

MAG Physician Claims Savings:				Third Party Payer Strategic Plan Progress 2009																
1st Quarter				2nd Quarter				3rd Quarter				4th Quarter								
January	February	March	1st Qtr. Total	April	May	June	2nd Qtr. Total	July	August	Sept.	3rd Qtr. Total	Oct.	Nov.	Dec.	4th Qtr. Total				2009 GRAND TOTAL	
PUBLIC	\$ 4,324,444.00	\$ 300.00	\$ 67,108.00	\$ 4,391,852.00	\$ 600.00	\$ 1,989.00	\$ 1,479,200.00	\$ 1,482,141.00				\$ -			\$ -			\$ -	\$ 5,873,993.00	
PRIVATE	\$ 26,496,749.00	\$ 200.00	\$ -	\$ 26,496,949.00	\$ -	\$ 200.00	\$ 150.00	\$ 350.00				\$ -			\$ -			\$ -	\$ 26,497,299.00	
TOTAL	\$ 30,821,193.00	\$ 500.00	\$ 67,108.00	\$ 30,888,801.00	\$ 600.00	\$ 2,189.00	\$ 1,479,350.00	\$ 1,482,491.00	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 32,371,292.00	

Total Contacts Made:				2nd Quarter				3rd Quarter				4th Quarter								
January	February	March	1st Qtr. Total	April	May	June	2nd Qtr. Total	July	August	Sept.	3rd Qtr. Total	Oct.	Nov.	Dec.	4th Qtr. Total				2009 GRAND TOTAL	
PUBLIC	15	15	10	40	20	25	18	63			0				0			0	103	
PRIVATE	10	20	17	47	25	30	23	78			0				0			0	125	
TOTAL	25	35	27	87	45	55	41	141	0	0	0	0	0	0	0	0	0	0	228	

New Members Added				2nd Quarter				3rd Qtr.				4th Qtr.								
January	February	March	1st Qtr. Total	April	May	June	2nd Qtr. Total	July	August	Sept.	3rd Qtr. Total	Oct.	Nov.	Dec.	4th Qtr. Total				2009 GRAND TOTAL	
PUBLIC	0	0	0	0	0	2	0	2			0				0			0	2	
PRIVATE	0	0	0	0	0	0	0	0			0				0			0	0	
TOTAL	0	0	0	0	0	2	0	2			0				0			0	2	

Policy Changes Achieved:				2nd Quarter				3rd Qtr.				4th Qtr.								
January	February	March	1st Qtr. Total	April	May	June	2nd Qtr. Total	July	August	Sept.	3rd Qtr. Total	Oct.	Nov.	Dec.	4th Qtr. Total				2009 GRAND TOTAL	
PUBLIC	2	0	0	2	0	0	1	1			0				0			0	3	
PRIVATE	1	0	0	1	0	0	0	0			0				0			0	1	
TOTAL	3	0	0	3	0	0	1	1			0				0			0	4	

Policy Changes Achieved:

January 2009: Going forward, WellCare will reimburse at the rate of \$901.00 for CPT 59410. Only claims paid at the reduced rates for dates of service 10/1/2008 to 12/31/2008 will be reprocessed through a WellCare claims project to pay the shortfall difference (\$145.46) to make up the total of \$901. There is no action required on behalf of the provider as claims have already been identified for the upcoming project. The impacted claim volume for this project is approximately 20,000 claims (\$2,909,200 will be paid out by WellCare statewide)

BCBSGa agreed to correct system denying E&M services when billed with 57 modifier. BCBSGa stated there was a system issue with it and claims will now be again paid for E&M consultations when using the 57 modifier for surgery. (MAG members- 368 General Surgeons)

Medicare stated that for CPT code 76519 the practice can bill both a 50 and 26 modifier, but the payment system applies an audit set when the 50 modifier is used. The audit does not state whether the claim can be paid or not but tells the processor they may check to see if there is a second line used below the code billed--76519 which bills it twice. The processor may not always be able to quickly determine this and if not they send it to deny or not paid on the remittance. This can be considered a clerical error and the practice can call in at number 866-582-3244 to correct.

After a number of exchanges of information with CMS regarding this case, MAG heard back from CMS on June 26, that Humana indeed had a system-wide error in their payment process and were incorrectly denying the two services in question to physicians in Georgia—Audiological testing (CPT Codes 92557, 92567, 92568, 92588 and Vestibular Function testing, 92542-92545 with the 26 modifier and for the technical components). The total savings for the physician on the two patients in question for the two services provided and reported was \$2941. Since it is a system wide error, Humana will be correcting the error and hand processing all related claims in the meantime. Total Savings Represented for Physicians Enrolled in the Humana Choice Medicare PPO--\$1,470,000