

CLIENT ALERT



Medical Management Strategies, 3000 Broad Street, Suite B217, San Luis Obispo, CA 93401

August 2, 2010

[Anthem Recruiting for Healthy Families Contracting](#)

Anthem is again sending out recruitment letters to providers to sign a separate agreement for their Healthy Families Program. They wanted to make the new contracts effective January 1, 2010; but not enough providers signed up so they extended the program as part of the Prudent Buyer agreement and reimbursement rates. In late June Anthem announced the new transition date for a separate Healthy Families Agreement as August 31, 2010. Patients of providers who do not sign a separate agreement will be transitioned to providers who accepted the new contract and reduced rates. The rates are approximately 105% of Medi-Cal.

[Medicare Part B Update](#)

As part of the Patient Protection and Affordable Care Act (PPACA) Providers who bill at least 60% of allowed charges as primary care services – defined by codes 99201-99205, 99304-99340, or 99341-99350 – qualify for a 10% bonus.

-From Primary Care Coding & Reimbursement, June 2010
See Info: <http://snipurl.com?PPACA610>

[United Healthcare 2010 Administrative Guide Available](#)

You may view the full Administrative Guide for UHC programs at the website:

<https://www.unitedhealthcareonline.com>.

Then click on Tools & Resources, then Policies & Protocols, then Administrative Guides.

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[NEW VACCINE PAYMENT INFO](#)

Code 90670 was added this year for the 13-valent pneumococcal conjugate vaccine for pediatric patients. Some carriers have not yet loaded the code into their systems meaning the code is not being appropriately reimbursed.

Until all carriers have it in their system, "Primary Care Coding and Reimbursement" Newsletter recommends that you track all payments for 90670 to identify problems so you can appeal, and make sure you and your staff understand the overhead costs associated with vaccine delivery.

The Newsletter says you need to be paid 12% to 21% of the vaccine's purchase price and \$17 for the initial administration and \$11 for any subsequent administration, to cover your costs.

-from Primary Care Coding & Reimbursement, July 2010

[Children's Medical Services Moved](#)

The Santa Barbara County CHDP and CCS Programs moved July 1, 2010. The new location and mailing address is 345 Camino del Remedio, 3rd Floor, Santa Barbara, CA 93110. This is the new address for CCS authorization requests for Santa Barbara County residents that are CenCal Health's SBHI program. Phone and Fax numbers are not changing.

CCS: (805) 681-5360 / CHDP: (805) 6881-5130

[Anthem Blue Cross Worker's Compensation Carriers in California](#)

Berkshire Hathaway / Cypress
Compensation West (CompWest)
Employers Compensation Insurance Company
Employers Direct Insurance Company (EDIC)
Growers and Merchants Ins. Services /
Springfield Ins. Services
Keenan and Associates
Majestic Insurance Company
Republic Indemnity
State Compensation Insurance Fund
The Hartford

The latest Medicare rates were released on July 15, 2010 and are effective for dates of service from June 1, 2010 through October 31, 2010. The complete listing of rates in an excel spreadsheet are available at the Palmetto website:

<http://www.palmettogba.com/palmetto/providers.nsf/vMasterDID/7ZDQMQ3850>

This website gives the allowable for all areas of California so be sure to select your county or area to see your reimbursement amounts. If you are interested in having MMS provide a fee comparison for you please feel free to contact your billing supervisor or one of the contracting department staff.

Medicare Interest Rate

The Dept of Treasury notified the Dept of Health & Human Services that, effective July 21, the quarterly interest rate for Medicare overpayments and underpayments is 11%. The previous rate for 04/23/2009 – 07/20/2010 was 10.875%.

This Medical License and Board Certification Information Must be Posted in your Office

Notice to Consumers
Medical doctors are licensed and regulated by
the Medical Board of California
(800) 633-2322
www.mbc.ca.gov

Incentives for certain providers in 2011 proposed physician fee schedule

According to a recent MGMA bulletin, language in the Patient Protection and Affordable Care Act calls for primary care incentives for 2011 through 2016. The proposed regulation involves a 10% payment incentive for services provided by PCPs enrolled in Medicare. The payments would be made on a monthly or quarterly basis for practices that charge at least 60% of their total annual Medicare charges as office, nursing facility or home visits. The data for qualifying would come from historical Medicare claims data from 2009 through 06/30/2010. New primary care providers would not be eligible until a sufficient number of claims have been filed to satisfy the 60% of total annual charges requirement. Additional information is available in the Members Only section of the MGMA website. <http://www.mgma.com/>

Reminder: Medi-Cal begins auditing on August 1, 2010

Sample claims will be selected quarterly throughout California for review under the Payment Error Rate measurement (PERM) Program. If selected, you will receive a request for copies of medical records. Providers are also required to send a duplicate copy of the same medical records to DHCS. DHCS is being proactive in reviewing the submitted documentation and determine if further information is needed to support the claim. Additional information may be requested by telephone or in person by a DHCS representative. The DHCS is urging providers to comply with requests for records. Failure to submit the requested medical records by the due date may result in an error being counted against California; and DHCs will be required to recover the claim payment amount from the provider. Further information may be obtained from www.Medi-Cal.ca.gov in the Medi-Cal Update newsletter, March 2010 edition.

Tenet Hospital signs with several Provider Networks

You may have recently received letters from several Provider Networks saying that they've signed an agreement with Tenet Hospitals and as a staff physician you are invited to join their network. As these letters and contracts come to the attention of MMS from different providers, the contracting department is reviewing them and supplying a summary and reimbursement information. MMS is not a management organization and therefore we must respond confidentially to each practice who inquires about the contracts. So far we've seen contracts from Galaxy Health Network, Health Management Network and NPPN. These companies build provider networks and then lease or sell access to the network discounts to employer groups, third party administrators, trust funds, insurance companies, health savings accounts, etc. They are national networks and have millions of members all over the US. If you have received a contract from any of these types of plans and would like information from MMS, please feel free to contact your billing supervisor or the contracting department.