

Medicare Overview

By

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Postcards

- Doctors have told me that they have received postcards stating that chiropractors must have their facilities accredited by June 30 of this year in order to be able to bill Medicare for spinal orthotics.
- The implication seems to be that if you get this accreditation you will be able to bill Medicare for spinal orthotics and other Durable Medical Equipment.
- This is not accurate.
- The website listed on the postcard states;
- “Chiropractic facilities that sell spinal orthoses and other DME products must become accredited by June 30, 2013, to be able to bill Medicare. If your facility bills Medicare for any of the products listed [here](#), accreditation is required.”
- What they do not make clear is that this accreditation only applies to chiropractors that are also enrolled as Durable Medical Equipment (DME) suppliers.
- If you enroll with Medicare as a DME supplier, it will be as a separate business subject to separate regulations.
- You will not be able to refer patients to your DME company due to the Stark laws and the Social Security Act.
- You will not be able to make deals with medical doctors due to the Antikickback Laws.
- There is no advantage to having a DME business unless you simply want a second business.
- Also, new regulations state the when you enroll as a DME supplier with Medicare that you have to post a \$50,000 performance bond.
- Do not let a lack of complete information cause you to spend money that you do not have to spend.

Yelp Scam

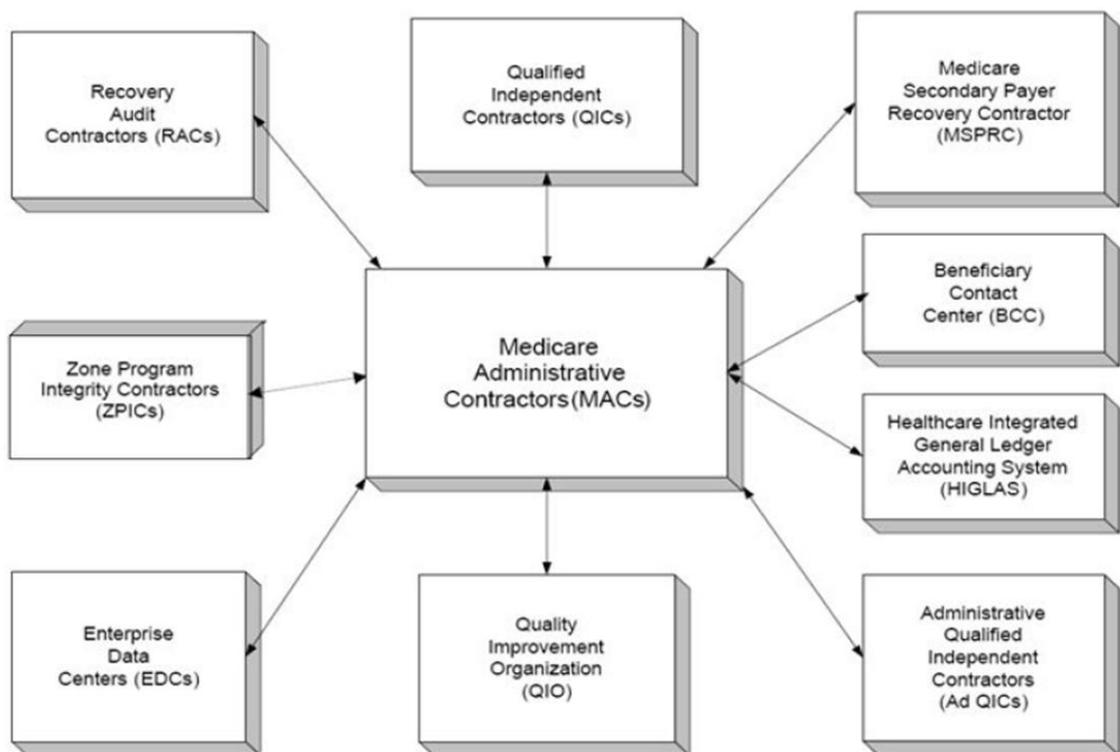
- Stories of a Yelp scam are circulating through some of the chiropractic list-servs.
- I have not been able to confirm it at this time so consider this to be an unsubstantiated rumor.
- The story is that doctors will receive bad reviews on Yelp and then be contacted by a company offering to have these bad reviews removed for a fee.
- The scam is that the company was who posted the bad reviews to begin with.
- Yelp gives you guidelines regarding how to respond to a negative review.
- If you suspect fraud you can contact Yelp and register a complaint.
- Don't spend money that you don't have to.

Medicare Overview

- Medicare is divided into 4 parts very creatively called:
 - Part A
 - Part B
 - Part C
 - Part D
- Part A Medicare is what everyone receives when they turn 65.
- It covers:
 - Hospital
 - Skilled Nursing Facility
 - Hospice
 - Home Health (Under certain conditions)
- Part B Medicare is optional and beneficiaries must pay a premium to receive it.
- It primarily covers:
 - Doctor's services
 - Outpatient care
- This is what we deal with most of the time.
- Part C Medicare is the Medicare Advantage program.
- It is commonly called Medicare Replacement Policies.
- You need to check for these when patients first come into you office.
- Many patients don't even know that they have these plans.
- Part D Medicare is the Drug coverage.
- This is not something that we would deal with.
- From this point on we will be talking about Part B Medicare which is sometimes referred to as Medicare Fee-For-Service (FFS).
- Medicare hires contractors and subcontractors to manage specific areas.

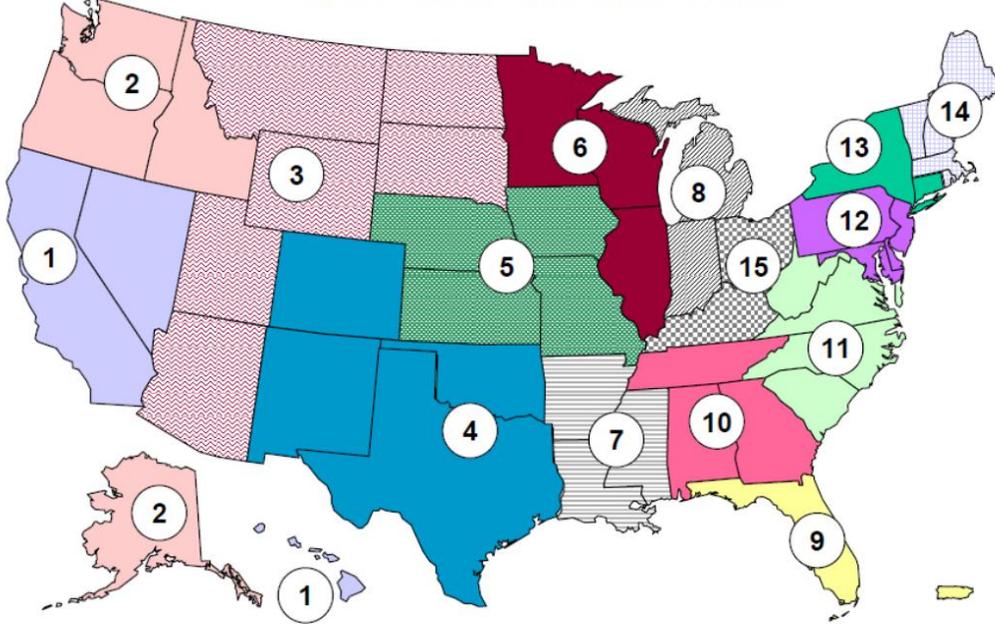
MACs and Legacy Contractors	• Process claims, Enroll providers, screen beneficiary fraud complaints, Refer potential fraud to ZPICs
Zone Program Integrity Contractors	• Seven by end of 2010. • Investigate fraud leads and build fraud cases. • Work with MACs and law enforcement.
CMS Field Offices	• Current locations include Miami, Los Angeles, New York City; Boots on ground; Investigate fraud leads and liaison with law enforcement.
External Partners	• Law Enforcement, Accreditation Bodies, State Medicaid and Survey Agencies, Others
Data Analysis	• Used for pre and post payments to identify possible fraud schemes and review of claims from high risk providers and suppliers

RAC's	<ul style="list-style-type: none"> • Detects and corrects <u>past</u> improper payments • requests additional documentation, when necessary
QIC's	<ul style="list-style-type: none"> • "Qualified independent contractor" • Provides independent review of appealed claims
NSC	<ul style="list-style-type: none"> • National Supplier Clearinghouse • registers suppliers for participation in Medicare
COB	<ul style="list-style-type: none"> • Coordination of benefits contractor • determines whether Medicare is primary or secondary and assures payments comply



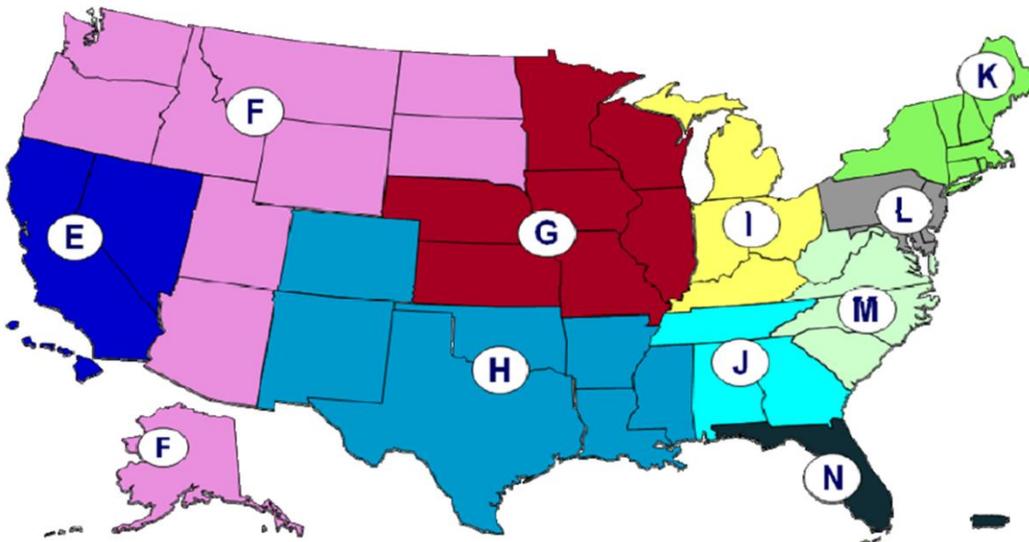
- Medicare divides the country into 15 jurisdictions.
- These jurisdictions are numbered 1 through 15.
- Each of these jurisdictions is overseen by a Medicare Administrative Contractor (MAC).

A/B MAC Jurisdictions



- Medicare is currently transitioning the 15 numbered jurisdictions to 10 lettered jurisdictions.
- It is Medicare's intention that these jurisdictions will remain permanent.

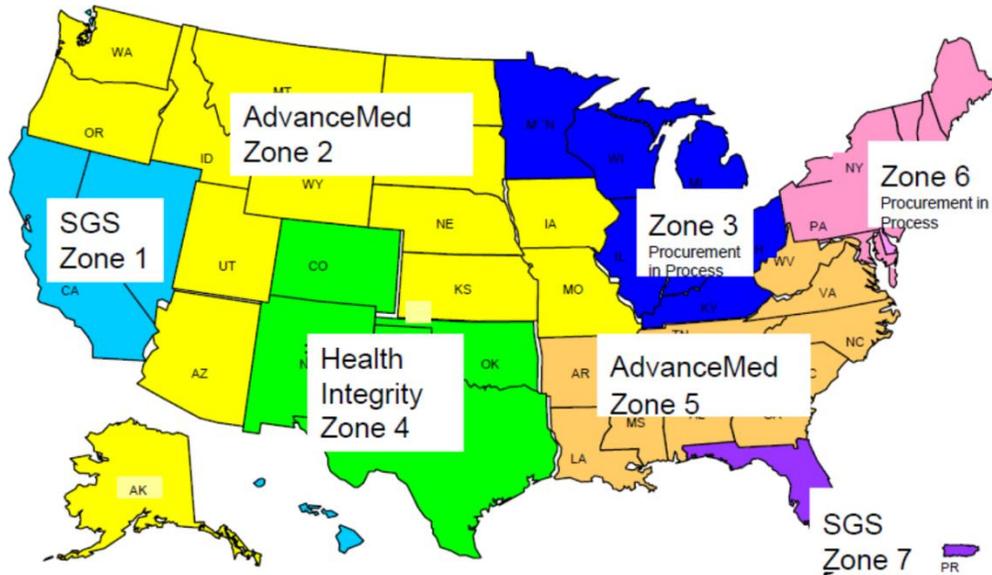
Consolidated A/B MAC Jurisdictions



- Jurisdiction 1 includes California, Nevada, Hawaii, and Pacific Islands.
 - Jurisdiction 1 is currently transitioning to Jurisdiction E.
 - This transition should be complete by September, 2013.
 - The new Medicare Administrative Contractor (MAC) will be Noridian

- Jurisdictions 2 and 3 have already combined to form Jurisdiction F.
 - Jurisdiction F includes Washington, Oregon, Idaho, Montana, Wyoming, North Dakota, South Dakota, Utah, Arizona, and Alaska.
 - The MAC for Jurisdiction F is Noridian.
 - Noridian is a 90%+ owned subsidiary Blue Cross/Blue Shield of North Dakota.
 - They control Medicare in 13 states.
- Jurisdiction 4 and 7 have combined to form Jurisdiction H.
 - Jurisdiction H includes New Mexico, Texas, Oklahoma, Colorado, Arkansas, Louisiana, and Mississippi.
 - The Mac for Jurisdiction H is Novitas.
 - Novitas used to be Highmark.
- Jurisdiction 12 includes Delaware, Maryland, Pennsylvania, New Jersey, and Washington DC.
 - Jurisdiction 12 will be transitioned to Jurisdiction L by July.
 - The new MAC will be Novitas (which was formerly Highmark, the old MAC)
- Jurisdiction 9 includes Florida, Puerto Rico, and the U.S. Virgin Islands.
 - The contract has not yet been awarded for the transition to Jurisdiction N.
 - The current MAC for Jurisdiction 9 is First Coast.
 - Both First Coast and Novitas are wholly owned subsidiaries for Florida Blue.
 - In a recent business article it was stated that Florida Blue, through its' subsidiaries controls one third of the Medicare beneficiaries in the United States.
- Jurisdiction 5 includes Iowa, Nebraska, Kansas, and Missouri.
 - At some point in the future Jurisdiction 5 will be combined with Jurisdiction 6 to form Jurisdiction G.
 - The current MAC for Jurisdiction 5 is Wisconsin Physician Services (WPS).
- Jurisdiction 8 includes Michigan and Indiana.
 - Jurisdiction 8 will later be combined with Jurisdiction 15 to form Jurisdiction I.
 - The current MAC for Jurisdiction 8 is WPS.
 - WPS in an independent corporation with no affiliation to BC/BS.
- Jurisdiction 6 includes Illinois, Wisconsin, and Minnesota.
 - Jurisdiction 6 is the last jurisdiction to transition to a MAC.
 - The new MAC for jurisdiction 6 is National Government Services (NGS).
 - The transition will be complete in September.
- Jurisdictions 13 and 14 are currently transitioning to Jurisdiction K.
 - Jurisdiction K will include New York, Connecticut, Massachusetts, Rhode Island, Maine, and New Hampshire.
 - The new MAC for Jurisdiction K is NGS.
 - NGS is a subsidiary of Wellpoint.
 - Wellpoint is an independent licensee of Blue Cross/Blue Shield.
- Jurisdiction 10 includes Alabama, Georgia, and Tennessee.

- Jurisdiction 10 will be transitioned to Jurisdiction J at a future date.
 - The current MAC for Jurisdiction 10 is Cahaba.
 - Cahaba is a fully owned subsidiary of Blue Cross/ Blue Shield of Alabama.
- Jurisdiction 11 includes North Carolina, South Carolina, Virginia, and West Virginia.
 - Jurisdiction 11 will be transitioned to Jurisdiction M at a future date.
 - The current MAC for Jurisdiction 11 is Palmetto.
- Jurisdiction 15 includes Kentucky and Ohio.
 - Jurisdiction 15 will be consolidated with Jurisdiction 8 to form Jurisdiction I in the future.
 - The current MAC for Jurisdiction 15 is CGS.
 - Palmetto and CGS are part of the Celerian Group.
 - The Celerian Group is part of Blue Cross/Blue Shield of South Carolina.
- The 8 companies that service the Medicare contracts across the United States are actually owned by 6 companies.
- 5 of those 6 companies are subsidiaries of Blue Cross/Blue Shield affiliates.
- Medicare beneficiaries in 44 out of 50 states are indirectly serviced by Blue Cross/Blue Shield affiliates companies.
- Each MAC has an advisory committee made up of various professionals.
- There is a Chiropractic Contractor Advisory Committee that has at least one representative for each state.
- These CCAC representatives are to advise the MAC and serve as liaison between the MAC and the doctors of the state.
- You can find a list of CCAC members and their contact information at the ACA website: http://www.acatoday.org/content_css.cfm?CID=2681 .
- Railroad employees have a special version of Medicare.
 - The Railroad Medicare MAC is Palmetto.
 - They have articles available instead of a Local Coverage Determination.
 - You need to enroll with Railroad Medicare separately from your regular MAC.
 - You can find the information on the Palmetto website.
- There are other specialty contractors that work with Medicare.
- There are four Durable Medical Equipment MACs.
- There are four Home Health/Hospice MACs.
- There are four Recovery Audit Contractors.
- There are six Zone Program Integrity Contractors.



- In addition there are specialty contractors that cover the entire country.
- Some examples are:
- CERT contractor.
- Qualified Independent Contractor.
- Quality Improvement Organization.
- Coordination of Benefits Contractor.
- The Medicare Secondary Benefits Contractor.
- Also, CMS maintains regional offices and field offices throughout the country.
- These offices are often shared with OIG and/or special investigative task forces.
- There are also separate groups for handling enquiries from beneficiaries than there are for handling enquiries from physicians and providers.
- In the course of your normal daily business you could be in contact with one or several of these contractors.
- It is important to remember that each of these contractors has their own specific jobs to perform and they don't talk to each other.
- "Medicare" is actually a large group of separate entities that are each handling their specific task.

Summary

- The reason that I discussed this today was to illustrate just how big and complex "Medicare" really is.
- It is not a single entity but a complex inter-related group of contractors and subcontractors.
- Simply moving from one state to another can cause all of the rules to change.
- That does not include the approximately 500 changes that Medicare makes every year and the changes resulting from the PPACA.
- Medicare, and healthcare overall, will be continuously changing for at least the next five years.
- Being aware of the big picture will help you to better deal with these changes.