

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

September 2, 2005

From Suzanne Lewis, for Valerie A. Hart...

*CMS requests your help to get word out to the Medicare physician and provider communities about the ways they can contact the Medicare Program regarding billing, coverage and other issues pertaining to Hurricane Katrina. We appreciate if you would please cut and paste the information below and send it to your listserv audiences, and if possible, post the information on your website. Many thanks for your continued help, especially during a difficult time such as this. Please be safe this holiday weekend.*

The CMS staff express our deepest concern and hope to those coping with the aftermath of Hurricane Katrina. We appreciate the dedication and support from the health care community during this time of loss, suffering, and sadness for so many people.

A list of Questions & Answers is available online at: <http://www.cms.hhs.gov/hki/>. We will continue to add to the Qs & As and include the dates they were added/revised. So please continue to check back.

For Medicare physicians and other health care providers in the affected areas who have questions/are experiencing Medicare issues related to the aftermath of Hurricane Katrina, please refer to the contacts below.

### **Medicare Contractor & CMS Regional Office Contacts Regarding Hurricane Katrina Issues**

**For the quickest service, CMS asks that you please try to get your question answered/issue(s) resolved in the order listed below.**

- 1.) **First try**---Contact your Medicare carrier or fiscal intermediary with questions regarding billing, coverage, and other issues. Their toll-free provider telephone numbers are listed at: <http://www.cms.hhs.gov/medlearn/tollnums.asp>
- 2.) **Second try, if necessary**---Contact the following carrier and fiscal intermediaries (main offices) below **only** if you are unable to reach a customer service representative via the toll-free telephone numbers, or if they could not answer your question.

**Trispan** – (601) 664-4466  
**Mutual** – 1-(866) 734-9444 ext 2273  
**Cahaba MS** – (601) 977-5850  
**Cahaba AL** – (205) 220-1336  
**Cahaba IA** – (515) 471-7302  
**Palmetto (DMERC)** – (803) 788-0222  
**Palmetto (RHHI)** – (803) 763 1856 (South Carolina)  
(727) 773-9225 ext. 15360 (Florida)

**Arkansas BCBS** (FI and carrier) – (501) 210-9254  
**TrailBlazer Health Enterprises** (FI and carrier) – (903-463-8054)  
prefers e-mail contact: p.lewis@trailblazerhealth.com

3.) **Third try, if necessary**---Contact the appropriate CMS regional office, **only** if you do not get a helpful response from the contacts above:

**Atlanta Regional Office**  
(404) 562-7390 ; (404) 462-7374; (404) 562-7242

**Dallas Regional Office**  
(214)-767-6401; (214)-767-8123; (214)-767-0250

**Kansas City Regional Office**  
(816) 426- 5033; (816) 426-6389

# # #

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September 8, 2005

***Hello everyone--here's some new information on potential CME Products for Health Care Professionals on Medicare Rx Drug Coverage.***

We are happy to announce that we've posted two new PowerPoint educational products on [www.cms.hhs.gov/medlearn/drugcoverage.asp](http://www.cms.hhs.gov/medlearn/drugcoverage.asp) . These PowerPoint slides were developed for health care professionals and others who want to learn more details about the Medicare Prescription Drug Coverage program. They are available in two versions:

- 1.) a comprehensive version that contains detailed information; and
- 2.) an abbreviated version that is suitable for short presentations or a quick overview.

These PowerPoint slides may be used for presentations or for individuals to review to learn more about the Medicare Drug Coverage program. The shorter version is suitable for "Lunch and Learn" sessions, short seminars/lectures, or as part of "Grand Rounds."

While continuing education credits are not currently part of these educational products, we have designed them so that entities who accredit educational products may easily offer them for continuing education credits. To facilitate the accreditation process, we have included a suggested pre-assessment and post-assessment, as well as an answer key. As we become aware of entities that pick up this product and offer it for CME, we will post their web links on the Medlearn drug coverage web page.

If you choose to accredit one or both of these products, please send me an e-mail message ([valerie.hart@cms.hhs.gov](mailto:valerie.hart@cms.hhs.gov)) so we can include a link to your accredited product on our web page. Additionally, if you know of an accrediting body that would be interested in offering these materials for credit, please let me know the name and any other contact information you may have.

As always, thank you for continuing this important partnership with CMS!

***Best regards ~ Valerie***

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September 8, 2005

**CMS ACTIONS TO HELP BENEFICIARIES, PROVIDERS IN KATRINA STRICKEN AREAS**

The Centers for Medicare & Medicaid Services has acted to assure that the Medicare, Medicaid and State Children's Health Insurance Programs will flex to accommodate the emergency health care needs of beneficiaries and medical providers in the Hurricane Katrina devastated states. Many of the programs' normal operating procedures will be relaxed to speed provision of health care services to the elderly, children and persons with disabilities who depend upon them.

Because of hurricane damage to local health care facilities, many beneficiaries have been evacuated to neighboring states where receiving hospitals and nursing homes have no health care records, information on current health status or even verification of the person's status as a Medicare or Medicaid beneficiary. CMS is assuring those facilities that in this circumstance the normal burden of documentation will be waived and that the presumption of eligibility should be made.

Federal Medicaid officials are also working closely with state Medicaid agencies to coordinate resolution of interstate payment agreements for recipients who are served outside their home states. The agency will also offer the following relief immediately:

\* Health care providers that furnish medical services in good faith, but who cannot comply with normal program requirements because of Hurricane Katrina, will be paid for services provided and will be exempt from sanctions for noncompliance, unless it is discovered that fraud or abuse occurred.

\* Crisis services provided to Medicare and Medicaid patients who have been transferred to facilities not certified to participate in the programs will be paid.

\* Programs will reimburse facilities for providing dialysis to patients with kidney failure in alternative settings.

\* Medicare contractors may pay the costs of ambulance transfers of patients being evacuated from one health care

facility to another.

\* Normal prior authorization and out-of-network requirements will also be waived for enrollees of Medicare, Medicaid or SCHIP managed care plans.

\* Normal licensing requirements for doctors, nurses and other health care professionals who cross state lines to provide emergency care in stricken areas will be waived as long as the provider is licensed in their home state.

\* Certain HIPAA privacy requirements will be waived so that health care providers can talk to family members about a patient's condition even if that patient is unable to grant that permission to the provider.

\* Hospitals and other facilities can be flexible in billing for beds that have been dedicated to other uses, for example, if a psychiatric unit bed is used for an acute care patient admitted during the crisis.

\* Hospital emergency rooms will not be held liable under the Emergency Medical Treatment and Labor Act (EMTALA) for transferring patients to other facilities for assessment, if the original facility is in the area where a public health emergency has been declared.

More information about CMS emergency relief activities, including a detailed explanation of billing and payment policy revisions, and phone numbers for the state medical assistance offices can be found at [www.cms.hhs.gov/katrina](http://www.cms.hhs.gov/katrina). Frequently asked questions and their answers on the site will be updated daily by 2pm.

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### **HHS Releases Website and Toll Free Number for Deployment by Health Care Professionals**

The Department of Health and Human Services has established a website (<https://volunteer.hhs.gov>) and toll-free number (1-866-KAT MEDI) to help identify health care professionals and relief personnel to assist in Hurricane Katrina relief efforts.

"The desire of America's health care professionals to use their skills to help Hurricane Katrina's victims has been inspiring," Secretary Mike Leavitt said. "This website and toll free number are important tools to become part of this network of goodness that is taking place." Multidisciplinary healthcare professionals and relief personnel with expertise in the following areas are encouraged to visit the website and register to volunteer for appointment by HHS:

Administration/Finance Officers

Morticians\*

Chaplain

Mortuary Assistants\*

Clinical Physicians	Nursing Assistants/Nursing Support Technicians
Coroners*	Nursing Staff Directors
Dental Forensics*	Paramedics*
Dentists	Patient Transporters/Volunteers
Dieticians	Pharmacists
EMT*	Psychologists
Environmental Health	Physician's Assistants or Nurse Practitioners
Epidemiologists	Physician Chiefs of Staff
Facility Managers	Radiologic Technicians*
Housekeepers	Respiratory Therapists
IT/Communications Officers	RNs
Laboratory Technicians*	Safety Officers
LPNs	Security Officers
Medical Clerks	Social Workers
Medical Examiners*	Supply Managers
Mental Health Workers	Veterinarians

\*These categories added as of September 5, 2005.

Please be advised that individuals must be healthy enough to function under field conditions.

This may include all or some of the following:

- 12 hour shifts
- Austere conditions (possibly no showers, housing in tents)
- No air conditioning
- Long periods of standing
- Sleep accommodations on bed roll
- Military ready to eat meals
- Portable toilets

These workers will be non-paid temporary Federal employees, and will therefore be eligible for coverage under the Federal Tort Claims Act for liability coverage and

Workman's Compensation when functioning as HHS employees. Although there will not be any salary, travel and per diem will be paid.

Volunteers with no healthcare background can find information on volunteering at [www.USAFreedomCorps.gov](http://www.USAFreedomCorps.gov) or by calling 1-877-USA-CORPS.

Note: All HHS press releases, fact sheets and other press materials are available at [www.hhs.gov/news](http://www.hhs.gov/news).

***With best regards ~ Valerie***

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NEW INFORMATION ON HOSPITAL CARE QUALITY NOW AVAILABLE AT  
[WWW.HOSPITALCOMPARE.HHS.GOV](http://WWW.HOSPITALCOMPARE.HHS.GOV)

Consumers across the U.S. will be able to see more about how well their local hospitals are performing with new information now available at the Hospital Compare website (also at [www.medicare.gov](http://www.medicare.gov)). The consumer-oriented website will now report on steps that hospitals take to prevent surgical infections and will reflect up to four quarters of data from 2004. The website has been updated and improved by the Centers for Medicare & Medicaid Services and the Hospital Quality Alliance (HQA).

“We are continuing to work together to make progress in helping consumers and health care professionals get better information at Hospital Compare, and to use this information to improve care,” said CMS Administrator Mark B. McClellan, M.D., Ph.D. “As we enhance the information on hospital quality, patients can get more help in making important decisions about their care, and health professionals can take further steps to improve care.”

The two new surgical infection prevention measures and a new pneumonia measure bring the total number of measures on [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov) to 20, including the 10 clinical measures that short-term acute care hospitals must agree to report publicly in order to receive the incentive payments as created by the Medicare Modernization Act. The two new surgical infection prevention measures are the first of a larger set of patient safety measures that will be collected as part of the Surgical Care Improvement Project (SCIP). The SCIP is designed to improve patient safety

and reduce the incidence of postoperative complications by 25 percent by 2010 in U.S. hospitals. The HQA is actively considering how to incorporate these and other patient safety measures into the measures available at [www.hospitalcompare.hhs.gov](http://www.hospitalcompare.hhs.gov).

For more information, please refer to the CMS Press Release of September 2, 2005 at: <http://www.cms.hhs.gov/media/press/release.asp?Counter=1545>

September 12, 2005

## Open Door Forum **SPECIAL ANNOUNCEMENT**

### **1.**

The regularly scheduled Open Door Forums for the month of September, which are normally held in Washington, DC at the Hubert H. Humphrey building, will be held only via live teleconference, (without an in-person attendance option.)

The following forums are those that will only be by telephone, and will occur at the scheduled dates and times as listed on the web site:

**(Sept. 15) Pharmacy, Pharmaceutical and Device Manufacturers**

**(Sept. 22) Home Health, Hospice, and DME**

**(Sept. 28) Rural Health**

**(Sept. 29) Skilled Nursing Facilities and Long Term Care**

### **2.**

The Special Open Door Forum for Conditions for Payment of Power Mobility Devices, Including Power Wheelchairs and Power-Operated Vehicles, which is scheduled for September 13, 2005, will be held in room **735G** in the Hubert H. Humphrey building.

The time and duration of this call will remain as planned: 2:00 – 5:00 PM (Eastern Daylight Time)

For further information, please see our web site at: [www.cms.hhs.gov/opendoor](http://www.cms.hhs.gov/opendoor)

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We are sorry for any inconvenience this may cause. Due to the facilities requirements associated with the Hurricane Katrina relief response by the Department of Health & Human Services, these rooms are being utilized for other immediate needs. Thank you for your participation in the Open Door Forum program.

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September 12, 2005

Hello everyone! CMS is looking for volunteers (physicians, nurses and other health care professionals including billers and front office staff) to pilot test our newest web-based training course, "Expanded Benefits," which educates users on the new preventive services available under Medicare. If you are interested in pilot testing this course, please send an e-mail that includes your name, profession and contact information to CMS [medlearn@cms.hhs.gov](mailto:medlearn@cms.hhs.gov) with a subject line of 'pilot tester'.

We especially need physicians and nurses to volunteer for this testing (but please don't let that prevent you from volunteering ~ ***everyone's*** help is needed and appreciated!). ***And to my colleagues at the Regional Offices--while CMS employees do not qualify as pilot testers***, if you have outside contacts that you think may be interested in helping us out, feel free to share this request with them.

Thanks and best regards ~ Valerie

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**Hello everyone ~ and Happy Monday. The Provider Communications Group has drafted a new educational product entitled, "Reference Guide for Medicare Facility-Based Providers Who Submit Part B Claims." This educational product is designed to assist billers with information on claims processing, coding, appeals, etc. We are currently seeking reviewers to give us feedback so that the quality of this product is enhanced before it is released in final.**

**If you are interested and have the time, we would very much appreciate your review of this document. Because this is a comprehensive, and therefore somewhat voluminous, guide (approximately 500 pages including attachments), please respond to this e-mail if you would like the opportunity to be a reviewer and I will have Andrea Yost forward the document to you.**

**We are hoping to have this Guide available to the public in early 2006. Therefore, I would appreciate receiving your comments and suggestions no later than Friday, October 14th. As always, we appreciate any time you can spare from your busy schedules to help us develop the best educational products possible. I hope to hear from you soon ~ in the meantime, please take care and enjoy the week!**

**With best regards ~ Valerie**



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September 13, 2005

I apologize if you receive this as a duplicate. I am resending because I don't believe it went through the first time ~ Valerie

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## **MEDICARE DEMONSTRATION TO FIND WAYS TO IMPROVE QUALITY OF HEALTH CARE**

The Centers for Medicare & Medicaid Services (CMS) recently announced that it is soliciting proposals for the Medicare Health Care Quality Demonstration, a 5-year project to find ways to identify, develop, test, and disseminate major and multifaceted improvements to health care systems at the area or regional level. The CMS Rule (CMS-5017-N) went on display at the Federal Register this past Friday, September 9, 2005, and will be published this coming Friday, September 16, 2005. Please see the attached Press Release for more details.



Qualdemo final  
release 9.9.05....

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September 16, 2005

***Hello everyone ~ this message is coming to you on behalf of Dr. Mark McClellan regarding Medicare Prescription Drug Coverage.***

First of all, thank you for your continued interest and partnership with us here at CMS-- your assistance with our outreach efforts are invaluable. To further enhance these efforts, I would like to invite you to an informational session to discuss the rollout of the Medicare Prescription Drug Benefit, as well as opportunities for us to work together to alert healthcare professionals about the resources available to facilitate referral of Medicare patients. The session will take place on **Wednesday, September 28, 2005 at 3:00 PM in the Auditorium of the Hubert H. Humphrey Building in Washington DC.**

In the next few weeks, all Medicare beneficiaries will be receiving their copy of *Medicare & You*, the handbook that will feature all the information they need to begin applying for the Medicare Prescription Drug Coverage. October 1st also marks the date that many of the drug plans will begin marketing to beneficiaries. These activities are likely to raise a number of questions for many of your members, and we thought it might be useful to bring together a number of the healthcare professional organizations for a meeting to discuss our progress thus far, as well as our planned activities for the duration of the Medicare Prescription Drug Coverage Open Season.

We know that many of these Medicare beneficiaries will be coming to their healthcare professionals to find out what they think about the benefit and how it will work for them. Knowing that your members are busy professionals, we hope to offer some localized information that has been designed just for their use. There are also a number of organizations that have designed materials specific to their members' practice sites.

We welcome the chance to meet and talk with you about how we can make referral of Medicare patients something that your members can do with confidence. **For security purposes, we ask that attendees RSVP to [robert.bennett@cms.hhs.gov](mailto:robert.bennett@cms.hhs.gov) with your name and organization.** For those of you who are unable to attend in person but wish to phone into this meeting (listen only), please call (toll free) 1-888-790-7160, passcode: "Prescription".

**Thanks and have a great weekend ~ Valerie**

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September 19, 2005

Please join Dr. Mark McClellan, Administrator of Centers for Medicare and Medicaid, on Tuesday, September 20th at 3 p.m. EST for a briefing on the Medicare Prescription Drug Education and Outreach campaign. This conference call will include a discussion of the national strategy, key materials and deliverables, and a demonstration of the soon to be available web tools for your use with Medicare beneficiaries.

Again the time for this call is 3 p.m. EST on Tuesday of this week. The call in number and passcode for this call is 1-800-621-9652 and "MMA Forum". The leader's name is Debby Higgins.

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September 21, 2005

*For your information...*

**Important Information for Medicare Providers Regarding Hurricane Katrina Issues**

Reminder: A list of Questions & Answers is available online at:  
<http://www.cms.hhs.gov/katrina/> We will continue to add to the Qs & As and include the dates they were added/revised. Please continue to check back.

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**Program Advisory and Oversight Committee  
PAOC)- Medicare Competitive Acquisition for Certain DMEPOS**

**September 26th & 27th Program Advisory and Oversight  
Committee (PAOC) meeting - CHANGE OF LOCATION**

The meeting location for the September 26th & 27th PAOC for Medicare Competitive Acquisition for Certain DMEPOS has been changed:

The meeting will now take place at the Hilton Hotel  
1726 Reisterstown Road, Pikesville, Maryland, 21208  
Telephone 410-653-1100, Fax 410-415-6232

The change of location does not change the registration procedure or registration requirements.

For more information about the PAOC meeting, please check the CMS website at

<http://www.cms.hhs.gov/suppliers/dmepos/compbid/default.asp>

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**The following CMS beneficiary publications are available for Pre-order by Close of Business September 21, 2005. Please go to**

<http://pubordering.cms.hhs.gov/maillinglist> to place your order. Once you have signed in select "next" then select the New and Revised button.

- 11109            Your Guide to Medicare Prescription Drug Plans (English)
- 11109-S        Your Guide to Medicare Prescription Drug Plans (Spanish)
- 11109-B        Your Guide to Medicare Prescription Drug Plans (Braille)
- 11109-RE      Your Guide to Medicare Prescription Drug Plans (Audio-tape English)

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Special Open Door Forum:

## **Quality Standards for Suppliers of Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS) and Other Items and Services**

Monday, September 26, 2005

4:00 PM – 5:30 PM (Eastern Time)

On September 26, 2005 the Centers for Medicare & Medicaid Services (CMS) will be hosting a Special Open Door Forum to share a draft proposal regarding the implementation of quality standards for Medicare suppliers of DMEPOS and other items and services.

Section 1834(a)(20) of the Act added by section 302(a)(1) of the Medicare Modernization Act 2003 (MMA) requires the Secretary to establish and implement quality standards for suppliers of DMEPOS. Suppliers will be required to comply with these quality standards in order to furnish any item or service for which payment is made under Medicare Part B and to receive and retain a supplier billing number.

CMS and its contractor, Abt Associates will provide an overview of the proposed quality standards. The proposed quality standards include two sections:

- Section One: Business Standards that apply to all suppliers and focus on standards for administration, financial management, human resource management, management of beneficiary services, performance management, equipment and safety, beneficiary rights and ethics, and information management.
- Section Two: Product Specific Service Requirements that focus on the product specialization of the supplier and provide details of supplier service standards. These details pertain to requirements for inspection, delivery/set-up, education/training to beneficiaries, and follow-up.

The draft proposal of Abt Associates recommendations will be posted on the Medicare competitive acquisition website

(<http://www.cms.hhs.gov/suppliers/dmepos/compbid/default.asp>) on or about September 22, 2005.

This forum will be held as a live teleconference with CMS leadership, policy specialists, and the CMS contractor, Abt Associates. We hope that you can participate in this forum, and share your thoughts and ideas regarding this project. Both CMS and our contractor will try to respond to individual questions and concerns, and allow for a dialogue that should be useful to both the agency and the various health care stakeholders participating in the forum.

**Open Door Participation Instructions:**

**(To participate by phone):**

**Dial: 1-800-837-1935 & Reference Conference ID: 8914408**

Persons participating by phone are not required 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 you.

**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 # **8914408**.

The recording begins later the same day, 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: **<Error! Hyperlink reference not valid.> .**

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*Best regards,*

**Valerie**

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September 23, 2005

***Providers prescribing Power Mobility Devices (PMDs) and suppliers billing Medicare Durable Medical Equipment Regional Carriers (DMERCs) for PMDs should be aware that a Medlearn Matters article (MM3952) entitled: MMA - Evidence of Medical Necessity: Power Wheelchair and Power Operated Vehicle (POV)/Power Mobility Device (PMD) Claims is now available on the Medlearn Matters webpage at: [www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3952.pdf](http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/MM3952.pdf)***

***This article includes information that outlines the changes regarding Medicare adjudication of claims for PMDs as set forth in Section 302 (a) (2) (E) (iv) of the Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA). Also outlined are criteria determining who can prescribe PMDs and a definition of the devices.***

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CMS has developed Public Service Announcements (PSAs) for the provider community to increase awareness of the new prescription drug coverage and the resources available to assist people with Medicare. There are two versions of the PSAs---the only difference between the two is the graphics and orientation (horizontal vs. vertical). The PSAs are posted on [www.cms.hhs.gov/medlearn/drugcoverage.asp](http://www.cms.hhs.gov/medlearn/drugcoverage.asp), under the heading, "Basic Information for Health Care Professionals."

We encourage you to place these PSAs in your upcoming newsletters and publications to help CMS spread the word about information resources available to providers and patients. And as always, thanks!

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***Hello everyone ~ last message from me for this work week!***

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### **Medlearn Matters Article on NPI Now Available**

A Medlearn Matters article (SE0005) entitled: *Medicare's Implementation of the National Provider Identifier (NPI): The Second in the Series of Special Edition Medlearn Matters Articles on NPI-Related Activities*, is now available on the Medlearn Matters webpage at: [www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0555.pdf](http://www.cms.hhs.gov/medlearn/matters/mmarticles/2005/SE0555.pdf)

The information covered in this article affects providers and suppliers who conduct HIPAA standard transactions, such as claims and eligibility inquiries. In addition, organizations and associations that represent providers and plan to obtain NPIs for those providers should take note of this article.

Please note that some information in the article pertains to all providers, and some information is specific to Medicare fee for service providers. You may share the entire article with your audience, or extract only the information that is pertinent to them.

In addition, CMS will soon launch a dedicated Medlearn webpage for Medicare fee for service providers on NPI--we'll send you an announcement about this.

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### **Proposed Rule for Health Care Claims Attachments Published**

On September 23, 2005, the proposed rule adopting standards for electronic health care claims attachments was published in the Federal Register. Health care claims attachments are those documents and information required by health plans to adjudicate certain claims. The proposed rule, mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) adopts two new X12 transaction standards, an HL7 messaging standard to carry clinical information in the response transaction, and HL7 specifications for the content or "questions" that may be asked in each of the six attachment types. This proposed rule also adopts the Logical Observation Identifiers Names and Codes (LOINC®) as a new HIPAA code set to be used to identify the questions and answers (attachment information). The standards allow for the transmission of structured or coded data, as well as images and text. The proposed rule solicits comments from the affected industries on several key issues, including the adoption of LOINC® and its use for the HIPAA transactions, the appropriateness of the six proposed attachment types, business requirements for attachments that would accompany the original claim (unsolicited attachments), and the cost-benefit implications of adopting this transaction set. The public comment period is open until November 22.

The proposed rule can be found at:

<http://a257.g.akamaitech.net/7/257/2422/01jan20051800/edocket.access.gpo.gov/2005/pdf/05-18927.pdf>

If you want to subscribe to a listserv to be notified by e-mail when documents or events related to the HIPAA Administrative Simplification regulations (such as NPRMs) are published or posted, go to:

<http://aspe.hhs.gov/admsimp/lnotify.htm>

***Hope you have a great weekend ~ Valerie***

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September 26, 2005

**MEDICARE TAKES MAJOR STEP TOWARD 2006 DRUG BENEFIT:  
ISSUES APPROVAL TO PLANS OFFERING COVERAGE**

Medicare took a major step toward its new prescription drug coverage today by formally approving prescription drug plans and Medicare Advantage plans that will offer prescription drug coverage starting January 1, 2006.

**For more information, including specific plans for each state please visit the following link:**

<http://www.cms.hhs.gov/map/map.asp>

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September 28, 2005

**MEDICARE PRESCRIPTION DRUG PLAN COST ESTIMATOR**

The Medicare Prescription Drug Plan Cost Estimator is available on the web at [www.medicare.gov](http://www.medicare.gov). This tool will provide people considering Medicare prescription drug coverage quick reference information. By entering their monthly drug costs and the state they live in, users will get an estimate of annual savings if they join a Medicare prescription drug plan. The calculations are based on the defined standard benefit and the lowest premium amount offered by a plan for a particular region of the country.

**For more information on the Medicare Prescription Drug Plan Cost Estimator, please visit the following link:**

[http://www.medicare.gov/medicarerereform/MPDP\\_Cost\\_Estimator.asp](http://www.medicare.gov/medicarerereform/MPDP_Cost_Estimator.asp)

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