

# Medicare B Update!

A Newsletter for Florida Medicare Part B Providers

## Medicare Claims Processing Status

*Providers and Suppliers Experiencing Claims Processing Issues—Read This!*

### The Multi-Carrier System—Post-Conversion Report

On March 8, 2002, Florida Medicare Part B changed claims processing systems. We converted from the Verizon Shared Processing System to the EDS Multi-Carrier System (MCS). You will recall that the Centers for Medicare & Medicaid Services (CMS) has designated the MCS claims processing system as the single Medicare Part B processing system nationally; all Medicare Part B Carriers will eventually transition to this system.

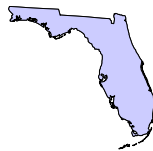
The transition to the MCS system has been very successful; however, not without problems. We are able to process and pay claims, but that is not without saying that it is taking us longer to process a claim than it did in many cases on the Verizon system.

#### Conversion Issues

Despite the fact that our overall claims processing metrics are in line with what we experienced last year, we continue to get significant inquiries from providers. The majority of inquiries relate to payment delays. Providers who have claims suspend in the MCS system will experience payment delays that they have not experienced recently due to our past performance. Claims that are filed electronically and do not suspend to a location requiring manual review should be finalized for payment within 15 days. Claims that suspend could result in payment delays. There are several reasons:

- Because the volume of claims we receive is so large, our pending electronic claims under the old system had to be input into the new processing system over several days. It was not until March 11 that all electronic claims were in the new processing system. We attempted to mitigate provider cash flow issues by “dropping” the payment floor from February 4 through March 15. This allowed payment of claims before the minimum payment floor of 15 days.
- Prior to the transition, from March 1, 2002 to March 7, 2002, we had “dark days” wherein we did not process any claims. This created an automatic delay of five days, where no payments were issued.
- We reinstated the mandatory payment floor on March 15, causing all claims to be subject to the minimum 15-30 day floor.
- Prior to the system conversion, we made a deliberate effort to lower inventory levels and were paying claims closer to the minimum payment floor. Now, however, because we are under the new and much different processing system, we are paying claims closer to the 30-day time limit allowed by CMS.

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The Medicare B Update! should be shared with all health care practitioners and managerial members of the provider/supplier staff. Publications issued after January 1997 are available at no cost from our provider Web site, [www.floridamedicare.com](http://www.floridamedicare.com).

#### Routing Suggestions:

- Physician/Provider
- Office Manager
- Billing/Vendor
- Nursing Staff
- Other

## Conversion Issues List

In an effort to keep the provider community apprised of issues, we are maintaining a list of conversion issues on our provider Web site, [www.floridamedicare.com](http://www.floridamedicare.com), which is updated twice a week, on Tuesday and Thursday evenings. Before calling, please check the list to see if we have noted your specific type of problem. If we have, please understand that we are aggressively working on a resolution. If the problem you are seeing is noted on the list, we ask your patience in giving us an opportunity to work these issues on a priority basis. Part of our resolution process is to try to identify and reprocess claims that may have been processed incorrectly. If the issue you identify is not on the list, we appreciate you notifying us so we can investigate and resolve the issue.

## Automatic Email Notification

An easy way of staying abreast of new developments is to subscribe to our free electronic mailing list—the *FCSO eNews*. Until MCS issues have been resolved, subscribers will receive an email notification twice a week highlighting additional information posted to our provider Web site. Post-conversion issues may be found in the MCS section on the “What’s New” page of the Web site.

Again, to receive quick, automatic notice of MCS issues and other Medicare hot topics, subscribe to our *eNews* mailing list. It’s very easy to do; simply go to our Web site, click on the yellow “Join our electronic mailing list” bar and follow the prompts.

## Customer Service

As you might imagine, our Provider Customer Service call center has received significantly greater call volume since the conversion. Unfortunately, under the new processing system we are processing claims closer to the 30-day time standard allowed by CMS than what our provider community is used to experiencing. Therefore, we appreciate your patience when contacting Customer Service regarding new issues. As noted above, processing or payment issues that we have identified are posted to the Web site. In addition, the Web site will identify what actions, if any, providers should take. Therefore, we ask that you check the Web site before contacting the Customer Service area to determine if your specific issue is recorded and being worked. Then, we recommend that you check it regularly for status updates.

## Thanks for Your Support!

We appreciate your feedback. We are committed to resolving processing issues just as quickly as possible. We thank you for your patience, support, and understanding as we work together to resolve all identified issues, master this new processing system, and return to the service levels to which you are accustomed.

**MEDICARE B UPDATE!**

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