



Medicare Administrative Contractors

Medicare FFS Claims Submission Education and Oversight

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Today's Meeting

- Medicare Contracting Reform
 - Background
 - Status of implementation
- Role of Medicare Administrative Contractor in reducing payment error rate
 - Provider Outreach and Education
 - Claims Review

Medicare Fee-For-Service: Context

- >85% of Medicare beneficiaries enrolled in FFS Medicare
- >1B claims annually; >\$370B benefit payments (FY09)
- 1.5M providers with unique billing needs
- >55M provider telephone inquiries (FY09)
- >500 contractor instructions annually that impact providers
- New legislation every year

Medicare Contracting Reform

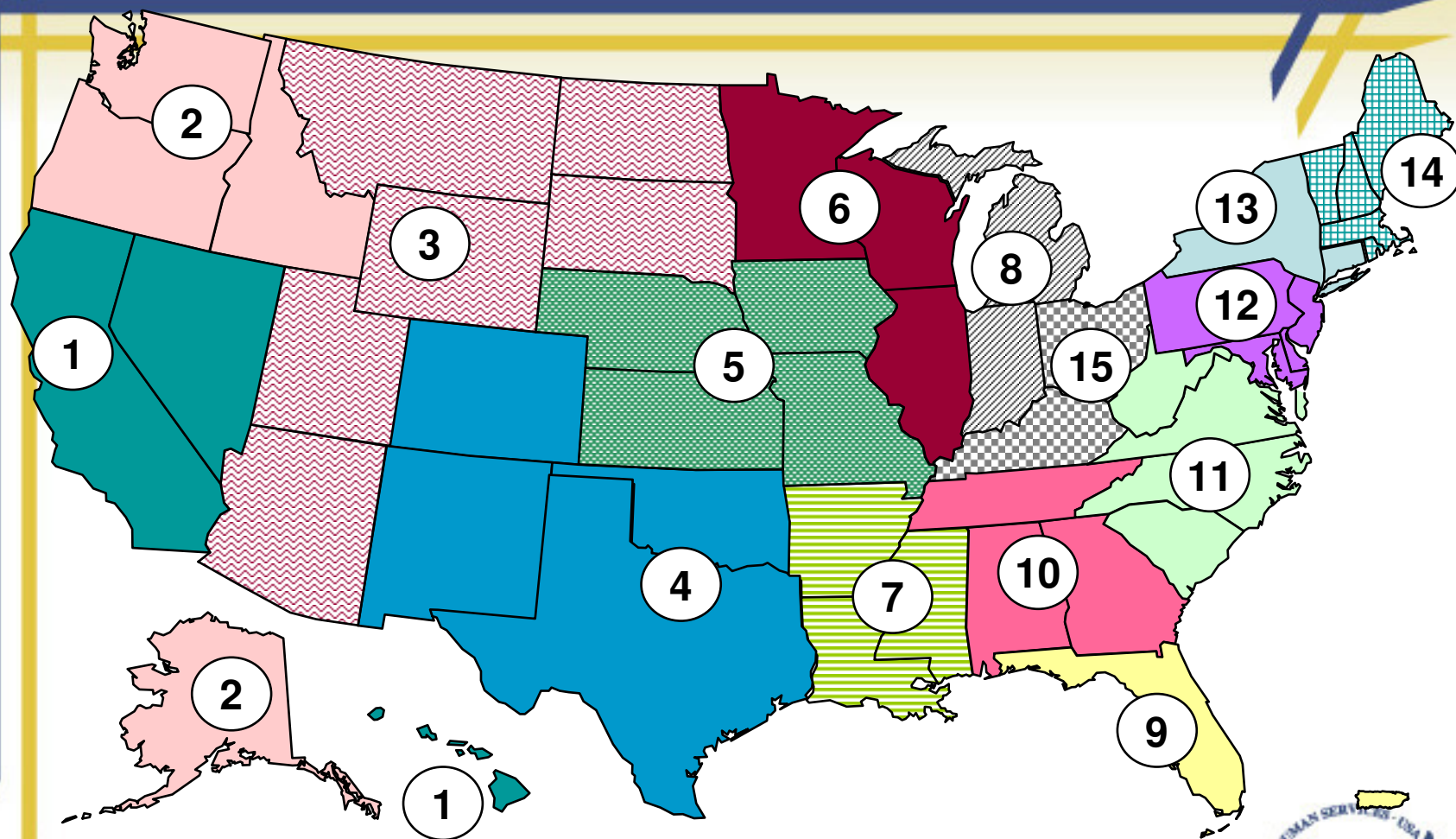
- ***MMA Section 911***

- Integrated Medicare Part A and Part B claims processing into a single entity to increase efficiency and payment accuracy
- Medicare Administrative Contractors (MACs) perform work previously administered by fiscal intermediaries and carriers
- Competitive award of performance-based contracts with award fees
 - MACs rewarded for exceeding CMS operational and policy objectives

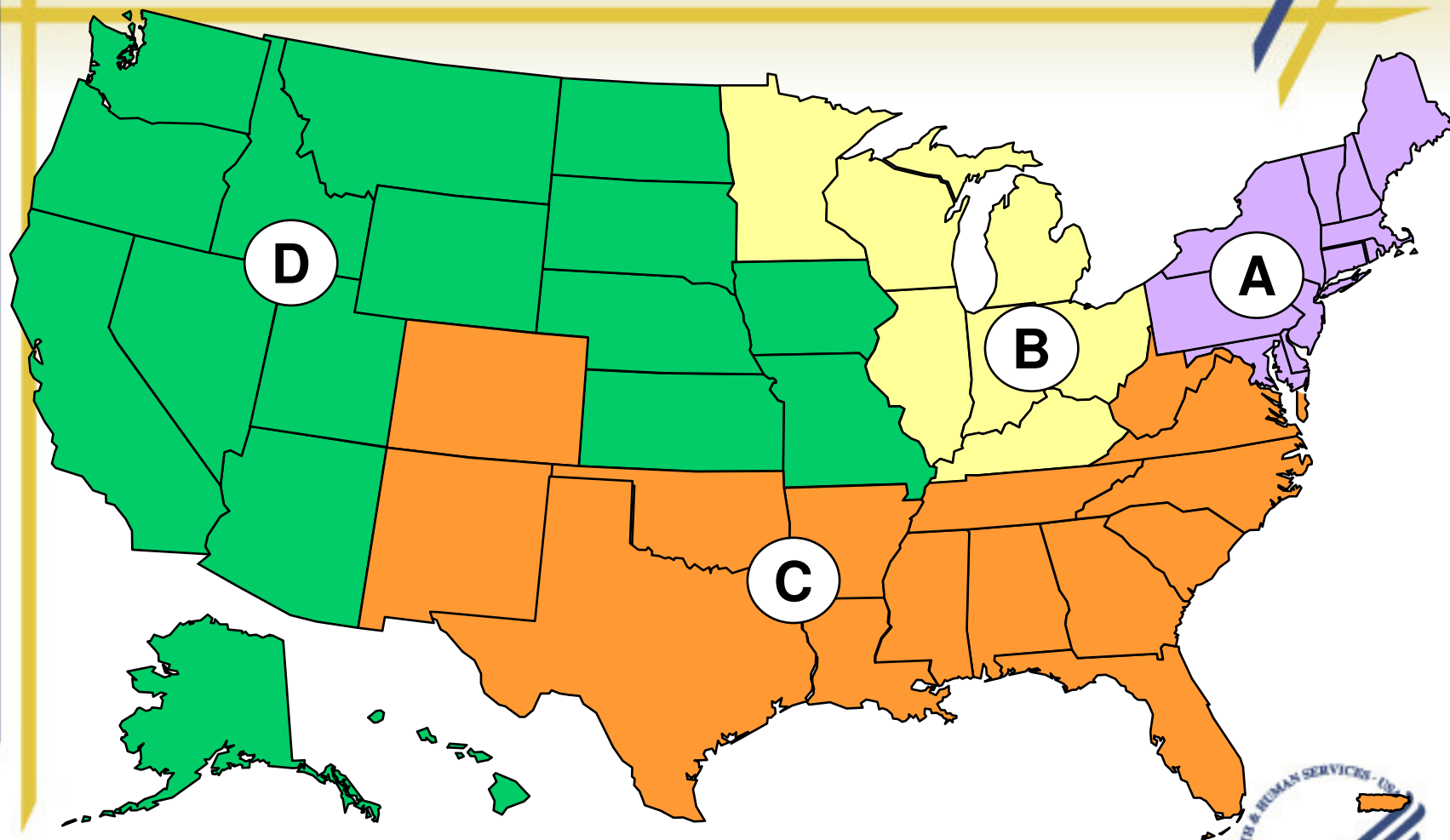
Contracting Reform: Benefits

- Improved efficiency in program administration
- Reduced Medicare payment error rate
- Sets platform for information technology improvements
- Better able to meet future programmatic challenges and changes

A/B MAC Jurisdictions (15)



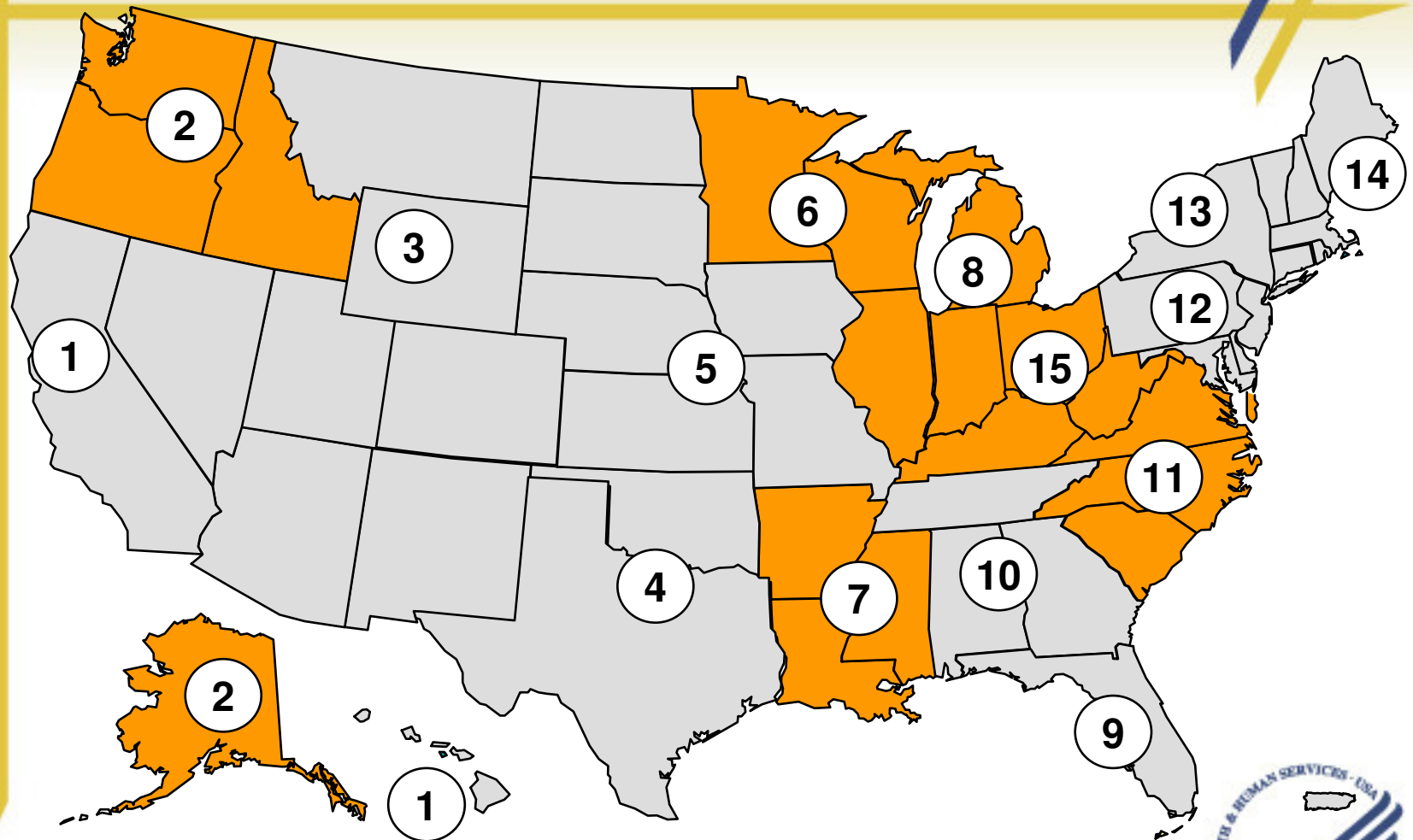
Durable Medical Equipment MAC Jurisdictions (4)



Status of Implementation

- 4 Durable Medical Equipment MACs (100% of national claims volume)
 - implemented and operational
- 9 A/B MACs (65% of national claims volume)
 - implemented and operational
- 6 A/B MACs (35% of national claims volume)
 - implementation and operations delayed

Current Status of A/B MAC Jurisdictions



Positive Results from Operational MACs

- Administrative costs down
- Identification and elimination of operational inconsistencies
- Performance improvements
 - System security
 - Provider customer service
 - Beneficiary inquiry support
 - Appeals processing and resolution
- Reduction in variation of local medical coverage determinations
- Better coordination of provider outreach and education activities
- Provider satisfaction survey scores increased

MACs: The Provider's Single Point-of-Contact

- MACs serve as the single point-of-contact for providers
- MACs provide information about:
 - Claims
 - Payment
 - Bill submission guidance, etc.
- MACs are required to be responsive to providers
 - Measured through provider satisfaction surveys

Provider Outreach and Education Goals

- Conduct a well-coordinated education and outreach program for Medicare fee-for-service providers so that they:
 - Understand the program
 - Understand how the program will specifically affect their billing
 - Know how to bill correctly
 - Know how to be aware of any changes
 - Are able to help beneficiaries

Provider Outreach and Education Strategy

- Outreach based on analysis
 - CERT reports
 - Inquiry data
 - Claim submission errors
- Education geared toward new providers and small providers

MACs: The Face of Medicare

- Provider Contact Centers
- Provider websites
- Provider Outreach and Education Tools
 - Provider list-servs
 - Provider bulletins/newsletters
 - Educational Events
 - In-person seminars
 - Webinars
 - "Ask-the-Contractor" Teleconferences (ACTs)

CMS' Role in Provider Outreach and Education

- Conduct annual Provider Satisfaction Survey on all contractor provider services
- “Medicare Learning Network” is the CMS brand for official CMS FFS provider educational products
 - <http://www.cms.hhs.gov/MLNGenInfo/>
 - Free
 - Updated regularly
 - Produced centrally to promote consistency
 - Variety of formats available (e.g. web-based training, hard copy, on line and CD-ROM)
 - Continuing education credits (IACET CEUs, CME)

What do providers call about?

- Beneficiary eligibility/entitlement*
- Claims status*
- Claims denials
- Unprocessable claims
- General information
- Provider enrollment
- Financial information
- Adjustments (also #1 written inquiry category)
- Coverage/payment rules

MACs & RACs – Critical Handoffs

- Claims Payment Data Analysis
- Claims Review
- Overpayment/Underpayment Identification
- Recovery
- Appeal
- Collection

MACs & RACs – Closing the Loop

- A bigger tool box for assuring correct Medicare claims payment
- RACs augment MAC capacity for reviewing payments and utilization
- RAC results augment CMS' ability to refine claims processing instructions

Bringing the Pieces Together

- Joint Operating Agreements and CMS Oversight assure no overlap of analysis
- Review of RAC findings by CMS and MACs support improvements in error rate reduction planning

Questions?

- For more information, visit <http://www.cms.hhs.gov>.