

Provider Partnership Program (PPP) E-mail Notification Archives

November 4, 2004

Hello everyone ~ three new final rules have gone on display this week. Take a look.

CMS announces CMS-1429-F; "**Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 2005**" went on display at the Federal Register on November 2, 2004. View the display copy at:

<http://www.cms.hhs.gov/regulations/pfs/2005/1429fc.asp>

The final rule will be published in the November 15, 2004 Federal Register and will become effective January 1, 2005.

The final rule for physician payment for 2005 includes new benefits and higher payments for preventive services including a "Welcome to Medicare Physical" and increased payment rates to physicians. The expanded benefits and increased payments result from the Medicare Modernization Act of 2003 (MMA) and are included in the 2005 Physician Fee Schedule rule, which will become effective January 1.

View the

CMS press release at the following link:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1248>

CMS announces CMS-1213-F; "**Prospective Payment System for Inpatient Psychiatric Facilities; Final Rule**" which went on display at the Office of the Federal Register on November 2, 2004. View the display copy at:

<http://www.cms.hhs.gov/providers/ipfpps/cms-1213-f.pdf> . The final rule will be published in the Federal Register on November 15, 2004.

This final rule establishes a prospective payment system (PPS) for Medicare payment of inpatient hospital services furnished in psychiatric hospitals and psychiatric units of acute care hospitals and critical access hospitals. It implements section 124 of the Medicare, Medicaid, and SCHIP Balanced Budget Refinement Act of 1999 (BBRA). The PPS described in this final rule will replace the reasonable costbased payment system under which psychiatric hospitals and psychiatric units are paid under Medicare. This rule is effective for cost reporting periods beginning on or after January 1, 2005.

For more Medicare information about the Inpatient Psychiatric Facility PPS, go to <http://www.cms.hhs.gov/providers/ipfpps/> on the CMS Website.

To view the CMS press release, go to the following link:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1252>

CMS announces CMS-1427-FC; "Medicare Program; Changes to the Hospital Outpatient Prospective Payment System and Calendar Year 2005 Payment Rates"

on display at the Federal Register on

November 2, 2004. View the display copy at:

<http://www.cms.hhs.gov/providers/hopps/2005fc/1427fc.asp>

This final rule with comment period revises the Medicare hospital outpatient prospective payment system to implement applicable statutory requirements and changes arising from our continuing experience with this system and to implement certain related provisions of the Medicare Prescription Drug, Improvement, and Modernization Act (MMA) of 2003. In addition, the final rule with comment period describes final changes to the amounts and factors used to determine the payment rates for Medicare hospital outpatient services paid under the prospective payment system. These changes are applicable to services furnished on or after January 1, 2005.

View the CMS press release at the following link:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1250>

Best regards,

Valerie

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November 4, 2004

This is to let you know that the Medicare Replacement Drug Demonstration has added another drug to its list of covered drugs. Enbrel is now covered for Psoriatic Arthritis. You can visit the Drug Demonstration web site at <http://www.cms.hhs.gov/researchers/demos/drugcoveredemo.asp> for the entire list of drugs and much more information about the Demonstration.

And remember that there are still plenty of slots open with rolling admission--and no waiting period. So please help spread the word!

Best regards,

Valerie

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The following publications have recently arrived at the CMS Warehouse:

- 1) Publication Number: 10050-LE "Medicare & You 2005 Large Print Handbook" - English (Revision Date: September, 2004);
- 2) Publication Number: 10110 "Guide to Medicare's Preventive Services" - English (Publication Date: August, 2004);
- 3) Publication Number: 10110-S "Guide to Medicare's Preventive Services" - Spanish (Publication Date: October, 2004);
- 4) Publication Number: 11064 "The Facts about Medicare-Approved Drug Discount Cards" - English (Publication Date: March, 2004); and
- 4) Publication Number: 11064-S "The Facts about Medicare-Approved Drug Discount Cards" - Spanish (Publication Date: March, 2004).

You may place an order to obtain additional copies of the publications listed above, by using the CMS Warehouse Reorder Form in the CMS Publication Mailing List at <http://www.cms.fu.com/maillinglist> When ordering publications, 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. For other questions, please contact mailpubs@cms.hhs.gov

Please share the attached Q&A's regarding the flu vaccine with any trainers or people who work with Medicare beneficiaries.

DEMONSTRATION OF IMPROVED QUALITY OF CARE FOR CANCER PATIENTS UNDERGOING CHEMOTHERAPY

In order to assess and provide new support for the quality of care for cancer patients undergoing chemotherapy, Medicare will initiate a one-year demonstration project during CY 2005.

Quality cancer treatment includes determining patient status and preferences; outlining appropriate chemotherapy regimens; assessing patient symptoms, complaints, and quality of life; and supporting and educating caregivers. In addition to reducing cancer burden or providing cures, effective cancer care also results in managing pain, minimizing nausea and vomiting, and limiting fatigue. These steps may also help reduce the overall costs of cancer care, by avoiding hospitalizations with complications. In particular, clinicians armed with appropriate assessments can intervene to reduce some of the unpleasant and frequent side-effects that often accompany cancer and chemotherapy treatment.

While CMS seeks to encourage quality care in all facets of cancer treatment, the demonstration will focus on measuring patient outcomes in three areas of concern often cited by patients undergoing chemotherapy: controlling pain, minimizing nausea and vomiting, and reducing fatigue. Standardized assessment scales will be used to measure the condition of chemotherapy patients, and CMS will collect data based on these assessments and on subsequent treatments to trace improvement in outcomes, such as trends and variations in these measures of patient function as well as reduced hospitalizations or emergency department visits.

To read the full release:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1245>

Hope you're all doing well ~ Valerie

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November 24, 2004

Hello everyone. As you are probably aware, the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) expanded preventive services for Medicare beneficiaries to include an initial preventive physical examination, i.e., "Welcome to Medicare" physical exam, coverage for cardiovascular screening blood tests, and coverage for diabetes screening tests. CMS will be issuing detailed provider education materials on these new benefits, as well as the preventive services that are currently covered by Medicare, as we finalize implementing instructions. In the meantime, I just wanted to provide you with a brief summary of the new MMA provisions. Although beneficiary educational materials have been released, I would encourage you to share this new preventive benefits information with your Medicare patients. If they want additional information, you may refer them to the Guide to Medicare's Preventive Services booklet (Publication No. CMS - 10110), which is available at: <http://www.medicare.gov/Publications/Pubs/pdf/10110.pdf> on the Web, or they may call 1-800-MEDICARE (1-800-633-4227) or 1-877-486-2048 (TTY users) 24 hours a day, every day to speak with a customer service representative who can answer questions about the new preventive benefits.

New MMA Preventive Services

MMA Sec. 611. Coverage of an Initial Preventive Physical Examination

Beginning January 1, 2005, all newly enrolled Medicare beneficiaries will be covered for a one-time initial "Welcome to Medicare" preventive physical examination. This comprehensive exam must be performed within the first six months of a Medicare beneficiary's enrollment in Part B. For beneficiaries where coverage under Part B begins on or after January 1, 2005, Medicare will cover payment for an initial preventive physical exam performed within six months. The exam includes measurement of height, weight, blood pressure, and an electrocardiogram, as well as education, counseling and referral related to other preventive services that Medicare covers for some or all eligible individuals. This includes vaccinations, screening mammography, screening pap smear and pelvic exam, prostate cancer screening, colorectal cancer screening, diabetes self-management, bone mass measurement, glaucoma screening, medical nutrition therapy, cardiovascular screening, and diabetes screening. Physicians, physician's assistants, nurse practitioners, and clinical nurse specialists may furnish these services that are paid under the physician fee schedule.

MMA Sec. 612. Coverage of Cardiovascular Screening Blood Tests

This provision, which is effective January 1, 2005, establishes coverage for cardiovascular screening every two years for the early detection of cardiovascular disease, including cholesterol levels and other lipid or triglyceride levels.

MMA Sec. 613. Coverage of Diabetes Screening Tests

Under this provision, effective January 1, 2005, a fasting plasma glucose test, not to exceed twice within a 12-month period, is a covered benefit for all of your Medicare

patients at risk for diabetes. This includes those with hypertension, dyslipidemia, prior identification of elevated impaired fasting glucose or prior identification of impaired glucose tolerance; and for your patients age 65 or older, at least two of the following: overweight, family history of diabetes, history of gestational diabetes or delivery of a baby weighing more than 9 pounds.

The entire MMA text, which includes a discussion of these new preventive services, can be found at:

http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=108_cong_bills&docid=f:h1enr.txt.pdf

The preventive services text begins on page 238 of the document.

Additional Important Medicare Preventive Services

The following is a summary of Medicare coverage rules for preventive services already covered under Medicare:

Cancer Screenings

o Colorectal Cancer Screening - Coverage for all Medicare beneficiaries age 50 and older (with no minimum age for a screening colonoscopy). Covered colorectal cancer screening tests include:

- Fecal occult blood test every 12 months;
- Flexible sigmoidoscopy every 48 months;
- Screening colonoscopy every 24 months (for high-risk patients) or

ten years for low-risk patients (but not within 48 months of a screening sigmoidoscopy); and

- Barium enema, in lieu of a flexible sigmoidoscopy or colonoscopy, every 48 months for low risk patients, and every 24 months for patients at high risk.

o Screening Mammography - Coverage for all women with Medicare age 40 and older every 12 months. In addition, Medicare will pay for one baseline mammogram for women beneficiaries between the ages of 35 and 39. **NOTE:** While screening mammography is always paid under the physician fee schedule, diagnostic mammography performed in a hospital outpatient department has historically been paid under the Outpatient Prospective Payment System. MMA Section 614 provides for payment of both screening and diagnostic mammography under the physician fee schedule, effective January 1, 2005.

o Pelvic (with breast) Exam and Pap Test - Coverage every 24 months; or every 12 months for Medicare patients of childbearing age with a history of an abnormal Pap smear within the previous 36 months, or otherwise at high risk for cervical or vaginal cancer.

o Prostate Cancer Screening - Coverage every 12 months for men with Medicare age 50 and over. Covered prostate cancer screening includes a digital rectal exam and prostate specific antigen (PSA) testing.

Vaccinations

o Pneumococcal and Influenza Vaccinations - Coverage for Medicare beneficiaries age 65 and older and influenza vaccinations for patients under 65 who have chronic illnesses.

o Hepatitis B Vaccination - Coverage for Medicare beneficiaries at higher risk for Hepatitis B, such as immunocompromised patients or patients with hemophilia or end-stage renal disease.

Diabetes Screening, Supplies, and Self-Management Training

In addition to the new MMA coverage for a fasting plasma glucose test described above, Medicare also covers certain diabetic supplies such as glucose monitors, test strips, and lancets, as well as diabetes self-management training for those Medicare beneficiaries at risk for diabetic complications.

Bone Mass Measurements

Coverage every 24 months (or more often, if indicated) for all Medicare beneficiaries at risk for osteoporosis.

Glaucoma Screening

Coverage for eye exams with intraocular pressure measurement every 12 months for Medicare beneficiaries at high risk for glaucoma.

As I mentioned, look for detailed provider education materials including "Medlearn Matters" articles and a comprehensive Preventive Services Guide to be released in the near future. Until then, I hope everyone enjoys a very Happy Thanksgiving!

Best regards,

Valerie

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