



Medicare DMEPOS Supplier Open Enrollment

The National Supplier Clearinghouse (NSC) announced this year's Durable Medical Equipment, Prosthetics, Orthotics, Supplies (DMEPOS) supplier open enrollment period. The open enrollment period gives suppliers the opportunity to change their participation status. This year's open enrollment period runs from November 13, 2010 through December 31, 2010.

If you do not wish to change your participation status, you are not required to submit any documentation. Your current status will automatically transfer to the next calendar year. If you do wish to change your participation status, your request must be postmarked on or before December 31, 2010, signed and dated by your authorized or delegated official as reported to the NSC. All changes will be effective January 1, 2011. No changes will be accepted after the open enrollment period and you will have to wait until the next year's open enrollment period to change your participation status.

You may only change your participation status with one carrier. Participation status will now be the same with all Medicare contractors.

By signing a participation agreement, the supplier agrees to accept assignment for all covered services provided to Medicare beneficiaries. Participation status is associated with the tax identification number (TIN) and not the location. A business entity with multiple locations under the same TIN may not choose to have different participation statuses for each location. All locations will automatically be assigned the same status depending on what the entity has chosen.

For instructions on how to change your participation status, please visit the NSC Web site at www.palmettogba.com/nsc.

Once on the homepage, click "Supplier Enrollment" on the left hand side and follow this path: Forms/Medicare DMEPOS Participation Agreement/CMS 460 link. This will take you to the CMS Web site where the form may

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be downloaded.

For more information regarding participation and billing, please contact the appropriate Durable Medical Equipment Medicare Administrative Contractors (DME MACs):

Jurisdiction A, NHIC, Corp, (866)419-9458.

Jurisdiction B, National Government Services, (877)299-7900.

Jurisdiction C, Cigna Government Services, (866)270-4909.

Jurisdiction D, Noridian Administrative Services, (866)243-7272.

If you have any questions regarding the submission of the CMS 460 form, please contact the NSC Customer Service Line toll free at (866)238-9652, Monday – Friday 9:00 am – 5:00 pm, ET.

Source: Letter to suppliers from Nancy Parker, Director, National Supplier Clearinghouse, Palmetto GBA. November 13, 2010.

2011 Physician Quality Reporting System

CMS is pleased to announce the release of the 2011 Physician Quality Reporting System (“Physician Quality Reporting,” formerly known as Physician Quality Reporting Initiative or PQRI) Measure Specifications Manual for Claims and Registry Release Notes.

Measure developers, professional organizations, and other stakeholders have provided comments, clarifications and technical corrections.

The 2011 manual can be downloaded from https://www.cms.gov/PQRI/15_MeasuresCodes.asp#TopOfPage.

New Waived Tests under CLIA

Clinical Laboratory Improvement Amendments of 1998 (CLIA) requires that for each test it performs, a laboratory facility must be appropriately certified. The newest list of CPT codes has been added to the article on the Palmetto Web site. Make sure that your billing staff is aware of these CLIA-related changes for 2010

and that you remain current with certification requirements.

Refer to the full article at <http://www.palmettogba.com/palmetto/providers.nsf/Is/OWV~88WHV37785?opendocument>.

Applies to:
Part B – Ohio / West Virginia
Part B – South Carolina
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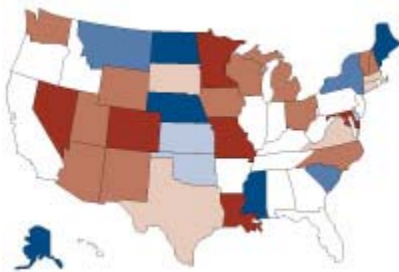


Many Physicians see Medicaid Pay Cut as Enrollment Rises

Twenty states enacted reductions in 2010, and more adopted cuts for 2011. But with stimulus money running out, states are bracing for the worst.

Twenty states cut Medicaid physician pay in fiscal year 2010 -- the most since 21 states did so in fiscal 2004 -- as states struggled to cope with strong Medicaid enrollment growth, according to an annual survey of state Medicaid programs.

Meanwhile, 11 states, six of which also cut pay in 2010, and the District of Columbia have enacted physician pay cuts for fiscal 2011, which in many states began June 30.



Click here to view map details:
<http://www.ama-assn.org/amednews/site/media/lesmcaid.htm>

But the worst of Medicaid pay cuts may be yet to come.

Many of the 2010 and 2011 pay cuts were small in scale and more likely to affect specialists than primary care physicians, because states sought to preserve access to primary care, said Vernon K. Smith, PhD, managing principal of Health Management Associates, a research and consulting firm. He's the co-author of the report, which was released Sept. 30 by the Kaiser Family Foundation.

More states would have adopted Medicaid pay cuts if not for the \$87 billion in Medicaid funding provided by the 2009 economic stimulus package, Smith said.

Thirty-eight states used stimulus Medicaid funds to prevent or reduce pay cuts to physicians, hospitals or others caring for Medicaid enrollees in fiscal 2010, which ended on June 30, 2010, in most states. Thirty-five states used the funding

to prevent or reduce pay cuts for the same groups in fiscal 2011. Eight states increased Medicaid fees in fiscal 2010; another eight did so in fiscal 2011. However, the report does not detail the scope and size of the pay hikes or cuts.

States may face their toughest decisions yet when the second, more limited installment of enhanced stimulus Medicaid funding runs out on July 1, 2011, Smith said. Some states' Medicaid costs could increase by 25% or more in fiscal 2012.

"All of the easy policies have been enacted. What do you do? You really can't cut provider pay rates much more," Smith said.

Read the full article at <http://www.ama-assn.org/amednews/2010/10/11/gvl11011.htm>.

Source: Amednews article by Doug Trapp, October 11, 2010 at www.ama-assn.org.



Address Changes for CIGNA

Paper claim and correspondence address changes effective January 1, 2011:

Old Address

PO Box 5200 Scranton PA 18505
PO Box 5909 Scranton PA 18505
PO Box 6010 Scranton PA 18505

New Address

PO Box 182223 Chattanooga TN 37422
PO Box 188004 Chattanooga TN 37422
PO Box 188007 Chattanooga TN 37422

CIGNA ID cards may continue to show the current Scranton, PA address for claims and correspondence submission after January 1, 2011. **Disregard the Scranton, PA address on the ID card and submit all medical claims and correspondence to the appropriate Chattanooga, TN address shown.**