




# 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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REMEMBER!  
NPI Deadline May 23,  
2007

## Insurance Commissioner Sends Letter Asking CMS To Forward Patient Complaints Concerning Fallout From United/HealthONE Contract Dispute

Colorado Insurance Commissioner, David Rivera, sent a [letter](#) today to the Colorado Medical Society and the Colorado Health and Hospital Association asking to forward all consumer complaints so the agency can take appropriate action to ensure consumers' access to care.

Consumer complaints can be directed to the DOI at 303-894-7490 or 800-930-3745. CMS is also collecting information on problems physicians and patients are experiencing with this situation. Please send an email to [ENews Editor](#) with details of any difficulties your or your patients are having that can be attributed to the expiration of the United/HealthONE contract.

## CMS Sends Delegation To Washington, D.C., To Fight For Medicare Payment Fix

CMS President, Dr. Rick May, is leading a Colorado Delegation to Washington, D.C. September 12-14th to fight for a permanent fix for the SGR that will prevent the proposed 5.1% cut in Medicare reimbursement next January.

Dr. May, joined on the trip by CMS Past-President Dr. Ray Painter, has a full itinerary meeting with the Colorado Congressional Delegation. Read who they are going to see and when here: <http://www.cms.org/ASAP/MedItinerary.pdf>

Read the message they are carrying to the Colorado Congressional Delegation here: <http://www.cms.org/ASAP/MedMemo.pdf>

*Editor's Note: [Click here](#) to view the AMA's highlights of the proposed rules.*

## OMB Approves Revised 1500

The Office of Management and Budget (OMB) has approved the 1500 Claim Form For more information & to access the revised form, [click here](#).

The NUCC has made modifications to its recommended timeline for transitioning to the revised 1500 Claim Form. The timeline is now:

- ❖ **October 1, 2006** Health plans, clearinghouses, and other information support vendors should be ready to handle and accept the revised (08/05) 1500 Claim Form.
- ❖ **October 1, 2006 - March 31, 2007** Providers can use either the current (12/90) version or the revised (08/05) version of the 1500 Claim Form.
- ❖ **April 1, 2007** The current (12/90) version of the 1500 Claim Form is discontinued; only the revised (08/05) form is to be used. All rebilling of claims should use the revised (08/05) form from this date forward, even though earlier submissions may have been on the current (12/90) 1500 Claim

The NUCC strongly recommends that providers contact their health plans and/or clearinghouses/vendors prior to submitting a claim on the revised form to ensure that they are prepared to accept the revised form.

<http://www>

### Did you know?

More & more payers are communicating electronically with their network providers. Most have websites that allow you to verify member eligibility & benefits, prior authorize services, request/track referrals, access reimbursement policies, view newsletter/bulletins and much more. If you have not yet registered, we urge you to do so. Go to <http://www.cms.org/officestaff/planlinks.html> for links to many of the payer websites.



## CONTRACTING TIPS

[15 Questions to Ask Before Signing A Managed Care Contract](#) - AMA Private Sector Advocacy

[Top 10 Reasons to Say No To a Managed Care Contract](#) - Concord Consulting/Don Self & Assoc. Inc.

## Determining Financial Hardship

The False Claims Act prohibits waivers of co-payments or deductibles, except where those waivers are based upon individual findings of financial hardship, or occur after reasonable collection efforts.

*What are reasonable collection efforts?* - "Reasonable collection effort" has been vaguely defined as "those efforts that a reasonable provider would undertake to collect amounts owed for items and services provided to the patient." The important thing is that the practice has a written policy and that it is applied equally to all patients. [Read more...](#)

## The Proof Is In The Numbers - by Robbie Breaux, Grand Junction, OMAP Mbr

As the biller for a one-physician practice, I come across numerous instances of hassles put upon me by the various insurance companies. I can only imagine the hassles endured by larger practices. I am very grateful that the Colorado Medical Society has stepped up to the plate to assist me in my wranglings with these companies. The Claims Resolution Assistance and Health Plan Complaint Projects were established so that we could present a unified front against the improper payment methods that are rampant across the insurance industry. [Read more...](#)

## EFT (Electronic Funds Transfer vs. Extremely Frustrating Transactions)

The time has come for all practices [at least those participating with UnitedHealthcare] to get on board with EFT/EPS enrollment. [Click here](#) for more info.

## Workers' Compensation Update

- *The Workers' Compensation rules for 2007 are now available at <http://www.coworkforce.com/dwc/notices/noticeofrulehearings.asp>. Of special note, the reimbursement for codes on the fee schedule received an overall increase of 3.97% (Rule 18). Also effective 1/1/07, rental network PPOs must be able to produce a copy of a valid contract within 30 days if requested by the provider before discounts can be applied (Rule 16). If the requested information is not received within the 30 days, the payer must pay the maximum fee schedule amount or the billed charge, whichever is less.*
- *The Division has a new Director. Bob Summers has been named to replace MaryAnn Whiteside. Ms. Whiteside retired July 31<sup>st</sup>. She had been the Division Director since 1997.*

## Medicaid Updates

**Transition Plan For Colorado Access - Status Update** - On July 18, 2006 the Colorado Department of Health Care Policy and Financing was notified that Colorado Access planned to terminate its Medicaid physical health contract, effective September 1, 2006. [Click here](#) to view the press release.

**September Medical Assistance Program Provider Bulletin now available** - [Click here](#)

## Medicare Updates

**Drugs Billed to Medicare B Must Meet All Incident-to Criteria** - The U.S. Attorney's Office recently announced an agreed-upon amount of just under half a million dollars, which a medical practice paid to Medicare and TriCare to settle an allegation of billing Medicare for medications as though they were being administered by physicians at the site, when in fact the drugs were being given to patients on a take-home basis for subsequent administration. [Click here](#) for more info.

**Determination of Which Drugs are Usually Self-Administered by the Patient** - This is the ninth in a series of articles that provide notification of Noridian Administrative Services' (NAS) determinations of whether or not certain injectable drugs, even though furnished incident to a physician's service, are excluded from Medicare payment because they are usually [self-administered](#) by the Medicare beneficiaries who use them.

**Medicare B News Issue 230 now available** - [Click here](#)

**Just for Fun - 24 questions from George Carlin's warped brain (PG)**



**COLORADO MEDICAL SOCIETY**

"Advocating excellence in the profession of medicine."