

## **Vendorship and Managed Care Committee Archive 2011 – 2012**

### **QUARTERLY REPORT FROM THE VENDORSHIP AND MANAGED CARE COMMITTEE**

The Vendorship and Managed Care Committee met by teleconference in November and January and communicated by email as needed. The committee is comprised of twelve representatives from the various chapters of NYSSCSW. Its purpose is to gather and disseminate information on insurance issues, support individual members in their practices, and consider in what way the Society might influence external forces affecting the profession.

Having presented a successful Electronic Billing Workshop in October, the Committee is currently focusing on creating a Notice of Privacy for solo practitioners to be vetted by the Society lawyer and recommended to members for use. Getting all patients to read and acknowledge the therapist's Notice of Privacy is an essential element of becoming HIPAA compliant. (Other elements of HIPAA compliance are outlined on the Vendorship webpage in an article by David Phillips, "A Brief Introduction to the HIPAA Rules" [link](#))

The Committee hopes to sponsor a Medicare teleconference, making use of the excellent skills of James Bavoso of National Government Services. Date to be announced.

Other issues which the Committee is following include increasingly high deductibles and their impact on patient willingness to enter treatment; Medicare audits; clarifying the definition of "usual and customary"; and the proper response to requests for telephone reviews from insurers.

The Committee invites you to explore the extensive list of resources on the Vendorship and Managed Care webpage at [clinicalsw.org](http://clinicalsw.org) [link](#). You may direct inquiries about specific problems to Committee members listed there.

**Helen T. Hoffman LCSW**  
**Chair, Vendorship and Managed Care Committee**

**January 31, 2012**

### **QUARTERLY REPORT FROM THE VENDORSHIP AND MANAGED CARE COMMITTEE**

The Vendorship and Managed Care Committee met by teleconference in March and April and communicated regularly by email. The committee consists of twelve representatives drawn from the various chapters of NYSSCSW. Its purpose is to gather and disseminate information on insurance

issues, support individual members in their practices, and consider in what way the Society might influence external forces affecting the profession.

Here are some of the issues being explored by the Committee:

- Reasons for a change in the Medicare rate March 1

- Considerations when accepting Medicare/Medicaid patients

- Understanding high deductibles and Health Savings Accounts

- Streamlining the Notice of Privacy required by HIPAA

- United Healthcare evasion in response to 2009 lawsuit regarding out-of-network UCRs

- Specific concerns involving Value Options, Empire BC/BS, Cigna and other plans

The Committee has posted an extensive list of short bulletins on the Vendorship and Managed Care webpage. For this go to <http://www.clinicalsw.org/vendorship-a-managed-care>. Please also note that you may direct inquiries about specific problems to members of the Committee listed there.

**Helen T. Hoffman LCSW**

**Chair, Vendorship and Managed Care Committee**

**April 30, 2012**

## **Highlights of the Medicare Webinar**

*This is a condensed version of what took place at the seminar and teleconference hosted by National Government Services for NYSSCSW, February 28, 2011. The PowerPoint created by NGS can be viewed at [clinicalsw.org](http://www.clinicalsw.org), Vendorship and Managed Care webpage.*

*<http://www.nysscsw.com/assets/VendorshipDocuments/lscw%20feb%2028%202011.pdf>*

### **Getting information from Medicare online:**

Medicare has greatly improved and streamlined its website. Always start with [NGSMedicare.com](http://NGSMedicare.com) and click on Part B Home Page CT & NY.

Look for the following important sites: Fee Schedules, Forms, Mailing Addresses, and much more.

For first-time enrollment, revalidating enrollment on PECOS, or deactivating, go to Enrollment>Enrollment tools.

For documentation guidelines, go to Coverage Determinations and Medical Policy Center, enter L26895 in the Search Box, click on LCD for Out-Patient Psychiatry and Psychology Services, and scroll to "Limits of Coverage and/or Medical Necessity."

For formal training in billing explore Medicare University.

To really get to know Medicare there is no substitute for surfing [NGSMedicare.com](http://NGSMedicare.com). National Government Services believes that if you plan to treat seniors you have a responsibility to be fully familiar with their healthcare delivery system.

### **The Future of Medicare:**

The main message from NGS was that providers need to become electronically competent and should be submitting claims electronically now. As early as 2015 paper claims may be subjected to a 1% discount. An incentive system is being implemented this year for “meaningful use” of electronic health records. See [NGSMedicare.com](http://NGSMedicare.com) for software options.

### **The PECOS database:**

All providers need to be enrolled in PECOS (Provider Enrollment Chain and Ownership System), but there is no immediate plan to stop payment to those not enrolled. Enrollment in PECOS is necessary for electronic claims submission.

To enroll in PECOS go to [NGSMedicare.com](http://NGSMedicare.com)>Enrollment>Enrollment Tools. First step is to check if you are already enrolled. Anyone who was a provider before 2004 and has not reenrolled will probably need to fill out form 855i (application) and 588 (electronic funds transfer form), available online. An NPI # is needed to enroll. Use the internet-based enrollment system, which starts by getting a password.

New or deactivated providers: You will receive a tracking number when the application is received (allow 15 days before checking status). Medicare will pay claims retroactively 30 days from the date of application, provided the enrollment is completed.

A claim for service must be submitted within 30 days after date of activation or the new provider will be deactivated.

Old providers who have not submitted a claim within 12 months will be deactivated.

A provider who decides to opt out of Medicare must wait two years before being allowed to opt back in. Weigh this carefully if your patients are nearing age 65.

### **Changeover to ICD-10 coming in 2013:**

Medicare relies on the ICD manual, not the DSM, for all diagnoses. Note that all diagnoses in the ICD-9 are similar to the DSM but are five digits long. On October 1, 2013 Medicare will transition to the ICD-10 which has an entirely different system of codes, e.g. “Dysthymic Disorder, F34.1”. (The ICD-9 and ICD-10 diagnoses are listed in the Appendix of the DSM.)

### **Other Information:**

The limit for timely filing of claims will now be 365 days, with no exceptions granted.

Caution about Medicare Advantage plans (e.g. Mediblu): this is different from traditional Medicare and should be billed through the insurance carrier, not Medicare. Address all inquiries to the number on the back of the patient's card.

LCSWs must be enrolled as Medicare providers for sessions to be covered, unlike physicians. LCSWs are not allowed to bill some patients under Medicare and not others.

Copayment change: Due to federal parity legislation, reimbursement for mental health services under Medicare will become the same as that for medical services, 80% of the contracted rate, by 2014. The percentage is increasing each year. For 2010 and 2011 Medicare will pay 55% of the contracted rate.

Couples therapy is not covered by Medicare. Medicare covers solely treatment that is "medically necessary", as indicated by the CPT code, i.e, no V codes.

Provider Contact Center telephone number is 1-866-837-0241

**Virginia Lehman LCSW, Medicare Liaison**

**Helen T. Hoffman LCSW, State Chair, Vendorship and Managed Care Committee**