

Medicare B Update!

A Newsletter for Florida Medicare Part B Providers

Conversion to Medicare's Multi-Carrier System

New Conversion Date to Medicare's Multi-Carrier System

First Coast Service Options, Inc. (FCSO) was initially scheduled to convert to the Part B Multi-Carrier System (MCS) on February 4, 2002. The conversion date has been changed to March 8, 2002. This change allows FCSO to ensure the latest programming changes are tested, outstanding issues are resolved, and processing can be completed on the current system through the last day of February. As a result of the revised conversion date, other important dates previously communicated have also changed.

Dropping of the Payment "Floor"

As the conversion to the new system approaches, FCSO is working to reduce and control claim inventory to the lowest levels possible. Providers will notice that claims already processed to completion in the Verizon system in February will be paid, in some cases, before the statutory payment "floor." The floor is 14 days for electronic claims and 27 days for paper claims. At this time, the conversion schedule indicates the payment floor will be dropped beginning February 1, 2002 through March 14, 2002. Therefore, some providers will see higher than usual paid amounts before the conversion to the MCS.

"Dark" Days Scheduled

From March 1, 2002 through March 7, 2002, FCSO will convert from the current Verizon system to the MCS and no system processing will occur during this time. Any claims (electronic or paper), reviews, inquiries, or hearings submitted during this time will be held and processed in the MCS beginning March 8, 2002. As always, we process on a "first in, first out" basis, so please do not hold claim submissions during the dark days. Continue to submit them as usual.

Modifier Submission Requirements in the MCS

The following modifiers were inadvertently left off the list of modifiers provided in the *Medicare B Update! December 2001 Special Issue*:

- AS Physician assistant, nurse practitioner, or clinical nurse specialist services for assistant at surgery
- G8 Monitored anesthesia care (MAC) for deep complex, complicated, or markedly invasive surgical procedure
- G9 Monitored anesthesia care (MAC) for patient who has history of severe cardiopulmonary condition
- QS Monitored anesthesia care service

These modifiers, as well as those previously published, *must* be submitted in the *first* modifier position to effect appropriate reimbursement.

The *Medicare B Update!* should be shared with all health care practitioners and managerial members of the provider/supplier staff. Issues published beginning in 1997 are available at no cost from our provider Web site, www.floridamedicare.com.

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



Customer Service Needs You!

As previously stated, the Florida Medicare carrier will transition to the MCS effective Friday, March 8, 2002. FCSO is committed to a successful transition to ensure providers and suppliers receive the most up-to-date information on all transition activities.

Our customer service call center staff will be attending training on the new MCS system beginning February 15, 2002. Therefore, some delays may be experienced when calling the customer service line. We ask for continued patience when waiting to speak with a Customer Service Representative (CSR) during February, and throughout the initial days following start-up of the MCS.

Please be aware that throughout February, FCSO's Interactive Voice Response system (IVR) will continue to be available to assist with claims processing inquiries. On March 1, *limited* information will be available via the IVR. Callers may inquire about finalized claims, but will not be able to check on pending claims—nor will they be able to obtain check numbers, or order Medicare Summary Notices. It is anticipated that the IVR will be *fully* operational during the days of March 4 through March 7, prior to start-up of the MCS on March 8, 2002. ***Providers and suppliers are strongly encouraged where possible to utilize the IVR. The information obtained via the IVR during the period of March 1 through March 7, will be based on the last (February 28) processing cycle from the Verizon system. No additional claim processing updates will be available via the IVR until Monday, March 11, 2002.***

A temporary staff will be available to assist with *general questions* during the week of March 1 through March 7. This will allow time for our CSRs to complete training on the MCS. Providers and suppliers are discouraged from calling Medicare Part A or Medicare EDI service numbers. Representatives dedicated to these lines will be serving our Medicare Part A providers and Medicare EDI customers, and will not be available to assist with Medicare Part B questions.

FCSO thanks you in advance for your usual support during pre-conversion activities, and the initial days following our start-up on the MCS. Please refer to our provider Web site at www.floridamedicare.com for future updates on the MCS conversion.

Telephone Reviews

In preparation for the transition to MCS, we will be unable to process any telephone review requests from February 25, 2002 to March 7, 2002. Processing of telephone review requests will resume beginning Friday, March 8, 2002. We ask for your usual patience as we acclimate to the new system.

Frequently Asked Customer Questions

Summarized below are questions that are frequently asked relative to MCS transition:

1Q. What is the effective date of the Florida carrier's transition to MCS?

1A. The Florida carrier will transition to the MCS beginning, Friday, March 8, 2002.

2Q. Will I still be able to request telephone reviews once you transition to MCS?

2A. Yes, you will still be able to request reviews via telephone when we convert to MCS effective March 8, 2002. *However, we will be unable to process any telephone review requests from February 25, 2002 through March 7, 2002, to prepare for our conversion to MCS.*

3Q. Should I review my office records and begin submitting my backlog of claims, reviews, and hearing requests?

3A. No, we request that you continue filing your claims, and/or review/hearing requests using your normal filing process.

4Q. Will I still be able to obtain information from the Interactive Voice Response System (IVR), once you transition to MCS?

4A. Yes, you will still be able to access the IVR to obtain information on your Medicare claims. We anticipate the IVR will be fully operational during the initial days (March 4 through March 7) prior to start-up of the MCS on March 8, 2002. *Therefore, we strongly encourage you where possible to utilize the IVR.*

Please note, information obtained via the IVR during the period of March 1 through March 8, will be based on the last processing cycle from the Verizon claims processing system. No additional claim processing updates will be available until Monday, March 11, 2002.

5Q. What changes will be made to the Interactive Voice Response System (IVR), once you transition to MCS?

5A. Several changes will be made to the IVR once we convert to MCS. Please refer to the *Medicare B Update! Special Issue* issued in December 2001. A copy of this *Update!* may be obtained from our provider Web site at www.floridamedicare.com (in the Part B Publications section, select MCSdec01spl.pdf).

6Q. Will I still be able to speak to a CSR about claim denials during the initial days prior to your transition to MCS?

6A. You will be able to speak directly to a representative up to February 28, 2002. We will have temporary staff available from Friday March 1, 2002 through Thursday March 7, 2002 to answer general information questions. Additionally, we anticipate that the IVR will be fully operational to provide claim status information from March 1 through March 7.

7Q. What can I expect on day one of your transition to the MCS?

7A. CSRs will be on hand to assist you with any questions that you may have. We ask for your continued patience when waiting to speak to a CSR, as you may experience a longer than normal delay before we can assist you.

8Q. Will my Medicare Remittance Notices (MRN) and/or my Medicare checks look different after the transition?

8A. Your MRN will look the same. However, the MRNs you receive with a check will be printed on 8½ by 11½ “blue fade” paper beginning March 8, 2002. Medicare checks will now be attached to the bottom

of the MRN. There will be a perforated line at the bottom of the MRN, so you can detach the check.

You will only see blue fade paper when a check is attached. If only a MRN is being sent to you without a check, it will be printed on plain white paper. Additionally, because of differences in the Verizon Medicare Part B claims processing system and the MCS, you may see your name truncated on your Medicare documents (e.g., checks, MRNs, letters). Please refer to the December 2001 Medicare B Update! Special Issue (page 12) for more information. We apologize in advance for this change and ask you to call us at 1-866-454-9007 if you encounter any problems because of your name abbreviation.

Jurisdictional Pricing on the Multi-Carrier System (MCS)

The jurisdictional payment policy for Medicare payments will be implemented by Florida Medicare when conversion to the MCS takes place on March 8, 2002. This policy, however, is effective for all claims received on or after July 1, 2001. Information concerning carrier jurisdiction was provided in the December 2001 *Medicare B Update! Special Issue—Conversion to Medicare’s Multi-Carrier System*. Since release of that publication, the Centers for Medicare & Medicaid Services (CMS) has instructed carriers to provide the following information.

For services provided in a beneficiary’s home (place of service [POS] “Home” –12), the MCS refers to the beneficiary’s home address to determine carrier payment jurisdiction. If this address is outside of the carrier’s payment jurisdiction, the carrier will deny the claim. If the home address on the carrier’s beneficiary file is not correct, or does not accurately reflect where the service was rendered, the denial may be appealed. **Providers who request an appeal or adjustment of denied services in which the original claim was received by the carrier on or after July 1, 2001, must include the appropriate ZIP code for where the service was rendered.** If the ZIP code is not provided, the denial will be upheld.

Source: CMS Transmittal B-01-62, CR 1866

New Medigap Insurer Listing

In preparation for conversion to the Multi-Carrier System (MCS), Florida Medicare Part B has been validating internal files and making changes as needed. One of the files affected is the Medigap Insurer Listing. Validation included a detailed review to ensure we have current information for Medigap insurers.

The new Medigap Insurer Listing is now available on our provider Web site, www.floridamedicare.com. This listing replaces any previously published. Providers should check the new listing and update their insurance records to ensure they have the valid Medigap Insurer ID for each insurer.

To assist in preparing for the conversion, reference documents have been created that list discontinued Medigap IDs that are no longer valid and should not be reported on claims. Please visit the Web site to view this important information.

Note: Medigap insurers may be added and revised on an ongoing basis. The Medigap listing on the Web site will be updated quarterly.

Observance of Presidents’ Day

The customer service call center will be closed on February 18, 2002, in observance of Presidents’ Day. The IVR (Interactive Voice Response) Unit will be available from 7:30 a.m. to 5:30 p.m. as usual.



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