

## **2009 Medicare Information**

### **Deactivation of Enrollment**

If you go 12 months without submitting any claims to Medicare, your enrollment may be deactivated and you will have to contact your Medicare carrier or Medicare Administrative Contractor (MAC) and recertify that the information they have on file for you is still correct. If there are any new requirements that were put in place since your original enrollment, you will have to meet them. For instance, you will have to sign up to have your Medicare claims paid by electronic funds transfers (EFTs), just as you would have to do if you changed any information on your enrollment application (see below). You will also have to submit a valid Medicare claim, which shouldn't be a problem since you probably wouldn't be worried about reactivating your enrollment unless you wanted to submit a claim.

### **Electronic Funds Transfers**

Medicare is trying to convert all its provider payments to electronic funds transfers (EFTs) directly into your bank account. If you are currently receiving checks from your Medicare carrier, you will be able to continue getting checks as long as nothing changes. However, should you need to submit any changes to your Medicare enrollment (see below for more about reporting changes), you will be required to fill out a CMS-588 form authorizing payment through EFTs.

### **Timeframe for Notification of Changes Tightens Up**

Beginning in January 2009, newly enrolled Medicare providers may only file claims with Medicare back to 30 days before the date an accepted enrollment application was filed. Previously, providers could file retroactive claims for services provided up to 27 months before the enrollment application was filed. Providers who are enrolled in Medicare still have up to 27 months to file claims for services they've provided.

Another change for 2009, is that providers must report any changes in their practice from what is on their Medicare enrollment application within 30 days of when the change was made using form CMS-855I, which can be downloaded at <http://www.cms.hhs.gov/CMSforms/downloads/CMS855I.pdf>. Previously providers had 90 days to report these changes, which include such things as changes in ownership, changes in location, changes in general supervision, and any final adverse actions that have been taken against the provider. The penalty for failing to meet the 30-day timeframe is having your Medicare billing privileges revoked back to the date of the change and being held subject to overpayment for any claims that were paid after the date of the unreported change. CMS is urging providers to report changes as soon as they can to avoid penalties.

### **Copays for Outpatient Psychiatry Services Remain the Same for 2009**

The Medicare Improvements for Patients and Providers Act of 2008 (MIPPA), which was passed in July over a Presidential veto, mandates the elimination of

the discriminatory copayment rates for outpatient psychiatric treatment under Medicare. While Medicare has reimbursed for all other outpatient medical services at 80 percent, with the patient responsible for the other 20, outpatient mental health treatment has only been reimbursed at 50 percent. (Psychiatric evaluations and inpatient psychiatric care have always been paid at the 80 percent rate) The APA lobbied for decades to have this inequity corrected, and it's efforts were finally rewarded.

It is important to understand, however, that the correction is being phased in gradually, and that for 2009 the reimbursement rate will continue to be 50 percent. In 2010 and 2011, the rate increases to 55 percent. In 2012, the reimbursement rate will be 60 percent; in 2013 it will be 65 percent; and, finally, in 2014, it will be the full 80 percent. While this will not affect how much money the treating psychiatrist is reimbursed—that is determined by the fee schedule—it will permit Medicare beneficiaries to receive psychiatric care under the same copayment system that covers their other health care, and this will hopefully encourage more individuals to seek the psychiatric care they need.