



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 cod-
ing/billing tips & tricks.

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**Communities**

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**Medicare Payment Delays
Due to NPI/Provider File
Issues?**

Send an email to
NPI.issues@trailblazerhealth.com

A Heartfelt “Thank You” To TrailBlazer From The Colorado Medical Society

TrailBlazer meeting results were nothing short of phenomenal! Dr. Debra Patterson, J4 Part B Medical Director & LJ Smith, Provider Outreach & Education Specialist, met with over 500 physicians & their staff in the Grand Junction, Montrose, Durango, Colorado Springs, Denver & Loveland areas. The tour began on Monday, June 9 and ended on Thursday, June 12. The Host Sites graciously secured the meeting space, managed the registration & organized the details of the meeting in their respective areas.

Dr. Patterson & LJ presented current & pertinent information throughout the tour & spent a significant amount of time assisting staff from the practices to resolve concerns. Their willingness to work with physicians & their staffs strongly supports the premise that “we are in good hands”. Teamwork is required to continue the process of putting out brush fires & bringing all efforts to a successful conclusion. Click [here](#) for tips from TrailBlazer on how to address/resolve some common transition problems.

Health Plans Implement SB 79 (C.R.S. 25-37-101)

Health plans (& other entities that contract with physicians to provide health care services) have until the end of 2008 to come into compliance with C.R.S. 25-37-101, the Fair & Transparent Contracting law. Many of the plans have begun this process, thus explaining the number of notices, amendments &/or new contracts that many physicians have been receiving in recent months. In his [current article](#) on Practice Viability in the May/June issue of *Colorado Medicine*, Dr. Keeler states, “This is a new business environment. The state has helped us with the new law, but is doing no handholding. Now it is our turn. Be warned: 2008 is likely to feature a blizzard of new contracts as every plan scrambles to adjust the contracts to the new law.”

The implementation process also explains the arrival of something new - a Summary Disclosure Form (SDF). The law requires that health plans provide contracting & potential contracting physicians with a reasonable summary of some of the more important provisions in the contract (e.g., reimbursement). Although the SDF is not a legal document, it is intended to give you some key information at a glance thus making it easier for you to compare one contract to another. The format of the SDF was not mandated, it was the result of a cooperative effort between the Colorado Medical Society & the Colorado Association of Health Plans (CAHP). [Read on...](#)

One Last Push To Stave Off Medicare Cuts - Update

An ASAP message was sent via email to all CMS Members on June 11th encouraging them to contact Senators Salazar & Allard about the Medicare payment cuts that are scheduled to take effect July 1, 2008 & January 1, 2009. Unfortunately, the Bill was placed on hold 6/12. It was noted in the ASAP that Senator Salazar is in support of the bill & that Senator Allard has not committed. Edie Sonn, our Director of Public Affairs, is urging all Colorado physicians to [contact](#) Senator Allard to “encourage him to reach across the aisle” to allow debate to begin on this bill. Please contact Edie at 303-858-6327 or via email to Edie_Sonn@cms.org if you have any comments or questions.

Capital Blue Cross Class Action Settlement Information - Reminder

Don’t forget to file your claim by June 30, 2008 to get your share of this settlement. Note: Colorado physicians are only eligible for one (1) share of this settlement fund because we were part of the previous Anthem/Wellpoint settlement that included all BlueCard business for Colorado. Click [here](#) to view the instructions that appeared in last month’s issue of the *LiveWire*.

UPCOMING BROWN BAG
TELECONFERENCE



Sales/Use Tax In Physician
Offices
June 24, 2008
Click [here](#) to Register!

PQRI Update
July 15, 2008

Details coming soon!

CURRENT HEALTH PLAN
NEWSLETTERS

Click on the links below to ac-
cess the current issues:

[Medicaid](#)
[RMHP](#)
[UHC](#)

CCGC UPCOMING WEBINARS

Pharmacotherapy for Tobacco
Cessation: Update & Clinical
Pearls - July 1, 2008 - Click
[here](#) to Register!

JOKE OF THE DAY

A man goes to the eye doc-
tor. The receptionist asks
him why he is there. The
man complains, "I keep see-
ing spots in front of my
eyes." The receptionist asks,
"Have you ever seen a doc-
tor?" and the man replies,
"No, just spots."

CODING CORNER

Prolonged Services Codes
99354-99359
Click [here](#) for new guidance from
Medicare

Commercial Insurance

Aetna - Aetna Vows to Continue Settlement Terms *American Medical Association, June 16, 2008* - Aetna has committed to continue the operating changes it made over the past five years as a condition of their settlement agreement from the class-action lawsuit filed by physicians and medical societies over five years ago. Troyen Brennan, MD, MPH, chief medical officer for Aetna said, "We've gotten beyond unhelpful adversarial relationships. We have every intention of maintaining those warm and collegial relationships." [Read on...](#)

Anthem - Transition For Radiology Management Program Effective September 1, 2008 - As announced previously on April 1, 2008, effective September 1, 2008, Anthem Blue Cross and Blue Shield and HMO Colorado is pleased to transition its radiology benefits management program from National Imaging Associates to a collaboration of our affiliate, American Imaging Management and ourselves. Click [here](#) for more information.

UHC - Claim Reconsideration Request Form - A revised UnitedHealthcare Claim Reconsideration Request form is now available for immediate use by contracted physicians, hospitals and other health care professionals when requesting a claim reconsideration or formal appeal. Visit UnitedHealthcareOnline.com > Claim Reconsideration > Claim Reconsideration Request Form. Refer to page 6 of the [May Bulletin](#) for additional instructions.

Medicaid

CHP+ & ASO Transition Update - CHP+'s Administrative Service Organization (ASO) will be changing from Anthem to Colorado Access beginning July 1, 2008. The change is the result of a competitive bid process for the contract. The ASO provides network administration, claims administration, and professional services for the CHP+ State Managed Care Network. In practice, this means that the ASO processes contracts, pays claims, handles medical appeals, prior authorizations and other day-to-day tasks of managing a health plan for the State.

The ASO only provides these services for the State Managed Care Network. The State's Managed Care Network is the self-funded health insurance side of CHP+. This change does not affect the HMOs/MCOs that participate in CHP+ (Colorado Access, Denver Health, Kaiser and Rocky Mountain Health Plan). More information on page 6 of the [June Provider Bulletin](#).

Medicare Updates

J4 MAC LCDs Migrated to the Redesigned LCD Web Page - The LCD page is being redesigned to simplify the selection process and limit the number of LCDs that will display. On June 13, 2008, all LCDs, including J4 LCDs, will be posted to the TrailBlazer LCD Web page. [More info...](#)

J4 MAC Contact Directory Updated - All contact directories have been updated. Please make note of effective dates. **Providers should note that telephone numbers and e-mail addresses will be changing with the J4 implementation.** Click [here](#) to access the updated directory.

J4 A/B MAC Web/Communications Changes Beginning June 13, 2008 - After the J4 cutover, the J4 Web site will be retired. TrailBlazer is currently working to move all relevant J4 information to the TrailBlazer Web site (e.g., LCDs, job aids, notices and contacts). Providers will use one Web site for all Medicare information. [Read on...](#)

Miscellaneous

The Best Company For the Job *By Karen Zupko, Physician Practice Pearls, May 29, 2008* - Billing companies often try to convince physicians that outsourcing their billing is the only way to go; claims scrubbing, denial follow-up, resubmissions... all that red tape taken care of -- and out of your hair. But, rest assured nothing is perfect. For example, your practice will still need to collect patient demographics -- a common component when tracking a trail of billing errors.

Nevertheless, other reputed benefits of outsourcing, such as reduced staffing needs and improved compliance, can be real. It all depends on the quality of the billing agency you select. But, here's what's often left unsaid: **You should regard your billing company as a business partner who will work with you to ensure your success.** They cannot handle your practice billing independent of your input. In fact, HIPAA formalizes this relationship through a required business associate agreement. Click [here](#) to read the complete article.

