



January 2016

HAPPY NEW YEAR FROM ALL OF US AT PPR!

INSURANCE CHANGES: Reviewing patient insurance cards is CRITICAL!

In addition to the usual new year coverage changes, there is a lot happening in the insurance world: HAP Midwest Medicaid and MI Child patients have been transitioned to Molina Healthcare . . . claims for Cigna patients whose id numbers begin with a U now need to go to Cigna directly instead of to Health Alliance Plan . . . Health Plus patients are in the process of being transitioned to HAP . . . dual eligible Medicare and Medicaid patients in Wayne and Macomb Counties have been transitioned to MI Health Link, so providers need to follow the rules of the HMO to which the patient has been assigned. Verifying insurance is a time-consuming process, but a necessary one to avoid reimbursement delays. Feel free to call us if you have any questions about any insurance changes your patients provide.

DOCUMENTATION NEWS: Two training modules available to assist with the guidelines

Several provisions may affect 'timeliness' when talking about documentation and claim submission. Medicare provides explicit rules, which are a good benchmark to follow for **ALL** providers. A provider may not submit a claim to Medicare *until the documentation is completed*. Practitioners are expected to complete documentation "during or as soon as practicable after it is provided in order to maintain an accurate medical record." (CMS IOM Publication 100-04, Chapter 12, Section 30.6.1.) A reasonable expectation would be no more than a couple of days away from the service. (Disclaimers such as 'due to possible errors in transcription, there may be errors in documentation' are not allowed. A provider is responsible for ensuring the record is complete and accurate prior to affixing a signature. See WPS GHA fact sheet at <http://www.wpsmedicare.com/j8macpartb/departments/cert/signature-guidance.shtml>)

IOM Publication 100-08, Chapter 3, Section 3.3.2.4 states "providers should not add late signatures to the medical record, (beyond the short delay that occurs during the transcription process) but instead should make use of the signature authentication process."

IOM Publication 100-08, Chapter 3, Section 3.3.2.5 discusses late entries. A provider should never add a signature to a medical record after the times discussed above. If the signature is not affixed at the time of service (also allowing limited delay due to transcription), then the provider may complete an attestation statement.

To assist with the above rules, as well as how to demonstrate the condition of a patient, principles of sound documentation and tips for maintaining quality medical records, **BCBSM** has developed a 30-minute on-line training to learn more about best practices in medical record documentation. Access the training on web-DENIS in the **Provider Publications and Resources section**: click **Newsletters & Resources**, click **Patient Care Reporting**, click **New online training: Best Practices for Medical Record Documentation**.

You may also visit www.brainshark.com/bcbsm/riskadjustment to view a presentation titled **Risk Adjustment, Best Practices for Documentation and Diagnosis Coding**.

BCBSM NEWS: New Medicare Advantage Private Fee-for-Service Plan

Eligible members will be offered the plan during the 2016 annual enrollment period, with coverage starting January 1, 2017. The fee schedule will be the same as MA PPO and similar to original Medicare rates. There are no preauthorization requirements and there will be minimal member cost sharing, i.e. most covered services won't have copays or deductibles. There is no drug component. The network will be built using the existing MA PPO providers; your new MA PPO contract now includes the MA PFFS plan. If you choose to participate you do not need to do anything. **If you do not want to participate, you need to opt out of the MA PFFS network by February 11, 2016.** Opting out of the MA PFFS won't affect your MA PPO affiliation, but participating will help transition your patients. The amended MA PPO contract and the opt-out form are available in the **Provider Enrollment** section of bcbsm.com/providers.

REIMBURSEMENT NEWS: Medicare Part B fees are being revised

Based on direction from CMS, the 2016 Medicare Physician Fee Schedules were removed from the WPS GHA website. Reviewed 2016 Fee Schedules will be posted to the website as soon as they are available.