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Indianapolis Medical Management

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IMM

Insight

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Medicare Physician Fee Schedule Update for June 1, 2010, Through November 30, 2010

On June 25, 2010, President Obama signed into law the “Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010.” This law establishes a 2.2 percent update to the Medicare Physician Fee Schedule (MPFS) payment rates retroactive from June 1 through November 30, 2010. The Centers for Medicare & Medicaid Services (CMS) has directed Medicare claims administration contractors to discontinue processing claims at the negative update rates and to temporarily hold all claims for services rendered June 1, 2010, and later, until the new 2.2 percent update rates are tested and loaded into the Medicare contractors’ claims processing systems. Effective testing of the new 2.2 percent update will ensure that claims are correctly paid at the new rates. We expect to begin processing claims at the new rates no later than July 1, 2010. Claims for services rendered prior to June 1, 2010, will continue to be processed and paid as usual.

Claims containing June 2010 dates of service which have been paid at the negative update rates will be reprocessed as soon as possible. Under current law, Medicare payments to physicians and other providers paid under the MPFS are based upon the lesser of the submitted charge on the claim or the MPFS amount. Claims containing June dates of service that were submitted with charges greater than or equal to the new 2.2 percent update rates will be automatically reprocessed. Affected physicians/providers who submitted claims containing June dates of service with charges less than the 2.2 percent update amount will need to contact their local Medicare contractor to request an adjustment. Submitted charges on claims cannot be altered without a request from the physician/provider. Physicians/providers should not resubmit claims already submitted to their Medicare contractor.

Med Shield Collection Agency

Med Shield collection agency is a preferred vendor for Community Health Network. Clients of Indianapolis Medical Management may contact Med Shield to receive a discounted IMM rate.

The contact information is:

Stephan L Hunt
Marketing and Business Development Manager
slhunt@medshield.com
317-613-3700 or toll free 1-800-272-5454

5010 Conversion – A Necessity for ICD-10

Are you prepared for the conversion to the new Health Insurance Portability and Accountability Act (HIPAA) formats? Will your software be ready in time? The Centers for Medicare & Medicaid Services (CMS) has mandated the industry upgrade to X12 version 5010 and National Council for Prescription Drug Programs (NCPDP) version D.0 (the NCPDP D.0 format is used by retail pharmacies) by **January 1, 2012**. Even though this deadline seems far away, now is the time to start preparing for these changes.

Timelines

- **January 1, 2011:** The National Government Services Electronic Data Interchange (EDI) Department will open testing of the new HIPAA formats to all trading partners (software vendors, clearinghouses, billing services, and providers) with proprietary systems. Once the proprietary system has cleared testing, the trading partners can begin moving their customers into production.
- **January 1, 2012:** EDI will accept and return only the new HIPAA formats (ANSI X12 5010 and NCPDP D.0). All electronic trading partners must be in production with the new HIPAA formats by this date.

What You Need to Do

All electronic trading partners must ensure their software programs will be ready for the new X12 version 5010 and/or NCPDP version D.0 standards according to the timelines listed above. National Government Services EDI suggests contacting your software vendor, billing service, or clearinghouse to make sure they are aware of the changes to the new HIPAA formats.

A list of questions to ask your software vendor, billing service, or clearinghouse:

- Will you be upgrading my current system to accommodate the ANSI X12 5010 and/or NCPDP D.0 transactions?
- Does my contract include an update to the ANSI X12 5010 and/or NCPDP D.0 standards or will I be required to pay for this upgrade? If so, how much will it cost?
- When will my system be upgraded with the ANSI X12 5010 and/or NCPDP D.0 standards?
- When will the installation to my system be completed?
- Will I need to purchase any new hardware?
- Will you increase your fees to cover the cost of the ANSI X12 5010 and/or NCPDP D.0 implementation?
- Will you have any testing and validation phases with me directly so I can see if any problems occur when submitting claims?
- Who should I call if we have problems submitting claims with the ANSI X12 5010 and/or NCPDP D.0 formats?
- Will the ANSI X12 5010 upgrade include a way to translate the 277 Claims Acknowledgement (277CA) electronic transaction into a format to show me if there was an error in the claim?
- Will the ANSI X12 5010 upgrade include a way to translate the Functional Transaction 999 into a format to show me the file was accepted by the Medicare contractor?
- Will the NCPDP D.0 upgrade include a way to translate the NCPDP front-end transmission response report into a readable format to show me if the claim was accepted by the Medicare contractor or if there was an error on the claim?
- Will this require any additional training by my staff? If so, where can I obtain this training and will there be additional costs?
- **Important:** It is up to you as the health care provider to ensure your transactions are conducted in compliance with HIPAA regulations—whether or not you contract with a software vendor, billing service, or clearinghouse.
- **Source:** National Government Services/Medicare University <http://www.ngsmedicare.com/Content.aspx?DOCID=22342&CatID=2> retrieved 5-27-10.

UnitedHealthcare Settlement

Has your practice received paperwork on UnitedHealthcare's Class Action lawsuit regarding insufficient payment of out-of-network services? There is over \$350 million available for eligible practices and some of it could be yours! A letter with instructions was mailed April 16, 2010 to all affected providers. The mailing came in a plain white envelope with "UnitedHealthcare" written on the bottom. The return address was UnitedHealthcare Class Action Litigation c/o Berdon Claims Administration LLC, P.O. Box 15000, Jericho, NY 11853-1001.

To be eligible for a portion of the funds, you must meet the following criteria:

- 1) Have provided covered out-of-network services to "UHC" members between March 15, 2004 and November 18, 2009
- 2) Have billed a covered individual for out-of-network benefits paid either to you or the patient

The following dates are important if you received paperwork and have not filed a claim:

- July 27, 2010 Deadline for filing objections to the settlement or for opting out
- September 13, 2010 Date for the final settlement hearing to consider any filed objections
- October 5, 2010 Deadline for filing a claim to share in the settlement fund

More information on the UnitedHealth Group UCR settlement can be found [here](#) and at the [AMA website](#) in the [FAQ's](#) document

EMR “Meaningful Use” Information

Funding for incentives to adopt EMR is initiated under ARRA, administered by the Office of the National Coordinator for Health Information Technology (ONC) under HHS and orchestrated and paid out by CMS.

Incentive subsidies will begin to be disbursed in January of 2011. Those who implement the use of EMR in 2010 will receive the highest subsidy of funds. Those who do not implement by 2014 will be penalized with cuts in Medicare and Medicaid payments beginning in 2015.

The key to qualifying for incentives is for physician practices and hospitals to become eligible providers by demonstrating **Meaningful Use** of their EMR which is done by using **Certified EMR Technology**. Currently, there are no certified EMR products. Certification will begin in the fall of 2010.

Certification guidelines are in the process of being developed and will be enforced in three stages.

- Stage I is now and deals with the development of EMR that will be certifiable.
- Stage II should be in force by the end of 2011 and will focus on structural data exchange and continuous quality improvement.
- Stage III is to be implemented by the end of 2013 and will focus on advanced decision support and population health.

There are 5 groups of objectives for Meaningful Use.

1. Improve quality, safety, efficiency and reduce health disparities
2. Engage patients and families in their health care
3. Ensure privacy and security protections
4. Improve care coordination
5. Improve population and public health

When choosing EMR software for implementation at this time, it is important to ensure that the EMR addresses the following issues:

- Is Security implemented satisfactorily?
- What features are built in for ePHI exchange?
- Does the system meet the current meaningful use guidelines?

Most of all ensure that the system is flexible enough to be changed and/or updated according to upcoming guidelines to safeguard against having to buy a new, costly software license.

Local Coverage Determination, Supplemental Instructions Article, and Coverage Article Updates Effective July 2010

The following are highlights of the revised Local Coverage Determinations (LCDs) effective July 1, 2010. A complete listing and description of updates to the Medicare LCDs can be found at:

<http://www.ngsmedicare.com/content.aspx?CatID=2&DOCID=22500>

- Alteplase Recombinant (e.g., Cathflo® Activase®): Related to LCD L25820 (A46754)
- Epirubicin (Ellence®): Related to LCD L25820 (A46102)
- Floxuridine: Related to LCD L25820 (A48339)
- Fulvestrant: Related to LCD L25820 (A46755)
- GRAFTJACKET® Regenerative Tissue Matrix-Ulcer Repair and GRAFTJACKET® XPRESS Flowable Soft Tissue Scaffold: Related to LCD L26003 (A49404)
- Ifosfamide (Ifex): Related to LCD L25820 - (A47579)
- Paclitaxel (e.g., Taxol®/Abraxane™): Related to LCD L25820 (A46758)
- Panitumumab (e.g., Vectibix™): Related to LCD L25820 (A46094)
- Process for Determining Self-Administered Drug Exclusions: Medical Policy Article (A47521)
- Temsirolimus (Torisel™): Related to LCD L25820 (A46089)
- Topotecan Hydrochloride (Hycamtin®): Related to LCD L25820 (A47580)
- Debridement Services LCD (L27373)
- Prothrombin Time (PT) LCD (L30174)

Meet IMM's Newest Billing and Coding Member – Kathy Kuntz!

Please join us in welcoming Kathy Kuntz as our newest Billing and Coding Consultant effective June 28th. Kathy comes to us with 18 years of experience working for a local billing company where she held numerous positions including Billing Director, Vice President of Client Relations, and Account Executive.

Kathy enjoys helping physicians and their staff with the business side of what they do. She is an avid gardener and loves to play tennis.

