

Medicare Changes / 2010 Updates



Wisconsin Physicians Service (WPS) Medicare
**Iowa Medical Group Management Association
(IMGMA)**

PANEL OF PAYERS

July 29, 2010 – West Des Moines, Iowa
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Agenda


- Introduction
- Medicare Part B Fee Schedule Update
- Timely Filing Requirements
- HIPAA 2: ASC X12 Version 5010
- HIGLAS
- Top 10 Inquiries



Agenda

- ICD-10
- Electronic Health Record (EHR) Incentives
- Recent Updates in Appeals
- Provider Enrollment Updates / PECOS
- Recent J5 MAC CERT Errors

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Agenda *(continued)*

- The CMS Secure Network Access Portal (C-SNAP)
- Other WPS Medicare Self-service Tools
 - eNews Listserv
 - Interactive Voice Response (IVR)
- Educational Programs available via the WPS Website

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Medicare Physician Fee Schedule Update

**Fees Effective
June 1, 2010 – November 30,
2010:**

On June 25, 2010, President Obama signed into law the "**Preservation of Access to Care of Medicare Beneficiaries and Pension Relief Act of 2010.**"

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Medicare Physician Fee Schedule Update

**Fees Effective
June 1, 2010 – November 30, 2010:**

This law provides a **2.2%** Medical Physician Fee Schedule update through **November 30, 2010**. This update reverses the negative update previously implemented for dates of service June 1, 2010 and after, and provides positive change from the 0% update to the MPFS that was in effect for claims with dates of service January 1, through May 31, 2010.

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An Opportunity to Become Participating

As a result of the passing of the **“Preservation of Access to Care of Medicare Beneficiaries and Pension Relief Act of 2010”** CMS is offering an opportunity whereby Non-Participating Physicians/Practitioners may become Participating. **This opportunity is available through July 16, 2010.**

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Timely Filing Requirements

- **Patient Protection and Affordable Care Act (PPACA)**
 - Signed into law March 23, 2010
 - Aimed at curbing fraud, waste, and abuse in the Medicare Program
- **Patient Protection and Affordable Care Act (PPACA)**
 - To reduce maximum time period for submission of Medicare FFS claims to one calendar year after the date of service

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Timely Filing Requirements

- **Section 6404 mandates that claims for services furnished before January 1, 2010, must be filed no later than December 31, 2010**
 - Dates of service before October 1, 2009, must follow the pre-PPACA timely filing rules
 - Claims with dates of service October 1, 2009, through December 31, 2009, must be submitted by December 31, 2010

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HIPAA 2: ASC X12 Version 5010

- Next HIPAA Standard for HIPAA-covered transactions
- Transition to new format for Medicare FFS begins January 1, 2011
- By January 1, 2012 you must be ready to submit claims electronically using the X12 version 5010 to Medicare and other payers

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HIPAA 2:

ASC X12 Version 5010

- Implementation will require changes to software and procedures used for billing Medicare and other payers
- Check with vendors / Clearinghouses on plans for transitioning to the new 5010

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HIPAA 2:

ASC X12 Version 5010

- If you fail to prepare, you may not be able to send electronic claims or receive electronic remittances, significantly impacting your business and cash flow.

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Healthcare Integrated General Ledger Accounting System

HIGLAS

The Centers for Medicare and Medicare Services is implementing a standardized accounting system, HIGLAS for use by all Medicare contractors. This system will replace other existing systems. However, HIGLAS replaces only the MCS accounting system, WPS (and other contractors) will still use the MCS for claims processing.

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Healthcare Integrated General Ledger Accounting System

HIGLAS will have minimal impact on the provider community. The proposed implementation schedule is as follows:

7/28/10 – **Paper claims**: payment floor of 29 days reduced to 14 days

EDI claims: payment floor of 14 days reduced to 7 days.

7/29/10 – Payment floor to remain at the reduced days of 14 days for paper and 7 days for EDI claims.

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Healthcare Integrated General Ledger Accounting System

HIGLAS implementation *(continued)*:

7/30/10 – **Paper claims**: payment floor of 14 days reduced to 0 days

EDI claims: payment floor of 7 days reduced to 0 days.

8/09/10 – Reset payment floor to 29 days for paper and 14 days for EDI claims.

This temporary reduction of payment floor will result in payments being issued early.

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Top 10 Inquiries – J5 MAC

At the direction of CMS, WPS compiles monthly lists of Frequently Asked Questions (FAQs) received as inquiries from throughout our jurisdiction.

These lists are used as topics for a variety of educational activities, including seminars, workshops, teleconferences, and additional FAQs.

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Top 10 Inquiries – J5 MAC

J5 Top 5 FAQs for April and May 2010

1. Coding Errors / Modifiers
2. Claim Denials – Duplicate
3. Claims Denials for MSP
4. General Denials
5. Inquiries pertaining to Address(s)/Phone/Fax/Website(s)

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Top 10 Inquiries – J5 MAC

Other topics appearing in the J5 Top inquiry lists for April and May include:

6. Medical Necessity
7. Payment Calculation / Explanation
8. Contractual Obligation Not Met
9. Appeals Processes / Rights
10. Local Coverage Determinations (Medical Policy)

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ICD-10 Diagnosis Coding

ICD-10

Please refer to MLN Matters Number **SE 1019** for CMS additional information regarding this important update.

You may find this article at
[http://www.cms.gov/MLNMattersArticles/
downloads/SE1019.pdf](http://www.cms.gov/MLNMattersArticles/downloads/SE1019.pdf)

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ICD-10 Diagnosis Coding

On **January 1, 2012**, standards for electronic health transactions change from Version 4010/4010A1 to Version 5010, which accommodates the ICD-10 code structure. This change occurs before the ICD-10 implementation to allow adequate testing/implementation.

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ICD-10 Diagnosis Coding

On **October 1, 2013** medical coding in the U.S. will change from ICD-9-CM to **ICD-10**. The transition will require business and system changes throughout the health care industry. Everyone who is covered by HIPAA must make the transition, not just those who submit Medicare or Medicaid claims.

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ICD-10 Diagnosis Coding

- ICD-9-CM codes will not be accepted for services provided on or after October 1, 2013.
- ICD-10 codes will not be accepted for services prior to October 1, 2013.

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ICD-10 Diagnosis Coding

Note: Only ICD-10-CM, not ICD-10-PCS, will affect physicians.

ICD-10-PCS will only be implemented for facility inpatient reporting of procedures – it will not be used for physician reporting.

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Electronic Health Records (EHR)

- Proposed rules pertaining to Electronic Health Records (EHR) were published in the ***Federal Register*** in January, 2010, and opened for comment.
- Money to support these initiatives was made available through the economic stimulus package signed in 2009.

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Electronic Health Records (EHR)

A regulation issued by the **Office of the National Coordination for Health Information Technology** in 2009 set initial standards and certification criteria for the use of approved **Electronic Health Records (EHRs)**.

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Electronic Health Records

EHR Incentives *(continued)*

- One proposed objective for EMRs is for doctors to submit at least 75% of all prescriptions electronically using certified EHR technology.

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Electronic Health Records (EHR)

The Health Information Technology for Economic and Clinical Health Act (HITECH Act) established programs under Medicare and Medicaid to provide incentive payments for the “meaningful use” of certified EHR technology.

The programs begin in 2011.

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Electronic Health Records

CMS has published information pertaining to **Electronic Health Records** (EHR) incentive programs on their website at

<http://www.cms.gov/EHRIncentivePrograms/>

Please watch this website for additional updates pertaining to EHR throughout the coming months.

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Recent Updates in Appeals

Redeterminations vs. Reconsiderations

Medicare Part B providers and beneficiaries have 120 days to file a request for a **redetermination** from the date of receipt of the remittance notice or Medicare Summary Notice (MSN). This is the first level of appeal conducted by Medicare contractors.

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Recent Updates in Appeals

Faxing Requests for **Redeterminations**

Effective April 19, 2010 for Iowa Part B Providers, both Redetermination and Reopenings (*see slides 37-40*) may be requested via Fax! Please utilize the Fax form available at the following location:

http://www.wpsmedicare.com/j5macpartb/forms/_files/ia_appealsfaxform.pdf

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Recent Updates in Appeals

Helpful Hints for Faxing Requests for **Redeterminations**

- Each claim requires a separate form
- Make certain that all fields on the form are completed; do not highlight any information
 - The request must also include a valid Redetermination or Reopening Request form

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Recent Updates in Appeals

Redeterminations vs. **Reconsiderations**

Part B providers and beneficiaries have 180 days to file a request for a **reconsideration** from the date of receipt of notice of redetermination. This is the second level of appeal and is conducted by a Qualified Independent Contractor (QIC).

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Recent Updates in Appeals

Multiple Appeal Requests

WPS Medicare has implemented a recent change in the way we handle multiple, appeals requests. Prior to August 2009, WPS would forward multiple or duplicate appeals requests to the Qualified Independent Contractor (QIC) for consideration.

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Recent Updates in Appeals

Multiple Appeal Requests

In the past few months, WPS Medicare changed this process. Now, we will forward multiple requests for appeal to our inquiry area, who will contact the requesting provider's office to advise them that the claim or services in question have already been appealed.

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Recent Updates in Appeals

Avoid Implied Appeal Requests

Providers should indicate the reason(s) they are requesting an appeal.

We are instructing our staff to be less lenient in proceeding with an appeal request if it is incomplete. The vast majority of redetermination requests received simply state "see attached".

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Recent Updates in Appeals

Avoid Implied Appeal Requests

"See attached" usually results in a maintain decision because we do not clearly understand what the provider is actually appealing. Were they trying to change a diagnosis code, add a modifier, change a procedure code, ???

Being specific is very important!

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An Important Reminder Regarding Appeals

How to Request a Reopening

The Clerical Error **Reopening** process is not a part of the formal appeals process, but it allows providers to make a minor change to a previously filed claim, if the original claim was denied or reduced.

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An Important Reminder Regarding Appeals

How to Request a Reopening

Clerical Error **Reopenings** can be done on the phone or in writing, and for provider minor errors, clerical errors, or omissions. Please refer to the WPS Medicare Website for examples of services and claim situations which may be eligible to receive a Reopening.

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An Important Reminder Regarding Appeals

How to Request a Reopening

A provider, physician, or supplier may request a **Reopening** up to one year from the receipt of the initial Remittance Notice. Requests for Reopening(s) beyond one year from the initial processing require documentation to establish good cause.

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An Important Reminder Regarding Appeals

Fact Sheet on Reopenings

You may find a detailed, recently-updated Fact Sheet regarding **Reopenings** on the WPS Medicare Website at

http://www.wpsmedicare.com/j5macpartb/departments/appeals/_files/b_reopening.pdf

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An Important Reminder Regarding Appeals

Unprocessable Returns/Rejections

As they have not been processed by Medicare, claims returned or rejected as **unprocessable** are not eligible for appeal. Please avoid such requests.

It is best to correct the error/mistake, and re-submit it as a new claim.

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An Important Reminder Regarding Appeals

Fact Sheet on Appeals

Please review an updated Fact Sheet on "How to Appeal a Claim Determination" on the WPS Medicare Website at http://www.wpsmedicare.com/j5macpartb/departments/appeals/files/b_appeal.pdf

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Provider Enrollment Updates

The Provider Enrollment, Chain & Ownership System (PECOS) has resulted in the submission of additional enrollment applications by established physicians and non-physician practitioners already enrolled in Medicare for the purpose of being established in the PECOS system.

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Provider Enrollment Updates

WPS Medicare encourages physicians, non-physician practitioners, groups, and organizations to apply for enrollment and update their enrollment information via internet-based PECOS, rather than using the paper enrollment process.

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Provider Enrollment Updates

Currently, **90%** of the applications we receive are submitted on paper, and approximately **30%** of those require development for missing information. The need for development is a major factor in delaying the application process as a whole.

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Provider Enrollment Updates

Common Errors on Applications:

- Required copies of credentials to establish eligibility are missing
- Electronic Funds Transfer (EFT) agreement form is not provided
- The effective date is not indicated on the application

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Provider Enrollment Updates

Common Errors on Applications:

- Required fields on the application are not completed, or are completed incorrectly; i.e. NPIs, SSA#, PTANs
- Applicants submit a CMS-855R without a required CMS-855I
- Applicants submit a CMS-855I without a required CMS-855R.

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Provider Enrollment Updates

- For Internet-based **PECOS (Provider Enrollment, Chain and Ownership System)**, individual providers cannot appoint an Authorized Official (AO). Only groups and organizations may make such an appointment.

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Provider Enrollment Updates

For additional information please refer to the article entitled “Medicare Enrollment of Ordering/Referring Providers” on the WPS website

http://www.wpsmedicare.com/j5macpartb/departments/enrollment/2009_1216_refenroll.shtml

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J5 CERT Updates

- A CERT Quick Link was added to the WPS Medicare Provider home page
- WPS published new articles on the CERT Web page:
 - CERT Alert – Documenting Time in Medical Records
 - Provider Signature Requirements

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J5 CERT Updates

- Provider Signature Requirements
CMS Change Request (CR) 6698 –
Signature Guidelines for Medical
Review Purposes

[http://www.cms.gov/transmittals,downloads/R327PI.pdf](http://www.cms.gov/transmittals/downloads/R327PI.pdf)

- Tips to Avoid CERT Requests for
Additional Documentation

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J5 CERT Updates

WPS recently published new articles to the CERT page on the WPS Website. These updates emphasize the importance of complying with signature and documentation requirements.

Issues surrounding signature/documentation requirements are not exclusive to WPS or its Medicare providers, but involve CERT errors for ALL Medicare contractors.

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J5 CERT Updates

Legible Identifier

Medicare requires a legible identifier for services provided/ordered.

The method used shall be hand written or an electronic signature (stamp signatures are not acceptable) to sign an order or other medical record documentation for medical review purposes.

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J5 CERT Updates

WPS has published numerous articles to the **J5 CERT** tab in recent months:

- Error Focus: CPT 99211 (E/M)
- CERT and Self-Auditing
- Guidelines for the Use of Scribes in Medical Record Documentation
- Inpatient Split/Shared E/M Services
- Provider Signature Requirements

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J5 CERT Updates

WPS has published numerous articles to the **J5 CERT** tab in recent months:

- Documentation of Teaching Physician Services
- Incorrect Coding of Colonoscopies
- Complete Blood Count (CBC) Services
- Documenting Time in Medical Records
- Radiation Oncology and Brachytherapy Services

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J5 CERT Updates

For additional information pertaining to CERT, please refer to the WPS Medicare:

<http://www.wpsmedicare.com/j5macpartb/departments/cert/>

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The CMS Secure Network Access Portal (C-SNAP)

- The core function of **C-SNAP** is to provide a Web-based self-service tool to the WPS Medicare provider community which allows access to patient eligibility and claim status.
- **C-SNAP** is a free self-service Internet portal available to you 24 hours a day, 7 days a week, at no cost.

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The CMS Secure Network Access Portal (C-SNAP)

C-SNAP Contact Information:

- Website:
<https://www.medicareinfo.com/apps/cms/home.do> (Portal Access)
- Technical Support: (877) 476-8116
 - 8:00 am to 4:00 pm CT,
 - Monday through Friday

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The CMS Secure Network Access Portal (C-SNAP)

- Use **C-SNAP** to check **patient eligibility** information
- Use **C-SNAP** to check **claim status** information
- Use **C-SNAP** to check **supplemental information**

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Self-help Tools available via WPS and CMS Websites

eNews Listserv

- Both WPS Medicare and CMS have Listservs that providers can elect to sign up to receive. Let's first look at the WPS Medicare eNews Listserv.

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Self-help Tools available via WPS and CMS Websites

eNews Listserv

- WPS Medicare sends out a weekly eNews Listserv with the most current and vital information Medicare providers need to know. The weekly e-mails contain the policy updates, education schedule additions, changes to the Medicare program, and much more. To register visit WPS Medicare's Website and click in the yellow box in the upper right corner with the link entitled "Sign Up for Medicare eNews."

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Self-help Tools available via WPS and CMS Websites

eNews Listserv

- The CMS Listserv system is separate from the WPS Medicare Listserv system. You can sign-up for Listserv for CMS. It allows providers to pick the topics they are interested in receiving.
- Remember, signing up for just one Listserv will not give you all the information you need to do your job. **Be sure to sign-up for both the WPS Medicare and CMS Listservs.**

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Self-help Tools available via WPS and CMS Websites

Interactive Voice Response (IVR) Unit

- The IVR offers providers quick and easy access to Medicare information 24 hours a day. Simply call the toll-free telephone number above to obtain Medicare claims information and patient eligibility. You may navigate the IVR by either speaking the required information or entering it using your telephone number pad.

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Self-help Tools available via WPS and CMS Websites

To reach the **Interactive Voice
Response (IVR) Unit** call
(866) 590-6702

The IVR is available 24 hours a day,
7 days a week. However, the standard hours
of operation when all IVR functions are
available are Monday - Friday 7:00 am -
6:00 pm CT.

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Self-help Tools available via WPS and CMS Websites

The **Interactive Voice Response (IVR)** unit works through a series of prompts, or options, as follows:

- 1 "Eligibility" 2 "Claim Status"
- 3 "Provider Summary"
- 4 "Checks" 5 "Deductibles"
- 6 "Pricing" 7 "Questions"

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Educational Programs available via the WPS Website

Training Programs

WPS Medicare offers three formats for live training, to allow maximum provider participation. These include:

- **Seminars**, presented in person by our experienced Provider Outreach and Education staff. These usually last a half-day or full day.
- **Teleconferences**, topic driven education and/or open question and answer format. These typically run for 60-90 minutes.

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Educational Programs available via the WPS Website

- **Webinars (Web-based seminars)**, presented live over the internet in an audiovisual format, allowing providers to view slide shows, listen to the presenter and ask questions. To view the current schedule for each format, please make a selection by using the left-hand navigation.

Also, check out our **On- Demand Training** section for recorded presentations available to you at any time.

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Educational Programs available via the WPS Website

On Demand Training

WPS Medicare understands that a provider's office is a busy place. With this in mind, WPS Medicare would like to bring the education to you. We are proud to offer on demand training to our provider community.

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Educational Programs available via the WPS Website

On Demand Training

To best meet your needs, WPS Medicare offers on demand training in three different formats:

- **Audio** - The specialized Audio area includes recordings of teleconferences.
- **Audio/Visual** - the Audio/Visual area provides Webinars (web-based seminars) as well as short trainings specifically created for the WPS Medicare Website
- **Slide Shows** - Slide Show area offers a variety of presentations available for viewing at any time.

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Additional Resources

- **WPS Medicare Website**
www.wpsmedicare.com
- Don't forget to fill out the
ForeSee Survey!
- **Subscribe - WPS Medicare eNews**
www.wpsmedicare.com/listserv

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Additional Resources

- **CMS Website**

www.cms.gov

- **CMS E-mail Updates**

http://www.cms.gov/AboutWebsite/20_EmailUpdates.asp#TopOfPage

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Questions ?

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Thank You !

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