

ID/KY Ask-the-Contractor Teleconference (ACT)

Welcome and Updates

Juan Lumpkin of the CGS Provider Outreach & Education department began the call by welcoming all participants and CGS subject matter experts. Prior to the open forum, Juan provided updates on several Medicare-related initiatives.

2012 Medicare Physician Fee Schedule

On November 1, 2011, the Centers for Medicare & Medicaid Services (CMS) released the Medicare Physician Fee Schedule (MPFS) Final Rule with Comment Period. As a result of current law, providers can expect Medicare payment rates on services paid under the MPFS to be reduced by 27.4% for services rendered in calendar year 2012. Should congressional action cause a change to 2012 reimbursement rates, CGS will be sure to notify the provider community via ListServ. The 2012 fees are available in our comprehensive fee schedule database located on the CGS website at <http://www.cgsmedicare.com/partb/coverage/fees/index.html> (ID) and <http://www.cgsmedicare.com/kyb/coverage/fees/index.html> (KY). The MPFS Final Rule with Comment Period can be found on the CMS website at <http://www.cms.gov/PhysicianFeeSched/PFSFRN/itemdetail.asp?filterType=none&filterByDID=-99&sortByDID=4&sortOrder=descending&itemID=CMS1253669&intNumPerPage=10> under RELATED LINKS OUTSIDE CMS and is available in a text or PDF format. Comments will be accepted until January 3, 2012. Instructions on how to comment are noted within the Rule.

e-Prescribing (eRx) Payment Adjustment

Beginning 2012, federal regulations require CMS to subject eligible professionals (EPs) who are not successful electronic prescribers under the eRx Incentive Payment program to a payment adjustment. The payment adjustment, which is a 1% reduction, applies to all EP Part B professional services paid under the MPFS. CMS allowed EPs until November 8, 2011, to submit a significant hardship exemption request to avoid the reduction. CMS will review all requests and providers will be notified whether or not their request was approved. CMS expects to have this process complete sometime in December 2011. In addition, providers will receive a 2012 eRx Payment Adjustment Feedback Report sometime in November/December 2011. The feedback report will identify the EPs who reported at least one G-code during the January – June 2011, reporting period, the opportunities EPs had to report (percentage), and whether the threshold was met to avoid the reduction. A user guide to help read the report is available on the CMS website at http://www.cms.gov/ERxIncentive/20_Payment_Adjustment_Information.asp under the DOWNLOADS section.

Provider Enrollment Revalidation Project

As a result of the Affordable Care Act of 2010, providers are required to revalidate their Medicare enrollment to undergo newly-established screening criteria. Providers and suppliers that submitted enrollment applications on or after March 25, 2011, are impacted. CGS will send letters to providers when it is their “turn” to revalidate. Providers will have 60-days from the date of the letter to complete a new CMS-855 enrollment application. Initially, Medicare contractors were to have the effort completed by March 2013. CMS recently announced an



extension in the deadline – March 2015. The extension in the deadline does not affect the amount of time providers have to complete an application once notified. The first round of letters has been sent to providers who are not enrolled in the Provider Enrollment Chain and Ownership System (PECOS). For clarity, a sample revalidation request letter has been posted on the CMS website at http://www.cms.gov/MedicareProviderSupEnroll/11_Revalidations.asp under the DOWNLOADS section. CMS has also provided a listing of all providers who were mailed a revalidation request letter. The letter is located on the same webpage.

Version 5010

Providers are reminded of the January 1, 2012, deadline to be Version 5010 compliant. Version 5010 is the HIPAA-compliant standard for all electronic transactions. CGS is sponsoring a series of Act-the-Contractor Teleconferences (ACTs) to discuss Version 5010. ACTs will be held on November 29, December 6, and December 20, 2011. Call-in details can be found on our website under the EDUCATION tab at the ASK-THE-CONTRACTOR TELECONFERENCE link. In addition, providers new to electronic billing and those obtaining new hardware/software must use Version 5010.

Open Forum

The call was then opened to allow participants to ask questions.

Question: CGS sent a notice that there will be a mailing address change. What is the new address to send claims?

Answer: Effective December 5, 2011, CGS will be consolidating our mailroom locations for our Jurisdiction 15 (Kentucky and Ohio) segments. The address to send claims will be:

J15 – Part B Claims
CGS
PO Box 20019
Nashville, TN 37202

A complete listing of the address changes can be found at <http://www.cgsmedicare.com/kyb/pubs/news/2011/1011/cope16493.html>.

Question: Prior to January 1, 2012, will you be accepting electronic claims in both the 4010A1 and 5010 formats?

Answer: Yes, CGS will accept both formats until the cutover date.

Question: Does CGS require taxonomy codes on electronic claims for rendering and referring providers?

Answer: While other insurers may require this, Medicare does not. However, if providers opt to use taxonomy codes, the taxonomy codes must be correct.

Conclusion

Juan thanked all participants for joining the call. Everyone was asked to encourage office staff to sign up for the ListServ, as this is CGS' way of communicating changes within CGS and the Medicare program to the provider community. Signing up is easy and can be done at https://www.cgsmedicare.com/medicare_dynamic/ls/001.asp. In addition to the ListServ, providers can also stay connected by "liking" us on Facebook.

The call was closed.