

## **Provider Partnership Program (PPP) E-mail Notification Archives**

**September 3, 2004**

For your holiday weekend reading pleasure ~ I hope everyone has a wonderful one!

### **HOSPITAL INPATIENT PPS**

On August 11, 2004 the Centers for Medicare & Medicaid Services published its Changes to the Hospital Inpatient Prospective Payment Systems and Fiscal Year 2005 Rates - Final Rule in the Federal Register (Vol. 69 FR 48916).

Due to technical errors in the wage index tables found in that publication, CMS has published corrected tables at the following website:

<http://www.cms.hhs.gov/providers/hipps/ippswage.asp>

If you have any questions, please feel free to contact Ronda S. Allen at (410) 786-4657.

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### **CMS PROJECTS 2.9 PERCENT INCREASE IN MEDICARE RURAL HOSPICE PROVIDER PAYMENT RATES**

The Centers for Medicare & Medicaid Services (CMS) recently announced that payments to rural hospices are projected to increase \$23 million in 2005, a 2.9 percent increase over 2004. For 2005 there is an overall projected increase of \$60 million dollars to hospice providers, an increase of 1 percent for all hospices

Hospice care is covered under the Medicare Hospital Insurance program and is available to all beneficiaries enrolled in Medicare Part A. To be eligible, their physician and the hospice medical director must certify that they are terminally ill, with six months or less to live if their illness runs its normal course. When a beneficiary elects the hospice benefit, they are accepting palliative care geared towards physical, emotional, spiritual and psychological comfort for their terminal illness instead of the curative model of care.

For the full release, please view:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1176>

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### **CMS ANNOUNCES GRANT TO CHEYENNE RIVER SIOUX TRIBE TO DEVELOP NURSING HOME**

The Centers for Medicare & Medicaid Services (CMS) Administrator Mark McClellan, M.D., Ph.D. recently announced a grant of \$271,512 to the Cheyenne River Sioux Tribe in South Dakota to develop a nursing home.

Congress made special note of the need for this nursing home to provide care for the tribe on the reservation in Eagle Butte in north central South Dakota. The nearest nursing homes in the area are 60 miles away.

"For decades, tribal elders from the Cheyenne River Sioux Tribe had to move their tribal members off the reservation to receive nursing home care when their families could no longer care for them," Dr. McClellan said. "Now tribal leaders will be able to bring their tribal elders back to the reservation, close to their families, communities and culture. The facility also will bring jobs to the reservation."

In addition to the construction of a nursing home and assisted living facility, this grant will provide funds for the tribe to hire a nursing facility administrator during the planning and construction period. The administrator will assist the tribe with creating and implementing its resident care and financial management plans.

Funding is provided under the CMS portion of the fiscal year 2004 appropriations for the Department of Health and Human Services. This grant is for a period of 18 months.

For further information contact:  
CMS Public Affairs Office  
(202) 690-6145

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#### PROVIDER EDUCATION

A Special Edition Medlearn Matters article on the subject of "Incident To" services is now available at

<http://www.cms.hhs.gov/medlearn/matters/mmarticles/2004/SE0441.pdf>

on the CMS Web site.

The intent of this article is to clarify "incident to" services billed by physicians and non-physician practitioners to carriers. "Incident to" services are defined as those services that are furnished incident to physician professional services in the physician's office (whether located in a separate office suite or within an institution) or in a patient's home. These services are billed as Part B services to your carrier as if you personally provided them, and are paid under the physician fee schedule.

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#### STATEMENT OF MARK B. MCCLELLAN M.D. Ph.D., ADMINISTRATOR CENTERS FOR MEDICARE & MEDICAID SERVICES, ON US PHARMACOPEIA'S DRAFT FORMULARY CLASSIFICATION GUIDELINES FOR THE MEDICARE PART D DRUG BENEFIT

The Centers for Medicare & Medicaid Services welcomes the advance draft model Guidelines from the US Pharmacopeia (USP). We appreciate the hard work that went into this draft, as well as USP's commitment to getting input from all interested parties as

they work to finalize their guidelines. Our goal is to make sure that all beneficiaries will have access to medically necessary drug therapies at the lowest possible cost.

This is an important first step toward clear guidance on how plans can design formularies that appropriately reflect current medical practice for the Medicare Prescription Drug Benefit.

These new guidelines, mandated by the Medicare Modernization Act of 2003 (MMA), are a broad classification system that will serve as a starting point for plans to create their own formularies that give beneficiaries access to medically necessary drug therapies at the lowest possible cost.

Please see the CMS press release for more information.  
(<http://www.cms.hhs.gov/media/?media=pressr> )

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## CMS LAUNCHES COUNCIL TO IMPROVE MEDICAL TREATMENTS

Centers for Medicare & Medicaid Services Administrator Mark B. McClellan, M.D., Ph.D. today announced a new effort to ensure that Medicare beneficiaries will have timely access to new medical treatments and technologies. Please see attached documents for more information.

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Special Open Door Forum:  
Bidders' Data Set for Prescription Drug Plans

### Summary

A data set including detailed information on drug utilization is an essential element in facilitating bids by insurers to provide prescription drug coverage. CMS has been working with a Medicare Modernization Act (MMA) Working Group of the American Academy of Actuaries to identify how best to meet the needs of prospective bidders with respect to data. The Open Door Forum (ODF) scheduled for September 10th will provide a summary of those discussions, as well as an opportunity for interested parties to raise questions and expand the dialogue. This is intended to be a relatively technical discussion for actuaries, benefit consultants and prospective bidders, although anyone interested is invited to join the call.

### Background

Prior to 2006, Medicare does not cover outpatient prescription drugs. As a result, Medicare generally does not have claims payment information on prescription drug use or cost by its beneficiaries. Because the new Medicare prescription drug benefit will begin coverage of these vital services for the first time in 2006, there are limitations on claims data to inform bids. However, Medicare does have important, statistically

representative "micro-data" on the drug use and drug spending of its beneficiaries, along with information about their health, income and insured status.

Building on existing data sources, CMS will make available detailed, beneficiary level data. Using sophisticated econometric techniques, CMS will combine data from the Medicare Current Beneficiary Survey (MCBS), the 5 percent Medicare claims history sample, and other data sources to build a robust bidders' data set.

The purpose of the ODF is to have the American Academy of Actuaries Working Group identify the high-priority data needs for bidders, to summarize their discussions with CMS on developing a bidders data set, and to present a plan for making essential data available in a timely manner.

Forum Date and Time:

Friday, September 10th, 2004

11:30 AM to 1:30 PM (EDT)

Participation Instructions:

There are 2 ways to participate, by phone or "in-person".

1. To participate by phone:

Dial: 1-800-837-1935 & Reference Conference ID: 9703774

Persons participating by phone do not need to RSVP.

Note: TTY Communications Relay Services are available for the Hearing Impaired. For TTY services dial 7-1-1 or 1-800-855-2880 and for Internet Relay services click here

<http://www.consumer.att.com/relay/which/index.html>.

A Relay Communications Assistant will help.

2. To participate in-person:

If you intend to participate in person, RSVP is required:

Please send a reply to this email by close of business Tuesday, September 7th to

[SpecialODF@cms.hhs.gov](mailto:SpecialODF@cms.hhs.gov). Please include the word "Registration" in the subject line of your message, and send us the following information:

- a) Your full name
- b) Your organization or representation
- c) Your contact information (phone and email)
- d) Special needs information

Location information:

Please arrive no later than 11:00 AM (EDT).

Photo identification is required at security points.

ADDRESS:

Centers for Medicare & Medicaid Services

Hubert Humphrey Building - Room 425 A  
200 Independence Ave. SW  
Washington, DC 20201

Map & Directions: <http://www.hhs.gov/about/hhhmap.html>

ENCORE: 1-800-642-1687

"Encore" is a recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conf. ID # 9703774.

The recording begins on Monday, September 13th, and expires after 4 business days.

For automatic emails of Open Door Forum schedule updates (Listserv registration) and to view Frequently Asked Questions please visit our website at:

[www.cms.hhs.gov/opendoor](http://www.cms.hhs.gov/opendoor).

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#### BENEFICIARY-RELATED INFORMATION

Sustaining Caregiver Coalitions

Satellite Broadcast

September 22, 2004 (1:00 PM-3:00 PM EDT)

The Centers for Medicare & Medicaid Services presents "Successful Caregiver Coalitions: What is Their Secret?" a sequel to last year's "Building Caregiver Coalitions". This satellite broadcast features a roundtable discussion and question-and-answer session with a panel of four representatives of caregiver coalitions. The broadcast provides an opportunity to interested parties and organizations to learn how successful caregiver coalitions were developed, reasons for their success, how they sustained their initial enthusiasm as they deal with challenging issues, suggested practices that can be incorporated to keep the group energized and productive, and other issues relating to their ongoing success.

For more information regarding the broadcast, please go to [www.cms.hhs.gov/partnerships](http://www.cms.hhs.gov/partnerships) (under "News and Events") or contact Betty Burrier at 410-786-4649 or [bburrier1@cms.hhs.gov](mailto:bburrier1@cms.hhs.gov).

#### Panel:

Myra Christopher, President and Chief Executive Officer, Center for Practical Bioethics Kansas City, MO, Lisa Dubois, Health Insurance Specialist, CMS Denver Regional Office representing the "Family Caregiver Support Program of North Dakota," Brian Duke, "Caring Community, WHYY Wider Horizons", Philadelphia, PA, Gail Gibson-Hunt, Executive Director and President, National Alliance for Caregiving,

Bethesda, MD, Christine Urso, North Carolina Division of Aging, Family  
Caregiver Support Program. Doris McMillon, Moderator

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

- 1) Publication Number: 11036 "Enrolling in Medicare" - English (Publication Date:  
February, 2004);
- 2) Publication Number: 11069 "Medicare-Approved Drug Discount Card Poster" -  
English (Publication Date: April, 2004);
- 3) Publication Number: 11069-S "Medicare-Approved Drug Discount Card Poster" -  
Spanish (Publication Date: April, 2004); and
- 4) Publication Number: 11069-N "Medicare-Approved Drug Discount Card Poster" -  
Native Americans/Alaska Natives (Publication Date: May, 2004).

You may place an order or obtain additional copies of the publication/posters listed  
above, by using the CMS Warehouse Reorder Form in the CMS Publication Mailing List.  
When ordering the publication/posters, 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.

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[vhart@cms.hhs.gov](mailto:vhart@cms.hhs.gov)

**September 30, 2004**

Hello everyone. This is just a follow-up note to one of the questions asked at last week's  
Physician Partnership Meeting. The question regarded the status of the Medicare Senior  
Risk Reduction Program. We found out that this is a demonstration program and that the  
solicitation for proposals has not yet been issued. If you want more information, you can

contact Linda Magno, who is the Director of the Medicare Demonstrations Program Group in CMS' Office of Research, Development & Information. She can be reached by telephone at (410) 786-2108 or by e-mail at [LMagno@cms.hhs.gov](mailto:LMagno@cms.hhs.gov) .

Thanks again to all who could participate in the meeting--I hope you found it fruitful!

Valerie