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Who are the major payers in Wisconsin?

Appendix 48 is a list of the major payers in this state.

Wisconsin is one of the states with a plethora of licensed insurers. The OCI lists over 917 potential payers of health claims licensed in Wisconsin, including 22 HMOs, 453 life, health and accident companies, 340 employee benefit plan administrators, 58 exempt employee benefit plan administrators and 44 fraternal benefit societies.

According to the Kaiser Foundation's most recent information (http://kff.org/statedata/), Wisconsin ranks seventh, behind Hawaii, California, Massachusetts, New York, Oregon and Maryland in HMO penetration with 29.9 percent of people enrolled in private, Medicare or Medicaid HMO plans. The U.S. overall rate is 22.5 percent. Wisconsin's enrollment was estimated at nearly 1.7 million insureds covered by HMOs.

In the Large Group market, Wisconsin comes in 14th, with UnitedHealthcare (UHC) at 16 percent of the market, followed by Dean Health Plan at 15 percent and WEA Trust at 10 percent (before Act 10).

Wisconsin is 13th in the Small Group market with UHC again leading with 30 percent market share, WellPoint's share was 12 percent; then Humana with a 9 percent share.

In the Individual Plan market, Wisconsin drops to 10th. WPS leads that market with a 23 percent share, followed by WellPoint with 19 percent of market and UHC with 16 percent.

What are some no-cost training opportunities?

- Medicare offers free training and tools for billers and coders. There is even a certificate that can be earned—***Medicare Billing Certificate Program for Part B Providers*** **(Figure 1)** designed to provide education on Part B of the Medicare program. It includes required web-based training courses and readings and a list of helpful resources. Upon successful completion of this program, you will receive a certificate in Medicare billing for Part B providers from the Centers for Medicare & Medicaid Services. This 21-hour, self-paced course is available at the CMS website (www.cms.gov), go to Outreach and Education>MLN Products>MLN Products and scroll down to Related Links and choose Web-Based Training (WBT) Courses. You can also access direct via this hyperlink at http://cms.meridianksi.com/kc/ilc/course_info_enroll_lnkfrm_f1.asp?lgnfrm=wbt&table=crs&function=course_info_enroll&strBuildingID=5&strFunctionID=37&strFunctionPath=37&strFrom=Search&topic=All&keywords=

2013 Medicare Part C and Part D Reporting Requirements Data Validation (March 2013) [Online] (115 minutes)★
Acute Inpatient Prospective Payment System (IPPS) Hospital (April 2012) [Online] (60 minutes)
Avoiding Medicare Fraud and Abuse: A Roadmap for Physicians (March 2012) [Online] (32 minutes)★
Certificate of Medical Necessity (September 2012) [Online] (60 minutes)★
CMS Form 1500 (08/05) (July 2008) [Online] (60 minutes)
Diagnosis Coding Using the ICD-9-CM (March 2011) [Online] (75 minutes)
Health Insurance Portability and Accountability Act (HIPAA) EDI Standards (November 2012) [Online] (60 minutes)
Medicare Billing Certificate Program for Part A Providers (March 2012) [Online] (1260 minutes)
Medicare Billing Certificate Program for Part B Providers (March 2012) [Online] (1260 minutes)
Medicare Fraud and Abuse: Prevention, Detection, and Reporting (May 2012) [Online] (70 minutes)★
Medicare Parts C and D Fraud, Waste and Abuse Training and Medicare Parts C and D General Compliance Training (February 2013) [Online] (60 minutes)
Medicare Preventive Services Series: Part 1 (August 2011) [Online] (87 minutes)
Medicare Preventive Services Series: Part 2 (August 2011) [Online] (141 minutes)
Medicare Preventive Services Series: Part 3 (August 2011) [Online] (90 minutes)
Medicare Secondary Payer Provisions (July 2011) [Online] (100 minutes)★
Physician Quality Reporting System (Physician Quality Reporting) and Electronic Prescribing (eRx) Incentive Program (November 2012) [Online] (74 minutes)★
Safeguarding Your Medical Identity (April 2012) [Online] (60 minutes)★
Skilled Nursing Facility Consolidated Billing (December 2012) [Online] (60 minutes)★
Understanding the Remittance Advice for Institutional Providers [Online] (75 minutes)
Understanding the Remittance Advice for Professional Providers [Online] (90 minutes)
Uniform Billing (UB)-04 (July 2008) [Online] (114 minutes)
World Of Medicare (February 2012) [Online] (62 minutes)★
Your Institution in the World of Medicare (August 2012) [Online] (74 minutes)★
Your Office in the World Of Medicare (Developed June 2010, Revised September 2012) [Online] (120 minutes)★

Figure 1 - CMS Web Based Training courses

- MLN Suite of Products & Resources for Billers and Coders is available with links to relevant information. Access this page at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/Billers_and_Coders_Suite_of_Products_Listings.pdf

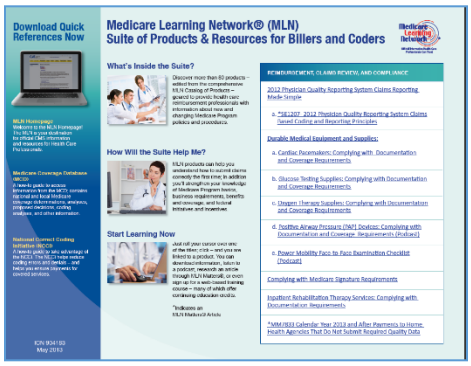

Figure 2 - MLN Resources for Billers and Coders site

- ***Annual Immunizers' Question and Answer*** handbook is found at Prevention > Immunizations > Downloads and then choose current year.
- Another good resource is the ***Preventive Immunizations*** manual—a 40-page document that reviews each vaccine using the following:
  - Medicare coverage
  - Coding and diagnosis information
  - Billing requirements
  - Payment information
  - Denial reason
- This document is located at http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Preventive-Immunizations-ICN907787.pdf

For a full product catalog of Medicare training resources, go to: http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/MLNCatalog.pdf

CMS also has a free subscription service. Go to *About CMS* at https://public.govdelivery.com/accounts/USCMS/subscriber/new?pop=t&qsp=566 to enroll and then go to Web Policies & Important Links > CMS.HHS.gov Email Updates List (or click on http://www.cms.gov/About-CMS/Agency-Information/Aboutwebsite/Email-Updates-List.html) to sign up for those topics that interest you.

Does CMS use social media?

Medicare is on Twitter - **Twitter handle is @CMSGov** at http://www.twitter.com/CMSGov

Medicare is on Facebook - http://www.facebook.com/pages/Medicare/137359779622080

If I start billing Medicaid patients, will I have to include them in my WIMCR reports?

No. The WIMCR are cost reports that identify actual costs of delivering allowable WIMCR services to all recipients (Medicaid and non-Medicaid). As stated on the reporting tool website (https://www.forwardhealth.wi.gov/wimcr/), WIMCR includes only the following services:

- Targeted case management services (the non-federal share of this service is provided by the county)
- Child/adolescent day treatment services
- Community support program services (the non-federal share of this service is provided by the county)
- Crisis intervention services, hourly (the non-federal share of this service is provided by the county)
- Crisis Stabilization per diem services (the non-federal share of this service is provided by the county)
- Home health services
- Adult mental health day treatment services
- Outpatient mental health and substance abuse services, including evaluation, psychotherapy, substance abuse counseling, and intensive in-home mental health services for children under HealthCheck
- Outpatient mental health and substance abuse services provided in the home and community (the non-federal share of this service is provided by the county)
- Personal care services
- Prenatal care coordination services
- Substance abuse day treatment

Can an interperiodic visit be billed with an immunization?

No, the Forward Health portal states the following:

> **Topic 2396 - Interperiodic Visits—**Wisconsin Medicaid covers medically necessary interperiodic screening exams to follow up on detected problems or conditions.

Interperiodic visits may be scheduled between regularly scheduled comprehensive screens. These medically necessary visits are to follow up on issues noted during a comprehensive screen. Examples of interperiodic screenings include the following:

- **Immunizations**
- Retesting for an elevated blood lead level
- Retesting for a low hematocrit
- Addressing nutrition concerns

In addition, interperiodic visits may be appropriate and can be requested by any individual inside or outside the formal health care system who feels there may be a physical, mental, or psychosocial issue that requires additional evaluation. The scheduling of interperiodic visits shall be based on medical necessity. In two situations a provider may submit a claim for an interperiodic visit when a comprehensive screen has not previously been done. These situations include one of the following:

- When PA has been granted for environmental lead inspection and an interperiodic visit for education related to lead poisoning (procedure code T1002).
- **When a child comes in for immunizations (procedure code 99211)**.

Topic #2408 - Procedure Codes

Covered HealthCheck screening services are identified by the allowable procedures codes listed in the following tables.

Interperiodic Visits	
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician or other qualified health care professional (**5 minutes**)
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a problem focused history; a problem focused examination; straightforward medical decision making (10 minutes)
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: an expanded problem focused history; an expanded problem focused examination; medical decision making of low complexity (15 minutes)
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three key components: a detailed history; a detailed examination; medical decision making of moderate complexity (25 minutes)
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: a comprehensive history; a comprehensive examination; medical decision making of high complexity (40 minutes)

Will I continue to use the C-SNAP system to check eligibility and submit claims to Medicare Part B?

No, since WPS will no longer be the Part B MAC for Wisconsin. Effective September 7, 2013, National Government Services (NGS) will take over from WPS. They have a different system, called Connex, and you can find information on their website at: https://connex.ngsmedicare.com/home/start.swe?SWECmd=Login&SWECM=S&SWEHo=connex.ngsmedicare.com.

You will have wait for a notice from NGS on how to sign up, but the following information might be useful if you bill Medicare Part B (note that the Connex system doesn't operate on Windows 7 with Microsoft Internet Explorer 7.x, so you might want to prepare by downloading an upgraded version of IE prior to September).

Connex System Requirements

NGSConnex.com is currently compatible with the following operating system/browser combinations:

	BROWSER				
Client Operating System	Microsoft Internet Explorer (IE) 7.x	Microsoft IE 8.x	Microsoft IE 9.x	Mozilla Firefox 3.x–20.x	Google Chrome 13.x–27.x
Microsoft Windows XP Service Pack 2+	√	√	√	√	√
Microsoft Windows Vista	√	√	√	√	√
Microsoft Windows 7	X	√	√	√	√

√ = Yes X = No

Figure 3 - NGS Medicare Part B Connex system requirements

Are LHDs considered Essential Community Providers for immunization services?

The Wisconsin Office of the Commissioner of Insurance provided the following response.

> In response to your inquiry, we went back to the federal Exchange regulations. The preamble seems clear in that the list of providers referenced in the regulation is not exhaustive and that other providers that serve predominantly low-income, medically underserved individuals can be considered ECPs.
>
> P. 18422 of the final Exchange regulation states, "We (HHS) clarify that the list of essential community providers provided in (c)(1) and (c)(2) *[the list you provided in your*

e-mail] are not an exhaustive list and are not meant to exclude QHP issuers from contracting with other providers that serve predominantly low-income, medically underserved individuals."

"Based upon comments regarding the potential for exclusion of or discrimination against essential community providers and consistent with the ACA…we clarify that any provider that meets the criteria for an essential community provider in § 156.235 (c), must be considered an essential community provider."

§ 156.235 (c) *Definition.* Essential community providers are providers that serve predominantly low-income, medically underserved individuals, including providers that meet the criteria of paragraph (c) (1) or (2) of this section…" Note: paragraph (c) (1) and (2) refer to the list of providers you sent in your e-mail.

P.18423 of the final Exchange regulation states, "We note that the definition in the final rule, taken from the ACA, provides a test to determine whether a provider is an essential community provider and a non-exhaustive list of examples. An Exchange may apply the test contained in the definition (providers that serve predominantly low-income, medically underserved individuals) to a particular service area to identify additional essential community providers."

Based on the final Exchange regulation, OCI does not see any reason an insurer would be prohibited from contracting with a local health department as an essential community provider for immunization services. That said, OCI leaves the decision as to whether a health insurer contracts with a local health department up to the discretion of the health insurer. Nothing in state law requires health insurers to contract with local health departments for immunization services. Additionally, while OCI, a state regulatory agency, does not take issue with insurers contracting with local health departments as ECPs, the requirement that insurers have ECPs in their networks is a federal requirement and HHS may take a different position.

OCI has a Life and Health Advisory Council that holds public meetings a few times throughout the year. The next meeting is scheduled for today at 10:00 am. We will mention at the meeting that OCI does not have an issue if insurers want to contract with local health departments as ECPs for immunization services.

July 16, 2013, UPDATE: Per OCI, "there were no comments from Council members or public attendees after OCI indicated that, from a state perspective, OCI does not have concerns with insurers contracting with local health departments as ECPs for immunizations."

What are the Medicare Part D stand-alone plans for Wisconsin?

National Government Services (NGS), WI Medicare contractor, has posted the following document with a list of the stand-alone Part D plans for Wisconsin - http://www.dhs.wisconsin.gov/ltcare/Partners/infoseries/rs12-03-partdplans.pdf.

If you haven't signed up for email updates from NGS, you can do so at: http://www.ngsmedicare.com/ngs/wcm/connect/ngsmedicare/ngsmedicarecontent/ngsmedicare/publications/e-mail%20updates/listserv%20(4)?savecookie=?clearcookie=?REGION=?LOB=Part%20B

Is there a document that outlines the HealthCheck Terms of Reimbursement?

Yes, go to http://www.dhs.wisconsin.gov/forms/F0/f01114.pdf. Note that this document addresses how providers should bill their charges:

> "Providers are required to bill their usual and customary charges for services provided. The usual and customary charge is the amount charged by the provider for the same service when provided to non-Medicaid patients. For providers using a sliding fee scale for specific services, the usual and customary charge is the median of the individual provider's charge for the service when provided to non-Medicaid patients."

Has the federal government given any advice on contracting with an EMR/EHR vendor?

Yes, The Office of the National Coordinator for Health Information Technology has issued guidance that explains important contract terms when negotiating with a vendor to purchase an electronic health records product. The document can be found at: http://www.healthit.gov/sites/default/files/ehr_contracting_terms_final_508_compliant.pdf

The NACCHO link I saved in my Favorites isn't working. What happened to the immunization billing page?

There is a new web page set up by NACCHO - http://www.naccho.org/topics/HPDP/billing/index.cfm - that now includes not only immunization billing, but billing for all clinical services LHD's provide. A new page has been added that gives you all the tips for access data on NACCHO - http://www.naccho.org/topics/HPDP/billing/how-to-use-the-billing-toolkit.cfm.