

July 2006



HEALTHCARE COMPLIANCE + NETWORKING INC.

THERAPY CAP

We are just months away from December 31, 2006 – the date the approved exception to the therapy cap will expire. We urge you to continue applying pressure. Contact your congressional representative and ask for a repeal of the cap! To learn more about your representative, go to www.congress.org/congressorg/dbq/officials. To use one of our model letters, you can go to our web site at www.hcan.net/documents.asp. We are already eight months into 2006. Please make this a priority!

EXEMPTION TO THERAPY CAP

Proper documentation has always been a key in the Medicare payment system. With the exception process in place (automatic and manual), this statement has never been truer. Any exception request denied on a prepayment basis has no appeal rights. Facilities in prepayment medical review or progressive corrective action must manually request all exemptions – even if the diagnosis falls among those for the automatic exemption. If denied, these facilities do not have the right to appeal. Please make sure your quality assurance process is established and your utilization review committee is in place so that you properly comply with this requirement and minimize the exposure to denials.

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NATIONAL PROVIDER IDENTIFIER (NPI)

On May 1, 2006, the Centers for Medicare & Medicaid Services (CMS) introduced the revised CMS 855 Medicare Provider-Supplier Enrollment applications. Part of the revised application is to include your NPI. Without this number, the application will not proceed. All Medicare providers and suppliers are required to obtain their NPI in advance of enrollment, or change of, their Medicare enrollment data. For more information and answers to questions about the NPI, go to www.cms.hhs.gov/NationalProvIdentStand/.

Keep in mind that, beginning May 23, 2007, the NPI replaces all existing provider numbers that were previously used to bill Medicare, Medicaid, and other health care payers. If you have not yet obtained your NPI number, please do so – even if you are not enrolling or making a change to your Medicare enrollment information.

REMEMBER THIS QUARTER!

File your Medicare Credit Balance Report!
You can download instructions from our web site, www.hcan.net/documents.asp.

Look for the *Credit Balance Report*. Remember, you must file with help from your billing agent, and the report is due 30 days after the end of each quarter. Failure to file will result in 100% withholding of your Medicare payments!

want more information?

Visit www.hcan.net or call 904.398.0506

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