTS

Physician Claims

CMS announced on July 1 that they are proposing reductions to payment rates for services performed as of 1-1-10.

Only primary care physicians will realize an increase in payment rates (6%-8%) under this proposal.

Law requires CMS to adjust payment rates annually and thus far measures have been taken by past presidents to eliminate the reductions. As part of the healthcare reform being considered by President Obama there are proposed changes to the formula of payment to physicians.

Another change being considered is the non-payment of consultation codes.

Plexus will keep you informed as these changes evolve.

BIG UPDATE COMING

Plexus Software System

Those of you who are live with us on your computer system will realize a great new feature within the next couple of months.

The scheduler will browse your next day's appointments and electronically check patient eligibility. The next morning you will have a note on each patient verifying insurance coverage.

This is for commercial carriers only. Please continue to use the free BadgerCare portal to check eligibility of all Title XIX patients.

We will be contacting each of you individually to provide on-site training on this new feature.

We ask that you update your Patient Registration Forms to include a line for email addresses, as we will be able to send patient statements electronically by the end of the year.

DIRECT DEPOSITS

Most Carriers Offer This Service

We encourage you to sign up for direct deposit of your insurance remittances and electronic EOB's. This offers both time and cost savings to your practice. Be sure to let Plexus know you have done this so we can go on line and download EOB's.

If you have questions please do not hesitate to contact us.

CLARIFYING EDS COPAYS

Per Vicky Murphy Our Local Rep.

Are you confused about EDS copays? When can you refuse service for non-payment of copays?

If the patient is a Badgercare CORE member (it will indicate CORE when you verify eligibility on the portal) you can send the patient to collections for non-payment of copays. You can also refuse service to this type of covered patient.

If the patient is covered under any other Badgercare plan, you cannot refuse them service for non-payment of copays.

THE HIGH COST OF HAGGLING

From an Article by John Commins

The cost to a physician's practice for them and their staff to haggle over claims issues, credentialing problems, authorizations, formularies and incorrect payment denials, etc. is averaged to be \$68,000 per year. This is per an article released in *Health Affairs*.

Overall, it is a cost of between \$21-\$31 billion dollars annually nation wide.

It is figured that once the entire insurance industry is fully compliant with the cost-saving HIPAA standardizations these figures will be dramatically reduced.