

## NEWS BREAK

July 2, 2010

### CMS Delays PECOS Enforcement

The Centers for Medicare & Medicaid Services (CMS) announced Wednesday that it would **not begin rejecting claims on July 6** if an ordering or referring physician is not identified in Medicare's Internet-based PECOS enrollment system. Although the PECOS enrollment rules still take effect July 6, CMS is allowing some additional time so that providers making good faith efforts to comply are not penalized.

**OVER THE LAST COUPLE OF WEEKS MMCMS CHECKED CMS' LIST OF PECOS ENROLLED PHYSICIANS TO DETERMINE WHETHER OR NOT MMCMS MEMBER PHYSICIANS WERE ENROLLED IN THE PECOS SYSTEM. IF YOU ARE A MEMBER AND YOU ARE NOT ENROLLED MMCMS CONTACTED YOUR OFFICE STAFF AND MADE THEM AWARE OF YOUR STATUS.**

CMS did not provide a new enforcement date; therefore, physicians should still be working to complete the application process as soon as possible to avoid future cash flow disruptions.

To view CMS's press release on this issue [click here](#) or contact MMCMS.

CMA has also developed a [step-by-step guide](#) to walk physicians through the process, from determining if they are already in PECOS to helping them navigate the Internet-based PECOS enrollment system. This guide is available at the [members-only website](#) or by contacting MMCMS.

CMA also hosted a [PECOS enrollment webinar](#) with Palmetto, California's Medicare contractor. The previously recorded webinar is available for on-demand viewing at the [members-only website](#).

Physicians who need help with the enrollment process can contact CMA's member service center, 800/786-4CMA (4262) or [memberservice@cmanet.org](mailto:memberservice@cmanet.org), for assistance.

### 2.2% Increase to the Medicare Fee Schedule

Palmetto GBA received the revised fee schedule from CMS with the 2.2% increase for services from June 1 through November 30, 2010. They have been testing their system with the new fee schedule, and should have had everything pricing correctly by Thursday, July 1.

Palmetto has provided CMA with the following additional information on the previously held June claims:

- Claims with June dates of service received on June 1 and June 2 were released and paid at the lower fee schedule (about 15,000 claims) before Palmetto was again instructed to hold claims.
- The rest of the held claims will be released a day or two at a time, with the oldest claims being processed first. This will be a rolling release, with the volume depending on how many current claims are received.

- The claims for dates of service June 1 and after that were paid at the lower fee schedule will be automatically adjusted up to the new fee schedule amount (or submitted charge, whichever is lower), but not for a couple of weeks. Adjustments can only take place after the claims are finalized.
- Some physicians continued to submit claims at the fee schedule amounts that were in effect from January through May. Palmetto GBA cannot automatically adjust these claims. Physicians will have to submit corrections to the written reopening post office box (see address below). Physicians may request an adjustment to the billed charge by submitting a spread sheet indicating the procedure code, the corrected submitted charge, the ICN (claim number) of the claim and the paid date. They can also submit the EOB's and include a list of the procedure codes with the corrected billed charge. Physicians should use the reopening form from Palmetto's website. Requests for reopening should be sent to: Palmetto GBA, Part B J1 MAC, P.O. Box 1252 Augusta, GA 30903-1252

Palmetto GBA is hoping to post the new fee schedule on their website by the end of today.

For questions contact: CMA's member service center, 800/786-4CMA or [memberservice@cmanet.org](mailto:memberservice@cmanet.org).

## Vaccination Reimbursement Bill Advances

**Sacramento** – Legislation designed to ensure that all children have access to life-saving immunizations, passed the Senate Health Committee today on a bipartisan vote.

Assembly Bill 2093, authored by Assemblymember Manuel Perez, D-Coachella, and co-sponsored by the California Medical Association, protects insured families from having to pay out-of-pocket expenses for vaccinations and requires doctors to be fully reimbursed for the costs of providing the vaccinations. The legislation, which has already passed the Assembly, is crucial for safeguarding public health and improving vaccination rates.

The recent outbreak of whooping cough illustrates the importance of widespread immunizations to prevent the spread of disease and protect public health. To date more than 900 cases have been diagnosed statewide and five deaths have been reported.

"Every year we're reminded of the vital role vaccinations play in averting disease and keeping the public healthy," said Brennan Cassidy, M.D., president of CMA. "Unfortunately, when insurance companies do not cover the full cost of immunizations fewer children get vaccinated, and that's a danger to everyone."

California law requires health plans and insurers to provide coverage for recommended immunizations. However, most health plans and health insurance companies don't pay physicians the entire cost to provide vaccines.

Patients looking for alternatives for out-of-pocket expenses for vaccinations are sometimes referred to local public health clinics for these services thus utilizing resources that should be preserved for the uninsured.

AB 2093 removes the financial obstacles that can discourage patients from getting vaccinations and physicians from offering them.

The American Academy of Pediatrics and the California Academy of Family Physicians have joined with CMA to co-sponsor the legislation.

