

Provider Partnership Program (PPP) E-mail Notification Archives

June 7, 2004

Hello Everyone and welcome to those provider partners who have recently joined us. I'll start things off with some hospital-related items ~

Instructions Related to "Redistribution of Unused Resident Positions," Section 422 of the Medicare Modernization Act of 2003 (MMA), P.L. 108-173, for Purposes of Graduate Medical Education (GME) Payments:

CMS is replacing Pub. 100-20, Transmittal 77, CR 3247, originally issued on April 30, 2004, with the attached Transmittal 87. The only change is the Effective and Implementation date from June 4, 2004 to June 14, 2004. The CR number and all other material remains the same. For more information, please view the attached Notification.

MMA Section 947 Requires All Medicare Participating Hospitals Comply with OSHA's Bloodborne Pathogen

Section 947 of the Medicare Modernization Act (MMA) requires that all Medicare participating hospitals, as part of their Medicare provider agreement, comply with the Occupational Safety and Health Administration's (OSHA) Bloodborne Pathogens (BBP) standards at 29 CFR 1910.1030. For more detailed information, see the letter to Hospital Administrators at <http://www.cms.hhs.gov/providers/mma947.pdf>.

The BBP standards can be found on OSHA's website at <http://www.osha.gov/SLTC/bloodbornepathogens/>. CMS proposed this requirement in a Notice of Proposed Rulemaking, CMS-1428-P, in the Federal Register which can be found at <http://www.cms.hhs.gov/providerupdate/regsum.asp#1428p>.

Medicare Establishes Advisory Group on EMTALA

The Centers for Medicare & Medicaid Services (CMS) recently issued a notice establishing a technical advisory group to review regulations affecting hospital responsibilities under the Emergency Medical Treatment and Labor Act (EMTALA) to individuals who come to the hospital requesting treatment for what may be emergency medical conditions. The advisory group, which was required by the Medicare Prescription Drug, Improvement, and Modernization Act (MMA), will help CMS develop rules that will protect individual rights while minimizing unnecessary burdens on hospitals and physicians. For more information, please view the attached CMS Press Release.

Home Health Related Items

HHS Secretary Tommy G. Thompson announced the three states where Medicare will conduct a demonstration project involving a new definition for homebound that would allow Medicare beneficiaries receiving home health benefits to leave their home more frequently and for longer periods without risking the loss of those benefits. The demonstration in Missouri, Colorado and Massachusetts will mark an important step in identifying strategies to promote greater freedom and independence for people with disabilities who require daily assistance. As part of the three-state demonstration, which was authorized by the Medicare modernization legislation enacted last year, Medicare will use a more liberalized definition of homebound to allow greater mobility to those receiving home-based services.

For further information please visit the CMS website at
<http://www.hhs.gov/news/press/2004pres/20040603.html>.

Increase Announced in Medicare Payment Rates for 2005

On May 28, 2004, the Centers for Medicare & Medicaid Services (CMS) announced a 2.5 percent increase in Medicare payment rates to home health agencies for 2005. The increase would bring an extra \$270 million in payments to home health agencies next year. "For millions of Medicare beneficiaries, reliable, high-quality home health care means the difference between dependence and independence," Mark B. McClellan, M.D., Ph.D, Administrator of the Centers for Medicare & Medicaid Services, said today. "This payment increase helps ensure that beneficiaries have access to the quality home health services that they need." For further information please visit the CMS website at
<http://www.cms.hhs.gov/media/press/release.asp?Counter=1076>.

DME-Related Items

CMS now has a new listserv for information specifically directed to Durable Medical Equipment, Prosthetics, Orthotics, and Supplies. To sign up, go to the following link
<http://www.cms.hhs.gov/maillinglists/default.asp?audience=3> , then subscribe to DMEPOS-SUPPLIERS-L.

Section 302(b)(1) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) (Pub. L. 108-173), requires the Secretary of the Department of Health and Human Services to replace the current DME payment methodology for certain items with a competitive acquisition process to improve the effectiveness of Medicare's methodology for setting DME payment amounts. This new bidding process will establish payment for certain durable medical equipment, enteral nutrition, and off-the-shelf orthotics. In addition, the statute requires the Secretary to establish and administer a Program Advisory and Oversight Committee (PAOC) that will provide advice on the development and implementation of the Competitive Acquisition Program.

CMS published a Notice in the Federal Register on June 2 requesting nominations for individuals to serve on the Program Advisory Oversight Committee that will advise the

Secretary on the Competitive Acquisition Program for durable medical equipment and certain other items and services under the Medicare program. Applications for the 12 to 15-member panel will be accepted through 5:00 PM (EST) on June 28, 2004.

Nominees should possess knowledge, experience, and expertise in DME, prosthetics, orthotics, supplies (DMEPOS) and/or competitive bidding. Committee membership will be comprised of the following broad categories:

- Beneficiary/consumer representatives
- Physicians and other health care providers
- Manufacturers
- Suppliers
- Professional standards organizations
- Financial standards specialists
- Data management specialists
- Association representatives.
- Experts in shipping fragile medical materials.

Individuals interested in obtaining more information on the goals of the committee, nominee qualifications, how to apply and where to submit application should contact CMS' website at www.cms.hhs.gov/providerupdate.

Educational Articles

CMS has posted the following Special Edition article (SE0425) - "Use of Group Health Plan Payment System for Medicare Disease Management Demonstration Serving Medicare Fee For Service Beneficiaries" on the Medlearn Matters web page at <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0425.pdf>.

Note: The Medicare beneficiaries participating in the Medicare Disease Management Demonstration are NOT enrolled in an HMO; they should be treated as traditional Fee-for-Service beneficiaries. No referrals for care are needed and all Fee-for-Service claims will be processed under traditional Medicare payment rules.

This is an additional reminder that CMS has developed an educational article on the Health Insurance Portability and Accountability Act (HIPAA) X12 837 Health Care Claim Implementation Guide (IG) Edits. You may view this Medlearn Matters article at http://www.cms.hhs.gov/eiarticle_high-quality/medlearn/matters/mmarticles/2004/MM3031.pdf

Establishment of the Advisory Board for the Demonstration of a Bundled Case-Mix Adjusted Payment System

CMS has recently published a Federal Register Notice to establish and request members to participate on an Advisory Board for the Demonstration of a Bundled Case-Mix Adjusted Payment System for End Stage Renal Disease Services. The Board was mandated by section 623(e) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). The Board will provide advice and recommendations with respect to the establishment and operation of a demonstration project of the use of a fully case-mix adjusted payment system for end stage renal disease (ESRD) services. Board membership will consist of representatives from: patient organizations; individuals with expertise in ESRD dialysis services, such as clinicians, economists, and researchers; the Medicare Payment Advisory Commission, established under section 1805 of the Social Security Act (42 U.S.C. 1395b-6); the National Institutes of Health; Network Organizations under section 1881(c) of the Social Security Act (42 USC 1395rr(c)); Medicare contractors to monitor quality of care; and providers of services and renal dialysis facilities furnishing ESRD services. Nominations for membership will be considered if they are received by **July 2, 2004**.

CMS Announces Pilot Project Regarding Standardized Electronic Health Record (EHR) Software

The Department of Health and Human Services' Centers for Medicare & Medicaid Services (CMS) announced a \$100,000 grant to the American Academy of Family Physicians (AAFP) to support a pilot project to provide comprehensive, standardized electronic health record (EHR) software to the health care community. The project represents a step toward HHS Secretary Tommy G. Thompson's goal of promoting the use of electronic health records in order to improve the quality of care provided to Americans. President Bush last month established a national goal of assuring that most Americans have electronic health records within 10 years. Secretary Thompson is pushing to speed up efforts to establish a national, interoperable health information infrastructure that would allow quick, reliable and secure access to information needed for patient care, while protecting patient privacy.

For further information please visit the CMS website at <http://www.cms.hhs.gov/media/press/release.asp?Counter=1075>.

Information from the HHS Office for Civil Rights

The HHS Office for Civil Rights (OCR), which is responsible for implementation of the HIPAA Privacy Rule, has announced the creation of a listserv to distribute announcements, notices of available resources, and other educational information about the HIPAA Privacy Rule. We encourage you to take advantage of this new opportunity and register for this tool to receive up-to-date information from OCR. To subscribe, please follow the attached link, or cut and paste the following URL address into your browser window.

<http://list.nih.gov/cgi-bin/wa?SUBED1=ocr-privacy-list&A=1>

or you may go to go to <http://list.nih.gov/> and under browse, select OCR-PRIVACY-LIST.

These instructions can also be found on the OCR website at <http://www.hhs.gov/ocr/hipaa/listserv.html>.

OCR also invites you to visit its website, www.hhs.gov/ocr/hipaa/, where a wide range of helpful guidance and technical assistance materials about the Privacy Rule as well as civil rights are available. OCR continues to add materials to this site, such as a letter to healthcare providers highlighting how educational materials and technical assistance information available at the eable, high-quality website respond to myths about the Privacy Rule. The letter can be found at <http://www.hhs.gov/ocr/Healthcare-Provider-letter.pdf>.

HHS Secretary Tommy G. Thompson today announced five new demonstration grants aimed at helping recruit, train and retain direct service workers who provide personal assistance to people with disabilities who need help with eating, bathing, dressing and other activities of daily living. Grants totaling nearly \$5.6 million will be distributed to pay for the demonstrations, three of which will test offering health insurance benefits for workers to determine if that would help keep workers on the job.

For further information, please view the attached press release or visit the website at <http://www.hhs.gov/news/press/2004pres/20040528.html>.

That's all for now--I hope you enjoy the week!

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June 25, 2004

Thanks to everyone who responded to my request for feedback on the Medlearn Home Page--the number of responses I received was fantastic! I'm still tabulating the results but you will soon see which one was most preferred. In the meantime...

CMS has revised fact sheets to reflect changes in the **Long Term Care Hospital Prospective Payment System**, effective July 1, 2004. They can be found at: www.cms.hhs.gov/medlearn/ltchpps.asp, under the heading, "Fact Sheets."

Medlearn now has content updates for the **Medicare Resident & New Physician Guide**. The content updates can be found at www.cms.hhs.gov/medlearn/guideupdates.

We are looking for facilitators interested in participating in a Pilot Program that will assess the effectiveness and usefulness of one of our newest products -- the **Medicare Resident & New Physician Training Program Facilitator's Kit**. The Facilitator's Kit is free of charge and contains everything facilitators need to conduct and prepare for Medicare Program training sessions including complete instructions, PowerPoint presentations, pre- and post-assessments, sign-in sheets, and evaluation tools. The Facilitator's Kit can be ordered from Medlearn at www.cms.hhs.gov/medlearn.

Beneficiary-related Information: Please plan to visit the CMS Publication Mailing List at <http://www.cms.fu.com/maillinglist> to order the following publication and audiotape that have arrived at the CMS Warehouse:

- 1) Publication Number: 02110 "2004 Choosing a Medigap Policy: Guide to Health Insurance for People with Medicare" - English (Revision Date: April, 2004);
- 2) Publication Number: 02110-RE "2004 Choosing a Medigap Policy: Guide to Health Insurance for People with Medicare" - English Audiotape (Revision Date: May, 2004).

You may place an order or obtain additional copies of the publication and audiotape listed above by using the CMS Warehouse Reorder Form in the CMS Publication Mailing List. When ordering the publication and audiotape, please remember to:

- . Update contact information and shipping address information on the edit user information screen;
- . Print the verification screen after you order the publications; and
- . Use the "HELP" button at the top or bottom of the screen if you have questions about ordering publications or updating information on the Publication Mailing List.

APPOINTMENTS TO NEW COMMISSION ON NEEDS OF THE LOW-INCOME IN THE NEW MEDICARE DRUG BENEFIT

On June 18, 2004, HHS Secretary Tommy G. Thompson announced the appointment of 24 members to serve on the State Pharmaceutical Assistance Transition Commission (SPATC). The commission was mandated by the new Medicare reform law to assure that

low-income Medicare beneficiaries who now get their drugs through state-sponsored programs will not see their benefits reduced or their paperwork increased.

"We want to make sure people who now rely on state programs to help with prescription drugs will continue to get the help they need under the new Medicare benefit," Secretary Thompson said. "The work of the new commission will go a long way toward meeting that goal."

For further information please view the attached press release or visit the website at <http://www.hhs.gov/news/press/2004pres/20040618a.html>.

Best regards to everyone ~ Valerie

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