

Medicare Providers: Don't Ignore CMS Revalidation Requests

One of the requirements of the **Affordable Care Act (ACA)** is that all enrolled providers and suppliers revalidate their information under new enrollment screening criteria. The revalidation effort only applies to providers/suppliers that were enrolled PRIOR to March 25, 2011. Letters will continue to go out to these providers until March 2015, asking them to begin the revalidation process. **You must wait to submit your revalidation until you have been requested by CMS to do so.** Provider/suppliers who submitted their enrollment applications to CMS on or after **March 25, 2011**, are **NOT** impacted.

New Medicaid Rules for Referring Providers

Effective **October 1, 2013** all Ordering/Referring/Attending NPI's **MUST** be enrolled with Michigan Medicaid when reporting Ordering/Referring/Attending NPI's on a claim that requires them with dates of service on or after 7/1/2013. **MDCH** would like to encourage current billing providers to work with their Ordering/Referring/Attending providers to get them enrolled to avoid claim denials and non-payment. Providers are encouraged to review the current policy bulletins **MSA 12-55 and MSA 13-17**. Providers with further questions or concerns in regards to claims can contact **Provider Support at 1-800-292-2550** or email ProviderSupport@michigan.gov

Meet Our Experts

Angela Papazian ~ Billing Supervisor

How many years have you been employed with CRT? 9

How many years employed in healthcare? 13

Personal History: I have been married for 8 years with two wonderful children, Mallory, 5, and Wyatt, 2. My free time is spent with family, friends and working out.

Most challenging aspects of your job? Making sure that our billing staff and our clients have all of the resources and support they need to make the billing process as efficient as possible. A good process in place means you can reduce a client's AR and create a positive working relationship for everyone involved.



Checking Patient Eligibility Even More Crucial Now

Beginning October 1st, as mandated by the ACA (Affordable Care Act) individuals will be able to purchase their own medical insurance through the new Marketplace in Michigan. There will be an influx of new members to insurance companies like Blue Cross, and because of this, checking your patients' eligibility will become even more crucial to your practice.

When a patient comes to your practice, having an insurance card in their hand will not necessarily mean that they have current coverage and billing an insurance company when coverage is not in effect, will not get you reimbursement.

Here are some **important** things to consider:

~ Individuals can receive ID cards once they enroll in an insurance, but coverage may not be effective **until** they pay their first month's premium **and** their effective date occurs.

~ If an individual subscribes to an insurance, but then becomes delinquent on their premium payment, their coverage may **cease**. There will be additional information about how to recognize delinquent subscribers, as well as recommendations for billing them, as the ACA progresses.

~ Individuals may elect to sign up for coverage, but then change that coverage anytime during the **open enrollment** period (which will run from October 1, 2013 through March 31, 2014). An individual could present with an insurance card at your practice, but not have **coverage** for certain services.

It may be time consuming for your office staff to check **eligibility** and coverage for your patients on a daily basis, but collecting balances from patients for services that are not payable by the insurance companies will be much **more** costly. We encourage providers to be diligent about this, especially during this first year of insurance exchanges. It may take some time for all of us to become accustomed to health care reforms, but rest assured, we are all hoping they will bring positive changes to our health care system.