

Time Limits for Filing Medicare Claims

Did you know that Medicare law designates specific time limits for submitting claims for physician and other Part B services? In fact, for most claims, the terms of the law require that a claim be filed no later than the end of the calendar year following the year in which the service was furnished. For more information and to view some exceptions visit [Palmetto GBA](#).

California to Set Time Limits to See Doctors

New California regulation requires family practitioners in health maintenance organizations (HMO) to see patients seeking an appointment within 10 business days (15 days for specialists). Poised to take effect January 2011, the "Timely Access" regulations will make a significant difference for approximately 21 million California health plan members. According to a 2009 study, in Los Angeles new PPO and HMO patients wait an average of 59 days to see a family practice physician. Check out [The Doctor Will See You Now!](#) for examples of the new standards.

Updated Special Fraud Alert

The Office of the Inspector General has issued an [Updated Special Fraud Alert](#) in response to information they received that some DME suppliers are continuing to use independent marketing firms to make unsolicited telephone calls to Medicare beneficiaries to market DME products. Except in specific circumstances described in the statute, section 1834(a)(17)(A) of the Social Security Act, prohibits unsolicited telemarketing by a DME supplier to Medicare beneficiaries, whether contact with a beneficiary is made by the supplier directly or by another party on the DME supplier's behalf.

Best Available Evidence (BAE) Policy

Medicare beneficiaries who are enrolled in Medi-Cal and/or the Medicare Savings Programs may not have correct information in Medicare's system regarding their prescription drug copayments. Medicare's BAE policy requires Part D plan sponsors to establish the appropriate cost-sharing for low-income beneficiaries when presented with evidence that the beneficiary's information is not accurate. Check out Medicare's 2008 [Memo: Clarified BAE Guidance](#) for more information .

You're the Counselor:

Theresa called and wanted to know if she could change her part D plan because her pharmacy is not contracted with her current provider. She has Medicare and Medi-Cal with no share of cost. Theresa wants to know if she can change her Part D plan this month???

(Send your ideas to ask-hicap@inlandagency.org and we will share your counseling tips in the next issue)

Counseling Tips for Robert (1/15/2010):

Miguel advises Robert that since he is still in his ICEP, he can enroll in a Medicare Advantage plan or PDP through February 2010.

Nancy reminds Robert that if he does not join a plan during his ICEP, he can still take advantage of the MA Open Enrollment Period (OEP) and join a MA-Only plan through March 31, 2010.