

March 17 is the new deadline for Medicare participation decisions

In response to the lingering uncertainty regarding the level of the Medicare conversion factor for 2010, CMS has extended the deadline for physicians to notify Medicare of a change in their participation status. The new deadline is March 17, 2010. As usual, physicians who do not wish to change their participation status need do nothing.

Congress acted in December 2009 to postpone from January 1 to March 1, 2010, the scheduled 21.2% reduction (from \$36.08 to \$28.39) in the conversion factor. That postponement was supposed to give Congress time to stop the cut, either with another legislative band-aid, as has become almost customary in recent years, or possibly by actually eliminating the troublesome SGR formula that for years has generated recurrent threats of ever more draconian cuts in Medicare Part B payments.

Thus, by March 1 at the latest, something will have happened to provide physicians with a clearer picture of how Medicare will be paying them in 2010. Physicians will then have until March 17 to consider whether to change their participation status. Any change, however, will be retroactive to January 1. That means, for example, that in the unlikely case that a physician opts to change from non-participating to participating, he or she might have to refund any amounts that had been balance billed to patients since January 1, 2010.

The familiar three options still exist: participation, whereby the physician agrees in advance to accept assignment all of the time for all Medicare beneficiaries who are admitted to the practice; non-participation, whereby the physician reserves the right to balance bill patients on a case-by-case basis, albeit under Medicare's limited rules for balance billing; and private contracting (also known as "opting out"), whereby the physician and all of the physician's patients eschew all Medicare payment for any services provided by that physician, with the possible exception of emergency services under certain conditions.

The AMA provides detailed guidance on physicians' Medicare participation options, including a sample private contract and affidavit, through the AMA website, www.ama-assn.org.

A note about Rhode Island: For a few years in the late 1980's and early 1990's, Rhode Island was among the states that prohibited doctors from balance billing Medicare beneficiaries. It is unlikely that the law ever had any practical impact for any patient, and no doctor was ever disciplined under it. While the law is technically still on the books, its language became obsolete and irrelevant with the advent of the RBRVS system in 1992. Medicare itself now effectively limits balance billing by non-participating physicians to no more than 9.25%. ❖

enrollment is up to date by visiting pecos.cms.hhs.gov and logging in as they would for the National Plan and Provider Enumeration System (NPPES), using their NPPES user ID and password; (one can call 1-800-465-3203 if one does not have these, or email customerservice@npienumerator.com). PECOS offers step-by-step on-screen instruction, but users should work along steadily, because PECOS will automatically log off any user who leaves the connection idle for more than fifteen minutes.

There is more. **Having updated their enrollment online in PECOS, physicians must still print out, physically sign and mail the two-page certification form within seven days of their online submission.**

They must also mail any supporting documentation that may be required, such as IRS CP-575 (the form that documents one's employer identification number) or CMS-588 (the form that authorizes electronic funds transfer). Before mailing, one should check to make sure that CMS provided the correct mailing address to Rhode Island's Medicare Contractor, NHIC, Corp. in Hingham, MA; CMS system errors have been known to occur at this point in the process. **Medicare contractors will not process on-line enrollments through PECOS until they also receive a hard copy of the 2-page Certification Statement by mail. Failure to complete this step has delayed the PECOS enrollment of many physicians.**

In case of technical trouble on the PECOS website, one can call the CMS Help Desk for "External Users Services" (EUS) at 1-866-484-8049 Monday through Friday between 7am and 7pm EST or email EUSSupport@cgi.com.

Physicians can also contact Deanna Batstone at NHIC, Corp. (781-741-3479 or deanna.batstone@eds.com) for information on PECOS.

Physicians who prefer not to work online with PECOS may update, enroll or re-enroll by competing and submitting a hard copy of CMS Form 855I. ❖