



CMS LiveWire

E-News for Office Administrative Personnel

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Happy Holidays!
Marilyn, Joan & Sandy

**WE WANT TO HEAR
FROM YOU!**

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Colorado Medical Society
Communities



**2009 CO MFS
Available!**

Click [here](#)

AMA Comments on 2009 Final Rules

Problematic changes made to Medicare physician enrollment policies. The final physician fee schedule rule contained several burdensome changes to the Medicare enrollment process that were scheduled to go into effect on January 1. Due to strong American Medical Association (AMA) advocacy, Centers for Medicare & Medicaid Services (CMS) has agreed to phase in these changes later in 2009 rather than implementing them at the start of the year. The most troubling change significantly reduces a physician's ability to retroactively bill the Medicare program. Currently, upon enrollment in the Medicare program a physician may retroactively bill the program for up to 27 months. The final rule reduces the time period to 30 days. Given all the current problems with the enrollment system, including procedural delays extending well beyond 30 days, the AMA will continue to urge CMS to withdraw this provision. We will soon be posting information on the AMA website detailing all the enrollment changes and will make the link widely available. Click [here](#) to access highlights of the Final Rule.

CMS Launches Long-Awaited Web-Based Enrollment System

Last week the Centers for Medicare & Medicaid Services (CMS) launched the long-awaited Internet-based version of Provider Enrollment, Chain Ownership System (PECOS Web) for use by individual practitioners in 15 states and the District of Columbia. PECOS Web is a scenario-driven system that enables practitioners to complete their Medicare provider enrollment application online. Individual practitioners will use their national provider identifier (NPI) user identification and password to access PECOS Web. Because of this, CMS recommends that individuals reset their user IDs and passwords before accessing PECOS Web, and then resetting them at least once a year.

CMS anticipates that PECOS Web will be available to individual practitioners by the end of January. Stay tuned to mgma.com for information on PECOS Web's availability in your state. After CMS has made PECOS Web available to individual practitioners nationwide, it will begin offering it to entities enrolling in the Medicare program. Access the CMS [Web site](#) to learn more about Medicare provider enrollment via PECOS Web. For help using [PECOS](#) Web, call the CMS External User Services Help Desk toll-free at 866.484.8049 or via [e-mail](#).

CMS Publishes "PQRI: 2007 Reporting Experiences"

The Centers for Medicare & Medicaid Services (CMS) recently published an informative document, "Physician Quality Reporting Initiative (PQRI): [2007 Reporting Experiences](#)." It highlights common errors made by both the agency and medical practices participating in the PQRI during the 2007 PQRI reporting period. The issues raised may help practices contemplating participation in the 2009 PQRI.

Additionally, CMS announced modest efforts to review claims submitted for the 2007 PQRI using updated analytics that take into account these unanticipated issues. This review could result in some 2007 PQRI participants receiving adjusted payments and/or additional medical practices qualifying for the incentive payment. However, it is unclear how many providers will be affected. CMS will not make payments based on re-examined 2007 PQRI data until fall 2009. When the Medical Group Management Association and other national provider organizations met with CMS officials last week regarding this announcement, the agency also provided a [chart](#) showing aggregate causes of invalid data submission or reporting.

Have You Received an "Educational" Letter From Medicare? - Julie Conroy, Colorado Medical Society Education Program Associate, Western Skies Billing Service

Centers for Medicare or Medicaid Services (CMS) has sent out a series of letters from the "Provider Outreach and Education Department" regarding Evaluation and Management (E/M) Services. If you have received this letter, your first reaction might have been a gulp and losing color in your face. The first piece of advice is don't panic. The letter describes the intention of the correspondence, what data criteria was involved in their analysis, and educational information relating to the most common mistakes identified in medical review of records. The CMS letter also includes educational resources in the form of web site links to assist physicians with coding requirements relating to E/M codes (see below). I would encourage you to visit the web sites included below as they have very valuable information on E/M coding. Click [here](#) for more good advice from Julie.

Brown Bag Teleconference



E-Prescribing
January 20,
2009
Save the Date!
Details Coming
Soon!

Current Health Plan Newsletters

Click on the links
below to
access the
current issues

[Anthem](#)

[Medicaid](#)

[TrailBlazer News](#)

[UHC](#)

Coding Corner

ICD-9-CM Antenatal
Screening Codes
V28.3 & V28.81 -
Confused about the
difference between
ICD-9-CM code
V28.3 & new code
V28.81? Don't be!
Click [here](#) for
more info.

COMMERCIAL INSURANCE

Anthem - BCBS Plans to transition to standardized ID cards starting in January - In November 2008, Anthem BCBS started the transition to a new standardized format for our members' ID cards. We're making this change at the request of the Blue Cross and Blue Shield Association (BCBSA) - the organization that governs all BCBS plans nationwide. As a result, you may begin seeing the new formatted ID cards from other plans as well. [Read on...](#)

CIGNA/GreatWest - Combined Coverage & Precertification Policy - As you know, Great-West Healthcare is part of CIGNA. To support the delivery of quality care, we've combined the following CIGNA and Great-West Healthcare Medical Management policies.

CIGNA and Great-West Healthcare coverage policies for many services have been combined as of September 15, 2008. A combined precertification list is being developed and changes will be available on October 1, 2008. The new, integrated list will become effective on January 1, 2009. Access [CIGNA](#) & [GreatWest](#) websites for more information.

UHC - Decreasing Your Appeal Submissions - Are you interested in decreasing your appeal submissions? If so, the following tips will offer assistance. Refer to page 9 of the [November Network](#) Bulletin for more info

MEDICAID

Client Billing Q&A - I'm not a Colorado Medicaid Provider, can I bill the Medicaid patient for my services? No, constraints against billing Colorado Medical Assistance Program clients for benefit services apply whether or not Colorado Medical Assistance Program makes or has made payment and whether or not the provider participates in the Colorado Medical Assistance Program. Refer to the December [Provider Bulletin](#) for more Q&A.

MEDICARE

2009 PQRI Educational Resources - The Centers for Medicare & Medicaid Services (CMS) is pleased to announce that two (2) new educational resources on the 2009 Physician Quality Reporting Initiative (PQRI) have been posted to the PQRI webpage on the CMS website. Click [here](#) for more info...

Medicare's Practical Guide to the E-prescribing Incentive Program - Electronic prescribing (e-prescribing) is the transmission of prescription or prescription-related information through electronic media. E-prescribing takes place between a prescriber, dispenser, pharmacy benefit manager (PBM), or health plan. It can take place directly or through an intermediary (like an e-prescribing network). The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA) authorized the Medicare E-prescribing Incentive Program beginning in 2009 to promote adoption and use of e-prescribing systems. Click [here](#) to find out what you need to do to get your bonus.

Signature Requirements Reminder - 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. Click [here](#) to access CR 5971 for more information.

MORE GOOD STUFF...

Funding Available for Tobacco Cessation - The Colorado Clinical Guidelines Collaborative (CCGC) is actively looking to assist clinical practices in improving their success in helping patients quit smoking. Letters of Interest are being accepted for **funding in tobacco cessation and secondhand smoke exposure reduction**.

CCGC provides this funding to ambulatory practices throughout Colorado - if you have an interest or are passionate about decreasing tobacco use and secondhand smoke exposure for your patients, we encourage you to consider this opportunity. Click [here](#) to find out how.

Technology: HR in a Box? Using technology to improve HR management in your practice - By Robert Anthony, *Physicians Practice*, November 2008 - Most practices don't spend much time thinking about human resources. If you have a small number of employees, you really shouldn't have that many HR issues, right? Wrong. Letting HR issues slip can be bad news for your practice. In the worst case it can prompt a lawsuit from a disgruntled former employee, but even in the best cases it can mean chaos and confusion in your working environment, which can lead to high turnover rates.

The good news is that there are solutions to your HR dilemmas, and some of them are available right out of a box containing customizable software. Just as an EMR can help streamline workflow with patients, technology is available to better manage staff and reduce turnover. Learn [more...](#)



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