

# CMS Offers Surprise Limited Opportunity for Physicians To Participate With Medicare



Image via Wikipedia

Providers have the opportunity to participate with Medicare once annually. This period called "Open Enrollment" is usually from mid-November to the end of the calendar year. **Providers who may have declined to participate with Medicare for the 2010 calendar year due to the anticipated deep cuts in the physician Medicare fee schedule now have a special opportunity to jump on board between now and July 16, 2010.** Here is the announcement:

Dear Medicare Part A and Part B Providers,

**Opportunity for Nonparticipating Physicians/Practitioners to Become Participating**

In consideration of the recent enactment of the Preservation of Access to Care for Medicare Beneficiaries and Pension Relief Act of 2010, which established a 2.2 percent update to the Medicare Physician Fee Schedule (MPFS), the Centers for Medicare & Medicare Services (CMS) is offering physicians and other practitioners, whose current participation status is non-participating, the opportunity to become participating (PAR). This opportunity is being offered only to those physicians/practitioners whose current PAR status is non-participating. This opportunity is available through July 16, 2010.

Non-participating physicians/practitioners who would like to become a participating physician/practitioner should download and complete the Medicare Participating Physician or Supplier Agreement (Form CMS-460). The form can be obtained by using the following CMS web site link: <http://www.cms.gov/cmsforms/downloads/cms460.pdf>.

Any new CMS-460 form received during this limited enrollment period will be retroactive for claims with dates of service of January 1, 2010, and later. However, the change in participation status will only apply to new MPFS claims submitted after your new status as a participating physician/practitioner is processed. Claims previously submitted and processed will not be adjusted for only a change in participation status.

Medicare claims administration contractors (Medicare Administrative Contractors and carriers) will accept and process requests to become a participating physician/practitioner that are submitted on the CMS-460 form and are post-marked on or before July 16, 2010.



---

## **Are New Consumer Satisfaction Measurements Needed for NCQA Health Plan Ratings?**



From today's US News & World Report:

*This is the fourth year that U.S. News and the National*

*Committee for Quality Assurance, managed care's major accrediting and standards-setting body, have teamed up to rank healthcare plans. We release the rankings during open-enrollment season, when millions of Americans prepare to select their healthcare coverage for the next year.*

How were plans rated?

*The rankings ... show how well plans do at preventing and treating illness and providing consumer services to members.*

How is consumer service defined?

*(Measures) ...included members' opinions about the ease of making appointments and getting care, doctors' ability to communicate effectively, and satisfaction with claims handling.*

I find these measures particularly interesting as only "satisfaction with claims handling" is a measure of the plan. "Making appointments" and "doctors' ability to communicate effectively" are services provided by the participating physician, unless the physicians are employed by the plan. I would like to see measurements of plans be more along the lines of:

- clarity of plan details communicated to subscribers and physicians;
- ability of plan agents to communicate with consumers and physician offices about routine issues and priority issues;
- ability of the plan to provide the physician office (preferably electronically) with pre-authorizations and pre-notifications for services, procedures, surgeries, and implants in a timely and efficient manner. These functions, which are very critical to getting patients needed services in a timely and efficient manner, are

not usually considered to be a part of the claims handling process.

- ability of the physician offices to obtain (electronic) information on individual plan benefits by subscriber or beneficiary OR electronic adjudication of the patient's visit that day;
- ability of the payer to provide the physician office with info for giving patients real quotes on tests, therapies, procedures and surgeries so that patients can make informed decisions about the cost of their care prior to having a service.

I know that to measure this, the plans would have to collect data from the physician offices (and some do), and publish this (none do that I know of.) Kudos to any plans doing this (and write to me and tell me if they/you are) because it acknowledges that the physicians are stakeholders and are a critical part in satisfying consumers.

[Medical Group Management Association](#) (MGMA) recently sponsored a survey .." to assess group practice professionals' attitudes concerning payers in all 50 states." Members who participated will receive a copy of the survey for responses from their state.

More on NCQA:



NCQA is a private, non-profit organization whose mission is to improve health care quality. The organization measures and reports on various aspects of performance and offers a range of accreditation and certification programs for different entities and individual physicians. Visit them online at [NCQA.org](http://NCQA.org).