

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

**June 1, 2005**

Hello ~

**Industry Research Session Concerning the  
Primary A/B Medicare Administrative Contractors (MACs)  
for  
30 Representatives of Medicare Provider Groups**

**June 15, 2005 from 9:00 AM - 12:00 PM**

**Marriott Metro Center**

**775 12<sup>th</sup> Street, N.W.**

**Washington, DC 20005**

Section 911 of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA) requires the Centers for Medicare and Medicaid Services (CMS) to take the necessary steps between now and 2011 to implement Medicare Contracting Reform (MCR). Although healthcare delivery in the United States has evolved since the enactment of Medicare with 4 decades of advances in medicine and technology, the contracting portion of Medicare's fee-for-service administrative structure has remained essentially unchanged. Section 911 of the MMA revamps the fee-for-service contracting processes to make them dynamic, competitive and performance-based, contracting principles that the government has long applied to other federal programs under the Federal Acquisition Regulation (FAR).

MMA section 911 mandates that the Secretary for Health & Human Services replace the current contracting authority for administering the Medicare Part A and Part B fee-for-service program, contained under Title XVIII of the Social Security Act, with the new Medicare Administrative Contractor (MAC) authority. Through the implementation of Medicare Contracting Reform, CMS will establish a premier health plan that allows for comprehensive, quality care and world-class beneficiary and provider service.

The MACs will serve as Medicare providers' primary point-of-contact for enrollment, training on Medicare coverage and billing requirements, and the receipt, processing, and payment of fee-for-service claims within their respective jurisdictions. These contractors will perform all core claims processing operations for both Part A and Part B. In their capacity as the face of Medicare to providers, practitioners, and suppliers, MACs will need to maintain a staff of experts knowledgeable of all aspects of the fee-for-service program.

As part of the Medicare Contracting Reform activities associated with preparing for the first Primary Part A/B MAC contract competition, CMS is conducting some industry research sessions. As a representative of a group that often speaks on behalf of

healthcare providers, you are invited to attend an industry research session to discuss and provide reaction to provider-related issues. This session will be held on Wednesday, June 15, 2005 at the Marriott Metro Center located at 775 12<sup>th</sup> Street NW, Washington, DC 20005 from 9:00 am to 12:00 pm. During this session, CMS will be seeking participants' ideas, comments and concerns regarding future MACs with respect to things such as:

- Medicare provider customer service provided by fee-for-service contractors,
- Their appeals processes and decision notifications,
- Timeliness of decisions and information,
- Knowledge level of contractor staff,
- Contractor Advisory Committees and Medical Directors.

June 6, 2005

***Hello Everyone~***

CMS is pleased to announce the release of a national educational Guide for Medicare Fee-for-Service providers, physicians, suppliers, and their billing staff to help increase their understanding of the Remittance Advice (RA). This Guide will educate the provider community about the components of the RA, including the Claim Adjustment Reason Codes and Remittance Advice Remark Codes. The Guide, titled *Understanding the Remittance Advice: A Guide for Medicare Providers, Physicians, Suppliers, and Billers*, is now available for download on the Medicare Learning Network's (Medlearn) web page at [www.cms.hhs.gov/medlearn/RA\\_Guide\\_05-27-05.pdf](http://www.cms.hhs.gov/medlearn/RA_Guide_05-27-05.pdf) on the CMS website.

Chapters 1 and 2 describe an RA and the components of an RA. For institutional providers, Chapter 3 includes a sample Electronic Remittance Advice (ERA) and Standard Paper Remittance Advice (SPR) with field descriptions. Chapter 4 includes a crosswalk between ERA and SPR fields and a sample SPR with field descriptions, specifically for professional providers. At the end of Chapters 3 and 4, providers can find information on remittance balancing. Print the chapter that fits your needs! The guide also includes informative resources such as an acronym list, a glossary, and important websites and phone numbers. Finally, the guide has three comprehensive indexes: 1) for key terms and concepts; 2) for institutional ERA and SPR field descriptions; 3) professional SPR field descriptions. Check it out today!" Print copies of The Guide will be available late Summer, 2005.

***Best Regards,***

*Mary Case, Technical Advisor  
Division of Provider Information  
Planning & Development*

*For*

***Valerie***

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June 8, 2005

Good afternoon everyone~

### **Prescription Drug Coverage News**

The fourth in a series of Medlearn Matters articles on the new Medicare prescription drug coverage was released on June 3, 2005. "*New Educational Products Available*" describes an upcoming mailing to beneficiaries, as well as new educational products/tools available to providers regarding drug coverage. Visit <http://www.cms.hhs.gov/medlearn/drugcoverage.asp> to view the article and other drug coverage resources for providers.

A new educational resource, *The Outreach Toolkit*, is available and is designed to equip community-level organizations with the materials needed to provide clear, accurate information and assistance to their clients on Medicare prescription drug coverage. The toolkit contains basic, straightforward information that can be easily conveyed to beneficiaries. You can view and download this kit online, as well as order a copy to be shipped to your office, by visiting <http://www.cms.hhs.gov/partnerships/tools/materials/medicaretraining/MPDCoutreachkit.asp> on the CMS web site.

New educational fact sheets and tools are now available for providers, beneficiaries and their advocates at <http://www.cms.hhs.gov/medicarereform/factsheets.asp> on the CMS web site.

### **New Expedited Review Process**

A Special Edition Medlearn Matters article has been released regarding the new Expedited Review Process required by section 521 of the Medicare, Medicaid and SCHIP Benefits Improvement and Protection Act of 2000. The article can be located at: <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0538.pdf> For your convenience, a pdf of the article is attached to this email for easy downloading.

A final rule on the new review process was published on November 26, 2004 (69 FR 69252), and the new expedited reviews become available on July 1, 2005 for beneficiaries in original Medicare whose Medicare covered home health, hospice, SNF, and CORF care is being terminated. This expedited review process is similar to the process already established for managed care enrollees. CMS is holding a Special Open Door forum to provide further guidance on the new Expedited Review Process on June 20, 2005 from 2:00 - 4:00 PM (Eastern Time).

Open Door Participation Instructions:

Reference Conference ID: [6586601](#). General Public Dial: 1-800-837-1935. 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.

**ENCORE:**

"Encore" is a recording of this call that can be accessed by dialing 1-800-642-1687 and entering the Conf. ID # [6586601](#)

The recording begins on Tuesday, June 21st, 2005 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).



SE0538.pdf (263 KB)

***Best Regards,***

*Mary Case, Technical Advisor  
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*For*

***Valerie***

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June 17, 2005

***Hello everyone. I'm forwarding to you a statement by Administrator McClellan regarding Medicare Prescription Drug Coverage and the progress that CMS is making on getting the word out to beneficiaries. In addition to the "Partner Center" Web site mentioned in this statement, I want to remind you of the resources we have available for Medicare providers at <http://www.cms.hhs.gov/medlearn/drugcoverage.asp> . This web page contains links to information and resources for health care professionals, beneficiary-focused information and resources, and CMS' main MMA web page.***

**Medicare Prescription Drug Coverage- "It's all coming together"**

Today, June 16, 2005, marks a significant day for Medicare, as President Bush, joined by Health and Human Services Secretary Mike Leavitt and CMS Administrator Dr. Mark McClellan, will host a "Medicare Covers America" kickoff rally at the Hubert Humphrey Federal Building in Washington, D.C. The rally launches a new stage in the national effort to get comprehensive drug coverage to the more than 42 million people with Medicare who need help paying for their prescription drugs. ***A live web cast of the Press Conference can be viewed at <http://videocast.nih.gov>***

Medicare is partnering with many state and local organizations, as well as patient advocacy groups, to launch a national grassroots education campaign to give people with Medicare good information and good advice about Medicare's new drug coverage before it takes effect on January 1, 2006. We need your help in spreading the word about how the drug benefit will help individuals pay for the drugs they need. This new help is available to everyone with Medicare, no matter how they pay for their drugs today, and extra help is available for those with limited resources. This new coverage includes brand-name and generic drugs and is available through both neighborhood and mail-order pharmacies.

Please join us in this grassroots education effort by forwarding this email notice to other organizations that share our commitment to helping millions of America's seniors and people with a disability with their prescription drug costs. For outreach resource materials and partner information, please visit our website "Partner Center" at: <http://www.cms.hhs.gov/partnerships/>

*Detailed information from Medicare will be available in October 2005. For more information on who can get extra help with prescription drug costs and how to apply, call the Social Security Administration at 1-800-772-1213, or visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the web. TTY users should call 1-800-325-0778.*

Mark B. McClellan, M.D., Ph.D., Administrator

***I hope you enjoy your weekend!***

***Valerie***

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To facilitate a productive session, attendance will be limited to 30 participants who will be broken into two discussion groups. We ask that you identify one representative from your organization that you would like to recommend participate in this session. If more than 30 provider organizations express their desire to participate, we will randomly select 30 participants from among those who indicated their interest.

**Notification of Desire to Participate Due by June 7, 2005:** To indicate your organization's interest in participating in this MAC Industry Research Session, please send an e-mail to [Section911@cms.hhs.gov](mailto:Section911@cms.hhs.gov) and clearly reference "Provider Industry Research Session" in the subject line. Provide the name of your organization, the name and title of the person from your organization who would participate, that person's phone number and e-mail address, and the name of an alternate who could participate if an unanticipated conflict arises. All indications of interest will be acknowledged and a final list of selected participants will be sent to all expressing interest by close of business June 8, 2005.

A list of anticipated discussion questions will be sent to selected participants by close of business June 9, 2005

Participants are responsible for any travel arrangements that may be necessary to attend this industry research session.

If you have any questions concerning this announcement, please submit them to [Section911@cms.hhs.gov](mailto:Section911@cms.hhs.gov).

**Stay tuned for updates on this and other important CMS initiatives.**

***Best Regards,***

***Mary Case, Technical Advisor  
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*For*

***Valerie***

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**Hello everyone ~**

The Centers for Medicare & Medicaid Services (CMS) is in the process of implementing the Medicare prescription drug coverage. All Medicare beneficiaries – no matter how they get their health care today or whether they have existing drug coverage – will be eligible for drug coverage under a Medicare prescription drug plan. These plans will cover both brand name and generic drugs. And, very importantly, there will be extra help for those in need, which is why I am writing this message to you today.

We are committed to making sure that everyone who qualifies for that extra help gets it. Almost eight million people will automatically qualify for extra help. Beginning in late May through June, people with Medicare and Medicaid, people in a Medicare Savings Program, and those who receive Supplemental Security Income will receive a letter from Medicare telling them they will receive the extra help automatically so they do not have to apply. The notices may be viewed at <http://www.cms.hhs.gov/medicarereform/lir.asp>. If you or a loved one receives this letter please be assured that this means you or they will have continuous prescription drug coverage with small out of pocket costs.

Additionally, there is extra help for people who do not automatically qualify but who do have limited income and resources. The Social Security Administration (SSA) is working with CMS to help these people apply for this extra help and get pre-qualified for this assistance before the enrollment period for the prescription drug coverage plans begins in the Fall. Social Security will be mailing a letter and an application to almost 19 million people beginning in late May and the mailings will continue through August. We encourage everyone who receives this letter and application to fill out this application so they can get the extra help from Medicare to pay for their prescription drug coverage. This letter can viewed at <http://www.ssa.gov/organizations/medicareoutreach2/> on the web. Select “Application for Help with Medicare Prescription Drug Plan Costs.

We’re committed to making sure that everyone who qualifies for extra help gets it. Medicare and Social Security will be conducting thousands of community outreach events in the next six months to let people know about this important and significant extra assistance for drug coverage. We are working closely with hundreds of organizations, community groups and thousands of volunteers to help those who qualify for extra assistance both know about it and apply. This is a nationwide grassroots effort, which will be successful because of the commitment of both national and local organizations. This effort must be successful – we must insure that those who qualify for the extra help complete the application so in November they can enroll in a prescription drug plan that meets their needs.

Please join us in this grassroots effort – we need your assistance in spreading the word about the extra help which will be available to help those in need pay for the new and comprehensive Medicare prescription drug coverage. Please pass this email notice and information on to other organizations which would share our commitment to making this program successful and helping millions of Americans cover the costs of their prescription drugs.

Our goal is to make sure that all who might be eligible for extra assistance fill out an application – getting extra help to pay for comprehensive prescription drug coverage will

help improve the quality of life and health for millions of Americans and I hope you can join us in this effort.

I ask for your help to make this important part of the implementation of the new drug coverage a success.

**Remember to visit our Partner Center at <http://www.cms.hhs.gov/partnerships/default.asp> to learn about new outreach developments and resources.**

For more information see the attached fact sheets.



Limited Income and  
Resources 1...



11130 If You  
Applied for Extra...

**Stay tuned for updates on this and other important CMS initiatives.**

*With best regards,*

*Mary Case, Technical Advisor  
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*For*

**Valerie**

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June 14, 2005

***Hello everyone ~ hope you're enjoying the last week of Spring. Here's the latest regarding the National Provider Identifier in the world of Medicare!***

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**CMS Announces Plans for Transitioning to the National Provider Identifier (NPI) in the Fee-for Service Medicare Program**

The Centers for Medicare & Medicaid Services announces the following plans for transitioning to the National Provider Identifier (NPI) in the Fee-for Service Medicare Program:



Between May 23, 2005 and January 2, 2006, CMS claims processing systems will accept an existing legacy Medicare number and reject, as unprocessable, any claim that includes only an NPI.

Beginning January 3, 2006, and through October 1, 2006, CMS systems will accept an existing legacy Medicare number **or** an NPI as long as it is accompanied by an existing legacy Medicare number.

Beginning October 2, 2006, and through May 22, 2007, CMS systems will accept an existing legacy Medicare number **and/or** an NPI. This will allow for 6-7 months of provider testing before only an NPI will be accepted by the Medicare Program on May 23, 2007.

Beginning May 23, 2007, our systems will **only** accept an NPI .

For additional information, to complete an NPI application, and to access educational tools, visit <https://nppes.cms.hhs.gov> on the web.

***More to come--stay tuned!***

***Valerie***

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## **June 21, 2005**

***Hello everyone. This is just a follow-up to some of the Medicare Drug Coverage information that I've sent you over the past few months.***

First, I would like to remind you again about the web page on Medlearn dedicated to the new Medicare Drug Coverage. The URL is [www.cms.hhs.gov/medlearn/drugcoverage.asp](http://www.cms.hhs.gov/medlearn/drugcoverage.asp) , and we sincerely hope we can count on you to link to this page from your association's website so that your members can have easy access to all CMS drug coverage information, including the Medlearn Matters articles.

I am also requesting your feedback as to what action you took as a result of the information you received from me, e.g., did you send the information out to your members; did you place a link on your association's website to the Medlearn Drug Coverage web page; or did you publish any information in your association's newsletter or other publication? This information will help CMS evaluate the effectiveness of the various aspects of our outreach efforts.

I very much appreciate any consideration you can give to these follow-up requests. As always, we can't do it without you and we very much appreciate the tremendous assistance you give CMS in helping to spread the word about the new Medicare Drug Coverage!

***Best regards,***

***Valerie***

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**June 24, 2005**

***Hello everyone ~ just a few items for your weekend reading pleasure!***

**Medicare Learning Network Products**

**New!** SE0540 - CMS Releases New Educational Guide on Remittance Advice (RA) Notices. Go to <http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0540.pdf> to get the Medlearn Matters article (SE0540) describing this new Medicare Learning Network educational product.

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**Medicare Part B Drugs Pricing File Update**

The July 2005 quarterly update for the Average Sales Price (ASP) Medicare Part B Drugs pricing file has been posted to the Centers for Medicare and Medicaid Services (CMS) website at <http://www.cms.hhs.gov/providers/drugs/asp.asp>.

The pricing file was replaced and reposted on June 17th to correct an error noted with code J7616. The correct price for J7616 is \$2.356. The correct pricing file is now posted online at the web site noted above.

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***While this proposed rule has been out since May 27th, I just wanted to remind you that public comments will be accepted until July 27, 2005.***

**Medicare Announces New Proposed Rule to Improve Hospice Care**

The Centers for Medicare & Medicaid Services (CMS) announced today it will propose a new rule that would improve the quality of care provided to more than 700,000 Medicare beneficiaries receiving hospice care each year.

The proposed conditions of participation (CoP) for hospices would ease the regulatory burden for hospice providers and improve the quality of care for all hospice patients, including the expanding population of Medicare patients choosing this benefit.

The proposed rule was published in the May 27, 2005 *Federal Register*. Public comments will be accepted until **July 27, 2005**.

This press release can be viewed online at:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1469>

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### **Revised and Expanded Classification for Inpatient Rehabilitation Facilities**

The Centers for Medicare & Medicaid Services (CMS) issued a notice announcing it will proceed with implementing the revised and expanded classification criteria for inpatient rehabilitation facilities (IRFs) it adopted in a May 7, 2004, final rule. The rule also provided for a four-year transition period during which the required percentage of patients with a qualifying condition (the “compliance threshold”) increases gradually from 50 percent to 75 percent.

In January 2005, CMS suspended enforcement of the classification criteria in response to a provision of the Consolidated Appropriations Act, 2005 (“CAA”) that directed CMS not to change the status of certain IRFs for their failure to comply with the classification criteria in the May 7, 2004 rule until it had reviewed recommendations from a then-pending study by the GAO of clinically appropriate IRF classification criteria. The CAA further directed CMS to either make a determination that its May 7 criteria were “not inconsistent” with the GAO report or to issue an interim final rule revising its classification criteria.

GAO issued its report and recommendations in April 2005. GAO recommended that CMS further identify subgroups within the groups specified in the May 7, 2004 final rule. The subgroups would better identify patients that appear to need an IRF level of care, based upon research and review of IRF cases. Significantly, GAO did not recommend that CMS delay implementing the revised criteria specified in the May 7 final rule pending further refinement.

The CMS has reviewed the recommendations and determined it has already been taking the steps that the GAO recommended to improve how facilities are classified as an IRF. In the notice published today, CMS is issuing its determination that the expanded classification criteria for IRFs are not inconsistent with the recommendations in the GAO report. CMS realizes that although the existing medical conditions are not designed to identify every patient who should be treated in an IRF, they provide a method upon which to base payments to the IRFs so that they can provide the care that their patients need – plus payments for many patients outside these medical conditions.

Accordingly, the notice lifts the suspension of enforcement of the criteria in the final rule. CMS will carefully monitor access to rehabilitation services in all settings as implementation proceeds.

The Notice was published in the June 24 *Federal Register*. For more information, see [www.cms.hhs.gov/providers/irfpps/](http://www.cms.hhs.gov/providers/irfpps/). To view the press release online:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1486>

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*I hope you all enjoy the weekend!*

*Best regards ~ Valerie*

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**June 29, 2005**

***Hello Everyone -- just a reminder about the need to apply for a National Provider Identifier number, as well as a few more news items.***

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***Reminder--Health care providers are required by law to apply for a National Provider Identifier (NPI). To apply online, visit: <https://nppes.cms.hhs.gov>, or call 1-800-465-3203 to request a paper application.***

***Visit [www.cms.hhs.gov/hipaa/hipaa2](http://www.cms.hhs.gov/hipaa/hipaa2) for the latest information regarding the NPI, including a transcript from CMS' recent National Provider Identifier Roundtable conference call.***

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## **CMS OFFERS NEW OPTION FOR PHYSICIANS WHO ADMINISTER DRUGS IN THEIR OFFICES**

### **COMPETITIVE ALTERNATIVE TO PURCHASING AND BILLING MANY COMMONLY USED PART B DRUGS WILL START IN 2006**

Physicians who administer drugs in their offices to Medicare beneficiaries will have the option of participating in a new competitive acquisition program (CAP) beginning January 1, 2006. Under an interim final rule with opportunity for comment issued Monday by the Centers for Medicare & Medicaid Services (CMS), these physicians will be able to choose to obtain many physician-administered drugs from vendors selected by Medicare through competitive contracting.

The new program will apply to physician-injectable drugs covered under Medicare's Supplemental Medical Insurance (or Part B) program that are commonly provided incident to the physician's service. It will not apply to drugs included in the new Prescription Drug Benefit under Medicare Part D, which also goes into effect January 1, 2006, nor will it apply to drugs that are self-administered by the patient through a device such as a nebulizer, or to certain other drugs, such as intravenous immune globulin (IVIG), immunosuppressive drugs and hemophilia blood

clotting factor. Of approximately 440 drugs that are billed incident to a physician service and paid under Part B, 181 will be included in the CAP, accounting for 85 percent of all Medicare spending on physician injectable drugs. CMS will evaluate CAP's implementation and use that information to decide if and how the program will be modified in the future.

The interim final rule will be published in the July 6 *Federal Register*. Comments will be accepted until September 6, and bidding by potential vendors will begin on July 6, with bids due to CMS by 5:00 P.M., August 5.

Note: More information about the CAP may be found on the CMS website at:

<http://www.cms.hhs.gov/providers/drugs/compbid>.

The full press release & fact sheet can be viewed at:

<http://www.cms.hhs.gov/media/press/release.asp?Counter=1490>

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On June 23, 2005, CMS granted two additional employer/union group waivers. Both waivers relate to service area issues, one in the context of employer/union-only Private Fee-For-Service plans, and the other in the context of employer/union-only Regional PPO plans. Both waivers allow for coverage to be extended to retirees nationally, regardless of where in the country they may reside, provided certain conditions are met. These guidance documents can be found on CMS' employer/union issues web page at:

<http://www.cms.hhs.gov/medicarereform/pdbma/employer.asp>.

***Best regards to everyone ~ Valerie***

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