




# CMS LiveWire

✧ E-News for Office Administrative Personnel ✧

Health Care Financing Division  
Colorado Medical Society

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WE WANT TO HEAR FROM YOU!  
Send us your comments,  
ideas for articles, and  
coding/billing tips &  
tricks.

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Only 96 more days un-  
til May 23, 2007!  
Do you have your NPI?

Feel free to share this in-  
formation, but please ac-  
knowledge the source.

## CMS Welcomes Colleen LeBourgeois!

Please join us in welcoming Colleen to CMS' Health Care Financing Division. Colleen is our Outreach Coordinator & is responsible for managing on-going statewide seminars, web site coordination and updates, and most importantly, keep Marilyn & Sandy on track! Colleen is new in town so please drop her a [line](#) & make her feel at home.

## A New Community is on the Horizon

During the first and second quarter of this year, we will be spending a great deal of time in the development of an online community for physicians' office staff devoted to practice management/billing/reimbursement issues. If you aren't a member of an online community already you might think it is just a "chat room". While it is true there are discussion boards within the community, it can be much more. Unfortunately, you can't find a precise definition of an online community, but all of the variations have some common elements. Here is an amalgamation:

*An online community provides a "virtual space" where people with a shared identity or interest can come together for a common purpose.*

What that means in relationship to our vision is, office managers, billing staff and others can join and participate in this community with the common goal of enhancing the viability of their practice. The community can facilitate this goal through news alerts, topics of interest, educational opportunities, self-help tools, resources and a discussion board.

Have you ever had a burning question that you really would like to talk to someone about? The discussion board will provide you with that opportunity. You can post your question and one or more of the other community members will post a response. The discussion board can provide us all with the networking support we need in the ever changing world of managed care, billing and A/R management.

The CMS community will be open to any CMS member physician and staff. It will be password protected to provide some confidentiality for the discussions among its members. Once you are a member you can join the community at any time. You will also be able to set your own alerts to notify you when new information or discussions are posted. But most importantly, we are giving you an opportunity to provide us with input in its design by responding to this short survey. The goal isn't just to launch a community, it is to launch a community that meets your needs. If we don't, we will just have a ghost town.

*Provide your input, and have your mouse poised to move into our community and make yourself at home! [Click here](#) to take the survey.*

## SB07-079 - Standard Health Care Provider Contracts - Where Is It Now?

SB07-079 (formerly SB198) requires fairness and transparency in contracts between health care providers and health plans. On February 14<sup>th</sup> the Bill passed out of the Senate and is now on its way to the House. Stay tuned for updates.

## Health Plan Bulletins

Click on the health plans below to access current bulletins:

- [Anthem](#)
- [Medicare](#)
- [UHC](#)

## AR Tip from athenahealth:

Did you know that for every day a claim goes unentered (and thereby not submitted to a payer), it loses an average of 0.6 percent of its value? [Click here](#) to open a Word document for e-tips on how to address five practice management concerns like this one.

## Just for the Pun of It!

Old doctors never die they just lose their patience.

I couldn't decide which of two physicians to see. It was a paradox.

## "BROWN BAG" TELECONFERENCES



The next Teleconference is scheduled for March 20, 2007  
**March's Topic:**  
*Physician Voluntary Reporting Program (PVRP)*  
**Watch for details!**



Don't Forget to **Register** for the 1<sup>st</sup> Quarter 2007 QAOAP Seminar -

**2007 Medicare Updates**

Meet with Medicare Representatives & get your Medicare questions answered.

**Registration Deadline is March 9, 2007**

## AAFP's Online Tool Calculates Changes in 2007 Medicare Income - By News Staff 12/13/2006

Family physicians likely will want to take advantage of an [interactive online tool](#) that the Academy's Practice Support Division has updated to help members calculate changes in their Medicare income based on evaluation and management code payment changes recently published in the CMS final rule. The E/M Impact Tool allows users to see payment allowances and calculate revenue changes between 2006 and 2007. **Editor's Note:** [Click here](#) to view *Colorado's Medicare Reimbursement Comparison for select E/M codes*.

## Commercial Insurance Updates

**Aetna** - 2007 Participating Provider Precertification List Now Available - Is a precert required by Aetna? You can use Aetna's online [code search](#) to find out if a specific code requires a precertification.

**Anthem** - Anthem Alpha Prefix Reference List Updated - New alpha prefix for Ute Indian Tribe added to local business. [Click here](#) to access the updated list.

**UHC** - Preventive Medicine and Screening Policy - **Implementation delayed** - In the May 2006 *Network Bulletin* UHC announced that they would modify their Preventive Medicine & Screening Reimbursement policy to allow separate payment for a problem-oriented E/M & a preventive service for the same patient on the same day. The implementation of this policy revision was anticipated to occur during the first quarter of 2007. Unfortunately due to claim platform issues, this policy change has been delayed, and implementation is now anticipated in December 2007. [Click here](#) for more information.

## Division of Insurance (DOI)

The Division of Insurance's ICARE (Insurance Consumer Awareness and Regulatory Enforcement) Section has primary responsibility for handling complaints, including investigating the allegations of complaints and working with consumers, providers, carriers, employers and others to ensure that the insurance policy provisions, laws and regulations are followed. ICARE deals with all types of insurance -- health, life, auto, homeowners, inland marine, viatical settlements, etc.

Concerns about how insurance companies and health carriers are dealing with individual consumers come into the DOI in many ways - telephone, fax, e-mail, the DOI's website [complaint](#) form, and walk-in visitors. In addition, inquiries and complaints are lodged with the Division's ICARE Section from individual consumers, employers, providers and provider groups, insurance producers (agents and brokers), legislators on behalf of constituents, and even from companies about their competitors.

Patients may contact ICARE by calling 303-894-7499 and entering "2" at the prompt.

## By Popular Demand... General Q&A with the Health Plan Hits the Road

For a number of years office managers on the Western Slope have requested that we provide them with the same opportunity for face-to-face interaction with the health plans. This year we are happy to announce that their wish has come true. On May 17<sup>th</sup> Grand Junction, Glenwood Springs & Montrose office managers will be meeting with Aetna, Anthem, Sloans Lake, Great-West Healthcare, Rocky Mountain Health Plans & UnitedHealthcare. Stay tuned for more details.

## Medicare Update

Noridian Launches New [Website!](#)

Do you have Medicare billing questions? If so, MedLearn's [Reference Guide](#) for Medicare Physician & Supplier Billers has the answers.

## Miscellaneous

**Medicare Payment Policies Drive Other Payers** - The AMA recently conducted a national survey of public & private payers to assess the non-Medicare use of the Resource-Based Relative Value Scale (RBRVS). Those surveyed consisted of Private Health Plans, Medicaid Plans, Workers' Compensation Plans & TRICARE. Respondents to the survey provide health insurance coverage to a total of 123 million patients. The survey found that 77% of the respondents currently use the Medicare RBRVS in establishing fee schedules. The majority of those that responded indicated that they utilize the Medicare conversion factor (CF) as a basis for determining their own conversion factor [by using Medicare CF or utilizing a percentage of Medicare payment (e.g., 125% of Medicare)]. *AMA PSA 120106*



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"Advocating excellence in the profession of medicine."