

NCDS *update*

A Billing Industry Newsletter for Clients

Keeping your office up-to-date on industry and insurance changes, late-breaking billing & reimbursement news, and general inter-office communication...

YOU CAN MAKE A DIFFERENCE ON YOUR REIMBURSEMENT AS SOON AS THE PATIENT ARRIVES!

Statistics from the Bureau of Labor Statistics, www.bls.gov



Recent data shows unemployment rates still look dismal for Ohio and surrounding states. Ohio's average unemployment rate is hovering at 10.9%, with rates in the Toledo area reporting higher at 12.9%. Surrounding states such as Michigan report unemployment levels at 14.6%, and an even greater rate of 14.7% in Monroe, MI. This means more patients have lost insurance, are without insurance and are delaying medical care due to financial constraints. Remember the following steps to ensure you are maximizing your potential for reimbursement with every patient seen:

- Is your staff asking the patient for proper identification and updated insurance information on every visit? The number #1 denial NCDS receives is for erroneous insurance information. Don't let your practice and your revenue be affected by patients supplying incorrect coverage information. Make sure an updated insurance card is supplied upon every visit.
- Is your staff collecting copays and/or outstanding balances when the patient checks in? Make sure your staff checks the



patient's insurance card for copay information and asks the patient how they will be paying their copay and/or balance.

- Are you selecting the appropriate/specific billing codes on the patients' billing/treatment form? Insurance companies are using highly specialized auditing software and more stringent guidelines to process your claims. Making sure you select the appropriate billing codes ensures we submit your claim with the most concise and accurate information possible.
- Are you noting the patient's billing form and/or chart with ALL relevant details to his/her visit? Thorough documentation can be the best defense against insurance audits and strengthen appeals. Make sure you are noting the patient's file with all pertinent information, including (but not limited to) accident information, if the injury is work related, if there is a family history of the patient's condition, etc.

Taking these steps on a daily basis can help increase reimbursement and combat insurance denials. Keep watching the NCDS Newsletter for more recommendations on how to improve your practice!

HAITIAN RELIEF HITS HOME

NCDS is pleased to share its participation with Fox 8 News for Crestview Elementary School's, "Hearts for Haiti" fundraising event. Pictured here is NCDS' own, Susan

Mobley, featured third from the left. We appreciate her contribution to this wonderful cause and thank our local communities for the outpouring of support to the relief efforts!

HEALTH CARE REFORM LEGISLATION: WHAT CHANGES ARE COMING AND WHEN?



As most everyone is now aware, historic legislation was passed by Congress on March 21, 2010 approving President Obama's Healthcare reform legislation. It is the most extensive piece of legislation since the passage of the Medicare and Medicaid programs in 1965 by Lyndon B. Johnson. Now that it has passed most Americans are left wondering how this legislation will impact their lives. Providers and patients alike will experience the effects of this legislation, though proponents of the bill admit it will take ten years or more for the intended impact of the bill to be felt. Over the course of a decade every facet of the healthcare industry will be impacted, from mandatory health coverage, to prescription drugs, the Medicaid program and increased taxes. While the majority of these changes will not begin to be implemented until 2014 or later, there are still a number of immediate changes that will be seen within this year and next. Here we examine the expected changes in the near future:

IMMEDIATE FIXES: 2010

Excerpts taken from www.NYDailynews.com

- **SMALL BUSINESSES:** Tax credits extended to businesses with less than 50 employees, covering 35% of premiums, to help them afford coverage. By 2014, that will rise to 50%.
- **SENIORS:** They get a \$250 rebate to help fill the "doughnut hole" in Medicare drug coverage.
- **YOUNG ADULTS:** Health insurers are required to let young people stay on their parents' policy up to their 27th birthday.
- **PRE-EXISTING CONDITIONS:** Insurers will be barred from denying coverage to kids with pre-existing conditions. Adults will have to wait until 2014 for the same protection; high-risk pools will offer an option for affordable coverage until then.
- **NO LIMITS ON COVERAGE:** Insurers can't place lifetime caps on benefits any longer.
- **PREVENTIVE CARE:** New private plans will have to cover checkups and other preventive services with no co-pays. By 2018, all plans must comply.

CHANGES FOR NEXT YEAR: 2011

Excerpts taken from www.NYDailynews.com

- **HEALTH CARE COMPANIES KICK IN:** Drug makers pony up new fees, starting at \$2.7 billion. Insurance and medical-device providers follow in 2013.

NCDS recognizes the importance of this legislation to your practice and its patients. We will continue to keep you updated as more information becomes available. Please watch for client advisories and HBMA updates for details. Remember, NCDS is your source for HCR and SGR information!



INSURANCE FILING LIMITS: WHAT IS THE HURRY?

Gone are the days of submitting claims a year after the date of service. Now the vast majority of major insurance carriers have shortened their filing limits to make it even more challenging for providers to get paid. Below is a list of the major insurance carriers and their filing limits. Please remember that any delay in sending your billings to NCDS can affect your reimbursement due to these increasingly shorter filing limits:

CLAIM FILING LIMITS	
AETNA	120 days
ANTHEM BC/BS	180 days
BCHP	180 days
BWC	2 years
CARESOURCE	180 days
CIGNA	180 days
HUMANA	180 days
MEDICAID	1 year
MEDICAL MUTUAL	1 year
MEDICARE	15-27 months
PARAMOUNT	120 days
PYRAMID	1 year
TRICARE	1 year
UNITED HEALTHCARE	90 days
UNISON	90 days

Please contact our office and speak to your client service specialist if you have any questions/concerns regarding insurance filing limits.

PREVENT DELAYS IN YOUR MEDICAID REIMBURSEMENT!

DETAILS TAKE FROM [HTTP://JFS.OHIO.GOV/OHP/PROVIDERS/PDF/HB119TIMELIMITED.PDF](http://jfs.ohio.gov/ohp/providers/pdf/HB119TimeLimited.pdf)

It's no secret that Medicaid is a constant challenge for reimbursement. From checking patient eligibility, to Medicaid specific codes and modifiers - getting regular and consistent, denial-free payments from Medicaid takes expertise and skill. Now to add to that challenge recent legislation passed by Congress has adopted a "time limited" clause in your Medicaid provider agreement, which means your provider contract with Medicaid will expire. This new provision allows your provider agreement with Medicaid to expire within three years of when your contract became effective with Medicaid. As a result, **the Department of Job and Family Services will send you a letter via regular mail notifying you that your provider agreement has been converted to a "time limited" agreement and is set to expire.**

It is imperative you contact NCDS upon receiving this letter. Failure to comply with any of the provisions of the re-enrollment process can result in the ODJFS taking any of the following actions:

- Termination of your Medicaid Provider Agreement
- Denial of Medicaid re-enrollment

NCDS' credentialing team is already helping several clients complete their re-enrollment process to avoid delays in reimbursement. Contact Mick Polo at extension 23 or email him at mickp@ncdsinc.com to arrange for assistance from the NCDS credentialing experts!

SEE NCDS AT THE OSMA ANNUAL MEETING



NCDS is pleased to announce it will be hosting a booth at the OSMA PM Symposium conference this year in Columbus, Ohio. The program offers an array of different vendors from various fields within the medical industry. Please stop by our booth if you are attending the conference and visit the OSMA website for more information:

<http://www.osma.org/education/practice-management-symposium>

YOUR NCDS CLIENT SERVICES TEAM!



Each week the client services team at NCDS receives several hundred calls from patients and insurances in order to facilitate payment of your claims. In addition to assisting patients with billing questions our client services team works diligently to ensure denials are reprocessed, claims are appealed and additional payment is made by insurance companies. Together this team has over 60 years of experience in the medical billing industry, plus over 100 years of experience in the insurance industry! Featured from left to right are Cathy, Pat, Betsy, Donna, Santana, Erica (back row), Carla, Cheryle and Rita (front row). Please contact them with any questions by calling 800-556-6236 and selecting **Option 1**.

INSURANCE REFUNDS AND THIRD PARTY AUDITS: READ THIS BEFORE YOU WRITE A REFUND CHECK



Now more than ever insurance companies are sending letters requesting refunds. If you haven't already you will also see an increase in refund request notices from independent firms such as Accent, Johnson & Roundtree and others. Collection/recovery services are working with insurance companies to independently audit claims in an attempt to find payment errors and discrepancies. Other insurance companies such as Paramount, have conducted their own internal audits and mailed out letters for negative balances dating back as far as 2005 dates of service! Be advised NCDS is working for you to keep your revenue where it belongs. Always forward every request for refund to NCDS, where it will be thoroughly reviewed for its validity and disputed where necessary. We will then advise you if and when a refund is required. If you have questions regarding a refund please feel free to contact your client service representative above or contact Jessica Meyers in the payments department at ext. 26.