



Senate Proposes Freeze on Medicare Pay Cuts

The Senate approved, by unanimous consent, legislation necessary to prevent the scheduled 25% sustainable growth rate (SGR) related cut from occurring on January 1, 2011. The legislation would impose a one-year freeze on the Medicare conversion factor for 2011, effectively extending the 2010 conversion factor through all of 2011.

It should be noted that the Senate proposal extends numerous other expiring Medicare policies and does not deal exclusively with the SGR problem. In addition, the legislation provides funding for the payment of claims that had to be reprocessed as a result of the retroactive SGR fix adopted earlier this year. Some other issues included in the Senate approved legislation are:

- Extend the Medicare work geographic adjustment floor.
- Extend the exceptions process for Medicare therapy caps.
- Extend the payment for technical component of certain physician pathology

services.

- Extend the ambulance add-ons.
- Extend the physician fee schedule mental health add-on payment.
- Extend the outpatient hold harmless provision.
- Extend the Medicare reasonable costs payments for certain clinical diagnostic laboratory tests furnished to hospital patients in certain rural areas.
- Repeal the delay for RUG-IV.

The Senate adopted these changes by amending a tax bill passed earlier in the year by the House of Representatives. The House can accept the Senate's modifications and approve the bill exactly as passed by the Senate and the bill can go directly to the President for his signature. The President has indicated that he supports the Senate approved fix.

However, the House can insist on the language in the bill as originally passed by the House and attempt to negotiate a compromise with the Senate.

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Indications are that the House is prepared to accept the Senate's changes but that is not a certainty at this point. Given the heightened tensions between the House Leadership (and many rank-and-file Democrats) and the President over the tax cut deal announced earlier this week, it is not clear whether legislation such as the SGR proposal will be held hostage as a means of negotiating changes in the tax cut proposal.

The HBMA Government Relations Committee continues to monitor this situation closely and will report any developments to the membership as quickly as possible.

If you have any questions, do not hesitate to contact the national office.

Source: HBMA Action Gram dated December 9, 2010, www.hbma.org.

Streamline EHR, Version 10.8 is an ONC-ATCB 2011/2012 Certified EHR Technology

Streamline EHR, Version 10.8 software was inspected by CCHIT, an Office of the National Coordinator-Authorized Testing and Certification Body (ONC-ATCB), in accordance with the applicable certification criteria adopted by the Secretary of Health and Human Services (HHS). On October 18, 2010

the Streamline EHR, Version 10.8 was declared an ONC-ATCB 2011/2012 certified complete EHR. Use of ONC-ATCB certified EHR technology is a required first step in qualifying eligible healthcare providers for incentive funding available under the American Recovery and Reinvestment Act (ARRA).

Ordering/Referring Provider in PECOS

The Centers for Medicare & Medicaid Services (CMS) previously announced that, beginning January 3, 2011, if certain Part B billed items/services that required an ordering/referring provider and this information is not on the claim or in the Medicare Provider Enrollment, Chain and Ownership System (PECOS), the claim will not be

paid. The automated edits will **NOT** be turned on effective January 3, 2011. CMS is working diligently to resolve enrollment backlogs and other system issues and will provide ample advanced notice to the provider and beneficiary communities before we begin any automatic nonpayment actions.



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Summa Network Naming Initiative

On January 1, 2011, SummaCare's new network names go into effect. This will help create a distinction between network names and product names, which adds flexibility for our clients when designing their benefit packages. It also makes it easier for providers to identify the specific SummaCare network their patients are in, adds consistency to our ID cards and enhances our online provider search.

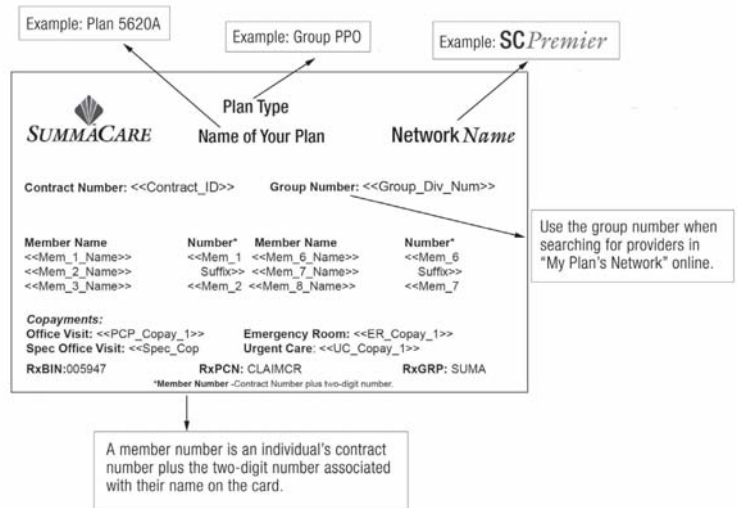
You should have received a contract amendment regarding this change. No action is required on your part, as this is not a material amendment and

will not impact the terms or reimbursement rates in your contract.

As a result of this initiative, all SummaCare members will receive new ID cards by January 1, 2011, if they have

not already. If you have any questions about this, please contact Provider Support Services.

Source: Provider Press, 4th Quarter 2010 at www.summacare.com.



WalMart Stores Inc. is transitioning their Ohio Worker's Compensation claim files from Sedgwick CMS to Claims Management Inc., located in Rogers, Arkansas. The transition will be effective February 1, 2011. The mailing address for Claims Management Inc. is:

PO Box 1288 MS 3540

Bentonville AR 72712

(There is no change in the mailing address.)

Humana PO Boxes 14610 and 14602 have been closed and can no longer receive claims and correspondence. All claims and correspondence should be mailed to the following address:

PO Box 14601

Lexington KY 40512-4601

The Affordable Care Act provides for an Annual Wellness Visit (AWV), including Personalized Prevention Plan Services (PPPS), for **Medicare** beneficiaries as of January 1, 2011. Make sure billing staff are aware of these services and how to bill for them. The article is located at <http://www.palmettoqba.com/palmetto/providers.nsf/ls/OWV~8C6NGY4555?opendocument>. Applies to Part A – South Carolina, Railroad Medicare, Part B – Ohio, West Virginia, South Carolina.